

Volume VIII

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of



Atlas & Axis Clubs



DEVOTED  
TO THE



SCIENCE OF OSTEOPATHY

FEBRUARY, 1906



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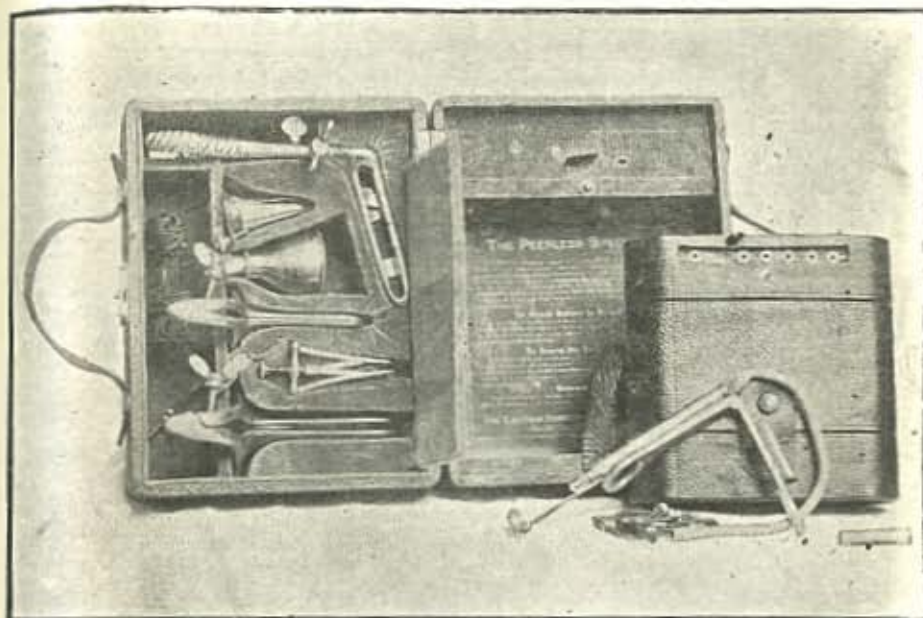
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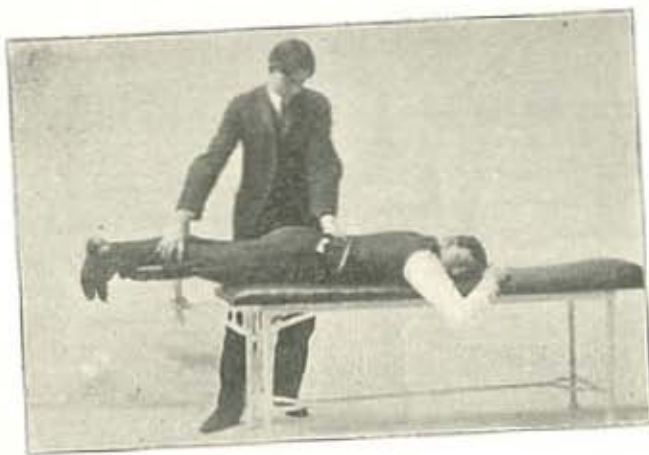
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# The Bulletin

OF THE ATLAS AND AXIS CLUBS.

VOLUME VII.

FEBRUARY, 1906.

NUMBER 1.

## INSANITY.

GEORGE M. LAUGHLIN, M. S. D., D. O.

Professor of Clinical Osteopathy, Practice of Osteopathy and Osteopathic Technique, at the A. S. O.

The experience of the osteopath has been necessarily limited in the treatment of insane persons for the reason that the great majority of these cases require institutional management. And as most all municipal and state institutions for the care of the insane are under the management of the allopathic school of medicine, and as there are as yet no private asylums for the insane under the management of osteopathic physicians the opportunity of the osteopath has not been sufficiently extensive to test the value of his system in any large number of cases.

I do not mean by this statement that we have not treated a good many insane persons, and many of them successfully, but that we have never treated and studied from a clinical standpoint large numbers of the various classes of the insane as are found in any large institution and therefore we cannot state with the same accuracy the results that may be had in the various forms of insanity from our treatment as in the other classes of nervous diseases where our experience has been considerable. The results to be had from a few cases of dementia praecox or of any other form of insanity are not sufficient to base any claim upon but the experience is valuable and indicates what might be accomplished. Take, for example, infantile paralysis, Bell's palsy, locomotor ataxia, hemiplegia or any of the more common nervous disorders in which osteopaths have had large experience, the results to be had can be foretold with a reasonable degree of accuracy by any competent and honest practitioner. In the general practice that we do in Kirksville in connection with the Infirmary we always have a few insane patients under treatment. Some of them require but little care, while other of the severe forms require two or more attendants; and as most all cases must have a long course of treatment the expense is so great as to practically prohibit the latter class from taking the treatment. In fact, we have never encouraged the bringing to us of the insane whose conduct may become violent as we are not equipped to properly manage them, but



those that do come we accept for treatment although the practice is not desirable.

Insanity is a disturbance in the psychical functions of the brain which leads the patient to abnormal actions, for which he is not responsible. This is a fairly clear legal definition of mental unsoundness. In some of the minor forms of insanity, melancholia for example, although the patient acts abnormally he still knows the nature of his acts and is able to judge the effects of such acts upon himself and others. In such cases the patient is legally responsible for his acts although medically insane. The two chief divisions of insanity are the minor psychoses and the major psychoses. The minor psychoses include those cases of a functional character for which there is no known anatomical base, that is, those cases that present no discernible structural changes in the brain.

In this class belong the early dementias or dementia præcox, paranoia or delusional insanity, melancholia, the neurasthenic insanities, insanity following infectious fevers, etc. In this general class belong the kleptomania, the hypochondriac, the hysterical, those with morbid fears and impulses, the mentally depressed or exalted, the crank who would assassinate a king or a president.

The major psychoses are dependent on organic changes in the brain. In this class belong general paresis or the general paralysis of the insane, senile dementia, epileptic dementia, and other psychoses associated with or following abscess, tumor, hemorrhage, softening, or injury of the brain. In this general class also may be placed idiocy and imbecility.

In the major psychoses it is evident that the mental condition of the patient is entirely dependent on the structural changes that have taken place in the brain and the curableness of these cases will depend entirely upon bringing about a resolution of the affected part before it is destroyed and replaced by fibrous tissue. Where extensive fibroid changes exist the condition is of course incurable. It is evident that the prognosis in this general class is bad and that if anything of a permanent nature is accomplished the patients must be seen early. In most of the cases of this class there are marked motor, nutritional or sensory disturbances such as tremor, spasms, paralysis, blindness, paresthesia, deformity of the head and face, etc.

In the functional cases that constitute the great majority of the insane no such physical conditions are present except perhaps in some there will be a lack of symmetry in the bones of the skull and face. The presence of structural changes in the brain accounts for the motor and sensory disturbances in the major psychoses and the absence of any

such changes in the minor psychoses readily accounts for the fact that these functions are not disturbed.

In the physiology of the nervous system are found three groups of phenomena, those connected with the sensory or ingoing impulses; those connected with the motor or outgoing impulses; and the reflex and associative functions which result in combining the first two.

In diseases of the mind we have to deal mostly with the phenomena belonging to the third group. In functional insanity the trouble lies in this part of the mechanism that has to do with recording, associating and co-ordinating the afferent and efferent impulses. In organic insanity the first and second group are also involved.

By some alteration in this intermediate mechanism there results a disturbance of the will, the memory, in reasoning and judgment, in fact, the mind is abnormal and the patient is insane.

The cause of organic insanity is structural change but the functional insanities have no known anatomical base.

In discussing the general pathology of functional insanity the following quotation from Dana is interesting to the osteopath because in his treatment of the insane he attempts to overcome, and has demonstrated that he can in many cases, just what is held by him to be at least a part of the cause, that is, disturbance in the blood and lymph supply:

"There is something wrong or defective in the arrangement and make-up of the brain neurones, OR OF THEIR VASCULAR AND LYMPH SUPPLY. In some cases, like the non-dementing insanities, the trouble is perhaps an absence or displacement of certain association tracts, so that normal responses and inhibitions do not come from the ordinary stimuli. AGAIN, THE TROUBLE MAY BE IN DEFECTS OF THE VASCULAR SUPPLY OR IN THE LYMPH CHANNELS. As a result the brain neurones are not nourished sufficiently. Still further the insane may have defective excretive organs."

The fact that many insane persons recover adds strength to the theory that the trouble is a nutritional one and is due to defective circulation.

