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PHOTOGRAPHER
CLASS 1924
PHILADELPHIA COLLEGE OSTEOPATHY
The Axone

Senior Number, 1924

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The Axone

Editorial

"Ideas are the only conquerors whose victories last." We had one idea this year—to make every issue of "The Axone" a better issue! In passing, we wish great joy and happiness to our successors. To the Seniors a loving word of adieu. To those who "carry on"—heartfelt words of encouragement and appreciation. Salutation to our beneficiaries!

A Senior President's Adieu

RALPH CHAMPION

As the time approaches when we must depart from our college, there comes to each one of us an inexpressible feeling; a feeling possibly similar to that of a sailor as he bids farewell to the ship that has carried him safely thru many an uncertain voyage.

Gradually there creeps into our minds a deeper sense of gratitude than we have ever known. This gratitude is rightfully divided among those who have sacrificed at home in order that we might attain our goal; the members of our Faculty whose untiring and patient efforts have been a constant inspiration to each of us, and to our Alma Mater whose facilities have made possible advantages that were not afforded to graduates in years before.

The fact that we are leaving our student body, from which we have derived many tried and true friends—those who shared with us both our joys and sorrow—is not pleasant to think upon.

We feel, however, that we are not graduated to be separated from you, our fellow students, but that we are advancing to a further field activity in order that we may aid those who are already overburdened in fighting our common enemy, "Disease." Ere long, you also will bring strength to the ranks. Before it is yet too late, will you heed our voice in an appeal to utilize your remaining time more conscientiously lest you also suffer the pang of regret that we now experience—that of many wasted opportunities never to be regained?

As we go forth from college, we depart with the assurance that this training that we have acquired will enable us to cope with the problems which will confront us in the practicing of our art. We, the Class of 1924, dedicate ourselves to the perpetuation of the science which so nobly serves humanity—that of Osteopathy.

My Pipe

Words and Music by WALTER M. HAMILTON, '25

Dedicated to the Senior Class of '24

With the years of college ended,
How we'll miss the jolly days
When we all as students wended
Thru grim knowledge's booky maze.
But the days we'll best remember
With a fond and favored thought,
Are the days we smoked together—
And our airy castles wrought.

When I leave those days behind me,
And my friends at P. C. O.;
Like a wine they'll ever brace me,
As thru stormy life I go.
Be it north or south you find me—
Anywhere I chance to roam—
With my pipe yet close beside me,
I will praise my college home.

When the years are softly tinted
With the mellow tones of age;
And the dreams of youth have flitted
To some golden land of shade;
Then I'll put my pipe beside me,
And I'll live those days again,
In the wreaths of smoke that hide me—
With those good old college men.
Dr. Arthur M. Flack for thirteen years has untiringly contributed to the progress and scientific development of the Philadelphia College of Osteopathy.

Dr. Flack's tact, unfailing courtesy, and sincerity have uniquely fitted him for the position of Dean, instructor and friend. His high ideals and advanced scientific knowledge are universally respected and have gained for us the confidence of the public.

Dr. Flack passes not unnoticed; his work is "not finished—just begun." The College, student body and faculty will miss his able leadership, his sympathy and unbiased impartial guidance.
"Fostering A Correct Public Osteopathic Concept"

O. J. Snyder, M. S., D. O.
President, Pennsylvania State Board of Osteopathic Examiners.

In response to the invitation to offer a thought or two that might be of service to the outgoing seniors in their pursuit of professional fame and fortune, I feel convinced that I cannot do better than repeat my oft uttered admonitions to the profession generally and that is that our professional prosperity rests upon the proper conception, on the part of the public, of the fundamental truth comprehended in the osteopathic philosophy and that the propagation of this true, osteopathic concept involves an amalgamation of all our forces or a union of all individual endeavors. Isolated effort, however altruistic, loses much in its process of application. Human association is a potent factor in self-development and in the promotion of a common cause. No one, however brilliant his natural gifts, can do justice to them in seclusion. Intercourse with our fellows, particularly with those having like aims and aspirations, is an intellectual and spiritual stimulant which not only has no depressing reaction, but produces a lasting invigoration. And a second consideration for the promotion of principle or of philosophy, is the imperative requirement that it be given unremitting adherence.

Imposition has always followed in the wake of every successful endeavor and this has been quite as true in the professions as it has revealed itself in the trades and in commerce. Markedly true has this preying upon the ignorance and credulity of society been in relation to Osteopathy. Various cults and practices have arisen employing in an ignorant and incompetent manner, the basic principles upon which Osteopathy is founded. To establish, therefore, Osteopathy as an approved scientific system of therapy, it was necessary to surround it with the safeguards of law and to develop in the public mind a true and correct concept of its philosophy.

If, then, advancement of our professional status is conditioned upon maintaining inviolate its basic philosophy and the propagation of it through unremitting, united endeavor,—what are our organized forces that have for their purposes the accomplishment of this endeavor and with which you are urged to unite! The most immediate and urgent are our local and national societies. The local and State associations are the only agencies for the promotion of the material or business welfare of the practician, and membership in these bodies opens the way for rendering the most effective service in the upbuilding of the profession's legal and public rights. Membership in the national association is, in large measure, to assist you in self-development.

Whatever may be our own individual belief as to the public attitude toward our school of practice, the palpable truth is that many of our convinced patients have a quite erroneous conception of the scientific basis of osteopathic practice. Comparatively few persons would trust to osteopathic ministration in diseases of all kinds and degrees. This limitation of confidence is due in part, at least, to the fact that probably ninety-five percent of our practice is confined to chronic diseases, cases in which the patient is quite able to go to the doctor. The widespread application of prophylactic administration,—the treatment which people take "to keep them Well"—tends to create in the minds of the uninformed an impression that osteopathy is in the nature of a sort of exercise rather than a comprehensive curative system. It would be injurious and unscientific to disparage the growing habit of seeking osteopathic aid in the maintenance of health, but it does unquestionably interfere with the recognition of osteopathy as an effective therapy in the most serious forms of diseases. We shall find it beneficial to invite acute cases, as it is in this class of work that osteopathy can demonstrate most impressively the truth of its contentsions.

Independent of this association service that at once becomes a moral obligation upon every osteopathic licensee as he or she enters upon his or her professional life, are many other agencies for the promotion of a correct public osteopathic concept and which are open to the individual and semi-organized endeavor, and among these we would emphasize unremitting attention to the circulation of our best literature. Many persons like to examine for themselves the details of a

Concluded on Page 26
Senior Record, Class of '24

ELSIE ALTENDERFER
“My way is to begin with the beginning.”
—BYRON.

Evan G. Beach
Class President, '20-'21; Secretary A. A., '22-'23; Student Council, '22-'23, '23-'24.
“Here is a man—but 'tis before his face, I will be silent.”

Anna E. Brandt
Basketball, three years, Captain, '20-'21.
“We sport on water or we dance on land.”
—Homer.

William C. Bugbee
“Life is too short for ought but high endeavor.”

Ralph L. Champion
Class President, '22-'23, '23-'24; Baseball, three years; Student Council, '22-'23, '23-'24.
“The heart to conceive, the understanding to direct—and the hand to execute.”

James E. Chastney
Treasurer A. A., '22-'23.
“Hail fellow—well met!”

Robert Cole
“Secret study, silent thought is after all, the mightiest agent in human affairs.”

William S. Delp
“Upon the platform, 'twixt eleven and twelve.”—Hamlet.

W. K. Fasnacht
“I'd rather have a fool to make me merry than experience to make me sad.”

Jane L. Foresman
Circulation Mgr., “Axone”, '23-'24; Basketball, four years; Captain Swimming Team, '23-'24.
“When musing on companions gone,
“We doubly feel ourselves alone.”—Scott.

Lydia H. Gardner
Class Secretary, '21-'22; Associate Editor “Axone, '21-'22.
“For all that fair is, is by nature good.”

Lois Goorley
Class Secretary, '22-'23, '23-'24; Basketball, four years, Captain Varsity, '22-'23; A. A. Finance Committee, '23; Swimming Instructor Senior Class.
“Infinite riches in a little room.”

C. P. Gorman
Member of P. C. O. Female Quartet.
“My life is like a stroll upon the beach.”
—Thoreau.

V. P. Hadro
Class Treasurer, '23-'24.
“Vessels large may venture more—but little boats should keep near shore.”

Ernest W. Henke
“And for my soul I cannot sleep a wink.”

B. F. Hudson
Basketball, '20-'21; Baseball, '20-'21.
“Let the world slide—but I'll not budge one inch!”

Sir Kelly
“Dost thou love life, then do not squander time, for that is the stuff that life is made of.”
L. LANCEY
Class Secretary, '20-'21.
“She is pretty to walk with, and witty to talk with, and pleasant, too, to think on.”

J. LEUZINGER
“I awoke one morning to find myself famous.”—BYRON.

GEORGE LEWIS
Tennis; Exchange Editor of “The Axone”; Girls’ Basketball Team.
“Sigh no more, ladies, sigh no more—
Men were deceivers ever.
One foot on sea and one on shore—
To one thing constant, never!”

F. A. LONG
Class Treasurer, ’22-’23; Captain and Track Manager, ’20-’21, ’21-’22; Varsity Track, four years.
“I never dare to write as funny as I can.”

F. MAGILTON
Class Treasurer, ’21-’22.
“There was a soft and pensive grace—
A cast of thought upon her face.”

ELIZABETH MAXWELL
Associate Editor of “The Axone”, ’24.
“The joy of youth and health her eyes displayed,
And ease of heart her every look conveyed.”

MINNIE O’MALLEY
“Oh keep me innocent and make others great.”

ALICE PRESBREY
Finance Committee Athletic Asso., Vice-President ’20, Organized Student Council.
“Age cannot wither her, nor custom store her infinite variety.”—SHAKESPEARE.

G. ROSSMAN
Varsity Tennis; Basketball; Adv. Mgr. of “The Axone.”
“ ’Tis the Doctor’s life to have his balmy slumbers waked with strife.”

A. E. SCHMITT
Winner of first Pathology prize, awarded by Dr. E. Jacobson.
“Every opinion re-acts on him who utters it.”
—EMERSON.

SYLVIA M. SLIFER
Track, two years; Basketball Captain, ’23-’24; Vice-President, ’23-’24.
“With thee conversing I forget all time.”

HARRY STEGMAN
“Oh how full of briars is this working day world!”

J. STIMSON
Vice-President Class ’22-’23, ’23-’24; President Student Council, ’23-’24.
“A merry heart doeth good like a medicine.”

