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Medford, Oregon

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TYPHOID FEVER.

By DR. GEORGE M. LAUGHLIN.

DEFINITION. Typhoid is an infectious disease, characterized by inflammation of the lymphoid tissue of the intestines; by the presence of the typhoid bacillus in the patches of inflammation, and in the blood. It is not a local disease. The infection occurs throughout the blood stream. The pathological changes are chiefly in the lymphoid tissue in the intestines, but the bacillus is found in the blood, also in the feces and urine after the fever is established.

SYMPTOMS. Typhoid is characterized by certain symptoms, as for instance, a peculiar elevation of temperature which we do not get in any other infectious disease.

Temperature. As a rule the temperature is higher at night than in the morning; we have the temperature curve. The temperature wave is one of the principal symptoms. It is important in infectious diseases to have a chart kept of the temperature. Take the temperature at least twice a day. In the hospital it is taken every two hours if it does not disturb the patient too much. By this alone you can often tell

whether you have a case of pneumonia, typhoid fever, tuberculosis, malaria or something of that sort.

Prostration. Typhoid is also characterized by prostration and by stupor.

stupor—typhoid means stupor. The patient oftentimes

Delirium. is unconscious or in a state of coma, or delirious sometimes for two or three weeks, owing to extreme intoxication.

Skin Changes. There are usually some skin changes—the skin gets dry and scaly, but not in all cases. Oftentimes you will find small rose spots on the abdomen, but they are not present in a great many cases, and you cannot depend for diagnosis on finding these spots. The books say so, but in practice you will find it difficult to find them. They may appear only for one day. They occur usually the last of the first week. Just a little red spot about as large as the lead in a pencil.

Bowel Disturbance. Typhoid is also characterized by bowel disturbance—sometimes constipation, but usually diarrhea; by the formation of a lot of gas, which gives the patient distress.

Gas. Tympany is one of the commonest things we have to combat. It is an indication that the patient is not being fed properly—possibly overfed. If you have the patient on a milk diet, and gas forms, you should change the diet from milk to something else, because there is indigestion. This symptom we should keep down as much as possible, for where there is lots of gas present it presses upon the sympathetic nervous system in the abdomen, causes reflex heart trouble, nervous disturbances of various sorts, and it is possible for it to be one of the causative factors of hemorrhoids.

BACILLUS. The bacillus typhosus can be found in practically every case, and without this bacillus we can have no typhoid. On account of that fact, health departments have been able to keep down typhoid in cities to a remarkable degree. Typhoid is more common in the country. The bacillus is present in the blood, feces and urine, and unless it is properly taken care of after excretion, it is possible to spread the disease throughout the community, and it is one of the duties of the physician not only to treat the case, but direct the attendants what to do with the stools. It is through the stools that the epidemics occur. Where there is an epidemic it means that the infection is very virulent. Remember we must have the bacillus before we can have the typhoid. It is not the only causative factor, but it is the factor which produces this particular form of disease.

The bacillus is found in the soil—they will live quite a long while in the soil. The bacillus will resist temperature to a low degree, freezing will not kill it, but sunlight and fresh air for several hours will kill it.

Modes of Infection. Modes of infection, or entrance of the bacillus into the body are from food and water,—milk in particular. Infected drinking water is a common source of infection. We do not get it from attending a case of typhoid,—it is not a contagious disease. You will usually find bad drinking water in cases where several of the same family are having typhoid. The bacillus is excreted in the urine for some months after a person has had typhoid fever. Disinfect with carbolic acid or lime.

Milk is sometimes infected, as are also particles of food by the attendant. The attendant should always keep his hands clean.

A typhoid fever patient is hard to handle; he is in a stupor, and has to be bathed and attended to. Often the bed clothing becomes infected, and the attendant may get the infectious material on his hands. He should wash his hands in some antiseptic solution every time after handling the patient. The bed clothing, after it is taken from the bed, in every case of typhoid should be thoroughly disinfected. Boil the bed-clothes, or if they cannot be boiled, soak them for a day or two in carbolic acid or bichloride of mercury—a four to five per cent solution would be plenty strong.

The two chief modes of infection of the bacillus from the body is by the urinary tract, and through the feces. The bacilli have been found in a few cases in the perspiration, but not many bacteria can get out of the body that way.

CAUSES OF TYPHOID: (a) The bacillus is the most important because without it you can have no typhoid fever.

(b) Non-resistance of the body, or low state of resistance.

(c) Seasons have their effect, as there is more typhoid in the fall than any other time. Ninety per cent of all cases occur in the fall of the year.

(d) Age is another factor. Typhoid usually occurs in young adults. It is unusual for a person past fifty to have typhoid. More children have typhoid than old people. Typhoid is seldom fatal in children under fifteen. In cases from five to fifteen there is not much danger. It may run four or five weeks, but I never had a case of typhoid fever in children that gave me any great amount of alarm.

(e) **Immunity:** It is said that certain individuals are born immune to certain diseases. Some people never acquire infectious diseases, but that has not been thoroughly established. There are certain infectious diseases which men do not have all all, and there are some diseases men have that animals do not. That is natural immunity.

Following every infectious disease there is for a time immunity to

that disease. Sometimes for a short time, and sometimes permanent. For instance, you are not apt to have smallpox a second time. That is not true in typhoid. People have a second attack of typhoid sometimes, and in pneumonia you may have a second or third attack. That is only temporary immunity. If it was not for the fact that temporary immunity is always obtained, a patient would keep on having the same disease until he died.

In every infectious disease, the body itself manufactures the anti-toxin. First, the infection makes the toxin, and then the cells of the body are stimulated and produce antitoxin. If large enough in quantity it will overcome chemically the toxin.

(f) **Spinal lesions.** Any lesion which will lessen the resistance of the body will be a cause for typhoid. It might be a dorsal lesion affecting the gastro-intestinal tract, or a lumbar lesion affecting the viscera.

Examine the spine from the neck to the coccyx. Correct the lesions you find for the purpose of overcoming the tendency to the disease.

Toxin. The serious thing in typhoid fever is the effect of the toxin on the nervous system. This is what indicates whether or not the patient is severely sick.

Symptoms which occur in connection with typhoid are due to the toxemia. Prostration, disturbance of the gastro-intestinal tract, fever, condition of the mucous membranes, and other symptoms, are due to the fact that the typhoid bacillus produces in the body a toxin. In severe cases, where the infection is very virulent, death takes place at the end of a week or ten days before we have any marked anatomical changes; takes place without any complications. Death is due simply to the toxin paralyzing the nervous system, and on account of that the function of the nervous system is entirely suspended.

PRODRIMAL STAGE: Any infectious disease begins at the time of the initial temperature. Contagious diseases are not contagious until the fever appears. You will not contract smallpox unless the patient has already developed temperature. Smallpox, diphtheria, scarlet fever—these you can carry the disease in your clothing. If the clothing becomes infected, it is possible to carry that infection about, but outside of that it is impossible to contract the disease until after the period of temperature has appeared.

Prodromes. The prodromal symptoms in typhoid are slight headache, the incubation period lasting from three to ten days or two weeks. The severity of the disease depends upon the number of the micro-organisms. The more numerous the bacilli, the more severe the symptoms. That does not depend on the number of bacilli taken into the

the body in the beginning, though the number might determine the incubation period to a large extent. That would have to be associated with the virulence of the bacilli to determine the incubation period.

Headache, and bad feeling for three or four days or may be a week, able to be around but not feeling well; no appetite, perhaps constipated, or may be diarrhea; no temperature. A great majority of the deaths in typhoid do not occur from complications, but from the action of the toxin on the nervous system. Almost ninety per cent of the deaths occur that way at the end of a week or ten days. If the case is properly nourished, fed and handled, we do not have much fear of hemorrhage, perforation and complicating pneumonia, heart complications, etc. These complications can be prevented by proper nursing and treatment, and proper understanding of the disease.

FIRST WEEK: The disease itself lasts three or four weeks, and in some cases eight or ten weeks. There is no disease in which we have such a great variety of symptoms as in typhoid. All cases are not typical, and a few other diseases give the same symptoms for the first week or two—abscesses, chills and fever, miliary tuberculosis, etc.

Temperature. During the first week the temperature makes its appearance. The patient has headache for four or five days; **Headache.** the headache is pretty bad, and the patient will lie **Delirium,** around quietly. No delirium or anything of that sort **Meningitis.** develops during the first four or five days. The toxin has not accumulated in large enough quantities. Most all cases have severe headache for four or five days, and then it disappears. If the headache is very severe you may look for meningitis for with this we have severe headache, and have a temperature somewhat similar to this. Other symptoms, though, differentiate typhoid from meningitis. In the latter we have disturbance of vision, and the pupils do not react. And in most cases of meningitis there is retraction of the head. We sometimes have meningitis as a complication to typhoid, but that does not occur in the beginning of the disease. Typhoid-meningitis occurs after the disease has become well developed—perhaps after three or four weeks.

Temperature Typhoid fever as a rule is not like the temperature we **Curve.** get in any other infectious disease. Some physicians can diagnose from the temperature curve. You cannot do it in all cases, but that is the principal symptom and they depend upon it to make a diagnosis.

Temperature Typhoid does not come on with a chill. The tempera- **Variation** ture in typhoid runs up for four or five days. If high, it is a bad indication. If it runs up to 106 or 107 the chances of recovery

Chart. are very slight. I do not now recall of a case which recovered with a temperature of 106. The fever continues ten days or two weeks and then declines by lysis. This is when the temperature leaves. There may be a daily variation of one and one-half degrees during the day. Inasmuch as this temperature is peculiar to typhoid fever, you can see the necessity of keeping a temperature chart. It is important in all cases to have a chart kept right from the very beginning of the disease, showing temperature, respiration and pulse. Those three things at least.

Respiration. If the respiration is normal you have no lung complications. Pneumonia, or lung complications, are complications common in many acute infectious diseases, and you have to look out for them. While respiration is 18 to 25 per minute there is no danger, or at least you have no lung complications. If you have a limited lung area from consolidation, respiration would be more rapid.

Pulse. I like a record of the pulse also. That is an indication of the circulation. If rapid, you probably can find the cause. If it is dicrotic, that indicates something. That is a double pulse wave. You get it in bad cases of typhoid. You get this pulse during the first week or ten days, but after that you do not get it unless in cases that are apt to be fatal. A day or two before death or preceding collapse, you will find a dicrotic pulse. In any septic disease you are apt to get a dicrotic pulse before death. Keep a record, and you can then get an idea whether the heart is working all right.

The peculiarity of the pulse throughout the disease is that it is slow. In some of the infectious diseases we have a very rapid pulse, while in typhoid the pulse seldom, if ever, gets above 100. The temperature may go as high as 106. That case is more severe than the one in which the temperature goes up to 103 or 104. It indicates that the patient is more toxic, and the disease more severe in that particular.

You may have just as severe complications in the lower fever though. The complications are as apt to occur in a light case as in a severe one.

Nervous Symptoms. The nervous symptoms are not marked in the first week except headache; do not have delirium, nor coma; no mania and no meningitis in the first week. These symptoms develop later in the disease.

