

VOL. VIII

NUMBER 9

The Bulletin  
of



Atlas & Axis Clubs



DEVOTED  
TO THE



SCIENCE OF OSTEOPATHY

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MAY, 1907.

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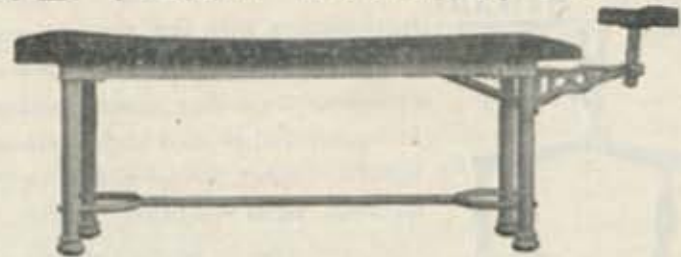
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FIG. 1

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FIG. 2 shows position in which the patient is placed in being treated Gynecologically which is very comfortable to patient and easy on operator. For descriptive matter in full, address

**M. C. BURRUS,**  
**HATTISBURG, MISS.**



FIG. 2

# The Bulletin

OF THE ATLAS AND AXIS CLUBS

VOLUME VIII.

MAY, 1907.

NUMBER 9

## OSTEOPATHIC TREATMENT FOR THE EYES AND EARS.

S. E. WRIGHT, D. O., MARION, INDIANA.

SOME people will tell you that osteopathy is good for some things, but it will not reach your eye trouble, especially astigmatism. I do not claim to be an eye specialist any more than I am a stomach specialist, but I wish to say to you, if you have weak eyes, accompanied by headaches, stomach troubles, throat difficulties or cloudiness of the mental faculties, what you need is for an osteopath to hunt out the obstructions to the blood and nerve supply to the affected parts, and having found and removed those obstructions, nature will resume its normal work and your troubles will disappear like mist before the sunshine.

Now, I say this advisedly, for sometimes it takes quite a while for the mists to clear away on a very foggy morning. So it is with a case in which the cause is deep-seated, of long standing, and hard to remove. But when once it has been removed disease processes can no more remain than can the vapor before the direct rays of the noon-day Sun.

I have had a number of cases, one especially I have had in mind in writing the foregoing, having the above mentioned and other distressing symptoms, compelled for nine years to wear glasses, which after five treatments were discarded for good. The secondary symptoms disappeared upon the removal of the main cause, viz., lesion of atlas, it being to the right; and secondary causes, lesions at base of neck and between shoulders, with muscular and ligamentous contractions, all of which were very apparent to the patient and his friends, the atlas being very prominent on the right side. After finishing the course of treatments, the patient reported in six weeks that his eyes were still somewhat weak but able for his many duties with them, and that the other symptoms were reduced to the minimum.

Other cases take longer than the one referred to above. One, of almost total deafness of right ear complicated with a case of la grippe and accompanied by a roaring in the head. Eight or ten treatments given before much benefit was derived; improvement was rapid from that time on, until the patient, who had been greatly embarrassed by the condition, is comfortable, in that she can now talk with her friends, and enjoys the theatre, even in the balcony, with as much ease as most

of her friends, saying that it takes practically no effort now to hear while before it required her whole attention and effort upon the one thing, of which she even then could get only a small amount.

Roaring in the head all gone and has been for some time; hearing still gaining with twenty treatments in two and one half months. The scalp, which was very tight and thick, is now more nearly normal in pliability and mobility.

In another case of eye trouble, which has been a very stubborn case on account of irritations outside of direct lesions, the nervous mechanism was almost ruined by "fitting" glasses that did not "fit." At one time glasses were tried which made the lines of vision cross, and as the patient expressed it to me, it was done to break down the stronger muscles so that they would only equal the weaker muscles on the opposite side of the eye. There is one thing sure, it helped to break down the nervous system and thereby sympathetically injured the digestion directly and other bodily functions indirectly.

The patient has taken twenty treatments in two and a half months with much benefit, but needs as much more to make the benefit lasting, as all the lesions have not been removed and the irritations of the nervous system generally have not entirely subsided.

When recuperation first began, neuralgic pains starting in the vicinity of right eye and radiating downward, settled high in the chest on the right side. Immediately upon the starting of this pain the numbness and other symptoms in eyes and head would begin to disappear leaving scalp and course of pain painful upon pressure.

Notice the condition: before glasses were fitted the eyes were weak, symptoms of nervous collapse, slight digestive disturbances, constipation and only medium activity of kidneys, with a trace of albuminal waste. According to the optician's idea, one set of muscles was too strong, rather than the opposite set being too weak on account of poor nerve supply, therefore, he immediately "jumps" upon those strong muscles with his strong lenses and proceeds to literally knock out of them a certain per cent. of their strength so as to make them "equal" to the weaker ones on the opposite side; and thereby relieve (?) the nerve strain.

That would be an exact parallel to a moral reformer going out to reform humanity by drawing down citizens of integrity and worth to the level of the slum element and thereby evening "up" things in the moral world. My idea in this case was to release the nerve and blood supply which had, to a great extent, been shut off by mechanical pressure, and nature, which is self-recuperative, could then go ahead and build up those weak muscles, in the doing of which and cleaning out of the poisons of the dormant area by the blood let in for that purpose, there

was a tenderness upon pressure which is gradually diminishing as the tissue become more vital.

The above is a point much discussed by people not understanding the workings of nature, and if, after taking a treatment, any tenderness appears, they sometimes say: "I cannot stand the treatments; they make me sore." Had you ever thought, my sceptical friend, that the conditions causing that soreness were there before the treatment, but, owing to nerves being disconnected or deadened by pressure, no message could be sent to the brain notifying you of that condition, until the treatment removed the pressure, thereby making the connection so that the nerve now sends its messages telling of the condition, and you now feel the soreness or pain, as the case may be."

This seems to me like the pessimist saying that the world is getting more wicked, and the optimist telling him that it cannot be so; that our fore-parents were just as wicked as we are, but were not found out so often, owing to our telegraph and like means of quick communication of our day letting New York, Chicago and San Francisco know of any murder committed in London, Paris or Canton, China, in the evening, in time for the morning paper.

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#### EXAMINATION OF A PATIENT.

ALFRED W. ROGERS, A. M., D. O., BOSTON, MASS.

THE osteopathic physician should, as should a physician of any school, make a careful examination of a patient who comes to him for treatment. It is hardly less important that the knowledge of his case and condition gained through such an examination shall be in such a form as can be easily preserved and quickly referred to as often as the memory needs refreshing. The form herewith given has been adapted to the needs of an osteopathic physician from a common stock-form examination blank. We believe that it contains about all the data necessary for a careful study of a patient's case, though it is undoubtedly susceptible of improvement.

This examination form is printed on paper of size 5x8 inches and is intended to be used in a loose-leaf indexed book, such as is manufactured by the John C. Moore Corporation, Rochester, N. Y. The book which the writer uses is 1½ inches in thickness and will hold 300 leaves.

