

# Texas OSTEOPATHIC PHYSICIANS Journal

Volume VI

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Number 12

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HOTEL TEXAS, FORT WORTH, TEXAS

**April 27, 28 and 29, 1950**

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# EDITORIAL PAGE

## The President Speaks

Coordination and teamwork in the realm of baseball develop pennant-winning teams with spectator interest. To develop winners and end the season in a world series championship is not without its share of hard work, breaks, coordination and teamwork. After such a climax has been reached, it is necessary to protect the record by working harder, developing high caliber second strength, and preparing for successive seasons.

Such results can be produced in organizational work, providing that teamwork and coordination can be secured from the individual members. The Officers and Board of Trustees are only the directors of the organization and act in lieu of convening or polling the membership. The district level and local societies should be the policy-introduction level. This work link in our state organization can, if developed to potential, be the deciding factor in the policy-production level of the state. If districts meet in regular session and express concern over business matters of the state it will result at least in their delegates securing answers to any perplexing question. Likewise, any policy that a district wishes to advance may be brought up for discussion in the House of Delegates. Each district should prepare its delegates relative to information which it seeks or wishes to disseminate. This is a true test of the democratic method in which an individual member can, through his district society, suggest a measure and see it discussed and acted on by the Board of Trustees and House of Delegates. Democratic methods now demand that each member recognize his responsibility and privilege by following up the above opportunity of mechanics. If one-third of the membership would take this step to inform themselves as to their problems: professional education; public relations; political parties in their city, county and state; organizational work of their profession at city, district, state levels, the resultant knowledge and enthusiasm would permeate the remaining two-thirds through the district meetings and produce results in better public relations through adequate education. Thus teamwork and coordination would secure the results that each member desires and we would be in the position of the world series champion, as an organization, developing high caliber delegates and officers and looking forward to successive seasons with enthusiasm and determination.

I am happy to extend an official invitation to each member on behalf of the Board to attend your annual meeting, Hotel Texas, April 27, 28, 29, Fort Worth, Texas. This will be the last time I shall be privileged to greet you as your president. We have accomplished many things this year and initiated others which, I feel certain, your new officers with your continued support can carry to a successful conclusion. May I, therefore, take this opportunity to thank you for the cooperation you have given me during the past year.

Your new president, Dr. George Luibel, being a veteran of organizational work and previous offices is very familiar with the problems and aims of your state organization. If you will give him, his Directors and Chairmen, the same loyal support you have given me, I predict that 1950-1951 will be very outstanding in this organization.

Be present, Hotel Texas, Fort Worth, Texas, April 27, 28, 29.

Fraternally

L. C. EDWARDS, D. O., *President*



# Texas Osteopathic Physicians' Journal

OFFICIAL PUBLICATION OF THE  
TEXAS ASSOCIATION OF OSTEOPATHIC PHYSICIANS AND SURGEONS

PUBLICATION OFFICE: 1837 HILLCREST, FORT WORTH, TEXAS

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ASSOCIATE EDITORS: DR. J. W. McPHERSON, DR. K. E. ROSS, DR. GEORGE LUIBEL

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VOLUME VI

FORT WORTH, TEXAS

NUMBER 12

## Important Aspects of Legal Medicine

LOUIS J. REAGAN, M. D., LL., *Los Angeles*

*Reprinted from the MAY, 1949 Issue of Annals of Western Medicine and Surgery*

The proper administration of justice is as necessary to the civic well-being as proper medical care is to the physical and mental well-being of the individual.

Legal medicine is frequently defined as the application of medical knowledge to the needs of justice. A good approach to a study of legal medicine is to consider the subject matter under two general headings.

In the first large subdivision the physicians involved or contributing act purely objectively in applying special skills to the study of submitted matter, afterwards reporting thereon or testifying thereto. In this phase of legal medicine forensic pathology and toxicology are practiced.

It is estimated that approximately 20 per cent of all deaths result from violence or occur suddenly or unexpectedly from obscure causes. In New York City where the Medical Examiner system is in effect, autopsy is done in about 25 per cent of such deaths.

Although there is general recognition of the importance of medicolegal investigation of certain deaths, unfortunately most states have no provision to insure that such investigations shall be conducted competently. The medicolegal postmortem examination is more than an autopsy. To it must be brought not only knowledge of histology and

pathology but also the resources of toxicology, chemistry, physics, immunology, bacteriology and entomology.

In the Medical Examiner system of New York City, in addition to Histopathology the Division of Laboratories consists of Chemical and Toxicological, Bacteriological and Serological, Spectrographical and Micro-Chemical laboratories.

The medicolegal expert practicing in this field of legal medicine has the responsibility of synthesizing all of the information obtained and of making it available to those who are responsible for the administration of justice.

Murder frequently escapes recognition. On the other hand it is likely that many persons have been penalized because of the nonavailability of the objective data which expert medicolegal investigation could have developed.

Medical schools may legitimately be expected to assume leadership in matters pertaining to the application of medical knowledge in the interest of the public welfare. The high professional standards of physicians in the United States is in large measure attributable to the excellence of our medical schools. The low status of legal medicine in most of our states is an anomalous phenomenon that demands early correction. (Cont. on Page 8)



# *Program*

## TEXAS OSTEOPATHIC ASSOCIATION

APRIL 27, 28, 29, 1950

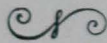
BOARD OF TRUSTEES MEETS

Tuesday, April 25, 2:00 p. m.

HOUSE OF DELEGATES MEETS

Wednesday, April 26, 10:00 a. m.

THEME: "THE OSTEOPATHIC CONCEPT"



HOTEL TEXAS

Fort Worth, Texas





2:00 P. M. Board of Trustees ..... *Room to be Announced*

WEDNESDAY, APRIL 26

10:00 A. M.	House of Delegates .....	<i>Centennial Room</i>
4:00 P. M.	Registration .....	<i>14th Floor</i>
8:00 P. M.	Texas Osteopathic Hospital Association .....	<i>Longhorn Room</i>
	MILTON V. GAFNEY, D. O., <i>President</i>	
	E. E. BLACKWOOD, D. O., <i>Past President</i>	
	MERLE GRIFFIN, D. O., <i>President Elect</i>	
	GORDON S. BECKWITH, D. O., <i>Secretary-Treasurer</i>	

