Texas Osteopathic Physicians Journal

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Texas Osteopathic Physicians' Journal

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VOLUME 2 DALLAS, TEXAS, OCTOBER, 1945 NUMBER 2

The Texas State Department of Health

GEO. W. COX, M.D., *State Health Officer*

THE STATE Board of Health is composed of nine members, 6 physicians, 1 dentist and 1 pharmacist. Three members are appointed by each incoming Governor for a term of six years. A minimum of four meetings are held each year.

The State Health Officer is appointed by the Board every two years and has charge of all administrative procedures and all activities of the Department. He is also an ex-officio member of the Board.

A division of Public Health Education is maintained for the dissemination of information regarding the prevention of disease. The principle methods used are news stories, motion pictures, radio, lectures, and literature. Schools are held to teach sanitary methods of food handling.

The Vital Statistics Division receives and tabulates over 167,000 births and 62,000 deaths that have occurred during the year. In addition approximately 125,000 old date records are received and 60,000 certified copies are issued.

Some 350 public health nurses are employed through city and county health units. The nursing service includes prenatal, postnatal, preschool, school children, crippled children, tuberculosis, venereal disease and general disease prevention.

Venereal disease work is carried on through 131 clinics and five rapid treatment centers. The latter treat approximately 1600 patients each month.

investigators assist in case finding and contact tracing. Educational programs are conducted for the prevention of gonorrhea and syphilis.

The Food and Drug Division is responsible for the sanitation of all food and drugs sold in the state. Usually a million pounds of food are destroyed annually as unfit for human consumption. All labels are inspected to see that they contain no misleading statements. In other words they must tell the truth. The enforcement of the Standard Milk Ordinance is also a part of their duties.

Tuberculosis clinics are held throughout the State upon request of the local medical association. Last year over 8400 chest x-rays were made and 159 clinics were conducted. Expansion in tuberculosis control is needed as each year some 3000 Texans die and approximately 25,000 new cases of tuberculosis develop.

Maternal and Child Health activities are directed toward a complete health program for the all around development of the child and assistance to mothers during the prenatal and postnatal periods.

The Health Department is the agency responsible for the Emergency Maternal and Infant Care of service men's wives. Payments at the rate of 25,000 births per year are being made to physicians.

At present there are 49 health units serving 63 counties and 5 city units. This means that 60% of the state's population has full time public health service. More county health units could be established if state funds were available for matching local money.

Dental health work is carried out through school groups and dental societies. Considerable research is in progress on caries immunity.

The Sanitary Engineers are responsible for the promotion of municipal and environmental sanitation throughout the State. Some of their activities are Industrial Hygiene, typhus control, malaria control, stream pollution, schools for water and sewage plant operators, shellfish sanitation and protection of water supplies.

The laboratory is one of five state laboratories in the nation that is licensed to manufacture biologics and ship them in inter-state traffic. Smallpox, typhoid, diptheria and rabies vaccine are made distributed free of cost through city and county health officers. Assistance is given doctors in diagnosing obscure or strange diseases. Biopsies are performed. Research is carried on in tropical and other diseases. A blood plasma collecting program is carried out and a blood bank established for emergencies.

There is much yet to do if Texans are to receive full public health protection. At present the State Health Department is operating on an appropriation of 6.7 cents per capita. Our neighboring states have appropriations as follows: New Mexico 15.5 cents, Tennessee 23 cents, Mississippi 30 cents and Louisiana 31 cents. Texas now ranks 43rd among the States on a basis of money spent for health work. More money is needed if Texas is to take her proper place in the public health field.

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Blood Transfusion

Charles M. Howes, D.O., Henry A. Spivey, D.O.

THE TOPIC of blood transfusion is more important today than ever before because of the progress of medical science and the condition of war which has greatly increased the incidence of intravenous administrations, especially whole blood. The materials employed for restoring the blood volume to normal are (1) saline solutions, (2) gum solutions and human blood plasma, and (3) whole blood. This discussion will be directed toward the latter topic.

Theoretically and practically, whole human blood is the ideal transfusion fluid, and is often used in the case of primary or secondary hemorrhage; hemorrhagic diseases, such as the lukemias or hemophilia; shock; malnutrition in infants; marasmus; acute intoxications; septic conditions; and allergic manifestations. Sometimes in the case of carbon monoxide poisioning, toxemias, or allergic conditions the patient is first bled, then his blood replaced by transfused blood. This is an exsanguination transfusion. About 75% of the red cells of transfused blood survive and carry out their function for a period of 30 to 60 days. The use of blood as a transfusion fluid, nevertheless, is hedged about by hazards both to the donor and the recipient, and on this account it is a suitable method only when adequate facilities for guarding against these dangers are available, otherwise other solutions will have to be relied upon. The safeguards which must be taken are:

(a) The donor must be healthy, with a sufficient quantity and quality of blood, and not a carrier of any blood stream infection, nor sensitive to a particular foreign protein.

(b) An ever present and more serious danger is that inherent in the blood of the donor. The latter's blood must always be tested for its compatibility with the blood of the recipient. Normal plasma contains substances which have the power of agglutination and subsequent hemolysis of the red corpusles of another individual. The bloods are then said to be incompatible and transfusion under such circumstances will lead to very serious if not fatal results. It is specific iso-agglutinogens and iso-agglutinins, each of the erythrocytes and serum respectively, which gives us our four major blood types and sub-types. The blood once established in its group remains unchanged throughout life. Even after a large number of transfusions, blood retains its original serological characteristics.

Typing

It has been discovered in recent years that other antigens, besides the basic A and B, which are the factors responsible for the four blood groups, are present in blood. These antigens are namely A2, M, N, P, and Rh, and by different combinations 288 varieties of human blood are theoretically possible. The most important factor, outside of the basic antigens A and B, to be considered at this time, is the Rh factor.

ntibodies corresponding to the Rh antigens do not occur spontaneously. cumstance, which distinguishes the Rh from the A and B antigens, jor importance since reactions can *not* occur, due to the incompatibility Rh factor, in individuals who have not been previously sensitized. zation occurs only from transfusions of Rh-positive blood or, in women, ring the child of a dominant Rh positive father. One or more varieties Rh antigen are present in 85% of the population. Sensitivity to the ctor, however, usually requires many exposures which accounts for the of Rh transfusion reactions and for the occurrence of erythroblastosis in only one out of every 250 to 500 births instead of one in 10, as the amatical problem would indicate.

