

Nov. 1903

DUPLICATE

**Officers of Atlas Club.**

|   |                |
|---|----------------|
| R. H. Graham.....   | Noble Skull    |
| J. A. DeTienna.....   | Occipital      |
| T. S. McCall.....   | Sacrum         |
| F. P. Smith.....  | Stylus         |
| F. Fiske.....   | Styloid        |
| S. A. Eunis.....  | Receptaculum   |
| J. W. Bennett.....  | Pylorus        |
| G. L. Baugher.....  | Right Clavicle |
| A. S. Bean.....   | Left Clavicle  |
| H. M. Dawson.....   | Radius         |
| Dr. Chas. Hazard }<br>Dr. M. E. Clark }<br>Dr. W. R. Laughlin } | Trustees       |

**Officers of Axis Club.**

|                                |                         |
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# THE BULLETIN

OF THE ATLAS AND AXIS CLUBS.

Vol. IV.

November, 1903.

No. 3

## DOCTOR STILL IN CHICAGO.

**D**R. A.T. STILL is in Chicago on a visit to the great western metropolis. The following clipping from The Daily News tells of the reception accorded him on his arrival.

"Dr. Andrew Taylor Still, president of the American School of Osteopathy at Kirksville, Mo., and who is said to be the founder of the science of osteopathy, arrived in Chicago at 7:20 a. m. to-day. He was met on his arrival by the following delegation of physicians representing the Chicago Osteopathic society: Dr. Frederick W. Gage, president of the society; Dr. A. S. Melvin, trustee of the American Osteopathic Association; Dr. J. R. McDougall; Dr. Joseph A. Sullivan, Dr. Carl P. McConnell, Dr. Roy Bernard, Dr. Almeda Goodspeed, Dr. Clara Milner, Dr. Jessie Willard, Dr. Florence Shove, Dr. Ida Youngquist, and Mrs. Lottie West. Doctor Still is to remain in the city for a short time as the guest of Mr. and Mrs. Herman Orschell, 423-48th St.

"This is said to be the first time the 'Old

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Doctor,' as he is called, has left the state of Missouri in ten years, and his visit is to be made the occasion of a celebration among Chicago physicians of his school, who are said to number about one hundred.

"An informal reception is to be held in his honor tomorrow evening from 7 till 9 o'clock, in the south parlors of the Auditorium by the Chicago Osteopathic Society."

Dr. Fred W. Gage, who sends the clipping, says: "The Doctor is having a good time. Called Mrs. Orschell up this morning and she said he was feeling fine. We were down last night to call and found him talking as tho he was being paid for it."

Another letter says the reception was largely attended by the Chicago osteopaths and their friends. Dr. Still gave an informal talk.

**A GYNECOLOGICAL CASE.**

ANNA K. STRYKER, FEB. '01.

**A**BOUT three weeks ago I was asked to treat a young unmarried lady, whose case responded so readily to treatment, that I think others may be interested to hear about it.

Last spring the patient had lagrippe and her recovery was quite slow. Before she had fully regained her strength, she lifted a tub of water, and was conscious that something gave way in the pelvis. About the same time she ran several blocks and increased the harm, as it was at the

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menstrual period and the uterus was heavy. Since these two misfortunes there has been a constant feeling of prolapsus, so much so that she thought the uterus was out of the vagina. Most of her time was spent in bed because of the dragging sensations, and pain in the lower parts of the back. Leucorrhœa was also present. The chief reflex symptoms were dizziness and other indescribable feelings in the head, and the fear of losing the mind. General spinal treatments had been given for several months, but without affording any relief.