## THURSDAY, APRIL 27

8:00	A. M.	Registration	14th Floor
		GENERAL SESSION	Crystal Ballroom
			President LIGE C. EDWARDS, D. O., Presiding
9:30	A. M.	"Osteopathic Gynecology"	V. MAE LEOPOLD, D. O.
10:15	A. M.	"The Hypoglycemics—An Osteopathic Consideration"	GEORGE W. NORTHUP, D. O.
11:15	A. M.	"The Role of Osteopathic Lesions in Respiratory Disease"	HAROLD M. HUSTED, D. O.
12:30	P. M.	Luncheon	North End Crystal Ballroom
		Invocation	GEORGE J. LUIBEL, D. O., President Elect, Presiding
		Address of Welcome	HONORABLE EDGAR DEEN, Mayor
		Response	LIGE C. EDWARDS, D. O., President
		The Basic Science	HENRY B. HARDT, PH. D. President of Board of Basic Science Examiners
		AFTERNOON SESSION	Crystal Ballroom
			EARLE H. MANN, D. O., Presiding
2:00	P. M.	"Important Aspects of Osteopathic Diagnosis"	J. S. DENSLOW, D. O.
3:00	P. M.	Visit Exhibits	
3:15	P. M.	"History Taking and Symptom Analysis"	H. DALE PEARSON, D. O.
4:15	P. M.	Report to the State Association	P. R. RUSSELL, D. O. Executive Secretary
7:00	P. M.	Dinner, Frolic and Fun—Strictly Informal	Meadowbrook Club

FRIDAY, APRIL 28

	GENERAL SESSION .....	<i>Crystal Ballroom</i>
		ROBERT J. BRUNE, D. O., <i>Presiding</i>
9:00 A. M.	"Radiological Findings in Low Back and Sciatic Pain" .....	JAMES M. TYREE, D. O.



- 10:00 A. M. "The Allergic State—A Study  
in Applied Osteopathy" ..... GEORGE W. NORTHUP, D. O.
- 11:00-11:15 Visit Exhibits
- 11:15 A. M. "Ruling Out Kidney in  
Gastro-Intestinal Disease" ..... H. DALE PEARSON, D. O.
- 12:30 P. M. Luncheon ..... *North End Crystal Ballroom*  
R. H. PETERSON, D. O., *Presiding*  
"Medical Education and Licensure" ..... M. H. CRABB, M. D.  
*Secretary, State Board of Medical Examiners*
- AFTERNOON SESSION ..... *Crystal Ballroom*  
GEORGE J. LUIBEL, D. O., *President Elect, Presiding*
- 2:00 P. M. "Hospitals, Development  
and Present Status" ..... MILTON V. GAFNEY, D. O.  
"Hospitals, What of the Future" ..... MERLE GRIFFIN, D. O.
- 3:00-3:15 Visit Exhibits
- 3:15 P. M. "Observations of Weight Bearing—  
X-ray Studies" ..... J. S. DENSLOW, D. O.
- 4:15 P. M. "Uses and Abuses of Antibiotics in Management  
of E.E.N.T. Pathologies" ..... HAROLD M. HUSTED, D. O.
- 6:30 P. M. President's Reception ..... *Longhorn Room*
- 7:30 P. M. Dinner ..... *Crystal Ballroom*  
*President LIGE C. EDWARDS, D. O., Presiding*
- Installation of New Officers
- "The State of the Profession" ..... H. DALE PEARSON, D. O.  
*President A.O.A.*

## SATURDAY, APRIL 29

- GENERAL SESSION ..... *Crystal Ballroom*  
D. D. BEYER, D. O., *President, Fort Worth Osteopathic Association, Presiding*
- 8:45 A. M. "Clinical Application of  
Osteopathic Research" ..... J. S. DENSLOW, D. O.
- 9:45 A. M. "The Destiny of the  
Osteopathic Profession" ..... GEORGE W. NORTHUP, D. O.
- 10:30 A. M. "Office Techniques for the  
General Practitioner" ..... HAROLD M. HUSTED, D. O.
- 11:15 A. M. "Treatment of the Acute Coronary Patient" ..... I. T. STOWELL, D. O.
- 12:00 Noon Alumni Luncheons ..... *Place to be Announced*
- AFTERNOON SESSION ..... *Crystal Ballroom*  
PHIL R. RUSSELL, D. O., *Presiding*
- 2:00 P. M. "The Osteopathic Concept of Eye,  
Ear, Nose and Throat Disease" ..... RALPH M. CONNELL, D. O.
- 3:00 P. M. Osteopathic Forum ..... J. S. DENSLOW, D. O.  
and GEORGE W. NORTHUP, D. O.

## RESERVE SPEAKERS

EDWIN L. ROSSMAN, D. O.  
Amarillo, Texas

EARLE H. MANN, D. O.  
Amarillo, Texas



## WIN PRIZES — VISIT EXHIBITS

The exhibitors have cooperated with your association to the fullest extent this year. They have offered numerous prizes. To participate in the drawing for these prizes, you must register at each booth. The Texas Association is giving a grand prize.

The following prizes for those who comply with the requirements are listed below. Cooperate with the exhibitors and help your association:

TEXAS ASSOCIATION OF OSTEOPATHIC PHYSICIANS AND SURGEONS.....	1 GE self-charging portable radio
THE SPINALATOR COMPANY.....	\$25 credit certificate on the purchase of a Spinalator at the convention only and not transferable.
TERRELL SUPPLY COMPANY.....	Pressure Cooker
E. S. MILLER LABORATORIES, INC.....	\$13 vial of 100 mg. Testrone
THE COLUMBUS PHARMACAL COMPANY.....	\$10 purchase order credit for ampul solutions
X-RAY SALES & SERVICE CO.....	X-Ray Cassette with screen
GRIFFITH PHARMACEUTICALS, INC.....	\$20 trade certificate
MEDCALF & THOMAS.....	1 dozen golf balls
VITAMINERALS, INC.....	\$50 worth of products
M. L. CLAYTOR & COMPANY.....	6 vials of Physomine Physostigmine & Atropine
DALLAS SURGICAL SUPPLY CO.....	step-on-waste receptacle
McMANIS TABLE CO.....	2 small feather pillows or \$10 to apply on purchase of table
SOUTHWEST & JOHNSON X-RAY CO.....	Pair Fluoroscopic Goggles
THE BAKER LABORATORIES, INC.....	2 cases of Baker's Modified Milk
U. S. VITAMIN CORPORATION.....	2 boxes of Vi-Syneral Injectable 6's
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J. A. MAJORS COMPANY.....	Copy of Conn 1950 CURRENT THERAPY just released
PROFESSIONAL FOODS.....	\$15 worth to the doctor (net cost)
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MURRAY AGENCY.....	\$15 Stetson Hat
DARTELL LABORATORIES.....	\$50 worth—10 bottles of Formula #111
CALIFORNIA PHARMACAL COMPANY.....	\$25 in merchandise
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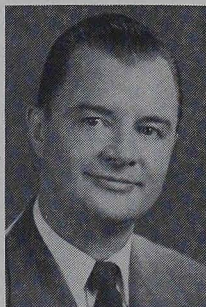
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## Important Aspects of Legal Medicine

(Continued from Page 2)

Obviously it is not suggested that all students be taught to be medicolegal experts—advanced study must be deferred to the graduate school—but it is insisted that every physician should know at least something about this phase of legal medicine and should be aware of its potential value to society and of the desirability of having such important scientific work under the direction of properly qualified persons.

In the second large subdivision which I have suggested the physician or physicians involved are *personally* involved, having infringed the law in some respect and thus become subject to criminal or civil action or to citation before

a Board of Medical Examiners. This phase of legal medicine comprehends imparting advice to the student or practitioner as to his legal duties and responsibilities and as to how he may avoid legal difficulties arising out of his professional activities.

