

Volume V.

Number 7

The Bulletin of



Atlas & Axis Clubs



DEVOTED
TO THE



SCIENCE OF OSTEOPATHY

MARCH, 1905

The Bulletin

OF THE ATLAS AND AXIS CLUBS.

VOLUME V.

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PARTING ADVICE TO GRADUATES.

DR. A. T. STILL.

When you receive your diplomas and bid us "Good-bye" and start on the journey of life as a Doctor of Osteopathy, you will soon find, that while you are good in all branches of the science of healing as taught and successfully practiced by the graduates of this school, I say that you will soon find that you are business blanks and will have to learn how to do successful business as osteopathic physicians. Allow me to offer you a few suggestions that I have found to



DR. A. T. STILL.

be facts of success as a healer and financier, both of which you will need during all your labors as an osteopath. First, I would advise you not to blow your horn of goodness, and tell the people that you are the only good and great man that God ever made. Keep out of the papers, because windy write-ups come from the man of limited merit only. If you go to a city or town where other osteopathic physicians are, go and visit them, treat them kindly and as your equal if not your superiors as they have had experience, and you will be kindly treated. Don't tell them to go, because of your arrival with so much wisdom above all other osteopaths. If you have any brains use them to do good work. Give the people a chance to learn that you are not a bag of wind. There is plenty of work for all and for many thousands more.

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THE OSTEOPATHIC ANTE-PARTUM TREATMENT OF PREGNANCY.

Read by Dr. M. E. Clark before the Wisconsin Osteopathic Association at LaCrosse, Wis., Feb. 24, '05

The care of the pregnant woman includes many forms of treatment, such as that pertaining to diet, exercise and the environment, but in this paper only that of manipulation will be considered since it is purely and distinctly osteopathic. The osteopath claims, and rightfully too, that labor can be made easier, shorter and that the complications and sequelæ that are dangerous and so common can be reduced to nil, in the average case, principally by the ante-partum treatment. This treatment consists principally of correction of spinal, rib, innominate and hip lesions, and I mean by this any mal-alignment of the articulations of these bones, using the term lesion in its osteopathic sense. Many people have the idea that only the strong are able to undergo an osteopathic treatment without injury, and even some osteopaths believe that a very weak, or pregnant woman will not be benefitted or and even be made weaker, by the treatment. This has been proven to be an erroneous idea especially in the pregnant woman for the greater the complications, the greater the necessity for osteopathic treatment.

Parturition is supposed to be a reflex process. The stimulus is the presence of the fetus in utero, the afferent tract is the sympathetic nerves that connect the uterus and the lumbar gangliated cord, the center is in the second lumbar segment of the spinal cord, and the efferent tract is over the nervi efferentes of the lumbar sympathetic cord, and also the sacral nerves. At term the impulses arising from the presence of the fetus in utero, pass to the parturition center and motor impulses are sent in return. These impulses continue to pass and the uterine contractions increase in intensity and frequency until the fetus is expelled.

A lesion of any of the lumbar vertebrae will interfere, in some way with the line of nerve communication, or the parturition center. If this lesion is an irritative one, it predisposes to abortion or premature delivery, since the ordinary impulses would in all probability be sufficiently strong to bring into activity the already irritated center. By correcting the lesion the irritability of the center can be lessened and the danger usually avoided.

Nausea and vomiting can often be relieved by the spinal treatment, or at least lessened in intensity. Cramping of the lower limbs as well as the varicosities are ordinarily relieved by correction of innominate and hip lesions. The catch in the hip is caused by an innominate lesion.

The general sense of tightness can be relieved by a spinal treatment. Backache can be relieved, swelling of the limbs, kidney disorders, headache, well, in fact, all the discomforts accompanying pregnancy can either be cured or relieved by the ante-partum osteopathic treatment. The explanation of these beneficial effects lies in the fact that most of them come from contracted muscles, pressure of the gravid uterus and especially from subluxations of the various articulations mentioned above. These lesions very readily occur at

this time on account of the increased mobility of all the vertebral and pelvic joints. This increase of mobility is due to the increase of secretion due to increased vascularity.

Spinal treatment will shorten labor by keeping the nerve tracts in a normal condition so that the reflex arc is unimpaired. Labor is lengthened by anything that interferes with the reflex arc. If the connections between the uterus and spinal cord are intact and if the parturition center is in a normal condition, labor will be short because it will be normal. Osteopathic treatment applied to the lumbar spine will (1) restore normal communication between the uterus and its spinal center, this permitting the afferent impulses to reach the center. This is accomplished by increasing the size of the lumbar intervertebral foramina through which these impulses must pass. In short normal mobility is restored by adjusting the vertebral articulations and by so doing the foramina are increased in size that is restored to their normal size. Labor is tedious in such cases because the parturition center receives only a part of the impulses that arise in the uterus.

This treatment will (2), restore normal activity to the parturition center. Lesions of the lumbar vertebrae interfere with the blood supply of this center which makes it less susceptible to the afferent impulses that reach it from the uterus. Even though the impulses were normal in every respect, it would take more of them and a longer time to overcome this inactivity in the center. This prolongs the labor. By correcting the lesions that inhibit this center, labor will be shortened since the uterine contractions will be stronger and more frequent.

The uterus is quite often found to be in a sort of weakened or even a paralytic state as a result of these lumbar lesions, hence treatment applied to the spine will shorten labor by (3), restoring normal sensibility and nutrition to the uterus. The stimuli to the uterus may be normal in every respect, the fetus may be of normal size and position, but if the uterine wall is in such a weakened condition that the stimuli have little or no effect, the parturition center is not kept informed as to the condition of uterus, hence the center is inactive. Even though the impulses reach the center if the uterine wall is weak, the uterine contractions will be feeble. Every muscle fiber of the uterus has a corresponding cell in the spinal cord which controls its tone and nutrition. If the cell is not properly nourished, or if this nerve filament connecting the cell with the muscle fiber is impaired in any way, the nutrition and tone of the uterus suffers, osteopathic treatment applied to the spine will increase the activity of the parturition center by bettering its blood supply, will increase the tone and strength of the uterine muscles, and will remove obstructions to the nerve tracts by increasing the size of the intervertebral foramina. On these accounts labor will be made shorter, easier and the dangers minimized by the treatment. By increasing the tone and strength of the uterus, inertia uteri and post-partum hemorrhage can be prevented since both are due to a weak uterus.

