Texas Osteopathic Physicians Journal

Volume XIII FORT WORTH, TEXAS, OCTOBER, 1956 Number 6

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EDITORIAL PAGE

ANNUAL DIRECTORY

This informative and important Directory for 1956-57 is in the hands of the printer. This directory contains information that is important to every osteopathic physician. It is furnished to all insurance companies, state officials, pharmaceutical and supply houses. It is of inestimable value to everyone who receives it. No publication has a greater public relations value to the profession and every osteopathic physician should familiarize himself with its contents.

The Annual Directory this year will contain a list of 510 members of the Texas Association of Osteopathic Physicians and Surgeons, ten of which have moved from the state since payment of their dues. This is 26 members shy of those shown in last year's directory. There are 23 osteopathic physicians who were members last year that have not paid their dues this year and will be left out. These physicians will lose Blue Shield payments, veteran care privileges, and the right to participate in the insurance program of the association. But, most of all they will lose prestige which is most important to every physician.

There is still an opportunity to be included in this directory when it is proofed, if you renew your membership not later than November 1st.

Let us go forward, and not backward!

Texas Osteopathic Physicians' Journal

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ADVERTISING RATES UPON REQUEST. ALL ADVERTISING CUTS TO BE SENT WITH COPY

VOL. III FORT WORTH, TEXAS, OCTOBER, 1956 NUMBER 6

Modern Drug Therapy in the Treatment of Acute Myocardial Infarction

By DOMINIC E. MARSICO, D.O.
Courtesy of Clinical Osteopathy

The clinical forms of acute myocardial infarction are so varied it is not advisable to be too rigid in a plan of treatment. One cannot always be sure as to just what constitutes a small myocardial infarction as what starts out a mild attack may become severe in a few hours.

an evaluation of the present drug therapy to date reveals that Morphine Sulfate is still the drug of choice for pain in cases of acute myocardial infarction. Pain in these cases is the chief concern, as its severity will often determine the outcome of the patient. The recommended dosage is a (1/4) grain given immediately followed in a half hour, and then repeated at intervals of every four hours. In extremely severe cases the administration of Morphine by the intravenous route may be necessary. Dosages ranging from 2.5 to 15 mg. in five to ten cc. of water is then given slowly with careful attention paid to the respiratory rate.

Other opiate derivatives are of value but their side effects must be kept in mind; respiratory depression, anti-diuresis, increase biliary pressure through spasm of the sphincter of Odi, and their influence on serum lipase and amylase values in attempting to differentiate acute pamcreatitis from acute myocardial infarction.

Whiskey is at times helpful but oxygen is rated next in value to the opiates. It may be given by nasal catheter or mask. Oxygen tents complicate nursing and are often terrifying to certain patients but are generally more comfortable.

Small doses of barbituates are used later for sedation but chloral hydrate is still a favorable choice. It is much better than the barbituates for older persons and may be given in the elixir form, one gram at bedtime, or in capsules of 0.25 and 0.5 gram.

The pain of acute myocardial infarction is almost always accompanied or followed by shock. Immediate treatment may be lifesaving and often leads to a favorable prognosis. At present, one authority is recommending the occasional administration of 250 cc. of plasma given intravenously over a two hour period with special attention being given to the development of congestive heart failure. In very rare cases, venous or retrograde arterial whole blood transfusions have been used. However, when shock and congestive heart failure coexist, venesection is the treatment of choice.

Sympathomimetic drugs have proved effective in cases of shock due to acute myocardial infarction. Epinephrine 1:1000 dilution in doses of 0.3 to 0.5 cc. given by injections and repeated at

intervals of two hours, or longer have occasionally been found to be effective. However, because of the tendency of epinephrine to produce ectopic rhythms, current literature favors the use of norepinephrine (attrenol, levophed). This has an advantage over epinephrine in that it fails to accelerate the heart or over-stimulate the nervous system. It is administered intravenously as a solution of 4cc. of 0.1% of the bitartrate monohydrate infused with a 1000 cc. of 5% glucose in water at a rate of 20 to 30 drops a minute. The systolic pressure is allowed to elevate to 100 mm of mercury in a previously normotensive individual and 120 mm of mercury is allowed in a previously hypertensive individual to alleviate the manifestations of shock. The infusion is continued until the patient is able to maintain adequate blood pressure without therapy. When the condition of the patient is apparently stable, and it has been decided to discontinue the infusion, this must be done over a period of five to ten hours with frequent blood measurements taken to detect any recurrence of hypotension.

Other sympathomimetic drugs recommended for the treatment of shock are—ephedrine in doses of 35 to 50 mg, dissolved in 100 cc of 5% dextrose in water and given slowly intravenously at a rate sufficient to maintain the systolic pressure at 100 mm of mercury. If desired intramuscular injections of 25 mg every 1 to 2 hours may be given to maintain this level.

Hellerstein favors the use of Wyamine sulfate (mephentermine) given in dosages of 5 to 15 mg intravenously and then to sustain the pressor response 35 to 70 mg are diluted in 100cc of 5% glucose and water is given slowly over a two hour period. The patient is closely observed and the systolic pressure is regulated accordingly. If needed, maintenance therapy consists of intramuscular injections of 25 mg every one to two hours.

Alternative pressor agents in use are Neo-Synephrine 2 to 7 mg intravenously at 15 to 60 minute intervals, depending upon the condition and response of the patient, and Paredrine.

The Treatment of the Arrhythmias Complicating Acute Myocardial Infarction

Quinidine sulfate has been routinely advised to minimize the possible development of paroxysmal tachycardia or auricular fibrillation. However, the drug is not without adverse effects, such as nausea, vomiting, and diarrhea. In moderate dosage this medication may also cause a fall in blood-pressure in some patients with acute myocardial infarction. The routine use of quinidine is, therefore, not advisable. In the presence of extra-systoles, however, its administration should be attempted in doses of 0.2 to 0.4 gram every three to four hours.

The most serious arrhythmias or absence of rhythm, complicating acute myocardial infarction are ventricular tachycardia and auriculoventricular heart block. Procaine amide (Pronestyl) has replaced quinidine as the drug of choice in ventricular tachycardia. It may be given orally in doses of one gram followed by 0.25 to 0.5 grams at four to six hour intervals. Occasionally 0.7 to 1.0 grams may be given intramuscularly or in critical conditions by slow intravenous injections of 250 to 1000 mg. at a rate not greater than 100 mg. per minute may be necessary. During intravenous administration unpredictable hypotension and death may occur.

The development of congestive heart failure in cases of acute myocardial infarction should be treated with digitalization, salt restriction, diet and diuretics. There is danger in intravenous digitalization but if necessary, or very urgent, digitalis lanata (cedilanid) is recommended. One half the digitalizing dose (0.8 mg.) is given slowly initially and the remaining 0.8 mg. in divided doses over the following 12 to 24 hours. If the patient has had no digitalis medication prior to this, moderate rapid digi-

talization can be accomplished by 0.6 mg. of digitoxin orally, followed by 0.2 mg. every four to six hours, until the desired effect is obtained. Some physicians prefer the use of digoxin, while in other parts of the world many recourse to the use of ouabain and strophanthin. Initial medication in those who have not received digitalis preparations is 0.25 to 0.5 mg. given intravenously in five measured minutes. Digitalis can be started six hours later. Because of the unfounded apprehension about the dangers of these drugs, their use has been negligible in certain clinics in this country.

Anticoagulation Therapy

Anticoagulation therapy is still a highly controversial problem. Russek and his associates use anticoagulants in critical cases only. These are individuals with—

1. Previous myocardial infarction.
2. Intractable pain.
3. Extreme degree of persistence of shock.
4. Significant enlargement of the heart.
5. Gallop rhythm.
6. Congestive Heart Failure.
7. Rhythm defects such as auricular fibrillation or flutter, ventricular tachycardia or intraventricular heart block.
8. Diabetic Acidosis, marked obesity, previous pulmonary embolism, varicosities in the lower extremities, thrombophlebitis, and other states predisposing to thrombosis.