CARLTON STREET
Basketball Varsity, four years, Captain, ’23-’24; Track, three years; Baseball, ’21-’22; Class President, ’21-’22; Vice-President Neurone Society.
“Cursed he be that moves my bones.”

E. TOWNSEND
“I pause for a reply.”—SHAKESPEARE.

A. E. VALDANE
Chief Complaint Agent for the Class of ’24.
“Happy am I—from care I’m free—
Why aren’t they all contented like me?”

“The greatest tragedy in the world is when beautiful things get into the hands of those who do not understand them.”—CHRISTOPHER MORLEY.
In order to understand clearly the results which may be expected to follow manipulative, structural adjustive treatment in a given case of chronic catarrhal otitis media it is necessary to recognize the etiology of the disease and also to visualize the pathology within the middle ear in any particular case.

To begin with, the fact should be recognized that in the light of present day knowledge the casual factors of middle ear deafness are no longer believed to lie only in those structures which are in close relation to the tympanum, but instead, may be far removed from the organ of hearing. For example, the underlying cause may be one or more of the following abnormalities: spinal lesions, toxic conditions arising from different sources and located in any portion of the body, structural lesions in the nasal chambers, adenoids and diseased tonsils.

It is not difficult to visualize the pathology of chronic catarrhal otitis media when it is realized that the mucosa of the middle ear tract is continuous from the pharyngeal orifice of the Eustachian tube to all parts of the middle ear, including the mastoid process of the temporal bone, and that middle ear disease is in almost every instance an extension of a diseased process in the nasopharynx. Here, as in inflammations of the mucous membrane which lines the nose and throat, the disease develops progressively and may be called turgescent, hyperplastic, and atrophic in its various stages. At all events, one stage gradually merges into the other. At the beginning the lining mucosa is intermittently engorged and turgescent and closes the lumen of the Eustachian tube. The air in the middle ear cavity becomes absorbed causing negative pressure and a retraction of the drumhead. Subsequently there is a more permanent thickening of the mucosa, a true enlargement of the cells—hypertrophy. Finally there results either a real overgrowth of tissue, an actual increase in the number of cells—hyperplasia, or the membrane may become atrophic with its sclerotic changes in the mucous membrane.

It may be of interest to state that, in chronic catarrhal otitis media during the stages of turgescence and hypertrophy, ventilation of the middle ear by any of the various methods of inflation will cause a very definite temporary improvement in the hearing. This fact, while at the moment it is very encouraging to the patient, is of clinical importance only as a diagnostic method. The methods of inflation which are in common use by osteopathic specialists and which all attain the same results, namely the improvement in hearing in a given case, are: first, ventilation by the Eustachian catheter; second, by the indirect politzer method; third, by the cotton wound applicator saturated with some solution such as adrenalin chloride inserted into the cartilaginous portion of the tube; fourth, by the method of inserting the index finger underneath the cartilaginous plate of the Eustachian tube and in that way permitting the air to enter the middle ear cavity; fifth, by thorough relaxation of the temporomandibular articulation. This last method is preferrable and should be used in all instances except in those rare cases in which it is impossible to get sufficient relaxation of the articulation to permit of the use of the condyle of the mandible to produce the desired effects upon the Eustachian tube.

In considering the care of chronic catarrhal otitis media it is obvious that there is no universal therapy, but instead, each case requires individual study and then the application of a treatment which is fitted to that particular case. The specialist who is building for the future will recognize the general causes of aural conditions, and, when there are confusing symptoms, insist upon a thorough general examination of his patient before arriving at any definite conclusion as to the line of treatment to be instituted. There is need, therefore,
CARL FISHER

This is the first time this department has had the opportunity of presenting an intercollegiate championship of national prominence and we hope in the future many more “champs” will develop, to stimulate the work of Carl Fisher, intercollegiate Tennis Singles Champion.

Carl came to P. C. O. from Penn where he had established an enviable record and during the past three years has carried the name of Osteopathy to many large cities and colleges, and incidently carried home the bacon. Last season was one of his best years with the raquet for it was then that he won the Singles Championship from the pick of American raquet wielders and due to his unerring work in tournaments last summer that he advanced in the national rating from 19 to 7.

One of Carl’s boosters, “Bill” Tilden, once said, “Fisher was not born a natural champion but by hard, earnest and persistent work, he has gradually improved until he has become a champion.” It is this type of endeavor and accomplishment which has not only made athletic champions but professional ones as well and we know that Carl will live up to our high hopes and wishes for his success in the future.

THE D. S. B. PENNOCK PRIZE

The D. S. B. Pennock prize in Surgery is an award of fifty dollars in gold given to the student doing the best work in surgery during the Senior year.

This prize was awarded last year to Dr. T. Paul Lloyd, and the basis upon which it was given was the average of the daily class work, written examinations and the work done by the student during his internship in the hospital.

Dr. D. S. B. Pennock, sponsor of the prize is Professor of Surgery in the Philadelphia College of Osteopathy and Chief of Staff of the Osteopathic Hospital of Philadelphia.

DR. EMANUEL JACOBSON’S PATHOLOGY PRIZE

$25.00 gold with emblem symbolic designed as the Perpetual Pathology Prize to be presented annually.

Honorable mention: J. Leuzinger.

A. ELMER SCHMITT, ’24

Utica Public School; Utica Free Academy, 1918; Technician Dufur Sanitarium, 1922; Medical Advisor to Elliott House for Boys; Government Entomologist, New Jersey, under Dr. Fox, 1923; Charter member Junior New York State Osteopathic Society; Member of American Institute of Banking.
BASEBALL

After practicing faithfully for three weeks (whenever weather permitted) we started our season by taking Temple University down a peg to the tune of 5-3. It was only a five-inning game, but it gave us an idea of the make-up of our team.

The first trip of the season was to Collegeville, where we met the Ursinus team. Yes, they beat us but the score wasn’t a disgrace by any means. They got one run and they worked for that. By looking at the scores made by other teams playing Ursinus since, we can feel proud of our results.

The day we played P. M. C., at Chester, water polo would have been much more appropriate. A drizzing rain continued throughout the entire game, making the ball a slippery article to hold. The several errors which brought on the disastrous score were largely due to that condition.

Drexel lined up twelve runs against our three and we have no apologies to make. We’re not a bunch of alibi producers so don’t get that impression. One play occurred in the game that was neat—a play that isn’t worked very often. Drexel had men on second and third and there were no outs against ‘em. The Drexel batsman swung the stick, caught the old apple on the nose, and sent it along “hot”, headed for the left-field. Amidon formed a perfect interference for its mad flight by jumping several feet off the ground and packed the ball away in his glove. Before he landed on the ground, the ball was down to Shaw at third and then back to Grinold at second, making a pretty triple play.

Textile sort of came through on a couple of flukes in our defense toward the end of the game and made their total just one greater than ours. However, that’s all a team needs for a victory.

On Saturday, April 26th, the team made the trip to Albright, at Myerstown. Albright had us figured for “easy stuff” but we fooled ‘em, in fact, had them scared for two-thirds of the game. We held our opponents to a score of 4-2 in our favor and then in the sixth inning things broke the wrong way and the board, at the finish, showed 11-6. We had the six.

That finishes our history to date but we have six more games. Get behind your team—it’s real—and we’ll show you what can be done by a small college. Let’s go!

ERNEST A. JOHNSON, Mgr.

OSTEOPATHIC WOMEN’S INTER-COLLEGIATE SWIMMING MEET

At the blow of the whistle, thirty-eight contestants stood ready to score for their respective teams.

The atmosphere was riotous!

Not even the deafening flashlights could place a dimmer on each successive event!

Penn competed valiantly and carried home the first Osteopathic Cup for swimming which was awarded by Dr. Wm. S. Nicholl. Could he have been present he would have been thrilled to have seen the enthusiastic response!

King of excitement producers was the 40-yard Back Crawl in which Miss J. Ballagh, of Penn, scored first, out-timing Charlotte Dunkleberger by only one-fifth of a second!!

Drexel Institute, forced to make entries at the last moment, made a brilliant showing, and in all-around entries totalled eight highly deserved points.

Diving was a special feature which again found Miss MacCardle, of Penn; Miss Galmist, of Drexel, and Charlotte Dunkleberger, of Osteopathy, very close contestants! Final honors were scored by Penn and Osteopathy.

The 60-yard Breast Stroke was won by our own Charlotte—and those who missed the meet lost one of the wildest moments of excitement in a life time!

In form Miss Ballagh and Miss MacCardle, of Penn; Miss Galmist, of Drexel, and Charlotte Dunkleberger, of Osteopathy, very close contestants! Final honors were scored by Penn and Osteopathy.

The 60-yard Free Style, being Osteopathy’s only entry. The events and points scored were as follows:

<table>
<thead>
<tr>
<th>Event</th>
<th>U. of P.</th>
<th>Drexel</th>
<th>P. C. O.</th>
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<tbody>
<tr>
<td>60-yard Crawl</td>
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<tr>
<td>Free style for speed</td>
<td>6</td>
<td>3</td>
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<tr>
<td>60-yard Breast Stroke</td>
<td>4</td>
<td>5</td>
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<tr>
<td>For speed</td>
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<tr>
<td>40-yard Back Stroke</td>
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<tr>
<td>For Speed</td>
<td>6</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Diving</td>
<td>5</td>
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<tr>
<td>Form Strokes</td>
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<td>1</td>
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</tr>
<tr>
<td>Relay</td>
<td>8</td>
<td>4</td>
<td>6</td>
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<tr>
<td>Total points</td>
<td>37</td>
<td>8</td>
<td>18</td>
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Last but not least was the Relay and Oh Boy! When Toomey made the best start—Bobby followed close second—Jane gained ten feet and Dunkey finished just two-fifths of a second ahead of Drexel—joy was unrestrained!
The Class of 1924

By Dr. Edward G. Drew

It is customary, I believe, to advise a class about to graduate on all the things to do or not to do in order to be successful in practice. I would like to depart from the usual custom and instead review briefly for you the stages of your development from the embryo Doctor, the Freshman, to the finished product, the Family Physician.

Four long years ago you entered college. You were prompted by different reasons to first, take up the study of the healing art; second, to select the Philadelphia College of Osteopathy.

You have reached the dignity of a Senior. You have set apart four years to perfect yourselves so as to do the greatest amount of good to humanity. During this time you have been following various lanes and boulevards to reach your goal.