By this ante-partum spinal treatment, by which the uterus is strengthened

puerperal fever can to a certain extent be prevented since the drainage will be normal in the ordinary case. Puerperal fever is undoubtedly due to impaired drainage, this resulting from displacement or weakness of the organ. Subinvolution can be prevented by restoring the centers that control the tone of the uterus, to a normal condition. Subinvolution is due to a weak uterus, and a weak uterus is the result of either an abnormal condition of the cells in the spinal cord or, imperfect connection between these cells and the uterus. Lesions in the lumbar region produce both, hence by the correction of these mal-alignments, subinvolution can either be entirely prevented or at least lessened in degree.

Physical exercise is a very good thing during pregnancy, especially those movements involving the spine but is not a good substitute for osteopathic treatment. The reason is that the movement will take place at points of greatest mobility while little or no movements take place at the points of least motion, that is movement takes place where it will do no good while the joints that ought to be moved are not affected at all. Just because a person can stoop it is not proof positive that the mobility of the spine is normal. The movement ought to be distributed amongst all the lumbar articulations and not confined to a few. The point is the lesion is at the points of least mobility it will require an osteopathic treatment to adjust it rather than physical exercise.

FACTS AND METHODS.

DR. L. VON H. GERDINE.

A part of the practical value of studies like physiology consists undoubtedly in the learning of facts, but another point of equal importance is the learning of method. How the so-called facts were discovered, what their evidence is, does contrary evidence exist and, if so, how to balance the two and judge between them.

Points and considerations of such nature are not sufficiently emphasized by teachers as a rule, hence the student falls into the loose habit of accepting statements as facts without any questioning whatever. This leads to the lamentable condition so often found of unquestioning subservience to authority. Such a thing is a fact, one fears, because Dr. So and So says so. Suppose, however, another equally celebrated man makes a statement the very reverse, what is to be done about it? How is one to choose between them? This contradiction of testimony is found to a certain extent in all text books, which proverbially "like doctors, disagree."

The unquestioning reader becomes puzzled and begins to doubt that any worth whatsoever exists in such a science where so much disagreement is found. The trouble is with the student, however, and not with the science. The student must know how to weigh the evidence for the supposed facts and then to choose between them or to reject both if it seems proper. Mere authority

should no more be accepted in discussions of physiological fact than of any other fact.

Most of our practitioners have already thrown overboard the medical traditions and have decided for themselves between medicine and osteopathy by a comparison of the evidence. If then drug therapeutics are rejected for such reasons why not question all statements of facts until the suitable proof is forthcoming?

Not only should the evidence given be examined but due consideration should be given to every point of view, as to possible conflicting testimony and the like. It is in this kind of thing that method counts. To illustrate let us examine into some of the ideas still firmly believed in by most of the medical profession in regard to their so-called specifics. Even such liberal thinker as Dr. Wm. Osler, who makes so many damaging confessions concerning drugs in general, still holds to the "specifics." There specifics then, have all the creditability of well established facts, if we are to believe authority alone, but let us examine the supposed facts. Among the specifics iron takes high rank in connection with the anemias especially that form called chlorosis. The reasons are briefly these: In such diseases the trouble lies in a lack of the iron-containing element-haemoglobin of the red blood corpuscle. If iron is lacking supply the deficiency by feeding the patient with iron and your cure is effected. At first sight, this idea seems reasonable enough and we are disposed to accept it without question. Let us, however, look into this matter more closely. Admittin the lack of iron in the red corpuscle will the administering of more iron necessarily effect a cure? May it not be that the trouble lies not so much in the lack of iron as in the inability of the body to utilize it?

A man may have in his pantry all manner of foods of the most appetizing kinds, yet if his digestion is poor and he lacks appetite he can scarcely avail himself of them what would be the good therefore of some kind neighbor bringing more food to him? It is a well known fact that in our ordinary foods we take in all the iron in organic combinations that the body needs, why then administer to the patient additional amount. Moreover what is the fate of this additional iron given the patient?

In 1850, Klelzinsky (Zutsch d. K. K., Gesselsch, d. Aerzte, z. wien, Jahrgang 10, Vol. II. pp. 281-289) published some experiments regarding the absorbability of preparations of iron. He found that in seven experiments on himself, metallic iron, oxid of iron, sulphid of iron, iodid of iron, acetate, lactate, and malate of iron could be recovered without loss, from the feces.

Similar results were obtained by Hamburger with ferric sulphate on the dog (Zeitsch f. physiol. Chem. Vol. II. p. 191-1978) and by Marfori with lactate of iron or the same animal (Lexper. Path. u. Pharm. vol. XXIX, p. 42, 1892. Bunge (Physiologie and Pathologie Chemistry (p. 379) studied anemia in reference to the assimilability of inorganic iron. At the end of lactation, some young animals were fed entirely on milk, or on milk and rice both of which are notably poor in iron. One-half of the animals employed in this ex-

periment received in addition a small quantity of ferric chlorid daily. After this diet had been given from one to three months, the animals had doubled their weight, they were killed and the amount of hæmoglobin in the total body was estimated as well as the amount of iron. The animals became highly anemic for at the end of the experiment the percentage of hæmoglobin was diminished to about half that of animals from the same litter which had received their normal food. The animals which had taken ferric-chlorid in addition to the milk and rice contained no more hæmoglobin than those which had received milk diet only. Moreover the amount of iron was in each case the same. Prof. Bunge concludes therefore that the use of inorganic iron in anæmia is irrational.

The administration of lime in rickets or osteo-malacia is another case in point. Here there is a condition of lack of hardness in the bones and we know that the hardness of bone is due to the deposition of lime. The conclusion therefore would seem justifiable that an extra supply of lime salts would fill the want. But what are the facts here? As in anæmia the trouble is not so much the lack of the lime or iron in the system as is the inability of the particular tissue to use them. Thus, Prof. Bunge tells us that rickets occurs often in children that have been properly fed so that all the lime needed was taken in with the food in organic combination. The trouble is that the lime could not be used. Hence Bunge claims that the use of lime in such conditions is irrational (Physiologic Chemistry, P. 85).