he importance today of the Rh factor directly concerns the general titioner because of the development and standard of obstetrical practice. revealing facts concerning the Rh factor has helped to clear many ical mysteries which have been the cause of death of many infants.

n 1937 Dr. Karl Landsteiner and his associate, Dr. Alexander Wiener, re studying the blood of a rabbit that had been transfused with a small ount of rhesus monkey blood. There was noted a new and perculiar reac- n, and found an entirely new chemical composition in the erythrocytes, hich they termed the Rh factor, or antigen, after the rhesus monkey. Dr. Viener began to experiment with human blood to see if human blood con- ined any such antigen as Rh. It was found that 85 out of every 100 Americans possessed the Rh factor in their blood and a greater percentage f negroes had it. Ninety-nine (99) per cent of the Chinese race contain the Rh antigen in their blood stream. Dr. Wiener taxed his scientific imagina- ion and began to work on the Rh factor as a possible reason for perfectly typed and matched blood of the donor to cause a severe reaction in the re cipient. Sometimes chills, fever, gastro-intestinal upsets, anemia, shock, an death follow a transfusion of standard checked blood. By mixing Rh positi blood with Rh negative blood, when they are perfectly typed and matche a fearful destruction of red cells results. In some cases 80% of the eryth cytes are destroyed and the debris blocks the urinemifious tubules and glo eruli of the kidney causing anuria and death. The erythrocythic destruct occurs by the action of agglutination of the Rh iso-agglutionogens of Rh positive blood combining with the Rh iso-aggbutinin of the Rh nega blood.

Dr. Philip Levine of Linden, N. J., discovered the importance of the factor in infants by checking the blood of parents who had stillborn inf or infants who became jaundiced and died soon after birth. In nearly case it was found that the mothers blood was Rh negative and the fa blood checked Rh positive. Thus, it was found that the infant will hav positive blood inherited from the father which causes certain antibod be formed within the circulatory system of the mother which acts to d or agglutinate the erythrocytes of the fetus. Many times the fetus dies early months of pregnancy, but an apparently normal baby *may* b

birth.

More commonly the fetus dies early, in the following pregnancies, because the antibodies are already present in the maternal organism and of sufficient quantity to destroy the infant's erythrocytes as they are formed.

The cause of death is often termed erythroblastosis fetalis.

The explanation for the rarity of erythroblastosis is the fact that women today have fewer pregnancies, and the Rh factor is a dominant trait. Thus if both the mother and father are negative, or positive, or the mother positive and the father negative then there will be no trouble what-so-ever. *The involvement and concern comes only when the father is positive and the mother negative.* An important point to note is that if a Rh negative woman received a whole blood transfusion as a child, the chances are five to one that she received Rh positive blood and even before pregnancy already she has antibodies built up against Rh positive blood.

Women who are Rh negative and are married to Rh positive husbands can usually conceive and have two healthy youngsters, but usually the third causes such a definite rise in antibodies in the maternal organism so that death insues in the there-after conceived infants.

The corrective treatment is of course adequate and timely transfusion of Rh negative blood to the infant or individual involved. Maternal individuals should be examined and checked, and when Rh negative, the husband should also be examined so necessary precautions may be taken to avoid any undesirable circumstance that may arise or combat any life-endangering emergency that might present itself. At any time that Rh negative blood is not immediately available for transfusion to combat hemolytic disease of the newborn, maternal erythrocytes, washed twice with saline, may be given. Infants that are suspected of having any hemolytic disease should *not* be breast fed, since Rh isoantibodies are secreted in the mother's milk.

Current Comment

"Some of us complain about the pace of modern life. But who makes the pace? Who whips life up, and froths it, except ourselves? And how many of us, like fish, are being asphyxiated in our own froth?"—*Herder.*

▲

"It should be emphasized that no one organization, no matter how large, can have a monopoly of the brains of our scientists, no one can tell at which moment an unknown chemist engaged in the problems of the small group may come upon discoveries of historic moment, revolutionary to the group and to industry as a whole."—*Dr. Gustav Egloff (Forbes Magazine).*

Automobile Rationing

As of July 18th, restrictions were removed on new 1942 passenger automobiles and as of that date automobile manufacturers were authorized to manufacture some two hundred thousand new cars.

OPA Ration Order 2B will be applicable to the new cars manaufactured after July 18th, and the osteopathic physician licensed to practice major surgery will be eligible. It is not expected that 1945 cars will reach ultimate consumers until November, although some manufacturers already are distributing cars for dealers use. It is expected that by the first of the year the eligibility list will be expanded to take in all licensed doctors of osteopathy.

Treatment of the Common Form of Acute Torticollis

H. G. GRAINGER, D.O.

THE AVERAGE patient who comes to me with acute stiff neck has awakened with it that morning. I find that the most frequent cause in this section of the country is exposure to a constant draft while asleep. Summers in East Texas consist of hot days, which do not cool off until quite late at night. The patient retires with no cover over him save perhaps a sheet at his feet, and falls off to sleep. He is perspiring and has his upper torso exposed to what little breeze there may be blowing through the window. Along about one or two in the morning, a nice breeze whips up and the temperature takes a dip of several degrees. The patient keeps on sleeping, but in the morning when he attempts to get up he finds he has the classical pain in his neck, with the familiar train of syptoms.

I believe you will agree that acute torticollis is one the most unsatisfactory manipulative conditions that the osteopathic physican is called upon to treat. Probably the most common reason for this is because the average patient feels that "there is a bone out of place" and all the doctor needs to do is "give it a pop" and he will be well. The patient may or may not be able to localize the point of maximum pain. Many times, particularly its early stages it is quite vague. In my experience there is no one localized point that always elicits pain in the acute torticollis, but usually I find it a single or a group lesion for the third to the fifth cervical. Along with this, if we run our fingers down to the thorax we will usually find an upward displacement the first, and possibly second, rib, with an associated dull, achey pain on palpation.

For many years I treated these cases in the supine position, working out the posterior neck muscles, then turning the patient on the unaffected side and working out the muscles of the affected shoulder. After I did this, made all corrections I could, and applied the heat, I felt that I had done my duty to the patient. One day, however, while treating a patient with a stiff nick I found I had been overlooking a region which was to me one that was altogether unexplored. This region was that group of muscles which lies anterior to the cervical vertebrae. I soon discovered that in many cases there was more tightness and tenderness in that region than in the posterior muscles.