Rose Spots. Rose spots appear on the abdomen usually at the end of a week. You cannot depend entirely upon these rose spots. Sometimes you cannot find them at all. Sometimes they appear for a day, sometimes for four or five days, and sometimes during the entire period

of convalescence. They are little spots about the size of the head of a pin, and have a little red area around them, and if your sense of touch is good you can feel a little elevation. Put your finger on it and press. Being purely hyperaemic it will disappear, but take the finger off and it will come back. They are present in a large per cent of cases. Sometimes there is quite a bunch of them. They will go away, and in a couple of weeks another crop will come.

Summary, first week: Fever, headache, tongue coated, with a white, furry coat, loss of appetite, bowels are constipated or else there is diarrhea, have no normal stools. At this stage I have found it is usually constipation, and diarrhea is developed after the first week. Use many enemata in typhoid fever—high ones. We do not have trouble in the large intestine in typhoid fever very often. You cannot cause any disturbance to a developing ulcer in the colon by giving high injections early in the disease.

SECOND WEEK: The patient is getting pretty sick. Most of the cases that terminate fatally die usually during the second week—the tenth, twelfth or fourteenth day, and sometimes a little earlier than that. Do not have as yet any serious complications.

Pneumonia Sordes. The patient may develop pneumonia during the second week. Does not have perforation nor hemorrhage during the second week. They occur during the period of ulceration and necrosis. That comes about the third week. The symptoms are more marked. The temperature stays on the level that I have previously spoken of, the patient is more prostrated, the tongue and lips are badly coated and furled, and in addition to that there will be an accumulation of sordes about the lips and teeth, perhaps one-sixteenth of an inch deep. Unless that is cleaned off several times a day it is very offensive.

Loss of weight. The patient has commenced to lose weight. Oftentimes the abdomen is distended from gas forming from indigestion. The headache has disappeared.

Delirium. In place of the headache, if the disease is severe, we find some other nervous symptoms, arising. The patient will be delirious and talkative—will talk all night and all day. Perhaps will be conscious a little while and talk rationally, and then he will commence and talk about anything. Is nervous and picks at the bedclothes. In very severe cases he becomes unconscious. Those cases usually terminate fatally. That oftentimes occurs in the second week, sometimes in the third.

Pulse. In the second week the pulse is a little faster. Perhaps the

pulse will never run up over 120—that is about as high as the pulse ever gets in the adult.

Diarrhea Now we usually have diarrhea, a thin, watery stool, and sometimes green in color, and has a peculiar smell.

Pea soup stool The patient's breath and excreta have a peculiar odor which is almost diagnostic of typhoid. That is a point not usually discussed in text books. It is different from the smell of any other disease.

THIRD WEEK: We have now the period of ulceration and necrosis.

Ulceration Sometimes the nervous symptoms are still bad, and sometimes they get a little better. The temperature continues along about the same—perhaps not quite so high. Commences to go down a little. Distress in the abdomen, distention of the abdomen with gas and diarrhea still continues.

Perforation We find the patient in the fore part of the third week with tongue coated and accumulation of sordes about the mouth, but during the middle of the week the mouth begins to clear up, and the mouth does not accumulate so much of this matter. The patient begins to improve a little in several particulars. His system has become accommodated to the toxin. You might say that the patient's system is commencing to become immune to the action of the toxin of the disease, but during the third week you have to look out for perforation and hemorrhage. I never have had a case with perforation of the bowels; that is a rare complication.

Keep down the gas. To avoid hemorrhage and complications, keep down the gas in the bowels. A big accumulation of gas with pressure in the bowels is apt to have a bad effect on the ulcer.

Turpentine. You might have perforation without distention of gas, but it is important to keep down the gas. Keep the bowels clean and keep clear of gas. If milk causes gas, give the patient something else, and in small quantities. A little turpentine will sometimes help in keeping down gas; put it in the enema, a teaspoonful in three quarts. Put hot fomentations over the abdomen, and sometimes put a little turpentine in the water; that will absorb some of the gas.

Convalescence Finally the patient reaches a period in the disease when the tongue commences to clean off. If that case is properly managed from that time on the chances of recovery are very good for then it is that the temperature commences to subside, the nervous symptoms begin to disappear, and the only thing we have to fear

are such complications as myocarditis, ascites, meningitis and a great many others, but they are very rare.

FOURTH WEEK: The temperature goes down gradually—perhaps **Temperature.** has already disappeared. For a number of days the patient will have a slight temperature—perhaps it will be normal for a day or two, and then will run up to 101. Do not be alarmed about that; perhaps the patient has eaten a bit too much, and the temperature comes on from the toxin that occurs as the result of indigestion.

Scar formation During the fourth week we have the scar formed in the intestine where the necrosis or sloughing occurred. **Feeding.** You may feed too much and have a relapse of the disease, have it all over again just like in the beginning. Feed with care for two or three weeks after the temperature has entirely disappeared.

COMPLICATIONS: The great majority of cases that terminate fatally do so account of the toxin which forms, and death takes place in the second week. Sometimes, in very severe cases, at the end of the first week.

Heart. Among the complications are some involving the heart. In all cases of infectious diseases, that is one of the complications we have to be on the lookout for, and if we recognize the complication, especially where it is a heart complication, we can often, by proper treatment, prevent any bad termination, while if we do not recognize it, and do not treat it properly, it is possible that the patient may die from this.

Myocarditis The most serious form of heart complication in typhoid **Endocarditis.** is inflammation of the heart muscle—myocarditis. Sometimes we have endocarditis, but that seldom, if ever, terminates fatally. It may terminate in some permanent deformity of the valves which may cause the patient to have an organic murmur, which, in the course of years perhaps, may terminate fatally. All cases of organic heart trouble usually terminate fatally in the course of years.

Myocarditis is rather hard to detect. It occurs in most all of the cases to a greater or less extent. It is due to the fact that the system is full of toxin. The heart muscle becomes affected as a result of the toxic condition. Where myocarditis is pronounced you will find an irregular pulse, but you may have an irregular pulse without myocarditis. This may be a reflex trouble coming from the distention of the bowels with gas.

If you do not determine definitely that the patient has myocarditis, it is always well to treat the patient just as though he did have myocarditis. Treat the spine thoroughly and regularly in the region of the origin of the nerve supply to the heart in the neck and dorsal region, look

after the ribs carefully, and see that no extra work is thrown upon the heart, which is the most important thing. In typhoid and diphtheria and such diseases where the patients die suddenly, oftentimes death is due to myocarditis. The heart stops suddenly and the patient dies. Usually death takes place immediately following some extra exertion, often during convalescence. Keep the patient quiet for sometime after the fever has declined, in bed lying down all the time.

Spleen In all cases of typhoid the spleen is enlarged. This is **enlargement**, more a diagnostic point than one which is to be taken into consideration in treatment. This complication does not hurt the patient in any way, and does not cause the prognosis to be any more unfavorable. The spleen gets to be three or four times its normal size. In making examination, look out for this. In no other disease except malaria does the spleen get any larger than in typhoid, and of course excepting diseases of the spleen. I mean any acute infectious disease.

In making examination for enlargement of the spleen you can detect this readily. Percuss around in the region of the spleen and you get a larger area of dullness. Bimanual examination is best. With the patient on his back you reach around under the twelfth rib, even get your fingers on the twelfth rib, and make deep pressure; then with the other hand below the ribs, push inward and upward, bringing the two hands together, and you can feel the enlargement. Sometimes I have the patient lie on the right side and can feel the same variation. You can tell the spleen from any other organ usually very readily on account of the sharp edge of the spleen, which you can detect. As you push the spleen forward, even though you cannot get directly against it, you can feel its sharp edge something like that of the liver. If it were a kidney or tumor it would be round, and if a tumor, it would be movable. If it were a tumor of the cardiac end of the stomach it would be movable.

NERVOUS COMPLICATIONS. Those involving the nervous system

Headache usually occur as pronounced symptoms of the disease,
Tendon jerking and sometimes as distinct complications. The pro-
Quivering lips nounced nervous symptoms of the disease are, in the
Picking at first week, very severe headache in practically all bad
Bed clothes cases. Later on you get extreme nervousness, tendon-
Delirium coma, jerking, lips will quiver, patient will pick at the bed
 clothing, delirium, patient talks without reason, and even coma. These
 are due to the effect of the toxin on the nervous system.

Meningitis. Another thing, which is rather a complication than a

symptom of the disease, and that is meningitis. Such a patient hardly ever makes a recovery.

Diagnosis. Sometimes it is difficult to diagnose a case of meningitis, because in a very severe case of typhoid we have symptoms similar to meningitis, i. e., tenderness in the back of the neck, and the muscles seem contracted; but meningitis is a complication which is not only due to the toxin of the disease attacking the meninges, but the bacillus also making an attack there. In those cases we have severe headache.
Headache. Most cases of typhoid headache can be relieved temporarily by pressure on the head. You cannot relieve the headache permanently until the nervous system becomes immune to the toxin. In true meningitis it is impossible to relieve the headache even temporarily.

If there is meningitis tapping on the head elicits pain; the pupil is slow in reacting to light; the patient is delirious; there is drawing up of the knees in meningitis, and the abdomen, instead of being distended, is depressed—boat-like. The formation of abscesses may cause death.

HEMORRHAGE. This is not nearly so serious a complication as we are often led to believe. Practically every case of typhoid has some hemorrhage. If there is any large blood vessel affected there will be some small amount of blood seeping into the intestines at all times, and if a considerable quantity of this gets into the intestines, after a while it will pass from the bowels and look like tar. It will be black, waxy and sticky. That does not indicate anything very bad, even though you may have considerable of this tarry stool.

A large hemorrhage, that is a menace to the life of the patient, is where it rushes out and appears as red blood. It rushes out of the rectum in large quantities, and clots readily after it is out. This may become very serious. If the patient loses a large quantity of blood, the pulse will be rapid and weak. The mind usually clears up quite a bit, because you get rid of a lot of the toxin, and for a few days after the hemorrhage the patient always feels better.

Pulse. The symptoms of hemorrhage are rapid pulse, and a faint pulse, but you do not have to depend upon the symptoms, for you see the blood. If the hemorrhage is large, the blood will not be retained, but come out immediately.

Treatment. If you have a bad case of hemorrhage where the blood comes away in large quantities, you want to do something to stop it, if possible. Warm up the extremities; elevate the hips and feet, put the hips higher than the shoulders, and place an ice bag over the abdomen. You cannot tell just the site of the hemorrhage, and the only treatment

you can give is gentle treatment along the spine. It would be entirely out of the question to turn the patient on his side and attempt to give a spinal treatment. The movement would probably increase the hemorrhage. You must keep the patient quiet if you want to stop it. The same is true in apoplexy—he must be kept quiet.

Nosebleed. In ordinary nosebleed you can stop the hemorrhage by thorough treatment in the back of the neck; so you may check hemorrhage in the bowels by treatment in the lower dorsal or upper lumbar region.

PERFORATION. Quite a few cases die from this. It causes **peritonitis**, and peritonitis following typhoid is not local peritonitis. The perforation is from little local abscesses which form as they do in many cases of appendicitis, and if the peritoneum was not involved the patient would probably get well after a while. You may even have a multiple perforation. On account of the character of the infection you get a general peritonitis, and where pus forms in peritonitis it is always fatal. The patient will not live long with peritonitis that is purulent.

