1-1948

Osteopathic Digest (January 1948)

Philadelphia College of Osteopathy

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Featuring:
The Department of Anatomy
Dr. Cathie

On Human Dissection
Dr. Dressler

Report on Campaign Progress

Hospitals and Inflation

International Students

Activities of Faculty, Students, Alumni

JANUARY 1948
OSTEOPATHIC PROGRESS FUND

is a working, progressive program for the educational and financial advancement of the six OSTEOPATHIC COLLEGES and their hospitals.

GOAL—$7,500,000 in Five Years

OSTEOPATHIC FOUNDATION OF PHILADELPHIA

is a working, progressive program for the educational and financial advancement of the PHILADELPHIA COLLEGE and its Hospital through:

**College**
- Endowment
- Improvement
- Operation

**Hospital**
- Expansion
- Maintenance
- Mortgage
- Retirement
The President's Page

The Osteopathic Digest is the chief means or medium available to the College by which it can disseminate facts and information about the College to those who have an interest in it. It is the policy of the College to give out factual information, not to withhold it, nor to give out false information. During the past five years the Digest has been devoted to the execution of this policy, as an examination of the past issues will demonstrate.

This medium is not altogether satisfactory, either to the College or to the Alumni, because by the very nature of it news can only be reported as it develops, and since we are particularly concerned with educational processes and developments, we must learn to expect that it is not a fast moving process. One might properly be skeptical if it moved at too fast a pace. Consequently we can hardly expect to find an issue of the Digest in which all current problems are completely answered or discussed, yet over the period many of the issues in the minds of the Alumni have been discussed and answered, though perhaps not read.

As a result of this open book policy there has been a certain amount of success, as the criticisms and rumors that are current today concern, for the most part, some reference to administrations long past rather than current issues. To have reduced the problems to this extent is something, but it is most confounding at times to observe the progress of the O.P.F., of the College and of the profession slowed down by inferentially-framed queries about things that have little significance in today’s busy world.

Historical reflections and study of any given subject are a great source of enlightenment and knowledge and one of the most reliable means for charting future advancement and progress, but when it is done with purposes of impeding progress, or if it has that effect, we had better seek other means of knowledge, lest we be left behind in a rather fast-moving professional field.

George E. Letchworth, Jr.
Progress of the Osteopathic Campaign

September 1, 1945 to December 17, 1947

The following is a brief but accurate summary of the progress of the O.P.F. and The Osteopathic Foundation of Philadelphia as these efforts affect the Philadelphia College and Hospital. While there has been $200,194.00 pledged, the figures given below reflect only payments of subscriptions or payments on account of pledges.

Total Receipts, all sources $80,554.72

Distributed or allocated according to the plan of the Foundation, as follows:

College: Maintenance $9,272.87
Improvement 11,474.76
Endowment 18,043.79
Total $38,791.42

Hospital: Maintenance $20,590.77
Expansion 12,118.58
Mortgage Reduction 9,053.95
Total $41,763.30

Total $80,554.72

Note: The distribution or allocation of funds is determined by the previously determined formula or ratio, unless a contributor, with his pledge or payment, designates a different allocation, in which case such designation is strictly adhered to.
P.C.O. Trains Miniature League of Nations

This year there have been more international students at P.C.O. than in any recent year. Of great interest is the fact that these students have all been at the graduate level, with none at the undergraduate level. For the most part most of them have been working quietly in and about the buildings with only a few knowing about their activities.

SWITZERLAND REPRESENTED

There is considerable interest in Switzerland concerning the Osteopathic School of Medicine. With no doctors of osteopathy in their country, two doctors of medicine have journeyed to the States to learn what they can about our profession.

Dr. Albert Masset will probably be with us for some weeks longer. He had his undergraduate education in the College of Geneva, graduating in 1933. He studied medicine in Geneva and Munich from 1933 to 1939, taking his degree in medicine from the Geneva School of Medicine in 1939. He interned in the Institute of Physiotherapy, 1939-1940, and in the Institute of Pathology, 1940-1941. He was Delegate of the International Committee of the Red Cross in Geneva, 1942, to March, 1943. This was succeeded by internship in the clinic of Internal Medicine of Geneva University, October, 1943-October, 1946. Internship to the Policlinique of Internal Medicine of the Geneva University, October, 1946, to May, 1947. Since the 10th of May, 1947, "Chef de Clinique Adjoint" at the Policlinique Internationale of the Geneva University.

Dr. Luc Thudicum of Geneva, Switzerland, is with us, accompanying Dr. Masset. Dr. Luc Thudicum attended the International High School of Geneva, and took his pre-medical work in the Geneva College. His medical studies were in the University of Geneva, and the University of Rome, with the degree of Doctor of Medicine, 1941. Dr. Thudicum served the following internships and residencies: Surgical Policlinique of the Geneva University, Obstetrical and Gynecological Policlinique of the Geneva University, Maternity of the Geneva Hospital, Surgical Department of Pourtales Hospital in Neuchatel, Switzerland, Clinique Chirurgicale Universitaire, in Geneva, as substitute of the Chef de Clinique for 3 months. From March, 1943, to July, 1945, Dr. Luc Thudicum was Delegate of the International Committee of the Red Cross in Germany and chief of the Delegation in Austria. Dr. Thudicum has travelled extensively in Great Britain, Italy, France, Germany, North Africa, Norway, Sweden, and Hungary and speaks fluently English, French and German.

Drs. Masset and Thudicum plan to be in the States visiting various Osteopathic centers, and it is their hope to influence qualified young people of Switzerland to come here to study in the Osteopathic schools.

A VISITOR FROM PERU

Dr. José E. García Frias, of Peru, has spent approximately six months with us, investigating certain phases of tuberculosis. Dr. Frias was born in Ayacucho, Peru, and educated in the schools of Lima, Peru. He received his medical education in Europe, taking the degree Doctor of Medicine from the Christian-Albrecht Universitaet at Kiel, 1927. He then remained in Germany until 1932, serving on the Staff of the Tuberkulose Krankenhaus der Stadt Berlin, Waldhaus Charlottenburg and in the Bremische Heilstaette, Moeldin, as well as in the Sanatorium of Dr. Wolfer in Davos, Switzerland. After this he spent four months in Madrid, Spain, at the Sanatorio el Lago doing Chest Work.

