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Digest

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# Osteopathic Digest (February 1, 1932)

Philadelphia College of Osteopathy

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Vol. 5, No. 5

Published by the PHILADELPHIA COLLEGE OF OSTEOPATHY Monthly During the College Year.

February 1st, 1932

## Alumni Hold Annual Clinic

Field Men Given Post-Graduate Work

#### Lecture Program Added Feature

Alumni Clinic Day of the Philadelphia College of Osteopathy was held Saturday, January 9, at the Osteopathic Hospital, with a large group of physicians from the Eastern States present. Dr. Ralph Fischer, head of the Department of Osteopathy, spoke on "Differential Diagnosis," and cited very interesting cases of heart conditions that are not often seen in the ordinary

that are not often seen in the ordinary

routine examination.

"The present depression and continued worry aggravates a heart lesion and causes a breaking down of the entire system," Dr. Fischer said. "The person who can keep cool under the present upset conditions and take each disappointment, philosophically, will

disappointment philosophically will help increase the tonicity of the heart." Dr. C. Haddon Soden, professor of technique, spoke on the relationship of the inferior facet of the upper of the two vertebrae to the superior facet of the lower of the two vertebrae in

The further relationship of the rib to the transverse process of the corre-sponding vertebrae was also part of

Dr. Soden demonstrated the mechanics used in patients sitting up, prone or in supine position.

Dr. H. Willard Sterrett, well-known upploying gave a very interesting less than the state of the state o

urologist gave a very interesting lecture on "Practical Urology" with the aid of his moving pictures and clinic

Dr. Ira Drew, child specialist, continued the work and lectured to a large audience, including many mothers. The cases read and discussed proved very interesting study and the treatment given was most valuable.

Drs. Norman Laughton, Elizabeth-

Pa.; George Gerlach, Lancaster, Pa.; John J. McHenry, Philadelphia; John E. Devine, Ocean City; William S. Delp, Lansdale; Joseph L. Hayes, Philadelphia; Lester Mellott, Philadelphia; Ellis Metford, New Holland, Pa.; George M. Coulter, New York; Carlton Street, Philadelphia; Leo C. Wagner, Lansdowne; Frederick A. Kallmeyer, South Orange, N. J., and many other physicians took part in the general discussion.

## **Drexel Appoints** Osteopathic Physician

#### Dr. Smith to Be Athletic Physician

Dr. J. Francis Smith, osteopathic physician and noted war veteran from Canada, having received numerous decorations in the World War, has been appointed physician for all the athletic teams at Drexel Institute.

The success of the football team this year, with but one reverse, is due entirely to the splendid work of Dreat Canada and t

entirely to the splendid work of Dr. Smith, whose care of all the injured men made it possible for every player to participate in all the games.

Both officials and coaches at Drexel Institute credit the fine showing and physical condition of the players to the careful supervision and advice of the popular physician.

The authorities at Drexel have engaged the osteopath to take charge

the basketball, football and track teams for 1932-33.

## **NEO-NEURONE DANCE**

A combination Neo-Neurone Dance was held in the College Auditorium on Saturday evening, January 30. The affair was well attended.

A feature of the evening entertainment was a special exhibition of dancing furnished by Mrs. Anthony Roeser and her pupils.

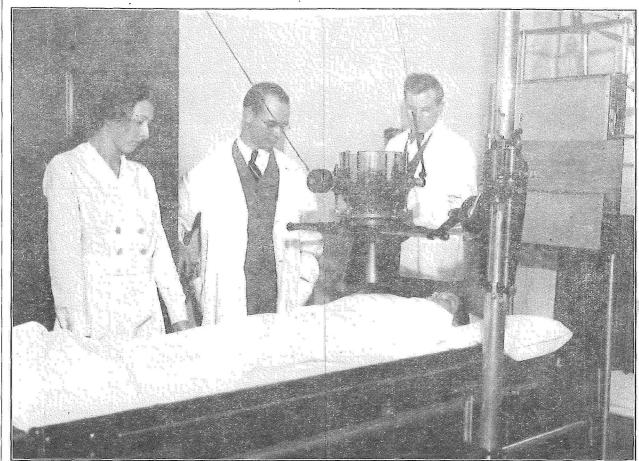
## Everyone Must Eat!

Why not come over and eat

The Women's Auxiliary will furnish the dinner on Thursday evening, February 4, at 6:30

The College Auditorium will be the place. Cards and music will be the post-dinner menu.

The "tuition" is 75 pennies. Call at the College Office for



A VIEW IN THE X-RAY DEPARTMENT OF THE HOSPITAL, THE DIRECTOR, DR. PAUL LLOYD, IS SHOWN

## Chem. Students Hear Bancroft

#### Colloidal Chemistry of Industry Discussed

A large representation of the Physiological Chemistry Society at Philadelphia College of Osteopathy attended the monthly meeting of the

The speaker was Dr. Wilder D. Bancroft, of Cornell University, and colonel in the Chemical Warfare Service. Dr. Bancroft spoke on the "Colloidal Chemistry of Insanity."

Changes in the dispersion of colloidal blood proteins was noted in cases of insanity.

A general discussion by some of Philadelphia's leading psychiatrists followed.

About 20 of the students were present at the informal dinner preceding the main meeting. A special table had been set aside for the osteopathic students. Approximately 50 students attended the main meeting.

## Wilmington Osteopaths Hear Dr. E. G. Drew

### Surgical Diagnosis Topic of Interesting Address

"Symptoms of disease are always an indication of maladiustment of tissue and the earlier this interpretation of symptoms, the easier for diagnosis and cure," declared Dr. Edward G. Drew, Professor of Obstetrics and Gynecology and Clinical Professor of Surgery of the Philadelphia College of Osteopathy, in an address before the Osteopathic Society of Wilmington, before the

Dr. Drew, in selecting his subject of Surgical Diagnosis" for the benefit of the large group present, gave a definite practical demonstration diagnosis,

## Professional Relationship Committee Appointed

At a special meeting of the hospital staff, a committee on professional relationship was appointed. This committee will endeavor to study the various professional relations between the Osteopathic Hospital and the physicians within the hospital area.

## Minich Resigns **Biology Position**

Professor William G. Minich, head of the Department of Biology, resigned his position at the Philadelphia College of Osteopathy to accept a position at the McKinley Technical High School in Washington, D. C. Dr. R. E. Ambler has been placed in charge of the college biology

## Blind Osteopath Addresses Lions

#### Dr. J. F. Smith Speaks on Blindness

Dr. Joseph Francis Smith delivered an inspiring address to the Lions Club of Upper Darby this week. "The blind who feel that they are

Chemical Society at the Christian of them should preive inspiration, Association Building, University of encouragement and dvice for a future Pennsylvania, on January 21.

and career from the many successful blind men and wome, nationally assisting in the public affers of today," said Dr. Smith, who is blind himself.