This Anterior or Prevertebral group consists of five long muscles: the Longus capitis, Longus Colli and the three Scaleni. The Longus capitis runs from the base of the occiput to the third, fourth, fifth, and sixth cervical transverse processes. The Longus colli runs from the body of the Atlas to the body of the fourth dorsal and has its insertions in the second, third, fourth, fifth and sixth transverse process. The three Scaleni consists of the Scalenus anterior, Scalenus medius and Scalenus posterior. They arise, roughly

from the transverse processes of the second to the sixth, the anterior and medius inserting on the first rib and the posterior on the second.

It is significant that most of the cervical attachments of these prevertebral muscles center around the third, fourth and fifth cervical vertebrae and it is this area which we most commonly find in lesion in acute torticollis.

Treatment

Assuming we have examined the patient and assuming we have found the case to come under this classification, we turn the patient on the unaffected side and, standing behind the patient, work out the prevertebral group, applying stretching of the muscles and proceed with the usual technique to correct the lessions found.

One of the cardinal rules in treating this condition is: Do Not Hurt Your Patient. I think there is probably no more exquisite suffering than that produced by the improper application of force in acute torticollis. One of the nicest pieces of technique I know for correction with a minimum of pain is done in this manner: Lay the patient in the prone position, his head held in the same manner as he holds it when upright (that is in the torticollis position). Assuming his head is held toward the right, the operator stands at the head of the patient, puts the right hand under the chin, brings his forearm up so as to press upon his right mastoid process; then he places his left hand upon the patient's right shoulder and applies an upward and outward motion to the chin. This is done with very little force. Very often corrections are made with no audible pop.

Recapitulation

(1) The most common etiology is the draft on the neck while sleeping.

(2) Spasm of the prevertebral group is very often the only cause of acute torticollis.

(3) Treatment consists of relaxation of the prevertebral area, corrections of rib lesions and corrections of neck lesions with a minimum amount of pain.

Radiations

Buried among the staid, prosiac, generally inconsequential pamphlets written annually by eminent scientists is a little brochure published in 1936 by the renowned biologist, Dr. Otto Rahn of Cornell University.

In this forgotten report, Dr. Rahn stated that he had discovered unknown rays which emanated from the human finger tips, nose and eyes. These radiations, more powerful than ultra-violet, destroyed yeast cells and other micro-organisms. Dr. Rahn further discovered that the radiations ceased at the moment of death.

In fundamental, everyday terms, what that obscure little pamphlet said was that the human body is surrounded by an envelope of mysterious radiations—radiations which cease at death. Such radiations would be as science-shaking as those of radium. They might be the key to life itself.—*Coronet Magazine.*

* * *

It may make a difference to all eternity whether we do right or wrong today—*James Freeman Clark.*

Pre- and Post-Operative Care

Paul W. Sistrand, D.O.

PRE-OPERATIVE and post-operative care concerns these measures instituted before and after operation which are designed to increase the patients comfort and safety while he is undergoing and convalescing from any surgical treatment.

The patient is admitted to the hospital the afternoon preceding the day of surgery in elective cases. Routine history, laboratory and physical examination is made, and the details of each explored for any findings which might be significant in the preparation and care of the patient. Occasionally individuals, who are to be subjected to surgery, are found to be simultaneously suffering with a blood disturbance, intercurrent infection, metabolic disorder or other condition which may alter the proposed plans for surgery. Frequently, these findings may be corrected or aided the night before the operation; but occasionally, it is desirable to postpone surgery until such time as the patient is better prepared to withstand the shock of surgical treatment. Patients designated for gastro-intestinal, biliary or urologic surgery should be subjected to extensive x-ray examination previous to any active procedures. Except in those cases where definite pathologic processes are present which demand immediate attention, extensive and exhaustive diagnostic procedures will enable the surgeon to offer the patient a greater service.

Physiologic regulation is of paramount importance both pre and post operatively. Preceding any proposed lengthy operation, during which the patient may lose between one to three liters of fluid, it is desirable to administer at least one liter of saline and dextrose solution. Pre-operative transfusion of whole blood is also given when indicated to normalize the blood picture. Post-operatively, we must continue our emphasis on the physiologic regulation since there is a daily fluid loss of approximately 3000 c. c. as follows:

Exhaled air, 300 c. c.; urine, 1000 to 1500 c. c.; evaporated from body surfaces, 1000 c. c.; feces, 200 c. c. These fluids must be replaced, to maintain physiologic balance, through the use of intravenous, subcutaneous, proctoclysis or oral fluids. Accurate recording of urinary output and its maintainence at an optimum output of 1500 c. c. daily, with a minimum of 1000 c. c. for a margin of safety, will offer one indication for the necessity of additional fluid.

Consideration must be given to complications of the post-operative period. Although extreme care is exercised to prevent the development of complications; occasionally, they will occur. Criticism can only be dispensed for failure of early recognition and application of supportive measures.

Thrombo-phlebitis is occasionally a disabling complication of the post-operative period. It usually occurs during the second week. Some clinics report its occurrance in 2% of abdominal surgery patients. The etiology revolves around the production of a venous stasis which may be produced by post-operative

circulatory and respiratory depression, muscular inactivity, increased intra-abdominal pressure from tight dressings or intestinal distention. Retardation of venous return is the most important factor in the propagation of the thrombus once development has begun.

Non-operative treatment:

(1). Elevation of leg.

(2). Heat.

(3). Leg exercise—no massage.

Operative treatment:

(1). Venous ligation.

(2). Sympathetic block.

(3). Caudal Anesthesia—using metycaine sol. 15%; maintain anesthesia for a period of six hours, and on return of sensation make patient walk with support. This treatment is based on the interruption of the vasomotor reflex which produces a vaso-spasm of the arteries and veins. There is usually rapid and complete relief of pain, prompt subsidence of edema, reduction of fever and no post-phlebitis complications.

Intestinal distention—another complicating factor of the post-operative field. The causative agents are excessive stimulation of the vegetative nervous system and trauma to the intestinal wall during surgery producing a relaxation of the intestinal musculature. Tension in the bowl is reduced and the contained gas unopposed by muscular tonus causes ballooning of the gut. This situation allows the diffusion of dissolved gases, especially, nitrogen, from blood stream into bowel increasing the amount of intestinal gas. Distention may also be increased by swallowing of air by nauseated patient or fermentation by bacterial flora of a bowel of milk or sweetened fruit juices. The greatest danger of distention is paralytic obstruction.

Treatment:

(1). Rectal tube—every four to six hours.

(2). Irritant enemas

(3). Heat to abdomen.

(4). Prostigmin—increases small bowel peristalsis and decreases contraction of colon.

(5). Morphine—increases tone of small intestine and relaxes large intestine.

