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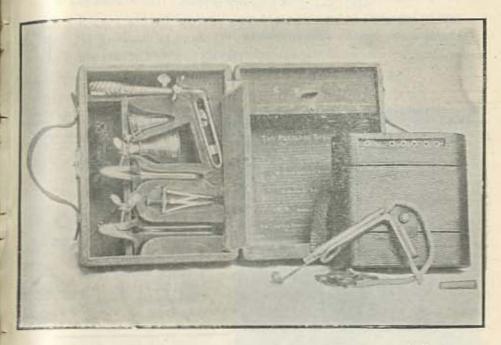
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# The Bulletin

OF THE ATLAS AND AXIS CLUBS.

VOLUME VI.

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NUMBER 3.

#### PSYCHOTHERAPY AND THE PHYSICIAN.

J. D. CUNNINGHAM, D. O., BLOOMINGTON, ILLINOIS.

(This article on an unusual and quite untried subject will interest our readers. The author an Atlas man of the class of 1901, is prominent among the Illinois osteopaths and in the A. S. O. Alumni association. He reads an excellent paper on "Our Alma Mater" before the Alumni association last winter.—Editor.)

The great aim of the medical science is to make man better physically. If this statement is true, any department of medical science that relates to the treatment of disease and the action of remedial agents on the human organization, both in health and in disease, is worthy of recognition by the physician, although it may not be in accordance with the fundamental principles underlying the teaching of his or her respective school.

Physchotherapeutics is defined as the treatment of disease by mental influence, or by suggestion. It is not the purpose of this paper to enter into detail about the different methods or means of suggestion employed as therapeutic agents; whether they be styled Christian science, magnetic healing, faith cure, or simple mind healing, the basic principle is one, namely,—that it is the organism and not the physician that cures, and that nature has a remarkable power of self-restoration.

That the body affects mind and that in turn mind affects body are propositions subject to no dispute. But the limit of that influence in either case and the possibility of applying it in a therapeutic way must be recognized. So-called purely psychic disorders are frequently met with and will be the ones most readily overcome by the psychotherapist of the extreme school. While cures under the ministrations of these practitioners are no longer questioned, the power of suggestion in pathological conditions, wherein the inevitable anatomical lesion exists as a causative factor, would be of no avail except in so far as the mind controls the diseased condition. In reaching that limit nature must be aided before further progress can be made. Herein lies the physician's duty.

Believing that suggestion is a potent factor in many cases, the physician who makes use of it studies particularly when and where a

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suggestion may be the most efficacious, and the susceptibility of the mind of the patient to whom the suggestion is given. A suggestion is made by one intelligent being to another presumably intelligent being; otherwise it could produce no result, physical or mental. A therapeutic suggestion, in order to be effective, must be addressed to an intelligence whose faith can be stimulated and which possesses the power to carry the suggestion into effect. I recall a case that came under my personal observation of the extreme type of auto-suggestion, in a man who was laboring under the impression that he had some pathological condition but was not conscious that he suffered any ill-effects. He had visited the study of a minister and discoursed exhaustively on the subject of his miseries, and the minister being unable to diagnose his case suggested that he call upon a physician. After listening to his story which was full of auto-suggestion adverse to health, I made a physical examination. Finding no perceptible lesions, I treated the case by counter suggestion, telling the man that his perfect physical condition was one to be proud of, also drawing a few pictures on the bright side of life and suggesting to him that one cannot go on to a nobler future and carry the ills of the present with him, that going ahead means leaving all these behind, and that he should forget himself, secure a position and go to work. The expression on that man's face brightened up; he took a new idea of life and left my office feeling a different man from what he was when he came in. Was this a digression from the physician's duty? No, it was justifiable, as it was the only thing that could be done for the man, and was something a physician could do better than anyone else.

I once read of a celebrated hospital lecturer in London who told told his students to pay all their attention to diagnosis and prognosis. When he was leaving the bedside of a patient without prescribing, the house physician asked what he should give the patient, and this luminary in the medical firmanent said, "Oh, give a hopeful prognosis and anything else you please." Suggestion is a great factor which works when the beloved family physician comes to the bedside of the sick. He cheers his patient, which is suggestion. He looks hopeful,—that is suggestion;—he inspires the sick with confidence, which is more suggestion, and gives a hopeful prognosis, which as we are told by the London Medic embodies all the good in his visit.

Suggestion finds, to begin with, the same room for work in connection with osteopathy that it does in connection with the work of allopath or homeopath. The consciousness of the patient that he is in the hands of some one who can find what is the matter with him, predisposes the body to yield its information without the complications that an adverse frame of mind can induce, in obstinate nerves and muscles, and thus diagnosis is made easier. If the patient trusts the osteopath he credits every movement, every touch, with purpose and effectiveness. He rests in the idea that healing is being accomplished, and is thus non-resistant. There is no question but that an attitude of this kind simplifies the physician's problem. Dr. Pratt, in his work on the composite man, makes the "Conscious man," as he calls that which we usually speak of as the mind of man, speak as follows: "I know that I fill our whole family" (he means skin, bones, blood-tubes, etc.) "with terror, and put them on the run, when there is nothing to be afraid of, and I ought to make them stand their ground. I know that I frequently paralyze them with hesitation and doubt and skepticism when I ought to imbue them with courage and hope and trust. By my influence "(he says) "over the respiration and circulation I can dominate to a great extent all the bodily functions, and if I were only wise enough I would always act as their protector, preserver, and defender," After a little dissertation on the absorption of doctors in their own theories to the exclusion of a probing of the real secrets of life and disease, the conscious man, as Dr. Pratt calls him, goes on as follows: "In the meantime I shall go right on doing the best I can with the aches and pains into which by my poor philosophy and bad judgment I repeatedly plunge my fellow shapes of the material sphere, thanking the material doctors for their help in covering up the error of my ways, and praying for guidance into such right living that my family in time will not be called upon to suffer physical disease as the result of my ignorance and indiscretion." All of this is but a picturesque way of saying that the physical body is affected by thought. Dr. Pratt says of the cerebrospinal and sympathetic systems, "There are no isolated nerve cells in either nervous system, and as they are in close communication with one another, trembling vibrations which bring messages to one cell are transmitted along avenues of communication to other cells, and so on, until the entire nervous system is conscious of what every part of it is doing." For this reason the frame of mind of the patient, particularly his restfulness or lack of confidence, as the case may be, in the osteopath, has much to do with successful diagnosis and successful treatment. It predisposes the whole sympathetic system, and thus renders active assistance to the actual stimulation at the hands of the osteopath; it opens the door to the positive healing influences of manipulation.

It would seem that in some cases, with certain physical indispositions and certain mental constitutions, the assuming of a mental attitude not only prepares for but inaugurates and carries on healing—that the mind cures its body. For instance, I had a patient who was a semiinvalid. She needed constant care and attention at the hands of other people. A serious accident to her husband and her little son made it impossible for her to be thus cared for. Through stress of belief in the necessity of caring for them, she rose and went to work. She is praetically a well woman, and she was not a hypochondriac in the first place. But there are many conditions which she could not thus have repaired by ignoring them and by determining not to let them interfere. A fracture, a pinched nerve, a slipped vertebra—by no means could any frame of mind be induced in her, either by herself or by any healer, that would correct such a lesion, or any one of a thousand other possible lesions. But in any patient under treatment, the frame of mind goes far toward determining whether there shall be an open door to healing or time and power lost through the obstructive tactics of adverse suggestion.

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By the way, it is undeniable that the presence of equipment of various kinds, X-ray machines, electric batteries, etc., in an office, often works favorable effects on a patient's mind before the doctor approaches the case, merely by the suggestion offered thereby of the variety of resources of the doctor, for attacking disease. And when used, these mechanical appliances do part of whatever they do accomplish by the suggestion to the patient's mind that he is being helped. We all know the story of the man who was cured by holding a clinical thermometer in his mouth.

It is also worth noting that an awkward or ill-judged attempt on the part of a doctor to influence a patient's mind through favorable suggestion may do much harm. The patient may from it believe, for instance, that the doctor thinks there is nothing really the matter with her, when she knows there is, when a host of real and unmistakable physical conditions show her that there is. She then regards him as either ignorant, insincere, or indifferent to his business; and any one of these ideas constitutes an adverse suggestion. Truthfulness, sympathy, sincerity toward his work, and tact are essential to a physician.