Dr. Frias did Graduate work at the Chirurgische Universitaetsklinik, Medizinische Universitaetsklinik and the St. Barbara Krankenhaus in Halle-Saale, Germany. After finishing his specialization in Chest Diseases, Dr. Frias returned to Peru, where he was appointed as Medical Director of the Sanatorio Olavegoya in Jauja in 1932. The Sanatorium has 450 beds and a large outpatient clinic and is under Dr. Frias' immediate direction. Medical and Surgical Collapse Therapy in all forms are performed in this institution. In 1937 to 1938, Dr. Frias did another year of Graduate work in Germany in the Tuberkulose Krankenhaus, Heidelberg, in the Tuberkulose Krankenhaus Dresden-Coswig and in the Medizinische Klinik, Dusseldorf, and in England in the Brompton Hospital.

Dr. Frias' interests in the States at this time have been to investigate research methods in tuberculosis, having spent time at the Phipps Institute of Philadelphia and the National Institute of Health in Bethesda, Md. Dr. Frias' work with us was to investigate certain phases of the biology of the tubercle bacillus. The following are some of the publications of Dr. Frias:


La tuberculosis en los antiguos Peruanos. Actualidad Médica Peruana. Vol. 6, 1940 (Reprint accompanied).
Further numerous articles about Case Findings, Campaigns, Vaccination against Tuberculosis, Social Insurance, Climate and Tuberculosis, Medical Association, etc.

SOUTH AFRICA

Dr. Martha Pattie, of 918 Security Bldg., Exchange Place, Capetown, South Africa, attended the course in Basic Principles of Cranial Therapy in September, 1947.

Special Notice Concerning Admission of Students

SPECIAL attention is called to the fact that the College will accept applications for admission to the class of September, 1948, until February 1, 1948. These applications will be processed, and the successful candidates probably will be notified sometime during the month of March. A tremendous number of applicants has filed the necessary documents, and each will be processed by the Committee on Admissions on its own merit. It is proposed that probably 85 candidates will be accepted for the class beginning September, 1948.

The Committee on Admissions has adopted a procedure of screening applicants for the school along the following lines. The minimum entrance requirements as announced in the College catalogue must be met in each instance. Each candidate must be recommended by an Osteopathic physician, who states that he would be pleased to have the candidate as a member of his profession. Letters of recommendation must be had from the pre-medical advisor in the pre-medical school from which the student has received his training. Letters of recommendation must be had from businessmen and members of the clergy.

In provisional screening of applicants the merit point system has been employed. Each applicant is subjected to the Vocational Interest Test of Strong and receives points amounting to twice the raw score. Each applicant receives one point for each semester hour of college credit. A bonus is allowed for scholarship as follows: two points for each "A"; two points for each "B"; no points for "C" minus one point for "D"; minus two points for each grade below "D" on the transcript. In the personal evaluation of the applicant, taking into account his motivation, his manner of speech, his personal appearance and all other personal factors it is possible for the candidate to receive as much as 100 points.

As an example, one applicant has been scored as follows: For his Vocational Interest Blank, 132 points; for his transcript, showing 194 semester hours of work, 194 points; a bonus for scholarship, 73 points; personal evaluation, 85 points, making a total score of 484: this score might be compared with another applicant who shows on his Vocational Interest Blank 74 points; transcript 139 points, bonus, minus 4 points, and his personal evaluation, 50, making a total score of 259 points. It would seem evident that the second applicant is less desirable than the first applicant.

Final decision as to the selection of applicants for the College will be based upon the decision of the Committee on Admissions, after having evaluated all these various factors.

Dean's Engagements

Dr. Dressler's recent speaking engagements and the topics he discussed follow:

Sept. 22, 1947—Y's Men's Club of Germantown—"Ethics of Science."

Oklahoma Osteopathic Association.

Oct. 15, 1947—Participated in the Forum entitled, "Information Please."

Nov. 20, 1947—Junior Women's Osteopathic Association — Shoyer's Restaurant, "Osteopathic Education."
Nov. 22, 1947—Hotel Warwick—"Osteopathic Education."
Dec. 11, 1947—North Philadelphia Lions Club—"Place of Osteopathy in the History of Medicine."

Medical Examiner

Maybrook, N. Y.—Dr. Donald I. Phillips has been appointed as medical examiner for this area by the U. S. Railroad Retirement Board. His appointment is effective immediately. The position entails examining workers for both sickness and disabiity as per the extended provisions of the new railroad act, in addition to examinations for retirement.

Back Home

Dr. Oswald D. Deiter, formerly of 2 Dunraven St., 140 Park Lane, London, W. 1, England, wishes to announce that he has resumed practice, at 45 North Broad Street, Ridge- wood, New Jersey.
The College Department of Anatomy

By Dr. Angus Gordon Cathie
Professor of Anatomy, Philadelphia College of Osteopathy

It's your college—where Osteopathic physicians of the future are being trained, and to which an ever-increasing number of graduates is turning for advanced study. The purpose of this article is to let the alumni know what the Anatomy Department is doing. Formal catalogues: descriptions of college courses are familiar to all of us. Aside from being a statement of aims, a summary of the material covered, and the number of hours required for each, there is little of how, and nothing of what, is planned for the future.

A teaching department is a subdivision of an institution's general educational program, charged with the responsibility of giving the best instruction in a particular phase of the work necessary to reach the final goal. In the training of Osteopathic physicians, anatomy is especially important since a knowledge of structure is to be recalled, not only in attempting to evaluate symptoms that a correct diagnosis may be reached, but in much of the therapy to be employed. It is a department that must cooperate with the special departments in anatomical phases of their courses.

UNDERGRADUATE INSTRUCTION

The instruction of undergraduate students has been undergoing a series of progressive changes for the purpose of having students learn the body, instead of the book. The student who memorizes may be highly efficient in the art of mental gymnastics, but he lacks the knowledge that will be of use to him in practice. To make a subject interesting as possible and to tell why; to create a picture that will remain clear or to illustrate a point by the use of that which is already known, are recognized methods of helpful instruction. This we attempt to do. How? Each freshman student has the use of a set of bones prepared in the work room of the department. Lectures to all classes are illustrated by colored diagrams drawn on the blackboard during the hour. Sometimes slides are projected on the screen or specimens and dissections are shown and explained to small groups of students. From the beginning of the freshman year the clinical importance of anatomical structure is stressed. Each freshman student makes a note book in the freshman laboratory hours containing drawings and important clinical points related to each part. It is gratifying to know that of their own volition, many sophomore students add more material to these books as their work progresses. During the junior year they become useful for reference.

Although application of anatomical principles is stressed from the beginning of the freshman year, the greatest opportunity to correlate the various subdivisions of anatomy is given during the junior year, when applied anatomy is taught. The course has been rearranged during the past four years so as to include regional study and application. The interrelation and interdependence of the systems as they apply to health and disease is presented during this course. The anatomical principles related to certain injuries are explained and demonstrated through the use of museum specimens, charts, and drawings. The entire second semester is devoted to the study of postural changes and the anatomical basis of manipulative therapy.

