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of
Atlas & Axis Clubs
DEVOTED
TO THE
SCIENCE OF OSTEOPATHY
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The Bulletin

OF THE ATLAS AND AXIS CLUBS

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THE ADDRESS OF DR. CLUETT, 


On being requested to speak to you tonight, I was asked to give some of my field experiences and some advice as to your future. You have heard the professors lecture in the school day by day, week after week, month after month—some of you—for almost three years. What has it all accomplished? What have you gotten out of it? When you leave this school, the real work begins for each individual. What are your hopes and fears as to the future? You are to assume the responsibilities of osteopathic physicians. How will you meet your responsibilities?

Before speaking about any of the cases I have had, I wish to say a few words as to your relation with the medical profession. I have been in the field ten years and have had no trouble with them. I treat them as gentlemen and they have treated me as a gentleman. I think this is the best way, not only with medical men, but with other healers. If you talk against these men, it will come back upon you. "Blow your own horn," and let them alone. Certainly do not fight them by running them down. If you practice pure Osteopathy, your weapons are superior to theirs. Do not run around with a chip on your shoulder. Others think they are right just as you think you are right. You have no monopoly on the non-drug practice, for there are a good many other non-drug practitioners, and they cure their patients; or at least their patients get well. So you must let them alone.

Now when you get out, you will be tried in various ways. There is the respectable married woman who comes to you for suppressed menstruation. How are you going to meet that case? We can treat suppressed menstruation. We can bring menstruation on again. But here is a respectable married woman whose menses have stopped. She has had several children, and doesn't want any more. She wants you to help her. She says she has taken cold and asks you to bring about a return on the menses. You can tell her that, if it is pathological, you can
bring it on, but that you can not, if it is physiological. She may beg you, and you can tell her that, if four or five treatments cannot cause return of the menses, that she is likely pregnant. She begs you to do something. It is hard to refuse, but you cannot afford to take the risk. You might tell her to let it come on, to let the child be born, but do not have anything else to do with it.” She will plead with you, but do not touch it. Let it alone. That is safest for as sure as you do not, you will get yourself into trouble. There is, of course, one time when you are justified in bringing about abortion, and that is when it is impossible for the woman to bear a child. Then get witnesses, or consult another physician. But my advice is to let it alone anyhow. If, however, you must have to do with the case, let it be understood that her anatomical condition will not allow her to give birth to a child. This is the only case where abortion is justified.

One day a lady went to see an osteopath about taking treatment. She said to the osteopath, “Pardon me, but are you a Christian?” This happened ten years ago. The lady osteopath was rather surprised and somewhat indignant. She said, “I understand you to say you had been ‘doctoring’ before you came here with an M. D. When you went to him, did you ask him if he was a Christian?” The lady said, “No.” “Then,” said the osteopath, “You have no more right to ask me if I am a Christian, than you did the medical doctor.” The lady begged her pardon and left.

Another case: A lady came in to see the doctor. She said, “I have come to see about taking treatment from the doctor of theosophy. The doctor told her that she practiced Osteopathy. “Why it’s the same thing, isn’t it?” she asked. Then the doctor had to explain the difference between theosophy and osteopathy. This woman was only one of many.

Then you will have them come in and tell you “Now, doctor, if you can cure my case, it will be a big feather in your cap.” How will you meet this case? The woman means it. She is not trying to work you. She believes that hers is the most extraordinary case ever brought before a doctor, and that if you can cure her, your fortune is made. I always tell them, “Well maybe so, but I have several cases made of those feathers. But I will treat you just the same and do my best.” That satisfies them.

Another person comes and says, “You must cure me doctor, for there are several friends who are watching my case.” Make about the same answer and tell her that you treat all patients to the best of your ability. Tell her that you are pleased to know that other people are watching her case, but that you do the same work whether anybody is watching or not.

A farmer out in Nebraska, came to my office one day, set down his grip and said he wanted to see the doctor. I told him I was the doctor and gave him a chair. I asked him what was the matter. He looked at me and then answered, “Well, I came here to have you tell me what is the matter.” This happened several years ago, when I knew more than I do now. I said, “Well, I will do that. I don’t generally do it, but I will this time.” Step into this room and take off your coat and vest. When he walked into the treatment room, I watched his gait. That indicated nothing. I had him sit on the table, and examined his spine. I found a few irregularities and some sore spots. When I got along into the splanchnic region, he flinched a little, and as I went further down to the eighth, ninth and tenth, there was general soreness. The lumbar region was also irregular. I examined his eyelids, shook my head very wisely, looked at his tongue, then looked at him a minute thinking deeply. I said “Mr. ——, you have a bad case of stomach trouble. You have liver trouble, you have headache, a lame back, and constipation. These are the main troubles. You may have some minor symptoms, but these are the main ones.” He eyed me a moment, and said, “How the devil did you know all that?” I told him that it was the simplest thing in the world. I said, “We know that the nerve to the stomach comes from here, and I know that your liver is sluggish because your eyeballs are not clear, and I know further that your stomach is out of order because your tongue is coated.” He said, “Well, you have struck it right, I came in for stomach trouble.” Now of course I knew that stomach disorder causes constipation, which in turn brings on headache. You will meet with these cases. They will come in and ask you what is the matter with them. You have to fish around, but if you work it rightly, you will get a line on their malady.

Quite a number of years ago when I first went out, I was called over about seventy-five miles from Sioux City to see a bankers’ daughter. I found her lying on her back in no very great pain. The doctor was feeling her ox bile. He had said she had “Pott’s disease of the spine.” She was very anemic and weak. She had had to leave school, which was quite a disappointment to her, as she was about to graduate. Her parents were much concerned. I examined the spine and found it posterior. I found no symptoms of Pott’s disease. The coccyx was very sore and I found that she had ridden a bicycle, and had had a fall from it. She had not told anybody this. I arranged to treat her and had her to leave off taking ox bile. I got her up in three weeks. I treated
that girl six weeks and attended the graduating exercises in which she took part. She has since graduated from a normal school, and now is married and has children. This was simply a case of mistaken diagnosis.

I was called out one Sunday morning by a lady whom I had treated before. She was a singer in a church. She had to sing a solo that morning. She 'phoned me to come to her house. She said, "You have got to fix me, doctor." I told her I could not do it. She said, "Well, you have to try anyway." So I got busy, and must have worked on her an hour. Fifteen minutes is my limit, generally. I guess I loosened up every muscle in her neck. I would treat her about five minutes and let her rest five, and did this for an hour. After I left, she got up, dressed and went to church and sang better than she had for three months. What I had done was to increase circulation to her throat and free the vocal cords, but the condition returned. Relief was only temporary. Sometimes you can do this and sometimes not. I have had singers of opera companies come for treatment, but I am not invariably able to help them.

Now I will speak to you about some surgical cases. A woman had had a stoppage of the bowels and had had another osteopath treat her. They had kept this other osteopath four or five days, when he had to go back home, but the patient's bowels were open.

When I was called in, she had developed an ovarian abscess. Her sister warned me that I would find a very sick woman. She said, "If you think she has consumption, do not tell her."