Symptoms. It is out of the question to tell when perforation takes place because it does not take place in the same way always. If the perforation is large, the chances are that you can detect it by symptoms, as there will be shock when the contents of the bowel get into the abdominal cavity. The symptoms of general peritonitis are, first, the temperature drops if it is high; second, the pulse becomes rapid and thready; third, usually there is formed in the stomach a thin, green, watery fluid, which the patient will vomit up without nausea, often in large quantities.

In general purulent peritonitis there is not much pain. The temperature drops to normal or below, and the pulse gets rapid—up to 150 or 160 per minute; patient vomits great quantities of the fluid and dies from collapse.

Where the perforation is small and multiple, you cannot tell when it occurs. The patient may die from this trouble and you not know that it has happened.

Treatment. There is no treatment for perforation except surgical, and usually the patient is so bad off you cannot have him undergo a surgical operation.

Renal Complications. The kidneys in typhoid are often involved, but this is not a serious complication as a rule. In all cases of acute infectious diseases you are apt to have some albumen in the urine. This is toxic nephritis, and usually disappears after the patient is con-

valescent. This is true with the exception of one disease in particular, and that is scarlet fever. After this disease the nephritis will persist, while in typhoid it is not persistent. We are not alarmed when we find albumen. If the patient recovers from the fever it will only be a question of time when the kidneys will become normal again.

Ascites. Another and more serious complication is ascites—typhoid ascites. In a bad case of typhoid, where the patient is very toxic, there will be incontinence of urine. The patient will lose the use of both sphincters. That is due to paralysis from the intoxication, and does not indicate inflammation.

Bladder Complications. Some patients will develop inflammation of the bladder. That is due to the infection of the bladder with the typhoid germ, and may amount to something very serious. If this develops, it will be necessary to treat the bladder. Catheterize the patient several times a day, and then treat to relieve the inflammation. Sometimes the treatment has to be kept up during convalescence. Should the inflammation become chronic it is incurable—that is, chronic ascites is incurable. It is probably one of the most annoying disorders one can have. The bladder contracts the walls get as much as three-quarters of an inch thick, and the bladder will hold only one or two ounces; the patient has to urinate every couple of hours during the day and night.

In acute ascites there may be complete resolution of the bladder without any bad effect. If a typhoid patient develops ascites, be careful about using a clean catheter. Many mixed infections of the bladder come from a dirty catheter. Sometimes the infection goes to the kidneys, which usually terminates in death, though the patient may live several years.

Sterile Catheter. Boil the catheter in water for at least fifteen minutes, and then it is a good idea when you are not using it to keep it in a saturated solution of boracic acid, carbolic acid or permanganate of potash or something of that kind.

Irrigate the bladder with boric acid. You cannot get the solution too strong. Boracic is mild and non-irritating—you can use a saturated solution. Carbolic is too strong, will hurt the patient and make the inflammation worse.

(Concluded next month.)

NOBLE SKULL XXIV.

"Away back there" in Franklin County, Virginia, on March 1, 1885, occurred an event which was to prove of moment to Atlas men twenty-four years later—the ushering into life's activities of the subject of this sketch, B. H. Tatum Becker,

twenty-fourth Noble Skull of the Atlas Club. Rather a coincidence—that brother Becker should become the twenty-fourth Noble Skull of the Club in the twenty-fourth year of his life.

Amid the scenes of his birthplace, Tatum passed through the usual tragedies and triumphs of infancy, until two years of age, when his father removed the family to Roanoke, Virginia, which which has since been the Becker home.

In this third year Tatum suffered the irreparable loss of his mother, who was stricken to death with the complications of measles. The hand and heart of mother-love then descended upon the grandmother, who reared the two boys and two girls to maturity.



B. H. TATUM BECKER

Brother Becker in due time passed through the public schools of Roanoke, was graduated from the Roanoke High School, and at eighteen entered the academic department of the University of Virginia, of which institution he is an alumnus.

On leaving the University he was associated with his father in the brokerage business, and became identified with the Order of United Commercial Travelers.

Rebelling against his father's choice of life work, he became interested in osteopathy from observing and experiencing the good results obtained by osteopathic practitioners.

He finally decided to take up the study of the science, and though strongly opposed by his father, entered the American School of Osteopathy in September, 1907. His father, however, is now one of osteopathy's ardent admirers, and is in full sympathy with his son's course.

As a student at the A. S. O., brother Becker at once became a figure in his class, and is always "safe" in a quiz. He has served his class on

various committees, and at the class election held at the beginning of the second semester last year, was elected class president.

Brother Becker not only served his class well as committeeman and president, but was appointed literary editor of the 1910 Osteoblast, and served faithfully. In addition to this he represented his class on the Athletic Association Board of Control.

On November 30, 1907, he was elected to membership in the Club, being among the first in the 1910 class to be identified with it. He served on Club committees cheerfully when appointed, and did excellent work on the Practical Work Committee.

At the Club election of December 19, 1908, he was elected Occipital, and served throughout the term, at the expiration of which he was elected and installed as Noble Skull.

Brother Becker is a firm believer in the brotherhood of man, and is ambitious that during his term of office the club members shall come into closer personal relationship with each other than heretofore. He places a true estimate upon scholarship, and does not undervalue it as a requisite to club membership, but at the same time makes a plea for other qualifications of a personal and social nature. He has often expressed his desire to see all of the clubmen drop any trivial personal antagonism, and enter into the broader fraternalism that plays such a part in the struggles of professional life.

Though of the same name, Dr. Becker of the faculty and Noble Skull XXIV are not related.

* * *

LIFE MEMBERSHIP.

E. H. BEAN.

The Atlas Club is a permanent organization, and doubtless will be as long as osteopathy is practiced. However, until recently there has been an unsatisfactory feature, in that membership depended on payment of annual dues. While this is perfectly satisfactory in most organizations, it has not been entirely so in this one, probably because of its truly scientific and professional nature.

Regardless of the underlying cause of the plan proving unsatisfactory with us, the fact remains that through neglect, oversight, forgetfulness, stress of business, etc., some of our valued field members have lapsed their membership by failing to pay their dues, leaving no alternative to the officers of the Club but to carry out the provision of the constitution and declare them non-members.

A remedy for this condition has been devised and is now in effect. It is a plan whereby a member may pay his dues for life and subscrip-

Remember, this offer is as much open to those of our membership who have been dropped for non-payment of dues as to those in good standing. Whatever you have paid in as dues in past years will be counted as partial payment for a Life Membership Certificate.

* * *

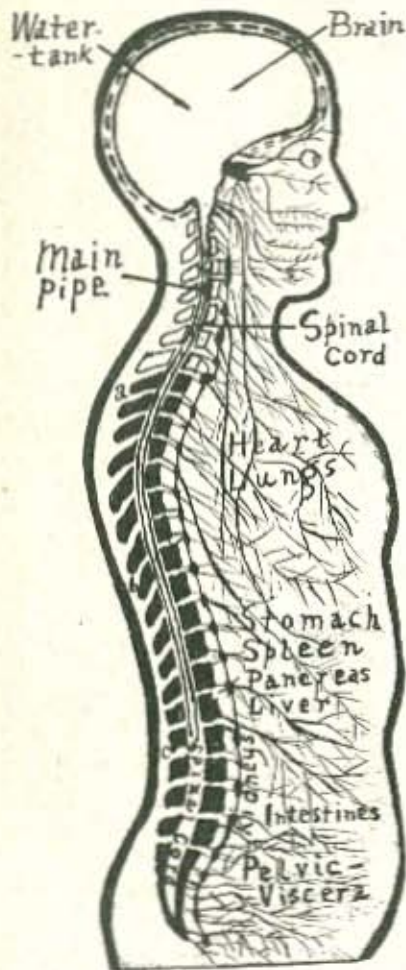
DISEASE, AN IMPEDIMENT TO NERVE FORCE.

Copyright 1909 By E. J. BARTHOLOMEW, D. O.

It should be remembered that Nature is the true physician—always has been and always will be. The physician employed in sickness is only an assistant or helper to Nature. It is the duty of the physician to help Nature, not to hinder her. Nature should be aided in a natural way, by finding and removing mental or mechanical causes which hinder her in her normal work, thus helping to restore health to the mental and physical organizations.

There is only one cause for disease, and that is an impediment to the nerve force which rules and runs the human machine, which will be shown in this comparison. This impediment may be either mental or mechanical. The cause should be found and removed, as would an engineer remove an impediment to the steam, electricity or other force that propels the machinery of a manufacturing plant.

The accompanying illustration represents a modern dwelling house, or flats. The brain represents a water tank on top of the building, into which water is pumped to supply the tenants. The spinal cord represents the main water pipe of the building, and the nerves, the tributaries or supply pipes through which the various tenants receive their necessary water.



The tenants are represented by the eye, ear, nose, throat, heart, lungs, stomach, spleen, liver, intestines, kidneys, pelvic viscera, etc., as well as the legs, arms, hands and feet, which are not shown in this picture.

One of these tenants can be deprived of water by pressure upon the pipe through which he is supplied.

All of the tenants can be deprived of water by a leak in the tank, which allows part or all of the water to escape. In that case there will be a dearth of water in the building, and it will be rendered insanitary and unfit for occupancy.

The water is the life of the building. It is to the building what brain-fluid, or nerve force, is to the body. Absence or insufficiency of of water will render it unfit for occupancy, as is the human dwelling diseased by an insufficient supply of brain fluid.

You will notice there are only two ways of interfering with the water supply of this building, locally and generally. Locally, by pressure upon a supply pipe, depriving one tenant of water. Generally, by leakage from the tank, depriving all the tenants of water.

The plumber looks for the cause of the insufficient supply of water, and removes the impediment by which one or all of tenants are deprived of it. If one tenant only is deprived of water, he removes the pressure or obstruction from the pipe through which that tenant is supplied, and restores the conductivity of the pipe. Or, if all the tenants are deprived of water by a leak in the tank, the plumber repairs that so there may be sufficient water in the tank for the use of the tenants and sanitation of the building.

Again, the picture may represent the human dwelling which has but one tenant, the mind. There are, however, two grades of servants in this dwelling. The brain is the head servant, and subservient to the mind, while the heart, lungs, stomach, spleen, arms, legs, etc., are the under servants and depend upon the head servant for direction.

One of the under servants can be rendered inactive and useless in the dwelling by pressure on the speaking tube, or nerve, through which he should receive his directions or orders.

The good work of one of these servants depends upon the perfect work of all the others; for "man is like a chain—he is only so strong as his weakest link." Therefore, when one of the links of this human chain is weakened or broken, it renders the entire human chain unserviceable until the weak or useless link is restored.

Should the head servant become disabled from excesses, or other causes, a demoralization of the whole retinue of servants results. Lack of government, disorder, confusion and neglect would render the human

dwelling unfit for habitation by the tenant (the mind) who would then vacate and seek another shelter (that is, death ensues).

The nerves shown issuing from the front portion of the spinal cord, below the neck, are the sympathetic nerves, which supply the viscera with nerve force, life and energy.

The sympathetic is a subdivision of the general nervous system. Its function is to transmit impulses, nerve force, energy, vitality.

The picture, as a whole, represents the left lateral half of the brain and spinal cord. The spinal cord, as you will notice, is a large nerve, or supply pipe, passing down from the brain through the spinal canal, the latter formed by the twenty-four vertebrae and the sacrum.

