Osteopathic Digest (February 1, 1928)

Philadelphia College of Osteopathy

Follow this and additional works at: http://digitalcommons.pcom.edu/digest
Part of the Medical Education Commons, and the Osteopathic Medicine and Osteopathy Commons

Recommended Citation
http://digitalcommons.pcom.edu/digest/14

This Book is brought to you for free and open access by DigitalCommons@PCOM. It has been accepted for inclusion in Digest by an authorized administrator of DigitalCommons@PCOM. For more information, please contact library@pcom.edu.
OSTEOPATHY'S DREAM COMING TRUE

$9000 FUND NEW GOAL

Subscriptions to Guarantee Interest Offer Unique Method of Financing

WANTED!

Additional pledges to the Interest Fund are not too insignificant. Make a pledge to the Interest Fund on this sheet toward this fund. Make your pledge in the form of a check payable to the order of the Osteopathic College and Hospital

The contribution you make will be entered in the New York Osteopathic Seminary, in the name of the person for whom it is designated. Your name and address will be entered in the register of the New York Osteopathic Seminary, and your name will be forwarded to the Osteopathic College and Hospital.

The New York Osteopathic Seminary will forward your contribution to the Osteopathic College and Hospital, and your contribution will be used to defray the cost of building the new College and Hospital.

The Osteopathic College and Hospital will receive the sum of $9000.00 from the New York Osteopathic Seminary on or before January 1, 1929.

The contribution you make will be used to defray the cost of building the new College and Hospital. The Osteopathic College and Hospital will receive the sum of $9000.00 from the New York Osteopathic Seminary on or before January 1, 1929.

The Osteopathic College and Hospital will receive the sum of $9000.00 from the New York Osteopathic Seminary on or before January 1, 1929.

The Osteopathic College and Hospital will receive the sum of $9000.00 from the New York Osteopathic Seminary on or before January 1, 1929.

The Osteopathic College and Hospital will receive the sum of $9000.00 from the New York Osteopathic Seminary on or before January 1, 1929.

The Osteopathic College and Hospital will receive the sum of $9000.00 from the New York Osteopathic Seminary on or before January 1, 1929.

The Osteopathic College and Hospital will receive the sum of $9000.00 from the New York Osteopathic Seminary on or before January 1, 1929.

The Osteopathic College and Hospital will receive the sum of $9000.00 from the New York Osteopathic Seminary on or before January 1, 1929.

The Osteopathic College and Hospital will receive the sum of $9000.00 from the New York Osteopathic Seminary on or before January 1, 1929.

The Osteopathic College and Hospital will receive the sum of $9000.00 from the New York Osteopathic Seminary on or before January 1, 1929.

The Osteopathic College and Hospital will receive the sum of $9000.00 from the New York Osteopathic Seminary on or before January 1, 1929.

The Osteopathic College and Hospital will receive the sum of $9000.00 from the New York Osteopathic Seminary on or before January 1, 1929.

The Osteopathic College and Hospital will receive the sum of $9000.00 from the New York Osteopathic Seminary on or before January 1, 1929.

The Osteopathic College and Hospital will receive the sum of $9000.00 from the New York Osteopathic Seminary on or before January 1, 1929.

The Osteopathic College and Hospital will receive the sum of $9000.00 from the New York Osteopathic Seminary on or before January 1, 1929.

The Osteopathic College and Hospital will receive the sum of $9000.00 from the New York Osteopathic Seminary on or before January 1, 1929.

The Osteopathic College and Hospital will receive the sum of $9000.00 from the New York Osteopathic Seminary on or before January 1, 1929.

The Osteopathic College and Hospital will receive the sum of $9000.00 from the New York Osteopathic Seminary on or before January 1, 1929.

The Osteopathic College and Hospital will receive the sum of $9000.00 from the New York Osteopathic Seminary on or before January 1, 1929.

The Osteopathic College and Hospital will receive the sum of $9000.00 from the New York Osteopathic Seminary on or before January 1, 1929.

The Osteopathic College and Hospital will receive the sum of $9000.00 from the New York Osteopathic Seminary on or before January 1, 1929.

The Osteopathic College and Hospital will receive the sum of $9000.00 from the New York Osteopathic Seminary on or before January 1, 1929.

The Osteopathic College and Hospital will receive the sum of $9000.00 from the New York Osteopathic Seminary on or before January 1, 1929.

The Osteopathic College and Hospital will receive the sum of $9000.00 from the New York Osteopathic Seminary on or before January 1, 1929.

The Osteopathic College and Hospital will receive the sum of $9000.00 from the New York Osteopathic Seminary on or before January 1, 1929.