The largest value of this record will be to the physician who makes it; for it will aid in making him thorough in his study of the case, careful in his diagnosis and more specific and accurate in his treatment. The patient also is a gainer through accurate methods on the part of the physician. Everything that will promote these ends is valuable. With the hope that this printed examination form may supply to many a helpful suggestion, it is offered here.

2	NAME	ADDRESS	
3	HISTORY	DATE	
4	A FAMILY { FATHER } BROTHERS { } MOTHERS { } PERSONAL { } FAMILY { }		
5	B PERSONAL AGE OCCUPATION SATISFAC. HABITS		
6	ILLNESS	MENTAL	COMMENTED CRASIS CHARACTER DURATION PERIODICITY
7	SYMPTOMS		APPETITE SLEEP BOWELS
8	SYMPTOMS	WEIGHT	TEMP.
9	CIRCULATION { } HEART { } BLOOD { }	HEBBY	REST.
10	EYES	PULSE	ARTERIES
11	GENERAL URINARY.		
12	DIGESTIVE { TONGUE } LIVER { } STOMACH { } AMY. { } UREA { } SERVOUS REFLEX. { PATEL. } SPLEEN { } ABDOMEN { } COLOR { } PUPIL. { } PUPIL. { } STOMACH { } REACT'N { } SUGAR { } BILIE { }		
13	AVULS.	AXIS	
14	OTHER GENERAL LESIONS		
15	DOURAL LESIONS	1	2
16	SPINAL LESIONS	3	4
17	HEAD LESIONS	5	6
18	NEURAL LESIONS	7	8
19	MUSCULAR CONTRACTURES	9	10
20	DIAGNOSIS	11	12
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40		51	52

LETTER FROM DR. A. E. MAC GALLIARD, GRANITE CITY, ILL.,  
ON OSTEOPATHY IN MEXICO.

GRANITE CITY, ILL., May 8, 1907.

ASA G. WALMSLEY, D. O.,  
Kirksville, Mo.

DEAR SIR AND BROTHER:—

In regard to conditions in Mexico, for osteopaths: would say that I can hardly give an opinion, for my work was mostly hospital and emergency surgery among the peons, there being less than a hundred Americans in the town.

The peon is poorer than the poor of our cities and more ignorant than the old southern negro, and many regarded me as a magician in curing their aches and pains without their having to take anything.

I think that I am safe in saying that all are superstitious, though many of the 'primero class' are well educated and speak French fluently.

Unless one already had a fair knowledge of Spanish, or located in a city that had a large American colony, they would be greatly handicapped, having to overcome the opposition of the medical trust, which was organized about two years ago for the purpose of keeping all irregulars from practicing in the republic. And no one who has been long in the country cares to have a jail sentence imposed upon him, while educating the people to the osteopathic way of thinking, and himself learning the language.

In regard to climate: one can find any temperature they want from tropical, abounding in moisture, malaria and mosquitoes—to the cool nights and bright warm days that are like early springtime in our northern states; where the roses and violets are continually blooming, and cereals and vegetables grow every month in the year.

As for a place to send invalids: any place in the United States is better than that country, unless they are strong enough to endure many hardships and do without many of the things that are looked upon as necessities at home. In a word, I would say, as a physician, don't send.

If you are only below normal in general health, and have a strong heart and lungs, a stomach that readily digests quantities of meat and cayenne pepper, and are looking for strange experiences, take a vacation from your office for two or three months and take your time in seeing this new—old country, for everywhere one sees the architecture of the Aztec and ancient Spanish mingled with the modern architecture of the Americans. English and Germans.

There are many places in Texas, Arizona, New Mexico and Colorado that one can send tubercular patients with the knowledge that is generally

known regarding altitude, yearly rainfall and many other things that would each have to be considered, as well as the difficulty in bringing a body out of the country should they die in Mexico.

Another thing to be considered in an invalid traveling through that country is the ever changing altitude ranging from a few hundred feet above sea level, to more than a mile above at the next city.

Should anyone who may read this be further interested, I will gladly answer their inquiries to the best of my ability.

Fraternally yours,

A. E. MacGALLIARD, D. O.

Granite City, Ill.

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### OSTEOPATHIC GLEANINGS.

(Compiled by the Editor.)

#### Outline of Program of Annual Meeting A. O. A., Norfolk, August 26-30, 1907.

##### MONDAY—MORNING SESSION.

- 9:30—Call to order and invocation.  
Address by Mr. Sexton, Director of Congress.  
Remarks by the President.  
Regular order of business.  
11:30—1:00—Clinics and Demonstrations of Technic.  
Afternoon—Visit Exposition.

##### TUESDAY—MORNING SESSION.

- 9:00—President's Address.  
9:30—12:00—Section in Research.  
12:00—1:00—Clinics and Demonstrations of Technic.

##### AFTERNOON.

I.

- 2:00—Section in Physical Diagnosis.  
Heart.  
Lungs.  
Abdomen.  
Nervous Diseases.

II.

- Section in Laboratory Diagnosis.  
Examination of Blood.  
Examination of Sputum.  
Examination of Feces.  
Examination of Stomach Contents.

Visit to Old Point Comfort.

Evening—Alumni Dinner and Class Meetings.

##### WEDNESDAY—MORNING SESSION.

- 9:00—Report of Treasurer.  
Report of Trustees, including reports of standing committees.  
Report of Sub-Committee on Endowment.  
11:30—1:00—Clinics and Demonstrations of Technic.

##### AFTERNOON.

- 2:00—Section on Diseases of Rectum, Bladder and Prostate.  
Visit to Virginia Beach.

##### EVENING.

Grand Ball.

##### THURSDAY—MORNING SESSION.

- 9:00—Regular order. Election of Officers.  
10:30—Section in Gynecology.  
10:30—Section in Eye, Ear, Nose and Throat.  
12:00—1:00—Clinics and Demonstrations of Technic.

##### AFTERNOON.

- Section in Special Osteopathic Diagnosis and Treatment.  
(a) Neuritis.  
(b) Chorea.  
(c) Epilepsy.  
(d) Intestinal Diseases.  
Trip up James River to site of Old Jamestown.

##### FRIDAY—MORNING SESSION.

- 9:00—Unfinished Business.  
9:30—Section in Obstetrics.  
12:00—1:00—Clinics and Demonstrations of Technic.

##### AFTERNOON.

Visit to Newport News Shipbuilding Yards.

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#### Treat Hay Fever Now.

Hay Fever," said a celebrated physician, "is the price of civilization." It was his belief that the strenuousness of modern life increased the nervous temperament and that instability of the nerves is the foundation of hay fever. The researches of another famous physician, Dr. A. T. Still, who founded the science of osteopathy, upholds this view as to hay fever being of nervous origin, but in a different way than the medical world hitherto has appreciated.