Nerve force, vitality, energy, electricity or power is generated in the brain, and passes down through the main pipe and out through its sympathetic branches to supply the viscera as well as to other parts of the body.

Direct pressure cannot be produced upon any of these sympathetic nerves, but impulses may be transmitted over any of them by pressure upon their connecting link with the spinal cord at the point from whence they issue. Thus, pressure at "a" would transmit an abnormal impulse to the heart and lungs, disturbing their function. A similar pressure at "b" would affect the solar plexus, disturbing the stomach, liver, spleen and pancreas, which are supplied with nerve force by that plexus, or net-work of nerves. Pressure at "c" would transmit an abnormal impulse to the kidneys, intestines and pelvic viscera, disturbing their function.

This pressure may be produced by one or more displaced or deviated vertebrae, or by contracted condition of the spinal muscles and tissues. Pressure upon a nerve cuts off part, if not all, the force supplied through it, just as pressure upon a hose diminishes or shuts off entirely the supply of water through it.

The above are mechanical causes; therefore, a mechanical adjustment is necessary to remove them. The parts should be adjusted and the muscles and tissues relaxed, thus removing the pressure and restoring conductivity.

To take drugs or medicine into the stomach to remove these mechanical causes would be about as logical and effective as pouring medicine into a hose for the purpose of removing a rock which had fallen upon it.

A generally diseased or insanitary condition of the human dwelling may be caused by a leakage of nerve force from the brain, due to abnormal thought, excesses or dissipation, allowing the energy, strength or vitality to escape. Then there is a dearth of nerve force in the human

dwelling. This condition is known as nerve depletion, nerve exhaustion or nervous prostration, which may bring on almost any disease designated by a Latin or scientific name.

There should be 100% of brain fluid in the tank at all times, that the servants of this human dwelling may receive a normal supply with which to perform their allotted work. But, if through the mind, 50% of this nerve force is dissipated by abnormal thought or over-indulgence, there will be remaining but 50%, which is insufficient for these servants to do their normal work with.

The cause here is mental, and not mechanical. It is abnormal thought, and must be eliminated.

The osteopathic profession should not forget the vital truth that disease is caused by either a mental or mechanical impediment to the nerve force which rules and runs the human body.

ATLAS MAN HONORED.

Our brothers who were here last year remember with pleasure Dr. A. D. Becker who was taking a post-graduate course at the A. S. O., and who, while here, became an honored and active member of the Atlas Club. Not only was he an active member on the books of the Club, but he was active in "doing things."



A. D. BECKER, D. O.

Dr. Becker is a man of such pleasing personality and high osteopathic attainments that he was induced to accept a position on the faculty of the A. S. O. and takes up the work with the commencement of this school year.

Dr. Becker was born at Austin, Minnesota, August 20, 1878, and his early education was had in the public schools there.

He then was engaged as a dry goods salesman for a number of years, but becoming interested in osteopathy, entered Still College of

Osteopathy in Des Moines, January, 1901, graduating January, 1903, after completion of the twenty months course. His scholarship is

attested by the fact that he received the highest record of grades for the entire course given up to that time.

Dr. Becker was among the osteopaths who first went before the Iowa State Board for examination, February, 1903, and received the highest average out of 23 examined.

Having heard of a good location in his native state, he removed to Preston, Minnesota, and established practice in March, 1903.

On arrival in Minnesota, Dr. Becker at once entered into the osteopathic ranks, and was on the osteopathic legislative committee which was instrumental in securing the osteopathic law in Minnesota. The bill was passed and approved April 21, 1903, and in June of the same year he took the first state osteopathic examination given in Minnesota. Thus it comes that Dr. Becker has the distinction of taking and passing the first state examination given to osteopaths in both Iowa and Minnesota.

Dr. Becker, ever alert to the spirit of the times, entered the A. S. O. at the commencement of last school year to do post-graduate work, which he has since completed. It was during this time that his attainments attracted the attention of the management, which led to his engagement as an instructor in the institution.

Dr. Becker is one of the most pleasant gentlemen with whom the writer has had the privilege of associating. He is a lesion osteopath of high rank, a keen diagnostician and a skillful operator. The A. S. O. is fortunate in securing his services, and we predict that he will occupy a warm spot in the hearts of the students as soon as they know him.

* * *

AN OPEN LETTER.

"Oh wad some power the giftie gie us
To see oursel's as ithers see us!"

TO THE EDITOR:

The Medical Council for August, 1909, contains the following:

Formal Definition of Osteopathy.—In a text-book entitled "Osteopathy: The New Science," the following lucid (?) 120—(111?) word definition is found:

"Osteopathy may be formally defined as the science which consists of such exact, exhaustive, and verifiable knowledge of the structure and functions of the human mechanism, anatomical, physiological, and psychological, including the chemistry and psycho-physics of its known elements as has made discoverable certain organic laws and remedial resources within the body itself, by which nature under the scientific treatment peculiar to osteopathic practice, apart from all ordinary

methods of extraneous, artificial or medical stimulation, and in harmonious accord with its own mechanical principles, molecular activities and metabolic processes, may recover from misplacements, disorganization, derangements and consequent disease, and regain its normal equilibrium of form and function in health and strength."

Well, well, if osteopathy is all that, then we must confess at least to a most hazy undecieving! Till now we harbored the notion that osteopathy is only first century tentative treatment set to the tune of

"Punch, punch, punch with care,
Punch in the presence of the passengaire."

After reading the above there seems but one thing to be said, "Good Lord deliver us from our friends."

A story is told which might be appropriate here. The board of directors of a certain college had convened to consider the candidacy of an applicant for a professorship made vacant by the fact that the lectures of the former professor came in "short pants." When the name of the applicant was announced one member of the board said, "I know the Professor and you can assign him any subject you please and he will talk upon it for two hours." "Yeth," replied the speaker's brother, who was also a member of the Board, "he can talk two hours and then not say anything."

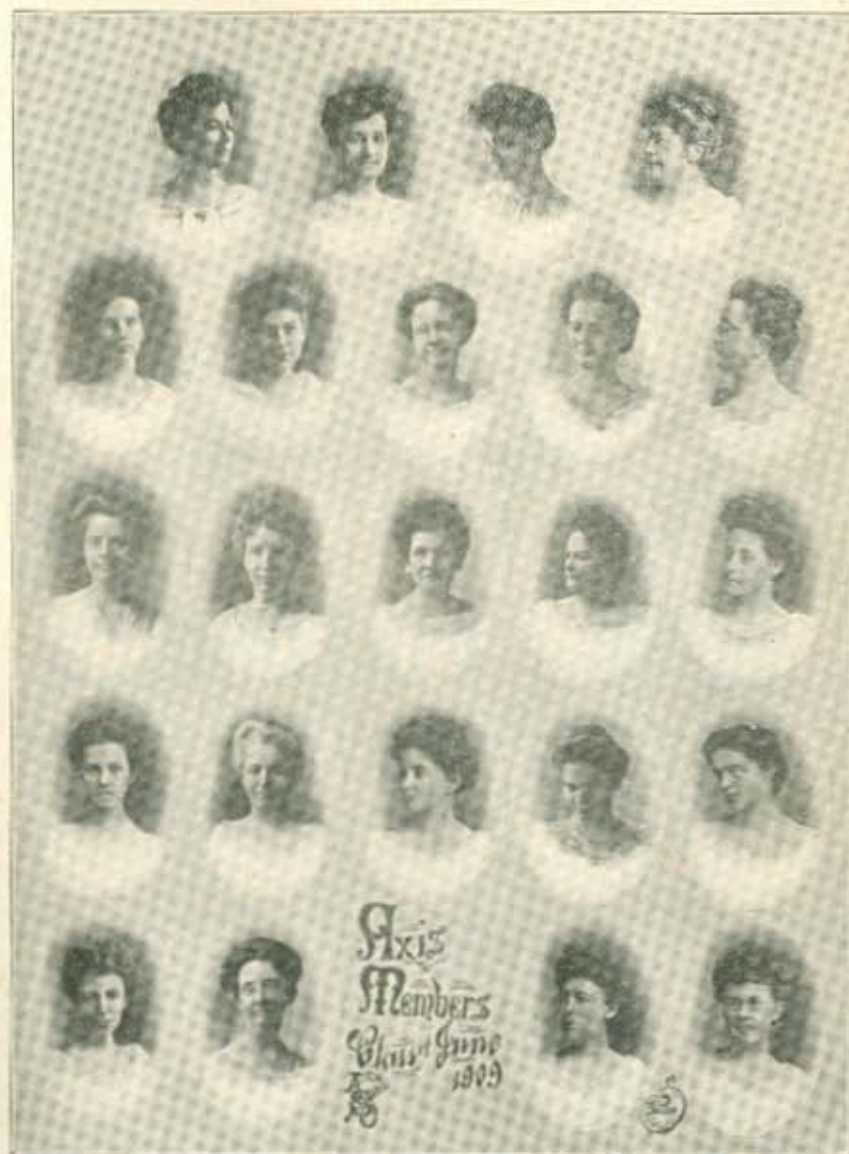
Last winter when Dr. C. W. Johnson and the writer were before the legislative committee, some extracts were read to us from a well known work on Osteopathy, and we were obliged to confess that we had never read the work, and that we then and there repudiated the teachings of these extracts.

S. S. STILL,
302 Century Building.

DR. F. G. CARLOW
Medford, Oregon



FIRST ROW:—Albert F. Brown, Harry T. Miller, Walter Mayes, Jonas Knight, D. O., Eugene F. Pellette, Charles F. Kenney, Harry Sudekum, Jr., Joseph A. Gazda.
 SECOND ROW:—Chas. W. Rothfuss, Millard J. Grieves, Granville B. Waller, Houston A. Price, Carroll B. Morrow, Allen Z. Prescott, William S. Childs, James M. Farnham.
 THIRD ROW:—Samuel H. Stover, Leonard Tabor, John C. Greenwood, Frank A. Kerr, Christian G. Luft, Jerome E. Derck, Norman D. Wilson, George R. Estes.
 FOURTH ROW:—Louis H. Most, Arthur D. Becker, D. O., Wells T. Howard, Edward C. Murphy, Richard H. Prindle, James W. Lloyd.



FIRST ROW:—Miss Grace Shupe, Miss Maude Barger, Miss Eva Barger, Mrs. Charlotte P. Sawyer. SECOND ROW:—Mrs. Nellie Ferry, Mrs. Carrie Steady-Mays, Mrs. Nora B. Pherigo, Mrs. Edna Earle Ashcroft, Miss Almedia Thompson. THIRD ROW:—Miss Eva L. Young, Miss Carrie M. Mundie, Mrs. Belle Givens, Mrs. Crescence Henke, Miss Clara Henke. FOURTH ROW:—Mrs. Estelle Poulter, Mrs. Mary Ray, Mrs. Nellie L. Marey, Miss Fanny Thoms, Mrs. Mary M. Ewing. FIFTH ROW:—Miss Mary E. Perrett, Miss Mary F. Peery, Mrs. Florence A. Boles, Miss Rose Wismer.

THE BULLETIN

OF THE ATLAS AND AXIS CLUBS.

IRVIN FISH CRAIG, Editor.

