PARTING ADVICE TO GRADUATES.
Dr. A. T. Still.

When you receive your diplomas and bid us "Good-bye" and start on the journey of life as a Doctor of Osteopathy, you will soon find, that while you are good in all branches of the science of healing as taught and successfully practiced by the graduates of this school, I say that you will soon find that you are business blanks and will have to learn how to do successful business as osteopathic physicians. Allow me to offer you a few suggestions that I have found to be facts of success as a healer and financier, both of which you will need during all your labors as an osteopath. First, I would advise you not to blow your horn of goodness, and tell the people that you are the only good and great man that God ever made. Keep out of the papers, because windy write-ups come from the man of limited merit only. If you go to a city or town where other osteopathic physicians are, go and visit them, treat them kindly and as your equal if not your superiors as they have had experience, and you will be kindly treated. Don't tell them to go, because of your arrival with so much wisdom above all other osteopaths. If you have any brains use them to do good work. Give the people a chance to learn that you are not a bag of wind. There is plenty of work for all and for many thousands more.
THE OSTEOPATHIC ANTE-PARTUM TREATMENT OF PREGNANCY.

Read by Dr. M. E. Clark before the Wisconsin Osteopathic Association at La Crosse, Wis., Feb. 24, 1903.

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

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

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

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

The general sense of tightness can be relieved by a spinal treatment. Backache can be relieved, swelling of the limbs, kidney disorders, headache, well, in fact, all the discomforts accompanying pregnancy can either be cured or relieved by the antepartum osteopathic treatment. The explanation of these beneficial effects lies in the fact that most of them come from contracted muscles, pressure of the gravid uterus and especially from subluxations of the various articulations mentioned above. These lesions very readily occur at this time on account of the increased mobility of all the vertebral and pelvic joints. This increase of mobility is due to the increase of secretion due to increased vascularity.

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

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

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

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

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

FACTS AND METHODS.
DR. L. VON E. Gerdine.

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

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

The unquestioning reader becomes puzzled and begins to doubt that any worth whatsoever exists in such a science where so much disagreement is found. The trouble is with the student, however, and not with the science. The student must know how to weigh the evidence for the supposed facts and then to choose between them or to reject both if it seems proper. Mere authority should no more be accepted in discussions of physiological fact than of any other fact.

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

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

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

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

Similar results were obtained by Hamburger with ferric sulphate on the dog (Zeitsch f. physiol. Chem. Vol. II. p. 191-1978) and by Marfori with lactate of iron or the same animal (Lexper. Path. u. Pharm. vol. XXXIX. p. 42, 1892. Bunge (Physiologic and Pathologic Chemistry (p. 379) studied anaemia in reference to the assimilability of inorganic iron. At the end of lactation, some young animals were fed entirely on milk, or on milk and rice both of which are notably poor in iron. One-half of the animals employed in this ex-
experiment received in addition a small quantity of ferrie chlorid daily. After this diet had been given from one to three months, the animals had doubled their weight, they were killed and the amount of hemoglobin in the total body was estimated as well as the amount of iron. The animals became highly anemic for at the end of the experiment the percentage of hemoglobin was diminished to about half that of animals from the same litter which had received their normal food. The animals which had taken ferrie-chlorid in addition to the milk and rice contained no more hemoglobin than those which had received milk diet only. Moreover the amount of iron was in each case the same. Prof. Bunge concludes therefore that the use of inorganic iron in anemia is irrational.

The administration of lime in rickets or osteo-malacia is another case in point. Here there is a condition of lack of hardness in the bones and we know that the hardness of bone is due to the deposition of lime. The conclusion therefore would seem justifiable that an extra supply of lime salts would fill the want. But what are the facts here? As in anemia the trouble is not so much the lack of the lime or iron in the system as the inability of the particular tissue to use them. Thus, Prof. Bunge tells us that rickets occurs often in children that have been properly fed so that all the lime needed was taken in with the food in organic combination. The trouble is that the lime could not be used. Hence Bunge claims that the use of lime in such conditions is irrational (Physiologic Chemistry, P. 58).

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

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

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

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

The ordinarily accepted theory is that a foreign organism—an animal parasite called the plasmodium of malaria, invades the blood and attacks the red blood corpuscles and that quinine attacks and destroys these parasites hence cures malaria. The theory seems plausible but what does ordinarily observation of the clinical facts teach us.

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

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

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

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

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

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

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

Carburations will temporarily loosen the bowels but will not cure constipation. We get a modification of symptoms but no cure, and so it is with syphilis. The natural course of the disease is uncertain. It may of its own
accord stop short or run a long course and while the drug may modify the symp-
toms it cannot in any way be counted upon to eradicate the condition.

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

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

THE PATHOLOGY OF THE BONY LESION.
R. E. HAMILTON, M. D., D. O.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

To this Doctor, growing stronger,
Said,—"This case I'll stand no longer,
'Twill stop this constant rapping, rapping at my office door!"—
(For we cannot help agreeing,
That 'tis tiresome ever seeing
At our door the self-same being
Who has been there months before!)
I must urge her said the Doctor
Then she'll come
O, never more!
And this skillful Doctor, working,
    Never from his duty shirking:
Cured this lady of her headache, backache and her muscles sore
    Kept her weary sides from aching
Stilled her nerves from all their quaking
    Victory met his undertaking!
As his skill he did outpour.
Thought this kind and gentle Doctor
    “Now she’ll go” —
                 For-ever-more!

