Osteopathic Digest (May 1943)

Philadelphia College of Osteopathy

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To Keep Step With Progress In All Education
— Edgar O. Holden

Resolution or Dissolution—Which?
— Frederick A. Long

"The Status of Endocrine Preparations In Gynecologic Practice"
— Arthur M. Flack

A Report To the Profession
— John G. Keck

51st Commencement

May 1943
$250,000.00
for the
Improvement of Osteopathic Education

At a conference between the Executive Committee of the A. O. A. and the Executive Heads of the recognized osteopathic colleges, held in Chicago in late December, the plight of the osteopathic schools with respect to obvious needs requiring fulfillment before full recognition might be expected, was discussed.

At that time it was determined that a study should be made looking to a frank expression on the part of the individual institutions as to both immediate and long-range needs. Drs. R. M. Tilley, President of the A. O. A., and R. C. McCaughan, Executive Secretary of the A. O. A., were empowered to make the initial investigation. The import of it all was to the effect that we could not possibly expect national recognition until certain known weaknesses were corrected which entailed additions and improvements requiring heavy expenditures and consequently augmented funds.

Accordingly, in addition to an educational survey, it was decided that study be made of the fund-raising needs of the several institutions. In early March, the heads of the colleges were requested to meet with the Executive Officers of the A. O. A. for the purpose of filing with these officers the stated needs of the individual institutions. At the same time, representatives of various leading fund-raising organizations were presented, making proposals concerning uniform surveys of the financial needs of the six recognized colleges.

The Division of Public and Professional Welfare had already made an exhaustive survey of the types of public financial programs that may be operated objectively for and by the approved osteopathic colleges. Their investigation had been conducted with the idea in mind that osteopathic colleges can be qualified for the same kind of philanthropic support enjoyed by contemporary institutions and other colleges turning out graduates who contribute to the health and safety or to the cultural, social or economic advancement of the people, generally.

In the eventual picture, the American City Bureau of Chicago and New York City, with the assent of the American Association of Osteopathic Colleges, was selected and employed by the American Osteopathic Association to make a careful study of the six recognized colleges concerning the money-raising possibilities of these institutions. In the case of the Philadelphia College, the investigation was conducted by the American City Bureau the last week in March. The report of this organization, the oldest public money-raising agency in the Country, registered the conclusion that the Philadelphia College of Osteopathy is in a position to undertake a fund-raising effort for the meeting of needs as formulated by the A. O. A. Bureau of Colleges.

On May 10th the Board of Trustees of the Philadelphia College, in joint session with the Board of Directors of the Osteopathic Hospital of Philadelphia voted to undertake a fund-raising campaign with a goal of $250,000.00. The funds raised are to be used exclusively for osteopathic education.

The services of the American City Bureau to direct the Campaign have been procured. The program will be undertaken forthwith and carried out intensively over a three months’ period. The Board of Trustees of the College are to be congratulated on the broad and well-considered step they have taken, looking to the improvement of osteopathic education in this recognized center of medical learning. We may well be proud of their leadership. For this, as Alumni, we are very thankful.
TO KEEP STEP WITH PROGRESS IN ALL EDUCATION

EDGAR O. HOLDEN

For a number of years, the osteopathic profession in its organized channels gave most of its time and its concern to legislative, legal and public affairs. Education was a matter for administrators and faculties to contend with. The osteopathic colleges received but passing attention and with it a nod of official recognition.

The War has made many of us re-evaluate some of the things we took for granted for so long a time. One of the chief among these is the place of osteopathic education in the level of thought and activity. For that matter, osteopathic education has come to be recognized as related significantly to things far beyond the pale of organized osteopathic effort itself. It penetrates the realm of all education with its limitless bounds, its wealth of experience, its heritages and traditions.

When a school of philosophy—any school—approaches the portals of officialdom, to all outward appearances the door is bolted. When it is unlatched, there still remains a restraining chain so that the neophyte is stopped of ready entry. He is admonished that he is not entirely a stranger, but he can not be received with open arms into the inner sanctum. There is to be considered the formality of decorum, of mien, fundamental requirements, standards and credentials bearing incontrovertible evidence of academic motivation and understanding. It may be an independent school of thought but it cannot expect to evade the omnipresent balance that is set to weigh educational validity as a determinant for recognition, the danger of bias or miscomprehension notwithstanding. This fact has been brought forcibly to attention by the Bureau of Professional Education and Colleges of the A. O. A. under the capable leadership of Dr. R. M. Tilley.

(Continued on next page)
To Keep Step with Progress in All Education

(Continued from preceding page)

The Colleges have been spurred to improve their conditions generally. It has been made known to the osteopathic profession-at-large that the Colleges must be backed and supported liberally to ensure fulfillment of known needs and to open gateways to new opportunities. The needs of the Colleges have been self-appraised and self-expressed. The cooperative effort of the A. O. A. in employing a fund-raising organization to make a survey of the six recognized osteopathic colleges is laudable indeed. The findings in the individual case, as well as collectively, should prove not only revealing but offer hope for replenishment through support based on firsthand understanding.

While the records of the Colleges are open books, pressing needs have not been set forth clearly to the profession generally. That has been a mistake. The searchlight of inquiry is turned upon osteopathic education as a whole. This has been made known to the profession through properly constituted channels. When particulars and details concerning needs have been tabulated and when proper appeal has been made to the profession for help it will be forthcoming. That they will rise to the occasion is a sure thing. There will be no lost sense of values.

The Philadelphia College has blazed the trail in fund-raising campaigns. The present buildings at Forty-eighth and Spruce Streets stand as a splendid expression of campaign achievement. But they are not adequate for the accrued and compelling needs of the times. The next step must be taken. The hour of decision has been reached. Side by side with other osteopathic colleges under general sponsorship of the A. O. A., the Philadelphia College will undertake a campaign for funds for the improvement of osteopathic education. The Trustees of the College have set a goal of $250,000.00 with machinery to be set in motion immediately. Naught Venture Naught Have! is a maxim that has gathered a lot of wisdom around it down through the years. It is capitaly applicable at this juncture. There is a must behind the order if osteopathy is to be expected to stand the rigid tests of objective inspection.

Those of us who are on the scene here are biding every effort to make the spirit of the Philadelphia College live in all those who study in her halls. But even greater is the responsibility of those scattered throughout the nation to show that those things for which P. C. O. stands are alive in them, and that the bonds between P. C. O. men and women are strong and true.

The Campaign for $250,000.00 will afford each alumnus an opportunity to show a continuing interest in the College and in the work it is doing. The core of P. C. O. is at stake. Earnest appeal is made for wide-spread and generous Alumni support.

Resolution or Dissolution—Which?

(Continued from preceding page)

The roots of this foundation should lie in a more scientific exposition of our philosophy in practice. This means research study in many fields of our science which hardly have been touched. A sufficient amount of such investigation, carried out according to acceptable standards of science in general, will begin to contribute a vital force to us. The fact that research proceeds painfully slowly, even under the most propitious circumstances, brings into sharp focus our derelictions of the past regarding these inner necessities. Our apparent failure to deal effectively with the elements which are now at work contributing to our demise is our worst enemy. It is our fifth column. If we recognize these elements now and act upon them now to build slowly from within, there may yet be time to save an important contribution to the healing art—osteopathy. If we continue to rest on past laurels, then the words of President Lowell will have tragic meaning, not alone for us as a profession, but for the countless numbers of those who will have lost to them the benefits which it is possible for us to give.

Campus Caprices

The watch chain maker was arrested in the zoo. He was taking out one of the lynx.

Spinach illustrates the old proverb that you can’t have your grass and eat it too.

The doctor’s wedding was a swell affair. They even threw puffed rice.

He called her Lysol because she irritated him.

Most modern novels can be accurately criticized by saying that the covers are too far apart.

It’s a good mating when a grass widow marries a vegetarian.

My girl tats and I tattoo.

A man almost choked to death recently. He was eating meat when someone shouted “Whoa” and the stuff stopped in his throat.

“This is a Dead End,” said the highway patrolman as he picked up a rabbit’s tail from the roadway.

“Balsam more,” said the Vermont mother as she spanked her offspring with a pine shingle.

One of the horrors of war is that it increases the number of marriages.

Russell C. Erb.

Hospital Lawn Fete—June 2

This is the day of the Annual Lawn Fete to aid the Hospital.

Here is an opportunity to help our institution in a big way!
Commencement—1943

WITH impressive ceremonies, the Philadelphia College of Osteopathy held its 51st commencement in Irvine Auditorium, University of Pennsylvania, on April 17th, conferring honorary degrees upon four outstanding figures in science and education, and degrees in course to sixty-two graduates.

John G. Keck, President of the Board of Trustees of the College, presided, and presented the degrees. Recipients of honorary degrees were:

DR. R. McFARLANE TILLEY, President of the American Osteopathic Association; Doctor of Science.

DR. R. WHITMORE, Dean, School of Chemistry and Physics, Pennsylvania State College; Doctor of Science.

DR. PAUL T. LLOYD, Professor of Radiology, Philadelphia College of Osteopathy; Doctor of Science.

PROF. RUSSELL C. ERB, Associate Dean and Professor of Chemistry and Toxicology, Philadelphia College of Osteopathy; Doctor of Science.

Dr. Tilley was cited for academic honors by Dean Edgar O. Holden; Dr. Whitmore, by Prof. Erb; Dr. Lloyd, by Donald L. Helfferich, member of the Board of Trustees; and Prof. Erb, by Dr. O. J. Snyder, Co-Founder of the College.

In his introductory address Mr. Keck said:

"Never—in terms of unselfish service to humanity, and particularly to suffering humanity—has the opportunity for the osteopathic physician been greater than it is today. In the wake of war comes death, desolation and destruction. But—by the grace of God—comes also restoration, reconstruction, rehabilitation, and hope for the future.

"It is into this picture that the osteopathic physician of today finds it possible to project himself. On every side lies a challenge to the initiative of Osteopathy. No need to bear a commission or wear a uniform. Without them you are still soldiers in that great army which will bear the brunt of rebuilding maimed bodies and bringing back the health of nations."

Dr. Whitmore was the principal speaker, taking as his topic "What Can We Do After the War?" He said, in part:

"The point to be emphasized is that mankind's present knowledge is sufficient to remove most of the basic causes of the wars of the past 300 years. Most of these have been related to economic causes. In other words, most wars of the past three centuries have had their roots in material want. Either large groups of people were in actual want, or feared such want, or some leader capitalized on such actual or feared want. We now have the knowledge to eliminate such want and to create a standard of living for the entire human race, superior even to that enjoyed by the more prosperous half of the United States during its most prosperous years. We have the knowledge, but do we have the wisdom?"

Dean Holden reviewed the struggle for recognition by Osteopathy, and continued:

"I can only state to you that the battle will be an unceasing one. We shall never stop knocking at official doors, whether legislative, executive or judicial, whether bureaus, departments, commissions, or other rating bodies. Our claims are and must continue to be based on a propriety, on values, on justice, on educational worth and public esteem. All of these things are in our possession, or within reach. It is a solemn duty of our institution and of our physicians to understand these things. No representation nor claim may be made, much less justified, without forethought, without foundation and proper support."
THE ACADEMIC PROCESSION FILES INTO IRVINE AUDITORIUM

With Mr. John G. Keck, President of the Board, and Dr. Edgar O. Holden, Dean, in the lead, the procession of honorary degree recipients and faculty enters the auditorium at Commencement. Following Mr. Keck and Dean Holden are Dr. R. McFarlane Tilley, A.O.A., President, and Dr. Paul T. Lloyd, Professor of Radiology.

