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The Bulletin of



Atlas & Axis Clubs



DEVOTED
TO THE



SCIENCE OF OSTEOPATHY

MARCH, 1909

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The Bulletin

OF THE ATLAS AND AXIS CLUBS.

VOLUME X.

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SOME DIETETIC HINTS FOR THE OVER-WORKED OSTEOPATH.

DR. ETHEL LOUISE BURNER, BLOOMINGTON, ILL.

How inconsistent all of us are! We study how to feed our live stock according to the latest investigations of science, yet we dine ourselves on the same heavy foods that our forefathers needed when they hewed down trees and built their own rough, cold cabins. How unscientific for a man who works indoors in over-heated rooms to eat the same kind of rich food as he would were he working in the fields! Yet this is just what the average office man does.

Osteopaths, working as we do, of course need more food than those who lead sedentary lives, but we cannot, with impunity, eat three heavy meals each day, nor meat more than once a day. What we need is a well-balanced diet—breakfast of sub-acid fruit, a well cooked unsweetened cereal, toast and eggs; luncheon of nothing more than some dish with meat value, a salad, a raw fruit, stale bread with butter or a starchy vegetable; dinner (after the bulk of the day's work is finished) consisting of a soup, a meat course with plenty of succulent vegetables, some green, uncooked vegetable served as a salad, and a light dessert, with clear coffee.

We are prone to eat too much meat and potatoes. Substitute rice for potatoes. The Japanese live on it and they can endure a great deal. Substitute chicken, oysters, macaroni, peas, beans, nuts, eggs and milk for meat. Custards, and such heavy desserts at luncheon,

take the place of meat. Nuts do not agree with some people because their systems are already over supplied with nitrogenous foods from excessive meat eating. Nuts are really an ideal nitrogenous food. More butter and cream can be eaten if the quantity of meat is limited. Uncooked butter is healthful, but heated butter, as we have it in cakes and fried foods, escalloped or creamed dishes when the butter is added at the beginning, is indigestible, because the butter is broken up by the heat into irritating fatty acids inducing fermentation, and is difficult of emulsification. Hence, eat the butterless cakes, angel food and sponge cakes and put the butter into escalloped and creamed dishes as they are taken from off the fire. The flavor of the dish is no way impaired. In frying, besides the effects of heated butter or lard, the albumen cells and starch granules become surrounded by a film of fat, thus making it hard for the digestive fluids to reach the albumen and starch.

What is the sense in using up good red blood trying to digest fried foods when they are more digestible creamed or baked, and just as palatable? We apply economic principles to everything but our own body energies. In everything else we try to get the biggest returns for the least expenditure, but in the nourishment of our own bodies, which are our capital, our stock in trade, we lavishly waste our digestive powers trying to digest messes that have really very little food value. What large returns really plain, wholesome food gives! How unscientific and foolish to squander our digestive fluids on such combinations as rarebits, fudge, pickles, mince meat, wines, preserved fruits and rich puddings, pies and cakes, fried foods, griddle cakes and hot breads, since they either have no food value to begin with, or good values have been lost by wrong combinations. Most "complicated dishes, no matter how nutritious the ingredients from which they are made, are worse than useless." The pity is that usually such mixtures are very delectable. The average person pays too little attention to the proper combination of foods, beyond the usual routine menus, which has grown out of the fact that there are right and wrong combinations of food, both from a scientific and aesthetic standpoint. Acid fruits are proper with meats, because meats are digested in an acid medium. But acid fruits with bread and butter, or with cake, or in pies are indigestible, because the acid of the fruit neutralizes the alkaline saliva and must necessarily interfere with the beginning of the digestion of the starch.

What we need most in this artificial age is to abstain from so many complicated, "made" dishes and get back nearer to simple nature. We need, most of all, the succulent vegetables with their mineral salts and large proportion of water. They must be creamed and baked, not

fried. Every day we need some uncooked fruit and vegetable, a real "live" salad—apples, nuts, lettuce, celery, cress, tomatoes—mixed with a real "live" dressing of oil and lemon juice. Of all abominations a salad of some starchy vegetable mixed with an indigestible dressing of eggs boiled in salt and vinegar, is the worst. Such a concoction has no right to the name salad. Every day we need plenty of uncooked fruits or fruits stewed without sugar. In stewing fruits with sugar, the real fruit value is lost, since the acid of the fruit inverts the cane sugar when acted upon by heat. What sugar is needed should be added after the fruit is taken from the fire. Bananas are unfit to eat raw as they contain starch. Baked bananas, while not slightly, are palatable and have a very high food value.

The diet should be varied with the season. In summer the heat producing foods should be lessened and all the really cooling foods increased. The drinking of acid drinks at meals cannot be too strongly condemned, as they dull the stomach and stop secretions just when digestion should go on uninterrupted. Ices and iced drinks are not bad between meals. Ice cream is really heating instead of cooling. It is unhygienic as the dessert to a heavy dinner but when stomach digestion is not in process, ice cream eaten alone, without cake or wafers, is very nourishing and digestible.

This fragmentary article has been hastily written with the average healthy, hardworking osteopath in mind.

For people who need the nourishment of rich milk, but who cannot digest it, buttermilk and kumiss[†] made by the action of Lactone tablets are decidedly beneficial. One Lactone tablet dissolved in one-half pint of cold water and added to one quart of new milk with a pinch of salt, bottled in citrate of magnesia bottles, and set in a warm (70 F) place for two days, makes a delicious drink. Parke Davis & Co., Detroit, prepare good Lactone tablets. The kumiss takes a week to ripen. It is made as follows: rub one-fifth of a cake of Fleishman's Compressed Yeast and one dessert spoonful of sugar together; add a little milk and mix smoothly; add to one quart of rich milk; bottle in citrate of magnesia bottles; stand in a cold place for four days, turning the bottles on side and then up again every twelve hours. Then stand in a warm (70 F) place for two days. The bottles must be well shaken and opened with care, as the gas throws the kumiss broadcast. These two drinks are predigested milk and make an excellent diet in stomach and bowel disorders. These drinks can be bought in large cities, but it is well for the osteopath to know how to make them.

One of the worst dietetic errors is the eating of fresh and hot breads.

Dry breads, well masticated and its digestion thus well started by the saliva, is the staff of life. But the staff of the average dinner is pretty unstable, for hot breads, except of course corn bread, and fresh light bread are practically untouched by the ptyalin and almost defy the pancreatic fluids. Pan cakes are indigestible because, although they may taste well, they contain raw starch, since it is impossible in the short process of baking for all the starch granules to have become ruptured and cooked. Like fresh bread, they pass into the stomach in indigestible "wads."