Anatomy and Physiology claimed a great part of your attention and rightly so. They are the foundation upon which all the systems of healing are founded. They have prepared you so that today the subconscious mind works, probably not by calling each part by name, but so as to give you an understanding of the position, size and structure of every organ or part of the body. For instance, if I were to mention the heart, you see in your mind’s eye a structure consisting of a covering, the pericardium, the muscle which is branched and so constituted that it contracts in waves causing a diastole or rest period and systole or working period. You also see the valves opening and closing to allow the blood to fill first the upper chamber, then the lower, and finally you see the blood forced into the great Aorta.

During your second year you applied your knowledge of anatomy, histology and physiology into that vast field of pathology. Here you learned how disease attacks the body and also how nature reconstructs herself. You also learned the part germs play in producing disease. At the end of your second year you began to understand just a little of the largeness of your task.

The Junior year marked the middle of your course. During this time you took up the subject of symptoms and practice. A little light was shed on the subject at this time so that you were able to apply physiology to pathology and pathology to disease. This was the period in which you were given the sign boards. For instance your professor told you that a cough was a symptom. At the end of your Junior year you read the sign board cough and it took you to a road which brought to your mind an irritation in the throat or lungs—it being nature’s effort to expel the offending matter.

The symptom cough also lead you to think of the muscles which are brought into play when this phenomenon occurs and lastly how a cough might result from congestion in the lung influencing the processes of secretion and expectoration. You began to take all the symptoms of a given disease and then to describe it with a name.

The last year found you prepared by the former years, able to absorb more knowledge than formerly and to read the sign boards in your patients. I think you will agree with me that this was your greatest year. During this time you saw the workings within the minds of your instructors. You absorbed something from each of their personalities. Then came your hospital work—the grand climax.

In the Hospital you saw the sick, the maimed and the dying. You had a part in caring for them and when a case was brought through successfully you had the happy sensation of feeling that you too had a part in the curing of the patient.

Let me take this opportunity of expressing to you my heartfelt appreciation of your application to my particular branches and to wish each and everyone of you God speed into that greatest of all professions—the Healing Art—and I trust you will be a good family Physician.

“For the sake of the founder of our faith, and of the glorious science that has given us all we have and made us all we are, let us take here and now a new resolve to be worthy of our heritage and of the opportunity to benefit our own time and generations unborn.”—Dr. O. J. Snyder.
Starting an article with such a title would lead the reader to suppose that I have, by some hook or crook, achieved something that other students have been unable to attain. This, of course, is not so.

On the other hand, one might suppose that I was as old as Methuselah and that I am recapitulating the experiences of a lifetime. Here you will not be far wrong, for, while I am not as old as the hoary old gentleman, I am telling something that has to do with my life, and vitally so.

After the war was over, I decided that I would do something and that was—study Osteopathy. But I'm not so sure, after four years of married life, that it was I who made up my mind. I begin to feel that my mind was being made up for me even at that early date.

So we come to the first definite thing I learned here in P. C. O. Dr. Nichols told us that if, in case of doubt, we put our patients to bed and kept them there, ninety per cent. of the battle was won. The remaining ten per cent. rested with me as a doctor.

Reputation doesn't mean a thing when we are sick. This was the next thing that I learned. My mother was taken with rheumatic fever one night just as I was about to go to work (yes, I have worked all thru my college course) at 11.00 P. M., and the only doctor available was the old family medic. He came and said, "It's rheumatic fever and I doubt if I can pull mother thru without some crippling after effects." The next day, Dr. Balbirnie came to see my mother and he had her out of bed in a week with nothing but Osteopathy and fruit juices.

Now I find myself starting to study in earnest. How I used to wonder, "Will I ever be able to differentiate borders, aspects, surfaces, landmarks, and how can a thing face mesialward, upward, backward?" Then Histology came and things got more and more gummed up.

By the time I got thru the second year, I was full of Oxyuris worms (not actually) and I knew all about parasites (also the type that are cigarette grubbers).

The third year arrived. After I got thru my eighteen exams those profs sure found out the weak spots. But it was in the second sem-
Eclampsia and toxemia of pregnancy are terms that in themselves at once suggest clinical entities but which it seems, upon further study, may be divided into another group which I will call "pseudo toxemia of pregnancy."

During the period of Renaissance if a patient presented headache, epigastric and colonic distress, nausea and eye symptoms, its significance was not understood, but now, even the less learned of the modern physicians at once know that that symptom complex represents a toxemia, be it of renal, hepatic or any other origin. Any evidence, therefore, which suggests unsuspected origins of these disturbances may lead: (1) to a better understanding of this pseudo toxemia of pregnancy; (2) to a better classification, and (3) to new methods of prevention and treatment.

The occasional occurrence during pregnancy of ocular muscle unbalance, of refractive errors and of these retinal changes known as neuro retinitis is well recognized. The eyes are directly concerned in 90% of all cases of pregnancy, in 40% of which the ocular changes are serious, which means that some pathology must necessarily result.

But why are the eyes affected? The involvement comes about in consequence of the increasing pressure exerted upon the optic commissure and tracts by the normal hypertrophy of the pituitary body during pregnancy. Dr. Coute, in 1898, assumed that hypertrophy of the pituitary was a normal accompaniment of normal pregnancy and post mortem examination of 150 nulliparous women showed that the average weight of the hypophysis was 6.18 grams, while the average in primipara was 8.47 grams. These facts let Bandler, in 1921, to state that this hypertrophy never undergoes involution to its anti-pregnant state.

The obvious conclusion, therefore, is that this enlargement of the pituitary results in a corresponding hyperfunction with not infrequent vagaries of over action and of anatomic relations. This explains in part why some cases presenting pre-eclamptic symptoms never merge into eclampsia.

A brief review of the anatomy in the region of the pituitary body shows that the fibres from the temporal half of the right retina pass posteriorly thru the temporal portion of the right optic nerve. They form the temporal portion of the right optic commissure, do not decussate and finally make up the temporal part of the right optic tract. The fibres from the temporal half of the left retina are similar. The fibres of the nasal halves of the retinae, however, are placed to the nasal side in the corresponding optic nerves, cross in the chiasm and form the nasal half of the opposite optic tract. Hence the path of perception of all objects situated to the right of the median line comes by way of the left optic nerve and that to the left of the median line, by way of the right optic nerve. The pressure of a tumor mass behind the chiasm appears in a plot of the fields of vision as more or less symmetrical defects in both temporal fields, corresponding to the nasal halves of the retinae. The size of the pituitary body as well as anatomic peculiarities determine the differences in type and degree of visual defects and clinical symptoms.

It would seem from the anatomy that in uncomplicated gestation enlargement of the pituitary might cause a narrowing of the visual fields with no corresponding reduction in, the keenness of vision but genuine serious defects may appear, due to the pressure upon the venous sinuses flanking the sella turcica which gives rise to a rapid oedema of the retinal and optic nerve.

Obstetricians have found that many cases with this visual defect were observed with negative findings in the urine, blood and general clinical picture. Headache, nausea, vomiting, epigastric and colonic distress and pain have been noted with eye symptoms, all of which can be explained as results of local pituitary pressure or hyperactivity.

These cases seem to recover uneventfully altero from the pathologist's viewpoint one can readily appreciate that persistent bi-temporal hemianopsia, optic neuritis, partial optic nerve atrophy or septic changes in the pituitary may be among the possible sequelae.

The pituitary gets its blood supply from the hypophyseal branches of the internal carotid and from numerous small branches given off from the circle of Willis and which descend along the stalk of the pituitary. Osteopathically, it would seem that much of this congestion and oedema could be prevented or alleviated by treatment in the upper cervical area. Treatment here accomplishes its affect thru stimulation of the superior cervical ganglion and thence over the nerve filaments to the cavernous plexus which supplies the terminal branches of the internal carotid artery. In the same way the vertebral artery by virtue of its supply to the circle of Willis will also affect the hypophysis.

Bibliography:
Bandler—Endocrinology, 1921.
Langdon Brown—Sympathetic Disease, p. 43.
Finlay—Trans. Internat. Cong. O p h t h a l l.
Washington 1922.
The comparatively recent application of Osteopathic principles to abnormal and diseased conditions of the ear, nose and throat is only less monumental an advance of the healing art than the discovery of Osteopathy a half-century ago.

A. T. Still, M. D., of Kirksville, Missouri, was the Father of the therapeutic system, which emphasizes the close relationship of bodily structure and bodily function. The application of his principles to bodily ailments of all sorts has spread all over the world. Their application to the head cavities, a more highly specialized and more delicate technique, has been perfected during the past score of years by a select group of scientists in the Osteopathic profession.

This new technique is constructive, aiming at the up-building of natural structures rather than the removal of obstructive tissues, large areas of which are in good health and should not be lost to the body.

This stands as the main distinction between the classical oral, aural, and nasal operations and Finger Surgery. Tissue that is actually diseased is detected by the extremely sensitive finger of the operator. Tissue that is in good tone is demarcated with equal intelligence and accuracy.

The Osteopathic Aurist aims to eliminate the useless tissue without impairing the healthy structures.

He makes practical use of Nature’s power and purposes. He merely removes the obstructions to Nature’s normal functions, in this, carrying out the fundamental principles of Osteopathy wherever applied. Great stress is laid upon the necessity for careful diagnosis, he is the general practitioner first and the Aurist only after surveying the entire clinic picture.

Preceding operation he makes, after hearing the history of the case, the kind and degree of deafness, its duration, what other treatment has been applied, what operations, if any, have been undergone,—a most thorough diagnosis, not simply locally but also with reference to the patient's constitutional health, which may be a contributing cause to the deafness. Examination of the nasal passages, the throat, and the ear follows. Any nasal adhesion, diseased condition of the tonsils, or any abnormal growth or formation are immediately charted, and in practically all cases of deafness, the eustachian tubes are found to be the seat of the trouble.

In cases where an operation is necessary, nitrous-oxide gas is the anesthetic administered. There are no unpleasant after effects, such as nausea, from its use. It is easily taken and the period of unconsciousness is brief. At the patient’s side, ready to respond to the doctor’s every word, stands his specially trained nurse and assistant. As soon as anesthesia is induced, the doctor inserts an effective forefinger into the patient’s mouth, which has been propped open, and quickly but thoroughly reconstructs the eustachian tubes and does what is necessary to normalize the tissues. The work is done with surprising swiftness and sureness.

Tests a short time afterward, show such operations quite uniformly successful. Improvement in hearing is obtained almost at once in many cases, and with careful follow up treatment, normal hearing is restored, or such great improvement secured as to bring happiness and satisfaction to all concerned. It is a thoroughly modern miracle, being accomplished by the observation of the laws affecting the case. Nature merely asks for unimpeded opportunity and she can be counted on to bring about blessed results.