Contra-indications are peptic ulcer, blood dyscrasia, liver disease, cerebral hemorrhage, etc.

Howard B. Sprague, M.D. feels that it is often possible to select the less severe cases of myocardia 1 infarction which do not require anticoagulants. Guides to this decision include:

1. Absence of a Q wave in significant precordial leads in the electrocardiogram (except in cases of obvious localized posterior myocardial infarction).
2. Slight rise in temperature (not over 100 degrees orally).
3. Absence of leukocytosis of over 10,000.
4. Maintenance of good heart sounds.
5. Absence of all indications for anticoagulants listed by Russek.

Some current treatment schedules follow. If it is felt that there is no emergency, and treatment is started within several days of onset, dicumarol is given alone. On the first day 300 mg. are given by mouth and an initial prothrombin time is determined. Two hundred (200) mg. of dicumarol are given on each subsequent day that the prothrombin is above 30% of normal. However, there will be wide individual variations and each case must be handled on its own merits.

Prothrombin times must be taken at least daily for the first few weeks. At present, four (4) weeks of treatment are advised. Heparin is best given intravenously in fifty (50) mg. dosages (undiluted equals 5 cc.) every four (4) hours. The dose at bedtime may be increased to one hundred twenty five (125) mg. to 200 mg. safely, thus permitting eight (8) hours of uninterrupted repose through the omission of one (1) dose. Heparin can be given, as mentioned previously, when laboratory facilities are not available and also when it is felt that treatment is on an emergency basis. Finally the two drugs are combined when the treatment is started late, or if thrombembolic phonomena have already occurred. In this case, heparin is discontinued after the prothrombin time is less than 30%; bearing in mind that the prothrombin time cannot be determined from the blood drawn less than three hours after the injection of heparin.

Tromexa has a faster absorption and utilization rate and its duration is ½ to ¼ that of dicumarol. Single doses of 600 to 2400 mg. are used or doses of 300 to 900 mg. two (2) to three (3) times a day. Contra-indications are similar to those for dicumarol.

Other anti-coagulants that are still in the experimental stage include—Parital, phenylindanedione, and Treburon. The latter is a synthetic heparin like substance for intravenous use. Phenylindanedione is now available and is proving satisfactory.

When major hemorrhage occurs, in about 1% of cases, the treatment should be stopped temporarily. If bleeding is continued or alarming, vitamin K is recommended in doses of 30 to 72 mg. intravenously and fresh blood by transfusion to replace the lost. Vitamin K-1 or K-1 oxide are the most active agents in the treatment of bleeding from anti-coagulants of the coumarin group. The new vitamin K-1 in emulsion prepared by Stare for intravenous use is highly effective in doses of 50 to 100 mg. It is diluted in 200 cc. of 5% dextrose in water and given intravenously in about half an hour. Its effect is difinite in three hours. It is commercially available, but at present very expensive. Vitamin K-1 oxide is a similar substance but has no advantages and is not manufactured for general use. Hemorrhage is rare from heparin therapy. Its effect is rapidly neutralized with 50 mg. of protamine sulfate given slowly intravenously. Lederle Toluidine blue, 3 mg. per kg. may be given slowly intravenously if neutralization of the longer acting heparin preparations is needed. Whole blood transfusions are also effective.

It is difficult to state an arbitrary time limit to anti-coagulant therapy, but extending it for one week after the patient is ambulatory seems reasonable, although most of the value of this treatment will be secured in the first three weeks.

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DEATH

IRA T. STOWELL, D.O.
San Antonio, Texas

Dr. Ira T. Stowell died suddenly in Los Angeles, California, Wednesday, October 3, 1956.

Funeral was held October 6 at the Roy Akers Funeral Home, 441 North Main Avenue, San Antonio, Texas.

Dr. Stowell was in California doing resident training in internal medicine at the time of his death.

The next meeting of the Texas State Board of Medical Examiners will be December 6, 7, 8, 1956 in the Hilton Hotel, Fort Worth, Texas for the purpose of giving examinations and considering applications for licenses by reciprocity.

Applications for reciprocity must be complete and on file at least 30 days prior to the December meeting.

Applications for examinations must be complete and on file at least 10 days prior to that date.

1956 Christmas Seals

The Christmas Seal campaign for 1956 has set a goal of $65,000.00 to be raised. The campaign officialy opened Oct. 1 with Dr. E. H. McKenna of Muskegon, Michigan as the National Chairman. C. L. Cavendish, D.O. of Alderson, W. Va. has been appointed State Chairman by President Walter B. Goff.

The osteopathic auxiliaries of the different states are being alerted and are fully expected to play a large part in this campaign. Mrs. Ann Conlisk of the Osteopathic Foundation has charge of the campaign arrangements in the central office. She already has the seal prepared and you will be hearing more from her at an early date.

EDITOR'S NOTE: *Each and every osteopathic physician should support this worthy cause.*

U. S. Blood-Giving Baffles Russians

CHICAGO (AOA) — A team of Soviet Red Cross and Red Crescent officials, on tour in the United States, recently expressed "amazement" that Americans were not paid, as were Russians, for blood donated by them. The humanitarian motive explanation, while stoically received, remained an enigma.

Ameriran capitalists should not fall out of character. The ideological confusion thus engendered might create irreparable doubt in the minds of the Russians, spearhead mass schisms in the Soviet social order, and perhaps even spread to the satellite countries. If capitalists are not consistently capitalistic, they may have revolutary ideas on the hot or cold borscht question, and no one, not even the Kremlin, knows in what direction such ideas could lead.

John L. Witt, D.O., President TAOPS, Reports On Official Visitation to Districts 1, 2, 3, 5 and 12

This has been a most exciting and enjoyable trip. As a whole, it expressed to me a growing profession and one that is well organized. It is having a lot of growing pains, but it is well unified. The one problem that is bothering all the districts, with the exception of district III, is their hospitals. Hospitals are the nucleus of each district; that is the subject that is discussed and causes all the disagreements, but by the same token it is keeping our doctors on the straight and narrow path that leads to better service to the public.

On August 12, I made my first official visit to a district and that was No. 1, my home district. District I has thirty-eight members and there were thirty-one at that meeting. Of the seven members absent, five of them were out of the state. Only two were not present that could have been there. I considered that a real compliment to me as president from my home district. After I had finished my talk to the members, the auxiliary asked me in to speak to them. The ladies thrilled me with their enthusiasm about the Child Health Clinic. Following my part of the program we had a wonderful program on the Code of Ethics. District I is reorganizing the Amarillo Osteopathic Hospital and enlarging the bed space.

I was invited to visit District II on September 27. I arrived in Fort Worth about two-thirty and spent the afternoon visiting with Dr. Russell, and he took me through their new hospital. It is indeed the answer to a perfect dream. That night we had a very good meeting with the doctors of District II. The meeting was well represented by the doctors in Fort Worth. Only two doctors were present from outside the city. Their organization is working well even though they are having trouble getting their rules and regulations functioning as they want them. This is very good because I feel sure they know what they want, and time will take care of their problem. They are rendering a great service to the public and to the profession. Fort Worth has set a challenge to the entire profession. This hospital should be a guide to the districts in Texas.

On September 28, I went to the state office, studied the books, and tried to evaluate how the state office was serving our profession and how our money was being used. I must say I am well pleased with our state office and its functions.

That afternoon I visited Stevens Park Hospital and Dallas Osteopathic Hospital. These two hospitals are rendering a great service to the public, but they are crowded and need more bed space.

That night District V had their regular meeting. They were expecting about sixty of their doctors to be there and only thirty-four doctors were present. I was disappointed because I failed to see many of my friends in Dallas. District V is doing a great piece of public relations work. They are planning to have a party and invite our senators and representatives, thereby making an opportunity to get acquainted under favorable conditions.