GRADUATE STUDY

"There is no doubt about it—more of our graduates and those of other colleges are making use of the facilities of the anatomy laboratory than ever before." Such was the statement made to me during the past summer. To be of service to those who have graduated is another phase of our responsibility to the profession. How is this being done?

1. The frequency with which practicing physicians and surgeons return for the purpose of doing some special dissection or for other study has been steadily increasing.
2. Formal post graduate courses have included several hours of laboratory work and lectures.
3. Anatomical consultation has been requested in numerous instances.
4. Continual use of the museum, where over eight hundred and ninety specimens are on display.

MUSEUM

As a feature of a continuing program to improve our teaching facilities the preparation of new museum specimens has been one of our major projects. Eight hundred and ninety specimens are now on display in the museum cases. Within the past two and a half years fifteen hundred dollars worth of specially constructed museum cases have been added to those previously formed in the anatomy laboratory.

Commercial organizations have made good use of attractive displays in gaining the attention and interest of the public in their commodity. It is a phase of visual education that can be applied in museums associated with educational institutions to equally good advantage. With this principle in mind, care has been taken in the preparation and display of specimens. A descriptive card giving important information is placed in front of each piece. Several specimens, especially permanently fixed dissections and the more complicated osseous ones are further marked by pin-labels bearing the name of the structure, calling attention to a variation, or directing attention to some point of clinical importance.

Cataloging of specimens is an aspect of the work that is unseen yet important and time consuming. Each piece is numbered and then further identified by its code marking. Through the code each is classified as to the part of the body, or region to which it belongs, and whether it is a normal or average, abnormal or a variation. File cards are then made out according to the code marking with such additional information about the subject from which the specimen was taken as age, sex, race, and cause of death. The detailed description of the specimen is added to the card. The value of such a system becomes evident when someone wants to know how many variations of a certain bone we have, how many types of healed or ununited fractures of a particular part can be demonstrated, or what varieties of vertebral changes can be set up in a special display.

ANATOMICAL DISPLAYS

Special displays are closely related to the museum. They are adopted as a teaching aid. Displays are designed to supplement classroom instruction in a certain region or condition. Arranged with care so that they may be viewed from several angles, the student is enabled to study them at closer range. Special labeling, charts, and illustrations are used in conjunction with the specimen. An outline of each display is kept on file so that it may be duplicated at any time.

SUBJECTS FOR HUMAN DISSECTION

The teaching institutions in Pennsylvania are indeed fortunate in being located within a state having a good Anatomic Law. The
Anatomical Board of the Commonwealth of Pennsylvania is composed of the professors and assistant professors of anatomy, pathology and surgery of the medical schools within the state. Fair distribution of subjects among the various schools is determined on a quota basis determined by the number of students enrolled in each school. The subjects so distributed remain the property of the Board which retains the records of identity of each. Upon completion of the studies to be made upon them the offal is cremated in the crematory of the College constructed for this purpose.

Before burial in the cemetery lots designated for the use of the Anatomical Board, a clergymen conducts a funeral service in the College auditorium. Even in death these subjects have served humanity well by increasing the knowledge of the members of the profession. In recognition of the respect due them, the Philadelphia College requires the students to attend the funeral service.

The increasing number of fraternal and charitable organizations that bury their deceased members has tended to reduce the number of subjects assigned to the Anatomical Board for distribution among the colleges. We have been fortunate in receiving enough for undergraduate study and a reasonable number for the use of our graduates.

The College is unable to comply with the requests of physicians who seek to purchase skeletons or skeletal parts. As has been previously mentioned, the subjects received by the College remain the property of the Anatomical Board. Parts may be retained by the colleges as teaching and museum specimens, but under no circumstances is any part to be sold or given away. Such a regulation assists in safeguarding our Anatomic Law.

THE WORK ROOM

It used to be called the loft and, so far as heat and ventilation are concerned, still resembles one. It is here that the subjects removed from the laboratory are processed. The soft parts are removed, the fat extracted from the osseous parts to be retained, and the bleaching is done on many future museum specimens. Each bone is marked with the Anatomical Board number which serves the useful purpose of giving such information as age, sex, race, and cause of death. The bones are examined for variations, pathological processes, and structural changes. Specimens to be used in the bone boxes for student use are assembled here.

New equipment has been purchased for the embalming room with the result that the embalming is done by a registered embalmer of wide experience in practice of his profession. New equipment includes two super-sight lights for use while doing fine dissections or when examining specimens. Light plus magnification is provided through their use. Several new instruments have been purchased to meet the needs of special phases of some of the dissection done by graduates.

The purchase of the lights, many of the instruments and books have been made possible through a very generous gift of Dr. Earl H. Gedney of Bangor, Maine.

LABORATORY NIGHT

Every Tuesday evening during the College year is "laboratory night." The laboratory is open from seven thirty until eleven o'clock to anyone who cares to come in. Members of the department do special work such as recording anatomical variations, conducting special anatomical studies or preparing material for teaching purposes.

Students who want additional time for dissection or who are interested in doing some special investigation for their own benefit are always welcome. On several occasions, students assist the members of the department in special and routine work on these evenings.

Practicing physicians sometimes ask that they be notified when student dissections have reached a certain area. Although they are at liberty to come in at any time when the laboratory is open, they often arrive on a Tuesday evening. Some come in to examine specimens of special interest to them or to discuss some anatomical phase of certain cases.

INVESTIGATION AND RESEARCH

Several special anatomical studies are being conducted in the anatomy laboratory at the present time. Two of them were prompted by the frequency with which practicing physicians requested information relating to problem regions—the shoulder and the areas related to the sciatic nerve. The former has been under consideration for several years; the latter for eighteen months. The result has been revision in the teaching of the applied anatomy of the shoulder and the demonstration of certain techniques from anatomical point of view. Similar revision of material has taken place in the teaching of the applied anatomy of sciatic pain. Work on these two problems will have to continue for a long time.

Records of many anomalies and variations are being kept. In many instances diagrams or drawings are included in the record. During the past few weeks a special study of the variations in the veins related to the brachial plexus of nerves has been made. This material may be found useful in the study of shoulder pain previously mentioned.

Dr. Beryl Arbuckle has been conducting some of her cranial study in the anatomy laboratory for the past twelve months. Working with her is Dr. Blanche C. Allen, a member of the Anatomy Department. The investigation being carried on by them is especially the study of intracranial structures at the time the brains are removed from freshly embalmed structures. Observations are carefully recorded at the time and include much hitherto unobserved variations in the dural stress bands.

Students are encouraged to observe all special studies being made and are alert to detect many variations they find in the course of their work.

