


Digest

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Osteopathic Digest (April 1932)

Philadelphia College of Osteopathy

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Osteopathic Digest

Vol. 5, No. 7

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

April, 1932

E.O.A. Convention Attracts Crowd

Program and Exhibits Well Patronized

A large crowd enthusiastically received the program given by the EOA at its annual convention held at Hotel Pennsylvania, March 24 and 25th in New York City.

Representatives from four of the Osteopathic Colleges from Philadelphia, Kirksville, Chicago and Kansas City were present at many of the meetings.

Dr. Arthur D. Becker was the missionary from Kirksville, while Dr. William Pearson and Dr. Russel R. Peckham represented Chicago with Dr. George Conley of Kansas City.

Philadelphia was represented on the program by Professor Russel C. Erb who spoke on "The Chemist Looks At Osteopathy" and Dr. C. Paul Snyder whose subject was "The Tonsil Question". Both men were popularly received and favorable comments were heard from all sections.

Among other speakers were: Dr. Frank Nelson from Malden, Mass., who had spent the week preceeding at the Philadelphia College demonstrating "Foot Technique". Dr. H. V. Hillman whose subject was "Copper Ionization in Treatment of Cervicitis, Cervical Infections and Leucorrhoea" completed the list of speakers.

One of the most important conferences of the EOA was held March 25 between the Executive Committee of the New York State Association and the Colleges of Osteopathy registered with the New York Regents. The question under discussion was "whether the colleges were prepared to require preliminary education comprising two college years." Many interesting problems arose.

(Continued on page 3)

Foot Clinic Crowded at Opening

Forty-two patients were treated at the official opening of the Foot Clinic at the Osteopathic Hospital Clinic conducted by Dr. George Rothmeyer on Saturday, March 6.

Several cases of broken arches due to strain and improper shoes; numerous cases of bunions of the operative type; cases of painful feet due to systemic condition, and a number of deformed feet were examined and treated.

The large number of patients that appeared on Saturday has made it necessary for the clinic to be open on Saturday, March 12 at 9 A. M. and will continue until 12.

The clinic is free to all people who are being troubled with their feet and desire information, diagnosis, and treatment. Three assistants will aid Dr. Rothmeyer on Saturday morning.

Pediatric Society Furnishes County Program

The Philadelphia County Osteopathic Society held a very interesting meeting at the Bellevue-Stratford Hotel on Thursday evening, March 17, at 8 o'clock.

Dr. Ira W. Drew discussed "Pediatrics", Dr. Elizabeth Tinley, "Infant Feeding", Dr. Harold O. Lyman and Dr. William Spaeth discussed "Case Reports" and Dr. Leland Brown on "New Treatment for Colds".

Dr. Leo C. Wagner, who has made an extensive study of Pediatrics for a number of years, showed moving pictures of clinical examinations and cases of recent months taken at the Osteopathic Hospital Annex at 19th and Spring Garden Streets.

The meeting was well attended.

Faculty Discuss Value of Osteogram

Dr. Frederick Long of the Department of Osteopathy gave a Steropticon lecture on his new Osteogram at the March meeting of the faculty of the College.

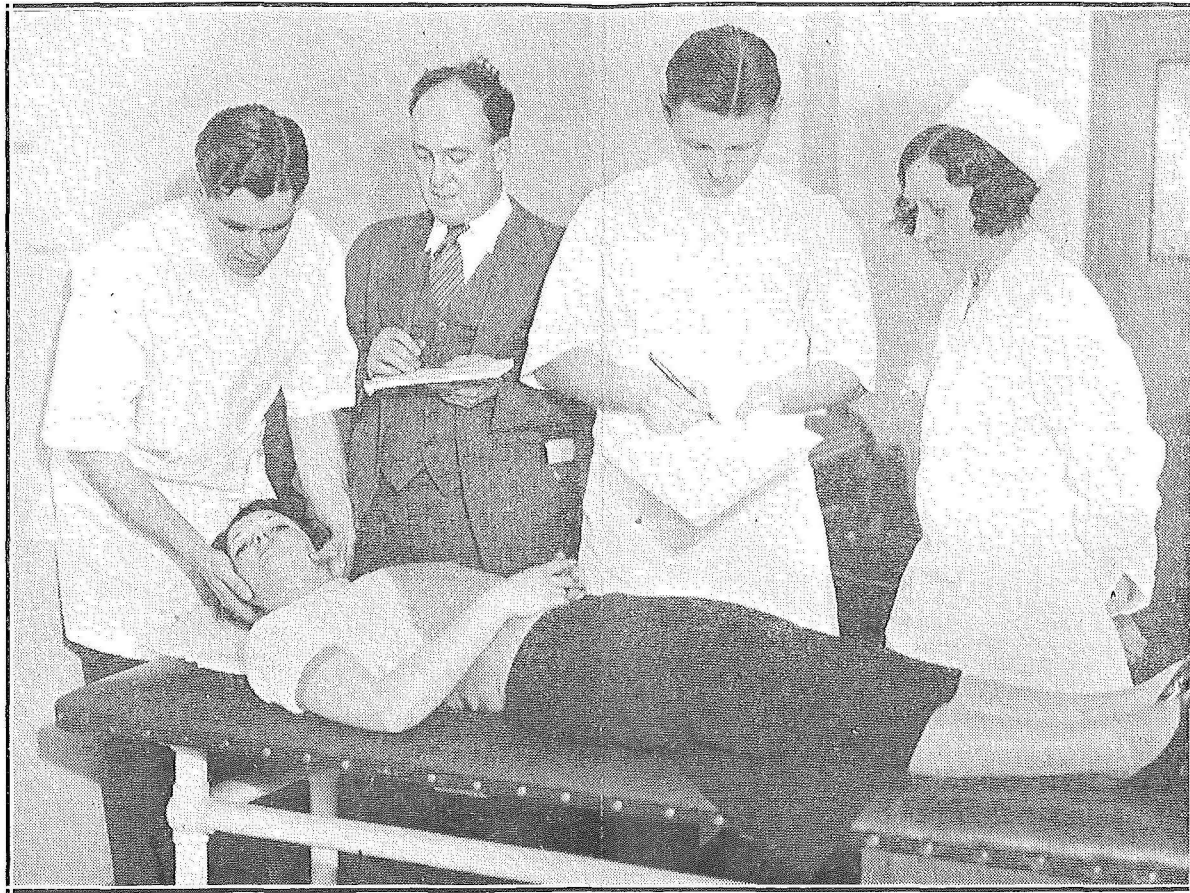
All present were given a copy of the Osteogram sheet and taught the practical use of symbols for record taking.

Dr. Edgar O. Holden, Dean, emphasized the importance of these Osteopathic diagnostic records and urged their usage.

Dr. Otterbein Dressler reported on the development of the Pathological Laboratory with its relationship to our clinic.