M. A. BOYER, Business Manager

BERTHA BRATRICK LASH, Axis Reporter

DR. NANNIE J. CHAPPELL, Axis Grand Chapter

Entered as second class matter, October 12, 1906, at the post office at Kirksville, Mo., under act of Congress of March 3, 1879.

Members should send the Editor prompt notice of address on making first location, and on making any change in mail address thereafter.

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

KIRKSVILLE, MISSOURI, SEPTEMBER, 1909.



Our predecessor, following the lead of many editors previous, kept THE BULLETIN at a high standard of excellence, and this shall be our aim. Whether or not we shall be successful in maintaining it this semester is yet to appear. But we will try. We are pledged to do our best for THE BULLETIN, and do it we will, though we edit by night and flunk by day.

Acquaintance with three former editors of THE BULLETIN has not had a tendency to make us think that the position is a sinecure in any way. It means much individual work and sacrifice, and we believe with them that did our field members realize just how much effort and sacrifice it does take to keep up THE BULLETIN, they would respond more readily to our appeals for help.

But, THE BULLETIN has been good, and must be kept so. Field members have helped in the past, and we know they will help again. We have some articles and case reports already promised and while the ms. is better than the promise, we feel sure that THE BULLETIN will have some able articles before the year is over.

The Club advanced materially the last school year. It was undoubtedly one of the best in its history, and as the Club advances, THE BULLETIN should advance with it, and be a mirror in which our brothers in the field can see its workings.

We want to increase the usefulness and helpfulness of THE BULLETIN, and want our field members to realize that a responsibility rests upon them as well as upon the editor.

Our members who have been in the field for sometime and have passed through experiences which were unpleasant can tell us of them through THE BULLETIN, and save us the pitfall.

We hope those of you who have visited the old Club within the past year or two, and have given us the benefit of some of your field experiences, have noticed how closely you were listened to. It is an inspiration to local members to have field brothers address the meetings and give their experiences. Your talks are discussed not only immediately after the meetings, but for a week afterwards by the more thoughtful ones. Many a good resolution is made, and many a mode of procedure is decided upon as a result of your experience, given before the Club.

We realize that you cannot all come to Kirksville, and give us your experiences in person, much as we would appreciate it. But, brothers, it will not take a great deal of your time to write us a few of your field experiences. It will make THE BULLETIN more readable, help to maintain the high standard of the Club, and make us all feel a closer bond of fellowship. Let us be an Atlas family, with THE BULLETIN as a common means of expression.

Failures are as valuable even as successes, and if it is of these you write, and for any reason wish your name withheld, we will be glad to publish your remarks without signature appearing. Of course, such article should be signed to the editor. These will save some of our brothers humiliation in the field later on.

Another thing, if you are puzzled about some case you are treating, and are not getting the results you had reason to expect, give us the case history, present treatment, etc., and we will submit the case to the A. S. O. faculty, and give you through THE BULLETIN what they consider the best treatment for the condition.

The old Club is going to be better than ever this year. It is an organization that cannot remain stationary—it must either advance or recede, and we are going to see that it does the former. We will have a greater Atlas Club and we must have a greater BULLETIN to represent it. In view of the class of membership we have in the field, there is no

apparent reason why THE BULLETIN should be one bit behind any other osteopathic publication in its appearance or contents.

Of course the editor cannot write articles that will put it on a par with osteopathic publications edited and managed by competent graduate osteopaths of experience, but if you will furnish the articles he will see that they are published, and this will accomplish the desired end. You contribute to other osteopathic papers, why not to our own BULLETIN?

The Club, as of old, has delivered at Atlas Hall many able lectures on osteopathy in its different phases, and these the editor will do his best to report to you, so that you, though absent, may have the benefit of them.

Now, all together, brothers, for a bigger and better Club, and a bigger and better BULLETIN.

* * *

Now that the September class is in, let us all be on the **New Members.** lookout for good Club members. Each Atlas man has a duty to the Club in this matter.

We were fortunate last year in getting the most desirable men in the 1911 and 1912 classes for our Club, and by careful exercise of judgment we can raise the standard of the Club even more.

The fraternities, and other school organizations, appeal to those of social proclivities now more than ever in the past, while the Atlas Club appeals only to those who are here with serious purpose. The aim and conduct of the Club is not, and should not be such as to attract any other class, and no prospective member should be allowed to labor under the impression that we are a social organization purely, or even that the subject of osteopathy is subsidiary to good fellowship.

We like the good fellows all right—it is not a bar to the Atlas Club, but first and foremost the new member must be filled with the true osteopathic spirit.

A few of our boys seem to believe that we should work harder to keep the fraternities from securing so many members. Our idea is that if we stand by the principles on which the Club was organized, we will attract the class of membership we desire, just so certainly as the magnetic needle is attracted to the pole. To reach the highest plane of utility we cannot equally, nor in the same proportion, be social and scientific. Our energies should be bent to the fullest extent either one way or the other, and since the social feature is more than covered, let us be as greatly scientific as possible.

The Club is now composed of serious-minded men who are osteo-

pathic in all things, and the standard should be maintained. So much so is this spirit manifested that at the present time we have but one member who is also a member of any of the social clubs of the school. Better a dozen earnest men from a class than half of all the men in the class if they be not of the Atlas kind.

In years gone by to be an Atlas man was prima facie evidence of high osteopathic standing—let it always be so.

* * *

Some of the former editors of THE BULLETIN have experienced difficulty with the first number owing to the **September Bulletin.** fact that they have been absent from Kirksville for the summer, and return only in time for the opening of school. As THE BULLETIN is due about the time school opens, it throws them behind with their work to such an extent that it is almost impossible to catch up before the term ends.

Following the custom heretofore established, we shall endeavor to go to press about the fifteenth of each month. In order to do this we are publishing this month as our leading article a lecture for which no apology is necessary, and one which will well repay your study.

This lecture was delivered to the 1910 class in Practice by Dr. Geo. Laughlin, and reported in shorthand. As the manuscript has not been revised by Dr. Laughlin should any errors be discovered, they are attributable to us and not to Dr. Laughlin.

We have a number of lectures by Dr. Laughlin on various diseases, and hope from time to time to supply them to our readers. Coming from such a source they are authoritative, and give only the latest and best modes of osteopathic practice.

* * *

A New Cover. Commencing with Vol. XI, this month, THE BULLETIN makes its appearance in a new cover.

After the change in editorship, the publishers advised us that the plate formerly used was worn out, and that a new one should be furnished.

The representation of the Old Doctor on the former cover was poor, and on the whole we believed THE BULLETIN entitled to a new dress.

We were not authorized by the Club to have a new drawing made, and so to save expense and possible criticism in acting on our own initiative, the editor did the best he could in making the drawing himself.

The publishers say they like it, and we hope you do too.

As a matter of record for the information of future editors and managers of THE BULLETIN, a copper printing plate has been made from the zinc etching. The latter, although the property of the Club, re-

mains in the possession of the publishers. When the copper plate is worn out, a new one can be made from the zinc at a nominal cost.

* * *

The A. S. O. Hospital has proven of such marked benefit to the student body and profession in general, that no osteopathic S. C. O. college can conduct its course with the fullest degree of Hospital. efficiency without one.

Still College is the latest to recognize this, and makes formal announcement of the opening of its hospital October 1, 1909, while the I. A. C. O. clinical and surgical hospital announces its opening Sept. 1, 1909.

It is true that osteopathy can, and does, prevent many surgical operations, but some cases are strictly surgical and must be so treated. There has been some comment on the part of a few that osteopathy is running to surgery, no doubt caused by the fact that our osteopathic hospital practice is growing more and more into favor, as the public begins to realize that it is safer to go to an osteopathic hospital where surgery is used only in cases where there is no other recourse. It thus appears that osteopathic surgery is growing, and indeed it is, but it is not in any way supplanting nor interfering with the practice of osteopathy.

One thing which we believe the other osteopathic colleges have overlooked is the establishment of a "Students Ward," equipped, controlled and entirely operated by students of the school. This has been of signal benefit to the A. S. O. students, and gives them a training in the actual handling of hospital cases, which cannot be obtained from text-books, visiting the sick room nor in any other way.

Students are equally assigned to hospital duty, and under a trained nurse are drilled in the minutiae of handling surgical and such other cases as may be in the ward at the time. The cases are all treated by senior students under direction of the faculty. Charts and records are kept by the students in charge from day to day, and signed by them as to what they have done in each particular case, and the entire ward handled in the same manner as any well regulated hospital ward.

This work has been optional heretofore on the part of students, but its value is so great that we firmly believe it should be placed on the same footing as other subjects in the course.

The ward work is entirely apart from the regular course in surgery, which is as complete as that of any standard medical college. A. S. O. students are certainly to be congratulated on having such a practical hospital course.

Epidemic Feared.

Since the close of last school year the diplococcus *matrimonii* has been infecting osteopathic students to an alarming degree; several suspected cases were under surveillance at the close of the school year, some of which have passed through the period of incubation and developed into well marked cases of matrimony.

The incubation period seems to vary considerably in different cases, running from a few weeks or months to years; probably, as in other germ diseases, depending upon the severity of the infection. The Murphy-Roberts and Learner-Cutter cases were especially severe, while the Waller-Prindle case was of a milder type, and did not fully develop until September 7th.

E. C. Murphy, Atlas '09, and Miss Verna Belle Roberts, Axis '10, were ankylosed in holy matrimony June 13th at the home of the bride's parents, Kirksville, Mo. Dr. and Mrs. Murphy left the same evening for Eau Claire, Wis., where the doctor practiced during the summer Mrs. Murphy has returned to Kirksville to complete her third year in the A. S. O. while the doctor continues his practice in Wisconsin.

H. W. Learner, A. S. O., 1910 and Miss Grace B. Cutter, Axis '10, were also ankylosed in matrimony the 19th of the same month, at Pocatello, Idaho, where Mr. Learner went to take charge during the summer of the practice of Dr. Earl D. Jones. Mr. and Mrs. Learner have returned to complete their third osteopathic year at the A. S. O.

Miss Edna Earle, Axis '09 on the afternoon of June 3rd was wedded to Dr. Robert Ashcroft, of the '09 class. The doctors left immediately for their future home in Canada.

The latest case to assume the characteristics of the malady in its fully developed state is that of a prominent Atlas man, and former editor of *The Bulletin*, Dr. Granville B. Waller, ('09), who was ankylosed in holy wedlock to Miss Miriam E. Prindle Sept. 7th at the home of the bride's parents at Kirksville, Mo.

We understand that Doctor Waller will permanently locate in Louisville, Ky.

Thus it will be seen from the foregoing that the Axis Club has had three local members stricken with this malady practically at the same time. It is feared that the hall is infected, and that there will be an epidemic of the disease this winter among club members.

The organism not only invades the school and hall, but seems equally active in the field, witnessed by the ankylosis of Dr. Spafford, Atlas '08 and Miss Amy Atkins, of Larrabee, Iowa. Dr. Spafford is located at Rock Rapids, Iowa.

Other field members whose weddings we have noticed during the summer months are as follows

Dr. Preston W. Gibson, Atlas '08 to Miss Katharine Strack at Winfield, Kas., June 12th.

Dr. Irving Colby, Atlas '03 to Miss Madeline Ledward, New London, Conn.

Dr. Walter Scott Smith, Atlas '05 to Miss Mattie McCrary, at Meridian, Texas.

