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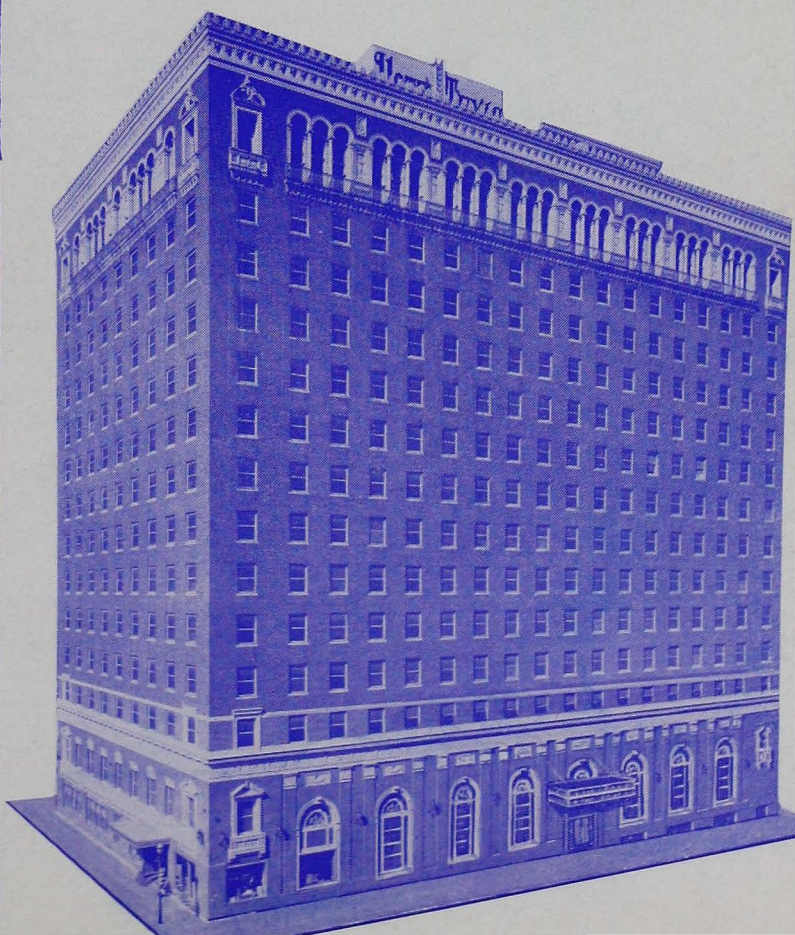
OSTEOPATHIC
PHYSICIANS
Journal

Volume X FORT WORTH, TEXAS, APRIL, 1954 Number 12

1954 STATE CONVENTION

April 29, 30, May 1

HOTEL TEXAS • FORT WORTH



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EDITORIAL PAGE

Another fiscal year is drawing to a close. Membership in the Texas Association of Osteopathic Physicians and Surgeons is at the highest level in history. It behooves each and every one of us to maintain this continued membership and improve it. There is no reason why an osteopathic physician should not maintain membership in his organization. The organization that gives him the privilege to practice medicine as he has chosen. We know that, with combined effort, many things can be accomplished; and with an ever increasing membership, together with loyalty to our organization, we can improve our service to the people of Texas; which, when finally done, is the prime objective of our profession.

We have the philosophy! We have the tools with which to work! Let us all improve our membership within the succeeding year!

Another objective which we should have for the coming year is better public relations. The college visitation, which our organization undertook and accomplished, has been beneficial not only to our profession but to those who would come after us. Let us follow these college visitations at the district level, as well as the state level, and convince the educators that we are interested in public health and the welfare of the people. Let us see that all libraries are stocked with information concerning osteopathic medicine, which we know has been and is beneficial toward the public health.

Another objective which this Association should have is education of its own members and participation in organizational activities, especially at the national level. Let us keep our delegates to the National Association in office long enough so that benefits may be derived, not only at a national level but will enure to our own profession at a state level. Younger men must be trained but this takes time; so, they should be elected from year to year that proper benefits may revert to our State Association.

Another objective this Association should endeavor to promulgate this year is public relations insurance-wise. Our insurance committee has been doing and is doing an excellent service for the people and for the Association. Let us broaden the aspects of this work and have more osteopathic physicians as insurance examiners.

Let us endeavor to continue our post-graduate seminars, that our profession may become educated, which in turn reflects in the health care of the people of Texas.

Let us be grateful for the privileges we, as a profession, have been blessed with in the past and continue forever and eternally toward greater accomplishments. With these accomplishments in mind, we can not help but build and improve and prosper in the succeeding years.

It has been a privilege to serve as your President for the past year. May each year in the future be as enjoyable for the man who takes over that privilege.

MERLE GRIFFIN, D. O.

Don't Miss

ANNUAL CONVENTION

Texas Association Osteopathic Physicians and Surgeons

HOTEL TEXAS, FORT WORTH, TEXAS

BOARD OF TRUSTEES
April 26-27

HOUSE OF DELEGATES
April 28-29

Y O U

CANNOT AFFORD TO MISS THIS PROGRAM

April 29, 30, May 1, 1954

LOOK OVER THESE SPEAKERS AND THEIR SUBJECTS:

A. A. Eggleston, D. O.
President, American
Osteopathic Association

1. Osteopathic Medicine, 1954
2. Osteopathic Professional Prognosis

Dorothy J. Marsh, D. O.

1. Physiology of Menstruation
2. Premenstrual Tension, Dysmenorrhea, and Menopausel Syndrome
3. Amenorrhea
4. Mennorrhagia and Metrorhagia

Stuart F.
Harkness, D. O.

1. Simplified Diabetic Management for the General Practitioner
2. Evaluation of Present Day Drug Therapy of Hypertension
3. The Chronically Tired Patient—His Evaluation and Treatment
4. Clinical Recognition and Treatment of Cardiac Rhythm

1. Dermatology in General Practice
2. Dermatological Problems in Infants and Teenagers
3. Neuro-Dermatitis and Fungus Infection of the Skin

E. H. GABRIEL, D. O.

W. E. WINSLOW, D. O.

1. Early Diagnosis of Carcinoma of the Uterine Cervix with the Colpo-Microscope

Chairman, Texas State Board Insurance Commissioners

MR. GARLAND A. SMITH

ENTERTAINMENT

DINNER-DANCE — *Keystone Room*
PRESIDENT'S RECEPTION AND BANQUET — *Crystal Ballroom*
LUNCHEONS — Two — Good Speakers on Your Problems
AUXILIARY LUNCHEON — *Fort Worth Club* — STYLE SHOW BY COX'S

SPECIALTY SOCIETIES

TEXAS ASSOCIATION OSTEOPATHIC OBSTETRICIANS AND GYNECOLOGISTS

May 1, 1954
Program Chairman: WILBUR W. BALDWIN, D. O.
1:00 P. M., Room 360, Hotel Texas

HEAR!

DOROTHY MARSH, D. O. ..... "Problems of Newborn"
ROSS CARMICHAEL, D. O. ..... "External Version"
PANEL DISCUSSION ..... "Obstetric Anesthesia and Analgesia"

Panel Members:

PAUL A. STERN, D. O. HELEN K. GAMS, D. O.
A. L. KARBACH, D. O.

Business Meeting and Election of Officers

TEXAS SOCIETY OF OSTEOPATHIC SURGEONS

Saturday, May 1, 1954 — 1:00 P. M., Exhibit Hall, Hotel Texas

J. N. STEWART, *President* W. R. RUSSELL, *Secretary-Treasurer*

Texas Osteopathic Physicians' Journal

OFFICIAL PUBLICATION OF THE
TEXAS ASSOCIATION OF OSTEOPATHIC PHYSICIANS AND SURGEONS

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VOLUME X FORT WORTH, TEXAS, APRIL, 1954 NUMBER 12

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8. PRESS PARTY—*Co-Chairman* ..... Drs. C. R. Packer and Edward LaCroix
   Drs. V. L. Jennings, M. D. Fredeking, J. C. Baker

Intestinal Obstruction

ROBERT E. HARBAUGH

Intestinal obstruction is a condition in which the passage of intestinal contents is arrested or seriously impaired.

Etiology

The causes of intestinal obstruction may be classified as mechanical, vascular, or neurogenic. Mechanical causes include extrinsic factors such as bands and adhesions, pressure from tumors in surrounding structures, and incarceration of a loop of bowel in a hernial ring; intrinsic factors such as impacted foreign body or feces, enteroliths, parasites and gallstones; and lesions in the bowel, intussusception and volvulus. Vascular causes include embolism or thrombosis of a large blood vessel resulting in infarction of a bowel segment. The neurogenic group consists of the adynamic or paralytic ileus seen in pneumonia and peritonitis, and following abdominal surgery or injuries to the spinal cord.

Classification

The word "ileus" is used as a synonym for intestinal obstruction. It is often modified by the adjectives "dynamic" to indicate mechanical obstruction, and "adynamic" to indicate a lack of peristaltic activity.

In classifying the different forms of intestinal obstruction a number of facts may be considered. These include:

1. The location of the obstruction. The level of the bowel at which the obstruction occurs is of the greatest significance in determining its systemic effect.

2. The preservation of the blood supply to the bowel. In so-called "simple obstruction" the blood supply to the bowel remains intact. Strangulation is said to occur when there is disruption of the arteries and veins supplying the intestinal wall. As a result of this, rapid death of the tissue can occur.