Mention should be made of the cooperation given by the Department of Pathology. Their willingness to examine gross specimens or to do tissue studies has been of great assistance in many instances.

PLANNING

"Planning and Improvements"—that is the label on a book in our file. It was started three years ago. Some of the items that appear in it have been checked off but new ones are added more rapidly than they are carried out. The blue print of an architect's drawing for expansion and improvements of the department's physical plant is there too. Behind all of the plans is the one thought—better instruction and more opportunities.

Plans for increasing the personnel adequately to meet the needs of a rapidly increasing program are being carried out. The training of such personnel is essential and includes special laboratory assignments, reference work, attendance at a series of lectures now being given to the college faculty in education, and knowledge of the systems used in the department. A knowledge of Osteopathic principles and an understanding of the anatomical basis of manipulative therapy is a prerequisite.

As suitable personnel is added it will be possible to expand the small group instruction and conference method of teaching. The classes in gross anatomy and anatomy of the nervous system can then be divided into sections.

The value of a clinical anatomist to assist students with problems they meet in the general clinic has been recognized for some time. It is hoped that training for this phase of

(Continued on Page 91)
Camera Man Visits Department of Anatomy

Dr. Cathie explains the compression of a Vertebral Segment to Thomas, T. Allen of South Portland, Maine, and Stanley W. Doe of Harrisburg.

Special dissections are included in the permanent museum displays.

A corner of the workroom showing Mr. James G. B. Astwood and Dr. Blanche C. Allen completing assembly of a skeleton.
Dr. Angus G. Cathie, Professor of Anatomy and Dr. Otterbein Dressler, Dean of the College, inspect the specimens in one of the new museum cases in such as these are helpful in teaching Applied and Surgical Anatomy.

Dr. Warren A. Pratt of Upper Darby, Pennsylvania, explaining one of the specimens to Miss Astrid Delitsch, a sophomore student from Wilmington, Delaware, and George Letchworth, Esq., President of the College.
Changes in Department of Anatomy Curriculum

In the Anatomy Laboratory. Specimens Surface Markings drawn on Thomas T. Allen of South Portland, Maine, are being explained by Dr. Cathie to Miss Astrid Delitzsch as President George E. Letchworth, Esq., observes.

Group instruction is used to advantage when specimens are demonstrated. Above Dr. Blanche C. Allen explains the facial portion of the skull to sophomore students. Louis L. DiPompo, Riley, Maine; Waldo G. Edelman, Easton, Pennsylvania; William Fisher and Abraham Cooper.
Spot-Light on the Department of Anatomy

Special displays are frequently set up in the Anatomy Laboratory for the benefit of students. Above is a collection of fractures and compressed Vertebral Segments.

Mr. Astwood leaving the newly constructed Crematory.

One of the sections devoted to the display of changes that may be found in the spine.
practical instruction can be started in the near future.

Plans for expansion of the museum according to the subdivisions of anatomy as taught necessitates the production of a vast number of new specimens. The requirements for the fulfillment of such plans have been outlined and approved by the Dean of the College.

PERSONNEL OF DEPARTMENT

SARAH W. RUPP, D.O., Emeritus Professor of Anatomy.

HERBERT V. DURkee, D.O., M.S., Emeritus Professor of Histology.

ANGUS GORDON CATHIE, D.O., Professor of Anatomy.

BLANCHE E. ALLEN, A.B., B.E., D.O., Associate in Anatomy.

LEWIS G. TORRIERE, M.D., D.O., Instructor in Embryology.

WARREN PRATT, D.O., Instructor in Anatomy.

L. MAR EISENHUT, Jr., D.O., Assistant in Anatomy.

DAVID W. CRAGG, D.O., Assistant in Anatomy.

JAMES G. A. ASTWOOD, Registered Embalmer and Curator of the Museum.