Like all other nervous diseases insanity has much of its cause in the existence of a nervously unstable or neuropathic constitution due to hereditary influences. In twenty-five per cent. of all the insane the family history will reveal insanity or some other serious nervous disease. This however, is only a predisposing cause and insanity will not develop unless brought on by some direct or accessory cause such as alcohol, drugs, syphilis, mental strain, shocks, trauma, infectious diseases and organic disease of the brain.

Associated with these accessory causes will be found lesion along



the spine which are responsible for much that is wrong. In the treatment of the insane every form of irritation must be removed. The patient should be kept quiet and all excitement avoided. The bowels and kidneys must be kept active and the general nutritional condition improved. Many of the insane have rigid and curved spines and there are often marked cervical lesions. These should be corrected and the spine made supple. In this way not only is cerebral circulation improved but digestion and elimination as well. We have cured several cases of insanity by correcting a misplaced uterus that seemed to be the direct cause of the whole trouble. The importance then of removing every form of nervous irritation, whether spinal or peripheral, is apparent.

I will briefly report a few cases that have come under my observation during the past year or two.

CASE I is that of a girl about 12 years old. She is now under treatment. She has dementia præcox in what is known as the stuporous form. Her trouble first appeared soon after an operation for the removal of her tonsils about four years ago. She grew gradually worse until she reached the point where she absolutely refused to talk, has gone several months without saying a word, was very obstinate, would stand for hours at a time against the wall. She occasionally would make attempts at writing but only now and then could a word be made out. She increased greatly in weight and moved about very slowly with her head down. She was badly constipated. She began treatment eight months ago. For six months there was no improvement but during the following two months she has shown great improvement. She now talks sensibly, can write accurately, has ceased to be so obstinate and is more cheerful. She is not entirely well yet but I believe she will recover. The special lesions found in this case were a posterior upper dorsal, a rigid spine, and a marked subluxation of the second cervical vertebra.

CASE II was that of a young man about twenty-five years old. He had been insane for four or five years. His trouble began while he was attending college and was thought to be due to over study and to an injury received at foot ball. He had been in a state institution before coming here and was a melancholic with a fixed delusion. He required the constant attention of a guard. He was treated without improvement for six months or longer. He resisted the treatment and little could be accomplished. He had very marked cervical lesions which could not be reduced as he would contract his neck muscles when treatment was attempted. We finally gave him an anesthetic and gave his neck a thorough loosening up and adjustment. Two days following he escaped from his attendant and made his way to Texas where he

secured employment. He became ill and was sent to a hospital. While here he wrote his people who knew nothing of his whereabouts and he was taken to his home where he died from some acute disease. Being especially interested in the outcome of this case I wrote his mother as to his mental condition. She told me that his mind was perfectly clear and remained so up to the time of his death. I know he must have improved greatly because while here he was totally unable to care for himself.

CASE III is that of a man about forty. He was recently brought here in a violently insane condition. He fought his attendant and was almost unmanageable. He remained here only a short time as we advised his people to place him in an asylum as we were unable to care for him. There was of course no change in his condition.

CASES IV and V are two cases that were cured permanently before leaving here. Both were young married women under thirty. In both cases the exciting cause was a misplaced uterus. In one case recovery was complete within a few weeks; in the other about six months treatment was required.

Besides these cases I recall two cases of general paresis and one of epileptic dementia which were treated with considerable improvement for a time, but there was no permanent benefit.

CASE VI clearly illustrates the effect of cervical lesions upon a neurotic individual. Patient is a farmer about 60 years of age. Five or six years ago he injured his neck while throwing a rock. The muscular strain associated with the act of throwing a heavy object subluxated his upper cervical vertebra. This was followed by acute torticollis due to muscular contraction. When he came to us for treatment, several years after the injury he was greatly depressed in mind, had constant headache, slept very poorly, was unable to do any work or attend to business, had illusions and hallucinations. He had been in this condition for a year or more and was gradually growing worse. We found a marked lateral curvature to the right in his neck with the second and third cervicals rotated backward on the right side. Two months' treatment practically corrected the neck and completely cured the patient. This case was treated almost two years ago and the patient is still in good health.

It seems to me that osteopathy combined with institutional management would certainly constitute a practical and highly successful treatment for the insane.



## LETTER FROM MRS. A. L. CONGER, AKRON, OHIO.

MY DEAR BULLETIN:—

Yours of recent date asking for "experience" with the insane—will say that for over a year different friends of mine have been trying to get permission for me to just go, and examine their friends to get my opinion of what, if any thing could be done to let me try osteopathic treatments. Four (4) times I have been refused but now the 5th time comes the permission to go into the institution to examine (only) one patient. I presume that permission was only obtained upon the pressure brought to bear by prominent people.

Upon my advice one patient was taken out and at last accounts was not only gaining but "knew his wife and the friends who called to see him at the hospital" where he was under the care of Dr. Kerr.

Another case was a young man who had osteopathic treatments when home on a vacation. When he returned to the asylum the attendants did not know him.

On the 4th of December I am to examine at least one patient who is a cousin of a prominent woman. From the accounts of the person it is a most desperate case.

There are 1400 patients at the Massillon, Ohio, asylum. The extensive grounds and elegant cottages make a most imposing group of buildings. One day in August I visited this place—and it made my heart sick, to see how little was done for these deluded people. One of the attendants told me they had better success now that they were using "massage" and a fine system of hydropathy.

I give you this most brief account of the little experience I have had—but it does not give you any idea of the tales of woe told me or the many times I have been urged to go.

Osteopathy is making such rapid strides to help—that the medical doctors will not be able to "fool all the people all the time" and osteopaths can show by results a better showing than is now made at the institution.

X

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## NASAL CATARRH.

KATHRYN TALMADGE, D. O., WASHINGTON, D. C.

(This article was read before the Washington, (D. C.) Osteopathic Association. The author is an Axis woman of the class of 1904.—Editor.)

Nasal catarrh, proper, refers to an inflammation of the mucous membrane of the nasal passages, but as more generally accepted, it refers to the chronic condition which is the result of repeated acute attacks. The two forms of nasal catarrh are atrophic and hyperæmic. These

differ as widely as possible as is indicated in the terms used. The former being the condition in which there is atrophy of the structures, while the later is a condition in which the venous stasis causes an overgrowth of all tissues involved.

The muscles of the cervical region are usually found in a contracted state; especially is this so of the muscles immediately beneath the angle of the inferior maxillary bone. Such contractions obstruct mechanically the internal jugular and carotid veins, thereby causing a stasis of blood in the sphenopalatin and facial veins which drain the region of the nasal fossa and thus a hyperæmia of the Schneiderian membrane is the result. In other cases the contracted muscles of the deep upper cervical region may produce lesions of the fifth cranial nerve and thus involve the innervation of the nasal passages. The lesions affecting the nasal mucous membrane may be either obstructive or irritative to fibers of the fifth nerve.

The lesions may also affect the superior cervical ganglion of the sympathetic in part or as a whole, by the effect of mere mechanical pressure by the contracted muscles. The anatomical situation of the superior cervical ganglion of the sympathetic is very important from an osteopathic standpoint. The ganglion is commonly anterior to the upper three cervical vertebrae, occasionally the 4th and 5th cervical vertebrae resting upon the sheath of the rectus capitis anticus major, while directly anterior to the ganglion is the sheath of the internal carotid and internal jugular blood-vessels. From this ganglion arise the carotid and cavernous plexuses which connect the 5th nerve, and I believe fibres of the 5th nerve extend all the way to the cervical ganglion, as disorders of the 5th nerve are so universally caused by lesions of the atlas. Consequently it is at once seen that the primary treatment of acute nasal catarrh is to relax thoroughly all muscles of the cervical region that are found contracted and to correct any disorder of the upper cervical vertebrae that may occur, and thus equalize the blood and nerve supply to the nasal mucous membrane.

Additional treatment to the 5th nerve should be given at the several points on the face where its fibres come near the surface, and also by springing the jaw open.

In severe acute cases, the patient should remain in a room kept at an even temperature.

One case which came under my observation was of 20 years' standing. The symptoms were all present in an aggravated form, and accompanying them was a bronchial cough which began when the patient arose in the morning and lasted for about an hour.

After five weeks' treatment the cough had been almost entirely



controlled, and the catarrhal symptoms had ceased to be troublesome.

The patient is still under treatment.

Prognosis for complete recovery is very good.

Another chronic case of years' standing was practically cured while under treatment, but symptoms slowly returned when treatments were suspended.

The question in my mind is whether continued treatment would have effected a permanent cure.

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### ETHICS AND METHODS OF ADVERTISING.

REUBEN T. CLARK, D. O., NATCHEZ, MASS.

The first of these articles was a voluntary offering of the writer. From it we obtained the suggestion to secure a variety of views—with responses as given below.—Editor.)

