

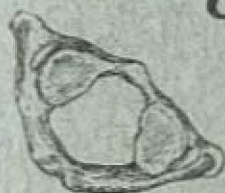
VOL. VIII

NUMBER 4

The Bulletin  
of



Atlas & Axis Clubs



DEVOTED  
TO THE



SCIENCE OF OSTEOPATHY

DECEMBER, 1906.

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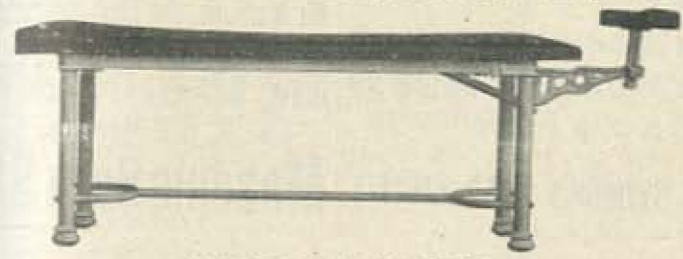
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# The Bulletin

OF THE ATLAS AND AXIS CLUBS.

VOLUME VIII.

DECEMBER, 1906.

NUMBER 4.

### TRUE DIAGNOSIS.

ORIE COPPERNOLL, D. O., WILBUR, NEBR., (AXIS, '04.)

"NOTHING has such power to broaden the mind as the ability to investigate systematically and truly all that comes under thy observation in life." It is strange that those things that live nearest our very being are the most difficult to understand, and it is only by thorough, careful and systematic examination that we are able to gain that for which we strive.

Man is endowed with a nature which holds him in common with the highest order of beings; and it is this phase of nature which leads him on and on until he knows, and has the faculty, or positive evidence to convince the most skeptical if they will but listen.

I do not wish to find fault with other methods of treating disease, but the one point I wish to impress upon those who have not yet entered the field is: Do not neglect your diagnosis. We know as osteopaths that there is in everything that has life a universal principle acting under universal power and guided by universal intelligence. It has been said "Wisdom is often'est nearer when we stoop than when we soar."

The osteopath need not traverse the domains of philosophy in order to correctly diagnose any case that may come to him; we must remember that the body is a machine and that good order means good health. We never hear a mechanic say when he has failed in adjusting an engine, that the laws of mechanics have failed; no, he makes a more careful, more thorough examination and goes to work again to remove the obstruction. So my fellow osteopaths do not give up because a case seems hard and think that this or that may be of more value, but remember you are a mechanic of the highest type.

You will pardon me if I give you a case from my own experience I have had the result of faulty diagnosis so thoroughly impressed on my mind the last few days, that I cannot think of anything more important about which to write.

One a little boy, three and one-half years old, with lung trouble. The child had pneumonia about a year ago, vitality much reduced, has a hacking cough since that time, loss of appetite, restlessness and general irritability of the kidneys. The child has been treated for stomach trouble which the M. D. says is the cause of the cough, also enuresis, having undergone an operation of circumcision which did not relieve the trouble. Adenoid growths were removed about four months before I was called and they were about to remove the tonsils. On examination I found a very decided lesion of the second, third and fourth dorsal affecting the vasomotor area to the lung. Also the second lumbar posterior disturbing the motor nerve to the bladder and loss of control to the same. A few treatments quieted this trouble entirely, his lungs are improving, appetite good. Therefore, I say again, "Good order means good health." Vital functioning, which is to say the very act of living, is dependent momentarily upon the integrity and harmonious interaction of the nervous and vascular or blood and lymph systems, and we have proven that osteopathic fingers are able to control these two great systems of nutrition better than drugs or any other known means.

### THE HEART.

SEBA ENNIS, D. O., SPRINGFIELD, ILL., (ATLAS '04)

**T**HE heart is prenatively a bilateral organ developed from the aorta. Subsequently it possesses for a time a single chamber, but this is afterwards divided. During a greater part of foetal life the heart as in the adult possesses four chambers, two upper or auricles, two lower or ventricles.

The auricles are connected with the ventricles through the auricular ventricular aperatures and to each other through the foramen ovale, in foetal life, but which in most cases closes after birth.

In the adult the heart is a hollow muscular organ, the engine of life. It is enclosed for protection and support in a membranous sack called the pericardium. It is located posteriorly between the fifth and eighth dorsal vertebrae, inclusive. Anteriorly it extends from the third rib on the right side to the intercostal space between the fifth and sixth cartilages on the left. One third is to the right and two thirds to the left of the mesial line.

The anterior surface of the heart is round and convex, and formed chiefly by the right auricle and ventricle. The posterior surface looks

downward rather than backward, is flattened and rests on the diaphragm and is formed chiefly by the left ventricle.

In the adult the heart measures five inches in length, three inches in breadth in the broadest part and two and one-half inches in thickness. It weighs about eleven ounces in male, somewhat less in female. The heart continues to increase in weight, also length, breadth and thickness up to an advanced period in life.

We shall now take up the cavities of the heart as given in Gray.

The right auricle is somewhat larger than the left, its walls somewhat thinner. It is capable of containing about two ounces. I will not take up in detail the structure of these cavities, but will name the parts in each to freshen our memories on those things.

We have in the right auricle the following openings: Superior vena cava, inferior vena cava, coronary sinus, foramina thebesii and auricular-ventricular. The valves are Eustachian and Coronary. The other structures are fossa ovalis, annulus ovalis, tubercle of Tower, and muscoli pectinati.

The right ventricle equals in size the left ventricle, but its walls are much thinner. Its walls being about one-fourth the thickness of the ventricle on the left side. The openings are auricular-ventricular, and opening of the pulmonary artery. Valves are tricuspid and semi-lunar. There are the columnæ carnae (muscular ridges) which have attached to them and to the tricuspid valves a tendinous band called cordæ tendonae. There is also a muscular band often found in the human ventricle called the moderator band, which prevents undue distension. Within the left auricle are the openings of the four pulmonary veins, auricular-ventricular opening, and muscoli pectinati. The left ventricle contains the same structures and openings as the right, with the exception of the mitral for the tricuspid valve, and the aortic opening instead of the opening for the pulmonary artery.

The muscular fibers of the heart admit of a subdivision into two groups, those of the auricles and those of the ventricles, which are quite independent of one another.

The arteries supplying the heart are the right and left coronary, which come from the aorta.

The nerves are derived from the cardiac plexus which are formed partly from the cranial nerves and partly from the sympathetic.

The cardiac plexus is situated at the base of the heart and is divided into a superficial part which lies in the concavity of the arch of the aorta,

and a deep part which lies between the trachea and aorta. The two plexuses, however, are closely connected.

The superficial cardiac plexus is formed by the left superior cardiac nerve, branches from the left pneumogastric and filaments from the deep cardiac plexus.