The average woman eats too much bread, potatoes and sugar. The liver is overworked and biliousness and constipation results. The candy eating and ice cream soda habits are disastrous to good complexions and good figures, as well as ruinous to good health.

The average man eats too much nitrogenous food and the kidneys are overtaxed eliminating the waste. Two heavy nitrogenous foods should never be eaten at the same meal. For the same reason milk soups, and desserts rich in milk and eggs, should be served at luncheon, never at dinner.

I believe the most common, and possibly worst, errors in diet are too rapid eating, and drinking liquids with the meals. If the stomach and duodenum are not to be overworked the teeth must do their share and the saliva must be thoroughly mixed with every mouthful. If the food is simply washed down with liquids the action of the saliva is interfered with and the stomach and pancreas are over-worked. The drinking of sweetened liquids is very deleterious to health, adding fermentation to the bad work already mentioned. Tea, either with or without cream and sugar, is constipating; coffee, with cream and sugar, interferes with the digestion becoming a compound requiring digestion instead of aiding digestion as does a little clear coffee at the end of a dinner. Water should be consumed in large quantities between meals; a glass of hot water a half hour before breakfast is as simple as it is beneficial.

So many people feel that it is a hardship to follow out really scientific rules in eating. It is all a mere matter of habit. Six months' struggle will break one entirely away from the flesh pots of Egypt."

It is the prevailing belief that a hygienic diet must necessarily be a restricted, monotonous diet. This is far from true. The number of really indigestible foods is limited. The real trouble is that wholesome foods are rendered indigestible by improper cooking and by wrong combining. It is simply a question of overcoming artificially acquired tastes for rich indigestible foods and acquiring a more natural taste for a large variety of simple, wholesome dishes.

A FEW POINTS ON WOMEN'S DISEASES.

DR. E. C. LINK, KIRKSVILLE, MO.

(An address delivered before the Axis Club, February 24.)

MEMBERS OF THE AXIS CLUB AND FRIENDS:—

I esteem it a privilege to stand before you tonight to talk to you awhile. I have been asked to address this Club before, but for various reasons I have been compelled to decline. I tried hard to get out of it this time; and had your Committee been less strenuous, I am sure I could have put off this talk until too late for this year. I was told to select my own subject and talk as long as I should choose.

Now, talking is not my long suit. I believe it is a habit that is easily acquired and as hard to break as the liquor or tobacco habit, and I have noticed that much talking frequently gets one into serious trouble. I am very sorry to say it, but we have too many in our profession who talk too much. Some of them who should know better, make very broad statements concerning conditions which are not amenable to any known system of treatment—claiming cures in a majority of cases. It is deplorable that these bold statements are published in our literature, for it places our whole system below par in the eyes of thinking men and women. I believe the conservative osteopath is paying more attention to diagnosis than ever before, and he is adopting those methods that will help him to arrive at as nearly correct diagnosis as it is possible to make; then, by honest, conscientious work it is his endeavor to assist nature in overcoming disease processes. An honest, careful observer will acquire an invaluable fund of knowledge—an education in the great school of experience that will safely guard him from the disaster of the ignorant. In other words, he will learn the limitations of our system and he will happily learn that the things he can successfully treat so greatly outnumber the things he cannot cure that he is on absolutely safe ground when he makes the assertion that osteopathy is the most complete, the most reliable and the most rational system for the alleviation of human suffering.

The basic principles of osteopathy are as old as the creation of man; yet so far as we know were unused until Doctor A. T. Still first brought them to light, and it remained for him to formulate a system of therapeutics which he called osteopathy—the superstructure of which is built upon the firm foundation that "man is a machine," as truly as the fact that an engine is a machine, and that irregularities, or, as we say, lesions of the bony frame-work have their effects in the production of visceral disturbances. This is now a well established truth, and he who

does not keep this idea always uppermost in his mind while attempting to cure the sick will not attain that degree of success that should be his.

I see before me tonight representatives of all the classes in the A. S. O. Some of you have had some experience in practice, but most of you are just laying the foundation and later on will be permitted to try your skill—to put in practice that which you have been taught. If you are adapted to the work, and have entered upon it from the unselfish motive to relieve suffering, and if you are thoroughly equipped you will most surely succeed.

Your instructors are trying to make each one of you a well rounded osteopathic physician. This is as it should be, but you must remember that this is an age of specialists. In a certain sense the lesion-osteopath is a specialist in all diseases, yet we must admit that there are other details that must be mastered, beside the lesion, if we expect to achieve the greatest success. Therefore, I would suggest that you select some one line of work as a specialty, and I know of no specialty that offers so much of satisfaction to you and to your patients as specializing on diseases peculiar to your own sex. This is a broad field and calls for special training. The mind must always be on the alert and the sense of touch must be so trained that the mind can see conditions through the fingertips as accurately as though seen with the eye. You must always have in mind the picture of the normal condition—the normal relations—and be able to detect the slightest deviation from the normal in the spine from the lower dorsal (including the ribs) the lumbar, and sacral regions; the innominates; and you must not even forget to examine the coccyx. Any irregularity that you find must be intelligently treated.

The gynaecological examination is not complete until you have made the local examination to determine the condition within the pelvis. You must also elicit from the patient as much information as you can get as to the contributing cause of her condition in order that you may advise her. In all conditions you must give the treatment appropriate to the case. The symptoms vary greatly in any case at different times from a feeling of discomfort to hysteria major, or even insanity. There may be pain and nervous symptoms of such severity that even morphia will fail to temporarily relieve. I am happy to say to you that a great many of these cases are readily relieved by a thoroughly equipped osteopathic practitioner and because of this fact he will be showered with thanks from grateful patients and their friends.

You will be consulted by prospective patients who complain of headache, backaches, neuralgias, pain in the eyes, cardiac disturbances, dyspnoea, stomach disturbances, etc., pain in the hip or knee, sciatica,

vaso-motor disturbances, etc., and where these symptoms are purely functional and reflexes they are easily relieved by proper treatment to the pelvic organs.

There is a good book which every osteopath should have, and read, and I am sure it will do you good if you will study it, for it will greatly assist you in reaching a correct diagnosis in many of these cases. It is entitled, "Functional Nervous Diseases of Women" by McGillicuddy. I am not the agent, and am not paid for recommending this work, but would advise you to call on Bledsoe, Root, Cooper or Janisch for a copy.

Before closing my talk I must say to you that we have quite a number of operations on women in our hospital, and it appears to some unthinking people that we are losing ground osteopathically. The reverse is true. We are broadening our field in gynaecologic practice, and are getting good reports from practitioners in the field, and when you consider for a moment that nearly all of the cases operated upon are from a distance, being sent here by osteopathic practitioners, they represent only a very small per cent of those who are treated for pelvic disturbances.

SLOW DIGESTION.