##### THE WEAK LINK OF THE CHAIN.

Dr. Still's teaching is not that the whole nervous system must be depraved to make hay fever possible—as was the older medical view—but that it has become weakened through mechanical disorder in some

localized area. The hay fever victim need not have an "unstable nervous system" at all. Indeed, he may have "nerves of iron" and in all other respects enjoy bountiful health; but there is a local defect—perhaps in his spine—which makes him susceptible to hay fever and when the festive pollen blows he cannot escape suffering; his nasal membranes become first irritated, then congested.

Surely, this is more reasonable than the older view because it accords better with well known facts. But, fortunately for hay fever sufferers, the world does not have to establish this view by general reasoning. It is a fact that can be demonstrated and that osteopathy is demonstrating over and over.

#### HOW REFLEX IRRITATION CAUSES HAY FEVER.

The tissue that manifests the trouble in hay fever is the Schneiderian membrane lining the nasal area. It is intimately connected by nerves with the outer coating of the eye and the tear glands. It has been proven by physiologists that these associated structures are influenced by a reflex vasomotor connection (positive no less because not very direct) with other points in the spine that extend down the spine as far as the tenth dorsal vertebra. Irritation set up by mechanical disorder anywhere along this nervous pathway may be reflected, as osteopathy daily proves, direct to the nasal region, manifesting itself as a hyper-sensibility of the nasal membrane. Such a nervous irritability of the Schneiderian membrane only requires, then, the presence of the particular pollen which acts as a poison to it to bring on an attack of inflammation of the membrane, profuse nasal secretion, red eyes, tears and sneezing—the characteristic picture of the hay fever victim in mid-August.

#### THESE SPINAL DEFECTS ARE CURABLE.

It must be good news to the hay fever sufferer that this latest view of the experts permits him to enjoy a reasonably good nervous system, defective only at its one weak spot, for surely repair of the weakest link in any chain is an easier matter than welding the whole chain over, once finding out which link is defective.

It is so with hay fever. Osteopathy is able to locate these anatomical faults in the spine which are the frequent causes of hay fever and correct them. Many of the oldest and severest cases have been permanently cured in this manner.

Treatment should begin as early in the summer as possible in order to influence the nasal membrane before irritation is present. Osteopathic attention beginning two or three months before the date of the usual attack may be expected to rescue a fair proportion of hay fever subjects from further trouble. This treatment is not to be expected to

reach every case, but it is effective so many times that it is surely worth the experiment. The only way for one to find out whether his attack can be aborted in this easy and economical way is to try osteopathy at the hands of an accredited practitioner. If you contemplate doing this begin at once. The sooner the better.—Henry Stanhope Bunting, A. B., D. O., M. D., in *Osteopathic Health*.

#### Danger From Fresh Paint.

That the distress caused to many persons by the odor of fresh paint is not due to imagination, but corresponds to a distinct disturbance of the health, is asserted by a writer in *The Lancet* (London, April 13). Persons who are sensitive to the vapors of the turpentine and oils contained in paint are advised by this writer to leave their homes until the volatile substances have been dissipated by drying. He says:

"Turpentine, even in the form of vapor diluted with air, undoubtedly affects the health of some persons, the disturbance manifesting itself in the shape of giddiness, headache, deficient appetite, and anemia. . . . That such a case should now and then arise is not surprising when regard is paid to the toxic effects which turpentine vapor is capable of setting up. Turpentine, in short, is a poison, and cats and rabbits are so susceptible to its action that if kept exposed to its vapor for some minutes they exhibit marked toxic symptoms ending in death if they are not removed from the sphere of action of the vapor. Personal idiosyncrasy, however, is clearly an important factor, for many persons and probably the majority do not seem to be affected by turpentine vapor to any serious degree. A very sensible precaution during the painting season for those to take who are compelled to endure the nuisance is to leave bowls of water in the freshly painted rooms. Some, at any rate, of the paint emanations are thus absorbed, as will be seen by the oily film on the surface of the water so exposed. An even more powerful absorbent is fresh milk, which reduces the smell of paint in a room in a remarkable way. The poisonous effects of paint emanations do not appear to be connected in any way with the lead contained in the paint, the colic of painters being due to the actual contact of the person with the substance of the paint."—*Literary Digest*.

#### Improved Digestion, Especially of Carbohydrates, Frequently Followed by Constipation.

I have found that an improvement in digestion, especially in the digestion of carbohydrate foods, is frequently followed by constipation. It may appear to you paradoxical that constipation should ever be the consequence of an improved state of the digestive tract, but this is un-

doubtedly the case. There are many persons who suffer from excessive fermentation of carbohydrates. This excessive fermentation leads to the formation of large masses of fecal material in which there is often considerable gas which has been set free in the course of the fermentative process. These soft movements, which frequently have a strongly acid reaction from the presence of free fatty acid, secure to the patient a regularity in movements, perhaps in spite of the fact that there is some degree of atony of the intestinal wall. If now the digestion of carbohydrate food is much improved through out of door life, exercise, etc., the excessive fermentation may cease, and in consequence of the diminished formation of fatty acid, gas, etc., the contents of the large intestine become firm and hard and difficult to expel. Of course this constipation may be aided by excessive evaporation from the skin, but in many instances I believe that it arises mainly because fermentation of the intestinal contents is reduced. \* \* \* \*

Many dyspeptic patients continue very thin in spite of eating carbohydrates in abundance. This is probably owing partly to the impaired conversion and absorption of starchy food. The accumulation of carbon dioxide and other gases occasions flatulence. The feces show the indications of excessive fermentation, indications to which I have already referred at sufficient length. In many cases the failure of carbohydrate digestion in the intestine is associated with drowsiness after meals, with slight headache, and with various minor disturbances of well-being. These are perhaps owing in some degree to the absorption of alcohol and various organic acids.—C. A. Herber, M. D., lecturer on Chemical Pathology at Bellevue Medical School, New York City.

\* \* \*

#### An Optical Extravaganza.

In the New York Times recently Dr. George M. Gould, of Philadelphia, declared that a large proportion of human ailments result from eye strain; and furthermore made the astounding assertion that from 30 to 60 per cent. of the children in our public schools are suffering from eye defects that make the use of glasses imperative! Dr. Gould soberly recommends that each community have a skilled oculist, as part of the school system, and that all of these children be fitted with glasses according to their needs.

What a proposition! How long would it be before all of our children would be saddled with spectacles for life, just as if God had not made human eyes fit for the work of this world?

No one denies that glasses have their place—that they are great aids when the eyes begin to play out either through age or over-use; nor does

any one deny that they are of the greatest service when the eyes have become so affected by disease that the forces of the body, properly directed, are no longer able to restore good eyesight.

But neither will any one gainsay the fact that eye troubles in children are unnatural in nearly all cases and that it is a distinct and serious misfortune for any one to have to begin wearing spectacles while still in youth. Once worn, these artificial aids become increasingly necessary and there is seldom any chance of escape from them in after life.

