

VOL. X

NUMBER 3

The Bulletin
of



Atlas & Axis Clubs



DEVOTED
TO THE



SCIENCE OF OSTEOPATHY

NOVEMBER, 1908

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The Bulletin

OF THE ATLAS AND AXIS CLUBS.

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LOST.

THE SUBLUXATED INNOMINATE.

NETTIE HUBBARD BOLLES, DENVER, COLO.

Ever since the days in dear old Kirksville when we were taught always to look at the condition of the ileo-lumbar ligament, the subluxated innominate has been especial interest to me, for when we could glibly diagnose a case as a slight subluxation of the ilio-sacral articulation, our joy was complete.

During the fourteen years that I have passed since leaving the fountain head of osteopathy, I have never let more than twelve or eighteen months elapse without returning to the source of inspiration, and in studying over the various suggestions and ideas gathered there, I can not think of any one that has been more prolific in results than the consideration of the subluxated innominate. Not even the setting of dislocated hips has given more spectacular results.

About two years ago I had a very interesting case. At the time the friends of the patient, as well as the patient herself, were quite insistent that the case should be written up for our journals. I hesitated, for it seemed such a simple case from the osteopathic standpoint. However, in response to an urgent appeal from the Editor of the Grand Chap-

ter Department I have written out a few experiences and hope this may encourage other Axis sisters to "go and do likewise."

In June, 1904, the patient underwent an operation in a well known hospital in New York City for a fibroid growth on the uterus. The operation was successful and the recovery all that could be desired, until phlebitis developed in the left limb. This was given the ordinary medical treatment, with rest in bed for months, but the result was that the patient was left in such a condition she was not able to walk a distance of two blocks without bringing on excruciating pains in the calf of the leg. This went on for three years and the patient had given up all hope of ever being anything more than a helpless cripple, when—on a visit to Denver—she was persuaded to try osteopathy.

An examination revealed an innominate lesion of the most simple kind due, probably, to the improper handling of the patient while under the anaesthetic. On account of the extreme tenderness and sensitiveness of the muscles and ligaments it took five weeks to bring the parts back to their normal condition.

The work was done, and I have only to add that "they lived happy ever after." I say "they" for, in this case, the husband was—through sympathy—almost as great a sufferer as his wife, and he certainly rejoiced equally with her in her restoration to health and strength.

Another case seen recently came from Wyoming, with a diagnosis from the most eminent allopathic physicians in that part of the country. The patient complained of a pain in the knee. A most exhaustive physical examination had been made and an X-ray picture taken of the joint. As no abnormality could be detected in the photograph, the diagnosis was given as a floating ligament in the knee joint," and an operation was recommended as the only means of relief.

The patient was sent to Denver to consult an eminent surgeon. Friends suggested that osteopathy be given a trial before resorting to the knife. You can all guess the result. This was a case of a subluxated innominate of less than six months duration, brought on by taking a severe cold while standing at the ironing table several hours in house slippers. This required but two weeks time for readjustment and she went on her way rejoicing.

I have often found the innominate, with adjacent structures, impinging upon the sciatic nerve, causing typical sciatica, or neuritis, which most generally occurs in the feet but may extend to the hip.

During the past week I have diagnosed two cases of painful menstruation in young girls, being directly caused by subluxated innominates. These cases will respond to our method of treatment and the necessity

for local examination will be obviated, which I always avoid when possible in young subjects.

The subluxated innominate may be a factor in rectal as well as in uterine and ovarian troubles. I recall one case where the reduction of this lesion gave relief to a pain, which had been attributed to a floating kidney. Cases of incipient paralysis, and many other forms of disturbed circulation, or innervation to the lower limbs may be traced directly to the innominates. Not only to the parts below, but, conversely, the subluxated innominate may be the cause of a curvature of the spine above. The discrepancy in the length of the limbs, due to the tilted pelvis, may produce a lateral curvature of the spine, apparently with no other cause.

"The half has not been told." Instances could be enumerated *ad infinitum* to illustrate the different conditions. That is not necessary, however, as you have all met them time and again in your own practice.

Enough has been said, however, to assure you that in making a diagnosis I never omit a careful examination of the sacro-iliac articulation.

* * *

STIFF NECK.

DR. ASA WILLARD, MISSOULA, MONT.

(Epitome of an address, with clinic illustration, given at the eighth annual convention of the Montana Osteopathic Association, held in Butte, Mont., Sept. 5, 1908.)

When given a choice of subjects for a professional program, one usually selects one of the more severe maladies for consideration. There is good reason for this, but as it occurred to me that such was the rule, I decided, for the sake of variety to the program, to present for consideration a minor ailment.

A Kink in the Neck is considered as such a condition, but if any of you have ever experienced a real typical case of it you probably consider Stiff Neck, or A Kink in the Neck, a major condition.