The common and anxious questions, “Can loss of hearing be arrested?”, “Can hearing be restored?” can be answered in substance thus:

If a patient has 10% or more of his hearing left, he can be improved.

In cases treated by Constructive Finger Surgery, the following results have been obtained:

First degree of catarrhal deafness—slight inflammation of the tubes—permanent im-
The High Calling of A Physician

DR. ROBERT H. NICHOLS

Through the columns of “The Axone”, I have been requested to address myself to its readers, all of whom I presume are prospective physicians. Being intently concerned in the job of a doctor myself, and a veteran in the service, perhaps student physicians would be interested to know something of my personal opinion of the profession and reaction to some of its phases of development.

First—the physician’s service. This is the most useful and one of the highest services an individual is asked to perform. I stress the word physician, as distinguished from doctor. A doctor may win his title by paring corns or caring for sick horses; and indeed, if he does his work well, he performs a good service. But the word physician implies a higher service which requires more time, pains, experience and money to attain. Almost anyone can become a doctor but, in my opinion, there are a large number of doctors with high sounding degrees who are far from being physicians. In reality, a physician is capable of research but a doctor may not be capable of such service. To merit the true title physician, a doctor must possess attributes of patience, tolerance, and justice; and these characteristics are best acquired where large masses of sick or suffering people congregate. Here in large hospitals, or charitable institutions, where poverty, squalor, inferiority, and criminal results can be studied and treated, the physician has the best opportunity for development. Thus he becomes humanitarian and broader in his views and principles than a doctor with narrower confines and experiences could ever hope to be. In essence, the physician not only learns from the patient’s history and physical signs what the disease is, but further, he learns the diagnosis and treatment of suffering, distress and woe, arising out of carlessness, ignorance, prejudice, and mental and character defects. In a word, the humanitarian physician not only sees those things but he feels them; thus his noble service to the public. Indeed, it is a service money can never repay but the physician experiences an intangible joy entirely beyond the comprehension of a commercial doctor. True service never has, and never will, count its results in dollars and cents; however, where good service is rendered, ample money follows. Then the service is uplifting and the reward sweet. It is easy to become a doctor but more difficult to become a physician.

Second—my reaction to some phases of development. Physicians congregated in groups, organized, with greatly added power, who thus try to perform a larger professional service, should be conservatively careful in accepting some lauded cure or high claim measure promising relief before it has been thoroughly tested by an expert council elected by the organization. If the organization be large and powerful, and it accepts without investigation and proof the perfunctory premises of a claimant, then it becomes a most serious matter. Respecting this, it is an easy thing to control the behavior of an individual but a very different thing to control the behavior of an organization. The voice of a multitude carries with it power, conviction, and authority. The voice of an individual, be it right or wrong, might not even register these at all. Both in Osteopathy and organized medicine, one frequently hears of some alluring treatment claiming cure for disease, without sanction of proof. It too frequently gains official recognition and the whole organization backs it with acceptance and money; if it is wrong, which it often is, the harm financially and to the reputation of the participants is obviously tremendous.

Any Osteopath in practice for two years learns to know of these things too well from personal experience. But they promise money (and we all need it), and often from a sort of self defense, they take up some new treatment they themselves distrust, pay large sums of money for absurd bits of grossly exaggerated information and actually sear their consciences as they charge an exorbitant fee for their services (?) to the public.

Now the escape from these alluring entanglements now widely advertised to Osteopathy as Osteopathic, lies in the appreciation of reliable, scientific, physical diagnosis. It is generally known that the advocates of Osteopathic adjuncts are amazingly lacking in diagnosis or rational therapeutics and they care little for our success or failure after they foist their chicanery and grab our money. Indeed, Osteopathy was much more honest and healthy in the simpler days of Dr. Still. If our principles and practice could only revert to the days of forty years ago, Osteopathy would perhaps have a fair chance to soundly develop from without, because at least, it would not have had the many parasites sapping or misdirecting

Concluded on Page 31
At a recent meeting of the Student Council the following officers were elected: President, George Gerlach, '25; Secretary, Leona Spicer, '26; Representative to Dean, Cook, '26; Faculty Members, Dr. Ralph Fisher, Dr. Foster True.

As the Student Council acts as a medium between the Students and Faculty and Dean, it requests that the students individually and as a class, bring any suggestions or grievances to the Council through their class representatives rather than individually conferring with the Dean or members of the Faculty unless the matter is of personal interest only.

The Council wishes the happiest, most restful and most beneficial summer to all.

BEST CELLARS (?)

Book Reviews By Celebrities of 1924

"Fortitude"—Elsie Altenderfer.
"This Freedom"—Alice Presbrey.
"Black Oxen"—Minnie O'Malley.
"Rejuvenation"—Val Hadro.
"The Age of Innocence"—Valdane.
"Main Street"—Lois Goorley.
"Romeo and Juliet"—Maxwell and Champion.
"Little Lord Fauntleroy"—Leuzinger.
"The Laughing Man"—Elmer Schmitt.
"Why Girls Leave Home"—George Lewis.
"Three Weeks"—Benny Hudson.
"Six Days"—Ernest Henke.
"One Night"—Cordovan Gowman.
"The Sheik"—Charlotte Street.
"Outward Bound"—Kelly.
"The Ten Commandments"—Bugbee.
"Thy Name is Woman"—Jane L. Foresman.
"Pilgrim's Progress"—Florence Magilton.
"The Thief of Bagdad"—Freddie Long.
"Don't Call It Love"—Jimmie Chastney.
"The Three Muskateers"—Brandt, Sleifer and Cossaboom.
"Les Miserables"—A. Presbrey & Co.
"Good Housekeeping"—Lydia Gardner.
"A Tale of Two Pities"—Lancey and Stimson.
"Innocent Eyes"—Evans Beach.
"The Humming Bird"—Glenn Rossman.

DR. VAN RIPER

(Otherwise known as Pa Jong)

Written to the Editor of "The Axone"

A snap-shot of the well-known oysteropath, Dr. V. Riper, made during his lecture to the Lions' Club of Flushing. This same week the doctor's income reached $12.60. After the lecture, the doctor spoke to a gathering of young physicians on, "How to Conduct a Weekly Practice of Four Figures." With all his success, Dr. V. Riper still remains the smiling, sweet-mannered and kindly-faced young feller that he always was—he also has an honest face, as evidenced by the friendliness that dogs show for him. He largely attributes his success to the teachings of his esteemed and revered preceptor, Dr. Cigars Holden, of Philadelphia and vicinity—mostly vicinity.

Doctor (examining a negro very much under the influence of liquor)—"Why, this man's been drugged."
Mose—"Yas, suh, I knows it. I drugged him all the way from de saloon."

In the game of love the man is the deuce, the dummy, the stakes and the banker.
The Seniors were greatly appreciative of a lecture given by Dr. Winsor on surgery and anatomy as related to State Boards. While questions from the Seniors were ubiquitous, the Juniors were quiet, absorbing (or just wondering?) and the Sophs and Freshies marveled at the reaction from two little words, "State Boards."

Before Dr. Soden left to take up his new practice, he demonstrated valuable technique for women Osteopaths.

Madame Clair recently lectured on abdominal support, and also showed some special models.

The Club very much regrets that due to a confusion and error of dates, the Spring Dance had to be cancelled.

To the Class of 1924 the Axis Club extends hearty congratulations and wishes for their individual success and prosperity in their chosen fields. May the Alumni Banquets and Conventions be a happy meeting round for all.

Since the last issue of "The Axone", Gamma Chapter has been very busy planning for their Annual Dinner-Dance, which was held at the Lorraine Hotel, on April 16. We had the pleasure of the company of Brothers House and Dunnington with their wives, who aided much in keeping the "fun" going.

In a baseball game with I. T. S., played on Monday, April 14, at Strawberry Mansion, "Eddie" Gibbs and his mates emerged the victors. It was a five-inning contest and was thoroughly enjoyed by both players and spectators but especially by "Ump" Gerlack, who had his hands full keeping count of the balls and strikes but especially the errors. It is hoped that this will mark the beginning of an inter-fraternity baseball league which will play at least two games between each fraternity and decide the championship of the college.

Everybody is looking forward to and planning for vacation time and the end of another college year—then the return next Fall with renewed "pep" and enthusiasm to carry on for another year.

The only safe and sure way to destroy an enemy is to make him your friend.
Kappa Psi Delta

Kappa Psi Delta extends its heartiest good wishes to the members of the Class of 1924. A party has been planned for May 3rd, to entertain the K. P. D. Seniors at the home of Adelaide Muller.

A beneficiary meeting was held April 23rd, at 2106 Spring Garden Street. Dr. J. C. Snyder gave a very interesting and inspiring talk.

Kappa Psi Delta welcomes Pauline Garino into their family circle.

The Annual Spring Dance was held at the Belfield Country Club, April 24th.

Here's to our Seniors all;
Heaps of happiness,
Wealth and gladness,
As they answer Humanity's call.

Phi Sigma Gamma

During the last month, the fraternity has had several speakers. On April 10th, Dr. Zindell addressed the members on the "E. R. A." and on April 18th the "Phi Sig's" held a meeting open to fraternity men, at which time a very interesting and instructive lecture was given by Dr. Charles Barber.

The Annual Dance, this year, was held in the Lorraine Hotel. The affair was tremendously successful. The evening was ideal. The weather was perfect for dancing and the music was enjoyed by everyone. We were glad to have with us, Drs. Drew, Flack, Evans, of the Faculty.

At the present time, the chapter is looking forward to the Annual Banquet, which will be held on May 8th, and promises to be an event which we shall not forget for some time.

Iota Tau Sigma, Delta Chapter

One doctor, one sophomore, and nine freshmen have been added to our membership since the last issue of "The Axone." These are: Dr. Travis D. Lockwood of New York, Donald K. Acton, Henry S. Leibert, Clyde Norton Tiltonson, G. Kenneth Noakes, E. DeVer Tucker, William A. Gants, W. R. Stephens Jr., Foster A. Maxwell, Fred P. Rogers, and Oswald Deiter. The final ceremonies with all frills occurred on April 5th, the boys entering into the spirit of the event gallantly.

Dr. Lockwood was introduced by Dr. L. Mason Beeman of New York. We welcome him and the new students most heartily.

The annual dance was enjoyed on April 11th, when McCallister’s banquet hall was the scene of activities varying from "so-called" gymnastic exhibitions to the slow race.

On April 22nd, Dr. Sterrett spent the evening with us when he entertained us with a highly instructive talk based on the Thaw case.