I went in. The lady was lying on a couch in extreme pain. I located the pain and commenced to treat her. Finally she broke out, "No, you can not do any good. I must have morphine. I must have morphine." Of course I had no morphine. Her husband asked if I had brought any. I said no, but that if they would be patient, I thought I would soon have the pain under control. I treated her for fifteen minutes, did not set any bones—simply "inhibited." The woman fell asleep and I stopped. I sat beside the couch and, when she woke, put my hand on her as though I had not finished treating her. She took a breath and said that the pain had stopped. I said, "Well, that is all, now. You will rest easy tonight, and if you want me again, let me know." Two nights after that, they 'phoned for me again and I went over. As I entered the room, she cried out, "No, no, you can not do any good now. I am suffering too bad. That first time was an accident; you can not do it again." I said, "Well, let us try again and may be we will have another accident. You want to be eased and I am going to stop that pain." She did let me try. Then I told them it was useless to call me only when she had these attacks. They told me that there was an abscess discharging per rectum. I had told the husband that it was a surgical case, but an operation was out of the question, as she had lost all her strength. She needed treatment first and when she was built up, we would talk about operating. He told me to go ahead and treat her. I treated her for four or five months. She got well enough to go down town. The first time I treated her, she fainted when I raised her arm, so I did not try that movement again. Her stomach refused to function properly. She could take nothing but water during the first week, had nothing solid to eat. Then I fed her a little broth. She was unable to retain anything of a solid nature. One day her sister made a dish of creamed cod-fish, and the sick woman said she thought she could eat a little of it. They 'phoned and asked me if she could do so, and I said, yes, to give her a little of the cream. I went around that night and she said she had eaten the cod-fish and had eaten a great deal.

Finally it came to the point of operation. I told her that I could do no more and that the only thing to do now was to have the diseased parts removed. They decided to have the operation. She was taken to the hospital, operated upon and went through the ordeal fairly well. I was with her during the operation. I did not attempt to treat her for the first two days afterwards. About the third day, I treated her lightly and about the end of the week, I could turn her on her side and treat her.

She, since her recovery, has not known a sick day and now weighs a hundred and sixty pounds. This was strictly a surgical case, but it could not be operated on till there was a general building up.

I was called up to a small town in Iowa one time to see a banker's wife, his son and also a minister's wife. The place was a village of about 200 people and at the time of my speaking I had been going there for about three weeks.

One day a man came to see the president of the bank to get some money to go to the city to arrange for treatment for his sick daughter. The president told him to see me. They were German and we could not understand each other, so we had to use the banker as an interpreter.

The daughter looked like a consumptive. I examined her lungs and heart, asked about her stomach and the menses. They answered that the menses had appeared for about a year and that they had now discontinued for about seven months. I told the banker that that was enough. The father said they had had three doctors to examine the girl and that one of them had said that her right lung was gone. They had given her about a year to live. She had good heart action and good
lungs when I examined her and I told her I thought I could help her. I treated her three weeks, at the end of which there was some improvement. One day she came to my office and after much difficulty in making her understand my inquiry about the menses, she told me that bleeding had occurred two days. I told her to come for another month and that, if the period came next month, she would be all right. I treated in the lumbar region from the ninth dorsal down. I treated her four more weeks, when the period occurred again, and then I told her she was well. During the first three weeks, she had gained six pounds, and when she stopped treatment, she had gained eighteen pounds.

Another similar case did not take that long. One day a man brought his daughter to us. I asked her symptoms. She was a small child. I was told that she had menstruated for six or eight months, but that the periods had stopped. Her other organs were all right, so I treated her.

Being a young girl, I did not give her the twist, but had Mrs. Ciuet to do so. This is deep pressure over the supra-pubic arch, and according to the "Old Doctor" brings on the menses. In a month this patient was well. Now her father never tires of telling about his daughter's cure, for he thought she was going to die.

In another case a lady had appendicitis. She had been told that an operation was necessary. She had another attack, she was taken sick in church, and was removed to a near by house. I was called, but could do nothing for her. I told her that there were adhesions that would have to be broken up. She was operated upon, we found the adhesions, the woman got well,—and has not had an attack since. Osteopathy could not have cured her without an operation. It is impossible in some cases to break up the adhesions, and then the only thing to do is to operate.

Another case was that of a lady whom I treated for a bad knee. I think it was a tuberculous knee. I treated,—but did not manipulate the knee, you may be sure. I advised her to come to the city and let me have a surgeon examine it. In about a month she came, but in the meanwhile she had met with an accident to the same knee while running over a crossing, and a violent inflammation had resulted. The knee was a mass of sores. The surgeon examined it and said that it had to come off immediately. He asked if there was any trouble in the groin, and she said that there was,—the glands were swollen. The limb was amputated, and the patient is well to-day.

A lady came to me from Wisconsin and wanted to take treatment. A friend of hers had a son whom I had successfully treated. This lady had a tumor. In treating her I had discovered a swelling and asked her if any one had said anything to her about it. She said, no. For one or two treatments I asked her about the swelling. I told her that swellings were called "tumors," and that this one that she had was a cystic tumor. I talked to her about it and found that she was not frightened and I asked her about an operation. She had to go home, but I told her to watch the growth, and if it got larger, to go to some city and have an operation for its removal. She wanted to know if I would stay by her if she came back. In about six weeks she returned and said, "We have talked it over and decided that it is best to have it out." I told her alright, but it would be necessary for her to have a course of treatment first. We had a surgeon to come down, and he diagnosed the case as a tumor and advised operation. We had the operation and removed a tumor the size of one's head. The patient had a temperature of only 99°F.,—none to speak of. I treated her as she was lying on her back. In three weeks, she was up and well. That was the easiest operation I have ever had.

One day when I was in the office, a big man came in. I judge he weighed about 300 pounds. He had had a fall and wanted a treatment. I examined him. He said that he was unable to stoop over, and when he sat down, he was compelled to climb up on his legs in rising. In my examination I found the left inanimate posterior. I treated him a few minutes, popped it back, and told him to get up and see if he could stoop over. He did so, finding that he could bend with ease. He asked me how it was done, and I explained to him on the skeleton. I did it all in five minutes. He asked me the price, and I told him $2.00. He was very much pleased.

Once I was called to treat a lady who had nephritis. Her face, body, etc., were swollen. Her physician had said that she could not live over three or four months. I told her that all I could do would be to relieve her. I treated her for quite a while. The swelling disappeared, the heart improved, and she went on a visit to Nebraska. I did not see her again for six months, and by that time, she was in bad condition again, and finally she died. While I was treating her, a man who had the same disease sent for me. His wife had insisted that I should see him. I examined him. He was badly swollen, and I said that I could do nothing. I told him that it was too late, that I could only ease his breathing. I treated him, but he died in about two weeks. Such cases we will meet occasionally. They are, of course, necessarily fatal.

Now I would say a final word to the Seniors about prices. I believe that I am worth all that I get. I charge $2.00 per treatment and I think
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that is little enough. A treatment is worth $2.00 to anybody who wants it and needs it. Do not take anything less, not only for your own sake, but for the sake of other practitioners. I have had patients come to me and say that they had had treatments given them for $1.00. I only say, I suppose that the treatment they received was worth a $1.00, but that I consider my treatments worth $2.00. I do not believe that I ever lost anything by this practice—I am pretty busy at home. When you go out, I hope that none of you will ever think that your services are worth less than $2.00 per treatment."

* * *

AN EXPERIENCE.

(The following was sent us by Dr. M. E. Clark.)

The other day a fat young man came into my office and asked for the "doctor." He was ushered into my private office. He said "Are you the osteopath doctor?" I said "yes." "Why, I thought that you were an older man, said he and began to explain his trouble. It seems that for some months he had had a "hurting" in his side, but within the last week it had become a great deal worse and incapacitated him for work. He had lost his appetite, was losing in weight, had a constant pain in his right side, some rise of temperature, some flexion of the right thigh, standing erect causing pain in the side—a pretty clear history of appendicitis.

He said, "It got to hurting me so that I had to quit work. I went to see our family doctor and he said—You have appendicitis and I will have to operate on you at once." He asked me a lot of questions and gave me a hurried examination and when he got through with me I was sure enough feeling bad. A neighbor of mine told me that I ought to go and see an osteopath before I let him operate on me and so I am here."

I made an examination and found considerable tenderness over the entire right side, being worse over the liver and appendix. On tracing it out, I found that the lower ribs were tender and approximated and along with this, some trouble with the corresponding vertebra. I attributed his symptoms to a strain of the right side, which more or less injured the liver. I told him that he did not have a typical case of appendicitis, but it might develop if not properly treated. I advised a thorough emptying of the colon; gave some manipulative treatment over the affected side and tried to fix his bones. He began to improve from the first and within a week was back at work.

