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CERVICAL LESIONS

FRANKLIN FISKE, A. B., D. O.

(A lecture, in part, delivered before the Axis Club, Dec. 9th.)

A cervical lesion may have its effect on any part of the body. For example, the tenth cranial nerve being caught, through its wide distribution might be responsible for trouble anywhere throughout its course—as heart, lungs, and almost the entire alimentary tract. A lesion of the occiput may cause constipation, notwithstanding distance. Apoplectic strokes are frequently caused by lesions in the cervical region. Excitement and heavy meals may be exciting causes, but unless there is a locking in the cervical region one is not apt to have an apoplectic stroke.

Cervical lesions may inhibit heart action by stimulating the tenth nerve, or the "brake" function of the nerve be removed and hence the heart’s action increased. A patient had resorted to heart stimulants for several days. An osteopath discovered, and corrected, a cervical lesion. Instantly the heart beat so fast the patient fainted, and the pulse was too fast to count.
By treating in this region there can be produced effect on the blood supply to the eye, via the sympathetic nerves, dilating the arteries, therefore flushing the eyes.

More trouble is caused by lesions of the second cervical than by any other, unless it be occipital lesions, and there are more lesions of the second than of any other vertebra. A certain patient had one adjustment of this vertebra, which took about fifteen seconds, which relieved a severe earache. The patient went to sleep, and the ear discharged.

Neuralgia has been the cause for more suicides than any other one disease. Drugs only dull the pain but do not remove the cause. Neither does surgery. Osteopaths frequently get good and lasting cures by correcting cervical lesions. Also chronic atrophy nasal catarrh can be cured by adjustment of lesions in this region. However, deformity, as contracted nose, cannot always be overcome. If the uvula be elongated surgery is necessary, but it may be merely dropped.

The cervical region is the most accessible and lightest to treat of any region of the spine, yet it is the least studied. It is not so complicated, however, for there are few bones, not many muscles, and not so very many nerves. If you can treat this region intelligently your success is assured. Therefore, I admonish you to keep at this subject until you master it. Dr. Charlie carried a set of cervical vertebrae in his pocket, studied each bone carefully, learned to distinguish the landmarks on each. Then he would, after treating a patient, compare the patient’s neck with the bones in his pocket.

It is extremely important that you train your fingers so that you know the condition of your patient, otherwise you only guess. If you know the slightest deviation from the normal and know how to set it, you are what the “Old Doctor” calls a “skilled engineer.” Remember, adjustment brings health, rubbing gives only temporary relief, at best. It is my sincere hope that you will all become “master mechanics,” and “skilled engineers.”

***

SOME POINTS FROM EXPERIENCE.
Dr. Arthur D. Becker.

(Delivered before the Axis Club, Nov. 11, '08.)

I am very glad to talk a few moments here this evening—to speak to you as a Club. I am a strong believer in clubs. Almost without exception, in every college or university, we will find the brightest and most useful students in the clubs. Not but that there are a great many good people in the college outside of the clubs, but I think that if a man were coming to look for an osteopath to locate in his town he would look in the clubs before looking anywhere else. I believe it is in such organizations as these that we get the most out of our school work. This is a place where we can come together and bring up topics of mutual interest.

There are ideas brought out at such times which make us larger and stronger, mentally. I take it that you are all students and so I am going to talk to you as prospective osteopaths.

When you graduate from this college you will go out into the world with entirely different views than you have ever had before. You will be professional women. That means a great deal, and I want you to think that it means a great deal, because your relation to society, your relation to the town in which you live, and your relation to each individual in that town will be something entirely new and unique to you. It is a great thing to be a professional woman, and you will be set apart a little by yourselves. People will look at you from a different standpoint from what they do their neighbors, and it is all the more to the point that they should. It is commendable for you to cultivate that attitude, to a certain extent. I believe we should try to meet the expectations of people so far as is practicable. People expect doctors, whether men or women, to be a little different from other people—a little air of mystery about them. Now it is all the more for you yourselves to realize that there is nothing mysterious about you, but people expect it, and it pays. We want to do good. A great many have taken up the work with the idea of doing good. It is noble. Among other things we want to be successful, and if being a little mysterious will make us more successful, I would be a little mysterious.

