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## THE HIP.

SUMNERFIELD S. STILL, D. O., DES MOINES, IOWA.

(The author of this article is well known to the profession as, until recently, President of the Still College of Osteopathy at Des Moines. Dr. Still is a graduate of A. S. O., class of 1895.—Editor.)

EDITOR OF THE BULLETIN:—

Your request for a contribution arrived when I was deeply engrossed in the work of a busy practitioner and yet, "in my haste," I promised to write something for you and now in fulfillment of that promise, I have selected the subject "The Hip." I realize that the shorter the subject, the wider the range of the discussion. The question would at once arise in the mind of the one reading the caption. Is this a discussion of the anatomy, physiology or pathology, etc., of the hip? Will it take up the diseases of the hip, its dislocations, its formation, its congenital defects or which of the many subjects will the article discuss, for surely within the pages of a school journal of the size of the "Bulletin" one could not expect to discuss all of the phases of the hip in health and disease, without writing a continued article which would run through years. I have thought best to hastily review the subject "congenital" dislocations. The literature is so vast and sometimes so conflicting that unless one keeps an eye single to well-known facts he is liable to be carried away by the extravagant claims of optimistic writers on the one hand or thoroughly discouraged by the statements of pessimistic writers on the other. Some have claimed that a hundred per cent of these cases have been successfully handled while others equally honest have asserted that not more than ten per cent could be considered as successful. It might be proper, at the very beginning to give the reason why, in the very nature of things, the first statement could not be true. The first thing is a definition. The phrase "Congenital" dislocation, is evidently a misnomer for it does not describe a congenital dislocation or dislocation that takes place congenitally, but rather a congenital condition. The only statement not in harmony with this comes from Los Angeles.

"Congenital" dislocation, so-called. The most serious trouble is not the dislocation and the dislocation is not congenital. The dislocation is secondary—is more a result of the congenital condition.

It might be carrying the idea a little too far to say that the dislocation is rather a symptom of the trouble than the trouble itself, but it is true that the reduction of the dislocation is often the least of the surgeon's work. To paraphrase a poet; often any surgeon can put it back, legions of surgeons cannot keep it there.

Again there are complications which make the reduction extremely difficult in addition to the difficulty of keeping it there.

It is not intended to deny that the term "congenital dislocation" covers a certain class of cases or it might be more accurate to say two classes of cases; one in which the dislocation takes place at birth and is traumatic, the other in which it exists at birth and is due to prenatal influences or conditions but the great class that comes under the popular term "congenital dislocations" is due to a condition that exists at birth, the etiology of which is not clear but the facts are well understood, namely, a malformation of the structures immediately concerned in the formation of the hip joint. This may come under the general term (used in a broad sense) development error. The child at birth usually has the head of the femur in contact with the acetabulum and this condition persists until the child begins to walk when the weight of the body pushes the pelvis and the acetabulum away from the supporting head of the femur. This may occur on one or both sides. Probably as many hips belong to bilateral dislocations as unilateral. The apparent discrepancy in the reports comes from the fact that it takes twice as many cases to furnish a given number of unilateral as it does bilateral. This proposition needs no comment as anyone will readily see that five patients with bilateral dislocations will furnish ten hips while it would require ten patients with unilateral dislocations to furnish the same number. Of course, percentages must be taken from a large number of authoritative cases in order to get sufficient data, hence, the apparent discrepancy between reports made by different surgeons. Some have more right lateral, some more left, others more bilateral.

Dislocations of the hip occur far more frequently in males—Agnew giving 78 out of 89 cases, and Hamilton 104 out of 115. The reason for this is obvious. The converse is true in "congenital" dislocations. The great majority occur in females and the reason for this is not obvious. Remember, there are exceptions to nearly every statement made in this article—females do suffer from dislocated hips—males do have "congenital" dislocation—dislocations are sometimes congenital. In some cases the physician may be responsible for dislocating

a normal hip, or prenatal causes may effect a dislocation in utero, but neither of these is properly classed under the improperly called "congenital" dislocations. "It is a condition and not a theory that confronts us."

A dislocation is not to be confounded with fracture of the neck of the femur either intra or extra capsular. Dislocation and fracture may co-exist but this is quite rare in ordinary dislocations and extremely so in the "congenital" variety.

Danger of error in diagnosis may be lessened if one keeps in mind the possibility that coxa vara and other conditions may simulate a dislocation; Keen, in the series of 84 cases of typhoid coxitis, which he collected, found that spontaneous dislocation occurred in 43, or over 50 per cent.

As to the gross pathology, Graff has reported several cases of spontaneous dislocation following typhoid and other acute infections of the joint, with Röntgen pictures showing flattening or destruction of the upper rim of the acetabulum.

"The cases operated on by Lorenz in Boston in 1902 included in this series: 14 hips, 5 relapses, 3 transposed, 3 successful, and 3 unsuccessful. I have been told by two competent observers that they have personally examined these cases and that none are perfect anatomic replacements."

"A certain proportion of cases of "congenital" dislocation of the hip are intrinsically incurable, owing to anatomic obstacles which are hopelessly beyond the surgeon's control. The acetabulum may be too shallow to retain the head in position; the head and neck of the femur may be so imperfect or deformed as to be quite unsuited for articulation."

"In about 10 per cent of the cases treated by the Lorenz bloodless method, a perfect anatomic and physiologic cure will be obtained."

"In probably 60 per cent of the cases treated by the Lorenz method a true anatomic replacement is not secured, but an anterior transposition of the head of the femur is brought about."

"Accidents have occurred both in the hands of Lorenz and other surgeons. The possible accidents are thus summed up by Ridlon: Paralysis from over-stretching; fracture of the neck of the femur; fracture of the shaft of the femur; fracture of the ramus of the pubes; fracture of the ischium; tearing of the perineum; rupture of the femoral artery; gangrene from cutting off the circulation through stretching the femoral vessels. He somewhat facetiously adds:

"There may be others, but these are sufficient for the surgeon who has-experienced one or more of them."

"The results in the cases operated upon by Lorenz himself and by his followers on this continent have on the whole proved disappointing."



## TREATMENT.

The first, and most important duty of the physician is to "see what he's got." Is the "trouble" in the Hip? Is it a dislocation? If "Yes," is it traumatic, spontaneous, or "congenital?" Is it a proper case to attempt to reduce? If "Yes," what method is best for this particular case?

"Abner Post was the first to attempt manipulative reduction of a congenitally dislocated hip under an anesthetic with Prof. Hoffa of Berlin and Prof. Lorenz of Vienna. The first attempt at treatment of this affection by operative incision in this country was made by Burrell and the first case treated in this country by manipulative method, now known as the "Lorenz method" was by Dane. The pathologic anatomy of the affection has been studied by many."

## TREATMENT BY RECUMBENT TRACTION.

"This method in all cases proved to be unsatisfactory. In one of these cases the treatment was applied with constant care for two years."

## REDUCTION BY INCISION.

"After it became evident that no cure of this deformity could be expected from traction or by the method of operative manipulation proposed by Post, attention was turned to the operative method performed at that time, by Hoffa which was based upon the supposition that no adequate acetabulum existed and that it was necessary to create by the curette a socket to retain the replaced head. This operation performed by Burrell was repeated by others. One case was operated upon by Prof. Hoffa when visiting Boston. No benefit followed these earlier operations. Various incisions were tried and various methods of deepening the acetabulum by drills, gouges, surgical engines, etc., employed. Later the anterior incision was used, separating the gluteus medius from the tensor fasciæ femoris exposing the capsule. After the upper part of capsule was opened, a director was passed into the acetabulum and capsular constriction and the portion of the capsule covering the acetabulum carefully preserved and placed around the femoral neck."

Femoral twists are to be found in almost all cases of "congenital" dislocation of the hip as has been pointed out by Nichols."

Too much time is often spent by the patient on his back after the operation, and too little by the surgeon at the bedside and in the laboratory before the operation."

My father tells a story on one of the illustrious members of our family to the effect that when he was a boy his mother sent him out to plant some beans. It was probably a half day's task. At the end of an hour

he returned. His mother inquired if he had planted the beans. "Yes." "All of them?" "Yes."

A week later the sun having shone warmly and the rains having come frequently, the beans came up. The remarkable fact connected with it was not the "old, old story" that "the beans came up wrong end to" but the demonstration that a new story had been told for the great majority of the beans came up from a single spot in the garden where they had been buried in order to get rid of them.

This reminds me of some illustrious men in more modern times who advertise a hundred per cent cures, not realizing that a few months or at most, years will demonstrate the falsity of the advertising.

The Lorenz operation is so familiar that a description of it at this time is unnecessary. I do not pretend to offer anything new in what I have written above, but to give some well known facts another repetition, for fear that some of our friends may have overlooked them. Modesty suggests that in extenuation of my temerity in writing about the hip for osteopathic readers I offer the following:

I made some remarks on this subject at the Iowa State Convention, last spring. Later I received a letter asking that I publish them "for the information of the profession," another letter that I do this "for the protection of the public." In the not distant future I hope to publish in greater detail some compilations along the lines touched upon in the above paragraphs at which time due credit will given to all parties quoted.



## CAUSES OF DISEASE.

NANNY E. BALL-BAUGHMAN, D. O., BURLINGTON, IOWA.

(A paper read before the convention of the Osteopathic Association of Southern Iowa held at Burlington.—Editor.)

We have selected a broad field, but it is not our intention to treat its various departments in full. We will only tap lightly at the door, peep in, and drop a suggestion here, or a thought there, which we hope may bear fruit in the minds of others.

In the medical world among the various causes, predisposing and exciting, which have been assigned as disease breeders, are the following things to be recognized, namely: climate, season, sex, age, race, bad food, bad water, lack of sanitary precautions, heredity, etc. But above them all is given the specific organism which is now ascribed as the fundamental cause for every disease. Investigations have not definitely located the germ in all diseases, but it is believed and taught, that such is the cause of every malady to which the human body is heir.