On September 29, I left Dallas and enroute to Beaumont to visit District XII, I stopped at Athens and visited the Wolf-Duphorne Hospital. These two doctors are serving the public in that community in a manner that is a real credit to the osteopathic profession.

I went to the Doctor's Hospital in District XII and found a group of doctors that were doing a very good job, but they were eager to learn more about the proper operation of their hospital. They are really having a lot of growing pains, but I feel sure they will soon be passed this phase. They are working hard and have a real goal set, which I am sure they will reach surprisingly soon. That evening we had a most pleasant time with a lot of good food and a group that was very kind and attentive. I am looking forward to a big growth in District XII.

September 30, we went to District III, which met in Jacksonville with Dr. and Mrs. Wayne Smith as hosts. This district has thirty-seven members and there were thirty-three doctors present. A few of these doctors were from Houston and Dallas, but they had very good representation. They had a good professional program, which lasted for about one and one-half hours. Following the program I was honored by being permitted to speak to both the doctors and the auxiliary. This was followed by a good evening with plenty of good food and fellowship out on the lake shore with Dr. and Mrs. Wayne Smith.

In conclusion I would like to say I am of the opinion that the osteopathic profession in Texas is going to grow in the same ratio as our hospitals grow. The profession is going to be judged by the standards set by our hospitals. Doctors, watch your hospitals and be sure and watch whom you have representing your hospitals.

P&PS Director Resigns

Darland to Join Oregon Educational Association

CHICAGO (AOA) — D. D. Darland, Director A.O.A. Division of Public & Professional Service, resigned his post with National Headquarters effective September 28th. He will join the Oregon Educational Association.

Robert A. Klobnak, now Assistant Director, will act as Director of the Division of Public & Professional Service.

Dr. Gachet: Surgeon and Osteopath

By R. SINGLETON WARD, M. C. S. P.
From Physiotheropy, Jr. of The Chartered Society of Physiotheropy, Londan, England

EDITOR'S NOTE: *The following article was reprinted in the Texas Journal that osteopathic physicians of this State who know the philosophy of osteopathy may see the results of a medical doctor who has never had the advantage of proper training in the principles involved.*

A letter in a recent* number of the Journal stated with admirable brevity, "Let those who wish to manipulate, manipulate, and those who do not should be allowed to rest in peace." This I take to indicate that while some of us are able to equip our consulting rooms with massive electrical apparatus, and are happy to sit turning switches and controlling knobs, to others it is given merely to use our hands.

As one of the latter group I have been privileged to be invited recently to spend a week at Biarritz and watch one of France's most noted and honored manipulators at work. He is Dr. Gachet, formerly of Paris and now of Bayonne.

Dr. Gachet was born 78 years ago and, after qualifying, practised surgery for 20 years, gaining eminence as a surgeon, the respect of his colleagues and the love of his patients. Gradually, with the insight and vocational humility of a truly great man, he was drawn to the view that he could do more with his hands when they were not holding a knife, and he gave up surgery completely. Now for the past four decades he has devoted himself to the practice of osteopathy, at first in Paris and latterly, in semi-retirement, at Bayonne, where he runs, with the devoted assistance of Dr. Pinsotte, the Clinique Maria del Carmen, Lachepaillet.

Principles and Methods

There is a law in France, recently passed, whereby every doctor now awaiting to qualify must first also qualify as an osteopath. Thus, not only are old Dr. Gachet and young Dr. Pinsotte osteopaths, they are both also qualified medical men, and therefore members of the Chartered Society may feel they might like to read something of what I have seen, without qualms on the grounds of loyalty, or lack of it.

I made a lot of notes and asked many questions during my daily visits to the clinic, and saw in all over 50 cases treated. The conditions ranged from asthma to poliomyelitis. There was no electrical apparatus, not even simple heat, and each of the two rooms was similarly equipped with traction-rotation tables and head-suspension apparatus. Injections of novocaine were given when a manipulation promised to be painful. This only happened once during my stay.

Time after time Dr. Gachet impressed upon me his belief, and followed it up with evidence. He said: "If a joint is 'ill' it is because, primarily, it is deprived of its proper nourshiment. It lacks adequate interchange—metabolism. If it lacks metabolism it is because its sympathetic nerve supply is impeded. If this is impeded it will be at the only place where—apart from local trauma—it can be impeded, and that is at the joint-relevant level in the spine."

At this moment a patient came in with a dry arthritis of the hip, and Dr. Gachet said with disarming charm, "Now, here is a hip that is ill, show me how you would treat that!"

Feeling rather startled, I fell back upon the habits born of training. "Traction, of the hip, first, then gentle mobilization," I said. "Massage to surrounding muscles after."

"Well, show me," said Gachet.

Using the best Mennell grip (Dr. Gachet speaks with awe and admiration

*June, 1953.

of Dr. Mennell), and with the best Cyriax traction, plus a touch of Ward flair, I showed Dr. Gachet what I would do.

He waited patiently until I had finished, and then shook his head pityingly.

"You are treating the secondary effects. Now I will treat the cause. Watch!"

He made the patient lie prone, and then began a series of rotational thrusts to the lateral processes of the relevant lumbar spines, lumbar one and two.

"I told you," he said, "the metabolism of the joint is defective. The nerve supply is impeded. Therefore, to reach the primary cause of the complaint you must make mobile and supple the nerve root. That is in the spine. Always the spine!"

Pedants will remind me that this belief is nearer to cheiropractic than osteopathy; but Dr. Gachet is by training a surgeon and he is the first to admit that purely local conditions of the traumatic origin should be treated locally. But, he says, very few things are purely local. Far fewer than we realize.

And so it was, during my periods of looking and learning — "Always the spine." Case after case, whatever they suffered from, was treated by mobilization of the spine at the relevant levels, and almost always Dr. Gachet worked upon the whole of the column as well, in order, he said, to prevent 'compensating spasms' to form.

During one of my four-hour sessions I watched the following series of cases treated, and made notes of the treatments given.

Examples

1. A young woman had come from Paris to Gachet, after failing to get help elsewhere. She had acute lumbo-sciatic pain with very marked scoliosis, characteristic of recent disc lesion. Gachet asked me what I made of it. Remembering my post-graduate courses under Dr. Cyriax I felt happy to reply, "Fragmentation of lower lumbar disk; probably fourth or fifth," I said "I should use my traction couch to start with, coupled with gentle thrusts to the lumbar vertebrae at the same time."

Gachet jumped, and nearly dropped the stethoscope he was holding.

"In England, you still believe in disks? Incredible! We had a fashion, of course, and I understand you keep your favourite fashions longer than we do! Believe me, disks are made by the Almighty to be squeezed. They rarely fragment. This is a simple subluxation of the fifth lumbar. I shall give traction, but not for the disk. It is to enable me to manipulate the vertebra back into place.

"It will go and you will see it."

And he did, and it did, and I did.

The woman, who had walked in with help, walked out without it. I saw her the next day and asked her how she was. "A little better," she said. "But I've been driving a car since yesterday, and doctor says that's the worst thing I can do." Her next treatment consisted of prolonged traction, up to an hour, and I had the impression that Gachet felt it might be a disk case after all; but I didn't press the point because he seemed to drop something every time the word 'disk' was mentioned.

2. An elderly woman, Mrs. Mopp type, with swollen, rheumatic right knee, plus psoriasis throughout the affected leg, much oedema of the ankle. She also had a tremor of the right arm. This complex, I thought, will stump anyone.

Not so Gachet.

"You look puzzled?" he asked.

Dumbly, I nodded.

"The tremor? Cervical three, five and seven. The knee? Subluxation of lumbar number three. The psoriasis? Merely a symptom of the rheumatism. Watch!"

With the patient lying prone he manipulated the cervicals, not only three, five and seven but all of them. Then for the knee he asked Dr. Pinsotte to give five minutes gentle rotational pressures

to the right third-lumbar lateral spinous process.

"The oedema," said Gachet, "is due, not to the heart, but to lack of metabolism in the knee and ankle."

