The Bulletin
of
Atlas & Axis Clubs
DEVOTED
TO THE
SCIENCE OF OSTEOPATHY
NOVEMBER, 1906.
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DRUGLESS HEALING.

M. G. E. BENNETT, D. O., Eugene, Ore. (June ’05).

There is a revolution going on in the realm of therapeutics. There is a search after a more rational and a truly scientific method of healing the sick and of combating disease. Thousands of people are breaking away from the empirical systems of the past and are satisfied with nothing short of that which is reasonable, tangible and practicable.

The mysticism and superstition which so long enshrouded the healing art is being thrust aside and people are demanding a reason for the use of this and that so-called therapeutic agent.

A campaign of education has been going on. Many of the leading weekly and monthly periodicals have taken up the task of educating the people, especially from the patent medicine evil. And it was high time that this was done by I write, by the authority of a noted lecturer and platform orator of the middle West, that there is more money spent every year in the U. S. for drugs and patent medicine than for dry goods.

We are often prone to think, in our optimism for the science which we love, that everything is coming our way, and it is, but doubtless it will be many a day ere men will break entirely away from the chains which bind them to drug therapy.

There is the chain of early education training and prejudice. The child is given camphor, paregoric, asafoetida, teas and what not by its grandparents before it can scarcely make a decent cry—“To keep it well,” they say.

And the chain of habit naturally follows. After the child becomes the adult, having evolved through the various children’s diseases, and after taking pills, physics and powders for them, is it not natural from the very law of habit that the practice be continued?

However, notwithstanding the “chains which binds,” thousands are searching for a better way, the “right way” and a mighty revolution is in progress.
We note the devotees to the so-called Christian Science (?), and to Naturapathy, New Thought, Suggestion, Vegetarianism, Magnetic Healing and to many other isms, ways and means of alleviating human suffering without drugs. Then there is the no inconsiderable host who believe in the most practical, accurate and far-reaching of all methods—Osteopathy, given to the world in 1874 by Andrew T. Still it has proven by virtue of achievement its right to no subordinate place. Conceived in an honest heart; born in the day of opportunity, and necessity; nourished from the virtuous bosoms of truth and liberty; rocked by the hand of faith; reared with persevering patience; taught to endure; developed by contact and competition with the various systems of the day—Osteopathy shall stand supreme, the heir of the past, the success of the present, the hope of the future.

Man, being heir of the past, may appropriate its truth but need not perpetuate its error and vice: Each preceding generation hands down its contribution and accumulation of knowledge and science, also error and dogmatism as well. We must learn to discriminate.

The wisdom of Socrates, Plato, Descartes and Locke still lives in philosophy; the poetry of Homer, Dante and Shakespeare in literature; the findings of Aristotle, Galileo, Newton, Edison and many others in science; and the research of Hippocrates, Galen, Harvey, Koch and a host of eminent men in the realm of therapeutics. To the thought and labors of such we are greatly indebted. Osteopathy did not spring forth spontaneously—Prometheus-like, full fledged and unbound. It grew in the life and soul of its founder and its growth was made possible not alone by original research but by what he had learned and inherited from the past. His was almost a “divine passion” for truth, which he sowed from error until after years of anxious toil and demonstration Osteopathy was announced to the world the king of all drugless methods.

We live in a strenuous age. In a time when men are doing things, and the man or system that “makes good” at once becomes the popular idol of the day. Men are not so conservative as they once were, but are more susceptible to new thoughts and methods, so that when the evidence of the efficacy of drugless healing is produced they are willing to “join the precession,” but we must first produce the evidence, or as Dr. Charlie Still told our class, when we were Seniors, “deliver the goods”.

That the osteopath can accomplish this feat is no longer an experiment but a demonstrated fact; and it has been said that, “Facts are stubborn things.”

I do not mean to say that the osteopath will cure every case that presents for treatment, he has his ups and downs, successes and failures.

As Dr. Geo. Laughlin said in his address at the last commencement, “Osteopathy has its limits,” and so has every other system of therapeutics, and will have until the end of time. The facts remain, however, that we do have numerous signal triumphs where others have dismally failed.

There is a great drift toward “nature cure” methods even by medical men themselves, and the statements made by some of the most eminent men in the profession are but a frank recognition of the futility of present day medical practice. As an example we quote the words of the venerable Professor Alexander Stephens, M. D. of the New York College of Physicians and Surgeons, who said in a recent lecture to his medical class: “The older physicians grow the more sceptical they become of the virtues of medicine and the more they are disposed to trust to the powers of nature. Notwithstanding all our boasted improvements, patients suffer as much as they did forty years ago.”

All this with the search of the people for a more rational and natural therapy is an encouraging omen to the osteopath, who is pre-eminently the student of nature’s laws and nature’s greatest production—man.

We are osteopaths: Do not be afraid to Learn.

“Seize on truth where ’er ’tis found,
Among your friends, among your foes;
On Christian or on heathen ground,
The plant’s divine where ’er it grows.”

If knowledge comes to you as a heritage of the past do not frown upon it. Learn to discriminate. Sift the wheat from the chaff. Truth cannot suffer from investigation. We must not spurn the good even though it come from medical sources or any other. Do not be a faddist. Be broad minded enough to give credit to whom credit is due and if possible, as much as lieth within you, appropriate unto yourself that which makes for success, truth and prosperity.