A number of the boys recently availed themselves of an opportunity to enjoy the hospitality of Phi Sigma Gamma Fraternity and hear Dr. Charles Barber deliver one of his most interesting talks. We are glad to have had that opportunity, and we hope for more such interfraternity social affairs.

It is good to have Earl Gedney with us again. We surely welcome him.

The annual banquet at the Ritz Carlton shall have become history by the time this issue is off the press. May 8th is the date and preparations indicate splendid possibilities.

“"All service ranks the same with God, there is no last nor first."—ROBERT BROWNING.
Not Finished—Just Begun

BY DR. ARTHUR M. FLACK, Dean

When the writer graduated from the High School of Butler, Pa., the motto of his graduating class was “Not Finished—Just Begun,” and in the many many years of his association with the Philadelphia College of Osteopathy as instructor and Dean he has oftentimes been impressed, as the Commencement season approaches, with the actuality of that motto.

To the graduate it seems as though he has reached the ultimate of his possibilities, that the term “Commencement” is a misnomer. As he goes out into the field of his life’s activities he realizes how true the motto is. All of his education up to the time of commencement has been merely preparatory to that broader education which comes to one in his later pursuits.

This is true in the profession as well as in other phases of life’s activities; consequently the College years of study and preparation so mould one to a type that the future measure of success of the individual members of a graduating class may be forecast by their instructors and intimate associates.

Character is fundamental; ability is developmental; and upon these two attributes one builds the structure of life’s work. Neither is sufficient without the other but of the two character is the greater. I would caution the members of the graduating class to build upon it. The physician’s ministrations lead him into the most intimate phases of life and if he is fortified by a good character his possibilities for doing good are almost limitless.

As he walks from the college hall a graduate in Osteopathy, life is really just begun. He sees before him a vast population, many of whom are suffering the ills and frailties of human nature and in their aspirations for better health many of them turn to the exponents of that newer therapy founded by Andrew Taylor Still. Fortunately for the present day graduate, Osteopathy has gone through with its formative years and is well established, scientifically and in the public mind, as a rational, accepted system of healing. It is for the graduate to pick up the lines of progress and to carry them on to greater possibilities.

Osteopathy itself, has indeed, just begun.

SIGMA ALPHA OMICRON

(Society for the Advancement of Osteopathy)

The Sigma Alpha Omicron, which shall probably be retroactive, is an honorary society to begin functioning next year.

Committee appointed by Dean Flack: Dr. Edgar Holden, Chairman; Dr. Francis Smith, Dr. Emanuel Jacobson.

This organization shall regard students as eligible who meet the standard requirements as set forth. An attempt is now being made to establish this fraternity in all Osteopathic Colleges, thereby rendering it national.

The society has been accepted by the Faculty, and the committee which is now hard at work will do all within its domain to satisfy any possible suggestions from the student body.

Members in the society will be symbolized by a gold key and a suitable certificate.

“The truth is the best you can get with your best endeavor, the best that the best men accept—with this you must learn to be satisfied, retaining at the same time with due humility an earnest desire for an ever larger portion.”

—WILLIAM OSLER, in “The Student Life.”
The Axone

ELIZABETH MAXWELL, '24.

Seniors, our first venture toward the goal so long sought, is approaching, bringing us closer to that hazy intangible future upon which we have for four years been building up an ideal. May that ideal stand firm and ever remain unshaken that Osteopathy in its noblest benevolence for humanity be carried on with our utmost ability.

In these days there is much discussion of the big things we shall encounter—our Faculty warn us about “correct diagnosis”—the great advantage of “complete history taking”—“consultation” and “surgical aid” and, knowing that we like they shall wrestle with a period of starvation, whisper a few words concerning “fees”.

But I ask you, after all this, how much earnest consideration have you given to your office? Have you placed it in a foremost seat in your mental plans for your profession or is it still reposing in the background? If this be the case, by all means bring it to light this very hour, there are few things more vital to your success.

Will it be merely a workshop with four walls and a few windows a place in which to “earn money,” or will it be a most inviting place for patients to discard their ills and as equally desirable an atmosphere in which to spend day after day at one’s life work? As a home shows the personality of the housekeeper so an office reveals the type of its physician.

Now you may say, “But I have known splendid Osteopaths who work constantly in the most shiftless sort of office, their ability cannot be measured on such a small scale.” It is true and how pathetic! For consider the still greater height to which he might have attained with his profession had he been working under better conditions; and perhaps some few being dis-illusioned on their first visit failed to return.

An office should offer an inspiration and in this I do not mean it to be spacious, or so thoroughly equipped with instruments that it fairly “glitters,” but quiet walls, conservative furniture with draperies and rugs that harmonize, along with the little touches such as fresh flowers, proper pictures and magazines, furnish a delightful setting to those who seek your aid. And last but not least, a thing so often found neglected—“cleanliness”—of all places wherein this should manifest itself is in the physician’s office. Instruments particularly should be inscrupously sterile and the attire of the Doctor himself is of no little import.

Remember always the old maxim: “One gets as much out of life as he puts into it.” Then with the greatest of care, classmates, provide for yourselves such environment that will stimulate your utmost ability for the good of the Osteopathic profession, that in the future it will stand as the acme of all healing arts.

As a great philosopher once said, “There is no darkness but ignorance, therefore, go forth to greater endeavor, to wider fields, to rougher roads, to steeper climbs, to loftier heights, with head erect, eyes clear, heart true, armed with Hope and Faith and Great Courage and God grant that this old world be the better for each of you having lived and struggled and served.”

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Garbage and love letters should be burned before they create trouble.

—San Francisco Chronicle.
The newspaper article reprinted here, recalled to my mind the case history of and knowing the latter and the outcome of the case, I felt it would be of interest to the readers of the Axone and especially to the students of psychiatry, to outline the progress of his psychosis.

Male patient, age 40, married, admitted to hospital August 14, 1922, by order of the Court, having been arrested for stealing lobsters and acting peculiarly.

On Admission—

He was agreeable and attentive. His mood was apathetic. He was quiet and co-operated with the examining physician.

Physical examination was negative save left epitrochlea and left inguinal glands were indurated. His arteries showed slight thickening at the radial. Heart revealed systolic murmur at apex. Blood pressure 142-102. Urinalysis negative and Wasserman 4+

Neurological Examination—


Past History—(Obtained from Patient)

Attended common school from age of five until completion at fourteen years. After leaving school, he worked on his father’s farm and was considered a conscientious, reliable and a normal young man.

He married in 1902 and lived with his wife until two years preceding his admittance to the hospital.

Mental Examination August 28, 1922—

Patient was correctly oriented in all spheres. His memory for both past and recent events was impaired. He denied venereal disease or intemperance.

Examination gave evidence of visual hallucination. Masselon test poorly performed; for example in making a coherent sentence out of words pipe, match, and smoke, he said, “My cigar was made with tobacco to light and smoke.” The stories he was unable to repeat, could not even remember what they were about. Remainder of examination was fairly satisfactory.

August 28th, the case was reviewed and patient examined by Staff. Diagnosis of Psychosis with Cerebral Syphilis was made.

September 9, 1922—Patient at this time is somewhat disturbed. He is reacting to his delusions of persecution which have become apparent of late. Since admission he has gained weight and is physically well but mentally appears to be failing.

September 27—Patient has become so active that it was necessary to transfer him to another ward.

October 5—Following hydrotherapeutic measures, the patient has become more quiet and was able to return to the prison ward.

December 27—Patient has shown a desire to apply himself to outdoor work, accordingly he was this day allowed to go to work on the farm under special supervision.

May 24, 1923—Following the request of his guardian this patient was paroled from the hospital today. Condition at this time improved.

At the end of six months the patient, having done well on his parole, was automatically discharged from the hospital. Our social worker reported that he worked on his farm steadily and seemed to be getting along well.

About the middle of January, of this year, the patient’s guardian first noticed a change in the condition, both mentally and physically, of his ward. Apparently from then until April 8, 1924 he lost weight and mentally went down hill. From April fifth he became very disturbed, exhibiting expansive delusions and reacting strongly to them.

April 8, Re-admitted to Hospital—

On admission patient was disordered in appearance, confused and emaciated. Memory for both past and recent events poor. Ideas and speech accelerated. Judgment impaired. Delusions grandiose in character.

Patient states on being questioned in regard to the shooting episode in Portsmouth that he was told by God to do just what he had done.

Directly after admission, patient became very active and was transferred from receiving to disturbed ward.

April 9—Wasserman 4+

April 9—Neurological Examination—

Reflexes markedly exaggerated. Both pupils sluggish in reaction to L. and A. Tongue protrusion in midline with coarse tremors.

April 14—Since patient has been on the disturbed ward he has had hydrotherapeutic treatments and quieting medicine, all without avail. There has been great psycho-motor activity. He has been semi-confused, partially oriented, destructive and untidy. His attention is poor and when obtained is difficult to hold. He is continually muttering, usually incoherently. He...
believe he has great power, can build miles of railroad a day.

April 14, Note (2)—Patient suddenly collapsed. Pulse became weak, thready and irregular. Circulation was poor. He was immediately transferred to Infirmary Department where he died shortly after. Cause of death mitral regurgitation, Predisposing Lues.

This case has been of extreme interest to me. He was on my service while in the hospital and of necessity came under my observation and study. There is one point in his history which I would like to call your attention to and that is the fact that this patient apparently cleared up mentally and improved physically to the extent that he was allowed to go home. It was reported that he did very well for a certain length of time after which he appeared to go all to pieces mentally, manifesting such extreme psychomotor activity that exhaustion intervened and death ensued. I believe I am safe in saying that this is not an uncommon termination for the neurosyphilitics especially the Paretics and those suffering from psychosis with Cerebral Syphilis.

"FOSTERING A CORRECT PUBLIC OSTEOPATHIC CONCEPT."

Continued from Page 7

proposition, and, naturally, there are a considerable number who want to know something of the underlying principles of a system to which they are asked to entrust their physical well-being. We shall be wise therefore to continue the education of the public by free distribution of our various publications, also by presentation of Osteopathy’s case, to a vastly wider extent than ever before, in the great newspapers and magazines.

You can further “foster a correct public opinion” as to the relations of the osteopathic profession to society by means of our public clinic department. None of our organized activities has shown greater progress than that devoted to the establishment of clinics. Work of this kind is under way in most of the large cities, and it is not only accomplishing beneficial results for the suffering, but is steadily enhancing the repute of the profession.

The woman’s department is also performing a most useful function, through bringing the profession into touch with those engaged in social betterment work. A substantial gain is recorded when it is shown that osteopaths are not interested in their private practice alone, but are concerned in all rational movements for the benefit of humanity.