This is the popular designation of an acute, and most painful, condition which has, doubtless, at some period, come under the observation of nearly every osteopathic physician. An individual will go to bed at night, or lie down during the day, and upon awakening will find that the slightest movement of the head will cause the most excruciating pain at some certain point in the neck. Sometimes it will come on as the person goes about his duties; some movement—or posi-

tion— may produce a "kink" in the neck which remains for days. I have known such cases to be reported by osteopaths as torticollis, but I do not think they should come under that head, according to the conceptions and explanations of torticollis by the leading writers. It is a condition which, according to my observation, is more common in the mountainous regions. In the great majority of cases it seems to be immediately induced by excessive contracture of the deep muscles overlying a weakened point. A person, after going to sleep, gets warm and perhaps perspires, the covers are pushed back and the neck exposed to the air. There are many more people who have gone through this experience than have had stiff necks, just as there are many more people exposed to typhoid germs than contract typhoid. The susceptible tissue in the intestine furnish a focal point for the germs in typhoid. In the neck some, perhaps very slight, lesion irritates the nerves supplying the deep cervical muscles at a given point. Because of this these muscles become more susceptible to any influences producing contraction. The cold air striking the neck causes the muscles at this given point to contract more quickly and severely than the rest of the neck muscles. Sometimes the whole cervical region will be more or less sore and stiff at first, but as the person moves about the general stiffness disappears and the trouble is localized at one point. Any motion of the head, especially an abrupt one, causes a feeling there a good deal like that the dentist produces when he first grips with his forceps and begins to pull. The reason stiff necks are of more frequent occurrence in mountainous districts is, I think, that evaporation is there more free, abrupt atmospheric changes more frequent, and the nights so much cooler than the days. The perspiring skin when exposed to the air is more suddenly cooled by the quick evaporation and the underlying muscles respond by contracting. In the majority of cases these points of extreme contracture are located in the lower cervical region, due to the fact that this part of the neck is always covered by clothing during the day and hence, more susceptible when exposed to cold air than the upper cervical region, which has become by constant exposure less sensitive.

In many of the cases the contracture is so marked, and the tenderness so pronounced, that the patient will permit no work on the deep structures and only a very superficial treatment can be given. Which, as the contractures are deep seated, produces little result. Neck manipulations along the lines usually employed have, in my practice, sometimes not produced the results hoped for, even where deep treatment was given.

Marked extension has given great relief. This can be used without pain to the patient, where the slightest attempt at rotation or much direct pressure at affected point is resented.

In the less severe cases firm pressure maintained for several minutes at the tenderest point, with other relaxing manipulations and such movements as tend to correct the vertebral deviation, if such exists, at the point will relieve. Often you will, by your manipulations elicit a click or slight pop and more or less relief, I have noticed, follows it. Now, while I do not think for a minute that a click or pop always means adjustment yet it certainly means motion. In this instance the motion seems usually in a direction which frequently accomplishes, at least, partial reduction.

Heat, in various forms, will usually be used by the patient at home, mostly with grateful results. This is well applied by putting a damp cloth on the neck, and then lying on a hot water or electric bag. The moist heat thus applied will produce more relaxation than the hot bag alone. A cold compress is good. The patient should always be advised to wash the neck with cold water or alcohol upon discontinuing the use of either the bag or the compress, or the tissues are liable to further contract when air strikes the neck. This result often happens when the sufferer goes to bed—and to sleep—with the hot water bag at his neck.

Recovery will be expedited if the patient sleeps on the side on which the trouble exists. He will not be quite as comfortable, perhaps, but as the pillow keeps his head raised it puts the tissues on the side on which he is lying on a slight tension. This not only prevents further contraction, but tends—by stretching—to relaxation.

If he sleeps on the opposite side the raised position of his head, due to his pillow, makes the affected side of his neck concave and thus approximates the fibers of the neck muscles. In their irritable condition they become further contracted to the extent which this approximation of origin and insertion allows. In the morning then, it is probably that his cervical muscles on the affected side will be shortened to such an extent that he cannot even straighten his neck, but goes about with the head held over to that side.

Some persons are annoyed by frequent repetitions of these "crieks" and in some cases the removal of the predisposing lesion, which well alone prevent their constant recurrence, requires considerable treatment even though the lesion causes no pain or appreciation of its existence between attacks.

I instance the case of an Englishman, a mine owner, who—for a number of years—was bothered frequently each winter with such a con-

dition, which happened to be in the upper dorsal region. It not only was an inconvenience but caused acute suffering whenever it appeared, the slightest movement of the head in some directions exaggerating the pain. It required forty treatments, covering a period of four months, to correct the lesion—a vertebra to the left and fixed. That was three years ago and he has had no "ericks" since.

What has been said as to treatment in the foregoing has application especially to the condition when muscular contraction—due to external stimulation—is the immediate exciting cause. Those cases in which it is realized that some certain movement caused the "erick" are usually much more quickly and easily handled. But here, too, stumbling blocks are, at times, encountered.

Last Fall the writer was called one evening to a neighboring town to see a woman who had been suffering with her neck for three days. In turning her head quickly while in bed she had exaggerated a lesion between the fifth and sixth cervicals, which had been bothering her for a year or more. The agony had been such—for the three nights prior to my arrival—that neither she nor the family had slept. At times she would cry out from pain. The neck was given a light treatment which did no good whatever and I informed the lady that unless I was allowed to use a little more force I could not hope to relieve. She asked if I could adjust the lesion if she were under an anaesthetic. Just barely enough ether was given her (not by me) to quiet her and the vertebrae were adjusted. In two hours she was perfectly easy. The neck was, of course, sore but there was no acute pain.