3. The development of a "closed loop" obstruction. Obstruction may be caused in such a way that the affected portion of bowel forms a closed loop, both ends of the loop being blocked so that nothing can escape from it either proximally or distally. This is most common in obstructions of the colon.

4. The acuteness of the obstruction. In some instances ileus develops sufficiently slowly to permit a certain degree of adjustment to its presence. Then there is delay and modification of the symptoms produced.

5. The presence of mechanical obstruction as contrasted with failure of peristaltic activity. Ileus may be caused by either a decrease in peristaltic activity or the presence of a mechanically obstructing lesion.

On the basis of the marked differences in clinical course and prognosis due to the presence of strangulation or to the formation of a closed loop, the following classification of obstructions has been suggested:

1. Simple occlusion of the lumen
   a. High occlusion of the small intestine.
   b. Low occlusion of the small intestine.
   c. Colonic occlusion.
2. Closed loop occlusion
   a. Sterile loop
   b. Heavily infected loop
   c. Mildly infected loop
3. Strangulation
   a. Short loop
   b. Medium loop
   c. Long loop

Functional obstructions, both active and inactive, result from imbalance between those intestinal motor forces which promote and those which resist evacuation. The inactivity variety or adynamic ileus is the more common and occurs when the propulsive forces are strongly inhibited by intestinal anoxia or by adrenergic impulses which are reflexly activated and reach the bowel by way of its extrinsic nervous system. Many stimuli may activate this inhibitory reflex, but the most important, in order of frequency, are operative trauma to

the intestines, peritonitis, overwhelming infections, severe visceral pain, use of drugs, and spinal injuries.

Active functional obstruction or dynamic ileus is rare and appears when motor forces which resist evacuation, such as spasm, block the intestinal lumen in spite of strong, but often abnormal, peristaltic activity. An anoxic functional obstruction is also unusual, but in some cases persistent and marked distention of the intestinal wall, combined with a reduction in arterial pressure and venous flow by shock, may impair the intestinal circulation critically.

Chronic obstructions of the small bowels are usually produced by granulomatous and neoplastic processes which slowly encroach on the intestinal lumen. The symptoms and signs are similar to those of acute obstruction, but milder and of longer duration. Diarrhea or constipation may predominate, depending on the nature of the lesion, its site and the degree of encroachment of the intestinal lumen. Thus a granulomatous lesion such as regional ileitis, typically produces loose, frequent stools; whereas a narrow annular, constricting lesion such as occurs in neoplasm, produces constipation. Visible peristalsis is frequently evident. Anemia, usually hypochromic, but occasionally hyperchromic, may result from deficient iron intake, poor absorption, or actual bleeding from the obstructing lesion.

Functional obstruction. The dilated immobile state of the bowel occurring in the later stages of a mechanical obstruction occurs from other causes and is then referred to as a paralytic or adynamic ileus. The most common cause of paralytic ileus is peritonitis; it may also result from some severe intestinal injury or undue handling and exposure of the bowel during abdominal operations. The distended bowel is incapable of propelling the feces along its lumen, that is, obstruction of a functional character exists. When the bowel above a mechanical obstruction has become atonic and dilated, functional obstruction tends to persist after the mechanical block has been relieved by operation. For this reason late operations for the relief of acute intestinal obstruction are attended by a very high mortality.

Symptoms

The symptoms of intestinal obstruction vary with the site, degree of completeness and the speed with which the occlusion is accomplished. The high obstruction is tolerated less well than the low obstruction. An acute and a complete closure produces more violent distress than a slow and incomplete lesion. In all instances, there are noted severe abdominal cramps, vomiting, distention, rapidly increasing dehydration, oliguria, and failure to obtain feces or flatus by normal evacuations or repeated enemas. As the result of the loss of gastric and intestinal secretion, the blood chloride and sodium figures fall, the nonprotein nitrogen elements rise and alkalosis develops.

Alkalosis is more likely to be present in pyloric obstruction than in duodenal or jejumal obstruction, for the loss of hydrochloric acid without loss of alkaline bile or pancreatic juice leads more readily to an increase of the bicarbonate ion in the plasma.

The vomitus consists of gastric content at first. Later there is bile-stained fluid and eventually fecal emesis is observed.

Diagnosis

Evidence of the increased peristaltic activity may be obtained by both inspection and by auscultation. Visible peristalsis is not a common finding. Ability to see peristalsis depends not only on what is going on in the intestine but also upon the degree of abdominal distention and the thickness of the abdominal wall, so that absence of this sign should not be regarded as evidence against a diagnosis of obstruction. Ability to hear increased peristalsis is probably the most common physical finding in mechanical block and in suspected cases of intestinal obstruction, auscultation

must never be omitted from the physical examination. It is probably the earliest physical evidence of obstruction. The sounds may be loud and bubbling, resembling those made by the emptying of a bottle of water. They may occur in large rushes and be succeeded by periods of relative quiet. Frequently fine high-pitched metallic tinkles are heard, which often tend to localize in a small area of the abdomen. It is of course possible to hear peristalsis under many circumstances in which obstruction is not present. A few tinkles can be heard as gas and fluid pass along the normal bowel. Active rushes of peristalsis can be heard during contraction of the intestine as a result of nervous stimuli or following the taking of a laxative. What is characteristic of the borborygmi heard in obstruction is their accentuation during the waves of pain which the patient experiences, the paroxysms of pain and the rushes of sound occurring simultaneously, since both are evidences of the increased contractions of the intestinal muscle made in its attempt to overcome the obstruction. Audible peristalsis is a sign encountered in obstruction only when due to mechanical block. Its absence on the other hand, is a characteristic feature of the ileus due to inhibition of the bowel activity as a result of peritonitis or other factors.

The use of x-rays in the diagnosis of obstruction depends largely on the study of films made without the administration of radio-opaque substances. In some instances it is helpful to use a barium enema but barium should never be given by mouth in the presence of possible obstruction. It is sometimes advisable to give small amounts of barium suspension through a Miller-Abbott tube.

In using survey films of the abdomen for the recognition of ileus we rely upon the fact that this condition causes the appearance of gas shadows along the course of the bowel. In the adult it is quite normal for sufficient free gas to be present in the stomach and colon to permit these organs to be visible on roentgen films. The gas in the adult small bowel is so intimately mixed mith fluid as to be invisible by x-ray. Only in infancy when much air is swallowed during feedings, can visible gas in the small intestine be considered normal. When small intestinal obstruction occurs there is stasis of bowel contents and gas separates from the stagnant fluid in sufficient quantities to cast definite shadows and also when the films are taken in an upright position, to demarcate the level of the liquid contained in the bowel loops. The earliest

x-ray evidence of obstruction is accumulation of gas proximal to the obstruction.

Visible collections of gas may be present in the small intestine as a result of a variety of conditions. These include in addition to obstruction, the recent use of morphine, peritonitis or other form of peritoneal irritation, dysentery and other inflammatory bowel diseases, severe nutritional deficiencies and reflex disturbances from renal and biliary colic, and pelvic and vertebral injuries. Any of these may cause dilatation of bowel segments and it is necessary to exclude their presence by an appropriate correlation of the clinical features of the case before concluding that visible gas shadows are proof of the presence of obstruction.

In deciding the location and character of the obstructing process it is important to determine whether the gas shadows seen are in the small or large intestine. This differentiation is ordinarily not difficult unless the small intestine is tremendously distended, when it may simulate the colon. The small intestine may be recognized because its shadows are usually centrally placed in the abdomen, run transversely, tend to arrange themselves in layers if many are involved and show either the valvular markings of the jejunum or no markings at all, in the case of the ileum. The colon, in contrast runs along the abdominal periphery, many of its portions are vertical, lying in the long axis of the body, and the haustral markings may be seen plainly. The findings of only a few gas-containing loops may be considered evidence against colonic block because obstruction of the colon is almost always associated with the accumulation of large amounts of gas.

Differential Diagnosis

Such intra-abdominal inflammatory disturbances as acute appendicitis or acute cholecystitis are differentiated from obstruction by localization of the pain in the appropriate quadrant of the abdomen and by the early appearance of local tenderness. In both of these diseases the pain may occur in waves of colic but it is not associated with audible peristalsis. The diffuse nature of the pain which occurs in some cases of simple obstruction and its colicky nature, may suggest simple enterocolitis, such as may follow a dietary indiscretion. This condition usually causes diarrhea as an associated symptom in marked contrast to the obstipation so characteristic of obstruction; nor is abdominal distention so apt to occur in the enterocolitis as in simple obstruction.

All the various conditions which may cause an intra-abdominal catastrophe must be considered in the differential diagnosis of strangulated obstruction. The list of these includes such inflammatory conditions as appendicitis, rupture of a peptic ulcer, acute pancreatitis, torsion of an ovarian cyst, and biliary colic.

Acute appendicitis is excluded by the history of pain which began in the epigastrium before settling in the right lower quadrant, by the sharp localization of tenderness over the appendiceal region and by the absence of borborygmi. Biliary colic is usually characterized by a history of antecedent attacks, radiation of pain to the right scapular region, the presence of localized tenderness and muscle guarding over the liver and gall bladder and by the frequent association of jaundice in those patients with prolonged symptoms.

