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The Bulletin

OF THE ATLAS AND AXIS CLUBS.

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POLICY AND JUDGMENT IN PRACTICE.

(A lecture delivered before the Atlas Club, April 7th.)

GEORGE M. LAUGHLIN, D. O.

The subject of this talk will be the use of policy and good judgment
in connection with the successful practice of osteopathy—some facts
based on my own experience though that has not been as great as some
have had.

New practitioners are liable to make glaring mistakes of judgment
and of policy, therefore every action should be guarded. First, then,
the physician should always be cheerful. There is no other attribute
that so attaches one man to another as cheerfulness and it is highly de-
sirable that the doctor should cultivate this as a habit. But most mis-
takes made by the young practitioner are errors in judgment. We are
told that good judgment comes with mature years. Of course; yet
young men may exercise good judgment if every situation is well thought
out. The impulsive man makes many errors; the plodder, in the end,
will achieve success.

It is a great mistake to criticise the "regular" physicians in your
locality, just as it is bad policy for any one to criticise those in the same
business as themselves. And this is true even though there may be
reasonable grounds for the criticism. The most successful osteopaths
are those who do not fight either the medical physicians or the osteo-
paths in their field. No matter that you yourself become the object of
criticism or of slight. In time the physician who criticises you will, if
your own conduct be proper, soon begin to respect you.

One thing I am sorry for is that the men in practice in our cities and
states do not harmonize in their societies. There are several instances
of this lack of united effort and the influence is bad in every case for it
limits the capacity of these societies to do good work. These discords
spring from this practice of criticising their fellow osteopaths. Do not,
as a rule, criticise your fellow practitioners even if they are wrong. The
house divided against itself can not stand. Legal recognition of osteo-
pathy has been impossible to gain in many states because of these divi-
sions which come from criticism largely.

It is a mistake to devote your time to anything else than your profession. No matter how worthy other lines of effort may be, to dabble into many things will dissipate your energies which will be better concentrated upon your professional work.

It is a grave error in judgment to discuss your cases and your patients with laymen. The most successful physicians are those who have but little to say. There is always more or less temptation to talk about these things. Your patients will lead you on. Some patients will ask questions, as to their ailments, and personal affairs, about every person they know you are treating. It is a wise rule to discuss your cases with no one except physicians.

Then, again, it is not well to talk too much to the patients themselves. I very seldom discuss their cases with my patients. Some neurotics, you know, delight to talk by the hour about their cases; but if this is encouraged you cannot get the patient's mind off of himself—a thing very desirable to do.

It is bad policy to exaggerate claims, to say that you can cure certain diseases especially if, like locomotor ataxia, they are regarded incurable. Osteopathy has, in this way, been irreparably injured by the claims and promises of dishonest and incompetent exponents who could not make their claims good. When you make your science ridiculous by absurd claims or promises you do it much harm and as to yourself, if you fail in redeeming a foolish promise made to a patient, you may suffer so much from it as to be forced to seek a new location. Osteopathy is a great science which cures many severe cases and it needs no false claims to support it. You are being better prepared for the work than were the earlier graduates who have won signal success, and if you stick to straight osteopathy, you will not fail of a full measure of success in the field. The world is tired of drugs, for people have learned that drugs are not curative and have become sick and tired of taking medicine. For chronic diseases drugs do practically nothing. Of course we are heirs to what medical scholars have learned in the pathology of diseases and in other departments and we should make use of this knowledge; but I hope that no member of this club will go into a medical college. Instead get to work in osteopathy; apply its principles scientifically and you will be able to handle disease so much better than medical physicians that you will feel it a folly to have any yearning for his methods.

When you go out into practice, don't fill your office full of apparatus. Don't get a vibrator. The osteopath can not get results with the vibrator. I have taken some treatments with the vibrator and know the results to be unsatisfactory. Most of those who, some years ago, put vibrators in their offices have now abandoned the use of them.

The osteopaths who resort to these devices neglect the cardinal principles of osteopathy and, drifting away from these, they land in the medical college. The osteopathy you want is the kind no machine but the hands can give you—the correction of maladjustment.

Don't get an X-ray machine for giving static electrical treatment. If you can afford it later on for assistance in diagnosis, very good; for fractures, dislocated joints, etc., it is a valuable aid in diagnosis, but in diagnosis only. Don't get this machine with the notion of drawing practice by mistifying your patients—that is humbuggery of the worst sort.

The kind of osteopathy you get here at this school will make you successful osteopaths. The administration of drugs by an osteopath hurts osteopathy every time and weakens the standing of the osteopath before the public. I do not even own a hypodermic syringe. I avoid the temptation to use anything of this kind. I stick to the adjustment of the bony lesion.

You want to learn the limits of your ability and of your practice. (He here discussed the curability of sciatica, epilepsy and locomotor ataxia.)

As to diagnosis, it is very important to diagnose your cases correctly. Keep a record of your cases with full details of lesions and disorders. Most case reports are absolutely valueless from a failure to record all the findings and make accurate diagnosis. I hope when you make reports that you will give all the points in your diagnosis and the tests for them. Know absolutely that the case you treat is the sort of case you report. You can't treat your cases properly unless you diagnose them correctly. Take a case of appendicitis—you must know the pathology and diagnose the case accurately or you may kill the patient. In tubercular hip disease you have another case where there must be absolute accuracy of diagnosis. A mistake at the beginning will cause irreparable injury to the patient.

I cannot impress upon you too strongly the necessity of accurately diagnosing your cases; but the physician who gives a correct prognosis is the one who becomes successful and will be considered the wise physician.

Now a few words as to how to handle a patient when he first comes to your office. Some practice the method of silent diagnosis without asking the patient any questions. But time is too valuable to a physician to practice this as a rule. Some patients like to force the osteopath to diagnose their case that way and when asked, what is your trouble reply, Well, doctor, that is what I came to you to find out. I have found that with such patients there is one question which will invariably give a clue to start with:—What bothers you most? Then I go

ahead and examine the case. It is a good plan to explain to new patients the principles of osteopathy, how diseases are caused by misplacements, etc. They will see that it is reasonable and you thus win the confidence of your patient. When the patient first comes for treatment, don't treat him too hard, nor attempt to cure his case in one treatment. Quick cures do you harm for all will expect the same quick cure which in most cases will not be possible to effect. The first few times give very gentle treatments and avoid making muscle soreness. Then you can gradually increase the vigor of the treatments and your patient is better off for it and your hold upon him stronger.

Gain all the information you can from books. I believe in reading medical books for the knowledge they will give you in everything except the treatment of disease and it is easy enough to ignore that. Keep posted through the literature of your profession on all subjects of interest and instruction in the broad field. We need to understand that the field is broad. There is room in Missouri for five times as many osteopaths as there are here. Wisconsin offers splendid opportunities with so few there that the field is practically unoccupied. No state will be crowded for years to come.

* * *

THE CIRCULATION—HOW CONTROLLED OSTEOPATHICALLY.

(A paper read before the South Eastern Iowa Osteopathic Association, April 13, 1906.)

J. S. BAUGHMAN, D. O., BURLINGTON, IOWA.

It was success attending the work of our venerable founder, Dr. A. T. Still in his scientific research that gave to the world the science known as osteopathy. His close observation and wonderful capacity for reasoning out things led him out of the old routine. He knew the normal, and was quick to discern the abnormal.

He studied to know the how of circulation, and obtained the answer why. "Impingement, or inhibition of nerve force, he tells us, is at the base of all interference of a free and perfect circulation of all the fluids and gases of the body organism. Perfect circulation is perfect health."

Any extra tension of muscle tissue, or change in body temperature, of one part from that of another, he has taught us, is unnatural, and by his wonderful philosophy has given to us the key by which the normal can be obtained, and maintained in nature's way.

The first impulse to the brain of the new born is that of the air upon the surface of the body, and in the nostrils. This impulse is then transmitted to the muscles of respiration, is followed by inspiration and expiration accompanied by that "wah" which is so familiar to most of us, and which gladdens the heart of the mother to know that all is well.

This same cutaneous impulse can in like manner be obtained by pouring cold water over the back of one taking a warm bath.

In this instance the quick gasp for breath is followed by a stronger heart beat, and in some instances by a quickened rate of pulse. In taking a cool bath, one feels the reaction of a glowing warmth after the bath. This indicates that the accelerator fibers are awakened, and their afferent impulses carried to the brain, transmitted to the muscles of respiration, and likewise to the heart, the sympathetic nerves overcoming the vagi.

Take the heart action of one not accustomed to public speaking, and force him to take his place before the public for an address; no matter how well he has familiarized himself with what is to be said, under such circumstances the individual gives evidence of heart stimulation through the sympathetic system, the accelerator impulses having overcome the vagi to the extent that "Adam's Apple" almost loses its true bearing.