The Osteopathic College and Hospital will receive the sum of $9000.00 from the New York Osteopathic Seminary on or before January 1, 1929.

The Osteopathic College and Hospital will receive the sum of $9000.00 from the New York Osteopathic Seminary on or before January 1, 1929.

The Osteopathic College and Hospital will receive the sum of $9000.00 from the New York Osteopathic Seminary on or before January 1, 1929.

The Osteopathic College and Hospital will receive the sum of $9000.00 from the New York Osteopathic Seminary on or before January 1, 1929.

The Osteopathic College and Hospital will receive the sum of $9000.00 from the New York Osteopathic Seminary on or before January 1, 1929.

The Osteopathic College and Hospital will receive the sum of $9000.00 from the New York Osteopathic Seminary on or before January 1, 1929.

The Osteopathic College and Hospital will receive the sum of $9000.00 from the New York Osteopathic Seminary on or before January 1, 1929.

The Osteopathic College and Hospital will receive the sum of $9000.00 from the New York Osteopathic Seminary on or before January 1, 1929.

The Osteopathic College and Hospital will receive the sum of $9000.00 from the New York Osteopathic Seminary on or before January 1, 1929.

The Osteopathic College and Hospital will receive the sum of $9000.00 from the New York Osteopathic Seminary on or before January 1, 1929.

The Osteopathic College and Hospital will receive the sum of $9000.00 from the New York Osteopathic Seminary on or before January 1, 1929.

The Osteopathic College and Hospital will receive the sum of $9000.00 from the New York Osteopathic Seminary on or before January 1, 1929.

The Osteopathic College and Hospital will receive the sum of $9000.00 from the New York Osteopathic Seminary on or before January 1, 1929.

The Osteopathic College and Hospital will receive the sum of $9000.00 from the New York Osteopathic Seminary on or before January 1, 1929.

The Osteopathic College and Hospital will receive the sum of $9000.00 from the New York Osteopathic Seminary on or before January 1, 1929.

The Osteopathic College and Hospital will receive the sum of $9000.00 from the New York Osteopathic Seminary on or before January 1, 1929.

The Osteopathic College and Hospital will receive the sum of $9000.00 from the New York Osteopathic Seminary on or before January 1, 1929.

The Osteopathic College and Hospital will receive the sum of $9000.00 from the New York Osteopathic Seminary on or before January 1, 1929.

The Osteopathic College and Hospital will receive the sum of $9000.00 from the New York Osteopathic Seminary on or before January 1, 1929.

The Osteopathic College and Hospital will receive the sum of $9000.00 from the New York Osteopathic Seminary on or before January 1, 1929.

The Osteopathic College and Hospital will receive the sum of $9000.00 from the New York Osteopathic Seminary on or before January 1, 1929.

The Osteopathic College and Hospital will receive the sum of $9000.00 from the New York Osteopathic Seminary on or before January 1, 1929.

The Osteopathic College and Hospital will receive the sum of $9000.00 from the New York Osteopathic Seminary on or before January 1, 1929.
OSTEOPATHIC DIGEST

The Official Bulletin of the Philadelphia College of Osteopathy

Vol. 1 February 1, 1928 No. 7

SATURDAY MORNING CYTOLOGY CLINIC

Students attending Dr. E. G. Drew's Saturday evening course were reminded on January 14 they were expected to attend an examination and X-Ray findings presented on the joint area.

The patient was a man in his early 40's. There was an injury of the middle joint of the lower limb.

Several methods are used to determine the joint area. One is the examination of the joint area through the use of X-ray equipment. This method is especially useful in cases where the joint area is not easily accessible to direct examination. In this case, the X-ray examination revealed a certain lesion involving the joint area as well as the surrounding bones. The latter was noted clinically that associated with the joint was a fleshy mass in the area supplied by the sensory fibers of the obturator nerve.

The patient was admitted to the hospital and was given a course of treatment which included dietary and rest. The patient was discharged on January 25, 1928, after a course of treatment which included dietary and rest.

Edward G. Drew, D.O.

Full name: Edward G. Drew, D.O.

Address: 1114 S.W. 6th Ave., Oklahoma City, Oklahoma

The patient was a man in his early 40's. There was an injury of the middle joint of the lower limb.

Several methods are used to determine the joint area. One is the examination of the joint area through the use of X-ray equipment. This method is especially useful in cases where the joint area is not easily accessible to direct examination. In this case, the X-ray examination revealed a certain lesion involving the joint area as well as the surrounding bones. The latter was noted clinically that associated with the joint was a fleshy mass in the area supplied by the sensory fibers of the obturator nerve.