The suffering world awaits with anxious men and a cordial welcome the PHYSICIAN— one who is true to the word and by his knowledge, experience and equipment is indeed “skilled in the art of healing.” What cares it for the “system” or the means employed so the desired end is attained. ‘The whole need not a physician,” but the sick need one and demand that he shall “deliver the goods.” If you can do this as an osteopath honor, respect, confidence and the fee gladly await you and in the end you shall have aided many in their search after healing and demonstrated that there is a “drugless” way.

A way in which the brain is not stupefied with poisonous opiates nor
the currents of life tainted with powerful stimulants which leave in their wake such direful and irreparable results. A way whereby the tissues and activities of one organ are not vitiated or destroyed to remedy the errors in function of another. A way—the osteopathic way “by which a practitioner through a thorough knowledge of Anatomy and Physiology and by appropriate manipulations adjusts structure so that nature can restore normal conditions of function to the body.”

CALIFORNIA CLIMATE—IN RELATION TO DISEASE.

L. E. Wyckoff, D. O., Los Angeles, Cal.

At the request of the Editor for an article from me, as to the effect of California climate on diseases, I am pleased to comply, not only from the standpoint of a physician, but the enthusiastic Californian that I am. However, California, as a state, is too vast to consider in this short article, for many do not realize that it comprises an area of 158,360 square miles, has a coast line 700 miles long, and is 200 miles wide, with every variety of climate and altitude imaginable.

In the Northeastern, they have high mountains with snow almost the year around. In the Northwestern, along the coast they have much rain, like Oregon and Washington.

Then there is San Francisco and vicinity, with its cool, bracing air. The San Joaquin Valley, with its extreme heat, as well as the desert portions that are below sea level, with torrid heat.

But my experience lies chiefly in Southern California, the land of perpetual sunshine, of fruit and flowers, and slight variance of temperature, and almost any altitude from sea shore to mountain tops.

Roughly speaking, it comprises the part of the state from Santa Barbara on the north, to San Diego on the South, with Redlands and Riverside on the East, and Los Angeles in the mid-western, near the coast.

Nowhere is a section so favored climatically. Here you can find any altitude desired, and the temperature varies little, comparatively, throughout the year.

The great majority of ailing persons come here for respiratory troubles in different stages, most of which get benefit from the climate alone. I meet frequently with people who will say, “I came here a number of years ago with only one lung, or so bad the doctors at home gave me up; but I have entirely recovered.”
That accounts largely for the phenomenal growth in population of this section of late years.

A little home costs less than in the East because it is not necessary to build so substantially, or they can get one, two or three-room suites in an apartment house with bath and buffet kitchen attached where light housekeeping can be done and the cost of living need not keep any one from coming.

They are dividing the large ranches into 1, 5 or 10 acre tracts that sell at reasonable prices, and are large enough to raise all one needs to live upon. Besides, the out-door work, in the salubrious climate, brings back the health that was lost in trying to recover from the effects of too many rigorous winters and hot summers.

A few words of caution to physicians. Do not advise patients to come, whose diseases are too far advanced. Particularly in tuberculosis, Bright's disease, or heart affections. Many die on the trip, especially in coming over the divide where the altitude is exceedingly high. The undertakers get rich on the poor unfortunate who die here, and many a sad case is witnessed by us physicians, where the Eastern physician has been over sanguine, and the survivors are left among strangers, a long way from home and their friends.

The climate can do a great deal, but the doctor must ponder deeply and well before he gives the word that may mean so much, should disaster overtake them. But use good judgment and the climate will not fail you.

THE ENDOWED POST GRADUATE COLLEGE OF OSTEOPATHY.

A. L. EVANS, D. O., CHATTANOOGA, TENN.

I was much pleased to note the position taken by the Bulletin in the matter of the Post Graduate College, the raising of a fund for the endowment of which was undertaken by the A. O. A., at its last meeting. Your statement is eminently correct that—"The Post Graduate College is intended to work in harmony with and in conjunction with the present schools and not to infringe upon their curriculum but to relieve them of some detail and give more opportunity for the work they now have in hand."

I am certain that instead of harming any worthy osteopathic college now in existence, the endowed institution will be a real help to all of them. In the very nature of things it must be true that any movement...
we hold. It is my opinion that pathological research will not only furnish this proof but will yield knowledge that will be of practical value therapeutically. In any view of the matter it seems to me that the resulting benefits we may reasonably expect from an endowed Post Graduate College are great enough to compel the active co-operation in the movement of every sincere well wisher of Osteopathy.

FURTHER DISCUSSION OF THE ENDOWED COLLEGE.

GUY E. LOUDON, D. O., BURLINGTON, VT.