I was convinced that the trouble was caused chiefly by a displaced uterus, and so gave a local treatment—the first the patient had received. The examination was difficult and painful, owing to the tense condition of the hymen. The cervix was almost as low as the vulva, the uterus retroverted and the os quite patulous. There were no adhesions, and I succeeded in lifting the uterus, and by getting the patient in the knee chest position, tipped it somewhat forward. The abdominal muscles and the perineum were in good tone, so the outlook for keeping the uterus in place was fair. The next day I received word that my patient was up and feeling much better. I waited four days before giving another treatment, and then found the cervix much higher and the uterus in about the first degree of retroversion. At the third treatment, several days later, the cervix was in normal position, but there was an anteflexion, which from the

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tone of the uterine walls I judged to be of some months' standing. The symptoms have grown steadily better, the dizziness being the last to leave.

The past week I have given no local treatments, but have worked entirely on the spine. The second and third cervical vertebrae were lateral to the left, and these I corrected at the fourth treatment. The lumbar vertebrae are all posterior and there is a good deal of tenderness at the fifth, as well as at the posterior superior spines and the sacral foramina. The right innominate is a little high. For the fifth treatment, the patient came to me. She had done quite a little walking that day, and said she had felt no inconvenience either in her head or pelvis.

Doubtless it will be some time before the posterior condition of the spine can be corrected, and the anteflexion will also take time. To students of limited experience, like myself, it is encouraging to have a patient who responds so quickly to treatment, and who is so grateful.

### LET US RETURN THANKS.

FRANKLIN FISKE, JUNE '04.

**W**ITH the advent of the season of thanksgiving, it is well for osteopath to take account of the possessions he has gained for which thanks-returning is due. The first is the position he holds in the vanguard of the world's

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workers as a *pioneer*—a pioneer in all that the word implies with the accompanying ideas of battles to fight, of prejudice to overcome, of sorrows and losses to ignore, of calumny and slander to refute by living, in short, to surmount all of those difficulties which always beset the path of him who maps out a new line of thought and, conscious of the truth he has discovered, has the courage of his convictions to live and do in accordance with it.

He is more than merely a pioneer essaying new fields, for already he is seeing some results from his perseverance and is able now to experience the reality of being a *conquerer*. The medical fraternity, by frequently willful misrepresentations, had sought to throttle the new school of healing which threatened to supplant their antiquated methods and free humanity from the thrall of their poison's rule by its interposing a new and rational method which allows nature to obey her own laws. But in state after state the legislature has proved false their allegations and has justified and exonerated the osteopath by enacting laws permitting his practice and protecting him from imposters, thus vouchsafing to the people liberty while in sickness, where before they possessed liberty only while in health. The means employed by the druggers were often most insidious. Sometimes they used even extortion to obtain money with which to fight and virtually blackmail to gain control of the press. But the osteopath has nearly always

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triumphed in this contest apparently unequal as it often seemed, with one or two or a few against thousands, but having on osteopathy's side Truth, the valiant little band were the conquerers.

But not all the fruits of victory are merely in recognition, nearly all those who risked their all in the fight are being rewarded by a greater prosperity. There are no true osteopaths, those who practice osteopathy as it is outlined by its founder and most successful exponent, Dr. A. T. Still, who are in poverty's clutches. Where you find an osteopath, so-called, who is in financial straits, closely examine his theories, see how many "adjuncts" he uses, listen if he talks more of his "vibrator" or his "hot air" than of mechanical adjustment and removal of lesion, or look at his diploma and see if it has not been obtained by "a few weeks correspondence and ten dollars."

While the prosperous osteopath looks around and returns thanks for his state law, his honorable diploma, his true knowledge of osteopathy, and his many grateful patients, let him also look to the states yet in the clutches of drugs and to his brave brothers who are waging there an unequal warfare. Let him think of those in Alabama and the few other states similarly handicapped and remember them not only with good wishes for themselves but with the more tangible cash contributions for their cause. In this way he will show himself to be truly thankful.

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A HINT.

THE "Medics" have been in business for several years so far and consequently have learned a few things and it is no disgrace for an osteopath to take from them a hint if it can be turned to good account. The following on Medical Orthoepy, from New York Medical Journal, is an example.