Dr. H. Willard Sterrett urged the taking of Wassermans on all clinic patients for examination. Thorough physical examination for all clinic patients was emphasized.

Dr. D'Eliscu reported on the growth of the Digest and the announcement of the Osteopathic Digest Pictorial, the first of its kind to be released from this College.



A SCENE IN THE GENERAL OSTEOPATHIC CLINIC

Dr. Bruce Thomas, of the Technique Department, makes an examination of a cervical area for Student Goldner, of the Junior Class, who is recording the findings on the "Osteogram" (P. C. O. official osteopathic record blank) as Supervising Physician Harry Hessdorfer and Nurse O'Brien look on.

Prominent Men Elected to Board of Trustees

Directorate Membership Increased from Twelve to Twenty

At a special meeting of the Hospital Association of the Osteopathic Hospital of Philadelphia held March 7th, action was taken on a proposal recommended by the Board of Directors that its personnel be augmented from twelve to twenty members. This measure was unanimously passed by the meeting.

For some time the smaller constituency had been of the opinion that financial matters had reached such proportions that additional members should be sought to share responsibilities particularly along financial lines. Accordingly bankers and other men experienced in big interests were looked for, working through patrons of Osteopathy frequenting offices of some of the leading practitioners of the city.

Among the notable additions to the directorate are the following:

Charles A. Long, Jr., of the Display Advertising Service, 1600 Arch Street.

Alexander Van Straaten, President, Can Straaten & Havey, Inc. Manufacturers of Silk Yarn.

Clarence A. Musselman, President, Chilton Class Journal Co., 56th & Chestnut Streets.

George C. Stauffer, President, City National Bank, 1505 Walnut Street.

Robert D. Harper, of the Philadelphia Company for Guaranteeing Mortgages.

William Steele, 3rd, of William Steele & Sons Company, Engineers and Constructors.

Philip J. Baur, President, Tasty Kake Baking Co., 2801 Hunting Park Avenue.

Charles L. Morris, architect of the firm Heacock & Hokanson, 1211 Chestnut Street.

The presence of such men of wide ability and experience gives to the institution added strength for the stabilization of the financial condition of the Hospital and College. The Board as now comprised should be capable of working out a sound program along all lines for this important Osteopathic center.

Messrs. George C. Stauffer and George L. Markland have been appointed to membership on the important Finance Committee of the Board.

Dr. E. G. Drew, at the regular monthly meeting of the Board, was elected a Vice-President.

Mr. Chas. L. Morris was named to the Committee on Nurses Training School.

JUNIOR PROM READY

The Junior Prom will hold its annual affair at the Penn Athletic Club on April 15, 1932, starting with festivities at nine o'clock and continuing until two o'clock in the morning, with music furnished by Charlie Kerr's Orchestra.

ALUMNI CLINIC DAY!

April 30, 1932

9:30 A. M. 4:00 P. M.

"COMMON SKIN DISORDERS"

Diagnosis and Treatment by Dr. E. S. Cressman

"OFFICE SURGERY"

Demonstration of Cases by Dr. F. C. True

"ENDOCRINE SYSTEM—ITS RELATION TO OSTEOPATHY"

by Dr. R. L. Fischer
Dr. Earl Riceman

"OSTEOPATHIC PRINCIPLES APPLIED"

by Dr. F. W. Long
Dr. C. H. Soden

"DIGESTING THE NEWS"

Dr. Frederick Long and Dr. Foster True were invited by the Dr. D. Hayes Agnew Surgical Society at the Christian Association Building, University of Pennsylvania, to address the medical society on "Osteopathy".

Dr. Long spoke on the "Philosophy of Osteopathy" and Dr. True on the "Relationship of Osteopathy to Surgery and Obstetrics." A general discussion followed which proved both interesting and effective.

Dr. Temple Fay, noted specialist from the Samaritan and Jewish Hospitals, addressed the Neurological Society of the Philadelphia College of Osteopathy on Monday, February 29 at 8 P. M., in the College auditorium.

RED FIGURES GIVE WAY TO BLACK IN HOSPITAL

The relatively impossible happened in the Hospital last month. The operating expenses were kept down to a minimum with the result that the income exceeded the expenditures by \$507.45. The per capita cost was reduced to a low of \$7.43 contrasted with an average of \$9.00 per diem for last year. The average number of patients per day in the Hospital was 54. During the month 112 patients were treated for a total of 1573 patient days. Eighty-one operations were performed; the X-ray department examined 260 cases during the month and the laboratory handled 492 cases. During the month 1919 cases were treated in the General Clinic.

The operating income was \$12,289.09 against expenses of \$11,781.64 which accounts for the good showing of \$507.45 in excess.

Dr. Frederick A. Long Named to Research Post

New Department Combined with Principles of Osteopathy

Systematic organization of a Department of Osteopathy coupled with Principles of Osteopathy is announced by Dean Holden to be effective April 1. This program has been under consideration for several months past and has entailed serious administrative consideration previous to actual announcement.

Dr. Frederick A. Long is the recipient of the new appointment and has agreed to fill a "part time" service under contract.

The new program for organized research along fundamental lines will in no way interfere with the investigations being carried on in special departments such as Chemistry, Bacteriology, Anatomy, etc. Rather is it intended that such interests will be encouraged and fostered through collaboration with the major department.

This reporter can think of no better equipped mind to divert this important phase of Osteopathic progress and development than that of Dr. Long. The Dean is to be congratulated in being able to entice this type of man into the fold of institutional endeavor. We venture to predict that things will be happening in this new field before many moons.

D'E.

New Internes Announced

The Advisory Board announces the selection of the following Seniors as interns for the year beginning July 1, 1932. Dr. Karnig Tomajon will continue as chief resident for the third year. Second year residents have not as yet been selected.

W. Axtell, William Barnhurst, E. Casey, C. MacDonough, E. Prescott, B. Redding, and G. Robinson were selected. Alternates are D. Shuman and L. Bennett.

The Internes' Committee of the Advisory Board is composed of Dr. H. Walter Evans, Dr. H. Willard Sterrett and Dr. Carlton Street.

Dr. Edgar O. Holden, Dean and Superintendent approved the selection.

"Connecticut Association President Visits College"

Dr. Alexander Bothwell, graduate of the Philadelphia College in 1926, spoke to the senior students on March 24 on "Practice of Osteopathy in the State of Connecticut".

Dr. Bothwell is president of the County Osteopathic Society of the State of Connecticut, and also a member of the examining Board of Healing Arts.

"Connecticut wants more Osteopathic physicians. This is the last year for men or women to practice in this state without two years of pre-medical college education," said Dr. Bothwell in closing.

A.O.A. Representative Visits College

J. E. Rogers Tells of Progress in Educational Methods

Dr. John E. Rogers of Oshkosh, Wisconsin, official inspector of Osteopathic Colleges and Hospitals in the United States, visited the Philadelphia College of Osteopathy and Hospital at 48th and Spruce Streets today and addressed both faculty and student-body at a special assembly.