I am exceedingly glad to know that you are interested in the endowed work. I am sure every one will be for it, that is, every one who is very much interested in osteopathy's future. You may rest assured that the proposed endowed post-graduate school will in no way injure the private schools. We want to bring the private schools into closer fraternity, assist in elevating their standards of scholastic usefulness; encourage uniform courses of study both nominally and practically; create a more healthful understanding of what osteopathy is in the deepest scientific sense; make it possible for brilliant students to do research work to prove and develop osteopathy to the point where scoffers will have to cease scoffing, and at the same time give the student an osteopathic environment while he is doing this; establish special courses where the advanced student and graduate may fit themselves for specialties in osteopathic practice; e. g., as an obstetrician, gynecologist, osteopathic surgeon, dermatologist, etc., all this in a school which will be friendly to all recognized private schools, and one in which the student's faith in osteopathy will be increased, rather than diminished, as sometimes happens when a student, who has had little or no experience as an osteopathic practitioner, enters a medical school for post-graduate work. This is what we endowed-school workers have in mind. We are working for what we believe will advance osteopathic interests in every way, and in no sense, do we wish, or expect to affect the private schools in an adverse manner. We think that it will assist the private schools in every way, e. g., by bringing osteopathy more prominently before the world, it will result in more young men and women of culture taking up the study of osteopathy, and they must go to the private schools before they may be eligible to the post-graduate school, and in another way, the endowed school, by providing the apparatus and facili-

ties for advanced work and specialization, will relieve the private schools of the necessity of installing expensive equipment, etc.

The plans for the proposed school are in the A. O. A. trustees' hands and will soon be published.

CASE REPORTS.

A. J. NOBLE, D. O., LEWISTOWN, MONT.

Dysmenorrhea.

Miss M. had membranous dysmenorrhea of three year's standing. Came to Montana for her health.

Regained it, but not from climatic change (which her family physician had advised).

She consulted a prominent M. D. of this place, who informed her that she would have to go to the hospital, remain in bed from four to six weeks, and have the uterus curetted, (or the words he used, womb scraped). She asked her landlady's advice, who happened to be one of my patients, and accompanied her to my office for consultation. Comminced treatment Nov. 2, 1905, and discontinued treatment 29th of same month.

Lesions: Marked lateral rotation, 11th and 12th dorsal vertebrae, corresponding ribs on left side, very sensitive; 4th lumbar posterior, left innominate, up and back. Lumbo-sacral muscles very rigid and sensitive. During third week's treatment the period occurred, accompanied with some pain, marked improvement over previous conditions. Patient asked as to probable return of her health. I informed her that so long as the lesions I had corrected remained so, she would not have any more trouble from that source. She called on me four months later to express her gratitude, said she had been perfectly well ever since her treatment.

***

Amenorrhea.

Mrs. S., brought her 17-year-old daughter, who had not menstruated for two years, except when strong medicines had been given. Though she had the usual periodical symptoms' quite regularly, was confined to her bed from one to three days, with excruciating headache. The mother was a neurotic. Through anxiety for her child, who had with her menstrual disorder, a very obstinate case of constipation, gastr-duodenitis, a goitre, myopia and laryngitis.
The Bulletin.

Lesions: Fourth lumbar anterior, relaxation of lumbo-sacral muscles. Sixth and seventh dorsal anterior, upper dorsal posterior. Cervical muscles very rigid and sensitive. Patient had a chronic cough. Mother was sure she was contracting tuberculosis.

After six weeks' treatment this patient was practically well, except she had not menstruated.

I told the anxious mother not to worry in this particular and begged her not to give her daughter any medicine to produce the period as I was confident it would occur in one or two months. She promised me faithfully she would not, with the result at time of second menstrual period she was normal and has remained so ever since.

The Bulletin

Of the Atlas and Axis Clubs.

Asa Walmsley, Editor.

Miss Katherine Broderick, Reporter for Axis Club.

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 any address or change in their mailing addresses thereby. Only by doing so can the editor provide against loss of some of the copies.

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Kirksville, Missouri November, 1906.

Editorial.

Dr. Young's, in the election which took place on Nov. 6th, Dr. F. P. Young of the A. S. O. faculty, was elected representative for Adair County, Missouri, by a handsome majority. The doctor's election is a victory for osteopathy, and we trust that in the capacity of representative his services may be as efficient and as heartily received as those rendered at the A. S. O. The Bulletin extends hearty congratulations.

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Prepare for Next Atlas Atlas Gathering. Elsewhere in this number is a report of the Atlas Club meeting at Put-in-Bay. As will be noted, the attendance was not as large as could be wished, a fact no doubt due in large part to lack of announcement previous to the convocation of the exact hour of the meeting. We are in accord with the suggestion made in the report—"That a good program be arranged by and for the club men next year at Norfolk, Va.," and would suggest that the program and the date on which the meeting is to be held be announced as early a date as possible. Let every Atlas man at the meeting of the A. O. A. next summer attend the Atlas Club gathering and do his part toward making it a grand success.
McConnell and Teall's Practice. The third edition of McConnell's Practice of Osteopathy, rewritten and revised by Drs. C. P. McConnell and Chas. C. Teall, and with numerous additions, chief among which is a chapter on "The Hip-Joint" by Dr. Geo. M. Laughlin of the A. S. O. faculty, has been completed and is now on sale at the various osteopathic book stores. It is a work of 800 pages (6 by 9 inches) and is printed on excellent stock, and is in two styles of binding—cloth and half morocco. The work is a decided improvement over the preceding editions both as to amount and quality of subject matter. The authors are men of wide experience in osteopathic practice and prominent in the profession, both being past presidents of the American Osteopathic Association. In addition to the wide experience of its authors the value of the work is materially enhanced by quotations from writings by Dr. A. T. Still, Hulett's Principles of Osteopathy, Clark's Applied Anatomy, Hazzard's Practice of Osteopathy, Tasker's Principles of Osteopathy and Young's Surgery.