With the above facts before us, I will relate another instance since reading this paper. That is my experience with a patient under the influence of an anesthetic for operation. The patient suffering from weakened heart action was carefully watched, and by stimulation at the heart centre at intervals when weakening, would bring about a stronger and fuller pulse, and by working on the respiratory center the same results followed, giving free and full respiration. Here then the anesthetic was in part overcome by the stimulating impulse being carried to the brain, and transmitted to the heart, and to the muscles of respiration.

Osteopathy having a deeper stimulation, it would seem that we ought to and do have control to a certain extent over even the normal action of the circulatory system. This has in fact been demonstrated by strong pressure on spine of third dorsal. Pressure here results in the dilation of the pupil of the eye for an instant. This pressure frequently repeated, the pupil again resumes its natural size, even though the pressure be continued. It would thus appear that nature has placed a guard over all her nervous mechanism, so that if one set of fibers loses power there are others in close proximity to do duty and thus save the part involved from injury.

It is the control of the abnormal the osteopathic physician seeks to obtain. This done he is more than victor, for nature is sure to do the rest.

Were I to answer the question directly, I would say that the osteopathic physician controls circulation by equalizing it where it has been perverted.

Functional interference of the heart is often easily corrected, but where organic trouble prevails a palliative effect is frequently all that can be hoped for.

You will pardon me for alluding to any of my personal experience in this paper, but it is my only way of telling you that which to me has proven a help in my work, and which I hope may prove of interest to you at this time.

My first work in such cases, where a paroxysm of heart action was on has been to work at the lower cervical, and upper dorsal, there loosening up the articular portions of the vertebrae, and the upper ribs; thereby to free as much as possible, the blood flow to the heart itself, and to the lungs. My next work has been directed to the dorsal region from the 6th to the 10th inclusive, giving strong inhibition in order to direct the blood to the viscera as much as possible by acting on the dilators; thus opening the drainage from the heart as much as possible. Then flexing the legs upon the abdomen and working up on the right side deeply in over the vena cava, I endeavored to aid the return circulation toward the liver, then up over the stomach toward the heart. This work well done and finishing with a thorough cervical treatment, my patients as a rule rested for some time after the treatment. These cases are usually worse, or more frequent in the fore part of the night than any other time, and am inclined to believe that it is due to the fact that on reclining the return flow of the lower body is too much for the weakened heart and it is swamped in its endeavor to perform the work. In these cases as much coronary stimulation as possible, the removal of the first cause of the trouble, and an opening of the arterial blood flow, the heart, with the aid of the return circulation as above indicated gives, it seems to me, the best method of relief.

In functional interference, the physician's first attempt should be to locate the lesion, and if possible remove the same. To locate is not always the easiest thing to do, and to correct it after it has been located, is not always accomplished as soon as the majority of our patients would wish for. Sometimes functional interference can only be traced to the liver centre, or stomach centre.

Where the lesion is located in the stomach centre, or that of the liver, the control of the heart action would be traced direct from the lesion to the organ involved, and thence through the pneumogastric and sympathetic to the heart. A correction of such lesion has often resulted in curing the organ involved, and through this the restoration of normal heart action obtained.

That we utilize the various fibers, dilator, or inhibitor fibers; the augmentor, constrictor and accelerator fibers, I have no doubt but I am of the opinion that most of our profession look upon this part of the nervous system simply as a means of diagnostic importance to be utilized only when pathological conditions prevail.

True, an osseous lesion at a vertebral articulation may so interfere with the circulation to the cord as to cause a passive congestion to the segment in question, or it may be an active or hyperemic condition prevailing. This same lesion in the splanchnic region might interfere with nutrition to the viscus involved. Pressure on the existing lesion so directed as to free the pressure on the nerve impinged would accelerate the blood flow to this viscus. This however, would be an opposing force to the existing lesion, which lesion if corrected would result in freeing the circulation to the organ involved. Here again I refer to a patient now under treatment, who had been injured in coal mine. The back was broken, so to speak. Pressure upon the lesion so frees the nerve impulse that the parts involved feel decidedly natural, and on letting loose the prevailing lesion again cuts off the circulation to the parts involved.

Again, a luxated 11th dorsal caused such an atrophic condition of the kidney as to disable the kidney to the extent that the patient suffered from renal calculus. Pressure at this point so influenced the circulation to the part as to enable me to dislodge the intruder, pass it down the ureter into the bladder, the patient the next day ejecting it from the bladder. Two other similar cases equally serious were successfully handled all three free from gravel at this time.

These are but few of many cases in which inhibitory treatment as stated had the desired effect; but I count it as pressure brought to bear against the then prevailing inhibitive lesion. As for the acceleration by stimulation, I again say that I am of the opinion that a freed nerve impulse is all that we can hope to obtain, and that our results are simply due to thus equalizing circulation.

* * *

THOSE "OTHER" CASES.

FRANKLIN FISK, A. B., D. O., PORTAGE, WIS.

Every osteopathic physician who has been in practice for some time, has a corner in his memory where he wilfully allows the dust of forgetfulness to gather in deep and obliterating quantities. Underneath this merciful blanket of dust are buried the memories of his unsatisfactory cases. But does he deal fairly with the profession in thus burying his mistakes? Could not some one else point out to him the "why" of his failure; could not someone else take warning from the experience he has so dearly bought and now would keep only to himself? Dr. Glascock dusted off a few of his experiences and at that time I mentally promised "ye editor" to do likewise; so, disregarding twinges to myself, I will plunge into the corner.

CASE 1. A case of constipation in a man of over 60; man had used enemata daily for over ten years: Lesions obscure, entire lower spine thickened, very muscular and also with much adipose tissue. I thought to get some definite results in fifteen treatments, did not, the man stopped and said osteopathy could not reach him.

CASE 2. Woman, married, lost her only child in giving birth to it, age 42, inclined to hysteria. I tried the best I knew to correct manifest lesions but she contended that what she needed was massage. I finally told her she was largely to blame for her condition and she tried to forget her worrying and succeeded for a time, showing great improvement. She then relapsed, and dispensed with my services. I lost track of the case for a time until one day read that she had been taken to the insane asylum.

CASE 3. A ten months old baby. Badly crossed eyes. I gave this case five treatments, directed to straightening the second cervical. At the end of the last treatment both eyes were completely straight. (I understand they crooked within a half an hour after I left). The baby fought me and squalled continually and its grandmother insisted that it be given a rest. A rash that came out (it was midsummer at this time) led them to take the child to an M. D., a bitter "knocker." The child never came back to me, and the eyes are as bad as ever.

CASE 4. Woman of 25 years, married, always aborted at fourth month, was at this time pregnant and abortion feared, on account of the nausea. I found lesions, second cervical rotated, fourth dorsal rotated, also the same with the third lumbar. Attempted to correct all three. Completely corrected the cervical and the blood change (she said she felt no pain) caused her to faint. Instead of laying her down, I held her up and stimulated the mid-dorsal region. Her faints usually lasted nearly half an hour in spite of the best efforts of the M. D.'s, while this lasted but three minutes, but the next day she was lame from where I had worked on the dorsal. They thought my system all right for some, but too severe for her, and stopped. She carried to term without further mishap, but they did not credit osteopathy with a share in it. I now know more about handling faints.

CASE 5. A man, 36, married. Rotation and posterior in lower dorsal region, ribs on right side dropped. Had been treated by many specialists for liver trouble. I was then making trips to his village and treated him just before train time. Gave him about four treatments. He thought the time was short because I left immediately for the train. Expected radical benefit immediately although specialists had been failing on him for several years. Stopped, and is now worse than ever, but his relatives say he is afraid to spend a dollar, so has never returned to me. Has told others he would if I would guarantee him a cure.

CASE 6. Woman, married, about 35, exophthalmic goitre. Lesion, rotation of second and third cervicals, depressed clavicles. Took two treatments, and her husband carefully inquired just how I treated. Then they said they were going to visit in a certain Illinois town where lives a fakir prominently mentioned in our osteopathic prints recently. He was to give them \$75 worth of treatment and was to teach the man the science of osteopathy. I told them I had no record of the fakir being an osteopath, that the diploma would be worthless, and they had best go to Kirksville if they intended to study. They knew best. I have been informed that she is no better. He is selling mining stock.

These are not all that I found in that corner, but they are representative. I might give some accounts of great successes, those which have caused my practice to grow from a losing venture into a paying one which is still growing—but then those are the cases we always hear about. The above may be gloomy reading, but from them I learned: (1) Not to promise any definite results within any definite time, but rather lead the patient to expect very slow results in old cases, and then if better is given, you reap the benefit. (2) To fight shy of hysterical cases, and in such as you do take to be sure you are absolutely master. (3) In cases of children, to find out who is the person of authority in the family and not to accept the case unless with that person's explicit order. (4) How to handle cases of fainting and to differentiate between rushes of blood to or from the head. (5) Not to take any case on which several specialists have been consulted without exacting a promise or advance payment to insure a fair trial. (6) And, as secret societies say in explaining disposal of funds, "other things." I trust we may hear from more of the Atlas-Axis family.