Renal colic may occasionally simulate the clinical picture of intestinal obstruction. This occurs particularly when the kidney seizures cause a reflex paralytic ileus. Recognition of the true nature of the situation usually follows demonstration of tenderness in one of the costovertebral angles or flank. The absence of peristalsis may suggest peritonitis but none of the other physical features of this will be found. Urine examinations are of great assistance in the differentiation since red blood cells are frequently found in the presence of stones. X-ray examination is also of great value in the study of these cases of reflex ileus of renal origin since gas is usually found in both large and small bowel and urinary calculus may be demonstrated.

Acute pancreatitis is another of the abdominal emergencies occasionally confused with strangulated intestinal obstruction. As in perforated ulcer the pain is usually sudden in onset, of a great severity and constant and nonfluctuating in intensity. It is associated with marked epigastric tenderness and rigidity and often causes profound prostration or may cause shock.

Torsion of an ovarian cyst on its pedicle may imitate the clinical features of obstruction. Although the pain is usually more acute and of greater severity than that of intestinal obstruction these are differences of degree that may not be significant in individual cases and with the untwisting of the cyst, the colic of an obstruction may be closely simulated. Vomiting may occur as a reflex symptom and with leakage from the cyst, peritoneal signs suggestive of a bowel strangulation may be noted. Correct diagnosis usually depends upon the ability to demonstrate the cyst by abdominal or bimanual palpation and again the absence of hyperperistalsis serves to exclude obstruction.

Treatment

The aims of nonoperative treatment are the relief of the obstruction, decompression of the proximal bowel and correction of the disturbed electrotlype pattern. Reduction is tried when the stoppage is due to incarceration of a hernia or intussusception may be overcome by a barium enema given gently under fluroscopic control. The electrolyte pattern is reestablished by a continuous intravenous drip, using buffer

solution as an infusate. Plasma and whole blood are substituted in the presence of shock.

Suction decompression of the small intestine, by means of the Miller-Abbott tube and the Wangensteen apparatus, has revolutionized the conservative treatment of intestinal obstruction. If the tube can be passed down to the site of the occlusion, the collapse of the distended gut and relief of the edema of the wall may be sufficient to restore the integrity of the lumen of the bowel and obviate the necessity for operation.

Inhalation of oxygen in high concentration tends to decrease the gaseous component in intestinal distentions. However if this is carried on continuously for long periods of time there is danger of oxygen poisoning. Therefore, the treatment should be interrupted for 20 to 30 minutes three times a day.

When conservative treatment fails surgical intervention is mandatory. After the surgeon has relieved the occlusion, he may be required to perform a resection and anastomosis if the gut is no longer viable or the patient is at all grave, it is the greater wisdom to perform a palliative enterostomy or colostomy, leaving more formidable procedure for a second session when general conditions have been bettered. Meantime, the intravenous fluids are continued and anti-infective therapy is effected by parenteral use of streptomycin and penicillin and topical application at the operative site of sulfanilamide powder.

Cause of Death

The cause of death from intestinal obstruction depends mostly upon the level of the bowel at which the obstruction occurs and also upon whether strangulation is an associated complication. In high uncomplicated obstruction it is probable that the chief factor causing a fatal outcome is the loss of fluid and electrolytes. The resulting dehydration, disturbances of the normal chemical balance of the blood and the effects of these upon the functions of various organs, chiefly the kidneys, may easily end in death unless they are checked. This train of circumstances can be stopped and their fatal consequences be delayed by the simple method of administrating saline solution.

In obstruction complicated by strangulation there are many ways in which a fatal outcome may result. These include rupture of the gangrenous bowel, peritonitis secondary to the passage of infecting organism across devitalized intestinal wall, the ready absorption of toxic substances through the affected portion of the gut and the loss of fluid.

Bibliography

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Volume II, page 258-289

Physiological Basis of Medical Practice—Best and Taylor
IV Edition, page 510

Physiologic Physiology—Sodeman
page 282

Merck Manual
VIII Edition, page 510-513

Deceased

W. Paul Roberts, D. O.—Febuary 26, 1954.

Dr. Roberts was found at his residence, dead, March 2. Death was attributed to enternal hemmorages occuring about February 26, the last known date he was contacted by friends. Buriel was in Zanesville, Ohio.

Dr. Wallace M. Pearson Files for Re-election

KIRKSVILLE — Dr. Wallace M. Pearson, chairman of the department of structural diagnosis at the Kirksville College of Osteopathy and Surgery, has filed his candidacy for representative from Adair County in the General Assembly of Missouri, subject to the Republican Primary in August. Dr. Pearson is serving his fourth term in the House of Representatives.

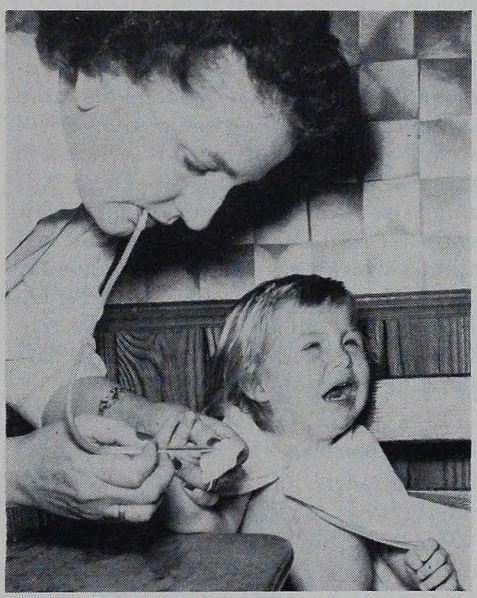
Public Relations — All In the Interest of the Public

Second Annual Child Health Clinic

Fort Worth, Texas

It Won't Hurt, Honey . .

Lady Stuck Me, Mama



CLINIC CRITIC—Two-year-old Donna Inman, daughter of Mr. and Mrs. W. T. Inman, 3267 Runnels, went for a check-up today at the Child Health Clinic, in Hotel Texas. Everything went fine until the blood test. The clinic is sponsored by the Tarrant County Assn. of Osteopathic Physicians and Surgeons and its auxiliary.—Press Staff Photos by Gene Gordon.

The press and radio is a medium thru which the public is informed in regard to matters of public interest. You can rest assured of full cooperation if you have a newsworthy item, or a project that is in the interest of the public. This cooperation of the press and radio should be acknowledged for their efforts.

The Child Health Conference, sponsored by the Auxiliary to the Tarrant County Osteopathic Physicians and Surgeons, is a wonderful example, a project in the interest of the public. It received approximately one full page of publicity in reference to its project. It acknowledged with appreciation the services of the press and radio, and received the following letter in reply:

FORT WORTH STAR-TELEGRAM
Office of the Editor March 27, 1954

Mrs. Jerry O. Carr
3740 W. Biddison
Fort Worth
Dear Mrs. Carr:

Mr. Boatner, city editor of the Evening Star-Telegram, has passed on to me your letter of March 24.

I wish to thank you on his behalf and for the organization. It is always gratifying to know our news staff has done a good job, and particularly to have one in such good position to judge, as you are, say so.

With all good wishes.

Sincerely yours,
s/ J. M. North

Report of Public Relations Chairman Mrs. Jerry O. Carr

The second Child Health Clinic sponsored by the Auxiliary to the Tarrant County Association of Osteopathic

Physicians and Surgeons was held in the Hotel Texas Longhorn Room, Friday and Saturday, March 19 and 20. There were 269 children registered on Friday and 373 on Saturday, making a total of 642 children registered in the two-day period.

The Clinic could not have been such a success if not for the wonderful cooperation of the newspapers, radio stations and television stations. We had a full page of stories and pictures in the two local newspapers. There was a tape recording made of an interview with Dr. R. D. Fisher discussing the Clinic which was run on Wednesday and Thursday over KFJZ. KFJZ, KXOL, and KCUL radio stations ran spot announcements for us, five days prior to the Clinic.

Mrs. C. E. Dickey, Child Helath Clinic Chairman and Mrs. H. G. Buxton, President of the Auxiliary, were interviewed concerning the Clinic, on WBAP-TV, on Thursday. Texas News which appears on WBAP-TV sent a photographer to take pictures of a family of four children going through the examining booths and this was shown on television, Friday night.

The public in Fort Worth expressed their gratitude in many ways for their opportunity of having a complete physical examination of their children. Several women were overheard making the remark that they themselves had never had such a physical check-up. The results of this Clinic brought to light 30 cases of malnutrition, anemia, and borderline anemia. At least 74 of the youngsters had never received any type of immunization, and 96 were in need of booster shots. Several cases of psychiatric difficulty and speech difficulties were uncovered in this Clinic. Several cases of cardiac difficulty were observed and called to the attention of the parent.

All case histories are filed for use and information of the family physican.

EDITOR'S NOTE: This Child Health Clinic, as is the Amarillo Child Health Clinic, has resulted in public relations unsurpassed in Texas. Other cities in the state of Texas should take note and attempt to do similar type of work for the public. If you desire to receive—you must give. That is public relations at its best.

We earnestly urge that doctors of other communities attend one of these Child Health Clinics, and receive the benefit of vision that would help the public of their community, from which they in turn would profit.

We congratulate the Auxiliary on their program and their efforts, and we advise the Osteopathic physicians to take due notice.

