

1-1-1947

# Texas Osteopathic Physicians Journal Volume 4, Issue 1

Texas Osteopathic Physicians Association

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# *Texas* **OSTEOPATHIC PHYSICIANS** *Journal*

Volume IV

AUSTIN, TEXAS, MAY, 1947

Number 1



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# Texas Osteopathic Physicians' Journal

OFFICIAL PUBLICATION OF THE  
TEXAS ASSOCIATION OF OSTEOPATHIC PHYSICIANS AND SURGEONS

PUBLICATION OFFICE: 410-17 LITTLEFIELD BUILDING, AUSTIN, TEXAS

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VOLUME IV

AUSTIN, TEXAS, MAY, 1947

NUMBER 1

## *Our Journal*

Now is the winter of our discontent made glorious summer; and the clouds, that low'r'd upon our house in the deep bosom of the ocean buried. With this issue the Journal takes a few deep breaths of the invigorating Texas atmosphere and enters upon a new stage of life; no longer the puling, puking adolescent, but a grave and reverend senior, proven and undismayed. We are proud to announce the selection of Dr. C. R. Nelson as Editor-in-Chief of this publication; he is duly and truly prepared, worthy and well qualified, and we hand him the torch knowing full well that he can and will carry on in an admirable manner. The Journal has come up the hard way; it has had to combat the withering blasts of innocuous desuetude, the dry rot of chronic inertia, the Law's delay, the insolence of office, and the spurn that patient merit of the unworthy takes. But despite all our imperfections broad blown as flush'd as May, we do take a pardonable pride in the fact that the Journal is to all intents and purposes a self-sustaining venture. This is not a requiem, nor yet a swan song; we hope to participate in the growth and achievements of this publication, feeling that the Journal can be made an outstanding force in the promotion of morale, that intangible potent spiritual force that enlarges, enriches and glorifies. We feel that when the Journal is accorded the support that it merits, it can and will become a tremendous force within the Association in attaining the applied purposes and ultimate aims of the profession.

As in the past the Journal will be a free and untrammelled agent; published under a policy which will endeavor to promote the interests of all worthwhile

agencies of osteopathic progress and advancement; and to ignore, criticize or condemn, without fear of favor, the false, the flat, stale and unprofitable.

Inasmuch as the Journal is the official organ of the Texas Association of Osteopathic Physicians and Surgeons, we feel that every osteopathic physician in the state should have an equal interest and concern in its preservation and welfare. Furthermore, we believe that each member of the profession in Texas, in so far as comports with the best interests of the Association and the publication, has an equal right to its space and services.

—J. W. McPherson, D. O.

## *Aspirations*

It is without any delusion that we take up the task of editing the Journal of the Texas Association of Osteopathic Physicians and Surgeons, delusion that it will be easy to fill the boots of our well loved predecessor. That is definitely a difficult, if not impossible, assignment. Ever since its inception, this publication has been a kind of "pet" to "Mac," a sort of hobby with a sincerely worthy purpose. He has seen it through its first unsteady steps, encouraged it into taking longer strides and now, with its position established in osteopathic periodical literature, he cherishes the hope that it will become the potent factor in osteopathy in Texas that it should be. Speaking very practically, that dream must be realized.

The official publication of any professional organization is not only a convenient means of exchanging ideas and news but is ultimately the calling card of the profession to the outside world. Professional people are more or less automatically classified by the caliber of their professional literature, and the osteopathic profession in Texas should be content with no less than the best. We shall continuously aspire to reach that goal.

Again speaking very practically, aspirations are fine things and we should all have them, but aspirations without perspirations will produce no worthwhile copy for the printer to embellish into worthwhile Journals for you readers. It will require the abiding interest of the entire Texas Association to produce the kind of engraved calling card, if you will, that you should have. That interest demonstrated by any form of communication you choose will be appreciated. Remember, this truly is "OUR Journal."

—C. R. Nelson, D. O.

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# DUODENAL DIVERTICULA

By

CHAS. D. OGILVIE, D. O.

DEPARTMENT OF INTERNAL MEDICINE

MT. PLEASANT HOSPITAL AND CLINIC

MT. PLEASANT, TEXAS

## General Considerations

Although the diagnosis of duodenal diverticula is not an extreme rarity to the radiologist, it is an unusual finding in the office of the general practitioner; and yet, it is a common cause of symptomatology related to the gastro-intestinal tract. Until recent years the true role of the diverticula in the duodenal region was not understood with respect to its ability to produce symptomatology. Research by Bockus<sup>1</sup>, Spriggs<sup>2</sup>, and others has revealed that 50% of duodenal diverticula produce symptoms related to the gastro-intestinal tract. When we find that from 2% to 3% of all persons submitted to barium studies of the gastro-intestinal tract have diverticula and from 3% to 4% of all autopsy studies reveal like findings, we are impressed with the incidence of this often-neglected pathological condition. Although many investigators still feel that the majority of diverticula are silent, in view of recent developments, it seems of importance to review some of the salient features of the condition in order that the physician in general practice may more scientifically care for his gastro-intestinal cases.

## Causes and Occurrence

Congenital weakness of the duodenal wall is in all probability the underlying factor in the etiology of diverticula. Diverticula are not in the strict sense, congenital lesions as evidenced by the fact that they are extremely rare in children and it is not until middle life that they become commonly observed. The female has a slightly greater predisposition than the male.