ADDRESS OF THE CLASS REPRESENTATIVE.

ALFRED T. SULLIVAN.

Dr. Still, Members of the Faculty, Fellow Students and Friends:

In appearing before you as Representative of our class, I consider it my first duty to apologize for them in having selected me to address you when there are so many others among us eminently better fitted for the rostrum than myself.

A month ago today we commemorated the fourteenth anniversary of the institution of this, the first school of Osteopathic Therapeutics, and it is my purpose to consider briefly the progress of osteopathy from the cradle to its present condition of energetic youth. It is true fourteen years is comparatively a short time to recount as history, but thanks to its careful nurses here in Kirksville you and I have seen this babe of Nature wax stronger and stronger till now like the child Christ amidst

the Doctors in the Temple, we behold his teachings have overthrown dogmas which had prevailed from time immemorial.

Do not imagine that it is my intention to launch forth a tirade of vituperation upon the medical profession as such is remote indeed to my purpose. Progress may only be judged by comparison and I will confine myself strictly to historical facts.

Few of us stop to consider the actual progress which our science has achieved and only when we go back and examine medical history can we appreciate with what phenomenal rapidity this truth is becoming manifest. The history of the circulation of the blood affords an eminent example, inasmuch as it required thirty-five years for Harvey to convince his learned contemporaries of the simple fact that our blood was not stagnant like the juice in an orange. Hume, the historian, asserts that no physician in Europe who was then forty years of age ever to the end of his life admitted the circulation of the blood, and make note: Harvey then occupied one of the highest positions in his profession, being Physician Extraordinary to King James the First and Professor of Anatomy in the Royal College of Physicians in London. Now consider that in so brief a period we have established eight well equipped colleges with over five thousand graduate physicians and hundreds of thousands of advocates among the laity. We have students here today who have come all the way from Europe, Asia, Australia, New Zealand and the Hawaiian Islands. Furthermore, special laws or court decisions have been passed in recognition of osteopathic therapeutics in nine-tenths of our United States and practitioners have located not only throughout all parts of this continent but also in the remotest corners of the globe; and think of it, this has all been accomplished in but fourteen years.

There are some who say that because the older schools of medicine have not unanimously embraced the practice of osteopathy on sight, its fundamental principles must, ipso facto, be fallacious. The absurdity of such reasoning is laid bare by inspection of the eternal attitude of intolerance which is innate in the old school of drugs. Review the histories of men famous for discoveries in the therapeutic field and we find that with only enough exceptions to prove the rule, each is a repetition of violent persecutions. Galen, Paracelsus, Sydenham, Harvey, Hahneman, Benjamin Rush and numerous others, each in turn was subjected to abuse puerile as it was contemptible, and it is interesting to note with what careful precision the identical treatment was meted out to the discoverer of osteopathy. Sharpey, in his history of the circulation, speaking of Harvey says: "He received most obstinate opposition from older established Metropolitan practitioners, whose excuse for non-

acceptance took the form of mis-statements to ignorant but influential patients." Again, I would call your particular attention to Wilder's history of the circulation, in which he says: "When a scientific fact can not be successfully met, dishonest adversaries usually vent their spite upon the person who brought it to view. Then the pretense is made that the discovery is of no value, involving it and its discoverers in a common odium. This failing, the next expedient is to assert that it really is not new, that some one of their own number had discovered it so that the merit is claimed as all their own." These were the methods employed by our medical friends three centuries ago and we find them the same today. Having failed to confuse osteopathy with massage, christian science, and suggestive therapeutics their last resort is now to appropriate it to themselves. Although the practicability of our science has been absolutely established by clinical experience and laboratory experiments, the history of its progress is alone sufficient to establish the soundness of its principles. Nothing but truth could persevere as this has. It is maintained by others that drugs were divinely instituted yet I cannot conceive upon what such a claim is based unless it be the passage in the Old Testament where the Lord appeared to Moses on Mt. Sinai and gave him two tablets.

The osteopathic diagnosis being such that the cause and treatment of disease are readily comprehended by patient as well as physician, is surely another evidence of progress. The ancient Greeks and Romans fully understood the vital necessity of a medical doctor writing his prescriptions in characters unintelligible to the patient. Pliny, in his writings, says that the Romans who studied medicine realized the necessity of writing their prescriptions in Greek because if they should attempt to treat disease in their own language they would certainly lose all credit. Only a few months ago Grover Cleveland appeared before one of the Eastern Medical Associations and pleaded for a clearer understanding between patient and physician, which needless to say has of necessity been ignored. The osteopath holds no conjurer's wand over the helpless sick. That the bread pill has a psychic effect upon some patients no one will deny, but why mislead the invalid into believing his nature so weak, so imperfect that it is dependent upon such means for recuperation? If he had not been so taught there would be no necessity for treating his perverted imagination. Osteopathy instead makes one realize the wonderful resources of the human body and utilizes them, which incidentally has a positive psychic effect with a good healthy foundation. The laws of Nature being perfection itself, those governing the human body are not exceptions. The mission of a doctor is to teach the truth, as the word implies (Docere—to teach) and it is the osteopath who im-

plicitly fulfills this mission. It is not our assumption, however, that we are infallible; rather, osteopathy regards this quality as the prerogative of Nature. Give her a chance and she cannot err. Remove the impediments to a free blood and nerve supply and health must result, which axiom is the rock upon which osteopathy is built. Contrast this with the old schools of medicine who since the time of Hippocrates have advanced theory upon theory for and against the administration of drugs, until thousands of books have been printed, those of today contradicting those of yesterday. The physicians of Vienna have well named medicine the Therapeutic Tower of Babel. Is it then any wonder that having facts to work upon we are able to obtain results which cannot be accomplished by a world of theories?

For over two thousand years the various schools of medicine have had Mother Nature upon the stand of judgment trying to prove the imperfection of her works. No advocate dared to plead her cause until Andrew Taylor Still, leaving their ranks, took the stand in her behalf, and, having the courage to fight for his convictions, we now behold Nature vindicated. Well does he deserve the title "The Lincoln of Mankind." Osteopathy's progress has attracted the eyes of the world and its effect is everywhere apparent. Throughout the universe we now hear the physicians of other schools raising the cry: "Back to Nature." It is what they call the slogan of the Twentieth Century. Having reached the antipodes, they, like the prodigal son, realize that they must return to their Mother.

The consideration of our progress would not be complete unless proper credit be given to our coterie of Generals who have so competently equipped and reinforced our ranks. During the slow dreary period of our incubation their patience and long-suffering has been superhuman. Each has contributed in making Kirksville a place we will ever hallow as one of the brightest spots in our lives and it is our heartfelt prayer that the knowledge acquired through their earnest efforts may earn for us a plane in life as high as that which they enjoy.

Concluding, permit me to say that the victories we have registered are glorious indeed, but it is not yet time for us to rest our oars. Our ship osteopathy is today riding on the turbulent sea of drugs and has successfully breasted its fiercest storms. There is nothing to fear from without; our only danger lies within, and, as eternal vigilance is the price of safety, it behooves us to keep a careful watch lest our good ship springs a leak or our enemies succeed in scuttling her. Remember that Nature is at the helm and so long as we stand by Captain Still we cannot fail to reach the harbor of success.

OSTEOPATHIC GLEANINGS.

(Compiled by the Editor.)

THE VALUE OF THE MICROSCOPE TO THE PHYSICIAN.

FRANK MENDELL VAUGHAN, PH.G., D. O.

Few people understand how much Science is indebted to the microscope for the vast increase in the exact knowledge we have of body conditions in disease and health.

We all admit that we have improved immensely in the past ten years in our comprehension of the changes going on within us both in health and disease,—an analysis of our methods to obtain this understanding will prove that, step by step, we have been led to our conclusions by the agency of these exact instruments which can show us the fundamentals of growth and structure.

When Harvey advanced the theory that blood instead of air (the old idea) circulated in the arteries, he was opposed by a multitude of doubters; today with a microscope we can observe the circulation of blood through the small vessels in the web of a frog's foot. It does not require a philosopher to demonstrate the truth to us, we can see for ourselves.

A few years ago no physician was aware of the exact condition he had to combat in a case of nervous prostration; now we know that in this disease the nerve cells lose a part of their substance, become worn and shrunken and tend to be perforated. The microscope has told us this, and with this condition in view the cause of this difficulty can be more intelligently sought for, the tendency for strain and waste of nerve vitality removed, and the nourishment, of which the nerve cell has been deprived, can once more be allowed to reach it by removing the obstructions in its path.

