

Dr. Rex Aten attended the Western State Proctological meeting at the Rocky Mountain Hospital in Denver.

Dr. Everett Wilson was elected a member of the new Oak Hills Country Club of San Antonio.

Dr. Wilson is to be congratulated on completing a year as president of the San Antonio Rotary Club. His term expired June 30th and we are informed that he has done a mighty fine job.

Dr. Wilson recently flew to the District No. 4 meeting where he was the guest speaker.

Dr. Harold A. Beckwith will go to Bangor, Maine in July to attend the meeting of the College of Otorhinolaryngologists. Dr. Beckwith is scheduled as one of the principal speakers on the subject of "The Nasal Accessory Sinuses as a Focus of Infection." This is an original paper, the material for which has been taken almost entirely from his own clinical experience.

DISTRICT No. 8

The regular quarterly meeting of District No. 8 will be held in Corpus Christi at the Driskoll Hotel, August 1. Dr. Howard Coats of Tyler, guest speaker, will give a paper on intestinal obstruction. (We want this paper for the Journal, Dr. Coats.)

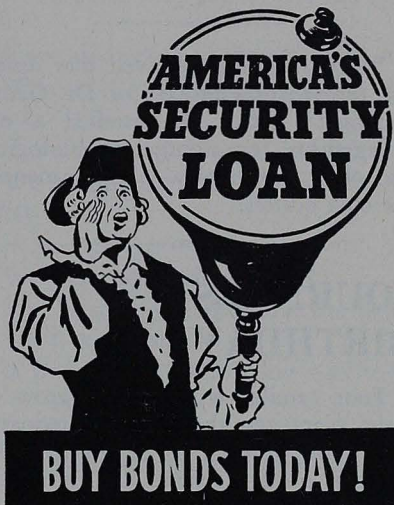
Dr. Merle Griffin spoke on Radio Station KSIX, Corpus Christi on June 15. Dr. Griffin gave a five minute summary on Ottine, the Crippled Children's Hospital operated by the Elks Lodge.

Fifteen D.O.s attended the farewell party given for Dr. Frederick Summers by Dr. James Tyree aboard his cruiser "Papoose." The report is that all aboard enjoyed themselves and it is also rumored that a group of professional men were in swimming in Corpus Christi Bay late that evening in a rather unprofessional manner.

Dr. Frederick Summers left on June 19 for Los Angeles where he will take nine months post-graduate work. Dr.

E. G. Berkstrom is taking his practice.

Dr. Robert J. Brune of Premont has recently completed the installation of a new combination x-ray and fluoscope in his new clinic.



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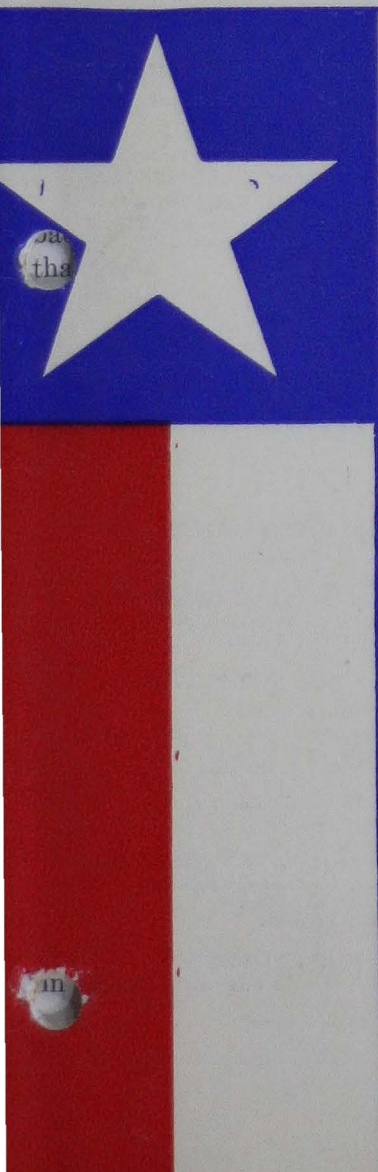
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Texas OSTEOPATHIC PHYSICIANS Journal

Volume V

AUSTIN, TEXAS, JULY, 1948

Number 3



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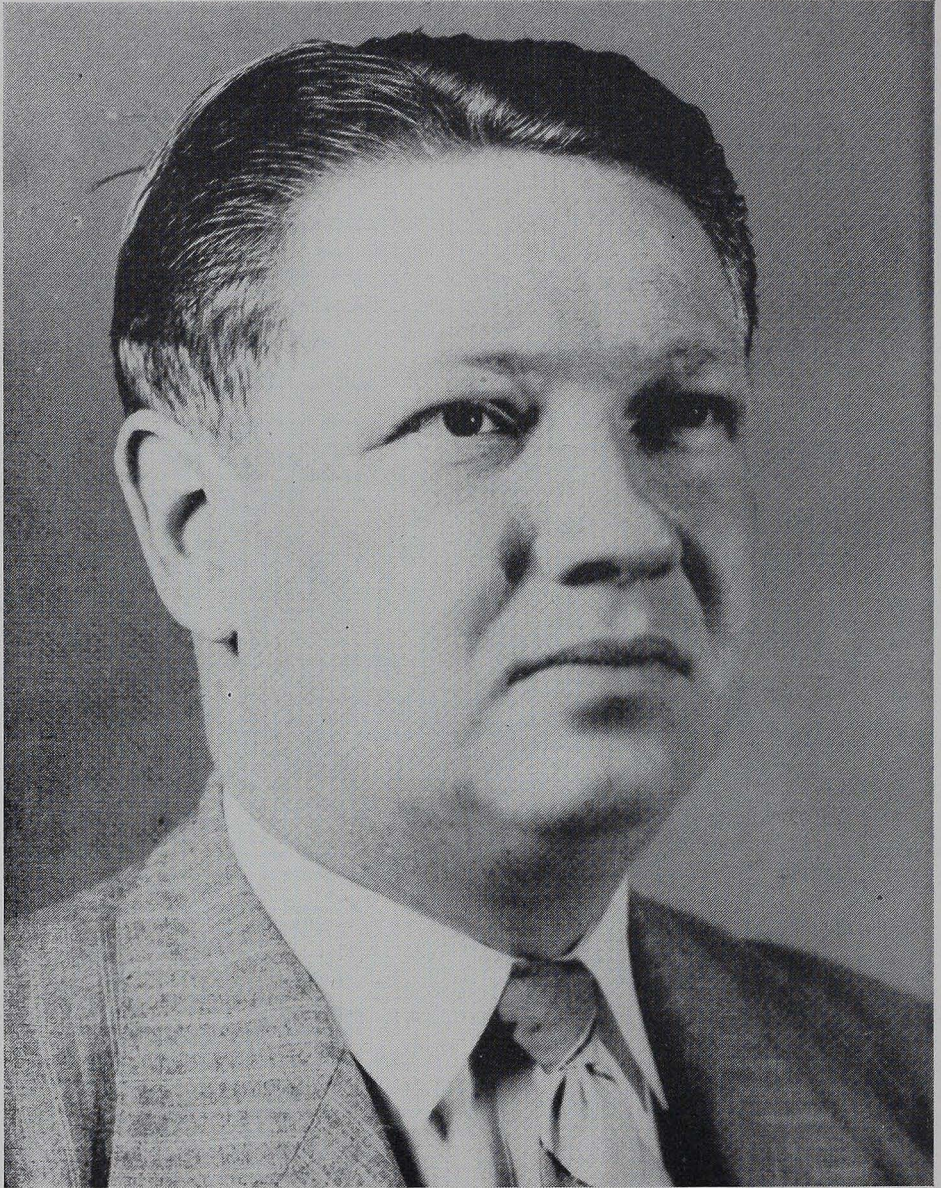
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ROBERT J. BRUNE, D. O.
Second Vice President
PREMONT, TEXAS

Texas Osteopathic Physicians' Journal

OFFICIAL PUBLICATION OF THE
TEXAS ASSOCIATION OF OSTEOPATHIC PHYSICIANS AND SURGEONS

PUBLICATION OFFICE: 903 LITTLEFIELD BUILDING, AUSTIN, TEXAS

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VOLUME V

AUSTIN, TEXAS, JULY, 1948

NUMBER 3

MESSAGE TO THE PROFESSION

ROBERT J. BRUNE, D. O.

PREMONT, TEXAS

You all know the problems confronting your state association this year. Great strides in public recognition have been made by the osteopathic profession during the past few years. It is up to us, individually and collectively, to see that this progress continues. This is possible only with the complete cooperation of every practicing member of our profession. It is especially important that we younger men, who daily utilize the privileges handed us by our profession, see to it that these privileges continue and increase.

As a younger member of the profession of osteopathic medicine, I am vitally interested in seeing our concepts promulgated throughout the population at large. I do not want us to be confused with cultists, but rather for us to be known and recognized as physicians and surgeons of the osteopathic school of practice. This program cannot be accomplished by the older men alone.

We younger doctors must carry our share of the burden. It is up to us to assume an active part in the work of our profession. An active part in our profession implies that we are willing to do what needs to be done to assure our future. *First, join your local, national and state association! Make yourself and your ideas heard! Work!* In this way, and in this way alone, can a younger doctor become indoctrinated in the activities that create progressive strides for his profession.

It is a pleasure and a privilege to be associated with the doctors comprising the Texas Association of Osteopathic Physicians and Surgeons. Working with such men, I look forward to a great year of progress, locally and nationally in 1949.

