

VOL. VII.

NUMBER 2

The Bulletin
of



Atlas & Axis Clubs



DEVOTED
TO THE



SCIENCE OF OSTEOPATHY

MARCH 1906

CONTENTS—MARCH, 1906

OSTEOPATHY IN EMERGENCIES.....	George M. Laughlin, D. O.
WHAT IS OSTEOPATHY?.....	Aurelia S. Henry, D. O.
CONSTIPATION AND ITS TREATMENT.....	Mary E. Noonan, D. O.
.....	F. Payne Millard, D. O.
.....	Chas. N. Maxey, D. O.
.....	Charles C. Teall, D. O.
.....	H. M. P.
ADDRESS.....	
MY VALENTINE (POEM).....	
CASE REPORTS—	
Asthma.....	
Lumbago.....	
Constipation—Threatened Appendicitis.....	
Asthma.....	
Epilepsy.....	Edward C. Montague, D. O.
OSTEOPATHIC GLEANINGS.....	
EDITORIALS: Advertising—Better Osteopathy—Osteopathic Physician—Taber's Dictionary—Directory of the Atlas Club.....	
ATLAS NOTES—ATLAS FIELD NOTES.....	
AXIS NOTES—AXIS FIELD NOTES.....	

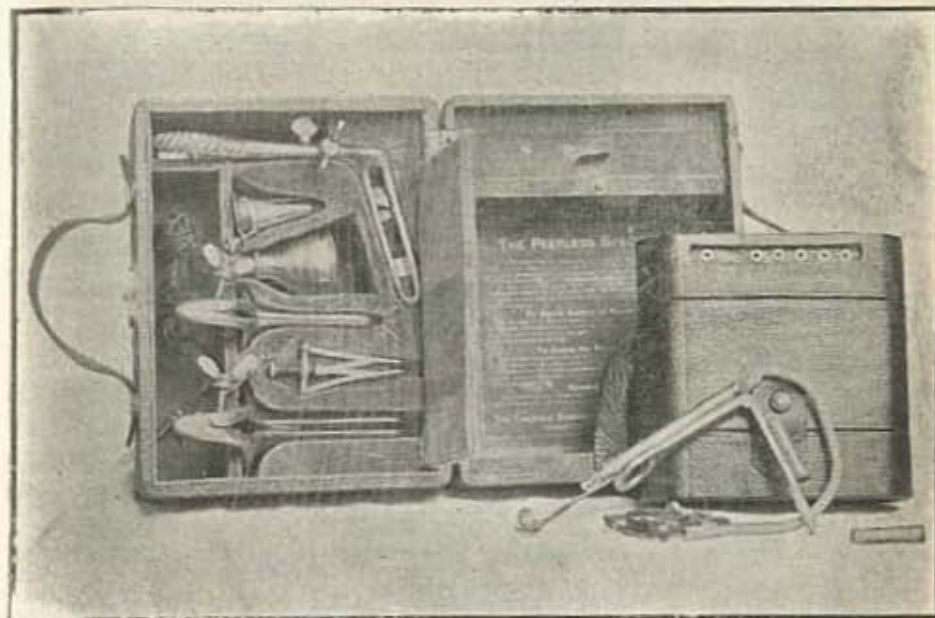
OFFICERS OF THE ATLAS CLUB.

Noble Skull.....	Charles S. Fisher
Occipital.....	H. Clyde Johnson
Sacrum.....	Cyrus J. Gaddys
Stylus.....	George F. Horn
S yloid.....	Frank C. Martin
Pylorus.....	Frank L. Goehring
Receptaculum.....	William F. Hilliard
Radius.....	Asa Wamsley
Right Clavicle.....	James Brake
Left Clavicle.....	Henry E. Urban
Trustees.....	Dr. M. E. Clark, Dr. W. D. Dobson, Frank Holmes

OFFICERS OF THE AXIS CLUB.

President.....	Mrs. Effie L. Rogers
First Vice-President.....	Miss Annie M. Roberts
Second Vice-President.....	Miss Eleanor Balfe
Recording Secretary.....	Miss Nelly M. Shell
Corresponding Secretary.....	Miss Corinne Larimore
Financial Secretary.....	Miss Bella Brake
Treasurer.....	Mrs. Mary B. Horn
Chaplain.....	Mrs. Catherine Compton
Escort.....	Miss Edith F. Cooper
Janus.....	Miss Joanna M. Brooks
Historian.....	Miss Ethel K. Traver
Librarian.....	Miss Anna Balfe
Assistant Librarian.....	Miss Augusta Nichols

GET IN LINE.
ELECTRICAL ILLUMINATION IN DIAGNOSTIC AND OPERATIVE WORK ABSOLUTELY INDISPENSIBLE TO PROPER RESULTS.



Weight 5 1-4 pounds.

Size 9x7x5 inches.

Every Objection Overcome in the New Peerless "Special."

The case contains an instrument, (with attachment), and a small and perfect light for the illumination of every reachable cavity.

Its portability, wide scope of usefulness, high efficiency, and low cost, appeals to the intelligent attention of all who see and examine it.

Hundreds in use and the number daily increasing. Why not "Get in Line?"

You increase your own usefulness by reducing the liability of a mistake or an oversight to a minimum; and at the same time you satisfy your patient that you are "up-to-date."

Don't neglect this important addition to your equipment. Valuable both in the office or at the bedside.

Circulars and special proposition, easy terms, etc., on application.

THE ELECTRICAL SPECIALTY MFG. CO.

Sole Manufacturers.

Lock Drawer "F" Allentown, Penn.

ADVERTISEMENTS.

History of Osteopathy
and
Twentieth Century
Medical Practice

By E. R. BOOTH, Ph. D., D. O.
603 Traction Bldg., Cincinnati, Ohio.
46- pages, including 20 pages of engravings containing 40 cuts.

Price, cloth \$4; half Morocco 4.50. Express prepaid.

T. H. O'NEILL,
302 S. Elson St.,
Kirksville, Mo.

Sole agent in Adair county for the

Instruments with
Illuminating Attachments

of the Electrical Specialty Mfg. Co. of
Allentown, Pa.

The beauty and usefulness of these instruments will be demonstrated at any time.

M. P. Thompson & Co.



Dry Goods, Fancy Dress
Goods, Ladies' Tailor-made
Suits and Spring Jackets, Carpets,
Rugs, Mattings and Linoleums,
ladies' and gents'
Furnishing Goods.

We Invite You to Call

M. P. Thompson & Co.
South Side Square

Principles of Osteopathy

BY

DAIN L. TASKER, D. O.

A text-book for the use of students and practitioners.

Just such a book as the studious person delights to read.

"I would have given a hundred dollars to have had that book fall into my hands on the day that I first entered on the study of osteopathy." H. S. BUNTING, D. O.

This was written concerning the first edition. The Second Edition is enlarged and improved. It is a fine specimen of the printer's art and compares favorably with the best that medical book publishers have to offer.

Price, \$5.00—Carriage prepaid.

Ask your book dealer for it or send direct to the author,

DR. DAIN L. TASKER, 416 Grant Bldg. Los Angeles, Cal.

The Bulletin

OF THE ATLAS AND AXIS CLUBS.

VOLUME VII.

MARCH, 1906.

NUMBER 2.

OSTEOPATHY IN EMERGENCIES.

(This lecture was delivered before the Axis Club, Dec. 20. The stenographic report was furnished through the courtesy of Miss Mary M. Shepard, (Axis, '06).—Editor.)

This afternoon I take for my subject "What can the Osteopath do in Emergencies with his present training?" The question of emergencies is a large one and I will hardly be expected to cover the whole field—only a small part of it.

I will not take up the question of surgical cases—many are strictly surgical—many emergencies come in connection with obstetrics—many arise from the administration of poisons—taken either accidentally or with suicidal intent. But I will not take up toxicology.

I will speak only of points that will come up in our daily practice. A great many of these cases are cases that the osteopath can do a great deal of good for with his manipulative treatment. In time, osteopathy will include everything that is good and useful. It is only a question of time until we have our osteopathic surgeons. We will be forced into it. The time is coming when we will be obliged to do surgical work if we engage in a general practice.

The first thing that I will speak of is, apparently a very minor one: nose bleed or hemorrhage from the nose. In many infectious fevers this is found. The ordinary method practiced is the application of cold packs about the head. Under osteopathic measures we have great success by giving thorough cervical treatment. Many people not in good health are subject to hemorrhages from the nose. In certain illnesses when hemorrhages occur, they have a bad effect on the patient. I have treated a number of cases successfully by giving a thorough cervical treatment. In most cases you will find cervical lesions which predispose to this trouble. Keep the patient quiet—use cold packs upon nose to aid in coagulation. By treatment in the cervical region you get vaso-motor control at the place of hemorrhage and often will be able to stop it. I have used the same treatment in hemorrhage of the brain, especially in hemiplegia, with satisfactory results. It has a tendency to check the hemorrhage and that is the essential thing in hemiplegia. That is the thing to look to if you are called early—after that the absorption of blood is the thing to look after to prevent softening of the brain and degeneration of tissues.

Another thing that is apparently a minor point—the management of fainting spells or syncope—the result of some shock to the nervous system from blows, illness, excitement, etc. In all these cases the fainting is a shock to the nervous system and as a result the brain becomes anemic and the patient either partially or wholly unconscious. I have learned that there are some treatments, which if not given carefully, may cause the patient to faint. Strong treatment in mid-dorsal, also cervical treatment given in such a way as to bring strong pressure on the 10th nerve. The heart's action is thus slowed or partially stopped, the circulation is affected and the brain becomes anemic. Now as to the management of such a case. Ordinarily, such cases are not serious but they may become so. First, raise the window to get the fresh air.

Second, have patient lie down, flat on his back with head lowered. You may throw a little cold water on the face or wet the thorax to start respiration. Treat in the cervical region, thoroughly raise the ribs and watch the radial pulse. If in a serious condition, the heart action will be hard to detect. In giving the cervical treatment do not treat in front as respiratory structures may be impinged on.

Just as soon as patient moves or sighs you may know he is out of danger. Never get excited, for as a rule the cases are not serious.

Management of cases of spasms in epilepsy—they may occur periodically. Where the spasm is severe the patient should have immediate attention. When this is possible the attack can often be materially shortened. It is a disease of the nervous system characterized by periodic seizures. The spasms may be so great that the muscles will be sore and weak for some time afterward. The spasms are generally the result of absorbed toxins. In some instances, I have been able to ward off an approaching spasm. Grasp the neck firmly and tip the head back, bringing strong pressure in the sub-occipital region. I don't know that we can do any good if the system is full of toxins, but in public places it may be a good thing to ward off a spasm. A seizure can often be relieved by giving thorough cervical and upper dorsal treatment. In bed, of course, you may not be able to reach the dorsal region, and I find it a good plan to grasp in the sub-occipital region. I do not attempt at this time to replace any lesions but I do attempt to relax structures and by so doing, you are often able to shorten the spasm. If you can get to the patient immediately, you can often check it in one minute, and the patient is not unconscious so long. If treatment is given at the time of spasm, coma does not last so long and patient will get up feeling much better. The after-effects are generally the results of the spasms. They will remain sore for some time. The treatment for epilepsy should be given between spasms. In every case

of epilepsy we will find history of indigestion, and immediately preceding attacks, you will generally find that the patient has eaten a heavy meal. Treatment should be given in upper dorsal region, ribs should be examined, and patient's diet should be restricted not as to quality but as to quantity.

Apoplexy or hemorrhage of the brain is brought on by some disease of the arteries (artero-sclerosis), Bright's disease, or some undue exertion, resulting in hemorrhage in the brain. In most of these cases immediately upon appearance of hemorrhage the patient becomes unconscious. You make a careful examination, find out how case came on, the condition of the patient before the attack, examine the body carefully to find out whether there has been a spasm; the character of breathing; examine reflexes, and you can soon tell whether he is unconscious from hemorrhage of the brain or from some other source. It is very difficult to treat these cases properly. The thing to do when you are called, is to have the patient placed in a comfortable position and warm the extremities with a hot water bottle. The important thing to do is to check the hemorrhage as quickly as possible, and the way to do that is to put on a cold application—ice pack—on the head, and at same time administer thorough cervical treatment. Avoid a jerky treatment because that might increase the hemorrhage. Also relax the upper dorsal muscles to get vaso-motor control. I was called recently to see a case of apoplexy. The patient became unconscious in the evening and it was his second attack that I was called for. I treated him as above and he regained consciousness in two or three hours, and was able to walk upstairs.

Bright's disease.—When the kidney refuses to work, the patient becomes unconscious—this unconsciousness coming on slowly. In most of these cases by shaking the patient you can make him answer yes or no, or something of that sort. The reason for coma in this disease is simply this. The kidneys have undergone gross changes—the epithelium has sloughed off and the cells that select urea from the blood cannot perform their function. If called to a case of this sort it is difficult to determine the cause of the trouble if you have no history. The points to be watched for are the peculiar odor of urine about the patient and he can be aroused by shaking. Using the catheter in such a case, no urine will be found in the bladder. In a case as bad as this, prognosis for recovery is very unfavorable, and no treatment is indicated, though of course, we should always do all that is possible. Occasionally patients recover from coma of diabetes, but not very often.

Heart Failure.—After recovery from any acute, infectious disease, the patient may die at any time from heart failure. I have seen many cases die when they were apparently getting along all right and it is

well to know how to avoid these complications. The symptoms are difficult to recognize, especially in diphtheria or typhoid fever, but there are signs which will tell you whether the heart is in a good or bad condition and there are certain things which you must not do if you wish to guard against complications. If the second heart sound is increased, take as much work off of the heart as possible by keeping the patient in bed. Give thorough dorsal treatment; lift the ribs. It is extremely essential to keep the kidneys acting and all excretories open that toxins may be carried off; also keep the lower dorsal region relaxed and lesions corrected. I had a case of pneumonia that had apparently made a recovery. Patient was gaining strength but his heart was weak; he got up out of bed to go to stool—collapsed and died. It is therefore, very essential to watch the heart carefully and see that little work is put on it, as you may lose a case by neglecting to instruct attendants on these points.

Hemorrhage in Typhoid Fever.—I will simply bring forward what the osteopath can do with nothing but his hands.

Two years ago, I assisted Dr. Link in the treatment of a case in which the patient had a hemorrhage amounting to five pints. Few patients recover from such a profuse hemorrhage. He was of course in a state of collapse and in a cold sweat. No radial pulse could be felt and it was difficult to detect the heart beat. We did not administer any salt solution or stimulant but depended strictly on osteopathic measures. We did place ice packs over the supposed seat of the hemorrhage, over the bowels; warmed up the circulation; then stimulated the heart action for thirty minutes, perhaps. The patient began to recover under this treatment and the next day was apparently safe. That probably would not work in all cases, but I think that that treatment is good.

Spasmodic Croup.—This is very alarming and something must be done immediately. I have always been able to give relief within two or three minutes after the onset of the spasm by giving thorough cervical treatment. With firm and thorough manipulations relax the muscles and structures as quickly as possible, and results are generally good.

Membranous Croup.—In membranous croup we have quite a different thing to deal with. Aside from the difficult breathing, the toxins in the blood must be contended with. The patient is unable to keep quiet on account of difficulty in getting breath and so a great amount of extra work is put upon the heart.

The same treatment is used, also giving some treatment at the angles of the jaw to relax these muscles. There are other good measures to use, of course: turpentine cloths over the trachea always give relief.

A steaming treatment is often used. I find however, that there is nothing better than treatment in the upper cervical region.

Hepatic Colic.—This is caused by gall stones passing through the gall duct. The pain in this affection is very severe and immediate relief should be given.

In renal colic the stones are passing down the ureter from the pelvis of the kidney. There is probably no danger to life of the patient but it is the doctor's duty to relieve the pain as soon as possible. I have been able to give relief in from ten to fifteen minutes. In all of these cases it is well to put on hot applications over the seat of the pain or over the back; at the point of innervation, to relax the structures.

Give a vigorous treatment in lumbar and dorsal regions, lift up the lower ribs, etc. Of course there are cases which you cannot relieve and these, of course, will have to be treated between attacks, principally. In most all cases though, a thorough relaxing treatment is effective, I have never been able to use the treatment of passing the stones along the duct under the hand as I have never been able to find the gall stones, and I don't know that local treatment does any good.