* * *

FLAT FOOT, AN EXPERIENCE.

DR. CARRIE A. BENNETT, JOLIET, ILL.

Those who attended the A. O. A. at Kirksville in August no doubt remembers Dr. Carl McConnell's address, on Flat Foot, and the valuable information he gave us.

During my second summer in the field the arches of both of my feet began, and continued, to trouble me. After enduring excruciating pain in both feet for several months, I concluded that other shoes were required, in order to be able to continue my practice. It was suggested at the shoe store that I try the Foot Form shoe. I did so, wearing the low ones in summer and the high ones in winter, and this change in shoes, together with the correction of lesions of both innominates, affected a complete cure.

At the convention in August the Anatomik Shoe was suggested for

flat feet, as it is built especially according to the anatomy of the foot and the line of the body weight. From investigation of the "Anatomik" shoe, and experience with the "Foot Form" shoe, for about three years, I think these two styles are absolutely safe to wear, and will preserve the arches from strain.

It behooves us, as osteopaths, to not only wear the correctly shaped shoe, since the reflexes from a strained arch are numerous, but as well be able to suggest the best possible footwear for the case of flat foot we expect to cure.

However, first and last, see to the correction of the innominates. It is frequently difficult to keep the innominates in place if the shoes worn by the patient are narrow and too high in the heel.

The "Foot Form" shoe may be obtained at any first class shoe store, and the Anatomik, if not found in the large stores of the cities, may be had of the Anatomik Footwear Co., Shelton, Conn.

* * *

A FEW WORDS FROM THE "OLD DOCTOR."

(The "Old Doctor" gave the Seniors a good talk one morning and we give here a little of what he said.)—Ed.

Mother, one day, had cheese for dinner and she kept saying "eat cheese, eat cheese." The next day some one said, "Why, aunt, have you not said anything about cheese to-day?" "No, she said," it speaks for itself."

Now, I want osteopathy to speak for itself. If you are attending an obstetrical case and allow the woman to be lacerated during labor, go home and ask God to forgive you, and you forgive Him for not giving you more sense. Forty-three years of obstetrics, and I have never had a laceration.

Here, I am giving you what I have gotten, step by step, for fifty years, and I want it honored.

* * *

CONUNDRUM.

What has osteopathy done that is directly opposed to the most fundamental laws of nature? Ans. It has lived, grown, and flourished, although it was STILL born.

THE BULLETIN

OF THE ATLAS AND AXIS CLUBS.

HOUSTON A. PRICE EDITOR
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 STAFF EDITORS:
 MRS. MARY M. EWING AXIS
 DR. PAULINE R. MANTLE AXIS GRAND CHAPTER

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

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

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

KIRKSVILLE, MISSOURI, NOVEMBER, 1908.

EDITORIALS.

We Appeal To You. Again we appeal to the Field members of both Clubs for assistance. We realize you are busy with your practices—dear Brothers and Sisters,—but can you not give us an article, a case report—taken from your best practice,—or give us some news of the osteopathic situation in your district or state?

There are those who have articles, prepared for—and read before—the association of your state or district; there are those who are competent to write good articles who have never been heard from through any of our periodicals; and there are others who send their articles to other periodicals when, rightfully, at least some of them should come to your own paper for publication. We know the Bulletin does not reach the entire profession, but do you know we have a circulation of about 850 copies? Do you know that the Bulletin reaches the BEST of the profession, in just so much as our Clubs represent the best in the profession? Do you know the Bulletin—YOUR Bulletin—depends on you to make it worth while? And, do you know if you took as much interest in it as you should—being a LOYAL Atlas or Axis man or woman—it would soon be filled, each month, with the best our profession could put up in the way of scientific articles, as well as be the newsiest journal

in the profession? Do you realize that we need your support to keep our clubs moving as they SHOULD? We believe you do know most of these things are true. Then, do you not remember the days of your first club life in Kirksville, and the incentive to do better work which you got here?

You are no less an Atlas man nor an Axis woman because you have gone from the site of the local organization. And, while you are scattered about over the country, remember that you have the one means of keeping in closer touch with your Brother or Sister—the Bulletin.

You may not be able, for many reasons, to send some well prepared article on some leading subject, but you may have had some interesting case which you can report. Our profession is still young and we need the compilation of more good cases cared for by our method of treatment. If you have anything interesting, you owe it to the profession to let others know of it.

* * *

Hospital Day. Saturday, November 21st, was Hospital Day in Kirksville. A large number of students formed soliciting parties for funds for the Free Ward department of the Hospital, and an amount approaching near to \$700.00 was secured.

At 9:30 o'clock the students gathered at the school and, led by Dr. Harry Still—chairman of the finance committee—and the A. S. O. band, paraded the streets of the town, finishing at the square, where numerous parties were formed for the canvass. The citizens donated freely to the cause, and the sick poor will continue to get benefit at our Hospital.