INDICATIONS AND CONTRADICTIONS FOR TONSILLECTOMY

J. G. BROWN, D. O.

TYLER, TEXAS

Theories about the function of the tonsils are almost wholly presumptive but general opinion is that if it has a function it has some relation to drainage along with the rest of Waldeyers ring. This prompts one to recall that the pharynx is more often subjected to infection than any other anatomical structure of the human body. This is due to the fact that it is not only the portal of entry of the inspired air which passes to the lower respiratory tract, but also the pathway for all substances which pass to the digestive tract. Waldeyers' ring is the name given a ring of lymphoid tissue within the boundary of the pharynx, which acts as a protective mechanism. The circle consists of leucocytes in small clusters called follicles or in larger masses called tonsils. The formation of this anatomical ring starts in the vault of the naso-pharynx with the adenoids or Luschka's tonsil and extends downward along the lateral walls of the pharynx to form its largest structure the faucial tonsils. From here it continues across the base of the tongue to unite in flat masses of lymphoid tissue, the lingual tonsils. Each of the structures forming this ring is drained by lymphatic vessels into the lymphatic glands of the cervical region.

It is **important** to know the anatomical relationship of these parts in order to understand the sequence of events in infection occurring in this region, for the anatomical situation of the primary focus of infection and its lymphatic drainage determines the complications which follow. That the faucial tonsil has no peculiar function of its own would seem to be proven by the fact that more than 100,000 pairs are removed each year, and no case has been reported that the loss of the tonsils as such, has resulted in harm. I would now like to make mention of the two most prevalent theories, concerning tonsils as a source of infection.

One line of thought contends that a positive causal relationship has never been proved to exist between the focus of infection and so-called secondary diseases, and that the two are parallel phenomena interrelated by allergic reaction phenomena. In support of this line of thought, many cases are cited where the history would show more than one periapical infection as well as an infected tonsil and removal of one of the foci would show a marked effect on the healing process. In order to better understand this theory we will take a case of arthritis with more than

one focus of infection; frequently if only one focus is removed there will be an exacerbation of the arthritic symptoms followed by complete healing. Since only one of the supposed focal factors has been attacked we cannot assume that the focus of the disease has been removed. Since this phenomena does not always happen it would lead us into a discussion on the sensitization or desensitization of the body at the time of operation but in this paper we are only concerned with the fact that tonsillectomy does get results a certain percentage of the time in these cases even if the theory of causal relationship has not been definitely proved. The other theory and the one I believe most generally accepted is that the tonsil acts as a culture tube receiving germs from the mouth and discharging them as a vaccination to the body after having performed its protective duty. The difficulty is said to be that on becoming surcharged, the culturing factors break down and the process is reversed, the tonsil expelling infective germs into the system. Thus the tonsils along with the rest of Waldeyers' ring act as a protective mechanism in the embryo and through infancy, designed to cope with the first invasion of foreign bodies. As these tissues are again and again subjected to attack they either hypertrophy in an effort to meet the challenge, and become eventually chronically enlarged or they become so surcharged with infection that they become a foci of such, becoming a menace to the body either by their enlargement or as a foci of infection. This happens so frequently by the time one is 5 or 6 years of age, that a great number of physicians believe the tonsils are of no benefit pass the sixth year of life.

The decision for the removal of tonsils should be based in so far as possible on symptoms, and signs related to the tonsils. In general the conditions for tonsillectomy may be grouped under three readings. First, factors di-

rectly related to the tonsil, second, disturbances in closely related structures of the respiratory tract and in the ear, and third, certain general or systemic disturbances. Local indications for removal are of two types, chronic infection and marked hypertrophy. In evaluation of chronic infection, history of repeated or essentially constant sore throat is of more value than examination. Enlarged tonsils or crypts filled with cheesy material are suggestive of infection but a much more reliable sign is hyperemia of the anterior pillars. The tonsil itself may be red but more constant is redness of the plica triangularis and free margins of the palatoglossus. When the tonsil is normal these structures are the same color as their environment. Enlargement of the cervical lymph nodes is supporting evidence, and persistent enlargement of the node just below and slightly in front of the angle of the jaw is especially significant.

Hypertrophied tonsils, if due to an acute infection, will sometimes seem amazing in that they will become so large as to practically meet in the midline when the throat is examined and they will actually be an obstruction to swallowing or breathing, but as the infection subsides they recede until they look perfectly normal. Here the deciding factor for tonsillectomy is whether the hypertrophy recurs or not. In this group the persistent carrier of diphtheria is occasionally found and should have the tonsils removed. Among the disturbances in adjacent tonsillar structures, peritonsillar abscess is a definite indication of tonsillectomy. As to the sinuses there is quite a difference of opinion in regard to tonsillectomy for sinusitis but frequently there are symptoms directly referable to the tonsils and this gives adequate justification for their removal. The adenoids are much more likely to be the offender in sinusitis or middle ear trouble but as just stated the faucial tonsils can be the offender. Much benefit is uniformly

obtained in cases of enlarged lymphatic glands in the anterior triangle of the neck, and it is well to remember that the lymphatic gland that is supplied directly from the tonsil lies at the anterior margin of the sternocleidomastoid muscle, on a line with the body of the mandible. From this gland others are supplied, extending downward, being relayed three or four times, they finally reach the apex of the pleura. Suppurative cervical adenitis, when the focus of infection is not traceable to structures other than the tonsils may also be considered an indication of tonsillectomy.

The principle general or systemic disturbances for which tonsillectomy is frequently recommended are rheumatic fever and glomerulonephritis. There is some evidence to indicate it might be good prophylaxis to remove tonsils of children in families who show a high incidence for rheumatic fever; but there is no evidence that tonsillectomy, after an initial attack decreases subsequent attacks. In any systemic disturbance which does not respond to treatment, tonsillectomy is indicated if infection can be demonstrated in the tonsils. Such conditions often tax the diagnostic skill of the surgeon and a thorough examination of the tonsil is necessary but in my opinion with benefit of doubt being put on the side of surgery; there is a popular saying that the X-ray never shows a tooth to be as bad as it proves to be upon extraction and that has been my experience in regard to tonsils.

It has been customary to postpone tonsillectomy, whenever possible, until the summer months in order to avoid the secondary dangers incident to the seasons with a high rate of respiratory infection as well as to avoid absence from school. Recently, however because the possibility of relationship between tonsillectomy and poliomyelitis is not only highest in the summer and fall months but largely confined to them, the question has been raised

whether tonsillectomies should not be avoided during this time of year. The data does not indicate a great difference in the incidence of poliomyelitis between nontonsillectomized and recently tonsillectomized children, in fact some observers doubt that it exists. However, there is evidence indicating a relationship between the removal of tonsils and the onset of bulbar form of poliomyelitis within the time interval corresponding to the incubation period of the disease. Certainly, tonsillectomies should be avoided in areas where poliomyelitis is epidemic, as a means of decreasing the highly fatal bulbar form, and it might seem appropriate to discourage the performance of tonsillectomies during the poliomyelitic season. If such a policy be adopted, then no ideal season is available for tonsillectomy; thus, a greater responsibility is placed upon the physician to be more critical in his recommendation for tonsillectomy. At all times, but especially in the winter season when the respiratory infections are frequent, the post-tonsillectomized child should be kept isolated for his own protection for a period of at least ten days. This time is not otherwise wasted since it also provides a convalescent period for recovery from the effects of the operation.

In so far as possible, tonsillectomy should be postponed until two or three weeks after the subsidence of an acute infection so that the operation is performed in an infection free period. This is not always possible as there is an occasional patient who seems never to be free of infection, and who has a persistent low grade fever with local evidence of infection in the tonsils. In such a case it is justifiable to perform the operation after establishing an adequate level of sulfonamide in the blood. A good many tonsillectomies are done with the idea that it will help all sore throats, but a large percentage of patients having only recurrent lingual tonsillitis or tracheitis will not be

cured by removing faucial tonsils. Hemophilia, of course, precludes all thought of tonsillectomy. Status lymphaticus is a contra-indication for tonsillectomy, the large thymus, however, may be treated by X-ray and when absorption has taken place the case may be operated. Diabetics should not be operated unless the urine has been freed of sugar and acetone. Acute sore throat is a temporary contra-indication for tonsillectomy and from ten days to one month should elapse from recovery depending upon the severity of the illness. Anemia, prolonged clotting time, syphilis or any other remediable condition should be treated if possible before surgery.

In conclusion, remember that the tonsil is not indispensable and that its removal as an empirical measure has resulted in improvement of the patient innumerable times. Generally speaking a tonsil once infected is always infected and therefore removal is indicated if such a history is revealed.

Dr. Tom Ray Honored

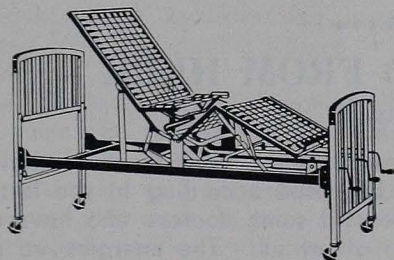
Dr. Tom L. Ray, Fort Worth, who is celebrating his 50th year in the practice of osteopathy, has recently been

honored by a fellow Texan and member of the Society for the Academy of Applied Osteopathy. We quote from the *News Letter* of the Academy of Applied Osteopathy:

"Another addition to the Harry L. Chiles fund is the payment of \$100 by Dr. Wiley B. Rountree of San Angelo, Texas, on his pledge of \$1,000 to the Academy. Dr. Rountree says, 'It is given in honor of Dr. Tom Ray of Fort Worth, eleventh president of the American Osteopathic Association, winner of the Distinguished Service Award in 1942, a member of this Academy, and a man whose life long practice of osteopathy has been in the highest traditions of the teaching of Dr. Andrew Taylor Still.'"

