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Texas Osteopathic Physicians' Journal

OFFICIAL PUBLICATION OF THE
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VOLUME V AUSTIN, TEXAS, DECEMBER, VTDR NUMBER 8

Traumatic Surgery and External Fixation of Fractures

G. F. PEASE, D. O.

DALLAS, TEXAS

I am hoping to make you feel that the subject of Traumatic Surgery is as important to our profession as I feel that it is. At this particular time we stand in need of sound knowledge of the cardinal principles of the surgery of trauma. Insurance companies generally, trust us to care for their seriously injured clients, on a parity with members of other schools of the healing arts.

It is important to foster the development of those who would make a special study of traumatic surgery, so that each locality would be represented by one of our profession, equal too, or better than our competitors. Insurance or the Blue Cross is paying for the care of the greater number of serious traumatic cases today. In 1940 in the United States 9,000,000 people were injured, 8,300,000 were temporarily disabled, 330,000 were permanently disabled, and 93,000 died from accidents. A total of 9,000,000 persons killed or injured by accidents during that year represented approximately one-twelfth of our country's population. These figures stress the necessity of developing more specialists in this field and indicate that this development is a pressing and urgent need.

Actually, a more far reaching attainment, would be to develop true students

of trauma among our present general surgeons and general practitioners as the tendency toward specialization can be carried too far. To recognize immediately the broad problem presented, to treat adequately the seriously injured, we should have men with as extensive a general experience as is possible to attain. Recent graduates treat many more patients with trauma than they do patients suffering from brain tumor, goitre or bronchiogenic carcinoma. We may reflect on this problem. Today accidents rank fourth—behind only heart disease, cancer and pneumonia—as causes of death among mankind.

The problem which confronts us is perplexing and appeals to the imagination, for trauma immediately affects any, or many parts of the body. The most obvious lesion, a fracture for example, is often the least serious. Internal injuries, the symptoms of which may be for hours vague and confusing, and injuries to muscles, tendons, blood vessels and nerves demand keen judgment and dexterous skill in their diagnosis and treatment. Added to this we always have the great problem of shock in its various stages and burns caused by different agents and of varying degrees.

Traumatic Surgery deals with wounds and their healing, so it deals with surgery and chemotherapy. It deals with anesthesia. It deals with burns and injuries so serious that amputations become necessary. It deals with ruptured muscles and tendons and dislocations of tendons. It deals with injuries to the face and excepting trauma of vital organs and their essential coverings, the final outcome of no injury is so directly dependent upon early proper care as injury of the face. Head and nerve injuries require particular care, as do injuries to the thorax of which hemothorax and pneumothorax are common complications. Injuries to vessels and to the urinary tract requires particular care as do those of the abdominal contents.

Also of great importance is psychic trauma. Oftentimes a patient whose immediate treatment, or operation is performed properly and well, is left for weeks or months to his own devices. Lying there in idleness, with worry and melancholy his chief companions. A traumatic neurosis develops. The treatment of psychic trauma should go hand in hand with the treatment of physical trauma.

The treatment of fractures makes up the greater part of traumatic surgery and to obtain uniform good results, a special study must be made and certain procedures must be devised which produce such results consistently.

When one attempts to review the progress which has been made in the treatment of fractures, he should remember that X-rays did not add a principle, but only an aid in carrying out the fundamental concept and basic principles known for so long. Immediate reduction, so far as is possible and complete immobilization are essential. Progress has been made in treating various types of fractures by skelatal fixation devices, both internal and external. External skeletal fixation has become popular and rightly so, and "has given a new direction to surgery."

The fundamental principles of accurate reduction, rigid fixation and early restoration of function are the bases of good results. It is not sufficient to know the type of fracture to be dealt with, but judgment as to the extent of soft tissue injury, including vessels and nerves is necessary. X-rays before and after reduction are most important, and although a useful extremity is a prime objective, the treatment of shock and hemorrhage are a first necessity.

The treatment of fractures is essentially a mechanical problem and the application of external fixation is limited only by the ingenuity and skill of the surgeon and his knowledge of the anatomic, physiologic and pathologic aspect of fractures.

No one means of mechanical fixation of fractures fits all circumstances, for example, in the treatment of fractures of the hip, if impaction is necessary a Lorenzo Screw is effective. The Smith-Peterson nail is fine if comminution happens to be not too great. The Clayton Splint works nicely in the majority of hip fractures and eliminates the shearing effect of bone on pin that is present with leg movement with other methods.

Generally speaking, the early movement of extremities allowed, with the use of external fixations, adds promise to the process of fracture healing, through tendency to impaction, the establishment and freedom of blood and nerve supply, and also lessens the tendency toward ankylosis of adjacent articulations.

Since the advent of the use of external fixation as a means of immobilization, the osteopathic surgeon has had a more positive science at his command, so that internal fixation methods, although they have not lost their use, have become less frequently used, and of course, used only where they have their advantages.

The advantages of the use of external fixation are many. If one is to be successful in its application there are a number of common errors which must be avoided. Some of these errors are:

(1) *Improper selection of cases.*

External fixation is seldom used to advantage in children. Injuries to epiphyses are possible and generally speaking, fractures in children are amenable to conservative treatment.

(2) *Failure to X-ray before and after reduction and during the period of treatment.*

Of course this would be an error in the handling of any fracture case.

(3) *Improper and inadequate anesthesia.*

Complete relaxation is essential in any reduction.

(4) *The selection of improper sized splints and pins.*

To make a stable fixation the splint and the pins must vary as the size of the bone varies.

(5) *Poor judgment in placing the splint.*

Epiphyses must be avoided. The number of pins above and below the fracture site must be adequate for stability and if the Stader splint is used, the double pin sets must be placed well toward the ends of the bones so that leverage may be obtained for reduction.

(6) *Errors in pin insertion.*

The pins should penetrate both cortices for stability.

Cancellous or markedly demineralized bone may not hold the pins.

Pins must not be inserted through infected soft tissues.

Tendons, joints, large vessels and nerves are to be avoided.

Too rapid or unsteady drilling causes thermal necrosis and reams out the pin site causing instability.

Tension on the skin must be avoided and if necessary the skin may be incised to relieve tension.

(7) *Errors in reduction.*

Reduction should be satisfactory before immobilization is made and may necessitate extension for a time. Reduction may be open or closed as determined by necessity. If the Stader splint is used, alignment and all possible manual reduction is obtained before application and if reduction is not complete within a very few days, then open reduction is made to free the fracture site of soft tissue. Delayed union may result if this is not done within ten days.

Proper postoperative care must be maintained in regard to motion of joints, weight bearing, care of pin sites and the general care of the patient.

The healing of fractures that are re-

duced properly and immobilized by external fixation is as prompt and satisfactory as that observed when other types of fixation are employed. There are, however, two types of fractures to which this generalization does not apply; in one union is accelerated—in the other, it is retarded. The first of these is the oblique or spirel fracture involving the diaphyses of tubular bones. In cases such as these, it is found that firm bony union takes place in an appreciably shorter period of time than in similar fractures immobilized by other methods. It is not improbable that this acceleration of union is dependent upon rigid immobilization of large fracture surfaces, which permits uninterrupted organization and ossification of the extensive exudate and osteoid tissue found at the fracture site. The other type of fracture, the one in which union is delayed, is the transverse variety involving the middle third of the tibial shaft. It is suspected that the retarded union encountered in this type of fracture is attributable to rigid immobilization of the fragments. Whereas this quality is advantageous when large fracture surfaces are present, it is of dubious value when the fracture is transverse and the blood supply none too abundant; for under these circumstances the osteoid tissue is rather meager, and if the fragments are rigidly immobilized there is an absence of stimulation of callus formation that is usually engendered by the slightest motion of the fracture surfaces permitted by other methods of fixation. In order to overcome this disadvantage, it has been suggested that, following a relatively short period of external fixation of the fragments sufficient to allow for the deposition of fibrous callous at the fracture site, the external fixation apparatus shall be replaced by a walking cast. It would appear that a routine such as this would insure the advantages of both methods.