When is the use of a catheter indicated?

In cases of paralysis where there is sphincter trouble, the catheter must be used to draw the urine. This should be done two or three times daily. In infections the bladder should be irrigated, with boracic acid, once or twice daily. In cases of unconsciousness where the bladder is distended, the catheter is indicated. Overlooking this may often be the cause of death, and it is always well, if you suspect the retention of urine, to use the catheter. Very frequently you can thus give great relief.

WHAT IS OSTEOPATHY?

AURELIA S. HENRY, D. O., (A. S. O., AXIS, '01), FLUSHING, N. Y.

Osteopathy, as a system of practical therapeutics, was first formulated in 1874 by Dr. Andrew Taylor Still, a graduated physician and a practitioner of many years experience in medicine and surgery.

Dr. Still having become dissatisfied with medicine as ordinarily practiced, because as he reasonably claims, it fails to reach and cure very many complaints apparently simple in nature, entered upon a course of study and investigation on his own account, and reached very definite conclusions that may be briefly summarized under the following heads:

First: Nature contemplates in the human body a perfect adjustment of all parts—bones, muscles, nerves and blood-vessels. Second: Any variation from the normal perfect adjustment of these parts, even

the slightest departure, is pathological, and, as such, serious. Since, should a bone, vertebra, a rib, or a joint slip from the proper seating, it must infallibly interfere with the proper activity of some nerve or blood-vessel and thus cut off the proper supply of nutriment and vitality from all parts within the area of influence. Third: Dr. Still claims, therefore, that a natural flow of blood is health; that disease is the effect of local or general disturbance of the blood; that to excite the nerves, causes the muscles to contract and compress the venous flow of blood to the heart; and that the bones can be used as levers to relieve pressure on nerves, veins and arteries.

Osteopathic practice following the dicta laid down by its founder, recognizes that very many diseases arise from displacements or lesions in the vertebral column. How this can be the case is shown by familiar anatomical facts. The spinal column consists of a number of bones called vertebrae, each pierced with a foramen so that when all are set in proper position, a canal or tube is formed that contains the spinal cord, a bundle of nerve fibers extending from the brain. Between each pair of vertebrae certain fibres branch out from the cord and lead to various organs within the body, to the muscles, and to the extremities.

If, now, there be even a slight curvature of the spine, causing even one vertebra to be offset from its normal alignment with relation to its neighbors above and below in the vertebral column, it follows that some pressure and constriction must occur to the nerves branching out between these vertebrae. The result is, that the organ fed by these particular nerves, loses vital or nervous energy, in proportion to the degree of abnormal pressure caused by the loss of alignment, and being, therefore, much weakened and impoverished, it affords a favorite lodging place for disease-producing germs.

Medical practice seeks to remedy disorders by drugs and other agencies possessing, or being supposed to possess, the power to destroy disease germs and to stimulate the vital activities of the tissues artificially. Osteopathy claims that the fundamental cause of disease is mechanical and not chemical, and that the proper cure is to be found in removing the obstruction by force, mechanically and scientifically applied,—thus allowing nature to restore the flow of vital energy and good healthy blood to the affected part or organ. This is what is meant by "using the bones as levers."

For example: In asthma the majority of lesions are in the region of the 2nd and 7th dorsal vertebrae. Lesions here involve nerves to the small bronchial tubes which cause the narrowing of the tubes with the resulting symptoms of difficult breathing, etc. When the trouble is corrected and the tubes receive normal nerve and blood supply, this contraction ceases, and the breathing is normal.

On the other hand, there are lesions and obstructions in muscles as, for instance, a cold in the head is often due to the contracted muscles of the neck and shoulders, causing an abnormal condition of the circulation. The contraction of the muscles interferes with the nerve force and blood supply to the head, producing slight headache, sneezing and the usual unpleasant symptoms of this kind of cold. As soon as the nerves are stimulated to cause the relaxation of the muscles, the circulation will become normal and the symptoms of congestion will disappear.

Health is, therefore, an uninterrupted normal supply of blood, lymph and nerve force to every part of the machine, which means a proper relation of muscles, ligaments, cartilages and organs of the body. One cannot be perfect in health if even the minutest fibre is subjected to irritation.

Scientific manipulation aims to correct whatever bony misplacement or muscular deviation may exist in the body, and to rectify any defect in the circulation; and scientific manipulation uses the nervous system to correct nervous disorders by stimulating the nerve centers that control the diseased part.

Osteopathy believes absolutely in personal hygiene; in all anti-epidemic precautions in injuries; in dietetics, etc., and that antidotes are essential in cases of poisoning.

* * *

CONSTIPATION AND ITS TREATMENT.

MARY E. NOONAN, D. O., (AXIS, '02), SAN ANTONIO, TEXAS.

In reply to your request for a paper on constipation, I shall not attempt to treat of it exhaustively; but believing the usefulness of the Bulletin to its readers would be best served if its contributors would make of it more of a "home forum" for the discussion of peculiar professional problems, individual methods of meeting them, personal observations and experiences, and for the interchange of original ideas or methods of treatment differing from the regular text-book and lecture advice with which we are familiar, by the employment of which we may catch some inspiration that may be appropriated by the field member as well as the younger practitioner, we offer a few suggestions.

In our office the treatment of chronic constipation has resulted in cures in not less than 90% of the many cases applying for relief. The percentage of cures would be better if all patients could be made to see the need of remaining under treatment the few extra weeks needed to perfect a cure. Financial obstacles often stand in the way, but before accepting a case we emphasize the bad constitutional effects of continued constiveness and the use of cathartics, and endeavor to induce

an agreement to remain under treatment at least three months if necessary. The ineffectiveness of purgatives toward permanent cure is generally admitted, but considerable repetition is often necessary to convince a patient that he is injuring himself, and of the importance of establishing a complete and natural elimination.

Discussion at our state conventions emphasizes that chronic constipation is more prevalent and harder to cure in the South than in the more stimulating climate of the North. The more sedentary life and preference for hot breads and fried food probably aggravate the condition. We observe a few cases perfectly normal when north that we cannot cure while they reside south in summer. Most cases present anatomical lesions, which distinctly osteopathic treatment, if persisted in, will cure. Personally we do not stop with specific treatment to spinal lesion, but accompany it with a stimulating treatment to the mid-dorsal region, a careful mechanical stimulating of the auxiliary centers in Auerbach and Meisseners' plexus—abdominal massage we should call it—and every time give the liver what Dr. Harry use to call "a vigorous shaking up." I have seen a few cases where abdominal massage seemed to have the wrong effect. If I conclude a case needs it, I urge the patient to attempt it himself night and morning. Some cases seem to present no lesion, and yet are with a history of constipation from childhood. These cases seem to yield after six or ten months. Frequently the cure becomes apparent only several months after lapsing from treatment and Nature has had time to assert herself. Such cases usually indulge in strong emotional excesses, are prone to worry and give way to anger and temper. They will function properly for one month and then suddenly present a very stubborn constipation. Moderation of the above conditions is often essential to cure. Worry and excessive emotion often dry secretions through vaso-motor effect and cause constipation.

In these nervous cases, particularly, the sphincter ani muscle remains too tightly contracted. Often hemorrhoids are present. Digital or instrumental treatment is painful and we desire to avoid it. We have had excellent results in the use of a set of graduated hard rubber or glass rectal dilators. These are inserted into the rectum each night and allowed to remain thirty to ninety minutes, and in the meantime the sphincter gradually relaxes, the hemorrhoids disappear, and much good is accomplished. These have been of great aid in many cases.

Occasionally a catarrhal mucous colitis is associated with constipation. I have had excellent aid in such cases by the drinking of a cupful of bran water at bed time. The bran has been slightly browned in the oven to sterilize it and is stored in a glass jar for use. A half cup in double the amount of liquid, hot or cold, will scrape off the mucus and assist in peristalsis.

One should carefully enquire into the patients' diet. It is astonishing how irrationally some intelligent persons will eat and seem surprised to find their fault lying in that habit principally.

Patients seldom remember your advice, consequently we usually dictate a typewritten letter including a special diet list, advise to drink water as stated, usually a pint or more of mild salt hot water a half hour before breakfast and such other corrections of their habits as we have advised. They will study over this and better cooperation is secured. New instructions follow as the case progresses. The patient is certain to show this to friends and your business certainly does not suffer through that easy method of showing a personal study of each case.

The daily employment of squatting exercises doubtless strengthens muscles concerned in defecation and may be recommended as an aid to treatment usually.

The greatest problem is often how best to break off from the drug habit. When possible we cease all drugs immediately, and use an enema with colon tube and olive oil or saline solution if necessary and as often as seems desirable. We have had cases where drug tolerance had been established to such a degree that we could not induce an evacuation even with a colon tube enema. Our own judgment indicated recommending temporary return to the purgative, but we had no legal right to prescribe, and finally the patient took a dose of castor oil or mineral salts and relieved himself of distress and us of an embarrassing position. Doubtless my readers have had like experiences; if not they will some day, if handling acute cases, and this one fact points out the desirability of our profession acknowledging the very infrequent use of a drug as an antidote for a condition of drug tolerance, resulting from the excessive use of drugs.

Our curriculum includes instructions for giving antidotes in case of accidental poisoning. In certain of these few cases, as cited above, some one will give a purgative. It may be on advise of the husband, the wife, the grandmother, the sympathetic neighbor or less likely, "the regular" family physician. We poor D. O.'s usually stand by and at heart believe the mild cathartic will start that mucus from somewhere too high up in the small bowel to respond to our several treatments, but nevertheless, causing much distress; and because we are osteopaths and do not believe in internal medicine, and further have no right to prescribe, we sometimes permit that patient to suffer and actually retard the final cure as we are frank to confess we have done, until the poor fellow in desperation has the good sense to assume the responsibility and by a dose of mother's old remedy, castor oil, perhaps, gets prompt relief.

We are coming to believe that we could better serve the public as all-round physicians, if we were clothed with legal authority and proper school instructions to entitle us to use a drug internally. A true osteopath would usually be the last in the household to resort to the drug, but if it is to be taken, as it will be nine out of ten cases without consulting any physician, we assure you that it would be better to clothe the D. O. with the authority and knowledge and let him see that the most desirable remedy is employed instead of the contrary as is frequently the case. We have such a profound belief in the final survival of truth, that we cannot believe our beloved profession would suffer the slightest, but on the contrary we believe its position would be strengthened by admitting in public what we know to be true in our private council and unmasking what claims we have made that a D. O. has absolutely no need of a knowledge of drugs.

We believe our course should be enlarged ultimately so as to permit us to say truthfully, "Our students are equipped fully to treat any condition of disease without the aid or co-operation of an M. D. and to handle it equally as well or better." Such is the case, practically, now, but we can never make the public believe it until we admit that we teach enough about medication to authorize a D. O. to prescribe a drug, if his case demand it. This he can not do under any state law at present, nor will he until we can consistently show the law-makers that a D. O. seldom employs drugs, not because of his lack of education in their use, but because he finds he has a better method which seldom requires them, and that his school teaches every subject necessary to make a D. O. a well rounded physician and qualifies him to administer the quieting potion of morphine if his other treatments fails to render the pain tolerable; instead of as at present sometimes yielding to some M. D. who gets the gratitude of the patient by use of his hypodermic and opiate, which the D. O. dare not use, but was willing to see used, not because he was incapable of being taught to use it just as well as the M. D., (for likely as not he had a little needle in his pocket that he had hid away, but used it occasionally on special friends whom he could trust, as several of our club members have admitted they have done), but dare not use it with this new case, suffering with periodic migraine or neuralgia. We can honestly say that this office has never employed a hypodermic needle, but in a few cases we have had to give way to the M. D. when we felt we could do a neater job than he, and were just as competent. Still, we felt that the incident stamped an impression on the patient's mind, that her osteopath was a mighty comfortable person to have around, but the profession was so limited that she could not rely fully upon it, because once in a year maybe, when she needed relief the most, she had

to call back the old family physician. Had we been willing to assume the responsibility she would have preferred our further administration, and certainly any D. O. is qualified to know when a hypodermic can be dispensed with better than any M. D.

We have seen cases of eczema and other skin eruptions relieved by a salve and antiseptic almost immediately when osteopathy had failed completely to dissipate the eruption which brought the patient to us for relief. We were naturally censured for not administering or prescribing the salve and probably the rebuke was justified. We might enumerate several other conditions along this line which illustrate the point brought out in these mental ramblings, but we would like to have expressions from within our family as to whether we are not making a mistake in claiming that a D. O. has absolutely no use for drugs and that he does not study concerning their use either internally or externally. For this gives our law-makers a good reason for limiting our practice by enactment prohibiting us from prescribing a drug, as in Illinois, for instance, where we are violating the law if we prescribe "medicine" externally,—the use of a salve for instance—though many of our practitioners are giving testimonials to Dr. Williams as to the efficacy of some certain antiseptic in skin eruptions which failed to yield to osteopathic treatment alone.

We believe we have forced this position upon us and continue to do so by our mistaken claim that osteopaths never use drugs. The public would think better of us, we believe, if we qualified that to nearer the truth and said, "We seldom find any need for medication, but our curriculum is broad enough to make the student competent to prescribe medication, if any is required." We know that is very seldom, but our liberty would not be curtailed, nor would the impression prevail that we are at best, a class of limited practitioners. These expressions may seem heretical to some who may read them, but we believe they express what is best for our thinkers to consider, and come near the ultimate position our profession will take.

* * *

CONSTIPATION AND ITS TREATMENT.

C. N. MAXEY, D. O., (A. S. O., '02), SPRINGFIELD, ILLINOIS.

There is probably no condition that confronts the osteopathic practitioner in the field more frequently than constipation. So common is it, that the complaint is almost universal in our practice. He who is even moderately successful in combating it will establish a reputation as a physician, and be hailed as a benefactor to mankind. Constipation is characterized by an abnormal fecal evacuation, a disproportion between the amount of ingesta and the amount of feces, the

hard, dry character and abnormal shape of the evacuation, and by various systemic symptoms and remote consequences. It will be convenient to divide it into acute and chronic constipation.

Acute constipation is produced in various ways. By direct obstruction of the lumen of the intestinal tubes; by pathologic changes in the intestinal tract, impairing function; by direct inhibition of peristaltic function through the nerve centers, by the impairment of the quality of bile, or by its complete absence, by inhibition of the aid of the diaphragm and abdominal muscles, by reflex action and by a combination of these and other causes.

Chronic constipation is a more clearly defined morbid condition affecting the gastro-intestinal tract due to a weakened nervous system to conditions affecting the heart, or the respiratory system; obstruction from foreign bodies, malformation of the intestinal tract, thus impairing physiologic functions. In marked displacement of the bowel, when the abdominal wall is greatly relaxed in old persons with chronic atony of the bowel, will be found a condition tedious to deal with; but with osteopathic procedure all of these conditions will be either cured or greatly relieved with a considerable degree of permanency. In the treatment of constipation, many factors are to be considered, namely: removing the lesion, the first and most important step, diet is a great factor, exercise in the open air must be insisted upon, regularity in going to stool, and the patient must not be over anxious for quick results but persistently keep the same hour each day. In my personal experience, I find that lesions affecting the lumbar spine are the most frequent; a posterior condition, or a lateral swerving to the right; anterior 5th lumbar; slipped innominate; lower right ribs down or twisted, thus mechanically affecting the liver or bowel, and by reflex action the nerve centers controlling peristalsis.

The value of high enemas for obstruction of the bowels, and for diagnostic purposes should not be overlooked. In the obstructed conditions, it assists in removing the impaction, cleanses the bowel, and thereby aids in relieving the congestion of the mucous membrane of the intestine. The high enema will determine the position of the colon, more frequently disclosing a prolapsed sigmoid. The removal of the lesion which may occur any place along the spine from the 4th dorsal to the tip of the coccyx, (also the atlas) is the first thing to be done. Follow with relaxation of muscles, stimulation and inhibition of the centers of the cord controlling the motor, secretory and other functions of the intestinal tract, thereby toning the weakened portion of the disturbed area. The splanchnics, spinal sympathetic, the solar plexus, Auerbach and Meissner's plexuses, are especially influenced. Slow deep

abdominal treatment, along the course of bowel not only relaxes the tissues, but frees the circulation and affects the nerve distribution. Special attention should be given the caecal and sigmoid areas, raise and straighten colon when necessary. Of course, the liver must be looked after to stimulate the flow of bile. The inferior mesenteric ganglion is the fecal reservoir center. The vagi in the neck when impinged will either increase or diminish peristalsis, as well as affect other functions. The sphincter ani when contracted furnishes mechanical means for obstruction, as well as reflex action on nerve centers controlling defecation. In the male, an enlarged prostate has a peculiar influence on the nervous system, producing a lessened peristalsis, and an atonic condition of the expulsive forces. Each individual case must be carefully studied, and specific treatment given, according to osteopathic principles. To prescribe a set rule would be impossible.