If a physician is to escape legal liability and penalty it is obviously essential that he have not only some understanding of his legal obligation to his patient but also some knowledge of statutes and court decisions which are directly related to, or have application to circumstances associated with, the physician-patient relationship. As illustrative of the latter observation, reference may be made to adoption, abortion, artificial insemination, sterilization, workmen's compensation and narcotics legislation.

No reasonable person will argue with the theory of law which provides that a person who has been injured by the carelessness or ignorance of another person should be compensated for that injury—and the fact that the injury has been caused by a physician affords no ground for varying from this rule.

Illustrative of the rule are the meritorious malpractice claims — cases in which patients suffer injury due to the ignorance or negligence of physicians. The honest physician need have no fear of such a suit. He can avoid being justly charged with malpractice by caring for every patient with scrupulous attention to the requirements of good practice. However the professional group is burdened with the serious problem, presently far from solution, of how to eliminate the ignorant and unprincipled practitioner from its midst.

On the other hand the great majority of all malpractice claims and suits which are brought against physicians are non-meritorious—they are not justly foundationed. These claims, it should be

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(\*Annals Int. Med. 19:136 ff.)

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emphasized, are injurious to the profession and to the public alike.

The malpractice problem continues to grow more and more serious, even as of today, in most sections of the United States. Particularly is this true of some of the larger metropolitan areas. From one such locality, where in a short time malpractice insurance premium rates have almost doubled and now exceed the rate in Los Angeles, comes the report that "the experience in the first eight months of 1948 was the worst in our history."

We in Los Angeles, though as yet having little reason for rejoicing, can find comfort in the fact that we are developing a positive attitude toward the problem of malpractice claims. We are becoming determined that the problem shall be solved. Certainly it took us an unduly long time to reach this state of mind. This area has been for almost two decades the hot-bed of the world

in malpractice. We have observed the misunderstanding and ill will which is engendered by a high incidence of unjustifiable claims. We have felt—an inescapable concomitant—a decrease in public confidence in the profession. We had to be almost literally shocked into taking action. Before we began to move effectively 1 out of each 14 of us was experiencing a malpractice claim each year; the public had become conditioned so that there was at least "one strike" on any one of us who had to go before a jury; and every patient with a less than perfect end-result was a potential malpractice claimant. It also took a long time before we permitted ourselves to believe that anyone except the charlatan was being sued, before we came to realize the truth that the majority of these claims are brought against those of the profession who are above the average in reputation and ability.

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County did not come to these whole-some conclusions en masse. Rather, and it is depressingly true, the progress made has in major degree resulted from the conversion, one by one, of the members of the group. And too many have had to learn the hard way, by having the experience of being personally sued. These unfortunate ones do not need to be sought out and exhorted. They seek to learn what they may do to protect themselves and what they learn they put into practice. It may be said from the insurance point of view that the physician who has had to defend himself against an unjust claim is thereafter to be classed as a preferred risk.

Our experience affords incontestable proof that the professional group can conduct itself and its affairs so that the bringing of unjustifiable malpractice actions becomes unprofitable.

A well foundationed and efficiently administered malpractice program decisively reduces both meritorious malpractice claims and suits and those which are without merit. Such a program protects the individual practitioner, enhances the prestige of the profession and contributes tremendously to the public welfare. Unless affirmative action is taken by medical groups over the country it is, in my opinion, just a ques-

tion of time until the force of the pressure of public opinion will compel government interference for the (obstensible) protection of the public.

Some of the fundamental elements of malpractice prophylaxis emphasized in our program are as follows:

It is fundamental that every patient must be cared for with meticulous attention to the requirements of good medical practice. This comprehends sufficiency of investigation, observation and treatment; utilization of every indicated laboratory aid; the protection of those coming in contact with the patient; the instruction of the patient and of those caring for the patient so that all things needed may be carried out during the absence of the attending physician; recognition of the importance of psychological factors so that the nervous, mental and emotional balance of the patient may be constructively influenced by tactful handling and the institution of proper psycho-therapeutic measures; and the making and preserving of a complete and accurate record of the history, examination, treatment and progress of the case.

It is fundamental too that in undertaking the care of patients the physician should accept only such cases as he is well qualified to handle. He must

## WHY NOT

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keep abreast of progress in his field of practice and should utilize only recognized and accepted procedures. If in any case the patient is not doing well, if there is any unexpected reaction or untoward occurrence or if the patient is unduly complaining, expressing dissatisfaction, a consultant should be brought in. The use of a consultant affords great protection in the event that a claim of malpractice is later made. It is recommended that protective use of consultants be made routine, even in cases where consultants' fees may not be available.

It is also important to exercise care in delegating duties to assistants, nurses and technicians; and in the maintenance of professional instruments and apparatus as well as of a safe environment in which to work. Instruments should be checked and apparatus calibrated as required in the exercise of ordinary care.

It must be recognized that it is hazardous to sterilize any patient in the

absence of a medical indication; that it is dangerous to telephone a prescription because of the possibility of error in transmission; and that it is unwise for a physician to testify, without taking legal advice, at a coroner's inquest in a case wherein he has been in professional attendance.

In any consideration of malpractice prophylaxis the keeping of good medical case records must be emphasized. It is desirable that a physician ask himself from time to time what he would wish to have in the record of the patient under treatment in the event that he should later be called upon to justify his conduct of the case in court. "Ideal" medical case records should be kept in every instance—records that would be presentable when offered in court; records that clearly show what was done and when it was done; records that indicate that nothing was neglected, that the care given fully met the standard demanded by the law. In the event that any

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patient discontinues treatment before he should or fails to follow instructions, let the record show it. A good method is to file a carbon copy of the letter sent to the patient advising him against the unwise course. The records should of course also contain the laboratory reports, consultants' reports, and certain miscellaneous forms which are necessary or desirable in particular cases such as consent to operation, consent for autopsy, copies of reports required to be made by law and acknowledgment of hazards of particular procedures (shock therapy, fever therapy, x-ray therapy).

The importance of it can hardly be over-emphasized. It should be manifest especially in the handling of the patient and the patient's family; in the avoidance of fee disputes and irritating efforts and methods in the collection of fees (with consideration given to the provisions of the Statute of Limitations); in the avoidance of overoptimistic prognoses and especially of any promise constituting a guarantee of a particular result; in the avoidance of betrayal of privileged communications; in the avoidance of making any statement constituting or which might be construed as an "admission" of fault or negligence; in the avoidance of any reference to malpractice insurance protection; and in the securing of legal

advice before making any statement in regard to a malpractice claim or suit.

A physician is not required to accept a patient. However once the physician-patient relationship is established the physician must give, or see to it that there is given, such care and attention as the patient requires until the professional service is no longer needed or until he is discharged by the patient or withdraws from the case. A physician may withdraw from a case provided he gives reasonable notice of his intention to do so and allows a reasonable time to permit the patient to secure another physician. The fact that a physician is unable to attend a patient who needs him merely because he is busy with other patients will not relieve him of liability if the patient thereby suffers injury. It is desirable that a physician advise his patients of any intended absence from practice and that he recommend or make available a qualified, independent substitute.