ERRATUM

In publishing the report of the former O. P. F. Chairman, Dr. J. L. Love of Austin, the name of Dr. Robert E. Morgan of Dallas was omitted from the list of members of the \$1,000 club. We are very sorry about this omission and apologize to you, Dr. Morgan, who has worked so hard to make this O. P. F. drive such a success.



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W. H. SORENSON, D. O.

Chairman Speakers Bureau of the P. & P W. Committee

PORT ARTHUR, TEXAS

I believe that we Doctors of Osteopathy could well observe and follow the methods used by our politicians in this state to gain favor with the public. Do they not sell themselves? Do they not let the public know what they stand for? At least, they do before the elections.

Let us suppose that we, individually, are running for office. Let us suppose our names are put on the ballot and opposing us are the names of the local doctors of other schools of practice. What are our chances of winning the election? If we go on as we have, not putting forth any effort in educating the public on whom we depend to put us into office, we will surely fail! We may well consider the legislative ballot, coming up in the near future, similar to a political campaign. We're all running for an office, that of re-election to practice osteopathy and surgery in the State of Texas.

Our campaign slogan may well be: KEEP OUR PRACTICE RIGHTS IN STATUS QUO.

Our platform: ALL THE THINGS OSTEOPATHY STANDS FOR.

What can we do to win this election? We can all start stomping for our cause. Speak to Civic Clubs, P.T.A. meetings, and any other gatherings on subjects pertaining to health. Let them know that you are an OSTEOPATHIC PHYSICIAN! Speak to your prospective legislators. Tell them you want the practice acts left as they are!

Recently you received a questionnaire pertaining to a new educational program through public speaking. If you have not already done so, please fill it out at once and mail it back to me.

LET'S WIN THIS ELECTION. WE CAN IF WE'LL ALL DO A LITTLE "POLITIKIN'!"

WHERE DO WE GO FROM HERE

(LATE RELEASE)

The returns of the 'speakers' questionnaire have been most gratifying. This program seems to be enthusiastically accepted according to the letters received with the questionnaire. There are still some doctors who have not returned theirs. This program will benefit all of us. The energies we put into it will be multiplied many times in results. After this information is compiled at the state office there will be a library of speeches on varying subjects ready for your asking. Then it is up to you to take advantage of this program. You are acquainted with your own town and know the civic life there. Make your speaking engagements. If you do not desire to speak write into the State Office, or to me, and we will find a man who will come to your town and fill the engagement.

Send in your questionnaire, get ready for the 'stomping season,' it is almost here!

Veterans Administration Contract

Agreement Between the Veterans Administration and The Texas Association of Osteopathic Physicians and Surgeons.

July 1, 1948

To: The Administrator of Veterans Affairs:

The Texas Association of Osteopathic Physicians and Surgeons (hereinafter called the "Contractor") and the Veterans Administration for the purpose of establishing and maintaining a close working relationship in order to establish a well-integrated service for providing medical care and treatment for veterans in the State of Texas, beyond those services available to the Veterans Administration in existing Veterans Administration facilities and installations, do hereby mutually agree as follows:

1. The contractor will request all of its members (citizens of the United States who are duly licensed physicians) to participate in a State-wide program whereby physicians in private practice in the State of Texas will render medical services (examinations, treatments, and counsel) in such cases as may be specifically authorized by the Veterans Administration; the physician reserving the right, however, to decline any particular case.

2. The contractor will submit to the Veterans Administration a list of its members who desire to provide service

for eligible veterans in the home communities of such veterans. This list may be augmented from time to time as additional physicians may indicate a desire to participate in the program. The physicians so listed will be fee-basis physicians of the Veterans Administration. By notice in writing, a physician may at any time request that his name be removed from the list of fee-basis physicians.

3. The contractor will assist the Veterans Administration in establishing, for examinations and treatment, a list of competent specialists who meet the qualifications of specialist of the Veterans Administration.

4. Lists of physicians submitted by the contractor will be broken down by counties or districts in order that the veterans for whom services are authorized may select a physician practicing in his home community. The choice of the physician by the veteran, provided for herein, is not applicable to examinations for pensions or compensation rating purposes. Such examinations may be performed only by a physician specifically designated for that purpose by the Veterans Administration.

(a) Fees for medical services in authorized cases shall be paid by the Veterans Administration to the physician rendering the service in accordance with the Fee Schedule, V. A. Catalog No. 5, dated February 15, 1948, hereto attach-

ed, which is made a part of this agreement. The contractor warrants that the rates set forth herein are not in excess of the rate of fees charged other persons who are not Veterans Administration beneficiaries for the same or comparable services. It is mutually understood that the fees stated in the Fee Schedule represent the maximum amount that may be charged, and do not represent the amount to be paid in every case. The Veterans Administration will advise each physician of this provision and will require each physician to certify in submitting his statement of account that the fees charged are not in excess of the fees charged by him for comparable service rendered non-veterans. It is understood that unusually involved cases and services not scheduled will be subject to review and recommendation by the Texas Association of Osteopathic Physicians and Surgeons to the Veterans Administration for determination of the appropriate fee.

(b) It is mutually agreed that during the term of the contract any item in the Fee Schedule which is mutually found to be inequitable may be increased or decreased after review and final determination to that effect by the Veterans Administration.

(c) It is further understood that services of physicians hereunder will be so utilized that fees therefore to any individual physician will not exceed \$6,000.00 per annum without the prior approval of the Chief Medical Director, Veterans Administration, Washington, D. C. It will be the responsibility of the Veterans Administration to enforce this policy and to advise all participating physicians that it is in effect. All Veterans Administration Branch Medical Directors have been instructed with regard to this policy.

6. The Veterans Administration will handle administrative and clerical details in connection with the authorization of examinations or treatments and

the maintenance of records; and will arrange for transportation of the veteran if necessary.

7. When authorizing treatment, the Veterans Administration will furnish to the veteran, proof of such authorization and a list of fee-basis physicians in the county or district in which the veteran is located, in order that he may select his own physician for the service authorized.

8. The Veterans Administration will review reports of examinations and services to determine their adequacy. No fee will be paid by the Veterans Administration for reports which are not acceptable to the Veterans Administration or for services rendered in unauthorized cases.

(a) The contractor will establish one or more boards of review composed of physicians. It shall be the duty of such board to review reports, which are deemed by the Veterans Administration to be inadequate or which do not meet the requirements of the Veterans Administration; for further work with the Veterans Administration whose work is found by the board to be incomplete or unsatisfactory; to advise and assist the Veterans Administration on other matters within the scope of this program.

10. It is agreed that physicians rendering services hereunder will be citizens of the United States, who are doctors of osteopathy duly licensed to practice medicine or surgery in the State of Texas.

11. This agreement shall be effective from July 1, 1948 to June 30, 1949, and may be terminated by either party by giving thirty (30) days written notice to that effect.

12. This agreement, if mutually satisfactory, may be renewed indefinitely for periods of one (1) year each, upon notice in writing to the contractor at least sixty (60) days prior to the expiration of each period of one (1) year,

and written statement from the contractor within thirty (30) days after such notification agreeing to the renewal.

13. No member of or Delegate to Congress, or Resident Commissioner, should be admitted to any share or part of this agreement or to any benefit that may arise therefrom, unless it be made with a corporation for its general benefit.

14. The contractor agrees that in performing this agreement, it will not discriminate against any employee or applicant for employment because of race, creed, color, or national origin, and that it will include a similar provision in all agreements entered into by it to effectuate this agreement.

Editor's Note:

The Association has been advised that the proposed agreement between the Texas Association of Osteopathic Physicians and Surgeons and the Veterans

Administration has been accepted for furnishing medical and osteopathic care and treatment to beneficiaries of the Veterans Administration or out-patient care of veterans with service connected disabilities for the period of July 1, 1948 to June 30, 1949.

This agreement has been assigned contract number V1001M-53, and it is requested by the Veterans Administration that all correspondence and vouchers pertaining thereto cite this number.

Only members in good standing of the Texas Association are eligible to participate under this contract. A certified list of members will be furnished the Veterans Administration soon.

It is suggested that all physicians interested in participating in this program, contact their nearest Veterans Administration office for all necessary forms, procedure instructions, and "Fee Schedule for Medical Services," V. A. Catalog No. 5, formerly V. A. Form 10-253a.

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"Service When You Need It"

A Routine Office PHYSICAL EXAMINATION

WILLIAM H. BADGER, D. O.
HOUSTON, TEXAS

The purpose of this paper is not to present anything new, but rather to bring to mind a habit of procedure that has, in recent years, I am afraid, been forgotten or at least neglected. This is the habit of making a routine examination of a patient before outlining and undertaking treatment.

Many times, when an osteopathic physician is consulted, the presenting symptom is so very obvious that he is tempted to make a snap diagnosis and immediately begin treatment, and while it is true that first impressions are many times the most accurate, it is equally true that many conditions of lesser importance, treatment of which would contribute greatly to the patient's recovery, are overlooked.

Another factor that makes it desirable to examine thoroughly is the necessity of keeping good and complete records if our liability insurance is to be effective. Mr. Nettleship has urged us many times to keep complete records of our findings and of our treatment and the patient's progress.

The following is the routine used in my own office, and is one which has been worked out to fit my own personal needs. The date, the patient's name, address and telephone number are noted at the top of a sheet which has been printed for that purpose. Next are noted the age, occupation, marital status, whether there are children, and if so, their ages. The patient is placed on the scale, and weight and height are recorded.