The commencement exercises were preceded by the traditional academic procession of recipients of honorary degrees, officers of administration, faculty and graduates. The invocation was offered by the Rev. Dr. Robert H. Gearhart, Lutheran campus pastor for Philadelphia, and the benediction pronounced by the Rev. Col. C. B. DuBell, College Chaplain. Organ music was by Dr. Ormond Seibert, '38, of New York.

PRIZE AWARDS

Sigma Alpha Omicron—Raymond H. Hammel, Samuel Guyer, Frank Herzelin.
Alumni Prize—Raymond H. Hammel.
Technique Prize—William H. Fisher.
Surgery Prize—John Tully.
Hospital Practice Prize—Paul Wallat.
Clinical Osteopathy Prize—Clyde Henry.
Faculty Prize—Charles A. Hemmer.
Urology Prize—H. Gordon Henry.
Clinical Obstetrical Prize—Robert H. Higgs.
Bacteriology Prize—Joseph M. Kobylanski.
Feessr Medal—Raymond H. Hammel.

HOSPITAL APPOINTMENTS

Junior Interns
(Term expires April 30, 1944)

Kenneth Adams...........Longmeadow, Mass.
Charles Hemmer ..........Syracuse, N. Y.
Clyde Henry ............Hackettstown, N. J.
H. Gordon Henry.........Oak Lane, Pa.

Wesley C. Luther ............Buffalo, N. Y.
Louis Nelson ..............Solvay, N. Y.
Paul Wallat ..............Arlington, N. J.

Fellowships

Norman Arends .......Department of Pathology
Cecil J. Harris ..........Department of Neurology
Robert Donald Higgs........Department of Obstetrics
Anne Jendryk ..........Department of Pediatrics
Albert Charles Kette, Jr.,
Department of Obstetrics
Henry Alexander Olitsky,
Department of Clinical Osteopathy
Basil Tully ..........Department of Pediatrics

Citations

Following are abstracts from the citations by which the various candidates for honorary degrees were presented:

DR. R. McFARLANE TILLEY

From Dean Holden's citation: "For his conspicuous ability in leading and directing the work of associates, with his generous and stimulating attitude toward them; for the qualities of sincerity, enthusiasm, and the confidence he instills in organization; for the vastness of his educational work, and the persistence and optimism with which he is pursuing it; for the valuable contributions he has made to osteopathic and scientific literature; and in recognition of the merit with which he is rendering service for the betterment of his fellows and of society, I take pleasure in presenting Dr. Tilley for the degree of Doctor of Laws."

DR. FRANK C. WHITMORE

From citation by Prof. Russell C. Erb: "Dr. Whitmore's qualifications for academic distinction are as outstanding as they are many and varied, for he has devoted his life to the extension of the frontiers of scientific knowledge, thus making a definite and conspicuous contribution to the promotion of human welfare. Dr. Whitmore's entire career has been dedicated to the advancement of the science of chemistry, through intensive research and original investigation along highly-constructive lines of effort. Not only is he a nationally-known leader in the fields of chemistry and physics, but in that of education."

DR. PAUL T. LLOYD

From citation by Donald L. Helfferich: "It is an honor to present Dr. Lloyd for the degree of Doctor of
Science because of his distinguished service to his profession; for leadership; for original investigation and inspiration in his chosen field, not only to the younger men whom he has taught, but to all of his associates; for his sincerity of purpose; and for his devotion to his Alma Mater."

PROF. RUSSELL C. ERB

From citation by Dr. O. J. Snyder:  
'Education qualifications and professional attainments are not the only prerequisites for the awarding of an honorary degree. An essential attribute is personality and the essence of humanity. In this respect Prof. Erb is the very impersonation of these qualities. His very presence radiates confidence, cheer, assurance, hope and peace. In time of adversity, always kindly, cooperative and sincere."

Ohio Tour

If the Philadelphia College and the Hospital were Ohio institutions; if department heads and activities strictly Philadelphian's were just as strictly the properties of any one of the cities in Ohio—your Pathologist and your Director of Admissions could not feel any more at home than they do when they make their annual college visits to the Buckeye State.

That State Association, under the capable leadership of Bill Konold, its secretary, is really out front in getting every ounce of recognition for the profession.

Dr. Dressler and I covered some of the colleges this year. As was expected some of the institutions visited in former years could not be contacted this year, because accelerated programs and military occupations disrupted schedules, but over 300 students were assembled at the University of Toledo, and an equal number at Otterbein University. The Rotary Club at Marietta had Dr. Dressler as its luncheon speaker.

Kent, Hiram, the University of Ohio, Ohio State and others sent their regrets, but hoped that there would be another opportunity this year in order that their students could again meet with the representatives. To members of the profession—to the Ohio State Association and its Secretary—our heartfelt gratitude for their high regard of the Philadelphia College as evidenced by the many acts of kind consideration and words of encouragement.

L. G. Schacterle.

"Alumni Day"

An outstanding feature of the recent Commencement Day program at P.C.O. was a highly-successful Alumni luncheon which marked the observance of "Alumni Day" at the College. It was the annual meeting of the Alumni Association, and the event was characterized by a large and enthusiastic attendance.

The luncheon-meeting was held in the College auditorium, immediately following the commencement exercises. Dr. Karnig Tomajan, president of the Alumni Association, and the function was under the general chairmanship of Dr. John H. Eimerbrink, '32. Guests of honor were the members of the graduating class. Approximately 200 persons were in attendance.

Featuring the luncheon was an address by John Corcoran, noted radio news commentator, who gave his listeners an "off the record" impression of the progress of the war.

Seated at the speaker's table were Dr. R. McFarlane Tilley, Dr. Tomajan, the Rev. Col. C. B. DuBell, College chaplain; the Rev. Dr. Robert H. Gearhart, Lutheran campus pastor for Philadelphia; the Rev. Irwin S. Yeworth, baccalaureate speaker; Dean Edgar O. Holden, Prof. Russell C. Erb, Associate Dean; Dr. and Mrs. George Stineman, of Harrisburg; Dr. and Mrs. Paul T. Lloyd and their son, Dr. and Mrs. Charles Hemmer, Dr. Frederick A. Long, Alumni Secretary; Donald L. Helfferich, Trustee, and John G. Keck, President of the Board of Trustees.

Dr. Long reported the results of the Alumni Board's election of officers as follows: Dr. Karnig Tomajan, '30, President; Dr. James E. Chastney, '24, and Dr. Carlton Street, '24, Executive Vice-Presidents; Dr. Frederick A. Long, '24, Secretary; and Guy W. Merryman, 30, Treasurer.

Reports of the election by balloting by the entire association were reported as follows: Alumni nominee for trustee on College Board, George W. Gerlach; Regional Vice-Presidents, Dr. James E. Chastney, '24, Northern New Jersey.

(Continued on next page)
Alumni Day (Continued)

Regional Society; Dr. M. Lawrence Elwell, '20, New York State Regional Society; Dr. Joseph L. Hayes, '27, South and West Philadelphia Regional Society; and Dr. George B. Stineman, '32, Central and Western Pennsylvania Regional Society; Directors at large, Dr. C. Haddon Soden, '25, and Dr. John H. Ennerbrink, '32.

The Alumni Award, for conspicuous service to the College and to the profession, was awarded to Dr. George B. Stineman, of Harrisburg. The golf trophy, won by the faculty, was presented to Dean Holden by Dr. Harry Kerr, chairman of the Faculty-Student Golf Committee.

It was universally conceded that the "Alumni Day" observance was a most attractive and pleasurable occasion.

In the Navy Now

A recent uniformed visitor to the College was Ensignment Anthony C. Gagliano, U.S.N.R., a sophomore who enlisted in the Navy. Gagliano was stationed at the Midshipmen's School, New York, but since has been transferred to Torpedo Ordnance at Newport.

Roentgenologist

Dr. H. Wesley Gorham, P.C.O., '31, of Norwalk, Conn., has received his qualifying certificate as a Roentgenologist (diagnostic) from the American Osteopathic Board of Radiology. He is one of twenty-three osteopathic surgeons in the United States qualified by the board.

Camden County Society

Nine staff members or graduates of P.C.O. took part in a symposium on "Appendicitis" which featured a meeting of the Camden County Osteopathic Society on May 6. They were Drs. Angus G. Cathie, Thomas Satterthwait, Sidney M. Weitberg, Edward J. Spodobalski, Dewaine L. Gedney, Arthur M. Flack, Lester W. Kent, George S. Rothmeyer, and Ralph W. Davis, Jr.

Talks on Heart

Dr. Joseph L. Root, Clinical Professor of Osteopathy, addressed the Maryland Osteopathic Society on April 18 in Baltimore on the subject of "Heart Disease." Recently he spoke before the faculty of the Los Angeles College and the staff of the Magnolia Hospital, Los Angeles, Cal.

Faith In P.C.O.

A recent visitor to the College was Dr. Charles W. Sauter, 2d, Class of '31, of 87 S. Main street, Gardner, Mass. Dr. Sauter has two definite interests in the College—a brother, John, who is a freshman, and another student he sent to P.C.O.—Edward Ropulewicz, a sophomore.

County Society

Election of officers and a featured speaker will be the business of the next meeting of the Philadelphia County Osteopathic Society on Thursday evening, May 20, at the College, under the presidency of Dr. Carl Fischer.

Dr. Sterrett Speaks

Dr. H. Willard Sterrett, Professor of Urology, addressed the Harrisburg Osteopathic Society on May 5 on "The Present Status of the Sulpha Drugs in Urinary Tract Infections." On May 13 he spoke before the Lehigh Valley Society, meeting at Quakertown, on "Diagnosis and Treatment of Prostatism."

Tribute

Dr. Isaac Barg, '21, who is practicing dentistry and dental surgery at 1729 S. Broad street, has been made an honorary member of the North Philadelphia Chamber of Commerce in recognition of "his noble deeds, without fear, pain or embarrassment, among the suffering."

The Mere Male

Dr. William Baldwin, Professor of Physiology, addressed the Lions' Club of Germantown on April 20 on the subject, "The Human Male, His Changes and His Behavior After 50 Years of Age."

Air Raid Tea

Defying air raiders, Dr. Charles W. Barber, '14, recently entertained Dr. Donald S. Gibbs, '37, of Surrey England, and Miss Jean Treacy, graduate nurse, at tea at his home in London.

Junior Aid

At the annual meeting of the Junior Aid of the Osteopathic Hospital on March 9 officers were elected as follows: President, Mrs. Harry Kerr; Vice-President, Mrs. Glen Cole; Recording Secretary, Jane Peterson; Corresponding Secretary, Mrs. Pauline Marazolla; and Treasurer, Mary Hines.
MAY, 1943

Osteopathic Meetings

Eastern Convention

FROM the viewpoints of both interest and attendance, the 23rd annual convention of the Eastern Osteopathic Association was one of the most successful in the organization's history.

Meeting in two-day sessions at the Hotel Pennsylvania in New York, the convention studiously avoided the broader aspects of the war and confined its deliberations exclusively to problems of the home front. In the convention sessions faculty members of P.C.O. figured conspicuously and a sizable delegation from Philadelphia attended.

Perhaps the outstanding feature of the convention was an inspiring address by Dr. R. McFarlane Tilley, president of the American Osteopathic Association. Said Dr. Tilley:

"The shortage of doctors occasioned by so many being called into the armed services is becoming one of the country's major problems. It is one shortage that cannot be met with rationing because it is unthinkable that anyone in need of them should be denied a doctor's services.

"The crisis must be met by the expansion of teaching facilities and student selection. It also calls for better teaching and changes in subject teaching to provide for wartime and postwar needs. Upon the better care of mothers and children depends the well-being of the next generation. Greater emphasis on tropical medicine has been projected upon the curricula of all schools of medicine by the fact that our armies are fighting in the tropics and cannot help but bring back to this country many ailments peculiar to the tropics.