Mechanical intestinal obstruction—average patient after laparotomy develops temporary paresis of the intestinal tract as a result of trauma to the bowel and peritoneum. Normal peristaltic activity should return in one to two days following recovery from anesthesia. In the event this activity should not return then our problem is the differention between prolonged post-operative paresis of bowel and early mechanical obstruction which is not always easy at this period. It is advisable to seek consultation of an unprejudiced surgeon if

paresis lasts longer than three days. The edematous, congested, stretched and distended bowel becomes cyanotic as the pressure increases to a point where the venous drainage is obstructed. Subsequently, there developes hemorrhagic areas, infraction and finally gangrene. In high obstruction, the great danger is from fluid and electrolyte loss while in low obstruction, we find strangulation of the bowel wall and the absorption of the intestinal products. In any obstruction where the bowel wall is damaged, we find a loss of plasma from the circulation into the lumen of the bowel which contributes to the shock.

Diagnosis of mechanical obstruction must be made early to insure average results. Signs appear four to eight days post-operatively with the development of nausea, vomiting and colicky pain. Eight to twelve hours after obstruction, we notice a rise in pulse and W. B. C., but no significant changes in the temperature are noted until later. In high obstruction, we note profuse vomiting and dehyrdation which may show improvement, through the replacement of fluids. Low obstruction produces slight fever, increase in pulse rate and W. B. C., anxiety and restlessness, and a brown, foul vomitus. Frequent x-ray examination is imperative to determine the possible formation of gas patterns suggestive of obstruction.

Treatment of mechanical obstruction, once the diagnosis is made, is only by surgery. However, supportive measures must be carried out until such time as positive diagnosis is offered. Conservative treatment consists of:

(1). Relieve distention.
(2). Replace fluids and electrolytes.
(3). Constant gastro-duodenal drainage by Wangensteen apparatus.
(4). Miller-Abbott tube.
(5). Oxygen—decreases nitrogen content of bowel.
(6). Transfusion—replaces plasma and whole blood lost in affected bowel segment.

Surgery for obstruction is preferably done under spinal anesthesia. It is also desirable to use a new incision for the approach. The active measures should only include release of the adhesion or obstructing agent. Location of the obstruction should be made by following collapsed bowel from below and upward to the obstruction and the beginning of the distended bowel. Search for the obstruction from above, downward causes undue trauma to an already damaged bowel. Should the patient be operated late, we may find a gangrenous section of bowel which may be treated according to the judgment of the surgeon. If warm saline packs do not produce a return of the circulation then one of the following may be done:

(1). Resection and anastomosis.
(2). Exteriorize bowel and resection later.
(3). Enterostomy above obstruction (dangerous because of leakage and peritonitis).

Surgical intervention, if done early, produces favorable results: so, we may conclude that the mortality of intestinal obstruction is the mortality of delay.

Man: Omnipotent or Obsolete?

MAN IS but a reed, the most feeble thing in nature, but he is a thinking reed. The entire universe need not arm itself to crush him. A vapor, a drop of water suffices to kill him. . . . All our dignity, then, consists of thought. By it we must elevate ourselves, not by space and time which we cannot fill. Let us endeavor then to think well; that is the principle of morality. By space the universe encompasses me and swallows me up like an atom; by thought I comprehend the world.

BLAISE PASCAL, *"The Philosophers"* (1670)

On August 6th, 1945 a new age was born. When on that memorable day a parachute containing a small object languidly floated to the earth over Japan, it marked the violent dissolution of one stage in man's history and the inception of another. Nor should it be necessary to prove the devastating effects of the new age, permeating every expression of man's activities; from mechanics to morality; from physicis to philosophy; from politics to poetry; in sum, it is an effect casting a blighting pall of obsolesence not only o'er the manifest and myriad works of man but over man himself.

In the most primitive sense, war is an expression of man's competitive impulses. In common with all things in nature man has had to fight for existence, but the battle with other forces once won, gave way in his evolution to battle against his own kind; the survival of the fittest, as enunciated by Darwin, and attaining its zenith in the Nazi concept of the glorification of brute force and the absolute acceptance that might makes right.

Modern man is obsolete; a victim of o'erweening ambition and high-blown pride; a self-made anchronism; becoming more incongrous by the advent of each passing day. Man has exalted change in everything but himself. He has vaulted the confines of space and scaled the battlements of Time, is an endeavor to invent a new and better world to live in; but he knows little or nothing about his own part in that world. He has surrounded himself and confounded himself with gaps . . . gaps between revolutionary science and evolutionary anthropology; between cosmic kickshaws and human wisdom; between intellect and conscience.

In perfecting the atomic bomb man has created a demoniac demi-urge which can shatter the skies and rend the stars apart, but unless genuine cooperation among peoples makes it possible for this appalling knowledge to be concentrated on the improvement of the human race rather than its destruction, our last estate will be far worse than our first, and mankind shall perish from the earth and civilization vanish in a catastrophic cataclysm.

The struggle between science and morals that Henry Thomas Buckle foresaw a century ago has been all but won by science. Granted sufficient time, man might be expected to bridge those gaps naturally, but, by his own hand, he is destroying even time. Decision and execution in the modern world are becoming virtually synchronous. Thus whatever bridges man must build and cross he shall have to construct and cross immediately.

This involves both biology and will. If he lacks the actual and potential biological equipment to build those bridges then the birth certificate of the atomic bomb is in reality a *memento mori*. But even if he possesses the necessary biological equipment he must still make the decision that he is to apply himself to the challenge. Capacity without decision is inaction and inconsequence.

Man is left, then, with a crisis in decision. The main test before him involves his will to change rather than his ability to change. That he is capable of change is certain. For there is no more mutable or adaptable animal in the world. We have seen him migrate to one extreme clime to another; we have seen him step out backward societies and join advanced groups. We have seen him triumph o'er tryany, tradition and ancient wrongs. The critical power of change, says Spengler, is directly linked to the survival drive. Once the instinct for survival is firmly inculcated and aroused the basic conditions for change can be met and overcome.

And, now, the science of warfare has attained the point where it threatens the planet itself, it is possible that man is destined to obliterate the glory and grandeur of civilization and return the earth to its pristine incandescent mass.

Incredibly ironic in the full meridian of his glory, man, proud man, finds himself at handgrips with Destiny, and menaced by immolation upon the very altar he himself has raised to Mars.

Excerpts from an editorial by Norman Cousins.