In short—we would adjure you young men and women who are about to enter the ranks of the osteopathic physician, to lend yourselves to the various agencies that make for the professional and public welfare. Those who would make personal advancement their first and only endeavor, are like the parasite—devoid of moral sense,—able to advance only through the altruistic efforts of their fellows. Not much lasting honor and comfort ensues from such a preverted endeavor.

With a united front; all forces working for the one common end,—a correct public osteopathic concept,—your chosen profession, will, in due course, achieve unto its own, and as time advances win for itself the status of the only true, scientifically established system of therapy, and with this accomplishment your own personal dignity, as well as your own professional status, will be forever secure.

Young Winant’s got her shingle out,
Proclaiming her O. D.;
But from A. M. to late P. M.
Her office is M. T.
(Prophecy by her family)

Cheer up Seniors! Your four-year loaf is soon done; your dough is all gone; you have plenty of crust; you’re college bred.

Burglar—“Don’t be alarmed, Leddy, I shan’t touch yer. All I want is yer money.”

Old Maid—“Oh, go away! You are just like all other horrid men!”

—Jack-o’-Lantern.

“Yes, I have two boys in college.”
“What is their yell?”
“Money—money—money!”

Helen has a dream complex—
Unsatisfied desires we find,
Play a very startling part
In torturing her poor mind.

There is a lad with parted hair—
Tall, trim, with rated humor;
’Twas he she found, one stilted night,
As an heir-apparent Roomer!

Ralph Champion is our President,
A bully fellow he.
We talk and talk and talk some more—
And with us he’ll agree.

Jake Leuzinger comes in each day,
All puffed out like a pigeon;
When asked the reason why, he’ll say—
“I know it all”—that’s my religion.
Ether:—a fluid of utmost tenuity which is conceived to fill all space and serve as a medium for the transmission of waves of heat and light. "Wouldn't be a bad life being an ether wave," I said to myself, "especially nowadays with radio the thing." I thought of this and finally said to myself, "Never mind ether waves, look up the meaning of esophagoejejunogastro-sis that you started to, for your surgery exam, is tomorrow and you don't know any too much."

However, as I readjusted by head 'phones to a position that would not cause complete necrosis of my rather prominent left ear, and tuned in a little clearer on station URAJ, I could not overcome the desire to be possessed with the power of ether.

Such foolishness; and sleepy as I was, I again started to read the clear and concise discriptions of 137 different methods of suturing—. How could this happen? My $3.79 crystal set was beginning to sound like an eight-tube super-hetrodyne after an Osteo-pathic treatment. The music was so loud that it gave be a queer sensation of being lifted off my chair and as it became louder, the music changed to crackling, spitting and snarling noises. After I collected myself, I looked about me and it seemed as tho I were tangled up in a million miles of wires, coils, switches and traveling at a terrific rate of speed. After being shocked (electrically) to the point of almost complete paralysis the severity of the noises suddenly grew less and less 'till I found myself looking out of a microphone directly into the face of the announcer of station URAJ.

It was not until then that I fully realized that I must have been converted into ether, had passed thru a radio broadcasting set, and was ready to be broadcast. I listened to what my friend the announcer had to say and could hardly believe my own etherial ears when I heard him say, "We will now broadcast the daily almanac. Today is Friday, April 13th, 1936."

I heard no more just then for I was wondering how on earth it could be the year 1936. Then I remembered that I was no longer a part of the earth, but belonged everywhere, and I hadn't yet learned the length of an ether year, so had to make the best of it.

When I returned from this conjecturing, I heard my friend say, "We will now sign off. This is station URA—" and with that I was whisked to the aerial on the roof and before I knew it, I was traveling off in space. It was then that I realized that my part of the transmission was that of a "J."

Well, there I was, an ether wave with lots of pep and no place in particular to go. As long as I was getting my transportation free, I decided that now would be a good time to go see some of my classmates of college days and see what they all were doing, and what changes twelve years had made.

I must start north, for after graduating, most of them had fled from the city of brotherly love and travelled nearer the pole. The first part of my sojourn took me thru that imposing bit of Philadelphia known as Logan. As I bounded from aerial to aerial I was attracted to one in particular because of a grumbling sound near it. My first thought was static, but yet it didn't just sound like that, so I decided to investigate. After much difficulty, I managed to gain access to the radio set and after going thru a number of coils I ventured a look from the loud speaker. It was then that I accounted for the grumbling, for there sat Jake himself, now no other than Dr. J. E. Leuzinger, Osteopathic Vet, explaining to a group of more or less interested listeners, how stimulation to the eight dorsal vertebra of a cat affected the action of the valve of Vleussens according to his latest experiments. It was then that I decided that there were advantages in being an ether wave, for I retraced my steps and was soon free on my way.

Realizing that I had lots of ground to cover, I bid Logan farewell and turned my steps toward Olney. The first thing that greeted my gaze there was the Stegman-Delp Sanitarium, using the ambulatory sunlight treatment for rib lesions, bad tonsils and flat dorsals. There was a great wide pavement in front of the place and a great parade of people with overcoats on, walking up and down. Well, I was glad to see that the miles and miles that Bill and Harry travelled in front of P. C. O. were not in vein. At last they had perfected a new system of therapy. I thought I should like to see the boys, so hopped down the aerial. There they were, both sitting in the office, but as I was the "J" of station URAJ, signing off, they both got up to turn off the radio. Harry got there first, but then Harry had lots of practice at college jumping up on the platform after class.
As they shut me off, I heard Bill say something about some insurance, but couldn't get it because I was again turned out on my way.

Recalling the little geography I ever did know, I decided that my next move should be in the direction of Germantown, as I remembered that a number of my classmates had cast their lot in that historic town, and I must say right here that Olney to Germantown via ether is much more satisfactory than via P. R. T.

The first thing that greeted me was a sign which read, Dr. Geo. Lewis, Dermatologist. I went into his office just as he was explaining to a patient that she was suffering from a rathernew condition, known as "radiosis" the main symptom of which was the formation of warty growths in the ear, due to improper fitting head 'phones. The treatment, he said, was fulguration. She consented to the treatment, but when he started the machine, its charges so disturbed my delicate make-up, that I had to leave and found myself again floating around the peace and quiet of Germantown.

Not far away I saw Dr. Minnie O'Malley and Dr. Valeria P. Hadro, Hair Curling Neatly Done Osteopathically. I remembered at college, Minnie would never tell how she kept that curl, but at last she had divulged the secret to Val., and now they were at the work together. Minnie certainly kept the secret well, for looking around the office, I could not find one clue as to how it was done. However, it was gratifying to know that it was done Osteopathically. I was surprised to see that Val. had decided to exist in Philadelphia.

After scouring the rest of Germantown in vain and nearly losing my identity as a "J" by getting mixed up with an organ recital being broadcast, I hurried eastward deciding to make my next stop at Mt. Holly, as I was sure of finding at least one classmate there. However, after scouring the town, the only person I recognized was the cop at the corner. Then suddenly I got a hunch and played it. Straight across Jersey to Atlantic City and there it was as I had expected. Dr. Lois Goorley, Osteopath, Physician to the Hygia Pool. There was Lois working on her new method to prevent drowning. As near as I could observe, the idea seemed to be that when you felt yourself sinking, you must go all the way to the bottom, take firm hold with both feet and spring to the surface. Well, Lois seemed to be happy, anyway, so I hurried on.

Etheretically speaking, it isn't very far from Atlantic City to South Orange. I knew I wouldn't have to look far from the radio set to find my old friend Henke. There he was with a lot of coils and condensers around him, but he also had a McManus table all hooked up electrically and connected to his radio set. He was explaining his new device to a friend and the idea was that a treatment could be given from any distant point by radio and thus he would be able to go to Belmar whenever he wanted without neglecting his practice. He also explained that the first two patients in the morning could be treated this way, allowing an hour longer for sleep.

I thought I might see Mrs. Gardner in South Orange, but she was nowhere to be found.

After leaving South Orange it wasn't long before I was in Montclair and had found the office of Dr. William C. Bugbee, Osteopath. When I entered the office, Bill was trying to sell one of his patients a combination fountain pen and income tax calculator. He also had a map of Holiday Beach on the wall showing the location of the four lots that had been sold since he was in school.

When I arrived in New York from Montclair, I was beginning to feel tired. Knowing very little of New York, I did not know where to begin but thought Broadway would be a safe bet.

Got up as far as 81st Street and became strangely interested in something I saw—Dr. Donald B. Thorburn, Osteopathic Physician, and right alongside of it in the same window was a sign, Dr. Lydia Thorburn. Lots can happen in twelve years. Luckily there was an aerial on the roof so I dropped down to the office. There sat Lydia with head 'phones on, radio time table at her left hand and a book of Bridge rules at her right. Before her was an invitation to a Bridge party and she began to dust off the book of rules, but I could stay no longer because I was getting weaker.

Not far away I saw a sign reading, Dr. Alice Presbrey, Diseases of the Heart. I remembered that Alice had done quite a little experimental work while in college along the line of the heart and so I was not surprised to see that she had specialized in cardiac conditions.

I went on a little further and came across a very imposing building and over the entrance saw Valdane-Beach Osteopathic Hospital. I got down into the office and there saw Valdane coaching some students from P. C. O. in chemistry, for New York State Boards. He was telling them that he did it every year as he thought it a duty after passing partials way back in 1924. I began to wonder what had happened to that second dorsal pituitary theory of fat reduction that he and Street expounded in college, for there was not much evidence of success with himself, as he was fat and funny as ever. Beach was over at another desk making out the New York Osteopathic questions in pathology as he was Osteopathic examiner in New York. I glanced by Beach's elbow and
saw a book entitled, "Osteopathy as an Operative Aid," by Valdane. As I was looking around the office, Jim Chastney came rushing in, all done up in a white operating uniform and said that the O. B. S. case he was going to deliver was coming off soon and if they wanted to see a real case they had better hurry. Jim was evidently the chief obstetrician of the hospital and sure did look fine in his white uniform.

I followed the three and as we passed along the hall we passed a large ward with the sign Tonsillectomies over the door and on looking in, saw Ben Hudson treating the patients. He should have been good at it, for he began specializing in tonsil cases while he was an interne in the hospital.

I would have stayed longer, but was feeling very weak and had to leave. As I left the aerial on the roof it was all I could do to move and realized that to go any further, I would have to be broadcast all over again, as the stops I had made had weakened me. So here I was, a "J" out of work in a big city, and the worst of it was a "J" was the only thing I knew how to be. Well there was a ray of hope ahead, for there was a station whose letters were YBAJ, so I was safe if I could get in there.