"The Lions Club can do wonderful service by making it possible for the blind, who need only help and encouragement to overcome their disappointed affliction, if only they were made to feel and given an opportunity to hear at definite times from the men and women who have made good."

Following the address of the well-known lecturer, teacher and physician,

known lecturer, teacher and physician, the Lions Club voted to take up the matter with the main body for immediate action. This will be the first time that such work for the blind has ever been suggested or carried out by any one service organization.

## Juniors Inspect

State Hospital

### Norristown Institution for Insane Visited

The members of the Junior class through the State Hospital at Norris-town, Pa. The hospital at Norristown is a State institution for patients suffering with nervous and mental diseases, and is the largest of its kind in Pennsylvania and the third largest in the United States.

The Juniors were shown the various

types of mental cases and were given full descriptions. Another point of interest was the museum of pathological specimens.

## "WHY QUIT?"

By DR. FRANÇOIS D'ELISCU

When you find the world has failed you And there's nothing left to do. But sit and welcome failure, Then you're yeller thru and thru!

Forget the past and errors, Start now to make things right, Look forward to tomorrow, With vigor hope and fight! The man who takes a licking,

And slaves each day to pay
His debts and obligations
Is the man who sticks and stays.

The squealing crying quitter
Who cannot stand the test
Deserves no better platter
Than the devil's place to rest!

Face trouble, pain and sorrow With hopes of better days; Don't whine or get excited— Keep cool, it always pays.

Start now to smile 'vay trouble, Don't cry like you've been hit; Keep trying, working, planning, Death only makes one quit!

# New Fraternity Pledges

In the last issue the names of the pledgees for the Phi Sigma Gamma fraternity were published.

Additional advices report the follow-

ing students pledged as shown below:
ATLAS: Andrews, W., Clough,
Cole, Dawson, Gardner, Gary, Higgins,
Keefer, Laird, Lenz, Leonard, Phillips,

er, S., Seyfried.

IOTA TAU SIGMA: Black, C., Carr, Chisholm, Coombs, Frey, H., Hauck, King, N., McCollum, Morrison, C., Morgan, Mowry, Perkins, Southard, Tomajan, Tucker, Varner, Witthohn, Paperett

PHI SIGMA GAMMA: Bachman, Binder, Chadderton, Eddy, Gayley, Hovey, Lalli, Maag, Mines, Newman, Powell, Troxell, Yuninger, Canfield. LAMBDA OMICRON GAMMA: Bonier, Chivian, Epstein, Golden, Goldberg, Goldenan, Lebow, More

Goldberg, Goldman, Lebow, Mos-kowitz, Platt, Weinberger, Weiss, E., Woodcoff, Zutz, Beck, A. THETA PSI: Ganzenmuller, Knis-kern, Lindley, Moodie, Sonneborn.

## Alumni Association Notes

President Walter Evans has a few requests and many reminders for the active members of the Alumni Association of the Philadelphia College of Osteopathy:

1. PLEASE PAY YOUR DUES

(Two Dollars).

2. PLEASE SUPPORT THE DIGEST (One Dollar).

3. PLEASE let us know when you

now for the PLACE and TIME where

on the night previous we will hold that DINNER and DANCE for the Alumni! WATCH the next issue! Active committees have been busy and

Active committees have been busy and the college is going on strong. Let us report 100% interest and attendance! SUPPORT YOUR OSPEO-PATHIC PUBLICATION! PAY YOUR DUES and SUBSCRIPTION! DO IT NOW! MAIL THE CHECK! JOIN THE BOOSTERS OF OSTEOPATHY!

Dear Members: The Philadelphia County Society has

appointed a committee to work out an experiment of radio broadcasting over one of the larger stations that will have a reaching capacity of about 500 or more miles

Tentative plans call for addresses by various Osteopathic physicians sponsored by their regional societies. The object of this broadcast is to make the public better acquainted with Osteopathy and to bring public attention toward the Osteopathic viewpoint.

There will be considerable expense with this program. Will you not through your regional society or directly to the committee in charge, give this plan some practical support by making a contribution to help defray the expenses involved in this under-

> WALTER EVANS, D.O., President, Alumni Association.

## Bolton Addresses County Society

## Diagnosis Type of Talk by Psychologist

#### Pres. Long Appoints Radio Committee

"Go to the body and go to the people "Go to the body and go to the people directly if possible, and not through some intermediary agency," said Dr. Thaddeus L. Bolton, head of the Department of Psychology of Temple University, at the monthly meeting of the Philadelphia County Osteopathic Society, held Thursday night, January 21, at the Bellevue-Stratford Hotel.

Dr. Bolton made a very impressive

Dr. Bolton made a very impressive address to one of the largest gatherings of local osteopaths in Philadelphia. His topic was, "Diagnosis Gets a New Emphasis."

Dr. J. Francis Smith presented the idea of ethical radio publicity and was heartily supported by Dr. O. J. Snyder, who said:

who said:

"I urge you people not to become dormant in your ideals, but to look ahead and start pushing for that necessity." ahead and start pushing for that necessary recognition that only comes with consistent and persistent methods of modern education. Bring your service to the attention of the public as other organizations do. Let them know of the tremendous undertaking of your million-dollar edifice with departments and equipment that cannot be duelt and equipment that cannot be duplicated. Tell the public of the scope of your activities. I firmly believe that the radio will not only educate the public as to our therapy and service, but will also be a means of telling them of our own personal equipment to

serve humanity and the sick and needy osteopathically."

Following a lengthy discussion regarding the advisability of radio broadcasting, a motion was made to appoint a special committee. Dr. Frederick Long, president, appointed a radio committee consisting of Dr. J. Francis Smith, chairman; Dr. Ralph Fischer

tigate the entire situation and make a formal report to the executive committee.

### "Dangerous Curves" Luncheon Topic

## Rotarians Hear Dr. H. W. Sterrett

"Continued worry and no rest shortens life," were the remarks of Dr. H. Willard Sterrett, as he concluded the principal address given at the Woodbury Rotary Club at Woodbury, N. I.

The 60 members present were given very interesting talk on "Dangerous Curves" and the daily danger signals that man must heed on the "highway of life."

"The human body can stand just so much. Any extra strain caused by mental depression, continuous worry and lack of sleep with little or no attention to recreation must have a June 4, 1932, is not far off! It is decided change which invariable be-the "day of days." We are planning comes fatal."

Dr. Sterrett, who is head of the department of urology, has given many lectures and motion picture talks over the United States.