Osteopathy has an advantage over other schools of healing in that it works directly on causal conditions, and the still further advantage that the patient knows the work is direct. The osteopath has eyes in the finger-tips, so to spenk—two pairs of eyes to the one possessed by the practitioner of another school; and he communicates directly with the seat of disease, instead of intrusting his commands to a drug ger boy. If then drug medication does what good work it accomplishes chiefly by suggestion, osteopathy should indeed be more effective, since it removes actually existent physical causes and also has suggestion at its service, equally with its fellow-schools. But we cannot say, as the London medic did, "Oh a favorable prognosis, and anything else you

like." For it makes, in treating osteopathically, an immense amount of difference what follows the prognosis. We have a great deal to do besides suggesting.

Dr. Hudson, in The Law of Mental Medicine advances the interesting idea that the thought and will of the operator are transmitted physically to the diseased part, not simply as stimulation or inhibition of a nerve, a persuasion through physical force, but as mind and thru mere contact. He says that "thought transference is greatly facilitated by personal contact,-that contact with any nerve in the body places the operator in communication directly or indirectly, with every nerve in the body and therapeutic impulses may therefore be conveyed from any point of contact. Nevertheless, he says, "it is obvious that the best way to convey a therapeutic impulse to an affected part of the body is to follow the lines of least resistance; these lines are undoubtedly those that reach the affected part most directly." He draws of course the conclusion that "some knowledge of anatomy is very useful to the operator in determining the best method of procedure." According to this the osteopath if he consciously or unconsciously exercises suggestion has an infinite advantage over any other suggesting physician in his greater knowledge of anatomy. By Hudson's theory, the osteopath could do two simultaneous lines of treatment-one the mechanical adjustment of anatomical relations and control of metabolism through stimulation or inhibition of nerves; the other through concentration of the mind upon the mal-adjustment thus to be corrected, thereby suggesting to the sympathetic nervous system of the natient what it should be doing.

Whatever fanciful speculations or plausible hypotheses may be offered regarding the conjunction of osteopathy and suggestive therapeuties, certain truths are clear.

First.—The state of mind of the patient toward the doctor, toward the system of healing, and toward his own physical condition, constitutes an active factor in the situation, as confidence and cheerful expectancy facilitate the work of the osteopath in influencing bodily conditions.

Second.—The physician can influence the patient's mental attitude through his own manner, voice, facial expression, and language.

Third.—Habit, in the involuntary as well as the voluntary field of bodily activity, is merely the accustoming of the part by exercise a certain way to respond readily to the suggestion of circumstances; thus, during treatment, when a contorted muscle, for example, is coaxed by the fingers to straighten itself, the osteopath is suggesting a course of

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action, compelling it to be followed and paving the way for readier future obedience to suggestion.

FOURTH.—There is an absolute limit to the power of suggestion, in the fact that anatomical lesions in the main require mechanical adjustment. Here the osteopath as a manipulator, not a suggester, reigns supreme. His work in the main must always be, the correction of bodily conditions through physical manipulation.

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#### OUR PROGRESS.

ALFRED WHEELOCK YOUNG, D. O., CHICAGO.

(This article comes to us at a time when the student life at the A. S. O. is enlivened with interest in the comedy, "Mrs. Leffingwell's Boots," When the play was presented at St. Louis, the Faculty and a large number of students and town's people attended; on Nov. 4th, a special train carried five hundred students to Quincy, Illinois to witness it.—Editor.)

Last month, at Power's Theatre, Chicago, the local practitioners and their friends had an opportunity of witnessing a marvelous step in the recognition of osteopathy as a therapeutic science, when a company an old doctor's home.

After the other guests have retired for the night this young man and the venerable doctor chat by the fireside and the conversation leads up to how the old doctor became interested in osteopathy with his simple exact explanation of it. The scene is marvelous in its truthful protrayals of our therapeutics, woven in as it is in a fascinating plot which holds the audience spell-bound. This protrayal by the old doctor of a difficult part in a way to enlist every listner's attention has been pronounced one of the best that has been seen in this city by men competent to judge.

Afterward the doctor removes the lesion, an offending cervical vertebra, and all the many deeds which have so troubled the family, among them the placing of Mrs. Liffingwell's Boots on the fire escape of the young man's room, are explained by the lad, after being entirely cured and his reason restored.

The play which I so sincerely wish every osteopathic practitioner in this broad land might witness, shows so vividly the progress of our science in its recognition by the thinking world. No confusion with massage or simply mechanical manipulations but a clear, concise explanation of spinal interference traced to a direct injury; thus deranging circulation and vaso-motor action. Truly we owe a debt of gratitude to the author, Augustus Thomas, who has placed it before the American theatrical public in a manner beyond criticism.

Now it lies with us to go on with this glorious work, not content however with past performances but forging ahead in our battle with disease. Times are changing and with osteopathy as with others. The world expects more of us today and will expect still more tomorrow.

Education is our only equipment and this can only be attained by constant, persistent, study and application. We cannot even retain what we have without continuous effort, let alone go forward.

Osteopathic progress must mean advancement along the entire front not one or two individuals; so if we cannot attend an osteopathic post-graduate course every second or third year, an ideal arrangement, we can grow through co-operation in our national state and local societies, by meeting frequently, exchanging ideas and experiences freely, and studying constantly. Verily a man may learn from his brother no matter what the conditions, if he is big enough mentally to recognize his own short-comings; and just as true as one sits in his own office year in and out without this exchange he will dwarf and become a mechanical automaton. This is purely the mental side, the one that makes a man a valuable member of society, not a mere passenger.

When it comes to the fraternal side we all know from a hearty handclasp by a fellow practitioner, one who is struggling with the same problem that confront us daily, and with whom fraternal friendship is binding and should be one of our most valued treasures; such an experience, I say, is good to look upon and cherish as bringing forward some of the best in this life of ours.

Nothing is worth while that comes easily and development surely only comes through constant striving toward an ideal.

My Atlas membership and the friends I was privileged to make during my short sojourn in college are among the most values of my life and that we should allow this fraternal friendship to diminish by reason of our removal to other fields is to me the height of folly.

And this same spirit of fraternal friendship which is certainly one of the dearest of man's possessions, can make our different societies and organizations a band of strength and development.



#### MALARIA.

J. W. HENDERSON, D. O., M. D., SAN FRANCISCO.

(The author is an Atlas, A. S. O. graduate of the year 1896, with location at San Francisco.—Editor.)

The following thoughts on types of malaria were inspired from a recent experience:

I was called in haste to the bedside of a lady suffering as follows:
Alternating chills and fever, the former predominating and rather of
the subjective than the objective order; muscular contractions and retraction of the head with intense headache. At first I gave attention
to the cervical region which seemed to intensify the trouble and on passing down the hand to the region of the middle dorsal I found contractions of muscles and great pain to pressure at that point and also at a
point between the umbilicus and the ensiform appendix. A few treatments in the region described served to relieve almost entirely the symptoms, especially the chills, fever and contractions.

This called forcibly to mind a case I attended some seven years ago.

The man was cycling when the tongue of a buggy struck him in the
middle dorsal region and almost immediately he was seized with chills
followed by fever and sweating which continued for several hours until
I corrected the displaced ribs on the right side which had been forced
forward by the jar.

This latter case was a typical bilious or malarial type, while the former was the very opposite so that location of lesion is a greater factor than is type of patient.

Another case about the same time was treated by me which had gone the rounds of quinine for similar symptoms without success when a few days less than a week saw him in his office, by the restablishment of the functionation of the nerves of the hepatic region. Are we, then led to conclude that a genuine malarial case will respond and be cured by proper osteopathic manipulation?

But for another little experience I had I might have concluded it a "dead easy thing." While in Kirksville a classmate and myself were given charge of a case of spinal curvature in a man who had recently returned from the South. We treated the case and soon found, to our great surprise a type of the plasmodia malaria to which an abundance of symptoms testified.

Well we labored and sweat and called in brains and hands unexcelled in the art. The patient became impatient and finally took a few doses of a something which was a sure cure down South and soon our efforts were reduced to that of correcting the spinal curvature. We did not get a chance to see what the prognosis should have been here, but certainly not so favorable as in the others, and why? Doubtless the great causative factors which must always be taken into consideration in both treatment and prognosis.

#### CASE REPORTS.

ROBERT I. WALKER, D. O.

(Dr. Walker is an Atlas man, graduated in 1901 and with his wife, Dr. Mary Wheeler Walker, (Axis, 1900), is practicing in New Bedford, Mass.—Editor.)