Two of the most essential elements of a physician’s character are the qualities of calmness and composure. Some possess these naturally; others do not possess them at all. They can, and should, be cultivated.

Another point, for physicians and professional people, is the faculty of not talking too much. That is a most useless thing to tell to a crowd of ladies because they do not talk much—it is the men who talk. Even men, when they enter a new town, are anxious to get acquainted, to have friends, and to know if they are going to succeed, and they talk too much. They are too anxious to make friends. It is all right to have friends, to be sociable and affable, and to speak to people when you meet them on the street, but do not have too many bosom friends, or be seen on the street with the same one frequently. For one bosom friend you may have in a town you may lose six to ten patients, because they are going to take it for granted that you will tell your bosom friend about their physical condition, and they do not want that. I believe this a very vital mistake people make in starting in practice.
Then there is a mistake of telling people too much about their own case. Here is where a little element of the mysterious comes in. We are osteopaths, and we are enthusiastic about the science—we are anxious to impress it upon people and prove to them that we are right (and we are right, there is no question about it.) But I have had something that none of you can get in less than five and a half years, and that is five and a half years of experience, in the field, and I found that the more I told people of their cases, the less satisfactory it was for me in treating them. I knew of osteopaths who go into obstacles over finding a multiplicity of lesions, which they point out to their patients, and if the patient is intelligent he thinks the doctor a fool; if he is not intelligent, he is scared to death. It does not pay. Here is the place where we make a mistake. The medical men do not explain their cases, because they cannot. We can explain our method of diagnosis and treatment if we care to, but in the majority of cases a logical and scientific explanation is beyond the comprehension of your patient, and so is entirely useless. After you have examined their spine tell them that from your examination of the case you believe that treatment will help them. You will cure the case, and the results will speak for themselves. I think that this is particularly applicable to nervous cases, such as neurasthenia, etc. If you tell them of the lesions you find and that you think upon the correction of the lesions they will be a great deal better, then if you have a little hard luck in correcting the lesion, you will never cure the case.

Another mistake many of us make is in feeling called upon to make an early diagnosis, particularly in acute conditions. In chronic cases, by one thorough examination, we can get a very good idea of what the condition is, if we take time and are painstaking and searching enough in inquiring into the case. In acute conditions, as a rule, do not make a diagnosis on the first examination. It is very embarrassing to have a case, which you have diagnosed as a simple cold in the head with some tonsillitis, develop, on the fourth day, into a beautiful case of measles. One can pardonably be a little evasive in their answers to the family in the first visit.

Another thing, make it your business to know what infections there are within a radius of twenty-five miles. It may spare you some painful surprises.

Professional secrecy is another point which I must not neglect to mention. Make it an unalterable rule never to talk about one patient to another. This is not always as easy as might appear, as you will meet many very inquisitive people. We all admire accomplished linguists, but it is a far greater accomplishment for a physician to be able to keep still in, at least, seven different languages.

I find, too, that it pays to turn away a case once in a while. When a case, as chronic dilatation of the stomach, comes to you, and you know from their personality that they will not want to take more than two or three weeks' treatment, it is best to turn them away. It is as inch that you are not going to help them, in that length of time, neither is anyone else, and they become discouraged at the end of two or three weeks, and hate to pay their bill, then go out and tell others that osteopathy is not good for stomach trouble. It makes no difference what kind of stomach trouble it is, because it didn't help their case. The reason I speak of this is because I know of just such a case—a big German farmer came to my office, I made an examination and found the stomach as I have described. I knew from his talk that he would not want to spend more than two or three weeks on treatments, and I told him he would not want to spend the time and money necessary, to effect a cure. Some believe in being honest because it is right, others because it pays. I do not know how you believe, but be honest anyway. If you get the name of being perfectly square with the people you will have a great many more patients come to you, because they will say "he will tell me if he can help me, and if he cannot he will tell me so." In this instance, I got six new cases by being honest with this man, and it pays very well to have that kind of a name.