* * *

CONSTIPATION AND ITS TREATMENT.

F. PAYNE MILLARD, D. O., (ATLAS, '01), LA PORTE, INDIANA.

The very word suggests, in a typical case, a chain of objective symptoms, so constant in this disease, that no panoramic picture could be more vivid. Headaches, lowered vitality, mental depression at times, coated tongue, bluish lips, facial complexion, brownish spots on face and body, yellowish or muddy color of whites of eyes, anorexia, cold feet, distended abdomen, part of time, and those lumpy places in the abdomen so often mistaken by eminent (?) doctors as floating kidney, ("swimming kidney") or a tumor of some description, and a clammy condition of the skin. These are some of the important symptoms noted every day. I have selected an area where more trouble, in the way of primary causes, originates than any other. You know there are rectal doctors who can make every case of constipation read rectum. They are not color-blind but have rectum on the brain. No thorough physician fails to give due attention to rectal disturbances, if they exist, and they are present in about 50% of constipated cases; but I think they have the wrong end of the canal to work on,—the anus before the pylorus or cart before the horse. This area I have just referred to includes so many structures in so small a place I have coined the phrase, the portal cube. This cube lies practically in the epigastric region but has different boundary lines. It extends from tip of ensiform, superiorly to transverse colon inferiorly. Laterally, from pelvis to pelvis of kidneys. Antero-posteriorly from abdominal wall to bases of the last two dorsal and first two lumbar vertebrae, including as is evident, some very important spinal and sympathetic nerves.

This region includes the inferior middle portion of the liver with

its vessels and duct, the hepatic, portal and biliary vessels. Here we find the doorway through which the blood from the alimentary canal is drained, the duct through which the bile is allowed to pass both relieving the liver and performing its function in the bowels as an anti-septic and peristaltic stimulation. A free flow of bile into duodenum means no gall stones, no regurgitation of bile into stomach and no reabsorption of bile through the system. And a normal portal flow means free drainage of stomach, spleen and intestines even to the rectum. Kelley in his new book on Appendicitis says, "Under normal conditions the blood from the abdominal viscera drains the portal vein into the liver, i. e., from the periphery toward the centre. If the centre be the seat of an obstruction, the portal system being blocked up by a pathological process, the blood seeks other channels, which are found in a certain number of pre-existing collateral branches, as a rule of small size, which establish a direct communication between the portal system and the vena cava. As the entire portal system has no valves the flow of blood is possible in any direction, and infection from the alimentary canal may be conducted from the portal system to the systemic to enter the lungs by way of vena cava and heart."

In this area the pancreatic duct opens and pours its juice into the common bile duct mingling with the bile to aid digestion.

Here also are found the spleen and efferent vessels draining this organ so important in its relation to the circulation of the body in general. The pelvis of the kidneys with their renal vessels and ureters are also included and the supra-renal bodies connected with their vessels. The stomach's terminal or pyloric end with its embodied sphincter controlling the output of this organ lies in such close relation to the liver that very often the enlarged liver and thickened tissues adjacent to pylorus along with distention retard the flow of gas and chyme through the pylorus. Here again is the duodenum with its three or four openings (pyloric, jejunum and bile and pancreatic) and its glands secreting fluids to mix with chyme. Summarizing the contents of this portal cube, we find we have the openings of six organs by ducts or vessels,—hepatic, gastric, renal, suprarenal and pancreatic, also the nerves from the 11th and 12th dorsal and 1st lumbar.

Treatment.—This consists of correcting spinal lesions and rib lesions, especially to the digestive centres, also relaxing fifth layer of muscles in back (because if you succeed in relaxing the fifth layer the superficial layers will be loosened by that time).

But going back to this cube. One-half must be treated carefully, and that is the left half. The right half you cannot treat too hard, but you can cause trouble by working too hard over the solar plexus. Keep

well to the right as you would in avoiding a collision in the highway. When the "Old Doctor" said "hands off" I think he meant to leave the "pit" of the stomach alone.

My most effective treatment for constipation, besides giving a careful treatment to impactions, if they exist, and to rectal troubles or to sagging condition, is a thorough manipulation of the right half of this portal cube, which if corrected, will drain the left half, as you will see by recalling the anatomy of the vessels and ducts. Loosening of these tissues over the pylorus, gall bladder, etc., awakens every vessel connected with the great digestive circulation.

ADDRESS. (IN PART).

Delivered at a banquet of the Maine Osteopathic Society, Feb. 05, 1905.

DR. CHARLES C. TEALL, ('99), WEEDSPORT, N. Y.

The evolution of a new science of healing is a complex affair, fraught with many difficulties and discouragements. It invites the antagonism of the established systems, the skepticism of an incredulous public, and the keen criticism of its own followers. If it survives these trials for a term of years and wins by merit, it can be safely said to be established and entitled to a place among the learned professions.

This has been the history of osteopathy and I cannot but feel that there is a special Providence which has guarded it from its humble beginning to the proud place it now holds in public confidence and its followers must be beneficiaries of this same benign power. We attempt without fear of the consequences the so-called impossible, and beat death in a hand to hand struggle. Osteopathy has succeeded because it is right. It is right ethically and scientifically. It has a rational basis for its being, and has won from sheer force of merit. For some time past it has been the fashion of speakers on occasions like this to make comparisons in educational lines with the ancient drug system and to our detriment. Is it fair? Rome was not built in a day nor can osteopathy be put before the world a finished product in the few years of its organized being. The allopathic system dates back 3000 years yet its greatest advance has taken place in a decade. The first osteopathic school is 13 years old, yet the curriculum of our colleges compares favorably with those of the older systems. Our graduates meet those of the famous institutions in examination without fear or favor. Osteopathic teaching is revolutionary. Old and accepted ideas were broken away from and an entirely new field of investigation was opened.

In the beginning a condition was found in the patient; it was corrected and the result was health. That was all the public asked. One ounce of cure was worth tons of theory and they did not inquire into the

means of their relief. But to adequately teach osteopathy a vast amount of original work must be done. The accepted text books were available but not acceptable. Anatomy is anatomy but there is a vast difference in its application. Physiology must be taught to mean something more than an interesting phenomenon. Pathology has an unfilled gap between cause and effect which must be bridged. The post-mortem has a great story to tell but an osteopath must tell it. A slide of degenerated tissue under the microscope is of interest but why the degeneration? It is described at length by the authorities but the causes and morbid changes are not carried out. Obstetrics along strictly natural and physiological lines insuring both mother and babe against injury; gynecology, minus the knife and plus common sense; all these and more must be gotten into shape to teach the osteopathic student. The archives of osteopathy were empty 12 years ago. There was no precedent to follow and the ideas in teaching which had prevailed for centuries dominated. All this is changed. The colleges teach the science along strictly osteopathic lines, making the application of the truths which have escaped the notice of centuries of investigation.

Since 1892 the course of study has lengthened from a few months to one of three years of nine months each. I cannot but feel that this is a source of rejoicing for us and that the pessimist is out of place at this board.

Being human we are therefore fallible. It is natural, that being the case, that we should have our failures. This limitation is not in the scope and application of osteopathy, which must include the whole body, but to certain conditions which have reached the point which Nature cannot overcome. The most delicate judgment is required at this time when surgical interference may or may not be required. Thousands go to the knife unnecessarily. Osteopathy can save a large percent. of those victims. Surgery has a legitimate place in the healing art but careful discrimination is needed. We must not treat cases which are surgical save as preparatory, when we can render the greatest service. On the other hand, we must not allow the case to go to the table if it can be saved. This body of ours is a complex whole and our organs cannot be eliminated without a serious disturbance to the body. An all-wise Creator knew the number and relation of our various organs and the surgeon cannot remove them with impunity.

There is a much discussed subject, just what is osteopathic and what is not. Dr. Hulett of Cleveland, at the Greater New York Osteopathic Society last week, said: "Every application, appliance, method or procedure used in treatment of disease may be classified under two heads. If its effect is to modify the vital processes themselves it is medical.

If its effect is to remove conditions which are interfering with the processes, it is osteopathic. Among the first are most drugs used for their physiologic effect, much surgery, electricity, hot air, vibrators and similar devices. Among the second are manipulation, germicides, regulation of diet, habits and life environment. If the X-ray or Finsen light will kill the lupus or cancer germ, the principle of their action is osteopathic." That is the best opinion on that much mooted question I have ever seen and it is a guide board for all who are in doubt.

* * *

SALT LAKE CITY, UTAH, February 21st, 1906.

MR. ALFRED W. ROGERS, Editor Bulletin, Kirksville, Mo.

DEAR SIR:

I herewith enclose two poems that I thought, perhaps, might be of interest to the profession. The author kindly gave me copies and his consent for publication, with a few words of explanation. His wife, to whom they are addressed, has suffered for years from insomnia and various complications, necessitating her seeking health in the sunny clime of California, thus separating husband and wife the greater part of the time, as his business, being established in Salt Lake City, required his personal attention.

After having consulted the best physicians of the west, with no avail, a friend persuaded Mrs. M. to consult an osteopath. Dr. Lena Creswell of San Diego, was consulted, the result of, "her strange gyrations," as, "her skilled and nimble fingers played the while" are best told in the words of the author. Yours truly, E. E. KEELER, D. O.

My Valentine.

FEBRUARY 14, 1925.

For lo! these many weary days,
The fates seem ever to incline
To follow their unreasoning ways
And keep me from my valentine.

Capricious are their devious ways,
Their motives I would fane divine,
And learn why I should spend my days
Apart from my dear valentine.

The gods may deem it quite unwise
To longer cause you to repine;
May have in store a neat surprise
For you my dearest valentine.

The darkest days precede the dawn,
The sun will soon break through and shine,
The gloom and clouds will soon be gone
And health will bless my valentine.

We'll then again united be,
My lot will soon be cast with thine,
Twill be a year of jubilee
When health shall crown my valentine.
H. P. M., Salt Lake City, Utah.

* * *

My Valentine One Year Later.

FEBRUARY 14, 1906.

About twelve moons have waxed and waned
Since first I did the mighty gods implore,
To grant this boon' that they at once again
To perfect health my valentine restore.

Blot from her mind those nights of sore distress,
Those sleepless restless hours of gloom so deep,
"And charm her blood with pleasing heaviness
And on her eyelids crown the god of sleep."

Return the bloom that once upon her cheek did rest
Restore the light that in her eyes did shine,
Call back the smile that once our senses blessed,
All this I craved for my dear valentine.
The gods relented and withdrew the ban,
Chastised the demon that did so offend,
Besought the goddess who at once began
Her strange gyrations to attain this end

She gave a bright, a most assuring smile,
Her brow she knit as though in deepest thought,
Her skilled and nimble fingers played the while
As though some subtle changes must be wrought.

What's purposed by the gods will surely be,
Their ministering angels do so well attend,
They bring about such splendid harmony
That all must yield, and to their purpose bend.

Now health does rest upon her cheek once more,
And in her eyes again the light does shine,
The bloom upon her cheek they did restore
And peace and rest attend my valentine.

H. P. M., Salt Lake City, Utah.

* * *

CASE REPORTS.

E. A. MONTAGUE, D. O., (ATLAS, '03), EUREKA, CALIFORNIA.

Asthma.

The first case was one of asthma. The patient, a boy of eleven, had been troubled with asthma since an infant. There is no history of injury of any kind; family history was good. Patient had the characteristic barrel-shaped thorax. The attacks were accompanied by the usual symptoms, occurring at irregular intervals. The patient was anemic, and suffered from constipation.

The ribs on either side, from 2nd to 6th dorsal, dropped and lapped on each other from muscular contraction of the intercostals. The whole spine was irregular, especially the upper dorsal region. Treatment was directed to the bony lesions, and a relaxing treatment to the intercostal muscles. The frequency of treatment was two per week for six weeks, then one per week for eight weeks. Last treatment was given Dec. 17, 1904. In addition to treatment I prescribed a suitable diet.

The patient has had no return of trouble, and has gained fifteen pounds in weight.

Lumbago.

Male, age 46, architect. Came into my office all bent over, suffering intense pain with acute lumbago. Upon examination I found the trouble in the lower lumbar region. Could not distinguish the real lesion, but gave him one treatment, directed in the region of pain and he went forth a well man.

Constipation—Threatened Appendicitis.

Male, age 28. Patient was suffering with what had been diagnosed as appendicitis; he had been confined to his bed for several days and was then on a diet preparatory for an operation, which was to take place the next day.

Examination revealed a severe contraction of the spermatic cords; also an impaction of feces in the ascending colon. A relaxation of the region around the cords, a colon tube and warm water with ten per cent. hydrogen peroxide, did the work.

Gave the patient three treatments and put him on a rigid diet so as to give the large intestine a chance to recover from its abnormality.

Eleven months have passed, and he assures me that every thing is well with him.

Asthma.

A case of asthma in a young man of 24. Occupation, mill man. Most of his work, office work. Had been suffering for eight years. Saw him in one of his attacks, but was unable to relieve him by osteopathic treatment. Thorough examination disclosed a rigid spine and contraction of intercostal muscles, also a narrowness of the intercostal spaces. I treated the case every five days for four months, and from all appearance did not do him any good.

I made no apology for osteopathy, and told him that osteopathy was all right, but it was my inability to find the exact cause. The specific lesion being so remote. I still think there is a cure for him through osteopathic measures.

I could go on and relate one case after another of failures, as well as some brilliantly successful cases. I can testify that I have learned more from the cases that I failed on than those which showed such marked progress and ultimately were benefited or cured.

Epilepsy.

I have a case now, suffering from epilepsy, which is puzzling to me. The case in question is of a female, married, 53 years of age. The patient suffered from her first attack four years ago, following an operation for lacerations of the cervix, which was performed one year previous to the first attack. She had, at this time, passed the climacteric period. She has these spells at regular intervals each month. They last from twenty minutes to one hour, and vary in number from three to eight. They also vary in severity. The spells usually come on in the night and are accompanied by the characteristic "epileptic cry." The aura present consists of a slight tickling in the throat just a few hours before the attack. The patient always feels well just before the spells come on, unless she over-does; then she suffers the consequences of having more severe spells, and of much longer duration.

She has enteroptosis and a general flabbiness of the abdominal walls, has a great deal of tenderness in the region of the liver, also has a sore spot in the left iliac region, which I thought might be due to an adhesion from effects of the operation, but upon examination found it to be connected probably with portal circulation to the liver.

Has bony lesions as follows: lateral swerve of the spine to the right from 5th dorsal to 11th dorsal vertebrae; 2nd, 3rd, 4th cervical out of line. I have treated this case three months without a subsidence of the trouble. Can any of the osteopathic profession offer any suggestions as to cause, treatment, etc.? I am confident that this case can be cured by osteopathy, if real cause can be ascertained.

OSTEOPATHIC GLEANINGS.

(COMPILED BY THE EDITOR).

Preserve the Independence of Osteopathy!

Every osteopath who is true to his convictions, and at the same time is liberal-minded and anxious not to be a Pharisee, must waver at many stages, between beginning his studies at an osteopathic college and the end of five or six years of active practice, with questionings as to what is the wisest course to pursue toward the practitioners of other systems.

Shall an osteopath hold himself merely as representative of one idea and curative principle in the great field of medicine, and seek fellowship with all the M. D.'s of all faiths, or ought he to carry himself aloof as a sort of special creation, a little out of joint with the practitioners of other systems?

Shall he be "liberal" and seek consultation with M. D.'s, treat patients who are also taking drugs, and show the doctors that he has no antagonism toward any of them?

Shall he admit that his school is but one of the many systems, and vote to have it represented by one member on the State Board of Health? Or shall he refuse to consult with those who practice medicine, refuse to treat cases half osteopathically and half by drugs, and refuse to stultify his science by putting the administration of its affairs into the hands of a board of allopaths, who make it a rule to license applicants for osteopathic practice on the basis of what they know about everything else except osteopathy?

