

VOL. VII.

NUMBER 4

The Bulletin of



Atlas & Axis Clubs



DEVOTED
TO THE



SCIENCE OF OSTEOPATHY

MAY 1906

CONTENTS—MAY, 1906.

TREATMENT OF TYPHOID FEVER	Emery Ennis, D. O.
THE WRITING OF CASE REPORTS	H. W. Glascock, D. O.
CONSTIPATION	C. W. Young, D. O.
SCIATICA—A CASE REPORT	J. B. Schrock, D. O.
DOWN WITH THE RHEUMATISM	Rev. J. A. Burchitt
OSTEOPATHIC GLEANINGS	
EDITORIALS: Atlas and Axis Reunion—Lecturing on Osteopathy—Literature and Titles—A Suspicious Quotation—A. O. A. Year Book—A. S. O. Hospital.	
ATLAS NOTES—ATLAS FIELD NOTES	
AXIS NOTES—AXIS FIELD NOTES	

OFFICERS OF THE ATLAS CLUB.

Noble Skull	Charles S. Fisher
Occipital	H. Clyde Johnson
Sacrum	Cyrus J. Gaddys
Stylus	George F. Horn
Styloid	Frank C. Martin
Pylorus	Frank L. Goehring
Receptaculum	William F. Hilliard
Radius	Asa Wamsley
Right Clavicle	James Brake
Left Clavicle	Henry E. Urban
Trustees:	Dr. M. E. Clark, Dr. W. D. Dolson, Frank Holmes

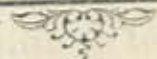
OFFICERS OF THE AXIS CLUB.

President	Mrs. Effie L. Rogers
First Vice-President	Miss Annie M. Roberts
Second Vice-President	Miss Elenor Balfe
Recording Secretary	Miss Nelly M. Shell
Corresponding Secretary	Miss Corinne Larimore
Financial Secretary	Miss Bella Brake
Treasurer	Mrs. Mary B. Horn
Chaplain	Mrs. 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

Solem Studio

FOR

Artistic Photography



SUCCESSOR TO H. B. THOMPSON

We duplicate orders from our own or Mr. Thompson's plates and carry all faculty photos, also photos of the "Old Doctor."

I. L. SOLEM

SOUTH SIDE SQUARE

Kirksville,

Missouri

ADVERTISEMENTS.

History of Osteopathy
and
Twentieth Century
Medical Practice

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

Price, cloth \$4; half Morocco 4.50. Express prepaid.

T. H. O'NEILL.
302 S. Elson St.,
Kirksville, Mo.

Sole agent in Adair county for the
Instruments with
Illuminating Attachments

of the Electrical Specialty Mfg. Co. of
Allentown, Pa.

The beauty and usefulness of these instruments will be demonstrated at any time.

M. P. Thompson & Co.

Dry Goods, Fancy Dress
Goods, Carpets, Rugs, Mat-
tings and Linoleums.....

Our line of Summer Wash
Goods is the finest to be found
in Kirksville.....

We Cordially Invite You to Call.

M. P. Thompson & Co.,

SOUTH SIDE SQUARE.

Principles of Osteopathy

BY
DAIN L. TASKER, D. O.

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

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

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

Price, \$5.00—Carriage prepaid.

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

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

The Bulletin

OF THE ATLAS AND AXIS CLUBS.

VOLUME VII.

MAY, 1906.

NUMBER 4.

TREATMENT OF TYPHOID FEVER.

EMERY ENNIS, D. O., SPRINGFIELD, ILL.

(Read before the 6th District Osteopathic Association, at Springfield, Ill., Nov. 18, 1905).

FELLOW OSTEOPATHS:—In the paper which I have the honor to offer you tonight, I shall enter a field of osteopathic therapeutics which the drug profession ridicule and claim, "it is all bosh" when we profess to handle acute infectious diseases such as typhoid fever.

Before taking up the immediate subject of this paper, "the treatment of typhoid," it may be well to review a few points in the etiology and pathology of the disease, for by so doing we may get a clearer insight into its clinical relationship with other infectious diseases and also into the anatomical and pathological conceptions upon which we base our therapeutic measures.

The earliest true diagnostic lesion consists in the changes in Peyer's patches, solitary and mesenteric glands. But back of this we must have a predisposing cause. Some interference with the normal circulation or nerve control to this portion of the bowel, thus weakening the resisting power of these glands and furnishing a favorable nidus for the development of germs.

Dr. Still once made this statement before our class, viz: "That he could eat a teaspoonful of germs with impunity provided his bowels were in a healthy condition." The Old Doctor was simply impressing the fact that normal tissue means death to all investing micro-organisms.

It has been proven that pure blood is the best germicide known. Therefore, if we have a moving current of blood at the proper rate through the tissues all the time, the tissues will be in a normal condition and able to resist any germ invasion. But just as soon as there becomes a stasis of the blood or any obstruction to the circulation we get a devitalized condition of the tissue. Just the kind of tissue upon which germs propagate.

The question now arises, what might cause this sluggish circulation—this stasis of the blood? First, we might mention constipation. A constipated condition of the bowels, brought on by imprudence in diet, sedentary habit, neglect, etc., obstructs the blood vessels (principally the veins) by mechanical pressure. It diminishes the peristaltic action of

the bowel. The bowel becomes distended and dry causing an atonic condition of the muscular coat, a blockage of the portal circulation and a consequent deficiency of biliary secretions, by interfering with the normal functions of the liver.

Second—Some lesion affecting the vaso-motors thus interfering with their rhythmical action on the circulation, thereby causing a disturbance in the blood flow through the arteries, veins, and capillaries.

Third—Lesions in the lower dorsal and lumbar regions of the spine affect the cerebro-spinal nerves causing a disorder of the secreting cells.

Time will not permit me to go into detail in regard to all the etiological factors concerned. In this hasty sketch on the etiology of typhoid you will notice I have made no reference to bacteria as causative factor. Bacteria do invest these inflamed glands and are beyond a doubt an exciting cause. These germs are ever ready to invest weakened tissue, but are only secondary to the more important causes already mentioned.

The chief sources of infection are impure drinking water, contaminated milk, raw oysters taken from contaminated water, ice, uncooked vegetables and house flies.

With reference to the pathology of typhoid. There are as we all know, three distinct pathological changes, viz: infiltration, necrosis and ulceration.

The first stage is due to a proliferation of the cellular elements and the extravasation of blood through the vessel wall. Pylers patches become thickened pale and swollen. These changes do not usually affect all the glands at first but as the disease progresses the inflammation extends by continuity of tissue, and involves other glands. Sometimes in severe types of typhoid the buccal glands are affected. You will find in all infectious diseases that the mouth reacts more or less specifically. In typhoid the mucous membrane is dry, the tongue and lips fissured. Sometimes there is a brown coating and the formation of ulcers. These are generally of small size and superficial. Aside from Pylers patches the buccal mucous membrane is more liable to attack than any other part of the digestive canal. In the second stage there is sloughing or softening of these glands. This exudate may be absorbed by the lymphatics and carried into the receptaculum chyli, thence in an unimpeded course through the thoracic duct and enter the general circulation; or it may necrose and be sloughed off into the bowel. This usually occurs about the second week and is very noticeable in the stool.

In the third stage we have the separation of these necrotic areas leaving a large ulcer. These ulcers are gradually replaced by scar tissue, as healing by 3rd intention progresses. The gland is never regenerated; therefore, we usually have a constipated condition of the bowel for some

weeks after convalescence. In conjunction with the inflammation of the mesenteric glands, the spleen undergoes changes (usually enlarging) due to the poisoned state of the blood to which it acts as purifier.

I have very hastily mentioned some of the most important pathological changes. This brings us to the question of therapeutics. It is beyond the scope of this paper, to take up in detail the treatment of all the different complications which might arise through the course of the disease. But a few suggestions on the management of some of the commonly associated complications may not be out of place. And here, as everywhere, in the practice of osteopathy the secret of success lies in thoroughness, and a persistent and careful diagnosis. An inquiry into the patient's previous history and even into the family tendencies may put the doctor on his guard, so he will be better able to detect and prevent certain complications.

When first called to see a patient whose symptoms and history seem to indicate typhoid, although a positive diagnosis may not at first be possible, he is at once sent to bed, if not already there, and explicit directions given to keep him absolutely at rest. He should not be allowed to raise himself up in bed to take food, drink, or attend to a call of nature. A feeding cup and bed pan should be insisted on.

Have patient on first visit put in the sunniest, quietest and best ventilated room in the house, provided the patient is not able to go to a hospital. This I always advise where I know the financial circumstances, and a hospital is accessible. He should be placed on a firm smooth mattress and all clothing, removed except a thin night shirt. If the patient can possibly afford it, he should have a reliable trained nurse, because when left with the family or neighbors, they are inclined to do too much nursing, thus worrying the patient.

In the greater majority of typhoid cases (if the osteopath is called in time) he can change the course of the disease to a marked degree, and hasten resolution. After the first pathological stage is completed, after the poisons are being absorbed, and the mesenteric glands have begun to slough, the disease will run through its regular course of changes, I care not whether treated by an osteopath, allopath or homeopath or any other kind of path. This may be contrary to general opinion. It is nevertheless my honest opinion and experience.

As pointed out in the pathology the first stage is a disturbance of the vaso-motors causing an infiltration in Pylers patches. The main object of treatment, therefore, in this stage is to gain vaso-motor control of the intestinal blood vessels, and lymphatics. Consequently the treatment is principally spinal. This treatment must be directed to the removal of any muscular, ligamentous, rib or vertebral lesion. Particular atten-

tion must be given the lower dorsal and lumbar spine. Vaso-motors of the intestines arise in the spinal cord as high as the third and fourth dorsal segment.

Dr. Hazzard in his practice of osteopathy claims that most of the treatment in typhoid must be spinal. He also says that abdominal treatment is almost nil. In this last particular statement I can not agree with the doctor.

I have found it very important in all the cases I have treated to pay special attention to the abdomen. Treating it thoroughly throughout the progress of the disease. One should treat very carefully and guardedly in order to prevent or not to cause hemorrhage.