The patient was admitted to the hospital and was given a course of treatment which included dietary and rest. The patient was discharged on January 25, 1928, after a course of treatment which included dietary and rest.

Edward G. Drew, D.O.

Full name: Edward G. Drew, D.O.

Address: 1114 S.W. 6th Ave., Oklahoma City, Oklahoma

The patient was a man in his early 40's. There was an injury of the middle joint of the lower limb.

Several methods are used to determine the joint area. One is the examination of the joint area through the use of X-ray equipment. This method is especially useful in cases where the joint area is not easily accessible to direct examination. In this case, the X-ray examination revealed a certain lesion involving the joint area as well as the surrounding bones. The latter was noted clinically that associated with the joint was a fleshy mass in the area supplied by the sensory fibers of the obturator nerve.

The patient was admitted to the hospital and was given a course of treatment which included dietary and rest. The patient was discharged on January 25, 1928, after a course of treatment which included dietary and rest.

Edward G. Drew, D.O.

Full name: Edward G. Drew, D.O.

Address: 1114 S.W. 6th Ave., Oklahoma City, Oklahoma

The patient was a man in his early 40's. There was an injury of the middle joint of the lower limb.

Several methods are used to determine the joint area. One is the examination of the joint area through the use of X-ray equipment. This method is especially useful in cases where the joint area is not easily accessible to direct examination. In this case, the X-ray examination revealed a certain lesion involving the joint area as well as the surrounding bones. The latter was noted clinically that associated with the joint was a fleshy mass in the area supplied by the sensory fibers of the obturator nerve.

The patient was admitted to the hospital and was given a course of treatment which included dietary and rest. The patient was discharged on January 25, 1928, after a course of treatment which included dietary and rest.

Edward G. Drew, D.O.

Full name: Edward G. Drew, D.O.

Address: 1114 S.W. 6th Ave., Oklahoma City, Oklahoma

The patient was a man in his early 40's. There was an injury of the middle joint of the lower limb.

Several methods are used to determine the joint area. One is the examination of the joint area through the use of X-ray equipment. This method is especially useful in cases where the joint area is not easily accessible to direct examination. In this case, the X-ray examination revealed a certain lesion involving the joint area as well as the surrounding bones. The latter was noted clinically that associated with the joint was a fleshy mass in the area supplied by the sensory fibers of the obturator nerve.

The patient was admitted to the hospital and was given a course of treatment which included dietary and rest. The patient was discharged on January 25, 1928, after a course of treatment which included dietary and rest.
MIDDLE EAR DEAFNESS

W. Otis Galbreath, D. O.

In order to understand clearly the results which may be expected to follow the alteration of middle ear tract in a given case of chronic middle ear disease, it is necessary to recognize the disease of the ear as a diffuse condition situated within the middle ear in any particular case.

To begin with, the fact should be emphasized that all middle ear problems of present-day knowledge the casual factors involved are so numerous and so small that the patient is, in general, better off not to be involved in any close relations with the ear. It is not unknown for the patient to be far removed from the source of the trouble, as a rule because may be one or more of the following: the causal conditions arising from different sources and appearing in any part of the body, structural lesions in the middle ear, allergy and dermatosis.

It is not difficult to visualize the pathology of chronic catarrhal otitis media when it is realized that the source of the trouble is in the mucous membrane, from the pharyngeal orifices which are directly open into the middle ear, and that the middle ear disease is in almost every case the result of an acute disease process in the nasopharynx. Here, as in any other acute process, the nasomucosa lining which loses the mucus and the mucus and the moisture from the blood vessels as surfaces, may be called a barrier against a hyperactive state of the middle ear, and only a few instances of its various stages. At all events, one must remember that a few days of illness.

At the beginning the lining mucosa is temporarily enlarged and hyperemic, and the mucous exudate becomes more abundant with the characteristic yellowish fluid of the catarrh. The air in the middle ear is, therefore, present, causing capillary pressure and a retraction of the mucous membrane, followed then by more permanent thickening of the middle ear mucous membrane of the catarrh. Finally there results a condition where the barrier, to react in the increase in the number of cases of chronic middle ear disease, may become atrophic with its disastrous changes in the membrana tauta.

It may be of interest to state that chronic catarrhal otitis media, due to the presence of inflammatory changes, will cause a very definite change in the condition of the ear. This fact, while at the moment somewhat more difficult to state, is very real, of clinical importance only as a common condition of the body and may be considered as a warning, such as inserting the finger into the external auditory meatus, and then plunging it into the cavity of the ear—flinger surgery. In this way, it becomes a new and very useful method of treating otitis media of the tunnel system, and then administer the manipulative manometric technique, in conjunction with the psychological treatment and topical applications. 