#### Chronic Indigestion:-

Case 1. Man about forty-five years of age. Occupation, contractor and builder, also lumber merchant. Intense pain in stomach after taking food. Unable to retain much solid food; flatus; extreme constipation, bowels never moved except after an enema; duration of discusse about two years. Upon examination, found a posterior condition of lower dorsal region, pain over stomach, partial stoppage of gall-duct. Began treatment by thoroughly evacuating the bowels by soap and water enema, treatment of the spine and abdomen, and sending patient to bed for twenty-four hours—treated case twice per week for a period of seven months, with gradual improvement from the first. Patient was discharged as cured. About three months afterward however, he had an acute attack of his former trouble, and again called me. I gave him sixteen treatments following this, since which time he has been perfectly cured. During time of taking treatment patient gained twenty-one pounds.

The method of treatment employed was as follows:

- L. Moved the bowels, and kept them free.
- 2. Treated the spine to remove posterior condition.
- Treated the stomach and intestines to relieve pain, keep bowels clear and expel flatus.
  - 4. Treated the gall-duct to promote flow of bile.

#### Nervous Prostration:-

Case II. Man about fifty years of age. Occupation, steamship captain. About two years previous his vessel had been in collision with another at night, in which occurred some loss of life and considerable damage to both vessels. The captain's nervous system began to fail him from that time. When he came to me he complained of almost constant headache, on the right side of his head; soreness in the "cords" of his neck, and "pain in his back low down."

Examination showed tense condition of neck muscles, especially

on right side, atlas slightly to right, causing hemicrania. Fifth lumbar vertebra forward, and quadratus lumborum muscles rigid.

THE BULLETIN.

Treatment to relieve these lesions gave instant relief, and two months treatment practically cured the patient, although he occasionally comes in for a treatment as a "tonic" after a hard trip.

#### Chronic Indigestion and Muscular Rheumatism:-

Case III. Lady, unmarried, age about forty; occupation, teacher. First consulted me June 21st of this year for the first named disease. Case more or less complicated by muscular rheumatism from the first, but gained steadily until August 3rd, when she was siezed with an acute attack of rheumatism in the right limb, especially the ankle and knee. Intense shifting pain and swelling of member, patient compelled to remain in bed, and later to use crutches. Treated her almost daily until August 27th, when she was so far recovered as to be able to go away for a two weeks' vacation. Through all this attack there was no return of the indigestion.

She is now on her third month for the latter ailment and if no unforseen complications occur, will be discharged as cured at the end of the month.

#### Bronchitis and Nasal Catarrh:-

Case IV. Boy, age sixteen; high school student, condition chronic though not severe; glands somewhat swollen; history of tuberculosis in family; considerable cough with some expectoration. Seventeen treatments relieved the catarrh to a large extent, checked the cough and expectoration, and reduced the swelling of the glands.

#### Slight Paralytic Shock, Threatened Hemiplegia:

Case V. Lady, age seventy-three, widow; right arm and leg numb and cold; vertigo; slight aphasia.

Treated case at intervals for about three months and patient made good recovery; is now apparently as well as ever, though owing to her age, I look for a more severe attack sometime, which will probably be fatal.

Case VI. Man, twenty-eight years of age; occupation, mill-machinery expert. Injury to spine from lifting heavy piece of machinery. On examination found extreme tenderness in lumbar region, muscles rigid on left side, especially, posterior condition of lumbar vertebre, except fifth, which was anterior. Took treatment until obliged to leave town, receiving fourteen treatments in all, and was very much relieved; I heard from him later, saying, that he had continued to improve until entirely well.

#### Acute Articular Rheumatism:-

Case VII. Man, age about fifty-five; merchant. Disease first took

effect in left ankle, later in right knee and lastly in right ankle. I was called first, January 13th, 1903, and found patient in bed, with left ankle swollen and very painful. I treated it three times per week for the rest of that month, with good results, but on Sunday, Feby. 8th, received a telephone message saying he was in such pain he could not bear a treatment. After a few questions I asked to be allowed to come and "look at him," promising not to touch hm in any way that would cause him the least extra pain.

Permission was given me to do this, and on entering the room found him sitting in an easy chair, where he had been all night, being unable to get to bed, the disease having taken him in the right knee and ankle Saturday afternoon.

A medical doctor was present, whom patient had called, but would not allow to touch him as the doctor had hurt him the first time he came near him. They both looked at me to see if I could do anything, and I saw it was up to me.

I first heated one hand as warm as possible at the stove and placed it very gently on his knee, in the meantime warming the other hand, which I placed on the knee when the first one had cooled. Somewhat to his surprise this caused him no pain, but on the contrary gave considerable relief. This process I continued for half an hour, at the end of which time I began a gentle manipulative movement to the knee and ankle, which I continued for another half hour, taking care to keep my hands hot. Patient was then considerably relieved, and was able to get to bed that night. Continued treatment until April, when he was discharged as cured, and as far as I know has had no attack since.

The above mentioned cases have been selected from those which terminated favorably. I will now mention a couple in which the result was unfavorable, for the possible information which may be obtained therefrom.

#### Peptic Ulcer:-

I. Man; aged about forty-five, suffering as he supposed with acute indigestion. Symptoms were those of indigestion; viz., severe pain, nausea and vomiting. Case had been previously diagnosed as gastroptosis. I treated frequently for about three months, and was able to give considerable temporary relief, but eventually after a severe attack he died.

An autopsy disclosed the presence of several ulcers in the stomach, one of which, as large as a silver dollar had eaten through the wall of stomach.

#### Enteralgia:-

II. About the first case I had after graduating. Man, aged eighty-

four, taken down with acute attack of enteralgia; history of previous attack some years before. Patient rather neurasthenie at all times, in considerable pain, bowels inactive. I was called and gave the prescribed treatment, as nearly as possible, but without much success. Pain grew worse and patient grew more and more nervous; eventually sent for a medical doctor, who came, gave him a hypodermic injection, filled him full of "Laxol" and palavered over him a great deal. Result: pain stopped, bowels moved freely and patient's nervous fears quieted. Patient speedily got well, and lived about two years longer, when he died, but did not send for me to assist him.

Moral—Look first to the bowels in a case like this, and move them, by an enema or otherwise, and if you have the gift of gab, use it to the best possible advantage of patient and yourself.

#### OSTEOPATHIC GLEANINGS.

(Compiled by the Editor.)

#### Our Future.

There is a danger pointed out by our correspondents and that is the fact, if it really be a fact, of the drift of some of our colleges towards medical lines of teaching and practice. We believe that nothing would more surely prove fatal to osteopathy than this. In saying this we would not be understood as saying that the medical men have not much knowledge that osteopaths should possess, for we cheerfully acknowledge our indebtedness to them for most of the facts making up the subjects in the osteopathic curriculum. Nevertheless if anything has been proven by the centuries of medical experimentation, it is that drugs do not cure disease; that the therapeutic theories of "regular" medicine are fundamentally wrong. Naturally then it would be worse than folly for osteopathic colleges to deal with this fund of knowledge from the same view-point as our medical friends. The great need is for the facts which we get from them to be articulated with the central truths of osteopathy.

If osteopathy is to survive as an independent system we must, in the light of the foundation principles of osteopathy, take the known facts of anatomy, physiology, chemistry, pathology, bistology, symptomatology and surgery, together with such facts as have been, or may be, discovered by osteopathic research, and using the basic principles of osteopathy as a foundation, build thereon the true science of healing. Here is the work for the future. Surely it is sufficiently Herculean to inspire each member of the profession to contribute his mite to its consummation. Instead of dividing into hostile bands and warring factions over inconsequential issues, let us get together upon the great truths which we hold in common and go forward to the realization of the high destiny which we can command, if we will.—Journal of A. O. A.

#### Uterine Inertia.

LOUISE A. GRIFFIN, M. D., D. O., (M. C. O.)

Mrs. G—age 37, third child, previous labors difficult and long.
Two weeks prior to delivery.

Diagnosis by external palpation only, showed a modified first position of the vertex. The cephalic prominence in the left iliae fossa, dorsum of child anterior and nearly horizontal, breech on the right side of mother about on a line with the umbilicus. Fætal heart sounds heard on left of the umbilicus and a little below. There was a pronounced right obliquity of the uerine ovoid, but it was easily movable to the longitudinal position.

FIVE DAYS PRIOR TO DELIVERY.