Another important point is in the matter of making promises to your patients. You are working from an entirely different standpoint when you get out in the field from what you are here. The cases you see here are a more difficult class of cases than you meet in a general practice. In the field you will be called upon to treat all sorts of cases, from lancing a baby's tooth to curing a boy's stomachache. Here you do get hard cases, because field physicians send their worst ones to the hospital, and it is alright to tell people here that you can help them, and that it will take six months or two years. They will stay here because the treatments do not cost them anything, but when you get to charging two dollars per treatment, and I sincerely hope and pray that none of you will charge less, the first question people will ask is "how long will it take." Here is where you need to use diplomacy. You cannot tell them that it is going to take one month's time, when it will take three, but avoid, if possible, making definite promises. After you get the reputation of being honest you do not have to make big promises. People respond very differently to treatment. The better way is to say that you think treatment will help them, and then do all you can for them. If they do not want to take treatment do not tease them. They will ask how many treatments you think they will need, and you
should tell them cases vary, that you have cured some cases in six weeks, and others would require six months. This will be indefinite enough so that you can give the case the time it will require.

There is another side of professional life that I particularly want to speak of, and that is the ethical side. We owe a decided duty to ourselves as physicians, we owe a decided duty to our patients, and we owe a decided duty to the community in which we live. When you take a patient in charge you are supposed to get to that patient just as often as he needs you, for if you willfully neglect a patient it amounts to a very reasonable charge of malpractice. So, from an ethical standpoint, we must not neglect our patients. That sounds easy now, but if you are dressed for a party and the telephone rings for you to go to a case several miles in the country, and you do not want to miss the party, it is very hard to do your duty. It is surprising how calls will wait until you are dressed for some such occasion.

Doctors are supposed to protect the public from infection. They are supposed to use every precaution so that epidemics are not spread through the country, and that is a part of your duty. Get acquainted with the members of the Board of Health in your community and report contagious diseases. Ladies are not so apt to become prominent in political circles, but often they can come in touch with political men and use their influence in trying to have the streets and alleys kept clean. You will never be thanked for this, but since you are physicians this is a part of your work.

Another thing is your duty toward your fellow practitioners. It is the mistake, which Dr. Smith brought out in his last article in the Journal, that of trying to drive a fellow practitioner out of your town. We must forget ourselves in this regard. We must all work together for the good of osteopathy.

You can just set it down right now, and I would not be afraid to guarantee, that every single one of you will, not only make a good living, but you will make money, so that it will not be a hard scrap for existence. You do not have to beat out the other fellow. The only thing that will hinder is, not being able to hand out the goods. So you can just leave aside grasping for the other fellow's business. I would carry this also to our medical brothers—do not say anything against the medical men in your town. It does not pay, and remember “every knock is a boost.”

In regard to the M. D.'s. If some one says, “I have been treating with Dr. So and So and he has not been able to help me, and I am going to take treatments from you.” You can answer “well I hope I shall be able to do you some good,” but just say the other Doctor is a good man, and your patient will respect you.

The last, and a most important, thing that I want to bring up is the collecting of your bills. Get pay for what you do. Physicians have been known the world over as poor business men. I have friends among physicians who have eight, ten or fifteen thousand dollars on their books. The more you let the accounts run behind, the worse off you are, because when people get in your debt they go to the other fellow. People love to do business with those to whom they do not owe money. They will walk around a block to miss meeting the man they owe. In small country towns charity business is the least satisfactory work you do. I suppose in a city, one would have to do a certain amount of charity work. Do not cut prices. It is a great mistake to cut prices to get business. You should never cheapen yourself. If people do not want to pay any prices I let them go. Do not try to argue with them that it costs so much for schooling, etc., and that you must have pay for it. It does not set well, only stirs up strife and ill feeling, and belittles you.