Where there is a great amount of tympanitis and distention of the abdominal wall great care should be exercised in abdominal manipulation. By laying the hand gently on the abdomen and letting it rest there a few minutes, you will be able to detect where the greatest contracture exists. Then by slow steady pressure begin to manipulate, scooping low down in the iliac region you can (without much discomfort to the patient), get below the cecum. Having accomplished this, make pressure in an upward direction. In some cases I find it necessary to gently relax the tissues for 15, 20 or 30 minutes before beginning deep pressure. This treatment by relaxing the tissues frees the circulation, straightens out the bowel and relieves the tympanitis by working off the gas. Always insist on the patient passing off the gas. I have found it advisable in some cases to give some olive oil or castor oil per mouth; this lubricates the bowels, and soothes the inflamed and irritated mucous membrane. An occasional enema (consisting of a normal salt solution) cautiously given aids in gas elimination. If diarrhea be present, it can be controlled very satisfactorily by gently springing the spine in the lumbar region.

The spleen should receive attention at every treatment. This being the principal blood elaborating organ and the burying ground for the red corpuscles. It usually becomes swollen; therefore, treatment should be given in the lower dorsal. Raise the ribs on the left side to keep the circulation in motion through the spleen. Treatment should be given the renal splanchnics to keep the kidneys stimulated. Insist on the patient drinking plenty of water; it bathes the inflamed membranes and is the best diuretic known.

The tissues in the cervical region should be relaxed. This relieves the headache and frees the circulation to and from the brain. Work on the superior cervical ganglion equalizes the systemic circulation by affecting the general vaso-motor center in the medulla and controls the fever. It is very important to watch the general circulation.

Enfeebled circulation retards or inhibits absorption, and the func-

tional activity of the liver is in abeyance. Poisonous products suspended in the blood, as well as its elevated temperature, interfere with the normal rate of metabolism through the body, and finally the excretory organs are over worked.

Where there are extensive pathological changes taking place and a great amount of toxic elements being absorbed, the fever will soon rise and should be controlled by the bath. I always try to keep the temperature about 102 to 102½ F, never letting it run higher than 103 F. I have found the following method of bathing very satisfactory. Remove the night shirt, throw the bed clothes back. Then sponge the patient with equal parts of alcohol and water. The water should be about the temperature of well water, (it is not always advisable to use alcohol, but depends on the number of baths necessary to control the fever), leave the surface wet and fan dry. So long as the patient has fever there is no danger of taking cold. Great care should be taken not to reduce the fever too much. This method will reduce the fever 2 or 3 degrees F. in about 15 or 20 minutes. The patient should now be covered warmly and a hot water bottle put to the feet. The heart and lungs should be stimulated in the upper dorsal regions; care should be exercised not to fatigue the patient.

There are two chief factors which should influence the selection of proper diet in typhoid fever.

These are:—First.—It must be fluid and supply fuel to prevent tissue waste. If the proper fuel can be furnished as food, the tissues are spared too great self-consumption in producing heat. Second.—It must be readily digestible, leaving but little residue to mechanically irritate the ulcerating intestines.

When patients are fond of milk and it is digested and absorbed thoroughly, there is no better diet, because it answers every requirement of a fever food. It contains all the essential food elements, furnishes fluid to the tissues and is a good diuretic. Milk should usually be diluted with a little lime water. Very often undiluted milk coagulates and becomes almost solid on entering the stomach. When milk disagrees with the patient and curds are found in the stool, whenever the abdomen becomes markedly tympanitic, its use should be discontinued at once. Some patients do well on buttermilk.

Albumin water, beef tea, burnt flour gruel (in diarrhoea), chicken broths, etc., make suitable variations.

The preparation of some of these might be of interest. Albumin water is prepared by stirring (not beating) the white of one egg in 2½ oz. of sterile water. To this may be added one-half teaspoonful lemon juice. If the patient distinctly desires it a little sugar may be added.

Beef tea is prepared as follows: Put one pound of finely chopped beef into a one quart glass fruit jar and add a pinch of salt and one pint of cold sterile water; not hot water because this will coagulate the albumin. Then set the jar into cold water as in making ordinary beef tea and keep it hot without boiling about 110 to 112 degrees F. for three or four hours. Strain through two layers of cheese-cloth, wringing through all the juice. Serve agreeably warm, giving about 2½ oz. at a time. Liquid diet should be adhered to until the temperature has been normal for a week, after which a semi-solid diet may be allowed such as soups, cream of wheat and float. Then whole eggs soft boiled or poached or a little finely minced meat, and later a little thoroughly cooked corn starch may be cautiously added.

Hygiene is an important factor to be watched in the treatment of typhoid fever. The bed clothing should be changed every morning. Everything which comes in contact with the patient should be disinfected. The importance of the disinfection of the urine, feces and sputum cannot be over estimated. All excretions should be retained in easily cleansed vessels and never emptied before sterilizing with chloride of lime or dilute carbolic acid or some other good disinfectant. Some deodorant should be placed in the room. Iodoform Chloride placed in a vessel under the bed is very agreeable. There should be good ventilation and a constant temperature of 68 or 70 degrees F. Flies should be excluded.

Osteopathy is the only sane way of treating typhoid fever. The drug profession are coming nearer our method of treatment every day. In the best hospitals today, not a drop of drugs are given in an uncomplicated case of typhoid. The so-called intestinal antiseptics are useless or harmful. "The best intestinal antiseptic is bowel action" says Gaille. In complicated cases, the osteopath treats specifically the complication, while the M. D. must necessarily affect the whole system when he administers his poisonous drug through the stomach.

An allopath with whom I once studied said there were five things to remember in treating disease, viz: keep the head cool, the feet warm, the bowels open, give few drugs and trust in God.

* * *

THE WRITING OF CASE REPORTS.

H. W. GLASCOCK, D. O., (ATLAS '04), RALEIGH, N. C.

The reporting of cases is, I think, a most valuable aid to osteopathic practitioners. I wish to encourage it to its highest type of perfection. The scope of disease is so broad and the causes are so numerous, that for a busy practitioner it seems almost impossible to intelligently proceed in each case without some standard reference, or experience in a large

number of former cases to be guided by. Our work is quite unlike the old school with a routine of already prepared prescriptions labeled for certain diseases with an experienced rule of direction. We must suit our treatment to the existing cause.

I complain of our present method of reporting cases, because they do not, as a rule, tell anything, other than that a lesion was found; that it was removed, and that the patient got well. Every osteopath knows lesions produce disease, and correction of them will cure the case. About all the present reports are doing, is to give Dr. B. a chance to announce the fact that he has cured a case of gastritis, diphtheria, or hemiplegia. There is but little science manifested in the report. There is no "Why" no "How." There is no reason. The principles and philosophy of the case have been left out. The main thing has been, "The patient recovered and "lived happy ever afterward." That does not mean much to the doctor who is in trouble and looking over a lot of reports trying to find something that he can depend upon as a guide in a similar case. He is looking for a scientific "why" and a rule of "how" that particular lesion caused that trouble and the method you used in a satisfactory correction of that particular lesion, and your reason for thinking it produced certain effects; what abnormal anatomy was produced, and so on.

Almost every D. O. has a different method of setting an atlas or an axis. Does he often tell in the report what his method is, and give reasons, or do the majority treat specifically and have any particular methods? Or do they treat by luck and chance, and when they have a patient get well, report their luck? There is no science in such work and in such a report. It does not mean anything. Suppose when at the A. S. O. Dr. Clark in his lectures, had only told us to relax the muscles and remove the lesion, and had never mentioned applied anatomy, and had Dr. C. E. Still told his class in manipulation to remove the lesion and not given us a rule to go by. What would we be as substantial reasoning osteopaths? Now I don't put any stress on manipulation unless you have a reason for every movement. There is absolutely nothing but exercise in manipulation unless you have a definite purpose in view for every move made and accomplish that purpose. The recent report blanks of the A. O. A. though, are an approach toward better things. Yet it is a fact that the answers made to the blanks as a rule are not as scientific as the blank itself. The fact of the business is, and the sum and substance of this article is. That—Principles of Osteopathy, Applied Anatomy and Method are left out of our case reports.

We are much in need of a Practice of Osteopathy of this nature which would be a more true rule and guide to our faith and practice. To

get it we must have many case reports of the same nature substantiated by physiological facts and applied anatomy such as the case presents, with reasons for our diagnosis. Of course this would make a work of many volumes. No one man will ever have had experience enough to write it all. But think, what are we getting out of our present method of case reports, other than a variation of lesions causing disease. To tell how long a case has been sick, how many and what doctors have given them up and the various other things they have tried, do not help any other D. O. out on a similar case.

Now then if you bend your patient in a certain direction "why?" If you bring pressure to bear on a certain bone on a certain part of it in a certain direction, "why?" If there is a pressure on a certain nerve or vessel, how is it made, what is the effect, and how do you know it? If you have no reasons for these things you are groping in the dark and not a conscientious physician. Why has the lesion effected this part and not that? What is the pathology of the condition and the physiological effect of removing the lesion? What do you mean by "treat?" Give facts and reasons, not supposition and proposition.

I would like to see the "Bulletin" made the scientific organ of the profession. It is not a publication intended for the laity. It belongs to the profession exclusively, and when we write for the "Bulletin" we should write things that will help the profession to better understand osteopathy and get better results. There are numerous publications for the laity, but as yet we have not a strictly technical scientific publication, especially for the profession, though the A. O. A. Journal is fast becoming so. Any of us can say that there is a lesion in the lower dorsal area affecting the liver, but it takes a man with brains to tell what that effect is, and the "how" and "why" thereof, the chemistry of the effect and the pathological physiology in the process. These are things in which I think we most need to perfect our work to enable us to treat our patients intelligently. We get results in many cases and we don't know why or how we got them. Yet we consider ourselves one of the best osteopaths that ever hung a shingle and at the same time, we are leaving the research work to Dr. A. T. Still, C. P. McConnell, and others. Depending on them for the whys, wherefores, and facts of the science we are practicing. Let each field member study harder, dig deeper into the channels of research; know what we are doing; operate intelligently; know what we are talking about, and write such reports and send the Bulletin such material as will be of great benefit to all.

Constipation.

C. W. YOUNG, D. O., ST. PAUL, MINN.

TO THE EDITOR OF THE BULLETIN:—

A perusal of the March Bulletin shows an evident purpose to assist its readers in becoming competent to treat all kinds of diseases in the best possible kind of a way. It is neither a conservative or a radical. You just want the truth.