* * *

Dr. Bright Locates at Norfolk. Dr. S. H. Bright, formerly of Johnson City, Tenn., has moved to Norfolk, Va., where he has formed partnership with Dr. W. D. Willard, according to the Norfolk Ledger Dispatch, of Nov. 16.

That paper quotes from the Johnson City staff, of November 3, which pays the Doctor this tribute:

"Dr. Bright's life—and he is yet a young man—illustrates in no small way the aptitude or genius of educated East Tennesseans to go to the front, no matter what the obstacles, the profession or the clime.

"Dr. Bright is from Greene County, and holds a B. S. degree from Washington Tusculum College; he graduated with the D. O. degree at Kirksville, Mo., under A. T. Still, the founder to the science. He graduated from the medical department of Grant University with M. D. degree and was class valedictorian. He was appointed, and efficiently served, as resident physician in the City Hospital of Chattanooga. From

Chattanooga Dr. Bright came to Johnson City and was physician and surgeon for two years for Carpenter & Boxley, contractors on the C. C. & O. Ry. Giving up this work he located in Johnson City, where he rapidly built up a large practice.

"Touched by ambition and the longing for a larger field, Dr. Bright decided to locate in the city by the sea. He is followed by the best wishes of his many friends in this section."

* * *

The Atlas Club This was the heading of an announcement last month. Entertains. Well, the Club did entertain the Fraternities of the school, and it was an interesting occasion. The Frats were well represented, and to look in on that crowd as they were there assembled, one could not have distinguished but that they were all members of one organization.

The visitors are to be congratulated upon their apparent appreciation and good behavior. Here Theta Psi met Iota Tau Sigma, and both shook hands with the Atlas man in a manner that signified their appreciation.

As we said before, we believe a certain amount of fraternal spirit shown here will draw us more closely together in a broader sense of fraternalism when we get into the field as practitioners. Judging from the good spirit that is prevalent among the Clubs and Frats this year the fraternalism of the profession will be, at least, maintained by the present student body when in the field.

As this is the first time, in the history of the school, that such has ever been accomplished, we hope it will become an annual affair in the club life of the school, and that all of the Frats, Sororities and Clubs will take up the spirit of it. We do not mean that the identity of any club shall be destroyed but that we may all be drawn closer together in bonds of professional fraternalism, that we may carry forward the standard of our noble Founder.

* * *

ATLAS NOTES.

On Saturday evening, November 14th, the club entertained the members of the Fraternities of the school. From 7:30 to 9:30 a smoker with cards was indulged in, after which all retired to the south hall and listened to a very entertaining program. After the program was rendered refreshments were served, and all departed declaring they had spent a most pleasant evening.

The program was as follows:

| | |
|-------------------------|---------------|
| Piano Solo | Miss Bugart |
| Vocal Solo | Prof. Obbhart |
| Address | Dr. Gerdine |
| Vocal Solo | Mr. Coplantz |
| Violin Cello Solo | Mr. Erwin |

NOBLE SKULL KERR:

In the name of the Atlas Club I wish to welcome you visiting brothers of the fellow fraternities of the A. S. O., and am pleased to see such a good representation. It has been the history of the osteopathic profession that we need to stick together, so with this idea in view, and to cultivate a closer fraternalism between the organizations, we have invited you here this evening. We will have an address by one we are always glad to hear here, or in school."

DR. GERDINE'S ADDRESS (In Substance.)

Gentlemen: As usual I have no particular subject, but shall say just what comes to my mind.

An occasion like this is interesting, because this is the first time the clubs have made any move toward affiliation. In unity there is strength, and even if each are strong in separate organization, there is not the strength that there is in combining forces. Especially is this true in a new science like ours. Then, it is apparent, that we must "hang together." Put away personal feeling, for notwithstanding the command to "love thy neighbor as thyself," we can't love all. But we should have the spirit of good feeling and not hate our enemies. We must remember that all do not look from the same points of view, and that we should respect the other fellow's view point. It is a physiological fact that there is a reaction to every criticism, and that the reaction is greatest on the individual who makes the criticism than on the one criticised.

There are some in every community averse to osteopathy. Hence, it is necessary for the osteopath to employ the method whereby he can demonstrate his system of healing, most quickly. To do this it is necessary for us to keep to our selves things we happen to know about our fellow practitioner, that perhaps would not add to his professional standing. We must stand together. In the clubs here we can talk over these things. We can express what we think, for we have our ideas. There are conditions that outsiders do not appreciate. If there is a gross breach of professional etiquette, however, then there is a gross fault for our general condemnation. We must remember, though, that there is always room for criticism, for there is nothing perfect but a sweet heart. Even then there is not perfection as is

often told in verse and song. So let us overlook the things that might be criticised, and look on the other side, for there is another side. Just so sure as there is something to condemn there is something to praise. There are always some good points in every one, and it is certainly always best to dwell on the good points. Upon this rests another greater truth and that is without harmony there is no great success. In fact we must be broad minded to work together—to affiliate. This meeting tonight is a step along that line.