I have not said a mean thing to you tonight, and I am going to say it now. I think if any class of people are inclined to cut prices it is the women. You know women have always patronized bargain sales. It is not their fault exactly, but do not ever get a patient by cutting prices. If your work is worth anything at all, it is worth all you ask for it.

* * *

CASE REPORT.

DR. MARY E. NOYES, OTTAWA, ILL.

I'll report here a case that came to me a year ago. A mother of four small children had been under operation three years before, and left ovary—said to have been removed. Never well from that time.

The day was set for her to go to hospital to have the ovary, and appendix, removed. Examination revealed subluxation of twelfth rib on the right side, some lumbar lesions and slipped right innominate. Abdomen bloated and very tender, almost as much on the left as on right side. Patient very badly constipated. Menstruation painful and irregular. Patient had come to me from a town eight miles away and was here for several hours. Came twice a week as regularly as she could, for about three months. Since then, once or twice a month, or as she says—when she feels tired. Took care of her home all last summer, and enjoyed the work.

Bowel fine, menstruation regular, and normal in every way. She has not seen the hospital. Has had, in all, thirty-nine treatments.
THE BULLETIN
OF THE ATLAS AND AXIS CLUBS.

HOUSTON A. PRICE, Editor
C. B. MORROW, Business Manager
MRS. MARY M. EWING, AXIS
DR. PAULINE E. MANTELE, 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.

When the Bulletin has been sent to the earlier address, through neglect to inform the editor of the change, the number may generally be secured by sending a stamp (within 30 days) to the postmaster of the place, with a request to forward it.

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

KIRKSVILLE, MISSOURI, DECEMBER, 1908.

EDITORIALS.

Greetings:

The season's greetings to every Atlas and Axis member. May the New Year bring to each one "health, wealth and happiness." And may we all be brought more closely together in one great fraternality.

The St. Louis Osteopaths
The osteopaths in St. Louis will begin a post. Take Work under Dr. Still graduate course in Accident Surgery, and allied subjects, under the instruction of Dr. Geo. Still, Saturday evening, Jan. 9, '09, at the offices of Dr. Hildreth. The course, as per the Daily Express, will continue twenty Saturday nights, consecutively.

This is the first attempt to conduct a course of this kind away from the A. S. O., and is along the plans of the University Extension work, as carried on by the University of Chicago, and other schools.

Mr. Woolson Enters the Field of Invention

Since last July, Mr. Woolson, Atlas, Feb., '09, has been experimenting with a new style swing. Having made three models, that were unsatisfactory to him, he has now completed a fourth, which, according to his ideas and

THE BULLETIN.

THE ORGANIZATION OF THE BULLETIN.

This is a question, upon which there has been considerable debate, for several years. We are glad to say, however, that the initiative along this line has been taken by the formation of a "California Chapter of the Atlas Club."

It has been determined by the local chapter, that we can form alumni chapters. It has not been determined, however, that we shall form chapters in any of the other schools, but that at present, at least, the club shall remain solely made up of members, and graduates, of the A. S. O.

While it is the general custom for Frats to have chapters in the different colleges and schools, our organization occupies a peculiar position in that we take on some of the Frat features, yet there are features which are peculiar to our organization. Therefore, and in the face of some of the objections on the part of many of the field members, the local chapter does not deem it wise, at present, to provide for other than simply organization of members in the field into subordinate chapters, where there are enough members in one neighborhood that they can organize for mutual benefit, and for the benefit of the local chapter.

We believe that a national organization is necessary to conserve the

those who have seen it work, is the best of its kind, for practical work and easy adjustment. Following is a brief description of the swing:

It is a part of the ordinary treating table and consists of a section of the table top 7 inches wide cut straight across, and flush with table top. Located 44 inches from the head of the table, thereby making it always ready for use, is always under patient and in the desired position.