The microscope can show us just what changes are taking place in any of the body fluids. It is only a short time since your doctor used to gaze at you sympathetically after a rehearsal of your ailments and tell you, in an uncertain manner which would leave you very doubtful as to your ability to ever qualify again as a useful member of society, that your blood was probably very poor. Now it is different; if your physician suspects that your blood is abnormal, he examines it with a microscope, he notes every particular in regard to it. Are the corpuscles of proper size and shape, are there too few or too many, is the blood of proper color and consistency, does it contain any foreign material? He is exact, he has been trained in this work, he knows the difference between right and wrong. If he finds anything wrong he will institute measures for the removal of the cause of the condition found; after a time has elapsed he will examine the blood again. Has his treatment been effective in this

condition? The microscope can tell him, he is not obliged to guess. The microscope has exposed many failres in this connection, it does not depend on superstition, charms or faith, it simply records the truth and "he who runs may read."

There is no one instrument so valuable to the student (to which class the physician should always belong) as the modern microscope, a silent teacher, giving accurate views of all the body tissues and of the minute forms of life which they so often contain, faithfully recording the changes that may occur in the course of a disease, giving expert testimony in regard to the composition of obscure substances which are beyond the art of the chemist to analyze and can only be determined by their minute forms of crystallization, exposing errors, exploding theories, confirming our worst fears and our highest hopes. Thus the microscope is growing daily in importance and value to those who study the body and treat disease.—Mass. Journal of Osteopathy.

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HYPEREMESIS.

BERTHA E. CARTER, D. O., BOSTON, MASS.

A married woman, aged thirty, pregnant three months, contracted a severe catarrhal cold on Tuesday morning, and Wednesday morning was taken with vomiting, which continued about every ten minutes day and night till Sunday morning, when I was called to take the case. The patient was so weak she could scarcely lift her eyes. The few moments she had slept, were always induced by hypodermic injections of strychnine and morphine. During the first twenty-four hours home remedies were tried. Thursday morning a homeopath was called, but the patient grew steadily worse. Friday morning an allopathic physician was called, who worked on the case faithfully till Sunday morning. Both doctors decided that it would be necessary to operate in order to save the patient's life. At this juncture I was called and began treating the case at ten-thirty Sunday morning. Found her in a very weakened condition. Pulse, 60, temperature 99 (pulse was normally very high). In ten minutes she begged for ice water, which I allowed her to have at frequent intervals. Her husband, who had been with her constantly during these four days and nights of great distress, said after she had been treated one-half hour, that he could see a decided change for the better. Spent the greater part of Sunday with her and remained all night. At six o'clock the next morning I felt she was out of danger.

What did I find from an osteopathic standpoint? Excessive muscular contractions all through the dorsal region, thereby causing undue irritation of the splanchnic nerves. My first step was to desensitize the

stomach center and then to relax all the contractions as far as possible in the hope of relieving the condition. After some hours I also treated the solar plexus.

Vomiting in pregnancy shows the abdominal brain to be a great reflex center and the place of reorganization of forces. When we feel fear or fright the effect is noticeable in this center, which lies behind the stomach. Osteopathy accomplishes wonderful results in women's diseases. It proclaims the dawn of a new era for women! It gives her health and strength in countless cases, after treatments of other schools have utterly failed.

Why can osteopathy cure such ills? Because it discovers the causes for such unnatural conditions and regulates the same, thereby establishing a normal equilibrium which results in perfect health of the body.—Mass. Journal of Osteopathy.

* * *

THE GRAFTING OF A NERVE.

A cure of infantile palsy by grafting or splicing the nerves in a child's leg has been effected by a Philadelphia surgeon, Dr. James K. Young, according to dispatches printed in the daily papers. In the operation, as described, the dead portion of a nerve on one side of the leg was removed and the remaining part carried across and spliced into the corresponding branch on the opposite side, in which an incision had been made for the purpose. Says the New York Sun, (March 21):

"The operation occupied just ten minutes, and only a few drops of blood were shed. The patient had suffered no perceptible shock. A plaster cast was placed about the child's leg. Then began the tedious wait for the result, which could mean so much for the child and for the surgical world at large....."

"About a month after the operation there gathered in one of the hospital wards a number of representative surgeons. They had been told of the experiment and were anxious to see its result. Carefully the case was cut loose, the bandages removed.

" 'Move your foot, little one,' said Dr. Young.

"Slowly but surely the foot obeyed the impulse of its owner, moved back and forth where before it had lain helpless. The child has continued to gain strength until now there is no longer a doubt that the grafting of those two tiny nerves has brought back much of the retarded energy which seemed to doom the affected member to a life inactivity. The foot will probably never be quite so good as the other, and Dr. Young claims only partial success for the experiment, but the result indicates that progress may be made in this line.

"The former method of treating infantile palsy, and one which is still in vogue with many eminent surgeons all over the world, is the transplanting of muscles or tendons. In this operation an active muscle is transplanted into one that is paralyzed. Sometimes it is successful.

"Owing to the newness of the nerve-grafting system, the conservative surgeons who have witnessed the operation hesitate to speculate too enthusiastically upon the extent it may reach in the treatment of all forms of paralysis. Even Dr. Young admits he is not so sure that every phase of palsy may be successfully treated by the grafting of nerves, but states that the discovery extends hope to those sufferers who before have been considered incurable.—Literary Digest.

* * *

CHARCOAL, A SURE ANTIDOTE FOR INTERNAL POISONING.

In the course of a long article by Henri de Parville in the *ANNALES POLITIQUES ET LITTERAIRES* (Paris) we are told that the Japanese physicians declare that it is impossible for internal poisoning to result in death if the victim swallows a quantity of charcoal as soon as the first gastrointestinal disturbance is felt, and if that is true, it would be well to make the fact universally known. Fontana was the first to demonstrate that charcoal absorbs gases. After Fontana published his experiments, it was discovered that it possesses powerful disinfecting qualities. Later, cooks began to throw a live coal into their soup to prevent the atmospheric disturbance from "turning" it (their soup); and sugar-refiners discovered that charcoal could be used for clarifying sugar. It is known that it has a strong action on alkaloids. Put a paper filter in a funnel, put in charcoal, and then put red wine into the funnel, and the wine that filters through will be white.

Dr. Thouery, a French druggist, (who lived about the year 1835), asserted that charcoal would counteract the poison of strychnine. No one believed him and, to prove that he knew what he was talking about, he swallowed a dose of strychnine and then swallowed a large quantity of charcoal. The result bore out his suggestion. He was not even made sick by it.

Thouery's grandson experimented with charcoal and his reports were published and widely distributed. Whenever charcoal was used the results were excellent.

It must be mentioned that this antidote must be taken as soon as the first symptoms of poison are felt, and the doses must be large. It must be taken in suspension in water—put into the water and stirred while it is shaken so that it shall not settle—there is nothing to be feared even if a great deal of the powder be taken. Use a soup-spoon, and take it at intervals of ten minutes.—Review of Reviews, March, 1906.

INTRODUCTION TO CLARK'S APPLIED ANATOMY.

Disease, in the average case, is due to disturbance of structure. Even in cases of disease resulting from abuse, there is often found some structural change. In all diseases, whether from abuse or other causes, there are to be found structural changes peculiar to the disease. These structural changes are in a general way called lesions. Lesions, therefore, may be muscular ligamentous visceral or bony. A bony lesion is one in which the function of the articulations of the bone are impaired. Anything that disturbs the function of a joint causes a bony lesion. The usual form is the result of displacement of the bone. This displacement is very slight in the average case. A muscular contracture, a ligamentous shortening, an exostosis or most important and common of all, an inflammatory deposit around the articulation, constitute bony lesions. The function of a joint is movement. Ligaments and muscles restrict this movement. If force is applied, this restriction is in a measure overcome, and consequently, the tissues around the joint are injured. Nature sends out an exudate which forms a splint, the ligaments become thickened; in short we have a typical lesion. This constitutes a sprain the most common form of bony lesion. The contracture of these tissues injured by the excessive movement, holds the bone in abnormal position, thus forming the slight displacement or subluxation so often spoken of in osteopathic literature.

These conditions more often follow trivial injuries than they do severe trauma. A person in walking over an uneven sidewalk may unexpectedly step in a depression and twist the spine. There is a momentary pain and soon it is forgotten. The injured place remains sore; the tissues are thickened. The patient is not aware that it is tender until some osteopathic physician presses directly on the spot. The movement of the joint is practically lost, the foramina partly closed and there is disturbance of function of every thing in relation. Physical culture is not a substitute for osteopathic treatment, since the movements of the spine take place in the normal parts while the place of injury is not moved at all. To reduce such a lesion, passive movement must be directed to the injured joint. By doing this the function is temporarily restored. The circulation through the part bettered and absorption of the deposits begins. This is followed by restoration of function of the joint and the adjacent tissues. From this one can see that a knowledge of anatomy is absolutely necessary in order to locate the lesion, to explain the effects and to remove the cause.