Dr. Rogers is a graduate of Northwestern University Medical School, and the De Moines College of Osteopathy and one of the outstanding physicians in the Middle West.

He has just completed a tour of inspection from coast to coast and informed the group here that Philadelphia has one of the finest and most modern equipped institutions in the United States.

Dr. Rogers, when asked his opinion of our College, said, "It seems to me that Osteopathic education in our schools has without question made 50 per cent improvement in the last five years. There seems to be an entirely different attitude of the student-body and faculty towards the problems of education. They are turning from the emotional type of teaching to the scientific type."

"When a teacher now presents a subject and makes a statement, that teacher is almost generally giving from his own context, facts to substantiate the things that are presented to the student."

"They are turning to an education of mind rather than to an education of the heart. Our teachers are demanding of their schools an opportunity to do research work in their department, corroborating the things they find in textbooks they are now beginning to give us Osteopathic findings made in medical research. Those things have importance as facts, not things they have hoped to be true. We are getting ourselves upon solid foundation."

"I furthermore think that it will take its justified place in the healing art. I have been connected with Osteopathy during the past 10 years. My background was medical. My work previous to affiliating myself with Osteopathic Colleges was in some form of school work or that of a student. In that 10 years it seems to me that Osteopathy has made remarkable progress forward. Of course, there are reasons for that. Osteopathy has had the benefit of research of another art, although we are but 50 years old. I marvel to see the different attitude of the instructors.

"They are getting down to basic facts. They are getting where they are getting to appreciate it from an educational standard rather than the old unprepared methods of representation. Instructors in every school have a definite outline. I have been in Los Angeles, Chicago, Kirksville and De Moines and find the same attitude everywhere."

In his message to the Freshman class he said, "Beware of shortcuts. Osteopathy needs today more than it has ever needed the emphasis of Osteopathic concept, a sane Osteopathic concept. You must have a proper foundation for future application when practicing. Definite serious preparation will give you confidence and success. Make your four years here full of Osteopathy and nothing else."

"Post Grad" Curriculum Being Planned

Dates June 20 to July 2 Confirmed by Committee

A faculty committee named by Dean Holden last month is actively engaged in preparing the curriculum for the post graduate course to be given beginning Monday, June 20th. The P. G. Committee consists of Dr. Edward A. Green, Dr. Ira W. Drew and Dr. H. Willard Sterrett.

The Committee recently sent out a formal announcement on this course together with enrollment blanks for registration in same. The response was immediate with a dozen matriculations already on hand.

The Committee as a group journeyed to Newark, N. J. last month to attend the meeting of the New Jersey State Society. Great interest was shown by those in attendance at this meeting.

Following a meeting with the Heads of Departments of the College, the P. G. Committee promises to announce the entire program of the two-weeks period.

P. C. O.'s. FINEST OFFERING - A POST-GRADUATE COURSE

JUNE 20th - JULY 2nd

OSTEOPATHIC DIGEST

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

ADVERTISING RATES

Table with advertising rates: One Page \$100.00, Half Page 75.00, Quarter Page 40.00, Column Inch 1.50, Subscription Price \$1.00 per Year.

Editorials

ORGANIZED RESEARCH

A definite program of research is to be started on April 1, with the combining of the department of Principles and the newly created department of Research.

This new combined department, under one head, will insure the carrying out of much needed research along Osteopathic lines.

Men working in many of the college and hospital departments have expressed a desire to enter research activities.

Many phases of the activities of this department will readily lead themselves to participation by members of the student-body and will thus afford a chance for experimental study which to the present has been unavailable.

With the facilities available in our College and in the clinics which are constantly growing and expanding, the Philadelphia College will be able to contribute much to the general fund of Osteopathic knowledge.

The department of Principles and Research will be able to present Osteopathy to the student in a manner commensurate with the rapidly increasing scope of general medical knowledge.

Only through well organized and constant work in research may the many therapeutic victories of Osteopathy be adequately explained and avenues for greater achievements opened up.

COLLEGE SYMPHONY ORCHESTRA

The cultural side of the physician's relation to the community in which he lives is one which, it appears, has been rather neglected. It has been lamented that the great majority of physicians today are not sufficiently in touch with activities outside of their profession.

With the thought that P. C. O. might further and broaden its cultural activities, a call was issued late in 1931 for students who play musical instruments and who would be interested in forming a musical organization to confine itself to work in the classics.

With this group organized the next problem was to secure someone with ability to coach and lead it. Through the interest that the Curtis Institute of Music has in our venture, we had the good fortune to secure a man exceptionally well qualified in every way.

Although it has been possible to hold rehearsals only once a week, the sincere work of the orchestra members and Mr. Caston's ability to organize and coach has brought the orchestra, even in this short time, to a point where it can promise a first concert sometime during the second week in May.

With such an enthusiastic beginning this year and the possibility of a greatly augmented group from the incoming class next, it is now an assured fact that P. C. O. will be able to offer to its students the benefits derived from a college atmosphere created in part by association with the best in music.

Prenatal and Obstetrical Care at P.C.O. Clinic

By Dr. H. Walter Evans, Head of the Dept. of Obstetrics

The immediate objects of supervised prenatal and obstetrics care are reductions in the Maternal, and Infant, Mortality Rates. To accomplish these objects, it is necessary that the Health of the expectant woman be maintained to the highest possible degree, so that she can more quickly accommodate herself to those changes incidental to Pregnancy; and is in the best possible condition to overcome accidental complications.

In addition to these things, which immediately affect the pregnant woman, we believe that the environment of the offspring, during its embryonal and fetal life, will directly affect its development; and has considerable effect on its future health, particularly during the early months of extra-uterine existence.

There has been much discussion as to the time of pregnancy when Osteopathic treatments are most beneficial; and many opinions have been offered as to what can be accomplished. We believe that these treatments should be given throughout pregnancy and if anytime is more important for regular and frequent treatments, it is the first Trimester.

During this period, when the changes in the developing ovum take place so rapidly, it is of utmost importance that the circulation to the uterus and associated endocrine glands be maintained as nearly normal as is possible. With this in view we urge registration of these patients at the Clinic as soon as pregnancy is suspected.

Prenatal Care.

On registration, the patient is assigned to a Senior Student, who is responsible for all routine care and makes arrangements for necessary tests and special examinations. A complete record, of the patient's history, and physical findings is obtained; and Urinalysis, Blood count, and Wasserman tests are made.

At this Clinic special Obstetric examinations are made, any special treatment or diet advised; arrangements are made, for future visits to the clinic; and care during Labor. The Student is instructed to see the patient regularly, observing physical and urinary changes.