Being flush with the table proper, it would be necessary in order to use same, to elevate it to the desired height, above the rest of the table and this is accomplished by a crank at the side of the table which transmits the power to a central pin which supports the table at any desired height from one to seven or eight inches.

After the elevation is accomplished this section 7 inches wide first referred to, rolls on rubber wheels back and forth across the table on a track and swivels at the same time thus conforming to the arch described by the patient's body, as for example, in the treatment given the lumbar area, the patient lying face downward. Aside from its use as a swing it will be an assistant in many ways where the osteopath desires to elevate his patient in some particular area.

It can be applied to any regular treating table. Price, F. O. B., Kirksville, $15.00.

* * *
The text is not legible due to the quality of the image. It appears to be a page from a document, but the content is not clearly visible.
we may be permitted to think, not without prophetic pride, of the interest awakened and wielded by a National Atlas organization. The good that should come from it, both here and at future conventions of the A. O. A., is scarcely to be measured.

All of which is respectfully submitted by the undersigned, the committee.

F. Austin Kerr
Richard H. Prindle
Granville B. Waller

* * *

ATLAS NOTES.

Saturday evening, Nov. 28th, being social evening at the club the following program was rendered:

- Whistling Solo.......................... Mr. Grieves
- Reading .................................... Mr. Morrow
- Address .................................. Dr. Geo. Laughlin

* * *

On Saturday evening, Dec. 12th, we were entertained with music by Mr. McGonigle, of the Freshman class, and Bro. Prindle. After the music we were favored with an address on Professional Ethics, by Dr. Wm. Smith. These lectures will appear in our next issue.

* * *

Dr. E. C. Link is scheduled to address us on Saturday evening, Jan. 2nd.

* * *

OUR RECENT INITIATES:

Mr. R. E. Cunningham, of Leitchfield, Ky., is a member of the Freshman class.

Mr. Cunningham secured his education at the University of Kentucky, at Lexington, and was engaged as a merchant. He gives as reasons for studying osteopathy, a desire to become capable to relieve human suffering, and a preference for professional life. He has several relatives in the medical profession.

* * *

Mr. Walter S. Grow, a member of the Junior class, hails from Danville, Ind., was proprietor of a barber shop and became interested in osteopathy through personal benefits from treatment. Mr. Grow has a brother, Mr. W. W. Grow, in the freshman class.

* * *

Mr. Merceen C. Hurd, of Clio, Mich., is a member of the freshman class, has a High School education and was engaged as cashier for Ex-press Co. Mr. Hurd was influenced to study by the success of a relative graduate of the A. S. O., Dr. M. C. Robinson, of Rochester, N. Y.

* * *

Mr. W. G. Keller, of Portland, Ore., is another of our Freshman initiates. Mr. Keller has a High School education, and has had, for a long time, the desire to become a healer of the sick.

* * *

On Saturday evening, Dec. 20, the following officers were duly elected to serve for the ensuing semester:

- Noble Skull:
- Occipital:
- Stylus:
- Styloid:
- Receptaculum:
- Pylorus:
- Radius:
- Right Clavicle:
- Left Clavicle:
- Editor of Bulletin:
- Business Manager of Bulletin:
- Trustees:

Drs. F. P. Pratt, R. E. Hamilton and Mr. F. A. Kerr

* * *

ATLAS FIELD NOTES.

Dr. Maus W. Stearns, Hoosick, N. Y.: "I wish I could drop in some Saturday night and shake hands with all the boys. * * * *

I was not allowed to take the examination in New York in June, as they had not recognized the A. S. O. at that time. Took the examination 22nd-3rd-4th-5th of September, and last week had notice that I had passed.

Have not decided upon a permanent location yet. Have been doing some treating, however, and find I get more satisfactory results in new patients than in those who have been treated for a number of years. * * * *

Wishing the club the best year of its career, I remain ever an Atlas man."