Conclusions: Do good work and your neighbors will send you patients. Look for the cause of the trouble and treat it. Don't diagnose by symptoms. Don't ask about the other fellow's diagnosis until you have one of your own, then find out all that you can. Diagnose objec-

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tively rather than subjectively. Osteopathy is the greatest system of therapeutics in the world. * * *

(The following are copied from the April Medical World. We think them well directed and timely. They are written obviously for the M. D.'s., yet a few may apply to us.) —Ed.

"TEN COMMANDMENTS FOR THE MEDICAL PROFESSION.

1. Thou shalt not give horse medicine to a person of delicate mold or sensitive nervous system, but carefully adapt thy pills and the quantity thereof to the personal equation of thy patient.

2. Thou shalt not give so much medicine that thy victim will have the Irishman's experience of being "sick a long time after he got well."

3. Thou shalt rely for thy curative agents so far as possible on fresh air, careful diet, exercise, bathing, massage, good society, and interest in people, work, civic and social affairs, rather than on "dope."

4. Thou shalt not keep thy patients ill any longer than is necessary, even tho they are rich; but shalt cure up thy wealthy patients as rapidly as the poor ones.

5. Thou shalt make war upon disorderly microbes, but shalt not pronounce every chill malaria, nor every cold la grippe, nor every lump a cancer, nor call every pain beneath the watchfob a case of appendicitis.

6. Thou shalt do thy best to eradicate the causes of disease, and prevent illness instead of letting sickness multiply, and profiting by its increase—thou shalt aim to nip the buds rather than to pick the fruits.

7. To this end thou shalt take an active part in educational and civic affairs, in order to aid the development of a system under which children may be trained to knowledge of, and habits of obedience to, the laws of health, and in order that laws may be passed and enforced for the eradication of disease and the establishment of healthful conditions.

8. Thou shalt be as ready to ammulate old ideas when they show signs of gangrene, as thou art to ammulate the leg of thy afflicted patient or ammulate surgery on any other part of his anatomy. In other words, thou shalt not regard thyself or thy school as having a corner on Knowledge, but shalt open thy mind to the light from all quarters, and welcome an effective remedy or method of treatment, even tho it comes from another "school."

9. Thou shalt be cheery and pleasant in the sick room, for a bright presence is worth more, most likely, than thy medicine.

10. Thou shalt say pleasing things to thy patients so far as thou canst without exceeding the medical allowance and reasonable prescription of "fib," but thou shalt not talk too long at a time to thy helpless victims for fear thou mayst wear holes in their vitality."

C Still National Osteopathic Museum, Kirksville, MO
THE LATE ILLINOIS STATE BOARD EXAMINATION.

CHEMISTRY.
1. Describe Fehling’s test for Glycosuria.
2. What are proteids?
3. Name the normal constituents of urine.
4. Give the principal uses of fat in the body.
5. Define element, base, and salt.
6. What is inorganic chemistry?
7. How would you determine the amount of urea in the urine?
8. Give formula for common salt, alcohol, sodium salicylate.
9. Give chemical names for NaHCO₃, NaOH, NH₄Br, NH₄Cl.
10. Give atomic weights of Antimony, Aurum, Bismuth, Chlorine.

HYGIENE.
1. Define Hygiene.
2. What are the immediate and remote effects of overeating.
3. What are the injurious effects from lack of exercise?
4. What are the injurious effects from lack of plenty of fresh air?
5. What injurious effects from over-indulgence of use of tea, coffee, alcohol, and tobacco?
6. What diseases may be communicated by food?
7. What diseases are water borne?
8. What diseases may be communicated from animals to man?
9. What occupations or trades predispose to disease?
10. Give general rules to prevent the spread of contagious and infectious diseases.

ANATOMY.
1. Name the most important divisions of fibrous connective tissue.
2. How do the two auricles communicate with their respective ventricles and how do they communicate with each other during the greater part of fetal life?
3. Where are the colorless blood corpuscles or leucocytes formed?
4. Where are the parietal bones situated, and with what do they articulate?
5. Name the segments of the hands and how many bones in each segment?
6. What ligaments connect the Særum with the ischial bone?
7. Give the origin, insertion, action, and nerve supply of the Sterno Clido Mastoide Muscle.
8. How is the Basilar Artery formed, and how does it terminate?
9. Give course and branches of the External Ima Artery.
(10) To what part of intestines are Brunner's glands limited? Where are the solitary glands most numerous? Where are Peyer's glands most numerous?

**Physiology.**

(1) Tell what you know about color blindness.
(2) What is the function of the cerebellum, of the cerebrum.
(3) Discuss body heat.
(4) Give histology and function of the kidney.
(5) Discuss gastric digestion.
(6) Discuss the blood.
(7) Describe the liver, and give its function.
(8) What are the functions of the pneumogastric nerve?
(9) Give origin, course, and function of sciatic nerve.
(10) State the factors active in maintaining respiration.

**Histology and Pathology.**

(1) Describe the Malphigian Bodies.
(2) What is the difference between the Pancreas and the Parotid gland?
(3) What are Bartholin's glands?
(4) Describe Aqueous Humor and Vitreous Humor.
(5) Describe the Portal Canal.
(6) Describe pathology of Progressive Muscular Atrophy.
(7) Describe formation of cicatrical tissue.
(8) Describe the formation of pus.
(9) Describe traumatic inflammation, toxic inflammation, and give example of each.
(10) Give pathology of cirrhosis of the liver.

**Symptomatology.**

(1) Signs and symptoms of Acute Enteritis, Acute Diffuse Peritonitis, Hepatic Colic, Renal Colic, Strangulated Hernia, and Intestinal Obstruction.
(2) Signs and symptoms of Catarhal Stomatitis, Ulcerative Stomatitis, Parasitic Stomatitis, Gangrenous Stomatitis, Mereural Stomatitis.
(3) Signs and symptoms of fracture of the neck of the Femur.
(4) Differential diagnosis of coma due to fracture of the skull, opium poisoning, alcoholism, uremia, apoplexy, pachymeningitis hemorrhagica.
(5) Signs and symptoms of hypertrophy of the heart and name conditions which may be mistaken for hypertrophy of the heart.
(6) Signs and symptoms of lobar pneumonia.

(7) Signs and symptoms of acute Anterior Poliomyelitis.
(8) Give cardinal symptoms in primary, secondary, and tertiary stages of Syphilis.
(9) Signs and symptoms of Progressive Pernicious Anaemia.
(10) Give cardinal signs and symptoms of Carcinoma of the Liver.

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The following very pretty appreciation was sent us by Dr. Daisy E. Washburn, to whom it was addressed by a grateful patient.—Ed.

**The Harvest.**

I bring thee apple blossoms, Friend of mine,
Their fair, pure faces radiant with the flush
Of Nature's ruddy wine:
Meet tribute they to her, whose Art divine,
Recalls to wan, white cheeks life's healthful blush,
When erst, disease had vanished.

As down to earth in May-time's rosy rain,
Each year the tender petals softly fall,
While overhead remain
The blooming hope of fruit,—so too from all
To whom thy hand hath brought relief from pain,
Fall fervent benedictions!

With us remain the fruits of thy blest Art,
To ripen slow in bounteous, crimson store,
Rejoicing many hearts;
But when the King shall call thee to depart,
Thou'lt find, in glad surprise, the fruits we bore,—
Treasured for thee in Heaven.

Then take my Apple-blossoms, Friend of mine,
Their fair, pure faces luminously flushed
With loving, joyous greeting!
Each bears a secret from my heart to thine,—
Its perfumed thanks it breathes, 'mid silence hushed,
In benediction tender!