Although I can't say that the psoriasis cleared up before my eyes, I have to report, almost grudgingly, that Mrs. Mopp did walk out of the room, at least 70 per cent better, in posture and in balance, than she walked in.

3. A man with bi-lateral lumbar ache. This man was a doctor and a great golfer. Sometimes, after golf, he gets this pain and always comes to Dr. Gachet.

I saw the X-rays and noted spondylolistheses and severe lipping of upper three lumbar spine. What the French call 'Chapeau de gendarme,' because that's what lipping looks like.

I pointed out this last to Gachet.

"Yes," he said, "I'm blind. But that has nothing to do with the pain. The spondylolistheses is the cause."

"But," I objected, "you can't move that!"

"Watch!" was all he said.

He placed the patient in the position of leaning across the end of the couch, with his feet on the floor and his trunk, from the anterior spines of the crest of ilea, resting on the couch. Dr. Pinsotte now gave continuous persistent rotational thrust to *both* lateral spines of the fifth lumbar vertebra.

"It will rotate," said Gachet, "it will rotate, and as it rotates it will move backwards, not forwards. It is out of the place nature put it in and it wants to return. If you press on the posterior spine you make the condition worse. If you press each way on the lateral spines it will move back again."

I saw that patient get up and perform every conceivable passive and active movement without pain and with perfect mobility.

4. A little girl, aged four years, with poliomyelitis. Gachet worked all down the spine, very gently, manipulating each vertebra, rotating to both sides.

"If it was a virus," he said, "it is now extinct. We must encourage nourishment to all the distal muscles, whether they were affected or not. Metabolism is everything in polio."

5. Poliomyelitis. A man aged 20, with right dropped foot and paralytic gait. Gachet gave forced rotation of the whole spine towards the affected side. No miracles. "We shall need patience," said Gachet, "but he will walk properly again. In polio, patience is everything. Patience and metabolism."

At this point there were eight people waiting in the waiting-room, and it was 6:30 in the evening. I had to go, but Gachet went on. To him his work is everything.

Summary and Conclusions

Dr. Gachet is always gentle. His manipulations are not those which some of us have been taught here. He never tries to attain his ends by one vigorous thrust, or rotation. He says, "In any sphere you will get better results by persuasion than by force; in love, in business—in osteopathy also!"

I asked him to show me how he treated tennis-elbow, particularly since I was coming straight back to watching at Wimbledon. "There is one cause of tennis-elbow," he said, "not five or six. It is due to external displacement of the head of the humerus. Well, push it back again." And he showed me on my own arm a rolling thrust, absolutely localized to the head of the humerus, and different from anything I had ever seen before.

I noticed that when he seemed to be in any degree of doubt as to diagnosis he very carefully gave rotational thrusts throughout the whole spine; diagnostic palpation was not limited to feeling for muscle spasm but included extremely sensitive exploration of the position of a vertebra and its relation to the spine as a whole. When he located a rotation he then brought to bear more weight, body weight, but never with anything

approaching a jerk. Persuasion, not force.

His treatment for asthma was almost exclusively limited to the use of the head-suspension apparatus, with concurrent pressure upon each anterior facet of each lateral process of each cervical vertebra. I saw a man come in wheezing and weeping, and go out, for the time being at any rate, free from all these symptoms. Gachet had cured him and he showed me how to do it. Unfortunately, few doctors refer asthmatics to the physiotherapy departments, and not all asthma cases are due to cervical subluxation.

Only one thing Dr. Gachet lacked. He never gave any massage. I asked him why.

"Massage for secondary muscle spasm?" he said. "Yes, it would be useful, but I have no time."

"Why not make time?" I asked, greatly daring.

"You have seen me work," he said. "I treat up to 40 patients a day; I can give 20 minutes to each, then, only."

"I give both manipulations and massage." I said. "I treat six people a day, and allow fifty minutes each."

His reply was brief, and shook me. He shrugged "You won't when you're 78!" he said.

* * *

I don't want the Editor to be pestered with a flood of argument from members about all this. My privilege has been to observe and report, within the limits of my ability and the available newsprint.

One begins to learn after one has qualified rather than before.

Washington News Letter

Under date of August 23, 1956, SBA wrote us in part as follows:

"***we have now authorized our Regional Offices to accept loan applications from hospitals, nursing homes, laboratories and clinics.

"Your understanding of the definition of eligibility is correct in that it will permit loans to institutions administered by, or under the supervision of, licensed doctors of osteopathy."

SBA Loans to Privately Owned Health Facilities

The Small Business Administration, an Agency of the Federal Government, will provide financial assistance to hospitals, nursing homes, and similar privately owned health facilities for expansion, improvements and general operations.

SBA's loans are of two types; participation loans, those made jointly with banks and other private lending institutions, and direct loans, where no participation is available.

WHO IS ELIGIBLE

Privately owned hospitals, nursing homes and medical and dental laboratories, if operated for profit, are eligible for financial assistance.

Hospitals are those health facilities which are licensed as hospitals providing inpatient medical or surgical care of the sick or injured, including obstetrics, which are privately owned and operated for profit.

Nursing homes are those facilities for the accommodation of convalescents or other persons who are not actually ill and not in need of hospital care but who may require nursing care and related medical services.

Medical and dental laboratories are those facilities which provide services to doctors, dentists, hospitals and similar health facilities.

Besides being privately owned and operated for profit, such establishment must qualify as a small business operation. Hospitals and nursing homes will be considered small when the capacity does not exceed 50 beds at the time of the application for the loan. All laboratories shall be considered small, unless they are operated in connection with a proprietary hospital which has more than 50 beds.

PURPOSE OF LOAN

Loans made by the Small Business Administration may be for the construction of new facilities, expansion or improvement of existing facilities or for working capital.

AMOUNT OF LOAN

The amount which the Small Business Administration may lend is limited by statute to a maximum of $250,000 to any one borrower. If a bank participates in the loan, however, the loan may be increased by the amount of the bank's participation. In any case, the total amount of a loan must be proportionate to the investment of the owners in the project.

LOAN TERMS

An SBA loan may be made for a period not to exceed 10 years. Generally, loans are made on an amortized repayment basis, usually with equal monthly installments. All, or any part of the loan, however, may be repaid without penalty before it is due, if the borrower wishes to do so.

Interest has been set at 6 percent per annum for direct SBA loans. In loans in which SBA participates with a bank or other lending institution the rate of interest may be fixed by the lending institution, provided that the rate is no more than 6 percent per annum. Interest is not deducted at the time the loan is made but is payable when the loan, or an installment of the loan, is due. Interest is charged only on the actual amount borrowed and for the actual time the money is outstanding.

QUALIFYING CONSIDERATIONS

a. The applicant must show that the needed financing is not otherwise available on reasonable terms from another credit source;

b. The applicant must show that the loan can be repaid out of earnings;

c. The owners and operators of an applicant facility must be experienced in their field, must be competent, and must have sufficient professional training to operate the facility in accordance with required or accepted standards;

d. When licensing is required by a state, county or local agency, the facility must have a license in good standing or the licensing agency must indicate, in writing, that a license will be issued when the purpose for which the loan proceeds have been used are completed; and

e. An applicant will not be deemed to meet the necessary credit requirements nor to have demonstrated adequate ability to repay the loan, if its facility, after application of the proceeds of the loan applied for, does not meet the minimum standards generally accepted for such facility.

HOW TO APPLY

Before applying for an SBA loan, the owner or operator of a health facility should first determine whether his bank or other local lending institution will extend the required financing, either alone or in participation with SBA. If the private lending institution will not or cannot make the entire loan, but is willing to join with SBA in a loan to the facility, the owner or operator should obtain loan application form SBA-4 and 4D from the nearest SBA field office, complete it and file it with the private lender. A representative in the field office will be willing to discuss the procedures with the applicant.

If the private lending institution will not make or join in the loan, the prospective borrower should then contact the SBA field office to discuss his credit

problems and to apply for a direct SBA loan. His loan application must be accompanied by a letter from the private lender stating that it is unable to make the loan.