Osteopathy Wins by Ukrainian

Philadelphia Normal 38; C. O. C. "Frosh" 17

The C. O. C. Frosh team last Saturday defeated the opening game of the season to Philadelphia Normal on the court by the score of 38-17.

ANSWERS

1. The condition being considered is acidosis, and the question asks for the basis of diagnosis.

2. (a) The specific factor present in the blood is the bicarbonate ion concentration.

3. According to the solution, it can be inferred that the patient's condition is well controlled.

4. The patient's condition is well controlled, and the advice is to continue the administration of bicarbonate in the diet.

5. The condition being considered is acidosis, and the patient's condition is well controlled.

6. The condition being considered is acidosis, and the patient's condition is well controlled.

7. The condition being considered is acidosis, and the patient's condition is well controlled.

8. The condition being considered is acidosis, and the patient's condition is well controlled.

9. The patient's condition is well controlled, and the advice is to continue the administration of bicarbonate in the diet.

10. The condition being considered is acidosis, and the patient's condition is well controlled.

11. The condition being considered is acidosis, and the patient's condition is well controlled.

12. The condition being considered is acidosis, and the patient's condition is well controlled.

13. The condition being considered is acidosis, and the patient's condition is well controlled.

14. The condition being considered is acidosis, and the patient's condition is well controlled.

15. The condition being considered is acidosis, and the patient's condition is well controlled.

16. The condition being considered is acidosis, and the patient's condition is well controlled.

17. The condition being considered is acidosis, and the patient's condition is well controlled.

18. The condition being considered is acidosis, and the patient's condition is well controlled.

19. The condition being considered is acidosis, and the patient's condition is well controlled.

20. The condition being considered is acidosis, and the patient's condition is well controlled.

21. The condition being considered is acidosis, and the patient's condition is well controlled.

22. The condition being considered is acidosis, and the patient's condition is well controlled.

23. The condition being considered is acidosis, and the patient's condition is well controlled.

24. The condition being considered is acidosis, and the patient's condition is well controlled.

25. The condition being considered is acidosis, and the patient's condition is well controlled.

26. The condition being considered is acidosis, and the patient's condition is well controlled.

27. The condition being considered is acidosis, and the patient's condition is well controlled.

28. The condition being considered is acidosis, and the patient's condition is well controlled.

29. The condition being considered is acidosis, and the patient's condition is well controlled.

30. The condition being considered is acidosis, and the patient's condition is well controlled.

31. The condition being considered is acidosis, and the patient's condition is well controlled.

32. The condition being considered is acidosis, and the patient's condition is well controlled.

33. The condition being considered is acidosis, and the patient's condition is well controlled.

34. The condition being considered is acidosis, and the patient's condition is well controlled.

35. The condition being considered is acidosis, and the patient's condition is well controlled.

36. The condition being considered is acidosis, and the patient's condition is well controlled.

37. The condition being considered is acidosis, and the patient's condition is well controlled.

38. The condition being considered is acidosis, and the patient's condition is well controlled.

39. The condition being considered is acidosis, and the patient's condition is well controlled.

40. The condition being considered is acidosis, and the patient's condition is well controlled.

41. The condition being considered is acidosis, and the patient's condition is well controlled.

42. The condition being considered is acidosis, and the patient's condition is well controlled.

43. The condition being considered is acidosis, and the patient's condition is well controlled.

44. The condition being considered is acidosis, and the patient's condition is well controlled.

45. The condition being considered is acidosis, and the patient's condition is well controlled.

46. The condition being considered is acidosis, and the patient's condition is well controlled.

47. The condition being considered is acidosis, and the patient's condition is well controlled.

48. The condition being considered is acidosis, and the patient's condition is well controlled.

49. The condition being considered is acidosis, and the patient's condition is well controlled.

50. The condition being considered is acidosis, and the patient's condition is well controlled.
pathology. The effects of such treatment are permanent, as we are merely augmenting nature's normal tendency to return the edematous area. No cases are made over by this type of procedure. He discussed in detail Osteopathic treatment of the adhesions, one of which he has proved by blood analysis time after time. He is able to reduce the sugar content of the blood by his treatment and this reduces the affection of diabetes. He is able to prove the effects of this method of treatment and care of the insane. The grounds contain 53 acres and the buildings and equipment represent an investment of $500,000,000.

All treatment is under the direct supervision of Dr. J. Ivan Dufer.

Minimum Entrance Requirement: The completion of an approved four-year high school course.

This College is enjoying a period of financial prosperity. It contains new buildings and facilities. Its laboratories, its clinic, its hospital for student construction, merit your investigation.

The Class for September, 1928, is Already Enrolling.