Note — Annual Meeting
TEXAS ASSOCIATION OSTEOPATHIC OBSTETRICIANS AND GYNECOLOGISTS

1:00 P. M. — May 1, 1954 — Parlor 360

W. W. BALDWIN, D.O.—*Program Chairman*

SPEAKERS:

DOROTHY J. MARSH, D. O.

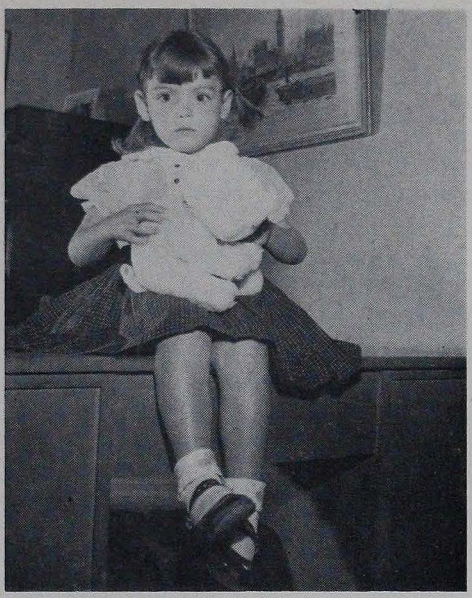
ROSS M. CARMICHAEL, D. O.

PAUL STERN, D. O.

HELEN K. GAMS, D. O.

A. L. KARBACH, D. O.

Members of organization please notify Jerry O. Carr, D. O., or A. V. Manskey, D. O., by April 28th, if you will attend this important meeting.



—STAR-TELEGRAM PHOTO

SUE WOODY
. . . odds were against her.

Weighed 2 Pounds, 13 Ounces

Sue, With Odds Against Her at Birth, Now Sturdy

When Sue Woody was born, the odds were against her.

Out of more than 2,000 babies born at Fort Worth Osteopathic Hospital she was the smallest to survive, records show.

But that doesn't bother Sue now. She can stand up to the sturdiest without fear of being overshadowed.

Sue now is 3½ years old. When she was born she weighed 2 pounds 13 ounces. Today she weighs 35 pounds, normal for a youngster that age, pediatricians say.

An osteopathic physician here explained that a baby as premature—3 months—and small as Sue, faces handicaps because vital organs have not had time to develop.

Breathing is difficult for such an infant, and a device now has been perfected which aids in respiration. It is called an air-lock. When Sue was born only incubators were available.

Doctors point out that an infant as small as Sue at birth is no medical rarity, but they do agree that survival can be a problem.

Sue's parents are Mr. and Mrs. C. E. Woody of 1216 Carnes. She stays with an aunt, Mrs. J. D. Overton, 3328 South Grove.

GOOD LOCATION

GLEN ROSE, Somervell County, Texas: Desire progressive young osteopathic physician. Town of 2000 and trade territory of additional 2000. If interested, see Mr. D. A. Moss, at Corner Drug Store or Mr. W. V. Gavit at Gavit Drug Store.

MERTZON, Texas, County Seat of Irion County—28 miles west of San Angelo, County seat, county health work would be available. The only medical man in the county is 87 years old, and a cardiac patient. A naturapath there who must leave as soon as a doctor can be secured—understand he had good

business. If interested, contact Sam Thomas, the county judge, who is anxious to secure a licensed doctor, and will work with him.

PANHANDLE, Texas is in need of a physician immediately to take over the practice of Dr. W. Paul Roberts who is deceased. Beautifully equipped clinic can be bought or rented at a reasonable price. If interested contact Mrs. Elizabeth Wright, P. O. Box 403, Panhandle, Texas.

Convention Exhibitors

	Booth No.
Lanpar Co.	1
U. S. Vitamin Corporation	2
Doho Chemical Corporation	3
Vitaminerals Inc.	4
The Spinalator Company	5
United Medical Equipment Co.	6
J. H. Majors Co.	7
X-Ray Sales & Service Co.	8
Medcalf & Thomas	9
Bakers Laboratories, Inc.	10
Terrell Supply Co.	11
C. B. Fleet Co.	12
Vitamin Products Co.	13
The G. F. Harvey Co.	14
Buffalow Manufacturing Co.	15
Winthrop-Stearns Inc.	16
Murray Agency	17
V-M Nutri-Food Inc.	18
Southwest & Johnson X-ray Co.	
Yeager X-Ray Co.	19
The National Drug Co., Inc.	20
General Electric Co., X-Ray Dept.	21
J. B. Roerig and Company	22
California Pharmacal Co.	23
The A. P. Cary Co.	24
Central Pharmaceutics, Inc.	25
The Nettleship Company	

Osteopathic Care Is Again Rejected By Blue Cross In Missouri

ST. LOUIS—An amendment to put osteopathic and medical hospitalization on an equal basis so far as Blue Cross payments are concerned was defeated again last month by the corporate board of Group Hospital Service Inc.

The vote was 63 for the amendment, 47 against it. This was ten votes short of the necessary two-thirds majority. When the measure was voted on last September it fell short by only three votes.

As a result of the vote the AFL plans either to file suit against Blue Cross or withdraw from the plan.

John I. Rollings, president of the Missouri Federation of Labor and a public member of the board, said:

"What we're trying to do is preserve the right of choice. If our people want osteopathic care, they shouldn't be penalized for it."

Christmas Seal Campaign Returns $34,001.11; Highest In 23 Years

CHICAGO (AOA)—The 23rd annual Christmas Seal Campaign returned $34,001.11 as of Feb. 28 and is expected to reach $35,000, reported Mrs. Ann Conlisk, campaign director.

"This figure exceeds by $11,000 last year's total amount and is by far the highest return since the campaign's inception 23 years ago," said Mrs. Conlisk.

A breakdown of the returns shows that the profession was the highest contributor with $16,293.16 while the public ran a close second with $15,391.65. Returns from the Auxiliary totaled $2,316.30.

Child Health Conference To Open In Kansas City

KANSAS CITY—The 22nd annual National Child's Health Conference and Clinic was held here April 5-7 at Municipal Auditorium. The Jackson County Osteopathic Association and the Kansas City College of Osteopathy and Surgery were sponsors of this national conference.

A Warning for the Future

By WILLIAM S. KONOLD

High costs of medical and hospital care, will force prepaid private insurance out of business. When this happens, the public will force social medicine through congressional action.

Physicians themselves are a prime factor in this situation. They have a direct and continual influence on important factors and in this high cost of hospitalization and medical care. Although doctors argue soundly and vigorously against the horror of social medicine, they encourage the demand for it and hasten its approach with some of their actions.

Let us look first at the cost of hospital care and the relation of the doctor to it. The attending physician is in charge of the case in the hospital and everything done for the patient is at the direct order of the doctor. The doctor has a choice in management procedures that range from the conservative to the almost spectacular.

I believe the ordinary prepaid hospital insurance runs around $5.00 per month. An extra patient day takes four months of premiums to pay the cost. One day's needless extra lab work takes one month's premium and one day's needless extra drugs take two month's premiums. This, plus the admittance on a questionable diagnosis skirting the strict interpretation of the provisions of a patient's hospital insurance contract, creates a hospital bill of approximately $200.00 or 40 months' premiums.

In the field of medical care, the doctor is removing himself from industry's

medical care programs and companies are therefore using employed, or contract, physicians.

Commodity prices contain, as part of their cost, not only the cost of labor and material but the overhead cost of medical care and hospitalization, the cost of sick and accidents, and the cost of absenteeism.

For example, if one employee in an eight-hour day of work performs an operation that adds one cent to the cost of the commodity, and he is in the hospital that "extra" day at $20.64 plus his doctor's call of $5.00, plus his sick benefit of $8.00 per day, he has added $33.64 to the day's cost. He earns $11.00 per day. The cost of his share of the commodity produced while working was one cent. His cost to the item for that extra day would be three cents plus the cost of the operator who produced the commodity during his absence. By these simple mathematics, it is clear that this one extra day in the hospital made the commodity cost, for one operation, four cents instead of one cent. Project this situation throughout the country and you can see, when industry considers costs involved, that free choice of physicians is a serious liability to the cost of prepaid health and accident programs conducted by industry and is an equally serious factor in the high cost of living today.

This situation is also evident with the doctor who permits the employee to manage his own case with respect to when he can return to work.

I believe the professional organizations can produce a code of ethics, a program of cooperation and, with industry, work out a manual of procedure that will provide:

1. A reporting procedure that will provide, at the time of the patient's first visit, a report to the Personnel Department containing a diagnosis and prognosis.

2. A reporting procedure that will provide, at the end of each week, a report to the Personnel Department containing facts as to the patient's condition and prognosis.

3. When, in the opinion of the doctor, the patient is able to return to work, a report would be filed with Personnel.

4. If, in the opinion of the doctor, the patient is able to return to work but the patient still complains of inability, the fact should be reported and industry would then be able to discuss the matter with the union representative, or send the patient to a specialist, or to some other physician for confirmation of findings.

A program of this sort will alert personnel, foremen, and straw bosses to whom employees may be expected to return to work. Everyone will gain and free choice of doctor by patient will never be in doubt.