Diagnosis by external palpation only. The cephalic prominence engaged in the superior strait, dorsum anterior and more nearly longitudinal, breech slightly to the right of median line just below the ribs. LABOR BEGAN AT 9 A. M., FER. 16th.

Internal examination disclosed the head well engaged in the cavity of the pelvis, cervix well dilated, membranes intact, os externum the size of a quarter of a dollar, lips thick and tumefied. Contractions for for the first hour from half an hour to fifteen minutes apart and of short duration.

FIRST STAGE.

Contractions increasing in frequency to from two to five minutes apart, weak, inefficient, a condition of uterine inertia.

Treatment, dilatation of os, by inhibition under the pubic arch for fifteen minutes followed by stimulation at the second lumbar at the time of the contractions and with each contraction through the entire first stage. The first stage lasted three hours.

SECOND STAGE.

Uterine Inertia still marked. Treatment, stimulation at the upper lumbar with each contraction until the head reached the pelvic floor, then strong inhibition over the mid-sacral region until the head passed over the perineum. During the last three or four contractions sharp stimulation was given at the second lumbar to hold the contraction long enough to bring the head firmly down to the external outlet.

The membranes ruptured just as the head passed through the os externum. This stage lasted nearly two hours.

THIRD STAGE.

The placenta followed the birth of the child from the uterine cavity

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into the vagina, and was easily removed by slight traction within ten minutes. Compression of the fundus was made from the time of the birth of the head during this stage and for an hour following. FOLLOWING DELIVERY.

Aside from the slight compression of the fundus, a light rotary motion of the hand over the same and stimulation at the second lumbar was given to secure tonic contractions at once.

Owing to the danger of hemorrhage from the previous condition of uterine inertia, stimulation at the second lumbar was given once a half hour until evening. Tonic contractions continued, very little discharge, no clots, and no after pains. Urine passed naturally in six hours. Stimulation of the liver was given on the second day to prevent the formation of gas and facilitate an evacuation from the bowels when that should occur. Bowels moved the fifth day by the help of a small enema, stool natural. Ribs were raised twice a day until the breasts became engorged the third day, and the secretion of milk became abundant. The child was put to the breast within two hours after delivery.

Involution went on rapidly so that the patient sat up on the tenth day and was able to be moved home on the fourteenth day. Liquid diet the first three days, after that a generous mixed diet. The breasts were relieved from the pressure of too great engorgement by a stroking treatment from the periphery toward the center pressing out the excess of milk.

The only drawback to the case was discomfort from the hemorrhoids which had troubled her previously. There was a good deal of varicosity in the vessels of the labia as well. The liver treatment soon relieved that condition .- (Mass. Journal Ost.)

#### Structure and Function.

#### H. T. CRAWFORD, D. O., BOSTON,

Most great ideas are simple. We are at a loss to understand why we did not think of them ourselves. Unconsciously we perform every day duties, see common things without observing the basic and simple principle that underlies the duty or the thing. Many apples fell before Newton marked the immortal one; the fact that an electric spark would traverse a wire was known some time before Morse made his startling application of the fact.

Dr. Andrew Taylor Still likewise startled the healing profession when he formulated his simple osteopathic theory for the causation of disease; namely, function depends largely upon integrity of structure. The M .D. said "Bosh," but the layman thought, "Well that sounds reasonable." Everyone has known that a machine would not run with a misplaced part, likewise has everyone known that the body was a

machine, but the bringing together of the two facts was the work of the original thinking brain of Dr. Still.

THE BULLETIN.

After all it seems absurdly simple. The watch stops, "Something is wrong" we say, and start for the watch-repairer. The automobile groans and comes to a halt, the chaffeur profanely descends and hunts around in the vitals of that machine until the structural cause of the functional disturbance be located.

There is no more intricate or delicately adjusted mechanism than the human body. What more natural, then, when there is mis-functioning, than the osteopathic suspicion that there is something wrong with the structure? Especially, if on due search and strict examination, such a derangement is found, adjustment of which results in restoration of function.

No—the osteopathic idea is not far-fetched, but, rather, a most sound and sensible application of the laws of mechanics and common sense to that complicated mechanism called "the body."

#### Permanent Cures.

WARREN A. RODMAN, D. O., (M. C. O.)

The osteopathic method is cumulative in its results. Depending, as it does, for its results on the establishment of normal physiological processes, every treatment adds something, however little it may seeu be, to the final result; and the health current being strongly started in the right direction flows steadily onward after the treatments cease, until some overwhelming obstacle is placed in its course. This is a permanent cure so far as human power outside of the person himself can make it.

#### Goitre.

### W. B. MEACHAM, A. B., D. O.

Case one. Girl 17, with a goitre small and "soft;" examination showed the first rib pressed up against her collar bone. Enlargement grew less at each treatment until at the seventh I allowed my patient return home. In two weeks she returned to me with the goitre larger than it ever had been! It took twenty-two successive efforts to persuade that rib to get back and stay in its proper place. The patient then left me with no sign of the enlargement. And, since she was to write me if the trouble returned and I have heard nothing from her in three months, I judge that her goitre is permanently gone.

Case two. Married woman, age 36, goitre noticeable, "hard" and of ten years' growth. Examination revealed no trouble with the neck or ribs. There was a mal-adjustment between the hip bone of left side and the flat or sacral bone of the back. I could not connect this condition, however, with the goitre. Every muscle of the sacral region was exceedingly tense. After two months' attempt to reduce these conditions to normal, and manipulation of the goitre meanwhile, the neck measured eleven and a half inches instead of thirteen and five-eighths as at the beginning. I have not seen this patient since dismissing the case, but a letter states that "the goitre is no smaller than when I left you, but my general health is still improving." It is doubtless a "hard" goitre of the permanent fibrous type.

#### Backache.

### M. E. CLARK, D. O., (A. S. O., '99.)

Uterine displacements are the most prolific cause of backache, any ache at or just below the waist line indicating pelvic disorder, usually a displacement. I will illustrate this with a case or two that I have recently treated. The first was a case of a young lady, nullipara, having backache every morning disturbing sleep the latter part of the night. Some bladder irritation, evacuation of the same giving temporary relief. The ache was in the region of the fourth and fifth lumbar. On examination of the spine no marked lesion could be detected only a little soreness existing at the fifth lumbar. After treating the back and abdomen for a few weeks with no improvement in the case, I resolved to give a local vaginal treatment. On examination I found the uterus bent forward on the bladder. I replaced it by pressure in the anterior fornix with the fore finger and lifting up of the abdominal contents with free hand just before the patient retired at night. She passed a comfortable night with no backache or pain and I think the trouble can be entirely corrected by a few local treatments. Another case that I have in mind was one of retro-version with subinyolution; the patient waking every morning with an intense backache. By assuming the genu pertoral position the pain could be relieved temporarily, a cure depending on a complete reposition and reduction in size of the uterus.

The pain is probably caused by direct pressure of an enlarged uterus on nerve filaments which are connected with the lumbar portion of the spinal cord.

To prevent backache,—first, develop the muscles of the back as suggested above. Don't depend on an artificial support to keep you creet. Second, avoid excesses that waste nerve force. Third, correct uterine disturbances, especially displacements, before they become chronic. Fourth, avoid straining the back by lifting, wrestling or sudden twists of it in gymnastic exercises or work. Fifth, have an osteopath correct any lesion of the spinal column before it materially weakens it, this being one of the most important.

#### The Abdomen and the Diaphragm,

Dr. A. T.STILL.

I will say after forty years' observation and practice, that no good can come to the patient by pulling, pushing and gouging in the sacred territory of the abdominal organs; but much harm can and does follow bruising the solar plexus from which a branch of nerves goes to each organ of the abdomen. Upon that center depends all the elaborate work of the functioning of the abdomen. I say "Hands off," Go to the spine and ribs only. If you do not know the power of the spinal nerves on the liver to restore health, you must learn, or quit. I want the man who wishes to know the work that is done by the organs or contents of the abdomen also to know the danger of ignorance, and that will force in treating the abdomen cannot be tolerated as any part of this sacred philosophy. \* \* \* \* \* \*

At this point I will call your attention to what I consider is the cause of a whole list of hitherto unexplained diseases, which are only effects of the blood and other fluids being prohibited from doing normal service by constriction at the various openings of the diaphragm. Thus prohibition of the free action of the thoracic duct would produce congestion of the receptaculum chyli, because it would not be able to discharge its contents as fast as received.