X

MOTTO: "Go Slow."

The December issue of the Bulletin containing a number of able articles on a most important subject, has caused my mind to "rotate" around a point which has ever been a question with me, that is "Ethical advertising."

Upon this subject too many ideas cannot be presented. The method should be educational, for the intelligent masses possessed of a clear, comprehensive idea of our drugless science can be depended upon to make comparisons.

Fundamentally underlying this idea must be a knowledge of the principles of osteopathy possessed by the practitioner himself with the ability to "make good" upon his first cases which should be wisely selected; wisely I say, because when a new therapeutic school is represented in a community there are always a number of "busted" chronics, likely incurable, who seek out the practitioner among the first. They may represent ready money or expenses the first few months, but alas how dearly we pay for them in time! I've been there.

Supplementing the modest use of monthly osteopathic publications I have placed in our public library a copy of The Autobiography of Dr. Still and let this fact be known by a neatly typewritten card pasted on the inside cover of my advertising periodical. Sending out, say four a week, the chances are that one of the four parties (ladies) each week will secure the book and read it. This life of Dr. Still has been in the library over six months and shows that 14 people have already read it. This means that 14 people at least know of osteopathy and have told as many more, and the method does not cost one cent.

I send a personal letter to the stage manager of each theatrical

troop which comes to my town. Four such letters cost me ten cents. I average \$2.50 on each ten cents so invested.

A knowledge of anatomy being our chief corner-stone I have begun teaching that subject twice a week before the 40 pupils most advanced in our high school here. I say not one word about my profession but as an osteopath I hope it will be pleasantly noised around that I know something about the mechanical man.

When ever you may chance to treat a person from some other place beyond your territory, refer her to an osteopath in her neighborhood; drop that D. O. a note that he might send her something to read, and to the practitioner from whom such a courtesy may be extended, show your appreciation by a letter of acknowledgement and appreciation.

About every third month I get out a sort of circular letter which I inclose in each periodical that I might be sending out that month. These letters deal with one disease peculiar to that season, or the locality. In these letters and any advertising matter, I try never to duplicate anything to the same party (these letters cost me 50c. per 100).

I have herein purposely used one or two slang phrases for in this age one has to put hooks into what he says or they won't stick.

Now brothers and sisters who read the Bulletin, I have cast this thought moulded from the fibers of experience, and possibly with some originality. If it can serve beneficially any one of you, its mission is filled.

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DR. W. C. STEPHENSON, '05, JOHNSON CITY, TENN., (NOBLE SKULL,  
JUNE, 1904 TO JANUARY, 1905).

EDITOR OF THE BULLETIN:—

DEAR BROTHER:—Your request for a short article on "Propriety and Ethics of Advertising together with methods approved or appropriate, and value from personal experience" received.

While I fully appreciate the honor, I feel an article based upon my short experience in the field would scarcely be very convincing or forcible. I will therefore state that this article is intended only for the new graduate or the practitioner with less or no greater experience in the field than my own. I would not presume to advise or even suggest to those older in the profession.

In the first place I object most strenuously to the use of the word "Advertising". It savors too much of "commercialism" with bargain day or excursion rate ads in newspapers or on hand-bills, e. g., "For thirty days only treatment will be given at reduced rates. Only a limited number; come early. Dr. C. D., Fake, The noted Osteopath"—we have all seen it. I much prefer the terms "Field Literature," "Educat-



ing our Field," or "Promotion." It is more in keeping with professional dignity. Our methods whatever they may be should bear no relation to advertising.

I do not believe the same literature is applicable to all fields. Surely a new field where osteopathy is practically unknown will not require or permit of the use of the same literature as one in which it is well known. The same will apply to a field where osteopathy is favorably and another where unfavorably known. And to still a greater degree to the well established practitioner, especially where he has had to make a fight, as it were, for recognition against prejudice and opposition, and the practitioner entering a new field where he must introduce his science and himself to an unprejudiced people. The literature used by the former would be of little or no value to the latter, if indeed, not detrimental. It is certainly unethical besides showing very poor business tact to go into a new field flaunting a red flag, no matter what has been the experience of others in the same field. The new practitioner can better employ his time than to court trouble and opposition. He should get acquainted with some of the most influential people. I do not mean to force an acquaintance and talk "shop" first, last and always, but meet them as a citizen and not as a professional man only.

The newspapers offer a very poor medium further than a professional card of an inch or two. No large display ads. No paid news items. You cannot fool the people no matter how clever you may think you are, and if you should it would not be the class of people you would want to reach.

It should be unnecessary to add—no hand-bill advertising, but too many know that this sort of advertising is being done. This is advertising and of the yellowest kind.

As to "Value from personal experience." To be brief, I opened offices in my present location on November 1st last. By January 1st I had had but two calls. On Jan. 2nd I mailed less than 300 little booklets of my own composition and within one week had registered five new patients for course of regular treatments. These are all chronic cases and are still taking treatment. My practice has been steadily growing since and I now have about all I can do.

This is considered one of the most impregnable fields of the conservative South. No less than six osteopaths have located here within the last five years all of whom met with little or no success. I credit my success to a careful study of the field and the use of proper literature.

\* \* \*

DR. FRANK H. AVERY, ('04), OAKLAND, CALIF.

DEAR EDITOR:—

An opinion to be worth anything must be based upon experience or knowledge and upon the subject you ask me to write I have neither. I am located here upon the sixth floor of a large building and do not even have my name upon my windows and the practice I have so far enjoyed has come through the efforts of friends and a few cured patients. After all, I think this the most valuable kind of advertising. However I think that a plain card in one of the local papers is permissible and may do some good, especially in smaller towns than this, and a judicious use of a good educator such as "Osteopathic Health," cannot fail to do good.

In fact I intend to make use of the above methods but will be able to tell you more of the results of such work a year from now. I wish to congratulate you again upon the work you are doing upon the "Bulletin." It is certainly of more value now than it ever has been before.

\* \* \*

## DOCTOR CLARK'S CORRESPONDENCE.

M. E. CLARK, D. O.

Professor of Gynecology, Obstetrics and Applied Anatomy, at the A. S. O.

(THIRD SERIES.)

## LITTLE'S DISEASE.

I have a case that I want your advice on. The case is as follows: Child, 4 years old, paralyzed. The child was a 7-months baby and very small. The labor was difficult but instruments were not used. Until the 5th month the child did nicely, grew fat and strong, but took spasms, followed by a spell of fever, and spastic condition of all the muscles. The legs have a tendency to cross, the head draws back and to the side, can use the arms and legs just a little; has never walked, sat alone, or held his head up without help. No very marked lesion, the most marked anatomical trouble is a lateral curvature. The general health is good, the mind all right.

DEAR DOCTOR:—Your letter describing a case at hand and in reply will say that it appears to be one of infantile paralysis or of Little's disease, the spasticity of the limbs indicating the latter. If the child has this disease, little can be done or at least, we have been able to do but little for this disease. The lesion is most frequently found in the neck and unless the condition has gone too far, wonderful relief can be given. The medics regard such diseases as hopeless.

As for the treatment, I can advise you only in a general way. Cor-



rect the spinal lesions, overcome the spastic muscles by stretching them and especially treat the neck.

Are the gums and teeth normal? Does the child slobber? Is the palate high? If these things are present, it is probably Little's disease.

\* \* \*

#### Uterine Tumor.

I have a patient whom I should like your general opinion upon. A young lady with a uterine fibroid measuring about 5 or 6 inches in diameter. She was informed of its existence first, three years ago; the last year it has enlarged about 50% to 75% as near as she can estimate. She is in perfect health. The tumor does not create any pain or disturbance of any kind, therefore she does not care to submit to an operation if there is any hope of simply arresting its growth. She has a pronounced posterior lesion of the lower dorsals, 10th, 11th and 12th.

With your experience in such cases in about what percentage of them can the growth be arrested, and what per cent of cases can the growth be diminished if any?

A general statement from you—which of course is all I expect without your having seen the case—will be very much appreciated.

I expect to have her at Milwaukee at our association meeting next month so you may see her.

MY DEAR DOCTOR:—Your letter at hand and in reply will say that it is the exception for a cure to be effected in a case in which the tumor is so large. So far as stopping the growth, that depends on the tone, age, and rapidity of it. In most of my cases I have found that little hope can be held out to such patients. I have a case now in which I have reduced the tumor quite perceptibly. As a rule little can be done for a tumor so large but in this particular case, on account of the absence of the usual symptoms, an operation is not advisable unless you absolutely fail in getting any beneficial results. I will be pleased to see the case with you and then I can give you a better idea as to the prognosis.

\* \* \*

#### Amenorrhoea.

I have had a case that is troubling me very much. I wish you would tell me what to do.