SBA makes no charge for handling a loan application or for counseling an applicant on his financial problems.

A loan applicant can insure prompt action on his application by providing full information, as requested on the Agency's loan application form and the accompanying instruction sheets.

Regional and branch offices of the Agency are in Dallas 2, Texas and Houston 14, Texas.

November Health to Feature Timely Articles

CHICAGO (AOA) — "November HEALTH will be of special interest to laymen," Dr. Raymond P. Keesecker of the Editorial Department of the American Osteopathic Association announced recently. " 'Radiation and Genetics', 'Isotopes and Diagnosis' and the 'Digestive System' will be covered in feature articles by outstanding writers, as well as a most informative article on the Ecuador Indians written by Dr. Donald Dilworth who has done extensive work among these people."

Home Safety Sessions 44th National Safety Congress

CHICAGO (AOA)—The National Safety Council announces a Safety Congress to be held at the Conrad Hilton Hotel in Chicago October 22-26, 1956.

The program will have a wide appeal to those interested in home accident prevention and the general public is invited to attend any or all of the sessions during the five-day congress.

NEW HOSPITAL

San Antonio Osteopathic Hospital

San Antonio, Texas

The above hospital received approval of the State Board of Health for $150,000 Hill-Burton Grant and with current funds and public subscriptions that have been raised will start immediately to construct this new hospital with some 45 beds.

This hospital will be one of the best in Texas and all osteopathic physicians should be proud of the effort of the San Antonio group in securing construction of this hospital.

It is the second venture in Texas in which the public by subscription have participated in the building of an osteopathic institution.

Big Texas

It is said in Texas that we do things in a big way. Possibly the big way we do things in reference to our colleges is in a negative way. Should we be congratulated on the following facts:

The Kirksville school of osteopathy enrolled 84 students in its freshman class—with only five from Texas.

It seems that the alumni of the Kirksvill College is failing to interest students in osteopathy as a profession.

We are doing a fairly good job in attempting to meet our quota on OPF. Why don't we send students to utilize this money?

True we are big in this instance if it is attempting to keep students from the school, but we are surely little if we want to keep our schools full of students.

The following statistics are interesting:

Flashes Out of the Annual Report Of the Dean on the New Freshman Class:

Of the 84 enrolled, here's some personal information of interest:

Married	30
Veterans	32
Women	4
Average Age	24.5
Age 21 to 25	60
Age 26 and over	24
Degrees	60
Colleges represented	76
Related to Osteopathic Physicians	15
Grades A	1
B	43
C	40

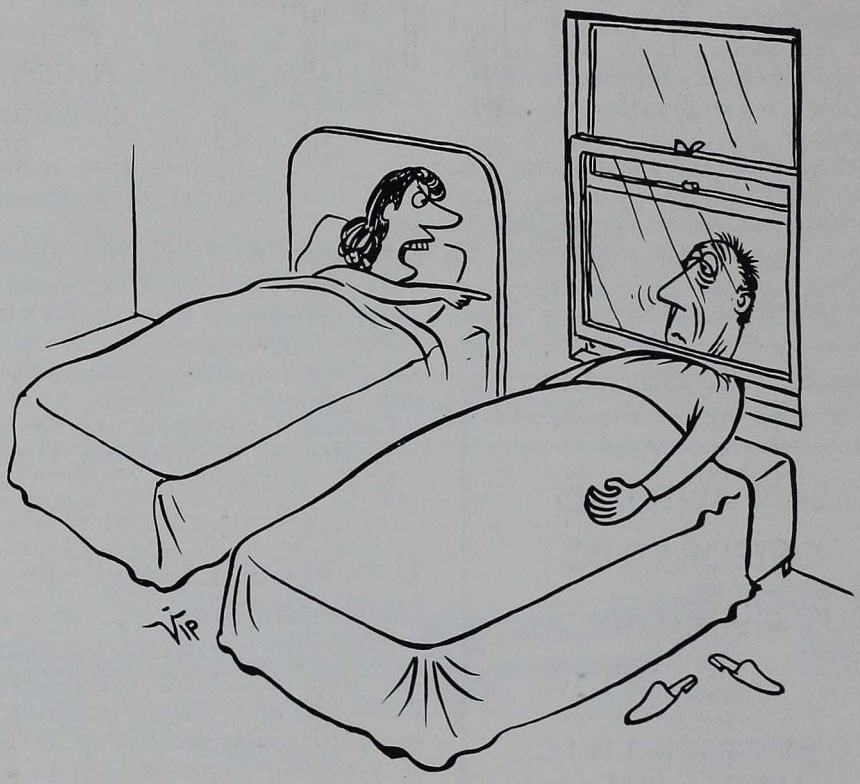
They hail from a wide geographical area:

Michigan, 11; Ohio, 10; Missouri, 9; New York, 9; New Jersey, 7; Pennsylvania, 6; Texas, 5; Illinois, 4; West Virginia, 3; Florida, 3; Georgia, 2; Maine, 2; Iowa, 2; Massachusetts, 2; California, 1; Indiana, 1; North Carolina, 1; Nebraska, 1; Vermont, 1; Montana, 1; Minnesota, 1; Oklahoma, 1; Tennessee, 1.

U. S. to Study Cost Of Hospital Care

CHICAGO (AOA)—Marion E. Folsom, Secretary of HEW, announced that the Government recently set up an advisory committee to develop methods of providing improved hospital care at lower cost. "If some sections of general hospitals could be designed and operated specifically to serve persons who have only limited needs," Mr. Folsom said, "the cost of hospital care for these patients could be reduced substantially."

He said the committee would consider, for example, developing hospital units in which patients did more things for themselves, such as going to cafeterias or dining rooms for their meals, or doing light housekeeping in their rooms.



"WELL, YOU'RE NOT GOING TO BREATHE YOUR
NASTY COLD GERMS ALL OVER ME, BUSTER"

For common colds, coughs, hay-fever and allergies—Citra capsules or syrup!

CITRA

5 way action

1. *Restore and maintain capillary integrity* **2.** *Decongestant*
3. *Antihistaminic* **4.** *Analgesic* **5.** *Antipyretic (capsules) Expectorant (syrup)*

Hesperidin and Vitamin C aid in restoring and preserving normal capillary function, important in the control of colds and allergies. Phenylephrine HCI. assists in clearing nasal and bronchial tracts. Multiple anti-histamines alleviate undesirable side effects without reducing antihistamine effectiveness. For analgesic and antipyretic effect, the *capsules* contains a powerful "APC" group. For its analgesic effect, the *syrup* contains dihydrocodeinone, more potent than codeine, less constipating, with low addiction liability. Sedative expectorant action in the syrup is achieved with potassium chloride, sodium-free salt.

5 way approach

Each **CITRA CAPSULE** provides:

(1)	Hesperidin purified (Citrus Bioflavonoid)	100.0 mg.
	Vitamin C	50.0 mg.
(2)	Phenylephrine Hydrochloride	5.0 mg.
(3)	Prophenpyridamine Maleate	6.25 mg.
	Methapyrilene Hydrochloride	8.33 mg.
	Pyrilamine Maleate	8.33 mg.
(4 & 5)	Salicylamide	200.0 mg.
	Acetophenetidin	120.0 mg.
	Caffeine Alkaloid	30.0 mg.

Each 5 cc. (teaspoonful) of **CITRA SYRUP** contains:

(1)	Hesperidin Methyl Chalcone (Citrus Bioflavonoid)	8.33 mg.
	Vitamin C	30.0 mg.
(2)	Phenylephrine Hydrochloride	2.5 mg.
(3)	Prophenpyridamine Maleate	2.5 mg.
	Pyrilamine Maleate	3.33 mg.
(4)	Dihydrocodeinone Bitartrate	1.66 mg.
(5)	Potassium Citrate	150.0 mg.