* * *

Dr. Ralph W. E. Newton, Clay Center, Kans.: "In the last Bulletin I saw an article about Dr. Fassett dropping from the club. It called my attention to a similar case here. My competitor Dr. H. K. Bennenson, was a member of the club while in school. I understand that he has
Dr. J., not paid his dues since he graduated in 1900. If it is true he is disgracing us in a shameful way. He is wearing a club pin that has worn off until it looks very bad. He represents himself as a club member. Is there no way to bring this matter to a focus?

It is very embarrassing for me, at times, as I hate to admit to people that he is a representative of our club, and do the things he does. Think of one of our brothers, who were taught osteopathy as clean and pure as anything can be taught, out in the field doing anything for money. Were we taught to keep vibrators to let our patient’s use at home; were we taught to make linaments to sell? Were we taught to use half page in the newspapers for advertising purposes? I am enclosing you one of his ads. This is a mild form they tell me. He has discontinued this method, I am glad to say.

I would like very much to see his pin returned, if it can be done without drawing my name into it. He is meeting me on professional grounds and being friendly, and I dislike very much to make him sore by squealing about him, but I would like to see the right thing done.

I am glad to see the start being made toward a club house. We need better equipment. Why is it our field members are so quiet? We don’t hear anything from them any more.

Dr. Smith had a very able article in the last Journal on Race Suicide. I think the whole trouble lies with our practitioners not doing what they can to promote interest in osteopathy. Too many work up a fair practice and are satisfied with making money. It is my ambition to make money, but, at the same time, I wish to promote osteopathy and put it where it should be.” * * * * *(Dr. Benneson was expelled in Jan., ’05. The club has taken up the matter and we hope to recover the pin.—Ed.)

* * *

Dr. Frank C. Martin, Geneva, N. Y., announces that he has taken the practice of Dr. Richard Wanless, who has located at 105 E. 15th St., New York City. Dr. Martin has offices at 10, 11, 13 Schmirlel Bldg., Geneva St.

* * *

Dr. J. F. Stevenson, Royersford, Pa.: “I would like to make a suggestion as to a change in the Club’s By-Laws. I think it would be a very good plan to change the law in regard to suspensions of field members for non-payment of dues. My idea is this. All field members who have paid, at least three years’ dues, become honorary, or life members, but are not entitled to the Bulletin except by paying one dollar per year subscription. The membership list and the subscription list should be kept entirely separate. This, I think, ought to give entire satisfaction. * * * * *

Best wishes for continued success of school and club.”

* * *

Dr. M. R. Spafford, Rock Rapids, Ia.: “I hope you are getting a lot of good new members. I often think of you on Saturday evenings and wish I could be with you. Remember me to the boys.”

* * *

Dr. F. P. Millard, Toronto, Ont., Canada: “Local conditions indicate what specific changes are best, but, generally speaking, I am in favor of making the local club one of fraternal interest. If you do not you are losing prestige, and other societies will get credit that our club could have and should have.

* * *

Dr. E. Paul Erwin, Indiana, Ia.: “Our address will be Indiana, until Jan. 1st, or until further notice. * * * Wish I could help you with the Bulletin, as it seems like a letter from home and reminds me of the worrying I had to do with it a year ago, and appeal for contributions somewhat like you have to do. Wish I could drop in and see the old haunts again before the seniors leave.”

* * *

Dr. A. A. Willard, Missouri, Mont.: “I enclose you one of the blanks which I am using in an attempt to secure information relative to the detrimental effects of vaccination.

Upon receipt of a card asking for same, will furnish these blanks to any practitioners who will report a case of vaccination followed by ill effects. Will appreciate the interest of the profession in securing as large a report of such cases as possible and all material secured will be at the service of the profession.

Very few in the profession but who know of one or more such cases and if we can co-operate in collecting them we can accomplish something. We can use them as a club to prevent compulsory vaccination laws and also compel the medical men to either support vaccination by unbiased laboratory work or discard it as unscientific.”