DR. M. E. CLARK, INDIANAPOLIS, IND.

Of the varied pathological conditions that I have dealt with recently, slow digestion has been the most significant, frequent and interesting. Undoubtedly, digestive disturbances are on the increase. The ingested food is delayed in its passage through the alimentary tract and along with this, perverted secretions and the formation of fermentative products. If the food lies in the stomach longer than three or four hours, fermentation is likely to occur, the medium being warm and moist. If the secretions are of an acid reaction, that is more so than the normal, likelihood of fermentation is increased. I have often said to patients that if food were placed in an environment similar to that of the stomach, it would sour within a short while. Repeated "souring" of the food in the stomach leads to some form of chronic gastritis.

There are several causes of delayed digestion. Too rapid eating, too much worry, nervousness, imperfect mastication, eating too much, relaxed stomach walls, dilated and prolapsed stomach and bowels, impaired innervation resulting from spinal derangement of which approximation of the vertebrae is the most important. The digestive tract is dependent for its peristalsis on the amount of nerve impulses that pass into the muscular coat, increase the current and peristalsis is augmented, lessen the amount of nerve force to the walls and peristalsis

is impaired in proportion. A street car will not run so rapidly if half the current is cut off. If, in addition, it is overloaded progress is still the more retarded. Turn on all the current and the speed reaches the maximum. So it is with the stomach, cut off half the nerve supply to the digestive tract and the muscular contraction is likewise reduced. Overload the stomach, with half the nerve force shut off, and digestion is extremely slow. This is the problem in the average case. The stomach is crippled by an impairment of the innervation and in addition overloaded. Free the nerves supplying force for peristalsis and do not overload and the maximum speed or peristalsis, is attained.

The interference with the nerve feed of the stomach and intestine is ordinarily and primarily in the spinal column. This can be overcome by appropriate treatment. The overloading and other abuses of the stomach must be corrected by the patient. The physician can help by properly advising as to what, how and when to eat. The two must go hand in hand in order to insure success. Relieving the stomach of its load will help to a wonderful degree, but a cure can not be effected by this alone, if there are spinal conditions that interfere with the innervation of the stomach. The various agencies that are now occupying the attention of many, depending on the influence of mind over matter will cure but a small per cent, but will relieve a majority.

Among the early changes noted in patients with slow digestion is a relaxed condition of the muscle fibres composing the walls of the stomach. This is the most significant. The strength and tone of a muscle is dependent on the character and amount of nerve impulses passing into it. The muscle may be so injured by repeated stretching that it is no longer capable of receiving its full quota. That is, the spinal end of its nerve supply may be normal while the visceral end may be diseased. In many cases of gastrectasis overloading the stomach is primary, but in the majority obstruction, interfering with the spinal centers and its visceral connections, is the essential cause. When the stomach once becomes dilated digestion is necessarily slowed. The slower the digestion the greater the likelihood of fermentation and the formation and absorption of toxic materials, liver disorders—since all the blood that passes through the stomach passes on through the liver before it reaches the greater circulation. Coating of the mouth, eructation of acid gas, gastric distress, jaundice, headaches, backache (mid-dorsal), a general sluggishness and constipation are complications of slow digestion.

It is not my purpose to go into details regarding this one of the most common and important of conditions confronting the practitioner, but to call attention to (1) the frequency of slow digestion as a cause of

toxic absorption, (2) the importance of advising the patient how and what to eat as well as (3) correcting the spinal disturbances and (4) the impossibility of drug medication restoring tone to the gastric walls. In all nutritional and toxic disorders, first determine the position of the stomach and intestines and ascertain the character of their musculature. My observation of late has been that many supposed liver, lung, and systemic disorders are due to a relaxed condition of the muscles that have to do with peristalsis of the digestive tract of which gastrectasis is by far the most common and important.

* * *

CASE REPORT.

NORA B. PHERIGO, JUNE, '09 CLASS.

I believe the case we particularly remember is our first case, and especially is that true if it is an acute case and you are nearly a thousand miles from any of the faculty. So, when asked for a case report I recall my first case which was simply acute gastritis.

When I came to the house I found the mother rather frightened, as she was sure the child was going to have convulsions, as he had had them sometime previous. After a hurried examination I told her my diagnosis, which quieted her, then I proceeded to treat the child. I found him to be a delicate boy of five years. He was lying in bed with his head in a fixed position and he begged me not to move him as it made the pain in his head greater. He had been vomiting and had had some diarrhoea a few hours earlier. He had temperature and complained of discomfort over the abdomen which was distended, and gave a tympanic note on percussion. I found the muscles of the dorsal and lumbar region very contracted.

Without moving the child I treated the spine, especially the upper dorsal and cervical. In about ten minutes, he was enough better to lie on his face, and after treating the spine, in that position, a few minutes I had him take the knee-chest position, produced gentle pressure upward and he belched up gas. I seldom find it wise to encourage the gas to escape through the rectum because the sphincter anus closes so tightly in acute gastritis that it is often hard to insert even a tube when an enema is indicated.

In about twenty minutes his temperature was normal, and to prove he was comfortable he shook his head to show his mother that it didn't ache.

He soon went to sleep, as it was then past his bed-time, and rested well all night and awakened next morning feeling good, showing no other sign of gastritis.

CASE REPORTS.

NELLIE L. HAYNES PARKER, D. O., CARLINVILLE, ILL.

CASE 1.—CHOREA OF THE AGED, ASSOCIATED WITH ARTHRITIS.

Mrs. R., age 74, height 5 feet 8 inches, weight 130 pounds; 50 years old, 6 children—one of whom died in infancy. House-wife still doing the house-work for large family, because she is very energetic. Family history good. No previous osteopathic treatment. Treated by me from Nov. 14, 1908, to Jan. 28, 1909, twice weekly.

Patient had always over-worked and has been very studious all her life. Gives history of arthritis for past ten years. Had three very severe attacks of pneumonia; which occurred in March of three successive years. Had medical treatment. After last attack, vigorous nodding movements of the head began, but was not observed by the patient. Her attention was first directed to the condition by a grand-child. Nervousness intensified the trouble, which seemed to grow worse until it became difficult for patient to read or write. The right hand began to tremble.

Urinalysis showed usual findings in arthritic conditions—especially diminution of urates.

Lesions:—Anterior occiput, atlas slightly rotated to the right. Third cervical markedly rotated to the left. When treatment was begun each time (before any attempt at reduction was made) would hear a distinct snapping and grinding between the second and third cervicals. This would disappear after manipulation, and reduction. This symptom was less in evidence each time, until there was no sign of it during the latter part of time I treated her. There was rotation of the sixth and seventh cervical to the right. Causing tremor in arm and hand. Upper dorsal region was very anterior, entire spine very rigid, and anterior innominate.