## Morse to Speak to Chem. Society

Dr. Winthrow Morse, formerly head of the Chemistry Department of Jefferson Medical College and author of a well-known textbook on biochemistry, will address the members of the Physiological Chemistry Society in the near future.

The well-known chemist will discuss the chemistry of skin and will touch upon the pathology of the body covering.

## P. C. O. Gets Federal Recognition

The United States Government officially gave recognition to the Philadelphia College of Osteopathy last month. A metallic token significant of this high recognition may be seen in front of the college in the form of a beautiful green mail box.

#### OSTEOPATHIC DIGEST

The Official Bulletin of the Philadelphia College of Osteopathy 48th and Spruce Streets, Philadelphia, Pa.

EDGAR O. HOLDEN, A.B., D.O., Dean RUSSELL C. ERB, B.S., M.S., Editor FRANCOIS D'ELISCU, M.D., D.P.E., Business Manager G. A. Anderson, Advertising

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## EDITORIAL

HE matter of tuition fees is considered in a report of the College and University Section of the Pennsylvania State Education Association of the 77 Pennsylvania institutions reporting, 31 institutions maintain a tuition fee of \$200.00 to \$300.00 per year. The tuition fee is over \$300.00 per year at 13 institutions.

ONESTY in a scientist is even more essential than in a champion of morals. A scientist must be honest in his dealings with the various forms of matter that come within his influence.

If he works in a laboratory his reports must be as truthful as is possible under the existing methods. They should never be guesses.

If he is a physician he should be truthful in his diagnosis and advice to the patient. If he feels that he can be of no help to the patient he should be truthful enough to say so.

A truthful physician is an asset to the profession.

Truthfulness requires cultivation and exercise. The most favorable opportunity for such cultivation and exercise is found at college, when the student is preparing himself or being prepared for the grand commencement of professional life.

If examinations at college have any value (and sometimes we question this) that value lies in the opportunity to exercise truthful tendencies in the student being examined.

In every examination there is a group of honest students recognized as such by the proctors in charge In every examination there is also another group of dishonest students recognized as such by the proctors.

Here again is a need for grading in professional deportment. Proctors could contribute many points toward the raising or lowering of a grade in professional deportment merely by observing the students' honest or dishonest traits. A dishonest student or a student with a low grade in professional deportment under the proposed system of grading would be ineligible for college recommendation, student loans, student honors, etc.

It is impossible to prevent dishonesty. But it is also impossible for dishonest students to be held high in the estimation of the faculty.

Paracelsus was right when he said that "the power to recognize and follow truth cannot be conferred by academical degrees."

## THE PHILADELPHIA COLLEGE PLAN OF OSTEOPATHIC EDUCATION

Million Dollar Structure Initial Step in Draft of Basic Need for Unequivocal Ranking with Class A Medical Schools

By DR. EDGAR O. HOLDEN, Dean.

In our brief statement in the January Digest introductory to a promised series of short articles bearing on the educational program envisioned for P. C. O. or already partly initiated into actuality we touched upon the amazing transformation of the college from earlier primitive appointments to today's majestic edifice within whose

oblivious to a dim but valiant past.

Now we propose to establish the fact that for some time along with growth of faculty and student body and with improvement in methods of teaching there had been indelibly stamped on the mind of the institution the need for resources, need for capital, need for endowment—need for money in proportion far beyond that possible of realization from student tuitions and minor gifts. It was inconceivable that sound educational advances could be made without improved quarters and facilities to allow for expansion and growth.

So this brief offering will have to do chiefly with the finances of the Philadelphia College and Hospital beginning with the year 1924. The story is ably told in the tabulation set forth herewith. (q. v.)

This tabulation, of course, does not give the picture of the institution, and the product of the institution.

the institution's major financial obligation involving fixed charges for interest on mortgages and loans, nor does it

relate the story of current indebtedness. A word or two

along these lines seem to be in order.

A gift of 2000 shares of American Stores common stock by Mr. S. Canning Childs made possible actual consideration of a new building program. This was followed by the decision to institute a Public Campaign for Funds which was calculated to furnish the necessary capital for the major part of construction and equipment costs. The success of this endeavor is established in the minds of everyone. A net of \$600,000 was pledged by some 5000 contributors. Into this fund created in 1929, now three years later, there has been actually paid in about \$375,000. This is seen to be a very substantial return in the face of the great depression of the past two years.

Inability to dispose of the properties at 19th and Spring

Garden Streets has quite naturally complicated the financial program. It is now realized that it is necessary to be patient during the continued period of economic defla-tion. With a general return anywhere near normal, the financial condition of the institution should be considerably enhanced. In other words, if and when the economic world does readjust itself the Philadelphia College and its Hospital will be in a position to carry out its financial

(Continued on page 4)

#### DIGESTING THE NEWS

Editor's Note—The comments on Serum and Bonesetter Reese as published in the last issue of the Digest were par-tial reprints from the monthly announcebulletin of the New Ostcopathic Society.

#### STATE AID

Efforts will be made to pass an appropriation for State-aided hospitals another special session of the Legislature is called. At the recent special session of the State Assembly Governor Gifford Pinchot vetoed the McKay bill carrying an appropriation of \$2,000,for State-aided hospitals.

This veto has evoked much criticism in Philadelphia, as the bill carried sums this district ranging from \$1500 to the Quakertown Hospital up to \$55,000 for Jefferson Hospital here, Local for Jefferson Hospital here. Local hospital officials declare that pleas for free treatment have increased tremendously during the past year, but that failure to receive further State aid had prevented many needy sufferers from receiving treatment.

"Our free work has increased very much this year," said Miss Mary Stephenson, superintendent of the University Hospital. "The veto of this bill will work quite a hardship on us.'

"I could not believe the Governor had vetoed the bill when I first heard of it," said Lewis Clark, superintendent of the Germantown Hospital. He said his institution could have cared for 1000 extra free patients if the \$30,000 the McKay bill carried for his hospital had been signed by the Governor.

Temple University Hospital authorities also criticized the Governor for failure to approve the bill. They declared pleas for free treatment had in-

creased 150 per cent. in the last year. Governor Pinchot vetoed the bill on the grounds that the Legislature had failed to provide revenue for the \$2,000,000 to be expended.

Dr. D. S. B. Pennock, Chief Surgeon of the Osteopathic Hospital of Philadelphia, is rapidly recovering from his recent accident. The professor spent recent accident. The professor spent weeks at Dr. Charles Barber's home Pennock will take a trip South.