In summary, the way for doctors to stop this trend toward social medicine is:

1. Don't be part of cheating an insurance company to benefit your patient financially.

2. Don't keep that patient in the hospital that "extra" day.

3. Don't admit the patient to the hospital merely for convenience's sake.

4. Don't order unnecessary drugs, laboratory and X-ray procedures.

5. Review your hospital orders daily and cancel those no longer needed or effective.

6. Appoint a committee to study the industrial problem to the end that the injured or sick employee will not remain under your care or away from work longer than is absolutely necessary for the patient's health.

7. Work out a liaison with industry so that personnel will be regularly informed as to the condition and progress of the patient.

8. Enact a resolution that professional acts incosistent with these or comparable policies will be considered to be unethical practice.

(From "A.O.H.A. NOTES" Vol. VI, No. 1)

D. O. Appointed County Medical Examiner; M. D.'s Object

EASTPORT, Me.—The Maine Medical-Legal Society objected strenuously to the governor's appointment last month of Dr. Lester P. Gross, North Whitefield, as Lincoln County Medical Examiner.

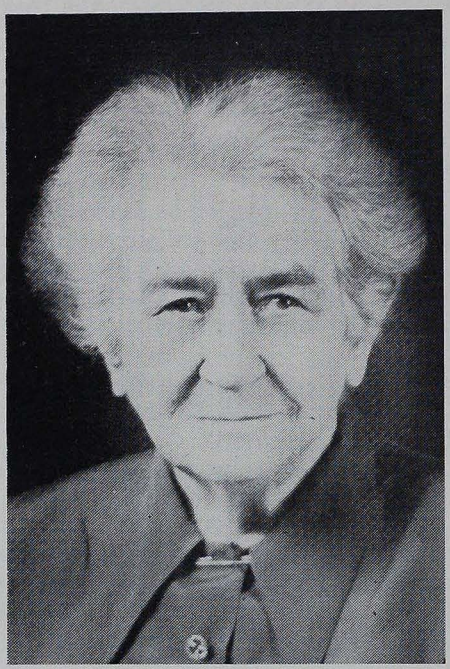
Among those who complained to the Governor was State Senator Benjamin Butler, Farmington.

The Governor listened quietly and then told the protesting group:

"Osteopathic physicians have a right to practice medicine and they also have the right to be medical examiners."

There is only one other D. O. among Maine's 60 county medical examiners.

B. & P. W. Compliments Dr. Charlotte Strum



DR. CHARLOTTE STRUM

Public affairs and news service committees of the Business and Professional Women's Club honored Dr. Charlotte Strum with a reception at the home of Mrs. Warren L. Powell.

Guests included past presidents of B.&P.W. and members of the board of directors.

Receiving with the hostess were Mrs. Erna L. Galbreath, club president; Mrs. Felicia H. Perry, chairman of public affairs committee, and Mrs. Ruth Cain Shawk, chairman of news service committee.

Mrs. Galbreath extended a welcome to guests and introduced Mrs. Shawk who presided as mistress of ceremonies. Tributes were given to the life and work of Dr. Strum.

Taking part on the program were Mrs. Clara Caffery Pancoast, first president of the San Antonio Club, who gave a tribute from the past presidents as Dr. Strum has been a member of B.&P.W. since 1924. Mrs. Gladys Canaday offered a tribute from the charter members of the club. Mrs. Marion Bliem Goebel gave tribute to Dr. Strum, the personal friend. Mrs. Sadie J. Brown paid tribute to her for the contribution she has made to her professions. Others included Miss Pearl Johnson, Mrs. Hilda Reid Head, Mrs. Erna L. Galbreath and Mrs. Florence Stevenson.

Dr. Strum responded by giving highlights and most interesting experiences from her life.

Following the program, Mrs. Perry presented the honoree a gift designed and made by Miss Jacksey Miller.

Miss Eugenia Davis and Mrs. Laura Rutledge had charge of the guest book.

Assisting in serving were Miss Emma Strum, Mrs. Emma A. Kitchen, Mrs. P. E. Dickison and Mrs. J. Ross Boles. About fifty guests were present.

M. D. To Make Giraffe's Blood Pressure In Hope Of Aiding Jet Pilots

LOS ANGELES—A Duke University medical professor hopes to be the first man to take the blood pressure of a giraffe.

Dr. James V. Warren of Durham, N. C., thinks the information he obtains will help in redesigning G-suits worn by pilots of high-speed jet planes to keep them from blacking out.

"With its head a considerable distance from its heart, the giraffe presents at all times a situation that man faces when he is subject to centrifugal force in military planes making fast turns and dives," he explained.

"A giraffe must have an extraordinarily high blood pressure in order for its heart to pump blood to its head about 6 or 8 feet away," he added.

Washington News Letter

March 29, 1954

Health Service Prepayment Plan Reinsurance Act—In his message on the State of the Union and his special health message to Congress, President Eisenhower recommended establishing a limited Federal reinsurance service to foster the growth of health prepayment plans. H. R. 8356 and S. 3114, companion bills, were introduced on March 11 to implement the President's proposal.

The bill creates in the United States Treasury a Health Service Prepayment Plan Reinsurance Fund, with an authorized capital-advance account of $25 million. Except during the first five years, when appropriations for administration expenses will be necessary, the fund is expected to be self-sustaining. It is sustained by reinsurance premiums received from insurance carriers in payment for Federal reinsurance.

The purpose is to stimulate voluntary health insurance plans to do a more effective job by offering them Federal reinsurance to cover 75% of abnormal losses. Abnormal losses would be those in excess of premium income, after making reasonable allowance for the carrier's administrative costs. For additional definitions see reverse side of this page.

In her testimony on the bill before the House Committee on Interstate and Foreign Commerce on March 24, Secretary Hobby said that as a result of the reinsurance program "perhaps the number of exclusions from coverage under certain forms of health policies can be reduced; perhaps the benefits can be made far more comprehensive as to total limits, thereby providing better protection against major medical expenses; perhaps the number of days of hospital confinement for which reimbursement is provided might be greatly increased; perhaps policies need not terminate upon the attainment of age 65 or some other stated age, or upon termination of employment, as many policies now do; or perhaps terms may be found under which it is possible to provide insurance to individuals now considered un-insurable. Finally, perhaps more non-cancellable policies can be written at prices people can afford to pay."

Secretary Hobby listed three limitations of the program:

"*First,* it can help only those who can and are willing to include health insurance premiums as a necessary part of the family budget, and those who are covered by insurance plans maintained by their employers in whole or in part.

"*Second,* it may not immediately solve some of the problems of coverage for those who are now aged or of those who already are chronically ill.

"*Third,* it is apparent that the success of the plan depends on the willingness of the carriers actually to make use of it and to assume new and broader risks."

On March 26, the U. S. Chamber of Commerce opposed the bill, claiming private re-insurance facilities are already adequately available.

DEFINITIONS SELECTED FROM H. R. 8356 (S. 3114)

Sec. 101.

(a) The term "beneficiary, means an individual (1) with respect to whom a carrier, pursuant to a health service prepayment plan, undertakes to pay in whole or in part for specified personal health services furnished to him by others, or (2) to whom, pursuant to such a plan, it undertakes to provide specified personal health services;

(b) The term "carrier" means a voluntary association, corporation, or partnership, other than an instrumentality wholly owned or controlled by a State or political subdivision thereof, which is organized under State law, and which is sponsoring, or is engaged in providing protection under insurance policies or subscriber contracts issued pursuant to, or is otherwise engaged in operating

under, a health service prepayment plan;

(e) The term "health service prepayment plan" means a set of specifications under which a carrier undertakes, through a class or classes of insurance policies or subscriber contracts (as defined by the Secretary) or both, to do any or a combination of the following in return for insurance premiums or prepaid subscription charges:

(1) To reimburse specified beneficiaries or a class or classes of beneficiaries (or others with respect to such beneficiaries) in whole or in part for expenditures incurred by them for specified personal health services;

(2) To pay (directly or through another carrier or carriers) to providers of personal health services all or part of their costs or charges for specified personal health services furnished to specified beneficiaries or a class or classes of beneficiaries: Provided, That, if (A) such payments are to be made in accordance with a contract or arrangement between the carrier and the provider of such services (or between the carrier and another carrier through whom such payments are to be made) and (B) such contract or arrangement fixes the basis upon which the amount of such payments shall be determined, such contract or arrangements shall be deeemed to be an integral part of the plan;

(3) To provide, wholly or partly through its own staff or facilities, specified personal health services to specified beneficiaries or a class or classes of beneficiaries;

(f) The term "personal health services" includes any services rendered to individuals by licensed health personnel, or, under the supervision of such personnel by auxiliary personnel for the improvement or preservation of physical or mental health or for the diagnosis and treatment of disease or injury; the use of such licensed or auxiliary per-

sonnel of any and all apparatus or machines designed to aid in the diagnosis or treatment of disease or injury; the provision of bed and board in general or special hospitals, convalescent homes, nursing homes, sanatoria, or other institutions licensed or designated as such by a State when care in such institutions is prescribied by such licensed personnel; the provision of drugs and medicines, dressings and supplies, prostheses and appliances (including eyeglasses), when prescribed by such licensed personnel; and ambulance service; . . .

Sec. 107.

(a) The Secretary shall make such regulations as he may deem necessary to carry out the purposes of this Act.

(b) Except as may be specifically provided for in this Act, nothing in this Act shall be construed to authorize the exercise of any supervisory or regulatory control over any carrier, or over any hospital or other health facility or personnel furnishing personnel health services covered by a participating health service prepayment plan.

