

Volume VI.

Number 4

The Bulletin  
of



Atlas & Axis Clubs



DEVOTED  
TO THE



SCIENCE OF OSTEOPATHY

DECEMBER, 1905

CONTENTS—DECEMBER, 1905.

A Friendly Word of Advice..... Charles C. Teall, D. O.  
 The Making of an Osteopath..... Eugene C. Link, D. O.  
 Paraplegia..... H. W. Glascock, D. O.  
 Doctor Clark's Correspondence..... M. E. Clark, D. O.  
 Professional Charges..... H. S. Bunting, D. O., F. J. Fassett, D. O.  
 Paul M. Peck, D. O., G. T. Monroe, D. O., W. E. Dwiggin, D. O.  
 Case Reports—  
 Threatened Hemiplegia..... Guy E. Loudon, D. O.  
 Incipient Neuritis  
 Pseudo Epilepsy..... J. B. Schrock, D. O.  
 Osteopathic Gleanings—  
 Editorials: The Club's Anniversary—A. O. A. Regents—The Independent's Articles  
 —Valuable Investigation—Dr. Achron's Address—Tasker's Principles—Atlas  
 Notes—Atlas Field Notes—Axis Notes—Axis Field Notes.

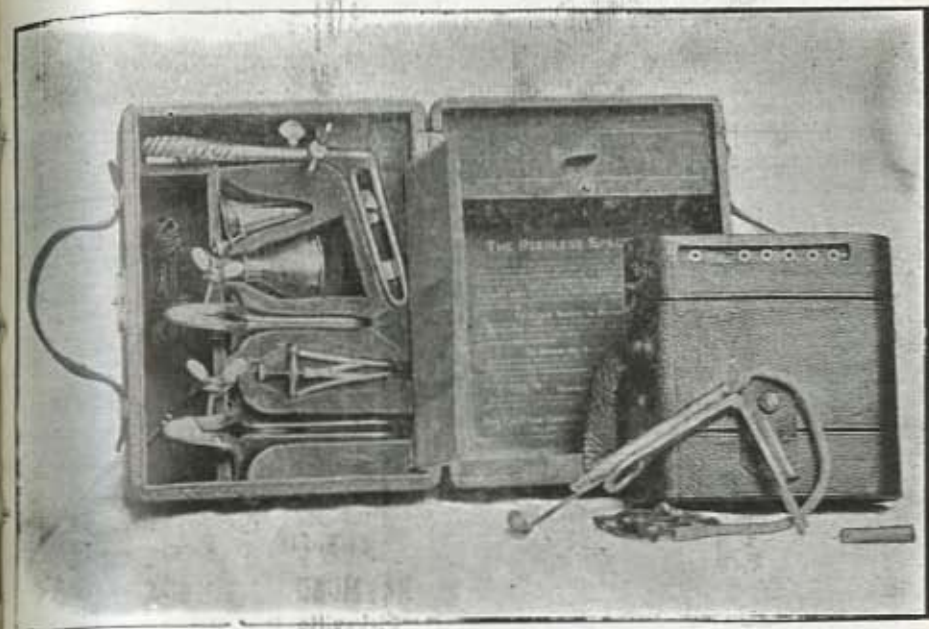
OFFICERS OF THE ATLAS CLUB.

Hugh L. Russell.....	Noble Skull
Thomas H. O'Neill.....	Occipital
J. H. B. Scott.....	Sacrum
Hugh M. Fraizer.....	Stylus
J. H. B. Scott.....	Styloid
Joseph P. McCormick.....	Pylorus
Frank E. Root.....	Receptaculum
Nelson A. Johnson.....	Radius
Charles A. Wilske.....	Right Clavicle
Clyde B. Ingalls.....	Left Clavicle
Dr. Wm. D. Dobson.....	
Dr. M. E. Clark.....	} Trustees
J. H. B. Scott.....	

OFFICERS OF THE AXIS CLUB.

Miss Jessie L. Catlow.....	President
Miss Frances Butcher.....	First Vice-President
Mrs. Loula A. Rockwell.....	Second Vice-President
Miss Annie M. Roberts.....	Recording Secretary
Miss Mary Walters.....	Financial Secretary
Miss J. Grace Prindle.....	Corresponding Secretary
Miss Mary Balfe.....	Treasurer
Mrs. Sarah E. Russell.....	Chaplain
Miss Mary M. Shepherd.....	Escort
Miss Augusta Nichols.....	Janus
Miss Amanda Hamilton.....	Historian
Miss Martha Foss.....	Librarian
Mrs. Lillie M. Collier.....	Assistant Librarian

GET IN LINE.  
 ELECTRICAL ILLUMINATION IN DIAGNOSTIC AND OPERATIVE WORK ABSOLUTELY INDISPENSIBLE TO PROPER RESULTS.



Weight 5 1-4 pounds.

Size 9x7x5 inches.

Every Objection Overcome in the New Peerless "Special."

The case contains an instrument, (with attachment), and a small and perfect light for the illumination of every reachable cavity.

Its portability, wide scope of usefulness, high efficiency, and low cost, appeals to the intelligent attention of all who see and examine it.

Hundreds in use and the number daily increasing. Why not "Get in Line?"

You increase your own usefulness by reducing the liability of a mistake or an oversight to a minimum; and at the same time you satisfy your patient that you are "up-to-date."

Don't neglect this important addition to your equipment. Valuable both in the office or at the bedside.

Circulars and special proposition, easy terms, etc., on application,

THE ELECTRICAL SPECIALTY MFG. CO.

Sole Manufacturers.

Lock Drawer "F" Allentown, Penn.

ADVERTISEMENTS.

**EYE TROUBLES**

Are corrected by the use of properly fitted glasses. If it troubles you to read by lamplight, or the vision is blurred, if you are forgetful or subject to headache, you should consult an optician. No charge for examination.

THOMAS JEWELRY HOUSE.

Official Jewelers to the Atlas and Axis Clubs.



**The Smith  
Osteopathic  
Swing**  
**PRICE, \$4.50**

Swivel Stirrups,  
Treating Board, Self-  
Locking Tackle Lift,  
Convenience, Com-  
fort, Ease.

**DO YOU USE A SWING?**

Get a Smith and save your  
strength

**E. W. RAYMOND [MORELOCK**  
Kirksville, Mo.

**History of Osteopathy  
and  
Twentieth Century  
Medical Practice**

By E. R. BOOTH, Ph. D., D. O.  
603 Traction Bldg., Cincinnati, Ohio.  
46- pages, including 20 pages of engrav-  
ings containing 40 cuts.

Price, cloth \$4; half Morocco 4.50. Ex-  
press prepaid.

**WE BUY OR EXCHANGE**

Salable Medical Books at Highest Value

**HAVE YOU OUR 1905**

**Bargain List**

CONTAINING

**OVER 2,000 STANDARD BOOKS**

At a Great Reduction? Sent Free

**L. S. MATTHEWS & CO.**

2623 Olive St. - St. Louis, Mo.

# The Bulletin

OF THE ATLAS AND AXIS CLUBS.

VOLUME VI

DECEMBER, 1905.

NUMBER 4.

**A FRIENDLY WORD OF ADVICE.**

CHARLES C. TEALL, D. O., (A. S. O., '99), WEEDSPORT, N. Y.

(This article comes to us at a time when the January, '06 class will find it full of suggestiveness. The wholesome advice from one of our most experienced practitioners will be not less valuable to those whose entrance into field practice is more remote.—Editor.)

Soon another class will step forth and begin a new and perplexing phase of life's battle. Doubtless the one great question before a majority of them is, "where shall I locate?" Maybe a word of advice on this subject might help. There are few towns now, of any size, which have not already an osteopath so it is almost a necessity to go into another's territory. That causes emotions of a varying sort in the hearts of the ones already located. Some realize unless the town be too small, that the more good ones there are the better for him as it educates the public and creates a sentiment for osteopathy. Such a one will give you the glad hand and help you as to a location which will aid you and not hurt himself. In many ways he can smooth out the wrinkles and in him will you find a confidant and friend. The other chap, the one who has his town all nicely fenced in, he will not be glad to see you and he will resent the appearance of a "new graduate" and may be inclined to remark that "experience counts;" and so it does, brothers and sisters, but if you live you will also have it. This is the situation which calls for tact and christian forbearance on the part of at least one; else a condition of affairs will result disastrous to both and to osteopathy for all time. It is a distressing thing to find two osteopaths at war, while their natural enemies, the medics, look on and grin. The first thing to do is to call on your to-be competitor—I dislike that word—neighbor, and find out his attitude. If the first sort, your way will be easy, if the second—make straight your walk. Remember you must make your own business and you must not cast envious eyes on his patients. They are his and any effort to attract them is dishonorable as well as disastrous in the extreme.

Do not think you can get started by cutting the established man's

prices. You cut your own throat; job lot methods do not win in osteopathy. The more the public pays for it the higher it is held in their esteem. Do not advertise; by that I mean display ads, with the sure-cure dodge. People attracted in this way are not the kind you want. Guard your neighbor's reputation as your own. If it is not good the people know it already and a disparaging word from you will instantly be set down as jealousy. If he stands high in his profession, say so and you will get a reflected glory by being in the same town with him.

You will get business some how, I shall not tell you how for I don't know, but it will come and when it comes in an ethical way it will be of a class to bring joy to your heart.

Conditions today are much the same as with the medical graduate. You must make your own clientele and fame. There is no boom in osteopathy; no waiting crowd will welcome you at the station on your arrival and form a line at your office door for treatment. That day has passed. Instead, there is no one hardly so ignorant as not to know of osteopathy but the public is learning to discriminate and it is the man not the sign which attracts business. Furthermore, when a patient starts he is nearly always referred by someone to an osteopath already known. Don't be misled by fairy tales of the instantaneous and wonderful successes in any part of the country. Don't think that because Greater New York has over 4,000,000 people it is an easy thing. A new beginner there should be equipped for a year or longer, at a loss and under tremendous expense. Don't think all of you are adapted for a big city practice. Many have found that out to their sorrow. There is more comfort and glory to be had in the congenial environment of a small town than to be out of place in a metropolis.

This is quite a collection of "Dont's;" but of all the dont's the greatest is "Don't quarrel with your neighbor, no matter what the provocation."

\* \* \*

#### THE MAKING OF AN OSTEOPATH.

BY EUGENE C. LINK, D. O., (A. S. O., '02.)

(A lecture delivered before the Atlas Club Nov. 11. Dr. Link is well known to the more recent graduates through his connection with the A. S. O. the past three years as professor of Symptomatology and on the the Treating Staff.—Editor.)

BRETHREN OF THE ATLAS CLUB:—

While a student of the A. S. O. it was my good fortune to be considered worthy of membership in this club; I was initiated into the mysteries of Atlasdom and I do not, to this hour, feel any regrets. You are a band of workers—bound together by bonds stronger than bonds

of steel and I congratulate you upon being members and trust that you will maintain the high standard set by our predecessors. You are the representatives of the best element in the school. The objects of the club being so worthy, it is a matter of regret that you are unable to secure, as members, all of the best students.

You have asked me to address you and I stand before you to-night to point out a way which I believe, if followed, will bring to you success in practice.

It is the desire of every conscientious physician to become successful—successful in relieving the ills of mankind and also to be successful from a financial point of view.

In all the vocations of life there are those who rise high above their fellowmen by reason of superior mental and physical endowments, adaptability and strenuousness. Again there are those who attain eminence by reason of powerful external forces; but because of unfitness, ignorance, laziness or objectionable habits are unable to maintain a high standard; yes, not even a medium degree of efficiency, and sooner or later are branded as failures.

From the former class we will choose our physician when we are ill. We will give him our support. He is the force that makes things move. He is the one who does something.

The first and most important point I wish to impress upon you is that of work—both mental and physical.

The greatest success in our profession is he who knows most and is most industrious. There is only one road to success in osteopathy and that is to so thoroughly prepare yourself in all the branches pertaining to our science that you may be able "to deliver the goods." Study books; study the human body that you may know the normal and the abnormal; study technique, and practice to become expert that you may be able to overcome the abnormal. This all implies work and hard work too.

An incompetent and lazy man has no business in the osteopathic profession and unless he is willing to study and work—unless he is willing to use his gray matter and exercise his skeletal muscles he would better get out of the way or he will be rudely thrust aside by some one who has a "get there stroke" and means to do something and be somebody.

"The heights by great men reached and kept  
Were not attained by sudden flight,  
But they, while their companions slept  
Were toiling upward in the night."

Now is the time to prepare yourself for future usefulness. The

time is short. The truthfulness of this statement you have already begun to realize and you will fully realize it when once you are thrown upon your own resources.