If the patient is delivered at the home she is attended by the Senior in charge accompanied by one other Senior Student, who acts as his assistant; and Junior students, who observe. The group is Supervised by the Resident on Out-Patient-Service or a member of the staff.

Delivery at Home.

If the patient is registered for Hospital care, she is brought to the Hospital as soon as labor starts. In the Hospital she becomes the responsibility of the Staff member who is on Service. She is delivered by the Resident, on Obstetric Service, and the Senior who has had charge of the case; a Staff member is present to lecture on the case, and supervise the procedures.

Post Partum Care.

At the home, the patient is visited a minimum of eight times by the Senior student in charge, or by a Staff member if necessary. Regular observations are made by the Student to complete his record. After convalescence the patient reports to the Clinic regularly for three months observation and necessary care.

Care of the New Born.

Immediately following delivery Dr. Ira Drew of the Pediatrics Clinic, is notified and the care of the infant becomes the responsibility of that Department. Feeding and necessary treatment being at the direction of the member of the Pediatrics Staff, to whom the case is assigned.

(Editor's Note. This is the first of a series of articles on the work of the Obstetrical Department; the next, "Special Problems" will appear in an early issue of the Osteopathic Digest.)

More subscriptions received to date—Why not pay now?

- List of names: Dr. E. C. Barnes, Dr. Guy L. Barr, Dr. L. P. Bartlett, Dr. Stanley Brainard, Dr. Charles M. Brown, Dr. C. G. Curran, Dr. M. B. Dunnington, Dr. Bailey B. Flack, Dr. N. Norton Fybish, Dr. Marion E. Futer, Dr. Albert L. Galbreath, Dr. George T. Hayman, Dr. Custer B. Long, Dr. Harold O. Lyman, Dr. Charles D. Muttart, Dr. Archie J. Raessler, Dr. Matilda W. Rodney, Dr. William H. Sexton, Dr. E. D. Sinsabaugh, Dr. C. H. Soden, Dr. Louisa B. Smith, Dr. Mortimer Sullivan, Dr. Violet A. Tait, Dr. Charles P. Teets, Dr. Sara Van Doren, Dr. Irving Whalley.

THE SPINAL COLUMN

By RUSSELL C. ERB

PLASTIC SURGERY

Once upon a time a noted surgeon wanted to operate on a husband and son—both belonging to the same woman. When the surgeon tried to get the woman's consent she indignantly refused on the grounds that she objected to strangers opening her maels.

This made the surgeon feel so hilarious that he went out and got "plastered" and ever since then we have had plastic surgery.

Plastic surgery like the brazziere is uplifting. Many a face has been saved for the Democrats by a little plastic manipulation.

A plastic surgeon can raise an eyebrow as quick as you can say "Ah!" He can also say "Ah!" as quick as you can raise your eyebrow. In fact eyebrow raising is as simple as raising rabbits. But that is neither hair nor hare.

Pouches under the eye are easily moved by plastic surgery. The eye lashes are first carefully plucked and laid end to end. This makes a good lashing.

The insulation is then scraped from the eyelids and the patient made to shut his eyes for three weeks. If the patient has not peeped during this time he will find his upper lid grown to his lower lid.

An incision is then made beneath the eye pouches and the patient presented with the surgeon's bill. This will make him open his eyes and in so doing he will raise the pouch. The pouch is now above the eye.

Double chins are our next problem. These can be removed in two ways—by the upward sliding flap or French method and by the downward sliding flap. We recommend the downward sliding method and hooking the flap below the Adam's apple. The protruding apple will hold the second chin down. The Adam's apple method works splendidly until the patient swallows. Then the double chin may slip up and slap the patient in the mouth. However, in the Adam's apple method the patient must be game to the core.

Cauliflower ears are trouble makers. They get caught in the sliding doors of subway cars and make the average hat think it is sitting on a clothes tree.

We have found that diathermy is the trick that will fix up the most flapping of cauliflower ears. By directing the diathermy from ear to ear, the heat produced cooks the cauliflower, making it soft and plastic. In this state of plasticity the patient is given a pair of ear muffs which are clamped on with a hydraulic vise. After a few hours the soft cauliflower ears will be mashed and adhering nicely to the sides of the head.

Puckered lips, a thing that most girls wish, can be developed in a photographic dark room. The plasticity here is unusual.

Noses come in for a change when the plastered surgeon goes to work. There is that up-turned nose. This nose depends entirely upon your point of view. Consequently by changing the point of view we can alter the curvature of the proboscis.

The point of view may be changed by pulling down the bath room shades.

Cheeks are also an interesting bit of facial landscape. We have the puff-ball cheeks and the shallow cheeks. Shallow cheeks can be handled from within. A ramp to the bridge in your mouth may be constructed so as to push the fallen cheek outward.

The plump cheek may be removed by stretching it down below the mandible. The cheek then becomes a lower-deck chin which can be removed by the Adam's method (see above).

And speaking of sliding flaps, the hula is nothing more than a shift from coza vura to coza valga.

COCCYX

THE PHILADELPHIA COLLEGE PLAN OF OSTEOPATHIC EDUCATION

By Dr. Edgar O. Holden, Dean.

Thorough Training in General Clinical Practice Designed For P. C. O. Students Under Systematic Control.

(Continued from March Issue)

In our previous offering we ventured to tabulate the main objects and purposes of the College pertaining to clinical and hospital instruction and then proceeded to demonstrate how completely and effectively these projects may be accomplished, with the factors at hand at P. C. O.

Now we propose to set forth the actual program of administrative and teaching control worked out experimentally and more recently, by reason of gratifying experiences with the trial, adopted and set into purposeful operation for the comprehensive training of Junior students in general clinical Osteopathy. We believe the general plan of organization, of management, of control, is best furnished the reader in schematic form.

It is, of course, realized that only by personal visitation and inspection of the working clinic is comprehension of its completeness and effectiveness possible. It must be kept in mind that the fundamental purpose of the program—its very essence—its every move—is enlightenment of the student on Osteopathic measures and procedures—the why and wherefore of it all.

Constancy of purpose and unremitting attention to ideals and objectives are requisites upon those charged with the responsibility of this clinical training of students. This is a general Osteopathic clinic. The lessons are simple ones with applications of Osteopathic tenets and principles the charges. Any drollness is obviated by variety—yet routines are the order, viz: physical examinations, history taking, laboratory examinations, Osteopathic diagnosis, Osteopathic technique, the charting of findings, consultation with staff physicians, the recording of progress, the follow-up on the case.

No glamor, maybe, but gradually earned respect and leading to conviction and purposeful realization of fundamental truths in the students' minds. Such is the task of the supervising physicians—teaching, demonstrating, stimulating, encouraging. It is a noble work, indeed.

A SPLENDIDLY FUNCTIONING MACHINE Personnel and Assignments

Senior Physicians

Table listing Senior Physicians: Dr. Foster C. True, Dr. Ralph Fischer, Dr. H. Walter Evans. At least one on duty each general clinic day.

