

THE BULLETIN

OF THE ATLAS AND AXIS CLUBS.

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NUMBER 1

ANESTHETICS.

EXCERPTS FROM DR. BECKER'S ADDRESS AT THE ATLAS HALL,
MAY 14, 1910.

Anesthetics are divided into two main groups, general and local, and of these we shall first consider the former group. I am not going to talk on nitrous oxide, somniform or those gases with which I have had no experience; they are used for the most part by dentists in short operations, and it is seldom a physician has occasion to use an anesthetic for so short a time as they are of value. For extraction of teeth and work of that sort they are ideal, but the two anesthetics that are most commonly used and of which we shall speak chiefly are chloroform and ether.

Chloroform is by far the easiest anesthetic to give and to take. It is ideal for use in little children, but it is far more dangerous to use than ether, and great care must be exercised when it is administered. In giving chloroform the open method is the best. The Esmarch or any wire mask is used, covered by only a few layers of gauze, for the patient receives only about four per cent. of chloroform and ninety-six per cent. of air. One must use a good deal of caution in administering the chloroform, because the margin between complete surgical anesthesia and the fatal dose is small. Just so much of the gas must be given to secure complete anesthesia, and only a very little more is fatal, so the anesthetist must be cautious and skillful. He must know just when the anesthesia is complete and how little is to be used to keep the patient in that condition.

We think people with weak hearts should not take chloroform. There has been considerable discussion as to whether death from chloroform is due to failure of the heart's action or to paralysis of respiration, but for people with poor circulation, fatty degeneration of the heart muscle, or a bad valvular lesion, the use of chloroform is not advisable and something else is to be chosen.

Ether is the general anesthetic more commonly used. We use it in the hospital here almost entirely, and in the hospital at Rochester, Minnesota, in five thousand operations, ether will be used in all but

about twenty-five. It is used almost universally because it is considered safer. Here, and in most places, the open method is employed. There are several masks in common use, but probably the Esmarch mask is the one best known and most common. I can see no disadvantage and some advantages in this mask. In using ether the mask is covered with six or eight layers of gauze, and around the outside is wound a towel folded four times. This is wrapped in such a way that at the top is left a small opening outside the gauze. I usually wet the towel because in this way less air is admitted, and in the administration of ether the patient gets ninety-five per cent. of ether and only five per cent of air, although there is no way of measuring the two volumes. I keep beside the mask a second wet towel to fold around the mask when complete anesthesia is reached. This will admit even less air than the single towel and the amount of ether that must be given to keep the patient completely anesthetized is also reduced.

The margin between complete surgical anesthesia and the fatal dose of ether is quite large. When the stage of complete anesthesia is reached, even if a little more ether is given, the patient is in no immediate danger. I do not wish to have the conclusion drawn that the giving of ether is a simple matter that can be done carelessly, for in every case there is need of care, skill and close watching. The patients differ a good deal in the way they take the anesthetic. Some take it beautifully while others, for some reason that is not apparent in advance, do not take it well at all.

Now it is these cases that have bronchial or kidney trouble that should not be given ether. In a patient who has a very bad kidney involvement no general anesthetic should be given, and some cases have been refused here simply because a slight albuminuria has been found. But in general, where an anesthetic must be used, if the patient has a bronchial or kidney trouble we use chloroform; if he has a heart involvement we use ether. Ether in itself is rather a cardiac stimulant, and many times when a patient goes on the table with a pulse of 120, this in a few minutes will drop to 90 and remain there, while at the same time the force and volume of the heart beat will be increased.

The longer I give anesthetics the more thoroughly I am convinced that the patient should be empty. Especially should the stomach be empty, and if possible the intestines should be so as well. The ideal condition is for the patient to have had a thorough cleaning out and to have had no food in the twelve hours preceeding the time of operation. Most of the deaths from anesthetics have come from such emergency cases as fractured hips, herniæ or other conditions following injuries,

where the anesthetic is given within four or five hours after a meal. Then when vomiting occurs, as it does in most of these cases, particles of food are extremely liable to get into the trachea and an aspiration pneumonia is set up. In these emergency cases the stomach should be washed out and an emetic, at least, should be given, but such cases are always dangerous.

Another thing, always examine for false teeth. Even in young people many times a small plate has been used in place of bridge work, and a plate or anything else must, of course, be removed. Then again, you must always examine the heart's action before starting to give the anesthetic and always make the urinary tests for specific gravity, for albumin and for indican. These are matters of routine procedure and should never be neglected.

A general anesthetic should never be given without tongue forceps at hand. You may give an anesthetic many times without needing forceps, but the first time you do not have them where you can get at them will be the very time there will be need of them. It is usually wise to have a mouth gag within reach as well. In the general relaxation of complete anesthesia it is not uncommon for the patient to "swallow his tongue." The tongue is not, of course, swallowed, but what does happen is that the root of the tongue falls back into the back part of the mouth and the air is shut off. The first thing you will notice will be a strained or sturturous breathing. The chest is still moving but no air is getting into the lungs. Many times the chest will heave for two or three minutes after the patient has stopped breathing, but in that time the face will have become cyanotic. This condition not infrequently occurs before the general relaxation, and then the mouth gag must be used.

If the patient vomits the head should be turned to one side to prevent the material from getting into the trachea. After some experience these conditions can be avoided by "crowding" a little. Ether is much more irritating than chloroform and often the patient will complain a little at first. If in a few minutes vomiting starts it can be stopped by crowding still further. Then (remembering the anatomy of the parts) the tongue can easily be kept right by keeping the chin well forward.

One way of keeping track of the patient's condition is to keep watch of the pulse. Some patients will have a pulse of 120 when they go on the table, and it will remain so throughout the operation. But when the patient is under the influence of the anesthetic keep watch of his condition by examining the pupillary and conjunctival reflexes. The patient is not ready for operation until there is no sign of reflex by touch-

ing the conjunctiva with the tip of the finger. In the course of the operation you can tell whether there is complete relaxation by this sign. The attempt to elicit the reflex should not be made roughly because of the danger of setting up a later inflammation and it should not be made too often. The pupil is really the better guide. After anesthetic is complete the pupil should be contracted and should not react to light. If it is decidedly dilated and does not react to light, you may know that the patient is too deeply anesthetized and the anesthetic should be removed for a little.

If the patient stops breathing—as they will do once in a while—he can be restored by a sharp punch in the region of the solar plexus or by a strong pressure against the sides of the thorax repeated a few times. If these methods do not suffice, even after several sharp blows in the pit of the stomach, see that the tongue is out and start artificial respiration. The Sylvester method of drawing the hands up over the head is the one usually employed. Another method of inducing respiration is by forcible dilatation of the rectal sphincter. If you have no rectal dilator at hand the two thumbs may be used, and the dilatation is not to be done gently. It is seldom that these measures are all necessary or that they do not suffice. Often the first few minutes are the most troublesome. I might say further that we use much more ether than chloroform. A patient can be kept in a condition of complete anesthesia for a long time with an ounce of chloroform, while with ether from ten to twenty ounces may be used. The great disadvantage in the use of ether is the bronchial irritation and this usually causes much secretion.