—**Mrs. Mary Norman Evans.**
THE BULLETIN
OF THE ATLAS AND AXIS CLUBS.

GRANVILLE B. WALLER, Editor.
HOUSTON A. PRICE, Business Manager.
MISS FRANCES PEARLE SAUNDERS, Reporter for Axis Club.

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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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KIRKSVILLE, MISSOURI, APRIL 1908.

EDITORIALS.
The Mutual Admiration
A student of some acumen, who has given much attention to human nature, has said that all society, and its great achievement has been the effect of, "The Mutual Admiration Society." All that that may mean to us as a profession, we do not claim to know, but we do believe that it very probably means a great deal. Surely it is no excuse for lauding one's mistakes, that he is a member of your profession or your club,—rather should you be heroically ready to purge your own of whatever dross there may be in it, for the wellbeing of the whole. The editor's deep belief in this view may explain or defend him in some of the things he has said or is to say. But it also emphasizes our readiness to stop and utter congratulations whenever we have appropriate chance.

We believe in this mutual admiration society, and so repeat the following from a recent letter: "*** Our Brothers in California are doing their duty, as evidenced by the fact that W. W. Vanderburgh is president of the state association, L. R. Daniels, treasurer, while of the county association wherein the writer resides, J. W. Allison is president, and "yours truly" is holder of the bag. Evidently we are an honest lot, for Brother Ernest Sisson, who is one of the two osteopaths on the state medical board has just been elected treasurer of it."

Besides this we would add mention of the honor shown to Brother Holland in his election to the presidency of the Indiana State Medical Board, and the journalistic evidence of high esteem for Brother Shackleford at the time of his removal from Nashville. This, of course was in "Bob" Taylor's magazine, and the senator's friendship for Osteopathy is no new thing to us, but aside from this, there is the fact that a public endorsement of a particular practitioner, involving an endorsement of his profession as a matter of course; has occurred in what is, the only magazine in the South! We heartily congratulate both of these gentlemen upon what is most certainly deserved recognition.

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Delinquents. Both the Atlas and Axis Clubs have voted to publish a complete list of all those of their members, who have failed to respond to our repeated requests that they pay their dues. These have been long delinquent in some cases, and there seems little for us to do, but to suppose that there must be a corresponding lack of interest on their part in the club, and in all that it wishes to do,—and needs your aid in doing.

Assuredly it is a most unpleasant thing even to think of doing, and we sincerely hope that there will be few indeed whose negligence in this matter will finally make necessary this way of drawing attention to your bill. We do not mean to say that every one so published will be thereby disgraced, for it is not the intention of the Club to work any such leverage on any of its members, but we realize that nobody wants his name to be put down anywhere as a delinquent on any account. We merely insist upon success in our efforts to attract your favorable attention to what we know you gladly recognize as both an obligation, and a pleasure.

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Should We Copyright? The following is a portion of a letter from a "devout" field member: "*** A matter which should receive our attention is the taking of steps to make it impossible for an outsider to wear a gold Atlas. A certain—"noble skull and I found the following in the minutes of November 3rd, '00, but no further reference to same in any subsequent minutes, "moved Straight, seconded Paul that Brother Normen be asked to look up information as regards copyrighting our pin." Perhaps some of these fellows could throw some light on the subject. However they do not appear in our club directory (a most valuable book to the field members, say I) so I presume that they are now without the feld."
This seems an excellent idea, and it finds significant emphasis in the fact that these "brothers" are at least, as such, "no more."

Sometimes it happens that a member resigns and, if he does not choose to give up his plan, we have no redress before the law, such as we would have, if we could say that he had no right to purchase, or have made a reproduction of the Atlas bone in gold.

***

Post-Graduate College Views. We are in receipt of a letter from Dr. E. R. Booth, the chairman of the council of the A. T. Still Post-Graduate College, in which he says: "I am sorry you saw fit to reprint the editorial from the Journal of Osteopathy relating to the Post-Graduate College. I have written Dr. Fiske with reference to it and hope he will make a correction in the next issue of the Journal. You will find a full report of the A. O. A., for October, 1906, pages 33 to 40. As a graduate of the A. S. O. and member of the Atlas Club, I am very sorry indeed to see such statements made, and in the name of justice and fair play, I hope they will be corrected."

We are glad to say that, having duly made the attempt, we can not find that we are in the wrong. "Justice and fair play," we must all try to stand for, since it is becoming more or less of a fact that the man who does not "stand" for these things, is, in intelligent communities, ceasing to "stand." It is needless to repeat that Justice is blind, and that, God-like, she is no respecter of persons. Then in her name, let us say again that the sufficiently meagre resources of the osteopathic profession, need no scattering! All the conserving of strength that union of our forces will mean, all the immolation of self that this in turn may cause, we fear is going to be necessary, just as we are sure that it will be well worth while; for the established well-being of our cause.

We can not but feel that the building of other osteopathic colleges, however different they may be in scope and plan, from those that we now have, is an unnecessary waste of the "raw material." No one feels prouder at the mere mention of a Post-Graduate College than we do, but just as we are proud of the prospect of such a thing, so are we jealous of its future.

We would wish to see this school established as soon as possible; we would wish to see it built upon the bed-rock of the profession, out of the tried steel of the profession—a structure that would stand indeed!

If this seem unintelligible in relation to the plan for the Post-Graduate College, as Dr. Fiske remembered it was intended to be, let us be reminded of the saying—"As is the teacher, so is the school." Then the first and greatest thing to be sought is the Mind of the Man. Men who can and will think on our research work. And then when we find them, maintain them! They will be the best Post-Graduate College we can, or indeed, for a while need to hope for. In conclusion, of course we will be pardoned for loving our own school, as we came to it and have remained with it, confident that it was the best of its kind; so we would like to see this school identified with the A. S. O. But that is a thing incidental—the whole principal for which we would speak is that of economy. Let whatever may be the poorest equipped of our already established schools be selected as the residence of the post-graduate college, and our point is made.

It is—Conservation—as opposed to—Dissipation, and the latter, neither man nor institution can withstand.

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ATLAS NOTES.

March 28th being the appointed date for, "program evening" the Club enjoyed the following numbers:

Instrumental Solo ........................................ F. M. Turner
Vocal Solo .................................................. C. B. Morrow
Address ..................................................... Dr. F. G. Cluett
Address ..................................................... Dr. R. H. Nuckols
Vocal Solo ................................................... A. Z. Prescott

Dr. Cluett's address appears in the first part of this issue.

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DR. NUCKOLS' ADDRESS.

Brother President and Fellow Osteopaths: I had not thought to speak to you tonight, but I will say that, while I have been out in the field, I have always found osteopathy well taken.

There will be times when you will not know what to do, and when whatever you do, people will talk. The greatest drawback is that people do not know what osteopathy is. They cannot distinguish between osteopathic manipulations and common rubbing.

I had one experience with a medical man, in a case of pneumonia. The patient was a painter and paper-hanger, twenty-four years of age and of good constitution. In the morning he went into the country about six miles from town, and while there, was taken with a chill. His partner laid him on the floor and covered him with a horse-blanket, and when I saw him, he had been there all day. At ten o'clock that night, his temperature was 105 degrees. That was Tuesday. I treated the case very attentively, and everything went well till Sunday, when I called in a medical doctor. I expected to have trouble, for it was a bad case. The patient had shown symptoms of heart weakness, and I had
told the family that it was a critical case and that I would like for them to call in one else in consultation. They called in an M. D., who had pretended to be a friend of mine. He had offered himself before this, so I sent for him. He only said "You have a pretty bad case." He went into the other room with the family for the consultation, and told them that he would take the case, with the proviso that, if the patient got well, the credit would be his; but that, if the patient died, the credit would be mine. When the doctor left, I told the family that, if my treatment did not suit them, they could get someone else. That is the worst trick any M. D. ever played upon me. Most of them are gentlemen, so long as we act the gentleman with them.