Dr. Noonan's article on Constipation is to be particularly commended as it is of value to the profession to have its members speak right out in meeting.

Constipation causes 90 % of all diseases and a complete cure requires natural diet and natural methods of living. Failure of results ought to make us look to natural methods of healing before resorting to internal administration of poisons that must inevitably injure cell life of some part of the alimentary canal.

As a rule, it is best not to require a patient to stop immediately a long continued practice of taking drastic cathartics. I am reaching the conviction that it is a mistake to urge a patient to make sudden or drastic changes in his manner of living. Some can stand the shock without much apparent discomfort, while others suffer severely and a bad mental reaction is likely to set in creating a repulsion to all your treatment. To instruct a patient to gradually stop using a cathartic does not violate a law prohibiting internal medication.

I have had many patients say they could not get results with colon flushing, but who subsequently succeeded on receiving minute instructions. I have not yet failed when I engineered the matter myself. There are many things to learn to meet all kinds of difficulties in cleansing the bowel with water, oil, cascades or colon tube.

A patient having a repugnance to the enema may drink water, sometimes swallowing as much as he can at once (two or three pints), but preferably by abstaining from food and steadily sipping water till the movement comes. Exercises properly directed and deep breathing and suggestion can often do wonders.

Probably the best way to get movements in most desperate cases is to put the patient on a raw food regime, where there is no ulceration of the stomach. A strict diet of raw cabbage and lettuce with olive oil and salt and raw celery will bring a thorough cleansing, after which a more nutritive diet can be prescribed.

In many bad cases of constipation there is ulceration of the sigmoid with consequent partial stricture made evident by attenuated feces, ulceration at the anus or obstruction to the insertion of colon tube or blunt probe. For this condition the Pratt system of rectal dilation, vi-

bration over lumbar muscles and pushing lanaline at the end of the probe through a rectal speculum up into the sigmoid has proved successful, but I have secured splendid results, in several desperate cases without rectal dilation and the severe pain caused thereby, by injecting eucaloform ointment put up by Congen Bros., 680 Selby Ave., St. Paul, with the aid of their applicator. This ointment contains lanoline and eucalyptos, and is very helpful in healing diseases of the mucous membrane. In case of stricture of the sigmoid, a terrific stimulation of the muscles adjacent to the lumbar vertebræ should be given. I have seen the calibre of the feces increase very materially under this treatment.

Under the Minnesota law we can use drugs externally and hypodermics. This ought to be the law in every state. We ought also to be able to use opiates, though proper use of natural agencies, such as mud, water, heat, etc., when the hand proves unavailing, lessens the need of opiates to a large extent, and the time may come when opiates may never be allowed, except when death seems certain, as they always deplete the vital forces.

* * *

SCIATICA—A CASE REPORT.

JOSEPH B. SCHROCK, D. O., (ATLAS '03), BEDFORD, IND.

Mr. W. K., age 38, occupation, farmer. Came to consult me Sept. 23rd, 1905. History of case was as follows: He had been engaged in the general merchandise business for about eight years previous to engaging in farming, moved to his farm early in the spring of the present year, and the first active work he did was to plow and prepare for planting twenty acres of ground. The first trouble he noticed was shortly before he had finished plowing; he began to have pains at lumbo-sacral articulation which radiated down his left leg; this continued to grow worse for about a week when he was compelled to quit work. The greatest points of tenderness developed at lumbo-sacral articulation crest of left innominate and sacro-sciatic foramina. Pain was constant but more severe at night; patient had great difficulty in getting about, was forced to bend far to left side and use a cane; any attempt to straighten caused severe pain, and left leg became numb and lifeless.

Medical treatment was employed for about three months without any benefit. Hot mineral baths were then advised; he went to the springs and took the baths as advised by a physician at the springs for five weeks without experiencing any benefit whatsoever. A week after returning from the springs he came to consult me.

Examination for bony lesions proved negative; spine was perfect, innominate were also perfect as far as could be ascertained. Then search was made for muscular lesions, which were easily found. The

chief trouble proved to be in the pyriformis, and gemelli muscles, as outward circumduction of leg caused but little pain, while inward circumduction was very painful. Treatment was given specifically to the parts involved, and patient was given a few instructions in regard to caring for himself and instructed to come back on the second day. Some benefit was experienced after first treatment; treatment was then given every other day for a week specifically as first one, and while patient rested better of nights, still his general condition was not much changed. More heroic measures were then resorted to, treatment was given every day, and thorough treatment added to lower dorsal and lumbar region. After third day there was very marked improvement in general condition, so much so that treatments were reduced to three a week for two weeks, after that two a week for three weeks, then one a week. Last treatment was given Nov. 20th; patient had then entirely recovered, being free from pain and able to do hard work.

* * *

DOWN WITH THE RHEUMATIZ.

REV. J. A. BURCHIT, SPRINGFIELD, ILL.

(The pastor of Kumler M. E. Church. Copy was received from Dr. Emery Ennis).

NEIGHBOR:—

"Helloah there Uncle Billy, an how ye gittin' along?
I haint seen nuthin uv ye, since the robin's good-bye song.
I wondered a heap a bout ye an offered many a quiz
As to how Uncle Billy wuz gittin' along an stannin' the rheumatiz.

UNCLE BILLY:—

Well Lige, Im doin tolabale fair, fer a rail ole man like me,
Fer ye know the fourth uv last July I rounded skiventy three.
I been perty strong most all me life, an able to ten to biz.
But there's nuthin' at lays a man clean up like a spell o' the rheumatiz
I've tried more pills an liniments than a bushel now, I know.
But the misable crampin achin' pain goes every where I go.
Hits with me when i bien sot daoun, hits with me when I've riz,
There's nuthin' at sticks right to a man like the chronic rheumatiz.
Hit gits up with me in the mornin', goes to bed with me at night,
An' all through the day an' evenin, hits one eternal fight.
My hogs hez died ith the colera,—I know whut chintz bugs is.
But there's nuthin' quite so discouragin like ez a spell o' the rheuma-
tiz.

Some times hit gits me in the neck, an sometimes in the back,
An sometimes up an daown me leg hit makes a firey track.
Sometimes both hands is crippled up, an sometimes,—Oh Ge Whiz!
There's nuthin gits a feller's breath, like the jumpin' rheumatiz.

I've tried the Alopathic pills. They miss it every shot.
I've tried the Homeopathic pills, and they don't hit the spot.
I've soaked, and dosed, and starved myself, till I'm lean as a common
lath.

I'm goin to ship the whole quack tribe and try an osteopath.

But I'm livin in hopes some day my boys there'll come a better time
When this old man will feel as strong as in his youthful prime.
When all the sorrows aches and pains, (fur we all know whut them iz,
Will be laid aside in the Better Land whur they haint no rheumatiz.

* * *

OSTEOPATHIC GLEANINGS.

(Compiled by the Editor).

Chiropractors Faking Osteopathy.

DR. ASA WILLARD, MISSOULA, MONT.

Not a decade passes but multitudes of illegitimate schemes are evolved by those who calculate at little or no outlay to themselves to furnish others with that for which they have to sacrifice much of time and toil. Some take the form of "sure-thing" games; some of commercial get-rich-quick concerns; some aim to gull the people by posing as having a knowledge not really possessed or of being the originators of something which is to benefit mankind.

If a man should put his hand into another's pocket and steal his purse, we would call him a thief. If a man should take a good book that some one else had spent years in writing and publish it as his own, he would be a worse thief; but what does the world say to such a case as this:

A man worked faithfully at the bedside of the sick for years; he was versed in, and employed all means then known to relieve his fellow-beings' ailments; but in many cases they were unavailing. He said to himself, "There must be a way to help and cure mankind's afflictions which we do not know of; I will work till I find it." He thought, worked, sacrificed, persisted, and finally found the way. He immediately put it into practice. Poverty was no bar to those who would receive the help of his ministrations. During the first ten years after he had made his discovery, hundreds of poor people were cured, and with thankful hearts blessed their benefactor.

Ten years after all this happens—after this man's deeds have been known the country over—after he has established a school and thousands of disciples have gone out, and, according to his principles, have cured the lame, the halt and the blind, another man comes forward. Appropriating the principles discovered by the first, he applies a new name to them, claims the honor of their discovery, and proceeds to utilize his claims for the accumulation of cash by pretending in a few short months to impart the science to others at so much per.

How much of the science would his short-cut pupils know?

One of the most blatant cases of piracy on record is that of the so-called practice of chiropractics. The leader and head-appropriator of this band who designate themselves as chiropractics or chiropractors, is an ex-magnetic healer from Davenport, Iowa, who signs himself "D. D. Palmer." He and his followers, or fellow conspirators and dupes, are doing all that lies in their power to cheapen and belittle osteopathy in the eyes of the public, at the same time fattening their purses at the expense of the good reputation which it already has established. Their methods are to tell half truths in regard to osteopathy, to flagrantly misrepresent it, and after having done this to appropriate its real principles and claim them as "chiropractic discoveries." In reference to half truths—these are first used in an attempt to create the impression that the osteopath pays no attention to anatomical irregularities which cause pressure upon nerves and hence disease, but has only to do with manipulations of the blood mass.

Osteopathic literature is gone over, and any sentences or phrases in reference to the blood, its purity and flow in relation to disease, are called out and quoted independently of their association by context and argument. Care is taken to avoid using anything in reference to spinal luxations, their effects on nerves and resultant diseased condition from these half quotations. In spite of the fact that displacements form the basis and occupy the bulk of osteopathic literature, no such are ever quoted in showing what osteopathy is.—Osteopathic Physician.

* * *

A Chiropractor Convicted.

D. D. Palmer, the founder of the chiropractic method of treating disease, was recently convicted at Davenport, Iowa, of "publicly advertising and professing to heal and cure disease without a license from the state." He was fined \$300.00 which he refused to pay, and was committed to jail, from which he is sending articles to the papers on martyrdom, while his son is circulating a petition asking for his pardon.

The defendant has been conducting a school at Davenport, giving a course which at various times has ranged from six weeks to nine months in length.