#### The Following Doctors Have Paid Their Subscriptions for 1932. Have You?

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Abyeta, Dr. Antonio, 748 S. 60th St., Phila., Pa. Adams, Dr. Lester F	1,
Adams, Dr. Lester FCarbondale, Pa.	11
Allen, Dr. John W. Wilmington Del	t
Atkinson, Dr. John I. Montelair N. I.	4
Balbirnie Dr C D	L
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bean, Dr. Clara EBrooklyn, N. Y.	ı t
Black, Dr. Chas. LJohnstown, Pa.	+
Boyer, Dr. W. BrentPhila. Pa.	
Champion, Dr. William C Torresdale Pa	t
Chastney, Dr. James F. Hackenseak M. I.	t
Christian Dr. James C. Freet Orenes N. J.	
Clock Dr. D. J.	C
Clark, Dr. D. LDenver, Col.	
Clarkson, Dr. Grace EProvidence, R. I.	
Colburn, Dr. Robert MNewark, N. I.	a
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Daiher, Dr. William F. Phila Pa	
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Draper, Louis A	a
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English, Dr. MertonWashington, D. C.	
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Hutner, William NGermantown, Phila., Pa.	V
Howells, Drs. Clifford and Anna, New York, N. Y.	
Haupt, Dr. Harvey R.	
Johnston, Dr. Gilbert Paterson N. I.	
Johnson Dr M Daisea Hudeen Felle M V	a
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Varian De Port P	
Reefer, Dr. Fred ES. Orange, N. J.	S
Kenderdine, Dr. ClarencePhila., Pa.	C
Krech, Dr. JuliaNew York, N. Y.	
Kirk, Dr. Elisha T.	17
Larkin, Dr. I. Walter Norristown Pa	S
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## A HISTORY OF OSTEOPATHY

By Dr. Frederick Long

Installment No. 4

The scientific concept of disease not as an entity or demon within the body but as altered physiology, is relatively modern and got its start at the advent of the Greek period. It started as observation of and conversation with the sick. This was probably the first time that much thought had been given to the patient who had the disease, al-though the Babylonians had already instituted some such method of public observation of the sick. Before that time and to far too great a degree since, attention has been centered upon the disease instead of the patient. The beginning of this scientific way of looking at disease centered around dietetics and hygiene. Certain things eaten and certain modes of living were seen to produce certain results. Through con-stant observation those things good and those bad were separated. historic man was likely to swallow anything that looked edible and thus through trial and error the first taboos were put upon substances found to be poisonous. The fact that these poisonous substances had such a profound effect on the body no doubt led the early primitive mind to associate this action with the gods of his religion and thus drugs became part of his religion.

The basic phases of therapy have been:

1. The device of gaining time till Nature cures or kills.

2. The inquiry into the cause.

3. The flight into mysticism where the cause eluded detection.

Probably all three methods were used in early medicine, but as cause could rarely be found and inadequate care usually resulted in death, it is natural that the easiest way was taken. This was the flight into mysticism and the supernatural. It has been a comand is now continuing his conva-mon human reaction not alone in lescence at Dr. Ralph Fischer's. Dr. medicine, but in all phases of human activity, to assign to the supernatural or spiritual world all those things which have been found temporarily unanswerable on a physical basis. One by one many of these so-called un-knowable and unanswerable things have become known and answered in he hands of science. ent that these problems have become elatively clear has the human mind ost its need to take these flights into he mystic. It can easily be seen this tendency toward spiritual flights to answer physical problems has rethe development of science down through the ages, and medicine, used in its broadest sense, has fought and still is fighting against this

endency. One phase of primitive healing close o us today is therapeutic superstition and the actual cure of disease by the effect of the mind on the body. primitive mind wherever and whenever ound in ages past or at the present time is essentially discontinuous, and confuses accidentals with essentials. The scientific mind attempts to be consecutive in thought. A few examples will illustrate this primitive mind at work. We have all heard of the superstition that handling a toad causes warts and that touching the warts with pebbles or a potato will cure them. In parts of Holland is the superstition hat if a boy carrying water lilies trips and falls it will make him subject to "fits." In Norfolk, England, a spider in muslin was hung over the mantel-piece to cure whooping cough. In Donegal, Ireland, a beetle in a bottle was used for the same disease.

While we are apt to laugh and scoff at such superstitions, consider some of the new therapeutic agencies which we see advertised daily. The patient's cure seemingly follows the use of some new drug. This is broadcast, The scientific minded begin at once to gather statistics and soon these reach such proportions that the original claim has been disproved and, so far as science is concerned, forgotten. this discontinuous primitive mind which confuses accidentals with essentials, however, it is not forgotten, be-cause in many instances "Nature cures the disease while the remedy amuses the patient," and in others the cure is (Continued on Page 4)

#### THE SPINAL

### COLUMN

By RUSSELL C. ERB



### SURGERY MADE SIMPLE

LL things except drug stores, men's shirts and women, are being made simpler. Medicine has been made so *simple* that one shelf of the medicine cabinet can hold all that the medical association really knows. Even Ghandi has shown simplicity—the pins preventing more.

Not to be outdone by this devolution from complex to simple, we have devised methods designed to simplify surgery. "Surgery in your own home," or 'why let the telephone operator cut you off" is our

Ever since Volstead cut out man's beverage, the fad for removing things has held man in its grip tighter than a Scotchman with tetanic convulsions. The tonsils, the teeth, the appendix and the conscience are slated to go.

No longer is the Biblical injunction obeyed that 'He whom God has put together, let no man put asunder." On the contrary this phrase has been replaced by the well-known cry of "They're out so they can't be in.'

Since we must start at some end, let us first discuss tonsils. Tonsils must be removed. In fact, it will soon be illegal to own a set. So why not learn to remove tonsils in your own home?

Our new rectal method for the expurgation of tonsillar tissue has been proving a boone to boone-seekers. The method consists of looping the unsuspecting tonsil with a piece of jumpy kangaroo gut. The free end of the gut is then attached to a lead sinker coated with sugar. This is swallowed and the treatment followed by a glass of castor oil. The way out is

Consider worms for a moment. While not strictly a surgical type, worms are things requiring removal at home or abroad. Our method is simple and is based upon the principle that the "worm will turn." Now our research has shown that a worm in turning is adverse to making a left-hand turn. Instead of man going straight or going right, he should head left. This will cause collisions between him and the right-handed worms. The result is disastrous to the

Have you a little floating kidney in your home? Why not sink your troubles by either joining the Navy or by using our kidney anchor? The patient with a floating kidney is placed on a diet free from Na Cl. In place of Na Cl salts of very heavy metals are administered with each meal. These heavy metal salts weigh down the kidney to their normal level.

Lincoln is noted for his birthplace, a log cabin without a delivery room. Today birthplaces are lost in a maze of records, so that James Brown, for example, informs us he was born in Room 87, Ward 12, Wing 4, Floor 7, etc. Some are even born in Yellow Cabs.