These are burning questions which each osteopath must answer for himself. The editor cannot presume to advise on these points, except in general terms, and to add that circumstances differ greatly with localities, so much that what would be the wise thing at one time or place may not be at others.

But there are some general considerations that have been framed up in the professional mind, growing out of the osteopathic experience of the past eight years, and the editor cheerfully enunciates them for what they may be worth.

1. It is good at all times to be liberal-minded, considerate of others, and modest regarding one's own system—but that does not mean that these ideals would not far better be sacrificed than to see any slaughter of osteopathy itself.

2. The golden rule should hold between doctors of all schools, and osteopaths ought to be impregnated with it, but—when you see that a certain M. D. or coterie of M. D.'s is lying awake nights to encompass the discomfiture of osteopaths and to discredit and humiliate the osteopathic

system, you are justified in declaring such a course *casus belli*, and in going out valiantly to protect your own school in its inalienable rights.

3. There may be virtue in all systems of treatment, but—it is universally recognized within our profession that our patients make better progress while not receiving drugs; therefore, if you want the patient to make the quickest recovery possible, and your school to get the full unprejudiced credit due it, don't let anybody mix other and antagonistic treatments with yours.

4. I believe, as a general thing, that if the osteopath demeans himself as a physician, and shows that his ethics are as good as any man's—even if he is at first treated very shabbily by the M. D.'s of his vicinity, until they come to know just what manner of man he is—that he will soon enjoy the respect, confidence and cooperation of the reputable practitioners of other schools. If he never attains that satisfaction, he still can do very well without it; but he is never justified in retaliation and in throwing mud at his professional colleagues of contrary faiths, because: (1) Two wrongs never make a right; (2) no real man can afford to be anything but a gentleman, even if some sham fellow isn't one; and (3) the osteopath as a physician and as a member of society has his own guiding principles of conduct that he may not alter, whether other persons are as high in the scale of personal evolution or not.

Another most important corollary hangs on this latter proposition. It is true beyond peradventure that just as soon as the "regulars" and the physicians of other schools of medicines come to recognize in all communities that the osteopath is as scrupulously ethical as the best of them, much of the present unjust warfare upon osteopathy will have to stop. The good average sense of right in the other professions will sign a truce and admit the osteopath unquestioned to his true position as a healer. Being new, as our profession is, and with its professional record as yet immature, how doubly important for our people to guard well their speech and conduct, and to avoid the appearance of unprofessional "knocking" against other schools!

5. While we are at this probationary stage as a profession, so far as the views of the older branches of the profession are concerned, and while in so many quarters those M. D.'s who control the politics of their profession seem so willing to do any sort of thing to thwart osteopathic advancement, is it not plain and sure that we ought only to seek to establish our own independent boards to regulate our own affairs in the various states of the Union? The editor believes this to be true. He regards the only osteopathic safety for the present to be the getting of an independent Osteopathic Board of Examination and Registration in every state and territory possible in this land. A half loaf is better than

none, but often not enough; and while we are better off with one member of a board than none, we are unquestionably at a great disadvantage if the majority happens to be the sort of politicians who will stoop to scurvy tricks (as they often are); and the effort should be, we submit, to get our own independent boards where the existing institutions will permit of independent boards, at least.

The day may come, and even quicker than we expect, when we will have achieved such growth and prestige as to no longer need such special statutes. In that day our special laws and boards can easily be abolished. To-day they serve a useful purpose.—H. S. Bunting, D. O., Editorial in the *Osteopathic Physician*, Dec. 1905.

OSTEOPATHY VS. SURGERY.

AN ACTUAL CASE.

A writer in the "New York Press," commenting on the success of osteopathy, cites the following case, an actual experience:

"Here is a boy, with curvature of the spine—a sad case. A great surgeon, whose name is a household word, put him in plaster jackets for five years, changing the jackets twice annually. Being in a vise, the child could not grow. He could never be bathed. He could not stoop down, but had to squat. He became pale, almost to emaciation, had violent headaches, retchings, and pains in his hip-joints. One day an old man under osteopathic treatment for curvature of the spine, begged that the boy be examined by his doctor. After much deliberation, the father consented.

"Wild with delight, the boy, now 12 years old, hastened home, borrowed a pair of tinnern's shears and worked all day, while his father was at business, trying to cut off his jacket, which was as hard as iron. The father finished the job when he got home, and what do you suppose he found? The protuberance of the spine had rubbed so long against the unyielding plaster that an excrescence as big as the thumb-nail had grown there! And the spinal column had become so ossified that it was positively rigid! There were bad bruises on the hip-joints from friction against the plaster. And, worse than all, the little fellow's ribs were lapped over—literally grown on top of one another in a hopeless effort to expand. The first thing the victim did was to plunge into a tub of water and swim there for three hours—his first real bath in five years: He then slept for fifteen hours.

"The osteopath had consented to treat the boy only after a rigid examination of his constitutional condition. A former surgeon, head of one of our great hospitals, had declared his 'bony structure broken down.' A physician said he would die of consumption in three years.

(Statement made when the child was just past two years). For several weeks after the removal of the plaster jacket the boy was too weak in the back to sit up, and would fall around the house like a rag. After the third treatment he was out digging sand. No medicines, mind you! Just the firmest, yet tenderest manipulation. The vertebra, the gristle hardened by disuse, had to be broken apart gradually, but the boy suffered little or no pain. His head ached no more. He soon began to grow. His chest filled out, the ribs getting into place.

"The treatment was begun in May, 1904. The child started to school in the fall and has been going regularly ever since. He travels alone every Sunday a distance of twenty miles to visit his doctor, takes a treatment, and returns, late in the afternoon for a romp till bedtime. He turns somersaults, stands on his head, runs like a scared deer, eats everything in sight, plays tag, and is generally full of all sorts of devilment. He has grown in height nearly three inches since the jacket was cut off. The sharp protuberance of his spine has assumed a gentle curvature, which cannot be noticed when he stands erect. If the improvement continues, he will be as straight as an arrow in twelve months more."—*Phil. Journal of Oct.-June, 1905.*

* * *

RECOGNITION BY NATIONAL HEALTH AUTHORITIES.

A. N. Talley, Jr., M. D., in United States Health Reports, June 1, 1899:

"Now advanced thought and mature experience, as well as awful failures and blunders of the past, the memory of which will not be forgotten, at least by the present generation, have prepared the minds of all sensible people to accept better methods and a better practice. Fortunately such better methods and practice are available and have been proved beyond a question of doubt not only to those who have seen and experienced their wonderful results, but to the scientific critics as well.

"We have been greatly interested in the work of our experts as they have reported their progress from time to time, and we have carefully followed their investigations convinced what their conclusions would be. Their full reports are now before us, unanimously approved by our Medical Staff, and it gives us great pleasure to extend to osteopathy the official recognition of The United States Health Reports."

* * *

Rheumatism.

DR. HARRY M. STILL, NEW YORK.

The complications are much to be feared in rheumatic fever. Among them the most important are cardiac disorders, viz., endocarditis and pericarditis. It seems clear that the endocardium and pericardium are

the only structures attacked in certain cases, and that the rheumatism runs its course and leaves a heart lesion without having seriously affected a single joint. So, no matter how mild the attack is, keep in mind the heart sequelae. If the action is irregular and weak, stimulate it two or three times a day. If it is rapid, with a high fever, go to the vaso-motor centers and reduce the fever. Then inhibit the heart-action, and keep the excretions active. If the synovial membranes of the joints are affected, in the name of common osteopathic sense, do not adhere to the old theory of giving no motion to the joints. I always move the joint gently, no matter how great the inflammation. I believe that if one were to allow the inflamed joint to lie quiet for 10 days ankylosis would be likely to follow.

I have yet to see my first case of rheumatism in which cardiac lesions or ankylosed joints appeared as sequelae.

After the treatment, in the majority of cases, the fever is reduced within 24 hours, unless complications have set in. I generally give the treatment morning and evening. I always advise the patient to be quiet in bed for not less than 10 days. The quieter the patient stays the better his chances will be. This is especially true as a means of avoiding cardiac lesions. By lying quiet the heart-action is reduced not less than 10 beats, saving one-seventh of the heart's energy—a very valuable asset.

We do not cure all cases of chronic rheumatism, but we can say that we can cure all curable cases, and have cured a great many cases after all other pathies have been tried, in vain. I never encourage cases of ankylosis, but when we have some motion, with general health fair, and the age less than 50, it is worth a trial.—*Mass. Journal of Osteopathy, Jan., 1906.*

* * *

DR. WM. D. DOBSON, DEAN.

"When I think of what osteopathy was at its beginning and what it has now become, I stand in wonder at the comparison. . . . It is like the light of the silver moon shining in majesty through the storm-cloud to enlighten and bless mankind."—*Club Talk.*

THE BULLETIN

OF THE ATLAS AND AXIS CLUBS.

ALFRED W. ROGERS, A. M., EDITOR.
MISS DAISY E. MORELOCK, 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, though 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.

KIRKSVILLE, MISSOURI, MARCH, 1906.

EDITORIALS.

Advertising.... In the interesting symposium on advertising in the last issue, the discussion was confined to personal advertising. While instructive, it left unsaid much that we hope to have presented by others who are interested in the matter of "advertising" or "promotion."

A point not touched upon is that of advertising the profession rather than the individual engaged in its practice. When legislation is sought to protect and legalize the science or when it is desired to combat efforts to pass laws hostile to it, we then wish that more people throughout the states knew what osteopathy is, its general principles, and something of the scientific basis on which the science rests. The present year is one of those periods when we all wish that there were hundreds of thousands of intelligent people possessed of a thorough understanding of osteopathy who scarcely know even the name. Results of treatment, "delivering the goods" are sufficient, perhaps, to advertise the practitioner and built for him a lucrative business; but this is too slow a method of educating the general public—which is a growing need during these times when there is evidence of organized resistance to retard our progress by the enactment of laws to restrict and hamper our practitioners and limit their usefulness in the practice of their profession.

An educational propaganda seems to us a very desirable thing for the good of the profession throughout the country and we urge attention to this as a work which may best be undertaken by the state osteo-

pathic associations. Details of such a plan can be very easily worked out. There are scores of good articles of the general nature of the one by Dr. Aurelia S. Henry printed in this issue, which with other matter might be sent by mail to people of the state.

The telephone lists of the towns and cities contain the names of the intelligent and well-to-do people whom we should strive to reach. Let the osteopaths be charged with the duty of sending to the state associations, copies of these local lists and the associations send the chosen literature, with no reference to any individual practitioner, to the addresses thus furnished. The expense of such a plan would not be great; the returns to the profession in a better knowledge of what osteopathy is and what it is accomplishing might be considerable; and it is reasonable to expect that the business of the individual practitioners would be quickened by the stimulus. But we believe this subject is worthy of attention as a desirable thing not especially for any help to the individual, but rather for the benefit that may accrue to the science and the profession.

More Osteopathy.... With the hospital now at length nearing completion, we have a promise from Dr. Clark of gynecological clinics once a week and of as many obstetrical clinics as can be obtained. The students appreciate this increase of opportunity along strictly osteopathic lines and wish to emphasize their desire for it. This increase should be extended to all departments when possible, and it would be a great gain if, in every year of the course, beginning with Freshman year, the students could have dealt out to them the most practical of osteopathic features and principles by the most practical of osteopathic instructors procurable.

In an important article by Dr. Chas. Hazzard in the A. O. A. Journal entitled "Safeguard the Future," he thus voices this sentiment: "A wise attempt has been made by the American Osteopathic Association and the schools to increase the efficiency of our educational course; but this, I fear, is of little avail in the making of better osteopaths. For if I read the catalogs aright, the major portion of the third year added to the course is devoted to medical subjects and specialties which can be of no great value, but rather only detrimental to the young osteopathic graduate. We seem to have made the grave error of increasing the medical, rather than the osteopathic, portion of our already somewhat paradoxical course of education. We have thus, instead of providing for the moulding of these young osteopathic minds more particularly and for a longer time, upon osteopathic lines, as we so greatly needed to do, ap-

parently set about to spoil in the making this fresh output of osteopaths which we looked to have added to us as elements of strength.

"Our association and our school authorities must surely see the great danger that lurks in this method and habit of continually setting up more medical ideals, and medical standards to hamper these young osteopathic minds. We must learn right speedily that those are the things not to add to an osteopathic course, that these medical subjects should be reduced, as fast as possible, to the bare necessities required by the unfortunate situation of our state laws which require osteopathy to be a sort of "medicos on the half shell" in order to be admitted to the practice of osteopathy under the law; and to make better osteopaths we must teach more and better osteopathy, instead of more medicine to the detriment of osteopathy."

* * *

Osteopathic Physician. The February number of Brother Bunting's paper, *The Osteopathic Physician*, contains much good reading charged with an intensity of professional spirit in keeping with the stir and strife in the several states over legislative bills. Dr. Asa Willard of Missoula, Montana, shows how Dr. D. D. Palmar at the head of the "chiropractors" is faking osteopathy and libeling the profession by perversely misquoting from osteopathic literature.

J. H. Leiter, L. L. D., D. O., of New York City, urges the passage by state legislatures of acts requiring registration and publication of reports by all physicians, of deaths, causes, surgical and other treatment given, doctors in attendance, etc.

H. H. Carter, D. O., of Shelbyville, Ky., clarifies the air in Kentucky osteopathic circles by answering the recent article of K. W. Coffman, D. O., in which he had praised the disinterestedness and purity of motive of J. N. McCormack, M. D., the allopathic organizer.

The editor presents an interesting sketch of the career of Paul M. Peck, D. O., of San Antonio, Texas, in his "Gallery of Osteopathic Pioneers." Dr. Peck is an Atlas man of the class of January, '01, and "a valiant lobbyist for osteopathy."

Legislative activity is shown to be increasing in intensity. This year the osteopaths are making demand for an independent osteopathic examining board. The contest for recognition, protection and a square deal, is being carried on along the same lines in Massachusetts, New York and New Jersey, in the East, and in Iowa. Dr. Hildreth is assisting the eastern osteopaths in their efforts and the outlook for success at present writing seems good, at least in Massachusetts and New York.

Editor Bunting announces that, after June 1, the price of the "O. P."

will be doubled; but the value of the paper to every practicing osteopath will still be double the cost.

* * *

Taber's Dictionary. A convenient Dictionary containing everything the student will need, and the average practitioner as well, is Taber's Pocket Encyclopedic Medical Dictionary. It is edited and published by C. W. Taber, publisher of Eales' and Taber's Osteopathic Chart. The book gives encyclopedic definition and treatment of over 5000 terms. It is classified into several important divisions: Dictionary of general terms; Massage, Electro-Medical Terms, Operations, Surgical Instruments and Appliances, Poisons and Antidotes, Examinations, Dislocations, Fractures and Sprains, Nerve Plexuses, The Muscles (according to area) Medical laws, and others.

A cross Index at the back is very complete, and, if used, would be found very helpful. Under the eye, for example, there are 141 references, classified under Diseases, Vision, Light, and Operations.

Bound in flexible leather, gilt stamp and edges, thumb-index. Price, \$1.50. C. W. Taber, publisher, 1531 Monadnock Bldg., Chicago.

* * *

We hope that the symposium in this issue on Constipation will prove helpful to many practitioners and especially call attention to Dr. Noonan's discussion of the limited use of drugs by the osteopath and Dr. Peck's letter in relation thereto. Here is a fruitful field for discussion on a topic which on occasions may have important bearing upon the wording of legislative acts. The Bulletin, with its restricted circulation is about the safest organ we have for such "open court" discussions.

DIRECTORY OF THE ATLAS CLUB.

MARCH, 1906.