We are told that, this most abused and most accused little germ, whether it be formed like a simple dot, or a tiny dash; whether it be given a very long name, or only a short one is the greatest pest of humanity. True, there are other causes cited, but in the drug therapy, all hinge around that wee-mite of animal existence, a germ, too small for the naked eye to see and even invisible through the ordinary microscope, an oil immersion, high power lens being required to show it. In the strife for existence, these cannibals, as we may term them, of tiniest proportions, who lurk unseen in every corner, at every turn, ever ready to descend upon their prey and over whom the greatest of God's purifying agents, sun-lighted and oxygen-laden air, cannot prevail, these mites must conquer, or die in the hand to hand fight with man.

And now let us ask, if germs be the primary and only cause for the ills to which the body is heir, why do we have any healthy bodies, since scientific investigation proves that germs exist in the healthy, as well as, the unhealthy body. When diphtheria is prevalent the diphtheretic germ is found alike in the throat of the well child, as in that of the child who is dying of the disease. How, then, can the well child escape? The microscope shows beyond doubt that the disease germ is there. Our practical reasoning would be that disease must follow, when its cause is present. But it does not.

Our drug friends answer this in a vague manner. They say that the system is able to throw it off, that natural immunity exists in some rare instances, or that the tissues are not weakened.

No, the tissues are not weakened. Herein lies the secret and it is

now our office to investigate the causes for the so-called weakened body tissues. It is that we make our first point: that back of the germ we must find two conditions before the germ can get a foot-hold in the human body, namely: a weakened tissue and its cause. How then can the germ be counted as the primary cause of disease? We believe them important but not fundamental factors.

Weakened tissues are found as the result of various causes, which we class under the three following headings, namely:

FIRST—Inheritance and maternal impressions.

SECOND—Bony lesions, or anatomical mal-adjustments.

THIRD—Excessive functional activities.

I. We place heredity and maternal impressions first upon the list of importance, as causative factors, because not only do the two taken together furnish a large field, but because therein lie the powers from without the individual,—those beyond his control, which have power to entail upon him, though innocent, an endless amount of suffering. It would be well did every man and woman take warning and realize the responsibility which rests upon each and every one in the creation of young lives, and see that their lives be upright and their actions guarded.

That heredity and maternal impressions are both subjects too large to be handled here, we fully realize, for they merit separate treatment, so we will only glance at their results.

That tuberculosis in the parent will entail upon offspring weakened lung tissue, is an accepted fact by all schools of healing.

That syphilis and alcoholism, in ancestors, will undermine the nervous system of the child, giving tendencies to brain trouble, epilepsy, paralysis and many other things, which will only require the exciting cause to develop some diseased condition is a sad, but no less a true fact. The Bible tells us that the sins of the father shall be visited upon the children unto the third and fourth generation.

Just where the demarcation between heredity and maternal impression lies, it is hard to determine. But if maternal impress can cause mal-formation of anatomical structure in the child, surely it may have power to weaken body tissue. Nor are functional activities exempt from its power. For instance, a mother suffering from indigestion during her period of pregnancy, who pays over due attention to her trouble, allowing her mind to frequently revert to it, will find the development of the digestive glands has been retarded in her offspring and a weak digestion is the consequence. Upon careful investigation many of the traits of character, with which we are endowed, we believe may often be traced to maternal impressions, instead of some ancestor of long ago.



II. We must pass on to our second heading. **Bony Lesions.** To Dr. A. T. Still and osteopathy must mankind give thanks for the knowledge which now prevails in our land regarding the second cause which has been cited for weakened tissues. Let it be understood that by bony lesion is meant, not the commonly accepted prominent bone dislocation, but from the osteopathic standpoint, a misplacement so slight of some bone, large or small, as often to be invisible to the eye and only detected by the skilled osteopathic touch.

It is these mal-adjustments which give abnormal tension to the muscles attached to the bony structure; exert undue pressure on nerve fibres and impede the free passage of blood through the arteries and veins to and from adjacent parts or organs.

Osteopathy holds and can prove by its results and by scientific investigation that this slight but constant, impairment of nerve force and blood distribution will in time affect the functional activities of the organ or organs, whose nerves, or blood vessels chance to be impinged upon.

Quoting from Dr. McConnell's able address before the A. O. A., entitled "The Osteopathic Lesion," we find the following to confirm our premises; "All of the physiological, pathological, experimental and clinical data, concur in the theory that a physically disturbed anatomy is productive of functional and organic disorder absolutely independent of and in many instances primary to cell disturbance from auto-intoxication, dietetic lesions, hygienic abuses and the like."

Many of the ills to which married women are subject may be traced to spinal lesions of the vertebral column consequent upon child-bearing. The joints of the entire body being greatly loosened at that time and the spinal column decidedly weakened, many spinal lesions are acquired from using the back too soon, which at the time may not give any decided trouble, but result in serious undermining of the system.

III. And now we must consider that class of weakened tissues, which are produced by excessive functional activities, from which every man and woman could be exempt, if they would.

The majority of the organs of the body are not only automatic in their action, that is, independent of man's will, but fortunately for the preservation of the human race their functional processes are carried on silently and unbeknown to the mind of the owner. God saw fit to put three systems, or sets of organs partly under man's control and to impart to them pleasurable physiological sensations. We refer to the brain, the alimentary tract and the reproductive system. I would venture in all reverence to say, that as God now views the devastation of the handy work, which he pronounced good and in his own image, that

should he re-create the human race he would in all wisdom deprive mankind of those sensations of physiological pleasure.

Fortunately brain action is not unaccompanied by a certain phase of the working element, so it is only the exceptional individual who so overtaxes his brain as to sacrifice his physical welfare and we believe it is only those, who have an inherited weakness, whose brain work succeeds in unbalancing their mental powers. The brain is the seat of intelligence with which God endowed us for the purpose of regulating and controlling the other body functions which are in our care. But alas! how often the physiological overpowers the higher intelligence and human nature succumbs to the animal nature.

The entire alimentary tract does not move at our bidding. After food is once started down the esophageal road and its coming is heralded by the peristaltic wave of muscle fibre, the sentinels along its journey known as the stomach, liver, pancreas, spleen, kidneys and intestines rally to the automatic summons. They work faithfully and unerringly for the transformation of that food-stuff into body tissue; that accomplished, it was ordained they should rest. But alas! sleep is sometimes the only sure means of securing that needed rest, and fortunately we are so created that sleep will come of its own accord, even unsought. Our's is only the power, in this whole digestive process, to feed the machine, to supply fuel to the flames. But at the entrance to the esophageal highway, tribute is paid to the guardman.—Mr. Palate receives toll from every passer by and if the passenger be an agreeable, toothsome morsel, the toll fee is unlimited. So because of Mr. Palate's insatiable greed the burden which the stomach and the other digestive organs have imposed upon them, is frequently greater than they can bear. This continued stimulation and constant drain upon the digestive fluids, so overtaxes the digestive glands, that soon, like a tired horse under the driver's whip, they refuse to respond. The mucous lining becomes swollen and irritated. Then a train of ills follows. Food and drink continue to be poured in. The food-stuffs cannot be properly acted upon, or prepared for assimilation; the liver and kidneys become incapacitated; waste matter accumulates in the system. Thus the digestive tract, from excessive functional activities becomes a prey to one or more of the numerous diseases common to it, and germs may there flourish more as a consequence, than as a cause, certain germs having special affinity for certain organs, or tissues.

Under this heading, maybe classed as factors, in disease breeding, chemical and drug stimulation, bad water, bad food, bad air, lack of sanitary precautions, etc. If the kind of food be not good the effect of overtaxing will be much worse. Only a small proportion of people



realize the importance of good air, good water and physical exercise to the well being of the body, consequently many suffer materially from the lack of these essentials.

Last, but I am sorry to say not least, comes the abuse of the reproductive system. The chain of ills which follow in its wake are legion. The care of this wonderful and all powerful system has been entrusted to man's keeping, so that under the guidance of discretion and good judgment a new being maybe brought into the world. But alas! how many of us can claim to have been the product of forethought and intention.

Instead of being the hallowed charge of mankind, the reproductive system has become the abused and debased toy of passion. To go into details on this subject would take more time and space than we have. Suffice it to say, that the abuse of the sexual system, within as well as out of wedlock, produces no end of ills to the human body. Man suffers, though not so much as woman. Let us say, just here, that it is chiefly through the abuse of the genital function that disease, or disease tendencies are handed down to children. Yet, for their comfort let it be added, that those children who inherit such tendencies could to a great degree counteract them by proving themselves trustworthy stewards of the three body functions of which we have been appointed guardians by abstaining from excessive brain work, from excessive sexual indulgence, overeating, or over drinking.

The abuses of the second named system, becomes a disease-breeder not only because of the weakening of the special organs involved and the specific diseases which attend them, but it is a drain and tax upon the entire nervous system, of both male and female, and until men conclude to let human nature over-rule animal nature they will continue to be blessed with nerve-wrecked, irritable partners.

Yes, the human body is immune. A perfectly adjusted, normally working human mechanism in which nerve force is properly generated and distributed to every part of the body and the blood streams flow freely and uninterruptedly to every organ, cannot fail to ensure immunity to the individual, be surroundings what they may. On the other hand, even though the inheritance be clean and the individual temperance unimpeachable in every particular, the system will surely be undermined to a degree, if there be slight bony lesions, which interfere with its perfect functioning and the nutrition to the organs.

Could we discard improper ancestors, live a clean life, keep our anatomical adjustment perfect we would all be immune to disease.