A child usually has a wondrous fund of vitality, so that the conditions must be very bad indeed that will establish any eye disease. Moreover, that same vitality which helps to ward off eye troubles will help correct them if the conditions of the child's school life are made right.

Now, instead of hastening to put glasses on all of our children, would it not be well to find the causes of their eye ailments and correct them? How would it be to begin by attending to it that light and shade in the school-room are made favorable; by building desks right and insisting that children form right habits of posture at their work; and by reducing the amount of eye labor so that the eyes of our children will not be made defective? The whole primary purpose of schools is to fit children for the tasks of after life; and the system that begins by ruining their eyesight and saddling them with spectacles needs speedy revision.

In a previous article written by Dr. Gould some time ago, this oculist author called attention to a very well known fact—that spinal irregularities of greater or less degree are common accompaniments of eye troubles. He seemed to consider that the spinal irregularities resulted from the eye strain; but is it not very much more reasonable to think that the spinal irregularities, disturbing circulation and causing pressure upon nerves, are the causes of the eye weakness?

This latter is the doctrine taught by osteopathy; and the fact that osteopaths bring benefit and cure in many eye troubles by correction of spinal adjustments is quite sufficient to prove its truth. Many have been able to avoid the use of glasses through osteopathic treatment; many others have been enabled to discard their spectacles; and even a few cases of total blindness have been cured. When the eyes are affected, the first step is to make one's habits and surroundings favor them as much as possible. The second step should be to have structural irregularities corrected by the osteopath so that the life forces may have the best chance to restore normal eye health. Glasses are a permanent encumbrance for life; and they should never be resorted to until every other hope of relief has been exhausted.—The Right Way for Man



**Cancer's Chief Foe Its Victim.**

The death of Professor Poirier, of France, was a great loss to the ranks of surgery. He was the country's most famous cancer expert. In this disease he had so much celebrity among fashionable folk that, according to the New York Times, it used often to be said jokingly that no one was up-to-date unless he had undergone an operation at his hands. We read in this paper of his work and his own sad end:

The irony of fate is exemplified in his case. There is a difference of opinion in medical circles as to what caused his death, and the two physicians who treated him last are accused of having made a wrong diagnosis. A friend declares that Poirier died of cancer, which he knew for years past had marked him for its victim, and tells a touching story. During recent years Poirier had given special attention to cancer cases, and it was owing to his works on the subject, and his representations before the Academy of Medicine of the need of special effort to combat the dread disease, that the Cancer Research Fund was opened in France, the first subscription received being 10,000 francs from Dr. Baron Henri de Rothschild.

Poirier did not devote all his time to wealthy clients. Many poor sufferers from cancers were treated by him for nothing. One woman on whom he had previously operated without a fee, and who had shown her gratitude by sending flowers, went to see her benefactor one day last January in fear of a fresh cancerous growth. Poirier carefully examined her and said:

"It's nothing. It will be some years before you may need a fresh operation which, by the way, I shall not be able to perform."

"Why, doctor, do you refuse to treat me?"

"No, my poor child, but I shall not be there to do it. I also have a cancer and it will be more rapid than yours."

If the story be true—and it is vouched for by a close friend—Poirier maintained before the world to the last a mask of cheerful insouciance.—Literary Digest.

\* \* \*

**Osteopathy in Medical Journals.**

The New York Medical Journal quotes a German journal relating "the case of a man, forty years of age, who sustained a fracture of the second cervical vertebra, as shown by pain on pressure and crepitation, and presented the peculiar and isolated symptom of myosis and loss of reaction of the pupils to light, although their reaction to convergence was preserved.

As there were no other associated symptoms this had to be ascribed

to a lesion of the cervical spinal cord produced at the time of fracture of the vertebra. Sounds familiar to an osteopath, doesn't it?

If a fracture of the second cervical caused decided "symptoms," why will not a slight lesion cause some "symptoms?"

These M. D.'s will, in the course of a hundred years, if they have no "set back," recognize lesions of the vertebrae. Will they then give Dr. Still due credit? Oh no! The truths taught by Dr. Still for years will be "discovered" by some of their own members. Two years ago in a Boston journal and just recently in another medical journal M. D.'s wrote knowingly of the possibility of movement and consequent lesion of the innominate, and symptoms produced thereby.

It was all intended to sound very original, but we wondered what osteopathic book the author used.

However, I believe our members will find it profitable to read at least one good medical journal.

I am reading two and find every now and then an article on diagnosis that is worth the subscription price.

The New York Medical Journal is especially good in that it quotes from all medical journals, besides having many original articles.

Some editors, and writers, for medical journals, never miss an opportunity to "knock" osteopathy, but that matters little to us, as we know how they are prejudiced. Let us watch ourselves that we do not become like them, but on the contrary, be open to truth from whatever source.—Warren B. Davis, in A. O. A. Journal.

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**OHIO STATE BOARD EXAMINATION QUESTIONS.**

Examinations of December 11, 12, and 13, 1906.

**PHYSIOLOGY.**

(1) How are foods classified? Describe each class.—(2) Where and by what secretions are nitrogenous foods digested?—(3) Describe the process of blood coagulation.—(4) Describe a heart beat?—(5) What part of digestion takes place in the duodenum?—(6) What changes does the blood undergo in respiration, and how is it accomplished?—(7) What conditions hasten and what retard absorption?—(8) Describe a serous membrane, and name its office.—(9) What is meant by the term blood pressure?—(10) How is the heat of the body maintained?

**PRACTICE AND PATHOLOGY.**

Name some of the causes of constipation, and give dietetic and hygienic treatment.—(2) Describe the changes that follow generalized arteriosclerosis.—(3) Differentiate between catarrhal jaundice, gall-

stones in the common duct and malignant growth affecting the common duct.—(4) Locate the lesion in paralysis of the right arm and leg and left side of the face.—(5) Describe the process of healing by the blood clot dressing, i. e. where the cavity is allowed to fill with blood and is then closed.—(6) How do carcinoma and sarcoma differ from each other?—(7) Diagnose and give treatment of erysipelas.—(8) Diagnose and give treatment for dysentery.—(9) What is acne? How do you treat it?—(10) Give symptoms, diagnosis and treatment of epilepsy.

## OBSTETRICS

(1) Name the varieties of ectopic pregnancy. Give briefly the symptoms and signs by which it may be recognized.—(2) How determine, before labor, the presentation and position of foetus without making a vaginal examination.—(3) How, during pregnancy, may death of the foetus be recognized?—(4) Name some conditions which would warrant the induction of premature labor.—(5) How distinguish one shoulder from another when the elbow and hand cannot be reached?—(6) What conditions would cause you to make a craniotomy or embryotomy rather than a Caesarian section?—(7) How should labor be induced at about the seventh or eighth month?—(8) Give briefly the pathology of so called milk leg.—(9) In about what period of time should the second stage of labor be concluded? Why?—(10) Give briefly the symptoms of rupture of the uterus and outline its management.