All schools have their clubs. In a school like ours, where there are five or six hundred students, several clubs are necessary to meet the different demand of the students. Because there are several organizations, however, is no reason why there should be a lack of congeniality for all have their faults, as might be rightfully, expected. Nevertheless all should work together for the welfare of the whole as well as for that of the individual. We cannot separate the welfare of the profession, the school, and the clubs, as the subject of affiliation is more important than the welfare of any one, and each one's welfare depends upon affiliation.

Chicago University, in its short period of existence, has made the most wonderful strides of any school. Under the presidency of one man, this institution made the very phenomenal growth from a comparatively meagre beginning to an enrollment of 5,000 pupils. The prime factor in this growth has been affiliation with the schools and colleges all over the country. This broad minded policy has made it possible for many to enter the university who could not have done so had the rigid examination requirements of the old schools been adhered to. There is one step farther I would like to see our schools take, and that step the University of Virginia has taken. Here anyone can enter without examination, and if he does not make good in his first year, he simply drops out.

The examinations and red tape of our medical schools is beyond comparison. We have met with the narrow-mindedness of these schools, in our own experience. They make no allowance for time put in, nor subjects studied, here. They should affiliate. I believe this spirit should be cultivated more. Some of our profession are prone to not give the M. D. credit for what he deserves. If he has ability it should be recognized. A false attitude always does harm. They are not all hypocrites. When you come in contact with him, recognize him on his merit, do not become bigoted. Simply represent that you have something worth while, and superior to his method, and while he may not see your way, he will become impressed with you, and will help you. The average

M. D. has not much faith in his pharmacopoea, and if he is approached in the right manner he can generally be made your friend. Moreover, we can see the benefits of some drugs, as in eye and skin diseases.

Again, osteopaths are often at fault when it comes to State Boards. Some of the older practitioners make the remark that the recent graduates fail at the State Boards. Often these same individuals could not pass the same examination. If a man fails on a practical examination, he is lacking in the knowledge he should possess. But one is not supposed to know everything, and it is far better for him to know the practical things. I heard an old practitioner a short time ago laughing about some new man because he didn't know the blood test for typhoid fever. The average practical doctor never performs this test. It is done more in the hospitals, by the internes who have plenty of time for such. The Widal test often doesn't show up before the third week, and rarely in the first week or ten days. Most of us have made our diagnosis before then. So, from a practical standpoint it is not essential. Why then should a man be turned down on such technique? I noticed, a short time ago, in a list of State Board questions, the question "Give Erlich's Side Chain theory of immunity." Such questions are absurd. It shows an unfair spirit, as the student is supposed to know the practical things, and can't learn everything. Let us affiliate.

I will digress here a moment to speak of the leading editorial in the November A. O. A. Journal, condemning us for not using osteopathic text books more in our schools. This means that if any Tom, Dick, or Harry writes a book, we must adopt it in our schools. Now because a book is written by an osteopath does not prove that it is filled with divine revelation. The book must stand on its merits, and if it is lacking let it take a second place. We have two books on Practice written by osteopaths. I examined these books, and—as I told Dr. George—they cannot compete with the medical texts on this subject. I looked up a number of diseases and compared notes. For example, in locomotor ataxia specific lesions were given as causative factors, as in one case lesion of the fourth dorsal, another at the seventh dorsal, another at the ninth dorsal, another a cervical lesion. Now if this kind of information is of any value I cannot see it. What we want to know is the factors in etiology, pathology, and diagnosis. Are we, then, going to take one man's ideas? These texts do not compare favorably with the better medical texts. The latter are compilations of ideas and experiences of many men, while the former are based more nearly on the experiences and knowledge of a few men.

No man is infallible. I read what a man has to say and accept or

reject it. If I agree I say so, if I disagree I simply state an honest difference of opinion.

Here, we teach osteopathy according to the ideas predominant here. We make no statement before the classes without first having thought over the points and talked them over with the other professors. Thus, we work to give osteopathy as it is considered in this part of the country. There may be some elsewhere that hold different ideas, but we teach here what we consider to be what is needed to be taught.

I do not mean that those who have written books are fools, but that their wisdom is not sufficient that they should dictate. Ask the "Old Doctor" what he thinks about it.

If I were to suggest any man in the profession as being most competent to write a book on Practice I should say that man is Dr. Geo. Laughlin. Why, then, does he not write a text book? He says he has not had enough experience, and does not know enough to write a book. Perhaps he, besides the "Old Doctor," has had the broadest experience of any one man in the profession.

As professor of Practice in the school here I have not recommended these books as texts to be followed, but have advised them for reference. If a book has merit, it will stand on its merit, and unless it does I say let it take a second place. We want the facts, and let us get them where we can best secure them. Let not the narrow-minded idea keep us from knowledge. Conversely, let us get knowledge wherever we can. Let the affiliative idea, the broad-minded view, predominate.

* * *

OUR RECENT INITIATES.

Dr. Jonas Knight, of Commerce, Tex., is a member of the Post Graduate Class. Dr. Knight has been in practice since his graduation from the A. S. O. in 1904, and shows his progressive spirit by returning to his alma mater for a P. G. course.

