Osteopathic Digest (October 1941)

Philadelphia College of Osteopathy
Opening Exercises Tax Auditorium.

OCTOBER, 1941
Osteopathy Assigns a Vital Role To the Colleges of Osteopathy

The Philadelphia College of Osteopathy has assumed a great responsibility in the advancement of osteopathy as a school of medicine . . . the original investigation and inquiry into scores of scientific and technical problems.

So great is the demand, both here and throughout the organized profession, for osteopathic research that the Philadelphia College has been importuned to supplement and expand its previously established program. This Institution is preparing herself to do so.

When the added motivity gets into full swing, its contributions will mean much, as evidenced by the columns of the chart. Meanwhile, the determined Research Department of the Philadelphia College of Osteopathy continues to carry its load, answering the call for original investigation and research with a rising stream of accomplishment which has already received recognition and which stands to be doubled and redoubled in effectiveness and value to the osteopathic profession.

Philadelphia College of Osteopathy
48th and Spruce Streets

Each column represents the relative scale of research productivity during the year indicated. Each emblem in this chart represents several hundred hours of original investigative work performed in the Philadelphia College of Osteopathy.
OSTEOPATHIC education in the United States is regulated by rules and specifications of the American Osteopathic Association, the American Association of Osteopathic Colleges, and the requirements of the various states for licensure to practice. These regulations and rules were necessary in the program of elevating the standards of osteopathic education and in eliminating the proprietary and commercial osteopathic schools. They had to be defined in detail to serve their purpose and were largely responsible for the remarkable improvement which has taken place in this field of professional training during the last ten years. There is, in fact, a higher degree of regulation in medicine and osteopathy than in any other branch of education.

During the years immediately ahead, those of us who are concerned with osteopathic education will be confronted with many problems—some old, some new, yet all of which must be faced, treated analytically, and solved within practical limits.

The timely consideration of the proprieties and practice of osteopathic education is of importance to the whole osteopathic family. What the future holds for us no one can accurately foretell. But it requires no clairvoyance to see that the next few years will in all likelihood be the most vitally important ones in the history of our profession.

The interest, importance and value, therefore, of men and women who know and understand the methods and techniques of education can not be overestimated. It follows that those trained in the art of education must not only make their influence felt during these formative years, but that they must base their judgments and their actions upon a real understanding of the issues, the trends and the problems with which we as a profession are confronted.

Upon osteopathic education our profession pins its hopes of true progress, which involves scientific and technological advance, but under the direction of reason. Medical or osteopathic education cannot be described or discussed apart from general education. Osteopathic education in this country has only recently entered the final phase of its evolution towards accepted educational standards and disciplines. In the teaching and practice of medicine or osteopathy, all recognized schools stand on common ground. The prime object of a medical or osteopathic school is to give broad and thorough medical or osteopathic education. Coincident with this should be the endeavor to add to the sum of medical or osteopathic knowledge by research. To these principles the Philadelphia College of Osteopathy commits itself.

E. O. H.
DEFERMENT by draft boards of osteopathic students and physicians made it possible for the entire student body and faculty to attend the 42nd annual opening exercises of the Philadelphia College of Osteopathy on Tuesday morning, September 16th.

Dr. E. G. Drew, chairman of the hospital staff and professor of gynecology and clinical surgery, was the principal speaker. Other speakers were: Dr. Edgar O. Holden, dean of the College; Russell C. Erb, associate dean; Dr. O. J. Snyder, founder of the College; Dr. Frederick Long, director of research; Dr. Joseph Root, director of Out-Patient Department; L. G. Schacterle, director of admissions; W. R. Kelley, secretary of Draft Board Number 42, and Reverend Charles Dubell, the College chaplain, gave the invocation and benediction.

Seventy-five freshmen from 37 different colleges are enrolled in the new class which entered P. C. O. this year. The students are from eight states with the distribution as follows: Pennsylvania, 39; New York, 20; New Jersey, 8; Massachusetts, 3; Ohio, 2; New Hampshire, 1; District of Columbia, 1; Connecticut, 1.

The colleges where the freshmen received their pre-professional education are: Thiel College, La Salle College, Villanova, Boston University, Mount St. Joseph, Millersville State Teachers College, University of New Hampshire, New York University, Washington Missionary, University of Pennsylvania, Temple University, Wofford College, Hunter College, American University, Western Reserve University, Marquette University, St. Joseph’s College, Johns Hopkins University, Syracuse University, Brooklyn College, Fordham University, Ohio State, Dickinson College, Penn State, American International, Long Island University, St. John’s University, University of Pittsburgh, Hampden-Sydney, Newark University, Wheaton College, University of Buffalo, Franklin and Marshall, University of Toronto, Marietta College, State University of Iowa.

OPENING ADDRESS

BY DR. EDWARD G. DREW

On behalf of the Board of Trustees, the Dean, and the Faculty, I have the honor to welcome you to this the beginning of the 42nd year of our College.

You have chosen a profession which has gained the confidence of most of our people and is recognized in every state of these glorious United States. Your choice of college is a fortunate one. Without fear of contradiction I may say you have chosen well. While the profession of Osteopathy has several colleges, in my mind two are most outstanding and ours is one of them.

We are gathered here today to welcome you who are about to begin your studies which will admit you into our ranks. Thrice welcome and may your path be an easy one. Let me at this point assure you that it will be, provided you have what in common parlance is called “guts” but in more choice language may be called stick-to-itness. Of all the professions I think that of healing is the most exalted. By the same token it is the most exacting both for the student and for the doctor. To the student it means long hours of preparation for his degree and for the doctor an hourless day.

The rewards are, I think, in proportion to what you are willing to give. It has been said that if you are a good doctor the public will kill you with work and if you are a poor one you will starve to death. Do not let the first part of the preceding sentence worry you too much for with proper rest and relaxation you can live a long time and serve the public to the best advantage both to yourself and to them.

It is evident that it takes the same amount of money and time to be a good doctor as it does to be a poor one. May I stress the above statement for your benefit. We, of the Faculty, will give you of our best; we expect of you the same. While you will have to devote considerable time to your studies do not neglect the cultural side of your lives. Philadelphia has much to offer in this respect. May I mention a few of the many opportunities which are open to you. The Philadelphia Free Library on the Parkway. The Franklin Institute and the Academy of Natural Sciences near the Library. Our famous Philadelphia Orchestra and the Opera. The Philadelphia Forum and the Theatre. The lowly but entertaining moving picture and last but not least our historical background.