Timeo Danaos et Donna Ferentes

A RECENT ARTICLE in the Journal of the National Medical Society bemoaned the fact that the purely osteopathic methods of treatment are so limited that these are practically ineffectual, but rejoices that many osteopathic physicians are supplementing these rather inadequate methods of treatment by the employment of botanical (Ecletic) and Homeopathic preparations. The great idea being to "sell" the bright and eager osteopathic physician a diploma from certain dubious and out-at-the-elbow medical colleges which would permit the purchaser to blossom forth as an "M.D." in all his glory. Living as we do in the Golden Age of Medicine, why should the osteopathic physician turn to either the botanical or the homeopathic systems of therapy? Frankly speaking, Eclecticism and Homeopathy are on their way out; Homeopathy is making a futile, last-ditch stand, while Eclectism is "one with Ninevah and Tyre." We do not contend that the osteopathic physician would not profit by further study; the profession is far from saturated with erudition, but to seriously devote time and effort to the study of these obsolescent systems would be the equivalent of studying a "dead language."

As the heir of all the ages in the foremost files of Time, why should the osteopathic profession turn to systems which like an insubstantial pageant

have faded and left not a rack behind? Neither of these obsolete schools have made a single contribution to medicine comparable to the infinite number that medical science has envolved during the War years.

Place your trust in scientifically approved therapeutic agents, such as the sulfa drugs, penicillin, gramicidin, rather than the "yarbs and simples" of misguided, medieval scholastism, systems of shreds and patches; flat, stale and unprofitable. Could you on this fair mountain leave to feed, and batten on the moor?

The sad and dismal fate of these obsolescent schools should point a moral and adorn a tale, both as to the vanity of human wishes and the futility of the issuance of a doctor of medicine degree in preserving the individuality of a minor school of medicine.

Supreme Court Decision

THE TEXAS supreme court in a recent session denied a writ of error and upheld the third court of civil appeals in the decision that the state court have no jurisdiction relative suit of Dr. Everett W. Wilson et als, vs. the Texas State Board of Health. This is the so-called "G. I. Baby Case," and developed as a result of the rules and regulations promulgated by the federal childrens' bureau and adopted by the Texas board of health relative to Texas' portion of the $42,800,00 appropriation by the federal government for emergency care to the wives and infants of enlisted men. The legislative committee of the Texas Association of Osteopathic Physicians and Surgeons instituted an action in the district court of Travis County and obtained a judgment enjoining the state board of health from adopting this plan, or a substitute, until the plan was broadened to embrace the osteopathic profession.

The third court of civil appeals, in an opinion rendered this past July, reversed the judgment of the Travis county district court, dissolved the permanent injunction relative to the state board of health, and dismissed the case. The Texas supreme court, as above stated, in a recent decision sustained the civil court of appeals.

Selective Service

Registrants over 25 years of age are no longer subject to induction. Men between the ages of 18-25 are still subject to military service and are also subject to the "job jumping" provisions of the Regulations. President Truman has requested Congress to continue the draft of men 18 through 25 years of age for another two years.

All Hospitals Notice

It is essential that all hospitals in Texas be properly listed at once. Therefore, please send into the State office the name, location, capacity and owner immediately. This is important.

Fifth Annual Mid-Year Meeting

TEXAS ASSOCIATION OF OSTEOPATHIC PHYSICIANS AND SURGEONS

ONE HUNDRED and fifty enthusiastic Osteopathic Physicians and Surgeons attended the Fifth Mid-Year Meeting of the Texas Association of Osteopathic Physicians and Surgeons in Fort Worth, October 3rd, 4th and 5th.

The Fort Worth Mid-Year Meeting Committee, under the able direction of Dr. Catherine Kenney Carlton made possible one of the best of our Mid-Year Meetings. Dr. Robert E. Morgan, program chairman provided a splendid program, educative and entertaining throughout, with excellent subjects and able speakers throughout.

The following speakers participated and presented most valuable contributions during the meeting: Dr. C. Robert Starks, President of the American Osteopathic Association, Denver, Colo.; Dr. T. F. Richerson, Head of the Department of Psychology, Texas Christian University, Fort Worth; Dr. Mattie Lloyd Wooten, Dean of Women, Texas Womans College, Denton; Dr. Ernest Hartman, Professor of Bacteriology and Public Health, Kirksville College of Osteopathy and Surgery, Kirksville, Mo.; Mr. Morris Thompson, Executive Vice President, Kirksville College of Osteopathy and Surgery, Kirksville, Mo.; Dr. A. T. Rhoads, Former Professor of Practice and Dean of the Kirksville College of Osteopathy and Surgery, Kirksville, Mo.; Dr. Henry A. Spivey, Denton; Dr. Charles M. Hawes, Denton; Dr. Robert B. Beyer, Port Arthur; Dr. Charles E. Still, Jr., Dallas; Dr. Paul W. Sistrand, Dallas; Dr. Marille E. Sparks, Dallas; Dr. Milton V. Gafney, Tyler; Dr. Boyd D. Henry, Corpus Christi; Dr. Earle H. Mann, Amarillo; Dr. Chester L. Farquharson,

VICTORY

"With malice toward none; with charity for all; with firmness in the right as God gives us to see the right—let us strive on to finish the work we are in; to bind up the Nation's wounds; to care for him who shall have borne the battle, and for his widow and orphans; to do all which may achieve and cherish a just and lasting peace among ourselves, and with all nations."

March 4, 1865 *ABRAHAM LINCOLN*

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Houston; Dr. Louis H. Logan, Dallas; Dr. H. H. Edwards, San Antonio; Dr. A. E. Stinnett, Brenham, and Dr. Virginia Ellis, Denton. The Symposium on Osteopathic Technique directed by Dr. Chester L. Farquharson, as usual, was one of the outstanding portions of the program.

The President's reception and dinner dance at the Fort Worth Colonial Club was a brilliant affair and the dinner and luncheon unsurpassed. 'Twas an occasion that will be long remembered.

The following exhibitors rendered yeoman service in making this Mid-Year Meeting a marked success.

The J. Edwards Company, Waco, Texas.
H. G. Fischer & Company, Chicago, Illinois.
The J. A. Majors Company, Dallas, Texas.
Johnson X-Ray and Electro-Therapy Company, Dallas, Texas.
The Farnsworth Laboratories, Chicago, Illinois.
Max Wocher Son Company, Cincinnati, Ohio.
Holland-Rantos Company, Los Angeles, California.
Texas Hospital and Surgical Supply Company, Dallas, Texas.
Hospital Equipment Corporation, Dallas, Texas.
Medcalf & Thomas, Fort Worth, Texas.
Gena Laboratories, Dallas, Texas.
Terrell Supply Company, Fort Worth, Texas.
E. H. McClure Company, Dallas, Texas.
Southwest X-Ray Company, Dallas, Texas.
M. L. Claytor & Company, San Antonio, Texas.