- | | |
|---|--|
| Dr. L. W. Allen,
Middlebury, Vermont. | Dr. Fred Bishoff,
Waukegan, Illinois. |
| H. Thomas Ashlock,
42 Trust Bld., Williamsport, Pa. | Dr. Myron H. Bigsby,
804-49th St., Philadelphia, Penn. |
| Dr. Wm. A. Atkins,
Bloomington, Illinois. | Dr. E. R. Booth,
Traction Bldg., Cincinnati, Ohio. |
| Dr. W. E. Atkins,
Clinton, Illinois. | Dr. George R. Boyer,
Masonic Temple, Peoria, Ill. |
| Dr. Frank H. Avery,
Savings Bank, Oakland, Calif. | Dr. G. E. Brown,
Hoosick, N. Y. |
| Dr. John Stephen Allison,
Monrovia, Calif. | Dr. E. J. Breitzman,
89 Macy St., Fond du Lac, Wis. |
| Dr. D. Scott Allen,
Chillicothe, Ohio. | Dr. Jas. P. Bridges,
Charleston, Mo. |
| Dr. C. F. Baker,
Marshall, Illinois. | Dr. S. H. Bright,
Bristol, Tenn. |
| Dr. N. B. Barnes,
305 Pine St., Trinidad, Colorado. | Dr. W. W. Broek,
Montpelier, Vermont. |
| Dr. Milton A. Barr,
Muscatine, Iowa. | Dr. J. B. O. Bruce,
Plattsmouth, Nebraska. |
| Dr. J. S. Baughman,
Burlington, Iowa. | Dr. Harry S. Bunting,
171 Washington St., Chicago, Ill. |
| Dr. Joseph P. Bashaw,
North East, Penn. | Dr. George F. Burton,
Frost Bld., Los Angeles, Cal. |
| Dr. L. G. Baugher,
33 Bellefonte Ave., Lock Haven, Pa. | Dr. J. W. Bennett,
Augusta, Georgia. |
| Dr. Frank J. Beall,
450 S. Salina St., Syracuse, N. Y. | Dr. B. A. Buddecke,
3032 So. 9th St., St. Louis, Mo. |
| Dr. Willis H. Bennett,
Avinger, Texas. | Dr. E. R. Bush,
Louisville, Ky. |
| Dr. J. H. Baughman,
Dr. A. S. Bean,
390 Clinton Ave., Brooklyn, N. Y. | Dr. Milton G. E. Bennett,
Eugene, Oregon. |
| Dr. C. E. Bennett,
Pensacola, Florida. | Dr. John F. Bone, Pontiac, Illinois. |
| Dr. C. D. Berry,
Granite Bldg., Rochester, N. Y. | Dr. G. R. Boyer,
427 Masonic Temple, Peoria, Ill. |
| Dr. Chas. Betts, Salem, S. Dakota. | Dr. Charles Ballance,
2336 Michigan Ave., Chicago, Ill. |
| | Dr. Victor A. Bergland,
Rock Island, Ill. |

- | | |
|--|---|
| Dr. Harry K. Bennison,
Clay Centre, Kansas. | Dr. Robert P. Coulter,
213 E. Main St., Bellefontaine, Ohio. |
| Dr. E. J. Bartholomew,
427 Stone Bldg., Chicago, Ill. | Dr. L. R. Cramb,
Butte, Mont. |
| Dr. Chas. F. Bandel,
280 Hancock St., Brooklyn, N. Y. | Dr. F. E. Corkwell,
Main St., Newark, Ohio. |
| Dr. E. M. Browne,
Dixon, Illinois. | Dr. Hardy W. Carlisle,
352 Van Honden St., Patterson, N. J. |
| Dr. Leslie M. Beaven,
Vincennes, Ind. | Dr. Merritt B. Cravens,
Florence, Colorado. |
| Dr. E. A. Carlson,
Madison, Ind. | Dr. Albia B. Clark,
752 Ellicott Sq., Buffalo, N. Y. |
| Dr. Paul S. Chance,
London, Ohio. | Dr. Edgar Cramb,
Tucumseh, Neb. |
| Dr. Harry L. Chiles,
Auburn, N. Y. | Dr. A. N. Callaway,
St. Charles, Missouri. |
| Dr. Reuben T. Clark,
Natchez, Miss. | Dr. Geo. D. Chaffee,
770 College Ave., Appleton, Wis. |
| Dr. Carria O. Cline,
Monticello, Ill. | Dr. C. B. Canfield,
Address unknown |
| Dr. Darwin F. Cady,
215 South Ave., Syracuse, N. Y. | Dr. Walter C. Carter,
Springfield, Illinois. |
| Dr. J. E. Cobb,
Y. M. C. A. Bldg., Utica, N. Y. | Dr. L. F. Conard,
LaJunta, Colo. |
| Dr. Carlos D. Clapp,
50 Gardner Bldg., Utica, N. Y. | Dr. S. V. Crawford,
Renova, Pa. |
| Dr. John M. Coffman,
Central City, Kentucky. | Dr. E. M. Culbertson,
Appleton, Wis. |
| Dr. R. H. Coke,
1203 2nd St., Louisville, Ky. | Dr. Mead K. Cottrell,
318 Broadway, Patterson, N. J. |
| Dr. Irving Colby,
Barber Bldg., Westerly, R. I. | Dr. Frank A. Crofoot,
73 William St., Lyons, N. Y. |
| Dr. Wm. A. Cole,
Security Bld., Dubuque, Iowa. | Dr. O. M. Calland,
New Ridge Bld., Kansas City, Mo. |
| Dr. B. D. Coon,
Niles, Michigan. | Dr. James A. Dillon,
Centerville, Iowa. |
| Dr. Fred F. Coon,
P. O. Bldg., Niles, Michigan. | Dr. Arthur H. Daniels,
Lambie Bldg., Northampton, Mass. |
| Dr. Earl H. Cosner,
Upper Sandusky, Ohio. | Dr. Silas Dinsmoor,
734-4th Ave., Louisville, Ky. |
| Dr. Geo. H. Cronie,
1227 Alleghany Ave., Philadelphia, P. | Dr. H. M. Dawson,
Seymour, Indiana. |
| Dr. Edward C. Crow,
Spohn Bldg., Elkhart, Ind. | Dr. J. A. DeTienne,
1198 Pacific St., Brooklyn, N. Y. |
| Dr. J. D. Cunningham,
Livingston Bld., Bloomington, Ill. | Dr. Edward J. Donahue,
Oakland, California. |
| Dr. Bert D. Coon,
Niles, Michigan. | Dr. L. A. Downer, Jr.,
Miller Bldg., Chattanooga, Tenn. |
| Dr. J. M. Coffman,
Central City, Kentucky. | |

- Dr. Henry A. Downs, Oil City, Pa.
 Dr. Jesse K. Dozier, Middletown, Conn.
 Dr. L. C. Drost, North Platte, Neb.
 Dr. A. L. Dykes, Bristol, Tenn.
 Dr. Roy L. Davis, Kansas City, Mo.
 Dr. Robert T. Dowell, 719 E. 25th St., Patterson, N. Y.
 Dr. Wm. R. Dozier, Atlanta, Georgia.
 Dr. B. L. Dunnington, Baker Block, Springfield, Mo.
 Dr. T. L. Davis, Rockhill, S. C.
 Dr. H. A. Dandy, Princeton, Mo.
 Dr. Dabney L. Davis, Meriden, Texas.
 Dr. L. A. Downer, Chattanooga, Tenn.
 Dr. E. Denna Dufur, Otay, Calif.
 Dr. J. T. Drake, Rome, N. Y.
 Dr. Walter N. Dobson, Hartford, Indiana.
 Dr. W. E. Dwiggin, Bakersfield, California.
 Dr. James I. Dufur, 1521 Walnut, Philadelphia, Penn.
 Dr. W. F. Englehart, Mo. Trust Bldg., St. Louis, Mo.
 Dr. Melroy W. Easton, 18 State St., Oil City, Penn.
 Dr. A. L. Evans, Miller Bldg., Chattanooga, Tenn.
 Dr. Emery Ennis, 403 E. Capital Av., Springfield, Ill.
 Dr. S. A. Ennis, 403 E. Capital Av., Springfield, Ill.
 Dr. Wm. H. Elmore, Louisiana, Missouri.
 Dr. F. A. Englehart, Oklahoma City, Oklahoma.
 Dr. Frederick J. Eimert, 1439 N. 16th St., Philadelphia, Pa.
- Dr. Roy R. Elmore, Louisville, Ky.
 Dr. Harry W. Emery, Eldon, Iowa.
 Dr. R. Monroe Farley, 122 Waverly Ave., Syracuse, N. Y.
 Dr. Jasper Falkner, Paris, Texas.
 Dr. Fred J. Fassett, Trinity Court, Boston, Mass.
 Dr. Franklin Fiske, 613 Sixth St., Charleston, Ill.
 Dr. Fred W. Gage, 106 State St., Chicago, Illinois.
 Dr. C. H. Gano, Arrott Bldg., Pittsburg, Penn.
 Dr. Howard K Gibbs, Delta, Colo.
 Dr. Frank J. Green, Elmira, N. Y.
 Dr. Alfred D. Glascock, Owosso, Michigan.
 Dr. H. W. Glascock, Raleigh, N. C.
 Dr. R. H. Graham, Vermillion, S. Dakota.
 Dr. Clyde Gray, Horton, Kansas.
 Dr. W. A. Gravett, Troy, Ohio.
 Dr. Chas. M. Graham, Visalia, Colo.
 Dr. Geo. W. Graham, Keokuk, Iowa.
 Dr. Chas. H. Hammond, Rushville, Illinois.
 Dr. E. N. Hanson, 4514 Forbes St., Pittsburg, Penn.
 Dr. Edward L. Harris, Owensboro, Kentucky.
 Dr. E. E. Harden, Butler, Penn.
 Dr. Sylvester W. Hart, 140 State St., Albany, N. Y.
 Dr. Joseph E. Harwood, Lexington, Mo.
 Dr. Norman C. Hawes, Gouverneur, N. Y.
 Dr. Leon B. Hawes, Coldwater, Michigan.
 Dr. Edward B. Hart, 438 S. Salina St., Syracuse, N. Y.

- Dr. Charles Hazzard, Astor Court Bld., New York City.
 Dr. F. R. Heine, Mixon Theatre Bld., Pittsburg, Pa.
 Dr. J. D. Heiny, Nelson, Nebraska.
 Dr. J. W. Henderson, Star King Bld., San Francisco, Calif.
 Dr. A. G. Hildreth, 823 N. Garrison Ave., St. Louis, Mo.
 Dr. Arthur M. Herman, Cleveland, Ohio.
 Dr. Percy L. Hodges, 817 14 St., N. W. Washington, D. C.
 Dr. E. D. Holbert, 213 W. 6th St., Sedalia, Mo.
 Dr. J. E. P. Holland, 223 N. Walnut, Bloomington, Ind.
 Dr. J. L. Holloway, Dallas, Texas.
 Dr. Thos. P. Huffman, LaFayette, Indiana.
 Dr. Edw. S. Howard, 529-5th Ave., New York City.
 Dr. C. M. T. Hulett, N. England Bld., Cleveland, Ohio.
 Dr. F. Hudson, 12 Chestnut St., Springfield, Mass.
 Dr. Lois Hinshaw, Ridge Farm, Ill.
 Dr. Fred E. Hastings, Grant City, Mo.
 Dr. F. E. Hemstreet, Louisiana, Missouri.
 Dr. H. W. S. Hayes, Atlanta, Ga.
 Dr. Frank C. Holgate, 193 E. 54th St., Chicago, Illinois.
 Dr. Edw. G. Herbst, 762 Elmwood Ave., Buffalo, N. Y.
 Dr. Lloyd S. Irwin, Wash. Trust Bld., Washington, Pa.
 Dr. Wm. Horace Ivie, Star King Bld., San Francisco, Calif.
 Dr. A. X. Illinski, 4318-4th Av., N.E. Seattle, Wash.
- Dr. W. I. Joss, Newark, N. J.
 Dr. Archibald M. Keith, Greenville, Illinois.
 Dr. E. E. Keeler, Auerbach's Bld., Salt Lake City.
 Dr. S. Y. Kennedy, Rose Bldg., Gloversville, N. Y.
 Dr. L. C. Kingsbury, Catlin Bld., Hartford, Conn.
 Dr. Chas. L. Kirkham, K L. & M. Bldg., New Castle, Penn.
 Dr. Clifford S. Klein, Dallas, Texas.
 Dr. Lester I. Knapp, 49 W. 33d St., New York City.
 Dr. G. W. Krohn, 472 McLaren St., Ottawa, Canada.
 Dr. O. H. Kent, Falls City, Nebr.
 Dr. C. L. Kirkham, Niagara, N. Y.
 Dr. Ralph V. Kennedy, Leland House, Atlanta, Ga.
 Dr. Clarence V. Kerr, Lenox Bldg., Cleveland, Ohio.
 Dr. E. Leopold Kalbfleisch, Newton, Kansas.
 Dr. John C. Laey, 472 McLaren St., Ottawa, Canada.
 Dr. Silas W. Logan, Kansas City, Mo.
 Dr. G. E. Loudon, Burlington, Vt.
 Dr. Arthur S. Loving, Morrison Bldg., Jacksonville, Ill.
 Dr. Harry M. Loudon, 189 S. Main St., St. Albans, Vt.
 Dr. Samuel R. Love, 429 W. 9th St., Erie, Penn.
 Dr. Elmer L. Longpre, Kankakee, Ill.
 Dr. David Littlejohn, 086 Warren Ave., Chicago, Ill.
 Dr. Oliver S. Leitch, 3555 Olive St., St. Louis, Missouri.

- Dr. Greenwood Ligon,
Y. M. C. A. Bldg., Mobile, Ala.
- Dr. James B. Littlejohn,
524 Washington Bld., Chicago, Ill.
- Dr. Fred C. Lincoln,
748 Ellicott Sq., Buffalo, N. Y.
- Dr. E. G. Magill,
Woolner Bldg., Peoria, Illinois.
- Dr. John W. Maltby,
Brisbane Bldg., Buffalo, N. Y.
- Dr. C. L. Marsteller,
Youngstown, Ohio.
- Dr. J. S. Martin,
Xenia, Ohio.
- Dr. Jesse E. Matson,
Ingraham Blk., Eau Claire, Wis.
- Dr. L. D. Martin,
Barre, Vt.
- Dr. Frank L. Martin,
1584 Market, San Francisco, Calif.
- Dr. C. N. Maxey,
429 E. Capitol Av., Springfield, Ill.
- Dr. G. C. Maxwell,
Columbus, Miss.
- Dr. H. L. Maxwell,
324 N. 5th St., Reading, Penn.
- Dr. Joseph W. Martin,
Wedge-Jones Bg., Albert Lea, Minn.
- Dr. Francis J. Marshall,
Lewis Blk., Pittsburg, Penn.
- Dr. Wade H. Marshall,
Lewis Blk., Pittsburg, Penn.
- Dr. S. R. Meaker,
Sav. Bank Bldg., Auburn, N. Y.
- Dr. L. P. Meaker,
Auburn, N. Y.
- Dr. Addison S. Melvin,
57 Washington St., Chicago, Ill.
- Dr. W. A. Merkle,
482 Clinton Ave., Brooklyn, N. Y.
- Dr. T. Simpson McCall,
9 The Spurling, Elgin, Illinois.
- Dr. F. P. Millard,
LaPorte, Ind.
- Dr. E. O. Millay,
Barry, Ill.
- Dr. David A. Mills,
232 Woodward Av., Detroit, Mich.
- Dr. Adam Moffett,
Cherryvale, Kansas.
- Dr. G. T. Monroe,
Warsaw, N. Y.
- Dr. Edw. Montague,
Gross Bld., Eureka, Calif.
- Dr. Fred E. Moore,
LaGrade, Oregon.
- Dr. S. G. Morris,
532 5th Av., McKeensport, Penn.
- Dr. J. Robert Moseley,
Georgetown, Kentucky.
- Dr. Harry A. Mossman,
Chadron, Nebraska.
- Dr. Chas. H. Murray,
The Spurling, Elgin, Illinois.
- Dr. C. P. McConnell,
57 Washington St., Chicago, Ill.
- Dr. T. S. McCoy,
955 Green St., Augusta, Ga.
- Dr. Jos. R. McCrary,
20-6th St., Bristol, Tenn.
- Dr. A. C. McDaniel,
521-12th St., Oakland, Calif.
- Dr. J. R. McDougall,
Champlain Bldg., Chicago, Ill.
- Dr. A. E. McGalliard,
Las Esperanzas, Mexico.
- Dr. H. A. McMains,
414 A. Equitable Bld., Baltimore, Md.
- Dr. John V. McManis,
Baird, Texas.
- Dr. Ralph Myers,
Kansas City, Mo.
- Dr. Edward Mattocks,
Riverside, California.
- Dr. Harry B. Martin,
1712 Beverly Road, Brooklyn, N. Y.
- Dr. L. O. Morris, Address unknown.
- Dr. Clark Morris, Address unknown.
- Dr. J. H. Murray,
824 Broad St., Trenton, N. J.
- Dr. C. J. Muttart,
Mint Arcade Bld., Philadelphia, Pa.