You must remember that you have been talked out of patience in the room of symptomatology, and all you have learned is that something ails the kidneys, and that their contents, when analyzed, have been found defective. In urinalysis you have been told "Here is fat," "Here is sugar," "Here is iron," "Here is pus," "Here is albumen," and "This is diabetes," "This is Bright's disease;" but no suggestion is handed to the student's mind to make him know these numerouvariations from normal urine are simply effects, and the diaphragm has caused all the trouble, by first being irritated by ribs falling, spinal strains, wounds, etc., from the coccyx to the base of the brain. Symptomatology is very wise in putting this and that together and giving it names but it fails to give the cause of all these lesions. Never once has it said or intimated that the diaphragm is prolapsed by misplaced ribs to which it is attached, or that it is diseased by injury to the spine and nerves—Philosophy and Mechanical Principles of Osteopathy.

#### OSTEOPATHY,

#### Defined in Appleton's Universal Cyclopedia.

"Osteopathy (from Gr. osteon, a bone: and pathos, suffering): a method of treating diseases of the human body without the use of drugs, by means of manipulations applied to various nerve centres, chiefly those along the spine, with a view to inducing free circulation of the blood and lymph, and an equal distribution of the nerve forces.

Special attention is given to the readjustment of any bones, muscles, or ligaments not in the normal position.

The system was formulated in 1874 by Dr. A. T. Still, a physician of Baldwin, Kansas, who, having become dissatisfied with the results attained through the practice of medicine, determined, if possible, to discover a more natural and efficacious method of healing. He reasoned that a body so perfectly constructed mechanically should be able to protect itself against the inroads of disease without the artificial aid of external substances, except those employed as food,

His next conclusion was that 'a natural flow of blood is health, and disease is the effect of local or general disturbance of blood.' With this as a working hypothesis, he made a series of experiments, the results of which convinced him that the various organs of the body were controlled by nerve centres located chiefly along the spine, and that these could be operated upon and controlled by pressure or stimulation of the fingers. He holds also that if the bones, muscles, arteries, veins, lymphatics, glands, organs, and tissues of the body are in their correct anatomical positions, disease cannot exist. Displacement may arise from a variety of causes, such as a fall, a blow, a strain, or atmospheric changes. Pressure upon the blood vessels or nerves in the immediate vicinity of the part so affected will follow, and a consequent shutting off of the nerve or blood supply to some organ, which will then become diseased. With a readjustment of the displaced part will come 'perfect freedom of motion of all the fluids, forces, and substances pertaining to life, thus reestablishing a condition known as health.'

Osteopathy does not confine itself to a treatment of maladies of the bones, nor does it find in diseased bones the origin of all pathological conditions. The name was considered by Dr. Still as applicable to his system because of the relative importance which his theory gives to anatomy, and because of his belief that the bones could be used as levers to relieve pressure on nerves, arteries, and veins.'

Treatments, which do not as a rule occupy more than twenty minutes, are given through thin garments, and not as in massage, upon the bare flesh. No machines or appliances are used. Among the complaints said to have been treated successfully are heart and lung diseases, nervous prostration, sciatica, lumbago, all forms of neuralgia and paralysis, asthma, catarrh, incipient consumption, spinal curvature, eye and ear affections, and all dislocations, liver, kidney, stomach, and intestinal affections.

The first institution for the training of practitioners in osteopathy was opened about 1892, in Kirksville, Missouri, under the name of the American School of Osteopathy. Since then others have been established in different parts of the United States."

# THE BULLETIN

OF THE ATLAS AND AXIS CLUBS.

ALFRED W. ROGERS, A. M., EDITOR. MISS DAISY E. MORELOCK, 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, through 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.

KIRKSVILLE, MISSOURI, NOVEMBER, 1905.

#### EDITORIALS.

An Epoch-making Just too late for mention in the last issue, we saw among the "forthcoming features" advertised in Event. The New York Independent, "an article on Osteopathy by Dr. Andrew Taylor Still the founder of the science, in the issue of Nov. 9th. This will be followed the week after by an article in answer to the same by a physician of the 'regular' school. It will be an interesting controversy." In the issue of November 23, the results of the voting for a candidate for the Nobel Prize will be given.

Through these articles, osteopathy will have an excellent advertisement. No secular journal in the land has a more intelligent and scholarly constituency and no journal will handle a new theme with less prejudice and at the same time fearlessness and justice. All of our readers will want to procure these articles. The Independent is a weekly magazine published at 130 Fulton St., New York City. It can be obtained from the publishers or at newstands, at ten cents per copy. The three copies containing these articles will be sent by the publishers for 25 cents.

We wish to commend the example of Dr. Robert Report Unfavor-I. Walker in sending, among his excellent case able Records. reports, a selection of those in which his experience had not been favorable. Is it not possible that some of these negative results may be more instructive than those cases in which the results are favorable?

Dr. Fassett, in his article on Principles of Original Research in the

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September number, strongly recommends preserving records that do not substantiate the osteopathic theory as well as the records that do. "We must fill up the suspicious gaps. If we have good results in but two cases in a hundred, we may still be a hundred per cent in advance of previous record. But the record must have frankness written in every line and between the lines as well."

In the same line of thought is the recommendation of Dr. Asa Willard, in a recent article: "It would be a good plan if, during the course of the coming year, each practitioner would make a note of any case or cases coming under his observation which present unusual aspects or distressing symptoms which prove uncontroleable. Then in our next year's meeting (of the state association), these could be brought up and discussed. Two heads being better than one, an exchange of experiences in practice may cause the gaining of successful results in the future in many instances where we before had individually met with failure."

...

The Lecture One of the professors recently said to his class that he System. believed that he was lecturing too much and that he should plan to have his classes study more. Educators are pretty generally agreed that too great a dependence on the lecture plan of instruction has the danger of weakening the powers of concentration of the student; and, as compared with results obtained with or without a uniform text-books, involves a great waste of time.

About fifteen years ago these facts were widely discussed and the "library method" was adopted in the more progressive colleges. This requires so much reading by the student and so many more hours of study than most students can devote to study, that the lecture seems to have found its logical place as the means of setting forth the results of investigations and the wider reading of the instructor while the student prepares for quiz on the subject as presented in the library books and text books.

Certain it is that where entire reliance is had on the lecture system of instruction, this result obtains: A text-book abbreviates the author's knowledge of the subject; the lecture abbreviates the text-book; the student's notes abbreviate the lecture, and his memory abbreviates his notes. He may then thank fortune if the comparatively few disconnected facts finally left in his possession make him the master of his subject which it was his ambition to become.

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We have received through the courtesy of Dr. J. L. Holloway of Dallas, Texas, the Year Book of the Texas Ostcopathic Association. This is a neat brochure containing a historical sketch of the association, lists of officers and members, and the constitution. The presidents of the association have been:

Dr. D. L. Clark, Sherman, (A. S. O., '98.)

Dr. T. L. Ray, Forth Worth, (A. S. O., '98.)

Dr. Eugene C. Link, San Antonio, (A. S. O., Atlas, '02.)

Dr. W. B. Loving, Sherman, (A. S. O., '01.)

Dr. Paul M. Peck, San Antonio, (A. S. O., Atlas, '01.)

Dr. Ambrose D. Ray, Cleburne, (A. S. O., '00.)

The association has thirty-six members. Dr. Holloway is the Secretary and Treasurer.

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The Old Doctor. Dr. Still has been in unusually good health this fall and in consequence has been a frequent visitor in the lecture rooms. He has been intensely interested in the development of his new invention, the "thoracic brace," and has had evening sessions with the two upper classes to show them what can be done with its aid. He has certainly been doing some wonderful things with it in the way of setting ribs, adjusting "breaks" in the spine and other lesions. "I can set every bone in the body", he has told us, "without this brace, but with it I can do it with one fourth the strength and more quickly." The treating rooms will be equipped with them for use next term.

In talks before the classes he has condemned with an absolute prohibition the practice of local treatment of the abdomen for constipation and other abdominal troubles; and has read from his book of fourteen years standing, "The Philosophy of Osteopathy," to show that this objection is not a new thought with him, but that it has never been done with his approval.

#### THE MATTHEWS AND BEEMAN CHARTS.

It is creditable to the scholarship and enterprise of osteopaths who are engaged in practice that many of them have devoted their study and time to the preparation of charts, brochures and other publications explanatory of the osteopathic theories and principles and to illustrate the effect of the osteopathic lesion. Some of these charts have been intended primarily for the assistance of the student; others for the practitioners' ready reference; others still to demonstrate to patients the meaning of the osteopathic lesion and the manner in which through them disease may be brought about. The latest and among the best to secure the attention of osteopaths is a set of two charts, intended for the doctor's office or treating room, to illustrate anatomical facts to the patient, originated by Drs. Matthews and Beeman of New York City.