Howell's (Am. text of Phys. p. 355, Vol. I.) gives experiments showing that hardly any of the inorganic salts which are necessary to life can be assimilated by the body unless given in organic combination with our foods. He extracted as far as was practicable the salts from our organic food stuffs and then added separately these salts in inorganic form and in every case the animal died.

Such experiments show that we cannot by any means explain all of the activities of the human body from the standpoint of the laboratory. We find to be sure that the body consists of certain chemical elements in certain combinations but the mere supplying of these to the body in any form is not sufficient.

They must be given in certain definite forms. Another interesting case in point is concerning the intake of nitrogen. The body absolutely demands nitrogen but can make use of it only in certain combinations known as proteids and nitrogen in other forms organic or inorganic will not suffice. Hence the physiological difference between proteid and albuminoids as foods. Both contain nitrogen but only the proteid molecule will replace tissue waste. The albuminoid food acts more or less as the carbohydrates and fats—that is it is an energy producer but will not repair tissue waste.

To return to the so-called "specifics" let us look into the facts concerning quinine and its supposed curative value in malaria.

The ordinarily accepted theory is that a foreign organism—an animal

parasite called the plasmodium of malaria, invades the blood and attacks the red blood corpuscle and that quinine attacks and destroys these parasites hence cures malaria. The theory seems plausible but what does ordinary observation of the clinical facts teach us.

Anyone who has lived in malarial districts can testify to the amount of quinine given and to the lack of results obtained. Again and again I have seen cases of malaria of long standing brought before the clinics of the county hospital in Chicago.

There the history of these cases showed treatment with quinine from the beginning with no result, and nevertheless the physicians in charge following the time honored custom claimed that the dose could not have been sufficient, hence advised a still greater increase. Similar results I have noticed in certain malarial districts in the south where I have had opportunity of observing such cases for a period of several years.

In conclusion what does an examination of the facts concerning the mercury and iodide of potassium in syphilis show? Here again we are assured that they are curative because in a certain number of cases the symptoms present disappearance on treatment. But even admitting that the symptoms may be to disappear, does that indicate that a cure is necessarily made?

In regard to the prognosis in syphilis, Osler says, "We must admit that various constitutions react very differently to the poisons of syphilis. There are individuals who, although securing BRIEF and UNSATISFACTORY treatment, display for years no traces of the disease. On the other hand, there are persons thoroughly and systematically treated from the onset who from time to time show well marked indications of syphilis."

The author, in the article on syphilis in the International Text Book of Surgery, says concerning the prognosis "Because of its long and uncertain duration," the prognosis of syphilis must be guarded, even in those cases in which it justifiably seems very hopeful. In some people the disease is most formidable; in others, though very characteristic, mild and apparently fleeting. Though treatment can modify syphilis, it cannot always eradicate it, nor can it be depended upon to entirely ward off the constitutional symptoms which sooner or later almost certainly follow a primary chancre—infection.

Here we have admissions in regard to the uncertainty of the cause of syphilis whether with or without treatment and the additional statement of interest that while treatment can modify, it cannot be depended upon to "ward off the constitutional symptoms which sooner or later almost certainly follow the primary chancre,—infection.

So much for the so-called facts concerning the vaunted specifics. We may cheerfully admit that drugs may modify conditions in the body but that in no way means cure.

Carthartics will temporarily loosen the bowels but will not cure constipation. We get a modification of symptoms but no cure, and so it is with syphilis. The natural course of the disease is uncertain. It may of its own

accord stop short or run a long course and while the drug may modify the symptoms it cannot in any way be counted upon to eradicate the condition.

We have seen thus in reviewing the case for and against these drugs that the experimental evidence tends to go against iron, whereas the supposed proof of the efficacy of quinine in malaria and of mercury and iodide of potassium in syphilis lies chiefly in reported results of clinical observation and these we find on close examination to be notoriously uncertain and conflicting.

Therefore, have we not the right to maintain that these specifics should be cast aside just as the modern critical spirit in medicine has already relegated to the past the remainder of the Pharmacopeia?

THE PATHOLOGY OF THE BONY LESION.

R. E. HAMILTON, PD. M., D. O.

By bony lesion I wish to be understood as meaning a maladjustment or subluxation of a bone, due to accident, or pathological contraction or relaxation of tissues. Complete dislocation will not be considered.

All of the moveable joints permit some motion other than that which is ascribed to them. This motion being due to the elasticity of the muscles and ligaments holding them in check. These slight extra functional movements are best observed in the joints of the hands, but in certain directions, the articulations of the spinal column are the most susceptible to this kind of motion.

When a joint is bent to the limit of its motion and held rigidly in that position "cramped," signs of discomfort are soon noticed. The circulation is impeded in the parts adjacent and the impulses of nerves in relation are altered.

If the strain upon the ligaments or other parts be considerable, though not necessarily enough to cause immediate pain, inflammation is set up within the tissues involved; thus for a time increasing the tension of the ligaments and causing greater pressure upon the surrounding structures.

It is an easily demonstrated fact that lesions in the articulations of the limbs (a slight sprain of the wrist or ankle for example) will cause irritation of at least the sensory nerves passing near or through the point of injury.

Four theories have been advanced to explain the effect of a lesion upon a nerve in relation. The first—the direct pressure of the bone, must at least be unusual. The second—the pressure of tense or inflamed tissue upon the nerve, and the third—the effects of toxic products of inflammation, are usually associated. The fourth theory—that of directly obstructed blood supply has received much support. It is probable that a combination of the last three of these theories will come very near to an explanation of the effects noted.

The most important seat of these lesions is in the spinal column and it will be well to devote some attention to the peculiarities of these articulations.

The bodies of the vertebrae are separated by elastic discs which favor rocking motions like that between two flat surfaces separated by a lenticular disc; but these intervertebral discs are elastic and will permit also slight gliding

and twisting movements both these movements are checked but not much modified by the capsular ligaments. Motion in certain directions is partly or completely prevented by the articular ligaments and processes.

The rocking and rotation movements of the vertebrae are well known but the gliding motions of the bodies and the closely related extra functional movements seem to have attracted little attention.