Senior physicians are the ranking physicians of the clinic. They direct the teaching and are available as consultants to Junior Physicians and Supervisors.

Junior Physicians—In charge of physical examinations—assist the senior physician of the day.

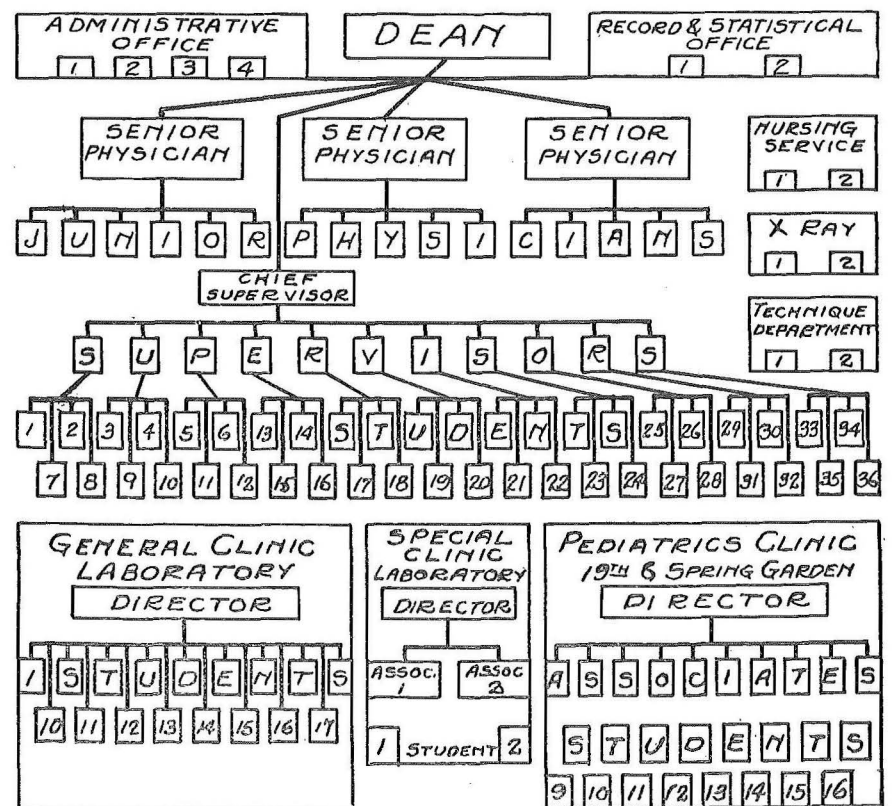
Table listing Junior Physicians: Dr. Orrin Copp, Dr. Olive Copp, Dr. Lillian Scott, Dr. Russell Eberley, Dr. Francis Gruber, Dr. Carlton Street, Dr. C. Haddon Soden, Dr. William Daiber, Dr. Theodore Steigler, Dr. Earl Riceman, Dr. Wilbur Lutz, Dr. John McHenry, Dr. John Hayes, Dr. Bailey Flack, Dr. Bruce Thomas.

Supervisors receive new cases and are given immediate charge of cases assigned to students—responsible for students' attendance, department, etc.

Table listing Supervisors: Dr. Harry Hessdorfer, Dr. William Weisbecker, Dr. Robert McDaniel, Dr. William Champion, Dr. Lester Mellott, Dr. Joseph Py, Dr. Angus Cathie, Dr. Richard Ammerman, Dr. Enrique Vergara, Dr. Guy Merryman.

Technicians—One or more present each clinic day. They migrate from room to room to teach and assist the supervisors and students.

Table listing Technicians: Dr. C. Haddon Soden, Dr. George S. Rothmeyer, Dr. Bruce Thomas.



Athletic Injuries
"ATHLETIC HEART"

by DR. RALPH FISCHER
 (Professor of Practice of Osteopathy—Diseases of the Chest)

— INTRODUCTION —

Any well-written discussion of a medical subject always begins with a definition, or a description, or an outline of the morbid changes found in the disease or syndrome to be portrayed. In this instance, it is difficult to put down in a concerted form, any description that typifies all cases of so-called "Athletic Heart". For analytical purposes, the thought arises that we must delve into, not only "Athletic Hearts", but also "Hearts of Athletes."

"Athletic Heart," is defined as a physiological hypertrophy of the Myocardium; practically it embraces many disturbances and some pathologies of heart muscle.

"Hearts of Athletes," includes the subject matter of all syndromes and diseases to which the human organ is heir. Hence, in this article, we will assume that physiological hypertrophy of a normal heart must take place in any sports participant, without deleterious effects, and confine ourselves to the proposition of preventing the ill health and death due to the end results of improper care of the "Hearts of Athletes".

Prevention.

The first step in the prevention of damage to the heart of an athlete, is to regularly examine that organ, before permitting exercise, and periodically during the participation therein. Physical Departments realizing this necessity, with few exceptions, rightfully include such "checking up" as a part of their routine.

The responsibility in this program is squarely placed before the physician. With him rests the determination as to whether in each boy or girl, the routine and competition affects the individual beneficially or otherwise. The integrity and perspicacity of the examiner is therefore, the foundation upon which the future welfare of the athletic youth depends. The obligation and duty of the doctor in this capacity cannot be over-emphasized.

Classification of Athletes.

The applicants can be divided into three groups, after physical study. The first—those who are unfitted for any form of athletics; the second—those who are sound but who might be harmed by competitive sports; and the third—those who are apparently sound and well enough constructed physically and mentally to withstand the strain of effort and rivalry, and still develop their bodily functions without ill effect upon the heart.

First Group—"Non-Participants."

In the first group, those who should not participate in any sport, are the people who have suffered a Valvular Defect, which at the time of examination is not well compensated. The valvular deformity is determined not only by objective study, but also by a careful scrutiny of the patient's history.

The degree of compensation is calculated by one or several of the rather crude, but extremely useful, "exercise tests". There is a relatively normal response to any of these tests, all of which are equally valuable, and if the person does not place within this relative normalcy, he must be eliminated from consideration.

Irregularities of the pulse, more especially the "regular irregularities", must be studied thoroughly and the subject advised to forego exercise, at least temporarily. Irregularities of the pulse, in some instances, are the result of a toxemia, or of an Endocrine dysfunction or of an instability of the vegetative nervous system, but in by far the greater percentage of cases, they are the result of an organic change in the Bundle, Myocardium, or blood vessels. An Electrocardiographic examination will usually serve to separate these cases.

Liability of the pulse, diffusion or displacement of the apex beat, and visible or palpable overactivity of the heart, will many times be the direction flag for the establishment of our diagnosis of Myocardial Weakness. The applicants, having any or all of these physical signs, must be studied, and in case of doubt, "turned down".