Treatment was not difficult, as case readily responded. No reliance was placed on general treatment, manipulation being directed principally to cervical and upper dorsal areas, although other lesions were corrected and motion secured in the spine.

For the left rotation of the third, the vertebrae were fixed above and below point of lesion, the head dropped over in operator's other hand and usual technique employed. Treatment directed to bring out anterior upper dorsal and to secure movement. The latter was secured, the former condition did not show much improvement. Functional activity, and better elimination were excited. Method of treatment was not changed during the course, and treatment was given twice weekly.

Results: Progress was rapid. The pain disappeared from the

joints. The choreac movements were overcome, the movements of the head were very slight. Patient expects to continue the treatment when she returns. She left January 28, for Florida, to remain until after the bad winter and spring weather. Travels a great deal in her own country as well as having been to Europe and to Alaska. She is very active.

The improvement in this case was remarkable, considering the age. Had not been very much encouraged on account of the age of patient, and she was led to expect very little. She says she is in better health now than for many years.

CASE 2.—HEART TROUBLE AND HERPES.

Miss D., age 70, height 5 feet, weight 100 lbs., single. Occupation, artist and housekeeper. Was treated ten years ago for nervous trouble, with some benefit. Family history, negative.

Five years ago, patient was attacked by herpes, which followed the course of the ophthalmic division of the fifth nerve and its branches, (left side). Left severe scarring and neuralgia. Eye affected; lid granulated. Paroxysms of pain very severe and lancinating.

Patient examined Jan. 26, 1909. Very much emaciated, and anemic. Appetite very poor. Complained a great deal of weakness and dizziness, the heart was found to be the cause, as there was an aortic stenosis, and a mitral regurgitation. The murmur and blowing were distinctly audible from any point in the chest; and auscultation in the valvular area made the diagnosis without difficulty. The stenosis was especially marked.

Findings of urinalysis were negative.

Lesions:—Upper dorsal very rigid and straight. Subluxation of third and fourth ribs on left side, and third dorsal rotated.

Atlas rotated to the left, with anterior occiput. Subluxation of mandible, on left side. Barrel-shaped chest, from cardiac asthma. Patient spat up blood occasionally, which had been diagnosed as a symptom of heart failure, and had been told that nothing could be done for the heart trouble. However, as the general health was built up, her appetite improved, because less anemic, and the heart symptoms gave less trouble, especially the dizziness.

Treatment was specific, and dietary regulations carried out. Case was difficult to treat, as manipulation of the cervical would, at first, cause severe paroxysms of pain.

Usually, the attacks came on about three times during twenty-four hours, and lasted from one to three hours. For this reason and on account of weak heart, patient came near fainting several times during first few treatments.

Treatment has been administered twice weekly, and the case is still under treatment. There is some improvement. The paroxysms of pain are not so frequent nor as severe, and the patient is not nearly so nervous. Cervical lesions not so immovable, but on account of the age of the patient, it is very slow work.

Manipulation used for occiput, after thorough relaxation, was patient's chin taken in hollow of elbow—rotation, extention, exaggeration and reduction—patient's head being lifted posteriorly to proper position, fixation of the vertebra with left hand in meantime.

A SLIGHT MISTAKE.

Stories of railroad accidents were being told at Tuxedo, says the Woman's Home Companion, when Spencer Trask, the well-known banker and author, of New York, said, "In a certain collision one of the victims lay for a long time on his back across the ties. Finally, two men picked him up, carried him to the station, and placed him on the floor.

"'He'll lie easier here,' they said, till the doctor comes."

"The doctor came a little later. 'This poor chap is done for, I'm afraid,' he said, glancing at the prostrate victim. Then he knelt down, lifted one of the man's closed eyelids, and peered into a dull, blank, unseeing, lifeless eye. 'Yes, he's dead all right. Take him away,'" said the doctor.

"But the pale lips of the injured man moved slightly, and a feeble voice murmured, 'That was my glass eye, you fool'"

THE BULLETIN

OF THE ATLAS AND AXIS CLUBS.

HOUSTON A. PRICE EDITOR
C. B. MORROW BUSINESS MANAGER

STAFF EDITORS:

MRS. MARY M. EWING AXIS
DR. PAULINE R. MANTLE AXIS GRAND CHAPTER

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

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

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

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

KIRKSVILLE, MISSOURI, MARCH, 1909.

EDITORIALS.

Dr. Geo. Still Offers a Loving Cup. Dr. Geo. Still has made an offer to the senior class, proposing to give to that club the members of which make the best general average grade in surgery this term. If the non-clubmen make the highest general average grade, then the loving cup goes to them. Also he offers a prize, of \$25.00 value, to the individual in the class making the highest average grade.

This will doubtless bring forth much effort on the part of all members of the class, for although we do not aspire to win the prize for best individual work, yet we would be glad to see our Club win the Loving Cup.

The Freshman Reception. On the evening of Feb. 26th the different classes, faculty and friends gathered in North and Memorial Halls to formally receive the "Baby Freshmen." The program was in the hands of the upper freshman, or second term class, which was as follows:

- Music Orchestra
- Address of Welcome Dr. F. P. Pratt
- Song Ladies' Quartet
- Reading Miss Lash

Vocal Solo.....	Miss Kathleen Pcock
Reading.....	Miss McKamie
Song.....	The Apollo Male Quartet
Remarks.....	Dr. Charles E. Still
Music.....	Orchestra

After the program was carried out the seats in North Hall were cleared out and dancing was indulged in by those so inclined, while others made themselves acquainted, and mingled with the crowd.

The decorations were very prettily arranged in the colors of the two classes, and punch was dispensed by the ladies.

* * *

ATLAS NOTES.

On Saturday evening, Feb. 27th, the Club entertained the men of the January, 1912 class. The following program was carried out:

Opening Address.....	Noble Skull, Luft
Piano Solo.....	Mr. Rothfuss
Violin Cello Solo.....	Mr. Erwin
Address.....	Dr. R. E. Hamilton
Vocal Solo.....	Mr. Prindle
Paper.....	Mr. Morrow
Whistling Solo.....	Mr. Grieves

After listening to this very interesting program, the main feature of which was Dr. Hamilton's address, refreshments were served, and then all adjourned to the card tables where whist was indulged in.

The "Baby Class" was well represented on this occasion, and expressed themselves as having had a very pleasant evening.

Dr. Hamilton's address on Osteopathy will be printed in a later issue of the Bulletin.

* * *

On Saturday evening, March the 13th, the Club was again in social session, and a number of visitors were present. An interesting address was given by Dr. Pratt, followed by talks by Doctors Fiske and Becker.