The deep cardiac plexus is formed by the cardiac nerves derived from the cervical ganglia of the sympathetic and the cardiac branches of the recurrent laryngeal and pneumogastric. There is also some accelerator fibers which come as low down as the fifth dorsal segment, which go to make up the cardiac plexus.

I hardly know where to begin to discuss the heart from a physiological standpoint. Since I have just left off with the nervous mechanism, it would perhaps be well to continue on that line.

We find through experiment on lower animals that the pneumogastric is the inhibitory nerve to the heart, and the sympathetics are accelerators.

When a stimulus is applied to the peripheral end of a cut vagi the heart is stopped or slowed. \* \* \*

Scarcely any physiological question has excited greater interest for many years than the mechanism of the heart beat. Several properties of the cardiac tissue ought to be distinguished in discussing this question.

According to Stewart these four properties are given: 1st, its automatism (its power to beat in the absence of external stimuli); 2nd, its rhythm—its power of responding to continuous stimulation by a series of rhythmically repeated contractions; 3rd, its conductivity—its power of conducting the contraction wave or the impulse to contraction once it has been set up; 4th, the power of coordination, in virtue of which the various parts of the heart beat in regular sequence.

That the heart is automatic is shown by the fact that an excised and empty heart will go on beating for a time, for many hours or even days in the case of cold blooded animals, but where the cause of the automatism resides—in the muscular tissue or in the nervous apparatus—cannot be decided off hand, because in nearly all animals investigated the muscular tissue ganglion cells and nerve fibers are inseparably intermingled.

In the crab it has been proven that the automatism resides in the cardiac ganglion cells. When the nerve is removed, which can be done without injuring the muscle, the heart ceases forever to beat spontane-

ously. It still contracts when stimulated mechanically but the contraction never outlasts the stimulation.

The automatic power in the heart of the crab therefore lies in the nerve cord alone, and not in the muscle. The rhythm, conduction and coordination are also governed by this median nerve cord.

It is not permissible to transfer these results wholesale to the higher hearts, but in the case of the higher animals also facts may be adduced in favor of the neurogenic origin of the beat.

The isolated auricular appendix of the mammalian heart in which no ganglion cells have been found refuse to beat spontaneously.

A fragment from the base of the ventricle will go on contracting if it includes Bidder's ganglion but not otherwise.

Not only can the beat of the mammalian excised heart be maintained by artificial circulation, but many hours or even days after somatic death pulsation may be restored by the perfusion of such a solution of inorganic salts as Lockes through the coronary vessels. Kuliabko in this way was able to restore a rabbit heart which had been kept forty four hours in an ice chest.

In a boy of three months old who died of bilateral pneumonia, the beating of the heart was restored twenty hours after death and continued for over an hour.

If this paper has done you a very small part of the great good it has me in the research I shall feel that my efforts have not been in vain.

## OSTEOPATHIC DIAGNOSIS.

From McConnell & Teall's Practice of Osteopathy.

(The following on Osteopathic Diagnosis is from McConnell and Teall's Practice of Osteopathy which has so recently been issued. Only a part of the chapter on Osteopathic Diagnosis is here given—that part relating to general diagnosis—but the special diagnosis is, if possible, even more interesting than the general. This chapter is but one of the many excellent features of a work which, in our opinion, should be in the library of every osteopathic practitioner.—Editor.)

**I**N osteopathic diagnosis the spine is the first and greatest object of interest, for on the result of its examination will depend the treatment to be given which is in turn hoped to bring about recovery.

As it is the structure on which rests the weight of the body the practiced eye is able to detect at a glance, by the poise and gait of the patient, if there is an abnormal condition affecting any considerable

area of the spinal column. It is well to observe these points, especially in the female, before having them prepare for examination, as it will often give a clue to sources of trouble through faulty carriage, improper dress, particularly corset and shoes. Slight changes of gait, unnoticed by the patient may be of great aid in determining the beginning of disease in the spinal cord.

No osteopath is justified in accepting a patient who will not permit every examination deemed necessary, as remote and obscure lesions are frequently the cause of disease, so preparation of the patient for the first scrutiny is of importance. This cannot be made with the patient fully clothed, as visual observation is second only to the touch in making one's deductions. Neither can palpation be made through more than one thickness of clothing with accuracy, and examination next to the skin is always preferable. This need in no way ever cause complaint, for with the use of a loose fitting, short, kimono, with all outer clothing removed except the knit undergarment, and with skirt bands loosed a complete survey of the whole dorsum from occiput to coccyx can be had without the slightest unnecessary exposure. It is well to remember that the patient has come for help and the osteopath is not justified in sacrificing thoroughness for any exaggerated feelings of modesty. With tact and care in the use of the garments the most sensitive ones need feel no hesitation in coming for treatment.

A complete history of the case should be taken before the examination begins, former methods of treatment, symptoms, environment, etc., as it will aid in the final conclusions. It is well to have blanks for keeping records of all cases.

Probably the most comfortable manner to begin physical examination is to seat the patient on a table squarely with hands placed upon the knees, then raise the garment and expose the whole back. Begin by noting the texture of the skin, if it is clear, pigmented, blotched, or has eruptions. Try the capillary reflex by pinching or stroking quickly with the finger tips or the blunt end of a pencil. Find if it is moist or dry and also outline the areas of changed temperature, if any. Then observe the general contour of the spine with the patient sitting upright, to find how near it is to the normal body curve.

Occasionally having the patient alternately sit and stand will, by comparison, throw light upon the condition. With the patient bending forward place the hands on the crests of the ilia and see if they are of equal height.

Occupation may result in over development of one side. Note position of the scapulae and habit of posture in sitting and standing.

Before taking up the subject of a critical examination of each vertebra there are certain points it will be well to consider. It is easy to know instantly, without counting, the number of the vertebrae causing the lesion if these landmarks are remembered: First, the spine of the third dorsal is on a level with the spine of the scapula. Second, the spine of the seventh dorsal is on a level with the inferior angle of the scapula. Third, the spine of the last dorsal is on a level with the head of the last rib. It will save much time for the busy osteopath to have these well in mind.

The pathognomonic symptoms of the osteopathic lesion are: (a), maladjustment; (b), contracted muscles; (c), tenderness; (d), limited movement. To these might be added changes in local temperature and disturbance of function, but the former is not constant and the latter may be remote. Here the primary lesion is considered for an osteopathic lesion may be, also, secondary or compensatory. Forbes speaks of compensatory changes as being an important diagnostic sign.

Diagnosis of the position of a vertebra is sometimes difficult to the beginner from its having longer or shorter spines than normal. Horsley speaks of the occasional congenital absence of a spinous process. They may be bent laterally, upward or downward and thus have all the appearances of a marked displacement, while occasionally the body itself seems much at fault. These present what might be termed normal abnormalities and make it necessary for the osteopath to be very sure of his diagnosis before attempting to correct what is not abnormal, for disappointment, at least, and injury, perhaps, may follow.