The first chart, mounted for hanging on the wall, has five plates, the central one a figure localizing the functional areas—of the brain, showing direction of transmission of impulses through the spinal cord and the effect of pressure on the vaso-motor nerves, making irritant or destructive lesions resulting in a change in the calibre of the blood vessels. The other four plates are figures, first of the perfect spine showing the four normal curves, position of the spinous processes, size of the foramina and intervertebral discs; then three imperfect spines show the osteopathic lesions abnormal curves and their effects on the intervertebral discs and position of spinous processes, approximations, breaks, lateral curvatures, and anterior and posterior subhanations of vertebrae.

The second chart is a colored chart intended for framing, lithographed in the colors of the living body and finely executed. It shows in position all the important viscera in a mesial section, the brain, spinal nerves, sympathetics, ganglia, plexuses and their distribution and vaso-motor connections with arteries, veins, viscera and glands. In all 107 anatomical structures are shown and indicated by a very convenient side index. This chart will make an excellent picture for the doctor's office, shows no part that would offend the delicacy of the most sensitive patient and will prove its usefulness in instructing and convincing osteopathic patients. Accompanying this chart of the Vaso Motor System is an eight page leaflet "A Concise Description of Spinal Influences on Specific Blood Vessels." The plates were drawn and colored from nature by Rudolf Weber, in charge of the department of illustration at the American Museum of Natural History, New York City, and are published by Henry Holt & Co., New York.

#### ATLAS NOTES.

We give below a brief personal statement concerning each of the new initiates received into the club since the October issue.

Dr. Ord L. Sands of New York is taking a post-graduate course. He has had a partial course at Cornell University and is a graduate of the Boston Institute of Osteopathy. He is senior partner with St. George Fechtig, (A. S. O., p. g., '05) with offices at Madison Square, New York City.

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Mr. Charles A. Arand of Maysville, Kansas, was educated at the Northern Indiana Normal School and the University of Michigan, (Ann Arbor.) He has been engaged in mercantile business and was firs interested in osteopathy through the successful treatment of his child-Mr. Arand is president of the sophomore class. Mr. Clarence C. Rude of Stanberry, Mo., is a graduate of Newman High School and has been employed for several years as a traveling salesman. Members of his family received benefit from osteopathic treat, ment and through this and through the direct influence of Dr. J. A. Overton of Tuscola, Ill., (Atlas '03) he was led to take up his studies here.

Mr. George Octavius Baumgras of Boston, Mass., has had training at Colgate Academy, (N. Y.) and Brooklyn Polytechnic Institute. He has taken his first year in osteopathy at the Massachusetts College of Osteopathy. He entered the junior class and is enthusiastic in his appreciation of his work here. His previous work has been that of an artist. His wife is a practicing osteopath in Boston.—Rena S. Baumgras (M. C. O.)

Mr. Ralph W. E. Newton is a member of the senior class. His residence is Toulson, Ill. From farming he turned to osteopathy for for the sake of his health and on advice of his medical physician.

. . .

Mr. Charles F. Banker of the sophomore class comes from Brooklyn, N. Y. He has received seminary and musical training and in music has found his previous employment as director and organist. Benefit to members of his family through osteopathic treatment influenced him to study osteopathy. His wife Minerva K. Banker, is a member of the same class and also of the Axis Club.

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Mr. Harold C. West of the sophomore class comes from Houston, Texas, where he has been employed a sa machinist. He has two brothers who are Atlas men, J. Allen West, ('02) of Englewood, N. Y. and Ralph L. West, ('04) of New York City. Osteopathy and Atlas blood run in the family.

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Mr. Madison C. Burrus of the sophomore class comes to us from Estill, Mo., where he has been employed as farmer and carpenter. He came to the A. S. O. to get the "Simon—pure" osteopathy.

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Mr. Robert M. Echols comes here from Roanoke, Virginia. He is a man of solid worth, with business training and experience, having had previous employment as traveling auditor of the Norfolk & Western Railway. He was induced to study osteopathy through the advice of Dr. Charles Carter of Roanoke, (A. S. O., '00.)

Mr. John W. Murphy, of the sophomore class, comes here from Elgin,

Illinois. He became interested in osteopathy through successful treat-

ment of his mother. For seven years he has been a tool-maker for the Elgin Watch Company.

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Mr. Darwin F. Cady, senior class, comes from Syracuse, N. Y. Osteopathy is his first choice of a profession and in this choice he was influenced by a cousin who was a student here.

Mr. Julian C. Foster, of the junior class, comes here from the Buffalo school. He is a resident of Butler, Penn., from the high school of which place he is a graduate. His mother is a practicing osteopath in Butler.

Mr. Herbert Lansdowne Gamble, of the sophomore class, was influenced to study osteopathy by a friend in the profession. He is a resident of London, England, and a graduate of Bedford College.

Mr. Sumner E. Warner of Indianopolis, Indiana, after graduation from the high school, entered the Massacheutts College of Osteopathy in Boston. After studying there two years he has come here to enter the junior class. He was influenced to study osteopathy by Dr. Collier of Evansyille.

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Mr. G. E. Thompson of the senior class graduated from the Washburn, Ill., high school and, after spending a short time with A. M. Leg Shoe Co., began the study of osteopathy through the influence of relatives in practice and personal benefit received.

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Mr. Henry A. Whitfield of Gardner City, Kansas, is a graduate of the high school of that place and has received training in vocal music at Pomona College, Col. He has been for a time a teacher in vocal music, but was turned to osteopathy by the curing of a bad case of asthma.

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Mr. Gilbert W. Hay of Montrose, S. D., a member of the junior class, was formerly employed as a telegraph operator. His family received benefit through osteopathic treatment which influenced him to come to the A. S. O. to study.

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Mr. R. Bruce Johnston of the junior class comes from London, Ohio, where he was formerly in the livery business. His mother, given up as incurable by medical physicians was completely cured by an osteopath and through the impression thus gained he resolved to study the science.

Mr. H. C. Johnson of the sophomore class, comes to us from Decatur, Ill. He has been educated in high school and business college and previous to taking up osteopathy, has been a bookkeeper.

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Mr. William F. Hilliard, sophomore, has been a resident of Regina, Saskatchewan, Canada. He was educated at Collegiate Institute, Peterborough, and has been for several years manager of the Regina Storage and Forwarding Co. He first learned of osteopathy through the Doctors Bolles of Denver, Colo.

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Mr. Henry M. Stoel, sophomore, comes from Valdez, Alaska, and was influenced by friends who had been treated to take up his studies here. He was graduated from the Karson, Minn. high school, has spent three years in Europe and has been recently a professor of music.

Mr. James Brake is a resident of Melbourne, Australia, and is a graduate of Hawthorn College, Melbourne. He has a sister studying with him in the sophomore class. They both were influenced to study through the cure by treatment of their nine year old sister of congenital hip dislocation.

Mr. George A. Newton, sophomore, is a brother of Ralph W. Newton of the senior class; a resident of Wyoming, Ill., formerly engaged in farming and was influenced to study by successful treatment of his sister by an osteopath. \* \* \*

Dr. Clark attended one of our meetings recently as a mark of special courtesy to the club and to Dr. Sands. The men enjoyed his genial

humor and hearty cooperation.

The program committee has successfully inaugurated the reporting of cases by the seniors at each meeting when there is no lecture or entertainment planned for. Thus far Mr. Bennett has reported a case of epilepsy; Mr. Coulter, a case of hip disease; Mr. Eimert, a case of epilepsy complicated with pregnancy. Saturday, Nov. 11, Doctor Link will lecture before the club.

#### CATLOW-GOODELL.

We have to record that in the middle of October, without the consent of the Faculty of the school and without the knowledge of the Atlas Club or of his friends, Mr. George M. Goodell of the senior class, stealthily took the train for Albion, Iowa, and on Oct. 18th, made Miss Aymee M. Catlow a birthday present of a husband. The bride is a sister of Miss Jessie L. Catlow, President of the Axis Club.