"Perhaps we are going out of our province in venturing to criticise the pronunciation of our colleagues, etymology being more strictly our domain. *Sutor ne supra crepidam* may be quoted against us. However, in having the pleasure of listening to many learned and scholarly papers at recent meetings of societies and associations, our ears have been shocked at certain mispronunciations. As physicians, especially in rural districts, are looked upon as 'guides, philosophers and friends,' it behooves them to maintain a strict standard, not only of morality, but of grammatical and orthoepical correctness. We have been pained to hear qualified practitioners speaking of having made ink-wherries, a pronunciation Dickens ridiculed in his *American Notes*; of being conver-sant with certain data; of patients suffering from neurasthe-nia; of establishing a prece-dent; and of patients going to the grave with pare-sis. A brief interview with the dictionary will put our brethren right on these matters, and we trust no ill feeling will be engendered by this little reminder."

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The other hint in the same journal, is concerning organization, a subject of which they have a very thorough understanding.

"When the American Medical Association has drawn into its folds the members of the medical profession who should legally belong to it, there would be no trouble in securing a department of public health, with an officer at its head as a member of the President's cabinet, and reciprocity in medical licensure would no longer be an idle dream. Uniform medical laws could be passed in all the states of the Union, with only such variations as might be demanded by the constitutions of the different states; and then all the requirements could be made so nearly alike for the license to practice medicine, and the examinations made upon such an equal basis, that a license issued in one state would be accepted in another without question."

We cannot refrain from being curious as to the treatment they would wish to accord osteopathy, whether with laws like Missouri or Alabama, and with a cabinet officer like J. B. Foraker or Sterling B. Toney.

**OVARIOTOMY-HYSTERECTOMY-  
CURETTING.**

**I**N the November issue of Physical Culture is printed an article by a London surgeon who does not believe in the above operations. A part is here reproduced.

"Miss C. L. twenty-eight years of age, had

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been suffering intensely with pain in the region of the right ovary. After much persuasion, she submitted to the usual examination at the hands of a 'specialist,' who told her there was a malignant disease involving the right ovary, tube and uterus. After some months further suffering, being persuaded that the knife was the only alternative, she agreed to submit to the operation at the hands of a noted surgeon, a colleague and collaborator of the specialist who had examined her and after having been duly 'prepared,' was placed upon the table and, in the presence of a number of surgical friends of the operator, the abdominal section was performed.

"After the abdomen had been laid open, it was found that instead of a malignant condition, there was a cystic growth on one of the ovaries. In spite of this fact, the operator decided that in order to prevent *chance of some future trouble*, he would remove both the ovaries and the uterus, *and did so*. The operation was pronounced by one of the spectators, a 'beautiful one,' and the operator considered that he had added a new leaf to his laurel crown. The patient finally recovered from the operation but *never from its effects*. It was an entirely unnecessary sacrifice of the organs involved, and even the friendly surgeons and nurses who witnessed it agreed among themselves afterwards, that the cyst could have been dissected out, and the organs left intact. All this happened over five years ago and now mark the result.

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"The patient told the friends who were cognizant of the circumstances that she was sure, from what her doctor told her, that after a year's time she would cease to suffer so continuously and intensely. The year passed, and as there was no improvement in the symptoms, she set a further period to her agony, and expected that two years would surely see an end to her sufferings.

"The two years passed and again she could report absolutely no improvement. And as the time passed and now after more than five years have elapsed, she is worse in mind and body than before she was deprived of the organs sacrificed at the operation.

"There is another 'operation' which has become very common, and that is curetting for metritis and endometritis. It is a bloody and butcherly procedure, and in ninety per cent, of the cases does more harm than good, leaving the 'scraped' interior of the organ always liable to disease worse than that sought to be eradicated. Where there is any inflammatory condition of the endometrium, the curette should not be used."

A somewhat similar case is of a young woman, on whom was performed ovariectomy, both ovaries being removed. The operator had the reputation of "never allowing a woman to leave his office without his removing the ovaries." In this case, one ovary was diseased, the pus having discharged through the tube and vagina. The surgeon said the other "appeared

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infected." With the reputation he had acquired, the "appearance" might not have been so serious as he indicated. There have been no nervous disorders in this case known to have resulted from the operation. If osteopathy is of value anywhere, it is certainly in the relief and cure it brings to the sex, hitherto considered the legal prey of the surgeon.