The amount of this gliding movement varies from an almost unnoticeable variation in stiff spines to a very considerable amount in the spinal column of poorly nourished children with relaxed muscles and ligaments.

I have found this gliding-bodily-movement of the vertebrae to average a little less than a centimeter in healthy young animals after death.

The unilateral shortening of the ligaments might cause pressure upon the structures passing through the spinal foramina, and the resulting pressure anemia or inflammation either by crowding together of the tissues, or by stretching the ligamentous boundaries of the foramina and thus pinching the structures passing through them.

For the effect of these lesions upon the sensory nerves we have ample proof and though the evidence of their effect upon the vaso-motors is not so painfully apparent; the clinical evidence added to the physiological experiments in this line gives an excellent foundation for our theory of vaso-motor disturbance.

"THE DOCTOR AND THE LADY."

I have told you, I remember,
Of that bleak and cold November
When a lady on a Doctor called, to tell her trials, sore!
I have told you how she sought him;
How her ailments, all, she brought him;
How her aches and pains distraught him!
Till he thought her quite a bore!
For he knew, this kindly Doctor,
That she'd come—

For-ever-more!

* * *

To this Doctor, growing stronger,
Said,—“This case I'll stand no longer,
T'will stop this constant rapping, rapping at my office door!”—
(For we cannot help agreeing,
That 'tis tiresome ever seeing
At our door the self-same being
Who has been there months before!)
I must cure her said the Doctor
Then she'll come
O, never more!

Pylorus in which he says: "I am always interested in the Atlas club and its people, am glad to hear of your progress, keep it up."

We feel sure that many others have, like Dr. Peck, simply neglected to send in their dues, however the club had no alternative from the course pursued as the amendment to the constitution adopted by the club and published in the November BULLETIN made it imperative that these names be published.

We sincerely hope that others will take the same view of the matter Dr. Peck has and be reinstated at once.

It is unnecessary to state the advantages of the club to those in arrears, but if it has failed to meet your expectations might not you be at fault?

Have you done all within your power to help bring the club up to your ideal?

If the BULLETIN has failed to interest you, we might ask, have you ever contributed anything to make it interesting to others?

If you have been negligent in this matter would it not be better for you to try to improve the club than to withdraw from it?

To those who feel that they have fulfilled their duty to the club and are not satisfied with the result we would say that the only way you can secure an honorable release from the club, is to pay your indebtedness and return your pin.

Advancement is the keynote of the American School of Osteopathy. Every where along the line improvements are being made. The lecture work of each professor has been made lighter by rearrangement of hours and additions to the faculty. The primary object being to allow them more time for developing the science. Many osteopathic works have already been prepared by men who are now, or have been on the A. S. O. faculty.

Among these might be mentioned: McConnell's Practice of Osteopathy, Hulett's Principles of Osteopathy, Clark's Diseases of Women, Young's Surgery, Hazard's Practice of Osteopathy and the latest addition to the list is Dr. Wm. R. Laughlin's Anatomy. These excellent works have been adopted by other colleges as standards in their line.

The long-felt want of a treatise on Applied Anatomy from an osteopathic standpoint will soon be filled, as Dr. M. E. Clark is now preparing a work on this subject and expects to have it ready for the next senior class. Dr. Clark being the founder of this chair, is without a peer along this line.

We all recognize the need of an osteopathic Pathology. A text on this subject is being prepared by Dr. Chas. H. Hoffman. Dr. Hoffman is a native of Germany and took his M. D. degree in Heidelberg University, and his Ph. D. degree in the University of Munich. Having been connected with the University of Wisconsin for two years, occupying a chair of science, with Drake Medical College for four years as professor of Pathology and Bacteriology and having for the past two years been State Bacteriologist of Iowa and a member

of the S. S. Still College faculty, it is evident that he is amply qualified for the work he is undertaking.

We surmise that an Osteopathic Physiology will soon make its appearance but we have not the authority to make this announcement.

It is a pleasure to note that a good deal of time is being devoted to original research and scientific investigation. The result of this will cause other scientists to accept osteopathic truths.

Drs. L. Von H. Gerdine and R. E. Hamilton will pursue their studies at Rush Medical next summer. Dr. Hamilton will also be in attendance at the Cook County Hospital. Were it not for the untiring efforts of the management of the school these changes would be impossible. This spirit of indefatigable zeal should emanate the ranks of the Atlas and Axis clubs.

We think the terms, "active" and "field" members are misnomers as one may be in the field and be an active member or on the other hand he may attend club meetings and be a non-active member. To us the terms active and passive seem more appropriate. Far too many of our members are in the latter class. We should not be content with the mere payment of our dues; but should strive to do something for the betterment of the club. With this end in view would it not be well to improve our library? Kirksville maintains no library and we think all are agreed that the reading of a little fiction affords pleasure and recreation to a brain tired from toiling with a perplexing theory. In this connection might be added that perhaps the weakest point of our college is its lack of a good library. It behooves the clubs to overcome this deficiency. Here is an opportunity for our passive members to become active. If every one who has a good book with which he can part, will donate it to the clubs a good library will soon be the result. It is the intention of the clubs to add more scientific works to the library as well as instruments with the use of which we should be familiar. To thinking people this would be an added inducement to join us.

February 25, 1905.

MR. F. J. EIMERT, Pylorus,
Kirksville, Mo.

DEAR SIR:—

Yours of the 22nd to hand in reference to my dues for the Atlas club. While in Newark last evening I was informed that my name had been published as one of the members who had failed to pay his dues, and had been expelled from the club. As I do not receive a Bulletin I do not know whether this is correct or not.

If my name has been published, you can consider me out for good and all. Wishing the club the best of success, I remain

Respectfully yours,

JOHN H. MURRAY,

MARCH 1, 1905.

DR. JOHN H. MURRAY,
Trenton, N. J.

DEAR SIR:—

In reply to yours of Feb. 25th I beg to inform you that under a ruling adopted by the club your name was published as suspended. This with a number of others. This same ruling also provides that when a member, thus suspended pays up in full he is at once reinstated. As per statement this would require \$4.00 in your case.

While it is a matter of business to have the dues paid, we are more anxious to have the old members remain with us. We would therefore urge you to pay up and be reinstated. Should you not desire this we would request you to return the Atlas pin.

