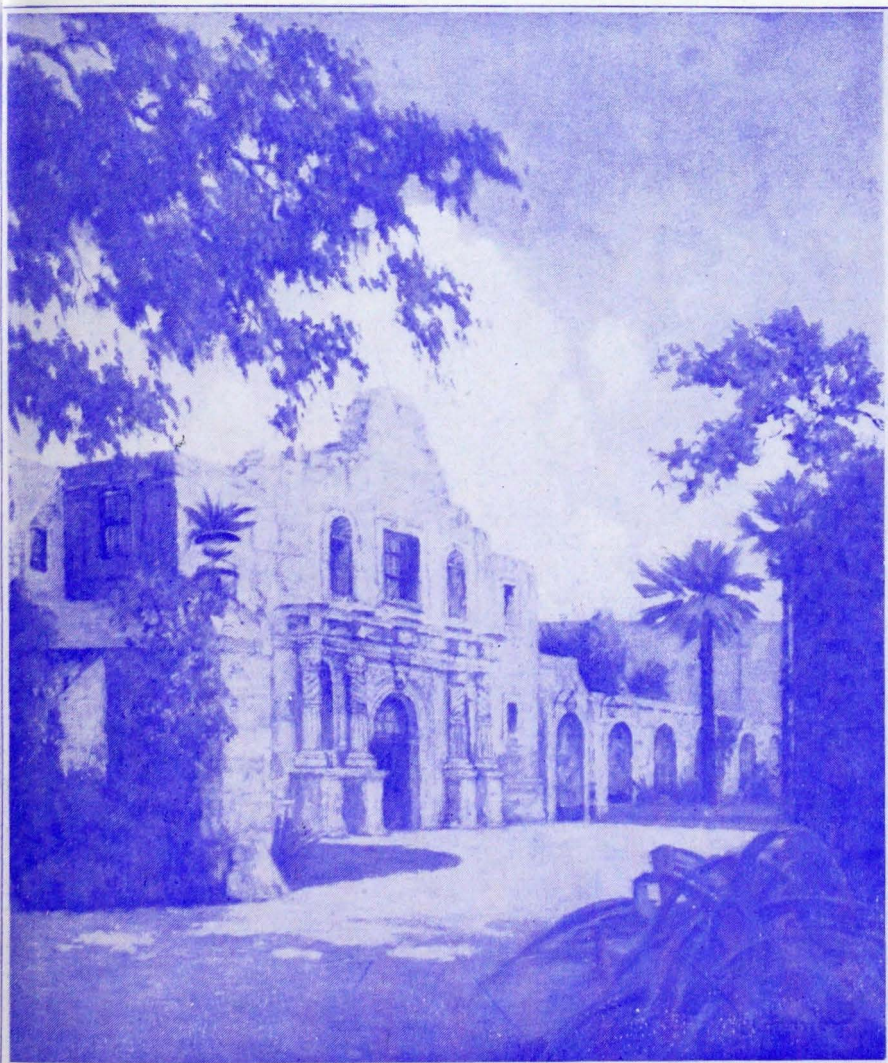


Texas **OSTEOPATHIC PHYSICIANS** *Journal*

Volume IX

FORT WORTH, TEXAS, APRIL, 1953

Number 12



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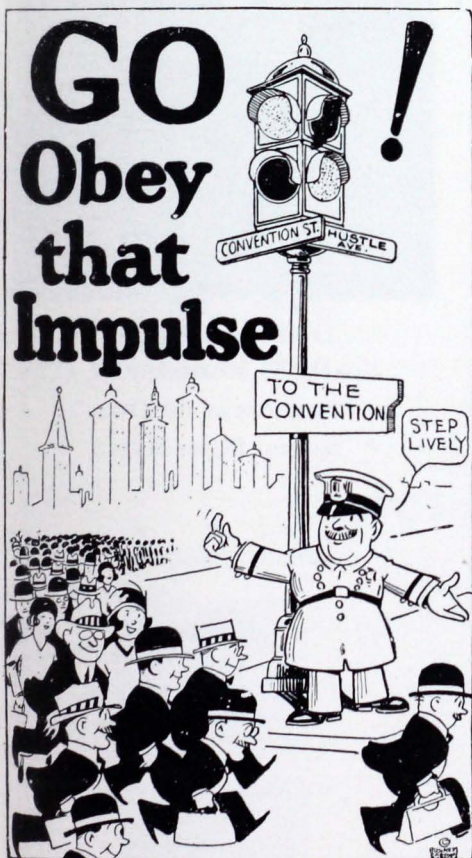
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NUMBER 12



ANNUAL
CONVENTION
OF TEXAS
ASSOCIATION
OF
OSTEOPATHIC
PHYSICIANS
AND
SURGEONS

SAN ANTONIO,
TEXAS

OFFICIAL MEETINGS

BOARD OF TRUSTEES, APRIL 27-28, 1953

HOUSE OF DELEGATES, APRIL 29, 1953

MEMBERSHIP INVITED TO ATTEND

Program

APRIL 30 - MAY 1 and 2, 1953



COME and HEAR!



DONALD V. HAMPTON, D. O.
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"Industrial Medicine"



ROBERT P. MORHARDT, D. O.
"Functions of the Ovary"
"Surgery Begets Surgery"



R. MCFARLANE TILLEY, D. O.
"Osteopathy, An Advance in Science
and Service"
"The Failing Heart of Middle Life"
"Diagnostic Criteria for Anterior
Poliomyelitis"
"Bronchial Asthma in Children"



JOHN G. HENERY, D. O.
"Differential Diagnosis of Urological
Problems"
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Emergencies"



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"Proctological Films"



RALPH I. McRAE, D. O.
"The Problem Child"

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SYMPOSIUM ON

"Peptic and Duodenal Ulcers".....	ROBERT J. BRUNE, D. O., <i>Moderator</i>
"Pathology".....	ROBERT P. MORHARDT, D. O.
"History Taking".....	HOWARD R. COATS, D. O.
"X-Ray".....	C. D. OGILVIE, D. O.
"Psychiatric Aspects of Ulcers".....	RALPH I. McRAE, D. O.
"Medical Treatment".....	ROBERT J. BRUNE, D. O.
"Surgical Treatment".....	JOHN G. HENERY, D. O.
"Osteopathic Management".....	R. MCFARLANE TILLEY, D. O.

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Saturday Afternoon, May 2, 1953

Texas State Osteopathic Obstetrical Society
 Society of Osteopathic General Practitioners
 Texas Osteopathic Surgical Society



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MAY 1, 1953

LUNCHEON—Hear about the progress of your association

BANQUET—Installation of Officers

MAY 2, 1953

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Tonsils and Adenoids

By JOHN C. BAKER, D. O.

Although there is over all agreement for the most part with regard to the indications for tonsillectomy or adenotonsillectomy, this subject continues to provide a great deal of discussion in the literature on tonsils and adenoids.

Swanburg points out that a large per cent of all surgical procedures in this country are done on tonsils and adenoids and also states that the shortage of hospital beds could well be aided by the strict adherence to present day indications for this surgery. Many authorities now advocate waiting whenever possible till the child is at least 5 years old or more before doing adenotonsillectomy, since they believe that the tonsils play an important part in autovaccination and the defense mechanism. They also point out that hypertrophy alone does not constitute an indication for removal and that hypertrophy is frequently a prominent part of the allergic state.

Clein points out that the removal of tonsils and adenoids will not alter the course of a patient's allergy, and in fact many complaints such as frequent colds, mouth breathing, nasal stuffiness, and chronic cough, which are often attributed to diseased tonsils or adenoids, may be due to allergy. When T. & A.'s are performed on allergic children the regrowth of the structures occurs more frequently unless the allergy is also treated. The hypertrophy of the tonsils in allergic children is most often caused

by edema which is not an indication for removal unless they actually obstruct the food or air passages. If there is actual infection of the tonsillar tissues and allergic management does not suffice to clear up the symptoms then adenotonsillectomy is advised, but the fact should be kept in mind that surgery alone will not suffice to clear up all the symptoms in an allergic patient. Young points out that there is a physiological enlargement of the tonsils about the age of 6 years and that this does not constitute an indication for removal and should not be confused with a pathological state in the organ. He states that although the function of the tonsil remains obscure there are numerous opinions in support of its function as a useful organ and one should consider carefully the indications for surgery without regard for its size.