Post traumatic demineralization or osteoporosis has not been conspicuous in fractures treated by external fixation which may be ascribed to the freedom of joint motion permitted by the method employed.

Delayed union and non-union are conditions that have always plagued the individual doing fracture work. External skeletal fixation has a definite place in the prevention of these conditions as well as their treatment. The causes of delayed union and non-union are the same and may be classified as General Causes and Local Causes. Of the general causes we have number one—Senility, in which deficiency in sex hormones and deficiency in circulation are important. Number two—is Diet, the deficiency being mainly in protein intake. Number three is Systemic Disease, mainly, osteomalacia, rickets, gumma, tabes dorsalis, carcinoma, etc.

Local causes are number one—Deficient Reduction, mainly, improper apposition of fragments, interposition of parts, excessive traction and mechanical distraction of the fragments. Number two—is Deficient Fixation, mainly, fixation for too short a time, frequent interruption of immobilization, non-rigid fixation and fixation of adjacent joints. Number three—is deficient functional restoration, meaning failure to actively move all joints not requiring immobilization. Active motion of the adjacent joints prevents atrophy and demineralization and insures the necessary blood supply to the extremity for the proper deposition of calcium in the matrix as well as a better healing of the fracture. Number four—is Local Disease processes, such as osteomyelitis, carcinoma, gumma, etc. Number five—is Prolonged and Extensive immobilization in plaster casts. This causes atrophy and osteoporosis and delays healing.

When properly applied, external fixation provides a method for the prevention of delayed union and non-union and the treatment of these conditions has as its fundamental value, the rigid fixation of the fragments while at the same time allowing freedom of motion of the adjacent joints.

The operative procedure of choice will depend mainly upon the extent of the non-union and the condition of the bone ends. In some cases the fracture site may simply be freshened and the bone ends firmly opposed, in others a full bone graft may be used. Cases of delayed union may require only fixation or impaction, but drilling of the bone ends may be performed if indicated to hasten union.

It may be gathered from the foregoing remarks that external fixation is a method, the advantages of which are so great, that it may be used almost exclusively to other methods. I have found it of value in certain selected cases in children, even though, as already mentioned, fractures in children are generally amenable to conservative methods. It is probable best used in old folks, as complications most frequently found in these cases, are minimized.

However, I feel obligated to mention the fact that fractures reducable by ordinary means should be handled by ordinary means and I believe that external fixation should take its place, after the usual methods are tried, except in selected cases of fractures among the aged, or in other instances where activity is desired.

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Osteopathic physicians, members of the Chamber of Commerce of Beaver Dam, have joined the ranks of the "FRIENDY GREETERS," representing that organization. How does it work?

They write a letter of friendly greeting to a newcomer to their city extolling the opportunities, the business, social and welfare activities in the community—the various organizations in which they may likely become interested and inviting them to be their guest at some activity of their choice. Fine spirit, isn't it?

Now we'd like to know who others of our profession are doing things like this—please speak up—your colleagues are interested—you can help them and they can help you.—*The Badger, D. O.*

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December 2, 1948

Dear Doctor:

I wish to call your special attention to an article appearing on page four of the December issue of McCall's Magazine. It is entitled "What Does 'DR.' Mean," and was written by Jerene Claire Cline.

In my estimation this is one of the finest and most accurate articles I have seen in any publication and I think Miss Cline and the editors of McCall's are to be commended for publishing such a timely and informative piece.

As you will note the references to osteopathy are wholly correct and, I think, very advantageous to us. Miss Cline, in contrast to many other writers, took pains to acquaint herself with the true facts before she wrote the article.

I have expressed the thanks of the association to both Miss Cline and the editor of McCall's. It might be well for some of you to write your appreciation to McCall's as well.

Fraternally,

J. R. FORBES, D. O., Director,
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Group Hospitalization and Blue Cross

EDITOR'S NOTE: *This editorial is a reprint from the Sunday, December 5, 1948, Fort Worth Star-Telegram. The Texas Association of Osteopathic Physicans and Surgeons wishes to express its appreciation for the cooperation and courtesy shown us by the Fort Worth Star-Telegram not only for this editorial but for the many that have been published in the past.*

The Blue Cross plan of group hospitalization is fostered by hospitals and members of the medical profession who are opposed to a compulsory national health insurance law—or socialized medicine, as it is commonly called.

But discriminatory policies under which Blue Cross is being operated in Texas are apt to hasten, rather than retard, the day of socialized medicine in the United States.

In Texas. the formal name of Blue Cross is Group Hospital Service. It is. to all intents and purposes, an insurance company selling hospitalization policies to the public as protection against the emergency of hospital bills. It was organized by a group of hospitals as a public service.

Because of the public service nature of the organization, and the fact that it was not to be operated for profit, the Legislature in 1939 passed a special enabling act which exempts it from taxation and the rigid regulary laws applicable to the regular commercial insurance companies. It is, however, subject to supervision by the Board of Insurance Commissioners of Texas.

Group Hospital Service contracts with hospitals to provide hospital service for its policyholders, at stipulated rates which have been approved by the Insurance Commission. The enabling act also provides for payments to hospitals other than those with which contracts have been negotiated.

The law specifically prohibits corporations organized under this enabling act from controlling, or attempting to control, the relations existing between its policyholders and their physicians; it also prohibits such corporations from restricting the right of patients to obtain the services of any licensed doctor of medicine.

Testimony in a hearing before the Insurance Commission at Austin the other day showed conclusively that policies of Group Hospital Service violate the spirit, if not the letter, of the 1939 enabling act.

It was brought out in the hearing, for example, that Group Hospital Service has not contracted with any of the numerous osteopathic hospitals in Texas to provide hospital service to its policyholders.

It also was shown that Group Hospital Service has refused, on numerous occasions, to pay hospital bills of its policyholders who entered osteopathic hospitals, even in emergency cases where no other type of hospital was

available. This despite the fact that in many states Blue Cross with which Group Hospital Service is affiliated, does recognize and make payments to osteopathic hospitals.

Evidence at the hearing showed that many persons are buying memberships in Group Hospital Service under the impression that it affords them protection in any standard hospital in which physicians and surgeons licensed by the State Board of Medical Examiners practice.

Some buyers later have learned to their sorrow that the membership agreement specifies, in the small-type whereases and wherefores, that hospitalization benefits will be paid only for service at hospitals registered with the American Medical Association.

This provision is not generally understood by buyers of the membership agreements, or policies. It is not likely that those selling the memberships take pains to point out the restriction to prospective buyers.

This is indicated by the fact that 600 memberships have been sold in the town of Premont, a community in which the only resident physicians is an osteopath. If one of his patients requires the services of a doctor, he can not collect hospitalization benefits from Group Hospital Service if he goes to a near-by osteopathic hospital. In order to collect under his Group Hospital Service policy the patients in this town must go to a more distant hospital which is registered with the American Medical Association.

But in that event these patients must engage another physician. The osteopathic physician is not permitted to practice in the AMA-registered hospital because he did not attend a school approved by AMA.

That is a clear interference with doctor-patient relationship which the 1939 enabling act sought to prohibit.

Attorneys for Group Hospital Service at the Austin hearing sought to defend the organization's discriminatory policies on the grounds that only a small percentage of its claims concern osteopathic hospitals. Such a defense is both weak and shocking. The contention of the Group Hospital Service attorneys seems to be that they feel it is all right to discriminate, so long as only a few are discriminated against.

However small the number may be, it is a safe assumption that at least some of those whose claims have been refused by Group Hospital Service will turn to the government for redress. When enough such complaints have been received, the government's logical answer would be enactment of a compulsory national health insurance law, and the dread day of socialized medicine in the United States will have dawned.

Those responsible for the discriminatory policies of Group Hospital Service are short-sighted. They are providing proponents of socialized medicine with ammunition for their guns. The efforts of medical doctors to maintain a competitive advantage over osteopathic physicians are getting them nowhere and very definitely are not in the public interest.