In routine examination, it is amazing to find the number of youths, in whom there is an Hypertension. We examined a girl, of 8 years, an applicant for Field Hockey, whose Systolic Blood Pressure was 180 mm. She was symptomless and until a urine analysis was made, her family was unaware of the presence of stubborn and severe Renal Disease. A boy of 15, who had become "slightly run down," after a season of football, exhibited, not only an Aortitis, but a Systolic Blood Pressure, of over 200 mm. These instances are rare, but the examples are sufficiently striking, to impress upon us, the indispensability of Blood Pressure calculations, in routine examination. Those with Hypertension should be eliminated; those with Hypotension, carefully watched.

Therefore, in this group of non-participants we place,

(1). Individuals with Valvular Defects, in whom the heart does not respond to exercise tests.

(2). Those, with irregularities of rate, rhythm and volume, of the pulse.

(3). Applicants with possible Myocardial Damage.

(4). Persons exhibiting Blood Pressure abnormalities.

The above discussion serves to show that we cannot determine fitness or unfitness by placing a stethoscope, hurriedly, on three or four areas of the chest and accept or discard an applicant, for Athletics. A heart murmur did not exclude men from military service during the World War, and it should not take away from a youth, the pleasures and benefits of exercise. On the other hand, the absence of a murmur is by no means a recommendation for exercise. The importance of murmurs is much exaggerated. They are included in the objective study of a heart, but are by no means the "sine qua non" of Cardiac Diagnosis and Prognosis.

Second Group—"Partial Participants."

In the second group are those whose hearts are sound, and structurally normal, but who, due to their nervous make-up, still are incapable of competing against others. "Effort Syndrome", or Irritable Heart, in some instances, responds well to competitive exercise, but in most is made worse. This syndrome can not only affect the physiology of the heart and give rise to grave symptoms, but also cause death. Experimentation alone can guide the physician in his advices on Competition in this condition.

Those athletes who do not sleep well, whose appetites become finicky or who lose weight steadily throughout a period of competition, should curtail or stop that phase of Athletics, at least temporarily. They are "stale" or "drawn too fine" in the parlance of sport's writers.

The frail, slender, athlete, with angular arms and legs, frequently suffers materially through competition. He must be watched constantly for any sign of "breaking". As a rule, he is jumpy and irritable, and bears untold agonies within himself. The effect of this constant drain upon the nervous system not only decreases its efficacy, but also diminishes the resistance of all the other systems of the body, not the least of which is the Cardio Vascular.

Except in an occasional case, this group is taken care of by the Coach or Athletic Director, and its importance is being more and more realized daily. Coaches, Advisors and Directors, are implored to turn out "healthy, happy teams," but not necessarily "winning combinations". If his boys or girls are happy, healthy and strong, a coach has done well, his duty—even though no contests have been won.

Third Group—"Participants."

In the third group, the largest group, are the athletes who can, under normal circumstances derive only beneficial results. Their hearts enlarge in a degree comparable with skeletal muscle development; they become fatigued and sometimes collapse, but their balance sheet always shows a profit, if they have taken care of themselves during the period of competition. An enlarged heart muscle does not automatically indicate a poorly functioning one.

"Care of an Athlete's Heart."

The care of an athlete's heart can be expressed in one word,—REGULARITY. He must be regular in eating the right foods at the right time. He must be regular in his elimination of waste products. He must regulate his periods of exercise, or practice and above all have a program for sleep, rest and relaxation, daily. These simple fundamentals are the requirements for successful participation in Athletics. Regular Osteopathic Manipulation must be a part of some athletes' programs.

However, to determine early signs of nervous or muscular fatigue, each athlete should be examined periodically, with the following outline as a basis:

- (1). General mien.
- (2). Characteristics of the pulse.
- (3). Response to exercise tests.
- (4). Bodily weight.

Furthermore, the athlete should be warned to continue exercise after his days of competition are past. More cardiac damage is done by a complete cessation in activity by an athlete in one year, than in all the previous years of competition. Statistics prove that the average expectancy of life is lower in the Athlete than in the non-athletic type. It might better be set down, that the decrease in expectancy in athletes is due rather to their own laziness and INACTIVITY AFTER their competitive years are past, than to their ACTIVITY during those years.

"The Physician's Duty."

As Physicians, we should not only regard Athletics from the standpoint of the present, but also regard the future developments therefrom.

We should have a routine in examination that includes a more thorough study of the heart, than a mere "eavesdropping" for murmurs. That also our stand should be a definite one after making such an examination.

In our make-up should be a courage that will eliminate the unfit from competition, even though he may be a "350 hitter", or an unstoppable "open field runner". The relatively few days of glory cannot compensate for a permanent physical handicap, even though the athlete or his parents or his coach may be too selfish to realize it.

We should endeavor not only to rule out the unqualified from Athletics, but also to care for that much larger number that are taking part regularly. But in all of our considerations, we cannot overlook the necessity for warning and advising the so-called "has been" as to his future conduct.

When this has all been done, and not until then, have we done the duty and fulfilled the obligations as physicians.

Clinical Chatter

An average of 150 patients are being treated on Monday, Wednesday and Friday afternoons under the new organization of the clinic.

During the month of February 1, 122 treatments were given.

* * *

Dr. Ralph Fischer, Dr. Foster C. True and Dr. Walter Evans are directly in charge of the clinics on different days and are assisted by a group of Junior physicians.

These directing heads would like to have more physicians who live close to the Hospital offer their services. There is a great demand for Junior physicians as the work is increasing each month.

* * *

Thursday afternoons are active days at the clinic. Dr. Edward G. Drew, head of the Gynecological Department examines on the average of thirty patients each afternoon.

* * *

Dr. George Rothmeyer and Dr. Paula Elias are kept busy examining many gastro intestinal cases. Judging from the number of interesting histories taken, this department will increase more each month.

* * *

Dr. Rothmeyer is being overwhelmed with work on Saturday mornings taking care of instruction in practical podiatry with more cases than he can handle. There is no reason why Saturday should not find at least 100 cases of feet as it is indirectly a significant factor in the development of spinal lesions.

"BOOK REVIEW"

The Philadelphia College of Osteopathy wishes to acknowledge receipt of the following books: Kovac's "Electrotherapy and the Elements of Light Therapy"; McBride's "Crippled Children and Orthopedic Nursing"; Rasmussen's "Principles of Nervous Pathways"; Stryker's "Courts and Doctors". These books are to be reviewed in the next issue of the Digest. (D'E)

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DR. DREW PERFORMS INTERESTING OPERATION

Five weeks old and starving to death was the pitiful plight of a baby born to Mrs. E. Wolf, of 5007 Greenway Avenue, Philadelphia. The child was brought to the Osteopathic Hospital at 48th and Spruce Streets, dying from a stricture of the intestinal tract.