Dr. Pratt spoke of the relations between us and the other branches of the healing art and advised that we not go about with a chip on our shoulder, as it were, always trying to pick a quarrel with the medical men. But we should stand by, and uphold what we know we can do.

In the last few weeks, he said, he had been asked several times to discuss vaccine therapy, but that he had refused to get into any argument on this point, for he thought it was not contrary to the basic principles of osteopathy. The doctor made a very intelligent explanation of this point, and although, we may not be able to give here his

full explanation it was based on the philological and biological reaction of the tissues to the antitoxine. According to this physiological and biological reaction of the tissues, osteopathy believes that each cell of the body has a pugnacious disposition, as it were, and will fight against anything that disturbs its function, and builds up a defense against future attacks by this individual enemy. The human organism is a self engineering machine—as, for instance, there is friction on the surface of the hand, consequently the skin over this surface becomes thickened. In some of the diseases, like small pox, this fact is demonstrated. With one attack, the tissues build up a defense, against this particular invasive element, and so long as this defense is not broken down by a more powerful agent there is a resistance—an immunity to this particular disease. Now, the vaccine therapy theory is not far from this theory. By the fight of the blood, and other tissues, we keep out the debré of war.

Again, we believe, he continued, that the cell organism fortifies itself against the irritant, and, if not torn down, is in better shape to fight than before. Vaccine therapy depends on the administration of a mild irritant—there is an inoculation of a mild form of the small pox army and the organism studies out, as it were, its line of attack and fortifies while the enemy is weak. As to just what cells act, or whether it is the serum, there are different ideas, but the fact is that there is a tenacious fortification against this irritant. Is this contrary, then, to the osteopathic principle? I am not saying that I'd advise my patients to use it, because experience has shown that we have had success in these cases, but it is the principle underlying vaccine therapy of which I am speaking. While some have had bad luck, this is not the fault of the principle. I question if this principle is wrong because I believe it directly in line with our teaching.

* * *

Dr. Fiske told us about the recent developments of legislation affecting osteopathy, and doubtless, there will be several states this year pass laws to regulate its practice. The outlook in most of the states is good.

* * *

Dr. Becker expressed his appreciation of being a member of the Club and a student in the school. He said that, although he had practiced osteopathy several years, the longer he remained in the profession the more he believed in the osteopathic principle.

While listening to a sermon a few Sundays ago, he continued, the minister illustrated his sermon by asking that each member apply the question to himself, "if all church members were just like me, what kind of a church would we have?"

So let us apply the question to ourselves, if every osteopath was just like me what kind of a profession would we have?

The Doctor, having taken a P. G. course, has returned to his practice at Preston, Minn. We wish him every success.

* * *

Dr. Jonas Knight, who has been taking a P. G. course, was called to his home at Commerce, Texas, by the death of his mother, which occurred at that place, March 13th.

We express to the doctor our heartfelt sympathy.

* * *

Dr. J. S. Baughman of Burlington, Ia., brought a patient to the hospital last week, and remained with us a few days.

Dr. Baughman is a '00 graduate.

* * *

New Members.

J. Deason, of Walla Walla, Wash., is a member of the Junior class, entering the A. S. O. with advanced standing, and was formerly instructor of physics and chemistry in a High School, was a pharmacist and metallurgist. He secured his education at the following colleges and universities: Dixon, Ill., College; Danville, Ind., College; Southern State University of Ill., and University of Valparaiso, Indiana, securing the degrees of Sc. B., Ph. G., and M. S.

As to how induced to study osteopathy, Mr. Deason has the following to say: "Not because I've been cured of any disease, or had known of any of my friends having received such benefits, nor was I urged by any graduate to take up the work. I am thoroughly guilty, I must confess, for my own action.

"After a study of materia medica and medical therapeutics, and after having had occasion to know something of the fallacies of the practice of medicine and pharmacology, it seems to me that a careful thinker could arrive at but one safe conclusion, namely, that these so-called scientific professions are, for the most part, but vestigial structures to so speak, of old fallacies and practices, and founded upon little or no scientific basis. It was, then, because osteopathy seemed, after a careful consideration of its principles, to be founded upon a more scientific basis, that I decided to change.

"I have been asked to express what, in my opinion, would be a fair and adequate comparison of the two professions. In order to reduce the discussion to a concise mathematical comparison, I will take, for example, the old maxim of Cormanienus,—*Res Aete Verbum*—"things before words," and substitute osteopathy for 'things' and medicine

for 'words' we have, Osteopathy is to Things as Medicine is Words. Or, transposing and transcribing, we have Words are to Things, as Medicine is to Osteopathy."

* * *

Ellis Grover Carel, of Liberty, Mo., a member of the Freshman class, became interested in osteopathy through the influence of Dr. Hemstreet, of Liberty, and through the results obtained by osteopathy in the treatment of disease.

Mr. Carel is a graduate of High School and College, taking his A. B. degree from William Jewell College in 1907. Since that time he was principal of the High School at Lathrop, Mo.

* * *

Homer Markwell Clark, of Hammond, Ill., has a High School and Business College education, and was a bookkeeper. He was, for several years, closely associated with a man who was a firm believer in osteopathy, then hearing of, and seeing, the results of osteopathic treatment he was induced to study.

* * *

Edward S. Mitterling, of Fremont, Nebr., has a Normal School education, was employed as assistant postmaster, and was induced to study osteopathy through the success of a friend in practice.

* * *

Keene B. Phillips, of Grand Rapids, Mich., is a member of the Freshman class, and was a merchant. He became interested in osteopathy through treatments.

* * *

Chester Albert Griffin, of Lansing, Mich., is another of our Freshmen, and is a graduate from High School and took two years in the Engineering Department of the Michigan Agricultural College. He was induced to study here by hearing of osteopathic cures and by reading osteopathic literature, and believing in its principle.

* * *

Fred Dunton Baker, of Jamaica, New York City, is a High School graduate, and became interested in osteopathy through the influence of several New York osteopaths. Mr. Baker is a member of the 1911 class.

* * *

Allen B. Caine, of Racine, Wis., was a teacher. He is a graduate of a State Normal School, became induced to take up the study through the influence of Dr. J. E. Matson, of Eau Claire, Wis., who is an Atlas man. Mr. Caine is a member of the 1911 class.

Leonard E. Staff, of New Canton, Ill., is a member of the 1911 class. He was induced to study by the effects of osteopathic treatments on a brother. He has a High School education, and was a bookkeeper.

* * *

ATLAS FIELD NOTES.

We have received several letters in regard to field membership dues, which have appeared in the Bulletin recently, suggesting that some time limit be placed upon field dues. It has been suggested that an amendment be made to the constitution providing for the payment of annual dues for five years after graduation, and then become a life member.