In addition to your preparation, your diploma and your license to practice there are certain other matters of importance to be considered and a few words concerning location, office and your conduct in meeting and talking with prospective patients will not be amiss.

In seeking a location it would be well for you to take a careful inventory of your resources. The day is past when one may enter our cities and towns and advertise that Dr. Blank, the osteopath, has located and solicits your patronage. It is only occasionally now that some good samaritan, as it were, has gathered 15 or 20 patients as an inducement for some osteopath to locate; so you must choose for yourself and naturally you will select some place where your own health will not be jeopardized.

If you have sufficient capital to pay your expenses for a year or more and you desire to locate in a large city I believe it would be wise for you to do so. Your opportunities for broadening and elevating yourself and others are greater than in the smaller place.

If your means are limited and you must get busy quickly then by all means go to the smaller place.

Wherever you locate secure, if possible, offices in the best office building, furnish it modestly yet with taste. You will need at least two rooms from the very start—a reception room and an operating room. If the rooms are large you may get the consent of the owner of the building to put in a partition and in some instances you could put in two partitions. Then you would have a small reception room and two small operating rooms.

You may have to follow some such plan not from choice but from necessity; for in some cities desirable office rooms are at a premium and are hard to find.

If the building in which you locate has good elevator service, it matters little as to the floor.

It is unwise to expend a large sum of money in luxurious furnishings and it shows a greater lack of wisdom to go deeply in debt for furniture. Debt and inability to promptly liquidate indebtedness have ruined many a bright prospect.

You will need neither a piano nor a pipe-organ in your reception room but in order to make your office comfortable and give it an air of prosperity you will need a nice rug or carpet upon the floor, pictures upon the wall, let one of them be a large picture of Dr. A. T. Still, the originator of our science, your club picture and your class picture. You should exercise good judgment in the selection of others pictures; for

"most any old picture" won't do. Your diploma is a work of art and should be hung up in a conspicuous place. A good book case in which to place your books and a suitable library table are necessary and quite ornamental. A roller top desk is a very useful piece of furniture and a rack of some kind upon which to hang hats and coats is a necessity. Roller shades to exclude the glaring sunlight and curtains made of lace or other material should be hung at each window. The number and kind of chairs will be determined by the size of your room and I should advise you to have one or two large easy rocking chairs.

In these days of hustle and bustle, a telephone is an absolute necessity. By the use of it you are placed in close touch with your patient and through this medium you may give advice in emergency cases. A waste basket should be provided to catch bits of paper, envelopes, etc., and your office will not be thoroughly equipped unless the somewhat unsightly yet very useful article, the cuspidor, has its place upon the floor. As a sanitary measure the janitor should cleanse it daily or oftener if necessary. Your operating rooms should contain the especially useful things such as matting or rug upon the floor, treating table, stool, the latest device—the old doctor's brace for setting ribs and vertebrae—dressing table, comb and brush, pins, etc., screen, clothes-rack cabinet for treating-garments, wash basin, soap, some good antiseptic to sterilize the hands; towels, pillow and plenty of clean pillow slips—these should be changed frequently.

A very important matter to be early decided is that of advertising. Two or three lines, in the daily or weekly paper, giving your name and location is sufficient notice to the general public. The most effective method of advertising is to get some reliable person to make a list of names to whom you may send your announcements through the mail. This should be followed by mailing—osteopathic literature such as the special edition of the *Journal of Osteopathy* and the *Osteopathic Health*. Your card printed upon the cover calls attention to you and the literature serves to educate prospective patients along osteopathic lines.

In order to make a favorable impression upon a prospective patient one should pay some attention to personal appearance, voice and manner. If you desire to practice among the best people, you should dress neatly and with good taste, from the crown of your head to the soles of your feet. Never dress foppishly.

Fluency in profanity and a loud, boistrous manner of speaking are not in good form and can never with safety be indulged in. Such conduct represents to the better class either the softness or shallowness of an empty head.

You cannot afford to "loaf;" neither should you permit "loafers" to make your office their headquarters.

The would-be-practitioner who permits loafing, drinking, smoking and gambling in his office can never succeed. Your patients, if you have any, will go to the one who attends to business and leave you that you may enjoy the society of your friends who, as happens sometimes, are your worst enemies.

Cultivate the acquaintance of the best people in your community. Be on friendly terms with practitioners of other schools. The broad-minded medical doctor will often send to you patients, whom he is unable to cure, and it is only right that you should acknowledge such courtesy.

In many places a lady attendant is absolutely indispensable. There are many ways in which she can assist you and your lady patients and it is of the utmost importance that you use good judgment in the selection.

In many places the good name of osteopathy has been trampled in the dust by unscrupulous practitioners and for this reason you may have considerable difficulty in establishing yourself in the community. You can only do so by overcoming existing prejudices; by giving an honest prognosis; by administering thorough and conscientious treatments when given an opportunity.

In every examination, endeavor to locate the lesion and apply such manipulation as is best suited to the case.

It may require several months of anxious waiting on your part before you secure enough business to meet all your expenses but during this period you can employ your time profitably in study and extending your acquaintance.

\* \* \*

#### PROFESSIONAL CHARGES.

HENRY STANHOPE BUNTING, D. O., CHICAGO, ILLINOIS.,  
FIRST NOBLE SKULL, CLASS '00.

(The opinion of the Atlas Club was recently asked on certain questions of professional charges. As this edition of "The Bulletin" is an anniversary issue, the editor asked several of the earlier Noble Skulls to discuss the question for our readers. The replies received are given below.—Editor.)

EDITOR OF "THE BULLETIN."

Inasmuch as I am giving my time entirely to publishing for the profession, my views, I feel sure, will not be worth as much on the question of professional charges for treatment, as those of our practitioners who are dealing with this matter practically every day in the year.

However, I am pleased to give my views to the members of the Axis and Atlas Clubs for what they may or may not be worth.

I believe in keeping up rates. I do not believe in "cutting" rates. I believe that "the laborer is worthy of his hire" and that the osteopath EARNs all that he gets, and MORE when he has given a pains-taking and conscientious treatment. I believe that the public think better of our profession if we do keep up our rates. I believe it is a better advertisement to osteopathy, looking at it from the practical business standpoint, to keep up our charges to that point which is consistent with professional dignity and which commands an adequate appreciation of our services in the public mind.

I believe further that the people will get better results for paying us an adequate professional charge, and that as a general proposition, the people who pay more for medical treatment get more; and the people who are treated scot free, as a general proposition, get the least benefit of all, no matter how conscientious the doctor may be in giving his treatment. This is in conformity with an old law of human nature, which has been understood since the time of Solomon, and it has recently been well expressed in a play that has had some vogue in New York, the motive of which is that we somehow instinctively love those whom we have helped, and owe a grudge to those who have helped us. This underlying perverse tendency of the human mind is probably responsible for the fact that so many people who take charity treatment, are frequently heard to say that "Osteopathy failed to reach my case or do me any good, although I gave it a conscientious trial."

Every practitioner has sometime, no doubt, had this experience with charity cases, while the other people who pay their good money for treatment, and pay very well, steadfastly declare that "Osteopathy is a success" and that "they got great benefit." I do not offer this as an argument against charity cases, for I believe that all of our practitioners should stand ready under proper circumstances to render aid to the needy, who may not be able to pay for it; but I throw out the hint as to what may be expected in some instances, so that our practitioners may not be imposed upon.

Now, after having expressed the general conviction that it is wisest and most expedient to KEEP UP OUR RATES, I will say further, that I do not believe in charging a uniform rate. This may seem like a paradox, but it is not. I do not consider it just to charge a banker the same rate as a mechanic. I did not do it when in practice. Starting out with the old-time, uniform charge of \$25.00 a month for thirteen treatments, I soon found it expedient to double that price for the wealthy people, and to accept in full compensation for treating artisans, night watchmen,

policemen, street car conductors and people of that class, who make comparatively small wages, the price of only \$10.00 per thirteen treatments. I hit upon this plan because I soon came to realize that if I charged wealthy people, who had been in the habit of paying skilled specialists \$10.00 to \$25.00 for each look at their tongues, but \$2.00 for an osteopathic treatment, that it was calculated to make them view it as a cheap and menial service, not on a professional basis, and relegating it in about the same class as massage. I charged a minimum rate of \$5.00 a visit to the homes of these rich people, and am satisfied that they thought more of my service and accepted osteopathy upon a better professional basis for having done so.

On the other hand, I had many poor people whom I treated absolutely for nothing, and quite a list of others whom I treated for \$10.00 a month. I made each of these classes of "charity" and "lower rate" patients understand what my system of charges was, and I endeavored to make each patient pay what I knew he was entitled to pay and could afford to pay. I believe it better to charge some patients \$5.00 a month, if they can afford to pay that much, than to treat them absolutely for nothing. I think they will appreciate the treatment more, as I have already said, and get better benefit from it. But I never could, and cannot now, see the wisdom or justice of trying to make all classes and conditions of people pay the same prices for treatment, because it would result in either one of two things: Either making osteopathy a luxury for the rich alone, and putting it beyond the reach of many worthy and needy people, or, if the uniform rate were low enough, so that it would be within the reach of these people, giving the rich a relative value in treatment which they do not adequately pay for, and soon killing the poor osteopath with over-work, for which he would not be getting just equivalent.

It is my belief, further, that where a cut rate is given—anything below the average, established rate of \$25.00 or \$35.00 for a month's treatment—that the bill should be made out for the full amount, and a credit entered upon it, showing the net charge to the patient for the service on the bill, and reminding him that, owing to circumstances, you are giving him the benefit of a lower charge than usual, permitting him to liquidate the bill in full by payment of the sum stated; so that he would not feel that he were on a charity basis.

I shall be very much pleased to read the views of others in the profession who have perhaps given this question more and longer thought than myself, because of being in closer, daily contact with it; and in closing I wish to commend Editor Rogers of "The Bulletin" for his

enterprise in discussing such practical and helpful questions for the benefit of the membership.

With kind regards to the Atlas and Axis host, wherever they may be on this anniversary of the founding of our organization, I am,

Fraternally yours,

HENRY STANHOPE BUNTING.

\*\*\*

FRED JULIUS FASSETT, D. O., BOSTON, MASS.,  
FOURTH NOBLE SKULL, CLASS '00.

DEAR SIR.—Yours of Nov. 23rd at hand. I note your questions. Is it good professional practice to charge less than regular rates? In the first place, the "regular rate" must differ in different communities. When by formal agreement or well settled habit a rate becomes established the individual practitioner should think more than twice before making any habitual reduction. It is more than likely that the established rate is pretty well adapted to the earning power, cost of living, inherited wealth, etc., of that particular community. So much for habitual charges. But cases not infrequently appear which make such an appeal to sympathy as well as to professional interest that the fee becomes a matter of really secondary interest. In such cases it is well that the patient whatever he pays, should know the usual rate. This is, perhaps, best announced by a definite statement at the outset, but a helpful suggestion is sometimes added by making out the bill for the full amount and then subtracting a certain "Credit" or "Discount" to bring it to the amount which the patient can pay.

I always have three or four such cases on my list, and I think that the number mentioned should be about the maximum number for the average man. I am usually able to combine in one case a certain amount of philanthropy with a large amount of valuable experience. By this I do not mean that the slightest advantage should be taken of such a patient to attempt untried or dangerous methods of treatment. I do mean that in the selection of the patients for this list one can often secure cases which are rare or neglected in the teaching clinics.

As to the charge in acute cases about which you ask, my experience is as follows: Any attempt to charge at-office rates for the time consumed in visiting acute cases soon brings the bill to an all but prohibitive figure. In other words—if one has the hours when he is willing to work filled with office patients, acute practice does not pay. When, however, one has some time at the end of the day not filled by office appointments, he can do well for himself and his patients by answering the majority of outside calls. I can do work at my office that is so much better, as well as easier than that done outside, that I try to make it a

financial object for the patient wherever possible to come to the office. For this reason, as well as for the great amount of time consumed, I charge from two to five times as much for a house visit as for the same work done at the office. Even this does not pay, at office rates for the time consumed.

Yours very truly,

FRED JULIUS FASSETT.

\*\*\*

GEORGE T. MONROE, D. O., WARSAW, N. Y.  
SIXTH NOBLE SKULL, CLASS '01.

MY DEAR BROTHER:—

When Dr. Still gave to the world osteopathy, he did more than simply to promulgate a new therapeutics. He injected into the medical profession that saving serum, common sense, which had almost been lost in its Is-it-scientific? quest of the centuries.

To be scientific is right.

But science less sense is madness. As an eminent example call to mind the treatment accorded President McKinley by those intensely scientific men. As a less eminent example, a fellow practitioner was called to see a man condemned to an operation for appendicitis. The M. D. who preceded him had "done all he could for him." Gave him opium to quiet his pain and food to "keep up his strength" in spite of no bowel movement for several days. A little sense mixed with hot water, a fountain syringe and the osteopath's hands, cleaned out the impaction by the pailful. No operation. Science vs. sense.