## DISEASES OF WOMEN.

(1) Classify uterine haemorrhage and give some of the causes.—(2) Give treatment for nausea and hyperemesis of pregnancy.—(3) Give some of the causes and treatment for pruritus vulvae.—(4) Give some of the aids and hindrances to involution.—(5) Name three diseases of mammary glands; give their treatment.

## DISEASES OF CHILDREN.

(1) Symptomatology and treatment of rickets. From what must it be differentiated?—(2) How would you treat a child, age two years, who is suffering with vomiting and diarrhoea?—(3) Diagnosis and management of chorea in children.—(4) Diagnosis prognosis and treatment of inherited syphilis.—(5) Give the period of incubation of whooping cough, measles, scarlet fever, diphtheria, chicken pox and mumps.

## SURGERY.

Define surgical diseases; give an example with treatment for same.—(2) Classify fractures and dislocations of shoulder.—(3) How do you dress a fractured clavicle?—(4) Describe technique of surgical treatment

for empyema.—(5) Describe technique of cholecystotomy.—(6) How frequently should you catheterize an unconscious patient?—(7) Describe operation for varicocele.—(8) What is the danger of surgical treatment of corns and bunions in old people and why?—(9) Give a simple formula for hypodermoclysis and what conditions call for its use.—(10) Give symptoms and treatment of intussusception of bowels.

## CHEMISTRY.

(1) Define acid, base, and salt.—(2) What inorganic salts enter into the formation of bone?—(3) What is chemical affinity, cohesion and adhesion?—(4) What are the properties of an acid; of an alkali?—(5) What is an oxide?—(6) What is chloroform? How made?—(7) What is the difference between fermentation and putrefaction?—(8) What is the antidote to carbolic acid?—(9) Describe a method of preparing oxygen.—(1) Name three mineral poisons and give their antidotes.

## MATERIA MEDICA AND THERAPEUTICS.

(1) Upon what does the activity of hydrogen peroxide depend? How is it employed in medicine?—(2) For what purpose is cold employed as a therapeutic agent; how does it produce its effects?—(3) In what way may exercise act as a therapeutic agent?—(4) What is heroine? Describe its physical properties and physiological action? Give some indications for its use.—(5) Write a prescription for a patient suffering from cystitis with ammoniacal urine.—(6) Describe the lethal effects of hydrocyanic acid.—(7) Write a prescription for a patient with broken cardiac compensation.—(8) How does quinine produce its effects in malaria?—(9) From what is eserine obtained? Describe its action.—(10) How graduate the dose of a remedy to the age of a patient?

## ANATOMY.

(1) What vessels unite to form the inferior vena cava? Describe its course and termination.—(2) Give the origin, course and branches of the axillary artery.—(3) Describe the medulla oblongata.—(4) Give the distribution of the pneumogastric nerve.—(5) Describe the larynx.—(6) What are Peyer's glands? Where are they found?—(7) Describe the gall-bladder, giving its location and relations?—(8) Give the names of five muscles of the shoulder and arm.—(9) What is the diaphragm? Where is it situated? Mention the principal opening in the diaphragm.—(10) Give the origin, insertion and action of the deltoid muscle

## PHYSICAL DIAGNOSIS.

(1) How discriminate organic from functional murmurs of the heart?—(2) Give pathological significance of aortic murmurs.—(3) State pathological significance of herpes labiales.—(4) State indications suggested by the reflex vomiting.—(5) What are the indications suggested by hicough?—(6) State pathological significance of blood in the stools.—(7) State physical signs of an effusion in acute pleurisy?—(8) Describe the methods of palpation to ascertain the condition of the kidneys.—(9) State pathological significance of the general distention of the abdomen.—(10) State pathological significance of rigid recti muscles of the abdomen.

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## Primary Carcinoma of the Appendix.

Although in this country the consensus of opinion among surgeons is in favor of inspecting the appendix in all laparotomies in which this is possible and of removing it when any abnormalities are present, this doctrine has not yet apparently gained acceptance in Germany. At least Landau makes a strong plea to this effect in a recent number of the *Berliner klinische Wochenschrift* (December 10, 1906), taking as his text the occurrence of primary carcinoma of the appendix. So far he says sixty-four cases of malignant disease of the appendix have been reported, and he considers that the lesion will be observed much more frequently in the future now that more and more attention is being directed to it. In Landau's own case the laparotomy was made for the purpose of enucleating a uterine fibroid and of removing a tube and ovary. The appendix was found stiff and sharply bent on itself with a somewhat enlarged extremity, and was therefore removed. It was not until microscopic sections had been made that the condition was recognized as one of typical carcinoma simplex. Landau, therefore, urges upon his colleagues the rule to inspect the appendix whenever possible, and states that in order to do this he has come to resort more and more to laparotomy instead of vaginal operation. If the organ appears to be healthy both on inspection and on palpation he does not interfere with it; but if there are any evidences of disease, or if the history points even remotely toward appendicular involvement, it should be removed without hesitation.—*Medical Record*.

## Unnoticed Lateral Curvature.

Dr. W. J. Somerville says that he has been surprised to find how seldom deformities of the back are recognized by the family physician unless his attention is called to the condition by the patient's mother. Frequently, he says, he is consulted by a mother in regard to some family attitude on part of her daughter or son, on account of "one shoulder drooping" "both shoulder blades prominent" "one hip sticking out," etc. On examination a lateral curvature of the spine is easily discovered. Too frequently the deformity is so marked that a cure is impossible, the bodies of the vertebrae having become altered in shape. Had such a child been properly treated, say at eight or nine years of age, when the slight deformity was due to simple muscular weakness, the gross and permanent deformity might have been avoided. Again, he is occasionally told by mothers that when the doctor had been spoken to on the subject his reply was that the child would "grow out of it." Whoever, he asks, saw a child "grow out" of a lateral curvature without careful and appropriate treatment? As an alternative a poroplastic jacket is frequently suggested. But this, by freeing the spinal muscles from responsibility and movement, simply encourages the deformity to become more marked. He would therefore, venture to urge the profession to be on the lookout for "a drooping shoulder," chiefly the right, and when this is observed, to ask permission of the mother to expose and examine the child's back. In nine cases out of ten it will be found that a lateral curvature exists. Suitable medical gymnastics under medical supervision, and not merely under the care of an unqualified man or woman, will, as a rule, cure early cases, or will, at any rate, either lessen the deformity or deprive it of its more obvious and conspicuous proportions.—*Medical Record* of June 15, 1907.

[We wonder if Dr. Somerville ever heard of osteopathy, the system of therapeutics which has for its basic principle correct alignment of the bony structures in order to health. Again, we wonder if he is another of the M. D's who has been reading osteopathic text books preparatory to "discovering" osteopathy. If Dr. Somerville knows anything of the basic principles of osteopathy and the great work it is doing for just such cases as he mentions, as well as many others, why does not he in the interests of humanity recommend to such patients one who is skilled in diagnosing and treating these conditions—an osteopathic physician. Such narrowness on the part of an individual who represents what should be the broadest minded profession on earth is truly lamentable.—Ed.]