I will tell you of a case of hysteria that I had. This disease is one that is hard not only on the patient, but on the family as well, to say nothing of the doctor. One day I was called to see a lady who had this disorder. Her brother came after me and on the way to the house, I learned quite enough of the case to have an idea of what it was. When I arrived at the house, the family were standing around the bed and they told me that, "it was too late." I felt her pulse and found that her heart was alright. But she also insisted that it was too late, and that she was going to die. I said, "Well, we are all going to do that." She then sang a hymn, and immediately stiffened out straight and said "good-bye" to the family who were all gathered around weeping. They were more annoying to me than was the patient, so I put them to work getting water, and such things. I had her to drink and in a little while, she was alright. In the meanwhile, one of the family had telephoned to the father, who was out of town at the time, saying that her daughter was dead. Of course he started home at once, but as the daughter did not die, he had a pleasant surprise, in finding her alive.

Some of Dr. Cluett's cases have been striking, they have, doubtless been interesting to you all. You will find that a great many osteopaths make missteps. You may find, perhaps, to your bitterness, that as long as you "step right," you will have "friends," and when you make a misstep, that you have less friends than you knew.

NATIONAL ORGANIZATION.

(From a letter written us by Dr. Ernest A. Plant, we append that portion which relates to the above subject.)—Ed.

"*** I am quite certain that the time has not yet come for the establishment of chapters in any of the other colleges. Alumni chapters, I think there ought to be provision for, so that they could be formed when desired by the brothers in the different cities or localities.

The coming August home-gathering will be the time, "par excellence," to do things and I hope I can be there to help. I was the representative of the active chapter, 1904, to the A. O. A. Convention, and these matters, gone over then, were referred back to the club through me, but the whole thing was so complicated that we voted to again put matters in the hands of the field men at Denver the following summer. This was, I think, at the December, '04, or January, '05, meeting after the late Noble Scull, W. C. Stevenson and myself had spent many hours a week hunting up back records of Club proceedings. At Denver it proved impossible to get anything done, and this was evidently so also at Put-in-Bay and at Norwich.

I heartily agree with Brother Ivie of Berkeley as reported in March "Bulletin"—the by-laws should provide for a national or field chapter whose officials should arrange for a gathering at the time of each annual A. O. A. meeting, so that never again can the word "nothing doing" come from the Atlas men there attendant.

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Program of April Eleventh.

Instrumental Solo—(Guitar).................. F. G. Carlow
Vocal Solo................................... J. A. Garda
Address.................................... Dr. H. W. Malthy
Instrumental Solo—(Cello).................. Herbert Irwin
Case Report.................................. K. W. Shipman
Case Report.................................. M. W. Stearns

Dr. Malthy's Address.

I am not prepared to give you what could be called a "speech" tonight, but I will give you a few of my experiences while in the field. I first selected a location in Colorado. I am not superstitious, but I had my fortune told just before graduation, and the fortune teller told me I would find my practice in a state north of Iowa, so when a friend handed me a letter in which a practice was offered for sale, I bought it on the strength of the old lady's statement.

I have had a few fails with blackmailers—people who try to get the best of you. Most of us meet them. In one instance in particular, I was called to see a girl whose case had been diagnosed as appendicitis. She was seventeen years old, but appeared to be twenty-five. After the second treatment, I felt that I had not fully examined the case, so I advised a local examination at the next treatment. Two days later, she came to my office alone for treatment, and when I got through treating her, I asked if I should give the local examination. My office girl was
The patient's consent was given, and I examined with the index finger, found what I expected—an enlarged right ovary, and it took only about two minutes. She did not come back. I saw her on the street a few days later, and asked her how she felt. She said, "Fine. All right." I saw her father a short time after having sent him the bill, and he said, "I have been advised to bring suit against you for opening up my daughter without our permission." I was up against a proposition, and I told him that his wife had not said to me not to make examination. We talked a while, and I was getting along poorly, but finally he said, "Perhaps a little reduction on this bill will settle it." I said, "All right you pay me what you think is coming to me, and I will give you a receipt in full." He said, "Well, how would $6.00 suit you? He laid out $6.00. I receipted the bill, which was for $7.00. $1.00 saved a suit! I was fortunate. A girl that age ought to have had her parents with her.

Now another case that came to me. A big girl weighing 175 or 180 pounds, red hair, broad shouldered, and freckled, came in, and said, "Doctor, I have been raped." She wanted examination; I refused. I asked her about the man that had raped her, and she said he weighed about 125 and was small. She went over to an M. D.'s office; he took up her case and inserted a sound, and suit was brought against him. He paid her $300 to keep it quiet, but she didn't do it; for it got out.

The safest policy is to collect of your patients as you go. Get the money in your pocket. A great many doctors count the treatments they give at so much per treatment. They have not got the money. You have got to be a good business manager to keep up your collections. It is a cash proposition. They say it is easier to make collections in the city than in small places. I have put up in my office, a card:--"Examination, $2.00. Examination and first treatment following--$3.00. Monthly treatment--$25.00 in advance." A great many people ask for examination, see my sign, and ask, "Doctor, do you charge for examination?" "Yes." "Well, I will be in again tomorrow." I never see them again.

We often come across things we have to do in practice that we do not like to do. Here is a case of a young girl quite well to do; her parents both dead; she was hysterical—in fact we thought she was hysterically insane at times. She was twenty-five years old. I had succeeded very nicely in doing away with her hysterical spells. She was in love with an old bachelor. Finally, she ceased taking treatments. I was called to her room at nine o'clock one night, and found her in trouble. She told me she had become pregnant. The old bachelor had drugged her with wine, taken advantage of her, and she was three months along. If severe punishment ought to be given to men, I think it should be for such a crime as his. I think castration is a good reward for such. I thought it my duty to take the case up. They had arranged to go to Minneapolis the next morning, where they were to have the child aborted and then be married. I thought he ought to marry her before, so I told her to refuse to go, which she agreed to do. She telephoned him, and refused to go; I asked her if she wanted to marry him; she said yes. I told her to stay in her room the next morning, and not to leave. I got two lawyers and told them the circumstances, and later brought the girl to their office. This bachelor had been so disreputable that he had tried to bribe traveling men to get with the girl, but they could not do it. We made the man marry the girl. They have a fine boy now, and are very happy. This man would never have married her, if abortion had been performed. We must stand against everything dishonorable, and stand for everything honorable. You will be surprised at the cases that will come to you in the line of performing abortion. It is surprising the number of physicians catering to that trade. If an osteopath loses a case of abortion, he will certainly travel over the road. If we stick to Osteopathy, and select a good location, we are going to get good results.

A great many osteopaths put in X-Ray machines; they have a good effect but you don't need them. Patients coming to you want Osteopathy; they don't want a lot of accessories and a cabinet full of physical laboratory apparatus. Osteopathy will do the work. You can go right into a case of smallpox, diphtheria, etc. Let me tell you one thing; I have had fifty or sixty cases of appendicitis. Men die every few days in the hospitals, being operated on for appendicitis, but people do not notice it. Just one case lost by me, was known throughout the country. Remember one thing; a case well diagnosed is half treated. You will feel your weakness in diagnosis. If you make a mistake, you are criticized more severely than are the medical practitioners.

I am a member of the A. O. A. but it amounts to as little as any association I ever belonged to, because when one of our osteopaths gets into trouble, they do not rally around him like the M. D.'s, do amongst themselves. In St. Paul, Dr. Young was arrested. The osteopaths around that city did not like him. I wrote him immediately to draw on me for any amount of money he needed. He narrowly escaped having very serious trouble, but few others of his profession offered him any aid. Now do you call that osteopathic fraternity? I certainly do not.