For a local anesthetic one of the best, in my opinion, is cocaine. Novocaine and some others are used in its place and are less toxic, but they are also less anesthetic. Cocaine was formerly used in five to ten per cent. solutions, but now the form most used and probably the best local anesthetic is codrennin, a one per cent. solution prepared with adrenalin chloride. The adrenalin is a powerful hemostatic and for that reason there is almost no bleeding. Then where the five per cent. solution entered the general circulation the contraction of the arterioles from the action of the adrenalin tends to keep the cocaine in this preparation in the region where it is injected. Consequently there is greater anesthesia with much less danger. This preparation is ideal for scalp cysts, removing ingrowing nails, or wherever a local anesthetic is needed.

ALCOHOL AS A CLEANSING AGENT.

Professor Schumburg, a German military surgeon, is the authority for the assertion that one's hands can be made more nearly aseptic by bathing them a few seconds in strong alcohol than by scrubbing them for a half hour with soap and water. Soap softens the skin and bacteria together, so that they adhere more strongly; alcohol hardens the skin and so makes the removal of the germs easier. The *International Journal of Surgery* (New York, July) says editorially:

"The prolonged use of soap, water and brush in the preliminary cleansing of the hands of the surgeon is generally considered so essential in every method of disinfection that any substitute that may be suggested will be looked upon with distrust. When we are told, therefore, that this procedure, even when kept up for fifteen or twenty minutes, does not remove the bacteria adhering to the hands, or, at best, only a small number, this statement must excite surprises. It is consoling, however, to be informed by the medical department of the German Ministry of War that the surgeon has in absolute alcohol a reliable means of securing hand disinfection without previous washing and scrubbing. This is a very significant statement coming from so high a source.

"Professor Schumburg, a surgeon on the general staff of the German army, asserts positively that by washing the hands with as strong alcohol as possible, ninety-nine per cent. or more of hand bacteria can be rendered innocuous. For a single disinfection about one half pint of alcohol applied with a pledget of gauze or cotton is sufficient. The same effect can be obtained from the use of denatured alcohol. According to Prof. Schumburg's investigations, the application of soap softens the skin as well as the capsules of the bacteria, rendering them more adherent, so that even prolonged brushing does not effect their removal, while alcohol, by hardening the skin, causes the bacteria to cling less firmly, so that they can be more easily detached. That this view has good foundation in fact is shown by the reports from the medical department of the Prussian Ministry of War, according to which bacteriological experiments have demonstrated that washing the hands with alcohol is a rapid and reliable means of diminishing the number of germs, while soap is without any action in this respect. To secure absolute protection with alcohol, however, the preliminary use of soap and water must be excluded, since a certain amount of moisture is left after drying, and by diluting the alcohol makes it less effective. Furthermore, the softening of the skin by water causes it to contract more

strongly when the alcohol is later applied, and by rendering it rough and sealy encourages the transference of bacteria from the surgeon's hands to the wound. * * *

"As in all methods of hand disinfection, the chief aim is to secure as close an approximation to asepsis as possible, together with the greatest simplicity of technique, the procedure suggested above is worthy of more than ordinary consideration."

* * *

OSTEOPATHIC GLEANINGS.

Our Platform.

(Dr. A. T. Still's New Book.)

It should be known where Osteopathy stands and what it stands for. A political party has a platform that all may know its position in regard to matters of public importance, what it stands for and what principles it advocates. The osteopath should make his position just as clear to the public. He should let the public know, in his platform, what he advocates in his campaign against disease. Our position can be tersely stated in the following planks:

First: We believe in sanitation and hygiene.

Second: We are opposed to the use of drugs as remedial agencies.

Third: We are opposed to vaccination.

Fourth: We are opposed to the use of serums in the treatment of disease. Nature furnishes its own sera if we know how to deliver them.

Fifth: We realize that many cases require surgical treatment and therefore advocate it as a last resort. We believe many surgical operations are unnecessarily performed, and that many operations can be avoided by osteopathic treatment.

Sixth: The osteopath does not depend upon electricity, X-radiance, hydrotherapy, or other adjuncts, but relies on osteopathic measures in the treatment of disease.

Seventh: We have a friendly feeling for other non-drug, natural methods of healing, but we do not incorporate any other methods into our system. We are all opposed to drugs; in that respect at least, all natural, unharmed methods occupy the same ground. The fundamental principles of osteopathy are different from those of any other system, and the cause of disease is considered from one standpoint, viz.: disease is the result of anatomical abnormalities followed by physiological discord. To cure disease the abnormal parts must be adjusted to the

normal; therefore other methods that are entirely different in principle have no place in the osteopathic system.

Eighth: Osteopathy is an independent system and can be applied to all conditions of disease, including purely surgical cases, and in these cases surgery is but a branch of osteopathy.

Ninth: We believe that our therapeutic house is just large enough for osteopathy, and that when other methods are brought in, just that much osteopathy must move out.

* * *

Operating on Juvenile Criminals.

(Dr. Warren A. Rodman, Boston.)

Surgery is one of the most scientific and beneficent means of dealing with certain diseased conditions, and, at the same time, one of the most outrageously abused. The extent to which it is used criminally and for mercenary ends is appalling. The brilliancy of an operation seems to bear little relation to the continuance of the life of the patient. One of the recent exploitations of surgery is in the line of operative treatment for juvenile criminals. Certain successes are claimed to have been made sufficient to encourage further experimentation along the same lines.

The value of such work must be great and unmistakable to offset the dangers incurred, for grave dangers there certainly are; the danger to the life and health of the individual patient, and the danger of extensive and gross abuses to be added to those which already exist. Yet here is a great field awaiting development. If there are structural conditions which lend to abnormal moral manifestations, who should be better able to deal with them successfully than the skillful osteopath?

Certainly osteopathy has demonstrated its efficacy in dealing with cases of arrested mental development. Why not with perverted morals so far as they may depend on physical conditions?

I have personally treated two cases of arrested mental development where the results were most gratifying and encouraging. In both cases the patients were boys about fifteen years of age. If they had been treated earlier, as soon as the defective mental condition became apparent, the probabilities are that the outcome would have been a development not far, if any, below the average. The time of treatment in neither case exceeded three or four months, yet in one case the boy passed from the stage of inability to express his ideas, except by semi-articulate single words, up to the use of brief sentences, connectively used and with continuity of thought.

Our experience has taught us that young children respond with great promptness to osteopathic treatment for all ordinary conditions. Why, at that age, when the formative changes in the body are most rapid, should we not be able to remove all physical impediments to mental development to an extent undreamed of by any other physical method? And not only absolutely without danger to the child, but with the assurance of positive gain in health of body if not in power of mind. And if in the intellectual expression such changes can be wrought, why not in the moral realm as well?

I would gladly give some time to careful experimentation along this line, as, I am sure, would others. No case is hopeless, though the degree of promise may, in some cases, be so slight as to be discouraging. But I may say, as a word of encouragement, that the case cited above was examined by a good osteopath and pronounced hopeless. It is not altogether an attractive field, but think what a load would be lifted from the hearts of loving parents by the reclaiming of even one of these "innocents."

* * *

Heart Disease.

(Dr. W. E. Harris, Cambridge, Mass.)

QUES.—Can heart disease be cured? ANS.—All will depend upon the extent of morbid change to be overcome. If there is marked organic change, a cure may be quite possible.

If the heart is dilated, its walls thin, and muscles weak, we may sometimes hope to induce a thickening of the walls (hypertrophy) and increase of muscular tone, which change we speak of as a compensation.