Do not neglect your spiritual lives. Frequent your established church as often as you can. It has been aptly said that only a spiritual revival can redeem a war-torn world. While you can be a good doctor without the spiritual vision you can be a better one with it. The advent of Christianity brought forth modern medicine. For hospitals came only as a result of Christ’s teaching.

Without a modern hospital it would be impossible to teach the medical art. We are proud of our Osteopathic Hospital. It has the highest rating the State of Pennsylvania can give it and by the same token no other hospital in the state has a higher one. Both the college and hospital are state inspected and from 1924 to the present they carry the state’s approval as teaching institutions. The hospitals of the
State of Pennsylvania are divided into teaching and non-teaching hospitals and only the ones passed as teaching hospitals are permitted to have internes. We are happy to occupy the position we do and you will be the better prepared for having chosen this college to be your Alma Mater. Every year from the senior class we choose 9 internes. A small number in proportion to be sure but in addition there are two juniors and one senior resident added to the list making 12 in all. During the year there are fellows chosen from the senior class who have the privilege of working in the various departments and at the same time have the privilege of adding to their knowledge and skill. Also in Pennsylvania we are fortunate in having another osteopathic hospital which can train 5 or 6 additional internes and we hope that when the Lancaster Osteopathic Hospital opens 4 or 5 more can be trained. It is our hope that before long every student will receive hospital training.

There are about 35 osteopathic hospitals in the United States approved both by the American Osteopathic Association and the American College of Osteopathic Surgeons for the teaching of internes. So that opportunity for internship and also for postgraduate study are obtainable for those who want to go on. In addition to the approved hospitals of 20 or more beds there are over 100 smaller hospitals which are approved by the above authorization to properly care for osteopathic and surgical cases. These hospitals meet the minimum requirements of the American College of Osteopathic Surgeons and as they grow they will become the teaching hospitals of tomorrow.

To those of us who have been in osteopathy for many years it has been a rare privilege to watch its growth. This growth has not been a numerical one but rather one of constantly rising higher standards. The early colleges and the ones, too, which have survived began with a course of two years. Our college from 1889 until 1908 followed this procedure. The 1909-1910 and 1911 classes took 3 years and in 1912 the course became a 4-year one of 9 months each.

The growth of our faculty not only in size but in breadth of vision and learning has been a notable one. Four members have been with us for 30 years and more. Several have reached the quarter century mark and a greater number—15 years. Some of our faculty members have studied abroad while others have had a wealth of postgraduate study here in our good old U. S. A. You will not lack for adequate instruction and during your junior and senior years you will find ample clinical instruction in our hospital.

May I suggest that you do not for the present, at least, form a fixed ambition to specialize. Rather that you keep an open mind until you know the pros and cons of the various specialties. There are many of us who feel that several years of family practice is essential to the background of a good specialist. The American College of Osteopathic Surgeons requires, for instance, 3 years as an assistant surgeon for junior membership and we expect to raise that requirement to 5 years at our next meeting. There are set up now in the American Osteopathic Association and the American College of Osteopathic Surgeons specialty boards whose duty it is to examine all candidates for specialty practice. If after a given time you should desire to specialize then attach yourself to a good hospital under the guidance of competent specialists. Then and then only will you receive an education worthy of the name.

It is my firm conviction that what the U. S. A. needs most is not a good five-cent cigar but plenty of good family doctors. There is so much satisfaction in caring for families and individuals in practice. You get to know them so intimately and in such an intimate way. The specialist never or at least seldom does.

Many of our most successful graduates are family doctors. In fact the steady rise of osteopathy is due to this fact alone. There are many communities that depend chiefly upon osteopathic care and I am happy to say the osteopath in such places is doing a marvelous job and keeping our standard high.

It takes an unusual person to be a good family doctor. He must be willing to spend long hours on the go—first in his office and then making the rounds of his very sick patients. He must be cheerful most of the time, at least, and very much interested all of the time. I have in mind one of our boys who is the only doctor on an island off the northern coast, who after spending a year of internship settled there and who does everything in practice except major surgery. No one else I know of has so much the respect of a community. He has to go into all sorts of places to see that the babies arrive safely and sound and that the mothers do not die and let me tell you his record in obstetrics far exceeds that of some of the slick city specialists in the same field. Out in the west and middle west there are many such communities. Do not be misled by the glamour of the cities. Life can be so full anywhere provided you choose to make it so. The rewards of private practice are not only to be had in money (although I can’t think of a single instance in which one of our graduates is starving). There is one thing and one thing only which counts and that is your own estimate of yourself. Success can only be measured in terms of accomplishment. Let no one deny that fact.

In closing I should like to tell you a story from the pen of the late Robert Service. It concerns a doctor of the far north who was called to see a little girl who had been accidentally shot. The case was many miles away and the spring had come. He mushed along the winter trail and came to open water which caused him to make a detour. Many times he fell and while trying to cross on the ice was plunged into the water. His temper did not improve with the going and several mishaps had in his mind a good size bill for his services all ready before he entered the home. This was greatly increased when he had to spend the night in an abandoned cabin. The next morning he reached the little patient and all thoughts of the bill immediately vanished.

(Continued on page 12)
THE ENDOWMENT FUND OF THE PHILADELPHIA COLLEGE OF OSTEOPATHY

The Trustee reports to the Board of Managers of the Fund

Annual Giving Fund Examined to July 31, 1941

HARE, SCHENCK AND COMPANY
Accountants and Auditors
1528 Walnut Street, Philadelphia

September 9, 1941

DR. EDGAR O. HOLDEN, Dean,
Philadelphia College of Osteopathy,

DEAR SIR:

Pursuant with our instructions, we have scrutinized the records of the ANNUAL GIVING FUND for the period from August 1, 1939 to July 31, 1941, and report thereon as follows:

Practically all funds received have been expended for the payment of premiums on life insurance policies insuring various individuals with the Philadelphia College of Osteopathy named as beneficiary, but in the early part of 1938 these policies were all assigned to the City National Bank of Philadelphia, Trustee of the Endowment Fund of the Philadelphia College of Osteopathy, under Indenture dated October 20, 1937.

We have prepared from the records furnished us a statement of the Cash Receipts and Disbursements for the period from August 1, 1939 to July 31, 1941, which we submit as a part of this report. The cash in bank at July 31, 1941 was reconciled by us with a statement received direct from the depository, the City National Bank of Philadelphia.

The insurance policies in force were examined by us, and a schedule thereof is submitted as a part of this report. Total insurance now in force amounts to $100,000.00, the annual premiums thereon being $7,796.40.