The chapters on Osteopathic Etiology and Pathology, Osteopathic Diagnosis and Prognosis, Osteopathic Technique, Osteopathic Centers, and The Hip-Joint are of especial interest and value. The chapter last mentioned is, in our opinion, well worth the price of the entire volume.

We predict for the work a large sale, and for those who possess themselves of it an increased knowledge of the science of osteopathy in its various phases.

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Osteoblast. This is the title of the Year Book which was projected by the 1907 class in the spring of this year, but which did not make its appearance until November. To the class of 1907 belongs the distinction of producing the first A. S. O. Year Book, and their achievement is something of which they may well be proud for from a standpoint of typography, illustration, binding and arrangement it is a work of art, and from a literary aspect it is replete with contributions of poetry and prose of variety and kind to suit the most fastidious. The book contains 170 pages (10 by 8 inches in size), nearly 300 illustrations from half-tone engravings, is printed on heavy coated paper and has a handsome red leather binding.

The class is to be congratulated for their courage in taking the initiative in the matter of getting out a Year Book, and for the splendid completion to which they carried the same. We hope that the Year Book idea will be perpetuated by A. S. O. students.
remedy he is employing, especially its physiological effects, his knowledge on this point being largely, if not wholly, empirical. The whole system of serum-therapy is a reversion to the Voodooism of barbaric man.—November Health.

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Lend a Helping Hand.

For some time there has been a matter before our judges in the Court of Appeals as to the meaning of the term “practice of medicine” and on their decision would hang the status of Osteopathy.

They have reserved judgment. We have good reason to believe that the decision would be favorable to us as the court has intimated to the counsel that it was wise to obtain legislation upon the subject. Consequently, we are applying for legislation at the next session of parliament which meets next winter.

As our country is the first “foreign power” that is trying to legalize the science of osteopathy, I think every American should be enough interested to give all the possible aid. There are a large number of Canadians in the United States interested in osteopathy and they also have influential friends at home. Some few we have so far discovered that have influenced some of our M. P.’s in the right direction. We have the names of a few such but believe there are many more.

We will thank our friends all over the United States if they will utilize their every opportunity to get their Canadian friends busy on our behalf. “Every little bit helps.” Any particularly good ideas along this line of activity we need we are always ready to receive gratefully.—Dr. Edgar D. Heist, Secretary of the Ontario Osteopathic Association, Berlin, Ontario, Canada, Oct. 15th.

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Gropings of the M. Ds.

(The following excerpts are from a paper by Edwin Walker, M. D., presented at the nineteenth annual meeting of the American Association of Obstetricians and Gynecologists, held in Cincinnati, Sept. 20-22, 1906, and published in the American Journal of Obstetrics for November. In the face of statements such as those made by Dr. Walker how can any one say that the practice of medicine is an exact science.—Editor.)

Notwithstanding the great strides the science of medicine has made in the last half century, entirely revolutionizing our views of pathology, we still cling to many of the vagaries of our fathers. It is true that great changes have been made in our therapeutics, and many gross errors have been abandoned; but there still remains in our recent textbooks much that should have been long since expunged as harmful or valueless. We should at least break away from measures productive of harm.

We have replaced emetics with the stomach tube and sudorifics by the use of dry heat and baths, and so on through the line, until the reliance on drugs in every division is less, or is replaced by a better remedy.

Less change has been made in the employment of cathartics than in any other department of therapeutics. We do not use them as heroically, it is true; fewer “are purged out of the world,” but they still occupy the foreground of our armamentarium. A friend, who enjoys a large practice, in reply to my strictures against purgatives, says: “I could not practise medicine without purgatives.” In fact, the very name of our profession emphasizes their use, for we practise “medicine” or “physic,” which certainly encourages the laity in their belief that our chief reliance is in drugs and that “physic” means the “usual purge” his family doctor gives him, as a preliminary, in all his ills.

I wish we could find a better name, for we do not practise “medicine” to-day. The use of drugs has now and probably always will have an important place, but it is not our chief reliance, and as our knowledge advances, it will be of less importance. The laity should be educated to the idea that the prime object in consulting a physician is to obtain a diagnosis and to receive such directions of a mode of life as will best combat their trouble, and that the exhibition of drugs is of small importance compared to this.

A large proportion, and one might safely say, a majority of patients who consult their family physicians, get a dose of purgative medicine to begin with. The doctors give it because they are “bilious,” or to “unlock the secretions”—whatever that may mean—or to “act on the liver,” although we know but little of the functional derangements of that organ, and probably less of the action of drugs on it. It is not strange therefore, that people should resort to the purge themselves, for have they not the endorsement of the profession? Can we be surprised then that the use of these drugs is almost universal? I have often asked the question: “Have you any purgative medicine in the house?” And have yet to receive a negative answer. Is not this universal use of laxatives productive of much harm? Are we not after all responsible for most of it? I firmly believe that most of the advantage made by Christian Science is due to the abuse of purgatives by our profession. The sufferer goes from doctor to doctor, and either has these drugs prescribed, or at least no warning against them. Their continual use is, in many cases, their only trouble. They embrace the “faith,” stop their purgatives, and are healed. Is it strange or unjust
for them to charge that after years of “medical” treatment without avail, Christian Science has made them whole? There is nothing new about this, for there have been many warnings, we must admit, but alas they have not been heeded.