If the large vessels are lessened in calibre from an increase in the thickness of their walls (i. e. stenosis), or if they are obstructed by vegetations growing on their walls or on the valves which guard their openings, it is impossible to make a cure.

If, through dilatation of the heart chambers, the valvular orifices become so enlarged as to render the valves incompetent, we again meet an insurmountable obstacle in the way of cure.

The trained physician can alone give the most accurate judgment in cases of heart disease, and the laymen had far better leave the diagnosis and prognosis to him.

QUES.—How does the osteopathic physician treat heart disease?

ANS.—If there is one disease above another in which osteopathy is highly superior to all other forms of treatment, I would say it is in the heart affections. Here is a case where the old school physician will

usually administer some drug; e. g. digitalis, strophanthus, nitroglycerine, or strychnia, all of which fail to add anything whatever to the depleted potential energy of the heart, but serve only as excitants, or liberators of energy. Drugs only tend to induce exhaustion, as they use up the vital force of the heart more quickly. From the osteopathic standpoint, we seek to lessen the work of the heart by removing from the course of the blood-vessels all of the physical obstructions which may be impeding the blood flow.

By a skillful outlay of his own bodily energy, the osteopathist helps to propel the blood through the tissues where its flow is most retarded; he helps the digestive function by relieving the stomach and bowels of congestion or undue distention with gas or retained food products. In short, the osteopath actually does something for his patient. You may well ask, Does the osteopathic physician do nothing for his heart except by manipulation? Yes, he gives the most careful advice as to the modification of work, the selection of suitable foods, the taking of strengthening exercises, the use of stimulating baths, and any other natural means to induce a recovery of health.

QUES.—Are there not extreme cases of heart weakness in which the manipulative treatment would be contraindicated?

ANS.—It has been my privilege to treat cases of heart disease of the gravest and most advanced character, in which no hope of recovery was entertained, and I can say that the osteopathic treatment carefully and altogether passively administered has invariably proven beneficial to the patient by relieving dyspnea (i. e. difficult breathing), precordial distress, suppression of urine, dropsy, and digestive functions.

In some remarkable instances I have seen the patient with badly dilated heart and extreme dropsy undergo relief from these symptoms and enjoy a prolongation of life and usefulness which were a sufficient reward for all the efforts made toward these ends.

In conclusion let me advise the sufferer from heart disease not to abandon all hope of obtaining relief till he has at least given osteopathic treatment a fair trial.

* * *

The Movement for a National Department of Health.

(New York Sun.)

President Flower named as among insurgent members of the American Medical Association Prof. G. Frank Lydston, M. D., of the medical faculty of the Illinois State University of Chicago. He said that Dr. Lydston had recently denounced that organization in strong terms.

"There are millions of highly intelligent citizens whose belief in regard to the healing of the body is diametrically opposed to that of the regular profession. In our midst today are many great and rapidly growing schools or systems of thought that number among their adherents thousands of individuals who have been restored to health and the enjoyment of life after they had signally failed to obtain relief under the regular medical treatment.

"The American Medical Association had its machine pretty well perfected for the furtherance of the doctors' trust five years ago and since then its activities have been redoubled. Look at this, for instance, from its report in 1905 of the work done by the committee on legislation: 'It has secured a list of local political leaders of every organized and recognized political party in the United States. The list already embraces the names of several political managers in each of 900 counties. It thus happens that we are able to move with a certain degree of accuracy in invoking political influence in behalf of such measures as are taken up by your committee.' How does that strike you?"

The Outlook on the Government and Health.

In the pressure of so many important measures before Congress, no adequate consideration was given to the proposal to bring about what President Taft last year said would be "the economy of the union of all health agencies of the National Government in one bureau or department." It may be added that there would not only be economy of money and effort, but economy of life, in such a union. Senator Owen's bill proposed a separate Department of Health, but this is not the essential thing. What is needed, whether through bureau or department, is, first, the consolidation of existing bureaus relating to health now working under separate departments, and, second, a sensible extension of the health work of the United States Government, which now looks more closely after the lives of hogs than of men. The movement has been opposed by some rather mysterious agencies which have spent large sums in advertisements and circulars, all of which convey the totally wrong impression that the legislation asked would control the practice of medicine or restrict medical freedom. Every citizen ought to know that the Federal Government has no power to do this. The flaunting headline, "Do You Want the 'Doctors' Trust' to be Able to Force its Opinions on You?" is a patent absurdity. What is proposed is to unite all National efforts for the purpose of fighting diseases by preventing the pollution of inter-State streams (thereby reducing death by typhoid), by preventing the adulteration of food, by preventing the importation

of bubonic plague and yellow fever, by studying the causes of disease, by favoring uniform legislation as to sanitation and local health laws, by investigating health conditions, and by disseminating information. Senator Owen has characterized the opposition by saying: "It is obviously artificial; it is perfectly apparent that somebody is spending a large amount of money on this sudden propaganda; it can hardly be doubted that somebody, in gross error, is advising the 'homeopaths,' the 'osteopaths,' the 'eclectics,' that their right to practice medicine is about to be invaded by the Federal Government." Professor Irving Fisher in a recent article points out that in the past cities have concealed the existence of yellow fever and bubonic plague through commercial fears, and that the same opposition is made as regards the fight against the hook-worm disease in the South today. When President Taft, in a speech at Chicago, spoke of health-conservation, the applause and interest were such as to excite his surprise. It is merely a truism to say that there is an immense and perfectly proper field for the Nation to occupy in health-conservation. The matter will surely come before Congress again, and when the people fully understand it they will insist on legislation in some form for united and systematic effort.

* * *

The Origin of Surgical Anesthesia.

(N. Y. Medical Journal.)

The Massachusetts General Hospital—which, by the way, will doubtless before many months are over be celebrating its centenary—does well to observe "Ether Day," the 16th of October, the anniversary of the first surgical operation performed publicly upon a patient fully anesthetized. At the last of these observances a notable address was delivered by Dr. William H. Welch, of the Johns Hopkins University, Baltimore. The question of who was entitled to the credit of discovering anesthetization as we know it today has been discussed, and not always very temperately, for many years, and the recent publication of Dr. Welch's address in pamphlet form ought to go far toward doing away with what discord still remains in regard to the subject.

The ancients, as we are told, probably did accomplish something substantial in the way of partially anesthetizing persons with narcotic drugs, but their crude performances can hardly be said to have conduced to the introduction of modern anesthesia.

But it was to Dr. William T. G. Morton, a dentist and medical student of Boston, that the establishment of the practice of surgical anesthesia was really due. The particular agent employed, ether, ap-

appears to have been suggested to him by Dr. Charles T. Jackson, an eminent chemist and geologist of the period, whose own experience seems to have added something to the knowledge handed down from Faraday and Pereira. Dr. Welch doubts if there will ever be entire agreement of opinion concerning the exact measure of Morton's indebtedness to Jackson; but, he says, if we assign to it all possible weight and remember that Davy had suggested the use of nitrous oxide for surgical anesthesia in 1799, and that enough was already known of the anesthetic properties of both ether and nitrous oxide to lead Long, in 1842, to apply the former, and Wells, in 1844, the latter to painless surgery with a considerable measure of success, it seems clear that "the chief glory belongs, not to Jackson's experiences of 1842 or his thought or suggestion, whatever these may have been, but to Morton, practically unaided."

* * *

Definition of Osteopathy.