### OSTEOPATHIC DIAGNOSIS.

PAULINE R. MANTLE, D. O., SPRINGFIELD, ILL.

Read at the meeting of the Osteopathic Association of the Sixth District of Illinois, November 18, 1905, Springfield.

The invariable questions put to physicians by suffering humanity are "What is the matter?" and "What have you in your especial line of healing that will restore to health or give relief?"

To the physician, the question of what is the matter is of first importance, for until that is thoroughly understood the question of relief cannot be answered.

These questions usually follow a recital of complaints which it seems wise to listen to without interruption, for the good results of a blending of sympathy and confidence are obtained; the patient gaining in self-possession and composure, while the physician is given opportunity to notice the general appearance of the patient, the color and condition of the skin, the carriage, nutrition, the nervous condition and other points that may have some bearing upon the case as departures from the normal.

"Be sure you are right and then go ahead" is a good motto for every body in general, but for the physician in particular.

In order to be successful in the treatment of disease, the most important step is a careful and correct diagnosis. When the ailment is thoroughly understood the treatment is certain of being followed by good results.

To this end a thorough and systematic examination must be made as well as inquiry into the history that suggests any connection with the case, the conditions of general health, habits of the person, individual peculiarities, temperament both physical and mental, the state of the body, age, physical and social conditions that influence the person presented for treatment.

Throughout the history of all other schools of healing the only known pathway to diagnosis has been that of symptoms as given by the patient, together with those noticed by the physician in a casual observation.

Aside from feeling the pulse and looking at the tongue, very little of the anatomy has been considered in the make up of conclusions concerning disease.

Right here is where osteopathy has stepped in with advantages over all other schools, justly claiming diagnosis as her stronghold, combining the methods of both medicine and surgery with a liberal addition of methods of her own both new and original.



Until osteopathy became known, anatomical and structural abnormalities received practically no attention by diagnosticians of other schools; but, like all things valuable, osteopathy has suffered and is suffering from irritations.

Schools of medicine are now advising the examination of the spine and some of them are even trying to imitate osteopathic methods of healing, expecting, it is supposed, that osteopathy should consider it a compliment, believing that "Imitation is the sincerest flattery."

Until the public is able to recognize the fake from the true, and until it is known every where that true osteopaths are educated for their profession as thoroughly as medical doctors are for theirs, and until medical doctors are willing to consider that osteopaths are educated as well as themselves and learn the true principles of osteopathy instead of following prejudice, blindly criticising what they do not understand, and until those in the ranks of our own profession are true, basing their diagnosis of disease upon abnormalities detected under their own eyes and fingers, osteopathy will continue to suffer at the hands of imitators and cannot rise to the fullness of her greatest possibilities.

With the impress of disease stamped upon the body, why should not osteopathic diagnosis be the most accurate and the most scientific method ever presented?

This school being most interested in the mechanical structure of the anatomical machinery, looking to the structures involved in the production of disease to figure most largely in its cure, thus holds in common with the school of Homeopathy the fundamental idea of the hair of the same dog being good for its bite. The difference appearing in the application of the cure; the homeopaths looking for a like cure without the body, while we osteopaths look for it within the body, relying upon nature's unfailing law to return to the normal when placed in position to do so.

Although homeopathy has received osteopathy with far more leniency and treated her ideas with far more tolerance than have the older schools, she has failed, as yet, to recognize the kindred tie in anything like fraternal fullness. But in consideration of recognitions already fairly won, osteopathy can, with becoming modesty, possess herself in patience until the truth of her genuine merit shall win its way, proving itself in every instance.

Osteopathy occupies a broader field than does any other school of healing. It embraces everything known to the medical profession and covers much that belongs to that of surgery. It is not only concerned with the mechanics of the human machine, its development, its varying capacities at different periods of life and under different con-

ditions, but as well with the effects of disease, disability and injury, the influence of each upon the entire body and the ultimate results.

The osteopath often has opportunity while examining a patient for the treatment of a known trouble, to recognize other disturbances in incipient form, unknown as yet to the patient, and by timely treatment check them while the cure for the known trouble goes on at the same time. For this reason complications do not disturb the osteopath as they do physicians of other schools, for the treatment of one physical ailment in no way conflicts with another providing the practitioner knows how to be specific in the treatment. Unless the true cause for the condition is known, the operator may work hard and faithfully without gaining the desired results, and may make some or all of the troubles worse instead of better. To stimulate a heart weakened by being crowded and impressed upon through the faulty functioning of other organs would be fatal as would also the induction of blood to the brain in an attempt to check a cerebral hemorrhage.

Had osteopaths no knowledge beyond that of masseurs, and no powers beyond those of electric batteries, and no more exactness than that of materia medica, and no keenness of discernment between the result and the cause of disease, we would not be in existence as a class of professionals today and our science would not be growing and strengthening as it is in the confidence of the people.

Had osteopathy failed to prove its genuineness, the song of its birth would have been the sigh of its death, or the few years of its existence would have served only to relegate it to the past as the fad it was at first pronounced, that could not for long humbug the world.

Its success in great numbers of cases that were failures under medical treatment, has been the most potent factor in its advancement and the strongest argument for its ability to discover the cause of disease. Thus osteopathy is rising and will continue to rise in the scale of systems of diagnosis.



## ADDRESS.

BY ARTHUR G. HILDRETH, D. O., ST. LOUIS, (A. S. O., ATLAS, '94.)

(This address was made before the Atlas Club December 14, 1905.)

Adair County is my birthplace and the home of osteopathy and as the latter will go down in history. It gives me pleasure, therefore, to return to this place, in a two-fold sense a home and to speak to the Atlas Club where I feel, also, at home. Our Atlas membership reaches from New York to San Francisco and from beyond Duluth to New Orleans. Most of them I know; they are way above the average in the field, and you have a task before you to keep the membership up to the standard they have set. The club was organized by men who had high ideals and sought to bring together the best men and those who promised the most to the profession. In the club we can not afford to have one mean spirit; but the good of the club and of the profession should be above every other consideration on earth.

In the profession at large, there is much talk of the standards of qualification and of completing the circle of osteopathic education by teaching surgery. To determine the advisability of such a step you must keep in mind the history of the development of osteopathy and must first understand the ideas and the struggle of the pioneers in the profession.

Dr. Hoffman greeted me jocosely with the remark, "They say Hildreth is the man who is always fighting pathology." Now, I am not doing that; but we must be careful lest the old machine become too top-heavy. We are anxious for higher education and for high standards; we are not fighting against the new studies, forced upon us by the influence of medical men in legislation, but we must first make sure of maintaining the individuality of the old and fundamental teachings that have made us what we are. You can hardly conceive of the obstacles that have been put in our way from the first, through the last dozen years of our progress especially, and we must not at this time overlook the objection to studying symptomatology, pathology and other studies from the medical standpoint—that they change the poise of thought and present a point of view that is not osteopathic. The mistakes of our own men in our own ranks have been the greatest obstacles to our progress. They have done more harm than the medical men ever have done, or can do. Yet their attitude toward us can hardly be forgotten, but their insults have been borne because we knew that this profession was based on a solid, scientific foundation and would triumph in the end. Get down to specific work and learn to treat pa-

tients so as not to reflect upon yourself and your profession. (Several cases were given here illustrating injurious treatment.)

As to surgery, I took at Denver this position. We recommend surgical procedure when absolutely necessary. The average M. D. is not qualified to practice surgery, and unless the osteopaths are better, much better prepared than these, they should not be certificated to practice it. If we teach osteopathic surgery, let us teach it right; teach not one extra year but three extra years with one year in the best hospital in addition. I wish I had a record of cases brought to me for treatment after surgical work had been done. They would show the necessity of preparation in surgery before practicing it, far beyond the present attainments of the average M. D. I hope that you will so work that you will never cut, nor recommend surgery except when absolutely necessary and not as a substitute for treatment that you are not skillful enough to give with your hands. The surgery fad has been created by the fact that drug medication has not satisfied; but your profession is far superior to either surgery or medicine. Though surgery is a necessary science, it is used altogether too much. If you learn your work as you should, you will have no doubt as to what is or is not a surgical case.

Do not in your treatments attempt to imitate the manipulations of any man. With what instruction you have had, work them out for yourself. If you know your anatomy and physiology well, as Dr. Still told me this night, you would know where the pain is and how to relieve it. There is no need of hurting patients in giving treatments. Those who have complaint to make about osteopathy have been treated either too hard or too long. If you treat the whole spine to remedy a specific condition, you put yourself on the plane of the masseur and you can not afford to lower your profession in that way—said with all due respect to the masseur.

In your practice remember that the profession will stand by you if you stand by it. It presents to you the most splendid opportunity for study and research offered by any profession on earth; and when you question what you can do for suffering humanity, I would hardly dare tell you, it is so great a field; and if you are the right man your enthusiasm will grow, as mine has for thirteen years, every day.



## EXPERIENCE OF A FIELD MEMBER.

CARRIE A. BENNETT, D. O., JOLIET, ILLINOIS.

When it comes time to enter the field, various misgivings will come to one's mind occasionally and one wonders what the science of osteopathy may mean to her in the future and what she may do with it for the benefit of the public, and it is well if one's faith in osteopathy is absolute.

At no time have I found it other than it was taught us at the A. S. O. The results are as wonderful as we hoped they might be. The patients who have tested its value by a long or short course of treatment, return for an occasional treatment or send other members of the family or their friends. It proves itself daily. Experience shows that some M. D.'s will not hesitate to call us fakes; yet others send us patients. The work of a woman osteopath is broad and entirely satisfactory, she is shut out from nothing. The best homes are open to her both socially and professionally. Her opportunities, to grow in every way are unlimited and if she takes as much interest and care in preserving her own health as she does that of her patients, she need not wear out in a few years of practice.