If a physician attempts to justify his failure to continue in attendance on a patient upon the claim either that the patient discharged him or that he withdrew from the case, the burden of proving the statement, so the courts have held, will be upon him. A physician should, therefore, if discharged by a patient or if he withdraws from a case,

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invariably confirm the event in writing and file a carbon copy with the case record.

The precipitating cause of a majority of all malpractice actions is found in the destructive comments or criticism of physicians in regard to treatment administered to patients by other physicians. Commonly it is criticism by a succeeding physician of his predecessor on the case. Legitimate criticism can rest only on full knowledge of the facts as gathered from all parties, from the physician who treated the patient as well as from the patient. Unethical criticism must be avoided. In many instances when unfounded, destructive comments have been made the punishment has fitted the crime—the critic has been sued in the same action.

An examination of malpractice cases reveals the fact that malpractice claims arise almost invariably out of the first course of treatment. In other words, it is seldom indeed that an old patient instigates an unjustified suit against his physician. It follows that the physician should be especially "malpractice conscious" in dealing with the new or casual patient. Prevention is the best defense against malpractice actions.

There will be few instances of injury to patients resulting from the ignorance, carelessness or culpability of professional attendants when the moral and ethical standards of practitioners are consistently high. However adherence to the highest possible moral and ethical

standards will not eliminate all false claims of malpractice. In respect to such fraudulent cases professional men have a further responsibility. There will be few instances of injury to physicians resulting from the actions of misguided or malicious patients when practitioners understand fully how to protect themselves under the law.

## Erie Osteo Hospital Rates Full-Page Story

A full-page feature story on the new Erie Osteopathic Hospital, Erie, Pa., appeared in the March 5 issue of THE ERIE DISPATCH. Headlined "Dream Comes True", the story described the hospital, its procedure, and pictured interior views with six two-column and three three-column pictures. Dr. H. Dale Pearson, president of the A.O.A., is surgeon-in-chief of the hospital.

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## DEATHS

### Tully Griffin

Our sympathy to Dr. Merle Griffin, who lost his father, Tully Griffin, 75, at Clinton, Illinois, March 22, after a 10 days' illness. Burial was in Clinton.

Mr. Griffin is survived by two sons and a daughter.

April, 1950

Page 13



## REMEMBER!

1. The Law Requires That:  
A physician, who undertakes to render professional service to a patient, must possess and exercise the knowledge, skill, and care commonly possessed and exercised by other reputable practitioners in the locality.
2. The Standard of Practice  
What the ordinary reputable practitioner would do and what he would refrain from doing, in caring for a similar case.
3. The attending physician must employ standard and accepted methods and procedures.  
He must not wander into fields of experimentation.
4. The physician's failure to meet required standard may be due
  1. To his ignorance.
  2. To his negligence.
  3. To his willful departure from acceptable practice.
  4. To his breach of positive law, as by operating without consent.
5. The attending physician must act toward his patient with the utmost good faith at all times.
6. The physician-patient relationship begins when the physician responds to the express or implied request that he attend the prospective patient and undertakes to render the service required of him.
7. The physician-patient relationship ends when the patient no longer needs the professional care or when the physician is otherwise properly relieved of his obligation.
8. The physician's duty to the patient may be terminated at any time by his being discharged by the patient.
9. A physician may withdraw from a case; but only after reasonable notice has been given the patient and when there is reasonable opportunity to fill his place.

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10. The unwarranted abandonment of a case after its assumption will render a physician liable in damages, if injury results.
11. A physician is not required to accept any patient; if he assumes the obligation he must render the care needed, or see to it that it is rendered.
12. A physician is held not to be an insurer of the results of his treatment; but he may assume an insurer's liability by express contract.

### Osteopaths Ruled Eligible For County Hospital Staffs

(Times Herald, Dallas, Sunday, 4-2-50)

Austin, April 1 (UP).—Osteopaths, the state attorney general's department ruled today, are eligible for appointment to the staff of visiting physicians for county hospitals.

The attorney general's department, in a ruling addressed to County Atty. Dorman Nickels of Wharton, said that an "osteopath is a practitioner of medicine within the meaning of the law..." Appointments to the visiting staff of the county hospital could be made, the ruling said, at the discretion of the board of managers.

### D. O.'s Help Organize Iowa Safety Congress

William S. Beardsley, Governor of the State of Iowa, recently invited the Iowa Society of Osteopathic Physicians and Surgeons to send a representative to participate in the organization of the Iowa Safety Congress. The meeting was held in the State Capital at Des Moines on February 8, 1950.

Dr. H. L. Gulden, president of the Iowa Society, appointed Miss Margaret Buck, executive assistant of the society, to attend as the osteopathic representative.

As a result of this conference various organizations in the state were asked to name delegates to attend the first annual meeting of the Iowa Safety Congress on March 29 and 30 in Des Moines.

The Congress will be made up of sections as follows: Highway, Industrial, Fire, Farm, Home, School, Aeronautical, and Recreational. Dr. H. L. Gulden, president of the Iowa Society, has appointed six members of the organization to serve as delegates to the Congress and to sit in all of the divisions except those on Highway and Fire safety.

The important part which the osteopathic physicians of Iowa have been asked to play in this undertaking speaks well for the esteem in which they are held by the state officials and their importance to the health and welfare of the citizens of the Hawkeye state.

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## Dr. Juni Joins Des Moines Still College Faculty

Dr. Raymond B. Juni of Philadelphia, Pennsylvania, was appointed assistant professor of Surgery and chairman of the division of Ophthalmology and Otorhinolaryngology at the Des Moines Still College of Osteopathy and Surgery, effective February 6, Dr. E. F. Peters, president of the college recently announced.

A graduate of the Philadelphia College of Osteopathy in 1938, Dr. Juni has been associate surgeon in the E.E.N.T. department and associate bronchoscopist at the Philadelphia College for the past five years.

Dr. Juni is a senior member of the Osteopathic College of Ophthalmology and Otorhinolaryngology, the American Osteopathic association, and the Pennsylvania Osteopathic association.

## D. O.'s Building Hospital At San Bernadino

Construction began recently on the site of Laurel Hospital, San Bernadino, Calif., Dr. R. W. Burton, osteopathic physician and president of the hospital, announced recently.

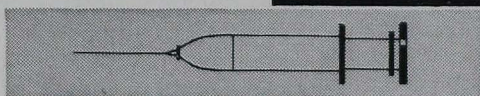
Reinforced concrete blocks are being used in the air conditioning, H-shaped, one floor structure. The hospital will have 20 beds, seven bassinets, X-ray and laboratory facilities, surgery, labor and delivery, and emergency rooms plus an office for two doctors.

Funds for the hospital were raised by the formation of a \$200,000 corporation, 51 per cent of which is owned by members of the osteopathic profession, Dr. Burton stated.