In a flavored syrup base. Alcohol 2%
Exempt Narcotic

PROFESSIONALLY PROMOTED, ONLY

Both Citra formulas available at all prescription pharmacies. Citra Capsules packaged in bottles of 100 and 1000. Citra Syrup in pints and gallons. *Literature on request.*

BOYLE **BOYLE & COMPANY** *Los Angeles 54, California*

Important

Registration of Radiation Equipment

Registration of all radiation devices and radioactive materials in use in Texas is now mandatory under new regulations adopted by the State Board of Health.

The intent of the new regulations is to insure that all devices and materials are manufactured, handled and disposed of in such a way that no person would receive excessive doses of radiation.

The regulations became effective September 1. The duties of administering them comes under the State Health Department's Division of Occupational Health.

Written to be consistent with the recommendations of the National Committee on Radiation Protection, the new regulations:

1. Require that persons using any type of radiation machines or handling radioactive material must notify the state health agency in writing within 30 days after starting such use. The notice must state the circumstances under which the machine or material is being used, and where the use is taking place.

2. Establish definitions, terminology, and an official radiation symbol identifying machines, materials, or rooms involved in radiation work.

3. Establish radiation concentration levels for air, water, and other environments, and require that a "responsible person" be in charge of radiological safety programs.

4. Require continuous monitoring of personnel handling radiation equipment as a safeguard against overexposure, and the keeping of records and reports.

5. Prohibit dumping or burying of radioactive wastes without permission of the State Health Department. Accidental releases of radioactive material must be reported in full, and full reports must be made of accidental exposures when the dose exceeds five times the permissible amount.

Included among the list of radiation devices which must be registered are shoe fitting machines, and the ordinary x-ray equipment to be found in any physician's or dentist's office.

The tremendous increases in the use of radioactivity in the state made the regulations necessary. Industrial users of radioisotopes in Texas are among the most numerous in the nation.

Copies of the regulations have been published and are being made available to all known users of radiation equipment. Other interested persons can obtain copies by writing to the State Health Department in Austin.

Both forms of Baker's Modified Milk—Powder and Liquid—contain all requirements for complete infant nutrition and may be fed interchangeably.

The Powder form is particularly adaptable for feeding prematures, and for use as complemental or supplemental feedings.

For routine infant feeding, the Liquid is generally preferred because of its greater ease of preparation.

Both forms of Baker's Modified Milk are supplied gratis to all hospitals for your use.

Normal Dilutions

20 calories per ounce

Liquid form—1 fl. oz. milk to 1 fl. oz. water

Powder form—1 Tbsp. powder to 2 fl. oz. water

*U. S. Public Health Service Milk Code

THE BAKER LABORATORIES, INC.

Milk Products Exclusively for the Medical Profession

***Main Office:* Cleveland 3, Ohio • *Plant:* East Troy, Wisconsin**

Fort Worth Seminar a Success

A capacity gathering of Texas Osteopathic Physicians attended a seminar on malignant disease on September 15 and 16. The meeting was sponsored by three T.A.O.P.&S. affiliates: The Texas osteopathic societies of General Practice, Obstetrics and Gynecology, and Radiology. The clinical sessions were conducted at the Fort Worth Osteopathic Hospital and seminar headquarters was at the Hotel Texas.

Guest speakers included Dr. Raymond Hall, co-ordinator of the cancer program at the Kansas City College; Dr. Nicholas Palmarozzi, surgeon-in-chief of the Doctors' Hospital, Groves, Texas; Dr. C. A. Tedrick, Radiologist at Lakeside Hospital, Kansas City. Eight Texas physicians also participated on the faculty. The didactic sessions were primarily comprised of panel discussions including the following subjects: Malignant Disease in Children, The Diagnosis of Internal Neoplasms, Malignant Disease in the Female Patient.

On Saturday evening, a dinner party was held at the Ridglea Country Club with over 100 registrants and guests attending. Another social highlight of the meeting was a luncheon served at the Hotel Texas on Sunday noon.

The three participating societies also held business meetings in conjunction with the seminar. The Texas Osteopathic Radiological Society elected the following officers:

President
..... Dr. Ellis Miller, Talco.
Vice President
..... Dr. Joseph L. Love, Austin.
Secretary-Treasurer
..... Dr. Opal Robinson, Houston.
Program Chairman
..... Dr. Charles Ogilvie, Dallas.

Location

VAN HORN, Culberson County Texas: Nice clinic and hospital for lease. $200 monthly rent and option to purchase for $24,000 at any time. No other doctor in area. Wonderful opportunity. If interested, contact Dr. John C. Epperson, 1925 Studewood Boulevard, Houston 8, Texas.

Record Set

We have just received information that Dr. L. J. Lauf of Lubbock, Texas, on September 16, 1956, delivered ten babies and assisted in one surgery.

Dr. Lauf holds an interesting record in obstetrics. In 1955, he delivered 793 babies and as of September 17, this year has delivered 613.

We doubt if any physician in Texas has equaled this record and we congratulate Dr. Lauf on behalf of the osteopathic profession.

Truman Urges Plan to Boost Nation's Health

CHICAGO (AOA)—Former President Harry S. Truman recently called for a non-partisan national health program through inter-governmental cooperation in the 48 states, Alaska and Hawaii.

In an address recently in Kansas City Mr. Truman said: "We need doctors; we need hospitals . . . In this battle there is no room for political or professional rivalries . . . The nation is falling far behind in meeting the increased demands of our people for hospital and health service."

The Rights of Self-Employed Doctors of Osteopathy Under The 1956 Amendments to the Social Security Law

WHEN AND WHERE DO YOU GET YOUR SOCIAL SECURITY CARD?

Your social security account number is given on your social security card. If you have never had a social security card, you should get one at your social security office before you make your next Federal income tax return; if you have had one, but have lost it, you should ask at your social security office for a duplicate card.

You will need your account number when you make your income tax return for your first taxable year that ends after 1955.

WHAT IS THE TAX?

You must pay the social security self-employment tax for each taxable year after 1955 in which your net earnings from self-employment are $400 or more. For 1956 the amount of this tax is 3 percent of the first $4,200 of your net earnings from self-employment. The self-employment tax will be increased to 3⅜ percent in 1957 to cover the costs of disability insurance. Periodic increases from 1960 to 1975 will bring the tax eventually to 6⅜ percent on earnings up to $4,200.

HOW DO YOU PAY THE TAX?

Your self-employment tax is paid each year along with your U. S. Individual Income Tax Return. The form you must use, Schedule SE of Form 1040, will be part of your income tax package.

The net earnings you report on Schedule SE are recorded in your personal social security account under your name and your social security account number.

WHEN DO EARNINGS COUNT TOWARD BENEFITS?

Your earnings are covered by the social security law beginning with your first taxable year that ends after 1955.

Of course, you may already have some credits for other work done under the social security law. Many people now self-employed in this profession have at some time done other work that was covered by the social security law.

Also, if you served on active duty in the armed forces of the United States after September 15, 1940, you get credit

for your period of active duty unless it is counted toward certain other Federal benefits.

HOW SOON WILL YOU BE INSURED?

Even if you have never before had any earnings that were covered by the social security law, you can become insured as early as April 1, 1957. You will be insured on that date if you have had net earnings of $400 or more in each of the years 1956 and 1957.

If you reach retirement age (65 for men, 62 for women) by the end of March 1958, these 2 years of work will be enough to make benefit payments possible; if you die between April 1, 1957, and March 31, 1958, this much work is enough to make payments possible for your dependents.

If you continue to practice your profession and have net earnings of $400 or more in each year, you will remain insured.

If you have some social security credits that were earned before your earnings in professional self-employment became covered by the law, or if you make tax reports on a fiscal year instead of a calendar year basis, you may become insured even earlier than April 1, 1957.

Note: Whether you are eligible for benefit payments depends on whether you are insured—on how long you have worked under the law. The amount of the payments depends on your average earnings over a certain period of time.

WHAT IS YOUR OLD-AGE INSURANCE BENEFIT?