Dr. E. G. Drew performed an unusual operation on the infant under a local anesthesia. After diagnosing the condition, he found a pyloric stenosis or closing of the intestinal tract. Little Charles Wolf was unable to retain any food, vomiting all that he ate. The obstruction in the stomach was evidently present before birth. The surgical operation necessary saved the baby's life.

Dr. Edward G. Drew made an incision through the abdominal wall and removed the obstruction which snipped the constricted band of fibers. The happy mother took the child home from the Osteopathic Hospital, weighting ten pounds, with every indication of becoming a healthy growing baby.

Dr. Drew in discharging the baby said, "I feel quite happy from the results in this case. The olive of obstruction was found in the abdomen and the duodenum was very thick, apparently developed from lack of use. He gradually became better under the guidance of the Pediatric Department and Osteopathic treatment and a suitable formula was found. He has since progressed splendidly. He eats and acts now, like a contented baby."

EOA CONVENTION

(Continued from page 1)

Dr. Russell C. McCaughan, Secretary of the EOA, attended the meeting and renewed acquaintanceship with many of the physicians present.

The Philadelphia College of Osteopathy presented a very colorful, instructive and educational booth with a varied amount of information which attracted large numbers to the distinctive spot in convention hall.

Dr. Francois D'Eliscu displayed new educational newspaper feature, magazines and exhibited several reels of motion pictures prepared in the various departments of P. C. O. This attracted a great deal of attention and enthusiastic individuals asked us to continue with picture showing on a larger scale at the National Convention at Detroit.

Dr. Otterbein Dressler, of the Pathology Department, made a very impressive showing with a large number of originally prepared specimens from his own laboratories that caused discussion and interest, with the result that Philadelphia has been asked to continue exhibiting on a larger scale next year.

Dr. George Rothmeyer presented very interesting specimens in dissecting and also feet dissected, which proved very instructive.

Dr. E. O. Holden, Dean, was in conference with various educational heads and discussed legislation and the need for Osteopathic support comprising the EOA.

In addition to Drs. Charles Muttart, H. Walter Evans, Phyllis Holden, Edward A. Green and other members of the faculty many students from the College were there renewing acquaintanceship with graduates and also taking advantage of the lectures given.

Eleven students were interviewed at the College booth pertaining to matriculation in the fall class.

Former Cards' Catcher

George Gilham Will Direct Baseball Squad; Open Season on April 2

(Evening Public Ledger)

George Gilham, one of the outstanding semi-pro players in this district for the last decade and at one time a member of the St. Louis Cards, has been appointed baseball coach at the College of Osteopathy, it was learned recently.

Gilham assumed his new task recently, and is getting his charges in shape for a twelve-game schedule this spring. Due to the inclement weather recently, he has had little opportunity to size up his material, but hopes to put a formidable team in the field.

Osteopathy will do all its practicing and stage its home games on the Passon Field, 48th and Spruce Streets, which adjoins the institution.

The first game of the season is listed for April 2, and the Penn Athletic Club will form the opposition. On the following Saturday Osteopathy will meet Drexel.

Other teams on the Osteopathy schedule are Temple, Haverford, Albright, Moravian, Juniata, Delaware, Swarthmore, Elizabethtown and P. M. C. Home and away games will be played with the Haverford College nine.

Although the Osteopathy squad is small, Coach Gilham has discovered a number of fine prospects, including Ferren, a pitcher; Sam Brown and Francis, catchers; Fry, an infielder, and Simpson, an outfielder.

Gilham played the Trenton team last year and will do the catching for Lou Schaub's Camden Club this season.

CLINICAL LABORATORY NOTES

By
Dr. Otterbein Dressler
Assistant Professor of Pathology

It is the purpose of this column to keep the profession acquainted with the methods used in this laboratory and with our results, by the use of these methods. We hope by this means to perform several services, chiefly: To assist those who choose to do their own laboratory work in selecting reliable methods, and to acquaint them with the merits of new methods; to assist the physician who sends his work to a laboratory in interpretation of his reports.

"A QUALITATIVE TEST FOR ALBUMIN IN URINE"

The first intimations of anything resembling Clinical Laboratory Methods that we find in history were crude observations of urine. Perhaps the earliest qualitative tests for chemical constituents, in fact practically all that was known of Laboratory Diagnosis for many years, involved qualitative tests for albumin in urine.

Down thru the years countless methods and tests have been devised, some of these have proven very useful, others have been found decidedly unreliable. Space does not permit that we go into the chemistry of albuminous materials at this time, but suffice it to say that all these tests involve the property of albumins to be precipitated by heat or chemicals.

The following is the test which we are using at the present time and find very reliable. First we will give the technique of the test, then its interpretation and then an explanation.

Technic of the Test: The urine to be tested must be filtered and should be acid in reaction. A sufficient quantity of acetic acid should be added to an alkaline urine to bring about this reaction. A test tube is then filled about two-thirds full of the filtered, acid urine. The upper one-third is heated in a flame to boiling (the lower portion remains at about room temperature). Any clouding of the urine is noted by indirect illumination. Then add a small quantity of 5 per cent Acetic Acid to this upper portion and view carefully by indirect illumination on a black background. This last step is probably the most important part of the technic. The tube should not be viewed looking directly into the source of light.

Interpretation: If the urine was cloudy and cleared on heating the cloudiness was due to Urates. The urates like all salts are more soluble in a warm solvent.

If the urine became cloudy on heating and the cloudiness disappeared on addition of acetic acid the cloudiness was due to Phosphates. The phosphates are more soluble in an acid medium.

If the urine was clear after heating and became cloudy on the addition of acid, or, if the urine was cloudy after heating and the cloudiness persisted or became accentuated on the addition of acid this cloudiness is due to albumin. The albumins are precipitated by heat and acids. There is, however, an unusual protein of indefinite nature that may be redissolved in an excess of acetic acid.

Explanation: The principle of the test is precipitation of the albumin by heat and further precipitation by acetic acid with a simultaneous removal of the interfering phosphates.

In this laboratory we have found that the greatest source of error was in the source of light. The particles of precipitate may be invisible if viewed by direct light. To overcome this we applied the principles of the ultra-microscope. To view an object by direct light it must be large enough to obstruct rays of light. A smaller object may be seen by rays reflected from its surface by indirect light particularly if viewed on a black background. Our method of obtaining indirect illumination is best explained by the photograph above. The same effect may be produced by artificial light by a proper arrangement of the lamp.

It would seem from our experiences to be just as logical to view the urine in this test by looking thru the tube into the source of light as to point a camera into the bright sun light in taking a photograph.

In the first 11 clinic days after the opening of this laboratory we performed 216 complete blood counts and 196 urinalyses. A complete blood count includes, Hemoglobin Estimation, Coagulation Time, Color Index, Red and White Cell Enumerations and Differential Cell Count. We invite any questions or other communications.