Osteopathy is here, and it is here to stay. Osteopathic physicians are licensed to practice in Texas by the same agency —the State Board of Medical Examiners—which licenses medical doctors. There are many osteopathic hospitals in Texas and there will be more. They are governed by identically the same state laws and health regulations which apply to hospitals registered with the American Medical Association.

There is a place in the health needs of Texas for the service and hospitals of both the medical group and osteopaths. The continual warring between these factions is senseless and childish. Instead of fighting each other they should join forces for the benefit of the public and to present a solid front in the fight against the common enemy—socialized medicine.

The Surgeon Must Be Able To "Prove It"

VINCENT P. CARROLL, D. O.

LAGUNA BEACH, CALIFORNIA

The Doctor is not faring well at the hands of courts and juries in these extraordinary days. Decisions in the various states more and more tend to give the benefit of all doubt to the ex-patient litigant and against the defendant physician. The burden of proof, in an increasingly high percentage of cases, is being taken off the patient to prove that negligence was responsible for the untoward result and the doctor conversely is being required to prove that the results occurred in the absence of all negligence.

This increasingly serious development makes it vitally important that the physician and surgeon be able at any future date to establish the precise facts existant throughout his treatment of a case.

Aganst the vehement contradiction on the witness stand by a money-seeking patient, the unsupported memory of a physician that he asked for consultation, for hospitalization, for laboratory diagnosis, for x-ray, or that he urged an open reduction, permission for which was refused, is not proving too convincing to judges and juries. "Documentation" by clear entry on case histories is a minimum safeguard and where adverse results from refusal of a physician's advice are likely, further precaution is highly advisable.

Since further precaution can be effected in several different ways, if the doctor's secretary or nurse is present, her initials and the date should be affixed to entry on the case history. If no third person, then the patient should be asked to initial and date the entry. Whereas the latter procedure may seem unusual to many, it is wholly reasonable. The Doctor is held in the courtroom to answer to the standards of the exercise of his "best judgment" and to the employment of such methods as are "generally approved" by other physicians. If a Doctor proceeds contrary to those standards he is going to have to prove (not just say—but prove) justification. If the patient has resisted the employment of the doctor's best judgment, with consequent unhappy results, it is not to be expected that as a litigant the patient is going to make any admissions from the witness chair. The time to get the proof is before the "second best" method which patient resistance requires, is employed.

Where a patient quits the doctor's office while in a condition which makes further professional treatment necessary, a letter should be written the patient ,copy for the case file) stating that fact. It is recommended from a psychological standpoint that emphasis be placed in such letter on the need of treatment "wherever you may choose to receive it," rather than any apparent insistence on a return to that doctor's office. The advice will thus have the "bona fidedness" of complete absence of self interest.

Technical Assault

More and more suits are being successfully brought against doctors by patients on the charge of technical assault, which in the majority of cases means that a court or jury has been

convinced that unauthorized surgery was performed.

It should be remembered that the courts consistently hold that only the individual himself has the right to say what shall be done with his body and if it can be established by the patient that unauthorized surgery was done, the doctor will be found guilty of assault quite irrespective of the justification of the surgery, or the caliber of the work done.

It should also be remembered that minors cannot consent to an operation and that consent must be had from the child's parents or legally appointed guardian. It is unsafe for the surgeon to jump to the conclusion that the adult bringing in a minor is necessarily the child's parent or legal guardian. In a very unfortunate case in Texas, an aunt with whom a child was spending the summer (parents residing in New York) brought a child with a very bad pair of tonsils. The physician's recommendation of a tonsillectomy was accepted. The child died on the operating table. A judgment of $10,000 on the basis of assult was rendered against the physician who unfortunately had jumped to the assumption that the aunt was the mother.

Another case illustrating the dangers of unauthorized surgery occurred in Massachusetts. In this instance a general practitioner had brought in a patient to the office of an ear specialist and consent was given to do some surgery on one ear. While the patient was under the anesthetic the surgeon examined the other ear and found that the condition therein was fully as bad as was the case in the instance of the ear on which authority to operate had been obtained. The surgeon asked the general practitioner whether under the circumstances surgery should not be performed on both ears, with which the general practitioner agreed. Again a judgment of assault was rendered against the surgeon which had nothing to do with the quality of the work or the results obtained, but simply adhered to the axiom that "only the person himself has the right to say what shall be done to his body."

Consents

The law of emergency permits a physician to act in the case of an unconscious person to save the life of that person, or to avoid serious and permanent impairment of health. In the case of a minor, brought in let us say by friends or strangers, suffering from the effects of an accident, first aid treatment maybe instituted but nothing elective should be done without competent consent.

Whereas a provable verbal consent is fully acceptable as testimony, the trouble with a verbal consent is the conflict of testimony as to what, precisely, the consent referred to. Hence a written consent is the practical answer. Courts have held that a consent form, to be valid, must show a meeting of the minds, in other words it must be reasonably definitive. Bearing in mind that when a surgeon enters the abdomen he can by no means be sure of what he is going to find, it is on the other hand important that the consent form not be so definitive as to establish the terms of a contract to the subsequent embarrassment of the surgeon whose physical findings are inconsistent with the preoperative diagnosis. For example, with an appendectomy as an illustration, it is suggested that good language would be a consent to "Abdominal operation; preoperative diagnosis, acute appendicitis. Surgeon is further authorized to do any other procedure that his judgment may dictate during the above operation."

It must be remembered that if other operative procedure is performed, the surgeon must be in a position to establish justification. He must be able to establish the pathology which "in his judgment" required additional procedures. This is obviously vital when

such "other procedures" involve sterilization.

It is important to the surgeon that consent runs directly from the patient to the anesthetist, in order to avoid, insofar as is possible, the conclusion that the anesthetist is the agent of the surgeon. The consent and authority to the anesthetist may be on the same sheet as the consent and authority to the surgeon, but should definitely be a separate item. For illustration, the portion of the consent form referring to the anesthetist under a separately numbered paragraph can be worded:

> "I understand that the administration and maintenance of the anesthesia is an independent function and will be in charge of Dr..... I consent to the administration of such anesthetic or anesthetics as the above named anesthetist may deem advisable in my case."

Patient consent forms of every nature and description, which have been carefully prepared by attorneys specializing in this field, and advice based on the handling of hundreds of claims and suits over a period of many years, are available without charge, from the Nettleship Company, 1212 Wilshire Blvd., Los Angeles 14, Calif., to members of the profession insured under the official program of the American Osteopathic Association and affiliated State Societies.

Many of our Osteopathic Hospitals have ruled that physicians must carry professional liability insurance as a requisite for staff membership. This ruling insures mutual protection for both physician and hospital and expedites the handling of threatened or actual liability claims, providing both the psysician and the hospital have placed their coverage with the same insurer.

Although no better investment for peace of mind and freedom of worry can be made, surgeons are notorious for their reluctance to carry a sufficient amount of professional liability coverage.

Ask Yourself

1. Am I insused? (professional liability)
2. Is my hospital insured? (professional liability)
3. Am I carrying a sufficient amount of professional liability insurance:
4. Do my present consent forms protect me?
5. Do my present consent forms protect my Anesthetist?
6. Have I protected myself from the patient who refused treatment?
7. Have I protected myself from the patient who failed to return for further essential treatment?
8. Should I have reported the telephone threat of suit by that dissatisfied patient?
9. Are my records sufficiently comprehensive to protect me in case of suit?

If you have ever been sued, you will realize the importance of these questions.

No one can protect you unless you are willing to protect yourself!

I was asked to write an article about the "words in small print in an insurance policy." Presumptively what was meant were policy provisions or restrictions of which a buyer of insurance should be aware lest he find too late that the protection he thought he had bought was largely valueless due to the artful technical manner in which the policy was constructed.