To avoid mistake carefully palpate the transverse processes and determine if they are at right angles with the adjoining normal spine. In the cervical and lumbar vertebrae it is possible to reach the tips of the transverse processes, and on moderate pressure, if a lesion exists, pain will be elicited. Further, where tenderness is associated with other diagnostic points it can be safely assumed that a lesion exists, and by outlining the suspected vertebrae with the finger and localizing the sensitive spot one can be sure of the point of greatest irritation and the character of the displacement. Associated also with these signs will probably be evidence of congestion, such as thickened tissues, contracted muscles, etc.

After having examined the condition of the spinal column thoroughly by inspection, begin at the first dorsal and examine the spinal column

down to the sacrum. Place the middle and ring fingers over the spinous processes and stand directly back of the patient and draw the flat surfaces of these two fingers over the spinous processes from the upper dorsal to the sacrum in such a manner that the spines of the vertebrae pass tightly between the two fingers, thus leaving a red streak where cutaneous vessels press upon the spines of the vertebrae. In this manner slight deviations of the vertebrae laterally can be noted with the greatest accuracy by observing the red line. When a vertebra or a section of vertebrae are too posterior a heavy red streak is noticed and when a vertebra or vertebrae are anterior the streak is not so noticeable. Thus when suspicious points are noticed a special examination of the localized point can be given. This examination simply takes into consideration the contour and superficial condition of disordered portions of the spinal column. In a few cases such an examination will not be necessary, for the symptoms and signs of the disease will be so clearly manifested that one's attention will be called directly to the cause. Still, great care should be taken in the majority of cases, as the osteopath finds causes of disease remote from the seat of complaint. We must always bear in mind the significance of reflex stimuli and sympathetic radiation.

In making a critical and exhaustive diagnosis of the spinal condition after the foregoing general examination has been made, it will be best to have the patient lie on the side upon the operating table. When the patient is in this position a more thorough examination can be made, as then the spinal muscles are not contracted unless abnormally so, for when a person is in the upright position muscles are continually contracting first on one side and then on the other, as one of their functions is to act as sort of guy ropes in keeping the spinal column erect. The patient lying on his side, the physician should then stand in front of him and reach over upon the back and make a thorough examination of the affected portions of the spinal column, chiefly through the dorsal and lumbar regions.

Consideration should be given the contraction of the muscles along the back, chiefly the deeper layers of muscles. It may even be necessary to relax some of the muscles before a thorough examination of the vertebrae can be made. From a pathological point of view too much stress should not be put upon the contracted state of the muscles; although in a few instances the contracted muscles may be the primary cause of the patient's trouble; especially so when the affection is due to atmospheric changes. Usually the contraction of the muscles is secondary to the lesions presented in the bony framework. For instance, a dislocated

vertebra may be the cause of an irritation to the innervation of certain muscles along the spinal column and thus cause contracted muscles. Still, we must not lose sight of the importance of the contracted muscles from a diagnostic point of view. They are oftentimes prominent signs that a lesion exists in the immediate region and are thus faithful guides in locating the cause of diseases.

In closing the general consideration of the spinal column it is well to emphasize the importance of training the faculties to grasp at a glance the story told by the back as a region, instinctively placing the proper value on each physical sign and weaving them into a composite whole so that the patient's condition stands out a vivid picture on the osteopath's mind. When this is accomplished the more detailed observations are but incidental. Relative to the examination of the spinal column Clark\* says: "To the osteopathic physician, the most important part of the human body is the spinal column. By its changes in contour and condition the various visceral diseases can be diagnosed, in most cases. I believe that every disease is characterized by extreme changes or signs, and I further believe that every chronic visceral disorder is manifest by changes in the spinal column that can be, by the practical eye and touch, readily interpreted. In short, there are various signs along the spinal column that point out the weakened or diseased parts of the body. This method of diagnosing disease, that is by noting these spinal changes, is distinctly osteopathic, and I believe the time will come when it will become such an exact science that the character of the spinal change or lesion is diagnostic not only of the viscus affected, but the way it is affected."

#### CASE REPORTS.

PAULINE R. MANTLE, D. O., SPRINGFIELD, ILL., (AXIS, JUNE, '03.)

Case reports, scoring victories for osteopathy and giving points of the superiority of our methods over those of the old schools, are always interesting to me and believing them to be as interesting to others I send one from my own records.

Oct. 9, 1905, Miss M. C. came to me suffering with seven large ulcers on her right foot and ankle. She had been treated by an M. D. over two months, steadily growing worse. When she went to the M. D. there was but one ulcer and that on the external malleolus. This con-

\*Clark's Applied Anatomy, p. 334.



tinued to grow worse and others kept coming until he finally said he had done all he could, adding that it looked as if she would lose the foot. A patient of mine induced her to try osteopathy before consenting to have her foot amputated.

From what she had told me I was expecting to see a bad foot, but was not expecting to see such swelling and the dark angry hue of the tissues and the foul odor that came from the ulcers. Several of them looked as if gangrene had set in, especially the one on the great toe. Further examination showed a marked posterior condition of the innominate on the same side, the atlas lateral to the right, carrying the axis with it, the thyroid gland considerably enlarged and the patient suffering with eye trouble that glasses had failed to correct.

This case gave a history of injury so little thought of that for some time it could not be recalled. Horse-back riding had been indulged in a great deal during the summer, on a farm in Kansas, the habit being to jump from the horse without stopping it. Pain in the hip and limb with the breaking out of the first ulcer followed, but had not been associated with the possible injury caused by jumping from the horses in motion until questioned concerning the cause of the trouble.

During the examination the patient wept continually. Upon being asked why she did so, said she was afraid she would be told that nothing could be done for her excepting to amputate the foot. She was consoled as much as possible, being told that the maladjustment of the bones could be corrected and that in all probability a cure would follow. To say all this, in the presence of such a case was like whistling to keep up one's courage.

The first efforts at correcting the lesions were made immediately following the examination and a complete change was made in the dressing of the ulcers.

An oily ointment had been used after bathing them with warm water and Castile soap. The new dressing was to bathe the ulcers with a warm saturated solution of boric acid then drying them with absorbent cotton, after which they were sprinkled with the boric acid powder, covered with antiseptic cotton and bandaged with a gauze bandage. This dressing to be changed twice each day.

At the appointed time the next day the patient returned looking so different that it was unnecessary to ask if she was feeling better. We could scarcely believe that in twenty-fours such improvement could be made. Daily treatment was given for four days, then three times a week for three weeks, then twice a week to the end of the seventh week, when the case was pronounced cured.

No new ulcers appeared and healing began from the first treatment. The crutches went at the end of the third week and the glasses were laid aside at the end of the second week. At the end of the seventh week the foot and ankle were perfectly sound, the eyes clear and strong and the simple goitre had entirely disappeared. This case was treated a year ago and remains perfectly well.