We must take a stand against purgatives, just as we do against narcotics. They are not to be used except when indications are clear, and only under the direction of a physician. They are instruments of evil to be avoided by them as much as possible.

One cannot but feel the necessity of greater light on the physiology of the digestive tract. Our very ignorance should behoove us to be careful in attempting to modify processes of which we know so little.

Our lack of knowledge of the physiological action of purgatives is also painfully evident. I tried to find the physiological action of salines, calomel and castor oil, the purgatives most commonly employed. The only thing I could thoroughly establish was that they are all irritants. Salines increase the amount of fluid partly by their affinity for water, and they diminish absorption, thus increasing peristalsis by distension of the bowels. Castor oil acts by its irritant properties (Butler-Biddle), while in the action of calomel there is a wide diversity of opinion.

H. C. Wood (1905) says: “The conclusion seems inevitable that mercurial purgatives given to healthy persons cause the escape of large quantities of bile, from the alimentary canal.”

Roberts Bartholomew (1904) says: “Experiments have shown that calomel lessens the physiological activity of the liver, and consequently diminishes the production of bile; instead of stimulating the liver or acting as a chologog, calomel must be regarded as a sedative and as having the power to allay an irritable state of the liver. This fact harmonizes in a most satisfactory way with clinical experience, for calomel has always been regarded as useful in the highest degree in those cases of “biliousness” characterized with a surplusage of bile due to an over-acting liver. Hare says: “The question as to how calomel does act, whether it is changed by the alkaline juice of the intestines or whether it acts as calomel, or as mercury, is not settled.”

Here we have two standard authors; one gives calomel to increase the flow of bile, the other to check it, and both expect to correct the “biliousness” by it. If these were the ravings of a backwoods doctor, we would pass them over without notice; but they are the teachings of the leading authorities on therapeutics to-day.

Ambidexterity.

Sir Edward Arnold once stated that one of the many evidences of Japanese common sense is the custom of teaching children to write with either or both hands. Charles Read, through arguments in his writings, converted many persons to become ambidexterous, and it is a gift or an acquisition greatly to be desired by those who wield a pen. To be able to change the pen from one hand to the other at the first premonition of weariness would relieve many a weary hour, and perhaps prevent writer’s cramp. Thomas Jefferson, while American Minister to France, broke his right wrist, but with little trouble learned to write with his left hand. That was before the days of the typewriter, and without the use of both hands it would have been impossible later for Jefferson to carry on his voluminous correspondence. Instead of wasting time and patience trying to break a naturally left-handed child from using the pen in that hand, would it not be better to teach him to use both hands equally well? An adult, whose muscles are no longer supple, can learn to write with the left hand in one week, and in one year the handwriting of one hand will be as good as that of the other.—Family Doctor.

** ATLAS NOTES. **

A very practical talk was given before the Club on Saturday night, Oct. 27th, by Dr. Wm. H. Ivie, of the post-graduate class. The doctor dealt with such points as choosing a location; the selection of a suitable place for an office; office equipment; the osteopath’s duty to practitioners of his own and other schools; professional ethics; the necessity of being systematic in our affairs, and many other conditions with which the beginner is invariably confronted. Such talks help to illumine the mind of the untutored and no doubt will make easier the path of the young practitioner.

** Personnel of Recent Initiates. **

We take pleasure in welcoming into the Atlas ranks Dr. Geo. Tull of Indianapolis, Ind., who recently has been initiated into the club as a field member. Dr. Tull is one of our osteopathic pioneers, having graduated from the A. S. O. in 1895. He is one of the successful practitioners of Indianapolis, and has had experience as an osteopathic physician that might well make envious many younger D. O.’s. The Atlas Club was not in existence when Dr. Tull graduated from the A. S. O.
Dr. A. H. Lillard who is taking a post graduate course at the A. S. O., is one of the recent additions to our number. Dr. Lillard was graduated from the Ward School of Osteopathy in February, 1900, and since then has been practicing in Owensboro, Kentucky. Previous to studying osteopathy the doctor had a high school and business college education and had been engaged in farming and teaching school.

Mr. Wilden Penn Snare, of the Senior class, who has recently become a member of the Atlas Club, comes from Wyoming, Ill. Mr. Snare has a public and high school education and has been occupied as a teacher, lecturer and farmer. Benefit received in his immediate family from osteopathic treatment led Mr. Snare to study the science. He has two brothers-in-law and two cousins in the profession.

Mr. Stephen Temple of the senior class comes from Prairieville, Mich., where, previous to entering school, he was engaged in mercantile business. Mr. Temple has a public school education. He became convinced of the merits of osteopathy through benefit derived in his family from osteopathic treatment.

Mr. D. F. Miller of the Junior class has a public and high school education and prior to entering the A. S. O., was engaged in teaching. Mr. Miller became interested in osteopathy through friends who were benefitted by osteopathic treatment and upon investigation concluded the best thing he could do was to enter the profession. His home is in Sailor Springs, Ill.