This patient is a woman who had not had her menses more than three or four times in four years. I treated her last spring and she had her menses every month while I treated her but during the summer months she went on a vacation and all that time did not have her menses, began treatment again this fall and had her menses once.

I found the third lumbar to the right, the fifth posterior and the

right innominate out of place, and replaced it. The lesions are nearly well but the old condition is hard to overcome.

I tried a sound in the uterus and found it rough and with no feeling whatever. Do you suppose the dead tissue in the uterus prevents the menses from coming?

The only effect this condition seems to cause is loss of memory once in a while and bloating. She feels tired and worn out some times like any one else; other wise she is in pretty good health. She never has had any headaches of any kind. She never had her menses until she was nineteen. Sometimes I wonder if it isn't a case of menopause. Do you think so? She is a woman of about thirty years of age.

Your letter at hand and in reply will say the case you describe is in all probability one of physiological amenorrhoea and treatment to bring on the menstrual flow is not indicated. She will in the course of a year or so, pass the change of life. Treatment is indicated only when she complains of being tired. On account of the late puberty and the fact that she has missed so many periods without inconvenience, I wouldn't worry about bringing on the flow.

\* \* \*

#### Retroverted and Prolapsed Uterus.

I have a case here which is somewhat of a puzzle to me and if you have time to help me out a bit I will appreciate it.

Patient, female, age 22, has been married 1 year, 4 months.

History: Fell in sitting posture, March, 1904. For the following six months had pains in back and also trouble with periods, going over time. September, 1904, began to have pain over crest of ilium and in legs. Legs getting cold and numb. At this time quite a sharp posterior curvature developed involving about 12th dorsal to 3rd lumbar but with one spine very prominent. Patient came to me Sept. 1905, and I was careful with treatment for a month as I was afraid of Pott's disease.

From taking three treatments a week she dropped down to about seven a month. Her period did not come on in December and she began to have severe cramping pains over abdomen and had the reflex symptoms of pregnancy, morning sickness, etc. On account of this I did not give her hard treatments and she went over the time for second period. Her period finally came on after two and one-half months. She still has the reflex symptoms, the old pains over crest of ilium and in the legs have returned and a few days ago she had a severe chill.

Now what bothers me is whether I am up against a case of Pott's disease or not. I wish you would give me your opinion if you have the time to write me.

The medical men blistered the back with iodine and wanted to



operate and wire the vertebrae back in place.

DEAR DOCTOR:—In reply to your letter will say that possibly the symptoms are due to a retroverted and prolapsed uterus in addition to the lumbar lesion. The history strongly suggests as much. I don't believe that it is a case of Pott's disease or else there would be more tenderness in the spine. I would advise a continuation of the spinal treatment and in addition, a local one. It is possible that she really is pregnant, sometimes menstruation does not entirely cease.

#### Hyperemesis.

I would like a little advice on a case that has baffled all my efforts to relieve. The case is a woman about 30 years old pregnant a little over three months, everything seemed normal until about six weeks ago. Since then she has vomited almost incessantly the past six weeks. I have done everything I know of to be done in such cases but all my efforts to relieve have failed. Knowing you have had large experience in such cases I appeal for advice. I have had to resort to rectal feeding and she seems to retain her strength fairly well.

The contents of the vomit is large quantities of bile, and stringy mucus, and some dark substance like blood from the stomach. It seems that the fetus has raised somewhat from the lower part of the pelvis, and I had hoped this would give some relief but all has failed. What can be done?

I might say this is her first pregnancy.

I will thank you for any advice you may be able to give.

P. S.—What book on obstetrics do you consider the best? Is there an osteopathic work on obstetrics?

Your letter addressed to Dr. Charlie Still has been handed me for reply since he was out of town. In regard to the case of pernicious vomiting I would suggest that you give the patient a local treatment and lift the uterus gently and firmly, as high as you can. If it does not relieve I would then pack the vagina keeping it up in the false pelvic cavity. This in addition to the spinal treatment, and what abdominal treatment you think advisable will probably relieve. If this fails, and the patient rapidly loses strength, an abortion will be necessary to save the patient's life. I have had many cases similar and found that the above treatment has been uniformly successful.

In addition to this you will have to regulate the diet of the patient and keep her from the odor of cooking food.

I had one patient in which firm pressure exerted at the pit of the stomach for 30 minutes at a time gave relief.

I would not resort to any radical methods unless the patient's

strength fails her rapidly and to a very marked extent. In regard to work on obstetrics would advise Edgar. In the course of a few years I hope to complete a work on obstetrics.

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#### OSTEOPATHIC GLEANINGS.

(Compiled by the Editor.)

##### Clinic on Epilepsy.

WILLIAM HORACE IVIE, D. O., (A. S. O., Atlas, '03.)

This young lady patient was considered to be a healthy girl up to and into her fourteenth year, at which time, some two years ago, she suffered a fall while standing on a chair. She fell some four feet, and alighting on the lower part of her spine, was so bruised and shaken up that she could hardly walk for a week. Her first attack of epilepsy occurred within two weeks and they have occurred ever since immediately before or during her period and range in intervals of from one month to six weeks apart. She came under my care on Wednesday July 12th, the next attack being due on the following day. She missed that attack, however, and did not have another until August 4th, when she had her lightest one.

The seizures are about as follows: An aura of physical nature is generally present.

She wakes with a start to find that she has been out of the conversation for a few seconds. This then passes to slight jerking of the muscles. After three or four of these slight spasms, the arms will be thrown upward, the usual cry will be given and the tonic spasm is upon her. The arms are flexed, the hands clenched, the legs extended, the eyes fixed and glossy and the head is thrown far to the left side. This passes quickly into the stage of clonic spasms, when the limbs jerk, the body is forcibly moved about, the tongue is bitten and bloody froth issues from the mouth; the face is cyanosed, the eyes roll and the breath comes in gasps and there is a tendency toward involuntary evacuations. She passes gradually into a deep sleep, from which she awakens to find herself with a severe sick headache and so violently sick at her stomach as usually to vomit. She is of no service to herself or family for nearly twenty-four hours.

This is a fair picture of her usual attack. Some of them, however, have been of special severity. The lesions in the case were atlas to left; axis to right; second and third dorsal vertebrae to right; lumbar vertebrae tending to left with point of greatest deviation at fourth lumbar; slight forward subluxation of right innominate; uterus prolapsed and retroverted and right ovary prolapsed and tender. My immediate



predecessor in treatment had advocated the removal of both ovaries.

At the first treatment the position of the axis was partially restored, the lower dorsal vertebrae well freed up by being moved to the limit of motion in every direction and an attempt was made to correct the position of the fourth lumbar. This sufficed to prevent the attack. Since then the treatment has been directed almost wholly to the correction of the various lesions, all of which have been much helped. Little attention has been paid to diet, excepting a cutting down of the amount of meat eaten and the interdiction of condiments. The bromidosis which followed the medical treatment has practically disappeared.

Some local treatment has been given, resulting in the replacement of the ovary and in considerable improvement in the position of the uterus. Besides the direct local work upon the uterus and surrounding tissues, the patient has been taught movements calculated to exercise the muscles of the pelvic floor and especially the levator ani muscle, the object being to re-establish the tone of all the tissues by stimulating the local circulation and by the strengthening and stimulation of the levator ani muscle to decrease the size of the vaginal opening, thus mechanically assisting in the prevention of the passage of the prolapsing uterus.

The patient lying upon her back executes movements as energetically as she can, as if she wished to suppress the evacuation of the bladder and rectum, raising her buttocks and compressing the nates until she becomes fatigued. She then takes a rest and again executes the same movements. She was instructed to do this ten times night and morning. This exercise is especially good in the treatment of prolapsus, and in this case has given very satisfactory results.

Another movement that gives satisfactory results is for the patient to lie face downward on the floor with the flexed arms held at the sides, the hands being palms downward under the shoulders. The patient then fully extends the arms, raising the upper part of her body from the floor, at the same time compressing the nates energetically together until tired. Repeat several times.

In the treatment of these cases, in general, you should first direct your attention to those lesions which would affect the motor nerves themselves, their centers or tracts, or would alter the circulation to any part of the motor apparatus. See that the circulation to the brain and spinal cord is free and that the organs that elaborate the blood and the emunctories of the body are working properly, that the quality of the blood may be good. Great care should be taken to prevent all sources of peripheral irritation and all conditions likely to disturb directly or reflexly the sympathetic system. Treatment during the attack is usu-

ally of little service; but if the patient is seen during the aura, the classic treatment of pressing the head far back against strong counter pressure in the sub-occipital fossa may prevent the attack.—1905 Report of California Association.