Yours,

F. J. EIMERT, Pylorus.

Dr. Murray's Bulletin has been sent to 148 State St., Trenton, N. J., the same address to which the letter he replies to was sent.—Ed.

* * *

MARSHALL, ILL., Feb. 21, 1905.

F. J. EIMERT, Pylorus, Atlas Club,

Kirksville, Mo.

DEAR SIR:—

Find \$1.00, my dues for the year 1905. Also the key which I used to make such good use of and wish I could use it now.

If no Bulletin were published I would still want to remain a field member for the emblem not only calls up many pleasant associations but gives us standing in the community. Wishing the club a prosperous year, I remain

Yours fraternally,

C. F. BAKER, D. O.,

* * *

Feb. 26th, 1905.

MR. FREDERICK J. EIMERT, Pylorus, Atlas Club,

Kirksville, Mo.

DEAR SIR:—

Your letter and statement received some time ago. The matter of graduate members paying annual dues for the benefit of the club is so unusual that I must refuse to pay the same. I can't see what is expected of us who are away from there. I belong to a college fraternity, viz., Sigma Chi and they nor any other college fraternity ever have any dues of any kind after that member had graduated from college and why we should be expected to do the same I cannot see.

If you can give me a good valid reason why we should I will be glad to do the same.

Now if the club should contemplate building or enlarging the library or make improvements of any character then I would be only too glad to donate

more than what my dues would amount to but to say that a graduate member must pay dues is another thing.

Therefore you may drop my name from the rolls.

Fraternally yours,

J. E. P. HOLLAND.

* * *

March 1, 1905.

DR. J. E. P. HOLLAND,

Bloomington, Ind.

DEAR SIR:—

Contents of your favor of Feb. 26th carefully noted. I quote from same: "If you can give me a good valid reason why we should (pay) I will be glad to do the same." I will take you up on the proposition.

1. During your active membership you knew the constitution provided an annual due of \$2.00 for each field member, same rule was in force when you left and still you failed to officially sever your membership.

2. You have during the entire period had the monthly Bulletin mailed to you and have never notified the Club to discontinue sending same.

3. You have been and are now enjoying the distinction conferred upon an Atlas man through the privilege of wearing the official pin and being recognized as an Atlas brother by the leaders in the field.

4. It is not right to leave any organization before paying up.

We have over 300 field members who are paid up in full and they seem to have no objection.

I may inform you that we are not only enlarging and improving the Bulletin but also enlarging the library, nevertheless the club has not authorized me to ask for contributions.

We want you and all other leading osteopaths to continue their membership.

Now dear doctor I have given you four reasons instead of one and I submit to your sense of justice if it is not "up to you to cough."

Fraternally yours.

FREDERICK J. EIMERT, Pylorus.

* * *

DEAR MR. EDITOR:—

We wish to thank our brothers who so kindly and willingly offered us assistance in our legislative fight this state. We all held together and fought as hard as we knew how.

While we lost our bill we gained much ground for the profession and have put our science up on a higher level in N. C.

The state is still open as it was before the fight, protected by the supreme court decision and invites good men to its fields.

With best wishes to you all, I am

Yours fraternally,

H. W. GLASCOCK, D. O.

CREAM VERSUS FOAM.

BY MRS. BROWNLEE.

A gentleman (?) guest at our late freshman reception by comparison and insinuation presumed to cast reflections upon our hospitality, at the same time claiming for himself and a few others the distinction of being the "Cream of his class." We hope neither our Axis sisters nor our brothers of the Atlas club will be disturbed by this for everyone knows that in the course of nature to separate the cream takes time and certain conditions, most important of which is that the fluid mass be at rest and not agitated by any cause of disturbance. This period of rest in the new class will begin about May first—it never occurs short of a month—and after that time we may expect our professors by their lectures, examinations, etc., to begin applying the natural osteopathic methods of separation that shall cause the cream to rise and the heavier and less valuable portions to sink to the bottom. Skimming time will occur about the beginning of the sophomore term and may continue on through the senior term for all the cream never rises at once. Under these conditions a particle that is not cream can not assume to be so and float to the top but must by its inherent character fall to its own place. This natural separation does not occur while the class is in a state of agitation through receiving constant additions—at this time it is impossible to distinguish the cream from the milk and the inexperienced are sadly fooled by attempting to skim off the cream too soon—they get only foam, nothing but foam, for there is now nothing else at the top; and this foam, though attractive in appearance and containing some milk with perhaps an infinitesimal particle of cream, consisting principally of air—hot air—after standing awhile begins gradually to shrink in size and to grow less and less as the bubbles successively burst until nothing remains but a few scattered circles of dry milk to mark the place where the vain thing stood. Nothing can be lost, but everything be gained by waiting for the foam to evanesce and giving the cream time to rise, therefore our constitutions need no revision on the matter of waiting until the second term to issue our earliest invitations to prospective members. Even with all that carefulness we sometimes find with the cream, and resembling it in appearance, perhaps covered and obscured by it, an admixture of foreign elements the character of which may not develop for sometime and that necessitates the dropping of names from our rolls.

Our new members just received during the last few weeks from the sophomore's are the "cream"—we have waited long enough to know—and we introduce them to our graduate members as such; and there is more to follow from all the advanced classes, cream which we shall endeavor to gather as it rises—and the best doesn't always rise first either, it is all cream whenever it shows the qualities of cream. According to our established and honored custom we expect to present a pleasing list of cream particles at the first skimming of the new class after they pass their freshman examinations and every particle of foam has vanished into thin air or been carried away by every wind of flattery or persuasion. Cream is of more stable character and cream is what we want.

Field Notes.

* * *

Dr. E. E. Keeler is enjoying an excellent practice in Salt Lake City, Utah.

Drs. J. L. and Nanny B. Baughman have returned to Burlington, Iowa, from Washington, D. C.

In his letter inclosing dues for 1905, Dr. Baughman takes occasion to congratulate the club upon its choice for Noble Skull and wishes the club well.

The club acknowledges greetings from Dr. E. F. Breitzman and extends to him his best wishes for a prosperous year.

Dr. E. C. Smith, whose address we have had as Carrollton, Missouri, reports a very flourishing practice in Savannah, Mo., where he has been located for six months.