The patient received much more benefit than she had expected, for with the foot in such a condition the goitre and eye troubles had not been considered. The physician received much more than mere remuneration in dollars and cents, for the strengthening of faith in our great science and confidence to practice it had been worth more than could be measured in money.

When this case came I had not been in practice quite three months, so I think the seniors who are about ready to enter the field may gain confidence in themselves, remembering always that "Confidence is the Napoleon of the mind."

#### REPORT OF A CASE OF GESTATIONAL INSANITY.

DR. M. E. CLARK,

Professor of Obstetrics, Gynecology and Pediatrics at the American School of Osteopathy.

SOME time ago I was called to see a case of gestational insanity of some four days duration. The patient had been as well as the average woman throughout gestation and was suddenly bereft of her reason while out walking. She had reached the end of the eighth month without any particular trouble aside from nervousness and some little kidney disorder.

When seen by me the patient had various forms of hallucinations the most marked of which was that of singing and the making of all sorts of silly rhymes. Prior to the time at which I saw the patient she had had fits of crying, melancholia and at times the idea that she was being persecuted and followed by people intent on her life. During the entire four days she had slept but little and had sung, screamed or cried almost all the time and the patient was well nigh exhausted.

On examination I found that she had no fever; that the heart beat was fairly good; the fetal movements and heart beat were very feeble; no dilatation of the os uteri; no signs of beginning labor; and that the

patient was hourly growing weaker and that what we did ought to be done at once, delay making the outcome the more serious.

After considering all the phases in the case and consulting with the relatives and explaining to them the probable outcome, I decided on terminating pregnancy, that is, evacuating the uterus at once. This decision was reached after considering the progressive weakness of the mother and fetus and the probability of being able to save the fetus and possibly the life of the mother by removing the load, that of the fetus, this permitting all the maternal forces to be used in running the vital machinery of the mother.

The patient was prepared by emptying the bowel and bladder and arranging the clothing so that I would not be hampered in my work, that of manual dilatation of the os. The patient was placed cross-wise of the bed in the dorsal position with the knees flexed. The patient was then partially anesthetized, just enough to overcome the restlessness and lessen the muscular contractions, the patient being in constant movement. After I had properly cleansed my hands I proceeded to manually dilate the os.

At first I could with difficulty introduce the index finger into the cervical canal, there being but little dilatation and length to the cervix. The internal os was completely closed but by continuing the pressure I finally after a few minutes passed the finger into the uterine cavity. I then attempted to introduce two fingers which I soon did and then gradually introduced the entire hand, the more fingers that I introduced the more rapid the dilatation since I could use greater force. My hand would cramp quite severely at times and I was forced to stop and rest the fingers at intervals of every minute or so. I did not withdraw the hand until the operation was completed, this accounting for the cramping. There were no uterine contractions whatever and no voluntary force was used and on this account I was on the lookout for postpartum hemorrhage.

After I had secured dilatation sufficient to permit the introduction of the hand, dilatation supposedly being complete at this time, I decided to perform version rather than attempt to deliver as it was either with or without forceps. In performing version (podalic version) I passed the hand high enough to grasp the feet. I could find only one foot, there being faulty attitude in that one leg was extended and the other flexed. After endeavoring to reach the other foot and failing I drew the one down and after I had partly turned the child I found the other foot. By pulling on the feet and exerting pressure on the head with the external hand I without much difficulty turned the child completely

around and drew down the legs. One of the feet was very much cyanosed and it took about ten hours to completely restore normal color. As the limbs were brought down they were covered with a warm cloth so as to prevent, if possible, premature respiration, the cause of many deaths in breech presentation. By supporting the legs and using but little traction but exerting considerable pressure on the head through the abdomen, the baby was delivered without complications.

Respiration was delayed but with a little effort was established while I directed my attention to the mother. As soon as the uterus was empty I made the uterus contract by stimulation of it through the abdomen. The placenta was expressed without any difficulty by compressing the uterus between the hand and the promontory of the sacrum. I find that by exerting steady and firm pressure the placenta can literally be squeezed out of the uterus. I maintained firm uterine contraction by external massage of the uterus per abdomen. At frequent intervals the uterus would become relaxed so much that I could with difficulty outline it. These intervals became longer until by the end of the first hour the uterus remained fairly well contracted. I remained with the patient and watched her closely for some time to be sure the uterus remained contracted since I have found from dear experience that it is better and easier to prevent hemorrhage than to get it checked when once started.

The patient came from under the influence of the anesthetic without any difficulty whatever since she was only partly anesthetized and that at the beginning of the operation. The hallucinations in a way disappeared for a short while and the patient had some lucid intervals.

The operation, that of dilating the parturient tract and performing podalic version and delivering the child and placenta lasted only fifty minutes. This is a remarkably short time in which to accomplish so much but the condition of the tissues favored rapid work. I have had other cases in which it required one hour to secure dilatation alone.

There were no particular complications during the first and second day. The patient was watched constantly and on the second day her reason returned several times but for only a short while. There were evidently some after pains but no rise in temperature and the pulse was normal. On the third day, the time that I expected complications, there was a slight rise in the temperature, it reaching a 100F. The patient had no lucid intervals. Lactation was established but on account of the condition of the mother it was deemed advisable to not place the

child to the breast. I treated the patient several times on this day to secure perfect ascent of the uterus as well as good position. Drainage was good and the patient passed through the day without much discomfort or complications. I considered this day to be the critical one and told the relatives that if she survived the day that the outlook for recovery was good.

I left the patient on the fourth day under the care of a local osteopath and did not see her for nearly two weeks. During this time she had attacks in which the hallucinations were as great as they were at any time before but she gradually improved physically.

Treatments were continued, that is treatments applied to the spine, neck and uterus and the patient made a gradual recovery. At the end of a month the patient was rational most of the time although she had relapses.

Gestational insanity is supposed to be due to the extra strain to which the nervous system is subjected on account of pregnancy complicated by nerve strain from any cause. I believe, for the sake of the fetus as well as that of the mother, the uterus should be evacuated at once if after the time of viability and most cases occur after that time.

Since writing the above I have been authoratatively informed by letter as follows: "She has entirely recovered from her illness, in fact has not been so well for years. She weighs eighteen pounds more than when married and seems to be strong and well."

# THE BULLETIN

OF THE ATLAS AND AXIS CLUBS.

ASA WALMSLEY, EDITOR.

MISS KATHERINE BRÖDERICK, REPORTER FOR AXIS CLUB.

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

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

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

KIRKSVILLE, MISSOURI DECEMBER, 1906.

**Election of Officers.** Officers for the ensuing semester were elected at the regular meeting of the Club Saturday night, Dec. 15, and we are pleased to say that a strong set of men has been chosen—men who we believe will do honor to the positions for which they have been selected.