Those of us who sit at his feet to learn, should let some of Dr. Still's good, substantial, common sense flow out through us not only to find expression at our finger's tip in treatment of our patients, but in our dealings with them in every relation.

If we do this, the question, Mr. Editor, What Shall My Charges Be? will settle itself and will no longer be the perplexing thing it seems to my brother, as he brings it forward for discussion on the floor of the Atlas Club.

We have splendid common sense foundation to build on.

The basic principle of the osteopath's rate, \$25.00 for 13 treatments, was certainly born in the mind of a man inoculated with that germ. From that as a base, work out to fit conditions—some higher, some lower. But let not the mistake be made of setting the standard lower. For experience, my own and lots of other men's, says it is very heavy work, exhausting physical work, to give our treatments; and the man who sets the price lower than the standard is wearing himself out with little to show for it.

So, then the patient who can afford to pay the standard should do so. The one who can't, should—well, for myself, to the limit of my strength, I must treat every one whom I think I can help and who wants me to, price or no price.

Dr. Still's Serum of Common Sense. It's great.  
And here's to the Atlas Club, a frequent user.

Fraternally,

GEO. T. MONROE.

\*\*\*

W. E. DWIGGINS, D. O., BAKERSFIELD, CALIFORNIA.  
THIRD NOBLE SKULL, (A. S. O., '00.)

DEAR SIR AND BROTHER:—

I know that we in the field see the need of the principles taught by the Atlas club and I think it cannot be too strongly impressed on the members.

In regard to the questions you have asked, the matter of charges have to be regulated to a great extent by local conditions, especially in the smaller cities and towns; and as a rule the charges of the old school physicians have to be met, or the regular rate modified to suit the conditions. But in no case is it professional for a new man entering the field of an older practitioner to cut the established rate. In acute cases, the charges are usually more than for office work as the cases nearly always require treatment at the house.

The rates here are \$2.00 for office treatment, \$2.50 for visits and if the call should be in the country \$1.00 per mile in addition.

Fraternally,

W. E. DWIGGINS.

\*\*\*

PAUL M. PECK, D. O., SAN ANTONIO, TEXAS,  
FIFTH NOBLE SKULL, A. S. O., '01.

EDITOR ATLAS BULLETIN:—

DEAR BROTHER:—

Shall always feel ready to give my time to the Atlas Club or assist any of its members. Am glad to participate in your discussion of professional charges for I believe it will benefit the undergraduate members.

My experience has taught me substantially as follows:

Do not work for anybody for nothing.

Charity patients are a poor investment.

Always make your patient feel the charge.

Value your services highly if you expect others to do so.

The customary rate—\$2.00 is fair compensation.

If less is charged, note "special rate" on the bill.



If the patient says he cannot afford the cost, ask him what his salary is and divide with him, being sure that you charge enough to make him feel the cost. This is good professional practice.

Make the wealthy man "even up" for the loss on some "cut rate patient." He will respect you more if you charge him. It does not pay to "tody" to the wealthy by "shaving" their bills. If you charge more than his regular physician, he begins to think you must be a better article and good things come high. Prosperous business men enjoy seeing a young man succeed. In most cases present your bills promptly on the first, monthly, as the grocer, baker, etc., and let them understand that you wish monthly settlements. It is good business and they like it. Always charge more for "outside calls" than for office.

In an acute case, enter the bill for the full amount at the regular rate and make any reduction necessary if you wish to extend a favor. This obligates them and shows you place a proper value on your services.

Give out the impression that you do not have any regular rate, only a general basis of \$2.00 per treatment for the average case, and this will permit you to make every new patient feel that you are making of his a special case, a special contract for treating him, and permits you to say "as your case is a hard one requiring especial attention I will make you a rate of \$3.00 per treatment." The next man may get a similar treatment, but his purse is smaller, and goes away with the same impression of special attention, but pays a third less for it.

Avoid making a price for treatment until you have examined the case saying you would not choose to even say whether you would take the case until first examining it. This makes opportunity to appraise the prospect and you are better qualified to judge what to charge. The old German fable has helped me to illustrate the point at times. It tells of a traveller getting very angry because each time he asked a passer-by how long it would take him to walk to a certain town, he was told to "walk on." After he had finally complied in anger, he was halted by the stranger and told what he wished to know. Asked why the information had been withheld so long the wise man remarked that he could not tell how long it would have taken the fellow to walk until he had first seen how fast he walked. So with the successful physician, he needs to see how fast a fellow will stand walking before he contracts to treat him.

With Xmas greetings and wishes for a prosperous year we beg to remain,

Fraternally yours,

PAUL M. PECK.

#### CASE REPORTS.

**Threatened Hemiplegia**—GUY E. LOUDON, D. O., BURLINGTON, VT.

CASE NO. 1.—Male, aet., 30. Always fairly strong; had taken osteopathic treatment on and off if any medical attention was required. Had originally had a very irregular spine from atlas to 6th dorsal. Upon an occasion when the patient could not conveniently get to me he found the neck muscles contracting. He endeavored to give himself a treatment. He placed his two hands at back of neck and pulling on muscles allowed head to roll about the more thoroughly to stretch the tissues. Suddenly he heard a distinct snap in region of atlas. Examination found atlas rotated forward on right, back on left and slightly to right. He gave the matter no further thought and went on about his business. In about 10 minutes his right arm began to feel queerly. He could move it but it felt heavy and the skin had the tingling, prickly feeling experienced when a member is waking up from having been "asleep." Next, his right face began to tighten up and the muscles were paralyzed temporarily and the skin tingled. The right side of the tongue was involved to the mesial line, and actually was drawn to the right. The lips tingled and the tongue and lips could not be moved sufficiently to make speech articulate. You could not understand a word that he spoke. The right side and leg were lastly involved and had the same heaviness and sensory involvement that has been described as occurring in the arm. With great effort the arm and leg could be moved, but as he expressed it, they seemingly weighed a ton. Consciousness, hearing and sight were in no way involved. There was a dull ache in the occipital fossa. All these symptoms kept up until an osteopathic treatment succeeded in correcting the atlas lesion, when in a few minutes was as well as ever. The attack lasted about an hour. This experience occurred about four years ago. About a year later the neck was badly contracted from a cold, and he noticed some of the above symptoms coming on. To anticipate the attack he sent me a note to see him at once. A peculiarity worth mentioning is that while the writing was somewhat irregular owing to commencement of arm involvement, the letters were formed well enough, but occasionally were transposed; e. g., in writing attack the "e" came before the "a," e. g. attack. This transposition was noticed in several words. One treatment to relax the occipital tissues and restore atlas gave immediate relief, and there has been no recurrence in nearly 3 years.

No better case could be given, it seems to me, to show the importance of the osteopathic lesion. This was unquestionably an extracranial lesion, as there was no left-side involvement in either instance;

the facial symptoms being the result of sympathetic involvement in the cervical region, and reflex involvement of the 5th nerve. All it needed in this case to cause hemiplegia was time.

The patient in this case is an intelligent professional man, quite familiar with medicine and anatomy and not hysterical. The above statements may be accepted as facts and not be swallowed with a grain of saline suspicion.

\*\*\*

**Incipient Neuritis**—GUY E. LOUDON, D. O., BURLINGTON, VT.

I had been troubled for several months with lameness of both arms, involving biceps and brachialis muscles and extending at times into the flexor muscles of the arm. Had dull pain in musculo-cutaneous and median nerves and a feeling of weight in the arms. The condition might with good reason be diagnosed as incipient neuritis. I was naturally greatly concerned, as I feared I would have to give up my osteopathic practice for several months at least. I had taken osteopathic treatment continually and had turned off some of my patients, but could see no improvement. Finally as I was about to fall asleep one night, I found my arms were "going to sleep" and I changed position and got to thinking. For several months I had taken a ventral position when sleeping, as I had imagined I slept better. Would lie "on my face" with one arm back and fully extended; the other in front while my head would rest on the side. I decided that possibly that position with the marked rotation of the neck might account for my trouble, especially as my lower cervical and upper dorsal vertebrae are and always will be atypical. I have slept on my side since then, have used my arms as much or more than ever before, have not been in position to take treatment at all regularly and my arms have steadily gained, until now I have no trouble whatsoever with them. I am convinced that the position was the cause of my trouble, having by pressure affected the nerve and its circulation, which would have necessitated my giving up work had I not discovered the cause.

I ask your pardon for giving my own experience, but trust it may be of service to some brother Atlas men.

\*\*\*

**Pseudo Epilepsy**—JOSEPH B. SCHROCK, D. O., ('03), BEDFORD, INDIANA.

Mr. S. M. B., age 45; occupation, proprietor of laundry; married fifteen years; hypospadiac, unable to perform the sexual act.

He came to consult me May 25th, 1905. The history of the case was as follows: He had been chewing tobacco for about twenty-five years, and in the last five or six years he had gotten so he would take a small chew right after breakfast and hold it until going to his dinner, during that time swallowing the secretion, and repeating the same after dinner.

On being asked by his wife repeatedly to quit the awful habit and give up the use of tobacco entirely he finally consented, and to aid purchased a patent homeopathic remedy which was styled a sure cure for the tobacco habit. All went well for about six weeks, when one morning shortly after arriving at his place of business a peculiar sensation came over him and very shortly he became unconscious and rigid. A physician was hastily summoned, and after some time succeeded in restoring him to consciousness. He was taken to his home and put to bed, which he was not able to leave for two days; the third day he however was able to go back to his work feeling perfectly well. Six weeks later he had another attack identical to the first one, only this one did not prostrate him so much, he being able to go back to his work the second day, and getting along well as before. However in three weeks he had another attack the same as the former ones, but the after affects not being so severe, he went back to his work in the afternoon. Another attack came on him in three weeks again.

Up to this time the physician in attendance, also consulting physician were at a loss for a diagnosis, but after the fourth attack they pronounced it a case of true epilepsy and advised the usual remedies without further investigation. He however was not satisfied with their diagnosis, or the treatment advised, so decided to see what the osteopath would say about his case. I looked him over very carefully, and strange as it may seem found nothing that even resembled a bony lesion. Subjective examination proved negative, he had been perfectly well since childhood.

Objective examination found stomach distended and prolapsed. From the history of the case and in absence of any bony lesions, I decided that the stomach must be the prime factor of the trouble; I eliminated the hypospadiac on the ground that if it had been a factor it would have caused trouble earlier in life when the sexual organs were more active.

So in determining the treatment I decided to correct the stomach condition first, in fact make the treatment to the stomach specific, but treat the neck thoroughly also to insure a good blood supply to vaso-motor centre to equalize circulation.

A rigid diet was enforced at once, consisting of easily digestible food; no coffee or tea was allowed, and breakfast was omitted. Results: patient had one light attack second day after first treatment; treatment was given three times a week for four weeks; after that twice a week for three weeks when patient thought he was well, and on his own responsibility one afternoon smoked two cigars; the following morning ate a light breakfast and drank a cup of coffee, which resulted in bringing on a severe attack in about two hours, nearly resulting in death from heart

failure, on account of the enormous distention of the stomach; a glass of warm salt water was given which proved a prompt emetic and patient was at once relieved. No bad after effects followed; he was ordered to continue diet two months longer; a few more treatments were given and I then discharged him. Patient has gotten along without any further trouble to date (Nov. 3rd), and it is safe to say that he has entirely recovered, as he has gone back to his regular diet and three meals a day, though he does not use tobacco.

**Paraplegia**—H. W. GLASCOCK, D. O., ('04), RALEIGH, N. C.

This article describes the treatment of paraplegia in a male, 28 years of age; weight 180 lbs., single, habits good, occupation farming. When patient was 11 years old he sprained his back by lifting and for two weeks was unable to do anything, but apparently recovered. Yet the back remained a little weaker than it perhaps otherwise would have been. Other than this the patient never had any sickness except chills off and on, until February 10th, 1905, he was taken with measles accompanied by a deep bad cold and high fever, and the attending physician also reported catarrhal pneumonia. The patient remained in bed with measles for 14 days, at the end of which time he was able to get up and sit up, but felt numbness of the feet. This numbness kept going up the legs. The patient could still walk at this time but was gradually growing weaker. After the 10th day paralysis had reached the twelfth dorsal vertebra and was again placed in bed flat on his back, unable to move his limbs or hips, and could not feel even a pin thrust into any part of his body below the nerve supply of the eleventh pair of dorsal nerves. Sensation and motion were completely lost. The bowels were also paralyzed, except for pneumogastric supply. Lost all sphincter control. Enemæ were sometimes retained and had to be expelled by pressure. The muscles had lost all tone, had become flabby. The limbs were cold and dead looking. Patient had been in this condition for three weeks and was given up by medical physicians as a hopeless case.