"Diligence in disease and injury prevention; that is, public health programs; cannot be relaxed. Preventive problems are never lessened but are increased by war. For example, the mass influx of women into factories and other occupations formerly performed only by the 'muscles of men' is creating entirely new and general phases in feminine health care."

Dr. Tilley said that the war is highlighting what our schools of medicine "ought to have known all along"—that there is need and opportunity for more women doctors than have heretofore been encouraged to enter the healing professions. It has been well proven, he added, that women are well qualified to become general or 'family doctors' and to enter many of the specialties.

Dr. Otterbein Dressler presided as president of the Eastern Association. Two members of the faculty at P.C.O. presented papers at the sessions—Dr. Edwin H. Cressman, on "The Care of Some Common Lesions of the Skin," and Dr. Francis I. Smith, on "Modern Office Anesthesia." Headed by Dean Holden, a delegation from this city gave liberal representation for P.C.O.

Dr. Dressler, who has served as president for two years, yielded the gavel in the annual elections to Dr. F. Gilman Stewart, of Brooklyn, and was himself chosen as First Vice-President.

Ohio-So. Carolina

Dr. George S. Rothmeyer, Professor of Anatomy, addressed the Ohio State Convention on May 10 on the subjects "Expected Types of Injuries and the General Principles of Treatment of War Casualties on the Civilian Front." On May 9 he took part in a demonstration at a cast and splint clinic. He also discussed "Common Fractures and Their Treatment."

At the South Carolina Osteopathic Society convention on May 12, Dr. Rothmeyer spoke on "Gastric Ulcer, Diabetes and Arthritis—Treatment and Technique."

New England

P.C.O. physicians and surgeons figured conspicuously in the program of the New England Osteopathic Association convention at the Biltmore Hotel, Providence, R.I., on May 15 and 16.

Dr. Otterbein Dressler presented papers on "Principles of Military Medicine" and "Tropical Medicine"; Dr. Kenneth L. Wheeler on "Dystrophies of Bone Common to Lower Extremities," and "The Tuberculosis Problem—the War and the Radiologist"; Dr. James M. Eaton on "The Management of Epiphyseal Dystrophies of the Spine" and "Low Back Disability;" and Dr. Edwin H. Cressman on "Management of Some Common Diseases of the Skin by the General Practitioner" and "The Diagnosis of Acquired Syphilis."

College of Surgeons

Dr. Edward G. Drew, as co-chairman, with Dr. James M. Eaton, of the program for the annual Clinical Assembly of the American College of Osteopathic Surgeons, to be held October 24-28 next at the Bellevue-Stratford Hotel, has announced preliminary plans for the assembly.

While the College is in session, clinics will be held at the Osteopathic Hospital every morning from 8 to 12, and for two days the general program of the assembly will be taken over by the heads of the various surgical departments of the college and hospital, assisted by Drs. Dressler and Lloyd.

War Service Conference

"Come to Detroit Prepared to Learn!"

Dr. Ralph F. Lindberg, Chief of Staff of the Chicago Osteopathic Hospital and Program Chairman of the 1943 War Service Conference and Clinical Assembly of the American Osteopathic Association, July 16-20, brought this slogan with him on a recent visit to the Philadelphia College to make plans for P.C.O.'s participation in the Conference.

"If you want a concentrated postgraduate course this summer, come to Detroit; if you don't, stay away," advises Dr. Lindberg. "This is not just an ordinary convention—the customary type is out for the duration—but a practical post-graduate course the like of which never has been presented before at an annual meeting."

Seven staff members from P.C.O. will figure conspicuously in the deliberations of the Conference. Their names and subjects follow:

Dr. C. Haddon Soden—"Therapy of the Mechanically-Unstable Low Back."

Dr. Leo C. Wagner—"Infant Feeding"—clinics.

Dr. James M. Eaton—"Surgical Therapy of Sciatica."

Dr. Otterbein Dressler—"Tropical Disease."

Dr. Frederick A. Long—Report of Ten Years of Research.

Dr. W. F. Daiber—"Differential Diagnosis of Shoulder Pain."

Dr. Angus G. Cathie—"Anatomical Relationships and the Etiologies of Sciatica."
JUST A MOMENT!

Old Mother Hubbard, Jack Spratt and Little Jack Horner stories don’t go over so big with the kiddies these rationing days. Children already know that the larder is slim and that oleo calls for ill-spared points. As for plums, they think that’s something to do with politics.

Duds—(1) Prohibition, (2) April Weather, (3) Straw-Clutches, (4) Black Markets for M.D. degrees.

Attorney R. E. Cognition says that mathematically deferment for osteopathic physicians is 101% satisfactory to his clients, although without benefit of a Gallup poll.

Famous D. O.’s — Doughboys, Doughnuts, Doughboys, Don’t—and you, DOE.

Longfellow pleaded: “Tell me not in Mournful Numbers”; Stevenson coined the ribald verse: “Fifteen Men on the Dead Man’s Chest,” and we pen ruefully, “A Myriad of Osteos With No War to Serve In.”


Pointing a critical finger at organized osteopathy is about as helpful as writing your Senator what to do at Kiska or Burma. Besides, it’s bad manners to point.


A spade is a spade. Convention, no! War Service Conferences and Clinical Assembly, yes! Well, anyway, on to Detroit!

Willy-nilly—Time, tide, typhoon, tick and twitter (titter).

It is to be expressly understood that the Lindberg (no “h”) running the A. O. A. program is not the Charles of Morrow and Co. It will be Ralph F. who says “Here We Are” at Detroit.


Famous Downs—Epsom, Churchill, Down Under and “Down the Hatch.”

As the pin-boy remarked when the novice rolled one down the gutter: “How Green Is My Alley.”

Ned Lowe.

For Country and College

Editor, Digest:

We are enclosing $18.75 in war stamps for conversion into a bond for the College Endowment Fund. We received our diplomas from the College in January, 1910, and are still in active practice. Living at such a distance from the institution it is impossible for us to keep in close touch with it, but we have watched the growth of the school with great interest, and wish to commend those charged with the conduct of its affairs for the courageous manner in which they are carrying on at present under tremendous difficulties.

E. L. and S. C. Thurman, Americus, Georgia.

Editor, Digest:

Forgive me for taking so long, but today being my birthday, I thought that I had best do a good turn. So here it is. Good luck always. As ever, in the Bonds,

Paul H. Hatch, ’26,
1818 Jefferson Place, N.W., Washington, D. C.

The Church and Osteopathy

“The Wonder Story of Osteopathy” was the topic of a recent lecture by Dr. George W. Riley, former President of the American Osteopathic Association, in the famous Riverside Church, New York, of which Dr. Harry Emerson Fosdick is pastor.

The Rev. Irvin S. Yeaworth, pastor of Bethany Temple Presbyterian Church, 53rd and Spruce streets, was the baccalaureate speaker for the 1943 P.C.O. graduating class, and offered the invocation at the “Alumni Day” luncheon at the College.

The Rev. Dr. Robert Gearhart, Lutheran campus pastor for Philadelphia, offered the invocation at P.C.O.’s 51st commencement in Irvine Auditorium on April 17.

Louis G. Schacterle, Director of Admissions at the College, is a member of the Session of the Fourth Presbyterian Church, 47th street and Kingsessing avenue.

John H. Schenck, Treasurer of the College, is President of the Board of Trustees of Sellers Memorial M.E. Church, Upper Darby, and Vice-President of the Official Board.

ACKNOWLEDGMENTS — WAR STAMP ALBUMS RECENTLY RECEIVED

Dr. Paul Hatch .................. Washington, D. C. .................. 1926
Dr. E. L. & Stella Thurman, Americus, Ga. .................. 1910
Dr. Warren Tucker .................. Fort Washington, N. Y. .................. 1935
Dr. Elizabeth Wellstrud ...Upper Darby, Pa. .................. 1925
Dr. Harry Binder .................. Phila., Pa. .................. 1936
Dr. William Nais .................. Providence, R. I. .................. 1931
Dr. Russell C. Erb ..................ervashton, Pa. .................. 1932
Dr. Harry Loevis .................. Stoneham, Mass. .................. 1922
Miss C. M. Bagheer .................. Phila., Pa. .................. 1922
Dr. Paul T. Lloyd .................. Phila., Pa. .................. 1923

ACKNOWLEDGMENTS — CASH CONTRIBUTIONS

Dr. James Eaton .................. Upper Darby, Pa. .................. 1938
Dr. Charles Dickerman .................. Staunton, Va. .................. 1934
Dr. Merrit Vaughan .................. Rochester, N. Y. .................. 1933
Dr. J. C. Howell .................. Orlando, Fla. .................. 1905

FRANCIS M. WHITE

The DIGEST welcomes him to the official faculty family as instructor in embryology. Mr. White, who also teaches zoology at the Philadelphia College of Pharmacy and Science, received his Master’s degree from Purdue University and his A.B. from Earlham College, Richmond, Ind.
A REPORT TO THE PROFESSION

By
JOHN G. KECK
President of the Board of Directors
Osteopathic Hospital of Philadelphia

A LITTLE more than three years ago your present Board of Directors assumed the responsibility of the operation of the Osteopathic Hospital of Philadelphia with the conviction that—in view of a deplorable situation then existent—a transfusion of new blood into the administrative organization would have a salutary effect.

As President of that Board, I regard it as a privilege, as well as an obligation, at this time, to render an accounting of our stewardship, so that the members of our Hospital staff and of its affiliated organizations may be made aware of the steps we have taken, the equipment provided, the funds expended, and the plans formulated for the professional and physical development of our institution.

When the Board assumed control of the administrative affairs of the Hospital in 1940, we found conditions which constituted a definite challenge to every degree of initiative and ingenuity we possessed. The institution was quite unable to meet its obligations. The Hospital buildings were in need of many repairs, due to lack of planning and improper provision for funds for rehabilitation and the renewal of worn-out equipment.

At that time the first mortgage on the property—held by a local financial institution—amounted to slightly over $318,000. A second mortgage—due the contractor—amounted to approximately $325,000. A second mortgage on the Nurses' Home; outstanding bonds of the first mortgage on that home; judgments against the Hospital, etc., constituted a total obligation of about $960,000. In addition, there was outstanding and due to trade vendors and suppliers of materials to the Hospital, a sum amounting to $58,000; making a grand total of obligations approximating $1,018,000.

Viewing this critical situation in retrospect, I can assure you that so grave was the crisis with which our Hospital was faced that many of the profession were convinced that it could not be corrected. Let me give you some striking examples of our utter inadequacy at that time to fulfill our mission as an institution of healing:

It was reported to the incoming Board of Directors that our X-ray equipment was not shock-proof and was actually hazardous. Reports came to our attention that the kitchen equipment, gas ranges, etc., had broken down and needed replacement. The oil-burning equipment broke down in mid-winter, and the Board of Directors, largely out of their own pockets, purchased new equipment.

To add to our troubles, the roof of the building leaked, and surface water poured into our clinic rooms, causing the plaster to fall from the walls. Water seeped through the foundation wall into our electrical equipment, rendering the basement area highly dangerous to workers. We found that we did not have a dual domestic hot-water system, which meant that the old boiler was the only source of supply, and should this break down, the operating rooms and all departments of the Hospital and College would be without an adequate water supply.

It can easily be understood that in the early days of the present Board's administration, there was within the institution considerable dissention, absence of unity in thought, lack of leadership, faith and guidance. Personal recriminations were indulged in, rumors were prevalent, and criticisms were sharp and unkindly.