One case of supposed hemophilia was examined. The coagulation time using slide technic was 12 minutes beginning and 16 minutes to complete coagulation.

Charles J. Muttart, D.O.

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ALUMNI NOTES

There is a four-letter word "D U E S" which only twenty-six alumni have paid attention to, since last year! Fifty-two dollars! This depression must be terrible!

The annual banquet does not net the Association any money. We must depend on the dues for our current expenses! Please send in that two dollars to secretary, Dr. H. C. Hessdorfer, 7032 Ogontz Avenue, Philadelphia.

Don't forget the home coming on Saturday, June 4. Let us try to make it an individual class reunion. The former class secretaries or presidents should take it upon themselves to get their old crowds together. More details will follow later. This is the first inoculation. Get your clubs ready!

April 30 is the Annual Alumni Clinic Day. An intensive course of study will be offered you. Start thinking about it now.

Announcing Dr. James Eaton as the new treasurer of the Alumni Association who consented to fill the place left vacant by the resignation of Dr. William Furey.

The Wilmington section of the Philadelphia College of Osteopathy Alumni doing clinical work at the Hospital namely, Drs. Theodore W. Steigler, John C. Bradford and John W. Allen have been augmented by none other than Irving Atkinson, '28, of Millville, N. J.

On Tuesday afternoons, Dr. Meyer Cohen, '29, is the able assistant to Dr. C. Muttart.

Dr. John Allen conducts a proctology clinic on Friday afternoons at our Hospital.

Dr. Earl Riceman, formerly of California, is now aiding in the diagnostic work in the clinic, besides assisting in endocrinology.

ATHLETICALLY YOURS



By DR. FRANÇOIS D'ELISCU

The Varsity basketball team was royally entertained at the home of Coach Allie McWilliams. For those who thought they knew our Allie, and even appreciated his splendid work with the green team, could not help but feel greater admiration and respect for their leader when they left. Allie has become very close to the men following basketball. Our popular coach gave an informal bridge party at his home and the food, music and wonderful hostess, Mrs. McWilliams, made the evening one of the most pleasant of the entire year.

It is with a great deal of happiness and pleasure that we heard Allie say that he would come back if we wanted him. This was the best dessert of the evening and wonderful news for the College and men in the field. Allie will be back as head coach next year and we are going to look forward to another fine year under his careful teaching and guidance.

"Your fine sportsmanship and ability to win the interfraternity basketball championship of the College speaks well for you men and your fraternity", said Dean Dr. Edgar O. Holden at a special dinner tendered the championship Iota Tau Sigma team at the Poor Richard Club by Dr. Edward G. Drew.

Dr. Balbirnie made short and interesting remarks. Dr. Drew who entertained the sixteen guests at the Club made a very impressive and interesting address urging the men to continue on in this athletic work as the fellowship, congeniality and fine feeling that is developed through these contests cannot

help, but entuse each man in his own living, but helps him along appreciating his fellow men.

The Iota Tau Sigma championship trophy was presented to the team by the Director of Athletics and was received by Dr. Harry Davis who coached the winning team. It was a great meeting and one that will not be forgotten. Meetings of this kind with interested physicians as Dr. E. G. Drew help the College develop better fellowship.

COLLEGE TENNIS TEAM TO PLAY TWELVE MATCHES

The Philadelphia College of Osteopathy Tennis team will play twelve matches this year under the coaching of Dr. Carl Fischer, former National Intercollegiate Champion.

The team will swing into action on Friday, April 15, with St. Joseph's College at Osteopathy's home courts. The local college will have one of the best teams since the participation of the Fischer brothers with Captain William Christensen, Walt Streicker, Spence Kniskern, George Nikola, Wayne Ramsey and Joseph Root, 3rd, forming a nucleus for the team.

The complete schedule follows:

Tuesday, April 19—Exhibition Singles and Doubles.

Friday, April 22—Muhlenberg. Home.

Wednesday, April 27—Haverford. Away.

Thursday, April 28—Moravian. Away.

Wednesday, May 3—University of Delaware. Away.

Saturday, May 7—West Chester State Teachers'. Away.

Tuesday, May 10—St. Joseph's. Away.

Thursday, May 12—Drexel. Away.

Saturday, May 14—Juniata. Away.

Thursday, May 19—Juniata. Home.

Monday, June 6-11—Eastern Intercollegiate at New York.

Monday, June 20-25—National Intercollegiate at Merion Country Club, Merion, Pa.

Saturday, April 30—University of Baltimore.

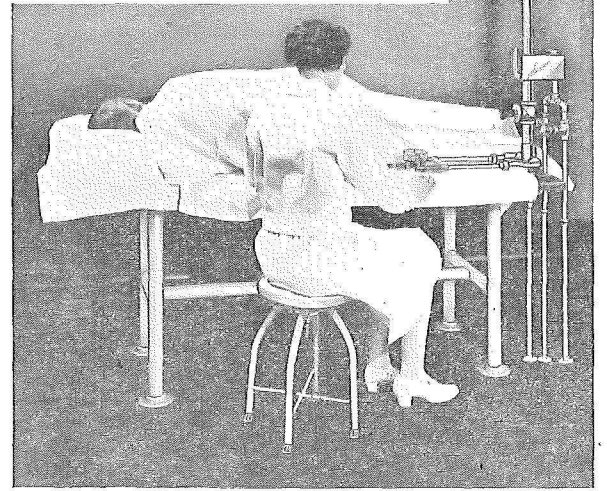
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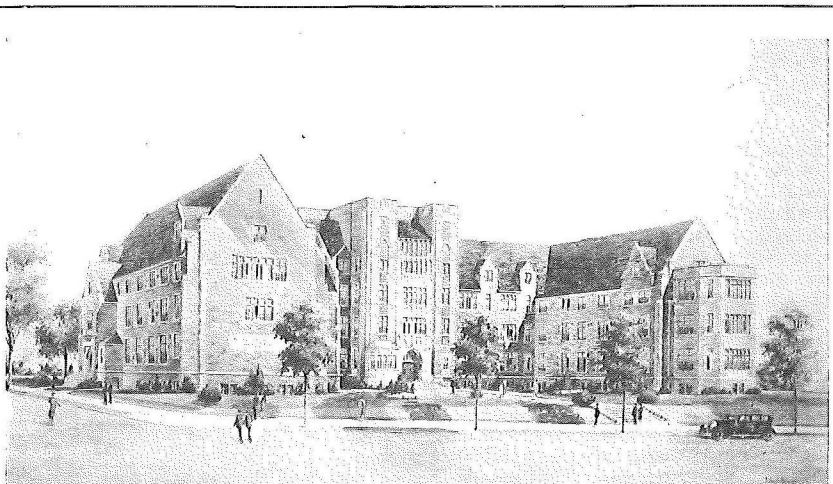
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