Dr. A. S. Yewell of Greenville, Ky., has been quite sick with appendicitis. The Doctor will spend a month or two rusticiating in Oboro, Ky. We wish him a speedy recovery.

Dr. A. E. Mac Galliard of Las Esperanzas Coach, Mexico, concludes his letter to the Pylorus as follows: "I am very busy and doing nicely. Regards to all who wear the A. C. pin." May his success long continue.

Drs. Fullam are doing nicely in Frankfort, Indiana, but have received notice from the authorities to leave within five weeks. The Drs. refuse to go. Fight it out, right will win in the end.

Dr. Franklin Fiske of Portage, Wisconsin, reports an increase in practice. Dr. Fiske attended the Wisconsin State Osteopathic association and reports the following Axis ladies elected to office in the same: Dr. Bissel, vice-president, Dr. Whitehead, secretary, and Dr. Culbertson, treasurer. Axis women are always to the front—Ed.

Dr. A. M. Keith of the June, '02 class, who has been practicing in Greenville, Illinois, spent several days in Kirksville last week. Dr. Keith brought gynecological patient to the A. S. O. to be examined by Dr. Clark. When asked if he thought it paid an Atlas man in the field to keep up his dues he replied that "it would if it cost many times what it does."

We quote the following from a letter received from Dr. S. A. Ennis, Springfield, Illinois:

"Give my regards to the boys and tell those who inquire that our practice is growing rapidly. It has far surpassed our fondest expectations.

The motto Dr. Clark gave us when we started out is certainly proving true, "Cure patients and others will soon come." We have had marvelous success with most of our patients and that is the best advertisement one can have. I wish the club a prosperous term."

Dr. Arthur S. Bean reports a good practice and adds, "I hope the club will

carry out some ideas contained in last Bulletin. Atlas men should stand for much and when the club lets anything but character and trueness be considered in admitting me it has fallen below its original purpose." If Dr. Bean will read this issue of the Bulletin carefully we think he will observe that some of those "ideas" are being carried out. He also says, "I wish for the clubs prosperity at all times" and evidences this by enclosing his dues for 1905.

Dr. Harry M. Still writes: "You may state to the Osteopathic Colts in school that while the first harness and collar most always choke and remove a small amount of cuticle climbing the first few hills the one that sticks will always receive his reward." "Our practice increased so much that it was necessary for us to rent another office. Dr. Hazzard has charge of the new office and I will join him Oct. 1st, 1905. "We have enough room in G. N. Y. for all of the osteopaths in the field.

We make a special invitation to D. O's. to join us."

Axis Notes

Mrs. Miller has returned from Chicago where she spent two weeks.

Mrs. Brownlee, our correspondent was called to her home, March 7th, by the death of her sister-in-law, Mrs. McCullough of Edina, Missouri.

Dr. Louise Lewis is visiting for a few days in Kirksville. Dr. Lewis has been practicing with Dr. Rena Bammert at Carlsbad, New Mexico, both graduated in June, 1904. Dr. Bammert remains in Carlsbad. Miss Lewis has not decided upon her new location.

We commend the Atlas club for their business like method of dropping names from their roll. We must do something of the same kind and do it quickly for there is certainly no sense nor wisdom in our paying printing bills for members who never pay their dues.

Dr. Ida M. Fox, Jacksonville, Ill., visited the club on March first and gave us an interesting talk. She spoke particularly of the revision of our by-laws and emphatically commended the new ones which were read in her presence. She encouraged the seniors to work harder than ever, if possible, assuring them that they could not take away too many valuable notes from our lecturers, which notes would prove of great assistance to them in practice. A rising vote of thanks was tendered her.

We are in receipt of a letter expressing much interest and good wishes for the success of the club from our former president, Dr. Alice M. Fulham of Frankfort, Ind. She was our presiding officer during our time of tribulation last fall and showed much wisdom and judgment in the difficult settlement of our affairs. Great credit is due her for the happy denouement and we take pleasure in assuring her and other graduate members who are interested that upon the departure of the present seniors the club will remain in the hands of members

just as strong and efficient to conduct it to success. The adoption of a new constitution and revision of our by-laws will greatly aid in lessening the probability of any future trouble.

We have the following fine list of new members to present to the acquaintance of those in the field:

Miss Mary Shepherd who for several years has been private secretary to Mr. Edgar S. Scott, president of Franklin Life Insurance Co. of Springfield, Ill.

Miss Myrtle Roberts, teacher of music and physical culture in Colby Academy, New London, N. H., had planned her life with a view to study medicine but after learning of osteopathy decided for that in preference.

Mrs. I. J. Hart, whose husband is a member of the Atlas club, junior class, is a nurse of eight years experience at Orange Memorial Hospital, Orange, N. J.

Mrs. Effie R. Messick, wife of Mr. Will R. Messick, traveling representative of John MeVoy & Co., Chicago.

Mrs. Nell M. Morelock and Miss Daisy Morelock, sister-in-law and sister to our own Dr. Isabelle.

Miss Elinor Balfe, who has been a successful public school teacher and was teacher of drawing in the Industrial School at Delaware, O., when she decided to study osteopathy. She is a sister of Dr. Susan Balfe.

Miss Emma S. Caruthers of Toledo, Ohio, teacher of the piano.

Miss Joanna M. Brooks, a graduate from the Academy in Yankton, S. Dak.

Miss Emma Crossland, Bowen, Ill., who for several years has taught in the High school at Colfax, Ia.

Miss Myrtle P. Morrison, formerly cashier for the Peters Hardware Co., Emporia, Kansas.

Mrs. Rebecca Nicholas, wife of Mr. William Nicholas, manager of a large rolling mill in Columbus, Ohio.

Mrs. Alice M. Spence, whose husband, Mr. Thomas H. Spence, is a member of the same class and lately initiated into the Atlas club. Mr. Spence was a civil engineer before taking up the study of osteopathy.

Mrs. Sarah E. Russell, wife of Mr. Hugh L. Russell of the same class but before coming to Kirksville a wholesale coal merchant of Buffalo, N. Y. The Russels are originally from Canada.

Miss Katherine L. McLeod, also a Canadian and a teacher in the schools of New Brunswick Province at Woodstock. Miss McLeod is the result of an accident became an invalid and came to the U. S. to regain health through osteopathic treatment and change climate. She has regained it and Osteopathy has gained a noble and worthy representative in the practice. Miss McLeod is a member of the senior class.