* * *

March 11, 1954

On January 18, 1954, the Chairman of the House Committee on Interstate and Foreign Commerce introduced a Bill, H. R. 7341, in line with the President's message to Congress of that date, to expand the Hospital Survey and Construction Program (Hill-Burton Act) to stimulate construction of additional non-profit chronic disease hospitals, and construction of public and other non-profit diagnostic or treatment centers, rehabilitation facilities and nursing homes. As originally introduced, the Bill was subject to interpretation excluding further osteopathic participation under the current Act as well as under the proposed expanded program, except in States where osteopathic graduates are expressly licensed to practice medicine.

After hearings on February 4 and 5, in which the AOA Department of Public Relations participated, the Bill was revised and given a new number, H. R. 8149.

This is the situation under the Bill (H. R. 8149) as it passed the House on March 9, 1954:

1. A non-profit hospital, be it general, tuberculosis, mental, or chronic disease hospital, staffed by osteopathic physicians, or to be staffed by osteopathic physicians, in any State, is eligible for Federal aid for construction purposes.

2. If operated in connection with a non-profit hospital staffed by doctors of osteopathy, in any State, osteopathic non-profit agencies are eligible for assistance for the construction of non-profit diagnostic or treatment centers, rehabilitation facilities, or nursing homes, wherein patient care is prescribed by, or is under the general direction of, licensed doctors of osteopathy.

3. When not operated inconnection with a non-profit hospital staffed by doctors of osteopathy, a diagnostic or treatment center, or rehabilitation facility, or nursing home receiving Federal aid for construction purposes must be one in which patient care is prescribed by or performed under the general direction of persons licensed to practice medicine or osteopathy and surgery.

The Bill authorizes Federal funds to aid the States in surveying the need for such additional facilities, and authorizes appropriations aggregating $60 million of Federal funds per year for the next three years to assist in construction of needed facilities. The program for additional facilities would be handled under similar procedure as in the case of the existing Hill-Burton program.

Hearings on the legislation will be held by the Senate Committee commencing on March 17.

Abstracts

Changes in the Loose Connective Tissue during Sensitization

(Arkh. Patol.) 15, 30-36, July-Aug., 1953

This study of the changes occurring in loose connective tissue during sensitization was carried out on 31 rabbits divided into 11 groups according to the number of injections of antigen given. An allergic state was induced by the subcutaneous injection of 1 ml. of horse serum, the number of injections varying from one to 10, given at 3-day intervals; the 11th group received "about 30 injections", in doses of 0.5 ml. The animals were killed 5 days after the last injection. . . Repated skin biopsies from various parts of the body were taken during the experiment.

Histological changes in the cells of loose subcutaneous tissues were observed even after the first injection, and were as follows. An increase in the number of histiocytes, partly due to amitotic division of the existing histiocytes and partly a result of differentiation of adventitial cells situated along the arterioles and capillaries, (the "adventitial histiocytes" of Jasvoin). In the majority of cases the phenomenon was also accompanied by an increase in the number of "polyblasts".

Morphological changes were also observed in histiocytes and fibroblasts. Both types of cell showed vacuolation of the cytoplasm, which increased with the number of injections. The fibroblasts also tended to lose their ectoplasm and cytoplasmic processes and to become rounded. The author regards vacuolation as a sign of an increased activity of the cells in connective tissue. He argues that all these cells should be considered as a single functional system, and that the term reticuloendothelial system should be abandoned.

Coronary Embolism in Bacteria-Endocarditis

29, 689-701 A. M. J. Path. July-Aug. 1953.

In 7 out of 9 successive cases of bacterial endocarditis examined post mortem in the Department of Pathology of the University of Minnesota emboli were found in the coronary arteries, being multiple in 4 cases. Changes in the myocardium were found in all cases, taking the form of ischaemic necrosis in various stages of organization, abscess formation, or calcified areas which were

regarded as healed abscesses. The coronary arteries showed no evidence of atheroma, and the material in the lumina of the blocked vessels was similar to that on the affected valves.

The author conclues that coronary embolism is of common occurrence in bacterial endocarditis and suggests that this is due to the location of the orifices of the coronary arteries, the mechanics of the blood flow past them, and the manner of opening of the aortic valve cusps.

On the Effect of the Hyaline Membranes in the Lungs of Newborn Infants

42,323-329, July 1953

In 30 cases of hyaline membrane of the lungs in newborn infants examined by the author in the Department of Pathology of the University of Uppsala, the effects, rather than the mode of formation, of the membranes were studied. As a result it is suggested that in many instances these membranes are of no functional significance, death being due to some other condition. The author draws attention to the importance of distinguishing between primary (or redidual foetal) atelectasis and secondary atelectasis. In the former type membrane may block the 1st areas of lung available for oxygen absorption, but is not responsible for the atelectasis, which is the primary cause of death. In most cases of the latter type the hyaline membrane found is insufficient to account for more than a small proportion of the collapsed lung tissue and, in the author's opinion, membrane formation is an important factor in the causation of secondary atelectasis only when the membranes are very abundant and widespread.

Kirksville Historical Markers Soon To Be Erected In Missouri

KIRKSVILLE — Kirksville historical markers will dot Missouri highways this Spring or early Summer. The markers, part of a statewide program of the State Historical Society of Missouri and the Missouri State Highway Commission, are made of cast aluminum alloy 54 inches wide and 72 inches high.

The body of the markers are in national blue baked enamel with lettering on both sides in 23 carat gold leaf. A 10-inch Missouri state seal surmounts each marker. A total of 56 such markers will be erected.

Four Osteopathic Interns Sue Hospital Following Dismissal

PHILADELPHIA—Four young osteopathic physicians entered suit against the Mercy-Douglass hospital here seeking to have a Common Pleas court restrain the hospital from dismissing them as interns.

All graduates of the Philadelphia College of Osteopathy, they had served six months of their internship when without previous notice they were informed they were to be dismissed Feb. 28. They charged they were relieved of their duties on Jan. 31.

"Dr. Charlie" Celebrates Eighty-ninth Birthday

Dr. Charles E. Still, son of the founder of osteopathy, was 89 on January 7. "Dr. Charlie", as he is known to his many friends, spent the day quietly, sharing his birthday cake with a few relatives and friends who called. He is a member emeritus of the Board of Trustees of the Kirksville College of Osteopathy and Surgery.

THANK YOU Members TAOP&S

Please accept my deepest appreciation for your thoughtfulness of me in my recent indisposition, expressed by the three blooms, dark pink hydrangea.

It was truly beautiful and most conduscive to a rapid recovery.

Shall see you at the convention!!!

Signed
EVELYN WELLS
Assistant

Dr. Eveleth, Dave Darland To Attend Jackson County Dinner In Kansas City

CHICAGO (AOA)—Dr. True B. Eveleth, executive assistant of the AOA, and Dave Darland, director of P&PW, attended the Jackson County Osteopathic Dinner at the Hotel Muehlebach in Kansas City Jan. 28. Darland's trip also included visits to the Kansas City and Kirksville colleges.

Old Age and Survivors Insurance Goes To 970,000 Monthly

CHICAGO (AOA)—As of Dec. 31, about 5,970,000 men, women and children were receiving monthly OASI payments. Of these, nearly three and one-quarter million were retired persons over 65 years of age, and 1,055,000 were children under 18 years old.

Paul Adams Named Executive Secretary of Missouri Association Jan. 1

JEFFERSON CITY, MO. — Paul Adams was named executive secretary of the Missouri Association of Osteopathic Physicians and Surgeons here January 1. He succeeds the late Lawrence D. Jones who died October 4. Adams had been an assistant to Jones since last January.

New Audio-Visual Department Formed At Central Office

CHICAGO (AOA)—A new department to be known as the Office of Audio-Visual Education and Informatioi of the Osteopathic Foundation has been formed here at Central, Office. Director of this department is Theodore F. Lindgren, former assistant director of the Osteopathic Progress Fund.

TV Used To Teach Surgery At Los Angeles College

LOS ANGELES—Two-way television is being used to teach surgery at the Los Angeles County General Hospital. Students of the College of Osteopathic Physicians and Surgeons here witness every detail of an operation in another building.

Army Medical Service Corps Grants Commissions to 30 Optometrists

CHICAGO (AOA)—A story in the Journal of the American Optometric Association stated that the Army Medical Service Corps has granted commissions as 2nd Lieutenants to appproximately 30 optometrists. Some of the recipients were already in the service as enlisted men detailed to EENT clinics and others were commissioned directly from civilian life, the article said.

AUXILIARY NEWS

Auxiliary District One

The Auxiliary to the Amarillo Osteopathic Hospital met at the J. Francis Brown Clinic at 8 o'clock on the eveniing of March 17. The physicians of the Amarillo Osteopathic Hospital Staff also met in another room of the Clinic at the same time. As each member came, Marion Golden, Dr. Brown's receptionist, presented each woman with a green carnation corsage, and each doctor with a green boutonniere, compliments of Dr. and Mrs. Brown.

Mrs. Glenn R. Scott, Vice President, presided until the arrival of Mrs. E. L. Rossman, President, at which time she took over the business session. Mrs. L. J. Vick, the Auxiliary's representative to the Amarillo Federation of Women's Clubs, gave a report of a recent meeting of that organization.