I was called to see the patient the 29th of March and found the trouble to be a parting of the eleventh and twelfth dorsal vertebrae and the twelfth a little posterior. I supposed this lesion to have been made when the patient sprained his back 17 years ago; and, it being the weakest point, the measles, of course, settled in that locality, interfering with surrounding tissues made the lesion worse, and caused a congestion of that part of the cord below the eleventh dorsal by pressure on the spinal veins and also brought pressure on the anterior spinal arteries and a poor circulation of the lymph contained between the spinal cord and the dura-mater. The portion of the cord below the eleventh became

so infiltrated with fluid matter that it was unable to nourish itself and carry on its functions. The cord was really soaked and the toxic material of the slowed venous blood was not altogether good. At the point of the spine of the twelfth dorsal, all sense of feeling was lost. At that of the eleventh the senses were normal. At this visit I relaxed the tissue around the lesion and removed a little of the pain. The back was painful on much motion. I called again the third day and gave the same treatment. On the fifth day I removed the pressure, and when I returned for the next treatment, the patient moved the great toe just a trifle. The treatment after this was directed to the circulation of the lower portion of the cord. The patient improved right along and at the end of 18 treatments could sit up alone and take a few short steps with assistance. When the patient first began to walk alone, the right kidney prolapsed, causing a violent sickness of the stomach (gastro-intestinal uremia.) Fever went up to 106; vomiting was hard and often; nothing could be retained in stomach; urine was suppressed. I kept the fever down with ice; after about eight days I got the kidney to stay in place and go to work. The patient was kept in bed for five weeks to be sure of the kidney keeping its place. His weight at this time was 130. Treatment was continued for five treatment-months, from the beginning over a period of seven months, and patient was dismissed practically well, except that the normal retention of the urine was never regained. Weight reached 160 at this time. Patient is now superintending his farm.

\*\*\*

**DOCTOR CLARK'S CORRESPONDENCE.**

M. E. CLARK, D. O.

Professor of Gynecology, Obstetrics and Applied Anatomy, at the A. S. O.  
(SECOND SERIES.)

**Infectious Sore on Face.**

I would like to ask you in regard to a case that came to me the other day.

Lady. Married 20 years, had three children; first a girl, carried 7 months; came dead, had quite a hard time at labor. Second a boy, lived 7 years. Third, a girl, carried 8 months, came dead, had a hard time, but not so bad as first. The woman was always quite delicate in her early life, and has always been constipated, but never had any female trouble to speak of. After the last child was born, a red spot came above the right eye, with burning and itching pain, continued for a while and got better; then came again, and kept coming and going, and was very annoying. Finally it worked down into the cheek, and

lips of the right side, swelling and burning, and the lips are very blue. The attacks have always come very irregularly, until of late, and now seem more apt to come at monthly sickness; but yet not at same time. She has no trouble at menstruation, and never has had, but has always been very nervous. There has never been any constitutional trouble, and at present to look at her, would not think her to have much trouble, except only when the face is swollen. The first attack was about 7 or 8 years ago. She has been examined and treated by several old school physicians, but none of them have been able to tell what the trouble is. What would cause her face to act that way?

MY DEAR DOCTOR:—Your letter describing a rather queer case reached me to-day and I hasten to reply. I hardly know what to write you regarding the case but will suggest that it might be a syphilitic affection, or, it may be cancerous. The history of the premature labors and dead fetuses point to the former. As for lesions, examine carefully the neck and especially the lower jaw. It must be a trophic affection of the fifth cranial nerve and the above lesions will affect it particularly that of the inferior maxilla. The use of the X-ray's has been advised some in the treatment of such cases but I believe that the sun's rays are better, they being applied by means of a sun-glass. Do not burn the tissues. Again there may be some decay or other disturbance of the teeth. Keep the inflamed area clean. The object is to restore nutrition to the affected parts and this can be accomplished by removing the obstructions to the blood and nerve supply of the affected parts.

#### **Prolapsus and Abdominal Ptosis.**

Have a patient in my care that has given me a little trouble and will write you for a little help. Have treated her for about three months, and do not seem to help her in the least. She is a lady about 30 years old, married, and came to me suffering with prolapsus uteri, accompanied with retro-displacement. About a year ago, she was operated on for hemorrhoids, and since then has been troubled with fullness and weight in the pelvis. She has never been constipated, but experiences a great deal of discomfort after evacuation of the bowels. Has no menstrual troubles whatever, being regular to the day and no discomfort at all.

The spine was very lax, and quite a ptosis of the abdominal viscera. Treatment was directed towards that, and I find that improved. I have also given local treatments, but patient seems as bad as ever.

Do you think that the operation she had has anything to do with her slow improvement in this case? Am I over anxious, or have I overlooked something that I should have done? If you will offer me some suggestions I am sure that they will be appreciated.

MY DEAR DOCTOR:—Your letter at hand and in reply will say that

you have picked on a hard type of a case to cure. When there is relaxation the cure is a slow one. Perhaps the operation has something to do with the slow improvement but the principal thing is that you are in too big a hurry. It will take a long time to cure any disease characterized by relaxation since the tissues have to grow again. Do not treat a relaxed spine very hard or often. Give her an occasional rest. The fullness is the result of congestion of the pelvic vessels. Build up the general health as much and as rapidly as possible and in proportion the local conditions will improve.

#### **Articular Rheumatism.**

On March 6th, a patient came to me for examination and treatment. He has inflammatory rheumatism, and in all attacks had severe pain along his back and in his joints. One treatment stopped the back pains but not the muscular. I gave two more treatments on bed then was dismissed.

Yesterday I was sent for again, and found him coming down with another attack. His knee on left side was drawn by tightened hamstrings and very painful. Gave a moderately hard spinal treatment and worked out all the pain. His back is very tender this morning, and the other ankle and the left wrist are sore. Patient will not use a water bottle hot, and refused a cold one when I advised it. Muscles of back ached all night and caused him to "bawl" which gave him relief. Can you advise anything?

MY DEAR DOCTOR:—Articular rheumatism is a very hard disease to do anything with. It is essentially a disease of the blood judging from its wide reaching effects and consequently lesions should be sought for that affect the blood forming organs or affect elimination of the toxins. Those are most frequently found in the middle thoracic region. In the case cited the symptoms were relieved but the disease not cured. To insure a cure the lesions must be corrected, to get relief the treatment that you gave is usually sufficient. If the manipulation does not relieve, some have advised vapor baths and hot fomentations. These, in a measure, relieve the pain temporarily and perhaps are advisable in your case. A hot salt pack is a very good thing to relieve the pain. In some cases the writer has been able to relieve the patient by spinal treatment alone applied to the fifth dorsal vertebra or in that region. Examine the heart carefully for any indications of endocarditis one of the most dreaded of the complications. To permanently cure the patient adjust the spine.

#### **Uterine Polypus.**

I write for your advice regarding a case I have. A lady, married,

40 years of age. No children. Always has very serious time at monthly period. Very severe headache with vomiting. Vomit seems to be pure bile. Patient has been very constipated, but I have helped that feature very much. Is very nervous, though not nearly so bad as formerly. I find upon vaginal examination uterus retroverted, and adhesions formed to rectal wall. A small polypus protruding from mouth of uterus about  $\frac{1}{2}$  inch long and 3-16 diameter like an "angle worm." She tells me this growth has existed more than a year. What I want advice about is how to remove it. Shall I take her to a surgeon and have it done or try to do it myself? I have never had a case like it and hardly know what to advise her. She will do what I advise, but wants to be rid of it so she won't suffer so at her "period"—is usually sick (before and after) about two weeks of the four—the patient's face is badly spotted with dark brown blotches badly disfiguring her face. These spots are darker and more of them at monthly period than other times. The uterus does not seem to be enlarged so that the growth cannot be much, but the "os" is stopped up largely by this growth. Please write me your opinion as to the best way to get rid of it. I think with that done and a "free flow" that the face will clear up.

MY DEAR DOCTOR:—In regard to the case described will say that such polypi are quite common and in most instances, cause no trouble. They are the mucous polypi and in my dissections have found them in number of cases. If you are sure that it is the cause of the dysmenorrhea, and after a course of treatments the condition is not improved, an operation for its removal is indicated. In the case that you describe, I suspect that the polypus is causing the effects by obstructing the internal os uteri. Dilatation of the os might be of value if an operation is not resorted to and I believe that I would try it before operating. I have had a few cases in which I was able to reduce the polypus, but not entirely remove it.

In summing up the case will say that such polypi are usually harmless, they produce effects by obstructing, that in some cases they will respond to the treatment; but usually an operation is necessary for their removal and that I would try dilatation of the os before operating.

There is evidently some obstruction to the menstrual flow as is indicated by the spots. The other symptoms are probably entirely reflex.

### OSTEOPATHIC GLEANINGS.

(COMPILED BY THE EDITOR.)

Lesions—DAIN L. TASKER, D. O., S. C. O.

(From Principles of Osteopathy, revised edition.)

The causes of lesions fall under two general divisions. First, violence; second, failure to react to environment.

In the first division, all the lesions are primary in character, i. e., the violence immediately changes the relations of structure, and this change becomes an obstruction to vital activity of the body fluids. If the lesion is not corrected by the recuperative power of the body itself or by outside efforts, the change in position is very apt to become complicated by a change in size. The injury results in thickening of the ligaments or other tissues.

The second division of lesions is a very large one. These lesions develop as an evidence of the failure of the organism to become perfectly adapted to its food, clothing, labor or general environment. They are therefore secondary in character and must be recognized as objective symptoms of one functional derangement, while at the same time they operate primarily to cause functional derangement elsewhere. Thus they may be removed by manipulation and cease to act as an active cause of functional change, but will return again so long as environmental forces are overwhelming.

The first sign of a lesion is noted by palpation, i. e., the change in structure is felt. According to what we have said, this is not sufficient evidence of the existence of an active lesion. It must be accompanied by other signs. First, try to eliminate the apparent existence of the lesion by having the patient "assume different positions." Second, note whether the bony landmarks in that area vary from the normal. Third, note whether the lesion causes the patient to assume any special attitude. Fourth, test the amplitude of movement in the articulation to determine the changes in its extent. If there is perfect flexibility it is scarcely probable that a lesion exists, for an active lesion is quite inconceivable without tension. Fifth, feel of the soft parts of the joints, muscles and connective tissues. Note any swelling or change in temperature. Sixth, inspect the surface as to color and texture. Seventh, test sensibility by pressure as has been described heretofore.

When violence is the cause of the lesion, it is necessary to correct structure directly. When the osseous lesion is the result of muscular tension due to reflex stimulation, methods of correction differ according to the viewpoint of the physician. Some manipulate for direct reduction, others relax muscles and thus remove the cause of the osseous lesion. The really comprehensive plan should take into account the

cause of the tension which occasions the osseous lesion. Having done this, the physician may manipulate the lesion to secure direct reduction with the feeling that the problem has been undertaken wisely.

**Sprains and Fractures**—C. L. DODSON, D. O., (A. S. O., 1901.)

The after-effects of these injuries have been the subject of much investigation and the source of much discomfort, pain and inconvenience to those afflicted. Under old methods of treatment nothing is more common than a permanently stiff and painful joint, compelling its possessor to limp or hobble through life with the aid of a cane or crutch. Osteopathically treated, it can be readily seen that a sprained joint cannot become much stiffened while repair is taking place, because it is not immovably fixed until healing is complete and the opposing injured surfaces are firmly united by fibrous tissue, of inflammatory formation, and the tendons bound to their sheaths by the same formation; but its position is changed, the joint is manipulated from time to time, and the circulation through its capillaries is restored, by means which are practically painless, so that inflammatory exudations, as fast as they form, are swept into the blood stream and are whirled rapidly away to the great organs of excretion. Osteopathy applies not the lash to wounded Nature, but takes her by the hand and gently leads.

Fractures, of course, require careful and accurate adjustment and must be immovably fixed and so maintained, until the ends of the bone have united firmly enough to allow of gentle manipulation, when the fixation splint may be removed and the injured part is treated in a manner which experience has shown greatly facilitates the firm union of bone, prevents the stiffening of neighboring joints, and reduces the muscular wasting to a minimum.

Experience has demonstrated that osteopathy is Nature's right arm. Formerly, the struggles of Nature to rid herself of disease were interpreted as manifestations of disease and were strangled by abnoxious drugs. It is now thoroughly demonstrated that she always makes a supreme effort to overcome disease or injury and that to interfere with her efforts is to place life or limb in jeopardy. In sprains and fractures Nature asserts herself close to the verge of omnipotence when intelligently encouraged and supported by osteopathy.