* * *

Dr. James Meek Wolfe, of Chilliowie, Va., is a member of the senior class.

Dr. Wolfe has a college education, having attended King College, Bristol, Tenn., and in '07 took his M. D. degree at the University of Chattanooga, Chattanooga, Tenn. The Doctor then practiced medicine until entering the Southern School of Osteopathy last year, taking last term's work there, and upon the transfer of that school to the A. S. O. came here to finish his osteopathic course.

* * *

Mr. Marion Allison Boyes, of Auxvasse, Mo., is a member of the

Freshman class. Mr. Boyes was a teacher, having taken the degree of Bachelor of Pedagogy, and became interested in osteopathy by seeing results obtained by this method of treatment. He has a brother, an uncle and a cousin in the profession.

* * *

Mr. Elijah Harrison Bean, of Athens, O., is a member of the Junior class. Mr. Bean had three years preparatory education, and business education, and had charge of the Business department in college. Like many others, benefit from treatment caused Mr. Bean to become interested in osteopathy as a profession.

* * *

Dr. Ed. B. Carney, of Washington, Ia., is a member of the Junior class.

After obtaining his degree, D. D. S., Dr. Carney practiced dentistry seven years. He became interested in osteopathy by observing several cures of diseases pronounced incurable. And upon inquiry of the osteopaths for enlightenment, it appealed to him as being Nature's great helper in distress.

* * *

Mr. Russ Coplantz, of Joliet, Ill., is a member of the Junior class, had a High school education, and was manager of a Foundry and Iron Manufacturing Establishment.

Mr. Coplantz became interested in osteopathy through personal benefit from treatment.

* * *

Mr. Carl Wm. Rothfuss, of Blissfield, Mich., is a member of the Senior class, was a musician for Piano Co., and has the degree of B. Sc. Mr. Rothfuss, also, became interested in osteopathy by observing the benefits obtained by others, and by being benefited himself by osteopathic treatment. He, wanting the best that could be obtained, came to the American School to take his Senior year, having taken his first two years' work at Des Moines.

* * *

Mr. Oliver Henry Cramer, of Columbus, O., is a member of the Junior class.

Mr. Cramer has a common school education, was ticket agent for R. R. Co., and became interested in osteopathy through the benefit his wife obtained from osteopathic treatment.

* * *

Mr. Eugene Cyrus Waters, of Columbus, Ohio, was a merchant, and has a High school and Ohio State University education. Mr. Waters is a member of the Freshman class.

Mr. Edward C. Brann, of Tuscola, Ill., was a farmer, has a High school education, and became interested in osteopathy by seeing results of treatment in his own family. Mr. Brann is a member of the Junior class.

* * *

Mr. Floyd Elijah Magee, of Bridgeport, Ind., is a member of the Freshman class, has a High school education, and was a telegrapher.

Mr. Magee was cured by osteopathic treatment, which interested him further in osteopathy.

* * *

Mr. Harry Sudekum, Jr., of Nashville, Tenn., is a member of the Senior class, and has a High school education. Mr. Sudekum took his first year and a half's work in the Southern School of Osteopathy.

* * *

Mr. Herbert Shekion Beckler, of Columbus, Ohio, is a member of the Freshman class. He received his education at the University of Ohio, was a traveling representative, and attributes his interest in osteopathy to Mr. Bean, of the Junior class and the reading of the "Old Doctor's" books.

* * *

Mr. Hassie Hallman Trimble, of East Point, Ga., is a member of the Freshman class, and has a High school education. He, having decided to study medicine, was influenced to take up the study of osteopathy by his mother, who had been successfully treated by an osteopath.

* * *

Mr. Chas. Edgar Robinson, of Visalia, Calif., is a member of the Freshman class, has a High school and Business College education, and was Superintendent of a company of Cannery and Shippers of Fruit.

Mr. Robinson married an osteopath, Dr. Mina Robinson, axis, '03, and also has a sister-in-law in the profession.

* * *

Mr. Glen R. Ingram, of Tuscola, Ill., is a member of the Freshman class, is a graduate of the Tuscola High school, and attended the L. and A. College of the University of Illinois. He was a clerk, and became interested in osteopathy through Dr. J. A. Overton.

* * *

Mr. J. A. Gillespie, of Honaker, Va., is a member of the Freshman class, a graduate of the William and Mary College, Williamsburg, Va., and was a salesman. He became interested in osteopathy through his cousin, Dr. Margaret Bowen, of Tazewell, Va.

Mr. Hugh L. M. Betzner, a member of the Freshman class, hails from Berlin, Ontario, Canada, and was a stock keeper. Osteopathy appealed to him as a business proposition.

* * *

Mr. Park A. Morse, of Plymouth, N. H., is a member of the Freshman class, graduated from Dartmouth College with the A. B. degree, and was a clerk. Mr. Morse became interested in osteopathy by personal benefit derived from treatment given by Dr. Julia Fogarty, axis, '01, of Michigan City, Ind.

* * *

ATLAS FIELD NOTES.