Next comes the chief complaint, and here the patient is urged to go into de-

tail in his or her own words, recounting the presenting symptom, how and when it started, and what, if any, factors are contributory. We desire to know how long the condition has existed and whether or not it has improved under whatever treatment may have already been taken. We ask for an account of the past state of health, or the condition of the patient before the present illness was first noticed; the family history is taken with special care to record anything of an hereditary nature, particularly in regard to malignancy, tuberculosis or allergy. All diseases, operations, and injuries, and recoveries from the same, are recorded.

Now we start with the actual examination. The temperature, pulse and respiratory rates, and blood pressure are noted, particular attention being paid to any variations from what we consider to be within normal limits. It is here that we may get our first warning of thyroid, cardiac, and respiratory disorders. The eyes are examined by inspection noting any conjunctivitis, blepharitis, photophobia, visual acuity and any disturbance in field of vision. The ears are examined with the aid of the otoscope, to determine the presence of cerumen, and the condition of the tympanic membrane. Here also is noted any difficulty in hearing. The nose is examined through a speculum, paying careful attention to the condition of the turbinates and septum. The throat is examined under good illumination, determining the condition of the tonsils, the presence of inflammation or post nasal drip, and oral sepsis. The sinuses,

frontol and maxillary are checked by transillumination. Any deviations from normal configuration, such as thyroid enlargement, are noted and recorded here.

Next the chest is examined by inspection (auscultation, percussion and fluoroscopy. We note the excursion of the diaphragm, malformations of the bony thorax, and any variations from the normal vesicular breathing. The fluroscope is quite helpful in finding areas of bronchial involvement and in determining the size, shape and position of the heart. Any evidence of valvular lesion, or murmur, is now noted, and we remember the character of the pulse and correlate it with our cardiac findings. Percussion is useful in determining size, shape and position of the heart, but in my own instance I have found the fluroscope to be much quicker and considerably more accurate. The breasts are examined for retraction of nipple and tumor masses.

The abdomen is examined principally by palpation and percussion. Here we note the presence of excessive obesity, the presence of distension, of fluid, or of tumor masses, muscular rigidity in the abdominal wall, the presence of herniation, and scars of previous surgery. The patient is questioned closely all the while as to the evidence of tenderness on pressure, and whether it is more noticeable when the abdominal muscles are relaxed or tensed.

In the genitourinary examination, history of puberty is noted, as is the existence of dysmenorrhea, amenorrhea, metrorrhagia, or menorrhagia. If the menopause has been passed, we question closely as to age of occurrence, duration, and any menopausal disorders. The patient is also questioned concerning itching, burning, frequency, or nocturia. Except in the case of the virgin, where rectal examination must suffice, the regenerative organs are examined bimanually and visually. Careful attention is paid to the position of

the uterus and adnexa, and to the possible presence of fibroid tumors or malignanceis of the uterus, enlargement or fibrosity of the tubes, cysts of the ovaries and engorgment of the broad ligaments. Smears are made of any discharge that may be present, and a simple test of vaginal pH is made, using ordinary nitrazene paper as an indicator. If the cervix be lacerated or eroded it is cleared of mucus and painted with an iodine stain, which sometimes gives us an indication as to the possible presence of a malignancy.

Preceding the rectal examination a careful history is taken as to previous bleeding, pain or pruritis, and if constipation has been present, as to type, whether habit, atonic or spastic. The condition of the perianal skin is noted and a gentle digital examination is made, here is noted the presence of pectinosis, sphincter spasticity, tumor masses and bleeding. The Brinkerhoff speculum is used for visualization and we check for the presence of internal hemorrhoids and hypertrophied papillae. A blunt hook is used in a search for crypts, care being exercised that we do not produce a pathology which did not formerly exist.

Pupillary and patellar reflexes are checked, and the patient's station is noted, for presence of Romberg's sign.

A spinal examination is now made, and here we attempt to check and correlate with any organic changes previously noted. We look for individual lesions, scoliosis, any change in the normal antero-posterior curves, and for anatomical shortness in the leg. The extremities are checked by inspection and palpation.

Now as to laboratory: We routinely ask the patient to go to the hospital for urinalysis, differential, red and white blood counts, and hemoglobin estimation. A Wasserman is asked for if one has not been done within a reasonable time. Now, if from the preceding examination, there seems to be

indication, we recommend cardiography, metabolic determination, sedimentation rate, blood chemistry, agglutinations, thick smear examination for malaria, stool examination for parasites, or X-ray examination. If anything has shown up which we do not completely understand, or if we feel that specialized treatment is indicated, we do not hesitate to refer the patient to the proper person.

As you can see, this is all designed for the use of the general practitioner. It does not take the place of the clinical examination where each part is examined by a specialist in that particular field. It does, however, make a fairly sound basis for a comprehensive diagnosis.

A START

The nine-year-old son of the doctor, together with a friend, was playing in

his father's office, during the absence of the doctor, when suddenly the first lad threw open a closet door and disclosed to the terrified gaze of the little friend an articulated skeleton.

When the visitor had sufficiently recovered from his shock to stand the announcement, the doctor's son explained that his father was very proud of that skeleton.

"He is," exclaimed the visitor. "Why?"

"Well, I'm not sure," answered the son, "maybe it was his first patient."

RUDE AWAKENING

Patient (coming out from under the ether): Why are the blinds drawn, doctor?

Doctor: Well, there's a fire across the alley, and I didn't want you to wake up and think the operation was a failure.—*Belvoir Castle.*

DISTINGUISHED VISITOR

Robert T. Lustig, D. O., of Grand Rapids, Michigan, spent a mid-June vacation in Texas where he visited Lester J. Vick, D. O., of Amarillo Osteopathic Hospital. District One recognized the guest as an outstanding scientist and prevailed upon him to make a number of speaking appearances.

That modern discoveries in electrochemistry and biophysics bear out many of the hypotheses of the osteopathic school of medicine was brought out tellingly in Lustig's talks.

The U. S. Government's Program of Scientific Investigation in Germany in 1946 was captained by Dr. Lustig, who found many marvels abroad. Dr. Lustig wrote the official report of his committee (Report No. P. B. 80359, Field

Information Agency Technical, Office of Publications Board, Washington, 25, D. C.)

"Discoveries in electro-chemistry reveal . . . the body is self reparative, given a reasonable chance," says Dr. Lustig. "It has within itself the necessary ingredients for maintenance and repair provided interfering agents are corrected. In the intensive study being enacted now to determine what these interferences are and how best to rid the system of them is vindication for the osteopathic philosophy and establishment of the rationable of its techniques."

In discussing warfare's use of jamming techniques against enemy communications, Dr. Lustig commented that

scientists employed waves of similar lengths to those being counteracted. He pointed out that this basic principle is being used in healing arts.

"Thus far we have not been able to determine accurately the frequency of all diseases, but may expect to do so soon on the basis of mathematics," Dr. Lustig says. "Then we may employ the same wave frequency against a disease being treated."

On questions of atomic, bacteriological and toxin warfare, Dr. Lustig takes a strongly moral point of view. Addressing various civic clubs in the Panhandle area, he pointed out the immense potentialities of all countries in armaments. Radioactive dust, for example, is so cheaply developed that for a few dollars' expenditure any country may spread this deadly agent with artillery shells.

"We have been permitted to penetrate to the secret of the universe. Energy is the secret of the universe," the scientist points out. "But as peoples we have not attained enough moral development, personal integrity or international integrity to handle our discoveries."

Speaking to civic groups, among them the Kiwanis Club of Borger, where Dr. Lustig appeared as the guest of Dr. L. N. Pittman, the Grand Rapids physician suggested that every citizen take on personal and civic responsibility. "We do not volunteer when we should to help in local and national projects. As a nation we cannot have a Bill of Rights without a corresponding bill of responsibility."

Since his return from Germany in August, 1946, Dr. Lustig has made more than 80 such speeches.

A member of the Committee for the Advancement of Science and of the Electronic Medical Foundation, Dr. Lustig adds national scientific activity to a heavy schedule of practice in Grand Rapids. He is a proctological specialist, has his own clinic and is chief of staff



ROBERT T. LUSTIG, D. O.

in Grand Rapids Osteopathic Hospital.

A graduate of Des Moines Still College, he began to practice in 1925. He had married in 1924 Evelyn Gertrude Curtis of Lowell, Michigan. Dr. and Mrs. Lustig are parents of three daughters, Marilyn, Caroline and Dorothy.

Dr. Lustig's personal interest in osteopathy began when he was a high school student. A leg injury received in competition skating was treated without success by the medical school of a large university. An elderly osteopathic physician, unable to use hospital connections, performed in his office a very complicated tenotomy which permitted Lustig 14 months later to skate to championship in high school speed races.

Before he took his degree in osteopathy, young Lustig spent several years at Carnegie Institute of Technology in electrical engineering and then trained for four years in chemistry. Still a young man, he is a credit to the scientific world and to the cause of democracy, as well as to the profession of osteopathy.

No Riders Please

STEPHEN B. GIBBS, D. O.

National Membership Chairman

CORAL GABLES, FLORIDA

As of June 1, 1948, the A.O.A. membership in Texas was 334. That figure represents 78% of the osteopathic profession in the state. Texas ranks third on the membership percentage list of the twelve larger states having 300 or more osteopathic physicians. Michigan heads the list with 85% A.O.A. members and Ohio second with 83%. The average of 82% for these three states is 12% higher than the A.O.A. membership of the entire profession. We could have over 9,000 A.O.A. members if every other state would give the same loyal support as the three states just mentioned.