Inject Penicillin Into Arteries to Avert Amputations

Chicago—Amputations may be avoided and severe infections of hands, feet, arms or legs quickly cleared up when penicillin is given by injection into an artery instead of by other methods.

Success with this method in 24 cases, believed the first treated in this way, is reported by Dr. S. Thomas Glasser, Dr. John Herrlin, Jr., and Dr. Boris Pollock, of New York Medical College and the Lower-Fifth Avenue and Metropolitan Hospitals in the Journal of the AMA.

One injection may cure cases of infection and inflammation with pus formation and discharge and without death of tissues, the doctors report.

Pain is often greatly relieved following the first injection. When amputation is necessary, it may be frequently possible to save more of the leg or arm, hand or foot than would otherwise be saved.

Infection complicating diabetes and arteriosclerosis, which often results in gangrene requiring extensive amputation, is a condition for which the artery injections of penicillin are particularly recommended.

Instead of giving injections every three hours round the clock, as is often necessary, only one injection was given on any one day in the 24 cases reported.

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The Elm Street Hospital of Denton, has been classified as a registered hospital for meeting or exceeding minimum standards for medical service, according to a new list of registered hospitals, released by the American Osteopathic Association.

The Association is the approving and classifying body for the osteopathic profession. A total of 105 osteopathic hospitals are now listed as registered throughout the United States.

Use of Penicillin In The Treatment of Gonorrhea

Despite the fact that the history of gonorrhea extends back to many centuries before Christ, and that the causative organism was identified as early as 1885, no really great strides toward adequate medical cure took place prior to the discovery of the sulfonamide drugs.

Now, for reasons difficult to determine accurately, the sulfonamide drugs have seemed to fail to some extent. Sulfathiazole, for example, probably the most efficacious of these drugs in the treatment of gonorrhea, has been reported to have decreasing therapeutic value in numerous clinics and military encampments. In addition to this, some authorities maintain that the use of sulfonamide drugs in the treatment of acute gonorrhea has produced symptomless carriers of disease. However reported cure rates and reports of symptomless carriers produced by sulfonamides have varied considerably so that one wonders how much credence may be placed in the reports. In view of this variability and because sulfathiazole is so easy to administer, there is no doubt it should be given a trial before other chemotherapeutic agents are considered.

A rapidly growing accumulation of evidence now available gives promise that the use of penicillin in the treatment of both acute and chronic gonorrhea, as well as complications of acute infection, will promptly cure a large proportion of infected persons when sulfathiazole has failed.

Routines of administration of the drug are changing rapidly, but physicians who have attempted to establish an optimum regime have borne in mind the definite relationship between dosage and time. In other words, the level of penicillin in the blood stream must be maintained for a certain time period in order to attain cure.

The best results have been obtained by administering a minimum of 100,000 Oxford units of sodium penicillin in three or four injections at three or four hour intervals. This type of routine has resulted in from 88 to 95 per cent cure rates in patients who have proved to be sulfathiazole failures. When the failures from the first course of penicillin are treated with another 100,000 units, the majority are cured. Thus far, there has been no report of the discovery of penicillin-resistant strains of gonococci.

Fortunately, toxic reactions are minimal. The minor reactions which have been observed are urticaria, transcient burning pain at the site of the intramuscular injection, headache, faintness and flushing, muscle cramps, and eosinophilia.

From the public health standpoint, it is obvious that penicillin will never control the spread of gonorrhea unless the cases are found so that they can be treated. The best means available for finding infected persons is through careful questioning of known cases. It is important to learn the name and address of the possible source of infection as well as those to whom an infected patient may have transmitted his disease. The control of the disease depends upon finding these persons because they are keeping gonococci in circulation in the population.—The New York Public Health Supplement.

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To Dr. Catherine Kenney of Fort Worth a boquet of roses for the largest D. O. family representation. Dr. Catherine lists eleven immediate kin folks who are identified with the World's Greatest Profession . . . videlicit Osteopathy. Congratulations Dr. Catherine Kenney Carlton.

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When I am dead you'll find it hard,
Said he,
To ever find another man
Like me.

What makes you think, as I suppose
You do,
I'd ever want another man
Like you?

Five Hospitals Approved For Vets Training

The Coats-Gafney Clinic and Hospital has been approved for veteran education. At this writing this brings the total of veteran approved osteopathic hospitals in the United States to five.

Under the provisions of the GI Bill of Rights, the federal government will remunerate the hospital for such a program up to $500 depending on the length of the course, and will provide maintainance for the returned veteran of $50 per month if single and $85 per month if married during the post-graduate training.

It is our understanding that several osteopathic hospitals in Texas have been approved for veteran education; and we would appreciate hearing from institutions selected.

Captain Robert L. Farris, Jr., son of Dr. and Mrs. Robert L. Farris of Brownwood, was seriously injured in a plane crash in Luzon, P. I., June 21, 1945. Captain Farris sustained a fracture of the pelvis, right forearm and several ribs, in addition to severe lacerations of the scalp; and is now in a hospital in San Francisco. The surgeons in charge promise complete recovery. Captain Farris has recently completed four years in the Armed Service.

Dr. and Mrs. Farris' other son, John, is now with the Third Army Occupation Forces in Germany, uninjured, and hopes to be home by January 1st.

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Dr. and Mrs. Alan J. Poage of El Campo entertained members of the osteopathic profession of southeast Texas at a luncheon at their home, Wednesday evening, September 19, 1945. Dr. Edward S. Gardiner of Houston was guest speaker.

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Since the introduction of THIOPENTARSON to the medical profession eight and one-half years ago, over three-quarters of a million doses have been produced, sold, and used. This total represents treatment of approximately 30,000 patients of both sexes, in all stages of the disease.

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The longer I live the more my mind dwells upon the beauty and wonder of the world. I hardly know which feeling leads, wonderment or admiration.—*John Burroughs.*

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Dr. J. Ellen Gildersleeve of Waco has remodeled and enlarged her offices at 2215 Ethel Avenue and added a colonic irrigation unit and other physio-therapy equipment. Dr. Gildersleeve now has one of the most complete and up-to-date offices in Texas. Congratulations.