- Dr. Geo. A. Martin, Ellensburg, Wash.
- Dr. L. G. Mank, (Deceased).
- Dr. Bert E. May, Vincennes, Ind.
- Dr. Norman D. Mattison,
16 Central Park W., New York City.
- Dr. Chas. L. Marsteller,
Youngstown, Ohio.
- Dr. J. E. McGavock,
Valpey Bldg., Detroit, Mich.
- Dr. Jas. A. McKee,
- 177 Broadway, Lexington, Ky.
- Dr. H. M. McIntyre, Randolph, Vt.
- Dr. J. H. McGee, Ashland, Oregon.
- Dr. Wm. E. Noonan,
Hicks Bldg., San Antonio, Texas.
- Dr. Arza J. Noble, Lewiston, Mont.
- Dr. Harley D. Norris, Marion, Ill.
- Dr. Jesse L. Near,
2121 1/2 Center St., Berkeley, Calif.
- Dr. Ralph W. E. Newton,
Harrisburg, Illinois.
- Dr. P. K. Norman,
Randolph Bldg., Memphis, Tenn.
- Dr. L. E. Oden,
405 So. Cherry St., Vicksburg, Miss.
- Dr. Wm. Q. O'Neil,
Monmouth, Ill.
- Dr. J. E. Olsen,
Box 402, Mason City, Illinois.
- Dr. N. Albert Ovens,
Tuscola, Ill.
- Dr. Albert J. Overton, Tuscola, Ill.
- Dr. A. M. Oswald,
321 S. Michigan, South Bend, Ind.
- Dr. Wm. E. Owen,
11 Main St., Kingston, N. Y.
- Dr. E. Peckham,
84 W. St., Stephens St., Boston, Mas
- Dr. Arthur Patterson,
The Marion, Wilmington, Del.
- Dr. David S. B. Pennock,
Land-Title Bld., Philadelphia, Pa.
- Dr. Henry E. Patterson, (Deceased).
- Dr. Arthur H. Paul,
311 Ct. Exchange, Bridgeport, Conn.
- Dr. M. E. Pearson,
4th & Breckenridge, Louisville, Ky.
- Dr. L. N. Pennock, Norborne, Mo.
- Dr. G. W. Perrin,
1635 E. 13th Av., Denver, Colorado.
- Dr. Paul M. Peck,
Hicks Bldg., San Antonio, Texas.
- Dr. G. A. Pontius,
89 Main St., Lockport, N. Y.
- Dr. Robert L. Price,
124 E. Capitol St., Jackson, Miss.
- Dr. Chester I. Poole,
292 Pine St., Fall River, Mass.
- Dr. Charles W. Proctor,
Ellicott Sq., Buffalo, N. Y.
- Dr. Daniel P. Putman,
Sioux City, Iowa.
- Dr. Harrison A. Putnam,
Sioux City, Iowa.
- Dr. Ernest A. Plant,
Fay Bldg., Los Angeles, Calif.
- Dr. M. W. Pressley,
Phil. College Osteo., Philadelphia.
- Dr. Mildred Price,
124 E. Capitol Av., Jackson, Miss.
- Dr. Arthur S. Piper, Anna, Illinois.
- Dr. Thos. E. Reagan,
328 E. 11th St., Indianapolis, Ind.
- Dr. J. A. E. Reesor,
Conf. Life Bld., Toronto, Canada.
- Dr. Geo. W. Reid, Worcester, Mass.
- Dr. C. L. Richardson,
Clarence Bld., Cleveland, Ohio.
- Dr. G. W. Riley,
43 W. 30d St., New York City.
- Dr. Schuyler C. Robinson,
Auburn, Indiana.
- Dr. S. Ringler, Hampton, Iowa.
- Dr. W. A. Rogers,
Marquam Bldg., Portland, Ore.

- Dr. Oscar C. Robertson, Utica, Ky.
 Dr. John W. Robinson, Cambridge Springs, Penn.
 Dr. Jesse A. Root, 2124 Sassafras St., Erie, Penn.
 Dr. Thos. E. Ross, Ft. Smith, Arkansas.
 Dr. Chas. A. Ross, Neave Bldg., Cincinnati, Ohio.
 Dr. E. C. Ray, Nashville, Tenn.
 Dr. J. Robertson, Brainerd, Minn.
 Dr. A. E. Robertson, 344 Portage Ave., Winnipeg, Can.
 Dr. Frances Ringler, Hampton, Ia.
 Dr. Wm. E. Reese, Bowling Green, Ohio.
 Dr. D. H. Reese, Huntington, Indiana.
 Dr. John Rieger, Billings, Mont.
 Dr. Edwin R. Ryerson, Lincoln, Nebraska.
 Dr. E. W. Sackett, Bushnell Bldg., Springfield, Ohio.
 Dr. John J. Schmidt, Danville, Illinois.
 Dr. Joseph B. Schrock, Bedford, Indiana.
 Dr. C. E. Ross, Neave Bldg., Cincinnati, Ohio.
 Dr. Chas. L. Richardson, 58 Clarence Bldg., Cleveland, O.
 Dr. Wm. Reed, Address unknown.
 Dr. C. J. Severy, Woodward Ave., Detroit, Mich.
 Dr. J. R. Shackleford, Willcox Bldg., Nashville, Tenn.
 Dr. T. W. Sheldon, 972 Market, San Francisco, Calif.
 Dr. H. K. Sherburne, Rutland, Vermont.
 Dr. N. J. H. Sickles, 38 W. 33d St., New York City.
- Dr. O. A. Siler, Warren, Penn.
 Dr. C. G. E. Sieburg, Menominee, Mich.
 Dr. W. E. Scott, Spartanburg, S. C.
 Dr. Ernest Sisson, Parrott Bld., San Francisco, Calif.
 Dr. Elbert C. Smith, Carrollton, Mo.
 Dr. Forrest P. Smith, 35 Park St., Mt. Clair, N. J.
 Dr. Frank P. Smith, Traction Bldg., Indianapolis, Ind.
 Dr. Frank H. Smith, Kokomo, Indiana.
 Dr. Oren E. Smith, Traction Bldg., Indianapolis, Ind.
 Dr. Van B. Smith, Lincoln, Nebr.
 Dr. Jos. M. Smith, Burr Blk., Lincoln, Nebr.
 Dr. J. H. Stephens, Dillon, Mont.
 Dr. Clifford H. Sterns, 817-14th St., Washington, D. C.
 Dr. J. F. Stephenson, 719 N. 6th St., Harrisburg, Penn.
 Dr. Homer Stewart, Monticello, Ill.
 Dr. C. I. Stephenson, Auburn, Nebr.
 Dr. W. C. Stephenson, Johnson City, Tenn.
 Dr. Harry M. Still, 17, E. 38th St., New York City.
 Dr. Summerfield S. Still, Des Moines, Iowa.
 Dr. Oliver G. Stout, Conover Bldg., Dayton, Ohio.
 Dr. H. B. Sullivan, 213 Woodward Ave., Detroit, Mich.
 Dr. C. P. Switzer, 57 Washington St., Chicago, Ill.
 Dr. J. W. Sylvester, 37 Root St., Cleveland, Ohio.

- Dr. R. D. Steele, Los Angeles, Calif.
 Dr. Ord L. Sands, 37 Madison Ave., New York City.
 Dr. W. S. Smith, Red Cloud, Nebr.
 Dr. J. O. Smith, Waseca, Minn.
 Dr. C. E. Shifflett, Coffeyville, Kansas.
 Dr. John V. Stewart, Odd Fellows Bld., Ludington, Mich.
 Dr. Hiram H. Strait, 2127 Ellendale Av., Los Angeles, Cal.
 Dr. J. S. Stuart, Glen Falls, N. Y.
 Dr. William Smith, 621 Everett Ave., Kansas City, Mo.
 Dr. J. E. Snyder, Chadron, Nebr.
 Dr. Chas. C. Teall, Weedsport, New York
 Dr. Edgar Q. Thawley, Woolner Bld., Peoria, Illinois.
 Dr. W. S. Thomasson, Rose Dis. Bldg., Terre Haute, Ind.
 Dr. H. B. Thompson, Walla Walla, Washington.
 Dr. L. B. Triplett, 24 Besse Pl., Springfield, Mass.
 Dr. A. R. Tucker, Trust Bldg., Durham, N. C.
 Dr. J. W. Tarr, Marshall, Minn.
 Dr. Francis A. Turfler, Rensselaer, Indiana.
 Dr. C. W. Tanner, Mt. Sterling, Ky.
 Dr. Lea W. Tindolph, Charlottesville, Ky.
 Dr. Harry A. Thornburg, Cynthiana, Kentucky.
 Dr. H. M. Vastine, 119 Locust St., Harrisburg, Penn.
 Dr. H. J. Vastine, 42 No. 9th St., Reading, Penn.
- Dr. K. T. Vyverburg, Taylor Bldg., LaFayette, Ind.
 Dr. A. E. Vallier, Columbus, Nebr.
 Dr. A. E. Vallier, Columbia, Nebr.
 Dr. Winfield W. Vanderburgh, Pacific Grove, Calif.
 Dr. Robert I. Walker, Mer. Bk. Bld., New Bedford, Mass.
 Dr. Frank P. Walker, 12 Summit Pl., St. Joseph, Mo.
 Dr. Richard Wanless, Schnirel Bld., Geneva, N. Y.
 Dr. G. V. Webster, Amsterdam, N. Y.
 Dr. Amos E. Werkheiser, Ryland Blk., San Jose, Calif.
 Dr. R. L. West, White Plains, N. Y.
 Dr. G. D. Wheeler, Melrose, Mass.
 Dr. Gilman A. Wheeler, 416 Marlboro St., Boston, Mass.
 Dr. C. H. Whitecomb, 392 Clinton Ave., Brooklyn, N. Y.
 Dr. Ernest C. White, Watertown, N. Y.
 Dr. Andrew S. Wiley, 69 W. Chippewa St., Buffalo, N. Y.
 Dr. Asa M. Willard, Missoula, Mont.
 Dr. C. H. Woodruff, Mexico City, Mexico.
 Dr. L. E. Wyekoff, Johnson Bld., Los Angeles, Calif.
 Dr. C. G. Wheeler, Brattleboro, Vt.
 Dr. J. Willard, 57 Washington St., Chicago, Ill.
 Dr. S. E. Wright, Marion, Indiana.
 Dr. C. E. Willis, Syndicate Bldg., Pittsburg, Kan.
 Dr. J. Jay Walker, 420 N. Oregon St., El Paso, Tex.

Dr. George A. Wells, Greenville, Texas.	Dr. Julian C. Foster, Kirksville, Mo.
Dr. A. S. Wiley, 69 W. Chippewa St., Buffalo, N. Y.	Dr. Herbert L. Gamble, Kirksville, Mo.
Dr. G. B. Wolf, Ottawa, Kansas.	Dr. John W. Murphy, Kirksville, Mo.
Dr. John A. West, 42-E. 25th St., New York City.	Dr. William F. Hilliard, Kirksville, Mo.
Dr. W. A. Willecox, 47 Prospect St., Waterbury, Conn.	Dr. H. Clyde Johnson, Kirksville, Mo.
Dr. Stephen C. Woodhull, Sav. Bank Bldg., Ithaca, N. Y.	Dr. R. Bruce Johnston, Kirksville, Mo.
Dr. Webb H. Wait, (deceased).	Dr. Henry A. Whitfield, Kirksville, Mo.
Dr. Homer Woolery, Bloomington, Ind.	Dr. George A. Newton, Kirksville, Mo.
Dr. Forrest G. Webber, West Superior, Wisconsin.	Dr. Gilbert W. Hay, Kirksville, Mo.
Dr. Wm. H. White, 2253 Grand Ave., St. Louis, Mo.	Dr. Garrett E. Thompson, Kirksville, Mo.
Dr. Ambrose B. Wyckoff, 119 W. 3rd St., Alton, Illinois.	Dr. Summer E. Warner, Kirksville, Mo.
Dr. H. C. Waltman, Address unknow	Dr. Henry M. Stoel, Kirksville, Mo.
Dr. Fred K. Wolteman, Address unknown.	Dr. James Brake, Kirksville, Mo.
Dr. F. W. Warren, 259 Atlantic St., Stamford, Conn.	Dr. John W. Treble, Kirksville, Mo.
Dr. A. W. Young, 42 Auditorium, Chicago, Ill.	Dr. Henry R. Dalrymple, Kirksville, Mo.
Dr. Algernore S. Yewell, Hartford, Ky.	Dr. Eugene M. Casey, Oxford, N. Y.
Dr. F. P. Young, . . . Kirksville	Dr. Henry L. Urban, Kirksville, Mo.
Dr. Charles A. Arand, Kirksville, Mo.	Dr. Frank L. Goehring, Kirksville, Mo.
Dr. George O. Baumgras, Kirksville, Mo.	Dr. Harry E. Thompson, Kirksville, Mo.
Dr. Charles F. Banker, Kirksville, Mo.	Dr. Frank C. Martin, Kirksville, Mo.
Dr. Madison C. Burrus, Kirksville, Mo.	Dr. Hubert B. Mason, Kirksville, Mo.
Dr. Clarence C. Rude, Kirksville, Mo.	Dr. Albert H. McLaughlin, Kirksville, Mo.
Dr. Harold C. West, Kirksville, Mo.	

Dr. Glenn J. Proctor, Kirksville, Mo.	Dr. Hugh L. Russell, Kirksville, Mo.
Dr. Edward W. Forsee, Kirksville, Mo.	Dr. J. H. Roebuck, Kirksville, Mo.
Dr. Carlton C. Norton, Kirksville, Mo.	Dr. Frank E. Root, Kirksville, Mo.
Dr. Ward Loufbourrow, Kirksville, Mo.	Dr. Alfred W. Rogers, Kirksville, Mo.
Dr. Asa Wamsley, Kirksville, Mo.	Dr. Chas. E. Still, Kirksville, Mo.
Dr. Merle R. Wallace, Kirksville, Mo.	Dr. Andrew Taylor Still, Kirksville, Mo.
Dr. Alfred T. Sullivan, Kirksville, Mo.	Dr. Charles Sperry, Kirksville, Mo.
Dr. Edwin R. Larter, Kirksville, Mo.	Dr. John H. Lee, Kirksville, Mo.
Dr. Frank P. Pratt, Kirksville, Mo.	Dr. William H. Koester, Kirksville, Mo.
Dr. Roland J. Dunbar, Kirksville, Mo.	Dr. Thomas C. Hardy, Kirksville, Mo.
Dr. H. A. Dillabough, Kirksville, Mo.	Dr. Orrin O. Bashline, Kirksville, Mo.
Dr. Robert M. Echols, Kirksville, Mo.	Dr. James G. Dawson, Kirksville, Mo.
Dr. William F. Chappell, Kirksville, Mo.	Dr. Charles G. Hatch, Kirksville, Mo.
Dr. Frank Holmes, Kirksville, Mo.	Dr. Alfred J. Tarr, Kirksville, Mo.
Dr. Louis R. Fechtig, Kirksville, Mo.	Dr. Preston W. Gibson, Kirksville, Mo.
Dr. George S. Smallwood, Kirksville, Mo.	Dr. Linus H. Walker, Kirksville, Mo.
Dr. Heber S. Amussen, Kirksville, Mo.	Dr. Ora M. Walker, Kirksville, Mo.
Dr. G. A. Townsend, Kirksville, Mo.	Dr. Frank G. Carlow, Kirksville, Mo.
Dr. Wm. R. Ure, Kirksville, Mo.	Dr. Benj. F. Still, Kirksville, Mo.
Dr. Chas. A. Wilske, Kirksville, Mo.	Dr. Kirk W. Shipman, Kirksville, Mo.
Dr. Marion E. Clark, Kirksville, Mo.	Dr. Fred G. Thiele, Kirksville, Mo.
Dr. Charles S. Fisher, Kirksville, Mo.	Dr. George A. Haswell, Kirksville, Mo.
Dr. H. M. Frazier, Kirksville, Mo.	Dr. E. Paul Erwin, Kirksville, Mo.