The premiums which are due and payable monthly are paid gross, and the Dividends paid over to the Trustee for the Endowment Fund as previously discussed.

The status of the policies in force at July 31, 1941, including the Cash Surrender Value, was verified by direct correspondence with the several Insurance Companies.

The financial position of this Fund at July 31, 1941 was as follows:

**Assets**

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash in Bank</td>
<td>$20.15</td>
</tr>
<tr>
<td>Cash Surrender Value of Life Insurance</td>
<td>27,331.00</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>$27,351.15</td>
</tr>
</tbody>
</table>

**Liabilities**

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Loans Payable—Library Fund</td>
<td>$125.00</td>
</tr>
<tr>
<td>Due to the Endowment Fund</td>
<td>476.44</td>
</tr>
<tr>
<td>Net Worth</td>
<td>26,749.71</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>$27,351.15</td>
</tr>
</tbody>
</table>

Very truly yours,

HARE, SCHENCK AND COMPANY.
Policy No. 6,694,172—$5000. Metropolitan Life Insurance Company dated 7/1/36—15-year Endowment
Policy No. 9,361,994—$5000. Prudential Insurance Company of America dated 6/2/36—13-year Endowment
Policy No. 9,343,582—$5000. Prudential Insurance Company of America dated 5/8/36—13-year Endowment
Policy No. 9,534,072—$5000. Prudential Insurance Company of America dated 10/15/36—13-year Endowment
Policy No. 9,560,683—$5000. Prudential Insurance Company of America dated 11/10/36—13-year Endowment

Policy No. 9,568,720—$5000. Prudential Insurance Company of America dated 11/10/36—13-year Endowment
Policy No. 9,611,320—$5000. Prudential Insurance Company of America dated 12/15/36—13-year Endowment
Policy No. 9,621,905—$5000. Prudential Insurance Company of America dated 1/2/37—13-year Endowment
Contract No. F239422—Investors Syndicate
Contract No. F243923—Investors Syndicate
Bonds No. X4275SG
$12,500 U. S. Savings Bonds Series G
due 7/1/53

ANNUAL GIVING FUND
STATEMENT OF CASH RECEIPTS AND DISBURSEMENTS
For the Period
From August 1, 1939 to July 31, 1941
Balance beginning of period, August 1, 1939 $112.85
Receipts $21,432.60
Disbursements 21,525.30
Receipts in excess of Disbursements 92.70
Balance end of period, July 31, 1941 $ 20.15

ACKNOWLEDGMENTS
All gifts to the "Annual Giving Fund," since the last audit July 31, 1939, from the following Alumni and friends as listed in the audit report by Hare, Shenck, and Company for the period from August 1, 1939 to July 31, 1941 are hereby acknowledged:
Dr. Carson L. Adams, Hammonton, N. J.
Dr. Edwin J. S. Anderson, Trenton, N. J.
Dr. E. C. Barnes, Silver Creek, N. Y.
Dr. Robert W. Barrett, Lexington, Mass.
Dr. T. T. Bassett, Syracuse, N. Y.
Dr. Clara E. Bean, Brooklyn, N. Y.
Dr. Eleanor C. Beck, Woodbury, N. Y.
Dr. Frank A. Beddor, Rending, Pa.
Dr. Harry E. Binder, Philadelphia, Pa.
Dr. Michael Blackstone, Allentown, Pa.

Dr. Eleanor Boal, Philadelphia, Pa.
Dr. William G. Bugbee, Montclair, N. J.
Dr. Angus G. Cartlie, Philadelphia, Pa.
Dr. Ralph L. Champion, Elmira, N. Y.
Dr. James E. Chastney, Hackensack, N. J.
Dr. Edward W. Cleveland, Binghamton, N. Y.
Dr. John A. Cohan, Philadelphia, Pa.
Dr. Theodore R. Cohen, Morristown, Pa.
Dr. Leon Cohen, Trenton, N. J.
Dr. M. M. Coleman, Philadelphia, Pa.
Dr. George Colvin, New York, N. Y.
Dr. John Colvin, Kingston, Pa.
Dr. Harley P. Cook, Philadelphia, Pa.
Dr. T. Paul Davis, Albany, N. Y.
Dr. Guy S. Denning, Swarthmore, Pa.
Dr. William E. Donovan, Lancaster, Pa.

Dr. Otterbein Dressler, Philadelphia, Pa.
Dr. Thomas P. Dunleavy, Barron, Vt.
Dr. W. Floyd Dunn, New York, N. Y.
Mrs. Lydia Itter Duque, Philadelphia, Pa.
Dr. H. V. Durkee, Bridgeport, N. J.
Dr. James M. Eaton, Upper Darby, Pa.
Dr. William A. Ellis, Detroit, Mich.
Dr. M. Laurence Elwell, Rochester, N. Y.
Dr. Thaddeus Ernst, Jackson Heights, Long Island, N. Y.
Dr. Leonard R. Fagan, Burlington, N. J.
Dr. Louis R. Farley, Portland, Me.
Mrs. Sadie I. Feener, Washington, D. C.
Dr. Carl Fischer, Woodbury, N. J.
Dr. R. Arthur Fish, Flushing, Long Island, N. Y.
Dr. B. L. Bailey Flack, Haddon Heights, N. J.
Dr. James A. Frater, Philadelphia, Pa.
Dr. Fannie Gardner, South Orange, N. J.
Dr. Earl H. Gedrey, Bangor, Me.
Dr. J. Mahlon Gehman, Glaston, Pa.
Dr. George A. Gercke, Philadelphia, Pa.
Dr. George W. Goriach, Lancaster, Pa.
Dr. Edward Gibbs, New York, N. Y.
Dr. Harry M. Goebbling, Pittsburgh, Pa.
Dr. W. Armstrong Graves, Philadelphia, Pa.
Dr. E. A. Green, Ardmore, Pa.
Dr. Tye Griswold, Maplewood, N. J.
Dr. Margaret S. Harper, Glen Rock, N. Y.
Dr. Paul Hatch, Washington, D. C.
Dr. Mary E. Henry, Philadelphia, Pa.
Dr. Henry B. Herbst, Philadelphia, Pa.
Dr. Harry J. Herr, Lititz, Pa.
Dr. Harry C. Hesdorfer, Philadelphia, Pa.
Dr. Kirk L. Hilliard, Pleasantville, N. J.
Dr. Mary P. Hittner, Philadelphia, Pa.
Dr. William Hollstein, Wooster, N. J.
Dr. Mabel C. Jackson, Wayne, Pa.
Dr. George F. Johnson, Brooklyn, N. Y.
Dr. Sydney M. Kanner, New York, N. Y.
Dr. Frederick A. Kallmeyer, South Orange, N. J.
Dr. Charles Karbo, Detroit, Mich.
Dr. William O. Kingsbury, New York, N. Y.
Dr. Richard P. Koch
Dr. Herman Kohn, Philadelphia, Pa.
Dr. Milan Kuna, Newark, N. J.
Dr. Herman Kohn, Philadelphia, Pa.
Dr. Leonard R. Leedy, Woodbury, N. J.
Dr. M. Laurence Elwell, Rochester, N. Y.
Dr. W. Floyd Dunn, New York, N. Y.