It is probable that under the three-year course arrangement—which means three terms of nine months each, whereas previously there were four terms of five months each—officers chosen will serve for the entire term. This would seem to be the better course to pursue under the new condition. The officers chosen are as follows:

- Noble Skull..... Kirk W. Shipman
- Occipital..... Maus W. Stearns
- Sacrum..... Clement Woolson
- Stylus . . . . . P. W. Gibson
- Pylorus . . . . . Linus H. Walker
- Styloid . . . . . Geo. A. Haswell
- Radius . . . . . Chester E. Dove
- Right Clavicle..... Henry Carson
- Left Clavicle..... John W. Kinzie
- Trustees: Dr. W. D. Dobson, Dr. R. E. Hamilton, Mr. R. P. Carlton.
- Editor of Bulletin: . . . . . Asa Walmsley

**Thanks.** The Atlas Club wishes to express its appreciation to Drs. McConnell & Teall for the volume of their Practice of Osteopathy, bound in half morocco, which they presented to the club. We are proud to have it in our library.

\* \* \*

**Tribute to the "Old Doctor."** The November Journal of the American Osteopathic Association contains a complete report of the exercises given in honor of Dr. A. T. Still on the evening of August 6th, 1906, at the Association's convention at Put-in-Bay. The following were on the program and spoke in terms of affection, esteem and veneration of the founder of Osteopathy: Dr. Wm. F. Link, Knoxville, Tenn.; Dr. Bessie A. Duffield, Nashville, Tenn.; Dr. Clarence V. Kerr, Cleveland, Ohio; Dr. H. S. Bunting, Chicago, Ill.; Dr. A. G. Hildreth, St. Louis, Mo.; Dr. C. E. Still, Kirksville, Mo.

Believing that there are but few (either in or out of the profession) who have anything like an adequate conception of what the "Old Doctor" has endured in evolving the science of osteopathy and presenting it to the world in a tangible and understandable form we reproduce the remarks of his son, Dr. C. E. Still, as reported on the occasion above referred to, feeling that the reader's appreciation of the science of osteopathy and its venerable founder will be broadened by perusing the same.

DR. C. E. STILL, KIRKSVILLE, MO.

You will notice by looking at the printed program that I appear at about the middle, but I asked Dr. Evans if he would not let me speak last, as I was afraid I might say something that someone else had prepared to give. I thought I had sufficient data so that after they all concluded their remarks I would still have sufficient to talk to you about for a few minutes. I do not know but I made a mistake by asking to be placed last, and to show you how I feel I will tell a little story. There was a man and woman who appeared before a court, each asking for a divorce. The woman got up and talked for about an hour, and when she had concluded, the judge turned to the husband and said, "What have you to say?" The man said: "Well, Judge, I think she said about all there was." So I feel as though the subject had been very well covered. But I will speak of some of the early struggles of my father, dating back further than your acquaintance with him goes.

It was at a time when assistance was needed. I can remember the time when my father first said that he believed drugs would not cure dis-

eases, that they were not specifics. His friends, the medical men, and others, took issue with him, and their relations became so strained that they went so far as to ostracize him for, as I have heard him say, about twelve years. I have heard him say that for twelve years he never had any assistance from a relative. Any appeal that he made was considered by them as coming from a harmless lunatic.

I remember on one occasion my father's sister was sick. I was then working in a livery stable, and one of my brothers had similar employment, and we were earning barely sufficient to support the family. We were each receiving \$5.00 per week, and we drew one week's wages in advance and gave it to father to visit his sister who was supposed to be dying. He went and stayed a few days. The money gave him paid his railroad fare only one way. As he was about to bid them goodbye he said to his brother-in-law:

"Fred, I have not sufficient money to take me home."

His brother-in-law replied, "I never asked you to come over here, and I do not feel like raising any money for you to go on any wild goose chase with."

His nephew then came in and said: "Uncle Andrew, here is eleven hundred dollars that Kate and I have made teaching school the last year. If you would stop your foolishness and go to practicing medicine you could be honored and respected as your brothers and old companions are, but I suppose it is time lost to try to induce you to earn an honest dollar."

Father had ninety cents left which he took and bought some oil of sunflower and some oil of bergamot, and made a hair oil, which he sold from house to house, thereby earning sufficient to bring him back home. The Old Doctor has since had the satisfaction of supplying money to these teachers to live on.

On one occasion a minister from the pulpit called on Almighty God to take A. T. Still from earth, on the ground that he was a blasphemer whom the community would be much better off without. The crime charged was that he was putting his hands on his fellowmen to cure them of disease and thus making light of our Saviour. The minister declared that Dr. Still's family would be better off if Dr. Still were removed from earth; that nothing good could come of them; that with such a husband and father, they would become harlots and gamblers and even murderers. *Still* nothing could stop him.

Those are some of the early struggles. You who are out in the practice sometimes think you are having hard struggles; but when I think

about it, it is amusing, as there has only been one who has really struggled, and out of his struggles came forth wonderful ideas and truths. Just think about it. In the early days I walked fifteen miles with my father to see a patient. We did not have a horse and buggy and could not ride. There was a patient in the west end of the county that was sick, thought to be dying, the doctors having given him up. On the journey we would sometimes buy a dime's worth of cheese and crackers to eat on the road. When we reached the patient, father would stay with and treat him until he was better. That is the way he labored to bring forth osteopathy. Perhaps the next day we would go to the east end of the county. He always liked to have a companion and either my brother or myself would go with him, as he would enjoy telling us what he was going to do. He practiced on hundreds and thousands of patients and did not take a dollar. He would say he did not know whether he would cure them, and he would not take money until he was satisfied he could effect cures. However, many grateful people would pay him for his services. Now, that was in the early days.

After a while, in order to systematize his treatment he evolved the theory of sensation, motion and nutrition. A suspension of either function means disease. Hence the object of treatment was to re-establish the suspended force. After he had treated hundreds of cases and relieved them and in a way got his ideas into a system, then came the school which is responsible for this gathering tonight. The first charter was taken out fourteen years ago last May. The first school was started the second day of October, 1902. There were eleven students enrolled.

It was not the intention of my father at that time to have a large school, for what he wanted was help. The first class was an experiment. The second was an experiment. We were teaching ourselves what to teach, and while it was an experimental work it was eminently successful.

The first school was started by Dr. Still upon the proof that osteopathy could be taught, and the proof was that Dr. Still's sons, whom he had taught, could also treat patients and the patients would get well without the Old Doctor seeing them. Before that time it had been generally conceded that he was especially gifted, and as soon as he died, that would be the end of his unnamed system. But as soon as it became reasonably certain that anyone else, who knew how, could treat a patient, and that patient could get well, then we began to teach. If we had kept in mind the mercenary idea which so often prevails, we should

never have started a school. Dr. Still's idea was to give his discovery to the world. As Dr. Bunting said we would not advertise because we did not want to make any promises. But as soon as it was proved that others could treat as the Old Doctor did, then the school, which has been the means of advancing our profession, was established.