The amount of your old-age insurance payment is figured from the amount of your average earnings over a certain period of time. For most people this period begins with 1951 and ends when they reach retirement age or at death.

As many as 5 years of low earnings or of no earnings after 1950 can be left out in figuring the average earnings. If your earnings from 1951 through 1955 were not covered by the law, for example, they can be omitted and will not reduce your average earnings. If you become entitled to disability insurance benefits or your earnings record is frozen, your period of disability will also be omitted. See chart, page 13, September 1956, AOA Journal.

WHAT ARE SURVIVORS' INSURANCE BENEFITS?

In case of your death, monthly benefit payments may be made to your dependent children under 18 years of age, to your dependent children over 18 years of age if they have been disabled since before they reached 18, to the mother if she has in her care a child entitled to benefits based on your social security account, to your widow at 62 or your dependent widower at 65, if you leave no widow, widower, or child who could qualify for monthly benefits, to your parents when they reach retirement age if they were dependent on you.

In addition, a lump-sum payment is made to your widow or widower, or to the person who pays your burial expenses. See chart, page 13, September 1956, AOA Journal.

WHAT IS THE RETIREMENT TEST?

Social security benefits based on your earnings may be paid to you when you retire after reaching age 65 (or after reaching age 62 if you are a woman worker), or they may be paid to your family after your death. If you become disabled before retirement age, you may be eligible for disability insurance benefits at age 50.

If you earn more than $1,200 in a year while you are under 72 years of age, the benefit payments may not be made to you or your dependents for some months of the year. The number of months for which no benefit payments may be made depends on the total amount of your annual earnings and the number of months you work in the year.

If you earn more than $2,080 and work in all months of the year, no payments are made for that year.

No matter how much you earn in the year, however, benefit payments may be made for any month in which you neither worked for wages of more than $80 nor rendered substantial services in self-employment.

If one of your dependents or survivors earns more than $1,200 in a year, payments may not be made to him for some or all months as explained above. This will not affect payments being made to you or to your other dependents.

Benefits are payable for all months after you reach age 72 no mater how much you earn.

WHAT ARE DISABILITY BENEFITS AT AGE 50 AND THE DISABILITY FREEZE?

If you are disabled, are 50 years of age or older, and have had sufficient work under the law, you may be eligible for disability insurance benefits.

In order to get disability insurance benefits or to have your earnings record frozen, you must have had:

5 years of work under the law in the 10 years before the beginning date of your disability, and

1½ years of work under the law in the 3 years before that rate.

The amount of work required for disability insurance payments is always at least as much as would be required for old-age insurance payments.

You can get disability insurance benefits or have your earnings record frozen only if you have a disability so severe that it prevents you from doing any substantial work and is expected to continue for an indefinite period.

New Class Registers

Statistics on the freshman class at the Kirksville College of Osteopathy and Surgery, show a membership of 84, of which 4 are women, 30 married, 31 military veterans and 15 related to Osteopathic Physicians.

Sixty members of the class hold college degrees and 76 colleges and universities are represented. The average age is 24.5, and twenty-three states are represented.

Michigan leads the states in representation with 11, followed closely by Ohio with 10 and Missouri and New York with 9. From New Jersey are 7, Penna., 6, Texas 5, Illinois 4, Florida 3 and Iowa, Mass., Georgia and Maine 2 each. One each is registered from the states of Oklahoma, California, North Carolina, Indiana, Nebraska, Vermont, Minnesota, Tennessee and Montana.

Officers Elected

Officers for the KCOS freshman class include: Earl Branding, president; John Fredericks, vice-president; Mary Jo Palermo, secretary; Harry Thomas, treasurer; Gerry Hoffman, Keith Peterson, Lyman Tower and James Art, representatives on the Student Council.

Members of Class

The names and addresses of the freshman students are as follows: Burton Aber, Univ. City, Mo., Donald Adams, New Milford, N.J., Max Allen, Dowagiac, Mich., Mathew Aini, Hornell, New York, James Art, Neward, Ohio, Gerald Ayer, Lancaster Mo., Earl Branding, Granite City, Ill., Robert Beyer, South Bend, Ind., Robert Bichon, Sarasota, Fla., Arthur Billings, Presque, Isle, Maine, Richard Bloch, St. Clair Shores, Mich., Lawrence Harker, Elkins Park, Penna., Donald Burnger, Tripoli, Iowa, Richard Burns, Toledo, Ohio, Byron Butterfield, Whelling Mo., John Cahill, St. Roslindale, Mass., Carl Carlson, Ft. Madison, Iowa, John Dickerson, Glencoe, Ohio, and John Diamanin, Dearborn, Mich.

John Frederick, Schulenburg, Texas, Sheldon Freedman, Phila., Penna., Gervase Flick, Glendale, California, Everett Foucek, Lakeside, Mich., Nicholas Gatto, Jersey City, N.J., Randolph Gillum, Greencastle, Mo., Alexander Hardie, Detroit, Mich., Janet Hardie, Detroit, Mich., and Lawrence Harker, Park, Penna.

William Hanna, Jasper, Texas, Betty Horner, Mansfield, Ohio, Guy Hort, Oakwood, Okla., Fred Hoschander, Brooklyn, N.Y., George Hutchinson, Hamilton Sq., N.J., Arthur Johnson, Houston, Texas, Joe Johnson, Blakesburg, Iowa, William Jordan, Royal Oak, Mich., Roy Kearns, Wyaconda, Missouri, Harry Keig, St. Petersburg, Fla., Norman Keller, Detroit, Mich., Gerald Keyte, Fraser, Mich., Charles Kline, Jackson, Fla., Perry Kohen, Bronx, New York, Owen Lamb, Palisade, Nebraska, Julius Lampert, Malverne, New York, Roland Lancaster, Memphis, Tenn.,

William Larrick, Cambridge, Ohio, Harold Ledbetter, Hannibal, Mo., Lester R. Arton, Buffalo, New York, Harold Lund, Brooklyn, New York, Harris Mainster, New York, N. Y., Robert Marshall, St. Simons Island, Georgia, and Royce Maxfield, Villa Grove, Ill.

Jack Meyer, St. Louis, Mo., Frederick Northrop, Owatonna, Minn., Mary Joann Palermo, Erie, Penna., Harris Pearson, Charlotte, N.C., Keith Peterson, Seattle, Wash., William Peterson, Worcester, Mass., Martin Poliskin, Brooklyn, N.Y., Glenn Rice Port Arthur, Texas, Robert L. Roberts, Labanon, Penna., Fred Schekorra, Kansas City, Mo., Warren Schildberg, Phila., Penna., Harry Thomas, Hinton, W. Va., John Thomas, Lancaster, Penna., Richard Thomas, Ocilla, Georgia, Clark Tisdale, Edinburg, Texas, Lyman Tower, Wayne, Mich., Arthur Vanderburgh, Middlebury, Vermont, and Carolyn Thomas, Hunington, W. Va.

Emmett Lee Wallace, Chillicothe, Mo., Richard Walters, Buckeye Lake, Ohio, Stanley Weiner, Brigantine, N.J., Steven Wexel, Detroit, Mich., Carl Winans, Cortland, Ohio, Jack Wise, Blaksville, W. Va., Rudolph Wolf, Kewanee, Ill. and Ronald Ziegler, Ironia, New Jersey.

New Members of Faculty and Staff

Two appointments to the faculty and staff of the Kirksville College of Osteopathy and Surgery were announced by President Morris Thompson.

Dr. Charles M. Hawes, head of the department of orthopedic surgery in Dallas and Fort Worth Osteopathic Hospitals in Texas, has been named head of the department of orthopedic surgery at the Kirksville Osteopathic Hospital and Clinic. Dr. Hawes was graduated from the Osteopathic College here in 1944. He hopes to assume his new duties November 1.

Dr. Nelson D. King, head of the department of pediatrics of Massachussetts Osteopathic Hospital in Boston, has been named head of the KOH pediatrics department, beginning Jan. 1, 1957.