STUDENT CLINIC.

THE following cases were handled by members of the senior class, with the exception of case No. 5 which was in charge of one of the present junior class, while at home in July. The uniformly good results augur success for the students when they become active practitioners in the field.

CASE I. INSOMNIA.

Age fifty-six, Lesion, atlas to right; cervical muscles contracted.

Length of standing: Several months.

Cure in two weeks. The treatment was directed principally to the removal of the lesion, no other treatment being given. The cure depended on removal of lesion. No previous treatment had been given. G. W.

CASE II. HEART TROUBLE WITH CONGESTIVE HEADACHE.

Age, thirty-six, male, married. Occupation, professor in college. Lesion, axis to right. Form

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2nd to 9th the thoracic was posterior and no motion, being almost entirely rigid. The apex of heart approached the axial line; some hypertrophy; dropped about every sixth or eighth beat. Lesions in the back also caused some constipation.

Length of standing: Fifteen years. Benefitted in three months. Heart beat fifty times without stopping. Treatment, axis lesion corrected, strong rotation and pressure given to spine; ribs raised; some treatment given to general circulation. Benefit was due to treatment of lesions. H. G.

CASE III. SUPPRESSIO MENSIIUM.

Age twenty-five. Female. Married. No bony lesions noticeable. Other cause was a foot bath, two days after onset of flow.

Length of standing of case from about 9 p. m. Saturday to 3 p. m. Monday. Cured in about eight hours, and flowed two or three days more.

Treatment: Flow had been stopped about 42 hours; gave strong spinal treatment; local treatment; knee-chest position with blows on sacrum with palm of hand.

Remarks: Uterus, vagina, etc., greatly congested, severe cramping pains, backache, headache, etc., present. A. L.

CASE IV. SLIPPED INNOMINATE.

Age, about thirty-five, weight 110 lbs. (Est.) Sex, female, married, farmer's wife.

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Lesion, left innominate up and back. Result of a fall about fifteen years before. Left limb badly swollen; ankle measured 13 1/2 inches, just below knee 15 1/4 inches.

Benefit was marked after fifth treatment.

Treatment: Set the innominate and at fifth treatment ankle was reduced 1 1/2 inches and knee 1/4 inch.

Special osteopathic points: The case had been diagnosed by M. D's. as rheumatism, sciatica, etc., and none examined the pelvic bones. Three osteopaths examined the case separately and each found the specific lesion causing the trouble and so diagnosed it. Cure depended on removal of lesion.

Constipation, female trouble, backache, stomach trouble, weak eyes, headaches, were all present and greatly relieved by the treatments.

Over \$300 had been spent for medical treatment, with no benefit.

Remarks: The case had been doctored with medicine, elastic stocking, etc., with no benefit. This is a remarkable case and the benefits derived not only to the afflicted limb but to general health with just a few treatments, have been very gratifying to both doctor and patient. A. L.

CASE V. BILIOUS FEVER OR ACUTE GASTRIC CATARRH, WITH JAUNDICE.

Age 32, male, single.  
Occupation, Pharmacist.



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Lesion, anterior condition of 6th and 7th thoracic. The 8th, 9th and 10th thoracic vertebrae posterior. Intense contracture and congestion of the deep muscles in dorsal and lumbar region, especially were the tissues sensitive over kidneys. The third cervical was lateral to the left, muscles were contracted and sore on the side in cervical region.

Other conditions. Indigestion and flatulent conditions of stomach.

Length of standing: Had been taking drug treatment two weeks, all the time growing worse.

Results. Cure in two weeks treatment. After third treatment, I thought patient was going to die. About 11 o'clock a. m. was called and found patient vomiting and purging, perspiring profusely. This lasted about two hours. From this he began to make rapid and marked recovery. The bony lesions were not entirely removed.