And so I say that every member of this profession owes his or her position, be that great or small, to the early struggles and persistency of the Old Doctor, who when often told to desist would keep right on. We used to say, when we would try to turn him on some point that we thought was a mistake, "Father, why don't you try so and so?" He would ask, "Why would you do so and so?" On our replying that it was customary he would say, "That is the reason I will not do it, I will not follow anybody's foot-steps."

If we have anything worth while people will find it out. Individuality is what we want.

We are every day improving our mode of operation, but as yet no one has ever added anything to the essential principle of osteopathy. My father's idea was that if effect followed cause into the system and you could remove the cause the effect would follow it out of the system. That has been the idea.

Father has never been worried because he did not have the respect of the citizens where he lived in the beginning. He said, "If we have anything it will win, do not worry about it; if we have not, then it must fall." He did not care when he was called a faith doctor, a spiritualist or anything else. He rather enjoyed having the finger of scorn pointed at him, and he would do things sometimes that would encourage it. I remember on one occasion a man had a weakness in his stomach, and without any provocation at all he could throw up his dinner. This occurred on one of our early itineraries. We met this man and he recognized my father as an old acquaintance, and he said:

"Now then, if you want to have some fun I will show you how it can be had; the people down town are talking about you, and I will accidentally meet you on the corner, and I will have a few words with you, and you just tell me to show the people what I had for dinner, and I will show them."

They met on the corner about the time the postoffice was open, and he walked up to my father in the crowd and said:

"Hello, Andrew, how do you do?"

"How are you, Sandy?"

"Andrew, are you humbugging these people around here; I did not

suppose you would ever resort to anything of that sort; what do you mean by it?"

"Sandy, show the people what you had for dinner."

And he did. You could not have scattered a crowd any quicker had you thrown a torpedo in their midst. Possibly some of them were not very anxious to show what they had for dinner.

Someone was talking a little while ago about the Old Doctor giving light treatments, and being kind hearted. I think that is all right, but then he has another side. I remember on one occasion an old lady came in and said she wanted to see the "old man," and did not want to see any of his hired men. It was difficult to find him, as it was one of the days when he was not in active practice. Finally they located him and when he came in I privately told him that this old lady was a crank and had made more or less disturbance, and he walked in and said, "What is the matter, Auntie?"

"Something the matter with my leg."

Father called in half a dozen students and told them to place her on the table. He took hold of the leg and set it and said, "I do not want to see you again for ten days."

She came back at that time and the clerk asked, "Who do you want to see?"

"Anybody but the old man," said the old woman, "any student will do."

In conclusion I will refer to a little quotation. Alexander the Great once said that, "I have noticed that all of the prizes in life are won by men and women who enter the arena and run." Has it ever occurred to you that if you enter the arena you might win a prize? Show me a woman like Frances Willard, a lawyer like Blackstone, a scientist like Virchow, a president like the immortal Lincoln, or a physician like Dr. Still, as there is only one DR. STILL, and I will show you men and women who have entered the arena and run. I thank you.

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### OSTEOPATHIC GLEANINGS.

(Compiled by the Editor.)

#### Ignorance and Intolerance.

BY A. M. HUTCHINSON, M. D., IN DECEMBER HEALTH.

One of the most common difficulties with which we have to contend in life, not only in ourselves, but in others, is ignorance. We are all ignorant. In fact, ignorance is a mere matter of comparison. None of

us know anything until we have been taught, either by our own opportunities of observation, investigation and reasonings, or till some one has told us. And then a great difficulty we meet is to know how much to rely on what we are told. For often we find that things that we received with credulous ears in early life, after the experience of years, prove to have been either wholly false, or surprisingly inaccurate. So that as we get along in life, if we wish to be honest with ourselves, we learn to be charitable of the opinions of others, and feel compelled to unlearn much that we have spent much time in learning, and see things from new standpoints.

There are people, who, from various reasons, are unwilling to admit that anything they have learned is wrong, and because of that unwillingness, are very intolerant of the opinions of those who differ from them. This idea is exemplified in the history of the world in the religious opinions of mankind. Wars have been waged, and thousands of lives lost, because individuals or nations, having one religious belief, have been intolerant of those who differed from them, and have persecuted to the death.

The same intolerance is also noticeable in the field of medicine. For thousands of years sickness has prevailed throughout the world, and here and there, different persons have tried by different methods to restore health. Some of the means employed were crude, and as we see them by the light of later intelligence, very foolish. But they had their adherents, and those who advanced the ideas were certainly honest in their efforts. As time passed on the advocates of these ideas increased in numbers, and they organized systems of healing, until these systems were many as well as different. As some of these systems got to be large and prosperous, and as advocates increased, they followed the usual human tendency to ignore or belittle all who did not agree, and when power got into their hands became extremely intolerant of all who advocated disagreeing systems. Things have continued thus until the present time. Nowadays, the systems of healing generally known and recognized by the masses may be mentioned as follows: The allopaths or regulars, as they style themselves, who are much the greatest numerically, who claim to be the direct descendants, or to exemplify the medical thought as it has grown up for the last 2,000 years; the Homeopaths, who were originated by Dr. Samuel Hahnemann, an educated German philosopher and student, who for many years has studied and practiced the old system, and originated about 100 years ago; the Eclectics, who are an offshoot of the Thompsonian or Botanical system, and are of somewhat more recent

origin; the Electro-Therapeutics, who depend largely upon electricity in various ways for means of relief; the Water Cure; Christian Science; Faith Cure; Vital Science, and numerous other plans and methods. In addition to this is a new applicant for the public favor, in Osteopathy, which has been only about thirty years before the public, but by its success, its marvelous growth and increase, it is now attracting the solid thought and attention of the entire world. It may be said, that all of these later systems have been introduced as an improvement on, or a protest against the methods of the dominant, or Allopathic school. True to the history of the advancement of all ideas, each school, as soon as it was promulgated, met with the opposition, in every possible form, of the dominant school, and wherever political or other power could be employed, the new applicant for favor was belittled or destroyed, and every method of intolerance introduced and used that could be devised. Thus far it would seem as though these despised and persecuted systems have increased, rather than diminished, because of opposition, as kites fly best against the wind.