There is a kindness which we often fail to appreciate in the royal pleasure of this monarch, Nature, whose mandates none can with impunity disregard.

**Prophylactics**—ANNA W. BYRKIT, D. O., (M. C. O.)

Personal responsibility for physical ills is not a new subject, but it is one which to many does not have a welcome sound. The school of

medicine which does not teach that the individual is often responsible for the disease or the predisposition is not fulfilling its highest mission. There are causes for which the individual is not responsible, e. g., some of those which produce anatomical disorder and so lead to disease, but these would often be inoperative if the body was developed as it should be. As Dr. Tasker suggests (in an article in *Osteopathic World*, March 1903), "a large number of people are suffering from the results of fatigue and excess rather than from accident and a large per cent. of the structural lesions found are the result of functional excess." Necessity, gratification, and ignorance are responsible, and perhaps the greatest of these is ignorance. With all our boasted learning our knowledge of our own bodies is sadly lacking. \* \* \* \* Immunity is a commodity that is capable of cultivation. Any regimen, whether dietetic, hygienic, or social, which promotes physical and intellectual vigor by increasing the number and activity of cells, produces within the body the power of self-defense. \* \* \* \*

The most important point in diet is the manner of eating. Eat slowly, masticate thoroughly. This is an old and much disobeyed instruction, but its value is commensurate with its age. The thirty-two masticatory movements suggested by Gladstone may be enough for some foods and not enough for others, but the fact remains that, if foods are taken in a solid or semi-solid form and converted into a liquid before passing to the stomach, the whole process of digestion is likely to be good. \* \* \* \* \*

The bath is of value as a health preserver. The warm or hot bath for purposes of cleanliness, the cool or cold bath for invigoration. The cold tub-bath is well borne by many and is no doubt beneficial to some, but for others it is too stimulating and apt to be devitalizing, and for these the cool sponge-bath will serve the same purpose of producing an active skin and so protecting against cold. \* \* \* \*

In the matter of dress the neck is perhaps the most important. The osteopathic physician finds it very important in its relation to general health. If the neck is protected and its movements interfered with by high stiff collars it is likely to lose its flexibility and become weak and easily affected by cold and strains.

To sum up: give the body a chance. Use it, but do not abuse it. Protect it, but train it to protect itself.

**Consumption**—W. B. KEENE, D. O., PHILADELPHIA.

Mrs. D., age 24, housewife. No history of tuberculosis could be deducted. The general health of patient had been good until two years ago, when she was exposed for several hours to a damp night air, which

resulted in a common cold, with manifestations of coryza, followed in a few days by cough and embarrassed respiration. The cough continued and became aggravated, the patient lost weight gradually, expectoration became profuse and general weakness followed. The patient consulted a physician, who gave her creosote in gradually ascending doses, until a maximum dosage had been reached. At this time, about six months from initial exposure, the stomach became irritable, nausea frequently occurred and the patient was compelled to cease the medicine on account of indigestion and consequent lack of nutrition.

**EXAMINATION:** This revealed a twisted condition of the sixth dorsal vertebra as the most marked of any spinal lesion. Other spinal lesions were a slight left lateral curve, involving the second, third, fourth and fifth dorsal vertebrae. The second rib approximated the first rib, on right side, and the lower ribs were slightly depressed. The tissues about the right scapula were relaxed, permitting that bone to ride toward the right lateral aspect of the posterior chest wall. Upon physical examination of the chest the following signs were apparent: On percussion over the apex of the right lung there was slight impairment of resonance. On auscultation fine moist rales were heard. Vocal fremitus and resonance were slightly increased. The left lung appeared normal. This was a case of incipient consumption with beginning signs of the disease over the apex of the right lung.

My diagnosis in this case was confirmed by the presence of bacilli in the sputum.

**TREATMENT:** Was first to adjust the sixth dorsal vertebra, then a correction of the upper dorsal curve followed. The second rib was adjusted. After adjustment of the sixth dorsal the patient began to feel less nauseated, and in less than a week was able to keep six raw eggs daily upon the stomach. Strength gradually returned, and also weight. The vaso-motor pulmonary centers were stimulated after the curve had been adjusted, and the patient felt better in every particular, at the expiration of one month. The tubercle bacilli could not be discovered in the sputum at the end of the second month and the patient was apparently cured at that time.

**Local Treatment in Pelvic Diseases**—C. P. McCONNELL, D. O., (A. S. O., '96)

Unquestionably, the more experience an osteopath has had in the treatment of diseases, the less often he will give local treatments. He finds that his patients will get well just as quickly if not more quickly by other treatments than local and that much of the text-book teaching on local manipulation, stretching, massage, douches, etc. is somewhat superfluous.

I am confident that direct spinal nerve involvement and prolapsed weakness of abdominal organs is the cause of a large majority of diseases of women. All of it traceable, in most instances, to faulty dressing, modes of living, negligence of the calls of nature and to injuries and weaknesses of the spinal column.

Osteopathy cures these conditions in from a few treatments to a few months. It removes the source of disorder and does not waste valuable time in symptomatic treatment. Local treatment at best, outside of lacerations, adhesions, abscesses, tumors and kindred surgical conditions can only be temporary or secondary, nine times out of ten.

# THE BULLETIN

OF THE ATLAS AND AXIS CLUBS.

ALFRED W. ROGERS, A. M., EDITOR.  
MISS DAISY E. MORELOCK, REPORTER FOR AXIS CLUB.

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

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

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

KIRKSVILLE, MISSOURI, DECEMBER, 1905.

## EDITORIALS.

**The Club's Anniversary.** The Atlas Club dates from Dec. 10th, 1898, the day of forming a permanent organization. Though still young, it is the oldest of the clubs connected with the A. S. O. As the December Bulletin comes from the press not far from the birthday of the club, we can signalize the anniversary in no better way, perhaps, than by printing the list of the fifteen men who have held the office of Noble Skull and the nine men who have edited the Bulletin, to recall in this way their services to the club and to serve as a means of refreshing club history. The date given is the date of installation.

### Noble Skulls.

Harry S. Bunting	Dec. 10, 1898
Homer Woolery	Jan., 1899
W. E. Dwiggin	June, 1899
Fred J. Fassett	Jan., 1900
Paul M. Peck	June, 1900
George T. Monroe	Jan. 1901
E. W. Sackett	June, 1901
Gus H. Maxwell	Jan., 1902
M. E. Pearson	June, 1902
E. J. Breitzman	Jan., 1903
Robert H. Graham	June, 1903
W. S. Thomasson	Jan., 1904
W. H. Stephenson	June, 1904

W. E. Owen	Jan., 1905
Hugh L. Russell	June, 1905

### Editors of the Bulletin.

Harry L. Chiles	March-June, 1901
Lea W. Tindolph	June, 1901
Edward Denna Dufur	September-November, 1901
Forrest Preston Smith	October, 1901
Edward J. Breitzman	January, 1902
Franklin Fiske	June, 1903
T. Simpson McCall	June, 1904
W. W. Vanderburgh	January, 1905
Alfred W. Rogers	June, 1905

\*\*\*

Every osteopath in changing from college to his location, or from one location to another, should invariably keep in touch with his profession and the world by doing these things: 1. Send to the postmaster of the place you leave the address to which letters are to be forwarded. 2. Send both your old and new addresses to EVERY PERIODICAL which you are entitled to receive. 3. Send to your ALMA MATER the same information. 4. If you do not receive your Bulletin by the 25th of the month send a postal to the editor. Do not trust it to others. Everybody ought to be thoughtful enough to do this.

\*\*\*

**Lost!** The addresses of the following Atlas and Axis members are unknown. Will any of our readers who know any of them kindly inform us of the correct addresses.

Dr. John V. McManus, Dr. Fred G. Stone, Dr. Wm. C. Montague, Dr. Ada Ford, Dr. D. S. Allen, Dr. H. W. Emery, Dr. Alice Holland, Dr. Blanche McLaren, Dr. Wade H. Marshall, Dr. Wm. I. O'Neal, Dr. Emma R. Rochester, Dr. Jean Tyndall, Dr. Fred K. Wolteman.

\*\*\*

The Bulletin is carrying some excellent new advertisements, among them the "Peerless Special" set of instruments of the Electrical Specialty Mfg. Co., of Allentown, Penn. This set of instruments is highly recommended by those who have used or seen them. Mr. T. H. O'Neal has a set to exhibit and is the Kirksville agent.

\*\*\*

**The A. O. A.** It is proposed by the committee on Education of the Regents, A. O. A. of which committee Dr. E. R. Booth is chairman, that a "Board of Regents" of the association be appointed "to exercise a general supervision over the subject of matriculation, to pass upon the credentials of all prospective students, to formulate rules and regular-



tions for the conduct of examinations, appoint examiners and make such other provisions as shall result in a practical and uniform system."

"The regents' certificate issued to successful applicants should be required of every matriculant in the colleges."

This is a movement in the right direction, to assist in raising the standard of preliminary education of candidates for entrance to osteopathic colleges, and it is hoped that the colleges will cooperate in this progressive plan. We all are aware that, in these early years of osteopathy, when the strongest men were none too strong to give intelligent exposition to osteopathic theories and proper direction to osteopathic policy; when the standard of educational requirements in all professions has been rising higher and higher; the osteopathic colleges have accepted too low a mental equipment as sufficient, and some evil results have followed.

We believe it to be supremely important to the life and prosperity of the profession that the direction of its future be committed to men well educated, broad-minded and far-seeing.

\*\*\*

The January Bulletin, besides the usual amount of matter all up to the standard, will be notably enriched by an article on the Lorenz operation by Dr. Summerfield S. Still of Des Moines and another on Osteopathic Treatment in Cases of Insanity, by Dr. George M. Laughlin.

\*\*\*

**The Independent's** We hope that most of our readers have been able to obtain the articles in the three number of The Independent of interest to osteopaths; but as we have learned that many were unable to obtain the copies because the demand exceeded the supply, we reprint the most important part of the editorial of The Independent which relates the result of the ballot for the American candidate for a Noble Prize. The prize is awarded December tenth, so we presume that there will not be sufficient time for the osteopaths to present Dr. Still's claims before the Nobel Commission to be passed upon this year, but we hope that the science founded by Dr. Still will be expounded and presented to this commission, during the coming year, in the most scientific manner possible, by the men the most capable of all in this country to do it.

#### Editorial of the Independent.

##### IN PART.

"Very unexpectedly to us, our readers took more interest in the candidate for the medical prize than any other. This was due to the fact that a boom was started for Dr. A. T. Still, as having made, in osteopathy, the most important discovery in physiology or medicine.

The Osteopathic journals took it up and prepared petition blanks and postal ballots, which were circulated with such enthusiasm and success that we received altogether 22,061 votes for Dr. Still. Many of these were accompanied by letters indicating great reverence and affection for "the old doctor" and gratitude for benefit derived from his treatment. The geographical distribution of the votes is interesting as showing the way such popular movements spread. Starting only about fifteen years ago in Kirksville, Mo., without initial prestige and against strong opposition, it spread rapidly thru the neighboring States of the Mississippi Valley and then to all parts of the country. Every State and Territory and Alaska, Canada and Mexico are represented in the votes we have received but most of them come from the following States, and probably the number of votes indicates in a rough way the relative strength of Osteopathy in these States: Missouri, 15,207; Illinois, 880; Ohio, 532; New York, 467; Texas, 419; Iowa, 307; Tennessee, 269; Michigan, 240; Colorado, 225; Pennsylvania, 205; Arkansas, 201; California, 200.

"The pros and cons of osteopathy have been adequately presented in our two last issues, so we cannot devote any more space to the discussion. Here we are only concerned with its bearing upon the question of selecting our greatest men. In our former editorial we stated our opinion that a popular vote could not decide the matter. Possibly our skepticism of the value of such a referendum deterred our readers from taking part in it. At any rate, our skepticism has not been removed by the result. While it is, as we then said, an excellent topic for thought and conversation, the final decision as to the value of a scientific discovery, in medicine as well as in chemistry and physics, must be left to posterity. And if we are not willing to restrain our curiosity, or to allow a public benefactor to go to his grave without due recognition from his contemporaries, we must take our opinions chiefly from those who by training and position are better qualified than the average man to form a sound judgment upon such technical matters.