To restore the old-fashioned birthplace we have improved the method of deliveries by speeding up the time and making home-born babies a possibility. solution of Special Delivery Stamps and Air Mail mucilage is injected into the female under suspicions or under the dermis. This speeds up the delivery and before the pacing "daddy" sings one bar of the theme song, "Bear down, sister," the offspring has sprung

At the present time we are working on a method for removing body stones, such as renal, gall, intestinal or what-have-you. We predict our method will be a crushing success for we will not leave a stone unturned. Already we have isolated the stone that produces stone-deafness. When we have enough of these we plan to build an annex for deafmutes, a place where walls will have ears and where a whisper will be a tap on the —

Gifts. Dona-

COCCYX.

## Eight Years of P. C. O. Growth

## The following tabulation portrays the growth of the Philadelphia College and Hospital since 1924

	Combined Assets	Land, Buildings and Contents	Student Tuition Fees	Campaign Fund Receipts	nations and Endowments	Faculty Roll	Enroll, ment	
1924	\$450,803.49	\$386,450.41	\$41,118.83		\$1,863.21	39.	288	
1925	458,512.93	392,860.72	59,110.50		263.59	49	281	
1926	463,430.49	398,843.25	59,620.60		20,246.50	60	248	
1927	589,054.50	402,244.70	57,789.03		1,175.11	62	246	
1928	760,400.43	573,926.50	62,932.26		5,663.66	69	249	
1929	1,891,957.39	1,243,414.61	77,128.88	167,451.54	119.05	78	309	
1930	2,011,154.21	1,448,094.03	100,269.00	84,941.84	4,315.47	88	385	
1931	2,039,083.26	1,452,854.46	122,093.46	118,768.59	4,339.50	95	416	

#### THE CASE OF THE MONTH

#### OSTEOPATHIC HOSPITAL CASES OF INTEREST

THIS IS THE FIFTH OF A SERIES OF CASES THE DIGEST WILL PUBLISH

CASE V. Series I. (Complete case story not outlined. Only findings history not outlined. pertinent to the immediate condition fluid. will be cited.) Female. PATIENT:

years. CHIEF COMPLAINT: Severe pain in both feet which radiates through the entire body. Occasional bilateral edema of the ankles.
HISTORY OF PRESENT CON-

DITION: Patient has had tender feet since childhood. Pain and edema have increased in severity for the past 35 years, reaching its maximum during

the present month, PHYSICAL **EXAMINATION:** Hallux valgus present involving both great toes which are encroaching on tarsals. the other toes with marked callous of the deformity noted in the previous formation on the medial aspect of the first metatarso-phalangeal articulations and as well on the plantar surface, RADIOGRAPHIC STUDY: Roent-

gen examination of both feet in dorsoplantar position shows rather marked bilateral hallux valgus present with tendency toward enlargement of the distal end of the first metatarsal bones with displacement and probable fixation of the sesamoid structures. Productive arthritic changes are noted in the first metatarso-phalangeal articulations and in the distal end of the proximal phalanx of the right first meta-Considerable deformity is noted in both feet. Diagnosis: Bilateral hallux valgus, with metatarso-phalangeal articular changes.

The patient submitted to surgical correction of the deformity.

SURGICAL PROCEDURE: longitudinal incision was made on the medial side of the first metatarsophalangeal articulation, extending from the distal interphalangeal articulation backward about ¾" proximal to the metatarso-phalangeal articulation. A sharp incision was then made through the deep fascia and capsule of the joint. The deep fascia was loosened by sharp and dull dissection on the dorsum of the foot. The tendon sheath of the adductor hallucis was incised and the tendon grasped. The deep the pair fascia was then dissected free to the border of the metatarsals. lateral Sesamoids and exostoses on the lateral aspect and dorsum of the first metatarsal were removed by dull and sharp dissection, employing biting for-The capsule was then dissected free and the medial sesamoid removed by dull and sharp dissection, chisel and Pennsylvania.

Pennsylvania.

Professor Russell C. Erb, head of biting forceps. Exostoses were re-moved from the superior and medial surfaces of the metatarsal. The cut edges of bone were cauterized with phenol and neutralized with alcohol. The tendon of the tranverse head of the adductor hallucis was then severed. The capsule and tendon of the adductor hallucis were approximated by mattress sutures of chromic catgut No. 2. The skin was approximated by a continuous blanket suture, medium-sized dermal being used. Both feet were treated in the manner outlined.

GROSS FINDINGS: Head of metatarsal spongy. Bursa distended with fluid. Fibrosis around metatarsophalangeal articulations. Lateral sesa-AGE: 66 moid adherent to metatarsal and spongy. Exostoses on medial side of proximal end of the first phalanx of the first metatarsal.

RADIOGRAPHIC EXAMINA-TION MADE 9 DAYS AFTER SURGICAL INTERVENTION: Reexamination of both feet in dorso plantar position shows a decrease in the degree of hallux valgus present with removal of osseous structure from the distal end of both first metatarsal bones, together with removal of the sesamoid structures of the first meta-tarsals. There is definite correction study, and improved articular relationship is noted at this time throughout the first metatarso-phalangeal structures.

Recovery was uneventful and the patient was discharged from the hos-

pital two weeks from date of admission. Two principal types of hallux valgus are distinguished, that due to shrinking of the joint capsule induced by improper shoes, in which excision of the ligaments of the capsule on the lateral aspect has been successfully Another type is the arthriemployed. tic type in which osteotomy is required.

Authority states that pain present in bunion formation is probably due to involvement of the internal collateral nerve in the bursa and can be relieved by simple excision of the bursa and of the metatarsal head, without, however, greatly improving the deformity. A flattened arch aids in the production of hallux valgus by altering the line of pull of the extensor hallucis longus. Short shoes, and short hose are other etiological factors. Prophylactic treatment of the condition consists in developing a heel-and-toe walk with parallel feet and in wearing anatomically correct shoes. The mechanical treatment consists in deflecting the body weight from the inner to the outer side of the foot and in relieving the painful joint from pressure and

#### N. Y. Convention Speaker

Final arrangements are being made for the Annual Eastern Osteopathic Convention to be held in New York City on March 25 and 26 at Hotel

the department of chemistry and assistant to the Dean, will speak on 'The Chemist Looks at Osteopathy.

This talk will be published in the "Chemist," the monthly periodical of the American Institute of Chemists.

The record semester of the college began February 1, 1932. The mid-year examinations were held during the two weeks prior to this date. A general change in the roster of classes has been put into effect.