In properly selected cases adenotonsillectomy produces brilliant results but in many it constitutes a drawback. In some controlled studies, children who have had their tonsils and adenoids removed have had a greater incidence of bronchitis but fewer cases of tonsillitis than a similar control group. He sums up the problem by saying that "the best indication for operation is several repeated attacks of tonsillitis, not obviously deriving from without, and coupled with enlargement and tenderness of the cervical glands. The teeth

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and sinuses should be excluded as foci of infection."

Walker and Copeland in discussing the problem indicates that the probable immunity produced by the tonsils in children should always be taken into consideration as children who have their tonsils removed when they are very young are more prone to upper respiratory infection. There is a threefold aim in the treatment of diseased tonsillar structures: 1. The elimination of infection; 2 the correction of secondary effects of disease upon adjacent tissues, and 3. the reestablishment of the well-being of the child.

With regard to adenoidectomy, Walker states that there is no age limit. The effects of disease or hypertrophied adenoid tissue are usually worse than the operation, so it should be undertaken as soon as the indications are present, which are any hypertropia of the tissue which interferes with free passage of air through the nasopharynx and also with any interference of the eustachian tube orifices, recurring attacks of otitis media or any conductive deafness at all. In my experience I have found children who have a chronic type of bronchitis and frequent attacks of coryza not of allergic origin who have benefited greatly from a properly done adenoidectomy.

As regards asthma as an indication for tonsillectomy even though there is a difference of opinion it is thought that very few patients are benefited, however if other symptoms indicate it, it is advisable.

More and more emphasis is being placed on the psychic trauma which may result from tonsil and adenoid surgery in children.

Jessner and Kaplan studied a group of children upon whom adenotonsillectomy was performed and concluded from the viewpoint of the psychologist that all the children in their group experienced some degree of anxiety in connection with the operation but most of them were able to tolerate the experience without any lasting emotional sequelae, however several suggestions might be followed to avoid unnecessary lasting psychic trauma:

1. Postponement of the operation if there has been any recent emotional upset or traumatic experiences.

2. Proper emotional preparation of the patient by both parents and physician. The child should be given an explanation calmly and honestly of the need for the operation.

3. The child should be spared any tense discussions about the operation between the parents and physician.

4. Surprise and confusion should be avoided by explaining about the operating room, nurses, etc., a cheerful attitude should be maintained at all times.

5. The need for an anesthesia and the mechanism for giving it should be fully explained.

6. Proper preanesthetic narcosis should be given which will eliminate most of the apprehension, also the parent should be allowed when possible in the operating room with the child until after anesthetic is well along.

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Anesthesia for tonsillectomy and adenoidectomy continues to stimulate more discussion and occupy more pages than does the technique for the operation. It should be remembered that anesthesia is decidedly not simple or minor despite the frequency with which it is carried out. Between the years 1922 and 1931 15 percent of all anesthetic deaths were due to that given for T.&A.'s. The reason probably being due to the fact that it was being given by one not familiar with anesthesia and the proper precautions not observed or followed. It is important in tonsil anesth. to always keep an adequate airway, also to keep the patient at a depth of anesth. that the surgeon will have a patient with the throat relaxed enough for him to do proper work. The important things to follow in general anesth. for children is proper premedication with atropine or scop. as if this is sufficient it will cut considerable the amount of ether necessary, it is still the anesth. of choice for this type of surgery. It is advisable to use an induction

agent and vinethene is much preferred over either chloroform or ethyl chloride as it does not sensitize the heart to the action of epinephrine and thus dispose the patient to possible cardiac arrest or ventricular fibrillation. Intratracheal intubation has many advantages but should be used only when an experienced anesth. is used and one familiar with the procedure as much damage can be done to the soft tissues of the larynx if one is not competent with the procedure. It is always advisable to use oxygen to vaporize the ether instead of air as it comes from the compressor on the anesth. machine. In adults if for some reason local anesth. is not indicated or desired pentathol sodium with intratracheal intubation is the anesth. of choice but one must watch carefully his hemostatis as there is more bleeding with this type of anesth.

Hemorrhage is still the most common post operative complication of tonsillectomy. This may be due to several causes, one the poor pre-operative preparation of the patient, post operative infection in the tonsil fosso and of course the improper suturing of arterial bleeding when it occurs during surgery and the blood descreaies. All patients should be prepared before surgery by the use of Vit. C and Vit. K. Calcium is not of much value but may be given. Acetylsalicylic acid should not be given to excess either before or after surgery although small doses do not predispose to bleeding if there is a proper amount of Vit. K available in the system. In case of post operative bleeding the clots should be removed from the fosso and any active bleeding points sutured or if necessary packed with oxycell and the pillars sutured over the pack. If the hemorrhage is 5 or 6 days post operative the hemorrhage is probably due to a septic condition and the antibiotics may be used along with whatever measures are necessary to control the hemorrhage at the time.

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Child Health Clinic — Fort Worth

The Child Health Clinic, held in Fort Worth at the Hotel Texas, March 27 and 28, was a profound experience for all who participated. The Auxiliary to the Tarrant County Association, who sponsored the Clinic, showed a continuation of their well-known team work in the efficiently set-up and well run Clinic. The Tarrant County Group are deeply grateful. Fifty-five Osteopathic Physicians participated.

The purpose of this Clinic was to render a public service in the interest of the health of the child. There were ten (10) departments set up for specific examinations: Skin and Structural, E E N T, Chest and Abdomen, G - U, Dental or Neurological and Laboratory. A Pediatric Co-ordinator and Family Consultant Doctor also served.

Of the 407 children who were examined by the Clinic, it is interesting to note that 90 of them had allopathic physicians as their family doctors. This indicated the wide breath of service which the clinic was able to render. The recommendations made by the Co-ordinating Pediatricians are available for the family physician.

The publicity given the clinic was outstanding. There were two fifteen-

minute interviews on two radio stations during the week preceding. Spot announcements were used. The newspapers gave over a full page of articles.

It was found, statistically speaking, that of the 407 children examined, 90 were essentially normal, 70 had behavior problems such as tantrums, poor eating, night terrors, etc., 43 had varying degrees of hemeoglobinemia, and 8 had heart abnormalities, 5 of which were unsuspected. There were 6 cases of suspected rheumatic fever, 39 cases needing allergic evaluation. Two-thirds of the children were of pre-school age and one-third of the children needed attention in their immunization program. From the dental examinations, it was found that 92 cases needed dental attention.

The Tarrant County Association wishes to take this opportunity to acknowledge with appreciation, the capable services of the out-of-town physicians who so cooperatively gave of their time during the clinic. Dr. Patrick D. Philben, Dallas, merits special recognition for his fine contribution as Pediatric Co-ordinator. Also, Dr. Ralph I. McRae, Dallas, merits equal recognition for his service as Family Con-

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sultant. Other physicians present and working during the clinic were: Dr. George Miller, Dr. Ralph M. Connell, Dr. Edward C. Brann, Dr. W. H. Van de Grift, Dallas, Dr. Ektor Roberts, Denton, Dr. R. W. Norwood, Mineral Wells, Dr. Charles F. Muecke, Mid-west City, and Dr. Elmer Baum, Austin.

PUBLIC HEALTH AND
WELFARE COMMITTEE.



HALAN K. GAMS, D. O.
Anesthesiologist, Houston Osteopathic
Hospital.

Dr. Gams received her B. A. degree from Gettysburg College. She was graduated from the Philadelphia College of Osteopathic in 1946 and interned at K.C.O.S. hospital, Kirksville, Missouri, in 1947 and 1948. She served a residency in anesthesiology in 1949-1952 at the Detroit Osteopathic Hospital. We welcome Dr. Gams to Texas!



AULDINE C. HAMMOND, D. O.
President, Osteopathic Women's National
Association in Texas, will preside at OWNA
luncheon.

Honored



VIRGINIA ELLIS, D. O., was elected president of the Southwestern Association of Osteopathic Pediatricians.