These incidents give but a superficial conception of the problems which had accumulated to harrass a Board of Directors made up entirely of laymen, who had been urged by the profession to step into the picture and avert the calamity which all felt was inevitable. Had these, the members of your Board, been ordinary men, lacking the courage, vision and tenacity of purpose which, fortunately, all of them possessed, another story might have been told. Had they walked out on so hopeless a situation their action would not have been entirely without justification.

The necessity of raising funds to pay off our debts offered the only sane and logical avenue of escape, and it was adopted. It meant hard work, sacrifice of time, energy and money, and no end of courage, daring and sheer nerve, for it meant we had to face a clamoring group of creditors among individuals and supply houses who had waited as long as ten years for their money. Yes, it took real stamina, but the Board was equal to the occasion. In the vernacular, they had "what it takes."

The Board immediately set to work and formulated a plan to save the buildings for the profession, restore our shattered credit, and place...
FIGURES TELL STORY OF HOSPITAL GROWTH

COMPARATIVE BALANCE SHEET
OSTEOPATHIC HOSPITAL OF PHILADELPHIA

<table>
<thead>
<tr>
<th>ASSETS</th>
<th>5/31/40</th>
<th>5/31/41</th>
<th>5/31/42</th>
<th>3/31/43</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash on hand and in Banks</td>
<td>$2,318.08</td>
<td>$2,189.16</td>
<td>$3,333.34</td>
<td>$15,767.23</td>
</tr>
<tr>
<td>Accounts Receivable (Less Reserves)</td>
<td>2,818.63</td>
<td>9,907.53</td>
<td>7,638.86</td>
<td>13,060.23</td>
</tr>
<tr>
<td>Inventories</td>
<td>5,034.74</td>
<td>6,714.29</td>
<td>9,046.14</td>
<td>9,046.14</td>
</tr>
<tr>
<td><strong>Current Assets</strong></td>
<td>$10,171.45</td>
<td>$18,810.98</td>
<td>$20,018.34</td>
<td>$37,873.60</td>
</tr>
<tr>
<td>Due from Phila. College of Osteopathy</td>
<td>45,065.15</td>
<td>40,724.87</td>
<td>41,191.27</td>
<td>38,753.81</td>
</tr>
<tr>
<td>Miscellaneous Investments</td>
<td>33,672.30</td>
<td>15,000.00</td>
<td>5,000.00</td>
<td>5,000.00</td>
</tr>
<tr>
<td>85 shs. Phila. College of Osteopathy</td>
<td>8,500.00</td>
<td>8,500.00</td>
<td>8,500.00</td>
<td>8,500.00</td>
</tr>
<tr>
<td>Real Estate (Plant and Equipment), 48th and Spruce Sts.</td>
<td>829,056.18</td>
<td>824,176.91</td>
<td>805,783.42</td>
<td>791,119.46</td>
</tr>
<tr>
<td>4515-17-19 Spruce St. and Equipment</td>
<td>35,464.61</td>
<td>18,000.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1818 Spring Garden St.</td>
<td>18,000.00</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prepaid Insurance and Miscellaneous</td>
<td>4,476.58</td>
<td>5,040.33</td>
<td>5,084.77</td>
<td>6,424.43</td>
</tr>
<tr>
<td><strong>Total Assets</strong></td>
<td>$984,406.27</td>
<td>$912,253.09</td>
<td>$885,577.80</td>
<td>$887,671.30</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>LIABILITIES</th>
<th>5/31/40</th>
<th>5/31/41</th>
<th>5/31/42</th>
<th>3/31/43</th>
</tr>
</thead>
<tbody>
<tr>
<td>Notes and Loans Payable</td>
<td>$15,710.17</td>
<td>$13,135.82</td>
<td>$8,160.82</td>
<td>None</td>
</tr>
<tr>
<td>Accounts Payable</td>
<td>41,157.96</td>
<td>33,853.61</td>
<td>11,387.53</td>
<td>$7,845.71</td>
</tr>
<tr>
<td>Taxes Withheld, etc.</td>
<td>891.75</td>
<td>146.72</td>
<td>161.88</td>
<td>897.12</td>
</tr>
<tr>
<td>Salaries and Wages</td>
<td>955.50</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accounts Payable-Equipment</td>
<td>8,403.66</td>
<td>4,322.82</td>
<td>1,142.62</td>
<td></td>
</tr>
<tr>
<td>Accounts Receivable (Credit Balance)</td>
<td>1,537.74</td>
<td>1,813.60</td>
<td>2,251.83</td>
<td></td>
</tr>
<tr>
<td><strong>Current Liabilities</strong></td>
<td>$58,715.38</td>
<td>$57,077.55</td>
<td>$25,846.65</td>
<td>$12,407.28</td>
</tr>
<tr>
<td>Accrued Interest Payable</td>
<td>231,797.81</td>
<td>1,905.47</td>
<td>907.00</td>
<td>3.30</td>
</tr>
<tr>
<td>Taxes and B. &amp; L. dues</td>
<td>12,608.01</td>
<td>None</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>First Mortgage on Hospital</td>
<td>318,299.69</td>
<td>318,258.51</td>
<td>317,519.37</td>
<td>309,991.13</td>
</tr>
<tr>
<td>Second Mortgage on Hospital</td>
<td>214,588.69</td>
<td>None</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>First Mortgage on Nurses' Home: 4517 Spruce St.</td>
<td>12,000.00</td>
<td>None</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>4519 Spruce St.</td>
<td>10,000.00</td>
<td>None</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>Second Mortgage on Nurses' Home</td>
<td>9,500.00</td>
<td>None</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>First Mortgage on 1818 Spring Garden St.</td>
<td>18,000.00</td>
<td>None</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>First Mortgage on 1820 Spring Garden St.</td>
<td>9,450.00</td>
<td>None</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>Judgment—Eli Kirk Price Estate</td>
<td>54,746.60</td>
<td>None</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>Loan, Bankers Trust Co., Collateral</td>
<td>93,248.92</td>
<td>None</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>Capital Funds</td>
<td>30,691.17</td>
<td>15,000.00</td>
<td>5,000.00</td>
<td>5,000.00</td>
</tr>
<tr>
<td><strong>Total Liabilities</strong></td>
<td>$1,073,646.27</td>
<td>$392,241.53</td>
<td>$349,273.02</td>
<td>$327,401.71</td>
</tr>
</tbody>
</table>

| Surplus “Deficit”       | 89,240.00    |              |              |              |
| Surplus                 | 89,240.00    | 520,011.56   | 536,304.78   | 560,269.59   |
|                         | $984,406.27  | $912,253.09  | $885,577.80  | $887,671.30  |
During this campaign, $57,000 was contributed by members of the Hospital staff, faculty of the College, osteopathic associations, and alumni and friends of the Hospital and College. With these funds in hand, the Board met with our capital creditors and compromised by the payment of approximately $650,000 in debts and judgments.

The second year's campaign was inaugurated, and the sum of $16,000 was raised. With this money settlements were made with our trade creditors, with the exception of a few which had to be carried on to the third year. Arrangement for the repayment of notes on equipment which had been purchased were also made.

In the third year the balance of the vendors' notes was paid in full, and all purchases placed on a thirty-day basis. All back salaries to employes during these first, second and third years were paid, so that by the end of the third year no salaries were due anyone in the employ of the Hospital.

It was also in the third year that arrangements were made with the holder of the first mortgage, whereby the Hospital agreed to begin amortization of the $318,000 by the payment of interest and amounts on account of the principal, monthly. This plan has been continued, and as of this writing, the mortgage has been reduced to $308,000, with a principal payment of $10,000.

During these first three years, under the leadership of Mr. Herbert P. Weberman, Chairman of our House Committee, the following equipment was purchased, or donated, in addition to the repair items shown:

**EQUIPMENT**

<table>
<thead>
<tr>
<th>Item</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>New Gas Stoves, Fryer, Broiler, etc., in Kitchen</td>
<td>$ 837.65</td>
</tr>
<tr>
<td>1 Food Conveyor</td>
<td>217.00</td>
</tr>
<tr>
<td>X-Ray Equipment</td>
<td>13,812.90</td>
</tr>
<tr>
<td>1 Steam-Heated Water Still</td>
<td>385.00</td>
</tr>
<tr>
<td>Addition to X-Ray Viewing Room</td>
<td>176.50</td>
</tr>
<tr>
<td>Ediphone—X-Ray Department</td>
<td>385.00</td>
</tr>
<tr>
<td>4 Oil Burners—Nurses’ Home</td>
<td>225.00</td>
</tr>
<tr>
<td>Cubicles—Children’s Ward</td>
<td>412.00</td>
</tr>
<tr>
<td>Wheel Stretcher</td>
<td>200.00</td>
</tr>
<tr>
<td>1 Brown Cystoscope</td>
<td>205.00</td>
</tr>
<tr>
<td>1 Ball Float Valves for Oxygen Tanks</td>
<td>250.00</td>
</tr>
<tr>
<td>Instruments for Operating Room, Maternity and Emergency Rooms</td>
<td>1,844.50</td>
</tr>
<tr>
<td>Stainless Steel Bedpans, Emesis Basins, Bowls, etc.</td>
<td>1,500.00</td>
</tr>
<tr>
<td>39 Bedside Tables</td>
<td>682.50</td>
</tr>
<tr>
<td>27 Feeding Tables</td>
<td>270.00</td>
</tr>
<tr>
<td>24 Fowler Frame Beds</td>
<td>1,008.00</td>
</tr>
</tbody>
</table>

**TOTAL EQUIPMENT COST** $22,391.05

Under the personal supervision of Mr. Frank P. Will and Mr. Walter T. Andrews, our finances were closely scrutinized, and our expenses and operating income checked regularly. Our budget was pared to the bone, so that the Hospital not only was enabled to meet all obligations, after elimination of old indebtedness, but also earned sufficient to start providing for depreciation of buildings and equipment.

Also, under the astute leadership of Mr. Will and Mr. Thomas W. Anderson, a program was made effective to bring about a closer relationship between the profession and the public through the establishment—as a public relations feature—of a bi-monthly Hospital publication, the “Bedside Chatter,” to keep the public, and particularly our patrons and friends who had assisted in our various campaigns, informed of the Hospital’s needs, as well as of its activities.
During the second year the Board felt the necessity of conducting a permanent public relations campaign under the guidance of an experienced and efficient publicity man. In this connection the Board was fortunate in securing the services of Mr. J. St. George Joyce, a journalist of long training in public relations fields.

The Dean of the College held a dual post, superintending the affairs of the Hospital and directing those of the College. Thus, in addition to trying to do a good job in two places, he was hampered by the many financial problems with which he was confronted. The Board realized that, in order to bring about a better understanding among the profession, and particularly among the Hospital staff and College faculty, it was necessary to divorce the administrative offices of the Hospital and College, and relieve the Dean of the onerous responsibility of Hospital superintendence. At this point Mr. Albert J. Taylor was appointed, as the Dean's successor, in this capacity.

And now, for a glimpse into the future:

With the financial picture cleared, and our buildings and equipment placed on a higher level of efficiency, the Board of Directors found it possible to give more attention to the balance of their original program, involving, as it does, a long-range view of our requirements.

Conspicuous among these is the anticipation of an Annuity Plan, whereby members of the Hospital staff, patients and friends of Osteopathy could make deposits with the Hospital, to be turned over in a lump sum, in settlement of our debt to the First Mortgagee, and whereby the Hospital guarantees payment for life of 4 per cent interest on the amount of these bonds, with the understanding that upon the death of the holders of these bonds, they would immediately become the property of the Hospital, without further obligation to any of the decedent's heirs.

Should insufficient money be raised by this plan to pay off the first mortgage of the Hospital, bonds would be sold to anyone for the amount remaining, for pure investment purposes, and interest paid at the rate of 4 per cent. It has been the experience of the Board that it is much better to have an indebtedness spread among many persons, and not held by any one individual or trust company, because it affords an opportunity for bond-holders to make a bequest or gift to the Hospital during the term of the bond, or at maturity, or at their death, which otherwise the Hospital would not receive.