Dr. K. W. Shipman, Xenia, Wis.: "Opened offices here the 22nd of October, and have done nicely. Prospects are good. * * * My interest in the Club has not abated and I wish you to have the best in the various lines."

* * *

Dr. M. E. Clark, Indianapolis, Ind.: "I am always willing to do what I can for the Club and for 'the boys,' so will arrange to send something for the Bulletin in the near future. Success to the Bulletin and prosperity to the Club."

* * *

Dr. Norman L. Sage, Detroit, Mich.: "If there be any one thing I would advise the Atlas boys to put forth extra effort at all times and occasions to be efficient in, it would be diagnosis and manipulations. These will be found to be the greatest weapons you can be armed with when you get a diploma and license. I find that a man has to do and not idle and wait for them to come but get out and bring them in. Regards to all the boys."

* * *

AXIS NOTES.

"This is the great blessing of being overbusy—one has not time to repine."

* * *

"Women have done more damage in the world with their pies and complicated kitchen products than have earthquakes, gunpowder or germs."

* * *

There was a statement in the September Bulletin under locations and removals which we wish to correct. It reads "Dr. Carrie A. Bennett has located in Joliet, Ill., and should read, "Dr. Carrie A. Bennett returned to her practice in Joliet, Ill., after finishing her post-graduate work at the A. S. O.

Dr. Bennett sends greetings to the Axis women, and says there are numerous good towns in Illinois having no osteopath.

* * *

On the evening of November 11th the Club entertained some of the new lady students of the College. The feature of the evening was an able address by Dr. Arthur D. Becker, which, we regret, cannot be published in this issue of the Bulletin. Dr. Becker is taking a Post Graduate course at the A. S. O., and is one of the late initiates into the Atlas Club.

* * *

After the regular meeting of the Club Wednesday evening, November 18th, some of the members gave an informal dance in the Club Hall.

* * *

On the evening of Wednesday, Nov. 25th the Club entertained the honorary members and the wives of the Atlas men. The Club was favored with some choice selections of vocal music by Mrs. Coplantz. Refreshments were served, and cards and other games were indulged in. "Getting acquainted" was the main feature of the evening.

* * *

OUR NEW MEMBERS.

During the past month we have had the honor of enrolling the following: Miss H. T. Caron, of Nashville, Tenn.; Miss Anne Davis, of San Francisco, Calif.; Miss May Potterf, of Eugene, Oregon.

* * *

Miss H. T. Caron was educated in Terrill College, Doherd, Tenn., and makes the following statement: "I am an osteopath because I believe, at least, these three things, that I am,—by nature,—a doctor; that the D. O. is the greatest doctor of the age; and that in all ages the Christian doctor is the person who may do most good."

* * *

Miss Anne Davis was born in Chicago. Miss Davis entered the January, '09 class last spring, coming here from the Southern School of Osteopathy. She was on her way to Chicago to study Domestic Science, when she stopped at Franklin, Ky., and while there attended some of the lectures at the osteopathic college and became so interested in osteopathy that she took up the study in that school.

* * *

Miss May Potterf was educated in the public schools of Eugene, Oregon. She was led to study osteopathy through the restoration to health of her mother and sister, who were treated by Dr. Anna Manner.

DEPARTMENT OF THE GRAND CHAPTER.

DUES.

Since the last issue of the Bulletin, quite a number of the Grand Chapter members have given evidence of having read it, by sending in their dues. The coin card works nicely and the secretary-treasurer hopes to receive many more during the coming month. A postal card will be mailed to each member who sends her 25 cents in acknowledgment of the receipt of it. Any member who fails to receive a postal card after sending her dues may suspect that they have never reached the treasurer.

NEW MEMBERS.

The Grand Chapter gives welcome to the twenty-four new members who came to us from the June, '08 class.

They are, Drs. Mary E. Alspach, Julia A. Bolam, Nora M. Brown, Harriett F. Cornell-Smallwood, Alice M. Conger, Eleanor R. Dashiell, Betty R. Dyer, Sarah L. Dilley, Blanche M. Getty, Margaret A. Hawk, Leona A. Harper, Helen N. Haynes, Helen R. Kinsell, Lenora Kagay, N. Maude Kellett, Nora L. Kneisel-Sweek, Eva L. Maines-Carlow, Clara D. McKinney, Sarah E. McRoberts, Genon A. Sanborn, Esther E. Sandus, Frances P. Saunders, Mayme K. Tuttle, Johanna Young.

* * *

Dr. Margaret Bowen, Richmond, Va.: "Please note my change of address from Tazewell, Va., to 102 E. Grace St., Richmond, Va. I am associated in practice here with Dr. E. H. Shackelford."

* * *

Dr. Georgia B. Smith, Winfield, Kans.: "Winfield is a decidedly osteopathic town, and has a splendid lot of people. * * * Success and best wishes to the Axis Sisters."

* * *

Dr. Mary Lyles Sims, Columbia, S. C.: "I have moved to 1615 Main St., Columbia, S. C., but go to Union—my former location—three times a week. Columbia is a nice town, with a population of 45,000."

* * *

Dr. Nettie H. Bowles, our National President, contributes an article in this issue.