Benefit must have resulted from removal of muscular contracture and partial removal of bony lesions.

No additional treatment was employed aside from general treatment of spine and direct treatment over liver. Paid especial condition to bowels and kidneys.

Previous treatment was two weeks of drugs, but gradually growing worse.

Remarks. Urine was scanty and of dark brown color. E. E.

## THE BULLETIN

OF THE ATLAS AND AXIS CLUBS

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FRANKLIN FISKE, Editor.

Miss Mary E. Pratt of Axis Club.

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KIRKSVILLE, MO., NOVEMBER, 1903.

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Be thankful.

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WHILE YOU are in good fortune, think of those who are not.

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IF YOU would be truly thankful, not only think but act, and give tangible assistance to those in other states who are without their rights.

★

WHEN THE constitution pledged personal liberty to the citizens of our beloved country, it did not refer only to those in health; it included those also in the clutches of disease. The way it is interpreted in some states is, when in the clutches of disease, a citizen is also legally in the clutches of the druggers, with no choice but to submit to both.

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THERE is something radically wrong with a state law, which permits fakirs to practice a system of healing and enjoy the same privileges as graduates of regular schools. In a certain Illinois town, a patient went to one of those fakirs, thinking he was genuine because

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he had a certificate from the state board. The patient instead of being benefitted, was injured and osteopathy was blamed. This fakir had been chased out by the local board of health, but retiring to some country place, he studied up the subjects required, passed the examination and is now safe. He had only a book knowledge, yet tried to practice, and even the knowledge necessary for the examination did not embrace strictly osteopathic subjects. The patient said he did not know that the fakir was not a regular osteopath, not knowing that the "vitapath diploma" exhibited could be bought without earning. Yet Governor Yates thought the osteopaths were too severe in requiring applicants to be graduates of regular osteopath schools.

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"Is PHYSICAL culture an adjunct to osteopathy?" To this we answer, of course, with Dr. C. E. Still's statement, "The only adjunct acceptable to an osteopath is more osteopathy." "But is it not in its principles essentially osteopathic?" To this extent only, that it frees distribution of blood and nerve; to remove lesion, it does not essay. It is useful in helping along nature in her efforts at repair, after the osteopathic manipulation has removed the cause. A case in mind is of a lady who has had the treatment habit for years. If all the treatments had cost her two dollars each, perhaps the habit would not have gotten such a hold. But the way she is, a replacement gives only a very temporary relief. All the ligaments are loosened and lacking in tone. She thinks she can take no exercise except the passive one derived from treatment. In this case regular exercises taken by the patient, would give benefit and make of avail the operator's treatments as by giving tone to the ligaments and muscles, the exercises would enable them to retain the organs in position after replacement. The question is also asked, should an osteopath take a course of lessons from a physical culture teacher?" It is as sensible to ask, if an artist should go to a sign painter to

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learn his art. A physical culture teacher does not pretend to know the anatomy of the body, while to be an osteopath presupposes a very intimate and complete knowledge of the subject. The osteopath then, in his capacity as physician-in-charge, may direct the physical culturist to teach the patient certain exercises, or he may himself outline the exercises most advantageous. Many physical culture teachers claim marvelous cures, but if their claims are investigated, it will be found that their most striking successes would have been simple for an osteopath. But in cases like the one above enumerated, systematic exercise is of great benefit if for no other reason, at least on account of the principle of physiology, Function makes structure, the lack causes trophy.

\*


A THEME at present popular with the magazines, is the prevention and cure of consumption. From the standpoint of the scientist, the enthusiast, the crank, all kinds of facts and fancies are being set forth. *World's Work* advocates the French system, lately put in effect, which is a thorough sterilization. Carpets are prohibited, curtains frequently washed, no dry sweeping allowed, dusting is with wet cloths, school furniture must be often scoured, books are disinfected and those used by a consumptive are not assigned to healthy children. No teacher may be a consumptive or of a consumptive family.