That there are such policies is true, and that they have been purchased by members of this profession is also true. At the last A.O.A. convention an old friend of mine practicing in Michigan told me that he had his professional liability insurance in a certain company and asked my opinion. I happen to know the policies issued by that company, and they are just the type of con-

tracts about which one hears the saying, "They give you everything on the first page and take it all away on the last page." I suggested he read his policy carefully immediately upon his return to the office. I didn't expect that my advice was going to cost me part of a night's sleep (the best part the last hour before you get up), but it did. At six o'clock one morning shortly after returning from the convention, an operator got me out of bed to tell me Detroit was calling, and the excited voice of my doctor friend informed me that "I read my policy last night, and I'm shocked to find that to all intents and purposes I have been practicing for years without insurance." He further exacted from me the promise that I would secure protection for him under the Association program before noon that same day. (Lest any more of my friends are tempted to telephone me before daylight, may I call attention to the fact that my four years as chairman of the Committee on Professional Liability Insurance are now over and that A.O.A. First Vice President, Forrest J. Grunigen, D. O., is now Committee chairman with Texas represented on the Committee by Robert E. Morgan, D. O.)

Space does not permit a discussion of "trick clauses," nor would it be too constructive for I am sure that there are many ingenious ways of hiding meanings which I haven't seen. After all, it was the function of the Committee to supervise the administration of the Association's program under a policy every line of which had been approved by committees of the profession. It is almost unnessary to point out that when you have a policy of that kind trouble with "small print" does not occur—and it hasn't.

I cannot too strongly emphasize the last statement because it is so important to the doctor. It is a fact that with the many hundred claims which were handled under program during my period of service, there was not a single instance where any doctor failed to receive exactly what he bought, nor any occasion when the Committee had any reason to wish, on behalf of a doctor, that the policy language had been any different.

HIGHLIGHTS FROM THE NATIONAL P.&P.W. REPORT

Newspaper lineage far exceeds that of any previous year — The Chicago Tribune plans to print a special article on our building and dedication on Sunday, December 15th. The January issue of *Architectural Record Magazine,* published in New York will carry a story about the building. Photographers from the publication have taken many pictures inside and out to be used in conjunction with the story. It is our plan to use this as a base for additional publicity.

At this writing we are preparing an illustrated booklet to use as a souvenir for distribution at the time of the dedication. It will then be available to the profession at cost.

There seems to be a slow but apparent awakening of interest in public relations throughout the profession. This must be fostered and abetted if the profession is to progress. The American Medical Association has a national PR budget of $397,000.00 for this fiscal year and is asking that the state medical societies also set up cooperative programs with budgets that will raise the national medical public relations expenditures to around $300,000.00 for the year. They recently had a one day public relations meeting in St. Louis to set a national overall program. We must not be found napping. Only through public education can we expect to receive recognition.

I have made it a point to try and see that an accurate definition of osteopathy appears in dictionaries and that proper information concerning the profession

appears in encyclopedias and almanacs. To that end I have written and had accepted an article for the Encylopedia Britannica Year Book for 1948 and am now writing a similar article for Collier's Encyclopedia. I have received advice that proper listings will be forthcoming in the editions of the Information Please Almanac and the World Almanac. Correspondence has been or soon will be started with all such publications which now carry obsolete or unsatisfactory definitions or articles concerning osteopathy.

We have at this writing twenty-two stations regularly broadcasting our scripts and four more under negotiation. In order to get the radio coverage we need and want it will be necessary to provide recorded programs. We receive requests continually from doctors asking for recorded radio interviews. Many stations will not consider giving time for personal broadcasts but will eagerly use transcriptions. We should consider how long we can afford NOT to produce and show educational osteopathic films.

SELECTIVE SERVICE

In line with the request for Selective Service information the following letter was received which we print here to show you what kind of information is needed by the Selective Service Committee, and the State Office:

505 N. Weatherly
Borger, Texas
November 6, 1948

H. V. W. Broadbent, D. O.
421 Littlefield Building,
Austin 15, Texas

Dear Dr. Broadbent:

Dr. George Luibel informed me that I should file certain information with you regarding myself since I am in the draft age. So here it is:

Age 24, single, no dependents, non-veteran. I received my pre-medical education at St. Olaf College (76 hours) and Drake University (5 hours). I am a graduate of D. M. S. and took my internship at the Amarillo Osteopathic Hospital. I am now associated with Dr. Pittman and my practice will be that of general practice, office surgery, obstetrics, X-ray, acute and chronic diseases as generally considered in the scope of a general practitioner.

I hope that covers the desired information. I just received a classification of II-A after being I-A for about two weeks. I received it due to the efforts of Dr. Vick, Dr. Pittman and the State Association—with the cooperation of the national organization. Our associations certainly do "go to bat" for the members when requested and I, personlly, appreciate it very much.

Yours truly,

L. L. LORENTSON, D. O.

If you are of draft age, please send similar information to Dr. George J. Luibel, Chairman Selective Service Committee, 1301 Lipscomb Street, Fort Worth, Texas, and a copy of your letter to the State Office.

Merry Christmas

and

Happy New Year

to

All of You

Osteopathic Progress Fund

LEWIS F. CHAPMAN, Director
American Osteopathic Association
CHICAGO, ILLINOIS

OBJECTIVE: The advancement of Osteopathy through improvement and expansion of osteopathic colleges.

REASON: The continued growth and advancement of the osteopathic profession and the security in practice of the individual osteopathic physician depends upon the ability of the colleges to maintain the highest standards of education.

COMMON SENSE: The osteopathic profession and the osteoapthic colleges are firmly wedded and there is no existence for either outside of wedlock. What is good or bad for one is good or bad for the other.

NEED: The osteopathic colleges need improved basic science laboratories, more and better clinical and hospital facilities, larger full-time faculties, and endowments.

GOALS: The colleges have established goals according to their individual needs. The total for all six amounts to $7,500,000.

PLAN: A five year program which began January 1, 1946, calls for the support of every osteopathic physician in practice and a campaign to secure assistance from the lay public.

STEP ONE: Personal pledges from osteopathic physicians in amounts suitable to their financial abilities and professional standing with payment budgeted over a five year period from the date of the pledge.

STEP TWO: Acquainting patients and friends of every osteopathic physician in practice with the public service value of the osteopathic colleges, their nonprofit status and their need for philanthropic support from the lay public.

EFFECT: Unqualified recognition of Osteopathy as a complete school of healing and a valuable unit in the nation's public health resources. Security in practice for the individual osteopathic physician.

PRIDE: Professional pride in your institutions will not permit them to fall short of the highest standards.

LOYALTY: Loyalty to the school which made your present professional standing possible and is striving continuously to meet every professional demand; and loyalty to the osteopathic concept and its expanding significance, call for united support.

URGENCY: The colleges need help now! Improvement programs, already begun, are faltering for lack of funds. Increased enrollments demand adequate facilities.

ACTION: Make your five-year pledge now! Make regular payments on a budget plan. Give your pledge to your State O.P.F. Chairman or send it to PROGRESS FUND, American Osteopathic Association, 212 E. Ohio St., Chicago 11, Illinois. If you do not have a pledge card, send your check as a cash contribution and a pledge card for further support will be mailed to you.

SUCCESS: United effort will bring success and insure a strong and healthy educational program. Strong colleges create strong professions and strong professions render greater service and receive greater public appreciation, approval and support.

MAKE YOUR CONTRIBUTION NOW!

A. O. A. PUBLIC EDUCATION ON HEALTH CONFERENCE

The second annual Public Education on Health Conference will be held Saturday and Sunday, January 29th and 30th, 1949 at the Knickerbocker Hotel in Chicago, Illinois.

The conference will bring before you the important problems now facing the profession, and with the help of those intimately acquainted with them, seek to provide a sound basis for dealing with them in your own state. The recent indictment of the Oregon Medical Society by the United States Government brings into a new perspective the problem of access into public hospitals and raises questions, long debated, concerning discrimination in the handling of medical and hospital service corporations. This case indicates that a different approach to this problem may emanate from the repercussions of this case and that a consideration of the basis for the indictment may well be a necessity for those persons interested in removing the restrictions now preventing osteopathic physicians in some states from participating in medical and hospital service plans.