Other officers of the corporation are Dr. Melville Fenton, vice-president, and Clarissa A. Burton, secretary-treasurer.

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Pyridoxine HCl (B <sub>6</sub> ) . .	3 mg.
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## State Health Department Changes Ruling

The executive secretary has called attention of the State Health Department to all printed forms on vital statistics having in the place provided for the doctor the printed word M. D. We have protested that and requested that they either put M. D. and D. O. or leave off printing any degree.

A letter dated March 18, 1950 from Dr. Cox of the State Health Office is published for your benefit:

### DEPARTMENT OF HEALTH RULING

"At its meeting on March 13, 1950, I submitted to the State Board of Health your two letters of January 21, 1950, and February 6, 1950.

The Board discussed the changing of departmental forms so that a Doctor of Osteopathy in signing such forms could indicate his degree in the same manner as a Doctor of Medicine.

A motion was made, seconded, and carried that prior to subsequent printings all departmental forms providing for the signature of the physician be revised so that a physician in signing

such forms can write his degree immediately following his signature.

Geo. W. Cox, M. D.  
STATE HEALTH OFFICER"

## Construction Planned For Osteo Hospital In California

Construction will begin within six months on the proposed Parkside Hospital in San Francisco, Calif., according to Dr. J. Vincent Parisi, osteopathic physician and hospital president.

The hospital will be privately owned by thirty osteopathic physicians and members of allied professions, on a partnership basis, Dr. Parisi said.

Consisting of 41,750 square feet, the hospital proper will have 99 beds, three surgeries, and two delivery rooms. The X-ray department will be equipped with deep radiation therapy, Dr. Parisi announced.

In connecting with the hospital, an out-patient department will have individual offices for all osteopathic, medical and surgical specialties plus a pharmacy.

The hospital will be open-staffed and available to all physicians and surgeons irrespective of school, Dr. Parisi declared.

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## Medical Terminology

By JOSEPH L. LOVE, M.A., D.O.

This column will be devoted to the improvement and enlargement of the readers vocabulary. There will be a section on meaning of terms and a section of pronunciation. Suggestions or questions are welcomed.

### Pronunciation

1. puerperium (pu-er-pe'r-um) This word is usually mispronounced as if it had four syllables and is not properly accented.
2. tragus (tra'gus not trag'us)
3. cadaver (kad-a'ver) "a" as in "rave", not as in "have".
4. misce (mis'e)
5. mitosis (mit-o'sis) never as in "mith"
6. trephining (tre-fin'ing)
7. sacro-iliac (sa-kro-il'e-ak) never as in "sack". Sacro comes from L.

*sacrum* which means "sacred", making the pronunciation obvious.

8. trachoma (trak'o-mah)
9. tympanum (tim'pan-um) note accent on first syllable.
10. massage (mas-ash') As in garage.

### Meaning

1. prosthesis (pros'the-sis) (G. *pros* to + *thesis* a putting) Replacement of an absent part by an artificial one.
2. abarticular (L. *ab* from + *articulatio* joint) Not affecting a joint; remote from a joint.
3. archorrhagia (G. *archos* anus + *rhēgynai* to burst forth) Hemorrhage of the rectum.
4. kineplasty (G. *kinein* to move and *plassein* to form) Amputation in which stump is formed to be used for motor purposes.
5. rhexis (G. abreaking) Rupture of organ or vessel.

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6. halisteresis (G. *bals* + *steresis* deprivation) Loss of lime salts from bone; osteolysis.

7. celiotomy (G. *koila* belly and *tome* cut) Surgical incision into the abdominal cavity.

8. uridrosis, urhidrosis (G. *ourine* and *hidrosis* sweating) Presence in sweat of urinous materials.

9. torus (pl. *tori*) (L. a bulging) An

elevation or bulging projection.

10. sura (L) The calf of the leg.—sural, adj.

Sources: Dorland, "American Illustrated Medical Dictionary", Skinner, "The Origin of Medical Terms", Funk & Wagnall's, "Practical Standard Dictionary", Webster's, "New International Dictionary".



## D. O.'s Open New Hospital At Erie, Pennsylvania

The Erie Osteopathic Hospital was opened January 15 at Erie, Pa., with the present A.O.A. president, Dr. H. Dale Pearson, as chief-of-staff.

A corporation, the new hospital is chartered as a non-profit organization to make complete hospital services available to patients of osteopathic physicians in the Erie area.

Reconverted from a stone residence home, the hospital has four floors, including the basement. Two floors for patient care house 28 adult beds and eight bassinets. The fourth floor provides interne quarters, nurses lounge, physicians lounge, a staff-room and library and a large area of storage space. The basement floor is furnished with a reception room for out-patients, X-ray department, clinical laboratory, emergency and treatment room, laundry, kitchen and food storage space. The surgical suite is located on the second floor and quarters a large operating room, scrub room, sterilizing room and nurses' work room. On the second floor is the obstetrical suite which consists of a labor room, delivery room and eight bassinets.

All patient's rooms are decorated in soft green and ivory with draped windows. The administrative offices are located on the first floor, immediately back of a waiting room which is designed with glass walls and semi-transparent draperies.

Departments already established are osteopathic medicine, major and minor surgery, obstetrics, orthopedics, proctology, X-ray, anesthesia, clinical laboratory and physical therapy.

The hospital building was donated by the present staff members, who are, in addition to Dr. Pearson, Drs. A. A. Agresti, B. L. Agresti, L. R. Bashaw, R. W. Cooney, and O. A. Meyn. Licensed physicians of other schools of other schools of practice are eligible for staff membership.

## DOCTORS WANTED LOCATION

### Hill Country Town of Utopia Seeks Doctor

Nearest One Is Now  
20 to 50 Miles Away

SPECIAL TO SAN ANTONIO EXPRESS

UTOPIA, March 25.—A farsighted doctor looking for a home would do well to consider Utopia, according to H. S. Nance, local druggist.

This little hill country town of 500 to 600 population is surrounded by a trade area of 6,000 to 7,000 population. It is the crossroads for an extensive network of farm-to-market-roads. With the location of LA JITA, South Texas Girls Scout camp, just three miles south of Utopia on the Sabinal River, the canyon is awakening to its tourist attractions.

Modern and diversified businesses, good churches, active clubs, city park, modern school buildings for an accredited Consolidated Rural High School (comprising an area of 246 square miles), are among the advantages that make Utopia a veritable paradise.

But, it is 20 to fifty miles to the nearest doctor.

Nance said that help would be available in equipping an office for a doctor interested in this area.

### Texas Trustee Honored

*Griffin Heads Optimist Club*

Dr. Merle Griffin was elected president of the Optimist Club at a regular meeting at the White Plaza Hotel.

Installation of officers will be held April 11 at a dinner-dance to be held in Robert Driscoll Hotel.

*From CORPUS CHRISTI CALLER*



# AUXILIARY NEWS

## AUXILIARY PROGRAM TEXAS OSTEOPATHIC ASSOCIATION

APRIL 27, 28, 29, 1950

COME ONE! COME ALL!