* * *
AXIS NOTES.

The greetings of the Season to you, Axis Sisters. "God bless us every one!" we exclaim, with Tiny Tim's Old Scrooge converting spirit. What does the Christmas tide suggest to you? Is it a rush of shopping, over-taxing of strength and purse, with lesion of body and clothes? Or are you numbered among those who hold the true Christ Child spirit?

When the sun goes down on this Christmas day have the satisfaction of knowing you have shown this spirit to at least one other person. Perhaps it will be to one less fortunate in this world's goods, who will receive a substantial gift; and however small the gift will fill a little child with joy. Think of some old man or woman, who have out-lived his family and his time, the last scarlet leaf on the bough, warm his lonely heart, with a cheerful call Christmas morning, or a little flower will take the message that you remember and are glad they are with us another Christmas.

You, who have not the sad experience of having laid to rest a loved one just before the holidays, when all the world is ringing with merriment, cannot know the increase of that sorrow and heartache by the forgetfulness and carelessness of your friends for your bereavement. Neither can you know the strength and comfort desired for a little poem copied, and sent by a sympathetic friend.

These are little things, costing only kind thoughts and some of your time, but are of greater value than the most costly gift not prompted by unselfishness and love. By them the giver is truly more blessed than the receiver.

* * *

By request, Dr. Fiske favored the Club, on the evening of Dec. 9th, with a lecture on "Cervical Lesions," which occurs in another part of the Bulletin.

* * *

We wish to correct a mistake made in last month's Bulletin. In our list of new members the name of Miss H. T. Caron was given, which should have been Miss H. T. Carver.

* * *

DEPARTMENT OF THE GRAND CHAPTER.

A Letter From the Secretary-Treasurer.

DEAR AXIS SISTERS OF THE GRAND CHAPTER:

Up to this time fifty-eight members of the Grand Chapter have paid their dues of twenty-five cents for the year. It can readily be seen that this is only a small number of all the Axis women who are practicing in the field.

The call for dues has appeared in the September, October and November Bulletin. Can it be that the Bulletin has not been read by so many of our sisters? More than likely it has been read, but the theft of time has made you add another brick to the pavement of good intentions.

No doubt the general excuse is like the one offered by some who have but recently sent in their dues. One wrote "I find it so easy to neglect those little things which mean much to the collector." Another wrote, "I am tardily sending my Grand Chapter dues. I have no excuse to offer for my tardiness. It is due to neglect, which is inexusable. Surely when so little is required of field members we ought to do that little promptly."

At the last annual meeting, when the Grand Chapter of the Axis Club became a full fledged organization, it was voted that the call for dues should appear in the Bulletin each month until January, 1909, when the secretary-treasurer should send a personal appeal to each member whose dues remained unpaid at that time.

Think, think; think; and then think again, what it means to the one whose duty it is to send out such letters to such a large number. Then calculate a little on the expense it will be for stationery, coin cards, a two cent stamp, or even a one cent stamp, if they are sent unsealed, besides having the letters type-written.

Every item I have mentioned has to be paid for at the time it is purchased, and if even the item of stationery, which has just been delivered to me, were paid for, the treasury would be in debt at least seven dollars.

Two hundred printed sheets and two hundred plain sheets and two hundred envelopes were ordered for the use of the secretary-treasurer. If I use it in sending out these calls for dues, which at this writing are unpaid, there will not be a sheet left for carrying on my club correspondence for the remainder of the year.

These facts have been set before you in order that you may see what a mountain of trouble, worry, and expense these little 25 cent pieces, not paid, will make for the one whom you have elected to serve you as your secretary-treasurer. If you are too busy to sit down and paste a twenty-five cent piece between two pieces of blotting paper cut the size of your envelope, and enclose a sheet of paper on which you need only to make it known who is sending it, what must you think of the busy one who, by duty of her office, will in January be compelled to perform such a task, unless you do your little duty "Right Now"?