# Athletic Injuries and **Treatment**

NOTE: The purpose of this special column, to be featured each month, is to supply the many Osteopathic Physicians, Trainers and coaches with definite information as to methods coaches with definite information as to methods employed in the care of athletic injuries. Dr. George Rothmeyer has been selected to write the first article because of his expert knowledge of feet. Dr. J. Francis Smith will discuss "Glass Arm," Neuritis of the Golfer, Charley Horse, etc., in the next issue.

#### SPRAINED ANKLES As Related to General Health

By DR. GEORGE S. ROTHMEYER Professor of Topographic Anatomy and Gastroenterology.

When ankles are sprained from any cause whatever we should not think of them as only sore joints because of the effect they may have on other structures in the foot as well as in the legs, thighs and back. The ankle joint is made up of three bones; the two leg bones and a bone of the foot which is held in place by the lower extremity of the two leg bones and in this joint is permitted the motion of bending the foot upward and downward on the leg. The joint that permits side bending at the ankle is not truly in the ankle, but is the joint that is involved most when the ankle is sprained. That joint is between two large bones of the foot and provides for almost all of the side bending accomplished at the ankle

The two bones that make up this joint are held in relation to each other by a strong fan-shaped ligament (the deltoid) on the inside of the joint and three strong bands on the outside of about the joint, the joint similar in arrangement to the deltoid ligament. Also, there are strong bands of ligaments directly between these two bones.

When an ankle is sprained, one or all of these ligaments may be stretched and even some fibers torn or, if the fibers do not tear, a portion of the covering of the bone or even a small portion of the bone may be torn loose by the pull of the ligaments. Then, due to the strain, a faulty relationship of the bones to one another may exist. In this manner, other articulations or joints of the foot may be and are involved which may result in broken arches both transversely and longitudinally. When this occurs additional strain is put on other ligaments and muscles of the leg which cross the ankle joint to control the motion of the foot

All of the muscles of the leg are for the purpose of controlling the motions of the foot. When the muscles of the leg and foot have been thrown on additional strain they become irritable and effect the nerve terminals in them and cause reflex irritation up the leg into the thigh, the lower back and even into the upper back.

Since all of the muscles of the leg and foot receive their nerve supply from the great sciatic nerve which arises from the lower two vertebrae

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and the sacrum (that wedge-shaped bone between the two hip bones), we can expect reflex pain in the small of the back and then in turn, due to difficulties in this part of the back, we may expect trouble in the middle and parts of the back.

Difficulties in the upper part of the back may affect the heart and lungs and may be the cause of headaches, eye strain, etc.; difficulties in the middle portion of the back may be resnonsible for indigestion, gas, feeling of fullness in the abdomen, while difficulties in the lower portion of the back may be responsible for constipation, diarrhea, faulty kidney or bladder functions and various other conditions.

Since we see that the effect of a sprained ankle may be far-reaching and serious, it behooves us to have proper treatment given to this condition. The proper treatment should be along the following lines:

First-To determine whether or not a bone has been broken or a dislocation has occurred.

Second—If there is no evidence of a broken bone or dislocation and an X-ray is not deemed advisable, then we should have the joints which have been severely strained and are locked in a faulty position, restored to their normal position by proper manipula-tion; the purpose of this being to re-store normal relationship of the bones involved and to relieve the tension on the strained ligaments, thus remov-ing irritation which leads to swelling and inflammation in the soft tissues

Then adhesive strapping should be placed on the foot in such a manner as to give support to the inside of the arch, not to shut off circulation and to permit motion of the ankle joint. This is best accomplished by using three adhesive straps about two inches in width and about twenty-four inches in length.

The first one is started about eight inches up on the outside of the leg just in front of the tendon of Achilles (that large tendon that is attached to the back of the heel bone). Allow this strap to pass down under the heel and up the inside of the ankle joint, crossing over the front of the leg and extending on to the outside of the leg; the foot at this time being held so that the sole is turned inward toward the

(Continued on Page 4, Column 2)

WHO'S WHO

OTTERBEIN DRESSLER, D.O.

A number of recent graduates from the Philadelphia College of Osteopathy have become successful in the teaching profession. One of these graduates is Dr. Otterbein Dressler, Assistant Professor of Pathology and Associate in the Practice of Osteopathy.

Dr. Dressler attended the Millersburg public schools and was graduated from the Harrisburg Academy. Soon after the completion of his secondary school preparation, he entered the Philadelphia College of Osteopathy and was graduated from the latter institution in 1928.

Besides his connection with the colege, Dr. Dressler is a member of the hospital staff, ranking as an assistant pathologist.

He is a member of the Atlas Club. His hobbies are symphonic music and general science.

#### Jersey Osteopaths Review Foot Work

The New Jersey Osteopathic Society held their regular monthly meeting on January 9 at the Hotel Douglas, Newark, N. J.

A meeting of the executive committee preceded the main meeting.

A demonstration of the treatment of

arthritis by foot technique was presented by Dr. J. C. Christian and Dr. sented by Dr. J. C. Christian and Dr. Fred E. Keefer. Dr. Philip S. Spence spoke on the "Osteopathic Treatment of Feet."

Dr. O. L. Butcher outlined the principles of "Walking Posture and Foot Relaxation." Dr. L. Mason Bee-

man presented a correlation giving the "Relationship of Foot Work to General Osteopathic Practice." Various types of Orthopedic and

corrective shoes were exhibited.

Charles J. Muttart, D.O.

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### The College Plan of Osteopathic Education

(Continued from Page 2) program as originally estimated and In the meantime the insti-

tution must face overwhelming odds in its effort to meet its major obligations. Every pledge of support as subscribed for in the Campaign drive should be honored by each individual insofar as it is possible.

In conclusion, two things stand out very manifestly to offer encouragement to the program of eventual stabiliza-tion of the institution's finances, viz.:

(1) The College is paying splendidly; in fact, it is running practically at capacity in numbers of stu-dents possible for it to satisfac-torily instruct and train.

(2) The Hospital is endeavoring to

operate within the figures of its actual operating income and will be little or no burden to the general financial program.

No better testimonial than witness of these two points above could possibly be offered in solicitation of the continued patronage and support of the entire osteopathic program.

#### HISTORY OF OSTEOPATHY

(Continued from Page 2) probably brought about by the effect of the mind on the body. In either case this is sufficient proof to the superstitious, and he hangs on to his superstition in spite of all scientific proof to the contrary. It would be interesting to know how many remedies of the past and present have produced in the first superstanding to the produce of the past and present have produced in the first superstanding to the superstanding to t duced their effects in this psychotherapeutic way. It must be admitted that the psychological phase of treatment plays a part in any system of healing. The recent study in the endocrines and the vegetative nervous system has opened the way to possible answers to this effect of mind on matter.