I managed to get in the broadcasting room and with the experience I had at station URAJ, soon found myself again going strong from YBAJ as a radio "J."

I looked around New York a little more but saw no one else I knew, so thought I would go out to Southampton and see how Gubby was doing. I finally found the place for which I was looking, and saw Dr. F. Carlton Street, Osteopath, on a sign in the window. When I got into the office it was full of people waiting. A sign on the door said, "Doctor will be back at 1:30." I looked at a clock on the wall and it was then 4:15 and no sign of Street. The patients seemed impatient, but I knew there was no need for them to get restless yet, as he very likely would not return for at least another hour. Looking out the window I saw a man taking care of the grounds in front of the house and found it to be none other than Mr. Bonsall, of clinic fame, his arm still done up in a Velpeau bandage. I wanted to see Gubby but knew there was no use in waiting, for I had waited for him before, so I left the peaceful town of Southampton.

The next place I stopped was Troy, N. Y. There I was greeted by the sight of two great institutions, the Cluett Peabody Co., makers of famous Arrow collars, and the Stimson-Lancey Hospital for Nervous and Mental Diseases. It certainly was fine to see that Dr. Dufur's lectures were not given for naught. I entered and found Dr. Lancey deeply engrossed in making a careful study of the various ocular phenomena of Ophthalmic Migraine, and she was ably assisted by a pronouncing dictionary at her elbow. Dr. Stimson was at her desk memorizing Jelliffe and White. She was then up to page 512 and still going strong.

Leaving Troy, I travelled in the direction of Utica. The first thing I saw here was a very large billboard which read, "Use Dr. Gowman's Golden Hair Wash and Beauty Soap." I decided that he must have been a success for if he couldn't sell soap, soft and otherwise, nobody could. As I travelled on I saw several more of these signs through the town.

Then I got in a very quiet and reserved section and felt sure that I would find Bob Cole somewhere there, but he was nowhere to be found.

While I was wondering where Bob was, I saw a sign, Dr. Walter K. Fasnacht, Specialist. I went into the office and found that he had cases and cases of all kinds of jewelry, new and old and I was wondering if his specialty was old gold. However, he did have a treating table and was treating a patient, but much to my surprise, he had his eyes closed. I couldn't make out whether he really was asleep or not, but with the practice he had had in school he should have been able to do almost anything in his sleep.

While I was in the office a rather stout gentleman with bushy hair and rosy cheeks, came in all in a hurry and said he wanted to see the Doctor. Much to my surprise when Walter saw him, he said, "Hello Elmer, how's things going?" and on looking closer I found it to be none other than Elmer Schmitt. Elmer seemed worried and asked Walter if he had left a set of medical exam. questions at the office the last time he was there and said his new book of "Medical Examination Questions and Answers of the World" would not be complete till he found these questions from the last exam. given in Southern Rhodesia. The poor boy seemed all upset.

Next I went over to Rome, N. Y., where I found the office of Dr. Earl B. Townsend. Although there was not very much improvement in his alopecia, he was quite professional looking now, having grown a very handsome beard. When I went in he was listening to the radio and 'phoning all the way to station YBAJ, in New York asking them if they would please repeat that last number they had just played. I didn't wait to see if they did or not, but hopped off again.

As I travelled south, the atmosphere became heavier and thicker and I finally found myself in Pittsburgh. There, in the center of the town, I found the office of Dr. Glenn Rossman, Osteopathic Physician, and evidently a very
successful one from the appearance of the office. As I went in he was seated in a big chair with a black cigar in his mouth talking to a friend who evidently was also an Osteopath, for Glenn was saying, “Well, I’ve been practicing now for twelve years and I defy anybody to give me a logical explanation of how Osteopathy cures anything.”

It was then that I recalled an argument at P. C. O. with Glenn, in which Valdane talked the principles of Osteopathy so fast that he became tongue-tied and almost blew up. Well satisfied that Glenn must be making cures in spite of Osteopathy, I started off in the direction of Belfonte.

I had always pictured Belfonte as a rather quiet little town, but as I neared it there was quite a noise as tho there were crowds of people surging thru the streets, but no such crowds were visible. Following these sound waves brought me to a house, in the window of which I saw Dr. Elsie Altenderfer, Aurist. She had at last put her phenomenal voice to some practical use. Whereas her patients could not hear ordinary conversational tones, they had little difficulty in hearing Elsie and so their hearing seemed much improved. Her voice seemed particularly well adapted to cases of otosclerosis. I stayed as long as I could with this pleasant little town, but as I neared it there was a very pretty little home and in the window, I saw, “Dr. Ralph Champion.”

I soon came across the office of Dr. Jane Foresman, Pediatrician. Jane had grown up to be a happy couple and Jane, and hurried eastward to Conshohocken, where I found that Drs. Anna Brandt and Sylvia Slifer had opened a health school, using aesthetic dancing and medical gymnastics. As I entered, Anna was conducting a class in dancing at one end of a large gymnasium to the tune of the radio, and Sylvia was at the other, putting another class thru all kinds of gymnastic stunts, all of which I am sure, she did not get from Dr. D’Elisu. The girls seemed quite capable of taking care of things without the help of a poor “J”, so I left them and started in the direction of Swarthmore.

I soon found Dr. Florence Magilton’s office and saw that she was just locking it up and going out. As the Philadelphia Orchestra was playing that afternoon, I only needed one guess as to where Florence was going. I went into the office and saw a little card on the desk, which said, “Never do today what can be put off till tomorrow.” Florence was evidently living up to that motto.

Leaving Swarthmore and coming into West Philadelphia, I solved the mystery of Utica, for there was the office of Dr. Robert Cole. Certainly seemed strange that Bob should have stayed in Philadelphia, but at I entered the office and looked around there certainly was evidence of the touch of a feminine hand, so I guessed the attraction of West Philadelphia was too great to resist.

Well, I realized that my journey was about at an end and was wondering what was to become of me now. But before I became a “J” without a home, I decided to take one more visit P. C. O. Strangely enough, when I passed thru the gracious portals of that institution, the Class of 1936 was holding Class Day and they had come to that part of the Class Will where they were willing Kelly and Mittleman to the Class of 1937. This was such a touching sight that I had to leave and, finding a little of the P. C. O. aerial still hanging after the storm of 1924, I seated myself thereon and rested.

Suddenly I was jerked away into space and before I knew what had happened, found myself all tangled up in a broadcasting station with the same loud noises I had experienced when beginning my life as an ether wave. As these became softer and softer, I heard someone whisper into my ear, “This is station URAJ signing off, good night, all.”

Ruth Winant certainly got a rise out of the class when she donned her burned orange sweater—Dr. Muttart also, when he called for an exhibition of her technique!

A goat ate all our other jokes
And then began to pun,
“Tis was in the restaurant they met,
Our Romeo and Juliet.
“Tis was then he fell into debt,
For Romeo’d what Juliet.

The Seniors vouch for the prosperity of Jake! He has promised to keep one eye open and use a little bit o’ horse sense in his up-state practice, anyhow!

Twas in the restaurant they met,
Our Romeo and Juliet.
Tis was then he fell into debt,
For Romeo’d what Juliet.
FINGER SURGERY

Continued from Page 17

Improvement 100% ; cures 95%.

Second degree deafness cases—eustachian stenosis, salpingitis with adhesions, but no definite adhesions nor deeply seated inflammation of the middle ear—permanent improvement 95% ; cures 76%.

Third degree cases—adhesions and exudates resulting from inflammation involving the ossicles—permanent improvement 75%.

It is often asked whether there is any help for hereditary deafness. Otosclerosis is the technical name for a type of deafness which is supposed to be hereditary, appearing in families for several generations. The conclusion reached by Osteopathic specialists in regard to this disease is that it is not itself hereditary, but that these patients have a susceptibility which may be developed by any definite arrangement which takes place in the hearing apparatus. A deformity of the eustachian tube so influencing the "third" (or lymphatic) circulation as to cause changes of a retrograde character in that part of the ear known as the bony capsule of the labyrinth, would develop this hereditary tendency and bring about deafness of this type. The patient would not fall victim to hereditary deafness were it not for the deformed eustachian tube and the resultant change of the "third circulation."

In the complete correction of the deformity of the eustachian tube by means of Finger Surgery, lies the remedy that will not only prevent deafness of this type, but at the same time will, in most cases, restore hearing.

By similar treatment, wonderful results have been obtained in the treatment of catarrhal and nerve deafness and deaf mutes. Indeed, it was the achieving of results in these cases that led to trying the same method—reconstructing the eustachian tubes in otosclerosis.

The reconstructive work is done entirely without instruments. While the patient is under the influence of the anesthetic, the doctor, with swift motion of his fingers, corrects the deformity found present. Invariably a very substantial improvement in hearing is established, but still greater gain is assured through follow-up treatment until the disease is completely eradicated.

There is no field of human endeavor so satisfying as that which brings hope to the hopeless, and health to the invalid. Finger Surgery is constructive, its results are permanent. It is as gratifying to the physician as it is to the delighted patient who finds his hearing is restored to him.

MANIPULATIVE, STRUCTURAL ADJUSTIVE TREATMENT

Continued from Page 10

For the hearty co-operation of such specialists as the Roentgenologist, the pathologist, the neurologist, the gastroenterologist, the bacteriologist, the dentist, and others if permanent results are to be obtained in many aural diseases.

As a rule, it is advisable, if possible, to remove the underlying causes before administering any kind of local treatment for the purpose of removing the conditions due to results of the catarrhal inflammation. But after these causal factors have been removed our most valuable therapeutic aid is the thorough relaxation of the temporomandibular articulation by manipulative treatment. To accomplish this, place the patient in the dorsal position, and with the mandible relaxed repeatedly draw the jaw gently but firmly to one side, and then release it. In this way the condyle of the mandible is used to relax and normalize all of the soft structures which lie in close relation to the Eustachian tube. (See illustration).

The fact is demonstrated that this procedure is followed by a definite beneficial result upon the middle ear when we realize that, as stated above, this method is used as one means of ventilating the middle ear cavity. That is to say that, as this technic sufficiently drains the engorged mucosa of the Eustachian tube to enlarge its lumen and permit the air to enter and equalize the atmospheric pressure, thereby temporarily improving the hearing, continued applications of this technic should produce permanent therapeutic results.

In the treatment therefore of chronic catarrhal otitis media, first of all remove the underlying causal factors and then administer the manipulative, mandibular technic.

THE HIGH CALLING OF A PHYSICIAN

Continued from Page 18

from within.