The American Osteopathic Association has come a long way since it was organized fifty years ago with 428 members listed in the 1898-99 directory. In this short period, osteopathy has gained recognition and practice rights throughout the United States and several foreign countries. The privileges enjoyed today by some 11,000 osteopathic physicians came about through organization,—the Divisional Societies and the A.O.A. It meant a lot of hard work together with the financial difficulties usually experienced by organizations in the making. Many might think that the work and financial burden is about finished now that we have attained our just recognition. The job is not finished and never will be.

Insidious forces are at work attempting to discredit our ability as physicians. They will do their utmost to take away and destroy everything osteopathy has gained. Jealousy on the part of some of our enemies has increased in direct proportion with osteopathic achievement. They will fight harder than ever to stop us. In order to repulse this continuous onslaught, we must not fail to strengthen our ranks. 100% *Divisional Society and A.O.A. membership is the answer because our practice rights are the concern of our entire profession.* Other branches of the healing science much larger and established much longer than ours, enjoy loyal support from a very high percentage of their members. As secure as they appear to be, they realize that their organizations must continue to function indefinitely.

There are still over three thousand hitch-hikers in our profession. Our membership ratio is about 8 to 3. That means every eight members are carrying the burden of three more, who ride free and work under the protection of fine practice laws made possible by conscientious members of our Divisional Societies and the A.O.A.

Because of the non-support of these three thousand non-members, the A.O.A. annual dues had to be raised to fifty dollars. The twenty dollar increase in the dues was absolutely necessary if the osteopathic profession is to continue to

hold its high position in the public eye which was achieved through many years of hard work, to keep abreast of the scientific development in the healing art, to render the service to its members which has been developed to such a high standard, and to meet the tremendous increase in overhead operation experienced by practically every branch of business in our country since the war.

As of June 1, 1947—3,277 members had paid their 1947-48 A.O.A. dues. This year, by June 1, only 2,009 had paid their 1948-49 dues. That is 1,268 less than last year. There were 5,822 unpaid dues on June 1st of this year as compared to 4,536 unpaid June 1, 1947. Through the fact that so many more have not yet paid these dues as compared with a year ago, it must mean a definite indication some degree of protest to the added \$20.00 in annual dues. *Stop and think, Doctors.* That increase represents a fraction over thirty-eight cents each week. Is that out of proportion with the increased organization expense?

The A.O.A. and Divisional Society needs your support. Pay your dues now. Get all non-members to help with the burden.

WHY PEOPLE JOIN THE A. O. A.

1. They believe in the AOA and its objectives.
2. They use the services of the AOA.
3. They like to attend meetings.
4. They appreciate contacts and companions.
5. Because their friends belong.
6. They seek personal preference and recognition.
7. They want to keep informed on professional matters.
8. They are "good fellows."
9. Because of the educational advantages in attending meetings, etc.
10. They want to improve their pro-

fession, its methods and the efficiency of their own offices.

11. Defense against unfair legislation.
12. They want to work with other physicians on mutual problems.
13. For social and recreational features.

WHY PEOPLE DON'T JOIN THE A. O. A.

1. They do not believe organized effort accomplishes anything.
2. They do not wish to spend money for dues—believes they can benefit anyway (free riders.)
3. Some do not have the money.
4. Possibly an unfortunate misunderstanding with AOA.
5. Some like to be individual "big shots."
6. Some are anti-social.
7. Some have an exaggerated opinion of their ability.
8. Some believe they are in a better position to chisel on effort of AOA members.

Safeguard Your

Professional Reputation

USE MERCHANDISE OF
DEPENDABLE QUALITY

—SURGICAL
INSTRUMENTS

—SPECIALISTS'
EQUIPMENT

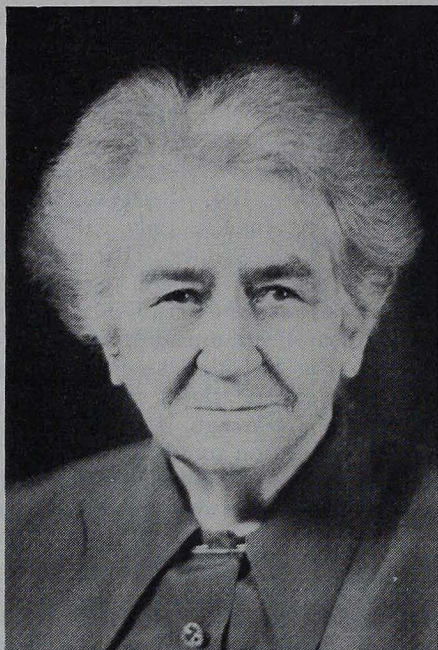
The A. P. CARY COMPANY

Medical Arts Building
Dallas - Ft. Worth - Houston

Our Honorary Life Members

Dr. Charlotte Strum who lives at 209 West Poplar Street, San Antonio, was born in Canada of the United Empire on November 26, 1866. She was born in the village of Mahone Bay where they build swift sailing craft and her earliest memory is of sitting on her father's shoulder to watch a launching.

She taught school two terms which was long enough for her to decide that teaching was not her vocation. Against the wishes of her family, since it was not yet an acceptable vocation for a young lady, Dr Strum entered a training school for nurses. She is a graduate of the McLean Hospital Training School, the Massachusetts General Hospital and the Massachusetts Charitable Eye and Ear Infirmary. At one time she was head of the Woman's Hospital in New York where the famous Dr. Thomas Addie Emmett operated. In between attending schools, Dr. Strum did private nursing and became known at the directory as "the nurse who could catch a train." During these times she nursed in most of the New England states. She refused many offers of executive positions because she did not like teaching and later, upon taking an examination for a position as a college nurse, found that she had an infected lung. This condition motivated her to move to Texas where she recovered. Dr. Strum says that nursing in Texas in those days was truly pioneer work. For two years she leased a small private hospital in San Antonio and



DR. CHARLOTTE STRUM

there an osteopathic physician, the late Dr. Paul M. Peck, cared for a man from Michiban with a form of therapy that the other doctors did not have. It appealed to her and she decided to learn it.

Dr. Strum entered A. S. O. in Kirksville and graduated in 1906 only to spend another year at Des Moines Still College at Des Moines, Iowa, where she finished in 1907. Immediately after graduation she was appointed assistant to Dr. Nettie Olds Haight there and greatly benefited through experience in attending acute conditions and at the same time gaining confidence in the work of osteopathy. Later she opened an office near Drake University where she treated students.

After visiting possible locations in

Michigan and Ontario, Dr. Strum returned to San Antonio. The day following her return the bank which held her scanty balance was closed leaving her fifteen cents in cash, and a two cent stamp. "But," said Dr. Strum cheerfully, "I had health, a diploma, and a good reputation. So I just went to work."

In 1925 she moved into her own home, arranging the lower floor for offices which proved to be convenient and quiet. Twenty-five years ago she adopted a young cousin, Miss Emma M. Strum who lives and works with her.

Dr. Strum is interested in all civic organizations and is a member, now inactive, of a number of clubs on the local, state and national level. The card which pleases her most is from the oldest social club in North America, organized in 1606 and known as "The Order of Good Time" of Nova Scotia.

Her hobby for years was bees and bee keeping and the observational hive that she kept on her screen porch with the bees coming and going through an

opening from the outside was an interesting object. This hive was donated at the end of World War No. I to a chaplain to teach veterans about bees and honey production by actual demonstration. Dr. Strum has a large and interesting library and is fond of reading.

She is active in her profession for nine months of the year and depends upon osteopathy not only for a living in a financial way but for her own personal physical living. "And," says Dr. Strum, "I hope to be able to die with my boots on like a good Texan."

The osteopathic profession in Texas should be proud to have among its ranks a woman, with so much courage and preception who had what it took to be a pioneer in this profession. Things have been made easy for the younger generation coming on and they should look back and search their hearts to find if they have the REAL MOTIVATION to carry on what people like our Dr. Charlotte Strum had and still have.

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Phenobarbital	1-3 gr.
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Bis Subgal	10 gr.
Col. Kaolin	10 gr.
Magnesium Ox	6 gr.
Calcum Carb	20 gr.

Aromatics

OSTEOPATHIC COLLEGE NEWS

K. C. O. S.

John Kemplin, a sophomore from Valley View, Texas, has been awarded a Walter and Carrie B. Stewart scholarship. Kemplin from North Texas State College at Denton where he also received the degree of Master of Science in chemistry.

Dr. W. E. Gorrell, of the "Heart o' Hills" Clinic of Kerrville, Texas, has been with the College for several years as visiting surgeon while Surgeon-in-Chief Paul R. Koogler is convalescing at home.

Dr. Gorrell graduated from K.C.O.S. in 1923 and after serving his internship, he was the house physician for two years at the K.C.O.S. Hospital. Before establishing the clinic in Kerrville, he operated the Gorrell Hospital in Corpus Christi for a number of years.

Dr. Gorrell is a senior member of the American College of Osteopathic Surgeons, certified in general surgery.

More than one hundred fifty physicians from seven states and Canada registered for the Annual Clinical Review Course held at the College June 13, 14, 15. Physicians were enrolled from Missouri, Illinois, Oklahoma, New Mexico, Texas, Michigan, New York and Ontario and all were high in their praise of the excellence of the course and gratified to see the growth the College is making.