### THURSDAY, APRIL 27

10:00 A. M. Coffee.....*Cactus Room, Hotel Texas*

2:30 P. M. Business Meeting.....*MRS. LIGE C. EDWARDS, President, Presiding*

### FRIDAY, APRIL 28

12:30 P. M. Luncheon.....*Florentine Room, Blackstone Hotel*

*Honoring Mrs. H. Dale Pearson, Mrs. R. E. Morgan, Mrs. L. C. Edwards*

Featured Speaker.....*DR. H. DALE PEARSON*

2:30 P. M. ....*MRS. HOWARD BUXTON, Chairman*

*Tour of the new Fort Worth Osteopathic Hospital  
and other points of interest in the city.*

### SATURDAY, APRIL 29

8:30 A. M. Breakfast.....*Coffee Shop, Hotel Texas*

*Past Presidents of the Auxiliary to the Texas Association  
of Osteopathic Physicians and Surgeons.*



## AUXILIARY NEWS (Continued)

Corpus Christi has been a warm, sunny and beautiful city this winter. It should be an attraction to any one wanting Miami weather without leaving Texas.

The meeting of the Corpus Christi auxiliary was postponed for the month of March due to some of the members being out of town at the time.

Dr. and Mrs. F. H. Summers are looking forward to their annual vacation this month.

Mrs. James M. Tyree recently visited her daughter and son-in-law who are living in Wichita, Kansas. Betty talks about the ice, snow and sleet she saw while there and seemed happy to get back to sunny Corpus.

Bobbie Joe Brune, son of Dr. and Mrs. Robert Brune, returned home April 3 after being treated for virus pneumonia in the Corpus Christi Osteopathic Hospital. Bobbie has seen his share of the hospital since he had his leg broken last spring.

Dr. E. B. Edwards has arrived from Kansas City and will serve his internship at the Corpus Christi Osteopathic Hospital. We are very happy to have him and we shall welcome Mrs. Edwards' arrival soon from her home in Louisiana.

Mrs. T. M. Bailey was in Austin several days for a meeting of the Fifth District Federated Women's Clubs.

All of us who are planning to attend the State osteopathic association convention in Fort Worth are looking forward to it very much. Those who do not attend miss a great deal, as there is no greater pleasure than renewing old friendships with those interested in the same work and activities. We can all get a new surge of enthusiasm by working with those who have been active in the State association. The more you give, the more you receive, and this applies to all organizations.

By MRS. JOSEPH SCHULTZ

## Osteo Hospital Graduates Four Nurses

Certificates of nursing were awarded to four nurses of the West Side Osteopathic Hospital School of Practical Nursing at graduation ceremonies in York, Pa., recently. The certificates were presented by Mr. A. R. Hoffeditz, president of the hospital's board of directors.

Graduates were Marian Bortner, Ferne Smith, Helen Powers and Patricia Deitrich. Two student nurses, Mable Staffer and Madge Thomas, received their caps at the ceremony, also.

## What About It?

### A Call to Arms

Are you a 'working member'  
of our present T.A.O.P. & S.  
Do you attend conventions  
And rise up and have your say?

Are you 'up and at 'em' always,  
Standing by the working staff?  
Do you help your struggling officers  
And, if there's mistakes, just laugh?

We need lots of your ideas  
On next Legislative try.  
We need your dough and efforts  
With your true 'Never say die'.

Are you lifter, or just leaner?  
Will you join our clarion call?  
Shall we number you as helper  
In our difficult work next fall?

T.A.O.P. & S. is what YOU make it.  
Each must add his strongest help  
Let's roll our wheel of progress  
Till our enemies have to yelp.

Texans always do things  
In a big, wide, western way.  
So, come to April Convention  
And please add your bit. What say?

We express our appreciation to Dr. B. R. Diestler of the MONTANA NEWS BULLETIN for the use of this poem with its adaptation to Texas.



## Dr. Golden Featured In Des Moines Newspaper

Dr. Mary Golden, osteopathic physician of Des Moines, Iowa, was the subject of a feature story appearing in the Feb. 3 issue of the BEAVERDALE NEWS, Des Moines, Iowa.

A sketch of Dr. Golden's life, the article told of her gardening and traveling hobbies and her determination to be a doctor. She is a graduate of Des Moines Still College of Osteopathy and was on that school's faculty for 30 years acting as Dean of Women for five years. At the present time, she is treasurer of the Board of Trustees at Still college, member of the College Corporate Board, the College Board, and the Trustee's Board of Operations Committee.

Dr. Golden has been third-vice-president and a member of the Board of Trustees of the American Osteopathic Association, at which time she served as national chairman of both the Research and Distinguished Service Committees. She is past president of both the Iowa State Osteopathic Association and the Osteopathic Women's National Association. Certified by the American Osteopathic Board of Pediatrics, Dr. Golden is also a fellow of the American College of Osteopathic Pediatricians.

## Cornerstone Ceremonies Held for Osteo Hospital at Denver

Special ceremonies to lay the cornerstone of the new Rocky Mountain Osteopathic Hospital at Denver, Colo., were held Sunday, January 29. Mr. Ralph B. Mayo, president of the Hospital's board of trustees, presided.

Featured speaker was Dr. C. Robert Starks, Hospital chief-of-staff and a past president of the American Osteopathic Association.

Colorado Governor Lee Knous,

Mayor Quig Newton of Denver, and Dr. Roy Cleere, secretary of the Colorado State Board of Health, were honored guests.

## Davenport (Ia.) D. O.'s Own Top Greyhound Kennels

Dr. Holcomb and Dr. Lydia Jordan, husband and wife who head the Jordan and Jordan Osteopathic Clinic in Davenport, Iowa, are the owners of what is rapidly becoming one of the top greyhound centers in the United States. The Jordan Kennels, complete with an elaborate dog racing track, covers 63 acres near Donahue, Iowa. The Jordans and their Kennel were given nearly a full page spread with story and pictures in a recent issue of "The Democrat", Davenport, Iowa, newspaper.

The Jordans have 45 greyhounds, all of which are establishing wins at leading dog racing tracks throughout the country. The dogs' trainer is Mr. Stanley Blythe, imported from Scotland and judged to be one of the top greyhound authorities in the world. Bloodlines among the Jordan dogs are accepted as about the finest in the greyhound world.

Dogs are introduced to the racing track into competition when from 18 months to two years of age, according to the Drs. Jordan. They run until four or five years old; after that, they are no longer able to stand the pace and strain of racing. In races, the dogs reach a speed of from 40 to 50 miles an hour.

Radios are played almost continuously in the Jordan Kennels to accustom the dogs to crowd and track noises. At night, lights are flashed on and off at them so they will not become frightened at the strob-light photo finishes for evening races.

"Dog racing is now one of the most on-the-level sports in existence," Dr. Holcomb Jordan said.



## **Wisconsin D. O. Invents Trailer**

Dr. A. S. Heggen, osteopathic physician and surgeon, Madison, Wisconsin, has invented a new boat trailer that takes the work out of loading and unloading his boat.