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#### DISCUSSION OF "NON-MANIPULATIVE PART OF OSTEOPATHIC TREATMENT.

M. C. HARDIN, D. O., ATLANTA, GA.

..... Osteopathy is a science; osteopathy is a principle, or a set of principles, and the man that can apply it here and apply it there to conditions that arise in the body is practicing osteopathy. That man is not an osteopath who takes a little Swedish movement, or little massage and physical culture, a little hydrotherapy and a little gentle suppository and all that sort of thing for a case of constipation and at the same time feeds his patient enough olive-oil to bull the market on this commodity in Paris. I would call them olive-oil specialists. They never cure their patient although they may fatten him on olive-oil. I have had some such patients who had been so served at the hands of an osteopath come to me for treatment. Of course they were not cured. As long as they practice in that way they are not osteopaths.

They have failed to get the idea in their minds, and being filled with all these heterogeneous ideas they fail to apply the principles of osteopathy. If you will take this principle called osteopathy which proclaims that man is a machine and that it is our business to keep this machine properly adjusted, you have perhaps the best working idea of osteopathy that can be given in a few words.

I am tired and disgusted with hearing this idea of bringing in a little osteopathic hydrotherapy, a little osteopathic olive-oil, a little osteopathic electricity, a little osteopathic physical culture, a little osteopathic sunshine, a little osteopathic air, a little osteopathic dietetics and a little osteopathic vibrator and calling it all osteopathy. What is the difference between osteopathic physical culture and plain, common-sense, every-day-in-the-week physical culture? What is osteopathic olive-oil, any how? Air is a free commodity; you cannot monopolize it. Sunlight is likewise free. It may be a good thing to use a little water now and then. I do so myself. All doctors of all schools use it. Why, or for what reason, should we call it osteopathic more than allopathic or homeopathic? Physical culture is all right. But why call it osteopathic physical culture? Every school of healing of every age has always advocated systematic exercise. Why should we claim it as peculiarly osteopathic? These things are the common property of every school of healing. They belong equally to all. Some of our



people seem to get the idea that if they teach their patient how to eat and drink, how to take a bath and how to exercise, that this is osteopathy. That is not osteopathy; it is hygiene. It belongs to osteopathy and is a part of osteopathy only in the same sense that it belongs to every other scientific school of healing.—A. O. A. Journal.

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**Dysmenorrhea.**

W. W. EMERY, D. O., MANCHESTER, N. H.

Young woman, *et.* 25, unmarried. Matured late and with general disturbance of entire system, especially head and stomach. Vicarious menstruation at times with *aene* of face.

Came for treatment July 8, 1903, suffering with intense headaches, recurring at intervals through the month, while at the period the pain in small of back and abdomen and head was so severe as to cause recourse to opiates, hot applications and a day in bed.

Examination showed a tight and sensitive lumbar musculature, especially marked on left side.

Decided left lateral slips of 2nd lumbar and 11th dorsal vertebræ.

Treatment consisted of relaxation of tight muscles, pressure directed to adjust misplaced vertebræ and attention to bowels. Diet, coarse, wholesome foods with copious cool water drinking upon retiring and arising.

Flow appeared at middle of second week (after three treatments) with much less pain. Headaches gradually grew less frequent and severe till at the end of six weeks' treatment they had entirely disappeared. Saw the case recently, one month since treatment was stopped and found there had been no return of headaches, patient able to be about her usual duties during entire period of menstruation; *aene* fading from face; stomach and bowels acting better; on the whole presenting a condition of health and well being.

**Subluxation of Hip Joint.**

Woman, *et.* 63. Examination showed a shortening of left limb to the extent of about three-fourths of an inch, with eversion of foot, and immobile condition of hip-joint, which, however, I found was due to muscle contraction and shortening to a great extent, and not to ankylosis.

Pain evinced by any movement of limb, and referred to Scarpa's triangle and inner aspect of knee-joint. Patient able to go about some on level surface with crutch.

History of case showed this condition followed a fall on the ice two and one-half years before treatment was begun.

Took case Aug. 7, 1903, after it had been pronounced incurable by

one of Boston's best surgeons, he calling it an impacted fracture of hip-joint, and advised six months in bed with weight attached.

Patient is now on a trip into country, being able to go up and down stairs, flex the thigh on to abdomen and get about the house without crutch and with hardly any pain. She has gained in weight and strength, which is remarkable for one of her age. Thirteen treatments have been given, twice a week, extending over the period, Aug. 7 to Sept. 25, 1903, with results which all must agree are vastly better than could possibly follow a confinement to bed for six months, with a weight, especially in one of her age.—Mass. Journal of Osteopathy.

A. T. STILL:

"Osteopathy has but little use for the knife, but when no human skill can avail in the effort to save life or limb without knife and saw, then we are willing to use anything or any method to save that life, or give relief, and will be bold enough to do so for the best, and hope for good results."—Journal of Osteopathy, Jan., 1902.

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"I do not want your money; I want to lay here the foundations for your success."

"Every bone you see should speak to you in suggestive therapeutics."

"It isn't your manipulation or mine but your knowledge of the bones and joints which will make your success."—Class Talks.

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"Our great dinners are only slaughter-pens of show and stupidity. Some would say: 'It is such a nice place to talk and visit.' Does an owl hoot and eat at the same time? Let me eat quick and trot, and I will have health and strength."—Autobiography.

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"I love God. What do I love him for? Because I cannot find any contradictions when I examine his works."—Address on 69th birthday.

"The neck—One writer says that you must stimulate or inhibit the nerves here for lost voice and there for weak eyes; here for sore throat; this set of nerves for coughs, that set for caked breasts, and so on. I wish to emphasize, that when I say you must treat the neck for fits, sore throat, dripping eyes, headache and so on through the whole list of troubles whose causes are found in slips of the bones of the neck between the skull and the first dorsal vertebra, I mean if you know what a neck is, to treat that neck by putting each bone of the neck in place, from the atlas to the first dorsal, and go away. You have done the work and all the good you can do. Reaction and ease will follow just as sure as you have done your work right. Begin at the head and start at the first



bone of the neck, and don't guess, but know that it sets squarely on the second bone. Then go on to the third, fourth, fifth, sixth, and seventh bone. Now go up that neck with your finger and push all the muscles of the neck into their places. Blood and nerves will do the rest of the work. Follow this course once or twice a week, and don't fool away any time fumbling to stimulate and inhibit."—Philosophy and Principles of Osteopathy.

Dr. M. E. Clark.—"I have reached the point when I seldom ever treat the muscles at all. We attempt to restore normal movement at the articulations and the contractions will disappear."

"The blood must circulate all the time, in all parts of the body, with a normal, definite rapidity, or there will be disease. You must be able to tell where the stagnated points in the circulation are and drain them. Then you can cure disease."—Lecture.

# THE BULLETIN

OF THE ATLAS AND AXIS CLUBS.

ALFRED W. ROGERS, A. M., Editor.

MISS DAISY E. MORELOCK, REPOSTER FOR AXIS CLUB.

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

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

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

KIRKSVILLE, MISSOURI, FEBRUARY, 1906.

## EDITORIALS.

**Sacro-Iliac Lesions.** "Many of the pains in the back complained of by women during menstruation or in pelvic disorders are referred precisely to the sacro-iliac articulation and are probably due to lesions of that joint. Many cases diagnosed as "lumbago" are probably due to one or another sacro-iliac lesion. The subject is a new but very fruitful one." Page 54, Physical Diagnosis by Cabot, 1905.

It is a concession of interest to osteopaths that the learned professor of the Harvard Medical School grants the probability of sacro-iliac lesions when the stock argument of the medical profession in opposition to the osteopathic theory has been to pooh-pooh the possibility of such a lesion. This statement in a new work is worth something. We believe we are right in giving the credit to Dr. F. J. Fassett of Boston for interesting and instructing Dr. Cabot in some of the details of osteopathic principles. Some day we believe that medical authors, instead of writing that in as one of their own discoveries, will be broad-minded enough to acknowledge that the discovery of the sacro-iliac lesion was the product of the brain of The Father of Osteopathy.

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In the March issue of the Bulletin by vote of the Club, there will be published a complete directory of the Atlas practitioners and members. This will probably be of value for reference to many field members.

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Osteopathy has been brought most favorably to the notice of the public recently in excellent results in the treatment of two state execu-



tives, Governor Hogg of Texas and Governor Pattison of Ohio. The latter is reported to be improving under treatment of Dr. M. F. Hulett (A. S. O., '97), who was sent for at the request of the medical physician in attendance.