Mrs. Rossman appointed a committee to prepare a budget for 1954-55, as follows: Mrs. W. R. Ballard, Mrs. Glenn Robinson, and Mrs. Glenn Scott.

Mrs. Glenn Robinson, chairman of the Ninth Annual Osteopathic Child Health Clinic Committee, discussed plans made by the Joint Planning Board for the Clinic which will be held May 21-22 at the Crystal Ballroom of the Herring Hotel. New ideas from the Fort Worth Clinic, and the Kansas City Clinic were presented and adopted. Members of the Joint Planning Board are: Mrs. Glenn Robinson, Chairman; Mrs. J. Francis Brown, and Mrs. John Kemplin, from the Auxiliary, and Drs. Glenn Robinson, Glenn Scott and John Kemplin from the Physicians' group.

At the conclusion of the business session, Dr. and Mrs. Brown served delicious cookies, coffee and cokes to the Auxiliary and to the Staff Physicians, after which there was a pleasant evening of conversation, waiting for the doctors to complete their scheduled program. It was good to be together.

Present for the evening were: Mrs. John Witt, of Groom; Mrs. Glenn Robinson, of Happy; and Mrs. M. F. Achor, Mrs. W. R. Ballard, Mrs. J. Francis Brown, Mrs. E. W. Cain, Mrs. J. H. Chandler, Mrs. L. V. Cradit, Mrs. John Kemplin, Mrs. E. H. Mann, Mrs. Ed R. Mayer, Jr., Mrs. E. L. Rossman, Mrs. Glenn R. Scott, and Mrs. L. J. Vick, all of Amarillo.

MRS. J. H. CHANDLER, *Reporter*

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Auxiliary District Six

March 7, District 6 had their regular quarterly meeting and dinner at the Hotel Plaza in Houston.

The Auxiliary held their annual election of officers. The following were elected for the new term:

President, Mrs. Irma Sorenson, president-elect, Mrs. Teenie Alexander; secretary, Mrs. Jackie McClimans; treasurer, Mrs. Mildred Cunningham; parliamentarian, Mrs. Sylvia Jaffe; legislative study, Mrs. Irma Grice; historian, Mrs. Kathryn Young; printing and yearbook, Mrs. Florence Garrison and Mrs. Irma Sorenson; social and courtesy, Mrs. Norma Tavel; hospital and clinic, Mrs. Jo Gribble; reporter and public relations, Mrs. Dottie Choate.

The plans for our next meeting are being made for a trip into Galveston, Houston's own back yard, with surf, sand and sunburn.

The local Auxiliary under the fine leadership of President Mrs. Jo Gribble, is making a comeback after almost a year's inactivity. Committees are work-

ing on their various assignments. We want to do some fine things for our local hospital.

I am proud to report that one of our own (well, almost) Mrs. Robert Haldane, wife of President of the Hospital Board, Robert Haldane, was named vice-chairman of the Harris County Republican Party. Our congratulations.

The gossip items are nil this month. I haven't installed my rabbit ears antenna yet.

And a happy Easter to everyone.

MRS. DOTTIE CHOATE, *Reporter*

Dr. Walter Carter, 90, Succumbs In California

LA JOLLA, Cal.—Dr. Walter Caldwell Carter, 90, died last month at his residence here after several years of ill health. He graduated from the A. T. Still College of Osteopathy in 1900 and practiced in Springfield, Ill., for 21 years prior to coming here.

In the News "The Doctor's Story"

CHICAGO (AOA)—Announcement of the AOA-Northwestern University radio series "The Doctor's Story" appeared in recent issues of Broadcasting Magazine, Boulevard Newsletter, Radio Daily, Variety and the Chicago press.

Mother of Two-Headed Baby D. O.'s Patient

PETERSBURG, Ind.—The mother of the two-headed, four-armed baby boy born in nearby Washington, Ind., Dec. 12, was the patient of Dr. J. W. Elbert, an osteopathic physician here.

Another Fee-Splitting Article

CHICAGO (AOA)—An anti-climax to the recent fee-splitting article in COLLIER'S MAGAZINE is "Patients for Sale" which appeared in the January 16 issue of the SATURDAY EVENING POST.

Our Relations With Public Aren't Good—Dr. McCormick

Last month's issue of Washington Report on the Medical Sciences carried an excerpt from Dr. McCormick's presidential address in St. Louis, which quoted him as saying: "First and uppermost (of what he had learned in the past six months as president) is the fact that our relations with the public are not good."

Dr. Laughlin Dies In Kirksville

KIRKSVILLE—Dr. Earl Laughlin, 70, of Kirksville, died unexpectedly here early last month. The nationally known osteopathic surgeon was one of the founders of the Laughlin Hospital here. He was retired.

NEWS OF THE DISTRICTS

DISTRICT THREE

The fluoridization of water question was finally allowed to come before the people in Tyler, Texas. The vote was three to one against it. Seems that a few others would like to have the existence of Fluorine deficiency as an actual entity proved before an attempt is made to treat it. The whole theory reminds one of the authoritative writings of some 1901 eminent medical men who absolutely knew with irrefragable certainty that goitre was due to poisonous minerals in the well water and that consumption was caused by dampness under the house, etc., etc.

Dr. Joseph G. Brown recently attended a meeting in Chicago of the International Society of Proctologists. Dr. L. D. Lynch of Tyler attended the Annual Child Health Conference at Kansas City, Missouri. Dr. H. G. Grainger was out of his office from March 27 to April 5—attending the recent Seminar of the Academy of Applied Osteopathy in Fort Worth, Texas, where he taught one of the courses.

The last meeting of the District III group was held at Mt. Pleasant, Texas, on March 16, 1954 at the Country Club. Drs. Robert Morgan and Chas. Ogilvie were there as usual—so far their attendance at these district meetings have not been topped by any of the regular members. During the course of the business part of the meeting a general desire or even demand seemed apparent that the delegates to the State Convention be provided with a copy of the agenda so that members of the various districts might have an opportunity to discuss pending legislation and have have some more efficient means of making their desires known to the delegates. There is also some sentiment in District III indicating a desire to reduce membership dues to the State Association. Dr. Gilchrist was again in attendance at this meeting, from Shreveport, and Dr. R. B. Helfrey, interning presently in Dallas also attended. Dr. Ralph Kull has returned to the fold and is building a clinic in Winnsboro.

The program included a very thought provoking exposition on a unique method of diagnosis of one of the major, frequently fatal and prognostically dismal pathoses met in general practice. Dr. William E. Winslow, recently returned from study in Europe, presented this material. He will appear on the program at the coming State Convention and speak on this most interesting subject, and in my humble opinion members that miss it will be truly losing something.

Dr. Ross also spoke, or perhaps rambled, on some aspects of gall bladder disease and reasons for considering it to be a strictly surgical problem.

Dr. W. K. Bowden announced that Dr. H. R. Coats would be unable to attend the approaching convention as a delegate—so for that reason District III should probably be more careful in electing alternates.

Dr. Chas. C. Rahm, program chairman and President Elect as usual, was able to conduct the procedure and maintain order in an admirable manner. Another point regarding this meeting that should be mentioned or even stressed is that Dr. Martin (now practicing at Pittsburg, Texas) was not present and was most intensely missed.

Dr. C. List is sporting an enormous radio aerial on the back of his automobile these days and a call letter license plate indicating an amateur radio operator is in command. W5YY something or other. KY? I'll notice more accurately next time.

Dr. Fisher of Gilmer, Texas, didn't send any news this month. This may not exactly be news but after years of searching I found something in a pathology book that must be passed on: "It is obvious that biopsy would not be required for the obviously malignant or obviously benign tumors." This is quoted without permission and may violate the copyright but I can't resist. Anyhow on page 667 of the same book there appears a picture (X-ray) of parts of the humerus, scapula, clavicle and some ribs that the bears the label: Roentgenogram of a typical unicameral bone cyst of the upper end of the FEMUR. ."

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DISTRICT SIX

Dr. and Mrs. R. E. Brennan boast of the accomplishment of their son Patrick, age four months. Pat does what "every good little boy should do." His nurse Cathey carries him to the bath room equipment and he responds dutifully. The nurse "swears" or affirms to the authenticity of this statement, and will produce to any doubting Thomas the incontrovertible evidence.

Dr. Lester Tavel has been advanced another chair toward the top office in Elkdom. Some members of the Houston lodge saw that all the D. O. Elks were "on deck" to vote (the way they wanted to of course) on election nite March 16. The number of Elks in the Houston Osteopathic group is considerable, in fact more Elks than Baptists.

Dr. Willard C. Daws of Boise, Idaho, was here and visited his niece, Dr. Esther Roehr. We tried to tempt him to come hither and bask in our southern sunshine, but he insisted on being loyal to his upland and abode in the Rockies.

Dr. McKay offered a correction to Dr. Webb in his use of manipulative phraseology incident to examination of patients.

It has been suggested (by Gribble) that at H.O.H. "we have a be good to Gribble week". Peace be unto you all.

Dr. Wm. H. Rodgers of Ley Road Clinic at 7750 Ley Road, toured my office recently and remarked, "things sure look fresh and different around here; even looks good from behind".

Heard in the halls: "A little wind under pressure makes terrific noise. Big wind relaxed, not noticed."