The case is chiefly of interest to osteopaths from the fact that he has adopted some of the theories and principles of osteopathy, which he claims to have discovered. This is, of course, a great injustice to osteopathy, and is harmful to it, in that many, without any real knowledge of osteopathy or the fundamental principles upon which it is based, go out from this institution with the astounding claim that their system is superior to osteopathy.—Journal of A. O. A., May, 1906.

Pneumonia. ✓

J. W. BANNING, D. O., M. D., BUFFALO, N. Y.

Pneumonia begins with a congestion which may last for a day or more, passing into an inflammation. It is not a good policy to wait until the inflammatory stage has set in before beginning treatment as then the chances to check or abort the disease are greatly lessened, if not altogether absent. It is safe to assume that a congestion of the lung will develop in pneumonia if let run its course. This is such a fatal disease that the physician should train himself to anticipate and abort it if possible. Active treatment should be begun just as soon as there are signs of a congestion. Indications of a congestion are headache, nausea, vomiting, muscular pain, fever, rapid pulse, and quickened respiration. Such symptoms developing suddenly in one who has previously enjoyed good health are strong evidences of congestion, and active measures should be taken at once to divert the blood from the lungs to other parts of the body.

In almost all febrile conditions the intestinal and glandular secretions are apt to be scanty, the excretions checked, and the morbid excreta retained in the bowels. This sluggish mass affords a suitable soil for the development of bacteria which produce toxins that are absorbed into the blood affecting unfavorably every vital function of the body. This being the case considerable attention should be directed to the care of the bowels. They should move at least once every day. To secure an easy movement of the bowels, stimulate the vagi nerves as they pass through the upper cervical region to increase intestinal peristalsis. Increase the blood supply and secretory action of the glands of the intestine by an inhibition of the great splanchnics and a direct treatment over the bowels from the duodenum to the rectum. A very valuable aid in removing impactions of the large bowel is an enema of a normal saline solution. This acts as an antiseptic and softens the hardened feces.

It has been said that "there should not be more than three per cent. of deaths in pneumonia," and I believe it is true. Should the following measures be strictly observed from beginning to end the fatality of this disease would be greatly lessened. First, there should be the same care taken as to hygienic surroundings as is taken in a typhoid case, namely,

a large, well ventilated room with plenty of fresh air. The temperature should be 65 degrees F. The diet should be light and nutritious and very little if any food should be given for the first two or three days. Milk should be the principal diet provided it does not cause indigestion. The albumin needed by the patient can be supplied by giving two raw eggs per day in bouillon or coffee. Expressed beef juice is a good muscle and heart stimulant and should be given an ounce at a time three or four times per day. The fever in pneumonia is usually very troublesome and several methods have been used in trying to keep it down. About the best aid to an osteopathic treatment for this purpose is a sponge bath. The water should be about 90 degrees F., sponging the abdomen and extremities but not the chest. This increases heat radiation and conserves the strength of the patient until the crisis is past.

The physical examination of a case of pneumonia reveals a great deal of muscular contraction in the cervical, thoracic, and dorsal regions. The muscular contraction in the thoracic region prevents lung expansion and causes a great deal of pain in breathing. Without proper lung action oxygenation of the blood is hindered and consequently the life giving stream is loaded with poisonous gases. Instead of the blood reaching the heart purified for distribution to the various parts of the body, it is forced out of the heart laden with impurities which seriously affect the vital functions of the system. Inspection shows that the movements of the affected side are impaired, expansion being more or less limited. The face is flushed and naso-labial herpes appears in a majority of cases.

The patient finds it less painful to lie on the affected side which should not be allowed, as it aggravates the trouble by allowing the blood to settle in the congested area. The patient should be shifted from side to side. The osteopathic treatment in cases of pneumonia must be both local and general. The local treatment should be directed to the specific lesions affecting the lungs while the general treatment is for the purpose of keeping down annoying symptoms and maintaining the strength and vigor of the patient. The specific treatment throughout the various stages of the disease is directed to the motor and vaso-motor nerves of the lungs.

In beginning the osteopathic treatment, place the patient on the sound side and while in this position thoroughly relax the muscles along the dorsal region. The centers controlling the vaso-motors of the lungs are located in the dorsal region between the second and seventh vertebrae. The muscles along this region are invariably contracted in pneumonia and are very sensitive to pressure. The vertebrae and ribs of this region are approximated under the muscular contraction. The pressure brought to bear upon the nerves by the contracture retards the heart

action and causes dilatation of the blood vessels of the lungs. This condition leads to engorgement of the lungs which, if not checked, goes through the various stages of pneumonia. Relaxation of the muscles relieves the pressure from the nerves enabling them to regain their normal control over the heart and lungs. By this treatment the heart action is accelerated and the blood vessels of the lungs are constricted, thereby lessening the congestion of the lungs.

After finishing the treatment in the dorsal region attention is then directed to the thoracic and cervical regions. Place the patient on his back and gently relax the muscles of the chest. These muscles are usually very sensitive to the touch but the tenderness gradually subsides under the proper treatment. Elevate the ribs by drawing the arms gently upward and backward. This will enable the lungs to expand more readily and will increase oxygenation of the blood. While the patient remains in the dorsal position, the deep muscles of the neck should be treated. These muscles will be very sensitive and rigid. The tissues along the course of the pneumogastric and recurrent laryngeal nerves should be gently manipulated to relieve any irritation that might exist from muscular contraction. This will be of great service in the treatment of pneumonia, as it increases the motor power of the lungs and relieves an inhibitory influence exerted by the vagi nerves over the heart. The cervical treatment is finished by giving firm pressure in the suboccipital fossa. This aids in reducing the fever through its effect upon the general vaso-motor system and quiets the patient by regulating the circulation to the brain.

The above outlined treatment properly applied in the early stage of pneumonia will cause a jugulation of a majority of cases and will be of the greatest assistance in curing cases that have gone beyond the stage of congestion. The prognosis under such treatment is good but it must be thoroughly realized that pneumonia is an exceedingly dangerous disease and that great care should be exercised right from the outset. The treatments should be regulated to the condition of the patient. It is a mistake to give a strong, vigorous treatment to a weak patient, as such treatments aggravate rather than benefit such cases. One general treatment per day will usually suffice but the patient should be seen oftener to allay the fever, relieve pain, and release the muscular tension over the lungs. Plenty of water should be given the patient to drink. The case should be in the hands of a competent nurse to see that the patient is not exposed to further cold and to see that your orders as to rest, diet, and baths are faithfully carried out.—*Mass. Journal of Osteopathy*, Jan.-Feb., 1906.

Unity in Diversity.

DR. A. L. EVANS, CHATTANOOGA, TENN.

We are agreed upon some things that osteopathy should not be; some paths it should not tread. It must not be made medical. We may properly appropriate the knowledge gained by medical men so far as it relates to the human body in health and disease. So far as it teaches sanitary and hygienic laws we may profit by it, but we must not follow them in experimenting with drugs and chemicals upon the human body. Such a course would be a departure from the fundamental ideas of osteopathy and would be paralleled by a citizen of the United States advocating a monarchy. Truth and error will not flourish side by side. The "irrepressible conflict" will go on until one or the other is triumphant.

But in the matter of methods of application of osteopathic principles, in questions of expediency and policy we may not only hold diverse views but we may naturally expect good to result from a good-natured discussion of such views. It is from the diversity of opinion that we may hope will come a fullness of knowledge that will result in a unity of purpose leading to the best result to our science and to mankind. We do not want the dull uniformity typified by the stagnant pool, but rather that uniformity in diversity characteristic of the heaving, billowy, even moving, but eternal sea.—*Journal of A. O. A.*

Is Osteopathy "Medicine?"

DR. C. C. TEALL.

Probably in the broad sense, "any one who treats the sick practices medicine;" but we, as a separate school, have reason, if we love our science and hope for its future, to thank God that the learned judges have held in most cases that have come before them that the practice of osteopathy is not the practice of medicine.

.....What practical good can come of it any way if we succeed in being included in the practice of medicine? Will it add one cubit to our stature? No. Will it add one particle to our effectiveness as a therapeutic system? No. Will it assist us in our fight for recognition? No. and as I have shown it may be our undoing. The law recognizes different schools of medicine—the allopathic, homeopathic, eclectic and osteopathic. The allopath modestly claims he is the whole thing and is a "physician." Well, probably he is, but there are others and likely to be more. Just now I am not practicing medicine, nor am I a physician in the sense our allopathic friend thinks he is, but until this "bloody war" is over and we know where "we are at," I am an oteopath and nothing else.—*Journal of A. O. A.*

THE BULLETIN

OF THE ATLAS AND AXIS CLUBS.

ALFRED W. ROGERS, A. M., EDITOR.

MISS CORINNE E. LARIMORE, REPORTER FOR AXIS CLUB.

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

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

When the Bulletin has been sent to the earlier address, 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.

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

KIRKSVILLE, MISSOURI, MAY, 1906.

EDITORIALS.

Atlas and Axis Reunion. We wish to repeat the announcement made in the April issue of a reunion of the two clubs and a reception to the visiting members. This will be given the Thursday evening preceding the Tri-State Convention which opens on Friday, May 25th. We repeat the cordial invitation to come to the halls and enjoy the evening with the two clubs. If possible, please send notice to your club of your intention to be present.

Lecturing on Osteopathy. A very important phase of educational work in osteopathy is in process of development through the activity of some of our practitioners as lecturers before women's clubs, teachers' assemblies, and similar bodies. We have noted the work of several of the members of our clubs in this line and mention this feature in order to encourage others, who are qualified, to undertake the same work for the welfare of the science. Doubtless there are a score of our people who are doing this but the following we can mention from our notes.

Dr. J. S. Holloway, lecture on Personal Purity before the Y. M. C. A. of Dallas, Texas.

Dr. Geo. W. Reid of Worcester, Mass., Osteopathy before the teachers of Gardner, Mass.

Dr. Reuben T. Clark of Natchez, Miss., Anatomy before the high school pupils.

Dr. Wm. Horace Ivie of San Francisco, Osteopathy, before a body of college students in his city.

Dr. Aurelia S. Henry of Flushing, N. Y., a lecture, What is Osteopathy? before the local woman's club.

Literature and Titles. In these days when graduation is near at hand, samples of osteopathic literature are being presented to the seniors to show them how to advertise their business. These are reprints from compilations made by osteopaths now in the field. We are frank to say that we have not seen a sample yet that does not better show how not to do it.