We are positive that the local chapter desires to conserve the best interest of every Atlas man. It is true, perhaps, that things are different here from what they used to be, but we do not believe there was any more interest manifested then than now, for the advancement of osteopathy. The more recent graduates, and those who have kept in touch with affairs here, know of the advancement the school and club is making. However, this is not to the point.

We are sorry to see some of our good men in the profession fall behind with their dues, but we believe this is more brought about by the busy life these men, as all of our best osteopaths, lead, rather than that they wilfully allow their dues to lapse. For this reason most of those in arrears have not been suspended, as provided for in the constitution of the club. Recently all members in arrears five years or more were suspended. Of course suspension does not mean expulsion, but we would much rather have every man in good standing.

We will be glad to hear from the field members on this point before any action is taken by the club.

* * *

Dr. W. Clare Brown, Waterville, Me.: "I often long to sit with the fellows on Saturday nights, but the Bulletin is a good substitute. * *

The M. D's. have introduced a bill to prevent us from using title of "Dr." or "Physician," and we have presented a bill providing for a separate board, on the A. O. A. plan.

There are four fakirs in the state claiming to be osteopaths, that I know of, and three are doing big business, so you see there is room here for the real article. Best wishes to the Club."

* * *

Dr. J. H. Baughman, Connersville, Ind.: "In reference to amending the by-laws so as to except field members from dues, I don't believe I could improve on Dr. J. R. Scrock's letter, for the fact he has expressed my thought exactly. The members who desire the Bulletin, let them

subscribe the same as they do to any other magazine. I believe, as well as myself, that other field members would like to know what the income from dues are and in what way it is put to use.

I sincerely hope the present officers and members will give this subject their careful consideration.

Best wishes and success for the Club."

* * *

Dr. N. A. Johnson, Fredonia, N. Y.: "In looking over the field notes from time to time, I notice there are some of our field members that do not favor annual dues (for field members). I presume they have some good reason for feeling that way, for my part I cannot see why it is not the proper thing. Any organization or society, fraternal or otherwise, has to depend on it's members for a certain amount annually to keep up current expenses.

"Now, some one will say, let that come out of the local members, they are getting the good out of the club. We out in the field are not. What about the Bulletin brother, don't you get that every month? Don't you get some good out of it? I do. Occasionally there are case reports that, to me, are worth the price of the Bulletin, and besides, one dollar per annum is not going to break any of us if we are doing any business at all. Moreover, it will help the Club in the struggle to secure better quarters, which I think, we ought to have. * * *

"Come, brother, pay up your back dues and be reinstated, you will lose nothing by it, and perhaps gain a great deal. At any rate, quit your kicking about the one dollar per annum for the Atlas Club the Bulletin is worth that much, if it is worth anything.

"Yours for success of the A. C.

* * *

Dr. Fred W. Gage, Chicago, Ill.: "The Bulletin, as always, gladly received and read with interest.

"I wish to inform you I will move from 126 State St. to 504-5-6 7- Wabash Ave., Trude Bldg., May 1st, and will be associated with Dr. Jos. H. Sullivan, where we will have larger and better offices, and be glad to see our friends. I wish the Club the best success."

* * *

AXIS NOTES.

We are more than pleased at the response to our request in last months' Bulletin for case reports.

In this issue will be found interesting case reports from Dr. Parker of the 1908 class and Mrs. Pherigo of the 1909 class.

We wish to express our thanks to these sisters and to request further reports from our field members.

On the evening of Febry. 24th Dr. Link of the faculty gave a very pleasing address before the club.

On another page will be found excerpts, which are sure to prove of much interest to our members.

* * *

The club is in receipt of a very breezy letter from Dr. Johanna Young, who is located at 834 Grand St., Jersey City, New Jersey. The older members of the club will remember jolly Dr. Young, who added much to the life of the local chapter during her active membership.

Dr. Young speaks of a matter which is of interest, perhaps, more especially to those of the club who have not as yet entered practice and that is attempting to set lesions, where it involves some little unpleasantness or discomfort to the patient.

Some patients in whom lesions of the character are found seem to think they are unnecessarily hurt and for this reason change doctors or discontinue treatments.

What is the opinion of the field member in regard to handling this class of cases? Should the patient be advised that perhaps it may hurt them somewhat to set the lesion, or should the lesion be set as a matter of course without anything being said to the patient.

To a doctor just starting in practice this would be quite a serious matter as she would naturally not be in such position that she could afford to lose many patients. We would like to have a few expressions for publication.

Dr. Young is still of the firm opinion that osteopathy is one of the best professions for women and advises the members to specialize in gyneacology. She also speaks of the importance of being able to diagnose and set anterior innominates, which cause so many women to have "backache." "Many cases of persistent backache, caused by anterior innominates, go to specialists for relief, and even to European specialists, which can be relieved, often in two or three treatments."

* * *

A pleasant letter was received from Dr. Frances Saunders, who is located in Albany, Georgia, having removed there from Winchester, Tenn.

Dr. Saunders says that a lady doctor is something of an innovation in that vicinity, and that she is an object of some wonderment. However, she is meeting with success and osteopathy is making good headway there.

Doctor Nellie M. Fisher, A. S. O., '04, formerly of Youngstown, Ohio, writes under date of February 27th, from Eldrid, Fla., where she is spending a well earned vacation and rest.

During the seven weeks of her visit and up to the time of writing they had not had a cloudy day, which is somewhat of a contrast to Kirksville weather for February.

* * *

An error crept into last month's issue in regard to Doctors Balfe & Balfe, of Los Angeles.

Dr. Susan Balfe was formerly located at Alliance, Nebraska, instead of at Gering, Nebraska, where her sister Anna was practicing and whom we missed mentioning.

* * *

A social session of the club was held Wednesday evening, March 10th, and an interesting program presented consisting of

Vocal Solo.....	Miss Cutter
Piano Solo.....	Mr. McGonigle
Reading.....	Miss McKamie
Vocal Solo.....	Mrs. Gollilan
Reading.....	Miss Lash
Vocal Solo.....	Mr. Hanson

* * *

New Members.

On Tuesday evening, February 16th, there were received into the club fifteen new members, from the 1911 class.

The club is very proud of its new sisters and feels sure they will be valuable members. Besides good scholarship, their attainments are many, and the acquirement of these members, will strengthen the club.

Following is a list of the names of, and a few items of information concerning the new members.

Mrs. Jennie Beckler, from Columbus, Ohio, became interested in osteopathy through Dr. Woodmansee, of Columbus. She has a collegiate education, secured at Athens, Ohio.

* * *

Julia J. Chase from Portland, Me., has a High School education, and was induced to study through the benefits from treatment from Dr. Geo. H. Tuttle, of Portland.