Dean M. D. Warner announces that the class for September 1948 has been filled since March 1st. At that time approximately three hundred applications were on file, from which one hundred matriculants were chosen. Selection was made on the basis of scholarship, motivation, character, personality and professional promise as revealed by transcripts of record, letters of recom-

mendation from science instructors and osteopathic physicians and in many instances by personal interviews by members of the faculty or designated osteopathic physicians.

"Truly," says Dean Warner, "the 1948 class will possess a high degree of scholastic ability, osteopathic motivation and professional promise."

In June, the K.C.O.S. Hospital marshalled the resources of its community blood bank to assist St. Luke's Hospital of Kansas City in meting an emergency growing out of an explosion in an apartment house in that city. Twenty donars made contributions which were forwarded to Kansas City by airplane.

At the 111th graduation ceremonies at K.C.O.S. the degree of Doctor of Osteopathy was conferred upon twelve graduates among whom was Dr. William D. Danks, Jr., of Dallas, Texas. Dr. Danks is now associated with Dr. Joe Love and practicing in Austin.

The degree of Doctor of Science in Osteopathy was conferred upon Dr. Louisa Burns of Los Angeles, California and Dr. Chester D. Swope of Washington D. C., for outstanding service to the osteopathic profession and humanity.

D. M. S.

The first summer session in the history of the Des Moines Still College of Osteopathy and Surgery has now begun. This session marks the first summer semester of the 4½ year curriculum which was started in the fall of 1946.

Students who graduate hereafter will have completed the most elaborate and comprehensive course in osteopathic medicine ever offered by this College. In addition to a full course in modern

medicine, a full schedule in the principles and practice of manipulative technique is maintained.

The Des Moines Still College announces that the September class of 70 freshmen is nearly completed. The files of the Registrar show that approximately 300 applicants desire to begin their studies of osteopathy at Still College in September.

Obviously most of these splendid young men and women will be disappointed, and some will be discouraged. Many of their sponsors in the profession will be displeased also. The college is endeavoring to select students who are best qualified for admission, and who will successfully withstand the difficult program which they are about to undertake.

Approximately 35 freshmen to be admitted in September will already have the degree of Bachelor of Arts or Bachelor of Science. The admission of large numbers of 3 and 4 year college students will probably continue for a number of years.

P. C. O.

The Graduate School of the Philadelphia College of Osteopathy announces a post-graduate course in cranial therapy from September 27 to October 2, 1948 inclusive. Tuition is \$150.00. Make application to the office of the Dean of Philadelphia College of Osteopathy, 48th and Spruce Streets, Philadelphia 39, Pennsylvania.

Our Second Vice-President

Dr. Robert J. Brune was born and reared in Tekamah, Nebraska, where he received his grade and high school education. He was the first student to matriculate for a strictly "pre-osteopathic" course at the University of Nebraska completing the work at the University of Omaha. He holds a B. S. degree.

He received his professional education at the Des Moines Still College of Osteopathy and Surgery and the Kansas City College of Osteopathy and Surgery from which he received his doctors degree in osteopathic medicine.

Dr. Brune is a member of Beta Theta Psi, Alpha Psi Omega, and Atlas Club fraternities.

After completing his internships at the Corpus Christi Osteopathic Hospital, Dr. Brune was associated for a short while with Dr. H. W. Sanders in establishing the Alice Clinic and Hospital and then entered private practice in Premont where he was recently elected City Health Officer.

Dr. Brune has been a member of the House of Delegates of the Texas Association from District No. 8 since its inception and was recently re-elected to a two-year term in that House.

He is married to the former Lola Sue Wilkerson of De Funiak Springs, Florida. Both Dr and Mrs. Brune are veterans of World War II, Dr. Brune having served in the medical department of the army and Mrs. Brune in the WAAC and WAC. The Brunes have one child, Bobby Joe, Jr. "at present" as Dr. Brune says.

MID-YEAR POST-GRADUATE CONFERENCE

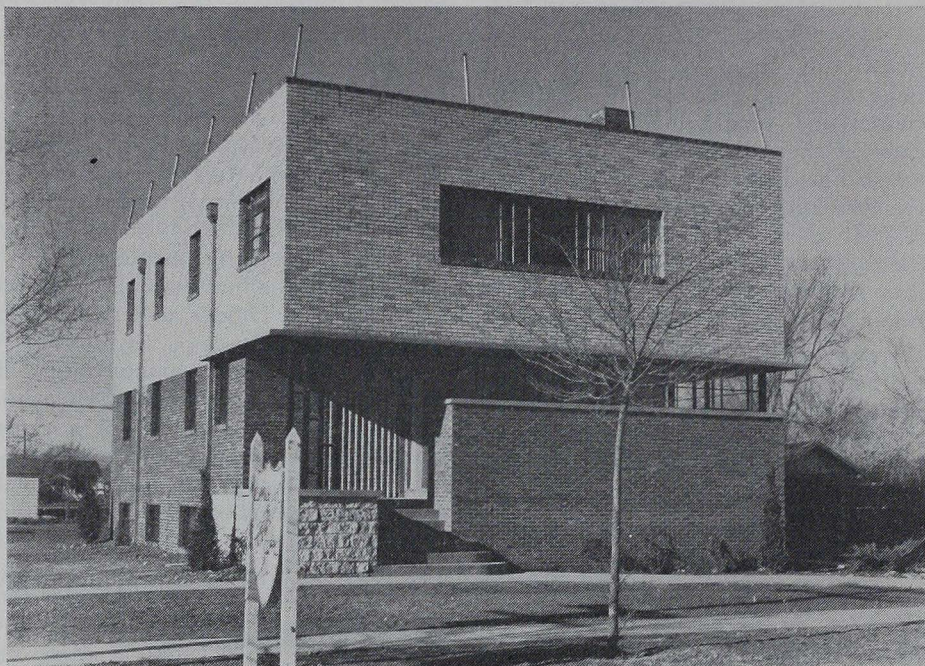
To Be Held in Corpus Christi

OCTOBER 1-2

PLAN TO BE THERE

Texas Osteopathic Hospitals

AND CLINICS



LEOPOLD OSTEOPATHIC CLINIC,
ODESSA, TEXAS

Drs. V. Mae Leopold and Norman B. Leopold, owners of the Leopold Osteopathic Clinic, located in Odessa, Texas, in 1939 and opened their new clinic in December 1946.

The three story clinic, modern in design and arranged for additional lighting facilities through the use of plate glass for two walls of the lobby and waiting room, serves Odessans and citizens of the Permian Basin area. The third floor is used for their residence

and the first floor has storage space and hobby rooms. The second floor office space has eight rooms including treatment, minor surgery, physiotherapy, x-ray rooms and a general laboratory. The roof is designed for a garden.

Completely air-conditioned, the fire proof structure comprising brick and concrete with tile blocks and trimmed with Austin limestone on the lower part of the building, has an all concrete roof and floors, unusual in that area.

AMARILLO CHILD HEALTH CLINIC

Dr. Mary E. Golden, nationally recognized authority on pediatrics, will be coordinator for the Amarillo Osteopathic Hospital Staff Auxiliary's Child Health Clinic, August 13-14.

On the faculty of the Des Moines Still College of Osteopathy and Surgery (of which she is also an alumna) for the past thirty years, Dr. Golden is a distinguished leader in osteopathy.

She is chairman of the National Committee on Research, A.O.A. She was president for two years (1935-37) of the Osteopathic Women's National Association, and for two years (1942-44) of the Iowa Society Osteopathic Physicians and Surgeons. For six years she has been a national trustee of the American Osteopathic Association, for ten years a trustee of the Iowa S.O.P.S. Dean of Women at Des Moines Still College, she is also a trustee of the institution.

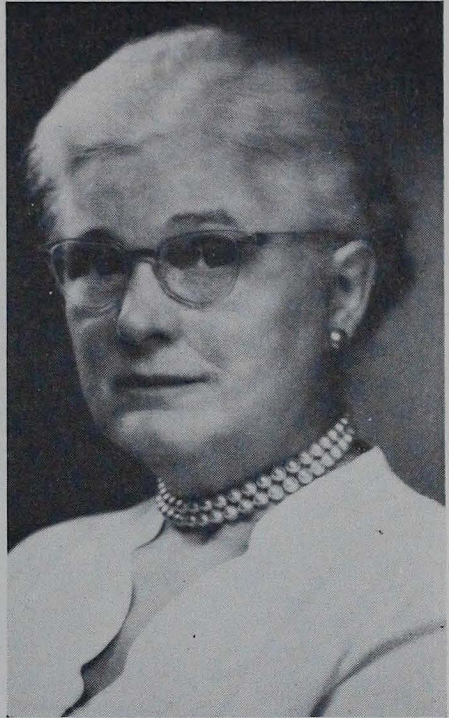
Dr. Golden has appeared on state, national section, and general national programs many times, and has had years of experience with child health clinics.

Amarillo A.O.H.S.A.'s Child Health has won recognition for outstanding work. In the 1947 session, complete physical examinations were given to almost 200 children of pre-school age.

Auxiliary members not only plan and sponsor the clinic, but work at filling out case histories and accompanying the young patients to visits with the doctors.

Planning and organization is carried on by a five-member committee from the Auxiliary. Twenty-four members of District One Association of Osteopathic Physicians and Surgeons form the board of doctors to work with the coordinator.

As coordinator of the Amarillo Clinic, Dr. Golden is in distinguished company. Dr. G. N. Gillum of Kansas



DR. MARY E. GOLDEN

City, was coordinator of the first of these, in 1945. Dr. Dorothy Connet, Kansas City, served in 1946, and Dr. Ray McFarland, Wichita, was coordinator in 1947.