Now, while we are in sympathy with these new candidates for public favor, especially the latter, which seems to have started from an entirely new standpoint, and teaches what ought to have been taught in every college of every school to every pupil, we would advise, that as success brings prosperity, that they be careful that they do not fall into the same mistake made by older systems, avoid this arrogance and intolerance, which they now deprecate, and remember that Charity "suffereth long, and is kind, envieth not; vaunteth not itself, is not puffed up, doth not behave itself unseemly, is not easily provoked, thinketh no evil; rejoiceth not in iniquity, but rejoiceth in the truth; beareth all things, hopeth all things, endureth all things. For now we know in part, but when that which is perfect is come, then that which is in part shall be done away." Let them also not forget that while much error has been taught in the last 2,000 years, it has not all been error—that many bright minds have developed great truths, which like the truths of osteopathy, will bear close investigation, and that intolerance of another's ideas is no proof that they are wrong, but only added proof of your own ignorance. All ideas should be honestly and carefully investigated. One should not jump at conclusions, nor be intolerant of the thoughts which others present, although they may not be in accord with what one has hitherto believed to be true.

## ATLAS NOTES.

Dr. Ovens of Mason, Ill., was a visitor at the A. S. O. and at the club on Nov. 26 and 27.

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Dr. E. R. Booth of Cincinnati, Ohio, was in Kirksville during the Thanksgiving holidays and while here visited at the club. On Thanksgiving evening the doctor gave an informal talk at the club which was listened to attentively by those present. Among other things the doctor pointed out how gratifying it is to relieve the physically afflicted and also spoke of the kind and courteous treatment accorded to the physician who is honest with his patients. The latter, he said, was equally as true in those cases where the desired relief could not be given as where it could. The public, he stated, will have much more respect for and confidence in the physician who does not promise to do certain things than in the physician who makes promises which he cannot fulfil. In addition to educating the public as to the correctness of the fundamental principles of osteopathy it is necessary that they be convinced of the ability of the physician in question to apply those principles, and also of his or her worthiness as a citizen. This done, the osteopathic practitioner will receive just as courteous treatment as was ever accorded the advocate of any other method of healing. It is needless to say that the doctor's talk was much enjoyed by those who heard him.

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## Recent Initiates:

Three new members have been added to the club's membership since our last issue, all of whom are members of the Upper Freshmen class.

Mr. Willis Vancie Smith comes from Lamoni, Iowa, where he was engaged in farming. He has a public school education and is an enthusiastic believer in osteopathy through benefit received by his wife from osteopathy after other methods had failed.

Mr. Hiram M. Frost, whose home is in Denver, Colorado, has a public and high school education and prior to taking up the study of osteopathy was in the employ of the Denver Street Railway Company.

Mr. John W. Kinzie also comes from Colorado, Sterling, Logan Co., being his home. Mr. Kinzie, like so many others, was induced to study osteopathy because of the success of osteopathic practitioners of his acquaintance, and also because the fundamental principles of the science appealed to him as being rational.

Dr. Alfred T. Sullivan, June, '06, renewed old acquaintances in Kirksville on December 2nd and 3rd. He reports business good and his experiences to date with osteopathic practice quite satisfactory.

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Dr. M. E. Clark was a visitor at the club rooms on Saturday night Dec. 15, on which occasion he addressed the members on Diseases Peculiar to the male sex. The doctor's talk was very instructive and was heartily received. Dr. Clark has been out of town over Saturday and Sunday frequently this fall and winter which explains why we refer to him as a visitor. We are pleased to say that when away from Kirksville the doctor was preaching the same gospel that he is noted for here, viz.; "Bony Lesion Osteopathy."

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Dr. Thos. H. Spence, June, '06, who is looking after the practice of Dr. A. M. Keith of Greenville, Ill., spent the holiday season in Kirksville with his family.

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On Saturday night, Dec. 22, a program consisting of music, brief remarks by Dr. T. H. Spence, and an address by Dr. F. P. Young of the A. S. O. faculty was much enjoyed by the Atlas members and invited friends. Dr. Young took for his subject, "The Relation of the Osteopathic Physician to and his conduct towards Medical Practitioners, Trained Nurses; how to meet Physicians of other schools in consultation; how to manage nurses; professional ethics, etc." The doctor dealt with the foregoing very ably and we hope to publish a full report of his address in our next issue.

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#### ATLAS FIELD NOTES.

LADY GRADUATE of the January, '07, class desires to form partnership with a gentleman in the field, who is in need of a woman for woman's work, or would act as an assistant for same purpose. Address to M. W., care of editor of Bulletin, Kirksville, Mo.

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Dr. J. K. Dozier of New Haven, Conn., writes that he is kept so busy that to do original work is out of the question. We congratulate Bro. Dozier and all who are kept busy, but really we would like if our busy members could have a "day off" occasionally and utilize part of it in preparing for the Bulletin a paper on some practical subject, or a case report. And a letter to the editor telling what feature of the Bulletin you most liked or in what way you think it could be improved, and what you think of the club, would be much appreciated.

Dr. Arthur S. Bean, Brooklyn, N. Y.: "I wish I could drop in for an evening with you at the rooms. I really envy those fellows who live so near and can run up to Kirksville every now and then. Let it be more and more the quality of the men rather than the quantity that are made members. Let us have a quantity of quality in every man admitted."

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Dr. Harry M. Vastine of Harrisburg, Pa., writes that he is kept busy as a member of the Pennsylvania legislative committee. He thinks there will be "something doing" when the legislature meets this winter.

\* \* \*

Dr. C. A. Lumsden, June, '06, writes that he is located in Little Rock, Ark., and reports business good.

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On Oct. 10th, 1906, Dr. J. H. B. Scott of the last June class and Dr. Katherine Fraser McLeod (June, '05) of New Castle, New Brunswick, Canada, were married at New Castle, N. B. The Drs. Scott are locating in Columbus, Ohio, for practice. A Canadian in commenting upon the marriage said: "It was not fair in Dr. Scott to deprive us of one of our osteopaths, as we have few enough; but nevertheless, I admire his good taste." The Bulletin extends congratulations.

\* \* \*

FRANKFORT, IND., Nov. 24, 1906.

MY DEAR ATLAS BRETHREN:

Here's a thank offering by way of my dues. I want to present to you a candidate for Honorary Membership. "Robert Vernon Fullam," my little son, born Nov. 19, 1906. Kindly say through the Bulletin for the benefit of our personal friends in the Atlas and Axis Clubs that Mrs. Fulham is getting along splendidly and will return to practice in the spring. I should like to shake the hand of every active member and expatiate on the benefits of membership, but let the fraternal spirit do for the deed just now. The alumni members do not and must not forget the club.

Fraternally,

CLAIRE V. FULHAM.

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Dr. R. W. E. Morelock of Harrisonville, Mo., writes very encouragingly of prospects in his town. The doctor is endeavoring to raise the standard of osteopathy in Harrisonville as is shown by the following excerpt from his letter: "When we came here we found there had been some two or three D. O's. here and they charged anything they could



get from seventy-five cents to one dollar and fifty cents per treatment, and the one that was here when we arrived was still sticking to the low prices. I went to see him and he told me that he wished he had not come here for you could get nothing for your work. So I told him that this was just what I had come to see him about, and that I wanted to know if he would agree to raise the price to \$2.00, and he promised me he would, and I think that he is true to his promise.