In formulating their plans the Board of Directors were cognizant of the fact that Osteopathy is a growing profession, and that the demand for osteopathic hospitalization is rapidly increasing. As a matter of fact the demand for Osteopathy became so great that our buildings were dwarfed and almost immediately became inadequate.

Here, again, attention was given to an expansion program, with the thought that at the first possible opportunity, when sufficient moneys are available, a building program should be inaugurated, and a wing added in the rear of the present Hospital buildings, sufficiently large to provide facilities for ward teaching beds and other badly-needed appointments.

Furthermore, the Finance Committee recognized the tremendous expense to which the Hospital was subjected each year for laundry, and that this new addition would provide sufficient space to install a well-equipped laundry in the basement.

The proposed wing also would provide enlarged space for the Clinics, so definitely needed by the College. It was the hope of the Board of Directors that a sum of money could be set aside each year out of our fund-raising campaigns for the purpose of establishing a Building Fund, from which sufficient cash would be made available to pay for the new addition without mortgaging the future of the institution.

The Board of Directors realized that in the development of the Osteopathic Hospital and College many mistakes in organization were made, and that consideration should be given to the reorganization of the Hospital and College under one Board of Trustees, with a full-time administrative officer, or a part-time President, who could execute the orders of the Board of Directors, see that the policies established by the Board were put into effect, have full charge of all administrative personnel for both College and Hospital, relieve the Dean of all financial responsibilities and problems, and devote time to contacting the public, soliciting funds for the further improvement and expansion of both the Hospital and the College.

With a Dean in charge of all academic activities, and a Superintendent and Medical Director supervising the professional activities of the Hospital, it is the sincere judgment of the Board of Directors that such a program would effect many economies and develop a creditable organization.

This merger of the Hospital and College in a single unit would necessitate a number of changes in our legal set-up. We would, no doubt, have to apply for a new charter; and, under the laws of the State of Pennsylvania, we would, undoubtedly, have to secure immediately at least $500,000 in endowments, in order to obtain this charter. It is the belief of our Board of Directors that the present equity and assets of the Hospital might be transferred to such an endowment fund for the purpose of obtaining the charter. The plan, however, will have to be given careful consideration by our Solicitor before any changes are made.

* * *

In conclusion, I should like to express my deep and grateful appreciation to all the members of the Board of Directors for the cooperation they have consistently and unstintingly given me, and to bespeak their continued support of our development program.

I wish, also, to voice my gratitude to the osteopathic profession in general, and the members of our own professional staff in particular, for the generous contributions they have made over the past three years in promoting our institution's welfare, and to ask, too, for their continued assistance in promoting the future plans of our Hospital, to the end that they may share in the reflected glory which must come with added academic and professional prestige to our College and Hospital.
The Status of Endocrine Preparations in Gynecologic Practice

BY

Arthur M. Flack, Jr., A.B., D.O.
Associate in Gynecology—Philadelphia College of Osteopathy
Associate Gynecologist—Osteopathic Hospital of Philadelphia

Endocrinology has made great advances in the past decade or two. Especially is this so in the field applicable to gynecologic practice, largely owing to the availability of potent hormone preparations for clinical and laboratory research. The commercial houses that offer their products to the physician for use in the treatment of his patients, and who have contributed so liberally toward making this advance possible, also have befuddled the general medical profession by the loose terminology they have adopted in giving names to these innumerable endocrine preparations. It is my personal belief that many of these commercial houses, through their detail men and advertising, make claims of therapeutic response which cannot be substantiated in clinical practice.

It is the effort of this paper to clarify some of the confusion that undoubtedly exists in the minds of most of us when we are faced with patients requiring stimulatory or substitutive therapy.

For proper understanding of the value of the several preparations which are now on the market, it is necessary to review the fundamental endocrine physiology involved. Primarily, the anterior portion of the pituitary gland is the keystone of all endocrine function. The anterior pituitary gland secretes, among other things, a pair of gonadotropic hormones which have been designated by various names. For simplification, we choose to designate these two hormones as (1) follicle-stimulating hormone, or F.S.H., and (2) luteinizing hormone or L.H. As its name suggests, the follicle-stimulating hormone performs the function of developing the primitive graffian follicle in the ovary to maturation and ovulation. The luteinizing hormone stimulates the production of a corpus luteum in the thecal wall of the ruptured follicle. The anterior pituitary gland, in addition to the gonadotropic hormones, produces a thyrotrropic hormone which has to do with the proper functioning of the thyroid gland.

Under the stimulation of the anterior pituitary gland, the ovary produces a hormone called estradiol in the developing follicle. This hormone is estrogenic in its action within the body, producing maturation of the secondary sexual organs and having a proliferative effect upon the uterine mucous membrane. It also stimulates the growth of the ductal system of the mammary gland and initiates the formation of its lobular buds. The hormone produced by the corpus luteum is called progesterone, and its action is that of converting a uterine mucous membrane previously prepared by the action of estrogens from a proliferating membrane to a secretory type of membrane. Its effect upon breast tissue is that of developing the lobular portion of the gland. It is antagonistic to the action of estrogens, and produces a relaxation of uterine muscle. It is essential in the maintenance of an intact uterine mucous membrane, and its withdrawal from the circulation results in the phenomenon known as menstruation.

Should pregnancy occur, the chorion of the developing embryo produces a hormone which, in many respects, is similar to the luteinizing hormone from the anterior pituitary. By its existence it maintains the uterine mucous membrane which becomes decidual in character. This chorionic gonadotropin is also known as anterior pituitary-like hormone or A.P.L. It does not have the ability to produce ovulation like true anterior pituitary gonadotropin.

An understanding of this hormonal relationship in the normal physiologic female is absolutely necessary if scientific application of endocrine preparations is to be made in the treatment of abnormal physiologic or anatomic states. Every effort in treatment should be made on the basis of proper analysis, deciding where the individual case in question may deviate from the well-ordered natural state and just what product might be given to correct the deficiency.

Available Endocrine Preparations

At this point it might be well to elaborate upon some of the products which are available for treatment of various derangements of endocrine physiology.

Gonadotropins

These products should be stimulatory to the ovaries and should result in ovulation and maintenance of a functioning corpus luteum.

I. Pregnant mare serum—In the mare during mid-pregnancy, gonadotropins exist in the blood serum which are not found excreted in the urine and which seem, in some cases, to have the ability to produce ovulation. Conclusive evidence that such action results in the human is not yet available, although ovulation has definitely been proven to occur following its use in animal experimentation. It differs in some unknown way from the excretion products of pregnancy found in human urine.

An international unit is defined as the specific gonadotropic activity of 0.25 mg. of a standard product of pregnant mare serum gonadotropic hormone. This material is manufactured under common patent rights by three firms, namely, Cutter Laboratories (Gonadin), Schering (Gonadrophin), and Upjohn (Gonadogen). 10 Cartland-Nelson units (Upjohn) are equal to 100 Cole-Saunders units (Cutten) and equal to about 200 international units (Schering). The Pure Food and Drug Administration lately has insisted that all of these companies, in addition to the specification of the various units of strength that they may choose to put on their labels, place upon the labels the strength in international units.

II. Hypophyseal Extract—There are a number of preparations on the market whose therapeutic potency is questionable because of low hormone concentration. The cost tends to be high, and such large quantities might have to be used to produce effects that the patient could not afford the treatment. Again, should therapeutic response result, overstimulation of the ovaries might take place with multiple ovulation and probable cystic disease. Gonadophisin (Searle) contains both F.S.H. and L.H.

III. Chorionic Gonadotropins (A.P.L.). The source of this commercially available product is human urine during pregnancy, which contains an excess of the hormone produced by the developing chorion. It is marketed by many firms under various names. It has recently been ruled that the label must carry its concentration in international units, which unit is defined as the gonadotropic activity of 0.1 mgm. of the standard product. Two strengths are available, one containing 100 international units per cc. and the other 500 units per cc. The former strength seems to be of very little value clinically, but definite results may be expected when the stronger solution is used in cases where the product is indicated. It seems to have two definite indications. First, it will definitely produce an active functioning corpus luteum in those individuals who evidence deficiency in corpus luteum activity. These cases are those with functional uterine bleeding, that is, bleeding independent of any true uterine pathology. Second, it is of value in stimulating the testes of the pre-puberal boy, and is
therefore to be used in cases of cryptorchidism. Other claims for this product seem to me to have little scientific basis.

IV. Mixture of hypophysial gonadotropin and human urine of pregnancy—Recently, Parke-Davis has placed upon the market a product known as synapoin, containing a mixture of hypophysial gonadotropin and human urine of pregnancy with the idea that these two hormones are synergistic and augment each other to result in ovulation when used therapeutically. The same caution must be used when this substance is employed as noted above in the use of hypophysial extracts. Patients undergoing such therapy should be frequently subjected to pelvic examination to insure against the development of cystic disease of the ovary. The appearance of lower abdominal pain or distress while under treatment with this product is an indication for its immediate withdrawal.

Estrogens

A large number of compounds with estrogenic properties are now known. Most important of these are substances found in human urine known as estrone and estriol, which are the excreted end products of the metabolism of estradiol, the hormone found in the gravidian follicle. Commercially, the chief source of estrogenic hormones is the urine of pregnant mares, which is concentrated and extracted with volatile solvents. From the resulting oil, a mixture of estrogenic substances is separated which besides estrone, contains equilenin, hippulin, equilenin, and probably other unidentified substances. By further chemical procedure, estrone, in its pure form, is separated. Estrone, by a process of hydrogenation, may be converted into estradiol. Estradiol, again, may be combined with benzoic acid or with proprionic acid to form additional compounds with slower absorption rates. All of these estrogenic substances may be subjected to four types of standardization in labeling: International units of estrone, international benzoate unit, biologic assay, and the weight or gravimetric method. It is at this point that a great deal of confusion among members of the profession exists.

About 50 per cent of the drug market uses estrogenic material for clinical use. The source of their product is invariably the urine of pregnant mares. Most of these commercially available products contain not only estrone, which has been proven to be of estrogenic value in the human female, but in addition such products as equilenin, hippulin, and equilenin, which have estrogenic properties on biologic assay in test animals, but yet no proven estrogenic activity in humans. The proportion of estrone to the other products in these substances is neither designated on the label nor is it necessarily a constant; and, therefore, clinical response with these mixtures may be variable. Again, one is not even sure that to one's own satisfaction by clinical use of a product of known effectiveness and standard potency in a patient having menopausal symptomatology, and then shifting to the use of one of these preparations containing a mixture of animal estrogen in the same dosage according to biologic assay. It will be found that the same dosage of the latter product will not suffice to keep the patient comfortable.

Three firms are licensed under the patent of St. Louis University to produce pure estrone. These firms are: Parke-Davis, Lilly, and Abbott Laboratories, and their products respectively are called Thelin, Estrone, and Estrone. The same three firms are also licensed to produce estradol, a pure crystalline preparation, derived from human pregnancy urine for oral administration as theelol, estradiol, and estriol. The potency of estradiol is about one-third that of estrone; and, like all estrogenic substances except stilbestrol, it is to manufacture estradiol compounds, such as estradiol benzoate and estradiol dipropionate.

In considering the biologic assay method of standardization, an attempt was made to compare the estrogenic or clinical potency of the various estrogenic substances.