Dr. Ralph I. McRae, Dallas, gave the program at the annual meeting of the Southwestern Association of Osteopathic Pediatricians, Sunday, March 29, at Hotel Texas, Fort Worth. Dr. McRae's informative discussion of Office Pediatrics was received enthusiastically by the group.

The Association held its meeting in connection with the Child Health Clinic, during which several members assisted.

Newly elected officers for the ensuing year were: president, Dr. Virginia Ellis, Fort Worth; vice-president, Dr. B. J. Souders, Lubbock, and secretary, Dr. R. M. Carmichael, Dallas.

Texas Student Honored

Roy L. Fischer of San Antonio, a junior at the KCOS, has been elected vice-president of Axis Chapter of Atlas Club.

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\$134,860 Award In Medical Suit Here Reversed By Court

The Court of Civil Appeals in Amarillo reversed and remanded to the trial court Monday a 72nd District Court jury judgment which awarded \$134,860 damages to Monte Puryear July 3, 1952, in a malpractice suit brought against Dr. G. G. Porter, Dr. J. A. Finer, and T. W. Baker, of Porter Clinic.

The appeals court, after studying approximately 1,000 pages of testimony, sustained the third and sixth of seven "points of error" submitted by the appellants.

Attorney's Statements Scored
In effect, the court said there was no "competent evidence" showing that the insertion of a hypodermic needle into Puryear's spine constituted the proximate cause of his paralysis.

In addition to the above, the court said that it would have reversed the case on the basis of statements made by Puryear's attorney during the trial, if it had been presented.

These statements were so prejudicial and inflammatory that the effect thereof could not be cured by the instruction of the trial court to the jury to disregard the same and such statements would result in a reversal of the cause if point of error were presented here, the court's opinion as written by Justice A. J. Martin, stated. It was reported that the reversal opinion was unanimous.

Pressure Is Noted
The opinion also noted: "There has been an attempt to bring considerable pressure on the court by expressions to the effect that the appellate court should not usurp the duties of the jury in the trial court and that, 'It would be disastrous to the public, as well as the bar, for this Honorable Court to reverse this judgment of the trial court.'"

"On appeal, the record is examined in detail and the same weighed under the law as applicable thereto in the judgment of the court—final opinion

in any cause will rest solely on those considerations," the opinion said.

In the trial court attorneys for the defense were Mayo and Fleming, Dallas; Jones and Trout, Lubbock; and Klett, Bean and Evans, Lubbock. Attorneys for the plaintiff were Bob Huff, J. W. Splawn, Jr. and Kent Wagon-seller.

Polio Termed A "Systematic Disease"

SPRINGFIELD, MO. (AOA)—Infantile paralysis is a systemic disease, Dr. H. D. McClure, head of the department of neurology at Laughlin Osteopathic Hospital, Kirksville, told members of the Ozark Osteopathic Association.

He stated that he is convinced polio gets into the blood stream and the whole system is involved.

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Dr. Winslow to Study In Austria



On March 24 Dr. W. E. Winslow of Mabank, Texas, will leave for Linz, Austria where he will study surgery under Drs. Andreas Plenk and William Halter.

Dr. Plenk is known in this country for his excellent courses in Advanced Clinical Surgery & Surgical Philosophy taught in The Graduate School of the College of Osteopathic Physicians and Surgeons in Los Angeles. He is Chief of Staff of the Metropolitan Hospital in Linz and is Professor of Surgery at the University of Vienna. He has been decorated and declared the Prima Doctor of Austria by the President of that country. He is a general surgeon, however he teaches principally in Thoracic, Gastric and Thyroid surgery. Dr. Halter is head of the department of Gynecological Surgery at the Metropolitan Hospital in Linz, and is better known in Europe for his perfection of several procedures in the field of Gynecological Surgery.

After several months of study in Linz, Dr. Winslow will go to Vienna, where he will observe surgical procedures and then on to Bern, Switzerland for further work in surgery. After having completed this work he will travel to other capitals in Europe on a sightseeing tour. Mrs. Winslow will join him in Austria sometime in June.

Dr. Winslow graduated from the Kirksville College in 1938, interned at Sparks Hospital and has been practicing in Mabank for the past 14 years. He

is a member of the National, State and Local Osteopathic associations and the American College of Osteopathic Surgeons. He is a member of the Surgical Staff of the Dallas Osteopathic Hospital and is Vice Chairman of the Staff.

Locations

By D. D. BEYER, D. O.

Chairman, Statistics and Locations.

MALAKOFF, Henderson County, Texas: Population 1200. Twenty-five hundred (2500) in district. There are four high schools and four grammar schools in the district. Building available for physicians and living quarters. Town is ten miles from Athens, where they have hospital facilities.

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NORMANGEE, Leon-Madison Counties, Texas: Needs a doctor and is a good location.

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TENAHA, Shelby County, Texas: Wanted a good physician. This locality has had a doctor for over two years that did well but has been called to the Army. Population of 800 with five rural communities in the trade area. If interested contact W. H. Wall, Wall Drug Co., Tenaha, Texas.

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WANTED: Surgeon with resident training to locate in good Texas community with another doctor who has available office space and a 19 bed well equipped hospital with good surgery and delivery room. If interested contact Executive Secretary, Texas Association of Osteopathic Physicians and Surgeons, 1837 Hillcrest, Fort Worth 7, Texas.

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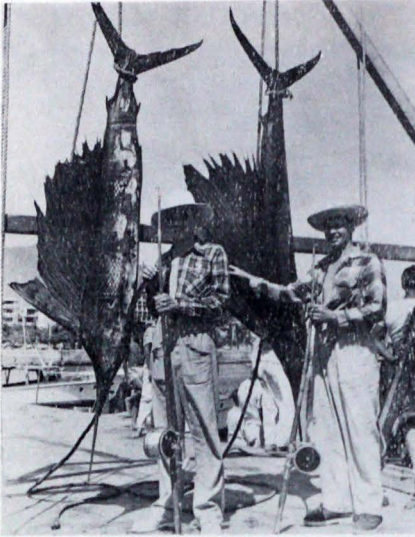
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Sour Grapes

There's a sour grapes sort of story going around town that these are the same two fish with which the Currys, Peases and Jennings were photographed. Ditto all other vacationers to Acapulco in recent months.

You can bet that yarn was circulated by a guy so far denied the excitement of sail fishing. These fellows (Dr. C. R. Packer, left, and Dr. Noel Ellis) had rather remember their sweaty struggle from the Simbab with these 97 and 88 pounders than steam over a plate of enchiladas.

Six days in Acapulco did offer a few other things—bull fight, swimming, sight-seeing and a place to hang those fishing hats at Pozo del Rey. A native's comment about the hotel, operated by the Martin Marsalises from Fort Worth, since has been changed by the fellows to mean the sailfish, but it aptly describes both—"there's nothing more beautiful in Acapulco, only bigger."

Yes, wives go fishing, too. Somebody has to take the pictures. And anyhow, both their sailfish got away.

Hospital News

ALBUQUERQUE, N. M. (AOA)—Plans are being prepared to increase bed capacity of Albuquerque Osteopathic Hospital here from 22 to 30. New facilities, including doctors' offices, a clinic and a kitchen are planned, and all present facilities increased. Cost is estimated at over \$30,000.

* * *

TULSA, OKLA. (AOA)—New plans for the expansion of Oklahoma Osteopathic Hospital here call for a special ward for polio cases and total new construction costs of \$670,000. Original expansion plans called for 25,000 additional square feet of floor space but the polio ward will increase the planned total to 42,000 square feet.

John Esau, chairman of the hospital's fund campaign, stated that \$270,000 in federal funds have been granted for the new construction, and that osteopathic physicians have agreed to underwrite an additional \$100,000. Civic leaders will head up a public fund raising campaign with a goal of \$300,000.

"Building the new addition climaxes more than ten years of dreaming and planning by local osteopathic physicians," Mr. Esau said.

Approval of the expansion plans followed an inspection by federal engineers and representatives of the state health department.

* * *

CAPE GIRARDEAU, MO. (AOA)—Cape Osteopathic Hospital, a 25-bed institution constructed with funds provided by members of the Missouri State Osteopathic Association, announces a \$15,000 expansion of the X-ray department. Dr. H. R. Bolen is chairman of the hospital board of directors.