It is a serious error to have the first page of these leaflets carry the name in broad-faced type of the osteopath. It smacks of quackery and cheapens the circular at the first glance. We would suggest a change in the arrangement of the matter placing first a modest heading such as, "A Brief Description of the Osteopathic Treatment of Disease." At the close of the pamphlet, if it seems desirable to have the physician's name attached, some such clause as this might be added: "Issued from the office of _____ D. O." and city address. We think it also poor taste and bad form for physicians to sign their names and write their cards and notices as "Dr." So and So. The titles "Professor," "Doctor," and "Mr." are titles of courtesy which we should leave for others to bestow upon us. However general the practice to use "Dr" before the name, we think it bad form to assume the title in advertising cards and on signs, instead of writing the "D. O." after the name.

Without exception these leaflets contain many errors in grammatical expression and typographical errors, besides being printed on an inferior quality of paper. These things all tend to cheapen this class of literature especially among people of education and culture, a class with whom cheap advertising will suggest quackery, and the cheapness defeats the purpose of the descriptive circular. It is far better to insist that work of this kind shall be first-class in every particular so that it may accomplish its purpose for we think that good descriptive literature may do much good in educating the public in the principles and merits of osteopathy. Cheap printing is not desirable in spreading the knowledge of a modern and dignified science.

Suspicious Quotation. Next to the pain of having given currency to an error is the pleasure of correcting it. We were interested some weeks ago in a quotation which we read in a leaflet used by a post-graduate of this school purporting to be an extract from a report made by Dr.

A. N. Tally, Jr., in the U. S. Health Reports of June 1, 1899. In a guileless moment we slipped that into our "osteopathic gleanings" in the March Bulletin thinking it would interest our readers.

We have received several inquiries from the field members respecting the authenticity of this paragraph and were led to make investigation concerning it. The local printer of the leaflet gave us the name of the one who originally presented the matter to be printed as Dr. W. F. Erford, Howard City, Kan., but a courteous letter of inquiry sent to Dr. Erford six weeks ago brought no response nor disclaimer of responsibility for its appearance. Through courtesies extended at the library of the State Normal School, we have been able to make examination of the Public Health Reports issued by the Surgeon General for several years before and after this date and find that there was no weekly bulletin or report of the date given and that in those issued three years before and two years after this date, the very full indexes mention neither the name of Dr. Tally nor the word osteopathy. We are forced to the suspicion that this quotation, "Recognition by National Health Authorities" is unworthy of confidence and advise osteopaths to avoid using literature containing this quotation until its authenticity is made clear. If any physician who reads this can furnish any information on the subject such will be gladly received.

* * *

A. O. A. The A. O. A. Year Book and Osteopathic Directory for **Directory.** 1906 is the largest and best printed annual yet published. Every osteopath who is enterprising enough to keep in touch with his profession should have a copy of this book. The book contains much descriptive matter of interest to members of the A. O. A. and the profession generally but most valuable to all is the directory containing the names and addresses of all reputable osteopaths arranged alphabetically and also by geographical distribution in states and cities.

Osteopathic Publishing Co., 171 Washington St., Chicago. Price, \$1.00.

* * *

A. S. O. The new Hospital which will be dedicated Friday evening, **Hospital.** May 25th, is a gem in external appearance and in internal appointments. The rooms are light and airy and have been furnished with handsome substantial fittings. Everything modern, convenient and inviting has been provided from the beds to the kitchen. Electric lights and telephones are, of course, provided throughout the building and a fine circular amphitheater for surgical, obstetrical and gynecological clinics. Both the amphitheatre and the private rooms have been in use for about a month, several patients having been discharged after recovery and more than half of the rooms being still occupied. The visiting alumni will be pleased by an inspection of this new building.

ATLAS NOTES.

Wilfred A. Streeter, D. O., is the only candidate received into the club since the last issue. Dr. Streeter is a graduate of Brown University, has had three years medical training, graduated from the Massachusetts College of Osteopathy in 1903 and has since that time been in practice in Worcester, Mass. As a member of the legislative committee of the state association, he led the stalwart wing of the Massachusetts osteopaths in the legislative contest just closed. He is courageous enough to take the commendable position that he can not afford to take the remaining year of medical instruction for fear of learning to consider diseases too much from the medical standpoint.

* * *

Mr. H. R. Dalrymple gave a detailed report April 21, of an interesting case of extensive burns treated by skin-grafting and breaking up of adhesions and contractions.

* * *

Dr. Clark visited the club May 5, and gave an impromptu talk on certain types of sexual perverts and perversions.

* * *

T. H. O'Neill is still local agent for the instruments of the Electrical Specialty Mfg. Co. and T. H. Spence for the Matthews and Beeman Osteopathic Charts.

* * *

Dr. Clark's Applied Anatomy will be ready for delivery before this number of the Bulletin reaches its readers. It is the book for whose appearance both osteopaths in the field and students in school have been waiting with eagerness.

* * *

Mr. Wm. H. Wakefield of the Junior class has been failing in health during this term and, leaving his course unfinished, has returned to his home at Oakland, Calif.

* * *

ATLAS FIELD NOTES.

Dr. Guy E. Loudon of Burlington, Vermont, has been elected president of the New England Osteopathic Association and Dr. Irene Harwood-Ellis (Axis '97) was chosen secretary. Dr. Loudon and Dr. Geo. D. Wheeler of Melrose, Mass., have been taking a sea trip to Norfolk, Va. and Washington.

* * *

Dr. Emery Ennis, Springfield, Ill.: "Best wishes to all the Atlas boys. Sacred be the trusts committed to their care. Oh, how I would enjoy seeing some epyphises ossified! I'm always glad to receive the

Bulletin. It is a credit not only to the Atlas Club but to the American School of Osteopathy."

Dr. Samuel R. Love ('03) Erie, Penn., has been spending a vacation in Florida while recovering from nervous prostration.

Dr. H. W. Glascock, Raleigh, N. C.: "Good work is being done by the Bulletin and it is now right at the top. I like it as well now as any publication out."

Drs. Frederick J. Eimert and Mabel B. Eimert have their offices at 1524 Chestnut St., Philadelphia. Residence, 1525 Girard Ave.

Dr. W. A. Merkley has changed his office from 480 to 487 Clinton Ave., Brooklyn, N. Y.

Dr. Harry M. Still has left his practice in New York for a few weeks rest and is visiting relatives and friends in Kirksville.

Dr. Robert F. Dowell, Paterson, N. J.: "I must state that I find the Bulletin instructive and full of good points and for my part enjoy it very much. My best wishes for the good of the clubs."

Dr. Robert D. Stelle, ('05), of Los Angeles, has formed a partnership with Dr. Frank H. Avery, ('05) of Oakland, California. They had already opened offices in San Francisco, but the building was destroyed in the calamitous earthquake. They will now practice in Oakland until they can obtain new offices across the bay.

We all congratulate our San Francisco brothers on their escape from more serious calamity and wish them a quick revival from their present trials.

A facetious member of the last graduating class asks us in a postscript, "Have you heard when the sheep will be slaughtered, from whose hides our diplomas are to be manufactured?"

Dr. J. A. Dillon, ('02), of Centerville, Iowa, was at the school a few days in April with a patient, a boy of four years of age with a congenital hip dislocation. Dr. George performed the operation upon him April 10th and he has since been sent from the hospital, able to walk with the leg though still in the cast. Dr. George says this is the most hopeful of a perfect result of the many cases he has operated upon.

Dr. Wm. Horace Ivie, San Francisco, writes of the earthquake and fire and the losses of the Atlas men. "Have lost the entire contents of my offices but saved my residence. Every Atlas man lost his office, Sisson, Donahue, Vanderburgh, Sheldon, Henderson, Martin, Morrison, and myself. Sheldon, Martin and Morrison lost their homes as well. Vanderburgh may have done so also. Donahue has a baby boy about three weeks old. Sheldon had broken down and was away on a two weeks vacation so lost everything. Address me at 3658 Sacto St."

We thank Brother Ivie for this information about the San Francisco brethren, with whom in their losses we all deeply sympathize.

Dr. Vanderburgh sends us a clipping from the Salt Lake Tribune of March 3rd which states that Dr. E. E. Keeler has gone to Honolulu. He will spend several months there with a patient afflicted with hemiplegia. Dr. I. R. Parsons has charge of his practice during his absence.

Dr. W. W. Vanderburgh, San Francisco: "Your letter just received after nine days.

I of course lost everything including my diploma but none of my folks were injured.

The Parrott building did not collapse; but, as I went up to get my diploma, books and such other things as I could carry and was just going to enter my office the second shock came. Although it was not so severe as the first one, it was sufficient to knock the marble slabs down which formed the ceilings in the hallways and which had been loosened by the more severe shock. I am still somewhat undecided as to what I shall do, but will probably remain here.

Ivie, Sheldon, Sisson, Martin, Morrison and Henderson of the Atlas were burned out. Moore, Cooper, Farnum, Madden, Stewart, Keilburn, Spencer, Slaughter and, I presume, several others outside the clubs were also burned out.

I do not know just what most of them will do, but presume the towns about the bay will be overcrowded. (Quit to administer chloroform to a patient of Dr. Virden, dentist. Five dollars made easy especially for such times as these).

Hundreds are building already but times will no doubt be dull for a time.

I guess we will have no immediate need of an Atlas chapter of any sort. Some of my patients will be able to resume treatment but most of them lost all and one was killed outright. My sister was coming to join me the day of the earthquake but will now remain in Pacific Grove temporarily at least."

AXIS NOTES.

"For twenty one years I have worked in osteopathy yet I keep my throat ever ready for the swallowing of new things that constantly appear in it.

I expect to live and die fighting for principle and shall pay no attention to the twaddle of opposition, merely regarding it as a fertilizer for my work by a fine quality of ignorance.

The osteopath who keeps his eye on the science, and not on the almighty dollar, will be able to control all forms of disease."

A. T. STILL.

* * *

We hope that it will be our pleasure to have an opportunity of welcoming every Axis woman, not only within the three states represented in the coming convention, but many others beside.

Do not miss this opportunity to revisit the scenes of your alma mater. Its doors stand open to welcome you. The new hospital, (Dr. Still's last monument to the science of Osteopathy), its splendid equipment, should be of momentous consideration to every osteopathic physician. It must be seen to be appreciated. And what is best of all, the "Old Doctor" is still with us.