As to some ever recurring questions; some one asks, "Would you locate in a city or small town? If possible, locate in an environment which is the most congenial to you be it city, or town; there you will be able to do your best work and live your ideal life, which will have its effect on every patient you treat. Another one asks, "Would you locate in a city where you are an entire stranger?" Locate if possible where you have at least a few friends. A few words from them to others will be invaluable.

Undergraduates ask, "Well, how do you like the practice?" Does it pay? Are you satisfied with results, etc?

In reply I would say it is more than "likable," it is fascinating. It does pay and the results are wonderful in the majority of cases. As to your office, seek to furnish it rather to rest the people who enter it, than to impress them with its elegance or richness and as one's personality invades the rooms they inhabit daily, make that such as would inspire their respect and confidence.

## CASE REPORTS.

LUCIUS P. MEAKER, D. O., AUBURN, N. Y.

**Cerebral Hemorrhage:—**

Male, age 71. Up to the time of the shock he had enjoyed exceptionally good health. The cerebral rupture came without warning and attended with but little pain. The extravasation of blood must have been slight, as only the right arm was paralyzed. The speech was slightly affected.

Patient came for treatment within twenty-four hours from time of seizure, so the best possible opportunity was afforded to show what osteopathic work could do. The atlas and axis were found quite markedly deviated to the left, and the neck structures were tense and extremely tender. I could get absolutely no history of injury to the head or neck.

The paralysis of the arm was complete, but following the first treatment there was improvement in the speech and the man could wiggle the fingers. From the beginning the improvement was very rapid, and the clots must have been almost entirely absorbed, as the recovery was pretty nearly perfect. In all, five treatments, within a space of two weeks, were given, and the results surprised me as much as they did the patient. Recovery was so rapid that the man did not realize how serious his condition had been, and so never said much about it.

In a way, these quick cures do us about as much harm as good, as they give people an idea that all diseased conditions ought to be cured with only a few treatments, and so they are easily discouraged if results are slow in coming.

**Dysmenorrhoea:—**

Age 29; married. A fall upon the ice resulted in a forward displacement of the right innominate. Menstruation was very painful after the accident, and incapacitated the patient for household duties. Correction of the slipped innominate restored normal conditions and menstruation thereafter was painless.

**Enuresis Nocturna:—**

Boy aged 10. This child could control the bladder sphincters during the daytime, but micturated frequently at night. The evacuations took place without waking the patient.

The lumbar spine was posterior and the muscles and ligaments in that region lacked tone. Work directed to the correction of the kyphosis, and the improvement of the circulation to the muscles and spinal cord in the affected area was productive, in a few weeks, of a complete cure. No return of symptoms in three years.

**Chronic Diarrhoea:—**

Female, aged 65, with history of bowel trouble for fifteen or twenty



years. She could not control the sphincters, and evacuations would occur without warning. The patient could never go away from home for fear of the consequences. The lower dorsal vertebrae were slightly posterior and there was but limited motion there and in the lumbar region. The correction of the lesions resulted in restoration of normal bowel action and control, and after a period of nearly three years, since treatment was given, she is still free from every symptom of the old trouble.

#### **Deficient Activity of Mammary Glands:—**

Two nursing mothers, under treatment for other troubles, complained that their supply of milk was failing in both quantity and quality. In each of the cases the ribs—from about the third to the sixth, were found crowded together, and the separation of the ribs and the relaxation of the intercostal muscles restored healthy conditions in the breasts.

#### **Some Unsuccessful Cases, H. W. GLASCOCK, D. O., RALEIGH, N. C.**

I don't know how it is, with the other boys, but the cases most interesting to me are those on which I have failed. While I have had some as brilliant results as any D. O. in the field, I have had some results as lamentable as any one. Sometimes to my sorrow the fault has been mine; at other times it was the patients; at others it was the condition; but blunders have made my success. Had I not made them, I should never have made any improvement. It takes opposition to bring out the best in everything. We have all made mistakes, and in this paper I will exhibit a few failures and give the "why."

The first was a case of deafness of five years. Patient could not hear ordinary conversational tone. The atlas was rotated to the right. Patient had never seen an osteopath before, until I asked him to consider our legislative bill. He knew nothing of osteopathic methods. I placed him supine on the table and set the atlas at the first movement, by rotation of head against rotation of the atlas in opposite direction. After the operation he could hear as well as any one until a few hours later when turning his head suddenly the atlas slipped. (He heard it "pop") out of place, and again his hearing was lost. I tried five successive times to replace that atlas but failed, owing to the fact, that when ever I would make the attempt the patient would resist so, that nothing could be done. Said he was afraid I would break his neck. I exhausted all means and told him that it was no use to make further attempts. In this case the fault was cowardice of the patient and my being unable to overcome the resistance. He had his way when I should have had mine. Any way the patient voted for our bill.

Next case was one of neuritis of the anterior tibial nerve, of six

months. Right innominate back, fifth lumbar to left. He was about twice my age, and did not have much confidence in my methods. I diagnosed his case and explained it to him fully. Told him it would take at least three months of the best of work to fix it, and told him why. The lesions were tight and of long standing, and nature had adjusted itself to the condition. On attempting to reduce, and on manipulating the joints the pain was so great that he vowed he could never stand it. I treated this patient one month, and at the end of that time he was no better because I had not yet removed the lesions. He concluded at this time that I had had ample time to set any joint, if it could be done; so he gave it up, with the idea that osteopathy was a humbug, and he is a very prominent man of this place. The fault in this case was that the patient wanted to get well before he possibly could and thought he knew more than his doctor. The patient is still suffering.

The next case was one of chronic running of the middle ears, of twenty years with abscesses. Lesions were: atlas to the left, axis to right. Of course a great deal of the middle ear tissue had been eaten out. The blood supply was cut off, and parts of the nerves were gone. Nature, around the abscess and sore, was not strong enough to go through the process of repair, even after I had relaxed all tissues pertaining to the trouble. I was able to loosen the lesion some but could never get it unlocked, and I failed on the case after nearly three months treatment. The fault in this case was the deformed condition of the atlas and axis which could not be changed, at least in the time spent.

The last case is one of Friedreich's ataxia, of four years standing. Spine curved to the right. First month patient improved nicely, but ever since has done first well then badly, and at one time I thought she would not recover. I have studied every thing that I could get hold of and done everything that I knew of. Sometimes she seems nearly well for several days, and the next day will be in bed. The fault in this case is mine. I don't know what more to do; perhaps the case is incurable. At the end of four months I can't say that the case is any better. I have worked on the lesion at every visit. Yet the vitality doesn't seem to last long enough and be strong enough to repair the trouble. There may be some other cause but I can't find it. Yet I firmly believe her case can be cured by osteopathy.

Thus I have shown four different kinds of failures in cases that we are making every day. I believe osteopathy will cure almost anything; but it depends upon the patient, the condition and especially the osteopath, to accomplish the cure. I find controlling patients is a hard thing to do. They seem to think everything depends on you, and nothing depends on them. Learn to manage the patient as well as the lesion



and your failures will not be so many. With the co-operation of your patient and sound common sense osteopathy you can cure the most of your cases. When we look back over our failures they seem simple yet at the time we were up against it to know what to do. They are high priced experiences—but we profit by them.

DR. ANNIE Mc C. BROWNLEE, PATERSON, N. J.

I am glad to report for the Bulletin an interesting case of Dr. Dowell's of Paterson.

A man well known in our city called up over the telephone one day and arranged for treatment at the same time making the remark, "I want you to know I don't believe in it a bit but the doctors (M. D's.) have all given me up to die." In addition to other ailments one of the patient's great toes was swollen to several times its normal size, was extremely painful so that he limped and walked with his foot very much turned out. He said the Doctors had pronounced it "gout and every other ailment the great toe is heir to," and, by the way, the patient is a graduate M. D. himself, though at present not engaged in practice.

Upon examination Dr. Dowell found a sesamoid bone dislocated and he was able to replace it at once; immediately the toe began to decrease in painfulness and size and after the fifth treatment was normal and all lameness gone—the condition had existed for eighteen months without relief. The patient says, "I can't understand it and sometimes I sit and look at that toe for twenty minutes and wonder how punching my back could have cured it." Funny, isn't it? The patient's general health is improving also.

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#### OSTEOPATHIC GLEANINGS.

(Compiled by the Editor.)

##### Peculiar Shoulder Lesions.

ERNEST SISSON, D. O., SAN FRANCISCO, (A. S. O., Atlas, '00.)

SOME SURGEONS have stated that the playing of golf was responsible for many attacks of appendicitis. We might naturally expect this result to be effected through a strain in the region of the iliac or psoas muscles, or interference with their nerve supply through a disturbance of the spine at their origin. But since I have relieved attacks of appendicitis by treatment directed to the region of the 10th and 12th dorsal and upper lumbar vertebrae, I am inclined to ask why we may not look to that region for the cause. Consider the position a person assumes in making a stroke in golf. With the club brought far back over the shoulder, both arms in use to make a vigorous blow, the weight of the body resting mainly on one foot, the spine is rotated to the extreme

end, and the muscles are all tensed. Then follows a sudden swing of the arms, causing the greatest rotation of the spine in the region of the lower dorsal and lumbar vertebrae, the latissimus dorsi muscle being brought especially into action. This gives a chance for direct disturbance to be set up in the region that would affect the ilio-psoas muscles.

I have lately been treating a case that illustrates a reversal of this action in the far-reaching effects of the shoulder, and the thoroughness required in search for cause of an effect in the treatment of cases. About July 7th Mr. A—— came to me suffering from numbness and pain in the left hand, arm and shoulder. Certain positions assumed would greatly aggravate this suffering such as reclining on the back with arm resting at the side; standing or walking with the arm loosely hanging; or sitting at a table writing, with the left hand in the loose position usually taken.