*Physical culture* also has something to say from the scientific view, relating the Philadelphia City Hospital's plan for the roof garden method of treating consumption. Of the enthusiast type, one writes, he had every symptom, but after taking certain exercises is completely free; the age is twenty. Dr. Judson's expose of the Kalamazoo fraud, which expose was published in *THE BULLETIN* last year, is given some prominence. One, apparently bordering on the crank type, is from an English gentleman, who avers he cured the dread dis-

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ease by a diet of carrots. His prescription is, one to two ounces of raw carrots after breakfast, four to eight, after tea,—and an abstemious diet. In this case it is but fair to state the physician had diagnosed the case as nervous dyspepsia. Pulmonary tuberculosis, or consumption, as it is popularly called, is one of the most dreaded and at the same time one of the least understood of diseases. It is hoped that the experiments now being carried on by osteopaths will demonstrate a reliable method of cure, which result can reasonably be expected from the successes already gained.

One radical difference to be noted in the methods of prophylaxis employed by the scientist and the physical culturist is that the former pays his attention almost entirely to external conditions and sterilizes; while the latter betters the internal condition by increasing lung capacity and strengthening the tissues against a possible onslaught. That complete sterilization is impracticable while on the other hand, healthy tissues will resist infection, has been proved. This fact would indicate the method of the physical culturist as the rational one and if it is used to supplement the osteopathic removal of the predisposing lesion, it forms a complete prophylaxis and eventually will be so accepted by health authorities. The prophylactic use of the above treatment has been proved; the experiments mentioned are applying it to the therapeutic treatment and from the results so far achieved, promise a large measure of success.

 CLUB NOTES.

From the Field.

Dr C. W. Graham, of Canton, Ill., is now located at 628 Fulton St., Keokuk, Iowa.

Dr. A. H. Paul, '00, of Norwich, Conn., is now located at New London, same state.

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Dr. C. L. Kirkham, '02, is in Kirksville for a short visit before leaving for New York state, where he will locate.

Dr. D. S. Brown Pennock, '01, and Dr. Abbie J. Pennock, '01, write that their new address in Philadelphia, Pa., is 624-27, Land Title Bldg.

Dr. Andrew S. Wiley, '03, of Buffalo, N. Y., announces the removal of his office from 208 Niagara, St., to 60 West Chippewa street, of that city.

Dr. Addie J. Holland of the June class, who has been located at Trenton, N. J., has formed partnership with Dr. S. H. Bright of the same class at Bristol, Tenn.

Mr. H. B. Cooper, of McComb, Ohio, who was a patient at the Infirmary 1898 has bought the von Eschen stock of books. His announcement is elsewhere in this issue.

Dr. Fred W. Gage, '01, of Chicago, visited the school recently, taking home with him the "Old Doctor." An account of the reception accorded osteopathy's founder, is given elsewhere. Dr. Gage is President of the Chicago society.

In a recent letter, Dr. Charles Hazzard speaking of the success attained by Atlas men as a class, notes two brothers who are maintaining this reputation, Dr. A. H. Paul, '00, being elected president of the Connecticut state association and Dr. F. P. Smith of the New Jersey association. Dr. Hazzard and his predecessor Doctor Booth are themselves noted examples.

"There's Many A, etc."

The party concerned is not a club man, but the story is a good one. A certain osteo became enamored of a young maiden visiting in Kirksville, and after graduating the glamour did not entirely fade from the fair enchantress. In due time, cards were issued, in fact the wedding preparations were nearly complete,

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when the evening before the ceremony, the bride chosen was invited to go for a drive. Now the osteo was not jealous, so told her she looked tired, so go on and he would "look after things." She went. Around the block was the hated rival. He took the place of the friend, and making a last appeal, pleaded his cause so well, that the damsel took the next train, sending back to mamma this telegram: "Dear Mamma, J— and I have gone to — to get married. We will write where our next address will be."

Hallow'een Reception.