"Fortunately for the world the foresight of Alfred Nobel, maker of dynamite, has provided just this needed apparatus for the appraisal of purported discoveries. About \$13,000 are spent in the examination of the claims of candidates and other administrative expenses for each of the \$40,000 prizes. It is particularly stipulated in the statutes (sec. 7) that the medical prize shall only be awarded after a special investigation by the Medical Nobel Institute. We hear on every hand of marvelous cures wrought by new therapeutic methods, some of which strike us as plausible, some doubtful and some absurd; all of them, however, vouched for by numerous followers, whose good faith and in-

telligence cannot be denied. The average layman has not the training, the average practitioner has not the time, to decide between these conflicting claims. To have them adjudicated by so competent a body as the Nobel Institute is a public service of great value to the world.

"Proposed curative methods yet denied recognition by orthodox science, have in this an unexampled opportunity to prove their claims. We recommend our osteopathic friends not to be content with their present victory of popular votes, but to take the necessary steps to bring their cause before the Nobel Commission, to be passed upon by the Caroline Medical Institute of Stockholm, as described in our article of March 9. That this tribunal is ready to recognize new and revolutionary medical methods is shown by their putting the stamp of approval upon Finsen's light cure within seven years after its discovery.

"The announcement of the awarding of the Nobel prizes is made upon the founder's birthday, December 10th, and it is awaited with considerable interest to see if America has yet found admission into this living Hall of Fame."

\* \* \*

**Valuable Investigation.** The November number of *The Osteopathic Physician* is both interesting and valuable. The first article is from the pen of J. J. Pearce, D. O., Professor of Physiology of the California College of Osteopathy, giving a description of laboratory demonstrations of osteopathic principles. These laboratory experiments bring out important facts which in some respects, reverse the teachings of the text-books in physiology respecting the functions of the pneumogastric nerve, the "cardiac accelerators" of the upper dorsal and the "splanchnics." Such a friction of facts is worth a good deal to every student.

Dr. Hoffman of the A. S. O. recently has exhibited the results of his experiments performed on a litter of dogs. As one result of these experiments, he claims that the effect of the rib lesion is not upon the sympathetic ganglia directly, since they lie upon a considerable thickness of tissue, but upon the blood supply to the ganglia.

The important work of Dr. McConnell and of these two investigators shows an awakening of the spirit of investigation of which osteopathy has long been in need. It leads to the suggestion that a new work may soon have to be written—an osteopathic physiology.

\* \* \*

**Dr. Achorn's Address.** In the same number of *The Osteopathic Physician* is an article by Dr. Clinton E. Achorn of Boston, explaining the chief points in his address before the New Jersey Society. The address was devoted mainly to osteopathic legislation. After explaining his position, as opposed to yielding to the demands of the medical boards;

that the existing laws have done osteopathy more injury than benefit by forcing the schools to teach a semi-medical course; that the teaching of strictly osteopathic subjects has been kept reduced to a minimum by this means, and that to preserve the individuality of our profession an osteopathic board in every state is necessary—he gives the following synopsis:

#### REVIEW OF OUR LEGISLATION.

Osteopathy is now favorably recognized in twenty-seven states, eleven of these having independent osteopathic examining boards; four having osteopathic members on the medical boards; four licensing with an examination; five without an examination, and three recognizing osteopathy, but in an unsatisfactory manner. All this has been accomplished in eight years. The various medical societies are becoming political factors, and are working to force us off the earth, but we are steadily and surely breaking into their medical trust. Osteopathic experience has shown that when this medical scheme fails we are politely informed that all will be well if we allow the medical boards to regulate us. This effort usually fails, and compromises are offered, and the lamblike trust of the osteopaths in the fairness and kindness of the medical men account for many complications in existing laws, and for several failures during the past year. It does not pay to tody to the M. D.'s. They will not help us, cannot love us, and must fight us and our bills.

During the past year we have had contests in twenty-one states and territories. We secured independent osteopathic boards in three; osteopathic examination in two; member on medical board in one; amendments to osteopathic laws in three; passed laws in two which were vetoed by the governors through medical influence; progress in three; defeated adverse legislation in five; and in two the profession was hopelessly divided, resulting in failure.

We have not yet reached a point where the interests of osteopathy can be best served by medical board control, complete or partial, for, as a whole, the medical people are prejudiced to such a degree that they cannot render an unbiased decision when the osteopathic theory is involved.

The homeopaths of New Jersey at their recent convention were poorly advised. They seem to entirely forget their own past fight for existence and the way they are now being absorbed by the regulars. They should also remember that a good salesman never runs down another man's wares.

Legislatures are not qualified to hold medical opinions, but the public has a right to know that a person who holds himself out as an osteopath is qualified according to the osteopathic standards. Under ex-

isting conditions any illiterate and unqualified person may claim to be an osteopath. Legislatures, since they are in the regulating business can and should regulate the practice of osteopathy in accordance with osteopathic standards, and in this way insure osteopathic proficiency. The proper function of the legislature in this matter is to provide medical standards for medical, and osteopathic standards for osteopathic physicians. Two people differing in theory cannot possibly agree.

There is no desire to lower the standards of education. We wish to encourage our colleges and uphold them in the adoption of higher standards and improved methods, but these must be osteopathic.

Sir William Ramsey, of London, says that education consists of "a proper attitude of mind." If we become medical, we lose the osteopathic attitude of mind, so essential to our success.

An osteopathic board and supervision over our own practice is the only acceptable and satisfactory way of dealing with the present situation.

Very few of the osteopaths understand the tremendous battles of the past. In one year the medical societies and state boards (as planned at a national meeting in Denver) asked for the exclusive privilege of treating the sick in twenty-five states. Bills were introduced defining the practice of medicine to mean "any method for the relief of suffering, with or without drugs." Unfavorable legislation was prevented and the M. D.'s succeeded in passing but one bill—Washington—which was promptly vetoed by Gov. Rogers. The osteopaths secured three state boards; recognition in four other states; prevented the repealing of osteopathic laws in four states, and secured favorable court decision in three states. All this was accomplished in one year in the past, and should be an inspiration to present workers. The M. D.'s have hammered us pretty hard for eight years, but in the great battle of life the person who is hammered the hardest usually comes out the best.

\* \* \*

#### TASKER'S PRINCIPLES OF OSTEOPATHY.

To the many students and practitioners who have found the first edition of Tasker's Principles a valuable and helpful text-book and book of reference will be added a host of new friends who will prize this new edition, revised and enlarged. The new edition is put into the binding which has become familiar, but one that is stronger, more elastic and more durable. This edition has forty more pages than the earlier, embracing three important chapters on LESIONS, SOUNDS PRODUCED IN JOINTS BY MANIPULATION AND SYMPTOMATOLOGY.

The introductory chapter is a brief discussion of the history of osteo-

pathy and definitions have been used by men prominent in the profession. Then follow several chapters giving the details of structure and function of cell, muscle, nerve and bone. The grounding of the teaching of this book in the bony lesion theory is shown in the strong discussion of the following sections: "Structural defects," "Subluxations," "Muscular contractions," "Segmentation and Reflex Action;" and in the chapters on "Lesions," "Subluxations," "Sounds produced in joints by manipulation," "Accommodation and Compensation." These chapters leave no argument for "rubbing" or the "general treatment." Yet the author says there are other lesions than osseous.

The book is scientific in the presentation of the subject and, besides, is particularly entertaining in the discussion of certain subjects. Such chapters are: "Vaso-motor centers," "The Sympathetic Nervous System," "Osteopathic Centers," "Symptomatology," "Inhibition," etc. Of inhibition of which the author writes from personal observation and experiment, he says: "It has been proven many times that the osteopath is capable of checking excessive functional activity in viscera by the simple means of inhibition. Some would quibble as to the cause of this activity. The original stimulus may have disappeared, but the reflexes which it initiated may be perpetuating the condition. Many cases have been treated in which no definite cause or osseous lesion could be discovered. Some of these cases may come under the heading. Indiscretions; others under purely mental conditions. These cases were treated by inhibition based on a knowledge of the anatomy and physiology of the parts involved. The treatment was successful. We are sure that such successes are just as gratifying, just as scientific, as are those in which the finding and reducing of a subluxation bring the glow of triumph to the eye of patient and physician alike."

The illustrations of Tasker's Principles form a notable and most important feature. In this edition there are three diagrams of the layers of the dorsal muscles; 20 histological illustrations of cellular and muscular structure; six sphygmographic tracings; twenty-five illustrations of normal positions and lesions of cervical vertebrae and ribs; thirty-two surface markings of internal organs, nerve areas, and "osteopathic centres;" seventy-five illustrations (nearly full page) showing methods of examination, reduction of subluxations and manipulation.

It will be seen that the later chapters of the book are particularly valuable to the student before leaving school; and, to the practitioner as a reference book and to freshen his memory will always be found valuable as a "vade mecum."

(Principles of Osteopathy, by Dain L. Tasker, D. O., D. Sc. O. 400 pages, 165 illustrations. Price, \$5.00.)

## ATLAS NOTES.

The meeting of Nov. 11th was an enjoyable and profitable one. Doctors Link, Clark, and Hamilton were present; four men were initiated; Dr. Link addressed the club on "The Making of an Osteopath," a lecture which will be found among the contributed articles; Dr. Clark read a series of letters from his correspondence with his replies, which were instructive and entertaining. All the men present thought that they would like many more evenings of the same sort.

\* \* \*

At meetings during the past month Mr. Leitch has described to the club his treatment of a bad case of diphtheria. Dr. J. J. Schmidt has given an excellent talk on some cases of asthma and added to that an exposition of some difficulties to be met with in practice and how best to meet them. Mr. G. M. Goodell has reported a case of Peripheral Neuritis and Mr. J. W. Martin an unusual case of swollen sub-maxillary gland.

\* \* \*

By invitation of the Atlas Club, the Axis Club, members of the Faculty and their wives joined with us on the evening of December 2d. A lecture by Dr. F. P. Young was the feature of the evening and in addition a pleasing musical program was enjoyed. All were pleased with Dr. Young's lecture the subject of which was "Are Drugs Necessary?" or "Osteopathy vs. Medicine." Following is the program:

Piano Solo.....	Mr. Stael
Song .....	Axis Quartet
Lecture .....	Dr. F. P. Young
Reading .....	Miss Crossland
Song .....	Atlas Quartet

\* \* \*

Officers of the Atlas Club were elected Dec. 9th for the next term, as follows:

Noble Skull.....	Charles S. Fisher
Occipital.....	H. Clyde Johnson
Sacrum.....	Cyrus J. Gaddys
Stylus.....	George F. Horn
Styloid.....	Frank C. Martin
Pylorus.....	Robert M. Echols
Receptaculum.....	Wm. F. Hilliard
Radius.....	Glenn J. Proctor
Right Clavicle.....	James Brake
Left Clavicle.....	Henry E. Urban

Trustees..... Dr. M. E. Clark, Dr. W. D. Dobson, Frank Holmes  
Editor of Bulletin..... Alfred W. Rogers

Mr. Fisher graduates in January, '06, and will be taking the post-graduate course during his presidency. He will find the club, thanks to the energy and wisdom of the administration of Noble Skull Russell who retires, strong financially, with a large membership of the best material in school, and with, we have much reason to believe, a more secure prestige than the club has ever enjoyed before. The new Noble Skull will have the support of every wearer of the pin in every wise and worthy policy.

\* \* \*

E. B. Hart, of the senior class, has been absent from school for some weeks attending to the practice of Dr. Chas. H. Conner of Albuquerque, New Mexico. Dr. Conner has been sick with typhoid fever.

\* \* \*

Dr. M. E. Clark has been taking a brief vacation from school and has visited Portland, Me., Boston and New York to deliver addresses before the osteopathic associations of Maine, Massachusetts and New York. Three days in succession he lectured in Boston. He needed the rest and the change thus secured and we hope that he has profited by the vacation, strenuous though it seems to have been.

\* \* \*

The students of the school have been stirred with profound sorrow and sincerest sympathy with Dr. Charles E. Still on account of the death of his only son, Andrew Taylor Still, Jr., of diphtheria, December 3rd. The child had received the most skillful care that father, relatives and members of the Faculty could give him, and within an hour or two of his death had felt better and was thought to be safe. But the dreaded heart complications could not be combatted. The funeral took place from the house, Monday afternoon, the members of the Faculty acting as pall bearers and the students following the carriages to the cemetery.

\* \* \*

Dr. Harry K. Bennison of Clay City, Kansas, (Atlas A. S. O., '00), visited the school with a patient Nov. 20 and 21. The doctor is a busy man, sweeping into his practice patients from a radius of forty miles.

\* \* \*

Personal mention of our recent initiates:

Mr. Eugene M. Casey is a member of the senior class, having entered this fall from the Buffalo school. He received education at the New Milford High School and Ontario Veterinary College. He has been, previous to studying osteopathy, a veterinarian. Poor health and the good advice of a homeopathic physician turned him toward osteopathy.