* * *

On Friday, April 27th, the second degree was administered to nineteen of the initiated, and they became true Axis women in the full sense of the term. The occasion was very much enjoyed, especially by the seniors and juniors whose centers for the sense of the ridiculous seem to be more highly developed than in those not so far along in the course. This was followed by a poverty dance, disappointing in that every one looked so natural.

About 9 o'clock groups of variously arrayed gentlemen began to arrive. It would be hard to tell whether they had come from Germany or a Missouri hayfield, or flour mill or had dropped from the bumpers of a late freight. One by one they were marched across the hall for inspection amid hearty applause.

The ladies' costumes were suggestive. Some of the spectators were guessing as to whether they were taking washing or the three years course—or both. The bowery, the scrub ladies' union and the blue stocking from the Sojourner's club were all represented by the unnameable and the indescribable. Every one present conceded it to be the event of the season.

* * *

All those who have been interested in the discussion on Constipation will be glad of an opportunity to read Dr. Hoffman's lecture on that

subject in the next issue of the Bulletin. The subject is handled in a masterful way and is thorough, concise and convincing. It was recently delivered to the Axis Club.

* * *

Dr. Amanda N. Hamilton has returned from Bellfontaine, Ohio, where she has been attending her brother through a serious illness where cystitis, urethritis and neuresthenia were the complications. The case had been under constant medical care for four months. The two doctors being members of the family. Dr. Hamilton demonstrated the fact that she was from Missouri and could show 'em.

* * *

Among the recent initiates are:

Miss N. Maude Killet of Skowhegan, Maine, received her education in the high school and business college. Miss Killet is a photographer and cryon artist, and was advised to study osteopathy by Dr. Geo. Tuttle of Portland, Maine.

* * *

Miss Genoa A. Sanborn also of Skowhegan, Maine, was educated in high school and business college and was compositor on the local newspaper.

* * *

Mrs. J. Young comes from Upsala, Sweden, and is a graduate of the upsala University.

As a massuese in New York Mrs. Young has had opportunity to see some of the cures effected by osteopathy and realized it was the coming science.

* * *

Mrs. Myrtle L. Ecker, of Parker's Prairie, Minn., is a graduate of the St. Cloud Normal and has been a teacher for five years.

* * *

Mrs. Helen Lowe Haynes, Jerseyville, Ill., educated in the high school of that city. Miss Haynes had intended to be a nurse but took up osteopathy as a much more desirable work.

* * *

Mrs. John W. Dyer of Pulaski, Tenn., has been a milliner for a number of years. Mrs. Dyer was educated in a private school and the Henderon College at Henderon, Tenn.

All of the above are sophomores except Mrs. Ecker who is a junior.

* * *

AXIS FIELD NOTES.

Dr. Daisy Pennock is practicing in San Angelo, Texas. Her husband is with her and they write that they are doing well and are well pleased with the delightful climate and people.

Dr. Frances M. Butcher of the January '06 class, writes her friends that she and her partner, Dr. W. E. Scott are enjoying the Southland and also the people. They are doing well in Spartanburg, S. Carolina and have a good practice. Dr. Butcher wishes to be remembered to the Axis Club, and expresses her pride in the Axis pin which means so much to us in the field.

* * *

Dr. Josephin Trabue is enjoying a good practice in Pittsburg, Kansas. She often writes of her interest in the club and asks to be remembered to all the girls.

* * *

Dr. Ida Bush who graduated from the last post-graduating class is visiting friends and relatives in Ohio. She expects to return to Denver, Colorado to practice.

* * *

Dr. Janet M. Kerr, having completed her post-graduating course at the A. S. O., has formed a partnership with Dr. U. M. Hibbetts for practice at Grinnell, Iowa.

* * *

Dr. Almeda J. Goodspeed of Chicago has returned to her practice after a four weeks trip to Florida and Cuba.

* * *

Dr. Loula A. Rockwell ('06) of Ashville, N. C., is acting as assistant to Dr. W. B. Meachan.

* * *

Dr. Lola L. Hayes of Moline, Ill., has been in Kirksville during the past month taking treatment at the infirmary.

* * *

Dr. Annie Mc C. Brownlee, Paterson, N. J.: "Our practice has been satisfactory of late and is being built upon results gained through treatment. Indeed osteopathy wins against disease to an extent that surprises even the practitioner.

Remember me with kindest regards to all my friends and the kindest greetings with best wishes for the continued prosperity of the clubs and health to the dear "Old Doctor."

* * *

Dr. Josephine Hartwig ('05) has moved from Gibson City, Ill., to Decatur, Ill.

* * *

The Constitution and By-Laws of the Axis Club has been reprinted with revisions and those interested to receive a copy will be supplied upon receiving their request sent to the corresponding secretary.

Directory of the Axis Club,

May, 1906.

- Dr. Anna K. Aplin, 213 Woodward Ave.,
Detroit, Mich.
- Dr. Edna M. Apherpe, Ford Bldg.,
Oneonta, N. Y.
- Dr. Susan Balie, Alliance, Nebr.
- Dr. Rena Bammert, Carlsbad, New Mexico
- Dr. Marthine M. Bandel,
280 Hancock St., Brooklyn, N. Y.
- Dr. Lulu Barr,
154 Newbury St., Boston, Mas.
- Dr. Annie M. Barr,
Dekum Bldg., Portland, Ore.
- Dr. Nanny B. Baughman,
523 Division St., Burlington, Ia.
- Dr. Mary J. Bawden,
203 Bolton Blk., Sioux City, Ia.
- Dr. Clara P. Beall,
452 S. Salina St., Syracuse, N. Y.
- Dr. Isadore A. Beebe,
Post Bldg., Battle Creek, Mich.
- Dr. Fanny C. Bennett,
Walker Bldg., Augusta, Georgia.
- Dr. Carrie A. Bennett,
Good Speed Bldg., Joliet, Illinois.
- Dr. Gertrude Berry,
703 Granate Bldg., Rochester, N. Y.
- Dr. Ella Bissell,
Wisconsin Bldg., Madison, Wis.
- Dr. Mab. A. Blake, Princeton, Ill.
- Dr. B. A. Buddecke,
3230 So. 9th St., St. Louis, Mo.
- Dr. Grace Bullas, Biloxi, Miss.
- Dr. Ethel L. Burner, Bloomington, Ill.
- Dr. E. R. Bush,
4th & Breckenridge, Louisville, Ky.
- Dr. Nettie H. Bolles,
1459 Ogden St., Denver, Colo.
- Dr. Annie M. Brownlee,
719 E. 25th St., Patterson, N.Y.
- Dr. Frances M. Butcher,
Spartansburg, So. Carolina.
- Dr. Lula E. Betts, Salem, So. Dakota.
- Dr. W. B. Bonta, Denver, Colorado.
- Dr. M. R. Boyer,
Masonic Temple, Peoria, Illinois.
- Dr. Lulu Burris, Boulder, Colo.
- Dr. Ida Bush, Colorado Springs, Colo.
- Dr. Alva M. Brown, Dixon, Illinois.
- Dr. Dora Boyce, Trenton, Mo. (Deceased)
- Dr. Lucie Sutton Blanchard,
120 So. 28th, Lincoln, Nebraska.
- Dr. Emeline F. Cully, Flint, Mich.
- Dr. Margaret Carleton, Keene, N. H.
- Dr. Myrtle E. Carlson, Madison, Ind.
- Dr. Bessie C. Childs,
803 Grand Ave., Milwaukee, Wis.
- Dr. L. F. Conard, LaJunto, Colorado.
- Dr. A. L. Conger,
Irving Lawn, Akron, Ohio.
- Dr. Lydia Copper, Warsaw, Ind.
- Dr. Nannie J. Chappell,
309 Missouri Trust Bldg., St. Louis.
- Dr. Luella M. Chaney,
Mint Arcade Bldg., Philadelphia, Pa.
- Dr. O. Coppernoll, Wilber, Nebr.
- Dr. S. V. Crawford, Renova, Pa.
- Dr. Henrietta Crofton, Memphis, Mo.
- Dr. Elizabeth Crow,
Spohn Bldg., Elkhart, Ind.
- Dr. E. M. Culbertson, Appleton, Wis.
- Dr. Carrie A. Cram, Morganfield, Ky.
- Dr. Jessie Catlow, Albion, Iowa.
- Dr. Edmire M. Cabana,
219 Potomac Ave., Buffalo, N. Y.
- Dr. Mabel B. Eimert,
1524 Chestnut St., Philadelphia, Pa.
- Dr. H. A. Dandy, Princeton, Mo.
- Dr. Josephine De France,
Commercial Bldg., St. Louis, Mo.
- Dr. Laura De Long,
511 Oley St., Reading, Penn.
- Dr. M. W. DeTienne,
1198 Pacific St., Brooklyn, N. Y.
- Dr. Grace Deegan, Ogden, Utah.
- Dr. Laura B. Dinsmoor, Louisville, Ky.
- Dr. Adele Doane, Parsons, Kans.
- Dr. Julia K. Dorrance,
3598 Morgan St., St. Louis, Mo.
- Dr. Goldie G. Drost, North Platte, Nebr.
- Dr. J. E. DeLonch (Mrs.) Webb, Miss.
- Dr. Irene H. Ellis,
144 Huntington Ave., Boston, Mass.
- Dr. Elizabeth Ewing,
Atlanta, Georgia
- Dr. Jessie E. Francis,
613 Sixth St., Charleston, Illinois.
- Dr. Ada Ford, (Unkown.)
- Dr. Emma C. Fager, Havana, Ill.
- Dr. Nellie M. Fisher, Youngstown, Ohio.
- Dr. Julia Fogarty,
Michigan City, Indiana.
- Dr. Ida M. Fox,
405 Pierik Bldg., Springfield, Ill.
- Dr. Gertrude R. Francis,
Charleston, Illinois.
- Dr. Effie Feather, Laurel, Miss.
- Dr. Alice Fullam, Frankfort, Indiana.
- Dr. Gertrude Forrest, Albia, Iowa.
- Dr. Carrie A. Gilman,
308 Boston Bldg., Honolulu, Hawaii.
- Dr. Almeda Goodspeed,
126 State St., Chicago, Illinois.
- Dr. Ada Harding,
Caso Ave., Detroit, Michigan.