I found, upon examination, great rigidity in the neck; the first rib also subluxated on the affected side. In three weeks I had these conditions largely relieved. The pain was considerably lessened, but the numbness and tingling still remained. I found a slight lateral lesion at the 12th dorsal vertebra, with tenderness to touch, and resolved to see what effect, if any, could be produced in connection with this. The area affected being that supplied by the musculo-spiral nerve. I placed the patient in dorsal position, with hand and arm at side so as to bring on the distress. As soon as it appeared strongly, I flexed the spine strongly at the lesion and then returned the patient to first position. The numbness had instantly disappeared and normal feeling had returned. After several minutes resting the numbness again returned. Waiting until it had increased and without moving the patient, I slipped my hand under his back and brought inhibitive pressure to bear on the left side of the affected vertebra. The numbness again disappeared. I removed the pressure and it reappeared. This I repeated several times with the same effect. Stimulation at this point increased the distress in the arm, I believe the action here of the latissimus dorsi which receives its nerve supply from the same cord of brachial plexus as gives off the musculo-spiral, was aggravating the distress. (From an address before the California Osteopathic Association.)

##### Our Greatest Dietetic Sins.

MRS. S. T. RORER, IN LADIES HOME JOURNAL.

In summing up, we find that our greatest dietetic sins are overeating, hurried eating, too frequent meals, too much complicated food and fried food. Overeating produces an accumulation of waste products in the blood. Hurried meals produce indigestion, both stomach and intestinal. Too frequent meals produce both indigestion and an accumulation of waste materials.



Too much meat causes rheumatic troubles and diseases of the kidneys. Too much sugar brings uric-acid conditions and the diseases that follow in their trail. Too much fat clogs the liver, and this is also true of sugar and starch. Too much sugar and starch produce fat, which in turn produces muscular degeneration.

The foods to be condemned as utterly unfit to eat are fried foods and ice-cold dishes.

**Some Visceral Actions Obtained by Manipulation of Cerebro-Spinal Nerves.**  
J. J. PIERCE, D. O., SAN FRANCISCO.

... Experiments on intestinal movement and circulation brought out some unexpected results. We have accepted as fact the teachings of physiology that the splanchnics are inhibitive to peristaltic action of the small intestine, and I first made experiments expecting to get such results, but was greatly surprised to get an opposite action of very marked degree, and in over twenty demonstrations the results have been the same.

The animal is prepared in the same manner as for the heart experiment. The abdominal wall is opened in the median line and the edges of the opening held back that a full exposure may be obtained. A loop of intestine is spread out and note is taken of the movements and the condition of the mesenteric vessels. The effect of opening up the abdomen and exposure of the contents to a cooler temperature is stimulating and peristalsis is increased for a time, but this is soon adjusted to the ordinary condition.

Stimulation now being given by placing the fingers on each side of spine in the mid-dorsal region and making and breaking pressures, the various loops of the small gut are seen to immediately increase in peristaltic action, the effect being pronounced and prolonged for quite a time. The mesenteric vessels are plainly seen to constrict. Inhibition now given at mid-dorsal region is followed by just the opposite—decrease in peristalsis and dilation of the mesenteric vessels.

These changes are clearly and distinctly observed and have not failed in any demonstration I have made. As stated above, these changes are the opposite of most physiologic teaching heretofore in regard to mere peristalsis, the vaso-motor action of the splanchnic nerves being already known to be at least constrictive to the mesenteric vessels. The two conditions here require a little special notice. It will occur to you that texts on physiology are distinct in the three assertions: i. e., first, "The splanchnics seem to be inhibitive to peristaltic action of the intestines;" second, "The reduction of oxygen increases peristaltic action;" third, "The splanchnics convey vaso-constrictor fibers to intestinal vessels."

I was thoroughly prepared to see inhibition of peristalsis of intestine upon stimulation of the splanchnic region of the spine, when I first made this experiment, yet could not reconcile the inhibitive power over peristalsis and the constrictive power over mesenteric vessels, because the latter action would reduce the amount of oxygenated blood in the intestinal tract and favor peristalsis. I have been much gratified to get uniform results by direct manipulation, that prove the splanchnics to be accelerator to peristalsis of the intestine under manual manipulation, and that such augmentation goes hand in hand with the vaso-constriction impulses passing by way of the same nerves.—California Asso. Report.

**Treatment of the Liver.**

J. R. BAILEY, D. O.

The liver, like all the vital organs, is dependent on the integrity of its nerve supply, and stimulation applied through the nerve centers is the only rational way to reach an inactive liver; treatment tending to loosen up and free any obstruction in the path of the nerves supplying the organ, and to stimulate the action of the centers; treatment over the bowels and stomach to aid secretion and stimulate the solar plexus, and directly over the liver by raising the ribs and massaging the organ as it lies well in under them—this will stimulate liver cells to action in the special functions in which they are weak, without upsetting the normal action of the organ as a whole. A little attention to diet, and a glass of water at odd intervals between meals, will do the rest; a glass of water before breakfast will surpass any chologogue known to materia medica; it stimulates the cells of the liver and clears the deck for action as no drug could do.

**Pressure—Its Relation to Disease.**

DAIN L. TASKER, D. O.

Whenever any portion of the body is injured a swelling appears at the point of injury and the first impulse of the injured one is to press that part so as to restrain the pain. When a boy stubs his toe the first thing he does is to take firm hold of it. Why? There is an instinctive feeling with him that he can lessen the pain. A good firm grip on the toe does lessen the pain. It restrains the rushing of the blood into the injured tissue and thus lessens the internal pressure on the nerve endings.

Every disease known to mankind is simply a picture of the changes wrought in the function of nerve-strands and the tissues controlled by them.

Pressure is a large factor in the causation of disease. Examples which are common to everybody are sufficient to indicate to the average



reader that a system of medicine based on the study of the structure and function of the body has a breadth of application which far outstrips anything based upon mere drug action. Remove the pressure is the keynote of the osteopathic system of medicine. The application of this principle requires a knowledge of the normal human body which exceeds that required of any other school of medicine. Probably the reason osteopathy has become so popular is the fact that the average man who reasons notes the larger facts just mentioned and then makes the legitimate deduction that when motion, sensation or secretion is disturbed in any portion of his body, be it lungs, bowels or extremities, it is due to a change in the nerve impulses and the circulation, these two reacting upon each other and both being subject to varying pressures. To relieve permanently is a question of correcting pressure. That is the business of the osteopathic physician.

#### Consumption.

W. D. KEENE, D. O., PHILADELPHIA.

Mr. W. B., age 52, family history of consumption. This patient presented, even to a layman, undisputable signs of tuberculosis. His color was ashen, face pinched, eyes glassy. He had suffered from an intermittent cough for two or three winters; had no appetite, was constantly expectorating and lost thirty pounds in one year.

Examination: A marked depression under both clavicles, dullness of percussion over apices of both lungs, particularly the left, with co-incident want of expansion over area of both lungs. The anterior chest muscles were contracted, also the muscles over the posterior aspect of the lungs; a decided posterior curve involving the upper dorsal region associated with a right lateral subluxation of the fourth and fifth dorsal vertebra. The left clavicle was depressed and there was a decided dropping of the fourth and fifth ribs on right side, in fact, there existed the characteristic barrel-shaped chest. Tubercular bacilli were found in the expectoration.

The vaso-motor pulmonary centers were affected by the lesions in the dorsal region, producing a culture ground for the existence and propagation of the bacilli.

Treatment: Relaxed the contracted muscles, removed the dorsal lesions, thoroughly raised the ribs and depressed clavicle, stimulated the pulmonary circulation and advised patient to practice deep inhalations of pure air. This mode of treatment, in conjunction with cool morning bathing, and liberal diet of easy digestion was persisted in for a period of three months, at the expiration of which time the patient had gained ten pounds in weight, the cough ceased, also the night sweats.

Upon an examination of the sputa, at this time, no bacilli were present and the patient was apparently cured.

(Note.—This patient was treated four years ago, and I am gratified to state that no sign of the disease whatever has returned up to date.)

—A. O. A. Journal, 1904.

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#### WHY A "REGULAR" FOUGHT OSTEOPATHY.

"What have you got against osteopathy—why are you opposed to passing a bill to regulate its practice?" was the question asked of an active member of the medical lobby which worked against the osteopathic bill in the New York Legislature last session.

"Got against it?" echoed the "regular," with rising indignation—"why, didn't I lose twenty of my best families to the osteopaths the past year? Gentlemen, this fad has got to be stopped."

That answer, we think, fairly states the motives of the members of the other systems of medicine who oppose the legislation that seeks to put osteopathic practice on the right basis. Our bills invariably demand high educational qualifications on the part of applicants for osteopathic licenses, while seeking at the same time to prevent those who are not graduates of regularly conducted, full-term schools from representing themselves as qualified osteopaths.

It is too bad that such a state of affairs should ever exist; but we osteopaths can not help it. We never spend our time trying to frame laws to govern or suppress the representatives of other systems of healing. Indeed, we are always glad to give them full co-operation, if they ask it, to enact laws that insure the M. D.'s liberty in practice and protection against unqualified members of their own profession, such as we ask for our own school. The safety of the public, as well as justice to each school of practice, demands that much.—Medical Talk.



# THE BULLETIN

OF THE ATLAS AND AXIS CLUBS.

ALFRED W. ROGERS, A. M., Editor.  
MISS DAISY E. MORELOCK, Reporter for Axis Clubs.

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

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

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

KIRKSVILLE, MISSOURI, JANUARY, 1906.

## EDITORIALS.

**Dr. Pierce's Work.** "There are three distinct values to the practitioners to be had from knowledge of experiments in nerve physiology:

1st. Confidence that one may obtain definite action over certain nerves and centers by manual means.