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The following is a sample of a familiar sounding letter from a correspondent:

EDITOR BULLETIN:—"I have failed to receive The Bulletin since June, '05, and as I have paid my dues would like to know why I do not receive it. . . . P. S.—My former address was \_\_\_\_\_, Tenn."

Now how in the world was the Bulletin editor to know that this doctor had removed from Tennessee to a remote town in Colorado? Yet from intelligent people we get letters month after month with the statement that they have not received their Bulletins, though the editor had not been informed of a change in address. Second class matter (magazines) ARE NEVER FORWARDED to a mailing address. To get the Bulletin, when you change your address, YOU MUST SEND WORD TO THE EDITOR.

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**D. O. and M. D.** We have heard inquiry made as to the propriety of osteopaths who have a medical degree writing the "M. D." after the "D. O." We understand the use of degree after one's name, as explained in the authorities and as commonly understood, to be this, that the degree intended to be made most prominent or regarded most important should be written last. According to this principle, many of our practicing osteopaths are "showing the wrong color". The order in which these abbreviations stand after the name has nothing to do necessarily with the order in which the degrees were bestowed. The implication is that William E. Gladstone, D. O., M. D., is a practitioner in medicine and carries a pillbox; while Ralph Waldo Emerson, LL. D., M. D., D. O., is an osteopath, and emphasizes that calling rather than medicine.

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**Class of Jan-** Saturday evening, January 20th was the seniors last club uary, '06. night and the occasion was fittingly made memorable by a pleasing musical program, a liberal collation and a smoking good time—all the seniors were present and nearly every member of the club. For the entertainment, past Noble Skull Russell, gave a reading from Drummond's "The Habitant;" Song by the Quartet (Banker, Mason, Proctor, Smallwood); Vocal solos by Messrs. Whitfield, Treble and Horn.

The class day and graduation exercises took place on the evening of Jan. 24th and 25th. The addresses of those who go into the field,

so far as can now be reported, are: Wm. H. Bennett, Avinger, Texas; Robt. P. Coulter, 213 E. Main St., Bellefontaine, Ohio; Fred J. Eimert, 1439 N. 16th St., Philadelphia, Penn; R. Monroe Farley, 100 Waverly Ave., Syracuse, N. Y.; Ambrose B. Floyd, The "Markeen," Buffalo, N. Y.; Darwin F. Cady, 215 South Ave., Syracuse, N. Y.; E. M. Casey, Oxford, N. Y.; Frank J. Greene, Elmira, N. Y.; Edw. B. Hart, 408 Niagara St., Syracuse, N. Y.; Oliver S. Leitch, 3555 Olive St., St. Louis; J. W. Martin, Albert Lea, Minn.; R. W. E. Newton, Harrisburg, Illinois; Heard L. Owen, Bloomville, Ohio; F. M. Plummer, 96 Thomas St., Orange, N. J.; Oscar C. Robertson, Utica, Ky.; John W. Robinson, Cambridge Springs, Penn.; George A. Wells, Greenville, Texas.

POST-GRADUATE COURSE: Charles S. Fisher, George M. Goodell, William R. Ure, Garrett E. Thompson.

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**The Old Doctor.** Dr. Still visited the school for a little while February 2nd, the first visit made since the death of his grandson, December 3rd. He has been quite prostrated during most of the two months of confinement to his rooms and all the students were delighted with the visit to the school as an evidence of returning strength and courage. The January graduation was saddened by his absence. We hope that it will be many years before he misses another.

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**Osteopathy for the Insane.** We publish in this issue an article by Dr. George M. Laughlin and a letter from Dr. A. L. Conger on an important subject, that of osteopathic treatment of the insane. The article and letter show with what an eager beckoning osteopaths are urged to enter this field of activity. There is here an opportunity for usefulness and for relieving misery almost without limit if only the prejudice of the medical men against working with osteopaths as examiners at the insane asylums could be overcome. In the states where the governors appoint the medical examiners for these institutions much might be accomplished by petitions for the appointment of one or more osteopaths to the board of examiners for each state institution.

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We are glad to welcome as our co-worker for the next volume of the Bulletin Miss Corinne Larimore of the Junior class, who has been chosen Reporter for the Axis Club.



## ATLAS NOTES.

Near the end of each term the activity of the club in initiating new members usually diminishes. The meeting of Jan. 15th, however, was notable in that we received a delegation of six men, and these among the finest in character, ability, and professional promise that could be selected: Messrs. Floyd, (Jan., '06), Dunbar, Larter, Pratt, Sullivan and Wallace (Seniors.)

\* \* \*

Mr. Ambrose B. Floyd is of the Jan., '06 class, and a resident of Buffalo, N. Y. He has received education in the Collegiate Institute High School, Freshman term of Medical Dept. of University of Buffalo and the Atlantic School of Osteopathy. He has been in business as a commercial printer and still conducts an office in Buffalo.

\* \* \*

The following five men are seniors:

Mr. Roland J. Dunbar of the Senior class comes from Warren, Ohio. He was educated for a public school teacher and has been employed in that line and as bookkeeper and stenographer. By personal investigation of the merits of osteopathy and the influence of a friend and practitioner, he was led to take up the study.

\* \* \*

Mr. Edwin R. Larter resides in Cleveland, Ohio. He has had educational training in the high school and in electrical engineering. Before studying osteopathy, he was in the railway business. Through the advice of a medical physician he was led to study the new science.

\* \* \*

Mr. Frank P. Pratt is a resident of Phillipsburg, Kansas. He obtained his bachelor's degree at the University of Kansas and has been employed as Advertising Agent of the Western Newspaper Union, New York. Personal benefit from osteopathic treatment aroused his interest and caused him to study. Mr. Pratt was president of his class during the freshman term.

\* \* \*

Mr. Alfred T. Sullivan is a resident of New York City and was educated in the Brooklyn High School and Pratt Institute. He has been previously employed as buyer and manager of the purchasing department of Oliver Bros., New York. He has two brothers practicing, Dr. J. H. Sullivan of Chicago and Dr. H. B. Sullivan of Detroit. (the last an Atlas man of class '00). In the offices of these brothers he witnessed the efficacy of osteopathic treatment which caused him to take up the study. The restoration of his mother's health by Dr. Chas.

Bandel after being pronounced dying by an eminent medical specialist was another experience which might well serve as a factor in urging him toward osteopathy. Mr. Sullivan is the senior class president.

\* \* \*

Mr. Merle R. Wallace resides in Los Angeles, California, but was educated in the Hornellsville, N. Y. High School. The drugless method and rational theory of osteopathy appealed to his common sense and led him as with others to the study of the science.

\* \* \*

Dr. O. M. Calland of Kansas City, class of June, '05, was among the visitors at the school and club rooms during graduation week and extended his visit into the first week of the term. On his visit to the club he gave a very interesting talk.

\* \* \*

January 27th Dr. Clark was present, read some interesting correspondence and reported interesting cases. On this evening, four men were initiated, Messrs. Sperry, Koester, Hardy, and Lee and Messrs. Bashline, Walker, Tarr and Dawson at subsequent meetings.

Mr. Charles Sperry, a member of the senior class, resides at Kane, Illinois, has had a high school education and has hitherto been a farmer. He was influenced by the success of an osteopath, and by his advice, to study the science.

\* \* \*

Mr. William H. Koester, of the junior class, comes from Chicago. He has been educated in art and has been previously employed as a lithographer. Through the advice of an osteopath and benefit he had seen others receive from the treatment, he was led to study.

\* \* \*

Mr. Thomas C. Hardy of the junior class comes from Booneville, Miss., from the high school of which place he was graduated. He has a sister in practice, Dr. Clara Hardy, (A. S. O., '01) of Beatrice, Neb. Her enthusiasm influenced Mr. Hardy to study.

\* \* \*

Mr. John H. Lee of the junior class resides at Benton Harbor, Michigan. He became interested in the profession through the success of an osteopath in his home town. He is a graduate of the Benton Harbor High School.

\* \* \*

Mr. Orrin O. Bashline of the junior class comes from Lamartine, Pa. He was educated at the Clarion, (Pa.) State Normal School and was recently principal of the high school at Pine Grove, Penn. He is a cousin of Dr. L. C. Kline, (S. C. O.) of Torantum, Penn. Mr. Bashline



was studying medicine under a medical physician and was advised by him to enter upon the study of osteopathy for the reason given that it is more logical than medicine.

\* \* \*

Mr. Ora M. Walker has been a resident of Medina, N. Y., from the school of which place he was graduated. He is a brother of Dr. J. Jay Walker, (June, '05) by whom he was influenced to leave his academic books to study osteopathy.

\* \* \*

Mr. James G. Dawson comes from Jackson, Tenn., and has formerly been a railway conductor. He has a brother practicing (Dr. H. M. Dawson, Greenville, Miss.) through whom he was influenced to study.