VISITORS TO ANATOMY LABORATORY

ARKANSAS ............. 1

ARIZONA .............. 1

CALIFORNIA ........... 1

COLORADO ............. 2

CONNECTICUT .......... 2

FLORIDA ............... 5

HAWAII .................. 2

ILLINOIS ............... 5

IOWA ..................... 2

MAINE ................... 23

MARYLAND .............. 1

MASSACHUSETTS ....... 4

MICHIGAN .............. 18

MISSOURI .............. 11

MONTANA .............. 3

NEW JERSEY ............ 17

NEW YORK ............. 13

NORTH CAROLINA ....... 1

OHIO ..................... 11

PENNSYLVANIA .......... 36

RHODE ISLAND .......... 9

TENNESSEE ............. 1

TEXAS ................... 3

VIRGINIA ............... 1

WASHINGTON .......... 4

WASHINGTON, D. C. ..... 1

WISCONSIN .............. 3

WEST VIRGINIA ......... 3

TOTAL .................. 185

FOREIGN

CAPE TOWN, S. AFRICA ....... 1

ENGLAND ............... 2

CANADA ................ 2

TOTAL .................. 5

A PARTIAL LIST OF THOSE WHO HAVE USED FACILITIES OF THE DEPARTMENT

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<tr>
<th>Name</th>
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<tr>
<td>Dr. R. Lippincott</td>
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<td>Observation of Brain Removal</td>
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<td>Dr. Harry E. Friberg</td>
<td>Portland, Me.</td>
<td>Dissection of Head and Neck</td>
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<tr>
<td>Dr. H. W. Sterrett, Jr.</td>
<td>Philadelphia, Pa.</td>
<td>Suturing</td>
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<td>Dr. C. Pettapiece</td>
<td>Portland, Me.</td>
<td>Observation of Skull Fracture and Brain</td>
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<td>Dr. D. Gedney</td>
<td>Bangor, Me.</td>
<td>Removal</td>
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<td>Dr. Harmon Y. Kiser</td>
<td>E. Liverpool, Ohio</td>
<td>Dissection of the Upper Abdomen, Stomach,</td>
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<td>Dr. Galen Young</td>
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<td>Gall Bladder</td>
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<td>Dr. Nordstrom</td>
<td>Cranston, R. I.</td>
<td>Dissection of the Stomach</td>
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<td>Dissection of Nasal Chamber</td>
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<td>Dr. C. P. Snyder</td>
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<td>Dissection of Mastoid Area especially</td>
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<td>Dr. McDougal</td>
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<td>Facial Nerve</td>
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<td>Dr. J. Marshall Hoag</td>
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<td>Dr. Charles Steiner</td>
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<td>Dr. H. T. Burnard</td>
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<td>Dr. J. E. Leuzinger</td>
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<td>Dr. Gebhart</td>
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<td>Dr. O. Taylor</td>
<td>Grand Junction, Col.</td>
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<td>Dr. C. H. Soden</td>
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<td>Otic Ganglion</td>
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<td>Dr. Wm. Kerr</td>
<td>Guilford, Me.</td>
<td>Dissection of Male Abdomen and Pelvis</td>
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<td>Dr. E. Biedeau</td>
<td>Eastport, Me.</td>
<td>Dissection of Male Abdomen and Pelvis</td>
</tr>
<tr>
<td>Dr. Rosamond Pocock</td>
<td>Toronto, Canada</td>
<td>Dissection of Infant</td>
</tr>
<tr>
<td>Dr. Richard Kock</td>
<td>Philosophy, Pa.</td>
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</tr>
<tr>
<td>Dr. Harry Freiling</td>
<td>Philadelphia, Pa.</td>
<td>Dissection of Saphenous Vein and Abdomen</td>
</tr>
<tr>
<td>Dr. H. J. Pettapiece</td>
<td>Portland, Me.</td>
<td>Dissection of Head and Neck</td>
</tr>
<tr>
<td>Dr. O. B. Deiter</td>
<td>Portland, Me.</td>
<td>Dissection of Head and Neck</td>
</tr>
<tr>
<td>Dr. Burleigh Larlee</td>
<td>London, England</td>
<td>Study of Abdominopelvic窦sis</td>
</tr>
<tr>
<td>Dr. Wm. E. McDouall</td>
<td>Philadelphia, Pa.</td>
<td>Dissection of Head and Neck</td>
</tr>
<tr>
<td>Dr. J. Walter Larkin</td>
<td>Phoenix, Ariz.</td>
<td>Dissection of Abdominal Area and Pelvis</td>
</tr>
<tr>
<td>Dr. R. H. Nordstrom</td>
<td>Philadelphia, Pa.</td>
<td>Dissection of Ear, Nose and Throat</td>
</tr>
<tr>
<td>Dr. Wm. Silverman</td>
<td>Philadelphia, Pa.</td>
<td>Dissection of Complete Body Dissection</td>
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<tr>
<td>Dr. Harry Stein</td>
<td>Philadelphia, Pa.</td>
<td>Dissection of Complete Body Dissection</td>
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<tr>
<td>Dr. Edward Thieler</td>
<td>Philadelphia, Pa.</td>
<td>Dissection of the Hand (Second Series)</td>
</tr>
<tr>
<td>Dr. Donald J. Evans</td>
<td>Detroit, Mich.</td>
<td>Thoracic Dissection for Bronchoscopic</td>
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<tr>
<td>Dr. J. E. Leuzinger</td>
<td>Philadelphia, Pa.</td>
<td>Examination and Treatment</td>
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<tr>
<td>Dr. Howard A. Lippincott</td>
<td>Moorestown, N. J.</td>
<td>Study of Nasal Chamber</td>
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<tr>
<td>Dr. C. P. Snyder</td>
<td>Philadelphia, Pa.</td>
<td>Observation of Removal of Brains</td>
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<tr>
<td>Dr. E. H. Gedney</td>
<td>Bangor, Me.</td>
<td>Special Course in Otolaryngology</td>
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<tr>
<td>Dr. Scott Calpitts</td>
<td>Bangor, Me.</td>
<td>Dissections for Studies in Thoracic Surgery</td>
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<tr>
<td>Dr. M. Blackstone</td>
<td>Allentown, Pa.</td>
<td>Dissection of Dissection of Inguinal-Abdominal Area</td>
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<tr>
<td>Dr. R. Nordstrom</td>
<td>Edgewood, R. I.</td>
<td>Dissection of Head and Neck</td>
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<td>Dr. Donald Wickie</td>
<td>Detroit, Mich.</td>
<td>Dissection of Head and Neck</td>
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<tr>
<td>Dr. Herbert Laidman</td>
<td>Glen Rock, N. J.</td>
<td>General Dissection of the Body</td>
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</table>

(Continued on Page 98)
ON HUMAN DISSECTION

By Otterbein Dressler, D.O., M.Sc., Professor of Pathology, Dean of Philadelphia College of Osteopathy

(Reprinted from the Journal of the A.O.S. by special permission.)

THAT knowledge of human anatomy is essential to the healing arts and to national philosophy would seem axiomatic. That dissection of the human body is necessary to a complete study of human anatomy would seem to be a natural corollary. Many experiments have been tried as substitutes for human dissection, from disputation to animal dissection. History is replete with examples of the tragic consequences of such experiments.

Many centuries have been required to place human dissection on a plane of comparative respectability, and its position is still far from secure. Like all other elements of freedom and liberty, indeed democracy itself, the right to engage in human dissection is so valuable a privilege that we have had to fight to obtain it, and shall have to fight to retain it.

It is said that one of the basic characteristics of civilization is burial of the dead. Throughout the ages human dead have been looked upon as sacred and either through fear or other motivations we have developed a peculiar respect for these inanimate remains, frequently out of all proportion to the manifest feelings between the same individuals when the deceased was yet alive.

Probably most of us who have to do with the objective sciences have an aversion to the gross ostentation and wasteful practices of human burial. Nevertheless, because of these human frailties, we are seriously handicapped in our attempts to aid the living and those yet unborn, and, for the most part, only the bodies of those unclaimed for burial provide our supply of materials for scientific investigation.

Many fraternal, benevolent and patriotic organizations have as one of their foremost policies provision for the burial of their dead. The Government has taken a similar stand in respect to huge segments of our population. Present trends in social security make more and greater provisions in the same direction. We cannot doubt the sincerity and the motivations of the authors of these plans. There is no reason why they should give consideration to human dissection unless those of us who are interested call their attention to our position.

The most fantastic ideas of the practices of dissection and anatomy laboratories are extant. The fault here lies squarely upon us. We have too frequently discouraged laymen from observing our efforts, in some instances forbidding it. This has created suspicion of disrespect to the body and, in general, an unsympathetic attitude upon the part of influential laymen and lawmakers toward our need. The feeling is created that to end one's temporal existence on the dissection table is a frank evidence of disgrace, yet those who do are those, who, even after death, serve their fellowmen.

The threat to our supply of human material for dissection is sufficiently serious that it is urgently necessary that steps be taken to combat it. Aggressive and speedy action is imperative to make our anatomy laboratories just as dignified as any other scientific laboratory and perhaps more so. They must be sufficiently clean, light and airy that even the most fastidious person can be shown about with comfort and freedom. Every effort must be made to show respect for those honored dead who, I take pains to repeat, even after death serve their fellowmen, including generations yet unborn. The official must be disposed of in a dignified and hygienic fashion with full religious rites.