* * *

Maude Elizabeth Ward, of Tuscola, Ill., became interested in osteopathy through the efforts of Dr. J. A. Overton, of Tuscola. She is a graduate from the Northwestern Academy at Evanston, Ill., and from Chicago Normal School at Chicago.

Elizabeth Brewster, of Beatrice, Nebr., was a teacher and stenographer, and was induced to study osteopathy by a friend, who is a successful osteopath.

* * *

Mary Guild Crossman, of Taunon, Mass., has a High School and Normal School education, was a teacher, and was interested in our science by observing what it could do.

* * *

Mary E. Emery, of Boston, Mass., became interested in osteopathy through the acquaintance of an osteopath. She is a High School graduate and did two years special work in The Massachusetts Institute of Technology. And was a private secretary.

* * *

Mabel Ethelwyn Fouch, of Parma, Idaho, was a student in the College of Idaho, and became interested in the curing, by osteopathy, of a case pending operation.

* * *

Caroline Irene Griffin, of East Granby, Conn., was a teacher, and was interested in osteopathy through observation of its efficacy in a case where drugs had failed. She was educated in Cushing Academy and Mt. Holyoke College, taking the A. B. degree from the latter. Dr. Arthur M. Lane, of Boston, is a relative.

* * *

Elizabeth H. Lane, of Cortland, N. Y., was cured of sciatic rheumatism by an A. S. O. graduate, hence became more interested in osteopathy. She was a teacher, having taken a classical course in the New York State Normal.

* * *

Christine M. Irwin, of Galt, Ontario, Canada, is a cousin of Dr. J. N. McRae, of Galt, and was induced to study osteopathy by benefits received from treatments.

* * *

Lucy Mundis Hull, of Iola, Kans., was a pharmacist, and was interested through her husband taking treatments.

* * *

Marion Ethel Mitterling, of Fremont, Nebr., was a teacher, and is a High School graduate. She became interested in osteopathy by observing the unlimited success of osteopathic friends in the field.

* * *

Miss Bertha Beatrice Lash, of Chicago, Ill., was a teacher of Expression and Physical Director for Women. By influence brought to

bear through her own work in physical education she was influenced to take up the Medical Course, and believed the viewpoint of osteopathy to be more nearly in keeping with the correct principles of physical education. She is a graduate from a High school and from several special schools of her own line of work.

* * *

Lillian L. Carter, of Greenville, S. C., has a High school education, was a clerk, and was influenced to study by Dr. W. E. Scott, and by benefits received from treatments.

* * *

Council Elmira Faddis, of Chicago, Ill., has a High school and Commercial College education, was a correspondent in a School-book House, and became interested in osteopathy through friends who are osteopaths, and by seeing beneficial results from treatments on members of her own family.

* * *

DEPARTMENT OF THE GRAND CHAPTER OF THE AXIS CLUB.

The following is a clipping from the Woman's Club of Denver Journal, for Feb. 20th., apropos of a lecture before that club on Feb. 13, by Dr. Nettie H. Bolles:

The skeleton dangled in the curtainless frame,
The "gallery" women looked down without shame;
For they knew there was a treat
In a lecture so neat, on the subject,
"A Modern Hygeia."
The H. E. Committee on Programs thought this
"A fine Idea."
It is well worth your time,
For all Physicians who have known
The size and length of the human bone
To hear that lecture delivered so fine
By Prof. of Osteopathy Nettie H. Bolles,
As she handled those bones with a delicate hand
Explaining each function and location,
It shows she is fearless of any nude man
The bravest (?) being of all creation.

—MRS. W. P. BABBITT.

* * *

Our Present Status.

The present status of the Grand Chapter shows a membership of (255) two hundred and fifty-five. Seventy seven of this number are

life members. This means that seventy-seven have paid in full to the Odontoid Chapter their field dues of ten dollars. One hundred and fifty two are behind with their field dues. These dues should be paid at the rate of two dollars a year for five years after graduation. Some have paid for only one year and are behind for the other four. Others have paid for all but one year while others owe for two or three years.

To these we say, hunt up your receipts and find out how much you are behind and pay it all up before the close of the school year.

Eighty of the number have never paid anything on their field dues.

Many of these have been practicing more than five years. Seven of this number have not entirely lost interest in the club, because they have paid their Grand Chapter dues of 25c. for the year. This however does not put them in good standing with the club. No member is in good standing who has not paid her annual field dues for each year she has been graduated, up to and including her fifth year, which makes her a life member in good standing as long thereafter as she pays her annual Grand Chapter dues of twenty-five cents. Among this eighty are some of our most successful practitioners, whom we would hate to inform that they had been dropped from the roster of the membership.

From now on it is going to mean more to belong to the Axis Club than ever before and those who have had the honor of having been elected to membership can only show their appreciation and enjoy future benefits by paying up, in full, all field and Grand Chapter dues.

* * *

More About Annual Dues.

The personal letter, to those who have not sent in their dues, is being sent out with the hope that another year it will not be necessary to make a personal appeal for dues.

Extracts from a few letters containing dues show the same general excuse. One says, "Enclosed find a very tardy coin. The fault, however, is not the coin's, but the senders, who must admit that procrastination is her besetting sin."

Another who thought her dues were paid, says, "I have been wondering why the members did not pay that small sum without so much trouble, as I was sure I had mine."

In this case the quarter had been handed to some one to hand to the secretary-treasurer, but had forgotten it and there was no record to show that it had ever been paid.

This may fall under the eyes of the one to whom that quarter was paid and it may serve as a reminder. Another writes, "I realized what an officer has to do in order to get other people to do just what they ought to do without urging."

Dr. Bolles Lectures Before the Woman's Club at Denver.

The following is what the Rocky Mountain News, of Denver, for Feb. 14, had to say about an address given by Dr. Nettie H. Bolles before The Woman's Club of Denver, on Feb. 13, '09:

"A full-sized skeleton was dangled before a fashionable audience in the Woman's club building yesterday afternoon. It hung in a box on the stage. For more than an hour it lent aid to Dr. Nettie H. Bolles while she talked to the members of the home and education department on "A Modern Hygeia."

"If any women are present who would rather not gaze upon a skeleton," Dr. Bolles began, "I would advise them to look the other way, as I was really compelled to bring this one with me to assist in the presentation of my subject."

With true Garden of Eden curiosity, every woman's eyes were riveted upon the curtained box in which his skeleton-ship reposed. As Dr. Bolles walked fearlessly up to the box and drew aside the curtains, revealing its occupant in all its glittering whiteness, the club women gasped with horror.

"Heavens! I wonder who it was?"

"Dear me, look what we are coming to!"

Dr. Bolles then proceeded with her lecture by first explaining the meaning of its subject.

Osteopathy Modern Hygeia.