Because so many persons have declared they would like to have a trailer like Dr. Heggen's invention, he has been negotiating with a firm to manufacture them. He hopes to have several finished this fall to display at various sportsmen shows.

The main advantage of the trailer is that it is a one man outfit, according to Dr. Heggen, who says he uses the trailer as a lever to pick up the weight of the boat.

To load the boat, he runs the wheels of the trailer on either side, then lifts the tongue so that he can fasten a pair of hooks on the trailer through eyes in the gunwales of the boat. With the axles acting as fulcrums and the tongue as a lever, the boat lifts easily.

The front of the boat is lifted by hand and secured by a short length of chain with a spring in it to maintain the correct tension. Underslung and securely fastened, the boat rides smoothly in the trailer without whipping at fast speeds.

## **Dayton Hospital Receives General Motors Gift**

A check for \$105,000 from General Motors Corporation in Dayton, Ohio, was given to Grandview Osteopathic Hospital recently for the hospital's building fund.

Presentation of the check was made by B. A. Brown, general manager of the Moraine Products Division of General Motors. The gift was a joint contribution of Moraine Products, Delco, Aero-products, Inland Manufacturing, and Frigidaire, all General Motors divisions in Dayton.

The gift stipulates that a 60-bed addition to the present 90-bed hospital be committed in 1950. Permission has been received from the Dayton city commission for a \$450,000 fund drive for Grandview. Robert Casey, president of the hospital's board of trustees, has announced that the campaign will be held from May 15 to June 30. Glen Massman, executive secretary of the National Foreman's club, is chairman of the fund campaign.

Grandview hospital serves a 60-mile area surrounding Dayton which includes the Ohio cities of Middletown, Troy, Piqua, Sidney, Springfield, Xenia, and Lebanon, and Richmond, Indiana.

## **PSI Sigma Alpha Observes 25th Anniversary**

More than 50 members and guests attended the 25th anniversary dinner meeting of Psi Sigma Alpha, National Osteopathic Scholastic Honor Society, held recently at the Travelers Hotel, Kirksville, Mo., according to Mr. Howard Wicks, president.

Special honor was given Dr. A. C. Hardy, who has sponsored the Society since it was founded. Dr. Hardy is co-chairman of the Eye, Ear, Nose and Throat Dept. of the Kirksville College of Osteopathy and Surgery.

Dr. Fred J. Cohen, Honolulu, Hawaii, founder of the organization, sent a wire-recorded greeting. Dr. Earl Laughlin, Jr., Kirksville, first national president of Psi Sigma Alpha, was the principal speaker.

## **New Osteopathic Physicians License in Texas**

Howard Paul Leonard Dolyak, Des Moines Still College of Osteopathy and Surgery.



## Osteopathic Photos In Chicago Exhibit

Three photographs by Joe Clark, H.B.S.S., which appeared in the BULLETIN OF THE MICHIGAN OSTEOPATHIC ASSOCIATION have been entered in the annual picture contest of the Publicity Club of Chicago by Dr. J. R. Forbes, PCC member.

The photos were made available by Mr. Harve Lamont Smith, executive-secretary of the Michigan Association.

Hundreds of photographs are entered each year in this contest and the winning pictures are displayed in exhibits throughout the Chicago area. The judges are selected from Chicago's leading photographers, artists, and teachers.

The photos were "Dick and Danny," "Aunt Matilda," and "Dignity of Labor." All three were entered in the "Feature" classification.

## N. Y. Clinic Reports Successful Year

The annual report of Miss Ethel P. Adams, Registrar of the Osteopathic Hospital and Clinic of New York, Inc., is most comprehensive and interesting. The report shows a great increase in the services rendered by the clinic and bespeaks the ever increasing acceptance of osteopathy in New York City.

The total number of visits increased from 10,416 in 1948 to 11,607 in 1949, while the total number of treatments and examinations increased from the 1948 total of 11,452 to 12,628 for 1949.

The average fee paid by patients was 29c while 31% of those registered received free service. The clinic held 244 sessions during the year and an average of 52 patients were seen at each session. The staff doctors number 92.

Complete diagnostic facilities are maintained at the clinic including X-ray, electrocardiography and clinical

laboratory. Departments include those of Arthritis and Rheumatoid Diseases, Cardiology, Gastroenterology, Allergy, Gynecology, Neuropsychiatry, Orthopedics, Otorhinolaryngology, Pediatrics, Proctology, Ophthalmology, and Osteopathic, which includes sections on cranial technic, structural mechanics, and the feet.

It is interesting to note that 312 of those admitted as patients in 1949 had not previously had osteopathic therapy. The oldest patient admitted was 80 years of age and the youngest 5 weeks.

## Honorary Degree To Dr. Pearson

Dr. H. Dale Pearson, president of the A.O.A., delivered the commencement address at the Kansas City College of Osteopathy and Surgery on March 10, 1950. During the ceremonies the college bestowed upon Dr. Pearson the Honorary Degree of D. Sc.

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**FORT WORTH, TEXAS**



# NEWS OF THE DISTRICTS

## DISTRICT ONE

Fort Worth Osteopathic Hospital Guild was entertained Monday at luncheon at the home of Mrs. George Pease, 4800 White Settlement Road, with Mrs. Howard Buxton, co-hostess. Fifteen women sewed for the hospital.

Lubbock local society petitions to divide District 1 into two districts.

## DISTRICT TWO

The program for the March 9 meeting of Dallas County Association of Osteopathic Physicians and Surgeons was given by a senior student at Crozier Tech High School of Dallas in the form of a declamation entitled "Why?".

This youngster's name is Roy Hutchinson, who doubles as a salesman on Saturday at a local man's shop. This declamation had been delivered at one time before a national body and some of the service clubs of Dallas. It was delivered by this youngster in a masterful, self-possessed and expressive manner. Here's betting this high school kid will make himself known in time to come!

H. K. McDowell sprained a shoulder some two weeks ago which proved incapacitating as well as painful.

Geo. Hurt has been getting better acquainted with some of the tropical "bugs" via department of tropical medicine in Tulane University's clinic.

It is with interest we learn that young Sam Morgan, son of Dr. and Mrs. Robt. E. Morgan, is following in his father's footsteps as he is Noble Skull of the Atlas Club and a member of the Student Council at the Kansas City College of Osteopathy and Surgery where he is a senior.

Dr. C. E. Dickey, late of Los Angeles and formerly of Oklahoma, is

moving to Fort Worth and will be with Dr. V. L. Jennings, 3312 East Belknap. Dr. Dickey has purchased a home in Oakhurst and will move his family to Fort Worth the last of April or first of May.

Saturday and Sunday, March 25 and 26, Cranial Study Group met in session at the Ranelle-Beyer Clinic in Fort Worth. The following gave papers: Dr. John Donovan of Austin, Dr. W. Dean Spencer of Oklahoma and Dr. Sam Hitch of Lubbock.

Eight clinical patients were examined, discussed and treated.