The most effective way to solve a problem is by knowledge. We should seek to have influential persons, particularly the lawmakers, visit anatomy laboratories and carefully explain to them our objectives. These men and women will then become cognizant of the problem, and I am persuaded they must of necessity be sympathetic toward any effort designed to mitigate their ills and those of others. Careful attention to this problem by all of us will serve all human beings. It may guarantee, for the present and the future, the legal right of human dissection through legitimate, authorized channels. If lawful channels do not remain open to us there is a strong possibility that we will drift again into the practices of desecration of graves, so that no one will be sure of his final resting place. The evils of these practices in the past need not be related here. Further, only to pass on to posterity our already accumulated fund of knowledge and accumulate that knowledge necessary to close the great gap still existing.

THE GRADUATE SCHOOL

PEDIATRICS

An advanced course in Pediatrics will begin the first week in February. This class will be limited to 10 students who have previously had some training in Pediatrics.

CAUDAL ANALGESIA

Dr. Julian Mines continues to present his two-week course in Caudal Analgesia. Doctors from various parts of the United States are almost constantly in attendance upon these courses.

CRANIAL THERAPY

An advanced course in Cranial Therapy will be presented, January 19-24, 1948. This class will be sharply limited and should be pursued by those who have previously had work along these lines.

Another elementary course in Cranial Therapy is being planned to be presented sometime in September, 1948.

CHAPMAN'S REFLEXES

A course in Chapman's Reflexes will be presented by the Department of Osteopathic Therapeutics, February 23-27, 1948. Applicants have presented themselves from various parts of the United States and great interest is being shown in this work.

CARDIOLOGY

Work is progressing in the development of a Heart Station and new equipment has been purchased and is in the process of installation. It is hoped that a course in Cardiology may be able to be presented before the year's end.

REFRESHER COURSE

The Faculty of the College at a recent meeting unanimously agreed to present a short refresher course to the profession in the early summer, after the close of the academic year. Announcement of such a course will probably be made in the very near future.

SURGERY

Four graded courses related to surgery are about to be announced to the profession. These courses are designed to meet the needs of surgeons within a reasonable distance of Philadelphia who might come to the College one day a week for further study. The first course will probably be one in Surgical Pathology, succeeded by a course in Surgical Anatomy, ultimately one in Surgical Diagnosis, and one in Surgical Technique. The bulk of the teaching in these courses will probably be by the laboratory method.
Hospitals and Inflation

By Olin L. Evans, Superintendent
Osteopathic Hospital of Philadelphia

THERE are few persons who are not aware that our domestic economy is in the grip of an inflationary spiral. This movement started immediately after the war began, and, as soon as war time price controls were relaxed, rocketed to the present precarious position. It will be recalled that there was general rejoicing over the cancellation of the rationing system. However this elation was short lived. We ran into shortages of a great many commodities. This shortage has persisted except for intermittent periods. These periods of ample supply follow price increases, of which there have been many. A period of low supply or shortage is sooner or later followed by another price rise.

Vendors are apologetic about each increase, stating that rising labor costs, plus a heavy export demand which siphons off our domestic supply, are responsible factors. Labor credits the producer with exorbitant profits as the cause of inflation. Some observers ascribe the cause to both the producer’s demands for profit and labor’s insistence for more pay for less work. Whatever the cause we know that we have inflation.

U. S. News says that inflation is shrinkage in the buying power of the dollar. Using the 1939 dollar as worth 100 cents, the dollar today is worth 60 cents. This shrinkage threatens to continue until the value of the dollar reaches 30 cents, thereafter an upturn to 75 cents sometime in the future is the best to be expected.

The prospects are uncertain as to when inflation will break, when the dollar will be worth more and not less. Specifically, many commodities people must buy have risen as follows:

<table>
<thead>
<tr>
<th>Product</th>
<th>Pre-War</th>
<th>to 1945</th>
<th>to 1946</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agricultural</td>
<td>103</td>
<td>60</td>
<td>193</td>
</tr>
<tr>
<td>Livestock</td>
<td>151</td>
<td>27</td>
<td>224</td>
</tr>
<tr>
<td>Fuel</td>
<td>44</td>
<td>24</td>
<td>103</td>
</tr>
<tr>
<td>Paint</td>
<td>85</td>
<td>0</td>
<td>153</td>
</tr>
<tr>
<td>Paper</td>
<td>44</td>
<td>16</td>
<td>92</td>
</tr>
<tr>
<td>Textiles</td>
<td>100</td>
<td>10</td>
<td>147</td>
</tr>
</tbody>
</table>

Hospitals, because of the nature of their business, have taken a heavier beating under inflation than has the average citizen. Much of the hospital’s purchases, other than the above tabulation is peculiar to hospitals. These items have risen in price 150 to 250%. Salaries have increased about 100%. Industries, retailers and most workers except the “white collar” group have fared not too badly, because their income has kept pace with rising costs.

Most hospitals are charitable institutions and as such have an humanitarian attitude. For this reason hospital rates have increased slightly compared to increased costs. 15% to 20% is about the extent of hospital rate increases since war.

Unlike some commodities which are of inferior quality even though cost has doubled or quadrupled, the quality of the hospital’s commodity—restoration to health—has improved, as shown by patient’s shorter hospital stay than before the war.

All the evidence points to the necessity of hospitals increasing rates so that income may more nearly meet expense.

School of Nursing

The students of our School of Nursing were responsible for providing most of the entertainment for both the College and Hospital at Christmas time.

On December 19th, the Student Nurses’ Chorus of 30 voices participated in the annual Christmas program of the College which was held in the College Auditorium.

Everyone had a wonderful time at the Hospital Christmas Party. The student nurses provided a most interesting skit, “An Evening in the Kitchen of the Nurses’ Residence.” It was revealing to see the talent and wit possessed by our students, singing, playing both piano and harmonica, tap dancing, etc. The julep box given to us by Mr. Strauser, father of one of our College students, added to the festivities and dancing.

Miss Peeler met with the Union County Women’s Osteopathic Auxiliary in Elizabeth, N. J., December 8th. This Auxiliary has for a long time contributed the filled stockings for the nursery and gifts for the Pediatric Department.

To date all graduates who took their State Boards in September, have received word that they have passed and are thus now registered professional nurses.

Visit of the Stork:

To Norma Hepford Miller, ‘45, an 8 lb. 9 oz. daughter, Sally Anne, on November 26th.

To Katherine Johnson Edwards, ‘42, a baby boy, Jeffrey Howard, November 15th.

To Thelma Fyock McKee, ‘37, a daughter, Nancy Anne, November 5th.

Mrs. McKee is now living at 2010 Rollins Ave., Cheyenne, Wyoming.