Osteopathy's 26th Christmas Seal Campaign Now in Full Swing

CHICAGO (AOA)—Dr. E. H. McKenna, Muskegon Heights, Michigan, heading the National Committee on Christmas Seals of the American Osteopathic Association, and Mrs. G. A. Dierdorff, Medford, Oregon, chairman of the seal committee of the Auxiliary to the American Osteopathic Association, recently made formal announcement of the inauguration of the 1956 Christmas Seal drive.

150,000 sheets of seals have been sent out; folders and posters will soon begin appearing in offices and homes throughout the United States and Canada.

"Our minimum goal is $65,000," said Dr. McKenna, "to be divided equally between the funds for student loan and research. We feel confident of raising at least that figure, directly through contributions of doctors of osteopathy and their wives, and indirectly through participation in the packet plan which carries the campaign to the public. Our optimum goal is incalculable at this time, but we know that within the profession and among the public we will experience a gratifying return from those who wish to serve through Christmas Seals."

The six osteopathic colleges are putting on campus campaigns, and, in conjunction with national headquarters, are supplying seals to parents of students. The National Osteopathic Guild Association is adopting the campaign as an official activity.

Serving with Dr. McKenna and Mrs. Dierdorff on the national committee are: S. V. Robuck, D. O., Chicago; Alden Q. Abbott, D. O., Waltham, Massachusetts; Galen S. Young, D. O., Philadelphia; Robert N. Evans, D. O., La Grange, Illinois; True B. Eveleth, D. O., Mr. Walter A. Suberg, and Miss Rose Mary Moser, all of Chicago. Mrs. Ann Conlisk of National Headquarters is campaign director.

NEWS OF THE DISTRICTS

DISTRICT ONE

Eugene F. Augter, D.O., formerly of Kansas City, Mo., has recently moved to Amarillo, Texas, where he has opened an office for General Practice and General Surgery. He is a staff member of the Amarillo Osteopathic Hospital.

Dr. Augter received his Osteopathic Degree at the Kansas City College of Osteopathy and Surgery, 1950, and served his internship in the hospitals of the Kansas City College of Osteopathy and Surgery in 1951.

After two years of general practice in West Virginia, Dr. Augter returned to the Kansas City hospitals for a three-year, full-time, residency in general surgery.

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DISTRICT NINE

The July meeting of district 9 was held at the Stratton hospital at Cuero, Texas. All doctors of the district were present except Dr. Don Mills and Dr. J. C. Burt, who have been ill and in the hospital. Our guest speaker was Dr. Harold Beckwith of San Antonio, who gave us a very interesting discussion on Ocular Injuries. Other guests were Dr. Elmer Baum of Austin, Texas, who brought us up-to-date on H. R. 483 which was on the senate agenda at the time; Dr. John Kaye of Aransas Pass and Dr. Bill Hughes of Rockport; John Fredrick, prospective student at KCOS this fall; and Jim Stratton, laboratory technician.

An informal backyard picnic with all the comforts of a summer outing was held at Dr. Dick Stratton's home after the meeting.

July is our off month down here in the tropics and August is both busy and hot but we all survived, even without our second Sunday meeting, and a few slipped out on old Sol for a holiday. Dr. H. Tannen setting the distance record with another try at Europe.

August saw Dr. Mills and Dr. Burt back from the hospitals and at work looking stronger than ever. Who said work could kill you? Dr. Poage is just a wee bit more cautious since his E.K.G. has got back to normal.

Our September meeting was attended by our full component plus our very close neighbors to the south and we still want our district line moved to include them: Dr. John Kaye, Dr. Bill Hughes and Dr. Elliot. They have asked to be the hosts to our next district meeting, which will be at Rockport.

Dr. Willis Crews had the Wyeth Company show their movies and give us a discussion on the attarxoid drugs and their uses and clinical success to this point. After the meeting we took a good deal of pleasure in helping Dr. Willis get rid of his beautiful catch of King Fish that left us all moaning with gustatorial delight. That Myrna sure knows the fixins' for a king size King Fish supper.

Incidently, Dr. Willis and 2 D have gotten the ground cleared and the foundation laid on their new hospital at Gonzales. We are all very proud of their accomplishment.

Dr. John Boyd and Dr. C. L. Booher have applied for and have been accepted as members of the staff of the Stratton hospital at Cuero.

That about brings us up to date with a few days to wait before our next meeting at Rockport and a little gulf fishing thrown in.

C. L. Booher, D.O.
Secretary, District Nine

DISTRICT TEN

District 10 of the Texas Association of Osteopathic Physicians and Surgeons met September 25, 1956, at the Abell Hospital. After dinner with the ladies, the doctors made plans for Dr. Phil Russell's visit in the district.

Dr. E. S. Davidson attended a meeting of the Board of Governors of the American Academy of Osteopathic Surgeons in Joplin, Missouri, September 20.

Dr. James A. Fannin went to the Grand Teton Mountain Country in Wyoming for a two-weeks elk hunt. He hoped to fish also.

We have learned one of the reasons for the rapid increase in the population in Lubbock. On Sunday, September 16, Dr. Lauf delivered ten babies. We think that is a record—as is the 95 babies he delivered during the month of September.

Dr. G. G. Porter, who was the doctor for the baseball club for eleven years, has been appointed commission doctor for professional boxers at the colliseum.

Dr. Max Stettner lectured to district 10 at the regular meeting in August. His address was on "Diseases of the Liver—Diagnosis and Treatment." The Stettners are still happy here. In fact, Dr. Stettner feels that he is becoming a truly "native West Texan," for he is wearing his first Stetson hat, gift of a satisfied patient.

Dr. Harlan O. Wright of Sundown attended a meeting in Fort Worth for a symposium on cancer. Harlan has been appointed school doctor and team physician.

WE NEED MORE DISTRICT NEWS! CAN YOU HELP US?

AUXILIARY NEWS

Auxiliary District Ten

The Auxiliary to district 10 had its regular meeting September 25, 1956, at Abell Hospital. We were very happy about the large attendance for the dinner and meeting; in fact, we probably had the largest attendance in the history of district 10. Everyone seemed to enjoy the food.

Mrs. J. W. Axtell and family have returned home from a month's vacation in Maine. Her mother, Mrs. Eva MacPherson, returned with her for a visit. Florence Axtell, daughter of Dr. and Mrs. Axtell, will be married in Ford Chapel on October 18, 1956. The groom, Max Malone from Olton, Texas, is a senior at Texas Tech.

Lynn Wright has returned from a visit with her family in Compton, California.

Mrs. Robert Nobles visited with friends and relatives in Dallas recently.

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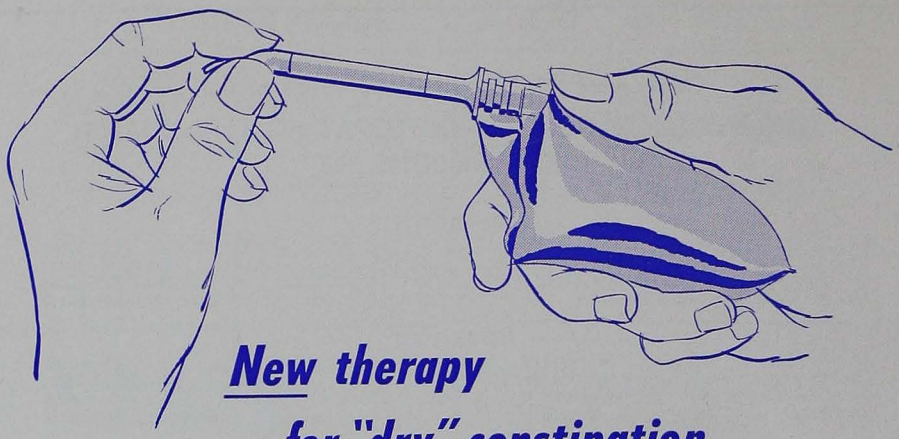

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