The essential cause of bony lesions producing disease is pressure. This pressure is exerted on nerves, vessels and other tissues, principally at the intervertebral foramina. The pressure is from this displaced bone

or is the result of the inflammatory deposits around the injured joint. On account of this the nerve connections between the spinal cord and the rest of the body are interrupted, the blood vessels supplying and draining the spinal cord compressed, the lymphatic vessels impaired, and as a result of this, the nutrition of the cord disturbed, the originating of impulses interfered with as well as the transmission of them. Normal circulation to the spinal cord is essential to proper functioning of it; the condition, that is, the mobility of the various vertebral articulations determine this.

The writer appreciates the fact that there are many exciting causes of disease, such as abuse of function, exposure, neuroses, and inherited weakness; but the underlying cause of all disease is a structural derangement of some part of the body; and most important is a derangement of the framework, the spinal column and the ribs in particular.

THE BULLETIN

OF THE ATLAS AND AXIS CLUBS.

ALFRED W. ROGERS, A. M., EDITOR.

MISS CORINNE E. JARIMORE, REPORTER FOR AXIS CLUB.

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

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

When the Bulletin has been sent to the earlier address, though neglect to inform the editor of the change, the number may generally be secured by sending a stamp (within 30 days) to the postmaster of the place, with a request to forward it.

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

KIRKSVILLE, MISSOURI, JUNE, 1906.

EDITORIALS.

The New Editor. Our successor as editor will be Mr. Asa Wamsley who will graduate in the next February class. We earnestly hope that he may receive the same loyal and hearty support from members in the field that has been accorded the present editor. Mr. Wamsley has excellent personal and practical qualifications for the position, and the members may confidently expect from him a first-class Bulletin.

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In presenting his last number of the Bulletin, the editor wishes to thank the field members who have contributed to its pages during the year and those also who have written and spoken generous words of appreciation. We have endeavored to keep the spirit of the paper professional as far as possible and thus make it of real value to the members. The Bulletin will be in the future as in the past, largely what the contributors make it, and we hope that a generous response will be made by the field members when called upon to sacrifice a little of their time and energy to contribute to its pages.

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The 14th Anniversary. Fourteen years ago the 15th of May the school received its first charter as an osteopathic institute and the event was signalized by holding a mass meeting of the students in

Memorial and North Halls to whom several felicitous and interesting speeches were made. Dr. Charlie Still presided and spoke briefly explaining the object of the meeting and the development of the school. Dr. C. C. Teall was the principal speaker. His speech was a hearty, earnest and entertaining one on the legislation in New York state and present tendencies in the profession. Optimistic as to the efficacy of the system in curing disease and as to the future of the science if kept pure and unmixed, he pointed out the dangers to osteopathy from the weak practitioners who have only half learned their science and so begin to dabble with drugs, and from the insidious advance of the medical fraternity who are adopting osteopathic principles as their own with the hope of absorbing us.

Dr. Dobson of the faculty related the conditions which led him to take up osteopathy and spoke a strong word in favor of unmixed osteopathy as it came from the founder.

Dr. Hoffman, of the faculty, spoke of osteopathy as a therapeutic system the equal of any and gave warning that there were limitations to its application and that we must not expect to cure all diseases.

Dr. W. A. Streeter of the post-graduate class spoke of the strength and standing of our system in the hands of those who hold to first principles. Fight shy of medical training is his constant dictum though he has had medical training himself.

Dr. Leeds of the senior class made a most effective and telling speech describing his previous equipment in allopathy and homeopathy, his medical experience as a missionary in India, his study of osteopathy after seeing some results obtained through it and his thorough conversion by the use of it in his own hands to the soundness of its philosophy and the efficacy of its treatment in both acute and chronic cases.

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The Reunion. The reunion of the two clubs was enjoyed by an audience of about 200 visitors and active members. As many were to arrive on the eight o'clock train, a reception and social time was had until nine o'clock. Several members spoke briefly and music was furnished by a quartet of Axis and Atlas members: Miss Morrison, Miss McCaslin, Mr. Banker, Mr. Horn. Solos by Miss Roberts, Mr. Horn, Mr. Smallwood. Refreshments closed the entertainment. This reunion was a pleasurable occasion not only because of the felicitous speeches made, but from the enthusiastic and optimistic conversation with our visitors much that was valuable and refreshing was gained.

Dr. A. G. Hildreth, (Atlas '94) said, in part: There are a good many reasons why I like to come to Kirksville. My boyhood home was here. This is the home of osteopathy. There are pleasant associations with

the history of this school and this club. The longer I practice, the dearer this place becomes. Our work in the field has told us why we struggled in the pioneer days when the road was rugged and hard. We come back here and drink from the fountain of our life. I never come to this school but I go away stronger. I like this idea of an "experience meeting." No meeting of this kind but makes us stronger and better equipped for our work. You younger practitioners and you students can not dream of the future before you if you have got your work as you should. Each year adds to my belief in the future of our profession and my knowledge of what we are able to do for humanity.

Dr. A. L. Conger, (Axis '03), Akron, Ohio, said, in part: I assure you that I miss no opportunity to encourage those who are out as well as the students here. You will, I know, be astonished beyond your very dreams when you see the results you will achieve in active practice. Friends tell me I am as good as a brass band, I am so full of it. You will be full of it too; but that won't be so unless you do the work. My little grandson is not sure whether he wants to be an engine-driver or an osteopath. They are not so far different. They both require studious energy and the body is a magnificent engine. Let me strongly urge upon you, do not let anything drive you into medicine. They acknowledge themselves that medicine is of no use while we prove that osteopathy is all right for just the things they fail in. What more can you wish? It gives me happiness beyond power to describe to be among these scenes and these friends again. I bid you God speed.

Dr. Pauline Mantle, (Axis '05), Springfield, Ill.: I want to say that the results of our 10 months' practice has been very gratifying. We used to wonder whether osteopathy is a science that will last; ask, rather the question, will the ills of humanity last? So long will osteopathy last as means to their cure. If there be failure, we should look within for the cause of it, think what osteopathy really is and its principles and studying them more closely we shall apply them better. I wish all great success in the work.

Dr. M. E. Clark, (Atlas '99): This sudden calling of a man to his feet is rather distracting, especially to me; In my work there are always premonitory signs! Of our profession I can say this, that osteopathy is the best thing under the sun—the best science, the best art, one that you do not get tired of because you can cure people. People are looking for just such a doctor. These graduates talk just right; they confirm my opinions and it is a help to all of us to learn from them that osteopathy is all right. Every convention makes one feel stronger and ready to fight harder. Let our old practitioners be examples to you. They don't mix up with other things, have no use for drugs, vibrators, elec-

tric machines or any other adjuncts. In their offices they have only a treating table and a stool and they are the ones who get results and do credit to the profession. You have a science that the earthquake can not take away, whatever else you lose, and I say again that osteopathy is the greatest profession on earth. It is respectable; it is successful; it is humanitarian.

Briefer remarks were made by Dr. Emery Ennis, Springfield, Ill., (Atlas '04); Dr. Sophia M. Heinemann, Fairbault, Minn., (Axis '04); Dr. Minnie Schaub, St. Louis, Mo., (Axis '01); Dr. Georgia A. Carter, Springfield, Ill., (Axis '99).

We have not a full list of all the others present; some of them were;

Dr. Carrie P. Parenteau, Chicago, (Axis '05).

Dr. Martha Petree, Oregon, Mo., (Axis '04).

Dr. E. O. Millay, Barry, Ill., (Atlas '04).

Dr. B. A. Buddecke, St. Louis, (Axis '04).

Dr. E. D. Holbert, Sedalia, Mo., (Atlas '04).

Dr. Mayme Foncannon, Kirksville, (Axis '99).

Dr. Ernest R. Proctor, Chicago.

Dr. Ida M. Fox, Springfield, Ill., (Axis '03).

Dr. Emma C. Fager, Havana, Ill., (Axis '02).

Dr. James P. Bridges, Charlestown, Mo., (Atlas '03).

Dr. Agnes Dandy, Princeton, Mo., (Axis '04).

Dr. J. W. Martin, Albert Lea, Minn., (Atlas '06).