#### RECEPTION TO NEW STUDENTS.

A reception which will rank among our best, was given on Wednesday evening, Nov. 8th to the new students of the Freshman class, to those from other schools in the three upper classes, and to the postgraduates. Two excellent speeches were made by Noble Skull Russell and by Prof. Dobson. Fine music, each part of which was encored, was furnished, a liberal collation was served and much good fellowship was the order throughout the evening. Following is the program:

Violin Duet-Mr. L. M. Goodrich and Master Link.

Address of Welcome-Noble Skull, Hugh L. Russell,

Vocal Solo-Mr. G. S. Smallwood.

Address-Prof. Wm. D. Dobson, Dean of the Faculty.

Vocal Solo-Mr. George F. Horn.

Refreshments-

#### ATLAS FIELD NOTES.

Lucius P. Meaker, Auburn, N. Y.: "I wish the Atlas Club the very best success in its work and assure you of my sincere interest in its welfare,"

Dr. E. O. Millay, ('04) of Barry, Ill., visited the school Oct. 16, with a patient, a young girl of 9, who was shown at the clinic. She had infantile paralysis and talipes of so pronounced a type that the soles of her shoes faced each other when the child stood. She will probably be brought back after a few months' treatment for the necessary surgical operation.

Dr. Guy E. Loudon of Burlington, Vt., ('99) is in distress over the illness of his two-year old son who for over a year has been a victim of marasmus of an obstinate type.

Drs. John J. and Emma Schmidt of Danville, Illinois, are now taking the post-graduate course together. It is well to recall the fact that both of these people have been active and useful in the clubs; Mrs. Schmidt having been president of the Axis Club while to her husband was due in large measure the publication of the "Special Club Number" of the Bulletin, June, 1901. He was also chairman of the committee which prepared the Ritual.

Dr. Joseph B. Schrock, ('03), formerly reported at Shawnee, Okia., has been found at Bedford, Indiana, and reinstated in membership. He reports his present location as all right.

Dr. Alfred D. Glascock, ('03) of Owosso, Michigan, has invented a neat folding treating table which ought to be of service to osteopaths in treatment at patients' homes.

Francis J. Beall, D. O., Syracuse, N. Y.: "I am very much interested in the Bulletin and have a brotherly love for the club."

Dr. A. E. Werkheiser, San Jose, California: "I enjoy the Bulletin very much and hope the club will ever continue in a flourishing condition.27

Dr. Charles C. Teall, ('99) and Dr. Grace H. Teall, (Axis, '99) have changed their location from Brooklyn to Weedsport, N. Y. Dr. Teall writes that he expects to spend the winter in Florida in an effort to reregain health. Mrs. Teall and "little Teall" will go with him.

Dr. Elbert C. Smith, ('02) has removed from Savannah, Mo., having sold his practice there, and has formed a partnership with his father, John M. Smith, ('03) at Carrollton, Mo.

Dr. Harry Burnam Martin has located in Brooklyn, N. Y., 1710 Beverly Road. He says: "Please have my Bulletin sent to me, for I am looking forward to reading some good club news."

In the program of the convention of the Southern Iowa Osteopathic Association, held at Burlington, Nov. 4th, the Address of Welcome was given by Dr. J. S. Baughman (Atlas '00) of Burlington; a paper "Causes of Disease" was read by Dr. Nanny R. Ball-Baughman (Axis '04) and a paper on "Ethics" was presented by Dr. Wm. Albert Cole (Atlas '02) of Burlington. Dr. Charles E. Still and Dr. J. Martin Littlejohn of Chicago took part in the discussions.

Dr. W. S. Smith, Red Cloud, Neb.: "Have been here nearly four months and have a nice practice. I enjoy the work in the field very much. Am always glad to get the Bulletin; it is a hummer now. Give my regards to all the boys. I wish I might spend a Saturday night with you."

Dr. McDaniel of Oakland, California, has a unique eard which was sent to us by his friend, Ivie of San Francisco. The Atlas pin surmounts the title "McDaniel, Osteopath, 521 Twelfth St., Oakland, Calif.," all done in embossed gilt. There is no mistaking the Atlas enthusiasm of our western brethren.

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Dr. H. S. Bunting, Chicago: "Tell the fellows my recent hasty visit to arrange for Year Book data was not the social reunion and good time I have been promising myself, and that after getting out the Year Book I shall return for the fun end of it."

\* \* \*

Dr. Chas. H. Murray, Elgin, Ill.: "The Bulletin is really worth more than the dues of the field members."

\* # #

Dr. E. A. Montague, Eureka, Cal.: "Keep the Bulletin as good as it has been the last few months and the field members won't have any cause to complain."

\* \* \*

Dr. C. V. Fullam and wife of Frankfort, Indiana, are at his father's home where he is recovering from a six weeks attack of typhoid fever. Dr. Fullam has the sympathy of his many friends in the club.

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Dr. William C. Stephenson and Dr. Harriet Boles Stephenson have opened offices in the Adams Building, Johnson City, Tennessee.

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The friends of Dr. Paul S. Chance will be sorry to learn that he has been unable, through ill health, to engage in active practice since his graduation in 1901. His address is London, Ohio.

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Dr. J. W. Tarr has changed his location from Cloquet, Minn., to Marshall, Minn.

\* \* 1

Dr. W. R. Dozier, Atlanta, Ga.: "The club has always my warmest friendship, and 1 trust it will continue to grow and prosper. Give my kindest regards to all the fellows."

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Dr. J. Leroy Near, Berkeley, Cal.: "I admire the stand taken by the club in regard to organizing in other colleges. The Atlas men are THE BEST and we want to KEEP them the best."

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Dr. John Stephen Allison, ('05) and Dr. Jenette S. Allison (Axis '04) have settled in practice at Monrovia, California.

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At Hotel Ten Eyek, Albany, the New York Osteopathic Society held its seventh annual meeting October 25th. At that meeting Dr. George W. Riley read a paper on , Pathological Conditions from the Osteopathic Viewpoint." Dr. C. M. T. Hulett, a paper on "Prognosis."

The Atlas people among the elected officers are Dr. Sylvester W. Hart, ('01) president, Albany, N. Y.; Dr. Cecil R. Rogers, ('00), vice-president, New York City; Dr. George W. Riley, secretary; New York City; Dr. Charles F. Bandel, ('99), treasurer, Brooklyn; Dr. Chas. Hazzard, ('97) and Dr. Ernest C. White, ('02), directors.

\* \*

Dr. W. H. Ivie, San Francisco: "Besides my local work, I am arranging for a district meeting to be held here in February. As nothing of the kind has been attempted here, before, we are working hard to get everybody in the northern end of the state interested. Our local association is not doing all the work it should, but is hustling considerably. Our professional relations are pleasanter here than in any large city I know of.

At the last state meeting they elected me to membership in our State Board of Examiners and they have found work for me to do. It is the revision of the directory they publish. I have been interested in the A. O. A. work and last year sent in twenty-three applications. This year they have requested me to organize the state in their interest.

Dr. Ernest Sisson was elected president of the state association and Dr. T. W. Sheldon a trustee. We expect Dr. Sisson to shake more life into the state association than it has known before. I hope you can see your way clear to push the matter of alumni chapters. It would help the parent chapter."

#### AXIS NOTES.

The success of every organization depends more upon its literature than upon any thing else, hence the success of the Bulletin, which is the medium of communication between the field and local club members, must depend to a greater extent upon the field members.

We are doing our best to make the Bulletin more interesting and instructive this year than ever, and we sincerely hope some of our sisters will voluntarily contribute articles to our ensuing issues without waiting for a letter asking them for the favor. Remember the future of the Bulletin rests as much with you as with any one.

In regard to organizing chapters in other osteopathic schools, we are sorry to note that a few of our local as well as a small number of field members are in favor of this movement. Just how this could possibly add strength to our own club we cannot see. The Atlas and Axis Clubs stand, and always have for "Simon pure" osteopathy, hence these or-

ganizations should not exist any where else except at Kirksville, the home of the bony lesion osteopath.

The following little incident was lately told to the Axis reporter and is printed in order to give our readers some idea of the extent of the reputation of the Axis Club.

During a conversation with one of our new Axis girls, she said that when she decided to study osteopathy, she went to the osteopath located in her town for advice as to which school would be best for her to enter. The doctor in question was not a Kirksville graduate, but he advised Kirksville, giving as one advantage the Axis Club for women, saying that it was one of the best advertisements for a lady as its influence was far reaching, and that it belonged only to Kirksville.

