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Philadelphia College of Osteopathy

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PHILA. PLANNING FOR 1930 CONVENTION

Major Committees Appointed and District Meetings Held

By unanimous invitation from the Pennsylvania Osteopathic Association and the Board of Trustees of the Pennsylvania College of Osteopathy, the annual convention of the Association of American Osteopathic Physicians and Surgeons will be held in Philadelphia, June 19, 1930. With the very successful convention held in the city of the great new college and hospital built in Philadelphia, this year becomes the centennial anniversary of osteopathy, which was organized with the almost simultaneous birth of the nation. Indeed, the city of Philadelphia, like the city of New York, is to the osteopaths as what Rome was to the earlier Christian church. And exactly as the centennial of Rome is being celebrated this year.

The general plan of organization is as follows: A. Executive Committee—appointed by the Association—this committee to supervise the convention arrangement. 2. A Local Executive Committee—composed of the College's administration, faculty, and the local committee formed in the city of Philadelphia to see that the convention is properly carried out. 3. Various specific committees, each with its own chairman: 4. An executive manager whose duty will be to correlate the activities of all committees. He will have at his command the services of the various specific committees and present these needs to the Executive Committee.

The work on plans for the convention has been under way and organization of committees has already started. A Local Executive Committee has been named by the State Association and Philadelphia College Osteopathic Society. This committee is composed of: C. M. Galloway, chairman; D. S. B. Pennock, president; O. B. Baskin, C. W. Hilleary, H. L. Faust, F. A. Long, executive manager; A. O. A. Office, the local committee, and various groups which they supervise; 5. Various committees, each with its own chairman: 6. An executive manager whose duty will be to correlate the activities of all committees. He will have at his command the services of the various specific committees and present these needs to the Executive Committee.

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1929 POST GRADUATE COURSE IN OSTEOPATHY

At a meeting of the 1929 post-graduate class of the Philadelphia College of Osteopathy, the following resolutions were unanimously adopted:

WHEREAS, the Philadelphia College of Osteopathy has conducted this 1929 post-graduate course in the presence of instructors, and

WHEREAS, the full charge for this course was not in any way communicable with the time and tuition of instruction, therefore be it resolved that

WE, the organized class of 1929 post-graduate students, hereby express the appreciation of our instructors and the directors of this college for the use of its buildings and the arrangement of this course, and be it further

RESOLVED, that the above-mentioned class be extended to the instructors, who have given freely of their time and energy to make this course a success, for the sincere interest they have shown in the instruction of this class, for many the only students they have had, of which all are highly appreciated.

(Signed) W. A. Carpenter,

HAZEL G. JORDAN,

HAZARD

Dr. Paul T. Lloyd, the author of this article on Paget's disease, has done outstanding work as a Roentgenologist at the Philadelphia College of Osteopathy. This is one of the first works of Dr. Lloyd's for the benefit of the readers of the Digest.

At the present time other articles are in preparation and the Digest will be the first to offer these.

The following questions were among those given during the spring examinations by Dr. Drewes in proctology:

1. Give a general discussion of the pathology of polyps.
2. What is the pathology of hemorrhoids?
3. What is the pathology of fistula or clamp and cauterize a hemorrhoid?
4. What is the pathology of rectal prolapse?
5. What is the pathology of rectal cancer?
6. Give the pathologic anatomy of the rectum.
7. Define malignant edema and explain its pathology.
8. Discuss the relations of the mosquito to malarias and explain fully the pathology of appendicitis.
9. State the possible causes of obstruction and state further what condition glomerulus may appear.
10. What are the common conditions under which amyloid infiltration may develop?

The problems in these questions are conditions of growth, that is specifically contagious, explain fully and give specific example.

A. Give the pathology of diphtheria and disease, additionally, the pathology of tuberculosis as explained by Dr. A. T. Still.