Dr. Maus W. Stearns, Kirksville, Mo.	Dr. J. P. McCormick, Kirksville, Mo.
Dr. Ned L. Swift, Kirksville, Mo.	Dr. Eugene C. Link, Kirksville, Mo.
Dr. Daniel N. Morrison, Kirksville, Mo.	Dr. Geo. M. Laughlin, Kirksville, Mo.
Dr. Joseph A. Gazda, Kirksville, Mo.	Dr. C. B. Ingalls, Kirksville, Mo.
Dr. W. Clare Brown, Kirksville, Mo.	Dr. N. A. Johnson, Kirksville, Mo.
Dr. Louis A. Hilbert, Kirksville, Mo.	Dr. Geo. M. Goodell, Kirksville, Mo.
Dr. Edward R. Smith, Kirksville, Mo.	Dr. L. M. Goodrich, Kirksville, Mo.
Dr. Robert J. Northern, Kirksville, Mo.	Dr. R. E. Hamilton, Kirksville, Mo.
Dr. R. P. Carleton, Kirksville, Mo.	Dr. Warren B. Hamilton, Kirksville, Mo.
Dr. J. H. B. Scott, Kirksville, Mo.	Dr. E. Collier, Kirksville, Mo.
Dr. Thos. H. Spence, Kirksville, Mo.	Dr. Wm. D. Dobson, Kirksville, Mo.
Dr. Hearl L. Owen, Kirksville, Mo.	Dr. Charles A. Lumsden, Kirksville, Mo.
Dr. Thomas H. O'Neil, Kirksville, Mo.	Dr. Cyrus J. Gaddys, Kirksville, Mo.
Dr. Frank M. Plummer, 26 Thomas St., Orange, N. Y.	Dr. George F. Horn, Kirksville, Mo.
Dr. E. W. Raymond Morelock, Kirksville, Mo.	Dr. William J. Wolfert, Kirksville, Mo.
	Dr. William H. Wakefield, Kirksville, Mo.

ATLAS NOTES.

A reception was given on the 24th of February, by the club to the men of the Freshman class which entered school January 29th. In the absence of Noble Skull Fisher, Mr. T. H. O'Neill presided and made a brief speech of welcome. This was followed by a musical program consisting of vocal solos by Messrs. Horn and Smallwood, and a violin duet by Mr. Goodrich and Master Link. Dean Dobson then gave an excellent talk in appreciation of the science and of the club, which closed the program. Smoking and cards were then indulged in for the rest of the evening.

* * *

By a syncope of the editor's intellect, Brother A. T. Sullivan was said, in the last issue, to be the president of the senior class. He is, instead, the class representative.

PERSONAL MENTION OF NEW INITIATES:

Mr. Benjamin F. Still is a resident of Mabank, Texas—a relative of Dr. A. T. Still. He has a high school education and has been engaged in mercantile business.

* * *

Mr. Frank G. Carlow comes from Jackson, Mich., where he has been employed as bookkeeper and cashier for the Reliance Corset Co. He has a high school training and was influenced to study through personal benefit received from treatment.

* * *

Mr. Linus H. Walker comes from Beaumont, Texas, has had high school and partial college course and has been in business as a retail merchant.

* * *

Mr. Preston W. Gibson resides at Springfield, Illinois, has had training in high school and business college and employed formerly as a bookkeeper. An Atlas man, Dr. C. N. Maxey of the same city persuaded him to study.

* * *

Mr. Charles G. Hatch is a resident of Goshen, Indiana, and has been in business as photographer. He was induced to take up osteopathy by Dr. Elizabeth Jackson of Goshen.

* * *

Mr. Kirk W. Shipman comes from Manawa, Wis. He has had education in high school and two years beyond that and has had experience in business with hardware, furniture and printing. Personal benefit shunted him into osteopathy. He is the president of the Y. M. C. A. at the school.

* * *

Mr. Fred G. Thiele comes from Galesburg, Illinois, where he has been in business as a piano-tuner. He was induced to study from results of his observation and investigation.

* * * *

The following eleven men were initiated March 3rd. Mr. Morrison is of the Senior class; the others, like the seven preceding are sophomores.

* * *

Mr. Daniel N. Morrison came from the Massachusetts College of Osteopathy to complete his studies. He has had preliminary education in high school and commercial college and has been employed as a stenographer. He was clerk at the Massachusetts College.

Mr. Louis A. Hilbert has resided at Grantfork, Ill. He has had educational training at business college, normal school and University of Illinois. He has been a teacher in the public schools and in business college. He was influenced to study by Dr. Bailey of St. Louis who treated him.

* * *

Mr. W. Clare Brown comes from Kalamazoo, Michigan, where he formerly has been employed as a nurse. He was turned toward osteopathy through successful treatment of a member of his family.

* * *

Mr. Edward R. Smith of Urbana, Illinois, has had an academic education and has been a teacher. Comparison of results obtained by osteopaths with those by medical physicians led him to adopt osteopathy.

* * *

Mr. Robert J. Northern comes from Billings, Montana, where he has been a traveling collector. He has had a high school education. He received benefit from treatment himself and was further influenced to study by Drs. Rieger and Prickett of Billings and Dr. Pickler of Minneapolis.

* * *

Mr. R. P. Carlton has resided at Wichita, Kansas. He has been educated in the public schools and business college and has been employed in the general manager's office of the Standard Oil Co., Wichita.

* * *

Mr. Joseph A. Gazda comes from Brazil, Indiana. He has been in the dry goods business but began the study of osteopathy as the result of personal investigation.

* * *

Mr. Ned L. Swift of Edinboro, Pa., was educated in the normal school and was afterward employed as clerk. He was influenced to study by Dr. R. S. Love of Erie, Pa.

* * *

Mr. Maus W. Stearns of Hoosick, N. Y., has been a public school teacher for which he was fitted by high school and some college training. He was influenced to study by a brother-in-law engaged in practice.

* * *

Mr. E. Paul Erwin of Indianola, Iowa, has been educated in the high school and a partial college course. He has been employed as an electrical engineer. From a patron of osteopathy he became a student.

* * *

Mr. G. A. Haswell comes from Hoosick, N. Y., was previously a farmer; a relative of Dr. G. E. Brown, Jackson, Fla., through whom and personal benefit received he was induced to study.

ATLAS FIELD NOTES.

Drs. G. M. Laughlin and M. E. Clark were absent from college a few days in February attending the Wisconsin state convention. They met the Chicago osteopaths also on the same trip.

* * *

Dr. W. E. Scott, Jan., '06, has located at Spartanburg, South Carolina.

* * *

Charles F. Baker, D. O., Marshall, Ill.

PYLORUS, ATLAS CLUB: Find my dues for the coming year. The Bulletin has had some very interesting articles during the past year. All the students who were in school when I was, have graduated and now I suppose are having their shingles fanned by the light breezes and with cyclones. May their tribe increase. I wish the club the prosperity it so richly deserves.

* * *

Dr. E. O. Millay of Barry, Ill., visited Kirksville, March 2nd in order to witness an operation for club feet performed at the new hospital by Drs. Young, Hoffman and Laughlin. The patient was a girl of 10, a patient of Dr. Millay, whom he brought here some time ago to be treated for infantile paralysis, and for this operation. Dr. Millay visited the club and made a brief talk.

* * *

To Dr. and Mrs. A. L. Evans of Chattanooga, Tenn., there was born on Feb. 4th, a daughter.

* * *

Dr. Wm. Horace Ivie of San Francisco, delivered an address in January before the class which graduated from the California College of Osteopathy. A local paper of March 8th mentioned that Dr. Ivie was visiting friends in Kirksville.

* * *

Dr. Fred W. Gage, Chicago: "I was very much pleased with the last Bulletin. In fact think each issue gets better. Am very glad, also, to see the records of the members you are taking in, and do not see how anyone could find fault with them. My best wishes to the club."

* * *

To the Members of the Atlas and Axis Clubs:

MY DEAR FRIENDS: I am sending you to-day by express, a picture for our Club Rooms; its a valentine for all of you. I hope it will please you. So far as the value of the picture is concerned, it is nothing, but I want you all to know how deeply I am interested in you and our beloved science. I think of you every day and will say, if the prayers of

the wicked avail anything, each one of you in time will be a shining star in the science of osteopathy. A number of you I have never met, but my heart is full of love for you all, and I think and believe that once an Atlas or Axis member always one." May God bless each and every one of you is the sincere prayer of

Yours fraternally,

DR. J. W. SYLVESTER,
Cleveland, Ohio.

Dr. Franklin Fiske, Portage, Wis.: "Please tell Editor Rogers that I have not entirely forgotten him, and expect some day to send him some "copy" for The Bulletin. (Editor Rogers leaves the sanctum in June: A. W. R.) He is right about the "Notes from the Field" being the most interesting department, and perhaps he can sympathize with me in the troubles I had in first getting it started. Gradually the field members got in the habit of sending in news items, so that when I left the sanctum, I did not have to depend entirely on the O. P., Journal, etc., for Club news, but could serve it up, hot from the field frying pan, for the delectation of the fastidious palates possessed by the best osteopaths in the field—the Atlas and Axis members. The trial at La-Crosse, to which brother Willard referred in the current A. O. A. Journal, was postponed until next term of court, the defense filing affidavit that they could not get their experts in time for a trial this term. By the way, it may be of interest to the brother members of the club to know that an Atlas man (yours truly), was the first one in court of law to pass on a system of treatment by manipulation, and testify that although called by another name, it is really covered by the laws for osteopathy, which decision, if sustained by the higher courts, will place under osteopathic scrutiny all systems of manipulative treatment of the spine, and will prevent incompetent fakirs from using our principles under other names and thus avoiding the laws. The decision was rendered on my testimony that "any system of treating disease by forcible manipulation of the spine is essentially osteopathic," the jury requiring but one ballot, and that is why one S. M. Langworthy is making such a howl in Medical Talk. He is trying to prove the opposite, in order that at the next trial, he may defeat the effect of the laws of Wisconsin, and thus enable the fakirs (chiropractors) to gull the public in peace. But I did not intend to deliver a lecture, so will switch off. Practice is fair and increasing, some failures, some very good successes. One of the latter is the son of an M. D., who is traveling through the state selling drugs to the medical profession. The boy was condemned to blindness, by the best specialists in the North-west. He is now on the road to re-

covery, and the doctors over the state, instead of roasting the life out the boy's father, are now earnestly inquiring "What is it like?" My best regards to the club members. Wish I could meet with you once in a while, but I hope to visit Kirksville sometime in the next few months, if all goes well."

Dr. Geo. W. Reid, Worcester, Mass.: "I realize the very important and urgent need of educating the public up to osteopathic methods. People don't believe in osteopathy because they do not know what it stands for—even those who take treatment—a large number of them at least—do not realize the real significance of osteopathy. So with a view to counteracting this condition of affairs, I have prepared a series of lectures, setting forth in as clear a way as possible the principles of our science, which I give as opportunity offers. These addresses have been received with very much interest and I believe it to be a splendid way of educating the public. Recently I have received an invitation from the superintendent of schools of Gardner, Mass., to give an address to their teachers. Of course I would not let such an opportunity to disseminate the truths of osteopathy go by, so on Wednesday next, I will appear before them. I realize this is quite an undertaking for our teachers here are very intellectual. However, that is so much the better for they will no doubt be able to grasp the osteopathic philosophy more easily. I hope to do justice to our beloved science."

Dr. Paul M. Peck, San Antonio, Texas: "I have taken pleasure in reading Dr. Noonan's article on Constipation and think her suggestion for a freer discussion of personal experiences by the field members, a good one.

Am glad to see the subject of the use of drugs by Osteopaths brought up for discussion. When at Austin last winter, we endeavored to get a bill passed which did not curtail the osteopath in the use of drugs. Our bill was silent on that subject, as all bills should be. I repeatedly explained that the attempt of the M. D.'s to tack on an amendment prohibiting us from using drugs, would result in crippling our usefulness and independence as practitioners. We explained that in treating surgical cases, in skin eruptions, sometimes in stomach lavage, we found a drug desirable, but almost never had to resort to internal medication. I explained that our course was sufficiently rounded out with such instruction as to equip the D. O. with knowledge sufficient to make him competent to prescribe if in his judgment such a measure was needed. This view appeared to satisfy the opposition, but when other prominent representatives of our profession were interviewed by the legislative

committees on public health, and told them that osteopaths never made use of drugs and in one instance told an M. D. he would treat a case of gonorrhœal conjunctivitis without any aid of drugs, the conflict in our representations as to the use of drugs, was apparent, and I was asked by several whether any two osteopaths agreed upon what did really constitute the practice of osteopathy.

I believe my position represented the practice of the larger part of the progressive D. O.'s of today, and doubtless the denial that the profession uses any drugs was in accordance with another's view of osteopathy, but this difference injured our cause in the legislature. Now we should seek to avoid conditions of this character and I believe Dr. Noonan has taken a position well in advance of the present, but one we will do well to consider and look to as the solution of what osteopathy should really claim and practice.

I say this with the belief that few D. O.'s are more firm in their reliance upon the osteopathic principle than the writer, and no one could be more conscientious in their thoroughness of treatment, but we have held all along that our science is big enough and broad enough to make its practitioners physicians fully equipped in every sense of the word, if a few additions were made to our course and we ceased to theorize where practice warrants another course.

* * *

Dr. T. Simpson McCall of Elgin, Illinois, has dissolved the partnership which he formed a year ago with Dr. C. H. Murray and will henceforth practice at Suite 9, The Spurling, Elgin, Illinois. He still maintains an office at Batavia.

* * *

Dr. C. M. T. Hulett of Cleveland, Ohio, and Dr. A. G. Hildreth of St. Louis, were in Kirksville, March 8-10 in attendance at the Granger-Still case. In this case there was a disagreement of the jury.

* * *

AXIS NOTES.

If osteopathy is not complete within itself, it is nothing. It walks hand in hand with nothing but nature's laws and for that reason alone it marks the most significant progress in the history of scientific research, and is as plainly understood by the natural mind, as the gild at eventide that decks the golden west.

A. T. STILL.

* * *

It has been our good fortune to read a number of letters from the field this month, and we want to thank you, not for the dues you enclosed, but for your expressions of good-will of interest in the club and your appreciation of the Bulletin. Your interests are ours, and ours are

yours. We are one in purpose. If this department affords you aught of pleasure or profit, or in fancy brings you back to the old days; write and tell us about it.

Perhaps it reminds you of your early school days when at eight, through a dark and devious, underground pathway past raging furnaces (where you looked for the man with vestigial remains) you fearfully wended your way to the chemistry room. Or was it eleven? Way up in the dim distance you saw a very small man, with a very white coat and a very big voice, shout out, "All aboard" while you frantically rushed about looking for an elevator. Or, better still, perhaps, 'tis the Atlas hall and the dear old goat. After you really made his acquaintance you found him to be quite a decent and well bred brute, with whom you would gladly have shared your refreshments.

But perhaps you have sweeter memories of a glorious June afternoon when both earth and sky announced that the buds were ready to burst into full bloom. Alas! Exams were coming on. You were conversant with all sorts of monstrosities and abnormalities until you had forgotten what the normal really was. From North hall you looked beyond the grave outline of the first hill into the wooded distance beyond. How alluring the hills, and the shades looked cool and refreshing. Just to be lazy for an hour was the only way in which you could conceive of a complete return to normal. You know you cut class and not alone either.

* * *

But the very nucleus around which cluster all memories of your school days, is the "old doctor" himself. You sought him first for a word of encouragement—last, for his blessing. He it is whose principles you seek to follow and to whose household of the one faith, you belong. He stands for osteopathy pure and simple and with it utilitarianism, beautiful and benign. And you, whom perhaps he has taught with his own hands, are you as generous? Some one is grieving the father of our science in his last days. Only the other day he told us that he hoped none of us would ever put stumbling blocks in the way of others. The household is increasing its numbers and what think you it will be like when we all work for the science rather than self?

* * *

On Feb. 4th, Mr. A. J. Harris, (senior), gave the club women an interesting lecture on Hydrotherapy. Mr. Harris comes from the Battle Creek sanitarium, and has had nine years experience in this work. His lecture, which will be found in the April number of the Bulletin is sufficient evidence that Mr. Harris is well qualified along these lines.