This illustrate just one example of a new development in the field of public health which will be covered by the agenda of the second annual Public Education on Health Conference. The osteopathic profession must keep itself familiar with these changes and through the conference, every member of the profession is given the opportunity.

The Kansas Osteopathic Case has been decided and the findings of fact and conclusions of law are very unfavorable. This case will have an important effect on the public health programs of the various Divisional Societies. Improper analysis of the original Gleason Case has hampered the program to acquire or protect the unhampered practice of osteopathy in some states. A failure to appreciate the issues and to interpret correctly the decision in this Federal Three-Judge case will have a detrimental effect. It will be an important function of the conference to insure that all aspects of the case are clearly understood and that its effect upon future legal and legislative programs be recognized.

FOR YOUR PROTECTION

Your professional liability insurance should be under the official program of the
A. O. A. and Affiliated Societies
in the

OSTEOPATHIC PHYSICIANS UNDERWRITERS

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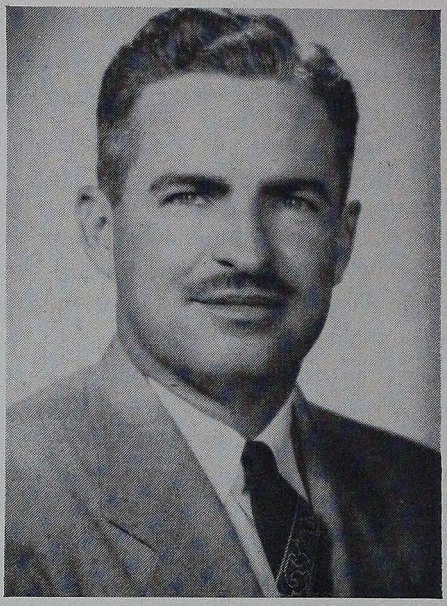
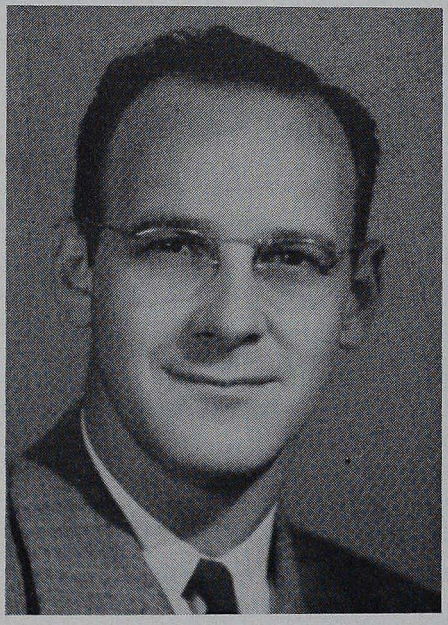
AMERICAN COLLEGE OF OSTEOPATHIC SURGEONS HONOR TEXANS

The twenty-first annual clinical assembly of the American College of Osteopathic Surgeons was held recently in Atlantic City, New Jersey.

Formal announcement of the election of forty-one new members was made in an impressive ceremony at the Annual Conclave. As their names was called each new member came forward to the rostrum to receive the "Charge to New Members" which was delivered by Dr. Albert C. Johnson, Vice President. Dr. Thomas M. Bailey, Jr. of Corpus Christi, Texas, and Dr. Gordon S. Beckwith of San Antonio, Texas, were among those elected.



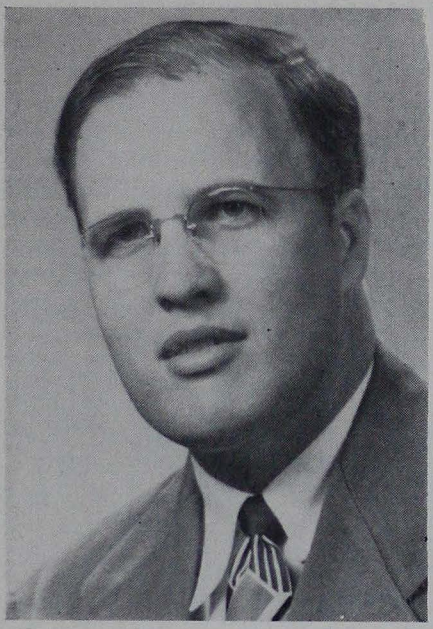
DR. GORDON S. BECKWITH
San Antonio, Texas



DR. WM. S. GRIBBLE, JR.
Houston, Texas

Candidates for the Degree "Fellow of the American College of Osteopathic Surgeons" were presented in turn by their sponsors and Dr. Edward T. Abbott, President, conferred this degree upon eleven doctors. Dr. William S. Gribble, Jr., of Houston, Texas, was the only Texan to have this degree conferred on him.

Congratulations Dr. Gribble, Dr. Bailey and Dr. Beckwith.



DR. THOMAS M. BAILEY, JR.
Corpus Christi, Texas

CRANIAE COURSE

CRANIAL COURSE—Osteopathic physicians and surgeons from five Southwestern states have been invited to take a course in Cranial Osteopathy to be presented in Houston under the capable direction of Dr. William G. Sutherland, famed founder of this branch of Osteopathy. The two-week course will be given from February 14 through February 25, 1949.

Dr. Reginald Platt, who recently helped teach a three-week course in Cranial Osteopathy at the Still College in Des Moines, said six registrations had been received up to November 24. The course is being held in Houston for the first time.

The faculty under Dr. Sutherland will consist of Dr. Kenneth E. Little, Kansas City; Dr. Harold I. Magoun, Denver; Dr. Thomas F. Schooley, Phoenix, Ariz., and Dr. Platt.

A COMPLETE X-RAY AND PHYSICAL THERAPY SERVICE TO THE PROFESSION

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MATTERN X-RAY EQUIPMENT
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"Service When You Need It"

✣ Osteopathic College News ✣

K. C. O. S.

A new departure last year in the teaching of osteopathic principles at the Kirksville College of Osteopathy and Surgery is attracting much favorable attention. The course is one in which osteopathic principles are taught through experiences in the laboratory. In fact the course is called "A Laboratory Course in Osteopathic Principles."

In this course the student will be found in the laboratory creating experimental vertebral lesions, observing reactions, recording results and finally conducting gross microscopic examination of the tissues of experimental animals. The student will also be found giving careful attention to control animals throughout the experiments.

If one asks Dr. Wilbur V. Cole, of the Department of Anatomy, who is conducting the course, the purpose of this novel procedure in the teaching of osteopathic principles, he will learn that it is the belief of both instructor and student that the purpose is probably at least threefold. It is believed that through this laboratory procedure there is a better understanding of the effects of minor structual variations on visceral function as demonstrated through morphological variation. It is believed that such a procedure contributes to the formation of habits of careful observation and finally it is believed that it develops a feeling for the importance of a good command of the technics demanded in the writing of acceptable professional papers.

The experimental animals are rabbits. If you ask Dr. Cole why he is using this particular animal, he will tell you that it is because he was working with rabbits during the summer of 1947 in the laboratory of Dr. Louisa Burns, of Los Angeles, when he developed the plan for such a course of instruction. Dr. Cole was observing the work of osteopathy's pioneer in research on a grant provided by the American Osteopathic Association for extension of the program of research at Kirksville. It was the belief, of those in charge, that observation of the methods of Dr. Burns could contribute substantially to the work in progress.

While observing and participating in work on experimental lesioning and analysis of results, Dr. Cole arrived at a pattern for procedures that might be employed in a course for group instruction in osteopathic principles which Dr. Wallace M. Pearson, professor of Osteopathic Principles and Technic at Kirksville, had suggested as a forward step in osteopathic education. Dr. Pearson insisted that such a course required attention of an instructor prepared in histology. When Dr. Cole presented his plan to Dr. Burns, he was greatly encouraged. He discovered that Dr. Burns had found such a procedure effective in individual instruction in her laboratory. She urged Dr. Cole to undertake the development of such a course upon his return to Kirksville.