* * *

MANSFIELD, MO. (AOA)—The Lion's club here sponsored the recent dedication of the new osteopathic clinic and hospital. The cost of the 14-bed structure was \$100,000.

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The Texas Association of Osteopathic Ophthalmology and Laryngology was reactivated at Wichita Falls, Texas on Sunday, March 15, 1953. The officers elected were: *President*, DR. JOHN C. BAKER, Fort Worth, Texas; *Secretary-treasurer*, DR. H. A. BECKWITH, San Antonio, Texas.

A committee was appointed which consisted of the following to draw up the by-laws and constitution: DR. RALPH CONNELL, Dallas, Texas; DR. EDWARD C. BRANN, Dallas, Texas; DR. W. H. VAN DE GRIFT, Dallas, Texas.

It was also agreed that the annual dues be five dollars (\$5.00) for each member to take care of the necessary stationery and expenditures.

Those present were: DR. JOHN C. BAKER, Fort Worth; DR. RALPH CONNELL, Dallas; DR. E. C. BRANN, Dallas; DR. W. H. VAN DE GRIFT, Dallas; DR. R. H. PETERSON, Wichita Falls, Texas; DR. D. E. DYER, Vinita, Oklahoma.

Two movies were shown on mastoid disease and a discussion by Dr. Harold Beckwith was presented on glaucoma. Dr. Connell read a paper on the treatment of eczema of the auditory canal.

The meeting was adjourned at 5:30 p. m. and decided thae another meeting would be held in September in Dallas, Texas, at which time all men from Texas and Oklahoma would be invited and all men interested in Eye, Ear, Nose and Throat from Texas and Oklahoma.

HAROLD A. BECKWITH, D. O.,
Secretary-Treasurer.

DEATHS



RALPH J. MOORE, D.O.

Ralph J. Moore, D. O., Amarillo, Texas, died March 20, 1953.

Dr. Moore was born November 5, 1899, at Bushnell, Illinois. He was a graduate of Kirksville College of Osteopathy 1928 and interned at the Laughlin Hospital.

Dr. Moore has been a consistent member of the state and national association since his graduation.

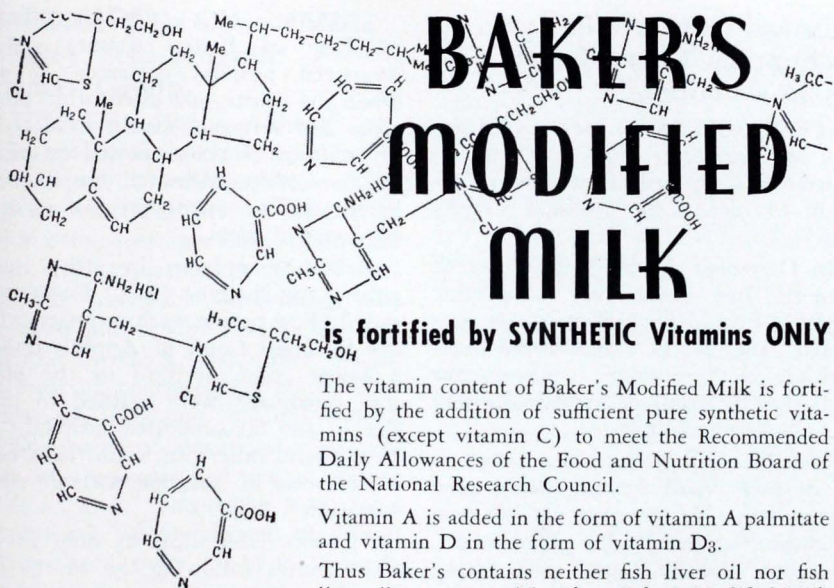
His brother, Dr. Carl, died in Oklahoma City of a heart attack upon returning from Dr. Ralph's funeral.

Woman Scientist At Kirksville Achieves National Recognition

KIRKSVILLE, MO. (AOA)—Recognition for her research work with her husband, Dr. Samuel Corson, in the field of cardiovascular and kidney diseases was awarded to Elizabeth Corson, instructor in the department of pharmacology at the Kirksville College of Osteopathy and Surgery, in the form of membership in the Gerontological Society.

The Gerontological Society promotes the study of aging and the development of methods of treatment and prevention of degenerative diseases.

The work of Dr. and Mrs. Corson which attracted the attention of the Society dealt with the development of new methods of treatment of edema and dropsy. Their work, through it is still in the early stages of experimentation, is supported by the U. S. Public Health Service.



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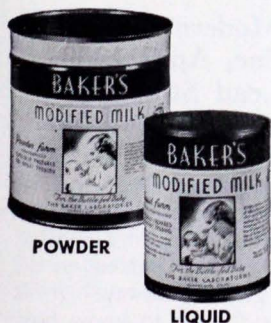
★ ★ ★ ★ ★

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Niacin	5.0 Milligrams
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Missouri D. O.'s Win Again As Supreme Court Rejects M. D.'s Petition

JEFFERSON CITY, MO. (AOA)—The Missouri State Supreme Court rejected the state medical association petition to reopen the Audrain County case.

In December the St. Louis Court of Appeals had ruled that osteopathic physicians could practice in county hospitals. The M. D.'s had based their petition to the supreme court on the basis that the court of appeals decision was not broad enough.

The M. D.'s wanted the court to decide how broad the osteopathic physicians scope of practice in Missouri is under the osteopathic practice act. The court laid the matter aside saying it was a legislative matter instead of a judicial one.

The Audrain County case first went to trial before Judge Sam C. Blair of Jefferson City. Much of the testimony dealt with the use of drugs and surgery by osteopathic physicians. On November 29, 1950 Judge Blair ruled that osteopathic physicians could practice in any county hospital in Missouri, including the one in Audrain County.

He also handed the medical doctors a second blow by saying Missouri's D. O.'s had the right to administer drugs and perform surgery.

The M. D.'s and hospital trustees took the case to the supreme court. After lengthy hearings it found it had no jurisdiction and transferred it to the appeals court.

The appeals court ruled unanimously in favor of letting the osteopathic physicians practice in county hospitals. It said the limit and scope of practice was not a matter for the court to decide.

The state medical association based its second appeal to the supreme court on the contention that the appellate judge's ruling was incorrect and not broad enough.

LAMAR, MO. (AOA) — Board members of Barton County (Mo.) Memorial hospital declared "if and when the courts rule osteopathic physicians and surgeons should have access to facilities of tax-supported hospitals, Barton County Memorial hospital will be the first or among the first to open its doors to them."

Reflecting opinion in other newspapers, the Shelbina (Mo.) DEMOCRAT stated "Few people were surprised when the St. Louis Court of Appeals upheld a lower court decision to the effect that osteopaths were entitled to practice in any tax-supported hospital. To have found otherwise would have been a clear case of 'taxation without representation.'"

"It was interesting to note in the news stories following the court's ruling, how the number of osteopaths in Missouri is growing, there now being 21 per cent of all physicians in the state listed as being of their profession, while in the state outside of the cities, the figure is 33 per cent. In Shelby county osteopaths constitute more than 81 per cent."

Read Modern Hospital Magazine, April 1953 Issue Lead Story on Osteopathic Hospitals

This is quite an article written by a medical administrator. It can be considered good from such source and admission that the osteopathic profession is making great headway. It is surprising though to know how little these people apparently know about osteopathic education. They seem to close their eyes whenever it is mentioned rather than getting the facts, even though they admit that the service to the public is good.

Antibiotics Can Cause Death, Speaker Tells Forensic Sciences Group

CHICAGO (AOA)—Although penicillin and similar antibiotics are among the most useful medicines, the so-called miracle substances derived from soil molds sometimes can cause death and other serious reaction when administered to susceptible individuals, the American Academy of Forensic Sciences was told by H. A. Shoemaker, Ph.D., professor of pharmacology at the University of Oklahoma medical school.

"The matter of sensitivity or idiosyncrasy of the individual cannot always be anticipated," Shoemaker said, "and consequently we find reports of serious reactions from every one of these drugs.

"This is to be expected when we use substances having a rather complex chemical structure, particularly so when

we consider that our knowledge of the chemistry of reactions of therapeutic agents with the complex enzyme (chemical accelerator) systems within the body is still meager."