Osteopaths do not stick by each other. Their failure to do so is...
going to weaken our profession, more than anything else. How many M. D.'s, get into trouble? Their association protects them. It's every fellow for himself, with us. When you have an opportunity to join an association, you should join it, and get to work at once. Stick together. Osteopathy will be in more danger in the next ten years than it has been in the last ten years. Work is now being done by the M. D.'s that is going to hurt us, if we do not safeguard ourselves. We want osteopathic boards of our own. We may have laws in many of our states, but we do not know that we are going to keep them. We must keep constantly on the alert. We have made rapid strides. Osteopaths are settling down with a feeling that their future is sure, but it is not so in my opinion.

Some cautions are: do not attack the medical practitioners—by so doing you lower your own professional dignity; carefully select your friends; keep all professional secrets; also be careful as to diagnoses and particularly, prognosis.

Mr. Shipman's Case Report.

"I know that there are many members of the Senior class that can report more interestingly than can I. However, some of the common things may be as helpful to you as are the things uncommon.

The case that I want to report was a clinic some time ago. The subject was twenty-nine years old; had been treated by M. D.'s, for some time for sciatica; and previous to his coming here, had received treatment in a sanitarium in St. Louis. The lesion in his case was a posterior innominate. The doctor had recognized something wrong in the relations of the bone, and had attempted the reduction of the lesion by the use of splints. The case was not hard to diagnose, the patient, when he first came, could scarcely walk. There was soreness along the course of the sciatic nerve, but the only lesion discoverable was a posterior innominate.

I have treated him three times a week. Yesterday, I gave him his last treatment. He will leave town tomorrow.

Pain and a great deal of tenderness were relieved by six treatments, but there was some limitation of motion in his hip joint. Sometimes, after treating the case, I could hardly find any difference between the two innominate, and then again, after working with him a little, I would find the innominate quite posterior. It seemed to have a habit of getting out of position. Yesterday, I reduced it almost completely, but not quite. I treated the hip vigorously and rotated the limbs by circumduction, also getting as much abduction as possible. During the time that I treated him, I also treated two other cases of posterior innominate, one a lady, the other a man, who was completely cured. The first case was interesting to me on account of its general nature. Probably most of us will be treating sciatica from posterior innominate, after all other methods have failed. I will add that there was always trouble when the innominate was posterior. A treatment of the hip seemed to have a tendency to displace the innominate, so in treating him, I would work on the innominate the last thing. The lesion in this case is not yet completely reduced, but I think it can be, if treatment will be sufficiently prolonged."

Mr. Stearn's Case Report.

If there is anything that I like better than being quizzed in class, it is to get up and try to interest people by my talking! The chairman of the program committee came to me just before 8 o'clock this evening, and told me that he was, "up against it," for a speaker. The man he had engaged could not be present. I was chairman of the program committee myself last term, and appreciating his position, I said I would give a case report, if that would help him any.

The case that I wish to report is that of a woman forty-two years old. Two years ago, she came here, and was treated mainly by Dr. Stevens. The case was diagnosed as spastic paralysis. I got a member of the faculty to examine her, and from the history and symptoms, of the case, thought it had been correctly diagnosed in the beginning. The symptoms upon which the diagnosis had been based, were as follows: Exaggerated reflexes, spastic and slightly atrophied muscles. There was some drawing of the muscles and inability to move the limbs. Upon examination of the back, I found it to be very rigid, and there was a break between the fourth and fifth dorsal. There was history of injury from a fall from a horse, which, "at the time," caused a slight numbness in the right side. She recovered from this, and about seven years ago, began gradually to develop the symptoms which I have mentioned. They became first noticeable after the birth of a child. After I had treated her a few weeks, her symptoms changed somewhat, and I thought that there might be some mistake in my diagnosis. I called another member of the faculty, and told him of the changes noted, and upon examination, he called it hysteria.

The changes I referred to were about as follows: If I manipulated and massaged the limbs for a while, the spastic condition would entirely disappear, the limb becoming flaccid. If I treated her in the evening, she could, with my help, walk quite a little, but, if I treated her in the morning, she would not be able to take a single step after treatment!
Another peculiar thing; sometimes, when walking, her limbs would give way, and in spite of anything I could do, she would drop to the floor.

I treated her for about two months, and she improved considerably, getting so she could take quite a number of steps alone. I told her that I would get a rope and fasten it from one end of the room to the other so that she would have something to hold to.

The next evening I saw her, she was in a bad way, no better at all than she had been when she had first come in October!

It took three weeks to recover from this “backsliding.” There were some more symptoms worthy of mention: In the color test, she would see “blue,” before “red,” which is a symptom of functional trouble. In testing for anesthesia, by using first the point and then the head of a pin, asking her to tell which end it was, she would answer about half of my questions correctly. She had a very marked hysterogenetic spot over the right ovary. It was so sensitive that, if any pressure was exerted upon it, it would cause the leg to flex so strongly upon the pelvis that it was with difficulty that it could be straightened.

About the first of March she went home and a few days ago, I received a letter from her, saying that she was getting along slowly, but improving all the while.

* * *

Initiates this month:

Dr. Harrison W. Maltby, of Mankato, Minn., was a high school graduate and was later a druggist. It seems that he had always intended to be a physician, but...use the doctor's own words it was due rather to the advice of a “good father” that he studied Osteopathy. Dr. Maltby was graduated from the June, '01, class of the Des Moines school and has since been a successful practitioner in Mankato, Minn. He is not taking the Post-Graduate course in the A. S. O.

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Edmund H. Parker of Carlinville, Ill., has a high school education. Like many of us he was led to study for our profession by witnessing the good effects of treatment in his own family.

ATLAS FIELD NOTES.

The following unusually interesting field note is taken from the Taylor-Trotwood Magazine of Nashville, Tenn.:

“AN OSTEOPATHIC PIONEER.

“About the first of last December, there went from Nashville to St. Louis, the first physician who ever practiced Osteopathy in the State of Tennessee. And this pioneer is by no means an old man. On the contrary, he carries but thirty-seven years. Yet, what he has accomplished in his profession, is worthy of a much older man.

Dr. J. R. Shackleford was born in Lewis County, Missouri, in 1870. Like three-fourths of the prominent business men, he was reared on a farm, and began his education with a blue back speller, seated on an old field school bench, swinging his feet at the floor. Passing from here, he completed his literary education at the Christian University at Canton, Missouri. Now, in those days, Osteopathy was a strange and weird thing. The only paths the sick and afflicted ever thought of taking, were the allopath and the homeopath, and even the homeopath with his infinitesimal doses, was looked upon with deep suspicion, and alarm. The folks wanted something that would soothe them, shake them up; a dose they would have to tip toe to swallow. And to be merely rubbed by an osteopath—for sooth. The moral of this digression is that it took, in those good days, an independent spirit to break away from the accepted order, and embark upon the new and untried. So, we find the doctor in June, 1897, graduating from the American School of Osteopathy, at Kirksville, Missouri, a full-fledged osteopath. With the same pioneering instinct that led him to choose his profession, he deliberately settled in a city, and state where his profession was not recognized by law.

But upon the advent of the doctor in Nashville, there came a radical change. It was largely through his influence that Osteopathy was legalized in Tennessee. He drew many friends about him both personal, and professional, among whom were Senator Robert L. Taylor, John Trotwood Moore, and others. He was appointed by the governor as president of the first State Osteopathic Board of Tennessee. He organized the Tennessee Osteopathic Society, and became a member of the Nashville branch. He is a member of the American Osteopathic Society. In brief, he was boldly to the front in everything relating to his profession in his adopted state.

Perhaps the strongest reason why he ever left the city of Rock is because of his marriage to Miss Illinski, daughter of the late Dr. Illinski of East St. Louis. At any rate, St. Louis called him, and he moved back
to his native state, to the big town on the Mississippi, and he is now located in St. Louis, Century Bldg., Suite 1063.

We feel that the enviable record he made in Nashville will prove but a forerunner of a still greater success in his new home.