2d. Knowledge of the effect upon visceral action of irritative, destructive or inhibitive lesions upon the course of such nerves or centers as control the organ in question.

3d. A means of effectively demonstrating that osteopathic principles are scientific, and can be proven." J. J. Pierce, D. O.

We cannot have too much of this experimental work done by osteopathic instructors, for the good of their students and the good of the profession. In the next decade of the history of osteopathy, the men who will lead the profession and give direction to its scientific thought will be those who are studying and teaching through original investigation. The men who cling to the teachings of the medical text-books can not be leaders in the new science of osteopathy. We are glad to see evidence furnished by Drs. Hoffman, Still, McConnell and Pierce of an awakening to the necessity of this fascinating line of research.

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When Alexander Pope's translation of Homer appeared, Dr. Samuel Johnson expressed his opinion of it as "a very pretty poem, surely; but it isn't Homer." We publish to-day a report of Dr. Hildreth's speech at the Atlas Club last month—reported with the necessary limitations

of notes taken long hand; but we hope that it may not only be regarded as an address rich with good points, but that Hildreth may be sufficiently evident in it.

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**Intensify Osteopathic Instruction.** There is a growing intensity of osteopathic sentiment in the conversation of the students which expresses itself in objection to teaching from the medical standpoint the etiology, prognosis and treatment of disease, and a demand for greater emphasis to be laid on osteopathic principles and their application. Dr. Hildreth and others argue very strongly the necessity of presenting instruction from the osteopathic view-point. Where there is deficiency in this regard and action is taken on the principle of giving the principle, letting the students "work it out for themselves," it will always happen, as it has in the past, that the upper one third of a class will study and work it out; the others will go into the field and discredit the profession by "rubbing" and "general treatments." For the good of the individual student and the credit of the profession we ought to have three or four times the amount of strictly osteopathic instruction that the colleges now offer.

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**To Our Correspondents.** With this issue, the work of Miss Daisy E. Morelock as Reporter for the Axis Club concludes by the ending of her term and by her own desire. To write up interesting reading in the Axis Notes and Axis Field Notes from the meagre material offered in club happenings and correspondence of field members with the club is, in some months, like squeezing juice from a dry orange. If Miss Morelock does as well by her future patients as she has with her department, her patients will have nothing of which to complain and much to commend. The Atlas editor holds over another term.

In this connection, we are prompted to make a suggestion to the field members. Certain remarks about the Bulletin have led us to conclude that the "Field Notes" are the most interesting department of the magazine; not, of course, the most valuable. It has been the practice to take from the letters written to the club officers a sentence or a few sentences containing sentiments worth quoting. These quotations serve the purpose of keeping alive the memory of those who have left school and are engrossed in their practice. Often the nuggets of wisdom in these quotations are a real source of encouragement to the home club members or bits of wholesome advice. Let the club members, when they write, bear in mind that their letters are valuable; and while we can not tell you what to write may we suggest that, while we have appreciated the cordial expressions of commendation of the Bulletin and



approval of its management, we should like to hear from field members expression of their opinion on one or another of such topics as—what club membership has meant to the writer; has wearing the pin proven of financial or social advantage; what the practitioner finds from his experience that osteopathic colleges should give its students which they do not now give, etc. A letter that should have a few bright sentences on any one of these topics would help to crystallize thought along some worthy line, and thus have its value much increased.

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**Lost Addresses.** Who will send us the correct addresses of these members? D. H. Reese, O. H. Kent, Alice Holland, D. S. Allen, Blanch McLaren, Fred G. Stone, Wade H. Marshall, Wm. C. Montague, Ada Ford, Wm. J. O'Neal, H. W. Emery, Emma R. Rochester, Jean Tyndall, Fred K. Wolteman.

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The Alpha Chapter of Iota Tau Sigma sends its holiday greetings to the Atlas Club in the form of a directory of its student membership—thirty-one students with Drs. Hoffman, Still, and Crowley. We wish the I. T. S. a Happy New Year.

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We have received through the courtesy of Dr. Wm. H. Ivie of the Publication Committee, a copy of the Fourth Annual Report of the Osteopathic Association of the state of California. The addresses printed in this report are valuable reading: Peculiar Shoulder Lesions by Dr. Ernest Sisson; Diseases of the Respiratory Tract by Dr. W. J. Hayden; Visceral Actions Obtained by Manipulation of Cerebro-spinal Nerves, by Dr. J. J. Pierce; Steps in the Development of the New School of Healing, by Dr. Dain L. Tasker; The Place of Blood Examinations in the Diagnosis of Disease, by Dr. Clement A. Whiting; Clinic—Epilepsy, Dr. Wm. Horace Ivie; The Germ Theory of Disease, by Dr. Warren Taylor.

The Association has a membership of 170, with Dr. Ernest Sisson, (Atlas '00), President.

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#### REPORT OF THE EIGHTH ANNUAL MEETING OF THE COLORADO OSTEOPATHIC ASSOCIATION.

The eighth annual meeting of the Colorado Osteopathic Association met December 18th, in room No. 325, Charles Building, Denver, Colorado. The meeting was called to order by the President, Dr. J. T. Bass. The minutes of the previous meeting were read and approved; this was followed by the President's address, he briefly stated the work accomplished during the year, giving the report of the entertaining of

the National convention and legislation accomplished.

The following officers were elected to serve for the ensuing year: President, J. T. Bass, D. O., Denver; first vice-president, R. B. Powell, D. O., Monte Vista; second vice-president, Mary N. Keeler, D. O., Loveland; secretary, Nettie Hubbard Bolles, D. O., Denver; treasurer, G. W. Perrin, D. O., Denver.

The following program was presented:

Paper, Congenital Hip, by Dr. C. C. Reid, Denver.

Demonstration and operation upon actual cases, by H. W. Forbes, Los Angeles, Calif.

Clinics for examination were presented by Dr. Mary Keeler of Loveland; Dr. E. E. Conway of Colorado Springs; Dr. R. B. Powell of Monte Vista; and Dr. C. C. Reid of Denver.

A general discussion followed which was of much interest to all present.

Paper, Concentration of Thought while Treating, by Dr. D. L. Clark of Ft. Collins.

In the evening the annual dinner was given at the Hotel Savoy with the following program of toasts:

Dr. J. T. Bass, Denver, Toastmaster.

Dr. N. A. Bolles, Denver, Legislation in Colorado.

Dr. Chas. C. Reid, Denver, Osteopathy vs. Homeopathy.

L. H. McCartney, Denver, Our State Organization.

Dr. L. S. Brown, Denver, Our Future.

Dr. Martha A. Morrison, Greeley, A. O. A., 1906

Dr. Vera S. Richards, Song, Sunrise.

Dr. Maude M. Sanders, Denver, The Social Side of our Profession.

Dr. H. W. Forbes, Los Angeles, Calif., Ethics.

Dr. Geo. W. Perrin, Denver, The "Old Doctor."

NETTIE HUBBARD BOLLES, Sec'y. C. O. A.

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#### ATLAS NOTES.

Dr. A. G. Hildreth of St. Louis visited the school December 14th, made a speech at clinics and met the two clubs—the Axis Club in the afternoon and the Atlas Club in the evening.

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Dr. Charles W. Proctor of Buffalo on his return from Central America, visited the school and the clubs, Dec. 1st. He made pleasing speeches before the classes and addressed a union meeting of the Atlas and Axis clubs in the evening. He narrated his experience in several interesting cases to illustrate the pros and cons of osteopathic prospects.



The men present at the club meeting Dec. 9th, heard the recital of some of the most interesting cases we have had thus far. Mr. F. M. Plummer described a case of recurrent appendicitis, the same patient having had recently an attack of hemianopsia.

Mr. E. B. Hart, just returned from Albuquerque, New Mexico, described the methods used in the treatment of Dr. Conner in his serious illness with typhoid fever. Dr. Conner is recovering. Dr. O. L. Sands, about to return to New York to resume his practice, also spoke to the club.

On other evenings, report of cases have been given as follows:

Mr. R. W. E. Newton, a case of Tonsillitis; Mr. O. C. Robertson, a case of Sciatica, which being cured, same patient had rupture of the urethra from an accident and "hemorrhage by rhexis;" Mr. W. E. Scott, a case of Sciatica.

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Dec. 20th, the Atlas men enjoyed, through the courtesy of the Axis Club, a very practical and valuable lecture by Dr. George M. Laughlin on Osteopathy in Emergencies. By the kindness of Miss Mary M. Shepard of the Axis Club, a stenographic report was made for the Bulletin and the lecture will appear in an early issue.

\*\*\*

While many of the students were away enjoying a holiday visit at their homes, the two clubs enjoyed together Dec. 23, a lecture by Dr. L. von H. Gerding on Development, considered especially with reference to the nervous system. In the absence of the Noble Skull, H. L. Russell, T. H. O'Neill, Occipital, presided. The regular business meeting of the club was dispensed with.

\*\*\*

Mr. Thos. H. Spence is acting as local agent for the Matthew and Beeman charts and T. H. O'Neill for the instruments of the Electrical Specialty Mfg. Co. Two good men handling goods of extra value for osteopaths.

\*\*\*

Three new initiates have been received during the month of whom we make the following personal comment:

Mr. Asa Wamsley, of the Sophomore class, is a resident of Ontario and came from the Buffalo school. He had a high school education and, previous to studying osteopathy, was engaged in printing. Became interested in osteopathy through friends in the profession.

\*\*\*

Mr. Carlton C. Norton, of the Junior class, was a resident of Buffalo, N. Y. He has received education in the high school and Cornell University. Before studying osteopathy, he was in government employ

in the post-office department. An intimate acquaintance with several osteopaths served to direct his attention to osteopathy.