Shoemaker added that many persons are alive today because of the antibiotics and said no physician should hesitate to use the preparations when such a course is indicated. But he added, "There are no miracle drugs. The real miracle of modern medicine is in diagnosis and treatment."

Shoemaker reported that two of the most widely used antibiotic preparations, aureomycin and terramycin, have caused serious and fatal reactions in some cases and should be used with caution.

He termed the illness resulting from the drugs a "superinfection," and said it developed from a new race of bacteria able to resist the action of the preparations.

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*Hueper, W. C.: Medical Clinics of North America, May 1949.

Abstracts

LOUIS GUSTAVE MANCUSO, D. O.

Erythromycin Blood Levels, Josselyn and Sylvester, Antibiotics and Chemotherapy, Jan. 1953.

It was concluded by the authors after a series of tests that erythromycin is affected adversely by the gastric secretions. Absorption of the drug probably occurs in the upper gastrointestinal tract. A coated tablet given prior to eating resulted in higher blood levels.

* * *

Erythromycin is a new antibiotic and there is also in the literature another new antibiotic that is being described as being effective against rickettsiae and viral infections, carbomycin. Carbomycin apparently requires a higher blood level than does erythromycin to accomplish the same ends. The bacterial spectrum of erythromycin is comparable to the spectrum of penicillin but it is much more effective in streptococcal and pneumococcal infections. Erythromycin is produced by streptomyces erythreus and carbomycin is produced by streptomyces halstedii.

* * *

After a recent review of the literature it was concluded that the utilization of a high carbohydrate diet following surgery is now advisable with the finding that the ingestion of glucose has a definite effect upon the synthesis of the blood amino acids into proteins. The proportions in which the different amino acids of the blood were utilized show a very close similarity to the proportions of different amino acid essential to the metabolism of man. Fructose does not have the same effect as does glucose. Fat administration does not have the effect on the amino acids as does glucose. It is to be remembered that there should be adequate blood amino-acids present to allow this favorable response to take place, to the fullest extent.

Ion Exchange Resins in Pre-Eclampsia, Carey, Obstetrics and Gynecology 1:2, 1953.

It was concluded by the author that carboxylic cation exchange resins can be used to increase sodium depletion and that resins alone will not prevent the development of pre-eclampsia. The use of a resin type of regimen along with a low sodium diet and bed rest is advised. Once the body sodium is reduced the other signs of eclampsia are kept in check.

Therapeutic Observations

DR. LOUIS GUSTAVE MANCUSO

With the advent of the wholesale utilization of the antibiotics it follows that one must explore every possibility to decrease the incidence of sensitivity. Since April, 1952 the author has used 10 mgs.-15 mgs., intramuscularly with the injection of the antibiotic, of Benadryl and Chlor-trimeton maleate. The results have been most promising in that there has been but one slight reaction to penicillin and that was of a minor nature. It has also been observed that people that have been subject to antibiotic reactions can and in many cases tolerate a deep intramuscular injection of the antibiotic if 10-15 mgs. of Benadryl or Chlor-trimeton maleate is mixed with it at the time of administration. The exact percentage of protection has as yet not been established but it will be in the neighborhood of 75-80 percent for those that are sensitive. In some instances the author has observed that a fatty diet will apparently help in increasing one's tolerance to penicillin along with the administration of 1000 mgs. of Ascorbic acid. The above regimen has proved to be of value in a general clinical practice. It can be suggested at this time that one can further supplement this regimen by the addition of orally administered Benadryl.

Washington News Letters

My Washington News Letter of February 16, 1953, indicated the Selective Service squeeze due to the necessity of calling Priority No. 3 physicians under the Doctor Draft Act beginning this month. The enclosed Operations Bulletin No. 88, dated February 24, 1953, is a further indication of the severity of that squeeze. A considerable number of our practitioners in the immediate past and present are under the impression that when they reach the age of 26 they are no longer subject to call under the general draft of Selective Service. The fact is, and it has been pointed out repeatedly, that any person who shall have been *occupationally* deferred on June 19, 1951, or thereafter, remains subject to call under the general draft until he reaches the age of 35. Therefore, graduates in that category *must* locate in areas of shortage of medical care.

The Doctor Draft Law which expires July 1, 1953, is being readied for re-vamping and extension by Congress at an early date. Credit for serving with co-belligerent nations and the problem of commissioning aliens without their losing their foreign citizenship will be dealt with. Revision to prevent draft of physicians with prior service is also rumored. Undoubtedly, the hearings will register complaint against the use of conscripted physicians to care for the

dependents of servicemen. The AOA Department of Public Relations is investigating the possibility of injecting the question of medical commissions for D. O.'s subject to the general draft as well as the Doctor Draft.

Within a short time the President is expected to send a reorganization plan to Congress which will translate the Federal Security Agency into an executive department. Oveta Culp Hobby, Federal Security Administrator, cabinet officer nunc de gratia proxime dejure, this morning appeared before the House Committee on Interstate and Foreign Commerce to give a resume of the activities of FSA. The only legislative recommendation she made was that the right of factory inspection under the Federal Food, Drug and Cosmetic Act be clarified. Surgeon General Scheele detailed the ramifications of the Public Health Service. He said America's health was a shade better than the Scandinavian countries, and that he is against socialized medicine. He further said that there is a current shortage of physicians.

The National Rehabilitation Committee of the American Legion is meeting in Washington this week. A major problem is how to cut down on the treatment of non-service connected cases in VA facilities. Dr. Robert Morgan,

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AOA Chairman of Veterans Affairs, is in attendance.

* * *

February 24, 1953

OPERATIONS BULLETIN NO. 88

Subject: *Classification of Persons Who Are Both General and Special Registrants*

1. Persons who have registered under the provisions of section 3 of the Universal Military Training and Service Act, as amended, are referred to in this bulletin as "general registrants."

2. Under the provisions of section 1650.10 of the Selective Service Regulations, the contents of a general registrant's file are placed in his new cover sheet when he also becomes a special registrant. This procedure may have resulted in some local boards classifying such a registrant as a special registrant only without considering his status as a general registrant. Such registrants have a dual liability for service under the law.

3. When a person is both a general registrant and a special registrant, he should be classified separately in each status. A local board, when classifying such an individual as a general registrant, may place him in a class available for service without regard to whether or not special registrants of his order of priority are currently being called. Special registrants are examined under different standards of acceptability than general registrants. A registrant having a dual status as both a general and a special registrant may be found unacceptable for military service in one status but this does not necessarily preclude his being found acceptable for military service in his other status.

4. Local boards are urged to give serious consideration to the deferment of a general registrant who is also a special registrant in order to afford him the opportunity to complete up to one year of internship.

5. The armed forces will have a continued need for physicians and dentists. It is desirable that the Selective Service

System fill these requirements in as orderly and as equitable a manner as possible. Local boards are requested to immediately classify as a general registrant every registrant having the dual status of general and special registrant and who is not now classified as a general registrant. Local boards are also requested, under the provisions of section 1625.3 (a) of the Selective Service Regulations, to reopen and consider anew the classification as a general registrant of every registrant who is both a general and a special registrant and is not in Class I-A, Class I-A-O, Class I-O, or Class V-A, as a general registrant and whose last classification in any other class as a general registrant is more than one year old.

LEWIS B. HERSHEY, *Director.*

* * *

Orloff v. Willoughby. Orloff (MD) was inducted in the Army under the Doctor Draft as a private and assigned, first, as a medical laboratory technician, and then, as a non-commissioned psychiatrist. He was denied a commission because, although he executed a loyalty certificate, he refused information as to his membership in or association with subversive organizations. Orloff brought suit to require the Army either to commission him or discharge him. The lower Court denied him relief. The Court of Appeals held that the Army could use him for any purpose it saw fit. On March 9, 1953, the United States Supreme Court in a 6 to 3 decision affirmed the judgment of the Court of Appeals. Since Orloff admitted the legality of his induction, the Court did not decide whether a special registrant under the Doctor Draft Act can legally be inducted without a commission. A dissenting opinion (two were filed) states:

"It is hard to believe that the powerful American Medical Association would have failed to oppose vigorously any provisions under which the Army could draft doctors not otherwise draftable as noncom-

missioned personnel or that the Congress would have adopted any such provision in the face of professional opposition."