Mrs. Effie L. Rogers of Winthrop, Mass. Her husband, Mr. Alfred W. Rogers, was superintendent of the High school at Winthrop, but now a member of the sophomore class with his wife.

Mrs. Sarah H. Ure of the junior class is studying with her husband, Mr. R. Ure in the same class. Mr. Ure was bookkeeper in a bank at Sagiw, Mich.

Atlas Notes.

Dr. Wm. R. Laughlin's new Anatomy and a fine Medical Dictionary have been added to the Club's library.

The club acknowledges receipt of the announcement of Dr. S. Ellis Wright. Dr. Wright has located in Marion, Indiana.

Anyone knowing the addresses of the following will confer a favor by sending to us: Mrs. Addie Wenig, Mrs. Urania Morgan, and E. C. Ray.

The club acknowledges greeting from Drs. Hodges and Stearns of Washington, D. C. Drs. Hodges and Stearns are among our best physicians and fully merit the success they are meeting.

The pleasure of the freshman reception was marred by the absence of Dr. F. P. Young. Dr. Young was unable to attend owing to the death of his wife's grandmother, Mrs. McCandless, which occurred on Thursday, March 24th.

Dr. Henry Stanhope Bunting expects to be in Kirksville soon. Dr. Bunting was one of the leading spirits in the organization of the Club. We look forward with pleasure to his visit.

On Friday afternoon, March 3rd, an address on Venereal Diseases was delivered to the clubs by Mr. S. Bayer. Mr. Bayer is author of of "Maternal Impressions and Modern Researches."

We are in receipt of the announcement of Dr. Mason W. Pressly, Jr. Dr. Pressly has taken offices in the Land Title Building, Broad and Chestnut Streets, Suite 1000 and 1001, Philadelphia, Pa. He has the club's best wishes for his success.

Dr. J. K. Dozier of Middletown, Conn., has preferred charges against one of our brothers. Dr. Dozier charges unprofessional conduct. The Club, through the Styloid has requested Dr. Dozier to submit his evidence according to the constitution, when this is done action will be taken.

Dr. Dozier concludes his letter with "best wishes for the progress and integrity of the club."

It is with great pleasure the club presents to its brothers in the field the names of the following new members:

Mr. C. B. Ingalls of Perry, Ill nois. Mr. Ingalls was engaged in the Government service, having a position in the Bureau of Animal Industry Department. He became interested in osteopathy through its literature and after giving the matter much thought decided to make it his profession.

Mr. N. A. Johnson of Plattsburg, New York. Mr. Johnson was a machinist by trade. He was cured of bronchial trouble by Dr. H. M. Loudon and he became so favorably impressed with osteopathy that he took up the study.

Mr. L. M. Goodrich was the first sophomore initiated. Mr. Goodrich has

been a resident of Auburn, N. Y., for the past eleven years and was for nine seasons Musical Director at the Burtis Opera House. He was induced to take up the study of osteopathy through having been cured of stomach trouble in six treatments given by Dr. L. P. Meaker after three of Auburn's most popular M. D's. had failed to give relief.

Mr. George M. Goodell of the junior class went through the mysteries with Mr. Goodrich. Mr. Goodell graduated from Cornell College, Mt. Vernon, Iowa, in 1901, and was given credit for one term's work with the exception of anatomy which he took with the freshmen. After trying Chicago specialists and many M. D's. for kidney trouble he took osteopathic treatment from Dr. Bullard of Marshalltown, Iowa. Osteopathy was so beneficial to him that he decided to take up the study.

Thos. H. Spence of Patterson, New Jersey. Mr. Spence was by profession a Civil Engineer and Structural Steel Worker. While engaged in the latter work he superintended the construction of some of the largest steel bridges in the United States. He became interested in Osteopathy because of the benefit to his wife's health received from osteopathic treatment.

H. M. Fraizer of Clay Center, Kansas. Mr. Fraizer is the youngest of the new members. He was for two years prior to coming here a drug clerk in Clay Center. In this capacity he had ample opportunity to learn the ineffectiveness of medicines. Mr. Fraizer was a sufferer from indigestion and could get no relief from his own wares, so gave Dr. H. K. Beninson and osteopathy a chance. The result was a speedy cure and a new recruit for the A. S. O.

The gentlemen mentioned below joined the club on the evening of February 25th:

Mr. A. W. Rogers for 18 years principal of the Winthrop Massachusetts High school. The strain of so many years hard work told on Mr. Rogers' health and after taking successful treatment from an Osteopath he decided to make Osteopathy his profession. His physician, though a graduate of the Minneapolis school, advised him to come to the A. S. O. and Mr. Rogers is very grateful to him for his excellent advice.

J. P. McCormack of Albion, Indiana. Mr. McCormack was a commercial man for five years previous to his taking up the study of osteopathy. He represented a vehicle company. Medicine failing to cure him of appendicitis, osteopathy was tried as a last resort. Dr. Westfall of Eastoria, Ohio, successfully treated Mr. McCormack which accounts for his being here.

E. W. Raymond Morelock, also a commercial man. Mr. Morelock carried a line of hardware and was, prior to going on the road, in the hardware business. He traveled out of Kansas City. His wife and sister are also studying and are members of the Axis. The very lucrative practice of a sister, Dr. Josephine Morelock, also an Axis member, who is practicing in Lincoln, Nebraska, was a great factor in bringing the Morelock's here.

Thos. H. O'Neal of New York City. Mr. O'Neal was associated with his

father, H. O'Neal in the dry goods business. Our New York brothers will need no introduction to this firm. Billed in the springs of Glenwood, Colorado, and treated by four of Denver's best M. D's, Mr. Oniel secured no relief from the painful scintica. Dr. Bolles of the Bolles Institute of Osteopathy of Denver was then consulted and a cure quickly followed.

Hugh L. Russell of Buffalo, New York. Mr. Russell was for many years a town builder. West Pullman among others now stands as a monument to his success. He has for the past four years been engaged in the wholesale coal business in Buffalo. While in that city he resided next door to Dr. Steele and thus became acquainted with Osteopathy. Mr. Russell had long desired to study medicine but after three months' of careful investigation he became convinced that Osteopathy is the science that will rule the world of healing art.