- Dr. Myrtle Haslan,
Lennox Bldg., Cleveland, Ohio.
- Dr. Cornelia F. Harrison, Atlanta, Ga.
- Dr. Cassandra Hubbard,
Independence, Kans.
- Dr. Grace Huston, Sunbury, Penn.
- Dr. Catherine Huston, Oberlin, Ohio.
- Dr. Alice Holland, Shelbyville, Ill.
- Dr. Anna Hadley,
119 Montague St., Brooklyn, N. Y.
- Dr. Mary E. Hale, Merced, Calif.
- Dr. Eudora V. Hallam,
327 5th St., Washington, D. C.
- Dr. Mae Hart,
140 State St., Albany, New York.
- Dr. Mary Harwood,
N. Y. Bldg., Kansas City, Mo.
- Dr. Lola L. Hays, Moline, Illinois.
- Dr. Ethel Hearst, Saline, Kansas.
- Dr. Sophia Heinemann, Fairbault, Minn.
- Dr. Sophia Hemstreet, Butler, Mo.
- Dr. Aurelia Henry, Flushing, N. Y.
- Dr. Lois Hinshaw, Ridge Farm, Ill.
- Dr. Alice Houghton, Kendallville, Ind.
- Dr. Josephine Hartwig, Decatur, Ill.
- Dr. Lulu Hartwig, Manhattan, Kansas.
- Dr. Elma Harbert, Richmond, Mo.
- Dr. Elizabeth Ingraham,
303 Century Bldg., St. Louis, Mo.
- Dr. Minerva Kenaga Joplin, Mo.
- Dr. Janet M. Kerr, Grinnell, Iowa.
- Dr. Sophronia Kelso Marshall, Mo.
- Dr. Margaret S. Laughlin, Norwich, Conn.
- Dr. Fannie Laybourn, Cope, Colorado.
- Dr. Loretta Lewis, Paris, Ill.
- Dr. Mary Lewis,
4215 Delmar Bldg., St. Louis, Mo.
- Dr. Ollie Lynn,
11 Bedford St., Stamford, Conn.
- Dr. Mercy M. Larsh, Loikaw, Burma.
- Dr. Ellen B. Ligon, Mobile, Alabama.
- Dr. Charlotte Linder, Reno, Nevada.
- Dr. Bertha Lacy, (Deceased.)
- Dr. Jessie Johnson,
Grant Bldg., Los Angeles, Calif.
- Dr. Julia Johnson, Kirksville, Mo.
- Dr. Mary Mahaffay,
Arcott Bldg., Pittsburg, Penn.
- Dr. Caroline B. Martin,
358 W. 9th St., Los Angeles, Calif.
- Dr. Gertrude Manson,
Philadelphia, Penn.
- Dr. Ella B. May, Danville, Ind.
- Dr. Minnie S. Miller, Wichita, Kans.
- Dr. Anna B. Muttart,
Mint-Arcade Bldg., Philadelphia, Penn.
- Dr. Florence McCoy, Detroit, Mich.
- Dr. Anna McGavock,
Valpey Bldg., Detroit, Michigan.
- Dr. Ella M. McNicoll, Frankfort, Ind.
- Dr. Simmie Maxwell,
304 N. 5th St., Reading, Penn.
- Dr. Blanche McLaren Houseman,
Nampa, Idaho.
- Dr. Ollie H. P. Myers, Ottumwa, Iowa.
- Dr. Catherine McWhorter,
6317 Greenwood Ave., Chicago, Ill.
- Dr. Eliza Mantle,
317 E. Jefferson, Bloomington, Ill.
- Dr. Rebecca McGill,
Woolner Bldg., Peoria, Ill.
- Dr. Clara Mahaffey,
Oklahoma City, Oklahoma.
- Dr. Tena Marts,
20 W. 3rd St., Watsonville, Calif.
- Dr. Libble Miller, Hancock, N. Y.
- Dr. Clara Miller,
4300 Ellis Ave., Chicago, Illinois.
- Dr. Josephine Morelock,
15 Olive Theatre, Lincoln, Nebr.
- Dr. Emma Morris,
404-5th Ave., McKeesport, Penn.
- Dr. Martha A. Morrison, Greeley, Colo.
- Dr. Nellie Moseman Chadron, Nebr.
- Dr. Mabel McClanahan, Paola, Kansas.
- Dr. Agnes McConnell,
57 Washington St., Chicago, Ill.
- Dr. Grace McMains,
414 A Equitable Bld., Baltimore, Md.
- Dr. Isabelle Morelock,
15 Olive Theatre, Lincoln, Nebr.
- Dr. Ella Myers,
209 W. 80th St., New York City.
- Dr. Katherine L. McLeod,
New Castle, N. B. Canada.
- Dr. Pauline R. Mantle, Springfield, Ill.
- Dr. Sarah H. Middleditch, Winona, Minn.
- Dr. Margaret Messick,
446 S. Main St., Princeton, Illinois.
- Dr. Kate L. Norris,
703 Green Ave., Brooklyn, N. Y.
- Dr. Zeula Nevius, Brazil, Ind.
- Dr. Mary Noonan,
Hicks Bldg., San Antonio, Texas.
- Dr. Mary Noyes,
Maloney Bldg., Ottawa, Ill.
- Dr. Emma Nugent,
308-E. N. St., Indianapolis, Ind.
- Dr. Celia J. Newman, Griggsville, Illinois.
- Dr. Sylvia Overton, Tuscola, Ill.
- Dr. Harriet S. Owen,
Hoosic Falls, N. Y.
- Dr. Daisy Pennoek, San Angelo, Texas.
- Dr. Grace J. Prindle, Rood House, Ill.
- Dr. Abbie Pennoek,
Land Title Bldg., Philadelphia, Pa.
- Dr. Martha Petree, Oregon, Mo.
- Dr. Adalyn Pigott,
26 Homewood Ave., Toronto, Can.
- Dr. Frances Platt,
813 Hazard Ave., Kalamazoo, Mich.
- Dr. Margaret Poole,
90 Franklin St., Fall River, Mass.
- Dr. Emily Price, Magnolia, Miss.

- Dr. Mary Pratt,
1612 Madison Ave., Toledo, Ohio.
- Dr. Mildred Price,
104 E. Capitol Ave., Jackson, Miss.
- Dr. Lena Prater, Springville, N. Y.
- Dr. Mehitabel Proctor,
1539 Arch St., Berkeley, California.
- Dr. Emma Purnell, Lancaster, Penn.
- Dr. Carrie P. Parenteau,
6540 Yale Ave., Chicago, Illinois.
- Dr. Emma Rector, Benton Harbor, Mich.
- Dr. Clara Rhotchamel,
116 W. Wheeling, Lancaster, Ohio.
- Dr. Frances Ringler, Hampton, Iowa.
- Dr. Chloe Riley,
43 W. 32d St., New York City.
- Dr. Katherine Roberts, Bedford, Iowa.
- Dr. Iva Robinson, Auburn, Ind.
- Dr. Lou Robinson, Fayette, Mo.
- Dr. Sophronia Rosebrook,
633 Congress St., Portland, Maine.
- Dr. Maud Russell, Commerce, Texas.
- Dr. Emily Rutledge, Kirksville, Mo.
- Dr. Mina Robison,
Hyde Block, Visalia, California.
- Dr. Lulu A. Rockwell,
Sondly Bldg., Ashville, N. C.
- Dr. Harriet F. Rice, Worth, Texas.
- Dr. Lou B. Regan, Dubuque, Iowa.
- Dr. Della Renshaw,
56 Winder St., Detroit, Michigan.
- Dr. Emma R. Rochester, (Unknown.)
- Dr. Isabelle Robertson, Peoria, Ill.
- Dr. Emma Schmidt, Danville, Ill.
- Mrs. Alice Patterson Shubley,
"The Ontario," Washington, D.C.
- Dr. Lulu F. Stollenburg, Reedley, Calif.
- Dr. Magdalen Stravens, St. Charles, Mo.
- Dr. Fannie V. Seaman, Huntington, W. V.
- Dr. Loa E. Scott,
Rose Bldg., Cleveland, Ohio.
- Dr. Susie A. Sheldon, Weedsport, N. Y.
- Dr. Minnie Schaub,
Carleton Bldg., St. Louis, Mo.
- Dr. Jennie Shackelford, Ardmore, Ind. Ter.
- Dr. Mary Sherburne, Rutland, Vermont.
- Dr. Margaret Sheridan,
Rose Bldg., Cleveland, Ohio.
- Dr. Effie Sisson,
Parrott Bld., San Francisco, Cal.
- Dr. Frances H. Singer,
504 Wash. St., Chillicothe, Mo.
- Dr. Anna Smith, Caldwell, Idaho.
- Dr. Elnora Smith, San Rafael, Calif.
- Dr. Helena Smith, Montclair, N. J.
- Dr. Aughey Spates, Sherman, Texas.
- Dr. Bessie Spencer,
325 Main St., Ridgway, Penn.
- Dr. Bertha Speigel, Calistoga, Calif.
- Dr. Florence Stafford,
813 St. James St., Pittsburg, Penn.
- Dr. Mary L. Spaulhurst, Heber, Ark.
- Dr. Henrietta Stephenson,
719 N. 6th St., Harrisburg, Penn.
- Dr. Anna Stryker,
56 W. 32d St., New York City.
- Dr. Mary Sullivan,
213 Woodward Ave., Detroit, Mich.
- Dr. Julia M. Sarratt, Waco, Texas.
- Dr. Maude Sheridan, Holdrege, Nebr.
- Dr. Harriet B. Stephenson,
Johnson City, Tenn.
- Dr. Katherine Talmage,
Colorado Bld., Washington, D. C.
- Dr. Grace Teall, Weedsport, N. Y.
- Dr. Nellie Thayer, Medina, New York.
- Dr. Maud Thomas,
N. Y. Life Bld., Kansas City, Mo.
- Dr. Bertha Thomas,
Muskogee, Ind. Terr.
- Dr. Alice Thomasson, Terre Haute, Ind.
- Dr. Lucy Thompson,
Walla Walla, Washington.
- Dr. Miss E. Tracy,
78 Warburton Ave., Yonkers, N. Y.
- Dr. Anna Turfler, Rensselaer, Indiana.
- Dr. Nora L. Thompson, Littleton, N. H.
- Dr. Chrissa B. Tufts,
C-o J.F. Tufts Int. Dept., Washington, D. C.
- Dr. Francis A. Turfler, Rensselaer, Ind.
- Dr. Josephine A. Trabue, Pittsburg, Kan.
- Dr. Evelyn K. Underwood,
24 W. 59th St., New York City.
- Dr. Ella P. Tieknor, Magadore, Ohio.
- Dr. Mary E. Tabor,
6317 Greenwood Ave., Chicago.
- Dr. Jean Tyndall,
105 E. 15th St., N. Y. City.
- Dr. Sarah Ure, Clarence, Mo.
- Dr. Sarah Van Doren,
810 Arch St., Allegheny, Pa.
- Dr. Harriet Van Deusen,
Amsterdam, N. Y.
- Dr. May Vanderburgh, Pacific Grove, Cal.
- Dr. Frances M. Watson,
Maryland Block, St. Louis, Mo.
- Dr. Inez Wells, Greenville, Texas.
- Dr. Ester Whitaker, Perry, Ill.
- Dr. Frances Witmer,
Station A., Niagra Falls, N. Y.
- Dr. Jennie Wyckoff,
Stumpf Bldg., St. Louis, Mo.
- Dr. Eitta Wakefield,
Sav. Bk. Bldg., Oakland, Calif.
- Dr. Mary Walker,
Mer. Bk. Bld., New Bedford, Mass.
- Dr. Addie Wenig, Bath, N. Y.
- Dr. Dora Wheat,
1238 Second St., Louisville, Ky.
- Dr. Nellie Whitcomb,
392 Clinton Ave., Brooklyn, N. Y.
- Dr. Annette White, Watertown, N. Y.
- Dr. Bertha O. White,
Pitt & Kelly St., Wilkinsburg, Pa.