In the fall of 1947, in consultation with Dr. Pearson, Dr. Cole began the instruction of a small group as an experiment in osteopathic education.

The group of 20 students, working in such a way that never more than four handled a given experimental animal and its control, lesioned rabbits by the Burns method, under supervision of course, and checked continuously to maintain lesions.

Checking for results, they noted appearance, cardiac action, respiration, and emotional stability, over a period of five months. Then the animals were killed and autopsies performed to make it possible to compare gross visceral changes with the controls.

Representative histological sections of all visceral tissues were prepared from experimental animals and controls. After a histological study, the students prepared reports describing their observations and attempted some discussion of the correllation of the visceral abnormalities produced by structural alterations.

Student interest and recorded achievement were such as to warrant the continuance of the course as a regular part of the program of studies. Informal reports upon last year's undertaking together with its continuation, have stimulated editorial and educational interest in the experiment. Already Dr. Cole has been sought by professional publications for a story of the work and at least one other osteopathic college is already considering the possibility of establishing such a course.

TEXAS OSTEOPATHIC STUDENTS

All osteopathic colleges have been contacted in an effort to compile a list of the Texas students to which the Journal will be sent. Up to the present time we have heard from three and have the following registered:

P. C. O.

Dr. Otterbein Dressler, Dean of the Philadelphia College of Osteopathy writes that there are no Texas students registered in their school but adds, "We would like very much to have one or two students from Texas every year . . . "

D. M. S.

Leslie Smith of Houston, Senior.
Dale Dodson of Waco, Sophomore.
Victor Hessey of Pampa, Sophomore.
Harry A. Brown of Canyon, Freshman
Frances Sue King of Amarillo, Freshman.
Robert Leachman of Amarillo, Freshman.
Roy Raley of Miles, Freshman.

C. C. O.

James A. Vaughan, Jr., of Sherman.
James W. Wilson, Jr., of Dallas.

K. C. O. S.

Dr. M. D. Warner, Dean of the Kirksville College of Osteopathy and Surgery sent a list of twenty-one Texas students registered at K.C.O.S.

William K. Bowden, Dallas.
Elbert P. Carlton, Fort Worth.
Jane Farquharson, Houston.
Joe W. Rhodes, Gainesville.
Calvin H. Crotty, Dallas.
Robert K. Davis, Lancaster.
J. B. Doolittle, Edinburg.
Lynn F. Fite, Canyon.
Pattie Jane Kerwood, McGregor.
Robert W. Tyler, Amarillo.
Roy Lee Brock, Fort Worth.
William R. Jenkins, Fort Worth.
Herbert Mosebach, Paige.
Carl H. Sohn, Thorndale.
Harvey Swords, Terrell.
Thomas F. Boyd, Jr., Terrell.
John C. Epperson, Jr., Alpine.
Frank W. Rawls, Mineral Wells.
Robert N. Rawls, Mineral Wells.
John Kemplin, Valley View.
Alfred A. Redwine, Amarillo.

K. C.

Mr. Joseph M. Peach, Dean of the Kansas City College of Osteopathy and Surgery says that there are sixteen students from Texas registered.

Freshman Class:
John H. Burnett, Fort Worth.

Sophomore Class:
James A. Fannin, Jr., Madisonville.
Robert L. Hodshire, Port Arthur.
James T. Kidwell, Jr., Commerce.
Lester D. Lynch, Malakoff.
Michael M. Mastel, San Antonio.
Samuel S. Morgan, Dallas.
William J. Mosheim, Seguin.
Henry P. Peters, Texas City.

B. C. Richards, Austin.
Clark N. Wagner, Houston.

Junior Class:
Gordon A. Macom, Lovelland.
Wallace Williams, Jonesboro.

Senior Class:
George G. Clark, Greenville.
Mary McClellan, Gruver.

ERRATUM

The State Office Staff wishes to acknowledge and apologize for a mistake made in the 1948-1949 Directory. On page 9 under the heading: Retired Osteopathic Physicians and Surgeons in Texas, we listed Dr. Cyrus N. Ray, P. O. Box 62, Abilene, Texas. THIS WAS IN ERROR and we are terribly sorry that at the time of publication we did not have the information on Dr. Ray that we now have.

Dr. Ray was the twenty-second president of the Texas Osteopathic Association, as it was known then and according to his letter is still in active practice in Abilene. He and Mrs. Ray have just returned from a week of travel in south, central Texas.

The State Office Staff is very interested in his scientific avocations—flowers, cacti, and rocks. We hope that in the near future Dr. Ray will write an article on this for publication in the Journal.

We also wish to announce that since the publication of the Directory the following doctors have become members of the Texas Association of Osteopathic Physicians and Surgeons and ask each of you to correct your Directories to this effect.

Dr. Christian Bors Hall, KCOS 42, 201 East Cleveland, Beeville, Texas.

Dr. Malcome E. Snell, KCOS '42, 6604 Snider Plaza, Dallas, Texas.

Dr. K. S. Wooliscroft, DMS '40, 5004 Ross Avenue, Dallas, Texas.

All three of these doctors are members of the American Osteopathic Association.

Dr. Charles G. Ogilvie of Mount Pleasant writes that Dr. Jaques C. Burt whose name was published in the Directory as deceased is hale and hardy and practicing at the Burt Clinic in Oran, Missouri.

IN MEMORIAM

The State Association wishes to express its deepest sympathy to the family of Dr. Dewey Schultz of Benevides, Texas. Dr. Schultz recently died from a coronary condition.

Mrs. Daisy Eller, mother of Dr. Marille Sparks, recently died and was buried in Kirksville, Missouri. To you, Dr. Sparks, we extend our heartfelt sympathy.

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Texas Osteopathic Hospitals

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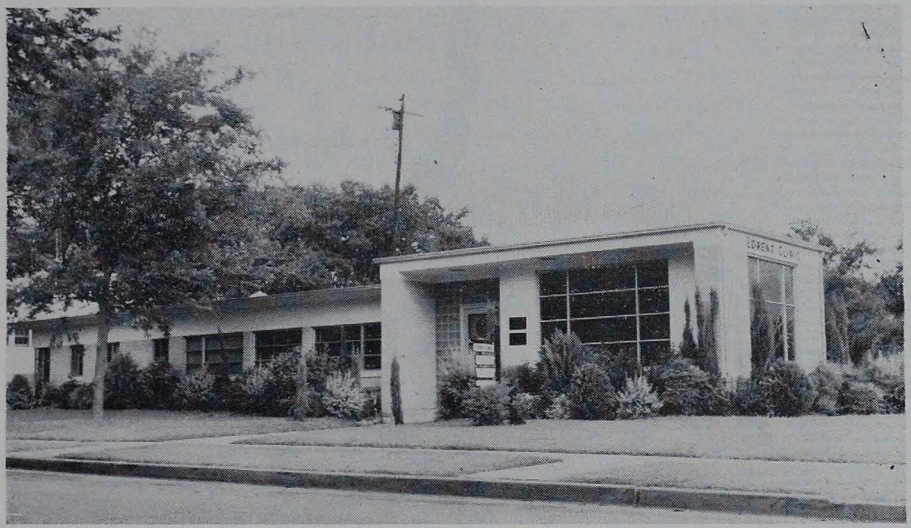

LORENZ CLINIC, DALLAS, TEXAS

The Lorenz Clinic owned and operated by Dr. Robert H. Lorenz of Dallas was completed in June of 1945. It is a steel, brick and mortar construction that is insulated throughout with rock wool. The building is completely air-conditioned and each room is airiated with Ultra-Violet ray radiation.

Indirect Neon lighting and Acglo (tinted glass) is used in the windows eliminating the need for drapes and avoiding harsh rays which ordinarily cause eye-strain. An inter-office communication system connects all departments.

The building contains approximately 3,000 square feet of floor space. There are sixteen rooms including laboratory, x-ray, complete diagnostic facilities, treatment rooms, and offices. It is equipped to care for ambulatory surgery as there is a one day hospital with several beds. Office space of three treatment rooms and a laboratory for a dental surgeon is also included.

combined defense against capillary breakdown...