\* \* \*

Mr. Alfred J. Tarr has resided at Oelwein, Iowa, has a high school education and has formerly worked as a machinist. A cure in his own case by osteopathic treatment served to interest him in osteopathy.

\* \* \*

#### ATLAS FIELD NOTES.

Dr. Sylvester W. Hart, Albany, N. Y.: "The field members should encourage these who are now trying to keep us posted in matters of importance to us all. You have my heartiest co-operation. Remember me to the Atlas members."

\* \* \*

Dr. Kryn T. Vyverberg, Lafayette, Ind.: The Bulletin is getting larger and better every year. I will enclose my dues so you will continue to send it. At the same time I want to let you know that we had born to us an eight-pound daughter, Jan. 15th. Hope the club will continue to prosper and be as happy as I am at present.

\* \* \*

Dr. J. J. Schmidt, who has been taking the post-graduate course left school to resume his practice, Jan. 15th. He was not sure when he left whether the condition of his business could permit him to return to complete the 7-months' course he had planned to take. He will be missed from the club meetings.

\* \* \*

Dr. Archie E. Vallier, Columbus, Nebr.: "I am glad to see the field members reporting their failures and hope more will follow. I miss the club rooms but the work in the field is much more fascinating."

\* \* \*

Dr. Geo. W. Perrin has changed his office from suite 18 to suite 32-33, Steele Block, Denver, Colorado.

Dr. A. S. Yewell has removed from Owensboro, to Hartford, Ky.

\* \* \*

Dr. J. H. Baughman, Connersville, Ind.: "Am always pleased to receive the Bulletin and look forward to its arrival as it certainly is very newsy and just the kind of news we need in the field and in the club rooms. We can't get too much of it, and I sincerely trust the present and future prospects for the club will continue on the road of advancement. My best wishes for the success of each member of the club."

\* \* \*

Dr. Jesse K. Dozier, ('03), Middletown, Conn., has opened a branch office for practice Wednesday and Saturdays at New Haven, Conn.

\* \* \*

Dr. Pauline R. Mantle, Springfield, Ill.: "On Dec. 28th the District Association held another meeting at which Dr. M. E. Clark was present and gave us an excellent talk, telling us about his visit with osteopaths in the East. He then devoted the remainder of the evening to answering questions which proved very profitable to all present. There was a large attendance. My sister-in-law, (Dr. Eliza Mantle) and Dr. Daugherty were here from Bloomington."

\* \* \*

Dr. L. Guy Baugher, Lock Haven, Penn.: "Also, please give my kindest regards to the members. There are few of you whom I know personally, but I still feel intimately acquainted "spiritually."

\* \* \*

Dr. J. Jay Walker, El Paso, Texas: "It is indeed a pleasure to receive the Bulletin and I am always hungry for it when it comes. Am glad to note the excellent material the club has been taking in."

\* \* \*

Dr. Wm. A. Cole, (A. S. O., '02), writes us regarding the death of his brother, Dr. Milton D. Cole, (A. S. O., '98). Dr. Cole has gone to Dubuque, Iowa, to take up the practice his brother has built up and writes of his former location at Burlington: "In so doing I give up a splendid practice here at Burlington, and shall take pleasure in recommending some good person to my many patients. Will be glad to hear from some earnest, enthusiastic osteopath who wants a good opening. I can supply him with some office equipment." Address, Security Building, Dubuque, Iowa.

\* \* \*

Dr. J. O. Smith, Waseca, Minn., writes that a good opening is made for an osteopath at Colville, Wash., through patients of his own who have moved there and wish an osteopath to settle in the town. Colville is a



place of 1700 inhabitants and a "nidus" of one family of osteopathic enthusiasts but no osteopath within forty miles.

\*\*\*

Dr. A. G. Hildreth ('94) will be the guest of the Greater New York Osteopathic Society on the evening of Feb. 17, 1906. Dr. Hildreth is on a tour of the eastern states to assist in promoting legislation.

\*\*\*

Dr. Oliver S. Leitch has opened offices at Mermod & Jaccard Building, St. Louis.

\*\*\*

Born to Dr. and Mrs. E. Q. Thawley, of Peoria, Illinois, "a fine daughter."

\*\*\*

Dr. Chas. C. Teall, ('99) of Weedsport, N. Y., while taking a rest from active practice, will under the direction of the Trustees of the A. O. A. inspect the osteopathic schools and report their condition to the annual convention at Put-in Bay next August.

\*\*\*

Dr. A. L. Evans ('99) of Chattanooga, Tenn., President of the American Osteopathic Association, will be the guest of the N. E. Osteopathic Association at its convention to be held in Boston, March 17th.

\*\*\*

Dr. Carrie A. Gilman ('00) has changed her location in Honolulu, H. I., from 752 King St., to a more strictly American address, 308 Boston Building.

\*\*\*

The Ohio Osteopathic Society has elected as its president, Edgar W. Sackett ('02) of Springfield, Ohio. Dr. C. M. T. Hulett of Cleveland had a paper before the convention on "Minor Surgery" and was elected secretary.

\*\*\*

Dr. Oscar C. Robertson writes that he will remain at home until April when he will take the Kentucky examination and then begin regular work. He is now treating a sister whom he found very ill. His address is Utica, N. Y., (R. F. D.)

\*\*\*

A brief letter from a too modest field member:

DEAR SIR:—Yours of the 22nd requesting a contribution to the Bulletin, at hand.

You say I have had experience and should be able to contribute therefrom. Admitted, I have had experiences, some pleasant, others that were inclined to cause the hair to turn gray, or stand erect.

Experience is something which must be acquired and cannot be bought, or given. We all may look back upon the past and relate experiences and see clearly wherein it would have been better, to have done or left undone certain things. Many, abler than I, have written, page upon page, of valuable osteopathic literature and we have only to consult these authorities, to glean the osteopathic principles.

But, who can look forward and discover some new truths or predict the future? To him, must we look, for further enlightenment.

Though living in the midst of prophets, (?) se'ers (?) and revelators, (?) I have not, yet, been thus divinely blessed. My experience has taught me chiefly, that I know practically nothing of nature's mysteries as governed by the divine Creator.

Though I am not so intoxicated, as I was the night I received my "Sheepskin," yet, I know I must drink deeply, at, "that pierian spring" (which, I had just then discovered, as it were,) ere I become sober enough, with learning, to write any thing of interest to the profession.

I thank you for your kind invitation, and wish you and the club every success in this year, 1906, which, to many of you will be one long to be remembered, I hope, with pleasure.

I have a dollar bill "that isn't workin'," will you kindly hand it to the Receptaculum (chyl?) or who ever it is that receives the "Coin of the Realm" and marks "O. K." after the names of the departed D. O's.

\*\*\*

AXIS NOTES.

"At the head of our column we carry the flag of progress, and should honor it with greater results by better applications of the principles of osteopathy. We must avoid the dust of habit. We must so adjust our telescopes that we may set our compass to run to stars of greater magnitude, that shine from the breast of the exacting Infinite. He himself cannot succeed without a close observance of the laws of success, which are uncompromising and absolute."

A. T. STILL.

\*\*\*

In view of the fact that Miss Jessie Lyeon, who was appointed to this office finds it impossible to occupy it on account of outside work, we have been asked to take the place. This is not an easy thing to do, and do well on short notice, especially when our limited knowledge of much of the subject matter discussed herein, renders us incapable of criticising and selecting the best.

Hence our success depends largely upon you, and for our short comings we bespeak your forbearance.

And while in the language of our esteemed president we are but "an accident" yet we hope to emulate the tact, enthusiasm and devo-



tion that has characterized Miss Moreloek's work in this department and thereby feel that we shall be able to please you.

\*\*\*

Every word from the field is of vital interest to the student. We realize that your experience will soon be ours. Your success increases our confidence in the science which is above all other sciences, Osteopathy. Your failures impress upon us the importance of a more thorough preparation—here and now.

Besides we believe in the truth and integrity—the honesty of purpose toward us—of the doctor who says, all is not success. How stale and tame life would be, were it so. We believe in the "paradox of success through failure." Failure spurs us on to greater effort and because of its bitterness makes our successes all the sweeter. So you can see that even in your weakness you can be a source of inspiration and strength to us. No doubt we may chronicle many things that may seem trivial—perhaps amusing to you, who have come in direct contact with the stern realities of our profession. Remember we are new, but hope to grow—even to attain your height.

\*\*\*

We are all glad to see the familiar figure of the old doctor in the school rooms again.

\*\*\*

Miss Fannie A. McDaniel of King City, Mo., has recently been initiated. Miss McDaniel is a graduate of the normal at Chillicothe, Mo. Has taught for several years. She first went to Des Moines for treatment, began her studies there, and has come to Kirksville to finish.