(APPLETON'S "UNIVERSAL CYCLOPEDIA.")

William Pepper, M. D., LL. D., late provost and professor of the theory and practice of medicine in the University of Pennsylvania, and one of the most eminent medical authorities in America, is editor of the department of the Cyclopaedia under which this article comes.

"OSTEOPATHY.—A method of treating diseases of the human body without the aid of drugs, by means of manipulations applied to various nerve centers, chiefly those along the spine, with a view to inducing free circulation of the blood and lymph, and an equal distribution of the nerve forces. Special attention is given to the readjustment of any bones, muscles, or ligaments not in the normal position. The system was formulated in 1874 by Dr. A. T. Still, a physician of Baldwin, Kan., who, having become dissatisfied with results attained through the practice of medicine, determined, if possible, to discover a more natural and efficacious method of healing. He holds that if the bones, muscles, arteries, veins, lymphatics, glands, organs, and tissues of the body are in their correct anatomical positions disease cannot exist. Displacement may arise from a variety of causes, such as a fall, a blow, a strain, or atmospheric changes. Pressure upon the blood vessels or nerves in the immediate vicinity of the part so affected will follow, and a consequent shutting off of the nerve or blood supply to some organ, which will then become diseased. With a readjustment of the displaced part will come 'perfect freedom of motion of all the fluids, forces, and substances pertaining to life, thus re-establishing a condition known as health.'"

Clinic Study in Bony Lesions.

DR. LOUISA BURNS, IN THE WESTERN OSTEOPATH.

The following study is made from the report of the general clinic of the Pacific College of Osteopathy for the year ending May 1, 1910:

The vertebral mal-positions given were considered factors either in the cause or in the perpetuation of the diseases mentioned. The grouping is based merely upon the facts of the clinical findings. In the study no account is taken of any case in which the bony lesion was not considered an efficient factor in etiology. As a rule, the correction of the lesions found was followed by relief of the symptoms. This relief was sometimes prevented or delayed by disobedience of patients, or by some intercurrent injury.

Atlas.

Adenoids, 2 cases.
Chronic Rhinitis, 2 cases.
Facial Neuralgia, 2 cases.
Headache, 4 cases.
Hysteria, 2 cases.
Insomnia.
Laryngitis.
Melancholia, 4 cases.
Tonsillitis, 3 cases.
Referred to Eye Clinic, 5 cases.
Referred to Ear Clinic, 3 cases.

Axis.

Catarrhal Rhinitis.
Headache, 6 cases.
Melancholia, 2 cases.
Migraine, 2 cases.
Pharyngitis.
Laryngitis.
Tonsillitis.
Vertigo.
Referred to Eye Clinic, 6 cases.
Referred to Ear Clinic, 2 cases.

Third to Seventh Cervicals.

Acute Coryza.
Adenoids, 6 cases.
Epilepsy.

Facial Neuralgia, 2 cases.
Goiter, 5 cases.
Headache, 8 cases.
Hysteria.
Insomnia, 5 cases.
Laryngitis, 2 cases.
Tonsillitis, 4 cases.
Torticollis, 4 cases.
Referred to Eye Clinic, 5 cases.
Referred to Ear Clinic, 3 cases.

Cervico-Dorsal Lesions.

Adenoids, 4 cases.
Asthma.
Brachial Neuritis, 7 cases.
Coryza, 3 cases.
Epilepsy, 2 cases.
Facial Acne.
Goiter.
Hay Fever.
Headache, 7 cases.
Insomnia, 2 cases.
Migraine, 3 cases.
Pharyngitis, 4 cases.
Quinsy.
Tonsillitis, 3 cases.
Referred to Eye Clinic, 3 cases.

First to the Fifth Dorsal.

Adenoids, 2 cases.
 Asthma, Bronchial, 6 cases.
 Asthma, Cardiac, 2 cases.
 Bronchitis, 7 cases.
 Cardiac Neuroses, 7 cases.
 Gastritis, 3 cases.
 Headache.
 Influenza, successive attacks.
 Insomnia, 6 cases.
 Melancholia.
 Pharyngitis.
 Pleurisy, 3 cases.
 Pneumonia, 5 cases.
 Pseudo-Angina Pectoris.
 Tonsillitis, 2 cases.
 Torticollis.
 Pulmonary Tuberculosis, 9 cases.

Sixth to Twelfth Dorsal.

Catarrhal Jaundice, 2 cases.
 Cholelithiasis.
 Cirrhosis of Liver, 2 cases.
 Colitis.
 Constipation, 11 cases.
 Dilated Colon.
 Dysentery.
 Enuresis.
 Gastrectasis, 3 cases.
 Gastritis, 8 cases.
 Hemorrhoids, 3 cases.
 Hepatic Abscess.
 Nephritis, 6 cases.
 Pleurisy.
 Pneumonia.

Lumbar Lesions.

Appendicitis.
 Constipation, 16 cases.
 Cystitis.
 Dilated Colon.
 Lumbago, 2 cases.
 Sciatica, 3 cases.
 Referred to Gynecological Clinic,
 17 cases.

Sacrum, Innominate and Coccyx.

Constipation, 9 cases.
 Cystitis.
 Enuresis, 2 cases.
 Hemorrhoids, 6 cases.
 Lumbago, 3 cases.
 Sciatica, 9 cases.
 Urethritis.
 Referred to Gynecological Clinic,
 13 cases.

Spine Fiat and Rigid.

Asthma.
 Constipation, 11 cases.
 Gastrectasis, 4 cases.
 Hysteria.
 Hemorrhoids.
 Locomotor Ataxia, 2 cases.
 Malnutrition, 5 cases.
 Mucous Colitis.
 Obesity, 4 cases.
 Neurasthenia, 11 cases.
 Pulmonary Disorders, in general,
 6 cases.
 Rheumatism, 5 cases.
 History of Typhoid, 5 cases.

THE BULLETIN

OF THE ATLAS AND AXIS CLUBS.

E. R. HUMPHRIES, A. B., EDITOR.

G. R. INGRAM, BUSINESS MANAGER.

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KIRKSVILLE, MO., SEPTEMBER, 1910.



Foreword.

The Bulletin of last year, as in the years previous, was maintained at a high standard of excellence which it will be our aim to continue. Whether we shall succeed in doing so we cannot yet predict, but we are pledged to exert all our efforts in the work and shall do so. In taking up the work we realize the task before us is no easy one. It will mean considerable time and sacrifice at best.

The Bulletin has always been good and we wish to keep it so. But the work cannot be done alone and we shall expect the co-operation of both local and field members. The pages, as they have been in the past, are open to every member, whether in Kirksville or miles away, and every contribution will add materially to the success of the present year. Promises have been received from field members for manuscripts and we hope to be able to publish a good number of able papers before the close of the semester.

Our New Manager.

We cannot but regret to announce the resignation of Mr. M. A. Boyes, who was to have been our business manager for a second year. Mr. Boyes met with marked success last year both in his work on the Bulletin and as business manager of the Osteoblast, notwithstanding the fact that he was also in charge of the histology laboratory at the school. After so much outside work last year Mr. Boyes believes the present year should be devoted to what brings us all to Kirksville, the study of osteopathy.