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RUTIN AND ASCORBIC ACID TABLETS
Kremers-Urban Co.

Rucevitin presents rutin, 20 mg., and ascorbic acid, 150 mg., combined for effective management of increased capillary fragility . . . Rutin therapy is reported to be less effective when C hypovitaminosis is present . . . Ascorbic acid has a recognized role in maintaining the structural integrity of tissues, including the capillaries.

Established clinical value in capillary fragility associated with: Hypertension (about 20 per cent of cases exhibit increased capillary fragility) . . . Cerebral Hemorrhage . . . Retinal Hemorrhage . . . Rheumatoid and Diabetic Arthritis with Hemorrhagic Tendencies . . . Purpuric Reactions to Drug Therapy (e.g., thiocyanates, arsenicals, sulfonamides, thiouracil, salicylates) . . . etc.

Supplied: Bottles containing 100 and 500 tablets.

FOR MORE POTENT RUTIN DOSAGE

Rucevitin-60

Each tablet contains rutin, 60 mg. (three times the amount in RUCEVITIN); ascorbic acid, 150 mg.; and calcium citrate, 0.20 Gm.

Supplied: Bottles of 25 and 100.
Complete literature on request.

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AUXILIARY NEWS

DISTRICT NUMBER ONE

Mrs. Crystal Pittman of Borger, State President of the Auxiliary to the Texas Association of Osteopathic Physicians and Surgeons gave a very interesting program at the quarterly meeting of the Panhandle district society. She took as the theme of her presentation the matter of a wife's pride in her husband's profession of osteopathy. Mrs. Pittman also read an article on Dr. Andrew Taylor Still and his philosophy. The meeting was presided over by Mrs. Ed Mayer, Jr., district president.

Plans for the annual Christmas party given by the Staff and the Auxiliary of the Amarillo Osteopathic Hospital are well under way. Mrs. Earle Mann was named chairman of the committee on arrangements and has working with her, Mesdames J. Frances Brown, Lester J. Vick, W. M. Jackson, and J. H. Chandler. The Christmas party will be held December 15th in the home of Dr. and Mrs. J. Francis Brown.

Mrs. Harold Gorrie participated November 13 in the fall ceremonial of Avihk Temple, Amarillo, and became a Daughter of the Nile. She was one of eight ladies initiated. Dr. Gorrie is a member of the Khiva Temple, Nobles of the Mystic Shrine, to which the Avihk Temple, Daughters of the Nile, is an auxiliary.

The Christmas cards being sold by Mrs. J. Francis Brown also have gone well. Proceeds from these, and from the sale of note paper and "everyday" cards will go to the treasury of the District Auxiliary and be contributed to the Osteopathic Progress Fund.

Fund raising activities of the District No. 1 Auxiliaries are going forward with great success. Mrs. G. W. Gress in charge of the sale of the aplets and cotlets reports that funds from these sales will go into the treasury of the Staff Auxiliary.

Mrs. G. W. Gress is a member of the committee to study special tailoring for a bill to create a new court of domestic relations. This bill will be introduced in the next session of the legislature. Other members of the committee include, Hon. Grady Hazlewood, Hon. Blake Timmons, Judge W. M. Stokes, and Messrs. E. E. Jordan, Cal Farley of Boys' Ranch, Wes Izzard and Lewis Nordyke of the *Globe-News,* T. E. Johnson of the *Amarillo Times,* Commissioner Ray Daniels, Dr. A. M. Meyer and Mrs. A. R. Granberg.

Mrs. L. V. Cradit, secretary and public relations chairman of one of the Amarillo D.A.R. chapters, attended a convention in Lubbock of the D.A.R., Division One, West Region of Texas on the occasion of the State Regent's visit.

Mrs. L. J. Vick is well on the way to recovery from the shock suffered in the Vick's automobile accident.

The Groom Osteopathic Hospital Auxiliary held its regular monthly meeting at the home of Mrs. John V. London with seven members present. During the business meeting plans were made for a New Year's Eve party to be held at the Groom Community Club. Plans were also formulated for each member to make pillow corsages for the patient's trays for Christmas day.

The ladies spent the remainder of the afternoon working on curtains for the hospital and this work will be continued at the next meeting.

DISTRICT NUMBER SIX

The Auxiliary to the Harris County Association of Osteopathic Physicians and Surgeons held their annual Christmas party at the home of Mrs. Justin L. Adams. This meeting was the climax of a drive under the direction of Mrs. Stanley Hess for clothing and toys which will be distributed among several deserving families during the holidays.

Mrs. William F. Hall is now president of this auxiliary.

DISTRICT NUMBER SEVEN

The Auxiliary to District Number 7 had its regular meeting in San Antonio Sunday, December 5th, in the home of Mrs. Gordon Beckwith, following a dinner with the doctors at the Manor. Thirteen members were present. Each member brought a gift not exceeding fifty cents and they were auctioned off to those present. Mrs. Harold Beckwith was auctioneer. It was voted to have a white elephant sale each month. If any auxiliary needs an auctioneer just call on Mrs. Beckwith. She is the best yet. Committees were appointed by the president.

The Auxiliary to the San Antonio Osteopathic Hospital Staff has recently elected Mrs. I. T. Stowell, president; Mrs. H. H. Edwards, vice-president; Mrs. H. A. Beckwith, secretary; Mrs. Richard L. Wascher, treasurer.

To raise money for their activities, the group sold Christmas cards and are making plans to hold another rummage sale some time in the near future.

DISTRICT NUMBER EIGHT

The Auxiliary to District Number 8 met November 7th in Raymondville at the home of Mrs. Owen Vowel. Seven members were present with two guests.

LET'S HAVE THE NEWS ITEMS EARLY FOR NEXT MONTH

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NEWS OF THE DISTRICTS

DISTRICT NUMBER ONE

At the regular quarterly meeting of District No. 1 held the latter part of November the following officers were elected. Dr. W. R. Ballard, Pampa, was elected 1949 president, Dr. Wayne Maxwell, Dalhart, is now vice-president, Dr. G. W. Gress, secreatry and treasurer, and Dr. J. Francis Brown will be the yearly program chairman.

Dr. R. Vance Toler of Shawnee, Oklahoma, the principal speaker, spoke on "The Art of Proctological Practice." This has been reported to be one of the best papers heard by the District No. 1 group in many a moon.

Dr. J. Francis Brown and Dr. E. W. Cain attended the state convention of the Colorado Association of Osteopathic Physicians and Surgeons in Colorado Springs on November 4-5. Dr. Brown had quite a visit with Dr. C. R. Nelson while there.

The Porter Clinic Hospital of Lubbock is just about completed and soon the doctors of Lubbock will be the guests of Drs. Porter, Lauf, and Richard Mayer for an inspection tour.

Dr. J. J. Longhagen of Claude was recently married.

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DISTRICT NUMBER TWO

The Dallas County Osteopathic Association met in November at the Stonleigh Court. The program on Vocational Guidance was arranged by Dr. Sherman Sparks, Vice-President and Program Chairman. The principal speaker was Dr. W. Mayne Longnecker, S. M. U. Vocational Guidance Director.

Other guests included Mrs. Longnecker, Dr. and Mrs. Harold A. Jeskey of S.M.U., Mr. Gene Grey of the Veterans Administration, and Vocational Guidance Directors Tom Brood of the Kiwanis Club, Stanley Thomas of Sunset High School. Wesley Brown of Adamson High School.

President Charles E. Still presided. At the December meeting Mr. John McCarty, Public Relations Director for District No. 1 will speak.

The Cotton Bowl football game on January 1, 1949 in Dallas between Oregon and S.M.U. can be remembered as a boon to the osteopathic profession. Dr. Carl Lambert of Eugene, Oregon, is the team physician for the Webfoots and our own Bob Morgan has taken care of the Mustangs for the last twenty years or more without ever missing a game.