* * *

Saturday evening, March 4th, Dr. George Laughlin delivered a very interesting lecture to the club on "The Essential Difference Between the Practice of Medicine and the Practice of Osteopathy." Some of the points brought out by Dr. George are as follows:

The essential difference is not in diagnosis but in the method of treatment and the cause of disease.

We believe disease is due to or associated with a change in structure.

Morbid anatomy is recognized by the medical practitioner, as for instance in such diseases as pneumonia. He believes it to be due to an infection.

We claim the predisposing cause is an impingement on the nerves by upper dorsal or cervical lesions.

M. D's give a drug to affect the symptom. We treat the cause.

In both methods of treatment the diagnosis is the first thing to be considered so as to know the pathological condition.

The symptoms in hip joint disease and hip and innominate dislocation are quite similar as in the first stage of the former the leg is lengthened in the third stage shortened. The pathology of these conditions, however, is widely different.

In hip joint disease the cartilaginous and bony structures break down, hence no forcible treatment should be applied. Force can be applied in the reduction of dislocation since there is no break down of tissue in these cases.

In hip joint disease the M. D. uses extension and casts and gives cod liver oil to keep up nutrition. The osteopath treats the lumbar spine, straightens the pelvis and gives the patient rest. I have had satisfactory results in all my cases.

The osteopathic diagnosis of chronic gastritis, the most common form of chronic stomach trouble, is the same as that of the M. D's, but their ideas as to the cause are different. All agree that this trouble is due to disturbance in circulation. They claim this disturbance is due to general nervous trouble and improper diet, etc. We recognize error in diet as a causative factor but

maintain the primary cause to be lesion in the spine affecting the vaso-motors to the stomach.

Lesion must be removed before cure can be effected; massage helps, but osteopathy cures. Importance of correct diagnosis is also necessary in curvature of the spine. There are various forms of curvature, such as anterior, posterior and lateral, but all do not arise from the same cause.

A sharply marked posterior condition is almost diagnostic of tuberculosis, ankylosis usually follows. In treating Pott's disease, great care should be taken as hard treatment over the diseased part might prove fatal.

Mistakes were much more common formerly than now, some of us used to think every man that limped was suffering from a dislocation of the hip. We know now that not more than one in two or three hundred of such patients has a gross dislocation of the hip.

As we grow older our errors are being eliminated and we become more confident that osteopathy is the truest method of healing.

* * *

FRESHMAN CLASS RECEPTION.

It was reported in the last Bulletin that the Axis ladies would receive the ladies of the freshman class alone at a future time inasmuch as the Atlas club had received the men, but it was decided at a later time to receive the entire class together which event took place on the evening of February 24th, at the Club rooms.

The event was well planned and happily managed. After the guests had passed the reception committee they were ushered into the main hall which was decorated with the colors of the club where an excellent program was carried out. Noble Skull, W. E. Owen, presiding. His introductory remarks were well chosen and well received, after which Miss Roberts sang two solos, one being a response to an encore. Miss Prater, the Axis president, then delivered the welcome address which was warmly received and appreciated by our guests. Miss Lola Carter then rendered a piano solo and also responded to an encore. Our staunch club-friend and versatile Dr. Dobson gave us one of his witty, earnest, eloquent and characteristic addresses which warmed the heart of every club member and made each guest glad that he was present. Other musical selections in the form of piano and violin duets were interspersed in the program and altogether it was an occasion not soon to be forgotten. Refreshments and a social dance followed detaining many into the "wee sma' hours."

The event was only marred by our lack of room, especially cloak and serving room, and it is to be hoped that the day is not far distant when the clubs may have more spacious and better equipped quarters. Here is a most worthy cause upon which our loyal, successful and philanthropic practitioner-members might bestow a helping hand.

Who will start it? A well-built, well-equipped club building would put

our beloved organizations upon a substantial and enduring basis. The need is apparent. The cause is worthy; the members have the ability; both financial and executive. What will we do about it?—M. G. E. B.

* * *

THE NEW YORK BILL.

A bill is now before the New York Legislature having for its object the legal according of the same recognition of the new school of osteopathy that is now given to the other schools in which the healing art is taught. Osteopathy appears to have been steadily working its way into accepted standing during the past ten years. It has over three hundred practitioners in New York State, and about five thousand in the country. The osteopaths are recognized in twenty-two states and have their colleges and their literature, but not in all places have they legal authority to conduct hospitals, grant death certificates or examine candidates. A new school of this sort gives to quacks a fresh opportunity, and it has to make its legitimate advances in the face of their discrediting practice; but the best way to put them out of business is to give the school itself the protection of law. Naturally the new school has as yet received scant welcome from those that have been longer established. This is not strange nor does it necessarily argue intolerance on the part of the latter. But if it can show practical results and prove that it is not based on empiricism but on sound principles, at least as far as they go, it should be given a fair field in which to justify its claims. That it has accomplished many cures that have seemed to defy older methods is doubtless a matter susceptible of proof. Since it first made its appeal to the confidence and patronage of the physically afflicted, it has broadened its foundations, and those who meet all its present requirements are certainly entitled to be admitted to the ranks of the learned professions. But it should be vigilant and jealous of its reputation. If it permits the mere manipulator to carry its colors it is going to suffer. Recognition comes with public confidence, and under proper regulation osteopathy doubtless adds another defense of no mean value against the ravages of disease or conditions of deformity.—Boston Transcript.

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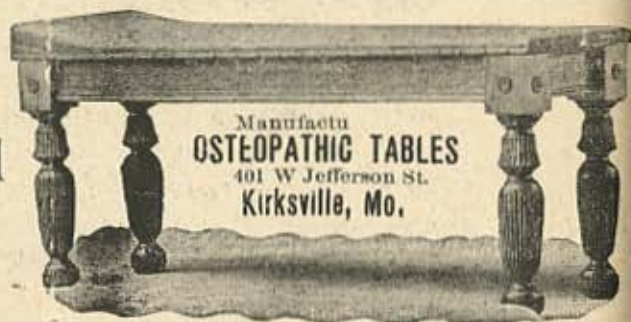
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