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The Tri-State Convention. The verdict of those who attended was that the convention was a fine one and of immense value. The program was carried out substantially as announced with some good things not scheduled. Very favorable comment was expressed on every hand on the new Hospital. The convention witnessed some good operations by Dr. Young in the surgical amphitheatre: Hair-lip, circumcision and trachelorrhaphy and perineorrhaphy. This was followed by an unusually instructive obstetrical case. The patient was a primipara sixteen years old, with rigid cervix. The child was delivered safely and skillfully by Dr. Clark, Dr. C. E. Still assisting.

Very highly appreciated was the lecture by Dr. Carl P. McConnell on The Osteopathic Lesion illustrated with excellent stereopticon slides. The explanations of the methods pursued in producing the lesions and in studying their effects on dogs, the modest claims for his work and the thoroughly scientific setting for it all was convincing that the profession is very much enriched by this pioneer work of Dr. McConnell.

Dr. Clark's Book. The Applied Anatomy of Dr. Clark which appeared last month is by every estimation the most valuable osteopathic book that has thus far been written. The explanation of the relation between anatomical structure and functioning of organs the study of the segments of the cord and the effects of lesions associated with them, lesions of joints and ribs, the drawings and colored plates all make the book the one thing to be desired, next to a good brain and his osteopathic training, by every practicing osteopath. We do not believe that the profession is half awake to the signal service that has been rendered to osteopathy by Dr. Clark in writing this book.

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Colorado Convention. Program for semi-annual meeting of the Colorado Osteopathic Association, to be held June 9, 1906, at room No. 223 Charles Block, Denver, Colo.

Morning Session: 9:30 to 11:30 a. m.

Business. Paper, Dr. N. A. Bolles, "Some Chemical Aspects of Excretion with special reference to Uric Acid." Discussion led by Dr. D. F. Richards.

Afternoon session: 2:00 to 7:00.

Report of a Congenital Hip case, Dr. C. C. Reed. Paper, D. L. Clark, Ft. Collins. Discussion led by Dr. L. B. Overfelt of Boulder.

4:00 to 6:00 p. m. Informal Reception to the osteopaths and their friends to meet Dr. Carl P. McConnell of Chicago.

Evening session: 7:30 p. m., at the Woman's Club Building.

Lecture—"The Osteopathic Lesion" by Dr. Carl P. McConnell of Chicago.

All osteopaths and their friends are cordially invited.

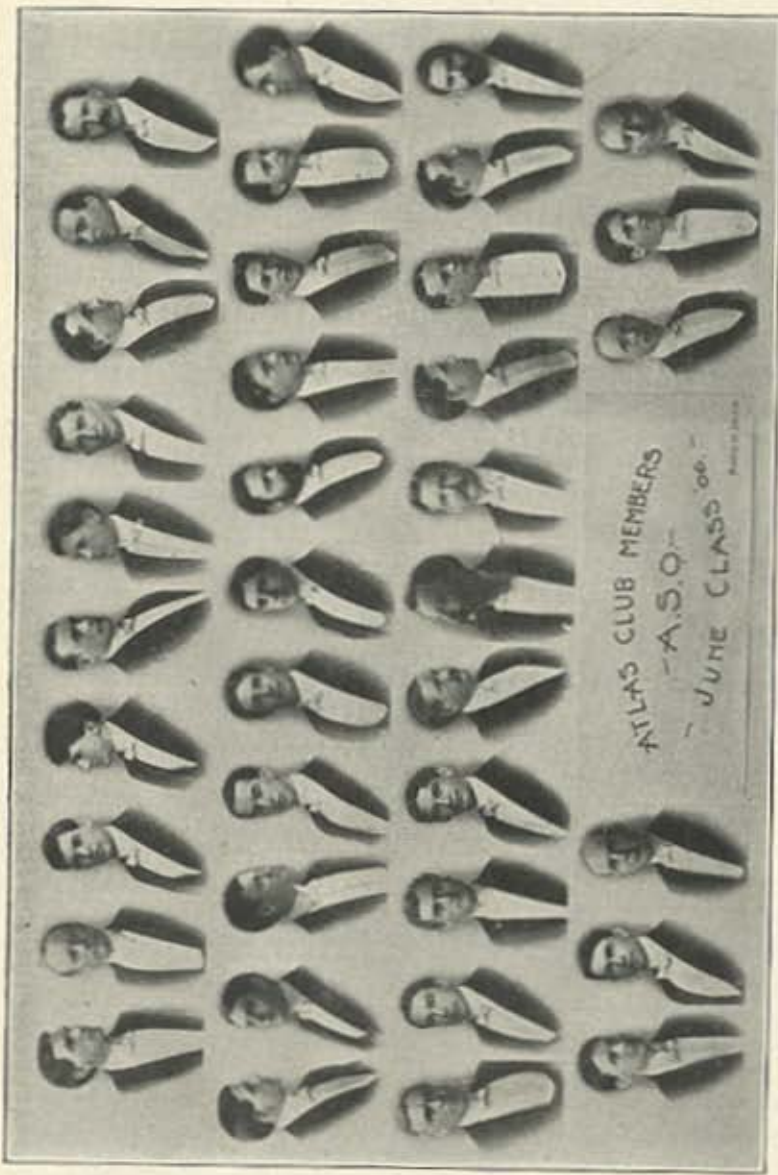
NETTIE HUBBARD BOLLES, D. O.,

Secretary

Denver, Colo.

* * *

We have heard it said that it is the intention next year to add to the teaching of Principles a course of lectures to show what drugs can not do. We hope the plan will not be carried out; for if we mistake not this plan has been carried out sufficiently in the past two terms. The students who come to the A. S. O. care little to have formal instruction in what drugs can not do or can do, but they all are very much in earnest in seeking to learn what osteopathy can do and why it does it. In the face of the abundant opportunity to teach the latter and the great desire of the students for it, what will it profit the school or the profession to steer toward the rock against which both are liable to split?



First Row—J. P. McCornick, E. Collier, J. W. Treble, H. A. Whitfield, D. N. Morrison, S. E. Warner, A. H. McLaughlin, G. W. Hay, C. H. Lumsden, N. A. Johnson.
 Second Row—H. R. Dalrymple, W. A. Streeter, F. F. Pratt, A. T. Sullivan, E. R. Morelock, L. R. Daniels, T. H. Sprague, J. C. Foster, H. A. Dillabough, G. O. Baungrass, E. R. Laster.
 Third Row—J. W. Elliot, C. Sperry, C. B. Ingalls, C. H. Wilke, T. H. O'Neill, H. L. Russell, A. W. Rogers, M. H. Wallace, C. C. Norton, H. J. Dunbar, F. E. Root.
 Fourth Row—H. M. Frasier, B. B. Johnson, E. A. Parker, L. M. Goufflet, J. H. Hoshank, J. H. H. Scott.

ATLAS NOTES.

The following new officers were installed May 19th by Brother Frank Holmes, Trustee:

Noble Skull	Charles F. Banker
Occipital	Kirk W. Shipman
Pylorus	Linus H. Walker
Receptaculum	James G. Dawson
Stylus	Frank G. Carlow
Styloid	Alfred J. Tarr
Radius	Ward Loupburrow
Right Clavicle	Ora M. Walker
Left Clavicle	Robert J. Northern
Trustees:	Dr. M. E. Clark, Dr. W. D. Dobson, Fred G. Thiel
Editor of Bulletin	Asa Wamsley

Dr. Charles C. Teall of Weedsport, N. Y., formerly of Brooklyn, spent several days at the college last month as the representative of the American Osteopathic Association. May 12th, he visited the club and made an earnest and profitable speech. He said, in part: "There is so much that is of vital interest in the profession it is hard to tell where to begin. There is no boom in osteopathy—and that is well—but there is a steady on-flowing tidal-wave of approval and adoption. A steady settled business is what osteopathy now presents. The medical man is trying to keep back this wave with his opposition in the style of Mrs. Partington with her proverbial broom sweeping back the sea; and the medical man has lost, because the people resent his uncompromising opposition.

This is a critical time in the profession and there always is a crisis on hand. Nearly every man has already met more of these crises than he should have met in the course of his natural life. Now the thing for us is to maintain osteopathy as the Simon-pure philosophy which has been taught at this school and which this club has upheld.

In the march of events the homeopath has lost his identity—he is out of the way, absorbed by the allopath; for what the allopath cannot kill, he will attempt to digest and absorb. The greatest danger to our system is that this process shall be begun upon us, and the greatest weakness in resisting this attempt is found in the osteopath who is a mixer. Now in osteopathy the one who delivers the straight goods is a success. I doubt if you will find a "mixer" any where who is successful for he has neither the confidence of the people who want medicine nor of those who want osteopathy.

There is absolutely no question of the efficacy of osteopathy. There is no curable disease that it can not cure, while many so-called incurable

diseases are cured by osteopathy. The only plea I have to make to you is to stick to your pure osteopathy. Do not dabble with a mixed therapeutics. I do not believe any member of the Atlas Club will do so, as I feel sure that practically not any of them have done so in the past.