We are always glad to have our graduates stop in to see us when they are in the city. Our most recent visitors were:

Hilda Gonder Halbrooke, ’42
Edith Wescott Davis, ’38
Lillian Rubinkam Detweiler, ’43
Elsie Weisel Gillender, ’36

Jean Nolt, ’43, has returned and is now Assistant Supervisor on Osteopathic floor.

Mrs. Anna Falkenstrom Adams, 1928, passed away November 18, 1947.

New Year Baby

The Osteopathic Hospital of Philadelphia enjoyed the unique distinction of being the birth-place of the first baby born in the city limits in the year 1948.

The baby was delivered by Dr. Frank Schmidt, assisted by Dr. Lester Eisenberg. It was a six-pound, seven ounce girl, and the parents are Reuben and Kathleen Close, of Media.
Death's Heavy Toll

DEATH has taken its heaviest toll from our alumni in recent weeks. We despair to attempt to express our loss, though we know that theirs is a gain.

In Memoriam

Class of 1906
FRANK E. ZINDEL
December 9, 1947, Philadelphia, Pennsylvania
Cause of death, pulmonary embolism.

Class of 1917
GORDON P. LOSEE
January 2, 1948, at Westfield New Jersey
Cause—heart disease.

Class of 1927
HOWARD P. HENSEL
November 2, 1947, at Harrisburg, Pennsylvania
Cause—heart disease.

Class of 1933
WILLIAM A. McDOUGALL
October 24, 1947
Bryce Canyon airplane crash.

Class of 1934
MARTIN CARL FREY
October 24, 1947
Bryce Canyon airplane crash.
Hillel Foundation

THE Hillel Foundation of the Philadelphia College of Osteopathy, a recent addition to the College’s organizations, takes this opportunity to introduce itself.

This organization is but another one of a group of 167 units established in colleges and universities throughout the nation, Canada and Cuba. All are sponsored and maintained by B’nai B’rith, America’s oldest and largest service organization.

The purpose of this organization will be to aid the College in the training of socially-responsible osteopathic physicians, and will act as a central nucleus for the extra-curricular, religious and social activities of its members.

This unit has been particularly fortunate in the caliber of the men who have guided it from its first moments of inception to its present status. In particular we were fortunate to have for initial guidance, a year ago the enlightened touch of Dr. Otterbein Dressler, Dean of the College, who, in cooperation with the most respected leaders of Judaism: Dr. L. Wolsey, internationally known Rabbi Emeritus of the Rodeph Shalom Congregation; Rabbi D. C. Matt, Chairman of the Philadelphia Rabbinical Board; and Rabbi of the West Philadelphia Community Center; and Rabbi J. D. A. Cardozo, Spiritual Head of the oldest Jewish Congregation in America; and Drs. V. R. Fisher and P. M. Lessig, of the College faculty, all of whom combined to give us the impetus necessary to take our place among the organizations of the College.

The first organizational meeting was held, Oct. 2, 1947, in the College Auditorium, under the direction of Rabbi A. Zemach, Director of the Hillel Foundation of the University of Pennsylvania. At this time announcement was made of the appointment of Rabbi J. S. Nissel as Counselor for this group.

Under the able guidance of Rabbi Nissel and all concerned this organization eagerly will strive and look forward to a successful future.

SAMUEL RUBINSTEIN
Editor of Publications

Student Activities

Welcome to Freshmen
(From the Avone.)

A welcoming dinner for the Freshman Class was tendered in the College Auditorium on Monday evening, November 17. Tables were set for about 150 guests who were served a turkey dinner with all the fixings by McAlister’s, caterers of Philadelphia. The program was participated in by both the members of the new class and their hosts.

This function was sponsored by the Dean’s Office, the Committee on Admissions who selected this group from among the many applicants, the Committee on Undergraduates and the Executive Committee of the Osteopathic Foundation.

Among those present were Dr. Otterbein Dressler, Dean of PCO; Louis G. Schaeterle, Director of Admissions at PCO, as well as members of the above-mentioned committees, and the faculty members of PCO engaged in the Freshman curriculum.

Lawson D. Palmer, chairman of the new class, spoke briefly, expressing the pleasure and appreciation of his group. He said, “We feel extremely fortunate as a group to have received admission to the Philadelphia College of Osteopathy; particularly since we are informed that next year’s applicants exceed the College’s facilities by two-fold.”

Dr. Alvarado Honored

Dr. Miguel Alvarado has been appointed Director of Laboratories for the Ottawa Arthritis Sanatorium and Diagnostic Clinic of Ottawa, Illinois, registered osteopathic institution, announced Dr. E. C. Andrews, director.

A native of Puerto Rico, Dr. Alvarado studied at the University of Puerto Rico and received his A.B. degree at the University of Kansas.

After post-graduate work in bacteriology at Temple University, he entered the Philadelphia College of Osteopathy, graduating in 1942. After interning for a year at the Philadelphia Osteopathic Hospital, Dr. Alvarado entered private practice in West Chester, Pa.

Dr. Alvarado was an honor graduate at Philadelphia College, was elected to the College Honorary Fraternity, and was a member of Theta Psi fraternity. He served as president of the fraternity while a student. He was also a member of several societies at the college.

Advanced Courses in Cranial Therapy Well Attended

The Department of Osteopathic Therapeutics has presented an advanced course in Cranial Therapy, January 19th to 24th. The following doctors were regularly enrolled:

Harriet Amundson, Monroe, Wisconsin
Katherine M. Beaumont, Portland, Oregon
Charlesama B. Coles, Philadelphia, Penna.
Charles J. Heaslip, Ontario, Canada
Harold W. Hoover, Tacoma, Washington
Paul N. Lovewell, Northville, Michigan
William M. Newland, Seattle, Washington
John E. Nutt, Wayne, Michigan
Barbara Rhodes, Pautacket, Rhode Island
Helen A. Rohweder, Mexico, Missouri
Maude S. Stowell, Rockford, Illinois
Pearl Thompson, Milwaukee, Wisconsin
Thomas D. Webber, Saginaw, Michigan
Isabel Wilcox, Atlantic City, New Jersey
Exhcur student from College of Osteopathic Physicians and Surgeons of Los Angeles.