Owing to the large number of new students entering the Sophomore, Junior, and Senior classes from other osteopathic schools, the club found it necessary to give them a separate reception from the usual one given to new students. Consequently they were received October 13. Dr. Clark represented the faculty and made a very instructive and interesting talk on "Diseases and Treatment of Children."

On Nov. 9th, the Club entertained the women of the Freshmen class. Dr. Dobson gave the address of the evening which was certainly appreciated and enjoyed by all. About one hundred and twenty five guests were present among whom were Mrs. C. E. Still, Mrs. Warren Hamilton, Mrs. Link and Mrs. Dobson.

We lately received a letter from one of our sisters practicing in the East. She says that during her last school year the old club slowly deteriorated into an inferior sorority. She has continued her field dues however, and to her as well as to all other members we wish to say that the Club of to-day is perhaps stronger than it has ever been. While a little attention is paid to the social side vet it gets but minor consideration. More practical work is given than ever before. The intellectual side is certainly the strongest feature. Our club has more money than it has ever had. And just now its membership is more than 60. These women will certainly be representative osteopaths. Aside from having the qualifications necessary for the Club, many have college education or are successful, experienced, professional women.

Dr. Louise M. Bagley, an Axis woman of June class, 1902, is back taking a post-graduate course.

Dr. Busch is taking a post-graduate course.

Dr. Newman of Galesburg, Ill., gave a short talk to the Club girls on Nov. 1.

Dr. Rose Bolam of Dallas, Texas, is home until after the holidays.

The following is a list of the girls recently initiated: Miss I Kate Wynne of Franklin, Penn., graduated from Franklin High school and West Penn., Hospital, a Training School for nurses. Her attention was first called to osteopathy by a child suffering from severe nervous trouble as a result of scarlet fever. After being examined and treated by several medical men with no results, the child was placed under osteopathic treatment, and though not well is very much better.

Miss Edith Francis Cooper of Buffalo, N. Y. Educated in the Buffalo Public schools, was forced to give up school work, previous to graduation from Masten Park High School, because of ill health. She comes to us from the Atlantic School. She expected to be a nurse but studied osteopathy instead.

Miss Isabelle Brake of Burnlea Glen Iris, Melbourne, Australia, graduate of Presbyterian Ladies' College and University of Melbourne. Traveled extensively, been around the world and on every continent except South America. Attention directed to esteopathy through treatment of a sister for dislocated hip.

Miss Edna Thayer of Eric, Penn., graduate of the Eric High school. Studied osteopathy because her mother was cured of a serious illness through osteopathic treatment.

Mrs. Harriet Richardson Whitcomb of Brooklyn, N. Y. Educated in Minneapolis, Minn. Public schools, lacked one year of graduation from high school because of ill health. Taught the piano for fifteen years, studied osteopathy because her husband decided to take up the science.

Miss Sarah Morgan, educated at Avalon College, Rhode Island and Normal School of that state, taught in public schools in Missouri two years, two years in Rhode Island and six years in Massachusetts. Studied osteopathy in order to lead a broader and more liberal life.

Miss Jessie V. Lycan of Longmont, Colo., taught school for two

years then went to the Hawaiian Islands where she remained for almost three years, coming here to study osteopathy.

THE BULLETIN.

Mrs. Minerva Kellogg Banker of New York City. Educated in the schools of the city. Attention was directed to osteopathy through benefits received by relatives and later in her own family.

Mrs. Mary Barr Horn of Lavfette, Ind., graduated from Purdue University, and taught Greek and Latin in a young ladies seminary for five years. Became interested in osteopathy through the remarkable cure of her mother who had sat in a wheel chair for thirteen years, and who was able to walk after three months esteonathic treatment.

Dr. Janet M. Kerr, graduate of Pore County High School Minnesota. and teacher of grade schools of Villard Minn. Dr. Kerr is a graduate of Des Moines Osteopathic school and practiced three years at Grinnell, Iowa. She is taking a post-graduate course.

Miss Clara R. Brain of Buffalo, N. Y. Miss Brain comes from the Atlantic School. She was educated in the Layfette High school of Buffalo. Received an injury which was treated osteopathically and with very successful results, hence decided to take up the course,

Mrs. Mary C. Bell of Minnesota. Educated in public and high school and graduate of Baptist Missionary Training School, Decided to study while husband was taking treatment for nervous prostration. Her husband is in the junior class,

Miss Nelly M. Shell of Laddonia, Missouri. A school teacher of several years experience. Studied osteopathy because she thought she would like the work better than teaching.

Mrs. Minnie W. True of Lima, Ohio, graduate of Lima high school and teacher before marriage. Was unable to settle down after death of husband, so thought she would try osteopathy,

Miss Anna Balfe of Toledo, Ohio, is the third sister to study osteopathy and the third in the club.

Miss Marie Warren Day of Portland, Maine was educated in High and Private schools of the same place. Was cured by Dr. Florence Covey. which influenced her to study osteopathy.

Miss Corinne Elizabeth Larimore of Lincoln, Nebraska. Educated in Convent and High school of Fall City, Nebraska. Miss Larimore is a vocalist of more than ordinary ability. She received her musical education in Nebraska Conservatory of Music at Lincoln.

She was for several years extra manager of Western Union Telegraph Company, and expert Stock Operator, which is the highest position a lady can fill in the profession.

Miss Annie Bell of Ailsa Craig, Ontario, Canada, Educated in high school of the same place. She decided to study osteopathy while taking treatment. \* \* \*

AXIS FIELD NOTES.

"With best wishes for the prosperity of the Club."-Dr. Bertha O. White, Franklin, Pa.

"Trusting the Club may be in a flourishing condition and true to its principles I am, Very truly yours,-Martha A. Morrison, Greeley, O.

"Wishing the Club continued success, Iam, Yours sincerely,-Gertrude S. Berry, Rochester, N. Y.

"With best wishes to you all."-Emma Rector, D. O., Benton, Harbor, Mich.

Dr. Emma C. Fager, Havana, Ill.: "I should love to visit the Club again, but do not know when I can come to Kirksville. I hope the high standard of the Club will always be maintained, of course this will always be so if in the hands of good people. I am greatly pleased with the new form of the Bulletin. I have found some of the most helpful suggestions. Of all other publications, it seems to come nearer to us, and to real practical osteopathy. So much of the text of other publications is meant for the laity, telling him what osteopathy can do, instead of giving points to the practitioner. I hope this will be carried on in this way in the future. With kindest greeting to all Axis sisters." .

"May you enjoy continued prosperity."-Gertrude Forrest, D. O., Albia, Iowa.

Dr. Sarah H. Middleditch has located in Winona, Minn., for the practice of osteopathy.

Dr. Carrie P. Parenteau of 6334 Woodlawn Ave., Chicago: "Please accept my hearty greetings, love and best wishes. I look eagerly for the coming of each Bulletin with its good articles and messages from you of your work and condition.

We appreciated the Club when there, and with me the appreciation and interest has not lessened since taking up the different work and responsibilities of practice. I have had a very fair practice and much to encourage me especially for a first six months practice and enjoy the work very much indeed,

I am now going into more permanent quarters with residence and resident office at 6540 Gale Ave. Have also made arrangements to be down in the city, in the office of Doctors Melvin and Proctor at 57 Washington St., for Tuesdays and Saturdays. Would be glad to see any of you if you are in the city.

With my best wishes for the success of the Club.

. . .

"Wishing you success in your work and hoping this will be a prosperous year for the Axis Club, I am your friend," A. Maud Sheridan, Alma, Nebr.

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Dr. Nettie Bolles has lately been elected as field member of the Axis Club. Dr. Bolles graduated here several years ago and is a very successful doctor. We are glad to count her one of us.

Dr. Lena Prater has located at Springfield, N. Y.

\* \* \*

As the matter for the Bulletin goes to press we are pained to learn of the death at her home of Dr. Dora P. Boyce of Trenton, Mo., who graduated only last June.



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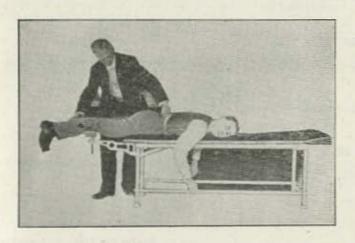
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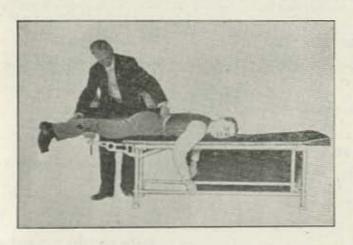
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