* * *

Dr. Carrie P. Parenteau: "I hope every one will send her Grand Chapter dues in promptly."

* * *

Dr. Jessie Catlow: "No club woman has any right to ignore the fact that she should give some of her time and energy to advancing her

club. We have no right to expect others to give of their time and energy to send out a good, helpful Bulletin for us, while we contribute nothing."

(But for the serious illness of her father Dr. Catlow would have contributed an article for this issue.—Ed.)

* * *

LOCATIONS

Dr. Helen N. Haynes of the June, '08 class, is located for practice at Carlinville, Ill.

* * *

Dr. Clara DeGross McKinney of the June, '08 class, has located at Lebanon, Mo.

* * *

DEATHS

Our sympathy is extended to our former Grand Chapter President, Dr. Carrie P. Parenteau, in the loss of her father, Mr. F. F. Parsons, of Burlington, Iowa, who died on the evening of Oct. 29th, aged 76 years.

* * *

LOCATIONS AND REMOVALS.

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

Atkins, Warren E., from LeRoy, Ill., to 317-18 Unity Bldg., Bloomington, Ill.

Bowen, Margaret, from Tazewell, Va., to 102 E. Grace St., Richmond, Va.

Baumgrass, Geo. O., from Macon, Ga., to Dublin, Ga.

Colland, O. M., from Kansas City, to Kirksville, Mo.

Dove, C. E., Glendier, Mont., instead of Newport, N. J.

Ennis, Emery and S. A., from 403 E. Capitol Ave., to 308 Ferguson Bldg., Springfield, Ill.

Butcher, Francis M., from Greenville, S. C., to 107 N. Oak Park Ave., Oak Park, Ill.

Maltby, H. W., 613 W. Congress St., Chicago, Ill.

McKinney, Clara DeGross, from 19 Norfolk Bldg., Cincinnati, O., to Lebanon, Mo.

McCormick, J. P., from New Castle, Pa., to Greencastle, Pa.

Poole, I. C., from 202 Pine St., to 204 High St., Fall River, Mass.

Shipman, K. W., Neemah, Wis.

Sims, Mary Lyles, from Union S. C., to 1615 Main St., Columbia, S. C.

* * *

LOST.

Following are names of those of whom we have gotten cards from the Postoffice officials stating that the Bulletins remain undelivered in their offices. We will be glad to get the correct addresses:

Dr. G. E. Brown, Jacksonville, Fla.

Dr. Elizabeth Ewing, Atlanta, Ga.

Dr. E. L. Harris, Owensboro, Ky.

Dr. H. A. Putnam, Los Angeles, Calif.

Dr. N. J. H. Sickles, 38 W. 33rd St., New York City.

Dr. R. D. Steele, Box 22, Station H., Los Angeles, Calif.

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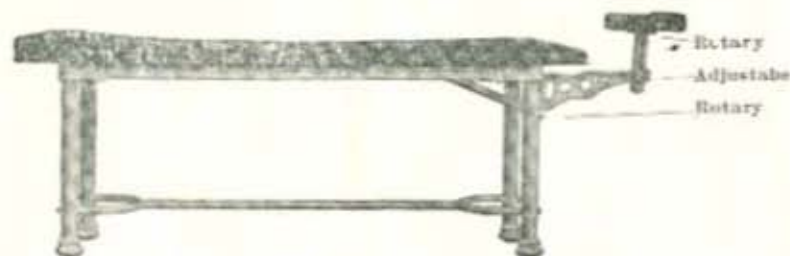
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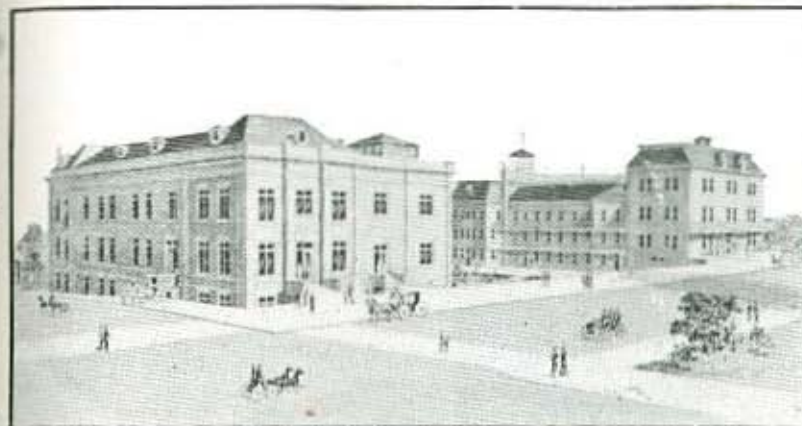
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ANNOUNCEMENT



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A NEW CLASS IN JANUARY

With the increased size of our classes we find it advisable to divide them, by once again returning to our former practice of starting classes twice a year.

We wish to announce to the profession that we will have a **Freshman Class Beginning Jan. 25, '09**

Our September class this year has very nearly an ever 200 students. Probably a larger class than will be found in any Medical School in the United States We take this opportunity to thank our loyal alumni whose co-operation have made this distinction possible.

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