With the announcement of Mr. Boyes' retirement, we are pleased to announce as his successor, Mr. Glen R. Ingram, of the Senior class. Mr. Ingram served the Club last year as right clavicle and was one of the editors who helped make the year-book a success. Since his election he has been hard at work on the business end of THE BULLETIN for this semester, and we feel certain of having a well qualified and conscientious co-laborer.

Mother Still.

The passing away of Mrs. Andrew Taylor Still in the latter part of June made the class of the last school year a sad one. The life-long devotion of the "Old Doctor" and "Mother" Still and her unflinching confidence and loyalty in the years their struggles were most severe are known to thousands of osteopaths who have known her and have gained inspiration from her life. Osteopathy has lost one of its pillars and the loss will be keenly felt.

Upon receipt of the news of her death the members of the Club who were still in Kirksville sent the following note of sympathy:

"DOCTOR A. T. STILL AND FAMILY:—

"The members of the Atlas Club desire to extend their heart-felt sympathy to you and all your family at this time of great bereavement which has befallen you and all friends of osteopathy.

"A. H. SMITH, H. L. M. BETZNER,
"W. G. KELLER, Committee."

Osteoblast Vol. V.

Shortly before the close of the last school year The Osteoblast, Vol. V., published by the class of 1910, appeared. Bro. Park A. Morse, editor-in-chief, had declared the annual would not be delivered until a few minutes before his train left town, but his fears were ill-founded and the year-book is by far the best that has yet been published. The book is one that is truly a credit to the school and profession and ranks favorably

with those published by the largest institutions of the country. The drawings are far ahead of any that have been used in past volumes, and Thorburn and Miss Emery may well feel proud of their work on them. The other Atlas men on the staff of editors were Ingram, now business manager for The Bulletin, DeJardin, and Boyes, who was responsible for the pages of advertising that made its publication possible. The Axis Club was represented by Miss Brewster and Miss Emery.

The book contains more than 250 pages, more than any previous annual has contained, and is bound in limp, black leather, a great improvement over the other volumes of The Osteoblast. Mr. Morse had stated early in the year that only a limited number of the books would be published, but the "order early" warning was not needed and the demand far exceeded the supply. The class secured the official backing of the school in the publication for a substantial amount, in return for which copies were sent to every state university in the country and to some other large educational institutions.

Appearing at the time it did the dedication to Mother Still was most appropriate. It reads:

"To Mrs. Andrew Taylor Still, the loving wife and companion of our esteemed leader, to her of whom it may be said that none other could have been of more service, by her fidelity and love, to the cause of Osteopathy, we, the class of 1911, affectionately dedicate this volume."

* * *

The Opening. Monday, September 12, the A. S. O. opened for another year. It was an eager crowd that was on hand in spite of the admissions from some few who thought the summer had passed more rapidly than did some of the months of the last winter. But for all that, the crowd of students were as a body glad to get at their work once more. Most anxious to "get at it" again are those who return as Seniors, for whom coming back to Kirksville means the nearer approach to the close of their school career and entrance into activities in the field. Trains for several days had brought in crowds of prospectives, Juniors and those of last year's class who had decided to return for a Senior year in spite of the wonderful cures they had affected in the past few months.

The reception to the Freshmen was fully as lively as in other years—though this time somewhat different. The first meeting of the new class was in the chemistry room instead of the amphitheatre, thus robbing the Juniors of their chance to rush the new men through the corridors. Nevertheless, a double line was formed from the door of the chemistry room to

Jefferson street and each man was armed with a serviceable wooden weapon. The lines looked somewhat formidable for the beginners who were made to pass between them singly, but all were game and there were no serious injuries.

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Faculty Changes. Some changes have been made in the Faculty of the A. S. O. for the coming semester. The schedule of instructors again includes Dr. Gerdine, who has been abroad for the past year. Dr. Gerdine has not yet arrived, but is expected to return shortly. The instructors and subjects as announced are:

FIRST TERM.		FOURTH TERM.	
Chemistry.....	Dr. Henry	Practice.....	Dr. Geo. McLaughlin
Anatomy.....	Dr. Pratt	Neurology.....	Dr. Gerdine
Physiology.....	Dr. Deason	Special Pathology....	Dr. Gerdine
Histology.....	Dr. Bigsby	Applied Anatomy.....	Dr. Pratt
SECOND TERM.		FIFTH TERM.	
Physiology.....	Dr. Gerdine	Surgery.....	Dr. Geo. A. Still
Chemistry.....	Dr. Henry	Obstetrics.....	Dr. Geo. A. Still.
Anatomy.....	Dr. Waggoner	Gynecology.....	Dr. Becker
Embryology }	Dr. Deason	Eye, Ear, Nose and Throat.....
Bacteriology }	Dr. Deason	Dr. Waggoner
THIRD TERM.		Clinics.....	Dr. Geo. M. Laughlin
Anatomy.....	Dr. Pratt		
Practice.....	Dr. Becker		
Pathology.....	Dr. Bigsby		
Neurology.....	Dr. Gerdine		

The Laboratory arrangements so far announced are:

HISTOLOGY.—Dr. Bigsby, Mr. K. B. Phillips.

CHEMISTRY.—Dr. Henry, Mr. T. J. Emley.

PHYSIOLOGY.—Dr. Deason, Mr. L. G. Robb.

PATHOLOGY.—Dr. Bigsby, Mr. A. C. Hardy.

BACTERIOLOGY.—Dr. Deason, Mr. J. L. Walker.

DISSECTION.—Dr. Pratt.

CLINICS.—Dr. Geo. M. Laughlin, Dr. Bigsby.

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A. O. A. Convention. The Convention of 1910 has been held since our last issue, and according to the published reports, was as good if not better than any that the profession has held. The papers and addresses are declared to have been

more scientific and more dignified than those presented at previous meetings, and the dignity which characterized the management of all the clinics has been especially commended. Further, the harmony that existed in spite of rather marked though conscientious differences of opinions, tended to make the Convention a notable one and one of great importance. Perhaps the most signal feature of the meetings was the definite stand taken for pure osteopathy, to keep the science free from alliances with other systems of medicine and maintain the essential features of the science and practice as laid down years ago by the Old Doctor.

At the election, as has happened oftener than "now and then," it was an Atlas man who was made President of the Association. The Club has always been proud of having Dr. Hildreth among its members and we know from his work but a few months ago that Dr. Hildreth is still a true and loyal member of the Club. We rejoice in his election, believing that the Association has a great man for its leader during the coming year. The Western Osteopath says of him:

"Dr. Arthur G. Hildreth, the new president, is universally known as the old war horse of the profession. He fought our legislative fights and is still fighting, always for the independent board. It was this record, together with his personal popularity, that elected him president of the A. O. A. for the second time. Dr. Hildreth did not serve out his first term, as he gave up private practice at that time to accept a position on the A. S. O. faculty, and he did not think that a man connected with a college could best serve the Association as its president. He is again in practice in St. Louis, and we bespeak for the Association one of the most successful years in its history under his guidance."

* * *

The New Chapter. The charter for the first Alumni Chapter was issued June 12 to twelve of the California field members. The application for the charter was made early in the year, but was delayed because of the fact that a change in the local charter was necessary before a new charter could be issued. The change in the Atlas Club charter could be made only at the session of the local court, but in spite of the delay the charter was signed and forwarded before the opening of the A. O. A. Convention. The charter members are: Dr. E. P. Wood, Los Angeles; Dr. J. S. Allison, Monrovia; Dr. J. H. Avery, Dr. C. J. Gaddis, Dr. A. C. McDaniel, Dr. Ernest Sisson, Oakland; Dr. T. W. Sheldon, Dr. W. W. Vanderburgh, San Francisco; Dr. J. L. Near, Dr. E. J. Donohue, Berkeley;

Dr. Amos E. Werkheiser, San Jose; and Dr. E. A. Plant, Escondido.