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The September issue of "The Osteopathic Hospital," the official publication of the American Osteopathic Hospital Association, contains some very fine photographic reproductions of the Coats-Gafney Clinic and Hospital of Tyler, Texas. This is an institution of which the osteopathic profession of Texas can well be proud.

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A most interesting and pleasurable meeting of the Panhandle District, was held at the Capitol Hotel, Amarillo, Sunday, October 7, 1945. The guests of honor were Dr. Ernest Hartman, professor of the department of bacteriology and public health and Mr. Morris Thompson executive vice president of the Kirksville College of Osteopathy and Surgery.

Dr. Hartman, who received his doctor's degree in hygiene at Johns-Hopkins, and has taught in the Universities of Illinois and Vermont and in China, has done extensive research in the field of parasitology. Dr. Hartman discussed the dangers of parasitic and tropical diseases which may be brought to Texas by returning servicemen, as well as substropical diseases that are endemic in Texas but frequently not identified.

Mr. Thompson spoke on the value and aims of osteopathic education.

Dr. Norman M. Harris of Hereford has recently opened a new and thoroughly modern seven room clinic at 110 West Fourth Street in that city.

The Clinic consists of a reception room, X-ray room, two consultation rooms, an operating room, obstetrical room, and two bed ward, and is equipped for both minor surgical and obstetrical cases.

Of modern architecture, the Clinic has a glass brick front, and the color scheme is green, natural and white.

Miss Marie Carroll is Dr. Harris' office nurse and Miss Dorothy Troxell is receptionist and bookkeeper.

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Dr. Birdie L. Gayle for many years actively engaged in the practice of osteopthy at Waco, and one of the outstanding earlier day practitioners, passed away at her home in Waco this past July.

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Congratulations

We congratulate the following osteopathic physicians in having successfully passed the June and July examinations of the Texas Board of Medical Examiners.

Dr. Gladys Hahan Auten, Kansas City College of Osteopathy and Surgery '34.

Dr. John Ben Eitel, Kirksville College of Osteopathy and Surgery '45.

Dr. John Frederick Falk, Kansas City College of Osteopathy and Surgery '45.

Dr. Monroe Drury Fredeking, Kirksville College of Osteopathy and Surgery '44.

Dr. Thomas Edwin Gettins, Kirksville College of Osteopathy and Surgery '45.

Dr. Maurice E. Golden, Philadelphia College of Osteopathy and Surgery '44.

Dr. Donald Gardner Hazzard, American School of Osteopathy and Surgery '21.

Dr. Billie B. Jaggers, Kirksville College of Osteopathy and Surgery '45.

Dr. Harold Dealion McClure, Kirksville College of Osteopathy and Surgery '35.

Dr. Edward Roland Mayer Jr., Kansas City College of Osteopathy and Surgery '45.

Dr. Wayne Dee Maxwell, Kansas City College of Osteopathy and Surgery '44.

Dr. James Callop Montgomery, Kirksville College of Osteopathy and Surgery '44.

Dr. Gale Seigler Kirksville College of Osteopathy and Surgery '45.

Dr. Harry Eldon Tucker, Chicago College of Osteopathy and Surgery '44.

Dr. Richard Louis Wascher, Kirksville College of Osteopathy and Surgery '37.

Dr. Howard Murphy Webb, Kansas City College of Osteopathy and Surgery '45.

Dr. Frederick Jacob Auwers, Jr., Kirksville College of Osteopathy and Surgery '45.

Dr. Laura Scanlan Auwers, Kirksville College of Osteopathy and Surgery '45.

Dr. Lester Thomas Cannon, Kirksville College of Osteopathy and Surgery '45.

Dr. Joseph De Petris, Kirksville College of Osteopathy and Surgery '45.

Dr. Raymond Dreve Fisher, Kirksville College of Osteopathy and Surgery '45.

Dr. Erling Andrew Hanson, Kirksville College of Osteopathy and Surgery '45.

Dr. Ralph Irving McRae, Kirksville College of Osteopathy and Surgery '45.

Dr. Joseph Schultz, Kirksville College of Osteopathy and Surgery '45.

Dr. Sherman Paul Sparks, Kirksville College of Osteopathy and Surgery '45.

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The Panhandle District held a very enjoyable and well attended meeting at the Herring Hotel, Amarillo, Texas, August 12, 1945. Dr. R. B. Bachman head of the department of obstetrics at the Kirksville College of Osteopathy and Surgery was the guest speaker and gave a splendid lecture on the subject of obstetrics. At a banquet held in the evening, and attended by the visiting doctors and their wives, Dr. Bachman reviewed the reorganization and the progress being made at the Kirksville College of Osteopathy and Surgery.

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Dr. Charles M. Hawes and Dr. Henry A. Spivey announce the opening of the Hawes-Spivey Osteopathic Clinic in Denison. The clinic is located at 221½ Main Street and is complete in every detail. Drs. Hawes and Spivey are well and favorably known and we bespeak them great success in their new location.

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CAA Physical Examinations

Osteopathic Physicians are now eligible to make physical examinations for private pilots and students, according to the ruling of the Administrator of the Civil Aeronautics Administration. Medical examination forms requiring the examinations to be by M.D.'s are being superseded by forms from which the M.D. requirement is deleted. The new forms will be available within the week.

Strictly Germ-Proof

Arthur Guiterman

The Antiseptic Baby and the Prophylatic Pup
Were playing in the garden when the Bunny gamboled up;
They looked upon the Creature with a loathing undisguised;
It wasn't Disinfected and it wasn't Sterilized.

They said it was a Microbe and a Hotbed of Disease;
They steamed it in a vapor of a thousand-odd degrees;
They froze it in a freezer that was cold as Banished Hope
And they washed it in permanganate with Life Buoy soap.

In sulphuretted hydrogen they steeped wiggly ears;
They trimmed its frisky whiskers with a pair of hard-boiled shears;
They donned their rubber mittens and took it by the hand
And 'lected it a member of the Fumigated Band.

There's not a Micrococcus in the garden where they play;
They bathe in pure idoform a dozen times a day;
And each imbibes his rations from a Hygenic Cup—
The Bunny and the Baby and Prophylatic Pup.

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Dr. Claud H. Chastain is City Health Officer at Hamlin, also the local physician of the Atchison, Topeka and Santa Fe.

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Every Seventh Osteopath A Woman, Survey Reveals

Women comprise nearly 15 per cent of all osteopathic physicians and surgeons in the United States and Canada, according to a recent survey by the American Osteopathic Association.

Of the approximately 1,600 women physicians, the survey points out, many specialize in care of women and children although most maintain a general osteopathic practice.