Dr. E. O. Millay, of Barry, Ill., was in Kirksville on Oct. 25 and 26. The doctor brought a patient—a girl of five years of age—who had been operated on in June at the A. S. O. Hospital for talipes due to infantile paralysis and who required further attention for this condition. Excellent results have been obtained in this case, which is a source of gratification to all concerned.

On Saturday, Nov. 10, Dr. R. E. Hamilton of the A. S. O. faculty addressed the club, taking for his theme "Compared Education." Among other things the doctor pointed out the necessity of the osteopath being thoroughly familiar with the philosophy and principles of his science and the application of the same, in order that he not only should succeed as a practitioner, but also that he might the more readily define the differences between his and other therapies. He also showed that while osteopathy has been in existence only a few years the education received by students of the science compares favorably with that of the best medical schools. The doctor's talk was much enjoyed by those present. Preceding the address by Dr. Hamilton, a musical program was enjoyed.

Dr. J. W. Sylvester of Cleveland, Ohio, accompanied by Mrs. Sylvester, spent several days in Kirksville early in November. The doctor visited the club's regular Saturday night session, and said it felt "like old times" to be back in Kirksville and at a club meeting. The doctor addressed the members briefly and during his remarks dropped words of encouragement to those about to launch out and try "their hand" in applying osteopathic therapeutics.

The faculty and students of the A. S. O., as well as many citizens, were much grieved by the sudden and untimely death of Mr. John R. Davis of the senior class, on the morning of October 24th. Mr. Davis came to Kirksville over two years ago to be treated for paraplegia due to injuries received by falling from a bicycle, and after spending some months here, he entered the class of January, '07. The deceased was in the habit of taking early morning walks and it was while out for one of these walks that he was struck by a Wabash train and instantly killed. Mr. Davis was held in very high esteem by the faculty and students of the A. S. O. The quotation opposite his engraving in the Year Book recently published—"Our Mutual Friend"—evidences the esteem in which he was held by his classmates. The Bulletin extends sympathy to the bereaved family.

A very profitable clinic was given in Atlas Hall before members of the Axis and Atlas clubs on the evening of Nov. 4th by Dr. Geo. A. Still. The subject for the occasion was Mr. Geo. Chapman of Kansas City, Mo. who presented a very unusual condition. In June, 1890, while playing with other boys Mr. Chapman (then 13 years of age) was accidentally shot in the head, the bullet (from a 44 calibre Colts revolver) entered the skull in the temporal region and in its passage back pierced, among other structures, the internal capsule and the cerebelum, passing through the occipital bone near the external protuberance. In dressing the wound from 6 to 8 ounces of brain substance was removed and a mass of bone 4½ by 5½ inches in size. Mr. Chapman has complete hemiplegia of the left side (the wound is on the right) accompanied by total anesthesia. Left arm very spastic, arm, wrist and ankle clonus, right hemianopia, wrist drops and claw hand, deaf in left ear,
and axia, and several other minor symptoms. Mr. Chapman's case is of especial interest because of the fact that he is alive after so gross an injury, and additionally, because his mentality seems to be unimpaired. Dr. Still dealt with the case in all its aspects and all agreed that it was a very interesting and helpful clinic.

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**ATLAS FIELD NOTES.**

Dr. A. S. Loving, Jacksonville, Ill.: "I am always glad to get the Bulletin; it has a warm place in my heart because it is meritorious and links me to my school days there with the pleurantest of memories. I appreciate the efforts made to keep it up to a high standard."

***

Dr. J. W. Tarr, formerly located at Marshall, Minn., is now practicing at Glenwood, Minn.

***

J. E. P. Holland, D. O., M. D., of Bloomington, Ind., has been elected examiner in Pathology, Bacteriology, Etiology and Hygiene of the Indiana State Board of Medical Registration and Examination. Congratulations doctor.

***

Dr. John M. Treble of June, '06 class, writes that he is comfortably located at 771-73 Ellicott Square, Buffalo, N. Y.

***

Dr. F. E. Root, Erie, Pa.: "You have no idea how good it seems to get the Bulletin. It's like getting a letter from home; especially when one first opens office and is waiting for patients—although I have enough to keep me going and am doing well. Remember me to the boys."

***

Dr. J. J. Schmidt, Danville, Ill.: "I look forward to the arrival of the Bulletin like I do to a good dinner, it has so many good things in it. Success to the Bulletin and my regards to the Atlas members."

***

Dr. Charles S. Fisher, who graduated in Jan., '06, and who remained for a post-graduate course, is located at Milwaukee, Wis. Dr. Fisher was Noble Skull during his post-graduate term.

***

Dr. and Mrs. Ambrose B. Floyd of Buffalo, N. Y., have given up their apartments at the Markeen and resumed housekeeping in their own home at 317 Norwood Ave. Besides the office at his home, Dr. Floyd has opened a down-town office at 748 Ellicott Square.

***

On Nov. 20th the Stork brought to Dr. and Mrs. J. E. Matson of Eau Claire, Wis., a boy. Congratulations.