# THE BULLETIN

OF THE ATLAS AND AXIS CLUBS.

ASA WALMSLEY, D. O., Editor.

MISS EVA L. MAINS, 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 their addresses on making their first location, and on making any change in their mailing addresses thereafter. Only by doing so can the reader provide against loss of some of the copies.

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

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

KIRKSVILLE, MISSOURI, MAY., 1907

## EDITORIAL.

**Our Successor.** Mr. Paul E. Erwin of the June, '08 class, has been chosen editor of the Bulletin for the ensuing year. Mr. Erwin is an excellent student, an ardent devotee of the science of osteopathy, and is well qualified for the position to which he has been elected, and we believe will creditably fill the same. We bespeak for him the same cordial treatment that has been accorded the present incumbent.

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**We Thank You.** It is with feelings of regret, in some respects, that the editor presents his last number of the Bulletin. Our relations with the field and local members have been of so pleasant and profitable a nature that we could wish a continuance of the same. But, like those who have gone before, we must move on and take our place with the ever increasing army of field members. We wish to thank our readers for their kind and encouraging words, and especially do we thank those who so generously contributed to the pages of the Bulletin. Nor have we forgotten those who have promised to contribute to the Bulletin, but who for some reason have failed to do so. Our successor will be pleased indeed to have their assistance and if the promised contributions are sent to him, we shall feel as grateful as though we had received them. And we will again remind you that the success of the Bulletin depends largely on loyal and hearty support from the field members.

**Explanatory.** Knowing that our readers will wonder why the May Bulletin is so late in appearing, we offer the following explanation. Under the new course of three years of nine months each it at once becomes apparent that the students will be in Kirksville only nine months of the year, and it has been thought advisable by the Clubs to issue nine numbers of the Bulletin instead of ten, as heretofore. In addition, the editor thought it well to make the May issue a sort of May-June number and not issue until June. On taking the copy to the printer, we found him exceedingly busy and as a consequence this issue is later in appearing than we had intended.

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**The Western Osteopath.** The latest addition to the list of Osteopathic journals is the Western Osteopath, published by the Bay Osteopathic Association of California and edited by Dr. W. W. Vanderburgh of San Francisco. It is neatly gotten up, has a good staff of associate editors and promises to be a useful addition to osteopathic literature. Dr. Vanderburgh at one time edited the Bulletin and we believe that under his capable management The Western Osteopath is bound to be a success.

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**Reception to Conveners.** On the night of May 25th an informal reception was given by the Atlas and Axis Clubs to Atlas and Axis members who were in attendance at the Tri-State convention. The reception did not begin until after nine o'clock as the association program occupied the evening until ten o'clock and later. A goodly number of members were present, Missouri, Iowa, Illinois, Kansas and Nebraska being represented. A pleasant evening was spent, some coming from the convention after the program to spend an hour or two at the club. Many said that a trip to Kirksville would not be complete without paying a visit to their club.

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**Dr. Gerdine Goes to Europe.** After spending four years with the American School of Osteopathy as professor of physiology, neurology, and psychiatry, Dr. L. van H. Gerdine, has asked for a year's absence that he may go to Europe and further qualify himself as a teacher. While abroad the doctor will study at Berlin and Vienna with Oppenheim, Mendel, Redlich and other recognized authorities on the nervous system.

The doctor is a graduate of Harvard College, has spent a year and a half at Johns Hopkins in Baltimore, and a year and a half in Germany at the universities of Bonn and Berlin. He will graduate from Rush Medical School of the University of Chicago this summer.

The doctor is a proficient and popular instructor and it is a matter of much satisfaction to know that he will return to the A. S. O. on his return from abroad.

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**Atlas Meeting** We have heard nothing definite from the field as to what steps have been taken toward having a national convention. Atlas meeting at Norfolk, Va., other than that Dr. M. E. Clark of Indianapolis, Ind., has been appointed chairman of a committee to make arrangements for such meeting. Dr. Clark is a worker and with him at the helm we may expect an excellent program. We would suggest, however, that every member who expects to be present do his part toward making the meeting a success, and not leave the entire responsibility of the affair on the shoulders of the committee. The Atlas Club is a useful and important organization—an organization which has done much to advance the interests of the science of osteopathy—and this fact along with the opportunity of renewing old associations and taking a reminescent view of by gone days should stimulate our members to do everything possible toward having a grand reunion. What has been said of the Atlas Club applies with equal force to the Axis Club, and we trust that both clubs will have the best meeting in their history at the coming A. O. A. convention.

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**Atlas and Axis Directory** We hope to mail the Atlas and Axis Directory shortly after July 1st. An effort has been made to have it as accurate as possible, but we scarcely can hope that it will be void of error. The frequent changes of location and the failure to notify the editor of the same makes it difficult to keep posted to date. We trust that it will meet the expectations of those for whom it is intended, and we (the retiring editor) shall appreciate a personal letter or postal from as many as care to write, expressing their opinion of the directory.

\* \* \*

**Another Successful Tri-State Convention** That the Tri-State convention at Kirksville, Mo., on May 24 and 25, 1907, was a decided success is the verdict of those who attended. There was a large attendance, the states of Missouri, Iowa, Illinois, Kansas, Nebraska, Arkansas, Indiana and Michigan being represented. Many declared that a visit to the home of osteopathy and a word with the Old Doctor would more than repay them for their trip, and we are pleased to say that the Old Doctor was in good health and was much in evidence, to the delight of all. But in addition there was an excellent and well conducted program—a program which managed to deal with nearly every phase of the science and

profession. Excellent papers on theory, on practice, on ethics and clinical demonstrations made the sessions well worth attending. Not the least interesting was the lecture on the history of osteopathy, illustrated with stereopticon views, given the first evening by Dr. William Smith who has again become a member of the A. S. O. faculty.

The society, which has been reorganized and named the Mississippi Valley Osteopathic Association, and comprising the states of Illinois, Iowa, Missouri, Kansas and Nebraska, will meet in Kirksville in 1908. The officers of the new association are: President, Dr. A. G. Hildreth, St. Louis, Mo.; first vice-president, Dr. Esther W. Whittaker, Perry, Ill.; second vice-president, Dr. J. L. McClanahan, Paola, Kans.; secretary, Dr. Mary E. Noyes, Ottawa, Ill.; treasurer, Dr. Susan Balfe, Alliance, Neb.

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**From June Journal of Osteopathy.** With this issue of the Journal of Osteopathy I will retire from the management of the same. For the past five months my work in the American School of Osteopathy has taken my entire time; and the Journal has been edited by Drs. Walmsley and Fiske. While retiring from the management to devote my time to the work of teaching, I still expect to be of assistance to the new editor, and will be as much interested in the advancement of the Journal as I have in the past.

Dr. Fiske, who will take charge of the Journal, is an experienced newspaper man. He has been practicing osteopathy in Portage, Wisconsin, for several years. Since February of this year he has been teaching Physiology and Osteopathic Diagnosis in the American School. Under his enthusiastic management we predict for the Journal still greater prosperity than has attended it in the past.