B. Write an outline of the history of proctology, explaining the various methods of transmission of the condition.

(CONTINUED ON PAGE 4)
NEW POLICY OF THE DIGEST

Beginning with the next issue of the Osteopathic Digest, a new publication policy will be adopted. It is the belief of those now in charge of the publication of this magazine that with the new policy already initiated, great improvements will be noted. More diversified contents, a greater variety of material, and greater definiteness of the general contents are goals of the plan included in this policy. Assignments are now being sent out for the next issue. These assignments will not only cover the principal news items of our Philadelphia College, but will reach out generally to enhance the diversification of osteopathy throughout the country. As such, the Digest is going to be of greater value to the general practitioner as well as to the human interest and welfare worker in his progress of science of healing.

TECHNIQUE

Standardization of Methods for Teaching Osteopathic Diagnosis and Technique

Regular weekly meetings of the techniques department of the Philadelphia College were instituted April 30, 1920, for the purpose of standardizing methods of instruction in the field of osteopathic diagnosis and technique.

The purpose of this and subsequent articles is to discuss the simplifying of material which has been reached after a thorough study of the anatomy and physiology of the various articulations of the human body, the vertebral column, and from this study, the proper direction of force, and the methods of expression to be followed by a discussion of the correct articulation to be applied in the articulations or articulations of that region. In each instance we shall apply a general rule that will be given as an example of a method of articulation of a specific type.

The several regions of the body will be considered in the following order:

1. Vertebral Column:
   a. Cervical region.
   b. Dorsal region.
   c. Thoracic region.
   d. Lumbar region.
   e. Sacral region.

2. Ribs:
   a. First rib.
   b. Second to fourth ribs, inclusive.
   c. Fifth to tenth ribs, inclusive.
   d. Eleventh and twelfth ribs.

3. Upper Extremity:
   a. Sternoclavicular articulation.
   b. Acromioclavicular articulation.
   c. Glenohumeral articulation.
   d. Elbow.
   e. Radioulnar articulation.
   f. Shoulder joint.
   g. Cuneonavicular articulation.
   h. Coracoclavicular articulation.

4. Lower Extremity:
   a. Symphysis pubis.
   b. Pubic symphysis.
   c. Sacroiliac articulation.
   d. Sartorius muscle.
   e. Obturator muscle.
   f. Flexor muscles.

5. Temporo-mandibular articulation.

Many definitions have been offered as to just what constitutes an osteopathic operation, but the following has been adopted by our group:

"An osteopathic operation is a partial or complete immobility of an articulation within its normal range of motion."

We are agreed that any corrective force applied to any immobilized articulation for the purpose of producing motion in that articulation should be applied in a manner consistent with fundamental laws of physics which are:

1. Forces acting upon the body must be balanced.
2. There is an inherent resistance of the body to any applied corrective force.
3. The corrective force applied to any immobilized articulation should be provided from a direction parallel to the surfaces involved.
4. The surfaces in adhesion will yield to a corrective force applied at right angles to the plane of adherent surfaces.
5. It is not possible to apply this principle to all articulations of the human body, the exceptions being found more particularly in the extremities.

Our discussion of technique is made by quoting the various articulations as an example of osteopathic diagnosis. We are not in our discussion regarding the application of osteopathic techniques limiting our claims to those who consider the osteopathic approach to the diagnosis of disease and its treatment.

We shall apply a technique with the view of replacing disarticulated bones. As this enters the realm of surgery, nothing can be said in regard to this to the realm of surgery.

When we do not deflect the obstacle, constant reference will be made throughout this discussion to the various physical and chemical laws which are thereby deflected.

6. What kills the disease does not bring about the healing of the patient.
7. The scope of osteopathy is limited by the scope of disease, not by the scope of emergency medicine. In what are we concerned?
8. Give: user-motor centers to (a) kidney, liver, gall bladder, (b) lungs, (c) heart.
9. What is the force of the osteopathic lesion? How would you diagnose it? Give three examples of osteopathic lesions. What is the force of the osteopathic lesion? How would you diagnose it? What is the scope of osteopathy? What is the scope of disease?