Dr. Bob's son, Sam, is an embryo D. O. and probably soon will put his dad on the back seat for a little relaxation.

Mrs. Robert E. Morgan, Chairman of the Legislative Committee of the American Osteopathic Association Auxiliary will attend the Executive Board meeting of the organization in Chicago on January 18, 19, and 20, 1949.

Dr. Malcolm E. Snell of Dallas is ill.

Dr. Walter Russell and his daddy, Roy, went deer hunting recently. No

venison banquet has been announced for the profession as yet.

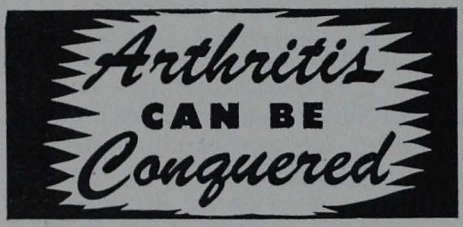
Dr. Mary Lou Logan, President of the Dallas Business and Professional Women's Club, gave a book review before this organization on "The Great Rehearsal" by Karl Van Doren.

Dr. Rollin Becker of Pontiac, Michigan, will be located in Dallas after January 1st. Dr. Becker will share reception space with Dr. Charles E. Still.

The North Texas District meeting held in Fort Worth honored Dr. Thomas L. Ray. In the next issue of the Journal a full account of this outstanding meeting will be given.

DISTRICT NUMBER THREE

No news sent in.



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DISTRICT NUMBER FOUR

The regular monthly meeting of District No. 4 Society was held in the newly completed offices of Drs. Claire and John Peterson in San Angelo. Discussion of professional problems with emphasis on Blue Cross and Public Health matters occupied the business part of the meeting. The next meeting will be held in January with the date and place to be announced later.

DISTRICT NUMBER FIVE

No news sent in.

DISTRICT NUMBER SIX

Dr. Chester Farquharson is recovering from his recent illness in Tuscon, Arizona.

Dr. Fay Norris is back in practice in Houston after a long illness.

DISTRICT MEETING—Houston Osteopathic physicians and surgeons will be hosts to members of the District Six association during the quarterly meeting to be held at the Plaza Hotel, December 5.

Dr. Justin L. Adams of Houston, program chairman, said Dr. Platt would deliver a lecture on "Indications for Cranial Osteopathy."

The business session will get underway at 10:30 a.m., and will be followed

by a luncheon. All members are urged to attend this quarterly meeting.

RADIO INTERVIEW—Dr. Stanley E. Hess, Jr., of Houston appeared in a recent radio interview on child health which was broadcast over station KNUZ. The interview dealt with the health problems of children of school age, and the importance of periodic health checkups.

DISTRICT NUMBER SEVEN

Dr. H. H. Edwards went buck hunting and got the buck. We wonder how many shots it took and who really shot the buck?

Drs. B. G. Schoch and Lige C. Edwards were more fortunate. They each got a buck on the first day of the season.

The regular monthly meeting of the District No. 7 Society was held in San Antonio at the Stowell-Beckwith Clinic with dinner later at the Manor Tea Room. Dr. Raymond Hubbard of San Antonio was Program Chairman and presented Dr. I. T. Stowell in a talk on bursitis of the shoulder. The business meeting was devoted to a discussion of the problems confronting the profession in Texas. The January meeting will be held in Austin with plans to be announced after the holidays.

Dr. and Mrs. Carl J. Wieland will spend part of their holidays at their citrus farm in the Rio Grande Valley with side trips into Mexico.

Dr. and Mrs. R. E. Farnsworth of Austin will spend their Christmas holidays in Missouri as the guests of Mrs. Farnsworth's mother.

Dr. Elmer C. Baum recently visited the Stowell-Beckwith Clinic and spent the day in the urological clinic with Dr. Gordon S. Beckwith.

Dr. I. T. Stowell's paper on coronary thrombosis which was given before the November meeting of District No. 8 will appear in the Journal of the American Osteopathic Association in the near future.

Dr. Everett Wilson on a hunting trip with Dr. Rex Aten spotted a nice limb in a tree, climbed up to a good roost and

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settled down. However, there was one limb above that was in his way. With his recently sharpened hatchet he began hacking away at the offending limb. Result: Dr. Wilson ended on the ground, knocked out completely. There are no broken bones and he is getting along fine though his feelings were somewhat hurt by not getting his buck. Dr. Aten has not fallen out of a tree but up to now is "buckless" too.

Dr. Harold Beckwith went hunting recently and we are trying to find out why a compass is going to be a permanent bit of his equipment.

DISTRICT NUMBER EIGHT

Dr. Morton Rich of Rockport has moved, sold his equipment and we don't know where he went.

Dr. Merle Griffin of Corpus Christi is really on the ball. He recently sent the State Office several manuscripts for use in future issues of the Journal. Dr. Griffin rounded up the convention papers.

A Christmas card from the Brunes of Premont was in a way an announcement of the birth of Madelain Brune, daughter of Dr. and Mrs. Robert J. Brune. The Brunes have a son by the name of Bobby Joe.

DISTRICT NUMBER NINE

Dr. D. M. Mills made a flying fishing trip to Mexico and it is hard to tell from reports whether he was fly fishing or catching flying fish.

Dr. A. J. Poage has been hunting for both bucks and ducks but as yet we have heard nothing of his luck.

Santa Claus called on Dr. T. D. Crews early. He won two horse races the same day.

Dr. and Mrs. W. L. Crews with their daughter, Carmen, have just returned from a visit in Iowa.

The last regular monthly meeting of the District No. 9 Society was held in Cuero with Dr. and Mrs. Carl Stratton as hosts. The business meeting was held at the Stratton Clinic with the program devoted to a discussion of public relations led by Dr. W. L. Crews. After the meeting adjourned the doctors joined the ladies at the home of Mrs. Richard Stratton where refreshments were served.

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Christmas

YES, CHRISTMAS. I wonder where the Christmas is that I used to know. Christmas where the only advertisements we saw were in a Sears, Roebuck or Montgomery-Ward catalog. Christmas, where on the night before we all went to the church and waited with an excitement that is beyond description for Santa Claus to arrive, to hand out to each one a sack of candy with an apple and an orange and some little gift — perhaps only a handkerchief from our teacher.

After this we went home to wait again only we went to sleep before Santa arrived. Yes, when we awakened it was Christmas and Santa had been there and gone. He had left his toys, and his gifts under the tree.

The tree, just an ordinary tree without any leaves, was covered with cotton for snow. We had spent several days with needle and thread stringing popcorn and cranberries, first the nice white popcorn, then cranberries, and so on until we had enough to decorate the tree. Yes, too, there were chains made of red and green paper. The candles on the limbs lighted up the tree. We all gathered around to see what Santa had left — not a lot of toys because there weren't a lot of toys — maybe a new wagon, maybe a ball and a bat or glove — always a cap pistol for the boys and a doll for the girls.

Then above all else there was a house full of love, joy and happiness. Maybe company for dinner, maybe not, but we would get out in the snow and cold and show our Christmas presents and see what the neighbor kids had received. We knew what Christmas was, what it stood for. I wonder if children of today with their many toys really know what Christmas stands for? I wonder if there is the joy, the happiness, and the love around the Christmas tree that there was years ago.

H. V. W. BROADBENT, D. O.

LOCATIONS AND REMOVALS

Dr. L. L. Lorentson from Amarillo to Borger, Texas.

Dr. Thomas R. Kashata from Nacogdoches to Tyler, Texas.

Dr. B. Lamar Jacques from Comfort to Sabinal, Texas.

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Holiday Greetings

Christmas is a time of joyous celebration — an occasion for the spreading of good cheer and for the expression of warm regard between old friends. We wish it were possible for us to convey in person these holiday sentiments to each of our many doctor friends, who, in such large measure, have been responsible for the great success of Vitaminerals.

Let us take this occasion to express our deep appreciation and our sincere regard and to wish for you and yours the happiest possible Christmas, a peaceful and prosperous New Year.

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