(Continued on page 15)
The Effects Upon the Blood Pressure Tissue Manipulation in a Group

FREDERICK
From the Department of Osteopathic Research of Philadelphia College of Osteopathic, 18th and 8th.

Several reports have been published by us on the effects of various manipulative procedures upon blood pressure and pulse rate in "normal" subjects.1-7 The purpose of the experiment to be reported upon here was to observe the effects of manipulation of the posterior cervical soft tissues upon systolic and diastolic blood pressure, and upon pulse rate in a group of "normal" college students. The work was done in the Department of Osteopathic Research at the Philadelphia College of Osteopathy and completed in June, 1941.

The subjects used were sixty male students of the Philadelphia College of Osteopathy, and they were divided into two groups. One group of thirty acted as subjects for manipulation, and the other group of thirty constituted controls. The average age in the group of manipulated subjects was 23.3 years with a range of from 19 to 29 years. The average age in the control group was 23.8 years with a range of from 19 to 30 years.

The experiments were carried out in a well-ventilated room kept at even temperature. One subject and one control were studied at a time, and each was made aware of the nature of the experiment. A uniform amount of clothing was worn by all subjects and controls, and constricting bands of any kind were removed before the experiment began. Studies were made between 1 p.m. and 4 p.m. No conversation was permitted on the part of the subjects and controls, and only in an occasional instance was it necessary for the two operators to converse. The sphygmomanometers used were of the mercury type. The cuff was applied to the left arm, and the auscultatory method used in determining the blood pressures. The radial pulse at the left wrist was counted for one-half minute in determining pulse rate.

The blood pressures and pulse rates before manipulation are shown in table 1.

Procedure

Upon reporting for the experiment the subject and control were appraised of the general nature of the experiment to be carried...
out. The coat, vest, collar, tie, and top shirt were removed. Subject and control assumed the supine position on straight-type osteopathic treatment tables and rested in this position for ten minutes. At the end of this time, systolic and diastolic blood pressures and pulse rates were determined in the manner previously stated. In the manipulated subject, the following procedure was carried out immediately after the original readings were made: The operator stood at one side of the table and manipulated the posterior cervical soft tissues of the opposite side. Manipulation consisted of repeated stretching of the cervical muscles by forces exerted at right angles to their direction and without the application of traction or excessive rotation, these latter being controlled by the operator's other hand. The fingers of the operator's manipulating hand started at a point just lateral to the spinous processes and worked laterally around the posterior cervical region. The extent of the area covered was from the suboccipital region to the level of the seventh cervical vertebra. Manipulation was carried out in this manner for two and one-half minutes, and then the opposite side was similarly manipulated for two and one-half minutes. Immediately upon conclusion of the manipulation, systolic and diastolic blood pressures and pulse rates were determined in subject and control. After a rest period of five minutes, blood pressures and pulse rates were again determined. This concluded the experiment.

RESULTS

Figure 1 shows the changes which occurred in the average systolic blood pressure immediately following manipulation and five minutes after manipulation. It will be observed that both subjects and controls evidenced a drop in average systolic pressure, and that there was no significant difference in the extent of this drop between manipulated subjects and controls.

The changes in the diastolic pressure averages are shown in figure 2. It will be observed that both the subject and control

### TABLE 1

Original systolic and diastolic blood pressures, and pulse rates in 30 subjects and 30 controls used in study of the effects of soft tissue manipulation in the cervical region.

<table>
<thead>
<tr>
<th></th>
<th>Subjects</th>
<th>Controls</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Subjects</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Average</td>
<td>114.9</td>
<td>117.0</td>
</tr>
<tr>
<td>Range</td>
<td>96-136</td>
<td>92-134</td>
</tr>
<tr>
<td><strong>Diastolic</strong></td>
<td>72.1</td>
<td>71.9</td>
</tr>
<tr>
<td></td>
<td>58-86</td>
<td>58-90</td>
</tr>
<tr>
<td><strong>Pulse</strong></td>
<td>71.3</td>
<td>70.2</td>
</tr>
<tr>
<td></td>
<td>54-100</td>
<td>56-94</td>
</tr>
</tbody>
</table>

### TABLE 2

Average and maximum changes in systolic blood pressure in 30 subjects receiving soft tissue manipulation in the cervical region, and in 30 controls. Figures based upon comparison with original values before manipulation was carried out.

<table>
<thead>
<tr>
<th></th>
<th>Immediately After Manipulation</th>
<th></th>
<th>5 Minutes After Manipulation</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>NO. CENT</td>
<td>MM. MERCURY</td>
<td>NO. CENT</td>
<td>MM. MERCURY</td>
</tr>
<tr>
<td><strong>Subjects</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Increase</td>
<td>10</td>
<td>33</td>
<td>av.</td>
<td>2.7</td>
</tr>
<tr>
<td>Decrease</td>
<td>12</td>
<td>40</td>
<td>av.</td>
<td>5.3</td>
</tr>
<tr>
<td>No Change</td>
<td>8</td>
<td>27</td>
<td>av.</td>
<td>5.3</td>
</tr>
<tr>
<td>Controls</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Increase</td>
<td>5</td>
<td>17</td>
<td>av.</td>
<td>2.8</td>
</tr>
<tr>
<td>Decrease</td>
<td>14</td>
<td>46</td>
<td>av.</td>
<td>3.8</td>
</tr>
<tr>
<td>No Change</td>
<td>11</td>
<td>37</td>
<td>av.</td>
<td>3.8</td>
</tr>
</tbody>
</table>

### TABLE 3

Average and maximum changes in diastolic blood pressure in 30 subjects receiving soft tissue manipulation in the cervical region, and in 30 controls. Figures based upon comparison with original values before manipulation was carried out.