Kum an brin the gal to Gar  
doins Saterdy nite hollowe  
en at the klUb Roo ms we alr  
goin tO hev a gRate time sll  
M = st ware theR old cIOsE?  
no onE geTs In onlesS masked  
Si Perkins wil play for thE  
"ho down"! KaRDs apIE bobS  
en oIl theR oLD TimM gamS  
wil be qed KUMat haf past

AT E SHUR?

Such was the missive received by each member of the club, and the most of them accepted. The costumes were some fantastic others artistic, all were novel and ingenious, and in the semi-darkness of the pumpkin jack-o-latern, made a wierd effect. The amusements were of the good old fashioned kind and coupled with the mystery of the masks furnished merriment till late in the evening. The masks were removed and refreshments were served, pumpkin pies quartered, which must be eaten with only the implements Dame Nature had provided, rosy cheeked apples, snowy popcorn, sparkling cider. Si Perkins, who was there with his brother "Hank" had been kept busy with jigs and reels and now

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the floor was cleared for the regular dancers while in the parlor games of flinch and cards held the attention. All were reluctant to hear the toll of the midnight bell, which cut short the frolic, by announcing that all hallow'een had passed, all Saints' Day was at hand.

Atlas Club.

The club will receive on Thanksgiving.

Stylus reading program, "Banjo duet, Brothers, Coon, Morris, Avery and Stelle."

The library has received two recent additions, Doctor Still's and Doctor Hulett's principles.

Brother T. S. McCall has been elected to fill the office of Sacrum left vacant by the resignation of Brother S. W. Longan.

Extensive alterations and improvements will soon be made in the lecture room of the club, which will enhance its beauty.

Sickness has for two sessions deprived the club rooms of the Noble Skull. During his enforced absence Occipital DeTienne wielded the gavel.

The Axis Club now occupies the club rooms on two afternoons each week, Monday being given them in addition to the regular Wednesday meeting.

Gradually recovering from their bashfulness the clubmen are beginning to tell their summer experiences. A great many successes have been reported.

The program committee had charge of the meeting recently, giving a very interesting program, consisting of music, addresses and an informal discussion.

Brothers West and Gano have undertaken the arduous task of chaperoning a bunch of freshman boys, but from appearances their cares are not adding wrinkles to their brows.

The club is glad to see Brothers McMains and Bean again at the meetings, after a long absence by reason of

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football engagements elsewhere. They are two of the best on the team and have won favorable comment wherever the team has played. Contrary to the rule usual in professional schools, their prowess is the same in the class room.

The local chapter wishes to present to the field members the following, S. R. Meaker, T. S. McCoy of the junior class; Edward Mattocks, C. E. Willis, H. D. Stewart, R. D. Stelle, F. H. Avery of the sophomore class. Mr. Meaker is a graduate of the dental college of University of Pennsylvania and having finished one year at the Wilkesbarre school, was placed in the junior class at the A. S. O. The name of N. B. Barnes of the senior class was by oversight omitted from the roster. Mr. Barnes became a member of the club last year.

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### Axis Club.

"Man's love is of man's life a thing apart; 'tis woman's whole existence."

The bandaging class under the instruction of Miss Crofton has advanced rapidly.

Who was that fortunate man seen walking home with a tall, dark, stately member of our club? ? ? ?

Pat, who on a very warm day last summer drank six glasses of buttermilk, four glasses of lemonade, besides quantities of home made ginger ale found himself by night rolling on the floor with severe pain in the deep epigastric region. On being treated heroically by a senior, he concluded: "That the cure was worse than the disease."

We are pleased to note the following additions to our club since September, Misses Rena Bammert of the Junior class, Matilda Loper, Bessie Hicks, Isabelle Morelock, Mary Giddings, Maud Sheridan, Susie Sheldon, Laura DeLong, Gertrude Mawson, Clarissa Tufts, Mrs. E. O. DeVries, Mrs. Alice M. Fullam, Mrs. G. E. Rosecrans, of the Sophomore class.