We bespeak for him the same loyal co-operation which has characterized the profession in the past.

R. E. HAMILTON.

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The policy of the new management of the Journal of Osteopathy will be one of absolute impartiality. While published at Kirksville, the Journal will favor no individual, school or association; it will fight no man's battles, but in all osteopathic events will aim to tell the exact truth. The Osteopathic Journal will furnish ethical field literature at the lowest price compatible with the highest quality.

In the accomplishment of the above, we ask your cordial assistance.

FRANKLIN FISKE.

## ATLAS NOTES.

Election of officers for the ensuing term took place on May 4th, and installation on May 18th. There was an excellent attendance on both occasions. Dr. R. E. Hamilton conducted the installation ceremonies. The officers as elected are:

Noble Skull .....	R. P. Carlton
Occipital .....	C. J. Hatch
Sacrum .....	Edward C. Murphy
Stylus .....	P. W. Gibson
Receptaculum .....	D. F. Miller
Pylorus .....	Eldon S. Detwiler
Styloid .....	Frank Austin Kerr
Radius .....	W. Clare Brown
Right Clavicle .....	Millard J. Grieves
Left Clavicle .....	Houston A. Price
Trustees: .....	Dr. R. E. Hamilton, Dr. F. P. Pratt, Mr. K. W. Shipman
Editor of Bulletin .....	E. Paul Erwin

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## Recent Initiates:

Mr. Norman D. Wilson is a member of the freshmen class and comes from Firkney, Mich. He has a high school education and was engaged in teaching prior to coming to Kirksville to study osteopathy. Mr. Wilson was influenced to study osteopathy through benefits derived from treatment when everything else had failed.

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On the evening of May 4th, Dr. Fred W. Gage of Chicago, visited the Club. It was election night and the doctor was quite interested in the work of choosing officers for the fall term. At the conclusion of the evening's business the doctor addressed the Club briefly, calling attention to the good work the club had done in the past and is still doing. He emphasized the necessity of becoming well grounded in the fundamentals of our science before attempting to practice it and urged the members to make the best use possible of their time here. He congratulated the students on the fact that they were getting a three-year course, and reasoned that if those who went out in the early days with a much shorter and inferior course could succeed (which they did) those studying under present conditions, if they apply themselves, should be eminently successful. The doctor's remarks were much enjoyed.

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On Saturday night, May 11th, the members of the Axis Club were entertained by the Atlas Club at the club rooms. A splendid musical

program was given followed by light refreshments, after which games and dancing were indulged in until midnight. The following is the program as rendered:

Piano Solo .....	Mr. Francis M. Turner
Reading .....	Mr. Carroll B. Morrow
Whistling Solo .....	Mr. Millard J. Grieves
Remarks by Dr. E. C. White of Watertown, N. Y.	
Vocal Solo .....	Mr. Richard H. Prindle
Quartette .....	Messrs. E. S. Detwiler, C. G. Hatch, E. R. Smith and M. R. Spafford.

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Dr. E. C. White of Watertown, N. Y., A. O. A. Inspector of Osteopathic Colleges, who was in Kirksville, entered the hall during the program, and on being called on by the chairman, Noble Skull Shipman, he addressed those present briefly.

Dr. White said: I am glad to again be at the fountain head of osteopathy, to renew old acquaintances, and note the splendid progress which has been made in every department of the parent school. I do not think that those here at present begin to realize the advantages they have over the students of earlier days in the way of training. I have been through the school here and am agreeably surprised. There is such wonderful advancement in every respect.

The training received by present-day students is such that we need no longer be called "specialists in bone setting." You are being fitted for all round physicians. In New York we were accused before the legislature by the M. D.'s of taking everything we can get in the line of practice. And why should we not do so, providing we believe we can successfully handle the various cases. And I will here say, that we should learn to know the conditions which we can and which we can not handle successfully. Not that I wish to imply that our science is confined within narrow limitations, for I believe we can and do treat satisfactorily nearly all if not all conditions that are treated by any other system of healing. But there are conditions met by the physician nearly every day which can not be materially benefited by any system of therapeutics, or in which the prognosis is at best of a doubtful nature. It is concerning such cases that we should be guarded in our prognosis. We are under no obligation whatever to promise results, and the best physicians do not make such promises.

Sometimes it is more to our advantage to refuse to treat a case than if we had taken it. People will say, that man is honest, and these persons will become your friends and will send patients to you because they believe you to be trustworthy.

I sometimes am asked what in the practice is the hardest on the individual osteopath.

In my opinion giving unnecessarily hard treatments has preyed upon the vitality of the osteopath more than any other one thing.

But not only are hard treatments wearing on the osteopaths, but frequently they are decidedly injurious to the patient and do him an injury and thereby injures the profession. Nor can we at first always tell whether or not a patient can stand a hard treatment. It frequently happens that a big man can stand a light treatment only, whereas a woman weighing ninety or a hundred pounds may require very vigorous treatment. So the conclusion we draw from these facts is that in all cases it is advisable to be very careful at first and if any error is made let it be on the side of giving too light rather than too hard treatments. The pursuance of such a course will result in benefit to the individual osteopath, to the patient and to the profession.

Again, let me say that I am pleased to be here, and while my associates of former days are not here, I know that those present—the members of the Atlas and Axis Clubs—are imbued with the same spirit of progress and desire to attain the utmost proficiency in our chosen profession that has ever characterized our clubs, and I wish you continued and abundant success in the excellent work you are doing. I thank you for your kind attention.

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#### ATLAS FIELD NOTES.

Dr. E. C. Smith recently of Norborne, Mo., is now practicing at Savannah, Mo.

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Dr. H. S. Amussen of the January, '07, class has for some time been located at 544 E. Fifth St., Logan, Utah.

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Drs. S. G. and Emma Morris recently of McKeesport, Pa., have moved to Chehalis, Washington.

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Dr. Frank L. Goehring of Pittsburg, Pa., has recently moved into new offices and is now comfortably located at 339 Fifth Ave.

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Dr. Glenn J. Proctor of the Jan., '07 class is practicing with his brother, Dr. Ernest R. Proctor at 57 Washington St., Chicago, Ill.

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Dr. C. J. Gaddis of the Jan., '07 class has charge of the practice of Dr. D. L. Clarke of Fort Collins, Colo., who is taking several months' vacation.

Dr. J. K. Dozier, New Haven, Conn.: "I enclose one dollar for club dues. The Bulletin is always welcome while it keeps up its present standard of excellence.

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Dr. Geo. R. Boyer and Edgar Q. Thawley of Peoria, Ill., have entered into a partnership for the practice of osteopathy and will occupy suite 331-2-4-5 Woolner Bldg.

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Dr. Franklin Hudson who has been practicing at Springfield, Mass., has recently gone to Scotland and has opened an office for the practice of osteopathy at 100 Princes street, Edinburgh. We wish the doctor success in his new field.