Those primitive superstitions have fastened themselves on every conceivable element of life which lends itself readily to fill the need. Colors, numreadily to fill the need. Colors, numbers, heavenly bodies, saints, amulets and talismans, precious stones—all have had their place of supposed influence on disease. Much of our language is colored with phrases based on these. "True blue," "yellow streak," "white souled," "born to the purple," the statement has influence which colors. etc., shows the influence which color has played and much of this influence has been felt in the healing art.

#### Dr. Styles Demonstrates Foot Technique

Dr. John H. Styles, of Kansas City, nationally-known authority on foot techniques, lectured and demonstrated his techniques on Thursday evening, January 28, in the auditorium of the college.

## Around the Campus

—Little boys who play with marbles and use bad language grow up to be

—An oyster is a fish built like a nut.
(Pre-O Biology)
—"I'll have to look into that," said

the speculum to the forceps.

—Mussolini takes off his hat to but one man—his barber.

Some of these cheap smoke pipes

turn out to be mere pipettes.

Others are meer-chaums. —Here's to the greatest gambler, Lady Godiva. She put everything on

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#### Athletic Injuries

(Continued from Page 3)

other leg and the foot as nearly as possible at right angles to the leg.

The second strap should be started about one inch in front of the upper part of the first one on the outside of the ankle joint and made to half overlap the other strap as it crosses to the sole of the foot. Then this strap should be pulled firmly under the sole of the foot around the inside of the ankle, allowing it to follow a course across the front of the ankle to the outside of the leg, a little below the termination of the first strap.

The third strap should then be placed

midway between the other two.

When a person has weak ankles that are subject to turning, they should, if attempting to hike over rough ground or engage in any active sports where sharp turning or sudden stopping is required, use such a strap as has been described as a prevention. This form of treatment has been very successfully used as a preventive treatment on bas-ketball, baseball and football players, track men and even those engaged in

hunting.

In addition to the strapping as has been described, if there is swelling present great benefit may be had from soaking the injured ankle in hot Epsom salt solution, which not only will reduce the swelling, but will relieve much of

the pain.

It is a common practice when an ankle has been sprained that the individual who has been so unfortunate must be off that ankle from one to several days, but with the above treatment the person with the sprained ankle is expected to continue using that sprained member due to the type of strapping which gives support, does not shut off circulation and permits the normal motion of the injured joints.

In addition to the convenience of not being confined to house or bed following the sprain, this type of treatment if given immediately is very good insurance against a constantly weak ankle for the rest of one's life because adhesions in the injured and inflamed joints are not permitted to form and hold the bone or the joints in abnormal positions.

Let it be borne in mind that many times persons complain of recurring attacks of lumbago, sciatica, backache and pains in the calves of the leg, that the feet might be at fault, due to broken or weak arches that may have been the result of a sprained ankle or due to faulty footwear.

Rumor is heard around college that the sororities are going to play a bas-ketball game to decide the champion-ship. We all want tickets for that meeting, before and after!

	(Continued from Page 2)
	Nelis, Dr. D. GeorgeBethlehem, Pa
•	Nelson, Dr. Frank CMalden, Mass
	Oxley, Dr. Thomas HPhila., Pa
	Pocock, Hubert JToronto, Canad
1	Perry, Dr. R. M.
1	Renjilian, Dr. AramSouthampton, N. Y
į	Roome, Dr. Norman S. and Henrietta,
į	New York, N. Y
	Ross, Dr. Simon PPhila., Pa
	Shaw, Dr. C. LNorristown, Pa
	Smith, Dr. J. FrancisPhila., Pa
-	Snyder, Dr. O. JPhila., Pa
	Starr, Dr. Geo. REast Orange N.
	Stimson, Dr. Joanna FPhila., Pa
í	Spicer, Dr. LeonaMeriden, Conr
	Thorburn, Drs. Lydia and Donald B.,
1	New York, N. Y
9	Thorburn, Dr. T. RNew York, N. Y
1	Tilley, Dr. R. McFarlaneBrooklyn, N. Y
ı	Van Riper, Dr. GNew York, N. Y
ı	Westerman, Dr. James MLancaster, Pa
	Wilkin, Dr. Osmer JNewburgh, N. Y
i	Wilson, Dr. Raymond HCarbondale, Pa
ı	Windsor, Dr. HenryHaverford, Pa
ı	Yoder, Dr. SolomonLancaster, Pa
ı	Wilson, Dr. M. EVandegrift, Pa

## An Interesting Bronchoscopic Case

from P. C. O.'s Bronchoscopic Clinic

One of the most interesting bronchoscopic cases to show remarkable improvement from what was termed a "dead patient" to recovery was accomplished at the Bronchoscopic Clinic of the Philadelphia College of Osteoof the Philadelphia College of Osteo-pathy by Dr. J. Ernest Leuzinger. His provisional diagnosis of a lung abscess, lower left lung, aggravating continuous coughing, with every symptom of distinct weakness aug-mented by physiological changes, showed, after months of careful treat-ment involving aspiration of the abscess, decided improvement.

Margaret Hoy, seven years of age, was receiving treatment from various sources. Continuous examinations could not bring out the condition. This patient entered the hospital January 16, 1930, for observation. Prior to bronchoscopic examination, she was found weak, undernourished, with a distinct chronic productive cough. There was no history of T. B., heart or renal disease, or no indication of mental or nervous disturbances.

Between one and two years of age. the child had an acute infection called measles by the doctor at the end of the disease. A second physician diagnosed the disease as Scarlet Fever, A sequel of Pneumonia followed. The present condition dates back to a pneumonic attack, from which the patient never fully recovered. She has had a persistent productive cough since.

In 1927 she had whooping cough and in 1927-28 the patient was taken to the Jefferson Hospital to have bronchoscopy performed. She contracted measles at that time and was moved to isolation. On January 12 the patient went back to Ira Drew's Sanatorium. After nine weeks of observation, no effective results were

Dr. Leuzinger, in commencing his bronchoscopic treatment of the lung abscess of the lower left lobe, found such an enormous amount of pus, thick and yellowish in color, that continuous specimens were taken, showing an abnormal condition, far more serious than the average cases.

Continuing the treatment, a great amount of bloody pus was aspirated from the lower lobe bronchii. Patient seemed to be reacting favorably.

Bronchoscopic treatment showed slight improvement in general temperature and on February 28, 1930, the patient was discharged with marked mprovement and cough lessened, less productive, gain in weight, color bet-ter, temperature still running at irregular course.

However, the patient was again returned to the hospital. Continuous examination and continuous treatment found the patient somewhat improved with the result that Dr. Leuzinger reports that the child is not only living, out is out in the country getting the best of care with every indication of becoming as normal as possible.