If you dabble with adjuncts or with drugs it will be your professional death as it should be your ethical death."

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Mr. Lester R. Daniels of the senior class and Mr. Arthur E. Best of the junior class were initiated May 19th.

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Mr. Daniels was a resident of Jerseyville, Ill., graduated from the high school and took a partial course in Washington University, St. Louis. He had been engaged in mercantile business before studying osteopathy. Mr. Daniels is president of the senior class.

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Mr. Best comes from Westhaven, Vt., graduated from Vermont Academy and the Massachusetts College of Pharmacy. He was formerly a drug clerk.

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Dr. Ord L. Sands of New York will represent the club in planning for a reunion of the Atlas members in attendance at the Put-in-Bay Convention. It is expected that several of the active members will also be present and assist in this matter.

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Dr. Robert J. Dowell of Patterson, N. J., has been making the school a visit for two weeks.

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Much credit is due to Dr. F. P. Young for the excellent manner in which the hospital has been equipped under his direction; still more for the excellent results obtained in the surgical operations performed by him before the students.

It is of interest to note that a field member, who was in school too long ago to have the benefit of Young's surgery as a text-book, says that he gets as much out of Dr. Young's book as from any book in his library.

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ATLAS FIELD NOTES.

Dr. H. B. Sullivan, says the Journal, is announced as the head of the Technical Dept. of the Detroit Institute of Osteopathy, with M. C. Williams as manager.

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Dr. Alfred D. Glascock of Owosso, Michigan, visited the school for a few days in May. In speaking to the senior class he said: "Osteo-

pathy, that is pure and undefiled osteopathy, is growing stronger every day. That is the kind that is winning. Those who mix with drugs must not blame the system for their failures. They have either not learned it right or do not apply it right. Osteopathy can be depended on when you have learned it thoroughly. Don't mix with drugs."

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Dr. Jesse Knight Dozier has changed his location from Middletown, Conn., to 92 Park St., New Haven, Conn.

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Dr. J. S. Baughman of Burlington, Iowa, had a paper on Compared Therapy before the Iowa Osteopathic Association, May 24.

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We are sorry to report that the wife of Dr. S. C. Robinson died April 12th of post-partum hemorrhage. He has recently moved from Auburn to Rensselaer, Indiana.

Dr. A. M. Oswald, who has been practicing at South Bend, has moved to Auburn to take up the practice left vacant there.

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Dr. R. W. E. Newton, (Jan. '06), was married in Kirksville, May 16, to Miss Maud S. Rathbun, at the home of the bride. Dr. Newton is practicing in Harrisburg, Ill.

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Dr. Guy E. Loudon of Burlington, Vt., has a strong article in the May Osteopathic Physician advocating an endowed college of osteopathy to be under the direction of the A. O. A.—A project of great value and promise to the profession.

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Dr. A. C. McDaniel of Oakland, Cal., attended the convention. He had come on two weeks before to be with his father in his last sickness. His father was buried May 24th. Dr. McDaniel left 3 of the San Francisco osteopaths who suffered from the fire in charge of his practice with the opportunity to "help themselves" to all they could make. His sister Fannie A. McDaniel is a member of the Axis Club and graduates this term.

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Dr. Carlos D. Clapp, Utica, N. Y.: "Have had some hard things to contend with here, but expect to have a good business here some day. I have had some successful cases that will help me. I have seen Hart, a number of times. He has a good start at Syracuse. Reese and Hawes are doing well. . . . You don't realize what a handicap it is to be in a state without a law to protect you. My advice is to get into a state where they have a law."

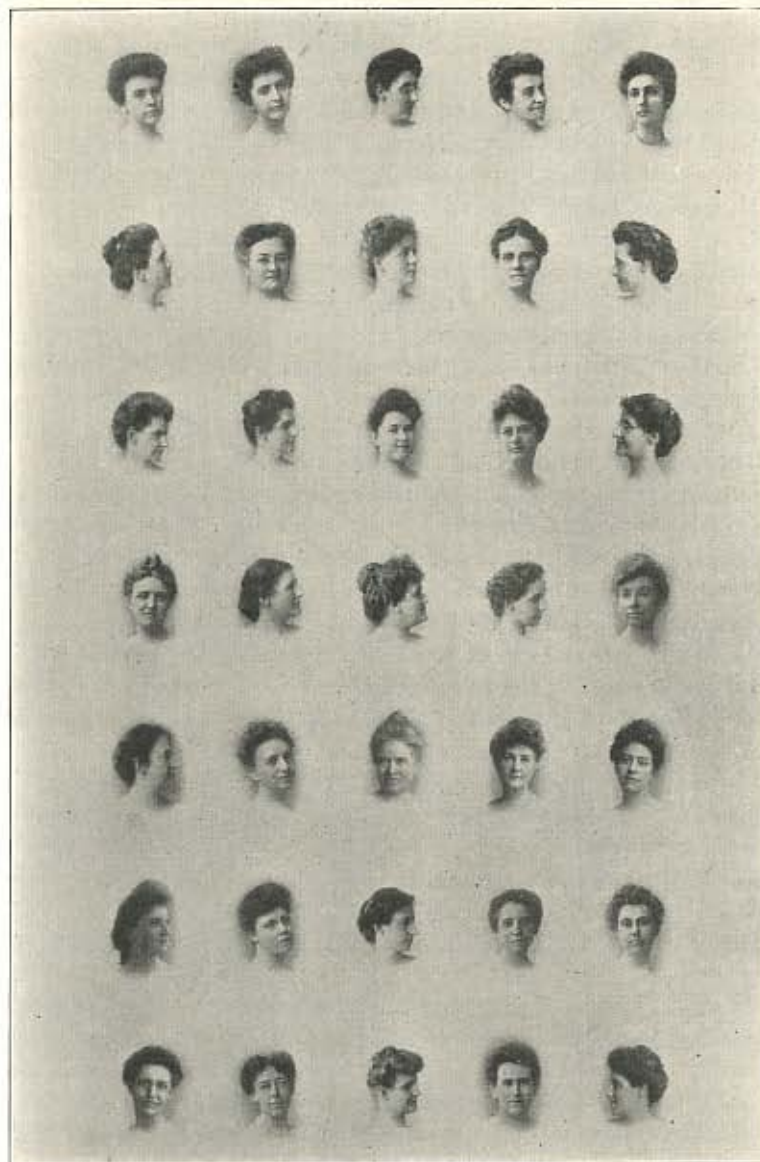
Dr. Claire V. Fullam of Frankfort, Ind., writes that his name was left out of the March directory and that he "values his membership too highly to be left out." We are glad to correct the omission.

* * *

Dr. Oliver S. Leitch of St. Louis writes about a prospective club member and adds that he is "doing very well. Glad I am an osteopath and an Atlas member."

* * *

Dr. Frank L. Martin, Marysville, Calif.: "All of the boys in San Francisco, in spite of their losses, are in good spirits and will begin all over to build up their practice again. I decided to come here and am just preparing to open up. I lost my club and class pictures, diploma, etc.; presume I can replace them, should hate to think I could not. I wish all the boys success wherever they locate."



AXIS MEMBERS CLASS OF JUNE, '06.

- | | | | | |
|-----------------|----------------|-----------------|----------------|----------------|
| Miss McDaniel, | Miss Day, | Miss Carothers, | Miss Rouze, | Miss Wardell, |
| Mrs. Collier, | Miss McCaslin, | Mrs. Hull, | Miss Walters, | Miss Printy, |
| Miss Foss, | Mrs. Nicholas, | Miss Thayer, | Miss Brooks, | Mrs. Bell, |
| Mrs. Compton, | Mrs. Russell, | Mrs. Rogers, | Mrs. Morelock, | Miss Morelock, |
| Miss Roberts, | Miss Nichols, | Mrs. Spence, | Mrs. Hart, | Mrs. Messick, |
| Miss Shepherd, | Miss Brain, | Miss Smith, | Miss Gable, | Miss Morrison, |
| Miss Crossland, | Miss Bowen, | Miss Traver, | Mrs. Waller, | Miss Balfe. |

AXIS NOTES.

Parting.

COVENTRY PATMORE.