The one boast the doctor makes of all this noteworthy career is an exceedingly humble one; he says that in the past and at present, no one ever came to him for treatment and was refused, whether he had money to pay or not. Perhaps that is why his career was possible.

Aside from his professional attainments, the genial doctor was always popular, and this article is frankly in the nature of a Nashvillian "good-by" to a departing friend.  

Dr. Ada Gordon Walmsley of Peterborough, Ontario, recently moved into a handsome suite of rooms in the Bank of Commerce Bldg. Dr. Walmsley was a former editor of the "Bulletin."  

Dr. Johnson and Slaughter, of Webb City, Mo., have dissolved partnership. Dr. Slaughter remains at Webb City, while Dr. Johnson is now located at Greenfield, La.

Drs. Young and Youngquist, Auditorium Bldg., Chicago, have dissolved partnership. Dr. Youngquist will retain the present offices.  

Dr. J. E. P. Holland of Bloomington, Ind., has been elected president of the Indiana State Medical Board.  

Mr. B. R. Sprague, who was compelled to drop out of the '09 class, A. S. O., on account of weak eyes, has lately been forced to give up a position which he has held meanwhile, with the "Santa Fe" in California. He is taking treatment and also attending lectures at the Los Angeles School. We hope he will be able to carry out what we understand is his purpose—to re-enter the A. S. O. next year.  

Dr. Wilkins, of Connecticut, is, as she expressed it, "here for repairs." The "Old Doctor" reduced a lesion of a second rib, which had caused trouble for a long time, having resisted all former attempts at correction.  

Dr. Wilfred P. Snare, Golden, Colo.: "After receiving my "certificate," from the Secretary of the State Medical Board, some correspondence ensued between the secretary and myself relative to the privileges and duties of an osteopath in the state of Nebraska. And he has sent me official quotations from the Nebraska law, which it has been suggested that I send to osteopathic publications, so I have sent the facts to you.

According to quotations, an M. D. is required to do creditable work in a school of recognized standing for a period or course of not less than three years of nine months each. An osteopath must do creditable work in a school of recognized standing for a period or course of not less than three years of nine months each.

In short the requirement for osteopaths is three years longer than is that of the M. D.'s.

Further, it costs the M. D. $10.00 to get his certificate, while the osteopath must pay $25.00 for his!

In that state, we are permitted to practice, "Operative Surgery," yet they examined me in both minor and major surgery just as if I were being examined as a medical surgeon!

Give greetings from me to the "boys," especially to those remembering, "Snare."  

Dr. R. T. Dowel, Paterson, N. J.: "Enclosed find dues for coming year. The same sent gladly, as the pleasure derived from reading the "Bulletin," more than repays; besides, the added pleasure of knowing that I am an Atlas member in good standing. This means more than some of our members think. Often I have these questions asked me, "Are you from the A. S. O.?," and, "Are you an Atlas man?" both of which I am pleased to say, "Yes."  

Dr. J. P. McCormick, Greenville, Pa.: "Wishing the Atlas all kinds of success. I would like to be there on Saturday evenings. The "Bulletin" is good. I say let the good work go on. If there are any who can find the lesion, it is the Atlas man—they are all good osteopathic timber. Lesion osteopathy is the kind to look after."  

Dr. Arthur S. Bean, Brooklyn, N. Y.: "Glad to hear the good reports from the Club. Many times I have reminded with much pleasure, of A. S. O. days and the fact that the Club furnished many pleasant occasions while there, and also gave me many fine friends—forever. Success to you all. Wish I could run in to see you on Saturday night."

Dr. Charles S. Fisher, Milwaukee, Wis.: "I couldn't get along
without the “Bulletin,” as it is almost as good as personal letters from the members. With best wishes to all.”

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Dr. F. Myrell Plummer, Orange, N. J.: “Best wishes for the future of the Club, and a kind remembrance to all the “boys.”

* * *

Dr. W. E. Owen, Hoosick Falls, N. Y.: “* * * My best wishes to all the boys and the Club.”

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Dr. Ambrose B. Floyd, Buffalo, N. Y.: “Greeting: Have just returned from my trip to Jamaica, where Mrs. Floyd and myself spent a most glorious March. Beautiful weather, delightful climate, superb scenery and a thoroughly enjoyable trip.”

* * *

Dr. Wm. A. Cole of Dubuque, Ia., visited us for a week or two this month.

* * *

Dr. R. McRea Echols, Winston-Salem, N. C.: “I am sending you under a separate cover a copy of one of our local newspapers, The Winston-Salem Journal, in which is printed the article written by the “Old Doctor” for the January Ladies’ Home Journal. There was no charge made for this insertion, the paper accepted it as a scientific article which the management considered of general interest to the public, and it has been, for it has put the people to thinking, talking, asking questions, and a few have been converted and have enlisted on the side of Osteopathy.

Give my kindest regards to the Atlas boys. Hope to meet you all this coming August.

* * *

Married—Mr. F. B. Flemming, Atlas, ’09, to Miss Lorena Low of Solomon, Kan. The marriage was performed by Dr. Templeton on the afternoon of Saturday, April 4th. The bride is a member of the Freshman class.

* * *

Married—At Bradford, Ontario, Canada, April 21st, 1908, Dr. Annie E. Bell, Axis, ’07, to Dr. Wm. F. Hilliard, Atlas, ’07, of Haileybury, Ontario, Canada.

* * *

Died—At his home in Portland, Ore., on March 23rd, F. H. Lacey, in the 85th year of his age. Mr. Lacey was the father of Brother H. N. Lacey, to whom we wish here to extend sincere sympathy.

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AXIS NOTES.

Wednesday afternoon, April 15th, the members of the Axis Club were entertained by an address from Dr. H. W. Maltby, and some vocal selections by Miss Conger.

Dr. Maltby is located at Mankato, Minn., but is here at present taking a post-graduate course.

Only a few extracts from his address are given here:—

He congratulated the club ladies upon their success as a club and spoke of the benefit derived from being a member of such an organization and the pleasant associations which he said would be long remembered.

He advised the Senior students who would soon be leaving here to be careful in choosing locations and careful in selecting office rooms.

Some will find it necessary to make a change perhaps—but others will be fortunate enough to locate in the right place in the very beginning of practice.

Many good buildings in some places are not obtainable by osteopaths on account of the activity of the medical practitioners, but get the best location in town if you can, and read your leases—know what they contain, so you can hold the rooms until the expiration of the time stated in lease.

Always be cautious, careful, but decisive in a diagnosis, and guarded in prognosis. Mistakes will be made. The pathway of the D. O.’s is not always strewn with roses. Extortioners and blackmailers will be after your money.

Don’t entertain a feeling of enmity toward the medical profession, but make friends with them—and especially with some conservative surgeon.

It was suggested that we ladies begin practice alone and so gain more confidence in ourselves than we would if we had some one to turn the case over to, if the patient was not doing as well as expected.

Obstetrical work, if successfully handled would be the means of getting gynecological patients.

Don’t fail to assist a fallen sister in need who is worthy of help—we owe something to suffering humanity.

In closing he advised joining the A. O. A. and state organizations.

“Let us honor our founder and our science by practicing genuine Osteopathy.”

** **

After the regular business meeting, Wednesday, April 8th, Mrs. Young gave us an interesting talk on “Massage and How it is Taught in
Sweden." She also referred interestingly to some conditions where massage is indicated and how it is applied during convalescence.

***

Miss Maude Kellet has been quite ill for several weeks in the hospital. We are glad to hear that she is now out of danger and hope for her speedy recovery.

***

Miss Edna Earle was also in the hospital for a few days, but is now able to take up school work again.