Three firms, Ciba, Roche-Organon, and Schering, hold joint patent rights to its manufacture. Commercially, it is marketed by one company on the basis of weight, by another on the basis of the Allen-Doisy rat unit, and by the third on the basis of one-tenth of this bio-assay and which this company calls an effective unit. It is prepared in the form of tablets, suppositories, and ointments. The same three firms are licensed to manufacture estradiol compounds, such as estradiol benzoate and estradiol dipropionate.

In considering the biologic assay method of standardization, an attempt was made to compare the estrogenic or clinical potency of the various estrogenic substances. The ideal method would be to compare the effectiveness of these preparations in the castrated or pre-puberal human female; but, since accurate studies of this type have not been done, one must depend upon the conflicting opinions of those working in the field who base their opinions upon clinical experiences and biologic assays in animals. If the bio-assay is accepted as a method of evaluating the estrogens, the animal and the method of assay that will yield results most closely correlated to the effect upon humans should be decided upon. As yet, there is no general agreement on standardization, but a large number of clinical research workers accept the Allen-Doisy rat unit, which is a measurement of the immediate threshold effect, as a standard for comparing the various estrogens. (The Allen-Doisy rat unit is the minimal total amount of hormone given in three injections at intervals of four hours which is necessary to induce estrus with complete cornification, as judged by the smear method, in an ovariectomized sexually mature rat weighing 140 gms. Twenty rats are used with each dilution. The minimal volume with which a positive response from 75 per cent of the animals is obtained contains one unit.)

On this basis, it has been found that 1 mg. of estrone varies in potency, depending upon the method of bio-assay, from about 200 R.U. to 2000 R.U.; but, the higher value of 1000 R.U. has been generally accepted. Likewise, 1 mg. of estradiol benzoate has been found to assay 6000 R.U., while estradiol dipropionate has 3000 Allen-Doisy R.U. per mgm.

The problem which confronts the physician is the relative evaluation of these three products on the basis of their labeled potency, since estrone is marketed in international units, estradiol benzoate in rat units and by weight, and estradiol dipropionate by weight alone.

On the question of assay, Schonfeld has this to say: “Thus by definition of the international unit of estrone: 0.1 microgram—(0.0001 mg.) equals 1 I.U., or 1 mg. equals 1000 I.U., therefore 10,000 I.U. of estrone equals 1000 R.U.; or in the rat 10 I.U. of estrone equals 1 R.U. Now, if we accept the premise that the Allen-Doisy rat unit is an accurate standard for the comparison of all estrogens, then 1 R.U. of estrone equals 1 R.U. of estradiol benzoate. Therefore, 10 I.U. of estrone are equivalent to 1 R.U. of estradiol benzoate.”

Another point in conflict has been duration of effectiveness of various estrogens. The only experimental evidence available has been the work of Charles Mazer, who found that if the same number of Allen-Doisy rat units of estrone or estradiol benzoate are given to castrated human females, they will be eliminated in the same time, namely, four days, but that estradiol dipropionate will take twice as long to be eliminated, or about eight days. On the basis of this, Mazer has concluded, as have many other clinical research workers, that Allen-Doisy rat units for rat unit, each of the estrogens is equally effective in the human female. Because of the variation in potency of these products, 6 mg. (60,000 I.U.) of estrone would be equal to 1 mg. of estradiol benzoate, or to 2 mg. of estradiol dipropionate if so far as duration of effectiveness is concerned; while so far as duration of effectiveness is concerned, the dipropionate would have a more prolonged action—about twice that of the other two products.

Unfortunately for the profession, the diversity of opinion relative to the potency of the various estrogens merely creates confusion. The logical procedure would seem to be to market the various chemically pure crystalline hormones on the basis of their weight (gravimetric). The therapeutic response with each of these products is identical if adequate dosages are used; and dosages must be evaluated in each individual patient. Until such gravimetric dosage is rescinded so that it probably will be easier for the general practitioner to accept the standard that 1 R.U. is equivalent to 10 I.U. and that 1 mg. of benzoate is equivalent to 2 mg. of dipropionate, though effectiveness of the latter lasts twice as long. Products taken by mouth, cinnltment, or suppository are only one-tenth as effective as when the same dosage is given by injection, except in the instance of stilbestrol.

To add to the confusion, there have been recently introduced synthetic chemical products which exhibit estrogenic activity when taken into the human economy. The most publicized has been distilbostrol. The only firms that are able to produce it by injection, and it seems to be about two and one-half times as potent as estrone. Therefore, 1 mg. by mouth is equally as effective as 2500 R.U. or 25,000 I.U. of estrone by hypodermic injection. This product is nearly as effective orally as by injection. This effectiveness combined with its low cost makes it a highly desirable product, except for the question of toxic effects which as yet has
not been settled. The most common toxic manifestations that have been exhibited are nausea and vomiting which heretofore have been an indication for the cessation of administration. Lately, it has been learned that if dosage is maintained in spite of nausea and vomiting these symptoms will disappear in about ten to fourteen days in most instances. In the use of stilbestrol, since these estrogen-like effects are not observed, it is wise to start with minimal dosage, such as 0.1 mg. daily, and increase as needed until desired results are accomplished.

Dosage of natural estrogens or their derivatives cannot be definitely designated for individual conditions requiring such treatment. One might ask the anesthetist how much ether it takes to anesthetize a patient. The answer is, obviously, enough. The same is true in the administration of endocrine therapy. It takes enough of the substance of choice to produce the desired clinical effect; and, in most instances, the wisest procedure seems to be to use maximal dosage at the start and to taper off until a maintenance point is found.

The general discussion of the estrogenic hormones would be incomplete without some mention of the abnormal growth effects which may be produced by their use. The question arises as to whether the proliferative changes that these substances initiate might result in the development of carcinoma. The answer is, yes, but not usually, this is due to the action of estrogens. It is my personal belief that when consideration is given to the fact that during pregnancy the individual produces estrogens in amounts far in excess of those which might be introduced into her body by substitute therapy, and since pregnancy per se is not definitely carcinogenic, we have little to be afraid of. In most instances the results might ensue in an effort to treat these patients by substitutive means. However, malignancy in its early phases is recognizable, in many instances, by patient and physician, and in such cases the administration of such stimulatory factors as estrogens might accelerate the development of the malignant growth. Individuals that show some hereditary taint in this regard might well be patients in which estrogen therapy be omitted. Castration symptoms as a result of surgical or radiation therapy in cases in which castration is performed to reduce malignant activity, as is frequently done in patients with breast cancer, obviously should not have substitute treatment with estrogens.

**Progestrone**

The hormone secreted by the corpus luteum in the latter half of the menstrual cycle and in the first trimester of pregnancy is known as progesterone. This preparation has been prepared commercially as impure extracts, and is also made synthetically. Primarily, its function is that of converting a proliferative endometrium into one that is secretory in character. It also inhibits the contractility of the myometrium, it produces hyperplasia of the lobular portion of the mammary gland, and it inhibits follicle formation in the ovary, being directly antagonistic to the action of estrogens. Its action in developing a secretory endometrium is dependent upon the existence of a proliferative type of membrane due to the action of estrogens.

Standardization of these products is a relatively simple thing in that one international unit is equivalent to one milligram of a standard crystalline substance. Progestic factors are also available commercially as pregneninolone which is synthesized from testosterone for oral administration. Five to ten mg.m. of this product orally should produce the same progressive changes as 1 mgm. of progesterone by parenteral administration.

**Androgen**

The male sex hormone testosterone, which is prepared synthetically from cholesterol and which is available as methyl testosterone and testosterone propionate, is used by some for its inhibiting action on the anterior pituitary. Since this action is a definite one, it might be of some value in the treatment of cases where this result is desired. It indirectly produces atrophy of the endometrium and might be of value in the treatment of functional uterine bleeding. Some menopausal patients in whom the use of estrogens does not seem adequately effective may respond better to the administration of testosterone. It is also of use in the suppression of lactation, when a total dosage of 30 to 75 mgm. is administered promptly after labor. The disadvantageous effects of the use of these hormones are the masculinizing changes that result, such as deepening of the voice, enlargement of the clitoris, and hirsutism. These latter effects are usually so disturbing to the patient's peace of mind that for the most part it seems better general therapeutics to omit their use in the average case. Regression of symptoms to a more feminine type usually occurs shortly after the withdrawal of such substitutive therapy.

**Thyroid Substance**

By and large, thyroid extract is probably the most valuable single preparation available to the profession for the treatment of endocrine dystrophies. Its range of usefulness includes so many affections that they seem too numerous to mention. It might be said with conservatism that thyroid extract should be administered to every patient presenting any endocrine dystrophy except that of hypothyroidism. The clinical opinion of most of the experts in the field of endocrinology is that hypothyroidism frequently is present in the absence of any clinical or laboratory manifestations. This is often true in individuals presenting a normal B.M.R. For this reason, it is wise therapy to administer thyroid in small doses in the beginning treatment of all such abnormal endocrine states increasing the dosage to the point of tolerance for the individual as judged by pulse rate, general nervousness, and cardiac palpitation.

In generalizing about the various glandular preparations that are available for the treatment of patients, some observations are necessary at this point. First, the use of a hormone for deficiencies of the gland which should produce it leads to further depression of the gland in question. The exception is thyroid extract, administration of which increases general body metabolism and hence increases the metabolic activity of the patient's own thyroid. Secondly, it is a fundamental rule of endocrine therapy that one should never use simultaneously even two preparations which have an opposite action on the organism. For this latter reason, no mention has been made in this paper of the use of pluriglandular substances. Such shotgun therapy, we feel, has little scientific merit and any good results that might ensue from the use of such products are likely to be due to the thyroid extract that they contain. It has been shown that the oral use of estrogens and progestogens, weight for weight, reduces their efficiency by one-tenth. It is also true that anterior pituitary gonadotropins are essentially proteins which are subject to digestion and are merely absorbed as simple amino-acids. Thymus, mammmary, and other such products by themselves have no pharmacological effect, and the small quantities that are contained in such shotgun preparations that flood the market can be of very little value.

**Gynecologic Conditions for Considerations**

1. **Hypo-ovarianism.** In the female, this is manifested as hypo-ovarianism and may be classified as either primary or secondary. Primary hypo-ovarianism is decreased ovarian function due to congenital defects, castration, disease, or injury. Occurring in childhood, there is a lack of secondary sexual development. The epithyses do not close and the result is an individual who is tall and thin with undeveloped breasts, a smooth vaginal mucous membrane, uterine hypoplasia, and who is amenorrheic. In the adult, the manifestations are chiefly those of an individual with normal secondary sexual characteristics that are undergoing atrophic changes to a degree which will depend upon the length of time that the deficiency has existed.

Secondary hypo-ovarianism is due to inadequate stimulation by the anterior pituitary gonadotropins which, in turn, is due to intrinsic pituitary hypo-function. This may be secondary to thyroid disease, adrenal disease, and nutritional or general debilitating changes. These cases exhibit menstrual irregularity which varies with the age of the patient at the time of the onset and with the degree of pituitary hypo-function. Symptoms range through amenorrhea, sterility, loss of libido, varying degrees of breast, uterine, and vaginal atrophy, and a tendency toward obesity with special distribution of fat about the trochanters and hips. Lesser degrees of hypo-ovarianism usually result in irregular or excessive uterine bleeding and moderate sterility.

**Treatment**—Primary hypo-ovarianism requires the absence of ovarian tissue that is capable of response to stimulation. Therefore, efforts in treatment should be made to provide for the patient's comfort, both physically and mentally, so that endocrine stigmata may be removed. Treatment is essentially palliative and can never be curative. It must be continued over long periods of time and dosages must be high, as a rule, to accomplish the desired results. Since maturation and maintenance of adult
SECONDARY HYPO-OVARIANISM MAY BE TREATED ON THE ASSUMPTION THAT SOME OVARIAN TISSUE REMAINS WHICH MIGHT RESPOND TO ADAPTABLE STIMULATION.