<table>
<thead>
<tr>
<th></th>
<th>Immediately After Manipulation</th>
<th></th>
<th>5 Minutes After Manipulation</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>NO. CENT</td>
<td>MM. MERCURY</td>
<td>NO. CENT</td>
<td>MM. MERCURY</td>
</tr>
<tr>
<td><strong>Subjects</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Increase</td>
<td>8</td>
<td>27</td>
<td>av.</td>
<td>3.2</td>
</tr>
<tr>
<td>Decrease</td>
<td>12</td>
<td>40</td>
<td>av.</td>
<td>4.1</td>
</tr>
<tr>
<td>No Change</td>
<td>10</td>
<td>33</td>
<td>av.</td>
<td>4.1</td>
</tr>
<tr>
<td>Controls</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Increase</td>
<td>12</td>
<td>37</td>
<td>av.</td>
<td>3.7</td>
</tr>
<tr>
<td>Decrease</td>
<td>7</td>
<td>23</td>
<td>av.</td>
<td>2.7</td>
</tr>
<tr>
<td>No Change</td>
<td>11</td>
<td>37</td>
<td>av.</td>
<td>2.7</td>
</tr>
</tbody>
</table>

### TABLE 4

Average and maximum changes in pulse rate in 30 subjects receiving soft tissue manipulation in the cervical region, and in 30 controls. Figures based upon comparison with original values before manipulation was carried out.

<table>
<thead>
<tr>
<th></th>
<th>Immediately After Manipulation</th>
<th></th>
<th>5 Minutes After Manipulation</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>NO. CENT</td>
<td>RATE PER MINUTE</td>
<td>NO. CENT</td>
<td>RATE PER MINUTE</td>
</tr>
<tr>
<td><strong>Subjects</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Increase</td>
<td>8</td>
<td>27</td>
<td>av.</td>
<td>3.2</td>
</tr>
<tr>
<td>Decrease</td>
<td>12</td>
<td>40</td>
<td>av.</td>
<td>4.1</td>
</tr>
<tr>
<td>No Change</td>
<td>10</td>
<td>33</td>
<td>av.</td>
<td>4.1</td>
</tr>
<tr>
<td>Controls</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Increase</td>
<td>12</td>
<td>37</td>
<td>av.</td>
<td>3.7</td>
</tr>
<tr>
<td>Decrease</td>
<td>7</td>
<td>23</td>
<td>av.</td>
<td>2.7</td>
</tr>
<tr>
<td>No Change</td>
<td>11</td>
<td>37</td>
<td>av.</td>
<td>2.7</td>
</tr>
</tbody>
</table>
groups behaved in a similar manner, both evidencing a decrease in diastolic pressure average following manipulation.

The pulse rate average changes for the two groups are shown in figure 3. Here, the changes in the two groups are reversed; in the subjects there was a gradual decrease in pulse rate immediately after manipulation and five minutes after manipulation, while in the controls there was a slight gradual increase in rate for the same respective readings.

The extent of the changes as evidenced in the three figures indicates that they are not significant.

The behaviors of individual subjects and controls are indicated in tables 2, 3, and 4. In both the subject and control groups there were some individuals who evidenced a rise and others who evidenced a drop, regardless of the general trend indicated by the group average.

From table 2 it will be observed that a greater number of subjects (77 per cent) evidenced a change (increase or decrease) in systolic blood pressure immediately after manipulation than controls (60 per cent). This tendency was maintained in the readings five minutes after manipulation when 70 per cent of the manipulated subjects evidenced some change as against 47 per cent of the controls. It will be observed, however, that the greatest average and maximum decrease occurred in the controls while the average and maximum increase in the two groups closely approximated.

<table>
<thead>
<tr>
<th>Course</th>
<th>CLINICAL CARDIOLOGY</th>
<th>DR. ROOT.</th>
<th>Wednesday 2-5.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Course</td>
<td>CLINICAL IMMUNOLOGY</td>
<td>DR. PY.</td>
<td>Wednesday 2-3.</td>
</tr>
<tr>
<td>Course</td>
<td>ANORECTAL INFECTIONS</td>
<td>DR. COLEMAN.</td>
<td>Wednesday 2-3.</td>
</tr>
<tr>
<td>Course</td>
<td>THE INJECTION TREATMENT OF VARICOSE VEINS and HEMORRHIOIDS</td>
<td>DR. PENNOCK.</td>
<td>Wednesday 4-5.</td>
</tr>
<tr>
<td>Course</td>
<td>CLINICAL OPHTHALMOSCOPY</td>
<td>DR. ABEYTA.</td>
<td>Wednesday 2-3.</td>
</tr>
<tr>
<td>Course</td>
<td>CLINICAL DERMATOLOGY</td>
<td>DR. CRESSMAN.</td>
<td>Saturday 10-1.</td>
</tr>
<tr>
<td>Course</td>
<td>CLINICAL PATHOLOGY</td>
<td>DR. DRESSLER.</td>
<td>Wednesday 3-4.</td>
</tr>
</tbody>
</table>

Table 3 indicates that 73 per cent of the manipulated subjects evidenced a change as against 63 per cent of the controls. However, at the five-minute period 47 per cent of the subjects evidenced no change from original readings, while only 17 per cent of the controls evidenced maintenance of original reading. The greatest increase immediately following manipulation occurred in the controls (6.0 mm.), while the greatest decrease occurred in the subjects (18.0 mm.). The greatest increase at the five-minute period following manipulation also occurred in the subjects while the maximum increase in any individual was the same in both groups.

The pulse rate changes tabulated in table 4 indicate that a greater number of controls evidenced a change in pulse rate than subjects (77 per cent controls against 67 per cent subjects) immediately after manipulation, and 83 per cent controls as against 70 per cent subjects five minutes following manipulation. The greatest decrease immediately after manipulation occurred in the subjects (14.0 beats per minute) while the greatest increase occurred in the controls (16.0 beats per minute). Five minutes following manipulation the subjects evidenced the greatest increase (22.0 beats per minute) and also evidenced the greatest decrease (10.0 beats per minute).

Summary

Thirty male students of the Philadelphia College of Osteopathy were studied to observe the effects upon systolic and diastolic blood pressure, and upon pulse rate of cervical soft tissue manipulation. Thirty male students were used as controls.

No significant changes in either blood pressure or pulse rate were observed to have been produced by these manipulations.

Acknowledgment

The writer wishes to acknowledge the assistance rendered in these experiments by Dr. Guy S. Deming of the Department of Research.