***

The Indiana State Osteopathic Society met at Indianapolis, Ind., on Nov. 17 and had what those present pronounced the best meeting in the history of the society. Dr. M. E. Clark of the A. S. O. faculty was the guest of the occasion and addressed the society on "The Causes and Significance of Pelvic Tenderness." The Indianapolis Sun in reporting the meeting mentions Dr. Clark as follows:

Dr. Marion E. Clark, of the Kirksville, Mo., College of Osteopathy, lectured and conducted clinics on gynecology. At night Dr. Clark conducted a round-table "quiz" that was instructive and a "smoker" followed in the parlors of the Claypool hotel.

***

The Eastern Illinois Osteopathic Society which met on Oct. 20th were also enlivened by the presence of Dr. Clark at their meeting. On that occasion he read a paper on "The Osteopathic Lesion."

***

**ATLAS CLUB MEETING AT PUT-IN-BAY.**

Twenty-six field members of the Atlas Club met at 2 p.m., Aug. 9, in Parlor A, Hotel Victory. Dr. E. J. Breitzman of Fond du Lac, Wis., was elected chairman and Dr. A. S. Loving of Jacksonville, Ill., secretary.

Dr. J. A. DeTienne of Brooklyn, suggested that it would be a good plan to organize a field club, which met with hearty approval. Dr. J. S. Baughman of Burlington, Iowa, moved that a committee of three be appointed by the chair to arrange plans for reorganization. Drs. Baughman, DeTienne and Whitcomb were so appointed.

A good suggestion was made that a program be arranged by and for the club men next year at Norfolk, Va. No action was taken, but it is hoped that something definite and of a practical nature will be done.

The Bulletin was praised very highly, and our duty to send in contributions to it first, was impressed on each one.

Drs. Franklin Fiske, R. H. Graham and F. R. Heine were appointed as a committee to confer with the Axis Club and arrange for the banquet of the two clubs that night. This event proved to be one of the most pleasant features of the convention.

Dr. A. S. Loving, Sec'y.
AXIS NOTES.

The Club gave a Halloween party, which was both entertaining and unique. The decorations consisted of autumn boughs, and great stalks of rusting corn; these were arranged to resemble a teepee, and in front of each an enormous Jack-o-lantern glimmered, with just light enough to make the darkness visible.

Many of the masked white-robed figures were seen to approach these favored spots, that they might consult the oracles, for at each a witch held court whose wisdom was only exceeded by her winning ways and shining raiment.

The skulls that wandered forth, displaying electric lights, and the dignified seniors of the sterner sex, masquerading in feminine attire, added much to the weirdness of the picture.

Later in the evening, the company were regaled with strings of apples and yards of doughnuts, and sweet cider, from the famous orchards of Missouri. Then unmasked; and to the strains of ‘rag time,’ they danced till midnight, when the ghosts dispersed, each feeling as if he had dreamed a dream, or read a chapter from some old book.

On Thursday evening, November eighth, the ladies were invited by the Athena Club to attend a lecture and demonstration to be given at Athena Hall, by Professor George A. Still. The case was a most remarkable one and the lecture thoroughly enjoyed by every one present.

Names of New Initiates:

Mrs. F. Bourne Lake of Cambridge, Mass., was educated at the Collegiate Institute, Hamilton, Ontario, and at Grace Hospital, Detroit, Michigan. Mrs. Lake is a member of the senior class and was first interested in the study of osteopathy on account of the inefficiency of medicine.

Miss Genoa D. Stephens of St. Louis, Mo., received her education in private school at Pilot Grove, Mo., and afterward became a trained nurse. Miss Stephens practiced Massage for a time, but thought osteopathy best of all and decided to enter that profession.

Mrs. Dessa Blackman Thompson of Maryville, Mo., graduate of the high school of Shawnee, Oklahoma, was first attracted to osteopathy by her association with the well known practitioner, Dr. “Billy” Laughlin. Mrs. Thompson is a member of the senior class.

Mrs. Julia S. Bolam of Detroit, Mich., is a member of the Junior class, and was educated in the public schools of Detroit. She came to Kirkville with her daughters when they took up the study of osteopathy, and seeing the good results obtained by practitioners, decided to enter school.

Miss Elva Lyman (of the upper Freshman class) comes from Iowa Falls, Iowa. She was graduated from the high school at Hampton, Iowa, and commercial college at Dixon, Ill. Wishing to enter a profession she chose osteopathy as the best and most promising for women.

AXIS FIELD NOTES.

Doctor Nannie J. Chappell, St. Louis, Mo., in sending dues to June nineteen hundred and seven, writes, “I do not wish to be in arrears, a I think the Axis Club a “good thing,” and my dues money spent in a good cause. My heartiest wishes be ever with the club and its members.”

Doctor Elizabeth M. Crowe, Elkhart, Ind., “Enclosed find money order which I cheerfully send. Have been practicing several years, yet I feel a deep interest in the Axis Club, and its good work; both in the local organization and the field. May it have a prosperous and profitable year.

Doctor Augusta Nichols has become associated in practice at the Patterson Institute of Osteopathy, Washington, D. C., where her former patients and friends will receive her personal attention.

Doctor Margaret Bowen is taking a past-graduate course at the A. S. O.

Doctor Lucie Sutton Blanchard of Lincoln, Nebraska, writes in glowing terms of her growing practice, gratifying results, grateful patients and above all, the grand science of osteopathy.