Amarillo O. H. Auxiliary's president is Mrs. Harold M. Gorrie. Child Health Clinic chairman is Mrs. Lee V. Cradit; co-chairman is Mrs. Ed Mayer, Jr.

Clinic chairmen in past years have been: Mrs. J. Francis Brown (1945), Mrs. L. J. Vick (1946), and Mrs. G. W. Gress (1947). Mrs. Gress is serving in an advisory capacity with the committee this year.

Other auxiliary officers who will work with the clinic are: Mrs. W. H. Ballard of Pampa, first vice-president; Mrs. Richard Mayer, Silverton, second vice-president; Mrs. Don Hackley, Dumas, secretary; and Mrs. N. M. Harris, Amarillo, treasurer.

AUXILIARY NEWS



Auxiliary to the Seventh District Society

Standing, reading left to right: Mrs. H. A. Beckwith, Mrs. E. C. Baum, Mrs. H. V. W. Broadbent and Mrs. Ray Hubbard.

Sitting: Mrs. H. H. Edwards, Mrs. Gordon Beckwith, Mrs. I. T. Stowell, Mrs. Rex Aten, Mrs. W. H. Van de Grift, Mrs. L. C. Edwards, Mrs. James Montgomery, Mrs. B. M. Klase and Mrs. R. E. Farnsworth.

DISTRICT No. 1

The Groom Osteopathic Hospital Auxiliary held its regular monthly meetings on July 5.

After dinner with the doctors at the Longhorn, the ladies held their meeting in the reception room of the offices of Drs Witt and London. Reports were made of favors put on the patient's trays on special holidays by auxiliary members. Plans were made for a

covered dish dinner to be held in October as a means of raising funds and projects for the year were discussed.

DISTRICT No. 2

The Dallas Ladies Guild entertained with a dinner dance on June 24th at the Venus Club. Invitations were extended to doctors and their wives in the neighboring towns. About fifty persons attended.

The Fort Worth Osteopathic Hospital Guild had a benefit bridge and dominoe tournament on June 11. Over two hundred guests were present. Door prizes and refreshments were donated by Fort Worth business firms. Mrs. R. D. Fisher, president, gave the welcoming address and Mrs. H. G. Buxton was chairman of the committee on arrangements.

The Fort Worth Osteopathic Hospital Guild held a game tournament in June at the City Recreation Building. Mrs. Howard Buxton was general chairman. Over fifty prizes were donated by local merchants and the affair was a success in every way. All guild members are looking forward to having another in 1949.

The Tarrant County Osteopathic Auxiliary held their June meeting at Mrs. Tovall's Tea Room. The following officers for the ensuing year were installed:

Mrs. Roy B. Fisher, President.
Mrs. J. R. Thompson, President-Elect.
Mrs. Arthur Clinch, Secretary.
Mrs. Hugo Ranelle, Treasurer.
Mrs. George Luibel, Reporter.

DISTRICT No. 7

The Auxiliary to the District No. 7 society held their regular monthly meeting in the home of Mrs. Lige C. Edwards following a dinner with the doctors at The Manor in San Antonio.

The district constitution was approved in the business meeting and sent to the A.A.O.A. for their approval. A nominating committee composed of Mrs. Rex Aten, Mrs. E. C. Baum and Mrs. James C. Montgomery was elected.

Drs. E. C. Baum and Wm. Van de Grift discussed the meaning of osteopathy and what the members of an auxiliary can do toward helping the auxiliary.

Veterans Service Rules

From the vast amount of literature on out-patient care of veterans with service connected disabilities the following rules were formulated by the editor, Dr. R. M. Packard, of the Arkansas Association.

1. You must have authorization, in writing, from the V.A. to treat the veteran.
2. This authorization is good for one month only.
3. This authorization must state the specific disability.
4. This authorization must state the number of treatments for that month.
5. This authorization has a proper space for you to fill out so that you may collect your fee. The allotments to the V. A. run from month to month and past due accounts are hard to collect. All papers must be returned to the office of the V. A.
6. A veteran desiring treatment must apply to the Veterans Bureau for the proper authority to receive treatment and without this authority the V. A. is not responsible for your fee. The form necessary is V. A. Form 2690.
7. Should the veteran need more treatment than is specified, there is a space for you to fill in and return to the office of the V. A. At this time state the number of treatments you think the patient should have for the next month.
8. The veteran has free choice as to his physician where no V. A. facility exists.

NOTE: These rules are not official but seem to cover the subject reasonably well. The thing to remember is that you *must* have the proper authority to treat the veteran.

Dr. Harold E. Donovan of Raton, New Mexico, traveled to Atlantic City in mid-June as a delegate to the Imperial Shrine Council.

NEWS OF THE DISTRICTS

DISTRICT No. 1

Dr. and Mrs. Lee V. Cradit left early in July for Portland, Maine, where Dr. Cradit will attend the O.&O.L. national meeting, July 15-19.

They will be in Boston for the 52nd Annual Convention of the American Osteopathic Association, July 19-23, and will then make a short tour to points in Canada.

Mrs. Cradit will be a prominent Texas representative in Boston as she is a member of the National Auxiliary Board.

Dr. and Mrs. J. Gordon Stewart of Clarendon have purchased and moved into the former home of Drs. Keith and Laura Lowell, who are leaving Clarendon for Dallas.

Dr. Lucy Knolhoff spent her vacation visiting at the Ted Alexander Clinic in Wichita Falls, Texas.

As a community service to the 500 inhabitants of Army Tech Village, Dr. Ralph M. Soper has opened a clinic there in Building 33, Apartment 2. Office hours are from 7 to 9 every morning. The Soper family moved to Army Tech about the middle of June. Their new telephone number is 3-3029.

Dr. L. J. Vick will appear on the program of the National Society of Herniologists, giving a paper on "The Modern Concept of the Non-operative Repair of Hernia." The annual meeting and program will be held in Detroit, July 15-17.

At the A.O.A. Convention in Boston, July 19-23, Dr. Vick's part on the program of the proctological section will be the showing of surgical films taken at his clinic in Amarillo.

Dr. John London, who was thrown from a horse on his farm near Groom,

is in New Mexico for a period of rest prescribed for him by his associate, Dr. John Witt. Because of injuries from the "cowboy" accident, Dr. London had to cancel earlier plans to make a trip out to Los Angeles.

Dr. Paul Roberts of Panhandle, and Drs. J. L. Witt and John London of Groom, are to have the mass chest X-ray unit of the Texas State Health Department in their communities and in White Deer in November.

Dr. George Blasdel, local boy who has made good as a D. O. in Los Angeles, hit national publicity by performing an operation to restore sight to a cocker spaniel.

Now he has done it again. This time his patient was a seeing-eye dog about to lose usefulness for its blind master—and the great human-interest story of Dr. Blasdel's successful operation hit the science news section in *Time* magazine, page 76, for June 14.

DISTRICT No. 2

Dr. Charles M Hawes of Denison recently attended the Kansas City Health Conference and brought back a good idea for our own annual convention.

Dr. James A Kibler of Nocona is just now returning to active practice after an automobile accident several months ago which left him crippled.

Dr Robert Lutz and Dr. Ross Carmichael of Dallas have been in Denver taking a post-graduate course under Dr. Tedrick.

Dr. and Mrs. N. W. Alexander are vacationing in Minnesota.

Mrs. H. M. Walker of Fort Worth is visiting in her old home state of Georgia.

News of the Districts - (Continued)

Dr. Mary Lou Logan as president of the Dallas Business and Professional Women's Club represented this group at the Biennial National Meeting held recently in Fort Worth.

Dr. and Mrs. R. H. Peterson of Wichita Falls spent the week end recently with Dr. and Mrs. Louis Logan of Dallas.

Dr. and Mrs. Sam Scothorn have just returned from their regular monthly visit to the grandchildren in Tyler.

Dr. George Hurt is convalescing at his farm near Franklin and will be out of the office for several months.

Dr. and Mrs. Patrick Philben, Dr. Mary Lou Logan, Dr. Louis Logan, and Dr. and Mrs. Robert E. Morgan are attending the A.O.A. convention in Boston. Dr. and Mrs. Morgan are planning to go on to Nova Scotia for a sight seeing trip before returning to Texas.

DISTRICT No. 3

The newly enlarged and decorated offices of President H. G. Grainger is quite an "oasis." The grass green rug on the reception room floor gives one the urge to go and roll in the grass or,

at least, walk through it barefooted. The walls are turquoise blue and the ceilings jonquil. The decoration was done by the capable Mrs. Grainger. Dr. Grainger has installed a new x-ray machine, a Spinalator table and other equipment together with a beautiful large sink and cabinet combination as well as a new refrigerator for biologicals.

Soon this floor of his building will be air-conditioned and H. G. G. will have one of the outstanding offices in the whole state from the standpoint of both beauty and utility.

Work is progressing on the new osteopathic hospital being built in Tyler by Dr Howard Coats and Dr. Joe Brown. They hope to be able to have their formal opening some time next month.

DISTRICT No. 5

The first meeting of District No. 5 for the year was held at the Raleigh Hotel in Waco on June 27, 1948.

Dr. Nelson E. Dunn of Mart called the meeting to order and after reports by Drs. Virgil Kelley of Waco, John Riggs of Groesbeck and Ira Kerwood

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News of the Districts - (Continued)

of McGregor the program was turned over to the program committee.

T. A. O. P. S. President H. George Grainger was the principal speaker and spoke on the problems of osteopathy today. Executive Secretary H. V. W. Broadbent outlined the purposes and activities of the State Office.

This was followed by an instructive scientific lecture by Dr. John B. Donovan of Austin on cranial technique.