In cases exhibiting atrophy of the secondary sexual organs, first it is advisable to remove atrophic changes by the use of estrogens in adequate dosage. It should be remembered, however, that estrogen is inhibitory to the production of anterior pituitary gonadotropins and inhibits follicular development. Prolongation of estrogen therapy, therefore, will defeat the very object that is being attempted. Treatment should cease with these materials as soon as maturation of the sexual apparatus is accomplished, and recurse should then be made to substances which will either stimulate the patient's own pituitary or substitute for its function. In this regard, thyroid extract to tolerance is a most valuable product. The available anterior pituitary preparations are usually inadequate to stimulate the ovary to follicle formation. They may be tried in fairly large doses beginning with the cessation of bleeding (apparent menstruation) and continued daily for twenty-one days. Pregnant mare serum may be used in dosages of 200 to 400 IU. three times weekly starting at the inception of a menstrual cycle. Care must be used to prevent the development of ovarian cystic disease; and while under treatment, patients should be subjected to bi-manual examinations once or twice weekly. Since this product is derived from horse serum, foreign protein reactions may be experienced, especially when it is used in successive months over long periods. Gonadophisin (Searle) which is said to contain both F.L.H. and L.H. from the anterior pituitary may be tried. Sympooidin (P. D. & Co.), a combination of anterior pituitary gonadotropin and chorionic gonadotropin may also be effective. All of these products are not without danger, and it is probably wiser to resort to stimulatory radiation therapy of pituitary, thyroid, and ovary.

AMENORRHEA AND HYPOMENORRHEA. Amenorrhea may be defined as absence of menstruation and hypomenorrhea as decreased menstrual flow. Both may correspond to pseudo-menstruation, at which time the dosage is reduced to a maintenance or alternating dosage of 500 LU. every other day for eight doses beginning at mid-cycle, or 250 LU. daily for fifteen days may be used. If the subsequent period is properly controlled, my procedure has been to repeat similar cycles of four to eight doses of 500 LU. on alternate days for one or three months. Occasionally, these may seem to produce an adequate corpus luteum of their own. Should such treatment be ineffectual and if ovulation is desired for fertility in those of reproductive age, recourfe to frequent endometrial biopsies at various times of the month will show definitely the character of the mucous membrane and indicate the source of the disorder. These cases should be subjected to therapy with thyroid, cyclic treatment with pregnant mare serum and chorionic gonadotropin, sympooidin, and/or x-ray therapy. If these cases are menopausal, chorionic gonadotropin should be tried in the above manner. If ineffectual, these patients should be given the benefit of curettage, and radium in a single dose of from 600 to 1000 millicuries, used.

IV. Dysmenorrhea. This may be defined as rhythmic contractions of the myometrium with menstruation that are severe enough to be felt as pain in the lower abdomen. The severity of pain varies with the individual, and in some cases may be so slight as to be ignored. Most patients exhibit a primary dysmenorrhea with evidence of any endometrial change. Following endocrine treatment, all other causes should be ruled out and efforts at control with osteopathic manipulation exhausted. Most patients with this complaint show no evidence of imbalance in the normal endocrine chain. They have secondary symptoms. They, ovulate, have normal corpora lutea, and are not sterile. Progesterone, which decreases the contractility of the uterine musculature, may be tried in dosage of 5 to 10 mgm. given as the pain appears, or in dosages of 1 to 5 mgm. every third day in the last half of the cycle. Estrogens given in large dosage, beginning with the cessation of bleeding, inhibit the anterior pituitary and thus prevents ovulation. Bleeding that occurs at the regular interval is then painless, since it is apparent in these cases that follicular development is a necessary prerequisite for painful periods. Dosage may be 1 to 2 mgm. of estrone every second day, or 0.16 to 0.33 mgm. of estradiol benzoate every second day, or 0.33 to 0.5 mgm. estradiol dipropionate every fourth day. This is expensive treatment and must be repeated each month to keep the patient comfortable. It is indicated in those individuals whose pain is so severe that they are incapacitated completely for several days with each cycle. Cheaper treatment with some result may be accomplished by the oral use of 1 to 2 mgm. of stilbestrol daily, beginning on the sixth day following the first day of flow and continuing for twenty days. Recurrence of symptoms tales place usually immediately with withdrawal, and relief is not permanent. This may be used until pregnancy is desired. From a medical standpoint, the use of anti-spasmodics, such as syntropan (Roche) 100 mgm., plus theobromine gr. xv, or tramcin 75 mgm. plus the above dose of theobromine at four hour intervals seems to be most effective.

V. Menopause. Menopause is the cessation of menstruation, resulting from senile atrophy of the ovaries and their inability to respond to anterior pituitary stimulation, their surgical removal, or their destruction by radiation. The symptoms are variable and run from the more commonly seen vasomotor flushes due to instability of the vegetative nervous system as a result of over activity of the anterior pituitary, to the less commonly seen psychoses (involutional melancholia). Estrogenic substances administered to these cases control the symptoms completely if given in sufficient quantity and with sufficient frequency because of their inhibitory action on the anterior pituitary. The estrogen deficiency may be estimated by the physical state of the breasts and the uterus since the size and consistency of these structures reflect the degree of ovarian activity. Menopausal patients have an excess of anterior pituitary gonadotropin in the blood and urine. Some consideration might be given to this fact in seeking an adequate source of anterior pituitary gonadotropin in this treatment of hypo-ovarian cases due to pituitary deficiency.

Treatment of menopausal cases, then, resolves itself into the
administration of a sufficient amount of any of the estrogens that have heretofore been discussed. It is my practice to begin therapy with estradiol benzoate usually in dosage of 1.6 mgm. (10,000 R.U.) twice weekly. In the average case, and even in those with severe symptomatology as manifested by the severity, duration, and frequency of hot flushes, symptoms disappear completely within two to three trials with this agent. As soon as this estrogen is attained the advantage of such a procedure lies in the fact that these miserable women reach a comfortable state of existence in a short period of time.

Any other estrogen in comparable dosage, unit for unit, may be used in the same manner. The oral administration of stilbestrol recently became popular because of its cheapness and because it is effective. Stilbestrol for many individuals is toxic, as manifested in the symptoms of nausea and vomiting. Although most cases lose these symptoms if dosage is maintained through two or three weeks, some individuals, in whom excessive intolerance exists, may show evidence of liver damage and changes in the blood stream such as agranulocytosis and microcytic anemia. The usual practice is to begin treatment with 0.1 mgm. daily and to increase by this same amount at two week intervals until a dosage is found that keeps the patient symptom free. It seems to make little difference regarding the appearance of toxic symptoms whether this estrogen is given orally or by injection. Nausea and vomiting may be controlled if the tablet is enteric coated and if given at meal time or on retiring.

VI. Gonorrheal Vulvovaginitis. Inflammation of the vulva and vagina without ascent to cervix, fallopian tubes, and peritoneum, may be controlled if the tablet is enteric coated and if given such as agranulocytosis and microcytic anemia. The usual practice is to begin treatment with this same amount at two or three weeks. Cures frequently occur in fifteen to thirty days with the resulting cornification of the vaginal epithelium. However, treatment should be continued until all traces of the gonococcus have disappeared on repeated smears. Recurrences are really re-infections; and in addition to the above treatment, thorough effort should be made to find the offending adult with whom the child has contact. Estrogens may also be given in this condition by the oral route, or by the vaginal means in dosages equivalent to 2500 to 25,000 L.U. twice weekly. Oral administration requires a quantity sufficient to produce the desired effect, and stilbestrol may be one of these substances used in this manner.

VII. Semen Colpitis. This is vaginal atrophy due to pronounced ovarian hypofunction and is a phenomenon which in some women accompanies menopause, either natural or due to castration. The local symptoms of burning and itching may be relieved by local treatment with suppositories containing estrogens in dosages of 1000 L.U. once to three times daily, or by general treatment in which estrogens are given orally or parenterally in quantities sufficient to produce the desired result.

VIII. Suppression of lactation. This is frequently desirable following labor because of pre-existing mammary pathology of a congenital nature, still-birth, mammary abscess, adenosis, or severe galactorrhea. Lactation seems to be initiated by a hormone elaborated by the anterior pituitary called prolactin. Since estrogens are the only hormone inhibitory to the anterior pituitary, either of these substances may be used immediately after delivery to suppress anterior pituitary production of this hormone. Dosage of estrogen should be 1.6 mgm. of estradiol benzoate (10,000 R.U.) daily for three or four days, or stilbestrol may be given orally in 5 mgm. dosage. Dosage of the cervical canal should be discontinued in doses of 25 mgm. daily for the same length of time. In dealing with this subject, it should be noted that it is much easier to suppress lactation by the use of these substances before it occurs, than after mammary activity has begun.

IX. Pre-menstrual Migraine. This is the type of migrainous headache that occurs immediately prior to the onset of menstruation or accompanies it, and it is apparently due to congestion in the anterior pituitary body. This unusual condition may be due to an adequate amount of progesterone from the patient's own corpus luteum preventing estrogen, to which it is antagonistic, from activity. Headaches of this type is usually vertex or calvarium pain, although it may be chiefly post-orbital in location. The treatment from an endocrine standpoint is the administration of estrogens to inhibit pituitary activity in quantities sufficient to attain this result.

X. Nastodynia (Mastoplasia). This is a painful condition of the breasts which occurs in many women and which is exacerbated in the pre-menstrum. It may be confined to a single sector of one breast or may be generally distributed in both. The usual location is in the upper outer quadrant. It is more common in the ages of twenty-six to forty and is more frequently noted in single women or in married women of low fertility. It is rarely seen in multigravida. A lump or swelling may be palpable, or the breast may be generally sensitive. Since estrogens are antagonistic to progesterone, and since progesterone is the hormone which activates the lobular portion of the breast, these substances (estrogens) should be used just prior to the appearance of the mammary discomfort in quantities sufficient to attain this result.

XI. Threatened and Habitual Abortion. Threatened abortion is that condition which occurs during pregnancy in which the patient has either uterine bleeding, or discernible uterine contractions of a painful degree, but not both. If both are present it indicates inevitable abortion and efforts in these cases should be made toward its completion. The former should be treated with absolute bed rest with the foot of the bed elevated about six to eight inches, with thyroid extract to the point of tolerance continued throughout the pregnancy to term, and with progesterone in dosage of 10 mgm. daily or every other day with a gradual reduction, first to 5 mgm. and later to and then to 1 mgm. as the symptoms subside. At this point, pregnenolone in dosages of 3 to 10 mgm. may be given daily by mouth. Although the exact role of vitamin therapy in these cases is of some question, it would seem wise to administer vitamin E in three minims doses, one to three times daily, for as long as desired. Patients who abort habitually should be instructed to report to the physician as soon as pregnancy is suspected. Treatment for the first thirty weeks should include thyroid to tolerance, vitamin E, and progesterone in 1 mgm. dosage twice weekly, or pregnenolone, 5 mgm. every three days.

XII. Postpartum Afterspasms. These are rhythmic contractions of the uterine musculature which occur following delivery due to natural mechanism of prolactin. A satisfactory treatment for this distress is a dose or two of morphine, but less drastic measures might include efforts with syntropin 100 mgm. and theophylline gr. xvi every four hours. Progesterone in 10 mgm. dosage daily may be tried for the duration of the discomfort to act as a relaxing agent on the myometrium.

XIII. Pre-menstrual Tension. This is a phenomenon which occurs occasionally in normally menstruating women and which is due to a moderate generalized edema in otherwise healthy individuals. It is probably due to the presence of estrogens and progestogens in excess in the blood and tissues which causes a retention of sodium ions in the tissue producing fluid imbalance and water retention. There seems to be no logical end point for this state, but these cases might be subjected to a salt-free diet in an effort to keep down the amount of sodium available for retention.