If thou dost bid thy friend farewell,
 But for one night tho' that farewell may be,
 Press thou his hand in thine.
 How can'st thou tell how far from thee
 Fate or caprice may lead his steps ere that tomorrow comes?
 Men have been known to lightly turn the corner of the street,
 And days have grown to months,
 And months to lagging years,
 Ere they have looked in loving eyes again.
 Parting, at least, is underlaid
 With tears and pain,
 Therefore lest sudden death should come between,
 Or time, or distance, clasp with pressure firm the hand
 Of him who goeth forth
 Unseen, fate goeth too.
 Yea, find thou always time to say some earnest word
 Between the idle talk, lest, with thee henceforth,
 Night and day, regret should walk
 Like as a plank of driftwood,
 Tossed on the watery main
 Another plank encounters
 Meets, touches, parts again.
 Thus 'tis with men forever
 On life's unresting sea
 We meet, and greet and sever,
 Drifting eternally. * * *

Did you ever try to read between the lines on your diploma?
 * * *

"You are the only true and brave soldiers in the army of freedom battling for the liberation of fettered bodies. On your conscientious work will rest the thanks of man. Live up to the great cause of osteopathy and let not the weary one fall by the wayside. Lift in sympathy and love the suffering brother from out the depth of disease and drugs. Let your light so shine before men that the world will know you are an osteopath pure and simple and that no prouder title can follow a human name."

A. T. STILL.

* * *

Life in the club should mean something more than congenial, convivial companionship; something more than the purchase of so much

practical work even though it is for the benefit of our science. These factors may have their weight in influencing us to enter. But, after we have once entered the inner circle, after we have been enlightened, inspired and reconsecrated to our science by the principles the Axis Club represents, social advancement is too trivial, and the commercial instinct is unworthy of our consideration.

Osteopathy should assume a new aspect on entering the club. The atmosphere clears as we ascend and sincerity, enthusiasm and devotion opens heart, mind and soul for the perception of new truths, truths as beautiful and boundless as the Infinite from which they spring.

Have we removed our divinity from the contamination and the narrow limits of the common mind or from him whose conceit forbids the entrance of a great principle? Not because of selfishness nor self-righteousness but perhaps because of a greater reverence and humility.

* * *

The Axis girls are playing tennis this spring. They even boast of having a private court, have had their picture taken for the year book, wear imported hats done up in green and white. And still they find time to study.

* * *

Prof. L. V. H. Gerdine is giving the post-graduates a special course in Differential Diagnosis. The seniors and juniors are privileged to attend. It is needless to say the course is par excellence.

* * *

Wednesday, May 30th, the following officers were initiated:

Mrs. Mary Lyle Sims	President
Mrs. Mary Barr Horn	First Vice-President
Miss Nellie M. Shell	Second Vice President
Miss Eva I. Mains	Recording Secretary
Miss Sarah E. McRoberts	Corresponding Secretary
Mrs. Eleanor B. Dashiell	Financial Secretary
Mrs. J. Young	Treasurer
Miss Sarah Herdman	Chaplain
Miss Mary E. Alsbaugh	Janus
Miss Jessie V. Lyeon	Historian
Miss Clara Bakehouse	Librarian

* * *

As we have said in a recent number, this has been a very successful year for the club. Mrs. Rogers has discharged her duties faithfully and with dignity and grace, and we are only compensated for her loss in securing Mrs. Sims, who has recently come from the Southern school and whose gracious personality has won for her the highest honor the club has to bestow.

For the visiting osteopath during the convention there were many attractions. The hospital, the amphitheatre in this building and Dr. Young's skillful surgical work in same, which only the elect were privileged to witness. And last but not least (little—but not least in importance) and which came unscheduled and unknown to the visitors, Dr. Clark had an obstetrical case ready for the convention. Surely his fame has not gone forth undeservedly.

* * *

Extracts from a Speech before the Axis Club, May 13.

DR. A. L. CONGER, AXIS '98.

The joy I feel in standing before you and having an opportunity to talk to the Axis Club, and to testify for osteopathy is beyond my power to express. Traveling all over the world as I do, meeting all kinds of cases that have been tried by all known "pathys" I realize that you know I will never have need of drugs. During my 2 years stay in the Philippines my use of drugs consisted of three doses of baking soda which I gave for sour stomach, while here in Kirksville you use it three times daily for your biscuits. I just said to a friend that even the mud welcomed me back by sticking to me.

My son is a soldier in the Philippines. He once fell under his horse and was badly crippled. The eminent surgeon at the hospital used hot fomentations on his knee and did various other things, but the condition grew worse. I telegraphed him to see an osteopath at once, despite the fact that he might be court marshalled for so doing. Dr. Conner of Kansas City reduced a dislocation of the femur in a few minutes. The surgeon at the hospital told the nurses to keep still before Mrs. Conger, saying "She knows too much."

My greatest trouble was to convert my own family. Others believed in me but they all thought I had a soft spot. Now my oldest son has a ticket from three different osteopaths and uses the one most convenient for him. He says he can't afford to get sick, so he just "keeps adjusted." One he pays \$50, another \$36, and the other \$30.

When I was here in school the "Old Doctor" used to take Mr. Conger and myself out to see some of his cases. Once I saw him treat a fine stallion, which lesson proved very valuable to me. My son's horse once became very sick, and you know the loss of a horse is of some moment in the Philippines. I got four soldiers and we went to work. I wasn't very familiar with the anatomy of a horse, but I worked my way up where I thought the cervical and dorsal vertebræ ought to be. And would you believe me—in four hours the horse was eating hay.

My husband and I took our first treatment of Dr. Charlie (which consisted of about four moves). Then we felt fine, took a long walk in

the country, turned and looked into each other's faces and asked ourselves if we were really sane. I was completely cured of hemorrhoids and goitre and I feel sure that had we come earlier my dear husband would have been with me today.

Wherever I go my fingers are busy with my work and it is the happiness of my life. It is the grandest, noblest and most satisfactory work and it is such a joy to hear them say "You have done so much for me."

And you can all do it. Don't ever be discouraged. When I was here in school Dr. Morelock used to come to me discouraged and with tears in her eyes, now she is located in a western city and has a most excellent practice.

Dr. Elvira Tracy went to Yonkers, N. Y.,—unknown and unsung, and in two months had a \$200 practice. You can and will succeed. Why I'd rather trust myself to a so-called fake osteopath than to any M. D.

I forgot to say that during my stay in the Philippines there was much loss of life among the soldiers from bloody flux. When one was afflicted he might just as well go dig his own grave. I treated a great many and was able to check the disease in three days. I never lost a single case of flux or intermittent fever.

* * *

AXIS FIELD NOTES.

Dr. Jessie L. Catlow, Boone, Iowa: "As you go out individually and alone, you will find it impossible to forget either the club or its members. I believe I can truthfully say that not one Wednesday afternoon has come that I have not thought of you girls, wondering what your work was, hoping that it was good and believing that it was the best possible and praying that God would give to the Axis Club noble women and help those of us wearing the emblem to live up to the high standard of our organization. The needs of the world call for women with such standards, I am convinced."

* * *

A few corrections to the May Directory of the Axis Club: Dr. Daisy E. Washburn, Masonic Temple, Port Clinton, Ohio. Dr. Georgia A. Carter, 413 E. Capitol Ave., Springfield, Ill. Dr. Jennette S. Allison, Windsor Hotel, Monrovia, Calif.

* * *

Dr. May Vanderburgh, San Francisco: My Bulletin as well as all of our office furniture, books, diploma, state certificate, etc., were burned in the great fire which just consumed our city, not quite all of the city, but over four hundred fifty blocks.

I must tell you of an experience of mine, which I consider rather an unusual one. One day a gentleman came into the office and told me that he wished to consult me in regard to his wife. Said she suffered from insomnia, nervousness and numerous other things. During the course of conversation he mentioned the fact that he was an allopathic physician himself. I called at the house to see the lady and as I treated her, she said that she was in a general state of "hyperesthesia" and that her spine was especially sensitive and she wondered if it could be the "inter-vertebral substance." After hearing her use those and many other such terms, I asked her if she was also a physician. She said she practiced Homeopathy. It seemed amusing to me, that he, being an allopath and she a homeopath, they should send for an osteopath.

She had tried everything they knew of in the drug line, also massage, change of climate, etc., and then osteopathy.

I treated her a month and in that time she improved rapidly, getting so she could sleep several hours at night whereas formerly she would go several nights in succession without any sleep. As she was called to her home in the east, I did not treat her as long as I had hoped to, but they were loud in their praises of osteopathy.

It is almost a year since our class, bade farewell to the Axis Club.

I don't think a Wednesday ever comes that I do not think of you all and wish that I might be with you.

Have watched for the new names in the Bulletin and am glad to see so many good ones there."

Dr. Clara Milner, 4300 Ellis avenue, Chicago, died May 14th of angina pectoris. She had given up practice a month ago, but was feeling exceedingly well up until the night of her death. She suffered from three successive attacks of pain, accompanied by sinking spells, and did not rally from the third. Dr. Fred W. Gage was called and gave relief from the earlier attacks, but aid was unavailing at the end. Dr. Milner was an A. S. O. 1901, graduate. She was buried at Kirksville.

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