With women constituting almost a seventh of the approximately 11,000 licensed osteopathic physicians and surgeons, the survey states that this is believed to comprise the largest percentage of women in any of the highly-trained, licensed professions other than nursing.

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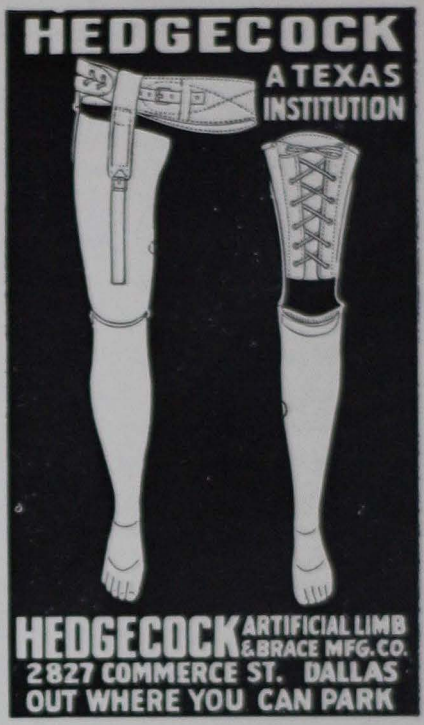
The Carson County Commissioners Court recently re-appointed Dr. W. Paul Roberts of Panhandle Caron County Health Officer for the fifth consecutive year, at a very substantial salary and traveling expenses.

In March 1945 the City Council of Panhandle adopted a Health Ordinance of which Dr. Roberts and Mr. J. S. Harrison were co-authors.



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Married

Dr. J. Paul Price, Jr., of Dumas was united in marriage to Miss Alma Elizabeth Dougherty of Chillicothe, Missouri, at the home of the bride's parents, June 24th, 1945. Congratulations.

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At the regular monthly meeting of the Amarillo Osteopathic Hospital Staff, held at the Capitol Hotel, Amarillo, September 19, 1945, the following officers were elected for the ensuing year.

President, Dr. W. Paul Roberts, Panhandle.

Vice-President, Dr. Lewis N. Pittman, Borger.

Secretary-Treasurer, Dr. J. Paul Price, Jr., Dumas.

Mr. G. D. Stephens, business manager of the Hospital, gave a report and presented statistics of the work accomplished during the past year. Vocational Guidance was discussed at length. Committees were appointed for the coming year.

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At the regular monthly meeting of the Amarillo Osteopathic Hospital Staff, held at the Capitol Hotel, Amarillo, October 17, 1945; certificates were presented to the following internes graduating from the Amarillo Osteopathic Hospital: Dr. Donald E. Hackley, Dr. Wayne G. Maxwell, and Dr. Lloyd C. Woody. Dr. Hackley contemplates practicing at Spearman, Texas. Dr. Woody plans to remain with the Amarillo Osteopathic Hospital Clinic. Dr. Maxwell intends to practice in the Texas Panhandle but has not, as yet, decided upon a location.

Dr. Leland J. Anderson, a new hospital interne was introduced at this meeting. Dr. Anderson is a recent graduate of the College of Osteopathic Physicians and Surgeons, Los Angeles.

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Our Opportunity

A. A. MARTIN, D. O.

The veteran has been granted by Congress one of the greatest educational opportunities ever known. Returning veterans are showing definite interest in Osteopathy, and we can make this interest vital by pointing out to them how the G. I. Bill holds possibilities of their becoming physicians. It applies to our profession in this way. The man must acquire two years of pre-osteopathic schooling at his own expense, and on the successful completion of this course the government will pay all expenses at an approved osteopathic college, including an allowance for living costs. It is essential to note however that he must enter college within six months of his discharge from the service.

With Selective Service demands being lessened, more parents will be considering long range educational program for their children of high school age. For these, as well as other obvious reasons, the officers of the State Society have decided that this is the opportune time for an intensive student recruiting drive.

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Manipulation Aids Child Birth, Survey Discloses

Correction of structural abnormalities in women before childbirth shortens the period of labor by as much as 10 hours, it is stated by Dr. Louisa Burns, Los Angeles, writing in the October issue of the Journal of the American Osteopathic Association.

Dr. Burns bases her statement upon two series of cases. The first, totalling 223 women, showed a reduction of 10 hours in the labor period of women giving birth to a first child and of five hours for those bearing second or subsequent children.

The second series, totalling 890 cases, of whom 350 had a record of spinal or related structural abnormalities which could not be entirely corrected during pregnancy, showed similar results, the article states. The entire group of 350 with osteopathic lesions, including women bearing first children as well as those who were already mothers, averaged 10 hours in labor as against seven hours for the 540 structurally normal group.

The writer points out that the average duration of labor, without manipulative care, is 18 hours in first deliveries and 12 hours for later ones.

Emphasizing that all women studied in the survey were fairly normal except for structural deviations, the author points out that in every case the period of labor was materially shortened by manipulation prior to the onset of labor.

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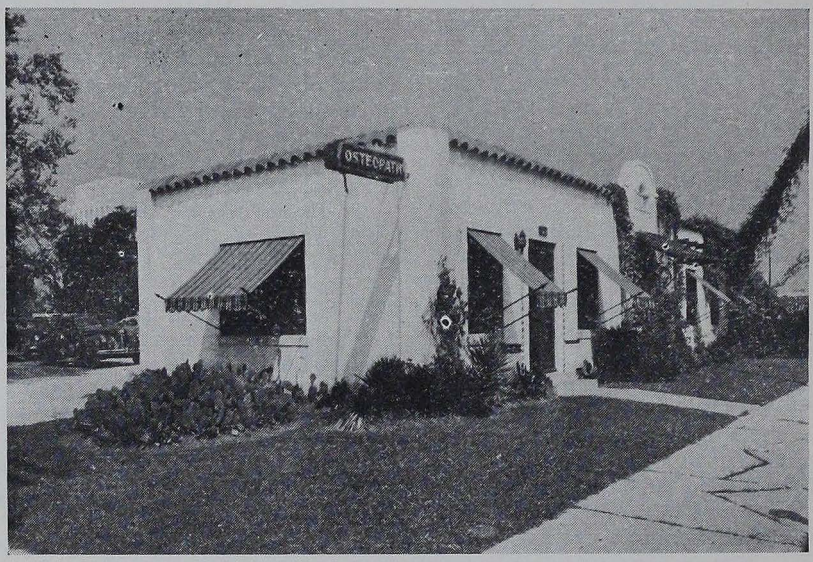

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