However, it is not too late to face the facts and desire the light of truth from reliable education. This, and this only, will insure lasting success for Osteopathy, and you students cannot see the necessity for advance beyond our generally accepted status too soon. Our motto should be—our endeavor to elevate the Osteopathic standard above its present level! In conclusion, I have pointed briefly at what the service of a physician is and how it is obtained; and also I have spoken frankly and very briefly or my personal reactions to the modern developments which have detrimental effects upon Osteopathy.
FINGER SURGERY
Continued from Page 17

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The Cystoscope—An Appreciation

BY DR. H. WILLARD STERRETT

To say that an appreciation is necessary by the medical profession should be called for seems strange when one considers just what this marvelous little instrument does, but like most things that are not thoroughly known to us, rather tends to hold us back from making a more thorough acquaintance with one of the greatest boons to humanity.

To begin with, the development of the instrument itself has been most interesting. First described by Bozzini back in 1806, it rather resembled a funnel about an inch and a half long, and with the spout of the speculum about a sixth of an inch in diameter. Needless to say, this instrument, illuminated by a candle, was inteded of course for the female bladder.

From that time on there were numerous attempts to improve the instrument, some meeting with varying success, others with decided opposition as being "impractical." It was then, not until 1877, that Dr. Max Nitez, of Berlin, devised the first electric cystoscope, using Bruck’s idea of the incandescent platinum loop. It was in this instrument that we had the forerunner of our modern scope, namely an illumination from the end of the instrument, and the use of lenses to view through.

It was then a simple matter to improve both the lens system and more particularly the electric system as well as the various portions of the instrument itself, until today we have the instrument largely used in this country—the Brown-Buerger cystoscope, first introduced by Dr. Buerger, in 1909. This has the following distinctive features: a short beak, set at a very obtuse angle with the shaft; two removable telescopes, one for viewing the bladder and one for passing the ureteral catheters.

There are several other excellent cystoscopes on the market today, and it is largely a matter of choice with the operator as to which type he should use. However, for the guidance of anyone contemplating the purchase, he should bear in mind certain requirements. (1) They must be of the very best workmanship, light and yet strong, with the maximum illumination and the least heat, and in addition be so constructed that in event of accident they can be easily repaired or parts replaced. (2) They must be easily cleansed. Instruments that are not thoroughly and easily reached by the cleaning agent are most dangerous. (3) The lens system must give the maximum field of vision without the distortion so often found. (4) The shaft must be long enough to get past an extremely hypertrophied prostate, and at the same time must be of small enough diameter to permit of introduction while permitting more or less easy instrumentation after introduction. (5) The beak must be long enough to permit of easy introduction without interfering with the ease of intravesical manipulation. (6) It must permit of free irrigation. (7) It must permit of double synchronous catheterization, at the same time permitting a catheter of not less than No. 6 French, to pass easily.

From these specifications, it would seem that there was a considerable latitude, but in practice such is not the case, and it is largely a matter of personal opinion which will make the choice of an instrument.

To sum up the advantages derived from the use of a cystoscope would take volumes, but there are a few outstanding advantages which might be well to mention here. Of course, the first of these is to mention the direct vision obtained in actually seeing the condition within a bladder as compared with the idea of the pathology as derived from physical symptoms alone. One might have suspicion of new growth, of calculus, of malignancy, of simple cystitis, but the cystoscope shows these to the eye.

One can pass these by readily enough, but when one considers these obscure conditions, as pyonephritis, as t.b. of the kidney, as calculus in the ureter, as hydronephrosis, then it is the cystoscope, and that alone, which enables the physician to diagnose correctly.

Assuming a case of pus in the urine, introduction of the catheters into the ureters and segregation of the urines direct from the kidney readily enables the individual to ascertain which is the offending member, for I might lay especial stress on the fact that pain is not necessarily confined to the affected side, and all too often pain is a symptom lacking. Then with the ureters still in place it is but a simple matter to inject intramuscularly a dose of Phenolsulphonephthalein and perform the functionation test which enables one to determine the urinary output with regard to time of elimination, etc.

In case of infection it is simple to collect specimens for bacteriological culture or any of the various tests, and in this manner prepare for any future work that might be done.

As a last examination in those cases where it is indicated your patient can now be taken to the X-ray room, where, just before exposure is made to the film, he is injected with some
medium, as Collargol or 25% KI solution to make the ureters and kidney pelvis opaque and thus get a beautiful picture showing the whole genito-urinary tract from start to finish.

Need one go on? There are objections offered by some, usually the uninformed, as to likelihood of passing up infections, of trauma, of shock and one or more other objections. Urinary tuberculosis has been said by some to be a dangerous field for cystoscopy. More properly speaking, it is a dangerous field without it. Urinary tuberculosis in the early stages means infection of one kidney, so far as the urinary tract is concerned. Thus, early recognition of the fact and proper treatment applied means the saving of the other and life of the patient. No means other than the cystoscope can compare with this method.

In short, cystoscopy outweighs all other methods for diagnosing affections of the upper urinary tract and bladder. It is indicated in practically all cases of chronic urinary disturbance, unless there be some special contraindication, and these fortunately are comparatively few. When used early and wisely it means relief from suffering, knowledge of the pathology and a sound basis for whatever treatment may be indicated.

BIBLIOGRAPHY
“Cystoscopy and Urethroscopy”, by Lewis and Mark.

Concentrate
WM. C. Bugbee, ’24

Thoughts are the truest forces—not fancied but real forces—in life, and they work for or against a man according to their sort. They must be directed by definite plans, unified by a program, and concentrated first by will-power, then by habit. One can almost foretell success or ruin by the use a man makes of his thoughts. Consider light reading, flippant pursuits, listlessness, idling, slouching, laziness, aimless thinking, giving it up as “too hard.” Then consider purposeful books, worthy useful business, alert correlation of ideas, mental activity, erect posture, athletics, subjection of non-essential matters, thinking things through. These make for the development of creative powers—the powers of self-expression which make an individual’s life complete. Can one afford to proceed on an uncharted ocean of bewildered thoughts, however brilliant his mind? Can one afford to take diversion habitually, unrelated responsibilities frequently, and sacrifice a program repeatedly for outside interests, even if the Powers have favored him with some momentary high grades?

The issue is clear and definite. Let us face it squarely at the Commencement Season. The course we may pursue is charted in three stages: the choice, the practice, and the growth.

We choose our friends, our food, our clothes, our books—why not as carefully choose our thoughts? In practice the will must act before habit can be formed, but later we may choose our thoughts without conscious effort. Finally we are always primed for the tests and by these we grow and develop toward the high goal which we must necessarily set. We must have

Continued on Bottom of Next Page
COHERENCE

'Twas on a summer hay ride,
As I strolled about the land,
That I softly called her sweetheart—
And held her little—raincoat.

As I held her little raincoat,
We were going quite a pace;
I nestled close beside her,
And moved closer to her—umbrella.

Closer to her umbrella,
As she murmured little sighs;
The mellow moonlight bathed us
As I peeped into her—lunch basket.

As I peeped into her basket,
The merry little miss
Laughed in chaste confusion,
As I boldly stole a—sandwich!

—T. E. D.

So I took the fifty thousand notes and spent the night in composing a symphony.”

He—“My girl reminds me of washday.”
She—“How’s that?”
He—“Nothing to her but clothes, pins and a heavy line.”—Burr.

Fond Aunt—“Are you mamma’s boy or papa’s boy?”
Little Guy—“That’s for the court to decide.”
—Middlebury Royal Baboon.

Like father, like son.
The son died.
She said “Good Night” twice—once when he came and once when he left.

DEER ME

She—“Stag tonight?”
He—“Yes, I haven’t any doe.”

LIFE’S DARKEST MOMENTS

A spring day and all cuts used.
Eating spaghetti when your best girl is watching you.
When an instructor doesn’t show up?????
Val Hadro when her pneumonia patient has a chill.
When a sponge is missing.
When exam. marks are posted.
When tuition bills are out.
When you are wanted at the office.
Seeing yourself when the photographer sends the proof.
Making the first blood count.
Telling Dr. Drew the steps of the operation.
When Lydia cannot find Florence.
When Ernie snores. Eh, Tyce?
State Boards.

As Editor of the “Axone” I wish to give great thanks to the following contributors who so nobly supported their college magazine this year.

Faculty—Dr. Arthur M. Flack, Dr. David S. B. Pennock, Dr. Charles W. Barber, Dr. E. Jacobson, Dr. Mary Patton Hittner, Dr. Charles J. Muttart, Dr. E. A. Green, Dr. Sarah W. Rupp, Dr. Henry Winsor, Dr. Charles J. Muttart, Dr. E. A. Green, Dr. Sarah W. Rupp, Dr. Henry Winsor, Dr. H. Walter Evans, Dr. Ralph Fisher, Dr. Henry McD. G. Bellew, Dr. O. J. Snyder, Dr. W. O. Galbreath, Dr. C. Paul Snyder, Dr. Robert Nichols, Dr. E. G. Drew, Dr. Foster True, Dr. J. Ivan Dufur, Dr. W. Sterrett, Dr. E. O. Holden, Dr. F. Zindel.


Due consideration for proportions as we grow—building foundation and superstructure to correspond. Some attend preparatory, college, and post-graduate courses and become loaded with abstract theories which they put to no practical use. They cannot concentrate owing to the multitude of unrelated facts. They own far-sweeping wonderlands, and have no money with which to pay taxes. Others cannot bide the time it takes to “lay in” the ground work, but with impatient wit, erect their uprights and scaffolding, only to find that they lack material to bind the whole firmly together upon its small foundation. The former tragedy is less frequent than it used to be, but the latter strikes home. Build well the foundation. The days of college work at P. C. O. present the Golden Age of Opportunity. Freshmen and Sophomore days with the chance to thoroughly master Anatomy, Histology, Physiology, Chemistry, Physics, Pathology and Bacteriology and put into practice the laboratory methods of diagnosis on clinical cases in charge of upper classmen. Upon a foundation thus well prepared, to proceed with certainty, as Juniors in the study of diseases and diagnosis correlating the array of abstract facts and welding them into an enduring framework upon which to build the structure of experience in clinical diagnosis and practice. And above all—to concentrate.
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Life

A faith may break, a hope may die;
   But, laddie, never mind it.
Life may be hard, but you must try
   To live it as you find it.

Though man has sought through all the year
   To otherwise arrange it,
Not all his laughter and his tears
   Have ever served to change it.

So face whatever fate may send,
   With thought at last of winning
Some land where disappointments end
   And dreams have their beginning.

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