\*\*\*

Dr. Francis A. Howe of the last June class, who has been here for treatment since then has entered the February post-graduate class.

\*\*\*

Dr. Purnell left last Saturday for Lancaster, Pa., to take Dr. Hartzell's practice. Dr. Purnell has been here for treatment since last September, for injuries received on her return from the convention at Denver. She has resigned her position as the secretary of the New Mexico Osteopathic Association.

\*\*\*

#### AXIS FIELD NOTES.

Dr. Lucie B. Sutton (Jan., '06) was married soon after graduation to Dr. Charles A. Blanchard of the same class. They have settled in Lincoln, Nebraska. Address, 120 South 28th St.

\*\*\*

Dr. Aurelia S. Henry of Flushing, N. Y., has sent us an address

entitled "What is Osteopathy?" which will appear in the next number.

\*\*\*

Dr. Lucie Sutton Blanchard, Lincoln, Nebraska: "The Medical physicians here seem so friendly; the president of the Board of Health says that he has examined the osteopathic schools at Kirksville and Des Moines and finds them superior to some medical schools which are recognized."

\*\*\*

Harriet Boles Stephenson, D. O., Johnson City, Tenn.: "I wish to give you a bit of our experience which we are just now having in a new field. We came to our present location, Johnson City, Tenn., on Oct. 27th last, and opened offices for practice Nov. 1st. By Jan. 1st, 1906, we had given in the two months just two treatments. On Jan. 2nd we mailed out to a very carefully selected list of the best people of the town, which we spent nearly two weeks in getting, three hundred little booklets of our own composition. This is a town of about 7000 people, and we have today Jan. 11th, in just nine days registered our fifth new patient, all for a course of regular monthly treatments. These have all come as they acknowledged, as a direct result of our booklet. This we believe to be exceptionally good in what is considered one of the most conservative fields to be found. Six D. O.'s. had previously failed to get a practice here at different times within the last five years.

If any of you are interested in our little scheme and will write us when you get located—not before—we shall be more than pleased to tell you of our place, and send you sample of our booklet.

\*\*\*

#### OSTEOPATHY AS DEFINED BY "THE VOICES."

Letter from Mab Blake Phelps, D. O., Danville, Ill.

This peculiar experience was mine when, for a few weeks in September, '05, my wanderings were stayed in an eastern city. It chanced that we selected an apartment in an attractive home, and that I became well acquainted with my landlady who impressed me as being a woman of rare grace, intellectual, refined, and spiritual in character.

The home was strangely lacking in literature. A book-case containing strictly orthodox volumes offered the only diversion, except for a daily paper which Mrs. M. never touched. When I say "never touched" I mean just that. In offering it to me it was not extended in the usual way, and upon my hesitating to take it Mrs. M. said "Excuse me for not handing it. I avoid touching any but religious publications."

Somewhat mystified as to the "why" I patiently awaited enlightenment. Later, visiting me in my private room Mrs. M. observed my table covered with magazines and papers, there ensued the following



conversation, interesting to me, and it may be to others, though I have no explanation at hand.

Referring to my literature Mrs. M. opened the dialog.

"My dear, why do you scatter your forces by reading such unimportant matter? You should be active in doing good while you are young. Seek the leading of 'the voices' which you can never gain while you handle contaminating and diverting trash."

(Having been lectured now and then by various reformers as to my personal obligations to humanity as to foreign missions, cigarette habits, etc., I skirmished.) "Do you not think, Mrs. M. that one ought to read current literature and keep abreast of the times? Especially one in a profession,—did you know that I am an osteopathic physician?"

"A what? My father was a physician, but I have never heard the word you use." "A doctor of osteopathy. You have surely heard of this school of healing?" "No, you forget that I do not read since I have 'the voices.' Wait and I will ask what it means."

I waited, in some wonderment, until, after a moments reflection Mrs. M. continued: "I am told it is a drugless method. The voice says 'it was given to the silent one' to restore the victims of the serpent. Is that rightly defined?"

"It is true that it is a drugless method. But I do not understand what is meant by 'the silent one,' or the reference to the serpent. We do not confine our treatment to inebriates."

"No—all forms of disease result from serpent occupation of portions of tissue, and a means of destroying the disease has been given to one who is silent, deep, thoughtful—do you understand? All great things first germinate in one mind though by thought vibration they may become broadcast. Spell the word for me and I will ask its meaning or analyze it."

"O"—"CAPITAL 'O'—the whole round world."

"S"—"There is your serpent from distorting deforming, destroying harmony. The curve and compound curve, though sometimes called lines of beauty stand for the treachery of the reptile, destructive of all good."

"T"—"Nutrition—the source of development."

"E"—"Every atom—following t, every atom shall be nourished."

"O"—"A little o—a small world of its own,—an inner circle of the emancipated few."

(Her son is a druggist, formerly associated with the 'Pink Pills for Pale People' man—I felt interested.)

"P"—"Pity—pathos—tenderly—softly, as indicated by the musical term 'pianissimo.'"

"A"—"A smile—exclamation of joy, triumph ahead."

"T"—"More nutrition—stronger growth."

"H"—"A laugh. It is done—well done."

"Y"—"Extreme satisfaction. It is a very wonderful word—it must be a marvelous science. Who first presented it to the world?" "Andrew Taylor Still."

"Still! I told you—silent, deep—let us analyze it. S and t we've had. I—a little i—meekness—humility, then l—a double l—a burst of light, and more light, enough to illumine the whole world. This is grand. Let us see what the whole name will reveal. 'A'—a smile, 'n'—ups and downs—difficulties. 'd' deception, (doubly discouraging). Then 'r'—rebellion—(what a struggle!) "e" every atom—look a smile—an idea, but hedged in by difficulties, deception, rebellion, until every atom of the man is discouraged, but see—we have a 'w'—combination,—unity, invincible will. What next? "U" much nutrition, 'a' a smile, 'y' extreme satisfaction 'l' light, o a small world, lighted, 'r' now rebellion within this inner world. Then the glorious name of Still ending in a burst of radiant light—does it give a correct history of the progress? The second name shows steady advancement until a slight disturbance occurs within the small world of its own. Then the last name." "But how can a name signify, Mrs. M. when names are selected for children with no fore-knowledge of their destiny? And osteopathy was adopted, not for its combination of letters, but for its Greek root."

"No name is given at random. Andrew Taylor Still is the only name that could have come to this man, and osteopathy is the only name that could have been applied to his science. No doubt other names were considered, others preferred and almost decided upon, but this it had to be. It may be that Dr. Still is developed to a degree that forbids his resisting his "leading," but "the voices" will not misinform me."

"But who is responsible then for the names worn by foundlings? And there are many, many Still's."

"It is as I tell you—the name fits, no matter how it is acquired. As for the other Still's, they can not resist the influence I describe and by concentration may each achieve an expression of the name along some line."

"But women change their names."

"And often enough their nature's to suit the new one, my dear."

"Does 'chance' then provide such a one for their adoption as they can rightly express?"

"There is no such thing as chance. Convince yourself by analyzing the name of any person whose character you can rightly estimate."

What do you think of this



Lincoln—light, humility, difficulties, conflict, a small world, more light and final difficulties ending in the downward stroke.”

“Is it possible that the form of letters can enter into it? Languages do not all have the same signs. The meaning of osteopathy then, would obtain only in English.”

“The essentials are the same in all languages, according to the sounds, which are limited to only about twenty-six in any tongue.”

Here our discussion followed other lines. Later we resumed the subject and I became assured that osteopathy and Dr. Still were unknown to Mrs. M. until the occasion here described. I took the above in writing because I felt interested in the definition. Mrs. M. gives no name to her peculiar gift of self communion, has no followers, knows of no one who shares her manner of thought and reads no publications along Psychic Research or the occult sciences. She is a strict vegetarian, a fine appearing woman, in perfect health, and of very attractive expression of countenance. Ministers sometimes—often, consult her upon subjects not well understood. She had read widely up to the time “the voices” commanded her to avoid “conflicting vibrations of matter” by never touching contaminating substances.

At one time “the voices” instructed Mrs. M. to remonstrate with the editor of a religious publication for his practice of using his paper as a means of extorting money from christian people for his personal gain, under guise of charitable purposes. His reply to her letter pronounced her’s a case of “alarming mental disturbance” and advised her to consult a specialist at once. Mrs. M. had never seen the publication nor heard it condemned—it was not an organ of her church. I confess it would puzzle me to find a lesion accounting for “the voices” which, she asserts are distinctly audible.

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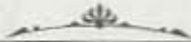
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