XIV. Sterility. Sterility is a subject that is so extensive that it could well be the title of a paper itself. Briefly, let it be said that consideration of sterility involves the study of a couple and not of an individual. In such cases, a definite plan of attack to the problem in question is obligatory if success is to be gained. In the absence of palpable pelvic pathology or definite nutritional and physical deficiency, this procedure should run as follows: First, the Hulmer test with analysis by microscope of secretion from within four to six hours after coitus, Second, adequate seminal study of a specimen ejaculated at the end of coitus into a clean glass jar (not a condom specimen) and kept at room temperature until examination, which may be from two to ten or twelve hours after emission. Third, a Rubin test
to determine tubal patency. Fourth, if the Rubin test shows tubal closure, uterogram should be made to determine location of the blockage point. Fifth, in event that normal findings in the above steps are present, endometrial biopsy should be made at repeated and varied times in the menstrual cycle to determine just what endocrine deficiency exists. Most of these patients show a secondary hypo-ovarianism and are not ovulating. Efforts to produce ovulation are reviewed.

Summary

Certain basic considerations of endocrine physiology in the female are reviewed. Some available endocrine preparations are discussed.

Bibliography


E. H. Ostrander, Professor

CAPPING CEREMONIES OF OUR SCHOOL OF NURSING

More than a score of nurses received their caps at impressive ceremonies recently in the College Auditorium, with Miss Margaret C. Peeler, Director of Nursing, presiding, and Prof. Russell C. Erb as the speaker.

Special Deputy Coroner

Dr. Otterbein Dressler, Professor of Pathology, has been appointed a Special Deputy Coroner for the City of Philadelphia.

Students of the Philadelphia College of Osteopathy will attend necropsies at the Philadelphia Morgue as a part of their regular class work.

Your Cue!

To support the $250,000 Campaign to improve and strengthen the educational resources of the College.

Drew In Action

In the thick of the fighting in Tunisia is Capt. John W. Drew, '39, son of Dr. Ira W. Drew, '11.

"Cy" Peterman, Philadelphia Inquirer correspondent at the Tunisian front, had this to say about Capt. Drew in a recent dispatch:

"Captain John W. Drew, 30, son of former Congressman Ira Drew, of 5304 Wayne avenue, Germantown, was talking about the Sened and Sheita actions. He commands General Grant tanks, although in the Army only since January, 1942. Credit­ ing good staff work for the brilliant perform­ ance of his particular group, he told how it feels when 40 Stukas come at you. "We got by without too much damage, however," he said, "We had our share of good breaks."

Wedding Belle

The engagement of Miss Lillian Rubinkam, 38, Nursing graduate, to Howard V. Dempster is announced, with June 19 set as the wedding date.

KNOW YOUR TRUSTEES!

MR. FRANK P. WILL

TYPICAL example of the self-made American business man is Mr. Frank P. Will, who, after approximately forty years in the cigar industry, has climax ed his career by a unique record of accomplishment as Executive Vice-President of the GHP Cigar Company, parent organization, with an estimated volume of business of $20,000,000 annually. Mr. Will received his early education in the Philadelphia public schools and the Y.M.C.A., and his advanced training in the Evening School of the University of Pennsylvania. He began his career in the cigar manufacturing business as office manager, credit manager and assistant sales manager for Otto Eisenlohr & Bros. in 1904. In 1919 he became general manager for GHP, and was advanced to the Executive Vice-Presidency in 1930. Mr. Will has been a member of the Board of Directors of the Osteopathic Hospital of Philadelphia for the last three years and is sponsor of its publication "Redside Chatter." He is chairman of the Finance Committee. Mr. Will also is a member of the Board of Trustees of the College and member of its Finance Committee. He is a member of all Masonic bodies, the Rotary Club, and the Union League. His hobby: "Work—and more of it!"
Alumni Notes

1911—Francis A. Finerty, President of the New Jersey Osteopathic Society, spoke on Cardiac Emergencies before the Westminster Osteopathic Society in White Plains, New York, on December 2, 1942.

1914—Thomas R. Thornburn, New York City, spoke before the Osteopathic Society of the City of New York at their March meeting. His subject was “A Consideration of the More Common Upper Respiratory Diseases of Interest to the General Practitioner.”

1917—Francis J. Smith, Glenside, Pa., gave a paper at the annual convention of the Eastern Osteopathic Association in New York.

1918—Julia Kreh has moved to 25 Fifth Avenue, New York City, to 414 Water Street, Warren, Pennsylvania.

1920—L. M. Bush was the speaker at the February meeting of the Westchester County Osteopathic Society held in White Plains, New York.


1927—The Digest records with regret the death on April 28th, of Mrs. William C. Bueche.

1929—Gilman Stewart, Brooklyn, N. Y., had charge of exhibits at the annual convention of the Eastern Osteopathic Association.

1931—George S. Rothmeyer, Professor of Anatomy, spoke on the Etiology of Scoliosis at a meeting of the New York Osteopathic Society held in New York on December 16, 1930, and was on the program of the Annual Convention of the Connecticut Osteopathic Society meeting in Hartford on February 13th and 14th.

1932—Arthur Flack, Jr., was on the program at the Connecticut Osteopathic Society meeting held in Hartford on February 13th and 14th.

1933—Henry George, III, is serving on a team assigned to a casualty post in Wilmington, Delaware.

1935—Dr. Deane Maxwell and Mrs. Maxwell announce the birth of Dr. Deane on March 25th. The baby may be addressed to 15 Archibald Street, Carbondale, Pa.

1936—Gilmore C. Chisholm, Providence, R. I., gave a talk on “Endocrine Disorders” at the annual meeting of the corporation of Osteopathic Hospital of Rhode Island held in Providence.

1937—H. M. Osborn spoke on the program as a meeting held on November 29, 1942, in Champaign, Illinois.

1938—H. D. Simmons has recently been licensed to practice surgery in Pennsylvania. After completing his internship at the Bashline-Rosamond Hospital in Grove City, Pa., he entered practice in Bradford, Pa., with offices in the Hooker-Pulten Building.

1941—A. S. Sicker's new address is 3239 West Columbia Avenue, Philadelphia, Pa.

Message from Osborn

The many friends and classmates of Dr. Harold M. Osborn will be interested in a letter which comes to the editor’s desk from the famous athlete, who is now associated with the University of Illinois.

Dr. Osborn, who is assistant track coach at Illinois, with headquarters in Champaign, is one of the most famous jumpers and all-round athletes in the history of track athletics. Osborn, a graduate of Illinois, 1922, returned to Champaign to practice osteopathy, but gives part of each day to his work as assistant track coach.

Dr. Osborn writes:

“I located here October 1939 and was appointed assistant track coach in December. The next year I took over the coaching of Cross Country and have been doing that in addition to assisting with track. This Fall I was appointed instructor in Physical Education and have courses in Basic Physical Fitness and Military Athletics.

“While I am in close touch with our athletes, especially in track and field, I have no connection with the Track Staff, but the track boys and many of the other avail themselves of the advantages of Osteopathy. I might add that since I have been connected with the team, we have had no serious called pulled tendons, that kept the boys from competing, when that boy placed himself under my care. Among these boys were several that had mud injuries the year before, so Osteopathy really had the acid test, and came through as she usually does.

“Please give my regards to Dr. Joe Root and tell him I miss our volleyball, but run anywhere from 1 to 6 miles in my F. E. classes, so I believe I could last at least several games.”

1942—Engagement announced: George H. Court, intern in the Osteopathic Hospital of Philadelphia, to Miss Jane Daniell, R.N., who was graduated in 1942 from the School of Nursing, Osteopathic Hospital of Philadelphia.
ALUMNI IN SERVICE

1928
Morgan W. Von Loehr, Marietta, Ohio, entered the Navy as a Ph.M. 2/C a year ago. Last February he was promoted to Ph.M. 1/C. He gives his address as Naval Training School, Dearborn, Michigan.

1929
Frank P. Dobbins, New York City, is now a Major in the Army stationed at the Amphibian Training Base, Fort Pierce, Florida.

1931
Harlon Bartholome, Unity, Maine, is in the Service. His address is given as Sgt., Det. Med. Dept. Tech. School, St. Louis Medical Depot, St. Louis, Mo.

1934

1935
Stanley Grise, New York City, now a Lieutenant in the Medical Division of the Air Corps stationed at Mitchell Field, recently paid a visit to the College.

1936
Samuel S. Goldman, Bordentown, N. J., is in the Service. His address is given as Sgt., 6th Port of Embarkation, Ships Hospital—Army, at Platoon, A.P.O. No. 088, c/o Postmaster, New York City.

1937
Karl E. Jones' address is given as Ph.M. 2/C, U.S.N.T.S., Sampson, New York.

1939
Lewis B. Schneider's address is given as T/Sgt, 444th Bomb Sq, 320th Bomb Group, A.P.O. 530, c/o Postmaster, New York City, Marvin E. Blumberg, Philadelphia, is in the Service as a 2nd Lt. His address is given as Station Hospital No. 2, Fort Bragg, North Carolina.

1940
Samuel Blumstein, Philadelphia, is in the Service as Ph.M. 2/C. His address is given as U. S. Naval Hospital, Philadelphia, Pa.

1941
Herman Caplan, Philadelphia, is in the Service as a Pvt., Med. Det. His address is given as 1301st S. V., New Cumberland, Pa.

1942
Daniel R. Bond, Upper Darby, Pa., is now an Ensign in the U.S.N.R. teaching at Great Lakes and at Wesley Hospital. His address is given as Croydon Hotel, Rush and Ontario Streets, Chicago, Illinois.

Election Results

The following officers of the Alumni Association have been re-elected by the Alumni Board:

President
Karnig Tomajian, ’30, Boston, Mass.

Executive Vice-Presidents
James E. Chastney, ’24, Hackensack, N. J.

Secretary

Treasurer
Guy W. Merryman, ’30, Collingswood, N. J.

The membership of the Alumni Association voting by the official letter ballot has elected the following officers of the Association:

Trustee
George W. Gerbach, ’25, Lancaster, Pa. term expires September 1946

Regional Vice-Presidents of the Alumni Board
James E. Chastney, ’24, Hackensack, N. J.
M. Lawrence Ethwell, ’20, Rochester, N. Y.

Directors at Large

Correction

The official ballot of the Alumni Association distributed last March contained the statement that Dr. James E. Chastney, nominee for Regional Vice-President of the Association, "... is Secretary, and Chairman of the Legislative Committee of the New Jersey Osteopathic Society. This should have read "... was formerly Secretary, and Chairman of the Legislative Committee... " The Digest has been asked of the Trustees to acquaint future osteopathic physicians with legal aspects of their profession.

Legal Advice

Dr. Otterbein Dresser, Professor of Pathology, addressed the Virginia State Osteopathic Association convention at Richmond, Va., on April 24 on the subjects of "Tropical Medicine" and "Military Medicine."

On April 26 he addressed the Chamber of Commerce of West Philadelphia at the Philadelphia Hotel on "The Place of Osteopathy in the History of Medicine," and on the same day spoke before the Medical Records Librarians' Association at the County Medical Society Building on "Tropical Diseases."

Physicians' Club

At a meeting of the Osteopathic Physicians' Club, of which Dr. Peter H. Brearley is president, at the Engineers Club on April 11, Dr. C. Hadden Soden, Dr. William F. Hawes, Dr. William F. Hay, Dr. William S. Nicholl and Dr. Charles J. Van Ronk took part in a symposium on "Cervical Technique." Albert J. Taylor, Hospital Superintendent, spoke on the needs of the institution and answered many questions propounded by the members.

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