Nurses and the Taft-Hartley Act. On March 5, 1953, the American Nurses Association asked the House Committee on Education and Labor to make non-profit hospitals subject to the Taft-Hartley Act so that nurses can employ collective bargaining and strikes, if necessary, in dealing with them. The current act exempts non-profit hospitals from the definition of employer.

Census. The 1950 census of population shows that there are a total of 5,167 D. O.'s (male 4,377; female 790) in the United States. This is less than one-half the correct number, and yet, the census figures are taken from the occupational information furnished to the census enumerators. Some D. O.'s may have listed themselves as physicians and surgeons, but the 1950 census shows that there are 192,317 physicians and surgeons and that figure is not high for M. D.'s. How come? The 1950 census shows the following totals: chiropractors 13,084 (male 11,169, female 1,915); dentists 75,241 (male 73,165, female 2,076); dietitians and nutritionists 22,826 (male 1,386, female 21,440); nurses, professional 403,457 (male 9,938, female 393,519); nurses, student professional 76,750 (male 1,686, female 75,064); optometrists 15,594 (male 13,865, female 1,729); pharmacists 88,997 (male 81,640, female 7,357); physicians and surgeons 192,317 (male 180,532, female 11,785); technicians, medical and dental 78,038 (male 34,057, female 43,981); veterinarians 13,489 (male 12,634, female 855).

Medical Diathermy Equipment. On February 19, 1953, the Federal Communications Commission served notice that June 30, 1953, is the dead line for replacing with type approved equipment all medical diathermy equipment manufactured prior to July 1, 1947.

April, 1953

The President's Message transmitting Reorganization Plan No. 1 of 1953 which creates a Department of Health, Education, and Welfare was sent to Congress on March 12. The Message was publicized, but few papers carried the Plan. The Plan was promptly referred to the Senate and House Committees on Government Operations, and these Committees met in joint session for hearings on March 16. Copy of the statement by the Chairman of AOA Department of Public Relations is reproduced on the back of this page. The Plan creates one new position—a Special Assistant to the Secretary on health and medical matters.

Ordinarily reorganization plans take effect 60 days after submission to Congress, unless vetoed by either House in the interim. House Joint Resolution No. 223 would make the Plan effective 10 days after approval of the resolution by Congress and the President. The

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•
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L. J. LAUF, D. O.

RICHARD M. MAYER, D. O.

BEN J. SOUDERS, D. O.

J. A. FINER, D. O.
•

COMPLETE HOSPITAL
AND CLINICAL
SERVICE

An Osteopathic Institution

resolution was approved by the House on March 18, and it is likely to receive Senate action next week. Mrs. Hobby will be Acting Secretary pursuant to Section 9 of the Plan and then Secretary in due course.

Reorganization Plan No. 1 of 1953

Prepared by the President and transmitted to the Senate and the House of Representatives in Congress assembled, March 12, 1953, pursuant to the provisions of the Reorganization Act of 1949, approved June 20, 1949, as amended.

Department of Health, Education and Welfare

Section 1. Creation of Department; Secretary—There is hereby established an executive department, which shall be known as the Department of Health, Education, and Welfare (hereafter in this reorganization plan referred to as the Department). There shall be at the head of the Department a Secretary of Health, Education, and Welfare (hereafter in this reorganization plan referred to as the Secretary), who shall be appointed by the President by and with the advice and consent of the Senate, and who shall receive compensation at the rate now or hereafter prescribed by law for the heads of executive departments. The Department shall be administered under the supervision and direction of the Secretary.

Section 2. Under Secretary and Assistant Secretaries—There shall be in the Department an Under Secretary of Health, Education, and Welfare and two Assistant Secretaries of Health, Education, and Welfare, each of whom shall be appointed by the President by and with the advice and consent of the Senate, shall perform such functions as the Secretary may prescribe, and shall receive compensation at the rate now or hereafter provided by law for under secretaries and assistant secretaries, respectively, of executive departments. The Under Secretary (or, during the absence or disability of the Under Secretary or in the event of a vacancy in

the office of Under Secretary, an Assistant Secretary determined according to such order as the Secretary shall prescribe) shall act as Secretary during the absence or disability of the Secretary or in the event of a vacancy in the office of Secretary.

Section 3. Special Assistant—There shall be in the Department a Special Assistant to the Secretary (Health and Medical Affairs) who shall be appointed by the President by and with the advice and consent of the Senate from among persons who are recognized leaders in the medical field with wide nongovernmental experience, shall review the health and medical programs of the Department and advise the Secretary with respect to the improvement of such programs and with respect to necessary legislation in the health and medical fields, and shall receive compensation at the rate now or hereafter provided by law for assistant secretaries of executive departments.

Section 4. Commissioner of Social Security—There shall be in the Department a Commissioner of Social Security who shall be appointed by the President by and with the advice and consent of the Senate, shall perform such functions concerning social security and public welfare as the Secretary may prescribe, and shall receive compensation at the rate now or hereafter fixed by law for grade GS-18 of the general schedule established by the Classification Act of 1949, as amended.

Section 5. Transfers to the Department.—All functions of the Federal Security Administrator are hereby transferred to the Secretary. All agencies of the Federal Security Agency, together with their respective functions, personnel, property, records, and unexpended balances of appropriations, allocations, and other funds (available or to be made available), and all other functions, personnel, property, records, and unexpended balances of appropriations, allocations, and other funds (available

or to be made available) of the Federal Security Agency are hereby transferred to the Department.

Section 6. Performance of functions of the Secretary.—The Secretary may from time to time make such provisions as the Secretary deems appropriate authorizing the performance of any of the functions of the Secretary by any other officer, or by any agency or employee, of the Department.

Section 7. Administrative services.—In the interest of economy and efficiency the Secretary may from time to time establish central administrative services in the fields of procurement, budgeting, accounting, personnel, library, legal, and other services and activities common to the several agencies of the Department; and the Secretary may effect such transfers within the Department of the personnel employed, the property and records used or held, and the funds available for use in connection with such administrative-service activities as the Secretary may deem necessary for the conduct of any services so established: Provided, That no professional or substantive function vested by law in any officer shall be removed from the jurisdiction of such officer under this section.

Section 8. Abolitions.—The Federal Security Agency (exclusive of the agencies thereof transferred by sec. 5 of this reorganization plan), the offices of Federal Security Administrator and Assistant Federal Security Administrator created by Reorganization Plan No. 1 (53 Stat. 1423), the two offices of assistant heads of the Federal Security Agency created by Reorganization Plan No. 2 of 1946 (60 Stat. 1095), and the office of Commissioner for Social Security created by section 701 of the Social Security Act, as amended (64 Stat. 558), are hereby abolished. The Secretary shall make such provisions as may be necessary in order to wind up any outstanding affairs of the Agency and offices abolished by this section which are not otherwise provided for in this reorganization plan.

Section 9. Interim provisions.—The President may authorize the persons who immediately prior to the time this reorganization plan takes effect occupy the offices of Federal Security Administrator Assistant Federal Security Administrator, assistant heads of the Federal Security Agency, and Commissioner for Social Security to act as Secretary, Under Secretary, and Assistant Secretaries of Health, Education, and Welfare and as Commissioner of Social Security, re-

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spectively, until those offices are filled by appointment in the manner provided by sections 1, 2, and 4 of this reorganization plan, but not for a period of more than 60 days. While so acting, such persons shall receive compensation at the rates provided by this reorganization plan for the offices the functions of which they perform.

* * *

President's Health Commission

All 5 volumes of the Report of the President's Commission on Health Needs of the Nation are now available. Osteopathy is specifically dealt with in Volumes 2, 3, and 5. Osteopathic excerpts from Volume 5 were transmitted by my Washington News Letter of February 10. Osteopathic excerpts from 2 and 3 are enclosed herewith. Although the place of osteopathy is not adequately dealt with, the treatment accorded by the Commission is a far cry from previous reports such as the Committee on the Costs of Medical Care in 1932 which denominated the profession as a cult and its members as substandard medical practitioners whose existence constituted a dilution of quality of medical care. The Commission deals with osteopathy with dignity and respect. For example, in Volume 3, D. O.'s are dealt with as physicians, and other health personnel are classified as dentists, nurses, and paramedical. The Report is available at the Government Printing Office at the prices quoted in my Washington News Letter of February 10. Volumes 2 and 3 are priced at \$1.50 each.