"Hygeia," she said, "was a goddess who was the chief health officer in the early days and carefully looked after the welfare of the Greeks. Osteopathy, the science which is being used by many persons, is really, she said, a modern Hygeia." Dr. A. T. Still is the founder of the American School of Osteopathy and Dr. Bolles, who was one of his students, told of a number of remarkable cures by his drugless method of healing.

The osteopath, she said, depended upon manipulation of the body to furnish free blood and nerve supplies.

Besides the skeleton a number of charts and models illustrated the address."

* * *

Notes.

Dr. Julia V. Frey has closed her office in Denver, and is at present traveling with a wealthy patient. They went from Mexico to Cuba—from there, will visit the Bahamas, then sail for Europe, where they will spend the summer.

The osteopaths of Colorado are to be congratulated upon the passage of their bill through the Senate. The prospects are favorable

for it to become a law. It provides for a separate osteopathic board.

Dr. Burner contributes an interesting article this month, on Diets.

Dr. Nellie M. Fisher: "Let me suggest that you do not work too hard; it does not pay. That was my undoing, but hope soon to be able to go about my business again."

* * *

A Letter From Dr. Nettle H. Bolles.

A recent letter from Dr. Jessie Catlow, containing an inquiry regarding the outcome of the "Lorenz" operation that was performed at the A. O. A. in Denver, was the inspiration for this communication. She asked further, "Can you tell me whether it was successful? If not, were there any results for better or for worse? Do you advise patients to resort to the operation?"

After answering her letter, it occurred to me that other Axis sisters may have thought of the same questions, and that an answer might be interesting to all alike.

The operation performed before the A. O. A. in August, 1905, by Dr. Forbes, did not prove successful. The child was eight years old at the time. A year later, in December, 1906, Dr. Forbes was in Denver and repeated the operation, but the second attempt was also unsuccessful. The age of the child was undoubtedly a hindrance to the successful outcome.

So far as we are able to see, there have been no ill effects from the attempt. She seems no better, no worse than she would have been.

At the last meeting of the Colorado State Osteopathic Association held in Denver, this last December, we had the pleasure of having Dr. George M. Laughlin with us—and he performed the Lorenz operation upon little Dorothy Skinner of Golden, Colorado.

This child was but twenty months old, so we have every reason to believe that the outcome will be successful. We also had with us an older sister of little Dorothy. She is now five years old, and two years ago she had the same operation performed by Dr. Laughlin at Kirksville. She has made a perfect recovery, to-day she runs, jumps, plays, is a perfectly healthy, normal child.

Without this operation and treatment these two children would have gone through life crippled and maimed, deprived of much that makes life worth living.

In reply to the question "Do you advise patients to resort to the operation?" I would say most emphatically, yes, if they are within the age limit

Less than a week ago the little daughter of Mr. S. R. Wilson of Ft. Collins, was sent to Dr. Laughlin at Kirksville for the operation upon a congenital hip. This was upon the advice of Dr. D. L. Clark and myself and we did not hesitate to assure the parents that there is every prospect of a perfect restoration, as the child is under two years of age.

I think that we, as a profession, should congratulate ourselves upon having specialists within our ranks who are so well qualified to do this kind of work, and I trust that no one will hesitate to recommend the operation upon cases where the conditions are favorable.

* * *

MARRIAGES.

Married—At Kirksville, Mo., Feb. 11th, Dr. Julius A. Quintal and Miss Jessie Cramer Wilson. Dr. Quintal is assistant secretary of the A. S. O. and Miss Wilson is a member of the Junior class. At home at 508 East McPherson St., Kirksville, Mo.

Married—At Toronto, Ontario, Canada, December 5th, 1908, by Rev. F. H. Perry, Dr. Asa Gordon Walmsley, and Miss Evelyn Overholt, B. L. of Toronto, Ontario. At home at 370 Hunter St., Peterborough.

Married—At the home of the bride's parents in Minneapolis, Jan. 26th, Dr. Clement Woolson, of St. Paul, and Dr. Leona Harper of Minneapolis. At home, 1878 Marshall Ave., St. Paul.

Married—At Tampa, Florida, February 16, Dr. A. E. Berry and Dr. Nellie M. Shelle.

* * *

LOCATIONS AND REMOVALS.

In this column we print the locations and removals of all those whose names we can secure. Each month we look over all the periodicals of the profession to which we have access, and note all the changes mentioned there. So, if we do not notice your change of address in an other periodical, or we are not notified by the Postoffice department—who often assist us by notices giving place moved to,—or directly notified by you, we cannot be expected to keep up with you. WE URGE YOU TO SEND US NOTICE of your change immediately upon making any change in your address.

Alspach, Mary E., from 1345 Welton St., Denver, Colo., to 410 Commerce Bldg., Topeka, Kans.

Bammert, Rena, from Clarksdale, Miss., to 30 Euclid Bldg., 393 Euclid

Becker, Arthur D., Prestoh, Minn.

Ave., St. Louis, Mo.

Colland, O. M., from New Ridge Bldg., Kansas City, Mo., to Kirksville, Mo.

Davis, A. L., Waycross, Ga., Box 200.

Gage, Fred W., from 126 State St., to 504-5-6-7 Wabash Ave., Trude Bldg., Chicago, Ill., Associated with Dr. Jos. H. Sullivan, in larger and better offices.

Goodell, G. M., from Hampton, to 210½ E. 4th St., Waterloo, Ia.

Graham, R. H., from 50 Division St., Amsterdam, N. Y., to Box 395, Botavia, N. Y.

Holmes, Frank, from Grangeville, Idaho, to 416 Mohawk Bldg., Spokane, Wash.

Kinzie, J. W., is located at Ashland, Kans.

Knight, Jos., Commerce, Tex.

O'Neill, T. H., from 25 W. 42nd St., to the Columbia Bank Bldg., 507 Fifth Ave., New York City.

Saunders, Frances, from Winchester, Tenn., to 410 Davis Exchange Bank Bldg., Albany, Ga.

Smith, W. V., Harper, Kans.

Spohr, C. B., is located at Missoula, Mont.



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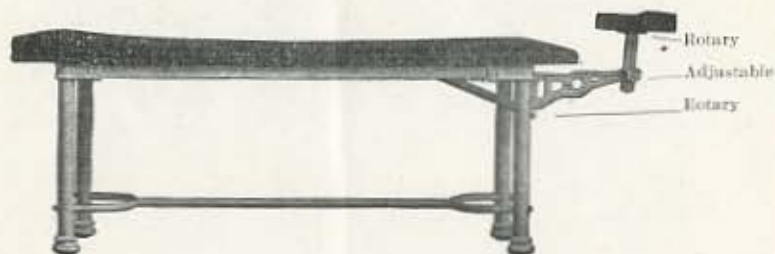
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