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Owing to illness in his family Dr. E. R. Larter of Niagara Falls, N. Y., has been compelled to give up practice for a time and is at present at Tippecanoe City, Ohio.

\* \* \*

Dr. F. A. Parker, June, '06, opened an office in Champaign, Ill., in November. He writes as follows: "Am just in receipt of the Bulletin for November and as usual was very glad to get it for it is not only educational and helpful, but it brings back fond remembrances of the good old days at Kirksville; I thoroughly enjoy it. I opened my office at my residence last Monday, Nov. 26th, and have been very agreeably surprised to find business since the first day—four patients to begin with. I had expected to wait at least three months for my first patient."

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Dr. J. H. Robuck, June, '06, has located in Anadarko, Oklahoma, and reports business good and prospects excellent.

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Dr. Frank E. Root, June, '06, who is practicing in Erie, Pa., was married to Dr. Sadie M. Day, of the same class, at the home of the bride's parents at Lake City, Iowa, on Monday, December 24. Dr. and Mrs. Root will be at home to their friends at 210 West Eighth St., Erie, Pa., after January the first. The Bulletin extends congratulations.

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#### AXIS NOTES.

A new member acquired during this month is Miss Mary Witten Peery, of the Upper Freshmen class, who comes from Tazewell, Va.

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On Dec. 5th, Dr. M. E. Clark, gave the club women a very interesting talk on choosing a location, furnishing the office, etc. It is needless to say that the Senior members found this lecture of particular interest, and lacking none of the usual enthusiasm and inspiration of that valued and popular instructor.

On Thursday of last week Mrs. Minnie W. True was called to her home in Scotia, Nebraska, by the death of her father.

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Mrs. Mary Lyles Sims is spending the holidays with relatives in Rogers, Ark.

The holidays are here, bringing to the busy seniors and others a much needed rest. Last year at this time one heard on every side, "How glad I'll be, when Christmas comes next year, and I will soon be leaving the school and the town," but those were happy junior days, when "all that glittered was gold," but now, the dream has changed, the rose-colored glasses are replaced by dim uncertain discs, and with reluctance, we seek our places in the great world.

"So much a long communion tends

To make us what we are,

Even I, regained my freedom with a sigh!"

\* \* \*

Dr. Ida M. Fox of Springfield, Ill., visited at the home of Dr. M. E. Clark, Kirksville, during the holidays.

\* \* \*

We miss the "Old Doctor" from his accustomed haunts in lecture room and hall, and sincerely hope that the illness which at present keeps him confined to his room, will subside that we may again be cheered and encouraged by his presence.

\* \* \*

The social event of the month was when the club gave a party to the new initiates, that they might reveal to them the mysteries of the "Second Degree." Chief among those who enjoyed this privilege were, Dr. Rena Bammert of the A. S. O. hospital, and Dr. Louise Lewis, of St. Louis, who happened to be visiting here at the time. They doubtless all feel more than ever, like true and loyal Axis women.

\* \* \*

#### AXIS FIELD NOTES.

Dr. Gertrude Forrest of Albia, Iowa, is seriously ill at her home there.

\* \* \*

Dr. Evans of Akron, Ohio, is spending a few days in Kirksville, having brought a patient to the A. S. O. hospital.

\* \* \*

Dr. Annie McC. Brownlee has moved from Paterson, N. J., to Edina, Mo.

Dr. Edna Thayer has opened an office at 248 West Eighteenth St., Eric, Pa.

\*\*\*

Dr. Elizabeth M. Ingraham announces the removal of her office to The Ghio Bldg., 506 North Vandewater Ave., St. Louis, Mo.

\*\*\*

Dr. S. Virginia Crawford has moved from Renow, Pennsylvania, to Danbury, Conn., and is pleasantly located at 330 Main St., in that city.

\*\*\*

It is with sincere regret that we have to publish an account of the death of Dr. Emily Rutlege, Axis, '04. When she returned to Kirksville for treatment, we hoped that she might be benefitted thereby, but her health failed, and in the midst of her usefulness she was called home.

\*\*\*

The following resolution was adopted by the Axis Club:

Whereas, God in His just wisdom has seen fit to remove from our midst, our esteemed sister, Dr. Emily Rutlege, be it therefore,

Resolved; That we as Axis members express our high admiration of her worth, of her sweetness and purity of character, and our grief at the loss of so valuable a member.

Resolved; That we extend to her bereaved family, our deepest sympathy, in their great sorrow, and be it further

Resolved; That a copy of the above be printed in the Bulletin, and that copies be presented the family of the deceased.

Signed:

- DR. MARGARET BOWEN,
- MRS. MINNIE W. TRUE,
- MISS KATHERINE BRODERICK,
- MRS. CLARA DE G. MCKINNEY,
- MISS ELVA LYMAN.

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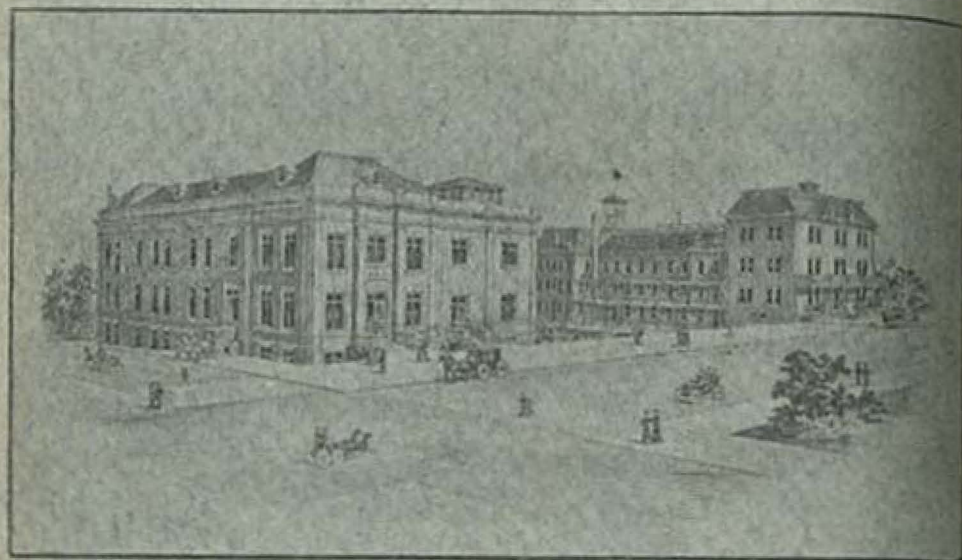
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For further information, address

**DR. WARREN HAMILTON, Secretary,**  
Kirksville, Mo.