The following were in attendance: Dr. Louis Logan and Dr. Rollin Becker, Dallas; Dr. H. G. Grainger, Tyler; Dr. Sam Hitch, Lubbock; Dr. Catherine Carlton, Fort Worth; Dr. Ivan L. Clark of Kingfisher, Okla.; Dr. W. Dean Spencer, Duncan, Okla., and Dr. John Donovan of Austin.

## DISTRICT THREE

Grover Stukey had an appendectomy out at Gafney's about the middle of March before he left for Europe and South America.

K. E. Ross had a crack up in readying for the take-off returning from the District 3 meeting at Athens, March 19. Chewed up a pole with his propeller.

Ralph Kull had a nice news item in the Tyler Courier Times regarding the tribulations of a Winnsboro country doctor.

Coats-Brown Hospital has been approved by the State Board of Health as an institution for obstetrical and maternal care.

Dr. Joe Brown attended the recent proctological meeting at Houston. While there he looked up several old friends.

Regular District 3 meeting was held



Sunday, March 19, 1950, at 2:00 p.m.  
at Athens Country Club.

Dr. Robt. Morgan, Dallas, talked on State and National affairs. Dr. George Grainger spoke on "Interpretation of Common Neurologic Reflexes."

Thirteen members were present. No dinner was served.

### DISTRICT FIVE

Dr. D. T. Griffith has located at Buffalo, Texas.

### DISTRICT SIX

This is (some of) the news.

Dr. Wm. Badger is planning to show his 'brain child' at the State convention the last of April—a table to give more and better osteo treatments to an increasing public demand. A more dependable exponent of our profession than Dr. Badger is not extant.

Dr. Gilmore was advised to have some one pray over one of his severely ill, of three score and ten. Believe it or not, the patient is better. As the preacher said at the tire changing episode, "I'll be ....."

Dr. Archie Garrison is urged to have his Group Insurance friend install a booth at a most convenient location at the State convention in Fort Worth. Strangers do have a terrible time.

Sometime back, Dr. Phil Russell was visiting an area on state business. The reception committee wanted to buy the secretary a drink (coffee). Dr. R. politely informed them, "No, you shouldn't be buying when you can't pay the state dues." Profitable business picked up after that at the state office.

Speaking of desirable locations, Houston abounds in them. New areas or shopping centers are opening up all over this city of three quarters of a million people. Several DO's have had nearly all they could do within six months to a year from the opening date. The degree of success is directly proportional to the mental equipment

brought along. The established profession is strong on referring patients to new DO's. That is especially so as many DO's here have more than they can care for at all hours, all the way down the telephone listing, A-lexander to Z-ima inclusively. Most of the Houston group have that downright enthusiastic, wholehearted cooperative spirit.

Dr. Stewart delivered the invocation at the N.P.A. meeting. He asked me what to say and I told him, "to try and be as noncommittal as possible, not to stick his neck out too far" tho this is a proctological meeting. The benefit of clergy is necessary at all times with all groups.

An interesting case noticed via X-ray department, "a leather bottle stomach." Drs. Hall and Zima found it.

The Farquharson Clinic is enjoying every click of the timer on their new Standard 100Ma machine. Dr. Lester is also giving his E.K.G. a workout; in that, he notices, 'every little movement has a meaning of its own.'

Dr. Wm. Durden is in the new office at 705 Richmond Road. He loves "to be alone" much as the noted movie actress.

Another interesting patient in the Hospital was an infant with an enlarged thymus complicated with an acute respiratory infection. Disease often has strange bedfellows.

Dr. Wm. Gribble isn't letting the urological problems mask the true abdominal picture. The vague fever or backache may be in the kidneys, ureters, etc.

Still another good case on which to stub your toe. In the Battle of the Bulge a World War II vet was hit by a slug. He was operated on some six times; some of the operations were for intestinal obstructions. His doctors, Thompson and Zima, avoided another surgery for a while. Tho the World War II vet was hit in the Battle of the Bulge and the location of the wounds were near the place where he would have 'bulged' had he stayed at home on



a fat war job, the war will never be over for this fellow until he expires. There are thousands that are still fighting just to live, pour quoi?

The monthly meeting of the Houston Osteopathic Hospital X-ray department was held at Dr. E. Roehr's Clinic. The subject should have been "ways and means for better films." A good motto for the department could be appropriately enuf—"How not to blow a tube" or, compromising a bit, "How to make the blows farther apart."

Dr. Evans stoutly claims she "loves her work."

Dr. Cunningham's mother is convalescing in Houston.

One of our new surgeons noticed that oysters served him had different colored shells. He inquired of the waitress if that was "a difference in housekeeping habits of the oysters." Our doctor didn't get thrown out of the Orchid Bar.

Dr. Platt wears a monogram on his operating suit that looks like a harp. He is also playing a lead in the Houston Little Theatre attraction.

Dr. McBride relates how one of his older male patients always goes around with the younger crowd. The question of why brought out this reply, "I'd rather smell perfume than liniment."

Dr. L. Rohr had to remain over nite at the cabin of one of his country patients. On retiring the host told the doctor, "In case you want anything in the night, be sure and let me know, then I'll tell you how to do without it."

A benefit dance was given at Blossom Heath, March 25, for the Professional Progress Fund. The younger group attended, others just contributed.

The N.P.A. meeting and banquet was a huge success. That group surely must be "eatin' high on the hog". Dr. L. Hammond and the hospital group deserve more credit than we can visualize. I never knew so many people lived outside of Houston, maybe some of them were Republicans.

## DISTRICT SEVEN

Mr. William Sherman, Squibb Co., showed a film in sound to the regular weekly staff meeting, 12:30 p.m., April 3, 1950, on the Nutritional Care of the Hospital Patient.

Drs. Rex Aten and H. H. Edwards attended the national proctology meeting, Houston, Texas, April 3-5.

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## DISTRICT EIGHT

Dr. E. B. Edwards, a graduate of Kansas City College, assumed his internship duties April 1, 1950, in the Corpus Christi Osteopathic Hospital. Dr. Edwards' wife is at present at their home in New Orleans but expects to join him here in Corpus within the next two weeks. Dr. Edwards believes that he will eventually establish practice in Texas somewhere on the Gulf Coast.

Mr. Tully Griffin of Clinton, Illinois, father of Dr. Merle Griffin, passed away March 22 after a ten days' illness and was buried at Clinton.

Dr. R. J. Brune recently disposed of his yellow Jeepster in favor of a Buick sedan.

Building efforts on the T. M. Bailey clinical building are progressing satisfactorily and should be completed in time for his opening as expected on July 1 this year.

The regular monthly staff meeting of the Corpus Christi Osteopathic Hospital has been postponed from Tuesday, April 4, to Thursday, April 6, due to the Chicago Cubs and St. Louis Browns baseball teams.

Dr. Merle Griffin was elected president of the Optimist Club at the regular meeting at the White Plaza Hotel.

Dr. W. N. Tinnerman of Aransas Pass, Dr. J. M. Auten of Ingleside and Dr. C. R. Woolsey of Corpus Christi, attended the National Proctological Convention held in Houston, April 3-5.



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