Dr. Horan brought in a gun shot case, a seven year old girl received a bullet wound at or near the junction right clavicle with the sternum. The missile took a downward and posterior course and lodged in the body of the 4th dorsal vertebra. At the operation the bullet was removed, and the patient appears to be recovering from much of the paralysis of the right eye and eyelid of the same side, also the impaired breathing is better. The patient is still paralyzed in the lower extremities and incontinent, but living, etc.

Mrs. Horan is suffering from "Houstonitis" or West Texas dust. That is her own terminology and not according to standard nomenclature of the A.O.A. Hospitals.

Dr. David Jaffee will attend clinic sessions at the Mayo Clinic, Rochester, Minnesota, this month.

Dr. Lester Tavel will attend the international Proctology meeting April 8 to 14 inclusive in Chicago.

John Young, age 26 months old, son of Dr. and Mrs. Don Young, was arrested for walking in the middle of the street. John had slipped out of the house and had nothing on except his mother's shoes.

When the lab recently reported finding large quantities of hair in the stool specimen of one of "Prexy" Young's small patients, the eminent Don came up with the brilliant diagnosis that the youngster had swallowed the Easter Bunny.

H.O.H. has turned its armamentarium of modern drugs back a few years to include a "Leach" of the northern variety. Dr. Jack Leach has joined our staff from the Detroit Osteopathic Hospital where he recently completed a residency in surgery. Mrs. Leach and two little Leaches will soon join our new

surgeon. To all of them we extend a big Texas welcome.

"Papillary carcinoma of the thyroid" was the pathologist's report of a solitary, encapsulated tumor mass which Dr. Gribble removed from a 36 year old female. She was sent to the M. D. Anderson Clinic where radioactive uptake determination was shown to be 30%, tracer tests showed no distant peripheral thyroid manifestations, and there was no evidence of bony metastasis. Six month check-ups will be carried out at the Clinic and reports will be sent to Dr. Gribble.

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DISTRICT SEVEN

Dr. F. M. Crawford entertained the San Antonio group on St. Patrick's. We had 95% attendance and I must say that it was a successful party for several reasons. The hospitality, food and refreshments were excellent. Then, too, Dr. Bernard Klase was talked into returning to the fold—paid his state and district dues that same night. Welcome home, Bernard.

One wonders which is more exciting —watching the TV fights at these meetings or the by-play between the doctors. The moaning, shouting, coaxing, and directing is to be marveled at. Guess that is why we take one hour out to watch it.

All of our meetings are not just play and refreshments. We had a very good general discussion on Polio and the coming vaccinations. I opened by relating the general discussion our school board had concerning the coming vaccinations. Dr. L. C. Edwards carried the ball from there and gave a very good resume of diagnosis and treatment of Polio, history of the vaccinations and the part we D. O.'s have to play in the coming program. He has been working closely with Dr. Rice, the Bexar County Health Officer, in regards to our participating in the program. Since that meeting, we have all offered our services and named the particular school we would like to work. This whole sequence of events and activity is a boost in our public relations.

During the past month, one of the Governmental agencies here in San Antonio questioned the right and qualifications of D. O.'s to examine their employees. This was called to my attention because one of the men examined was my patient and I performed the examination. I talked to the director on the phone and explained our position in the field of medicine. Two days later, I had a personal interview with this lady and everything has been straightened out to ours and their satisfaction. It was just a case of their not understanding what a D. O. is. I feel sure it will not happen again. I left some of our bulletins—"The Osteopathic Physician & Surgeon Today". All of you do this same type of public relation work in your community. Just thought you would like to know that we too are working.

No one from San Antonio was able to go to the Child Health Conference in Kansas City, but about half of us wanted to go. It is just too near our State convention to take a week out of the office.

No social happenings the past month; just waiting till Easter.

Dr. James M. Shy has opened offices in San Antonio. Dr. Shy formerly practiced in West Texas, and in the past year, in Denver, Colorado.

We wish to announce that, as of April 1, the San Antonio Osteopathic Hospital has been approved as a member hospital with the Blue Cross Plan.

Dr. Schoch spent the weekend of April 3 at the coast, fishing—reports very good catch.

Dr. H. H. Edwards also went to the coast—don't know about his luck.

WALDEMAR D. SCHAEFER, D. O.

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DISTRICT EIGHT

The regular staff meeting of Corpus Christi Osteopathic Hospital was held March 9 in the Chamber of Commerce building.

Dr. Merle Griffin was guest speaker at the Dallas County Association's March meeting, held at the Stoneleigh Hotel on March 11. Our Executive Secretary, Dr. Phil R. Russell, was also in attendance, introducing Dr. Griffin for his discussion "Report on Association Affairs."

Another address by Dr. Griffin was "Heredity and Environment" given before the Epsilon Omega Chapter of Episolon Sigma Alpha, at the Nueces Hotel, Corpus Christi.

The Public Health Committee, consisting of Drs. Elmer Baum, Lige Edwards, Everett Wilson, Stanley Hess, Jr., Sam F. Sparks, and Phil R. Russell, held a meeting in Corpus Christi at the Driscoll Hotel March 19 and 20. Dr. Griffin met with the group, in his official capacity as President, and took them to the Town Club for dinner.

The Executive Board Meeting of Corpus Christi Osteopathic Hospital met in regular session March 23.

The Southwest Area Institute sponsored by The American Osteopathic Hospital Association for administrators and key personnel from osteopathic hospitals in Texas, Oklahoma and New Mexico, was held in Dallas March 26 and 27 at the Stoneleigh Hotel. Dr. Merle Griffin, who was on the program, chose as his subject "Public Relations In Small Hospitals". Mr. Charles S. Thomas, Administrator for the Corpus Christi Osteopathic Hospital, was in attendance.

The film "For A Better Tomorrow" was shown by Dr. Fred Logan before the Licensed Vocational Nurses Association at the Y.M.C.A. Building on the night of April 1. Dr. Logan, as guest speaker, chose as his subject "Osteopathy As A Career".

Dr. T. M. Bailey was in for a big surprise when he reached into his car for his bag—no bag. It had been stolen!

Dr. R. E. Bennett has moved his offices to 1118 Third Street.

MERLE GRIFFIN, D. O.

DISTRICT NINE

Meeting of district 9, T.O.A.P. & S. was held Sunday afternoon, March 14 at the Stratton Hospital and Clinic at Cuero, at 3 p. m. with the following members present: R. L. Stratton, president; H. L. Tannen, vice president; Paul E. Pinkston, secretary-treasurer. Members present were: A. J. Poage, C. R. Stratton, T. D. Crews, D. M. Mills.

Along with some other business that would not be of any importance to the State office, was the following:

Motion made and carried that the time of the meetings was changed to be held on the Second Sunday afternoon at 3 p. m. with the dinners which have heretofore been prepared by the host and hostess, said dinners to be dispensed with.

Motion made and carried that we have four meetings per year, that shall be devoted exclusively to a scientific and professional program with a speaker from outside this district, if possible.

Motion made and carried that the December meeting be cancelled.

Election of officers for the ensuing year was held and the following were duly and constitutionally elected: J. V. Money, Schulenburg, president; T. D. Crews, Gonzales, president elect; C. R. Stratton, Cuero, vice president; H. L. Tannen, Weimar, secretary-treasurer.

New officers to take their positions April 1, 1954.

Motion made, seconded and carried by unanimous vote, that this district go on record as instructing our delegates to the state meeting, to support the building program for the construction of the State office building, in accordance with the vote two years ago. This building has already been started at Fort Worth and we see no reason to change our position.

PAUL E. PINKSTON, *Secy-Treas.*

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Dr. Lester J. Vick, Amarillo	President-Elect
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Dr. John C. Kemplin, Amarillo	Secretary-Treasurer

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DISTRICT 9

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Dr. T. D. Crews, Gonzales	President-Elect
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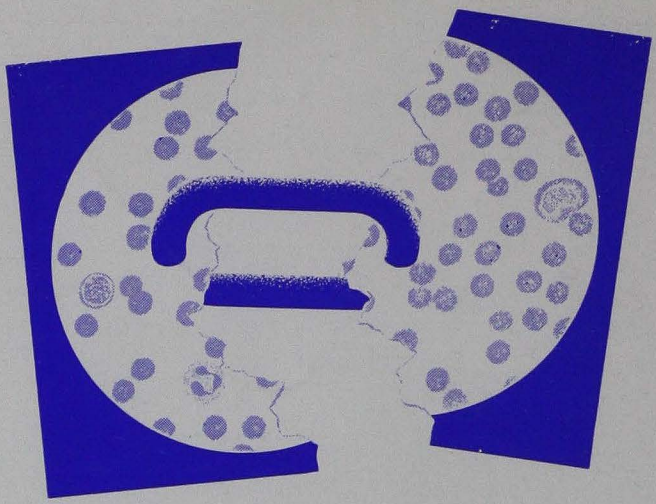
Dr. G. G. Porter, Lubbock	Vice-President
Dr. Stuart G. MacKenzie	Secretary-Treasurer
Dr. Ed Whitacre, Lubbock	Assn. Mbr., P.H.C.

DISTRICT 11

Dr. B. B. Jaggers, Midland	President
Dr. Michael A. Calabrese, El Paso	Vice-President
Dr. Russell T. Land, El Paso	Secretary-Treasurer



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