The next meeting of the district is to be a bar-be-cue to be held sometime about July 27.

(Editor's Note: Better find out when and where it is to be. We understand that Dr. Dunn is really getting that mutton fat.)



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DISTRICT No. 6

Dr. James J. Choate established a clinic in the Club house of the Boy and Girl Builders in Houston and gave physical examinations to about 30 girls who had registered to go to the Builder Camp. All physical examinations are provided without financial obligation.

Dr. James J. Choate of Houston delivered a series of lectures before the annual summer post-graduate course held at the Amarillo Osteopathic Hospital and Clinic.

He spoke on "Sacro-iliac Strain," "Spinal Curvature Resulting from Short Leg," "Posture in Adolescent Children" and "Manipulative Care of the Pregnant Woman."

DISTRICT No. 7

The regular monthly meeting of the District No. 7 society was held in San Antonio at the Edwards Clinic on Sunday, June 27.

Dr. I. T. Stowell gave a paper on the symptoms, care and treatment of coronary sclerosis and a general discussion followed. (We want this paper for the Journal, Dr. Stowell.)

Dr. Rex Aten reported on the procological conventions in Raton, New Mexico, and Denver, Colorado.

The next meeting will not be held until August 29 in Austin, due to the national convention in July.

Drs. I. T. Stowell, Gordon Beckwith and H. A. Beckwith are in the process of building a new clinic at the corner of Howard and Ashby Streets in San Antonio. They expect to finish it some time early in August.

Dr. and Mrs. B. G. Schoch recently took another week-end jaunt. This time it was to El Paso.

Dr. Rex Aten attended the Western State Proctological meeting at the Rocky Mountain Hospital in Denver.

Dr. Everett Wilson was elected a member of the new Oak Hills Country Club of San Antonio.


Dr. Wilson is to be congratulated on completing a year as president of the San Antonio Rotary Club. His term expired June 30th and we are informed that he has done a mighty fine job.

Dr. Wilson recently flew to the District No. 4 meeting where he was the guest speaker.

Dr. Harold A. Beckwith will go to Bangor, Maine in July to attend the meeting of the College of Otorhinolaryngologists. Dr. Beckwith is scheduled as one of the principal speakers on the subject of "The Nasal Accessory Sinuses as a Focus of Infection." This is an original paper, the material for which has been taken almost entirely from his own clinical experience.

E. G. Berkstrom is taking his practice.

Dr. Robert J. Brune of Premont has recently completed the installation of a new combination x-ray and fluorscope in his new clinic.



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DISTRICT No. 8

The regular quarterly meeting of District No. 8 will be held in Corpus Christi at the Driskoll Hotel, August 1. Dr. Howard Coats of Tyler, guest speaker, will give a paper on intestinal obstruction. (We want this paper for the Journal, Dr. Coats.)

Dr. Merle Griffin spoke on Radio Station KSIX, Corpus Christi on June 15. Dr. Griffin gave a five minute summary on Ottine, the Crippled Children's Hospital operated by the Elks Lodge.

Fifteen D.O.s attended the farewell party given for Dr. Frederick Summers by Dr. James Tyree aboard his cruiser "Papoose." The report is that all aboard enjoyed themselves and it is also rumored that a group of professional men were in swimming in Corpus Christi Bay late that evening in a rather unprofessional manner.

Dr. Frederick Summers left on June 19 for Los Angeles where he will take nine months post-graduate work. Dr.

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EDITOR'S PAGE

Ye old editor will be whooping it up in good old Boston when this issue of the Journal comes off the press.

Word has been received that during the rejuvenation process of Dr. George Grainger's office he installed a new refrigerator for storage of biologicals and other perishables — not to mention the cold bottles.

JOURNALS BIRTHDAY

Four candles with one to grow on. Four years ago the Texas Osteopathic Physicians Journal as a quarterly but with its present format hit the presses. With this our birthday issue, it is fitting that we pause and review the development of osteopathic publications in Texas. It is also fitting that we, your editors, ask that as a birthday gift you pledge yourself to support this Journal throughout its ensuing year.

In 1939 the American Osteopathic Association held its annual convention in Dallas and the Texas Association published the fall and spring issues of the "Texas Osteopathic Round-up" for the purpose "of forming a better acquaintanship, fellowship and general understanding amongst the members of the eight different districts in order to build up a bigger State and American Osteopathic Association membership." It was an ambitious undertaking and only two issues appeared.

With this last issue began the dark ages of osteopathic publications in Texas and it was not until 1943 that the Texas Osteopathic Round-Up was dug up and revived. As a formal State Office had not as yet been established, this new Round-up was published un-

der the direction of a special committee representing the P.&P.W. Committee with Dr. J. W. McPherson as Editor, Dr. Sam L. Scothorn as Managing Editor and Dr. Robert E. Morgan as Business Manager. Dr. Mac and his staff produced six multigraphed issues, each with an individual cover. In January, 1944, a type-set number was published somewhat in the nature of a folder. This proceeded the Texas Osteopathic Physicians Journal as we have it today.

The first issue of the present Journal came off the presses in July of 1944. It was designated as the official quarterly publication of the Texas Association of Osteopathic Physicians and Surgeons. Dr. J. L. Love of Austin was president and the editors of this new undertaking were Dr. J. W. McPherson, Dr. Phil R. Russell, Dr. Robert E. Morgan, Dr. George J. Luibel and Mrs. Magraret F. Markes. The format, design by Dr. Mac, was distinctive for its originality, and has been used with very few exceptions for all subsequent issues. Dr. McPherson's staff spent many long hours begging for copy, preparing and editing what little they received and augmenting it with much from their own mental stores. The osteopathic profession in Texas will always owe a deep debt of gratitude to those who by their diligence, perseverance and loving guidance fostered and built up the young Texas Osteopathic Physicians Journal!

In January 1947, two and a half years after its inception, it was decided to publish the Journal monthly instead of quarterly and the first monthly issue appeared with Dr. J. W. McPherson as Editor-in-Chief, Dr. H. G. Grainger, Dr. Milton V. Gafney, Dr. Harold A. Beckwith and Mrs. Martha Logan as associate editors, Dr. H. L. Betzner as Business Manager and Mrs. Dortha Kelly as Secretary. It was only natural that the work of begging for copy, preparing,

editing and publishing it was more than tripled and this together with the ever increasing duties in a growing state association became too heavy for even the able shoulders of Dr. McPherson. Upon his regreted resignation, Dr. C. R. Nelson, formerly of Austin, as editor, publish his first Journal in May 1947. In addition to Dr Nelson this staff was composed of Dr. J. W. McPherson, Dr. K. E. Ross and Dr. H. G. Grainger.

Upon the resignation of Dr. Nelson as Executive Secretary, Treasurer and Editor of the Texas Association the editorship fell to Dr. H. V. W. Broadbent and with the help of Dr. J. W. McPherson, Dr. K. E. Ross and Dr. H. G. Grainger as Associate Editors the May, June and July issues of 1948 have been published.

With the beginning of its fifth year we, your editorial staff, are asking you for two things. First, we need your scientific articles. The Board of Trustees and the House of Delegates in convention at Tyler voted to each write one scientific article a year and we are sorry to report that few have done this. There are many papers being read at the district meetings that would be of interest to the profession as a whole and these should be sent to the State Office. How about sending them in now?

We need your individual help in building up the advertising in the Journal. Ask the supply houses from whom you buy to put an ad in the Journal and then write the State Office so that it may be followed through from this end. Be sure to tell the advertisers that we do have that you have read their ads. Patronize those who are helping us.

Lets' all help and make the fifth year of the Texas Osteopathis Physicians Journal an outstanding and progressive one.

THE JOY OF BEING AN EDITOR

Getting out this magazine is no picnic.

If we print jokes, people say we are silly.

If we don't they say we are too serious.

If we stick close to the office all day,

We ought to be around hunting material.

If we go out and try to hustle,

We ought to be on the job in the office.

If we don't print contributions,

We don't appreciate genius;

And if we do print them, the paper is filled with junk!

If we edit the other fellow's write-up we're too critical.

If we don't we're asleep.

If we clip things from other papers,

We are too lazy to write them ourselves.

If we don't we are stuck on our own stuff.

Now, like as not, some guy will say

We swiped this from some magazine.*

*We did!

—L. J. Y.

Send in Your News

DEADLINE FOR

NEXT ISSUE

August 10

♦ ♦ ♦ LOCATIONS AND REMOVALS ♦ ♦ ♦

Dr. Raymond E. Hubbard of San Antonio is now located at 3215 Broadway.

Dr. Lester P. Gross, formerly of Dallas has moved to Jefferson, Maine

Dr. William Danks, Jr., has recently become associated with Dr. J. L. Love in Austin.

Dr. Frederick Summers of Corpus Christi will take a nine months post-graduate course in California.

Classified Ads

WANTED—Used Anatomotor Table. Write Box 101, Texas Osteopathic Physicians Journal, 903 Littlefield Building, Austin, Texas.

FOR SALE—Surgical Instruments to equip one operating room, \$300. Telephone 7-7357, or write 6232 Malvey, Fort Worth 7, Texas.

RELATIVITY

"Doc," said the old mountaineer, leading a gangling youth into the presence of the village doctor, "I want you should fix up my son-in-law. I shot him in the leg yesterday and lamed him up a mite."

"Tut, tut," clucked the doctor disapprovingly. "Shame on you for shooting your own son-in-law."

"Wal, doc," replied the mountaineer, "he warn't my son-in-law when I shot him!"—*Reading Railroad.*

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