I hope I have said enough to spur each one, whose dues are yet un-
paid, to get twenty-five cent coin in shape at once, to hasten on to Spring-
field, Ill., so that much can be marked up "to the good" for you before the
new year overtakes you.

With the season's greetings, I am,

Fraternally yours,

Pauline Mantle,
Secretary-Treasurer.

* * *

Dr. M. Ione Hulett: "What a glorious thing it is to be in a pro-
ession which appeals to the common sense and arouses the enthusiasm of
thinking people as osteopathy does. My best Christmas wishes for
all the Axis women."

* * *

November 29, Mr. John Hastings, father of Dr. Sarah Hastings
Middleditch, died. He had been ill less than two days, so that his death
came as a severe shock to his family. Mr. Hastings was born at Dum-
frieshire, Scotland, in 1832. He came with his parents to Canada and
registered as a direct descendant of John Hastings of Abercorn, Scot-
land. After his marriage he moved to Grand Rapids and in 1875, he
removed to Petosky, Mich., and settled on his homestead on the
south shore of Crooked Lake, where by great courage and perservance, he
built up a beautiful home. Our sympathy is extended to Dr. Middle-
ditch in her bereavement.

* * *

Dr. Mary Shepherd of Springfield, Ill., has given up the active prac-
tice of osteopathy to accept a position in the Medical Department of
the Franklin Life Insurance Company. This shows another door opened
to osteopathic physicians.

Dr. Shepherd is perhaps the only osteopath whose entire time is
given to such a position.

She is working side by side with members of the medical profession,
establishing for osteopathy a prestige hitherto unknown.

* * *

At the residence of the bride in Carlinville, Ill., December 16, '08,
occurred the marriage of Dr. Nellie L. Haynes, of the June, '08 class,
to Mr. Edmund Hunter Parker, of Carlinville, Ill., who is a member of
the June class, 1910, of the A. S. O. At home, Carlinville, Ill.

* * *

DIED.

Died—On Nov. 26th, at Petosky, Mich., Mr. Jno. Hastings, father
of Dr. Sarah Hastings Middleditch, of Winona, Minn.

* * *

MARRIED.

Married—On Dec. 16th, at Carlinville, Ill., Mr. Edmund Hunter
Parker, Atlas,'10, to Dr. Nellie L. Haynes, Axis, '08. At home at
Carlinville, Ill.

* * *

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 period-
icals 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.

Bolam, Julia S., Monett, Mo.
Erwin, E. Paul and Minnie Bowersox, from Allerton, Ia., to In-
dianola, Ia.
Frey, Julia V., from 1560 Downing Ave., to 1531 Washington,
Denver, Colo.
Harris, E. L., from Owensboro, Ky., to 602 Nat'l Bank Bldg.,
Savannah, Ga.
Maltby, H. W., 613 W. Congress St., Chicago, Ill.
Martin, F. C., from Waterloo, N. Y., to 10 Schmirel Bldg., Seneca
St., Geneva, N. Y.
Martin, H. B., from 1710 Beverly Road, to 355 E. 16th St., Brook-
lyn, N. Y.
Martin, J. W., from Standish Arms 169 Columbia Heights, Brook-
lyn, N. Y., to the Metropolitan Bldg., Orange, N. J.
Searns, Maus W., Hoosick, N. Y.
Stevenson, G. F., Royersford, Pa., R. F. D. No. 2.

* * *

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, Fl.
Dr. Elizabeth Ewing, Atlanta, Ga.
Dr. H. A. Putnam, Los Angeles, Calif.
Dr. R. D. Steele, Box 22, Station H., Los Angeles, Calif.
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It can hamper only an incompetent. MARVIN W. PRESLEY, A. B., D. O.

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ANNOUNCEMENT

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 202 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.

WARREN HAMILTON, Sec'y
Kirkville, Mo