* * *
But the phone continued ringing
Ailments, new, unto him bringing!
Now she’d fallen down the stair case, and her back had injured sore
So he cured this spinal lesion:
Eased up all the sore adhesion;
Did his work with skilled completion!
    “Now she’ll trouble me no more!”
Quoth this ever-busy Doctor,
    “So I’ll rest,”
                 Forever more!

* * *
But her ankle twisted badly
And her stomach failed her sadly
And her hip bone left its socket, when she fell upon the floor
So, unfortunate disaster
Followed fast, and followed faster
And this Doctor had to master
    Ailments, accidents, galore!
Cure you may, unhappy Doctor,
    Back she’ll come
                 For-ever-more! !  E. S.
Pylorus in which he says: "I am always interested in the Atlas club and its people, am glad to hear of your progress, keep it up."

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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The Bulletin.

Mr. F. J. Elmer, Pylorus,
Kirkville, Mo.

Dear Sir:

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

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

Respectfully yours,

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

Therefore you may drop my name from the rolls.

Fraternally yours,

J. E. P. HOLLAND.

Dr. J. E. P. HOLLAND,

Bloomington, Ind.

DEAR SIR:

Contents of your favor of Feb. 26th carefully noted. I quote from same:
"If you can give me a good valid reason why we should (pay) I will be glad to
do the same." I will take you up on the proposition.
1. During your active membership you knew the constitution provided an
annual due of $2.00 for each field member, same rule was in force when you left
and still you failed to officially sever your membership.
2. You have during the entire period had the monthly Bulletin mailed to
you and have never notified the Club to discontinue sending same.
3. You have been and are now enjoying the distinction conferred upon an
Atlas man through the privilege of wearing the official pin and being recog-
nized as an Atlas brother by the leaders in the field.
4. It is not right to leave any organization before paying up.

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

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

We want you and all other leading osteopaths to continue their mem-
bership.

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

Fraternally yours,

FREDERICK J. EIMERT, pylorus.

DEAR MR. EDITOR:

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

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

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

With best wishes to you all, I am

Yours fraternally,

H. W. GLASCOCK, D. O.
C. A. E. Keeler is enjoying an excellent practice in Salt Lake City, Utah. Drs. J. L. and Nanny B. Baughman have returned to Burlington, Iowa, from Washington, D. C.

In his letter enclosing dues for 1906, Dr. Baughman takes occasion to congratulate the club upon its choice for Noble Skull and wishes the club well.

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

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

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

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

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

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

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

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

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

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

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

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

We have the following fine list of new members to present to the acquaint-
ance of those in the field:

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

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

Mrs. I. J. Hart, whose husband is a member of the Atlas club, junior class,

a nurse of eight years experience at Orange Memorial Hospital, Orange, N. J.

Mrs. Effie R. Messenger, wife of Dr. Will R. Messenger, traveling representa-

... of John McVoy & Co., Chicago.

Mrs. Nell M. Morello and Miss Daisy Morello, sister-in-law and sister to

our own Dr. Isabelle.

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

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

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

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

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

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

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

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

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

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

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

Axis Notes

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

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

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

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

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

We are in receipt of a letter expressing much interest and good wishes for
the success of the club from our former president, Dr. Alice M. Fulham of Frank-
fort, Ind. She was our presiding officer during our time of tribulation last fall and showed much wisdom and judgment in the difficult settlement of our
affairs. Great credit is due her for the happy denouement and we take pleasure
in assuring her and other graduate members who are interested that upon the
departure of the present seniors the club will remain in the hands of members
carry out some ideas contained in last Bulletin. Atlas men should stand for
much and when the club lets anything but character and trueworth beconsidered in admitting me it has fallen below its original purpose.” If Dr. Bean
will read this issue of the Bulletin carefully we think he will observe that some of those “ideas” are being carried out. He also says, “I wish for the clubs
prosperity at all times!” and evidences this by enclosing his dues for 1905.

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

We make a special invitation to D. O’s. to join us.”

THE BULLETIN.
Atlas Notes.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

J. P. McCormack of Albion, Indiana. Mr. McCormack was a commercial man for five years previous to his taking up the study of osteopathy. He represented a vehicle company. He became interested in osteopathy through its literature and after giving the matter much thought decided to make it his profession.

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

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

THE BULLETIN.
PHYSICIAN'S RECEPTION

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

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THE NEW YORK BILL.

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

The record for the past five months, up to
March first, 1905, has been seven thousand
calls from seventeen hundred fifty-two pa-
tients. Different cases examined and treated
to date are as follows: Gynecological,
sixty-seven; eye, ninety-four; obstetric,
sixteen; skin disease, one hundred forty-three;
rectal, nineteen; operations under anes-
thesthesia, twenty-seven; minor surgery, six hun-
dred thirty

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