We are a little late with our announcements, but this is owing to the fact that THE BULLETIN is published only during the school year. We nevertheless extend our hearty congratulations and wish for our brothers and sisters long and happy lives. May the immunity conferred by one attack be permanent!

* * *

The Club room walls are becoming well decorated with pictures of our graduates in each class, and each succeeding picture seems to be better than the last, from a photographic standpoint. The 1909 boys say this is because of the better looking subjects from which to make photographs, but we hardly believe this to be the reason.

So much wondering "who is this?" occurred on members and visitors looking over the old pictures that the Club decided to have the pictures lettered with the name of each man for reference, which has been done.

This adds new interest to the pictures, and makes them more valuable to the Club. The Club wishes to thank the members of the faculty who so kindly aided in the work.

* * *

Both the Atlas and Axis Clubs have been made the recipients by Dr. E. J. Bartholomew, 161 State St., Chicago, the author, of copies of his book, "Man-Woman, Know Thyself," which have been placed in the Club libraries.

The book is simply written, and contains many truths of vital importance to osteopaths and others.

Doctor Bartholomew has also shown his good will towards the Clubs by presenting them each a copy of his Astigmatic Chart, a cut of which appeared in the O. P. of June, '09.

We have tried these charts for testing near and far sight and astigmatism, and find them good. Dr. Bartholomew is an oculist as well as

an osteopath (Atlas, '00) and our readers who are interested would be repaid by taking the matter up with him.

The Clubs take this means of thanking Dr. Bartholomew for his kindness.

* * *

"They're off in a bunch"—seniors, juniors, junior-school opens. freshmen and freshmen just in. School is again working full blast.

The new freshmen, or most of them, have arrived and have been duly initiated into school life.

"Good morning, doctor" is the greeting to the freshmen heard on every hand. "Have you bought your treating table, doctor?" "Doctor, there's a patient down stairs waiting to see you," etc., and the air is full of chaff.

But we like them just the same, they are here for the purpose for which we came—to study the A. T. Still brand of good, old osteopathy.

All this makes the senior grow reminiscent. It is only two years ago now that we entered and went through the experiences which are awaiting our new brothers. "Only one more school year—this year is our last" we say with spirit. In our enthusiasm we feel that most of our preparation is over, and yet on mature thought we know that we have scarcely started our preparation. We have only been learning how to study.

At times we feel we have (some of us at least) fulfilled the Old Doctor's prophecy to us as freshmen when he looked us over in the amphitheatre. "You're good-looking and well dressed, but in three years you'll have more sense and fewer clothes."

Many of us have the fewer clothes—we have fulfilled the prophecy in that surely, but there is such a great beyond in the realm of osteopathic learning that what our teachers have succeeded in instilling into our minds seems indeed very meagre to go forth to battle with, and yet, on appeal to our reason, others have succeeded, why not we?

And the juniors—"only one year after this" they say. It certainly does feel good to be a junior, doesn't it?

As a junior we look back on that night-mare of a freshman year. Say, it was terrible, wasn't it? Wonder how we did get through it, and still live?

But the freshmen—bless them! Some of them, no doubt, as in every year past, will succumb to the strain, there will be a notice on the blackboard. "Skeleton and new Cunningham's Anatomy for sale cheap. See Smith, 1912."

"Smith's sick of it—too hard" you hear it said, and Smith is seen no more by the busy crowd of students.

Well, we have all experienced times when we felt like tapping our skulls to see if we were awake and in sound mind, or whether it was a dream resulting from too large a meal at night.

We know how you feel, brother freshmen, for we've "been there." You'll live and thrive and make grades and graduate in time. Just be patient.

* * *

There have been some changes in the faculty of the A. S. O. with the beginning of this school year, and at present the instructors and subjects which they will teach are as follows:

FIRST TERM.		SECOND TERM.	
Chemistry.....	Dr. Swope	Embryology	} Dr. Hamilton
Anatomy.....	Dr. Smith.	Principles	
Histology.....	Dr. Bigsby	Physiological Chem. }	
Physiology.....	Dr. Pratt	Physiology.....	Dr. Pratt
		Anatomy.....	Dr. Smith
THIRD TERM.		FIFTH TERM.	
Practice.....	Dr. Geo. Laughlin	Eye, Ear, Nose, and Throat,	
Neurology.....	Dr. Waggoner	Dr. Waggoner
Anatomy.....	Dr. Smith	Gynecology.....	Dr. Pratt
Pathology.....	Dr. Bigsby	Surgery.....	Dr. Geo. Still
		Obstetrics.....	Dr. Geo. Still
		Clinics.....	Dr. Geo. Laughlin

The laboratories have been arranged as follows:

Histology:—Dr. Bigsby, Mr. Boyes, Mr. Hardie.

Chemistry:—Dr. Swope, Mr. Emely.

Physiology:—Dr. Pratt, Mr. Deason.

Pathology and Bacteriology:—Dr. Bigsby, Mr. Platt, Mr. Deason.

Mechanics:—Dr. E. H. Laughlin, Dr. Lyda, Dr. Becker.

Surgery:—Dr. Bigsby.

Dissection:—Dr. Smith, Mr. Grow.

Clinics:—Dr. Geo. M. Laughlin.

* * *

Surgery Prize Won By Atlas Man.

Dr. Geo. Still, to stimulate class competition, offered last year a handsome gold watch, to be suitably engraved, to the student making the highest grade in surgery.

The Atlas Club stands for good scholarship, hence it was not a

severe shock to the class of '09 as a whole that an Atlas man should be awarded the prize, but it was more than gratifying to Club members that our beloved Noble Skull Luft should have so well represented the Club in this scholarship contest.

Nothing could be more significant to field members that Atlas standards have been maintained and that the Club is selecting its best material for officers than this incident.

* * *

We regret very much that the Axis representative-elect on THE BULLETIN, Miss Bertha Lash, is unable to return to Kirksville this term and take up the work.

Miss Lash is a charming and capable woman, and the editor had expected considerable help from her on THE BULLETIN this winter.

Miss Lash stayed at Kirksville after the close of school and completed dissection, but on return to her home in Chicago found matters requiring her attention to such an extent that she cannot return to school at present, and has tendered her resignation as Axis representative of the Bulletin.

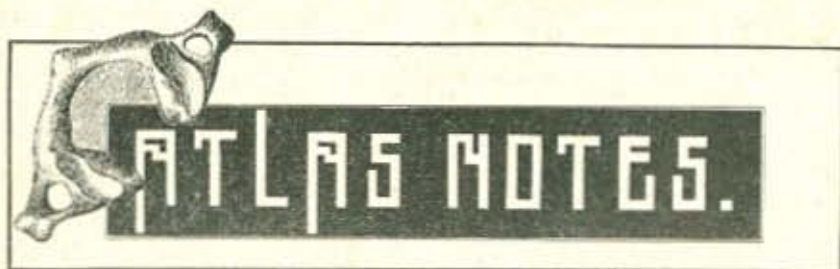
We hope the loss of Miss Lash to osteopathy is not permanent.

* * *

Dr. Forbes, president of L. A. C. O. in an excellent address to the graduating class of 1910 concluded with these remarks:

"May you win the distinction of being good citizens, the greater distinction of being good physicians, and the greatest distinction of being good men and women."

This should indeed be aim of every osteopathic practitioner



Wilson. Our old Club worker, Dr. Norman D. Wilson, is pleasantly located at Manchester, Iowa, where he is "making good" just as we all expected him to.

In a personal letter replete with good things, Dr. Wilson says: "There is no danger of getting too much experience; try every fracture or dislocation you can get a chance at. I was asked to see a lady of 55 years who fell on the ice six or seven months ago; was cared for by an M. D. at the time of the fall. He said her leg or hip was not broken, and did not set it; yet at the time the lady was powerless to rotate her toes when she was on her back and leg extended. She was in bed two months, then was gotten up and caused to use crutches. She gets around some, but cannot flex the thigh on the body, her leg is short and the adductor muscles contracted. Upon motion there is crepitus in the hip joint. I am trying to get her to go to Kirksville."

Dr. Wilson was successful in passing the Iowa State Board and is therefore now a licensed practitioner of Iowa.

In speaking of the examination, Dr. Wilson said that when he received the notice that he had passed he felt like the old man who had just returned home from his wife's funeral,—"relieved of a great burden."

* * *

Tabor. Dr. Leonard Tabor is in practice at Silver City, N. M. He is building up a satisfactory practice, and believes that although the town is not large enough to warrant any air-castles of financial independence, one osteopath should in the course of time be able to make a comfortable living there.

The prices charged in that city for food and household necessities reminds one of the old golden-west days when freights were handled for hundreds of miles by "bull-trains."

One thing which is free, abundant and of the best is the climate. Dr. Tabor says it's hard to beat.

Bingham Brother L. J. Bingham has been an active member in a literal sense during the summer.

Was at Pittsburgh most of June; went to Buffalo and passed the State Board Examination June 22nd; visited his parents a week in New York state; then to a summer resort at Cambridge Springs Pa., where he has since been engaged in practice with a resident osteopath.

Brother Bingham reports a summer of valuable experience coupled with plenty of work, and a fair share of the wherewithal necessary to the third-year osteopathic student.

* * *

Walker Dr. Frank P. Walker, of St. Joe, is nothing if not energetic. He is President of the City C. E. Union of St. Joe, and with each letter sends out a "booster" announcing the Missouri C. E. Union to be held at St. Joe, Oct. 14-17, '09 and giving the advantages of that city as a convention meeting place. St. Joseph is termed the "Ideal City," which makes it easy to guess why the Endeavorers selected it for the convention.

The official yell is:

Rah! Rah! Rah!—Rah! Rah! Rah!

Saint Jo—O!

Who are we? Who are we?

Saint Joe's Y. P. S. C. E.!

If you're coming—GET IN LINE!

It's OUR Convention—Nineteen-Nine!

* * *

Perrin Dr. Geo. W. Perrin, (Atlas '04) is Secretary of the Colorado Osteopathic Association. The doctor is located in the Empire Bldg., Denver, and in a recent letter says:

"I hold memories of my school days in Kirksville, and at the old Atlas Club especially, as some of the happiest days of my life. I certainly wish you every success in your undertaking to hold as high standard or even a higher standard than we did when in school. Anything I can do to help you or aid the Old Atlas Club I will gladly do."

* * *

Luft From a personal letter to the editor, we learn with regret that Past Noble Skull Luft was unfortunate in sustaining a Colles' fracture while moving his household goods from Kirksville.

Dr. Luft has been unable to practice on this account during the summer, which he has spent with his family at Ada, Ohio. He hopes

to be able to work by the first of September, when he will open offices at Fremont, Ohio.

* * *

Cramer Cramer's short of stature, but oh, my! He went up among the "Canucks" last summer, and while there wrote us a letter explaining the cause of the red light in the Northern sky which had been troubling us in Kirksville. "It's only me setting the world on fire practicing osteopathy" was his lucid explanation.

Cramer was an osteopathic missionary—get him to tell you about it.

* * *

Bean And Bean, he's been "going some," too. He could not bear to leave "Old Missou" and it required effort to get away from Kirksville, even.

But he spent all of August at King City, Mo., came back tanned and happy, and by the way, can tell you a story about a few patients there.