* * *

VA Information Bulletin

Attention: Approved intern or residency training hospitals. You received copy of my January 27, 1953 Washington News Letter with which VA Regulations were enclosed establishing the eligibility of approved intern or residency training hospitals as educational training institutions under the Veterans

Readjustment Assistance Act of 1952. Section 253(a) of Public Law 550, 82d Congress (Veterans Readjustment Assistance Act of 1952) and Section 12203 (A)(3) of the Regulations require educational training institutions seeking approval by State approving agencies to submit copies of their catalogs or bulletins. Enclosed is excerpt from VA Information Bulletin of March 9, 1953, the last paragraph of which points out that since hospitals do not generally have catalogs or bulletins descriptive of their intern or resident training, a writeup of such programs by the hospital should be sufficient. The paragraph states that where the hospital does not have a bulletin or other publication, "It would appear that upon being notified by the appropriate State approving agency as to the information (or additional information) needed, the hospital should prepare in acceptable form such information on the course or courses of internship or residency training as will meet the requirements of the State approving agency." Copy of the original VA Regulations under Public Law 550 is enclosed for each hospital. The Amendments furnished you with my Washington News Letter of January 27 are amendments to these original regulations (the amendments are quoted from the Federal Register which for some unaccountable reason adds the figure "2" at the beginning of each section number).

C. D. SWOPE, D. O., *Chairman.*

Connecticut Appoints D. O. To State Health Council

HARTFORD, CONN. (AOA)—Dr. H. Wesley Gorham, osteopathic physician of Norwalk, has been appointed a member of the State Public Health Council. It was pointed out that the appointment is an acknowledgement of the increasing acceptance in the state of doctors of osteopathy as practitioners of a complete school of medicine.

AUXILIARY NEWS

Child Health Clinic of Tarrant County

HOTEL TEXAS

Suppose the Doctors in your community decide to have a Child Health Clinic and ask the Auxiliary to do the work—roll up your sleeves and start to work at once. It can be done and months of meticulous planning will pay big dividends when Child Health Clinic days arrive.

Plans for Fort Worth's Child Health Clinic began in June of 1952. The Auxiliary President, Mrs. Raymond Fisher, appointed Mrs. C. L. Dickey, Place Chairman. Her duty was to secure a Hotel where the Clinic might be held. Hotel Texas offered the Longhorn Room on the mezzanine—also tables, chairs, two porters . . . The Executive Committee of the Auxiliary met, appointed committee chairmen, decided upon the dates of March 27 and 28, 1953 and Mrs. Dickey again contacted the Hotel and confirmed the dates.

By now September has rolled around. The Corresponding Secretary of the Clinic, Mrs. J. O. Carr, has been busy getting stationery printed, form letters multigraphed to send each Doctor in the Tarrant County Association and Doctors in the near Fort Worth to advise them of the set date, March 27 and 28; listing the various Departments to be set up for child examination and asking each Doctor to advise the time and department in which he preferred to work; also asking for a list of his patients to whom he wished a letter sent advising them of the Clinic. Mrs. Carr and several members of the Fort Worth Osteopathic Hospital Guild addressed letters and follow-up cards, which were mailed to the parents.

Our Public Relations Chairman, Mrs. C. R. Packer, was also busy getting stories in our local newspapers. A num-

ber of stories and pictures appeared beginning in the fall of 1952 and the immediate days preceeding the Clinic the news coverage was invaluable to our success. Also there were radio spot announcements and tape recorded interviews from the National Osteopathic Association.

The Equipment and Supply Chairman, Mrs. G. F. Pease and her committee of five, began early to contact Drug firms and Supply houses for donations of various articles, including lights, sterilizers, cotton, kleenex, paper towels . . . to be used in the various departments. This is the one committee which had many obstacles to overcome. Booths was perhaps the greatest. Rental would have been \$175.00. Through a lumberman friend, 12 permanent booths were made available for \$200.00—a permanent contribution to future Child Health Clinics in Fort Worth. For the extra booths needed, hospital screens were used and the Hotel also had a number so that solved the booth situation. Sheets were needed to put around the children so they would only undress once. No linen supply could furnish the desired number so the members of the Auxiliary gathered old full size sheets, tore them in four pieces and hemmed them. We had 287. A local laundry donated their services, gathered the sheets during the day and had fresh sheets back within three hours time.

A Doctors committee was appointed from the Tarrant County group. They were consulted many times. Dr. Virginia Ellis, a co-ordinator at Amarillo's Clinic, and many times an observer at Kansas City's Clinic was able to give valuable information.

On Thursday afternoon before the Clinic, the Supply Committee was at

the Hotel equipping each booth. Many Doctors were on hand to assist in erecting the booths which, by the way, were eight foot square. Sheets were hung in front of each booth to give privacy. Sonny Fischer, son of Dr. and Mrs. Raymond Fischer and his friend, Fred Hughes, gathered the numerous boxes of supplies and equipment in a trailer. Our Hospital contributed many necessary items.

A kick off dinner Thursday night introduced the Co-ordinator, Dr. Patrick Philben of Dallas.

CAME FRIDAY MORNING! When we arrived at the Hotel at 7:45 A.M. ten children were waiting. By 8:30 over 40 had registered. The only charge was \$1.00 registration. Mrs. M. S. Miller was Chairman. Each child was given a number on a tag fastened to their wrist with a rubber band. The child's name was put in the registration book and urine specimens were numbered. By the time the child had passed through the examinations the laboratory had a report of the urinalysis. The child went from registration to dressing booths where all garments were removed except shoes, socks and panties. Sheets were draped around them and shopping bags were provided for Mother's to carry their clothing. From the waiting room they were called to the Case History booth by the Hostess Mrs. Roy Fischer, President of the Fort Worth Osteopathic Hospital Guild. Registered nurses, in uniforms, with Mrs. V. L. Jennings, Chairman, filled out the history sheet. Temperatures were taken and measurements made. They proceeded by number to Mrs. Raymond Fisher. Mrs. L. N. McAnally, Chairman of the Steering Committee, assigned them to members of her committee who conducted the 407 children in the two days to the various Doctors. The Departments were:

Eye

Ear, Nose, Throat—two booths

Chest and Abdomen

G. U. and Proctology

Neurology

Skin and Structural—two booths

Dentist

Laboratory

A working Laboratory with Dell Tousignant constantly on duty, assisted by office nurses, did photo-electric colorimetric determination for hemoglobin on each child. He made his reports before the child was ready for the Co-ordinator.

Dr. Philben consulted with each parent regarding the complete findings of the exams. Reports of the Clinic will be referred to family physicians as no treatment was given. Dr. Ralph I. McRae, Diplomat in Psychiatry from Dallas, advised parents on special problems.

Telephone calls regarding the Clinic were handled by Mrs. Hugo Ranelle who was Information Chairman, assisted by her committee.

Statistical results of the Clinic were announced by Dr. Philben at a concluding luncheon on Sunday. At that time Dr. McRae spoke on "Children in the Home."

The Southwestern Association of Osteopathic Pediatricians met in Fort Worth during the Clinic to observe the sessions.

Mothers in the Profession, with Mrs. Jo Bonham, Chairman, passed out Osteopathic Literature and assisted in other ways. Mrs. Bonham is the Mother of Mrs. R. B. Beyer, President of the State Auxiliary.

Each Auxiliary member, friends, nurses from the Hospital and daughters of Osteopathic Physicians assisted. The Clinic was a well organized group with each Chairman knowing the duty of her Committee and getting that job done. Yes, it was hard work for all—but the tremendous success of this, our first Child Health Clinic, is due to the part each individual played.

MRS. H. G. BUXTON, *Gen. Chairman*
CHILD HEALTH CLINIC

NEWS OF THE DISTRICTS

NOTICE

The secretary of District 1 made an error in listing delegates. Dr. John L. Witt should appear instead of Dr. John V. London.

DISTRICT TWO

Dr. James L. Holloway's son, Vice Admiral James L. Holloway, has been named Chief of the Bureau of the Naval Personnel and Deputy Chief of Naval Operations in Washington.