The charter gives the members power "to organize a local chapter by election of officers and the adoption of a constitution; provided that the purposes of such chapter shall be in keeping with the principles set forth in Section Two of Article One of the Constitution of the Atlas Club, and that such Constitution and By-Laws as they may adopt for their government shall be in harmony with those of the Atlas Club at present in force or as hereafter amended."

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The Atlas Reunion.

Atlas men and women, with a few invited friends, met for the annual reunion at dinner at the Cliff House overlooking the Pacific before the beginning of the evening program, Tuesday, August 2. Noble Skull Ford had appointed as a committee for the reunion, Dr. J. LeRoy Near of Berkeley, Cal.; Dr. Wm. H. Ivie of Berkeley, and Dr. Harry S. Bunting of Chicago. The speakers were: Dr. Florence A. Covey, Portland, Me.; Dr. Julia P. Sarratt, Waco, Texas; Dr. Hildreth, Dr. Bunting, Dr. Ernest Sisson, Dr. Asa M. Willard and Dr. Charles Hazzard.

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Roebuck.

The sympathy of the Atlas Club is extended to the relatives of our late brother, Dr. J. H. Roebuck, and to his widow deprived of his companionship within three months of their marriage. Letters from fellow citizens and from his pastor showed the high esteem with which he was held by his fellow citizens. His family, his club, his profession and his community will miss him keenly. The account of his death is published elsewhere in these columns.

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Moore.

We are honored this year by having again as an active member of the Club one who has gained a national reputation in the past few years, Dr. Frederick E. Moore of Enterprise, Oregon. Dr. Moore is a member of the Board of Examiners in his state and two years ago was president of the A. O. A. He will spend the year here doing special work, and we shall hope to see him frequently in the Atlas rooms during the winter.



Dr. Harry M. Vastine, Atlas '00, of Harrisburg, Penn., was elected president of the Pennsylvania Osteopathic Association at Harrisburg, July 1 and 2. On account of the illness of his sister, Dr. Vastine was obliged to cancel his reservation on the North German Lloyd S. S. Barbarossa, on which he was to have sailed for abroad to spend a part of the summer.

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Dr. Charles Hazzard, Atlas '97, of New York City, delivered the address at the June graduating exercises of the Massachusetts College of Osteopathy, in Chickering Hall, Boston. Later in the summer Dr. Hazzard was prominent in the convention at San Francisco.

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Dr. W. E. Loofbourrow, '07, has formed a partnership with Dr. W. A. Cole at 500-502 Baum Building, Oklahoma City, Okla.

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Dr. Geo. W. Haswell, '08, of Westfield, Mass., has purchased the practice of Dr. L. W. Allen, '03, of Springfield, Mass. Dr. Allen has retired from practice because of illness. The office is maintained at the same address, 10 Chestnut Street.

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Dr. Frank E. Avery, '10, had charge of the practice of Dr. E. E. Basye of Fargo, N. D., during the summer.

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Dr. Gilbert W. Hay, '06, has formed a partnership with Dr. J. T. Alderson at Ft. Scott, Kansas.

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Dr. C. V. Fulham, Atlas '05, of Frankford, Ind., was recently at considerable financial loss owing to the carelessness of a house-cleaner. During Dr. Fulham's absence from the city the cleaner left a faucet running, the water overflowed and damaged clothing in a store below to the extent of several hundred dollars, for which Dr. Fulham was held responsible.

Dr. Alfred W. Rogers, Atlas '06, of Boston, Mass., was elected president of the Boston Osteopathic Society at their annual election, June 23. Dr. Rogers was not present at the election but was at the time attending the commencement exercises at his alma mater, Bowdoin College, Brunswick, Me.

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Dr. Norman L. Sage, Atlas '08, formerly of London, Ontario, is now associated with Dr. Marshall E. Church at Calgary, Alberta, Can.

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Dr. Alice N. Willard and Dr. Samvil H. Bright, Atlas '03, have dissolved the partnership which formerly existed under the name of Drs. Willard and Bright; the firm being composed of Dr. William D. Willard, Dr. Alice N. Willard and Dr. Samvil H. Bright. Dr. William D. Willard, died recently, and Dr. Alice N. Willard retains the offices on the second floor of the Paul-Gale Greenwood Building, Norfolk, Va. Dr. Samvil H. Bright has formed a partnership with Dr. J. R. McCrary, Atlas '03, and now has offices on the fifth floor of the same building.

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Dr. S. R. Love, Atlas '03, has formed a partnership with Dr. Grace Gould at 8 Pine street, De Land, Fla.

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Dr. E. M. Browne, Atlas '00, for ten years a resident of Dixon, Illinois, left that place August first, to take up practice in Galesburg. He is associated in practice with Dr. P. S. Hallady of Galesburg. Dr. Browne was for four years a member of the Board of Trustees and for three years president of the Mississippi Valley Association. Dr. Browne has been succeeded by Dr. Trowbridge of Polo.

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Dr. L. C. Marshall, of last year's class, is located at Wisner, Neb., where he has bought the practice of Dr. John De Fox. Dr. De Fox has moved to Omaha, Neb.

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Drs. E. S. and Sarah B. Detwiler are in practice in the Opera House Block, Guelph, Ontario.

* * *

Dr. Granville B. Waller, Atlas '09, who last spring promised the Club an ode to be used with the new ritual, writes to renew his promise and adds a word of encouragement to those about to enter the field. "Tell them," he writes, "that if they have done their duty (as most of our kind have always done) they will have nothing to fear from the medical profession. The A. S. O. gives a good training and the man who has taken it well and realizes, too, that he must always continue a stu-

dent, is well equipped and ready for the fray. I got my life certificate and it is a 'thing of beauty and a joy forever.' It is in my office beside my two State Board certificates."

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Dr. Asa M. Willard, '00, of Missoula, Mont., has by no means forgotten the Atlas Club, but writes to recommend one of the new students. We are always glad to have a field member recommend men for membership and wish more would do so.

After an illness of about six weeks Jesse Howard Roebuck, Atlas '06, died at his home in Trinidad, Colorado, September 8, of typhoid fever. The body was brought to Kirksville and the funeral was held Sunday, September 11, from the Baptist church.

Dr. Roebuck was 29 years old. He had been located in Trinidad only a short time but had built up an extensive practice and had gained the confidence and respect of his fellow citizens to a remarkable extent. He was married June 21 last to Miss Lola Carter of Kirksville and is survived by his widow, four brothers and four sisters.

Dr. Roebuck was ever a loyal Atlas man. He was made a member of the Club early in his school career and was among the first of the field members to secure a life certificate.

The funeral services were conducted by the Rev. J. H. Stone, pastor of the Baptist church, assisted by the Rev. W. C. Templeton, pastor of the Presbyterian church. The members of the Club attended in a body, escorting the body to the church and to the grave, and six of the Atlas men served as pall-bearers.

MARRIED.