References


Graduate Courses Announced

In an effort to discharge its responsibility to the profession in regards "postgraduate education" the Graduate School of the Philadelphia College of Osteopathy is projecting certain "refresher courses," "seminars," and a "graduate fortnight." The first of these projects to be undertaken is a series of short courses for the general practitioner.

These courses are arranged as "refresher courses" to help serve the needs of the practitioners in and about the metropolitan area. They are designed to provide a place where the ambitious doctor can secure postgraduate work, one day a week, without interfering too much with a busy practice.

Eight courses will be presented in the autumn quarter beginning November 1st and continuing for a period of eleven weeks. The honorarium is based on $20 per hour per quarter. Thus if a course is presented one hour per week the honorarium will be $20 for the quarter, a course presented three hours a week will have an honorarium of $60. The following is the schedule for the current (autumn) quarter:

Course A—CLINICAL CARDIOLOGY, DR. ROOT. Wednesday 2-5.
Course B—CLINICAL IMMUNOLOGY, DR. PY. Wednesday 2-3.
Course C—ANORECTAL INFECTIONS, DR. COLEMAN. Wednesday 2-3.
Course D—THE INJECTION TREATMENT OF VARICOSE VEINS and HEMORRHIOIDS, DR. PENNOCK. Wednesday 4-5.
Course E—CLINICAL OPHTHALMOSCOPY, DR. ABEYTA. Wednesday 2-3.
Course F—CLINICAL DERMATOLOGY, DR. CRESSMAN. Saturday 10-1.
Course G—CLINICAL PATHOLOGY, DR. DRESSLER. Wednesday 3-4.

Course H—CLINICAL ENDOCRINOLOGY, DR. RICEMAN. Wednesday 3-4.

An "Intensive Review of Internal (Osteopathic) Medicine" is being planned as a feature of the spring quarter. Just as in business and industry where radical changes have resulted from the depression years so too in the healing arts new methods and changed concepts of disease replace the old. The healing arts have indeed changed greatly in recent time. Every phase and field has been touched. From time to time it is quite urgent that we "take account of stock."

The purpose of this course is to review medical progress and to try to bring us "up-to-date." This course will be arranged in the form of coordinated instruction or "symposia." The purpose being to get a composite of the thinking of men in various
fields and correlate their ideas and knowledge.

Virtually all the staff will participate in this course in one way or another.

For further information concerning the course write to the Committee on Graduate Study and Research. The members of the Committee are: Dr. Otterbein Dressler, Chairman; Prof. Russell C. Erb, Drs. Paul T. Lloyd, Frederick A. Long, Joseph L. Root, III and Dean Edgar O. Holden, ex officio.

PRACTITIONER

Dr. Robert Moody, of the Department of Histology, has been engaged by Dr. Galen Young, of Chester, Pa., as a part-time assistant practitioner.

REFRESHER COURSE

Another Refresher Course for New York osteopathic physicians wishing to qualify for additional privileges was held during the week prior to the opening of College. Drs. Py, Riceman and Messey were the instructors. This, in all probability will be the last of such courses offered by the College.

GIFT

An electric refrigerator has been installed in the College bacteriological laboratory. It is a gift of Dr. H. Walter Evans.

R. R. PHYSICIAN

Dr. E. T. Ferren, '32, of Camden, N. J., has been appointed osteopathic physician to the Pennsylvania-Reading Seashore Line.

LECTURES

Dr. Francis Finnerty, '11, of Montclair, N. J., lectured to the senior class on tuberculosis on September 24th. He also met with the New Jersey students to discuss their future practice problems.

SCHOLARSHIP

Dr. Boyd Button, '39, has been approved as the recipient of the Joseph V. Horn Foundation Scholarship for the academic year 1941-42. His work begins immediately in the Department of Pathology.

LIBRARY GIFTS

Gift of Dr. Carl D. Bruckner:

Gift of Dr. Franklin Fiske:
Osteopathic Physician, 1899-1924.
The Osteopath, Issue No. 1 through No. 180.

Gift of Dr. H. V. Durkee:
Introduction to Psychology, Calkins.

Gift of Mr. Walter T. Andrews:
Philadelphia, A Story of Progress—4 volumes.

Gift of Dr. D. Minor:
Three Contributions to the Theory of Sex, Freud.
Minor Surgery and Bandaging, Wharton. Geriatrics, Nascher.
Textbook of Medicine, Cecil.
Elementary Principles of Physics, Fuller, Brownlee, Baker.

Gift of Dr. E. Jacobson:
Bulletin No. 3 of the A. T. Still Research Institute.
Diseases of Women, Crossen.
Clinical Endocrinology of the Female, Mazer and Goldstein.
Female Sex Hormonology, Graves.
Medical Gynecology, Bandler.
Operative Gynecology, Crossen.
Kirschner's Operative Surgery, Ravdin.
Business Conduct of the Ethical Practice, Bregstein.
The Blood Picture, Schilling and Gradwohl.
Chemical Pathology, Wells.
General Bacteriology, Jordan.
Textbook of Pathology, Stengel and Fox.
Preventive Medicine, Boyd.
Psychology, General and Applied, Munsterberg.
Yearbook of Osr, Nose and Throat, 1939, Brown, Bothman and Crowe.
Concerning Osteopathy, Webster.
Detection of Poisons, Autenreith and Warren.
Strong Healthy Eyes Without Glasses, Richardson.
Diagnostic Signs and Syndromes, Roberton.

Practical Endocrinology, Harrower.
Textbook of Embryology, Bailey and Miller.
Mayo Clinic Papers, Volume XXI, 1929.
Diseases of the Skin, Andrews.
Practical Therapeutics, Harr.
Essentials of Physical Diagnosis, Buck.
A. M. A. Symposium, Glandular Physiology and Therapy Manual of Histology and Organotherapy, Hill.