***

**AXIS FIELD NOTES.**

Dr. Z. A. Nevius: "Enclosed please find $4.00, my dues in full to Axis Club, and pardon my negligence. When I received your statement I had planned to visit Kirksville in a few weeks and thought I would wait and see you all in person. But "The best laid plans, etc.," and as you know I did not come. I always look forward to the Bulletin with pleasure and certainly hope to meet many if not all of our number at the great reunion next summer.

Kindly remember me to the Axis sisters and believe my deepest interests are for the welfare of the dear old Axis Club."

***

Dr. Annie McCaslin, New Castle, Pa.: "I think of you all very often and of the good times we used to have there.

The Bulletin is like getting a letter from home. I enjoy reading all its contents, and hope it will always be kept up to its present high standard. Some of you will soon be leaving for "The Harvest Field," and may you gather in a rich harvest. It occasionally takes time, but eventually the grain will be ripened. Kind regards to all "The girls."

***

The following is an extract from a letter of Dr. Marie W. Day, Portland, Me., one of our wide awake Axis ladies:

"Give my best wishes to the Axis girls and tell them never to lower the high standard of our club. Get all the practical knowledge there is coming. Learn the normal that you may be able to detect the abnormal.

Study your diagnosis both in the book and on the patient, and train your fingers to feel a hair beneath ten pages of Gray's Anatomy. The head without the hand is useless and vice versa. How I should like to be with you and give you all the glad hand of fellowship."

***

Dr. Margaret B. Carleton, Keene, N. H.: "I think the Bulletin is growing better all the time. I enjoy every number of it. With best wishes for the prosperity of the Club."

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Dr. Isabella Brake, Melbourne: "In this letter I am enclosing $4.00 as my dues for 1907 and 1908. Really I am sorry I have not done so sooner, but there is only one mail every month from here to the United States, and it is so easily forgotten on that day.

I must thank you for the Bulletin; it comes regularly every month and needless to say I enjoy reading it very much indeed. It seems no time since our January, '07 class graduated; by the time this arrives the June, '08 class will soon be leaving. Let me wish all the girls every success.

You will notice we have changed our address from 203 Victoria Parade to "Cornhill", 420 Collins St., Melbourne.

It is a new building and we have a nice suite of front rooms. We are doing very well, but you know osteopathy is new here, so the people have to be educated up to it. Melbourne is a city of 250,000 inhabitants or about, so it is large enough to support osteopaths, but the work will be up hill for awhile. There are plenty of M.D.'s here and they simply ignore us. One of them sometime ago sent to my father a man who claimed to be an osteopath; he had taken some course by correspondence. Apart from that we have had no hint that the doctors knew we were here.

I must close now, wishing the club all success, and continued success to the Bulletin."

***

Dr. Sara F. Herdman, Denison, Texas: "I have found much pleasure in reading the Bulletin and am looking forward to our meeting at the Jubilee in August.

I suppose the question of location is uppermost to all of the Seniors now.

Well, it is only experience that can teach us.

I am satisfied with my last year's practice but I prefer to live in a large city and may move to one very soon. Remember me kindly to the Axis sisters."

***

Dr. Jessie L. Catlow, Boone, Iowa: "Enclosed please find postoffice order for dues, which should have been paid in January. As you see the order was secured March 10th, and has been patiently waiting time for me to say at least, "I send you greetings."

I think you of you Axis girls and your Club work many times in a month. Now certainly I don't expect you to feel flattered when you recall that I am a stranger to you all, at least I can't think of any of you who might even recall me. But I do often wish I might just be with you for a few
minutes any way. I believe I could, as I talked with you, give you some helpful suggestions—some of the things I am learning and some that are yet to be learned.

Every time the Bulletin comes and I scan it—some times very hurriedly—I remember a promise I made to its Editor soon after leaving school, viz., to write something for her as soon as I had enough experience to make it not sound like the freshman's speech on the "Beauty of Osteopathy, or the High School Graduate's Oration on "Success in Life."

Well, I am getting some experiences with Osteopathy. In fact, a new one every day. Many of them you might enjoy, but I strongly suspect that for a Bulletin article, to those who have been practicing longer, my articles would be very like the above mentioned speeches. I've not had time to do much more than study my own individual cases and have not had enough of any one pathological condition to dare draw conclusions that might be startling or give our Doctor Still any suggestions. But let me say this, girls—Don't ever trouble yourselves with the fear that there is failure ahead, for Osteopathy does bring results. It is even more effective than I hoped, and in our town, it is constantly gaining new adherents.

I have no cause for complaint on any line. Have received the most courteous treatment from every profession, cult, and nationality.

My cases seem to me to cover almost every ill that flesh is heir to. In closing let me say you can't know too much when you leave Kirksville. Get all the general and special work you can. I have found the question of diagnosis has given the most anxiety—for the people care so much more to have their troubles given a name than to know the cause. The hospital work you need. Just here I am glad to send my flowers to Dr. Walters and the A. S. O. hospital. We hear occasionally reports from your work even at this distance. Not long ago an agent came into my office—in course of conversation he discussed his treatment at the hospital and expressed himself strongly in praise of the hospital service and, as he described it to me, I too, was thankful for the hospital. Now girls, I've written as if I knew you all, but some way the fact I know you are Axis girls vouches for you. I am planning to come to Kirksville in August and I want to meet you all personally."

**CHANGES OF ADDRESS.**

Atkins, W. E., '04, Odd Fellows Bldg., Leroy, Ill.

Bakehouse, Clara, '07, Sigourney, Ia.

Balfe, Susan, '04, 505-07 Mason Bldg., Los Angeles, Calif.

Barr, Anna M., '01, 512-14 William St., Portland, Ore.

Barr, Lulu, '01, 413 E. Houston St., Paris, Tex.

Baughner, L. G., '04, 211 E. Water St., Lock Haven, Pa.

Bennett, Carrie A., '04, Kirksville, Mo.


Bowen, Margaret, '06, Tazewell, Va.

Boyer, Geo. R., '03, 9 McDouall Bldg., Peoria, Ill.

Brake, Isabella, '07, "Cornhill," 450 Collins St., Melbourne, Australia.

Brake, James, '07, "Cornhill," 450 Collins St.; Melbourne, Australia.

Bright, S. H., '03, Johnson City, Tenn.

Broderick, Kathrynn, '07, 62 S. Main St., Torrington, Conn.

Chappell, W. F., '07, 348-9 Century Bldg., St. Louis, Mo.

Coom, Bert D., '04, 615 N. Main St., South Bend, Ind.

Deegan, Grace, '02, Gen'l. Del., Portland, Ore.

Silas and Laura B. Dinsmore, '00, and '03, to 625 Clyde St., Pittsburgh, Pa.

Ewing, Mary S., '02, Arcadia, Fla.

Gable, Ella T., '06, 1894 Evanston Ave., Chicago, Ill.


Houghton, Alice, '04, 273 North Temple St., Salt Lake City, Utah.

Lown, Anna B., '06, 903 Boyston, Boston, Mass.

McCormick, J. P., '06, 52 Shenango St., Greenville, Pa.

Peery, Mary W., '09, Tazewell, Va.

Putnam, H. H., '00, Los Angeles, Calif.

Schmidt, Jno. J., '01, Vinita, Okla.

Sieburg, C. G. E., '03, Los Angeles, Calif.

Stafford, Florence, '01, 625 Clyde St., Pittsburgh, Pa.

Stephenson, Henrietta, '01, Rogersford, Pa., R. No. 2.

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BOOK REVIEW.

We have in hand a small book entitled, "Tabor's Pocket Encyclopedic Medical Dictionary," edited by Clarence W. Tabor in association with the well known Dr. Nicholas Senn, who is now Professor of Surgery in Rush Medical College.

In reviewing this book, we have been impressed with the excellency of its "Crossed Index," system. This enables the reader to turn almost immediately to any word he may wish. So, important topics, instead of being buried in the body of the book, are arranged under separate vocabularies. Poisons, Methods of Examination; Dislocations, Frae-
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