The bronchoscopic work done by Dr. Leuzinger in this case should have received national recognition but like many other clinic cases that are taken care of in this institution, due to the lack of physicians bringing it to the attention of those interested and capable of bringing it to the public, it was not given proper notice.

Another wonderful service has been rendered to the Human by one of our 

# ATHLETICALLY YOURS

By DR. FRANÇOIS D'ELISCU



Plans are now being formulated for the Neo Track and Field Meet to be held this year as an inter-class championship. The events will be limited for men and women so as to give every student a chance for the P. C. O. medals and points.

Have you seen S. K. Caldwell lately? He is the congenial "con-

troller of funds" of the college and hospital. He is playing handball, running his routine on the track, taking his daily dozen and is getting in shape for the baseball season! Our Dean can sure throw a wicked ball and Paul Lloyd, P. C. O.'s crack second baseman, is still "there."

What has happened to the nurses? The pool is missing the number of young ladies who suddenly lost their renthusiasm. Where is the old fight? The money has been paid, the interest should still be there for that muchadmired waist line!

Only a short time left to take advantage of those "Y" privileges. Now is the time to get started. Why not take a swim every afternoon? It costs NOTHING! Is the effort worth it?

WANTED: Athletic Pictures of teams from 1920 to 1930 for the TRO-PHY ROOM! Send your pictures so as to complete the HISTORY! Let us hear from you.

Coaches are looking forward to next year's Freshman class that enter P. C. O. We hope they get the real P. C. O. spirit that our upper classmen

The varsity in defeating Juniata College, 29 to 21, at Huntingdon, Pa., and the Freshmen taking Brown Preparatory into camp by 25 to 21 made the double victory most welcome. The women's team let to Junian ata, 16 to 8, and made a fine showing.
Allie McWilliams' varsity, and Bill
Leopold's Frosh have found themselves. They should win many games when activity is continued after the mid-years. La Salle, University of Delaware, Juniata, Penn Military Academy, Moravian and University of mid-years. Delaware, Baltimore will complete the schedule.

bara Kirtz, side center; Adelaide Farrand, forward; Alice Bowden, guard; Jeanette Lumssen, center, and Mildred Micks, manager, constitute the women's basketball team, under the supervision of Miss Emily John, noted local hockey and basketball star from Temple University.

It took the peppy, live-wire SOPHOMORE CLASS to win the Inter-Class basketball championship! And how they played the Juniors! It was a great battle, but the score of it is an indication as to the puffing and serious game played.

The Seniors won the swimming championship; the Juniors won the bowling championship; the Sophomores won the basketball championship; and the Freshmen?

Baseball is in the air! Manager Robinson has posted a notice requesting all candidates to start limbering up at the "Y" at noon hour. The team has scheduled 15 games and opens the season with PRINCETON UNIVER-SITY at Princeton. Home games have been scheduled so that the students, faculty and other interested groups can see the college in action at College of Osteopathy athletic field.

Gordon Covell Coryell, of East Rochester High School; John J. Lalli, from Queens, N. Y.; Robert W. Barrett, Boston A. A.; Milan Kuna, Newark, N. J.; P. J. Shaw, Logan, O.; Ray Nordstrom, are the registered members of the A. A. H. who set the second control of the A. A. H. who set the second control of the A. A. H. who set the second control of the A. A. H. who set the second control of the A. A. H. who set the second control of the A. A. H. who set the second control of the A. A. H. who set the second control of the A. A. H. who set the second control of the A. A. H. Who set the second control of the A. A. H. Who set the second control of the A. A. H. Who set the second control of the A. A. H. Who set the second control of the A. A. H. Who set the second control of the A. A. H. Who set the second control of the second contro of the A. A. U. who will compete in the indoor carnival of the Meadow-brook games on February 20 at Con-vention Hall. Osteopathy is entered in a one-mile track event against other city colleges city colleges.

Christensen, Junior and forward on the varsity basketball squad, is high scorer for the college. Not being satisfied as an expert tennis player, "Chris" is becoming one of the fastest and best shots from scrimmage. He is going to be a terror next year! All he needed was coaching and experience and Allie McWilliams has done wonders with that boy!

Amiable Joe Root, national volley ball singles champion of the United States and tennis and basketball player for the college, has been appointed as Varsity manager for the 1932-33 basketball season. Joe will not play next year, but will take charge of scheduling and entertaining the colleges who will meet P. C. O. on the court.

The Thets will meet Iota Tau Signia in one of the inter-fraternity basketball games and the winner will meet the Phi Sigma Gammas for the banner and title! This game will be played as a preliminary to the University of Balti-Elizabeth Carlin, center; Vera Davis. more game, to be held at the Y on forward; Elizabeth Peck, guard; Bar- February 20, 1932, at 9 P. M.

# SCOTT-POWELL MILK

is used at The Osteopathic Hospital of Philadelphia

because it's "FRESHER BY A DAY"



# LIBRARY NOTES

NEW BOOKS



Blaud—Gynecology.

Behan-Pain.

Bodansky-Introduction to Physiological Chemistry.

Greene-Medical Diagnosis.

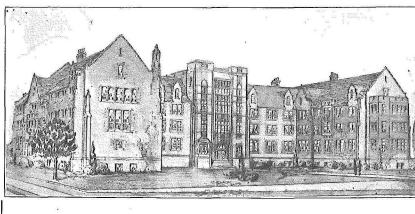
Harrower—Practical Endocrinology.

Macleod-Physiology and Biochemistry in Modern Medi-

Murray—Examination of the Patient and Symptomatic Diagnosis.

Osgood & Haskins-Laboratory Diagnosis. Pottenger-Symptoms of Visceral Disease. Smith—Heart Affections.

We are trying very hard to build up a real LIBRARY for the college. Many of the physicians who have replaced their library with NEW books will find their donation of the old ones most acceptable by the librarian. We are in need of more medical, osteopathic and general literature. Won't you help us by mailing those books that are hidden and not in use?



# Philadelphia College of Osteopathy

48th & SPRUCE STREETS PHILADELPHIA, PA. Thirty-fifth Annual Session Begins September 15, 1932

FOUNDED 1899: A CHARTERED INSTITUTION, not conducted for profit. Its graduates are active in osteopathic work in most States and many foreign countries.

FACILITIES: The new college building, including provisions which make this building one of the most complete and modern colleges in this particular to the complete and modern colleges in this particular to the complete and modern colleges.

modern colleges in this country, was opened in November, 1929. Instruction privileges in the Osteopathic Hospital of Philadelphia afford unusual and superior clinical opportuni-

FACULTY: Eminent osteopathic physicians of national reputa-tion and unusual teaching ability.

ADMISSION: Minimum requirement is the completion of an approved four-year high school course. APPLICATIONS should be made early.

EDWARD A. GREEN, D.O., Registrar.