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Dr. J. S. Allison of Monrovia, California, has for several weeks been at Port Moody, B. C., taking care of a patient for whom a change of climate had been recommended. Since going to Port Moody the doctor has been indisposed and is just recovering for a mild siege of lung fever.

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Dr. F. L. Ecker of Carthage, Mo., has been elected a member of the advisory board of the hospital of that place. The board is made up of four M. D's. and one D. O. The hospital is a new one and has just opened. Dr. Ecker is to be congratulated in being appointed, and the osteopaths of Carthage in the recognition they have received.

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Dr. R. W. E. Newton of Cambridge, Ill., has been appointed health officer of that place by the city council. The doctor in writing the editor says: "Enclosed find check for club dues for 1907. I enjoy the Bulletin very much and am eager to get it each month. The editor is to be congratulated on the good work he is doing. I would like very much to be with you some night and have the merry times we used to have."

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#### AXIS NOTES.

The new president, Mrs. Mayme K. Tuttle expects to attend the A. O. A. at Norfolk.

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Another pleasant evening, May 11, was spent at the hall, when the Axis ladies were entertained by the Atlas Club.

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Dr. Harbert, '02, Richmond, Mo., who came early to attend the "Tri-State" was present at the club meeting.

A typhoid case was discussed at one of the meetings by Dr. Mary Walters. There was a relapse, a collapse and final recovery. The word picture of the different stages was very good.

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An evening of interest to the new members of this half year was enjoyed by the Axis Club May 5, at the Atlas Hall. No doubt we all recall the time when such a meeting was held for us.

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The following officers were installed at the last meeting of the year, May 22.

President .....	Mrs. Mayme K. Tuttle
First Vice-President .....	Mrs. Eleanor R. Dashiell
Second Vice-President .....	Miss Eva I. Mains
Recording Secretary .....	Miss Elva J. Lyman
Corresponding Secretary .....	Miss Mary E. Perrett
Financial Secretary .....	Miss Mary E. Alspach
Treasurer .....	Miss Sarah E. McRoberts
Chaplain .....	Mrs. Crencense Hencke
Escort .....	Mrs. Nelle Mareey
Janus .....	Mrs. Florence Bolles
Historian .....	Miss Harriet F. Cornell
Librarian .....	Miss Edna Earle
Assistant Librarian .....	Mrs. L. H. Most

The retiring president invited all to remain for a social time and refreshed them with ice cream and cake.

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Recent Initiates:

Miss Media Thompson, Dayton, Washington, attended high school. Became interested in osteopathy seven years ago and would have taken up the study at an earlier date but sickness at home prevented her doing so. She has proven herself a good nurse and is anxious to be able to help suffering women in particular.

AXIS FIELD NOTES.

Dr. Eliza Mantle, Bloomington, Ill.: "Best wishes for the Club."

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Dr. Mary E. Pratt, Toledo, Ohio: "I am very much pleased with the Bulletin."

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Dr. Ethel K. Traver, Brooklyn, N. Y., sends greetings and best wishes to the Axis members.

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Dr. Florence Stafford of Pittsburg, Pa., has removed from 873 St. James St., to 625 Clyde St.

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Dr. Edith F. Cooper, Graf Building, Dunkirk, N. Y., is now in her own office. It is so near vacation time she is sure the days are being counted.

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Dr. Mary Hawk Van Doren of Allegheny, Pa., has removed from 810 Arch St., to 721 Arch St.

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Dr. Katherine Broderick of the Jan., '07 class, is located at "The Aldrich," 291 North Main St., Waterbury, Conn.

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Dr. May Marts late of Watsonville, Calif., has removed to 528 Granger Bldg., San Diego, Calif.

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Dr. Sara F. Herdman, Denison, Texas: "Dr. Wynne and myself welcome the Bulletin each month. You will I am sure want to know about our prospects, and am glad to tell you the outlook for work is favorable. Kindest love to all Axis sisters."

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There will be a meeting of the Axis Club field members, Tuesday evening, Aug. 27, at the A. O. A. Convention. The president, Dr. Mrs. A. L. Conger, and her officers, are planning for a meeting that will be interesting and helpful. They hope all who can will plan to be there at that time and enjoy it with them.

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Dr. Margaret E. Messick has changed her address from 6358 Ellis Ave., to "The Tudor" 4300 Ellis Ave., Chicago. "Would like to have



any of the visiting Axis sisters call, hence my desire to have my change of address published. Have office hours every day from 1 to 5 down in the city at 702-704 Champlain Bldg. With best wishes for the success of the Club."

\*\*\*

Dr. Almeda J. Goodspeed, Suite 901 Champlain Building, Chicago: wishes to correct a statement in the new Osteopathic Directory. It says she is the National President. She is not this year. Dr. A. L. Conger holds that office.

Dr. Goodspeed says: "I often think of the good times we used to have and wish I could be there at some of your meetings."

\*\*\*

Dr. Ollie A. Lyman, Stamford, Conn.: "I so often wish I could meet in the dear old club rooms, especially in the practical work. So many, many things come to us in actual practice, that we little dreamed of when in school, where we could have found out about them if we had known. Do not neglect physical diagnosis, it will be of great service to you when in the field. You will need all you can take with you, and much easier learned there than by yourself. I have a nice practice and enjoy my work very much. Best wishes for the sisters."

\*\*\*

Irvington on the Hudson, N. Y.  
May 16, 1907.

TO EDITOR OF BULLETIN, KIRKSVILLE, Mo.:

It was my pleasure to meet several of the Axis Club field members who are located near and in Washington, D. C., at the rooms of Dr. Tufts. The evening was spent in the joyousness of our work; in wanting to be able to uphold the true osteopath in teachings, and enthusiasm over its success in gaining friends, which we know is upon merit. We talked of good times spent in Kirksville and it was the desire to send our greetings to "The Bulletin." Light refreshments and good cheer.

Very truly,

Mrs. A. L. CONGER, D. O.

FOR AXIS CLUB.

TUNE—"AULD LANG SYNE."

(Arranged by National President, Mrs. A. L. Conger, Irvington on Hudson.)

Should Axis members ere forget  
And never bring to mind  
The days in Kirksville when we thought,  
The lesions were to find—

CHORUS:

The grind, the daily anatomy grind  
Which Dr. Still did plea.  
So we'll drink to him in kindness yet  
For osteopathy.

To all the rooms which held our woes  
And made our brains to whirl  
We pressed with zeal, and ardor high  
Atlas boy—and Axis girl.

CHORUS:

We've spread the news from sea to sea.  
As round us goes the world—  
The Axis of the globe we'll be  
Our club at ignorance hurled—

CHORUS:

So we'll join hands each favored friend  
And gie's a hand o'thine—  
And here's a cup of kindness yet  
For Auld Lang Syne—

CHORUS:

If agreeable we will all join in singing these words at our meeting  
at Norfolk, Aug. 27.

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