* * *

Dr. Fiske The Club will miss the smiling face and pleasant words of Dr. Franklin Fiske this winter.

Resigns. Dr. Fiske tendered his resignation as a member of the faculty of the A. S. O. effective September 1st, and will engage in private practice.

Dr. Fiske is a most skillful osteopath, and is sure of success wherever he may decide to locate. We hope to hear from him through THE BULLETIN occasionally.



AXIS GRAND CHAPTER.

President, Dr. Bertha Buddecke, Suite 816 Carleton Bldg., St. Louis Mo.
First Vice-President, Dr. May Vanderburg, 2009 Sutter St., San Francisco, Calif.
Second Vice-President, Dr. Margaret B. Carleton, Post Office Bldg., Keene, N. H.
Secretary-Treasurer-Editor, Dr. Nannie J. Chappell, Suite 510 Mo. Trust Bldg., St. Louis, Mo.

Chaplain, Dr. Elizabeth M. Culbertson, Appleton, Wisconsin.

Janus, Dr. Julia M. Sarratt, Waco, Texas.

Escort, Dr. Almeda J. Goodspeed, 126 State St., Chicago, Ill.

Trustees: Dr. Sarah Russell, Five years, Term expires 1914; Dr. Ethel L. Burner, Four years, Term expires 1913; Dr. Almeda J. Goodspeed, Three years, Term expires 1912; Dr. Nellie F. Whitcomb, Two years, Term expires 1911; Dr. Minnie Schaub, One year, Term expires 1910.

The officers and trustees constitute the Executive Committee.

The Grand Chapter of the Axis Club as a complete organization, is with this issue of THE BULLETIN, one year old. **First Anniversary.** I presume not many of us realize the extent of the work undertaken by Dr. Pauline Mantle as the first Secretary-Treasurer-Editor, or the many difficulties under which she worked. But we do appreciate the fact that she has accomplished much and as editor has given us an editorial department we are proud of. I would the year had been longer.

Now I have entered into this same Secretary-Treasurer-Editorship office with but precious little experience and a rather high standard of work before me as an example of a year's work. An example that must not be allowed to weaken but rather be strengthened. THE BULLETIN belongs to you, every one of you, and right here I send out an appeal for help. You are all busy women, I know, but stop and consider. I am busy, very busy myself, yet I intend to do everything in my power to keep THE BULLETIN up to the present excellent standard and I ask you sister Axis member, one and all, to assist me in every way you can. Let us do a good year's work in making THE BULLETIN a power and a necessity.

* * *

The Annual Grand Chapter dues of twenty-five cents a year is due now—with this issue of THE BULLETIN—and each member is urgently requested to send a twenty-five cent coin in a coin card or by post-office

order to the Secretary-Treasurer, Dr. Nannie J. Chappell, 508-9-10 Missouri Trust Bldg., St. Louis, Mo.

Please do not send stamps, or Canadian coins, as neither can be accepted.

* * *

The two-dollars per year dues required of each member of the Grand Chapter for the first five years after entering the field, are to be sent to the Financial Secretary of the Odontoid Chapter. But the twenty-five cent coin—the yearly dues of the Grand Chapter—send to the Secretary-Treasurer of the Grand Chapter.

Have you an unusual or interesting case, an item of interest or a few words of cheer and good wishes—then pass it along, that we may all enjoy it. "Pass it along" will be a good motto for the year and the Bulletin will be strengthened thereby.

* * *

Dr. Ella Still, of Des Moines, Ia., was received into the Grand Chapter at a special meeting at Minneapolis the morning of August 20, 1909. Dr. Still is heartily welcomed by every member.

* * *

ANNUAL ADDRESS OF THE RETIRING PRESIDENT.

Grand Chapter—Axis Club.

JENETTE HUBBARD BOLLES.

"She walketh veiled and sleeping,
For she knoweth not her power;
She obeyeth but the pleading
Of her heart, and the high leading
Of her soul, unto this hour,
Slow advancing, halting, creeping,
Comes the Woman to the hour!
She walketh veiled and sleeping,
For she knoweth not her power."

As we have so much of professional interest in our regular papers and talks during the convention time,—I have chosen to speak to you of a subject which, while not strictly osteopathic will appeal to us all as Axis women. I bring you a message from one who is doing for women along sociological lines, what Dr. Still has been doing for them along physical lines, giving freedom from the burdens and ills that have heretofore been considered incurable, and also to those which have only found help by resorting to the knife.

This worker in the field of economics is Charlotte Perkins Gilman,

the well-known writer and lecturer, the grand-niece of Henry Ward Ward Beecher. Mrs. Gilman has made a thorough study of sociology and her work rests on a firm, scientific basis.

She has diagnosed the conditions of to-day and her conclusion is, that the unrest and dissatisfaction which we find among women is due to false ideas and teaching in regard to woman's sphere.

Nor is this unrest confined to women only, on every hand we see it manifest. The body social has serious lesions in its spinal column.

The political systems are being shaken to their foundations. Here the lesions and subluxations are many and varied.

The most serious come from that troublesome rudimentary survival, the vermiform appendix, in the shape of the shahs, sultans, kings and czars, but political operations for appendicitis are being vigorously performed with more regard for the removal of the offending structure than for nicety of surgery.

Matrimonial lesions are being subjected to surgical treatment, while in the physical world it is the same old cry, "There is no health in us."

Truly, "The world is out of joint,
But prospect bright!
For Osteopathy
Can set it right."

In the economic world, we are just beginning to realize that one-half the economic force of humanity has, during the past century, been paralyzed.

The difference in the status of men and women to-day is owing mainly to industrial conditions.

From earliest years our boys are taught to look forward to the time when they will do something in the world. They are imbued with the thought that they must be producers, they must add their quota to the wealth of the world.

Until quite recently, no thought has been given toward preparing our girls to be self-supporting. Yet the girls and the boys are given the self same training through the public schools, and thousands also have the same college training and drill, but after graduation, what?

The boys are equipped to enter upon their work in the world. They soon find their own place, and opportunity for putting into use the qualities within themselves, which their previous study and training have developed. They become producers and are soon classed among the economically independent.

But what of our girls? They come home from college or high school,

with the same aims and ambitions as their brothers, but the average girl what opportunity is there for her?

The generally accepted theory is that when a girl's literary education is finished she is then ready to enter domestic service, and is fully qualified to undertake the care of a house and incidentally the cares and duties of the marriage state. No other vocation than that of wife, housekeeper, and mother is deemed honorable and proper.

No matter what her inclination is, whether she has ability along professional, mechanical, business, or other lines, by common consent she is relegated to the department of domestic science, often with only a faint protest on her own part.

What would have become of our boasted civilization if the boys had been treated in the same manner? Suppose they were taught to believe that their only object in life is to build a house in order to have a home. Then all boys must be house builders, whether or no. Each one must understand masonry in order to lay the foundation, carpentry in order to put in the wood work; he must also be able to plaster, to paper, to paint, be a plumber, an electrician, a glazier, and so on. But is that the way man's work is done? By no means.

Within little more than a century industrial conditions for men have completely changed. The whole change is based on the principle of co-operation. Work that was done by individuals has been consolidated and by means of the division of labor a very high state of efficiency has been reached in the various trades and professions. Instead of having a house built by one man, we have the modern structures of to-day, built by the united effort of many.

But how has woman's work advanced during the past century?

It is true many of the industries, which were carried on by our grandmothers in the home, have been taken to the factories, but the drudgery of the house is still left for the wife and mother. It is still considered right and proper that the woman must be able to fill the positions of housekeeper, cook, laundress, seamstress, dressmaker, nursery maid, governess, hostess and also be a companion for husband and children. And this in spite of what may be her abilities and qualifications. How is it possible for one person to be proficient in so many occupations?

Far be it from me to decry the duties or responsibilities we all owe to ourselves and to those dependent upon us to do our part toward making a real home. But is it any more of a home because the woman does the housework, or spends her time in overseeing it? Could not the home exist just as well, if our women could follow the bent of their inclinations and really do something in our work-a-day world?

I am not offering you anything of my own toward the solution of this problem, but I am trying, in this brief time, to pass on the suggestions for the remedy, as I received them from one who has given the subject much study.

The women of to-day should have full opportunity to do their part in the world's work, and to do that part which suits them best, and further they should be allowed, to choose their vocation according to their own qualifications as human beings, not be assigned to any particular line because of sex. That women can go into other lines of work, and at the same time fulfill the functions of her sex, the women of our profession are daily and hourly demonstrating, also that a woman's sphere is not bound by the four walls of a house. The osteopathic women have proved that they can successfully carry on a profession, and also be wives and mothers and the mainspring of the home.

We are all our fathers' daughters as well as our mothers.' Many and many a woman has come to me with the cry, "What can I do? The daily routine of household duties is paralyzing me, I want to be of some use in the world."

I am happy to say that several of these are finding happiness and comfort in the study of osteopathy.

I hope the day may come when every child will be taught that he must become self supporting. When every individual becomes economically independent, many of the social problems of to-day will disappear.

When girls are so educated that they may take their place in the economic world, the day of "marrying for a home" will pass away.

Let us as Axis women, as we go out into the world to meet what the coming year has in store for us, not only try to help our sister women physically, but let us also study these life problems and be able to advise and help along these other lines, which mean so much toward happiness and success in life.

* * *

A LETTER FROM DR. BUDDECKE.

MEMBERS OF THE AXIS CLUB:—

It is with a feeling of trepidation that I assume the duties of president of our Grand Chapter. I am impressed with the far-reaching possibilities of our Axis Fraternities. I also realize the hardship imposed upon the busy practitioner, by the demand upon his time and energy which active support of our propaganda involves. My predecessors have laid a firm foundation upon which we must build a fitting structure. Only through the active co-operation of all of our members can

we hope to achieve the purposes of our organization. Let our fraternities justify their existence by vital activity. It is for us to realize in ourselves the ancient idea of the Doctor, that of the teacher, whose province is not merely physical ministrations, but wise guidance in the principles of life.

Prophylaxis, the keynote of osteopathy, is receiving the thoughtful consideration of scientific men and women in its application to all phases of human experience. Surely it is more glorious to preserve the physical and moral integrity of youth than to attempt later regeneration. We must inculcate in the mind of youth sound knowledge concerning the vital issues which confront the maturing individual. We must interpret for them their physical impulses and direct them according to the enlightened standards of competent and moral men. We must inculcate the necessity of crystallizing into habits the clean moral principles, physical and mental, thus engendered, and emphasize the importance of a strong will in support.

In the chapter on "Habits" in Prof. William James' Psychology the author describes the underlying mental processes which control physical phenomena. Healthful and moral habits once acquired and steadfastly established simplify the problem and thus in a great measure eliminate the cause.

The young people must be made to understand that they dare not allow themselves the indulgence of dallying mentally with sordid things. A century ago in the bright waters of the Niagara River a little above the falls was a tranquil stretch of water which afforded a pleasant bathing place for the Indians. One day a young brave sporting in the water grew venturesome, his anxious father, the old Chief, called out in warning "Beware of the Rapids," but the youth, confident of himself, disregarded the advice and went nearer the rushing water. The old Chief called again, "Beware of the Rapids," but the swift flowing stream caught him and carried him down and over the falls to destruction.