\*\*\*

Mr. Ward Loofbourrow comes from Mount Sterling, Ohio, a graduate of Sterling High School. He is a brother of Dr. D. J. Loofbourrow of Sedalia, Mo., and was formerly employed in telegraphing.

\*\*\*

The installation of the new officers took place on the evening of January 6th. In connection with the report of the auditing committee, Mr. E. B. Hart made a statement of comparison of the activities and condition of the club during Noble Skull Russell's administration with previous terms. The present active membership is 80, the new members added during the term numbering 47, the largest in the history of the club. In the previous term we admitted 17, the smallest in the club's history. Not one field member has been suspended for non-payment of dues. Total of active and field members from organization to date numbers 454. The collection during this term also has reached a higher figure than ever known before. This has been accomplished through the marked ability, persistency and faithfulness of the Pylorus, Mr. J. P. McCormick, who cannot be praised too highly for the manner in which he has done his work.

A statement was made of the growth of the Bulletin showing the third Bulletin to have less than 1,500 words, the issue of Jan., 1904, 7200; the last issue, 16000 words.

\*\*\*

#### ATLAS FIELD NOTES.

Dr. L. S. Irwin, Washington, Pa.: "Don't let the boys be influenced to open chapters in other schools. In my opinion, it would weaken us woefully. When you see a man fastened to one of those pins, he looks like a long lost friend, and can only have graduated from the A. S. O. and under Pap's watchful eye."

\*\*\*

Dr. Dabney L. Davis, Meridian, Texas: "I value my membership in the club very highly. I am located in the little town of Meridian and doing "just fine." I would say to the new Atlas men that I wish them the benefit from their membership that I received while in school."

\*\*\*

Dr. A. M. Oswalt, South Bend, Ind.: "I often think of the many good times I had in the old halls and wish I could drop in and spend an evening with the boys. One does not realize the value of the club and club work until he gets out into the field. May the club ever prosper."



Dr. F. Payne, Millard, La Porte, Ind.: "I have watched the Bulletin grow from a small pamphlet to its present size and rank and wish to say that the high standard attained is very pleasing to the early members of the club and makes us proud of our club and its exponent."

\* \* \*

Dr. John V. McManis, Baird, Texas: "I hope the club is doing well. Remember me to all the boys and tell them they must learn to find the lesion. It is surely there if we can only find it. Am getting started very nicely."

\* \* \*

Dr. John Rieger, (05) has opened offices with Dr. O. B. Prickett, Billings, Montana.

\* \* \*

Dr. J. E. P. Holland of Bloomington, Indiana, sends New Year's greetings to the club, with the promise of a contribution to the Bulletin.

\* \* \*

Dr. Norman C. Hawes, Gouverneur, N. Y.: "I see by the Bulletin that you are still taking in good stuff for club members which I am very glad to see. You may tell the men who are about to graduate, that they have no idea how much they will miss the club, when they have got out in the field. When Saturday night comes, I often wish I was back in Kirksville to spend the night at the club."

\* \* \*

Dr. Mason W. Pressly, Jr., is holding a professorship in anatomy at the Philadelphia College of Osteopathy.

\* \* \*

Dr. Frank P. Walker (02) has changed his location from Cando, N. D., to St. Joseph, Mo.

\* \* \*

Dr. Jno. F. Bone, Wendon, Ill.: "I look forward to reading the Bulletin each month; it is great."

\* \* \*

Dr. S. Ellis Wright, Marion, Ind.: "Keep the Bulletin up to the present standard—make it better if you can—and the field members will stand by you in the good work."

\* \* \*

Dr. John Rieger, Billings, Montana: "I was pleased to note in the Bulletin the growth and vitality of the club. I came here in December to take charge of the practice of Dr. O. B. Prickett, who has been appointed postmaster at Billings. My prospects here are good."

\* \* \*

Dr. Reuben T. Clark, Natchez, Miss.: "The Bulletin is getting better

every year, with all due respect to former editors. The greatest compliment I can pay it is to contribute to it, besides being always glad to see it. I should like to have you call in a few articles on the "Ethics of Advertising."

\* \* \*

This letter from Dr. M. E. Pearson of Louisville, was received too late to be given a place with the symposium on Professional Charges in our last issue.

EDITOR OF THE BULLETIN:—

Your favor of the 25th asking my views on some questions of interest to osteopathic students and practitioners was received and in as brief a way as possible I will endeavor to express my sentiments.

"Is it good professional practice to charge less than the regular rates?" As a rule it is not, as you cheapen your services in the sight of the people, lessen their respect for you, consequently lose their confidence. If you get results there will be no need of cutting your price.

But if you do cut your price make out your bill at your regular rate. It is bad enough to cut the price but it looks a great deal worse on paper.

In acute cases I see no reason why a different rate should be charged. The treatment invariably has to be given at the patient's home which requires more time and strength.

Indiscriminate cutting of prices in osteopathy as in the mercantile world does more harm than good.

I have no doubt that the unfortunate patients who patronize an osteopath with shop-worn goods at cut rates will get the worst of it in the long run, as they will undoubtedly prove dear at any price.

There are osteopaths and osteopaths and the greatest danger to our profession comes from within our own ranks. Don't forget that we are physicians before we are osteopaths and men and women before we are physicians. If we prove ourselves physicians in the true sense rates will take care of themselves.

But don't imagine that I or any other osteopath have a cut and dried rate from which we never vary. "The poor you have always with you" and they are as much entitled to our services as their more fortunate brethren. Some of your charity patients will prove to be your best paying patients. I said "some" but don't suppose they all will, for some prove to be human parasites that even Dr. Williams' antiseptic treatment will not cure or kill.

The osteopathic profession certainly made a mistake when it established the practice of charging so much per month for its services, the same as any other tradesman.

We are the only class of physicians that do sell our services by the



month. We call osteopathy bloodless surgery and yet what would we think of a surgeon who would undertake to operate on patients at so much per month. I believe we ought to charge according to the case and circumstances, having, of course, a fixed minimum rate. But the custom seems so well established that it would be nearly impossible to change it now. But rest assured, under-graduates, that you will get all you are worth. If you think at times that you do not, look within yourselves for the cause.

Wishing the Club and all of its members a Merry Christmas and a very Happy and prosperous New Year, I am,

Fraternally yours,

M. E. PEARSON.

\*\*\*

An interesting letter from Clinton D. Berry, D. O., Rochester, N. Y. FELLOW CLUBMEN:—

I remember how well we used to like to get a little encouragement from "field," when in school, and as I have just had a little court experience, will tell you of it.

Was called before the Municipal Court of this city to give evidence in case of a civil suit. The plaintiff had fallen on an icy sidewalk and, as a result, had sciatica. This man carried an accident insurance, but the company would not pay his claim as they held that this sciatica did not arise from the fall. I treated the plaintiff, after he had been to four or five M. D.'s and after the lapse of three months time, giving him in all eight treatments brought him out of it. When I went on the stand, the lawyers asked me the regular questions as to residence, name, where I practice, if I was a regularly licensed doctor, etc., and I replied that I was a regularly practicing osteopath, but not licensed in this state. Then they tried to throw out my testimony because osteopathy was not legalized in New York state, but the judge took up the matter and after learning where I graduated, how long ago, how long and where I had practiced, etc., overruled the objection and allowed my testimony to be considered in the case. This scores another for osteopathy. The referee has not yet rendered his decision in the matter.

Our science is fast coming to the front and you may all be pleased that you have launched out in so staunch a craft. It is surprising to note what a large number of people have already tried osteopathy and as a rule are more than satisfied.

Am glad to know that the club is on such a solid basis, and with best regards, believe me,

Yours sincerely,

L. D. BERRY.

### AXIS NOTES.

In this, our last, issue it might be well to give a brief explanation concerning the editorials which were given with the Axis notes each month. We know it is not customary for a Reporter to write editorials, yet it occurred to us at the first that, if the Bulletin was to be of real interest to the Axis women, aside from benefits derived from the general matter pertaining to the profession, that it must contain something else besides the mere doings of our individual members, who are strangers to the sisters away from here. That is to say, some knowledge concerning the actual condition and general workings of the Club should be furnished, hence a little more time was given to this department than would otherwise be demanded. However, if, in the midst of our extremely busy and strenuous life, some have derived a little pleasure from the brief notes given we are doubly repaid.

\*\*\*

Before saying "Good Bye" to our readers we wish you all a Happy New Year! May it indeed be a pleasant, profitable year for you. As to Editor Rogers, we are certainly grateful for his kindness to us in this work. Thanks are also due Miss Traver for her assistance the last two months.

\*\*\*

As we go to press we are in the midst of election of new officers. We hope that the coming term will be as happy and successful as the one just drawing to a close. Miss Catlow has reigned wisely and well, perhaps this was due to the fact that she was guided, at all times, by the following favorite quotation: "A ruler who appoints any man to an office when there is in his domain another man better qualified for it, sins against God and against the state."

Several fine women have been nominated for the various offices. It is hard to tell which one of those nominated for her respective place, if elected, would be best for the office. Again using another one of Miss Catlow's favorite quotations, "Office confers no favor upon any man who is worthy of it, and it will disgrace every man who is not."

Dr. Hildreth gave a helpful and enthusiastic talk to the Axis women on Thursday afternoon, before the holidays, in the lecture room of the Atlas and Axis Clubs. As usual every one enjoyed him very much. Dr. Hildreth is a favorite and we all wish we had an opportunity to come in touch with him often.

\*\*\*

Dr. Griffith of the Boston Osteopathic School was in town about two weeks just before the holidays. She came to meet and know the



"Old Doctor." Dr. Griffith is a college woman and studied and practiced medicine twelve years before becoming interested in osteopathy, after which she studied, and is now a very enthusiastic and "rank" osteopath.