Dr. James Holloway is the oldest living osteopathic physician in Texas and a honorary member of this association.

DISTRICT THREE

Dr. C. F. List recently earned his HAM radio operators license and was also elected a director of his local Rotary Club, at Troup, Texas.

The regular meeting of District 3 was held at Mt. Pleasant, Texas on March 15, somewhat later than 2:00 P.M. An interesting program was presented, Dr. Ben Nasits, (D.D.S.), of Tyler, spoke on the Oral manifestations of diseases other than strictly dental pathology. His talk was accompanied and illustrated by a collection of color slides which portrayed a variety of lesions, including some manifestations of vitamin deficiency and neoplasms.

Dr. Chas. C. Rahm, read off the record minutes, as well as the minutes of the last meeting—his audience appeared to be well entertained.

Dr. Martin, our most able host at this meeting re-emphasized that it really was a Wild African Hog that he shot on his recent hunting trip and definitely

not one of the relatively docile Javelina types.

From the Tyler Courier Times: ATHENS, April 3, (Spl.) . . . Dr. W. E. Winslow, Mabank osteopathic physician and surgeon, has left for Linz, Austria, to study surgery under Dr. Andreas Plenk and Dr. William Halter. Dr. Plenk is professor of surgery of the University of Vienna, and the president of that country has proclaimed him the Prima Doctor of Austria. He is chief of staff of the Metropolitan Hospital in Linz. Dr. Halter also is connected with that hospital.

Dr. Winslow has practiced in Mabank for 14 years. He is a member of the surgical staff of the Dallas Osteopathic Hospital and vice-chairman of the staff there. He is a member of the American Osteopathic Association and the American College of Osteopathic Surgeons.

Dr. H. G. Grainger, Tyler, Texas, recently spoke to a meeting of the Internists of Dallas, on the Alarm Reaction and the Pharmacology of A.C.-T.H. It is rumored that Dr. Chas. Ogilvie was guilty of a little heckling—he asked, after the talk was concluded, "What is the practical significance of the Alarm Reaction in clinical practice?"—H.G.G. replied: "There isn't any, really, I just study this stuff for the hell of it."

Dr. Allen Fisher, recently located at Gilmer, Texas will be accompanied in practice by his wife, also a D.O., in the near future.

Is someone in need of editing? I note the item in District SIX news for February states that Dr. Jaffe had a Caesarian section—Hmmm?

Stopped by Dr. Currey's Clinic at the last meeting in Mt. Pleasant and was surprised to find that in spite of his

fire, he had the patients back in within two days and is now completely re-built and going strong. Must have some real carpenters in Mt. Pleasant.

Drs. Coats, Brown, Lynch, Bragg, and Bowden have all been too busy to make much news this month. Dr. W. K. Bowden, formerly of Normagee, Texas, has recently become associated with the Coats-Brown Hospital at Tyler.

Dr. and Mrs. Bob Morgan attended the District Three meeting at Mt. Pleasant, but so far the progress of District Three Auxiliary hasn't been reported.

Dr. Schwaiger, De Kalb, Texas, attended the last District Three meeting—and made a motion. It carried, too.

Wonder who this "Loyal Texas D.O." might be? He may have a good point, but Anonymous epistles are definitely not the hallmark of an individual who is sincerely enthusiastic about any particular crusade. Just a shy guy perhaps.

K. E. Ross, D.O.

DISTRICT SIX

Dr. Don Young tells this story of a trip on a slow train across Florida and Georgia. He met little Okefinokee, a small colored boy of three to four summers and as many winters with his mother. They were coming across from southern Georgia on the 'Seaboard R.R.' to Texas. A short explanation of the why of the boy's name, Okefinokee is as you all know the name of a rather extensive swamp on the Georgia and Florida boundary. Regardless of the time of year the swamp is wet and full of bad odors as was little Okefinokee so his mother stoutly claimed and no one disputed her statement after meeting up with little Okefinokee. His mother was trying to nurse him on the train and Okefinokee was busy taking in the strange sights from the train. The mother finally got exasperated at her failure to get him to settle down to the business at hand, she said, "Now if you don't take this I'll give it to the conductor." At this juncture the con-

ductor arrived on the scene, and turning a livid color said, "No, all I want is to punch your ticket."

Dr. A. B. Crites of Kansas City spoke before the District 6 meeting at the Plaza Hotel, Houston, Texas, recently. He presented a film on rhinoplasty, demonstrating what can be done with the patient that has a depressed personality or inferiority complex. In other words what can be done with those folks "in the too big or too little nose class." There are numerous patients with no complaint other than that they need their ears pinned back. Dr. Crites is a certified ophthalmologist and otologist. We appreciated his presence.

Dr. Zima noticed several old familiar physiognomies in the Crite's films that had been altered for the better, lifted maybe or just had the slack removed. An old friend of mine told me many years ago that any change would help my looks. Now that could be the nidus of the success of rhinoplasty operators.

Dr. Reed of the "Platt-Reed Clinic" was being urged to attend a Symphony or ballet and the cultural advantages were extolled. He promptly replied, "I am full of culture but it is mostly agri."

Went to the Symphony last nite with my wife; Beethoven's music conducted by Kurtz made the grade with the crowd. A composition conducted by the composer, some contemporary music, (I don't know one piece of music from another, so will have to describe it.) No rhythm or apparent reason and no continuity, each section plays independent of the other, but they did keep it clean however. To my uncultured ear they sounded like possible refugees from 'Spike Jones Band'. Some thought that organization had voted "the composer the one person most likely not to succeed." However the orchestra did finish their playing all together, they did agree on the end of the piece.

David Anthony Vila put in an appearance at the H.O.H. O.B. dept. He

came in 'flying blind' that is via instruments only. He made a good safty pin landing. The baby has "mother's features" and all is well. Dr. Adams, Gribble and Vila held frequent pre-landing consultations and were the ground force.

"Heard in the Hall" of a hangover breakfast that can be had at the corner of Pain & Ache streets. Tomato juice, two raw eggs, black coffee, aspirin and sympathy or silence as evinced by the customer.

Dr. Jaffee vainly trying to keep up with Houston's rush, in the O.B. department.

Dr. Choate, on his P.M. off, visits the sick in other hospitals. Just a good Samaritan act, "he leaves 'em smiling".

Dr. Helen Gams, anaesthesiologist, will be out of town for several days. She should have arranged the absenteeism for July or August.

Randy Young, age 6, fractured his left femur in the middle third. This young American was 'super-maning' in the trees and lost his flying mantel.

Dr. M. Webb is having a seasonable rush in the urological department. Three suprapubic prostatectomy's in as many weeks. All patients doing well, the youngest was 69 and oldest 74 years.

Breathes there a man with ego so dead, that ever to himself has said (on viewing his reflection in the mirror, at his clothier's) "this is my own? What a mess."

DISTRICT EIGHT

Doctors W. F. Stiles and F. E. Logan have recently located in Corpus Christi and are now operating the North Beach Clinic.

The regular staff meeting of the Corpus Christi Osteopathic Hospital for the regular program and routine business was held March 17th in the office of Dr. Griffin.

The regular Board Meeting was held March 24th.

Dr. L. E. Elsea is in Kansas City for several days. While there, he planned April, 1953

to take advantage of the clinical services at the Osteopathic Hospital for a complete check-up.

Kansas D. O.'s Seek Full Practice Rights

TOPEKA, KANS. (AOA) — A measure to extend the practice of Kansas osteopathic physicians is under study in the state House of Representatives.

The bill would permit osteopathic physicians to perform major surgery and administer drugs.

Osteopathic practice in Kansas has been restricted since 1939 when the Kansas Supreme Court in the well-known Gleason case construed the 1913 Osteopathic Practice Act as not granting the use of drugs and surgery.

A state osteopathic board would license practitioners as "osteopathic physicians" and "osteopathic physicians and surgeons."

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catching the 8:15



HE HAS JUST BOLTED a breakfast of underdone bacon, eggs and potatoes fried in grease, strong coffee with thick cream and sugar, while he worried over that note that falls due next week.

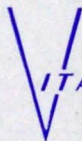
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