Another problem which requires our most earnest consideration is the injury sustained by women under our present industrial system. The strain to which the nervous system in general and the pelvic viscera in particular is subjected, is gradually undermining the vitality of our American women. Her nutritional and nervous forces are diverted from the normal sustenance of her constitution through long hours of sustained, concentrated labor. The industrial conditions under which women work are made by men, who naturally have little understanding of the peculiar physical equipment of the feminine sex and the necessity for recognition of its physical limitations.

A menace to a large class of women who come to us is the social life which they lead with its long, and irregular hours. Upon the physician devolves the responsibility of pointing out the danger and supplying the remedy. In our enthusiasm in ministering to the needs of others let us not forget that we too are subject to the immutable laws of nature. The practice of osteopathy involves the expenditure of an unusual amount of physical and mental force. Our ranks have already sustained the loss of too many strong men and women whom we could ill-afford to lose. It behooves us to acquire the art of doing our work with all possible conservation of energy consistent with the best service to our patients.

Fraternally yours, BERTHA A. BUDDECKE,
816 Carleton Bldg., St. Louis, Mo.



Axis, Axis, Prophylaxis,
Epilepsy, Epistaxis.
Ribs raised, bones set,
We cure, you bet!

In looking through the old copies of THE BULLETIN, we found the above given as the Axis Club yell. Is it familiar to any of our readers, and is there any history connected with it?

Miss May Potterf, Axis '10 had a severe attack of measles a short while before the close of last school year, from which she did not make good recovery.

The Club, as well as her class, will regret to learn that she is unable to resume her school work this fall.

Miss Potterf is at present with her sister, Mrs. Dr. Tabor, Silver City, N. M.

THE BULLETIN regrets to chronicle the death of the mother of Misses Harriet and Pauline Sears, which occurred in their Oregon home last month.

We know that the Misses Sears have the sympathy of the Axis Club in their sorrow.

Dr. Minnie W. True has associated herself with Dr. Charles Getchell in the practice of osteopathy. Suite 1, Reinking Bldg., Baraboo, Wis.

Dr. Eleanor R. Dashiell of Murray Hill, Annapolis, Md., has announced the engagement of her daughter, Eleanor, to Passed Midshipman Julian Sommerville Hatcher, U. S. N., of Fort Royal, Va.

Dr. Elizabeth M. Ingraham, of St. Louis, Mo., has returned from a two months' rest at her brother's cottage, Anastasia Island on the Atlantic coast. Dr. Ingraham reports a delightful summer.

Dr. Minnie Schaub, of St. Louis, Mo., is at home after a very enjoyable three month's European trip. Dr. Schaub should give the Bulletin an account of her wanderings in "furrin" lands and let the Axis girls enjoy it with her.

Dr. Nettie Bolles has given us an interesting article in this issue of THE BULLETIN.

Dr. Daisy E. Washburn, of Port Clinton, Ohio, is enjoying her vacation at Mackinac Island, Mich. We hear it rumored that Dr. Washburn will move to Oberlin, Ohio, very shortly.

Dr. Bertha A. Buddecke, of St. Louis, Mo., is our new president, and truly the Grand Chapter made an excellent selection. Dr. Budecke has been in active practice in St. Louis, since her graduation in 1904 and is a woman of acute and sound judgment, high ideals, strong character and eminently practical—just the one to fit into the chair of the retiring president, Dr. Nettie Bolles.

Dr. Harriet L. Van Deusen has moved from Amsterdam, N. Y., to 24 Sanford Bldg., Bridgeport, Conn. The best wishes of THE BULLETIN follow Dr. Van Deusen in her new home.

Dr. Florence A. Covey, 633 Congress St., Portland, Me., is looking for a good osteopath to take her practice. Dr. Covey has been in Portland about seven years and has undoubtedly built up a good practice which we regret to hear of her leaving. But her reasons are unquestionably good ones.

The informal banquet given jointly by the Axis and Atlas Clubs at Minneapolis, was well attended and heartily enjoyed. Several of the members had friends with them.

Dr. Helen R. Kinsell of St. Louis, Mo., and sister, Mrs. Herman Swartz of Webster Groves, Mo., with Victor Stoddard of Melrose, Mass., are vigorously contesting the will of their grand-aunt, Mrs. Joseph Noble. Mrs. Noble died last May at her home in Mansfield, Mass., leaving practically her whole estate of \$1,000,000 to Boston and New York charities. The contestants received insignificant bequests.

Everyone of the Axis members should commence right now to get things in shape to attend the next National Convention at San Francisco. The prospects are for an ideal trip and a big program—a veritable osteopathic feast will be prepared for us in that land of the “setting sun,” so let us be up and doing and partake thereof. Listen! Let us unite in making the 1910 meeting a banner one for the Grand Chapter.

* * *

Dr. Edna Earle Ashcroft has opened an office at 405 Princess St., Kingston, Ontario.

* * *

Dr. Florence Covey was elected president, Dr. Mayme Tuttle, secretary and Dr. Mary W. Day one of three trustees, of the Maine Osteopathic Association, at the annual meeting held in Portland, June 26th. And so it is always, the Axis girls “to the front” wherever they go.

* * *

Our members will undoubtedly be interested in knowing that the gavel used by the Grand Chapter presidents, is made from wood taken from the floor of the office occupied by Abraham Lincoln at Springfield, just before he left for Washington to be inaugurated President. Many thanks to Dr. Pauline Mantle for the history of “our gavel” and I am sure every member of the Grand Chapter will appreciate its possession.

* * *

A letter from Dr. Nettie Bolles has just reached me in which she wishes me “all success with THE BULLETIN,” it is closely followed by a letter from Dr. Pauline Mantle, who also has good wishes and words of cheer. Thanks to you both,—and keep it up, doctors.

* * *

Dr. Nellie M. Ferry has entered into partnership with her brother, Dr. B. F. Mavity, at Nevada, Mo.

* * *

A beautiful post-card from Dr. May Marts, of Fresno, Calif., boosts San Francisco for 1910. Good! We will be with you, Doctor.

LOCATIONS AND REMOVALS




- Amussen, H. S., from Logan, Utah, to 5452 Kimbark Ave., Chicago, Ill.
 Becker, Dr. A. D., from Preston, Minn., to Kirksville, Mo.
 Bowden, Dr. Margaret, from 102 E. Grace St., Richmond, Va., to Virginia Bldg., Richmond, Va.
 Butcher, Dr. Frances M., from 107 N. Oak Park Ave., Oak Park, Ill., to 210 Masonic Temple Bldg., Oak Park, Ill.
 Childs, Dr. Wm. S., from Kirksville, Mo., to Minneapolis, Kans.
 Conrad, Dr. L. F., from La Junta, Colo., to Olney, Colo.
 Derek, Dr. Jerome E., from Kirksville, Mo., to Harper, Kas.
 Erwin, Dr. Minnie B., from Indianola, Ia., to Perry, Iowa.
 Estes, Dr. Geo. R., from Kirksville, Mo., to Malvern, Ia., Box 181.
 Farnham, Dr. Jas. McKay, from Kirksville, Mo., to Glenwood, Minn.
 Ferry, Dr. Nellie M., from Kirksville, Mo., to Nevada, Mo.
 Grieves, Dr. M. J., from Kirksville, Mo., to Woolner Bldg., to Peoria, Ill.
 Groenewoud, Dr. J. C., from Kirksville, Mo., to Chicago, Ill.
 Howard, Dr. Wells T., from Kirksville, Mo., to 909 N. Y. Life Bldg., St. Paul, Minn.
 Kagay, Dr. Lorena, from Richmond, O., to 405 W. Center St., Marion, O.
 Kenney, Dr. Chas. F., from Kirksville, Mo., to Connorsville, Ind.
 Knapp, Dr. Lester L., from 63 W. 36 New York City, to Hotel Regent, Broadway & 70th St., New York City.
 Knight, Dr. Jonas, from Commerce, Tex., to McKinney, Tex.
 Kerr, Dr. E. A., from Kirksville, Mo., to 55 N. Academy Ave., Provo, Utah.
 Lash, Dr. Bertha B., from Kirksville, Mo., to 6236 Madison Ave., Chicago, Ill.
 Lloyd, Dr. J. W., from Kirksville, Mo., to Winona, Minn.
 Loving, Dr. A. S., from Jacksonville, Ill., to Denver, Colo.
 Luft, Dr. C. G., from Kirksville, Mo., Fremont, Ohio.
 Marcy, Dr. Nellie L., Mt. Sterling, O., to 78 Broad St., Newark, N. J.
 Marts, Dr. May, from LeGrande, Calif., to 147 Forsythe Bldg., Fresno, Calif.
 Mayes, Dr. Walter, from Kirksville, Mo., to Socorro, N. M.
 Mayes, Dr. Carrie Stealy, from Kirksville, Mo., to Socorro, N. M.
 Morrison, Dr. D. N., from 128 E. 5th St., New York City, to 120 E. 34th St., New York City.
 Morrow, Dr. C. B., from Kirksville, Mo., Butler, Pa.
 Murphy, Dr. E. C., from Kirksville, Mo., Danville, Ill.
 Price, Dr. H. A., from Kirksville, Mo., to 945 Arlington St., Houston, Texas.
 Rothfuss, Dr. C. W., from Kirksville, Mo., to Blissfield, Mich.
 Sheldon, Dr. T. W., from 1844 Sutter St., San Francisco, Calif., to 323 Geary St., San Francisco, Calif.
 Smith, Dr. Edw. R., from Lyons, Kans., to Garden City, Kans.
 Stover, Dr. S. H., from Kirksville, Mo., to Preston, Minn.
 Stelle, Dr. R. D., from Los Angeles, Calif., to 604 W. 66 Pl., Chicago, Ill.
 Tabor, Dr. Leonard, from Kirksville, Mo., to Silver City, N. M.
 Van Deusen, Dr. Harriet L., from 101 Div. St., Amsterdam, N. Y., to 24 Sanford Bldg., Bridgeport, Conn.
 Waller, Dr. Granville B., from Kirksville, Mo., to Louisville, Ky.
 Wolfe, Dr. J. M., from Kirksville, Mo., to Seven Mile Ford, Va.
 Wyckoff, Dr. A. B., from Booth, Texas, to Alton, Ill.

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A WORD TO OUR ADVERTISERS.

A large majority of the following business firms have advertised with us before. Almost without exception they have increased their advertising space over that of last year. Of this we are very glad, as it shows the continued cordiality and good-feeling existing between the Atlas and Axis Clubs and the business interests advertising with us.

We bid our new advertisers welcome, and trust we shall find our connections mutually advantageous. There are many good firms in Kirksville we should have been glad to have advertise with us, but all of our space was sold before we were half around.

Of course we congratulate ourselves upon THE BULLETIN being so popular an advertising medium, and to those excellent business concerns who were unable to find advertising space with us, we can only say that we are sorry not to have you, and promise that next year, if any of our advertisers should not care to continue their advertisements with us, you may then have opportunity to procure space with us.

We desire to say to our advertisers—our friends—that during the coming year we are unwilling that the expressions of cordiality and friendly feeling indicated by you in advertising with us shall go unrewarded. It shall be not only our opportunity, but also our pleasure to convince you that we are grateful for your support and good wishes, and shall seize every chance to reciprocate the kindness shown.

M. A. BOYES,

Business Manager of The Bulletin.