The Colon, Rectum and Anus, Ranken, Bargen and Buie.
Textbook of Medicine, Cecil.
Minor Surgery and Bandaging, Williams.
Vomiting of Pregnancy, Symposium.
Introduction to Zoology, Hegner.
Papers and Speeches of Dr. J. C. Da Costa.
Orthopedic Surgery, Bradford and Lovett.
Textbook of Histology, Bohn, Davidson and Huber.
Pepic Ulcer, Symposium.
General Pathologic Histology, Durck.
Special Pathological Histology, Durck.
Blood and Urine Chemistry, Gradwohl and Blavais.
X-ray Studies III.
Medical Jurisprudence and Toxicology, Glaister.
Hemorrhoids, Goldbacher.
Pocket Medical Formulary, Fitch.
The Sexual Question, Forel.
Elementary Biology, Bidgood.
Pathological Anatomy, volume I and II, Bollinger.
Practical Bacteriology, Blood Work and Parasitology, Stitt.
Diagnosis by Transillumination, Cameron.
Recent Advances in Medicine, Beaumont and Dodds.
Rheumatism, Meyer.
Human Histology, Sobotta.
General Chemistry for Colleges, Smith.
Principles and Practice of Obstetrics, DeLee.
Surgical Treatment, volumes I, II, III, and index, Warbasse.
Roentgen Diagnosis of Diseases of Alimentary Canal, Carman.
Textbook of Gynecology, Curtis.
Treatment in General Practice, Beckman.
Modern Surgery, DaCosta.

THE WINNERS

The four prizes given each year at the annual graduation exercises of the Osteopathic School of Nursing were won by Jean Daking, Board of Trustees and Women's Auxiliary Awards; Georgina Griffin, the H. Walter Evans Award; and Edith Miller, the Ethel M. Beagle Award.

The ceremonies for the seventeen nurses who were graduated this year were held in the College Auditorium, September 12th. Dr. R. McFarlane Tilley was the principal speaker.
THOSE WHO SERVE

BY ACTION of the Board of Directors of the Hospital, Dr. E. O. Holden was relieved of his responsibilities as Superintendent of the Hospital, to enable him to devote full time as Dean of the College.

Beginning in 1924, when he first assumed the Superintendency, the Hospital made notable advances and was developed to a high degree of organization. During the seventeen years of his service he made an intensive study of hospital administration and management reflecting his knowledge and experience unsparingly across country, especially in his capacity as Chairman of the Bureau of Hospitals, while serving as a Trustee of the A. O. A.

He is the founder of the Associated Hospitals of Osteopathy (American Osteopathic Hospital Association) which body was established in 1934 at Wichita, Kansas. He became the first president of the Association and the first editor of its Bulletin. He is the author of the Constitution and By-Laws of the Associated Hospitals of Osteopathy. He wrote the Minimum Standards for Registration of Hospitals, and the Essentials for Teaching Hospitals, adopted by the Trustees and the House of Delegates of the A. O. A. He prepared the Survey Report adopted by the Bureau of Hospitals for the Inspection of Osteopathic Hospitals.

He possesses an extensive library concerning hospital organization, administration, accounting, medico-legal problems, public relations, and so forth. Like any other administrator his office is replete with statistical information, data, charts, and graphs pertaining to the various divisions and activities in hospitals.

He prepared the present By-Laws both of the Board of Directors and those of the Staff of the Hospital and also the Code for Internes of the Hospital. In such matters his opinion and counsel have been sought for many years by other osteopathic hospitals undertaking new efforts or expansion programs. Men and women trained in Philadelphia during his administration in various professional and technical capacities have been sent out to other osteopathic institutions to mutual benefit.

Dr. Holden worked tirelessly for inclusion of the Osteopathic Hospital on the approved list for State Appropriations. Under his direction the School of Nursing was organized eventually to be accredited by the Board of Registration of Nurses in the State of Pennsylvania, and with the right of the graduate nurses to the rating of R.N. For a number of years he served as Secretary-Treasurer of the Hospital Board and as Treasurer of the Corporation. He played an important role also in the various public campaigns for funds for expansion and new buildings. Under him the Osteopathic Hospital was developed to a unique position, at least in the city of Philadelphia, for the institution he headed has been run at an operating profit for the past ten years. This was due in large part to the development of productive x-ray, laboratory and other departments. Dr. Holden, however, passes on the credit to the members of the profession and the employees who performed the actual work.

His greatest satisfaction, he has said, has been the raising of standards leading to high accreditation and recognition. Matching wits with the best in the game was his hobby. He will miss it—and the Hospital will miss him, indeed. Two things have been outstanding about Dr. Holden in his administrative work—his promotional ability and his absolute integrity in all matters.

In retiring, Dr. Holden says, "The Osteopathic Hospital of Philadelphia is a splendidly organized institution. Its department heads and subordinates know their business. With a continuance of the same fine support such as accorded to me, I am confident the Hospital is in a position to grow and to further prosper."

PRESIDENT

Professor Russell C. Erb, Associate Dean, was elected President of the American Association of Osteopathic Colleges at its annual meeting in Atlantic City. The Association was formerly known as the Associated Colleges of Osteopathy.

P. O. A.

Dr. H. Walter Evans assumed the office of President at the close of the 42nd annual convention of the Pennsylvania Osteopathic Association held in Bethlehem, Pennsylvania, Friday and Saturday, September 26th, 27th. Dr. Harvey Orth, Lewistown, Pa., was elected president-elect; Dr. Bertha Maxwell, Williamsport, Pa., vice-president; Dr. G. W. Krohn, Harrisburg, Pa., treasurer; and Dr. Roy Hughes, Indiana, Pa., secretary.
Dr. Evans succeeds Dr. John Barrick, York, Pa., who is the retiring president. He was secretary of the Association for fifteen years, president-elect for one year, and president for one year. In addition to this, he is chairman of the Pennsylvania Board of Osteopathic Examiners and a busy physician at York, Pa.

The program, which was under the direction of Dr. C. Haddon Soden, professor of osteopathic technique at P. C. O., included addresses and symposiums on public health problems of national defense, social diseases, child health, prevention of athletic injuries, gastrointestinal disorders, high blood pressure, low back injuries and numerous other topics. The general comment on the program was: "I learned more osteopathy in two days than I have been able to gain in several years."

**RESEARCH COUNCIL**

At the annual meeting of the American Association of Osteopathic Colleges held in connection with the Convention of the American Osteopathic Association at Atlantic City last June, the colleges embarked upon a program of expansion in research effort. As a result of deliberations, a Research Council was formed for the purposes of aiding in the establishment of Research Departments in the osteopathic teaching institutions which do not now have them, in correlating and coordinating osteopathic research efforts in all the institutions, and of expanding the entire research program. Dr. Frederick A. Long, Director of Research at the Philadelphia College was chosen as Chairman of this Research Council. On October 14th, Dr. Long will leave on a trip to all the other osteopathic colleges for the purpose of consulting with the members of the Research Council in each. This trip will take him first to Fort Worth, Texas, for a meeting with Dr. Phil R. Russell, President of the American Osteopathic Association. Dr. Long will next visit the Los Angeles College for conferences with the Research Director in that institution. From Los Angeles his trip will take him to the Kansas City College, Kirksville College, Des Moines College, and the Chicago College. While in Chicago, he will have the opportunity of reporting the results of his trip at the central office of the American Osteopathic Association. He will return to Philadelphia on November 2nd.