At the home of the bride's mother, Mrs. Nettie Schrock, Rugg St., Decatur, Ind., July 25, Dr. Orren Ernest Smith, '03, of Indianapolis, to Miss Nellie Jane Schrock.

Dr. Ernest A. Plant, '05, and Miss Mary A. Culbertson, at San Diego, Cal., July 26.

Ellis J. Carel, '11, and Miss Edyth J. Maika, '11, at Kansas City, August 31.

* * *

Future Atlas Man.

THE BULLETIN extends congratulations to Mr. and Mrs. George P. Smith who announce the arrival of George Campbell Smith, August 21. Mr. Smith is a member of the "Red Pepper" class.



VACATION EXPERIENCES.

You wonder if you ever can forget that summer, when as an undergraduate you were left in charge of a doctor's practice for three long months.

You felt very confident and self-reliant for the first few days the doctor was there and you were "being initiated." The patients all seemed glad to meet you and everything seemed lovely. But when the doctor took his departure and you felt the burden shifted to your own shoulders, your heart failed just a trifle. When your patients called, however, you met them with a smiling face and confident air. You treated them to all the manipulations at your command and they seemed pleased and remarked that you did not treat the way the Doctor did, but that they liked your treatments.

How hard you worked that first day! It is doubtful if you will ever work as hard again. You had demonstrated to twelve people what an all-round good treatment you could give. When evening came you were tired, dead tired, but you went into the little back room, "the den," and took down your books. There were so many things that puzzled you, so many things you had forgotten, and alas! so much you had never known at all. You read in this book and that and searched through your note-books. Finally you took down the Old Doctor's book (which you had purchased just before leaving school with the last six dollars you had), and there it was in a nutshell. A sense of relief came over you and you took the book under your arm and went home to dinner. In the evening you read until you were too weary to sit up, and you retired feeling that life is not all a dream.

The next day and the next and the next were much like the first. You were surprised to see your patients all returning and a settled feeling began to steal over you, which after a week or two developed into a sort of inward calm that remained with you all summer.

You had a variety of patients. There was an old man with rheumatism who preferred to have a lady treat him, he said, because her touch was light and did not hurt. There was the young school girl

with her over-wrought nerves, and along with your treatments you tried to teach her the value of repose. There was the tired mother, she who of all life's sojourners bears the heaviest burden and treads the roughest road. You did much for her. With gentle touch you relaxed the tense muscle and released the pressure on the sensitive nerve. You spoke words of courage, sympathy and hope and gradually the worn look disappeared. Then there was the man with chronic gastritis. It was a case which the medicine man had long treated but with no success. You found a very rigid spine with marked lesions in the dorsal, and you thought, "Now here is a chance to distinguish myself." You put him on a diet and went to work on the spine, but the lesions did not adjust as you thought they would, and you worked all of two months before the patient began to improve. His improvement then was slow but constant and you were confident of his recovery, but you still had him on the list when the doctor returned. You had some cases that surprised you by their quick response to treatment. You also had cases on which you failed utterly. You comforted yourself with the thought that the best of Osteopaths had cases on which they failed, but down in your heart how thankful you were that you still had one more year in which to strengthen your weak points which the summer's experience had so plainly revealed to you.

Summer waned and you longed to be back in school again where you were responsible only for yourself and the day's work. Happy days! Already they seemed like a sweet dream of the long ago. You wondered how the duties there ever would have seemed irksome to you. You looked forward now to the next year with eagerness, because of the much that you felt you must learn.

At last the summer was over and you returned to your school work armed with new courage. Your experience had given you self-confidence, had increased your faith in Osteopathy, and more than ever before you were in love with your chosen profession. It had disclosed to you your possibilities for success and you determined to put forth your best efforts to attain the highest possible to you. E. B.

AXIS NOTES.

Dr. Margaret Thompson, formerly of Cincinnati, has opened an office in Jacksonville, Florida, 305-6 Masonic Temple. She says that while it is too hot down there for comfort, prospects for business are good. Dr. Thompson recently spent several months doing P. G. work in Kirksville, and her many friends wish her success in her new location.

Dr. Evelyn R. Bush, whose name was accidentally omitted in the Atlas and Axis Directory, is located at 836 Fourth Ave., Louisville, Ky.

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We are sorry for the mistakes in the Directory and are always glad to correct them if we are told about them, for no one was intentionally left out. Please remember there is a great deal of work connected with an undertaking of this kind, and unless the Field members do their part it is impossible to have the book correct in every detail. So when there are mistakes tell us about them and we will gladly correct them to the best of our ability.

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Dr. Elizabeth Ingraham of St. Louis closed her office for the summer and spent the vacation with her brother in Florida.

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In a recent letter from Dr. Nannie J. Chappell of St. Louis, the Doctor said she had closed her office for July and August and was taking a much needed vacation in Michigan, spending most of the time in Charlevoix.

* * *

Thursday evening, May 18th, the Local Chapter gave its farewell party for the members of the class of 1910, and although it was a very stormy night, almost all the Club members fearlessly braved Kirksville mud and rain to meet for the last time in the old Atlas Hall with those who were so soon to leave us, and to wish them all success and God-speed.

After a short program refreshments were served and an informal dance followed lasting till the "wee sma' hours" for, knowing it was the last evening together for many of us, we hated to say good night.

We're going to miss you this fall when we go back to school, you who are now out in the field, dignified Osteopathic Physicians, we're going to miss you more than we can say, when we meet again in our Club rooms. Think of us once in a while back here in Kirksville doing our best to carry on the work of the Club, and let us hear from you. We, who are left, unite in wishing for every Axis member of the 1910 class unlimited success in her "chosen profession, Osteopathy."

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Dr. Lydia H. Holmes, 1910, writes that she is located in Pekin, Ill., and that she has been so busy she has had no time for vacation.

* * *

Dr. Grace Wilson, 1910, of Grand Junction, Colo., says, "Patients all alive, thank goodness, and some even complain of feeling better."

We see by the Journal that Dr. Ida M. Rogers, 1910, has located at 21-22 Hillman Building, Delta, Colo. Also that Dr. Grace C. Learner, 1910, is with her husband, Dr. Harry W. Learner, at 4 Broad street, Freehold, N. J.

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Dr. Anna M. Barr, 1903, of Salem, Ore., was a representative of the Salem chapter of the American Women's League to the national convention held in University City, St. Louis, recently, and extended her trip over seven or eight weeks and visited friends in Kansas City, Kirksville, Rock Island, Davenport, Chicago, and other places.

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Dr. Minnie W. True, Axis '07, and Dr. Charles E. Getchell of Baraboo, Wis., have dissolved partnership. Dr. True has retired from practice and moved to Omaha, Neb., and Dr. Getchell retains the practice.

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Dr. Jesse L. Catlow, Axis '06, of Boone, Iowa, has formed a partnership with Dr. G. M. Goodsell, formerly of Tama, Iowa, under the name of Catlow and Goodsell.

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Dr. Effie L. Rogers, Axis '06, was elected at the annual meeting president of the Women's Osteopathic Club of Boston, Mass.

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Dr. Abbey J. Pennock, of Philadelphia, sailed for Europe July 2 for a two months' tour through southern England and a part of France. While in France Dr. Pennock spent the greater part of her time in Paris.

* * *

June 2nd, 3rd and 4th, the M. O. A. and M. V. O. A. convention met at Kirksville and several Axis members who are in the field returned for a visit to Kirksville and the A. S. O.