She addressed the club on Monday the 18th, the Phi Phi Omicron, and Delta Omega Sororities were with us. Dr. Griffith said much to encourage and help us. We certainly hope we may have the pleasure of hearing her again.

\*\*\*

Dr. Nettie M. Bolles of Denver, Colo., visited the "Old Doctor" during the holidays. She was initiated on Wednesday afternoon of that week. After which she addressed the club. Dr. Bolles was the first woman to study osteopathy, and afterwards taught here in the school. She is one of the few of the old graduates who has kept pace with the advancement of osteopathy. Her reasons for joining the club were, that the Axis organization stands for mutual improvement and the furtherance of osteopathy.

\*\*\*

The Atlas Club invited the Axis sisters to a lecture given by Dr. Young on Saturday, December 2nd, also to a lecture by Dr. Gerdine on December 23rd, needless to say the women enjoyed both.

The Axis women entertained the Atlas men with a short program and lecture given by Dr. George Laughlin on Wednesday p. m., Dec. 20th.

\*\*\*

Mrs. Blanche Still Laughlin honored us by attending the initiation of Dr. Bolles at the Club rooms on Wednesday, Dec. 27th. According to the constitution, Mrs. Laughlin is an honorary member.

\*\*\*

Owing to the death of Miss Anna McCaslin's brother, Rev. Robert McCaslin, she was called to Cleveland, Ohio, on Jan. the 2nd. She has the sympathy of the entire club in her recent sorrow.

\*\*\*

We give a few facts below concerning our new initiates:

Miss Katharine A. Broderick of Lorrington, Conn., graduate of Eagle Seminary, Goshen, Conn., taught school for a while, afterwards becoming a trained nurse, which she followed for eleven years, then taking up the study of osteopathy because she thought it would be better than nursing.

\*\*\*

Miss Edmire M. Cabana of Buffalo, N. Y., educated in public school and St. Mary's Convent, Buffalo. Became interested in osteopathy

because of the great benefit derived by her from osteopathic treatment, after having failed by long continued medical treatment.

\*\*\*

Miss Frances M. Witmer of Niagara Falls, N. Y., graduate of Niagara Falls High school, and Lockport Union School, of Lockport, N. Y. Her previous occupation was teaching. Miss Witmer was a dreadful sufferer for years and after undergoing several operations with no relief, placed herself under osteopathic treatment, which so benefited her that she decided to study osteopathy.

\*\*\*

Miss Mary Elizabeth Shupert, of the Sophomore class, comes from Elkhart, Ind., of the high school of which place she is a graduate. She was led to believe that there was nothing like osteopathy because her mother was cured of a severe illness by an osteopath after all other methods had failed; so she decided to study.

\*\*\*

We give the case reports of Miss Lucie B. Sutton and Mrs. Pennock. Miss Sutton reported a case of ascites and oedema of the ankles with treatment for the same. Mrs. Pennock gave treatment of a case of ovarian abscess with ante flexion of the uterus.

\*\*\*

Upon inquiry, we learned that our material had not yet been printed; so we could not resist the temptation to send in the list of our new officers elected January 10th. The Axis Club is to be congratulated upon this excellent body of women. No further comments are necessary.

President	.....Mrs. Effie L. Rogers
First vice-president	.....Miss Annie M. Roberts
Second vice-president	.....Miss Elenor Balfe
Recording secretary	.....Miss Nelly M. Shell
Financial secretary	.....Miss Bella Brake
Treasurer	.....Mrs. Mary B. Horn
Chaplain	.....Miss Catherine Compton
Escort	.....Miss Edith F. Cooper
Janus	.....Miss Joanna M. Brooks
Historian	.....Miss Ethel K. Traver
Librarian	.....Miss Anna Balfe
Assistant Librarian	.....Miss Augusta Nichols

\*\*\*

**AXIS FIELD NOTES.**

Dr. Alice Houghton of the February class, '04, and who is now located at Kendallville, Ind., passed the highest grades on state exami-



nation. Dr. Houghton was president of the Axis Club during her senior term.

\* \* \*

Blanche Melaren, now Mrs. Houseman, is located at Nampa, Idaho.

\* \* \*

Dr. Nora L. Thompson, Littleton, N. H.: "I enjoy the Bulletin very much."

\* \* \*

Anna Roney Wilkin, D. O., Kansas City, Mo.: "I am always glad to get the Bulletin."

\* \* \*

Dr. Josephine De France, of St. Louis, writes to the editor: "I do not wish to send a single report about which I can not say that time enough has elapsed to make sure about the result. There is a great deal too much of that done for our own good."

\* \* \*

Mrs. Sarah H. Middleditch was here during the vacation, attended the club the afternoon Dr. Bolles was initiated and gave a short talk which all enjoyed very much. Dr. Middleditch is located at Winona, Minn.

\* \* \*

Dr. Mae V. D. Hart, of Albany, N. Y., has been appointed medical examiner for the Germania Life Insurance Company of New York. The Germania is one of the largest old line companies in the United States.

\* \* \*

Dr. Lenna K. Prater, Springville, N. Y.: "I have watched with much pleasure and considerable pride the marked progress of the club during the able administration of president Catlow.

The measure of our success in conquering the ills that flesh is heir to depends wholly upon our diligence in searching for the mighty truths of osteopathy and making application to each condition presented. Applied Anatomy, taught by that favorite instructor, Dr. M. E. Clark, is our stronghold in osteopathic reasoning."

\* \* \*

Gertrude Forrest, D. O., Albia, Iowa: Here are my dues as an Axis member and I think the title is worth all and more than the cost. I was proud of being a member while in school but far more than proud since being in practice. The lessons I learned in the club rooms have meant more to me with each new patient and we cannot appreciate too highly the privilege of membership.

The Bulletin is excellent, improving all the time and now means much to its scattered readers.

As many of you will soon be leaving our Alma Mater and Club we who are already practicing bid you welcome and assure you there is a sure practice waiting all who practice pure osteopathy.

A Merry Xmas and Happy Prosperous New Year to all and continued prosperity to club.

\* \* \*

Dr. Annie Mc C. Brownlee, Paterson, N. J.: "Besides the case report above (printed among the case reports) I wish also to quote from a letter I lately received. I think osteopaths will enjoy reading it—as follows:

"Your letter came to me several weeks ago when I was at the 'point of death'—so the darned old Doctors thought. For ten long weeks nothing but medicine, and then they starved me to death. The last resort was a Battle Creek Sanitarium near Chicago. I was carried up there three weeks ago Saturday. As soon as I arrived a thorough examination of me was made and the verdict was, "Too much medicine, nourishment too thin." They asked me what had been given me and I told them, "A wing of a spring chicken boiled in a gallon of water and that water was given to me for soups." I told the truth. They began to feed me fruits, nuts, soups, fruit juices, eggs, buttermilk, mush, cornbread; gluten, cracker. The way they did beat, bang, slap and knead me—cold water, ice water, hot water until I would actually fall to sleep to get rid of them—but it helped me to get a move on me and by the following Wednesday I took up my "glad rags" and came home as spry as any girl in this town. Really you would laugh to see the crowds that gather around me down town to hear my tale of woe and recovery; they tell me, hereafter when I feel the least bit of trouble to go to an osteopath and to take no medicine—so you see if you were only here I would give you a chance.

Really, I do think if I had not gone to Hinsdale I would be in Woodland cemetery now. I begged to have the doctors sent away but both I and E—were afraid. The trouble is my liver, I had gall stones removed and was doing finely until my cook left me the first of July and then for two months the cooking devolved on me and I went down under the strain. It first began with indigestion but medicine was my downfall." The italics are the writer's. She is a lady of perhaps sixty and lives in a progressive city of 50,000 so her "doctors" should have known their business. Evidently, they did for 'tis the drug that kills. The picture is so realistic of what is constantly taking place that I hoped the readers of the Bulletin would be benefitted and encouraged by its perusal and therein lies my excuse to my friend for giving it publicity. Best wishes for the success of the clubs and a hurrah for osteopathy."



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Parry, 4.00	2.00	Foster, Ecyclopedia Medical Dictionary, 4 vols., 11.00	11.00
Stimpson, Pract. and Dis., 6.00	3.00	Quain, Dict. of Med., 1 vol., 12.00	4.00
Dwight, Sur., 4 vols., 24.00	14.00	Quain, Enc. Med., 5.00	2.25
Good, Gyn., 1.00	1.00	Roworth, New and T., 2 vols., 12.00	5.00
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Salmon, Gynecology, 4 vols., 20.00	12.00	Urbn. Diso-Path., 8.00	7.00
Schwartz, Hand-Book Medical Science, 9 volumes, 14.00	12.00	Crocker, Gyn., 1.00	2.00
Kaeding, Child, 1st ser., 1 vol., 20.00	8.00	Thompson, Pract. Med., 6.00	4.00
Payson, Medicine, 3 vols., 20.00	8.00	Dunn, Sur. Dis., cloth, 2.25	2.25
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Hare, System Ther., 2 vols., 12.00	7.00	Allen, Practice, 2 vols., 6.00 set	5.00
Hare, System Ther. Short., 6.00	4.00	Hessinger, Stomach, 6.00	4.00
Kirk, Physiology, 2.00	2.00	Tyson, Pract. of Medicine, 3.50	4.00
Taylor, G. C. and Ven. Dis., cloth, 4.00	2.25		
White & Martin, G. U., 2.00	4.00		
Tilman, Surg., 3 vols., 12.00 set	9.00		
Bryant, Operative Surg., 2 vols., 10.00	6.00		
Keen, Amer. Text-Book of Surg., 6.00	4.25		
Ellen's Warren & Gould, 2 vols., 12.00	7.00		
Mary, Hernia, half m., 6.00	7.00		
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