Mr. Henry R. Dalrymple has been a resident of Brookline, Mass., and entered the junior class from the Massachusetts College of Osteopathy. He took his bachelor's degree from Colgate University, (N. Y.) has taken a post-graduate course at Cornell and a year at the college of Physicians and Surgeons. He has been a high school professor but was turned to osteopathy through good work done by osteopaths employed by members of his family.

Mr. A. Harvey Dillabough is a member of the junior class, having entered from the Buffalo school. He is a resident of London, Ontario, and has previously been employed as a shipping clerk.

Mr. John W. Treble is a resident of Buffalo, N. Y., and enters the junior class from the Buffalo school. He has had training in high school and business college and has been employed as ticket agent for the Grand Trunk Railway. A mistaken diagnosis by a medical doctor of a case which was easily cured by an osteopath, Dr. Lincoln of Buffalo, interested him in osteopathy.

Mr. Henry L. Urban of the sophomore class is a resident of Proptstown, Ill., was educated at Northwestern College and has been engaged in farming previous to studying.

Mr. Frank L. Goehring comes from Pittsburg, Penn. He was educated at the Indiana State Normal School of Pennsylvania and has been a contractor. He is a brother of H. M. Goehring, D. O., of Pittsburg, Pa.

Mr. Glenn J. Proctor of Fairdale, Ill., has been for many years pretty closely in touch with osteopathy. Notice this list of relatives who are practicing osteopathy: Dr. C. W. Proctor, (brother), Mrs. C. W. Proctor, Dr. C. M. Proctor, Dr. E. R. Proctor, Mrs. E. R. Proctor, Dr. A. C. Proctor, Dr. Clara L. Proctor, all but one graduates of A. S. O. Mr. Proctor could not resist studying osteopathy; "he was raised that way."

Mr. Hubert B. Mason is a Kirksville man educated in the High School and Normal School of this city. Hitherto he has been a sanitary engineer, but a life's observation of results caused him to study osteopathy.

Mr. Albert H. McLaughlin is a resident of Sumner, Nebr., and a member of the junior class. He entered the A. S. O. from the Des Moines school and became interested in the study through personal treatment.

Mr. Frank C. Martin, of the sophomore class, is a resident of Columbus, Ohio. He has been a traveling salesman and through certain wonderful cures effected by osteopathy became interested in the study.

Mr. Harry E. Thompson, of Agricola, Kansas, is a nephew of Dr. E. R. Booth of Cincinnati, whose success largely influenced Mr. Thompson to study. He is of the sophomore class.

Mr. Edward W. Forsee, of St. Louis, is a member of the sophomore class, formerly a salesman. He was turned toward osteopathy by a cure effected in his own case.

#### ATLAS FIELD NOTES.

Dr. Charles C. Teall, Weedsport, N. Y.: "I am glad to see The Bulletin is no longer moribund and gives ample signs of life. Feed 'em on something besides guff. There has been too much back-patting in the past. "Life is real, life is earnest" you bet, and it is not fair to live in a false atmosphere."

Dr. Frank R. Heine, Pittsburg, Pa.: "I expect to spend the holiday week in Kirksville and look forward to a visit with the Atlas brothers who may be stranded there at that time."

Dr. Arthur Howe Daniels, of June, '05, has located at Northampton, Mass. One who locates in such delightful place to live ought to be proud to make it known sooner.

Dr. Walter E. Dwiggins, ('00), of Bakerfield, California, has just recovered from an attack of pneumonia.

Dr. Edwin L. Harris, Owensboro, Ky.: "I should enjoy meeting with the Club very much but when I get The Bulletin, it makes me feel almost as if I had been there with you.

The Bulletin is coming up to high water mark and is sure to do good; for the pure A. T. Still osteopathy it advocates is the only winner in the end. A mixture is doomed to failure sooner or later."

Dr. Emery Kniss of Springfield, Ill., recently read a valuable paper on the "Treatment of Typhoid Fever" before the District Osteopathic Association, held at Springfield.

Dr. Sylvester W. Hart, Albany, N. Y.: "We have the state work

in hand and are now getting ready to fight again for recognition of the cause we all love so well. Remember me to the members of the Atlas Club. I often think of you."

Dr. Hart is President of the New York Osteopathic Society.

\* \* \*

Dr. Harry M. Loudon, St. Albans, Vt.: "I am moving into a larger field this month and wish to notify you of my change in address as I do not want to miss the Bulletin.

I have noticed with interest the improvement in the club organ and hope before long to add my mite. It is easy to neglect such duties."

\* \* \*

At Waseca, Minn., November 14th, Dr. Jesse Orsamus Smith of the class of June, '05, was married to Miss Blanche Gray of Kirksville. Congratulations and best wishes of the Atlas Club.

\* \* \*

Dr. T. Simpson McCall, Elgin, Ill.: "The Bulletin is an honor to the clubs, and the high standard you are maintaining will do much to bind the field members to the clubs."

\* \* \*

Dr. Arthur S. Piper, June, '05, has removed from Winona, Minn. to Anna, Illinois.

\* \* \*

Dr. B. L. Dunnington, June, '04, is located at Springfield, Mo. He has recently made a visit to the Club.

\* \* \*

Dr. Wm. E. Reese, Bowling Green, Ohio: "The October Bulletin shows wholesome journalism and is unique, interesting and instructive. I hear indirectly of the good work of the club this term. Accept my regards and sincere well wishes and extend the same to Noble Skull Russell and inquiring members."

\* \* \*

Dr. George W. Perrin, Denver, Colorado: "How is the dear old Atlas Club? I think often of the men and should write a letter to the Bulletin—which I will do soon. I am getting along nicely and find the Atlas men right to the front in the field. They are coming to me for all the ills that flesh is heir to—and more it seems. So fill up on that osteopathic lore so full that you almost "pop;" for you will need it all when you get out. The suffering world is waiting for the 'Osteo' with the glad hand."

Dr Perrin has been made President of the Denver Osteopathic Association.

Dr. Lucius P. Meaker sends some valuable case reports for the January number, and says: "I assure you of my interest in the Club and in its magazine. In my opinion it is now a journal of which we may well be proud. Best wishes for the success of both."

\* \* \*

Dr. Charles W. Proctor, ('00), of Buffalo, N. Y., has gone to Guatemala, Central America, for the winter. He is interested in a land venture and is, at the same time, taking a needed rest.

\* \* \*

Dr. Jesse K. Dozier, ('03), of Middletown, Conn., was married November 1st, to Miss Agnes Harris of Middletown, N. Y.

\* \* \*

The Kirksville Journal of Nov. 23rd says: "Dr. George Laughlin has been appointed medical examiner for the Missouri State Life Insurance Company of St. Louis. Dr. Laughlin is the first osteopath ever appointed as examiner for an old line life insurance company. The appointment was made by Mr. E. P. Nelson, president of the company."

\* \* \*

Dr. Clyde Gray, Horton, Kan.: "In the case where I made 52 trips charging \$52.00, it was in a poor man's family. I think the trouble was that the charges were too reasonable. Experience: I find that the patients whose bills I cut are the ones who do me most harm. I have just enough trouble from the medical people to do my practice good."

\* \* \*

Dr. H. W. Glascock, Raleigh, N. C.: "I received the "Bulletin" this morning and read it with a great deal of interest. This journal has certainly developed into a strong publication, and I wish it abundant success. This edition has served to somewhat wake me up, and hereafter, I shall try to help you out some myself. If I can think of any thing that I think will be of interest to the boys. Any way I will send this time a case report, that will perhaps be of interest to some. I notice, though, that the boys are always reporting the cases that they have cured, and never say any thing about their failures. The cases that I can't cure interest me more than those which work out like a dream. In the January issue I am going to report some failures, and the whys. We all make failures, but seldom report them. You know it is always the thing we can't do, that we most want to do, and I think to report a few of our blunders will do a little good."

\* \* \*

Dr. W. E. Dwiggin, Bakersfield, Calif.: "It is certainly a pleasurable duty to reply to your letter asking for a word on this the seventh anniversary of the organization of the Atlas Club.

While the ideas of the founders of the club were somewhat vague at the outset as to what was best, after a few months of discussion and the almost total collapse of the movement, it was finally decided that something more was needed than a purely social fraternity and in a short time the social features were merely secondary to the broader and firmer principles of professional brotherhood. When it was definitely decided what was wanted, a constitutional committee was called to draft a constitution and by-laws and the objects were definitely set forth in section 2 of Art. I of the constitution adopted.

It was a self evident fact to many of the students that the professional conduct of many of the osteopaths in the field was far from what it should be and also that the country was being filled up with impostors which made it necessary for us to use every means at our command to right the conditions.

True, the A. O. A. or as it was then known, the American Association for the Advancement of Osteopathy, was in existence as were several of the State Associations, and while they were doing a great deal of good in the field, the place to promulgate the higher ideals, or at least to instill the idea of fraternity, was in the schools of our profession.

With these purposes incorporated in the very foundation of the Club, there is no reason why it should not perpetuate itself as long as the science of osteopathy lasts. May I ask how long that will be? just so long as we are able to demonstrate the truth of its teachings. I can safely say, I think, that a great majority of the leading lights in osteopathy are wearing the emblems of the Atlas and Axis Clubs, and with these brilliant examples before us, we must work and work hard to keep near the mark they have set for us.

Let us then strive to elevate the professional and manly conduct of ourselves, to do away with the petty jealousies that pervade our own as well as every other profession and let us work together in a spirit of harmony that may extend itself outside our own ranks. Be fearless in the defense of our truths, fair in the treatment of our fellowman and insist on the freedom that we are entitled to."

\*\*\*

#### AXIS NOTES.

The Axis reporter is brimful of enthusiasm concerning the club and only wishes she had the ability to reach some of the old members and impart a little warmth to them. Since the next issue of the Bulletin is the present reporter's last number, why can't we have a general experience department next month? If you have had any experiences which have been usual or unusual let us have them, or if you haven't had any, tell us a little something about yourselves. Get acquainted

with your sisters whom you have never met and let your friends know where you are and how you are. These need not be lengthy letters. Surely any one, no matter how busy, can take time to respond to this proposition.

\*\*\*

"Experience of a Field Member" by Dr. Carrie A. Bennett of Joliet, Ill., is a response to the general request made of field members last month for contributions to the Bulletin. The article is very interesting and we certainly appreciate and thank Dr. Bennett for the favor. It will appear in the next issue.

\*\*\*

The members of the Axis Club extends to Dr. Charlie and wife their heartfelt sympathy in the loss of their little boy, Andrew Taylor Still, Jr., Dec. 3rd.

\*\*\*

Mrs. Schmidt, one time president of the Axis Club, and who is at present taking a post-graduate course, gave an interesting talk to the Axis women on October the 15th.

\*\*\*

Two case reports each Wednesday are now a part of the regular order of business. Mrs. Eimert reported a case of Hooded Clitoris and gave treatment for same.

Miss Hamilton a case of Metritis and also gave treatment.

Both cases were intensely interesting. Any one in the field having any exceptional cases might send them in to be read at this time.

\*\*\*

The following is a list of the new initiates received into the club since the last issue:

Dr. Catharine McWhorter of Chicago, Ill. Graduate of S. C. O. and a member of the post-graduate class.

\*\*\*

Dr. Esther Whittaker graduate of Feb. class, 1899, of A. S. O. Educated in Perry High school and Illinois Wesleyan University. Just before graduating her eyes failed, and after trying every other method, was saved from almost total blindness by osteopathy. Dr. Whittaker was at one time on the treating staff at the A. T. Still Infirmary and is now taking a post-graduate course.

\*\*\*

Dr. Mary Edith Taber, from Medicine Lodge, Kansas, graduate of the English and Latin department of the LaParte High School Indiana, was a teacher before taking up the study of osteopathy. She first heard of the wonderful results of osteopathy nine years ago, and later a rela-

tive was cured from a life long lameness, which resulted in Dr. Taber taking the course. She is at present doing post-graduate work.

\*\*\*

Miss Clara Bakehouse of Sigourney, Iowa, was educated in Sigourney High School. Attention was directed to osteopathy, by her mother being cured of lameness due to a slipped innominate.

\*\*\*

Miss Delia Knight of Boston, Mass., a graduate of Racine Academy, and Wisconsin State Normal also of Boston City Hospital training school for nurses. Before studying osteopathy, was a teacher, institutional worker and trained nurse. Her health was greatly improved under osteopathic treatment.

\*\*\*

Miss Elizabeth A. Rouze of DeGraffe, Ohio. Educated in Hamline University, Minn., and a graduated nurse of New Jersey Training School.

A friend of Miss Rouze and a daughter of an M. D. was cured of a severe illness by osteopathy after all other methods had failed.

\*\*\*

Resolutions adopted by the Axis Club upon the death of their sister, Dora Peery Boyce, D. O.