Dr. Harriet Whitehead, Wausaw, Wis.
 Dr. Jennie Wilkes,
 Brown-Thompson Bldg., Hartford, Conn
 Dr. Anna Wilkin,
 2215 Olive St., Kansas City, Mo.
 Dr. Jessie Willard
 57 Washington St., Chicago, Ill.
 Dr. Kate Williams,
 Trude Bldg., Chicago, Illinois.
 Dr. Martha Wilson,
 1732 Broad, Providence, R. I.
 Dr. Florence Wodetzky,
 120 N. Center St., Clinton, Illinois.
 Dr. Lina Wrigley, Scandia, Kans.
 Dr. Algernon S. Yewell, Owensboro, Ky.
 Dr. Ida Youngquist,
 Auditorium Bldg., Chicago, Ill.
 Mary E. Alsbaugh, Kirksville, Mo.
 Rebecca Brain, City.
 Bella Brake, Kirksville, Mo.
 Katherine Broderick, Kirksville, Mo.
 Williamee Bredens, Kirksville, Mo.
 Nora M. Brown, Kirksville, Mo.
 Minerva Banker, Kirksville, Mo.
 Mary Bell, Kirksville, Mo.
 Anna Bell, Kirksville, Mo.
 Clara Bakehouse, Kirksville, Mo.
 Elenor M. Balfe, Kirksville, Mo.
 Joanna M. Brooks, Kirksville, Mo.
 Margaret Bowen, Kirksville, Mo.
 Anna B. Balfe, Kirksville, Mo.
 Louise M. Bagley, Kirksville, Mo.
 Lillie Collier, Kirksville, Mo.
 Catherine Compton, Kirksville, Mo.
 Emma C. Crossland, Kirksville, Mo.
 Sarah E. Carothers, Kirksville, Mo.
 Edith F. Cooper, Kirksville, Mo.
 Harriet F. Cornell, Kirksville, Mo.
 Marie W. Day, Kirksville, Mo.
 Eleanor B. Dashiell, Kirksville, Mo.
 Mrs. Betty Dyer, Kirksville, Mo.
 Dr. Anna B. Lown, Kirksville, Mo.
 Sadie M. Day, Kirksville, Mo.
 Myrtle Ecker, Kirksville, Mo.
 Mayme Focannon, Kirksville, Mo.
 Martha Foss, Kirksville, Mo.
 Mary L. Gable, Kirksville, Mo.

Ella Hull, Kirksville, Mo.
 Ida J. Hart, Kirksville, Mo.
 Amanda Hamilton, Kirksville, Mo.
 Mary Barr Horn, Kirksville, Mo.
 Francis A. Howe, City.
 Sara F. Herdman, Kirksville, Mo.
 Helen L. Haynes, Kirksville, Mo.
 Nora Kneisel, Kirksville, Mo.
 Lorena Kagay, Kirksville, Mo.
 Maude Killet, Kirksville, Mo.
 Delia Knight, Kirksville, Mo.
 Corinne Larimore, Kirksville, Mo.
 Jessie V. Lyean, Kirksville, Mo.
 Eva Mains, Kirksville, Mo.
 Sarah E. McRoberts, Kirksville, Mo.
 Lallah Morgan, Kirksville, Mo.
 Anna McCaslin, Kirksville, Mo.
 Fannie N. McDaniel, Kirksville, Mo.
 Isabelle Miller, Kirksville, Mo.
 Effie Messick, Kirksville, Mo.
 Nelle M. Morelock, Kirksville, Mo.
 Daisy Ethel Morelock, Kirksville, Mo.
 Myrtle P. Morrison, Kirksville, Mo.
 Augusta Nichols, Kirksville, Mo.
 Rebecca Nicholas, Kirksville, Mo.
 Sylvia Pinty, Kirksville, Mo.
 Elizabeth H. Rouze, Kirksville, Mo.
 Annie M. Roberts, Kirksville, Mo.
 Sarah E. Russel, Kirksville, Mo.
 Effie L. Rogers, Kirksville, Mo.
 Mary L. Sims, Kirksville, Mo.
 Genoa Sanborn, Kirksville, Mo.
 Alice M. Spence, Kirksville, Mo.
 Mary E. Shupert, Kirksville, Mo.
 Mary M. Shepherd, Kirksville, Mo.
 Nellie M. Shell, Kirksville, Mo.
 Georgia B. Smith, 513 So. 6th St.
 Ethel Kent Traver, Kirksville, Mo.
 Edna Thayer, Kirksville, Mo.
 Minnie W. True, Kirksville, Mo.
 Harriet R. Whitcomb, Kirksville, Mo.
 Olive Waller, Kirksville, Mo.
 Mary Walters, Kirksville, Mo.
 Sarah Watdell, Kirksville, Mo.
 Ionia K. Wynne, Kirksville, Mo.
 J. Young, Kirksville, Mo.

COMMON SENSE TREATING TABLE

With Adjustable Swing

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



Hygienic in all its appurtenances.

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

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

Being finished in enamel white, pink, blue, green and dark red, they are an adornment to any office.

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

SEND FOR DESCRIPTIVE CIRCULAR.

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

H. T. ROOT,
 Kirksville, Mo.

Kirksville agent for the A. O. A. Year Book, Price \$1.00. Send in your order.

Please mention the Bulletin when writing to advertisers.

ADVERTISEMENTS.

LAME PEOPLE THE PERFECTION EXTENSION SHOE



BEFORE

makes both feet appear exactly alike. Can wear ready made shoes, slippers and rubbers with it. Worn with perfect ease and comfort. Very light and durable. Made on approval. Shipped on trial expressage prepaid. Best and cheapest. No matter what you are wearing for a lift at present it is to your interest to call or write for particulars



AFTER

HENRY L. LOTZ, 313 Third Ave., New York.

JUST OUT:

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

D. BERKOWITZ, THE TAILOR

Is now in business for himself, located in the Missouri State Life Building with a brand new and strictly up-to-date stock of piece goods for Suits, Overcoats and Trousers. He also will do all kinds Of cleaning and pressing at reasonable prices. You had better stay with your "Old Tailor" he knows your particular wants and you are bound to get satisfaction. It does not pay to run chances.

Yours for Fine Tailoring.

D. BERKOWITZ, THE TAILOR.

Missouri State Life Building,

South Elson St.

**J. H. CARTER,
DENTIST,**

Office, 105 West McPherson Street,
Kirksville.

Phones: { Residence, 504.
 { Office, 562.



SPEARS STEAM LAUNDRY

Class work a specialty. 214
North Franklin Street.

Phone 23.

Office Phone. 371
Residence 107 1/2 So. Franklin St.
JOB PRINTING AND ENGRAVING
Call or write for samples and prices of
Osteopathic Literature.
W. J. Sublette, Kirksville, Mo.

ADVERTISEMENTS.

DANIEL KENT

Elson St., north of Mills' Bank. Treating stools; students' tables; furniture for the study-room, sitting-room and sleeping rooms; chairs to rent for assemblies; picture frames, rugs and carpets.

STUDENTS

Just for instance we mention a few things we would be pleased to show you: Students lamps, library lamps, five o'clock teas, chafing dishes, coffee percolators, razors and strops, Gillettes and the real safety razors and very many useful and fancy articles that help to make the students life pleasant. Glad to have you visit us. We try to treat you right.

GRASSLE BROS. & HANSEN.

CHAS. H. FINEGAN

Wholesale and Retail Baker and Confectioner Ice Cream, Sherbets and Fruit Ices. 109 Franklin St. Telephone 299.

W. E. GREEN

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

A. S. O. BOOK CO. "Cooper" Kirksville, Mo.

Hazzard's new revised 3d ed. Practice, \$3 and \$3.50; Hulett's 3d ed. Principles, \$3 and \$3.50; Clark's Gynecology, \$5; Young's Surgery, \$5.50; Clark's Applied Anatomy out May 1st. We pay express on Books. Bust of Dr. Still \$2, F. O. B.; school has quit giving these busts away.

H. MARKS

Merchant Tailor and Haberdasher. Middle of west side Square. Call and see me.

JOURNAL PRINTING CO.

Book and Job Printers. Osteopathic work a specialty.

Osteopathy

A Natural Method of Curing Disease

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

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

Osteopathic Sanitarium

In charge of Dr. A. G. Hildreth, 893 Garrison Avenue,
ST. LOUIS, MO.

Henry Moore

Maker of all Styles
of Fine Photographs

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



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