Recognition by the colleges of the vital part each must play in the future scientific development of osteopathy has far reaching importance. The task of initiating such a program in all of the colleges is not an easy one in view of the lack of substantial endowment under which all are now operating. We believe that the experience gained in establishing and developing a Department of Research in the Philadelphia College which Dr. Long can bring to the work of the Research Council will be of decided value.

Our College can feel honored in having one of its faculty named to this important position. We are confident that Dr. Long will bring to this research project his best efforts.

**EXECUTIVES**

John G. Keck was re-elected president of the Board of Trustees for the Philadelphia College of Osteopathy at its annual meeting and was also re-elected president of the Osteopathic Hospital Board of Directors.

Dr. Donald Thorburn, 77 Park Avenue, New York City, Osteopathic member of the New York State Medical Board of Examiners, was elected vice-president of the College Board of Trustees.

John G. Keck, George E. Letchworth, and Walter T. Andrews were re-elected to serve three years on the Board of Directors for the Osteopathic Hospital. Harve Martz was elected to serve two years and Frank P. Will and Rev. Walter D. Kallenbach were elected to serve one year as directors.

Dr. Edgar O. Holden was re-appointed Dean of the Philadelphia College of Osteopathy by the Board of Trustees. Albert J. Taylor, assistant superintendent of the Osteopathic Hospital for the past three years assumes the superintendency of the Hospital.

**CLINICAL SOCIETY**

Dr. Edwin Cressman was elected president of the Pennsylvania Clinical Osteopathic Society. The other officers are: Dr. L. C. Mook, president-elect; Dr. Lloyd Hershey, vice-president; Dr. William Lodge, secretary; Dr. Phineas Dietz, treasurer. Dr. E. G. Veragara and Dr. George Haymen were elected to serve on the executive council.

**ALUMNEWS**

The following alumni have become married since the latest issue of the DIGEST went to press:

Harry John Petri, Jr., '40, of Portland, Maine and Miss Ellen Arville Seavey, of Portland, on May 17th.

Robert C. Erwin, '38, of Allentown, Pa., and Miss Ida Cook Montague, of Philadelphia, on June 7th.

Harry N. Kerr, '38, of Philadelphia, Pa., and Virginia N. Dreby, of Philadelphia, on June 14th.

Sidney M. Weitberg, '39, of West Collingwood, N. J., and Miss Esther Yellin, on June 29th.

Lloyd J. Robinson, '41, Daytona Beach, Fla., and Miss Margaret Merkle, of Ormond, Fla., on July 3rd.

] The engagement has been announced of Eleanor E. Boal, '38, of Mt. Airy, Pa., and Anton H. Claus, '41, of Oak Lane, Pa.
P. C. O. Graduate Honored

Dr. R. McFarlane Tilley, '23, was named president-elect of the American Osteopathic Association at the National Convention held in Atlantic City this past June.

OPENING ADDRESS

when he reached the child’s bed and she looking into his eyes said, “I knew you would make it, Doctor.” At a glance he saw that urgent measures were needed to save the child’s arm. He stayed several days until her life was out of danger and the arm had been saved. All the time the child praised his skill and the parents were so grateful that they really embarrassed him by their praise of his care to their little one. Sometime the following summer the father came to pay his bill. The time getting there and once the bill had grown to almost the proportions of the national debt, but your generosity and this lovely child has reduced it to $2.95.”

Such are the rewards of the family doctor. God bless him and may he continue to call men good and true into family practice.

May I at this time, on behalf of the faculty and staff, convey to the Board of Directors our sincere thanks to them for keeping these institutions open and for permitting them to grow and expand so that we in our turn can turn out doctors like the one Robert W. Service so aptly describes.

ALUMNEWS

H. Edward Davis, '41, has opened an office in Lewisburg, Pa.

Norman Lazin, '41, has been appointed to the full time position of team physician for the Pittsburgh Steelers of the National Professional Football League.

THE 1941 ANNUAL GIVING FUND

“To help P. C. O. Students of Today
Be Better Osteopathic Physicians of Tomorrow.”

Have YOUR name on the list of Contributors.

ACKNOWLEDGMENTS—(Continued from page 5)

PERSPECTIVE

JOIN THE A. O. A.!
The success of osteopathy as a profession depends in large part upon everyone realizing his or her responsibility to it; thinking of his duties and forgetting for a time his rights or benefits. If he recognizes no duties toward the profession in which he is numbered, the day may come when he will lose his rights by dangers from without. From experience, I shudder to think of the fate of those who lack sufficient perspective and character to concentrate on the essential or to look beyond the immediate effect of today’s fortune or favor.
LET'S FACE THE FACTS!

Philadelphia College of Osteopathy . . .

• The "Osteopathic Digest" in recent issues has expressed to you the plain, unvarnished facts about P. C. O.'s needs, and how Endowment and other Productive Funds would enhance her position and standing.

• P. C. O. cannot long continue to operate and to serve, and at the same time maintain her educational responsibilities, unless we Alumni and Friends increase our support.

• Four hundred Graduates and Friends of P. C. O. have generously and loyally given in the past five years (the Annual Giving Fund was instituted in 1936), making possible the purchase of endowment insurance policies which on maturity will net $100,000.00 for the Endowment Fund of the Philadelphia College of Osteopathy.

• The Annual Giving Fund must be sustained. Premiums on the insurance policies held by the Trustee for the Endowment Fund amount to $650.00 monthly. Payment of these premiums can be met only if we all give something.

• If, when you received this "Digest," you have not been approached by your class representative, or have not as yet sent in your gift for 1941, please . . .

DO IT NOW!!

PREPAREDNESS PLUS

SELECTIVE ADMISSION OF STUDENTS
MAKES POSSIBLE TRAINING FOR LEADERSHIP . . .

That Is What The P. C. O. Aspires To

Requirements: A minimum of two years of collegiate work in an approved College of Arts and Science, with courses in English, six semester hours; physics, eight semester hours; biology, eight semester hours; chemistry, twelve semester hours including an approved course in organic chemistry.

PHILADELPHIA COLLEGE OF OSTEOPATHY

REGISTERED WITH THE NEW YORK BOARD OF REGENTS