WHEREAS, The Divine Power who created man, and breathed into him the breath of life, has in his own good time called back that fleeting breath on November 19th from our beloved sister, Dora Peery Boyce, therefore be it

RESOLVED, That in the death of sister Boyce the Axis Club has lost a true and faithful member, and be it further

RESOLVED, That the members of the Axis Club extend to her family their heartfelt sympathy, and the assurance that their loss is also ours, and be it further

RESOLVED, That we love, honor and obey as true Axis women, the One who has called this sister and who will soon call us to that endless "bourne from which no traveler returns," and be it further

RESOLVED, That a copy of these resolutions be sent to the bereaved family and a copy for publication to our official organ, The Bulletin.

FRANCIS ALLEN HOWE, Chairman,

DAISY MORELOCK,

ETHEL TRAYER,

SADIE DAY.

#### AXIS FIELD NOTES.

In behalf of the Ohio members, we desire to thank Dr. Washburn for the beautifully varnished Buckeyes, which she sent for the women to wear at the Freshman reception.

\*\*\*

We are very glad to learn that Dr. Margaret Carlton of the June class, '04, has a fine practice in King, New Hampshire.

\*\*\*

We are told by a friend of Dr. Jennie B. Neil of Cleveland, Ohio, that she is having a fine practice and unusual success in treating goitres.

\*\*\*

Dr. Eliza Crow of Elkhart, Indiana, is having especially fine success in acute work.

\*\*\*

Dr. Urania Jones Morgan, of the class of 1903 died at St. Cloud, Minn., on Nov. 22, of hemorrhage in typhoid fever. She is survived by her husband, Arthur E. Morgan and her son, Ernest, four months old.

\*\*\*

Dr. Lenna K. Prater of Springville, N. Y., reports that business is good and that she contemplates a visit to her Illinois home for Xmas day.

\*\*\*

Dr. Emily Rutledge (Axis, '05) has been in Kirksville during the month taking treatment. She will locate next month for practice in Paris, Mo.

\*\*\*

Information has come from Dr. E. C. Crow, secretary, that in the examination before the Indiana State Board, Oct. 3, 4 and 5, which was taken by 19 osteopaths, Dr. Alice E. Houghton of Kendallville (A. S. O. and Axis, '04) scored the highest grade among the osteopaths.

\*\*\*

Dr. Pauline R. Mantle of Springfield, Illinois, recently read a paper before the District Osteopathic Association on "Osteopathic Diagnosis." This paper will appear in the next issue.

\*\*\*

Dr. H. Agnes Dandy: "I am always glad to get the Bulletin. My best wishes are for the club."

\*\*\*

Dr. Eliza Mantle, Bloomington, Ill.: "The Bulletin came this morning and how anxiously I await its arrival. Was so pleased to see so many good names enter the ranks of the Axis Club. Success will continue to be theirs in the future after your class (June, '06) bid the old



Alma Mater good bye. Never a Wednesday afternoon comes that my mind and heart are not with you."

\*\*\*

Dr. Josephine A. Trabue of Pittsburg, Kansas, writes "The Bulletin is so interesting. I think it improves all the time. Give my love to all the club members. I love to think I am an Axis woman. Just the meeting together in intimate realation once per week means much to the members let alone the work and social part. I am prouder now that I am an Axis member than when I was there."

\*\*\*

Dr. Daisy E. Washburn, Port Clinton, Ohio: "Have just received the November Bulletin. Really its like "getting money from home." I am pleased to note the list of excellent women initiated into the club; and feel sure that, with such acquisitions, the Axis Club will still maintain the high standard which it has always enjoyed.

I am proud to be an "Axis woman" and since investigating during my field work am decidedly opposed to organizing Axis chapters in other colleges. It suffices to say that Kirksville is the Mecca for "bony lesion osteopaths" and that our pin is emblematic of unadulterated osteopathy of the A. T. Still brand.

Since August, I have enjoyed a nice practice here in my home town, have about as much as I am able to do. The M. D.'s say we claim too much for our science but it gives one pleasure to show them good results occasionally.

I trust that the club may continue in a flourishing condition."

\*\*\*

Dr. Annie Mc C. Brownlee, Paterson, N. J.: "You know we always love that for which we work or suffer. Therefore our hearts are with the club and we rejoice in her prosperity, hoping that the members who know her only at this period may not love her less because the times are peaceful. I have no doubt they would all prove able and true should there be another "call to arms." Sometimes peace may be the best and truest test of loyalty.

The Bulletin is excellent. The editors are proving eqnal to the task of preserving the standard established by my friend and co-worker, Editor Vanderburgh, of pleasant memory. With best withes to one and all."



## My Last Guarantee Offer Expires Jan. 1, 1906.

My antiseptic treatment for skin diseases is a high-class, ethical preparation and has now been used by over one-half of the osteopaths practicing. It is suitable for any case requiring an antiseptic and especially in stubborn skin diseases such as Acne, Eczema, Psoriasis, Barber's Itch, Cuban Itch, Erysipelas, etc. The formula is given to any user on request.

IF YOU WILL MENTION THIS MAGAZINE WHEN YOU ORDER I AM WILLING TO SELL YOU A FULL MONTHS TREATMENT UNDER AN ABSOLUTE GUARANTEE. This is positively the last guarantee I will ever make and the offer expires January 1, 1906. If at the end of thirty days trial you are not PERFECTLY SATISFIED WITH IT tell me so and I will refund your money by first mail. My only stipulation being that you must apply for refund not sooner than thirty days from date of order and not later than thirty-five days. The treatment sells for \$5.00 a month for each case and no order will be filled unless the money accompanies it. Address all orders to

**DR. R. H. WILLIAMS,**

616 New Ridge Bldg., Kansas City, Missouri.

(A. S. O., January, 1900.)



ADVERTISEMENTS.

### THE NEW STORE

Is showing the **LARGEST** and **FINEST ASSORTMENT** of **FANCY DRESS GOODS AND SILKS** ever shown in Kirksville. We have just received an Excellent Assortment of the very Latest and Nobbiest Styles in **LADIES' FALL AND WINTER COATS**. We are headquarters for Ladies' and Gent's Furnishings. Remember every article is new.

Lamkin's Old Stand.

**M. P. THOMPSON & CO.,**  
South Side Square.

### A. S. O. BOOK CO.

Hulett's Principles new edition \$3 00 and \$3 50; Clark's Diseases of Women' \$5 00; Young's Osteopathic Surgery \$5 00. Send to us for any Osteopathic or Medical books or supply. We pay express and guarantee satisfaction.

## Principles of Osteopathy

BY  
**DAIN L. TASKER, D. O.**

A text-book for the use of students and practitioners.  
Just such a book as the studious person delights to read.

"I would have given a hundred dollars to have had that book fall into my hands on the day that I first entered on the study of osteopathy." **H. S. BUNTING, D. O.**  
This was written concerning the first edition.

The Second Edition is enlarged and improved. It is a fine specimen of the printer's art and compares favorably with the best that medical book publishers have to offer.

Price, \$5.00—Carriage prepaid.

Ask your book dealer for it or send direct to the author.

**DR. DAIN L. TASKER, 416 Grant Bldg. Los Angeles, Cal.**

### JUST OUT!

- Laughlin's Ost. Anatomy, half morocco .....\$6.50
  - F. P. Young's Ost. Surgery, cloth .....\$5.50
  - M. E. Clark's Ost. Gynecology, cloth .....\$5.00
  - M. E. Clark's Ost. Gynecology, half morocco.....\$5.50
- Express prepaid when ordered by practitioners of J. F. Janish.  
Kirksville, Mo

### D. KENT

Two doors north of Mills' Bank. Treating stools, students' tables, furniture for the study-room, sitting-room and sleeping rooms, picture frames, chairs to rent for assemblies.

### BURK BROTHERS

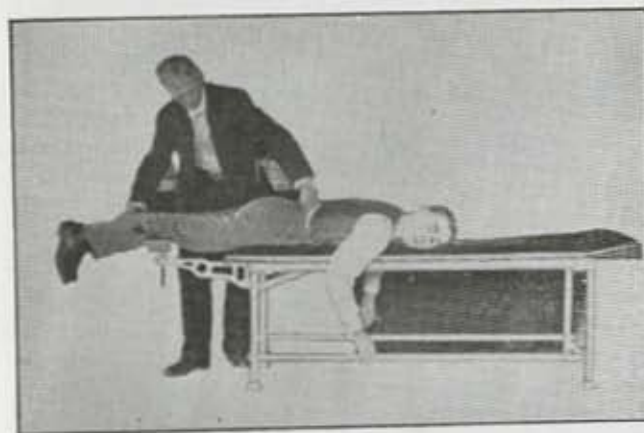
Established 1896. **MEATS AND PROVISIONS, WHOLESALE AND RETAIL.** Fresh home cured meats. Pure home rendered lard. Telephone number, 47.

ADVERTISEMENTS.

# COMMON SENSE TREATING TABLE

## With Adjustable Swing

**H. T. ROOT, Patentee, Kirksville, Missouri.**



**Hygienic in all its appurtenances.**

The Adjustable Swing is so arranged as to secure for the operator an easy method for obtaining complete movement of the lower dorsal and lumbar vertebrae of the patient.

The apparatus is not complicated therefore nothing to get out of fix. They are built to order and therefore made to conform in height to the wish of the operator.

Being finished in white enamel, they are an adornment to any office.

The increasing demand for the table proves that they are meeting with favor among practitioners.

\*\*\*

SEND FOR DESCRIPTIVE CIRCULAR.

\*\*\*

A full line of Osteopathic and Medical books on hand and sent express paid to practitioners.

**H. T. ROOT,**  
Kirksville, Mo.

ADVERTISEMENTS.

**COLLEGE AND FRATERNITY PINS**

Are our specialty and we are able to quote the lowest prices as the work is done in our own shop. We also carry the largest and best stock of Diamonds in the city. See our A. S. O. Pin.

CHAS. S. SANDS, The Manufacturing Jeweler.

**YOU ARE INVITED**

To visit the best and largest assortment of Hardware and Stoves in the city. We are pleased to greet the student life of our city and if you will call we will gladly show you through our store. Chafing Dishes, Five O'Clock Teas, Elegant Pocket Cutlery, Razors that are a pleasure to use, and the finest razor straps that the market affords. We hope to meet you in your needs. Very truly, GRASSLE BROS. & HANSEN.

**NORMAL BOOK STORE**

Fine Stationery, Fountain Pens, Fine Bulk Candles. South Side Square, Kirksville, Mo.

**LANE BROS.**

Barber shop. Everything known in the art. 103 S. Franklin, opposite Baird's bank, Kirksville, Mo.

**W. E. GREEN**

Dentist. Phones:—Office, 300; residence, 281. South side square, Kirksville, Mo.

**J. S. McKEEHAN**

Drugs, Candies, Toilet Articles, Imported Tobacco.

**SOLEM,**

Only Photographic Artist in Kirksville! We are still in business at the old stand. We give dollar for dollar and do a clean business. So appreciative have the public and our patrons been of our ability to please that they have made it unnecessary for us to advertise medals or cups.

**FRED D. MAURER,**

Shoemaker. Repairing neatly done. Prompt and up-to-date. With Halcomb & Hockaday, South Side Sq., Kirksville, Mo.

**MARKS & BERKOWITZ**

Merchant Tailors and Haberdashers, middle west side square. Call and see us.

It's typhoid season, Doctor! Widal reactions made and guaranteed at

**Hoffman-Still Laboratories,  
KIRKSVILLE, MO.**

Send 5 drops blood on microscope slide for "Widal," \$5.00. Send 2 oz. urine for "Diazo," \$1.00. Write for circulars.

C. H. HOFFMAN, Ph. D., D. O.  
GEO. STILL, M. D., D. O.

**DROP A POSTAL**

And it will bring you samples of Osteopathic literature with prices.

W. J. SURETTE, Kirksville, Mo

**JOURNAL PRINTING CO.**

Book and Job Printers. Osteopathic work a specialty.

# Osteopathy

A Natural Method of Curing Disease

## THE AMERICAN SCHOOL OF OSTEOPATHY AND A. T. STILL INFIRMARY

Are the recognized headquarters of the science. The American School of Osteopathy is presided over by Dr. A. T. Still, the founder of the science. For catalogue of the school or sample copy of the Journal of Osteopathy, Address, WARREN HAMILTON, Sec., Kirksville, Missouri

## Osteopathic Sanitarium

In charge of Dr. A. G. Hildreth, 803 Garrison Avenue, ST. LOUIS, MO.

# Henry Moore

Maker of all Styles  
of Fine Photographs

Visit this Studio and see the class of work we are doing



Medals, Trophies, etc. awarded Henry Moore at various Associations.