Higher Education Course Well Received

Many of the faculty availed themselves of the opportunity to attend the course in Higher Education for faculty members. The course was presented over a period of ten weeks by Dr. Kenneth B. Hendersen, Assistant Editor (Continued on Page 96)

A Partial List of Those Who Have Used Facilities of the Department

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<table>
<thead>
<tr>
<th>Name</th>
<th>Location</th>
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<tbody>
<tr>
<td>Dr. S. Green</td>
<td>Philadelphia, Pa.</td>
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<td>Dr. E. B. Weeks</td>
<td>Detroit, Mich.</td>
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<tr>
<td>Dr. Alvin Troxell</td>
<td>Cape May, N. J.</td>
</tr>
<tr>
<td>Dr. Leo Wagner</td>
<td>Philadelphia, Pa.</td>
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<tr>
<td>Dr. Leo Wagner</td>
<td>Philadelphia, Pa.</td>
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<tr>
<td>Dr. Wm. McDougall</td>
<td>Portland, Me.</td>
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<tr>
<td>Dr. L. R. Farley</td>
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<tr>
<td>Dr. Carl Cook</td>
<td>London, England</td>
</tr>
<tr>
<td>Dr. J. E. Leuzinger</td>
<td>Philadelphia, Pa.</td>
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</tbody>
</table>

Dissection of Joints
Study of Sacral Area
Dissection of Ear, Nose and Throat
Observations of Larynx and Trachea:
Removal of Bone Marrow from Tibia
Observation of Infant Hearts and Veins
Dissection of Genito-urinary System
Dissection of the Thorax and Its Autonomic Nerves
General Dissection
Study of Course and Relations of the Superficial Temporal Artery
On the Firing Line!

BENJAMIN F. ADAMS, D. O.

EDITOR'S NOTE—This is the twelfth of a series of thumb-nail sketches of P.C.O. alumni who are carrying the torch of Osteopathy and for the Philadelphia College—men and women out in the field whose everyday lives have no glamourous side, but whose devotion and fidelity to duty make them a credit to their profession and to the college they represent.

THE DIGEST is privileged to salute, as the outstanding Alumnus of the Philadelphia College of Osteopathy for this issue, a man who, because of superior qualities of leadership, has risen high in the councils of the American Osteopathic Association, as well as in the esteem of his colleagues in the Osteopathic profession—Dr. Benjamin Frank Adams, of West Hartford, Conn.

Dr. Adams, in addition to being a member of the Board of Trustees of the A.O.A., is a Member of the Executive Committee; Chairman, Department of Public Affairs; Chairman, Committee on Life Insurance; Chairman, Committee on Reorganization of Committees; Member, Committee on A. T. Still Memorial Lecture and Member Subcommittee on Fund Raising for Central Office Home.

High points of Dr. Adams' career are as follows:


Pre-Osteopathic college work at the University of New Hampshire—1926-27.

Philadelphia College of Osteopathy—1927—graduated in 1931.

Started general practice in West Hartford, Conn., in October, 1931, where still located.

State Organization Activities:


Vice President of the Connecticut Osteopathic Society—1942.

President of the Connecticut Osteopathic Society—1943.

Member of the Board of Trustees of the Connecticut Osteopathic Society—1942-1948.


Member of the New England Osteopathic Society.

Chairman of the Legislative Council of the New England Osteopathic Society—1945.


Elected to a one-year term on the Board of Trustees of the American Osteopathic Association—1945.

Re-elected to the Board of Trustees for a three-year term, 1946-1949.

General Program Chairman of the American Osteopathic Association—1946.

Chairman of the Committee on Scientific Exhibits—1946.

Since being elected to the Board of Trustees of the American Osteopathic Association, Dr. Adams has served in the following capacities:

Chairman of the Department of Professional Affairs of the American Osteopathic Association—1946.


Member of the Executive Committee—1946-1948.


Member Sub-committee on Fund Raising for Central Office Home—1946-1947.

Chairman Committee on Compensation Insurance—1945-1946.

Non-Osteopathic Affiliations:

First Congregational Church, West Hartford, Connecticut.

Past-President of the West Hartford Kiwanis Club.

Member of the Wampanoag Country Club.


Office address—110 N. Main Street, West Hartford 7, Conn.

ALUMNI NOTES

1910

The death of Dr. Joseph C. Turkington, 100 Lehigh Ave., Philadelphia, Pa., has been announced.

1931

William A. Ellis, of Grand Rapids, Michigan, addressed the New York Osteopathic Society, Wednesday, November 26th, on "Foot Problems and Demonstration of Technique."

1938

Ruth Emanuel Wadde!, Clinical Pathologist to the Dumont General Osteopathic Hospital, is doing Graduate Work in Pathology at Philadelphia.

1940

Richard C. Bond has been appointed as Clinical Assistant to the Pediatrics Department of the College Faculty.

William Baldwin, Jr., addressed the Cleveland Academy of Osteopathic Medicine, November 3, 1947, on the subject, "Common Cardiac Problems—Diagnosis and Treatment for the General Practitioner."

1941

Norman Lazin, of Lebanon, Pennsylvania, announces the opening of the Dr. Norman Lazin Nose and Throat Hospital in Lebanon.

1944

Ernest T. Talone has been appointed as Clinical Assistant to the Pediatrics Department of the College Faculty.

William Sterrett, Jr., is being transferred from the Department of Surgery to the Department of Urology of the College Faculty.

Simon E. Josephson announces the birth of a daughter, November 5, 1947.

Born—To Dr. and Mrs. Charles K. Norton, a daughter, eight pounds, six ounces, Kathy Jo, December 29, 1947, at Detroit Osteopathic Hospital. Dr. Norton is engaged in practice at 2624 Washington Square Building, Royal Oak, Michigan.

1945

Martin J. Goldstein, Jr., has been appointed to the Physiology Department of the Kircville College of Osteopathy and Surgery.

Gerard C. Shaw has opened an office at 2247 Tiebout Ave., Bronx 57, New York.

1946

Chester Epstien has legally changed his name to Chester Freed Elliot.

Joseph Ovadia of the Maywood Hospital has accepted a post as resident in Pathology at the Los Angeles County Hospital.

(Continued from Page 95)

Professor of Education of the University of Pennsylvania. The most fundamental problems in education were discussed in a most practical manner.

Another course in Higher Education is planned for faculty members. The Dean's Office is anxious to receive requests from faculty members for the next course with statements as to preference of day of the week.

OSTEOPATHIC DIGEST
The

OSTEOPATHIC PROGRESS FUND

A program for the advancement and perpetuation of a Profession.

So far, this picture, and all that it represents, express only the hope of the future for the PHILADELPHIA COLLEGE and its Hospital. It will never materialize without YOUR support, and that of your friends.

Make your contributions to the PHILADELPHIA INSTITUTIONS through the OSTEOPATHIC PROGRESS FUND
139 N. Clark St.,
Chicago 2, Ill.,
or
OSTEOPATHIC FOUNDATION of PHILADELPHIA
48th & Spruce Sts.,
Phila. 39, Pa.
LEADING EXPONENT of the
OSTEOPATHIC THERAPY

THE PHILADELPHIA
COLLEGE of OSTEO PATHY