Doctor Carrie P. Parenteau, Chicago, Ill., tells of the press of work, being kept busy night and day. Such news is most welcome and encouraging to us.

Dr. Sylvia Printy, June, ’06, is located at Sturges, S. Dakota.
THE REMINISCENCES OF A BANDAGE.

By Maude Cartwright.

WHO would have thought that a well-wound cotton roller bandage would be condemned to oblivion and a surgical bucket? But we never know which end we are coming to first.

Sic transit gloria mundi. I have certainly been for some time “on the shelf” in the cupboard belonging to the surgical ward, in our set, and I, having a “great deal more in me” than in most, more width, and being capable of “going to greater lengths,” have that ward under observation during this period.

Quite below me there lay in rows of beds, human nature, suffering humanity and injured innocence. Beside me on the shelves were the helps and aids for those wounded beings, some of them bandages, among them, others belonging to branches of my family tree, the cotton tribe, of whom you all must have heard, as the family to whom the Sunny South owes much of its greatness and most of its wealth, even the newspapers speak of us every day in some such way as this: “Cotton is quoted steady.” Steady? Why, of course, even when I went to a patient’s head I remained there “tight,” and if being tight isn’t the support to human frailty it is supposed to be. There was a dark German bandage, Esmarch’s they called him, quite close to me, but we didn’t rely much on him, as he was always “stretching a point,” and was never kept long in one place. While I was staying there in my glass house, I was superintendent of the ward. I believe a nurse there, with black band on her cap, thought she was, but she worked as hard as any other nurse, so I saw all that was done, although I did nothing but criticize.

There were often quite dramatic scenes enacted in that ward, both of comedy and tragedy, for those beds did not always contain groaning invalids, but often laughing, joking, friendly creatures, who vied with each other in describing the horrors of the operations they had undergone. I have observed that these tales of woe were all the more harrow-

ing, and the stitches in the wound more numerous the day before an operation on some one else.

To hear of such recitals must have been cheering to the expectant sufferer, who certainly deemed that here in reality was the “seamy side of life,” to judge from such remarks as I’ve got nine stitches. That’s a mere trifle; I’ve more outside and seven in, and so on.

Really it seemed to me many of them thoroughly “enjoyed poor health.” Many a time I thought life seemed quite bright up there, but there was the other side to the picture. Sometimes a moaning, suffering creature would be carried into the ward, and it nearly made me ravel my edges to hear the groans at night, but soon the night nurse would go and insert a magic needle in the patient’s arm, and soon all would be quiet.

The absorbent cotton said in his soft thick way, “If you could only be wrapped up in yourself as I am in myself, you would not go troubling about others in such a manner.” I retorted that some day I might have “reverses” but I would never be as much “in the blues” as he was.

Well as a good cotton bandage, I ought not to lose the thread of my discourse. This ward was lighted at both sides by long windows, between which, were two white lines of beds; down the middle strolled, trotted and paced the passers by. I saw a great deal there, and know that “life is composed of a complex number of aggravating sills,” as a nurse once said in my hearing.

I used to watch those nurses coming and going, and drudging and trudging night and morning. Often they seemed tired and I heard them say “life’s a grind,” which I quite understood, having been “through the mill” myself. They would talk quite close to my shell, and sometimes ask each other why they became nurses. “I thought,” said one, “That I would become a Sister Dora or a Nightingale, and soar to heights of fame, but I’ve only flopped and mopped.” “I,” said another, “have tried nursing as it is a profession where a woman can procure an independence and a fascinating occupation at the same time; for there is a fascination in our work that enchains our interests, and there is the keenest excitement felt in the battle with death, and a delight in an ultimate victory over disease that only a nurse or a physician can appreciate,” etc., etc.

Pooh! a bandage cannot be expected to care about all this palaver; it seems as dry as my cousin, the Plaster of Paris Bandage, before he was soaked. He is ever dryer after his soaking, and Oh! isn’t he stiff? Thinks no end of himself because he is “self supporting” and is so French “de Paris,” you know is so proud of his fair complexion, which, “entre nous” is all due to powder.

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When all goes well in the ward, and the patients go home with
protestations of undying gratitude to the nurses, and an unpaid bill, I feel
quite like unfolding, but the scissors says “shut up”; in its sharp way,
“They don’t mean it, catch them coming back.”

The scissors are decidedly snappy and cut any argument short. I
tried to get the opinions of the adhesive plasters, but they are so close
about anything though capable of sticking firmly to any one they
form a strong attachment to, that I couldn’t get much from them. The
mustard plaster doesn’t do to argue with, as he gets so hot, and you can
not keep him long on one point without becoming heated yourself; so I
left him in a corner alone.

For many months, I stayed there a proud ornament to that cup-
board’s upper shelf, but one day I “was taken down”, and was cut by
my old friend, the scissors, oh! such a clip, and had to try to “make both
ends meet” round a patient’s head! Of course they must have felt,
“blest be the tie that binds” a dressing on one’s scalp. While there, I
may have been at the head of affairs, but it was only for one day. I was
taken from my post (not that I mean to say that I was attached to a
blockhead) and carried off in the surgical bucket and only look for-
ward to cremation with other hospital “debris”.

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