Miss Katherine Broderick of Torrington, Conn., a town of 18,000, says that last April osteopathy was so unknown to the place that the postmaster did not even know the meaning of the word. Today an osteopath from New Haven comes once a week, treats 20 patients at \$2.50 per.

* * *

We learn that Dr. Francis M. Butcher, who recently went to Chicago on a business trip, has gone on to Spartanburg, S. C., to practice with Dr. W. E. Scott. Both parties graduated in the last January class. Dr. Butcher will not finish her P. G. course.

* * *

Dr. Amanda N. Hamilton was called to her home at Bellfontaine, Ohio, on account of the serious illness of her brother.

* * *

After the regular meeting on Feb. 28th, Dr. Dobson favored the Axis women with a very interesting talk on the old yet even new subject of Specialization of Work, among and for Women. This line of work cannot be too strongly emphasized.

* * *

The following have been initiated into the club during the past month:

Mrs. Eleanor Ridout Dashiell, graduate of the Lambeth Seminary, Annapolis, Md. During the life of her late husband who was a naval officer, she resided in Washington, since then has traveled abroad, lived in Switzerland two years, and in the South. Mrs. Dashiell became greatly interested in osteopathy on account of benefit received from Dr. A. V. Spates of Sherman, Texas, and after attending a stirring osteopathic convention at Ft. Worth, she decided to study it herself.

* * *

Miss Eva Idel Mains, Ph. D., Dexter, Mich. Miss Mains is a graduate of the Michigan University, Ann Harbor, and has been a teacher for several years. She was always interested in the hospital work at the university and later was attracted to osteopathy when she saw its good results.

* * *

Miss Nora Kneisel of Lincoln, Nebraska, graduate of high school at Beaver City, Nebr., and has studied at Wesleyan University and State University, Lincoln, and has been a teacher for two years. Miss Kneisel received benefits from osteopathic treatment, realized its advantages, and was encouraged to come to Kirksville by Dr. Morelock.

Miss Harriet Frances Cornell, of Brooklyn, educated in the public schools of that city. Miss Cornell visited in Kirksville last spring and after hearing and seeing the great good obtained through osteopathic treatment decided to study.

* * *

The new freshman class numbers 25. The junior class which is the last in the two year course numbers 180.

* * *

AXIS FIELD NOTES.

Miss Brake is quite busy now-a-days mailing receipts to field members.

* * *

Mrs. Dr. Eliza M. Culbertson of Appleton, Wisconsin, writes: "The Bulletin lies before me and as I glance through again to find your name I see so many good things to read I am sure my \$2.00 is well spent."

* * *

Dr. Pauline R. Mantle of Springfield, Illinois, writes: "I eagerly welcome the Bulletin each month and take a lively interest in all that concerns the club.

* * *

Dr. Edmire M. Cabana of the last January class has opened an office at her home, 219 Patomic Ave., Buffalo, N. Y., and reports very good success.

* * *

Dr. Inez Wells of Greenville, Texas, says: "My brother and I have been located since February and are very much pleased. We are getting started with our practice much sooner than we anticipated. There have been several "quack" osteopaths here in the past and the people were somewhat afraid to take treatment, but each of us have several patients from the best families, so we feel encouraged. One of my patients was sent by a local M. D.

* * *

We learn that Drs. Dougherty & Mantle of Bloomington, Ill., have opened handsomely appointed office rooms, and are doing a flourishing business there besides visiting a near-by town. twice per week.

* * *

Dr. Julia May Sarratt, Waco, Texas: It is with the greatest pleasure that I enclose my dues to the Axis Club of which I am so proud to be a member. Wednesday afternoon never comes but what I wish I could step in to be with you all, to learn more of the pure unadulterated osteopathy as taught at Kirksville, Mo., by Dr. A. T. Still, for the knowledge gained at the Club has proven invaluable.

The Bulletin is getting to be more instructive and interesting each month. I await its arrival impatiently. With best wishes for the prosperity of the Club.

* * *

Dr. Harriet A. Whitehead, Wausaw, Wis.: "I think that it is the duty of field members to send in contributions, but I should not want to write merely to fill space. When I feel that I have a message, I will surely send it. For months I have noted with pride and pleasure the steady improvement in the Bulletin and now look forward to its coming and am glad to read everything in it. It often has some very valuable and helpful articles."

* * *

Dr. Emma Schmidt concluded her post-graduate course Feb. 20th to return to Danville, Illinois, and rejoin her husband, Dr. J. J. Schmidt, in his practice.

* * *

On Wednesday, January 31st, Dr. Ora Copernoll of Wilber, Nebr., visited the club and favored us with a very interesting talk relative to her experience in the field. It is needless to say that this was much appreciated by the women present.

* * *

Dr. Alice M. Patterson, ('98) of Washington, D. C., was recently married to Mr. George H. Shibley of the same city. She has now retired from practice after winning in eight years great popularity, esteem and success. Her husband is a prominent student of sociology and the founder of the Bureau of Economics. Mrs. Shibley's residence will be at "The Ontario", Washington, D. C. She was present at Kirksville as a witness in the Granger-Still trial, March 7th-10th.

* * *

Dr. Kathryn Robert, ('00) of Bedford, Iowa, will be one of the contributors to the April Bulletin. The Axis practitioners have been quite in evidence recently in their contributions to our magazine and we hope the good example will become contagious.

* * *

DANIEL KENT

Elson St., north of Mills' Bank. Treating stools; students' tables; furniture for the study-room, sitting-room and sleeping rooms; chairs to rent for assemblies; picture frames, rugs and carpets.

STUDENTS

Just for instance we mention a few things we would be pleased to show you: Students lamps, library lamps, five o'clock teas, chafing dishes, coffee percolators, razors and strops, Gillettes and the real safety razors and very many useful and fancy articles that help to make the students life pleasant. Glad to have you visit us. We try to treat you right.

GRASSLE BROS. & HANSEN.**CHAS. H. FINEGAN**

Wholesale and Retail Baker and Confectioner. Ice Cream, Sherbets and Fruit Ices. 109 Franklin St. Telephone 299.

W. E. GREEN

Dentist. Phone:—Office, 300; residence, 284 South side square, Kirksville, Mo.

SOLEM

Only Photographic Artist in Kirksville. We are still in business at the old stand and aim to satisfy and win the appreciation of the public and our patrons. Special rates made for students' classes and clubs. If you want a true likeness call on

SOLEM**A. S. O. BOOK CO. "Cooper" Kirksville, Mo.**

Hazzard's new revised 3d ed Practice, \$3 and \$3.50; Hulett's 3d ed. Principles, \$3 and \$3.50; Clark's Gynecology, \$5; Young's Surgery, \$5.50; Clark's Applied Anatomy out May 1st. We pay express on Books. Bust of Dr. Still \$2, F. O. B.; school has quit giving these bust- away.

H. MARKS

Merchant Tailor and Haberdasher. Middle of west side Square. Call and see me.

JOURNAL PRINTING CO.

Book and Job Printers. Osteopathic work a specialty.

MEDICAL BOOK CLEARING SALE.

	Cut to		Cut to
McClelland, Reg. Anat., \$15.....	\$11.00	Byford, Gyn., 2.00.....	3.75
Hotch, Pediatrics, cloth, 6.50.....	3.75	Shoemaker, M. M. and Ther., 3.00.....	5.00
Amer. Text-Book Dis. of child., 7.00.....	5.00	American Text-Book of Therapeutics, \$7.....	5.00
Hare, Presc. Diagnosis, cloth, 5.00.....	3.50	Tinsford, Med. Treatment, 4.00.....	2.50
DaCosta, Medical Diag., 7.00.....	3.00	Zigler, General Pathology, cloth, 5.00.....	3.00
Versoudt, Medical Diag. cloth, 4.00.....	3.00	Amer. Text-Book Path., 7.50.....	5.75
Musser, Diag., 7.00.....	2.00	DaCosta, Blood, 5.00.....	3.00
Panty, Urine, 2.00.....	1.00	Foster, Encyclopedic Medical Dictionary, 4 volumes, sheep, 48.00 set.....	11.00
Simpson, Frac. and Dis., 5.00.....	15.00	Quinn, Dict. of Med., 1 vol., 12.00.....	4.00
Beards, Sur., 4 vols., 24.00.....	1.00	Dench, Ear, half in., 5.00.....	3.75
Boal, Gyn., 5.50.....	3.50	Boonville, Nose and T., 2 vols., 12.00.....	5.00
Wyeth, Surg., 7.00.....	48.00	American Text-Book Physiology, 7.00.....	5.00
Beaver, Anat., 3 vols., 100.00.....	12.00	Stewart, Physic., cloth, 8.75.....	2.75
Loomis & Thompson Sys., 4 vols., 24.00.....	15.00	Hyde, Dis. of the Skin, cloth, 6.00.....	3.75
Salons, Cyclopaedia, 6 vols., 30.00.....	12.00	Uma, Histopath., Skin, 10.50.....	7.00
Reference Handbooks Medical science, 8 volumes, \$4.00.....	2.00	Croker, Skin, 5.00.....	5.00
Keating, Child., 4 mos., 4 vols., 28.00.....	5.00	Thompson, Pract. Med., 5.00.....	4.00
Pepper, Medicine, 5 vols., 20.00.....	2.00	Dana, Ner. Dis., cloth, 3.50.....	2.75
Stohr, Hist., 3.00.....	1.00	Gray, Ner. and Men. Dis., 5.00.....	2.75
Hare, System Ther., 2 vols., 15.00.....	12.00	Aichin, Practic., 2 vols., 8.00 set.....	5.00
Hare, System Ther., latest, 15.00.....	2.00	Hammeter, Stomach, 6.00.....	4.00
Kirks, Physiology, 3.00.....	3.50	Tyson, Pract. of Medicine, 3.50.....	4.00
Taylor, G. U. and Ven. Dis., cloth, 5.00.....	4.00		
White & Martin, G. U., 5.00.....	5.00		
Tillman, Surg., 2 vols., 15.00 a set.....	8.00		
Bryant, Operative Surg., 2 vols., 10.00.....	4.50		
Keen, Amer. Text-Book of Surg., 5.00.....	7.50		
Intern'l Warren & Gould, 2 vols., 12.00.....	7.00		
Marcy, Hernia, half in., 15.00.....	3.75		
Mathews, Rectum, 5.00.....	2.50		
Senn, Prin. of Surg., 5.00.....	4.00		
Mills, Nerves, 5.00.....	4.75		
Gray's Anat., 7.00.....	4.50		
Keating & Coe, Gynecology, 7.00.....	7.00		
Carpenter, Cyclopaedia of Obstetrics Gynecology, 12 vols., cloth, 35.00.....	8.00		
Hirst & Mann, System of Gynecology and Obstetrics, 2 vols., 20.00.....	3.00		
Garrigue, Gynecology, 4.50.....	2.00		
Skene, Medical Gyn., half in., 5.00.....	3.00		
Hart & Harbour, 7.00.....	3.00		
Herrman, Dis. Woman, 5.00.....	2.00		
Robe, Hygiene, 3.00.....	2.00		
Parkes, Public Health, 3.00.....	2.00		
Schaefer's Hist., 3.00.....	1.00		
Williams, Bact., 1.75.....	3.00		
Bartlow, Ma. Med. a d. Ther., 3.00.....	3.75		
Wood, M. M. and Ther., 6.00.....	4.10		
Foster, Pract. Ther., 2 vols., 12.00.....			

Previous Editions **EXCHANGED** and Duplicates

For New Editions or any Book Desired Overhaul your Library. Send list with titles and dates.

Ask any questions you like.

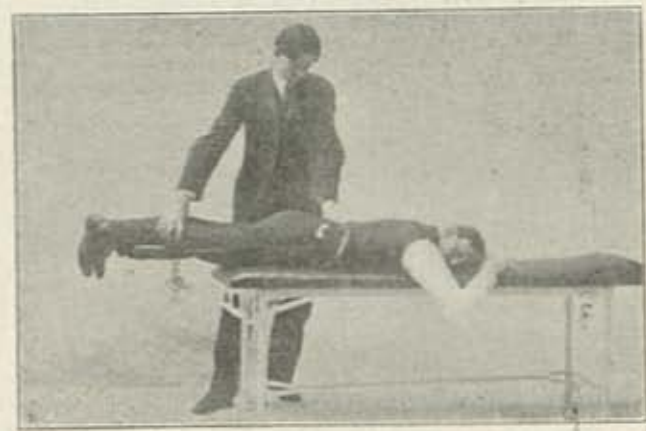
SEND FOR COMPLETE 1906 **BARGAIN LIST,** Containing 2000 Standard Books at Great Reduction.

L. S. MATTHEWS & CO.,
2623 Olive street, St. Louis, Mo.

COMMON SENSE TREATING TABLE

With Adjustable Swing

H. T. ROOT, Patentee, Kirksville, Missouri.



Hygienic in all its appurtenances.

The Adjustable Swing is so arranged as to secure for the operator an easy method for obtaining complete movement of the lower dorsal and lumbar vertebrae of the patient.

The apparatus is not complicated therefore nothing to get out of fix. They are built to order and therefore made to conform in height to the wish of the operator.

Being finished in enamel white, pink, blue, green and dark red, they are an adornment to any office.

The increasing demand for the table proves that they are meeting with favor among practitioners.

SEND FOR DESCRIPTIVE CIRCULAR

A full line of Osteopathic and Medical books on hand and sent express paid to practitioners.

H. T. ROOT,
Kirksville, Mo.

Kirksville agent for the A. O. A. Year Book, Price \$1.00. Send in your order.

Please mention the Bulletin when writing to advertisers.

ADVERTISEMENTS.

LAME PEOPLE THE PERFECTION EXTENSION SHOE



BEFORE

makes both feet appear exactly alike. Can wear ready made shoes, slippers and rubbers with it. Worn with perfect ease and comfort. Very light and durable. Made on approval. Shipped on trial expressage prepaid. Best and cheapest. No matter what you are wearing for a lift at present it is to your interest to call or write for particulars



AFTER

HENRY L. LOTZ, 313 Third Ave., New York

JUST OUT!

- | | |
|---|--------|
| Laughlin's Ost. Anatomy, half morocco | \$6.50 |
| F. P. Young's Ost. Surgery, cloth | \$5.50 |
| M. E. Clark's Ost. Gynecology, cloth | \$5.00 |
| W. F. Clark's Ost. Gynecology, half morocco | \$5.50 |
- Express prepaid when ordered by practitioners of J. F. Janish.
Kirksville, Mo.

D. BERKOWITZ, THE TAILOR

Is now in business for himself, located in the Missouri State Life Building with a brand new and strictly up-to-date stock of piece goods for Suits, Overcoats and Trousers. He also will do all kinds of cleaning and pressing at reasonable prices. You had better stay with your "Old Tailor" he knows your particular wants and you are bound to get satisfaction. It does not pay to run chances.

Yours for Fine Tailoring.

D. BERKOWITZ, THE TAILOR.

Missouri State Life Building,

South Elson St.

**J. H. CARTER,
DENTIST,**

Office, 108 West McPherson Street,
Kirksville.

Phones: } Residence, 504.
 } Office, 502.



SPEARS STEAM LAUNDRY

Class work a specialty. 214
North Franklin Street.

Phone 23.

Office Phone, 371

Residence 107 1/2 So. Franklin St.
JOB PRINTING AND ENGRAVING
Call or write for samples and prices of
Osteopathic Literature.

W. J. Sublette, Kirksville, Mo.

Osteopathy

A Natural Method of Curing Disease

THE AMERICAN SCHOOL OF OSTEOPATHY AND A. T. STILL INFIRMARY

Are the recognized headquarters of the science. The American School of Osteopathy is presided over by Dr. A. T. Still, the founder of the science. For catalogue of the school or sample copy of the Journal of Osteopathy, Address, WARREN HAMILTON, Sec., Kirksville, Missouri

Osteopathic Sanitarium

In charge of Dr. A. G. Hildreth, 803 Garrison Avenue,
ST. LOUIS, MO.

Henry Moore

Maker of all Styles
of Fine Photographs

Visit this Studio and see the class of work we are doing



Medals, Trophies, etc. awarded Henry Moore at various Associations.