Among those present were Dr. Sarah Carruthers, Lawrence, Kansas; Dr. Nora Pherigo, Fulton, Kentucky; Dr. Evelyn R. Bush, Louisville, Kentucky; Dr. Bertha O. Buddecke, St. Louis; Dr. Helen Agnes Dandy, Princeton, Mo.; Dr. Anne M. Brownlee, Edina, Missouri.

It was not our privilege to attend every session of the convention, but Axis members made good at the meetings, and one of the best papers we heard was read by Dr. Sarah Carruthers of Lawrence, Kansas, on Pelvic Disturbances.

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Elsewhere in this issue we publish some of the "Vacation Experiences" of Miss Elizabeth Brewster, of the Class of 1911, who took the

practice of Dr. Clara Hardy of Beatrice, Nebraska, for the summer. Although Miss Brewster spent a very busy summer, she kindly consented to help us when in behalf of the Bulletin we begged for "copy." Doubtless this interesting little article will recall to several field members their first experiences as Osteopathic Physicians.

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AXIS GRAND CHAPTER.

A meeting of the Axis Grand Chapter was held August 4th at the A. O. A. in San Francisco, and the following officers elected:

President—Dr. Josephine Morelock, Lincoln, Nebraska.

First Vice-President—Dr. Carrie Parenteau, Chicago, Illinois.

Second Vice-President—Dr. Rose Vanderburgh, San Francisco, Cal.

Secretary-Treasurer—Dr. Mina Abbott Robinson, Hanford, Cal.

Chaplain—Dr. Daisy Washburn, Port Clinton, Ohio.

Escort—Dr. Martha Petree, Paris, Ky.

Janus—Dr. Margaret Hawk, Davenport, Iowa.

Historian—Dr. Pauline Mantle, Chicago, Ill.

The following members were present at the meeting: Dr. Jenette Hubbard Bolles, Denver, Colo.; Dr. M. Ione Hulett, Alamogordo, New Mexico; Dr. Julia May Sarratt, Waco, Texas; Dr. Daisy E. Washburn, Port Clinton, Ohio; Dr. Jesse B. Johnson, Youngstown, Ohio; Dr. Margaret A. Hawk, Davenport, Iowa; Dr. Eva Mains Carlow, Medford, Oregon; Dr. Julia Bolam, Anaconda, Mont.; Dr. Fannie B. Laybourn, La Veta, Colo.; Dr. Frances A. Howe, Santa Barbara, Calif.; Dr. Rose Bolam Vanderburgh, San Francisco; Dr. Mina Abbott Robinson, Hanford, Calif.; Dr. Josephine A. Trabue, Pittsburg, Kansas; Dr. May Vanderburgh, San Francisco; Dr. Charlotte Linder, Reno, Nevada; Dr. Mary Walter, Santa Barbara, Calif.; Dr. Florence Covey, Portland, Me.; Dr. Hale, Merced, Calif.; Miss Grace Boles, Kirksville, Mo.

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An Atlas-Axis banquet was given at the Cliff House on the evening of August 2nd, under the auspices of the California Alumni of the Atlas

Club. Dr. Ernest Sisson was toast-master. Axis members who gave interesting talks were Doctors Covey, Bolles and Sarratt. The evening was most delightful and one to be long remembered. by those present.

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Dr. Jenette H. Bolles of Denver, read an excellent paper before the convention on Wednesday morning, August 3rd. Topic, "The Socialization of Osteopathy." In her talk Dr. Bolles urged the education of the masses in regard to Osteopathy, and the paper was well written, containing many practical and valuable suggestions. Following the A. O. A., Dr. Bolles made a trip through the San Joaquin Valley visiting friends, going from there to Los Angeles to take up post-graduate work in the Pacific College of Osteopathy.

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LOCATIONS AND REMOVALS

Boles, Dr. Florence, from Kalispell, Mont. to Malvern, Ia.
 Boyer, Dr. G. R., from the Masonic Temple to 519 Jefferson Bldg., Peoria, Ill.
 Brown, Dr. A. F., from Detroit to Mt. Clemens, Mich.
 Browne, Dr. E. M., from Dixon, Ill., to Galesburg, Ill.
 Bush, Dr. Evelyn R., at 836 Fourth Ave., Louisville, Ky.
 Cole, Dr. Wm. B., at 500-502 Baum Bldg., Oklahoma City, Okla.
 Crossland, Dr. Emma C., from Grinnell, Iowa, to Mendon, Ill.
 Craig, Dr. Irvin Fish, at 909 N. Y. Life Bldg., St. Paul, Minn.
 Derck, Dr. J. E., at Montpelier, Indiana.
 Dunnington, Dr. B. L., at 523-27 Baker Block, Springfield, Missouri.
 Frey, Dr. Julia V., from 1707 Gilpin St., to 1210 Sixteenth Ave., Denver, Colo.
 Fulford, Dr. Harlie J., at 7-8 Douglas Heney Bldg., Shawnee, Okla.
 Gable, Dr. Mary LaFonda, to Byersville, Ohio, from Downers Grove, Ill.
 Goodell, Dr. George M., from Tama, to 623 Story St., Boone, Iowa.
 Goodspeed, Dr. Almeda J., from 126 State St., to Suite 300, 57 Washington St., Chicago, Ill.

- Hanson, Dr. Charles P., located at 320-21 Greishiem Bldg., Bloomington, Ill.
- Hart, Drs. Edward B. and Ida J., from Pittsburg, Pa., to 369 Washington Ave., Brooklyn, N. Y.
- Haswell, Dr. George A., from Westfield, Mass., to No. 10 Chestnut St., The Kenson, Springfield, Mass.
- Holmes, Dr. Lydia H., at Pekin, Ill.
- Krill, Dr. John F., at South Bend, Indiana. R. No. 3, Box 132.
- Learner, Dr. Grace C., at 4 Broad St., Freehold, N. J.
- Lyman, Dr. Elva James, at Wayne Apartments, Suite D., Madison, Wis.
- Marshall, Dr. L. C., at Wisner, Neb.
- McCaslin, Dr. Annie, from 68 E. North St., New Castle, Penn., to 908 Center St., Wilksburg, Penn.
- McCormick, Dr. J. P., from 52 Shenango St., to 94 Clinton St., Greenville, Penn.
- Miller, Dr. Harry T., from Cuba to Box 407, Canton, Ill.
- Moore, Dr. Frederick E., from Enterprise, Ore., to Kirksville, Mo.
- Muncie, Dr. C. H., at 119 Macon St., Brooklyn, N. Y.
- Neff, Dr. R. W., at Edina, Mo.
- Piper, Dr. A. S., from Oklahoma City, Okla., to Anna, Ill.
- Riley, Dr. Geo. W., to Hotel Le Marquis, 14 E. 31st St., New York City.
- Rogers, Dr. Ida M., located at 21-22 Hillman Building, Delta, Colo.
- Sage, Dr. Norman L., from London, Ontario, to Calgary, Alberta, Can.
- Spafford, Dr. M. R., from Rock Rapids, Ia., to 7-8-9 Johnstone Bldg., Buttesville, Okla.
- Thompson, Dr. Margaret, from 817 Talleyrand Ave., to 305-306 Masonic Temple, Jacksonville, Fla.
- Wilson, Dr. Grace D., at Grand Junction, Colo.