The actual process by which these diverticula occur is unknown, but it is commonly supposed that they result from a herniation of the mucosa through a congenital defect in the muscular coat of the gut wall. They are usually single, multiple pouches being present in 10% to 30% of all cases. The size of the pouch varies from 0.5cm. to 10cm. The order of frequency of their location in the parts of the duodenum is: 1. second portion, 2. third portion, 3. first portion, 4. fourth portion. Pseudo-diverticula may be produced by malignancies, extrinsic traction, ulcers, and other causes and will not be considered in this paper.

## Clinical Features

Although the only sure diagnosis of duodenal diverticula is made by X-Ray, numerous clinical symptoms are produced by the condition. They may be enumerated as follows:

1. PAIN: The pain caused by the diverticulum is described by Spriggs as an epigastric discomfort occurring from 1/2 to 3 hours after eating. It is constant in location and is relieved by vomiting. Lockwood<sup>3</sup> has described it as a "bursting" type of pain. Bockus has observed cases in which the pain radiated to the back or even seemed to originate in the back. Notable is the fact that in many cases pain is relieved by a change in posture.

2. HEMORRHAGE: Massive bleeding is the exception rather than the rule but must be kept in mind as there are reports of hemorrhage and even perforation due to diverticula.

4. DUODENAL STASIS: Symp-

toms of duodenal stasis and dilatation may occur and even obstruction has occurred due to herniation of a diverticulum under the ligament of Treitz.

5. Belching, heart burn, and distension are also common symptoms encountered, according to Winklestein<sup>4</sup>.

The most common complication of diverticula of the duodenum is diverticulitis. It is caused by a failure of the diverticulum to empty promptly. Many diverticula retain barium for 24 hours. Diverticulitis is evidenced by pain or compression over the sac and spasm and

irritability of the duodenum. Other complications of duodenal diverticula are peptic ulcer, gastric ulcer, gall bladder disease and disease of the pancreas. Colonic diverticula are in frequent association.

### Diagnosis

Because the symptoms are so closely related to those of duodenal ulcer, a clinical diagnosis is impossible. X-Ray examination of the duodenum with a barium suspension is necessary. It was not until 1920 that the diagnosis of

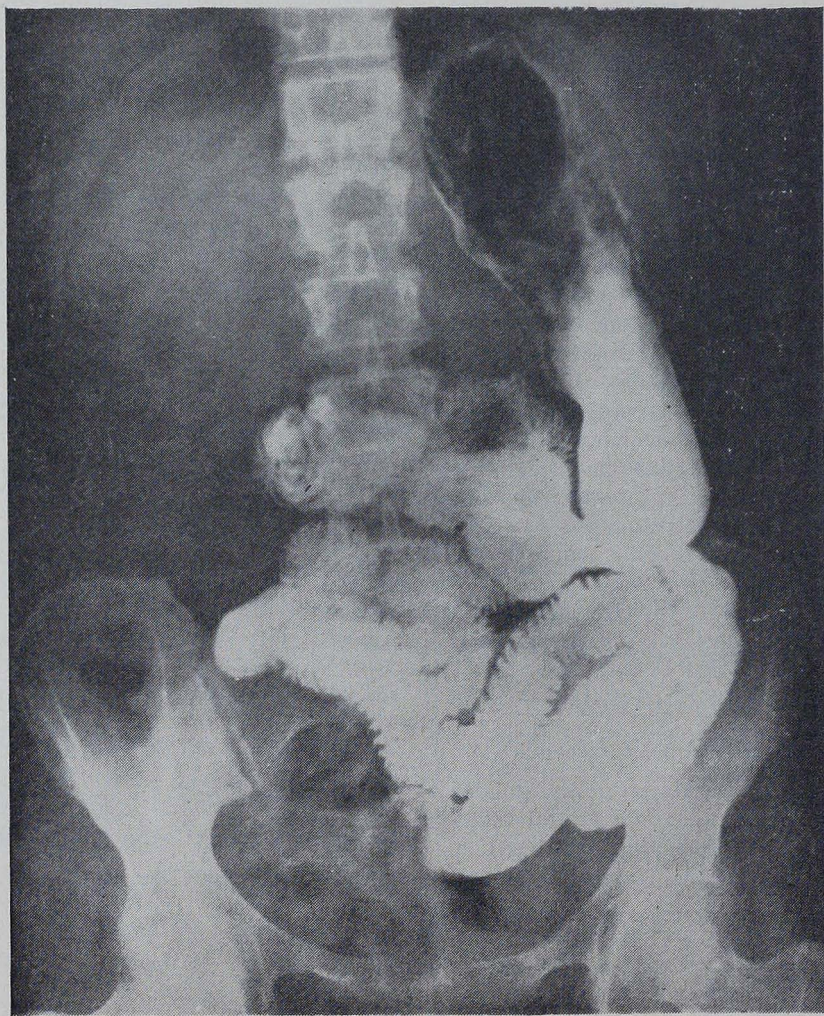


FIG. 1. DUODENAL DIVERTICULUM ASSOCIATED WITH INFILTRATING CARCINOMA OF STOMACH WITH TYPICAL "LEATHER BOTTLE" DEFORMITY.

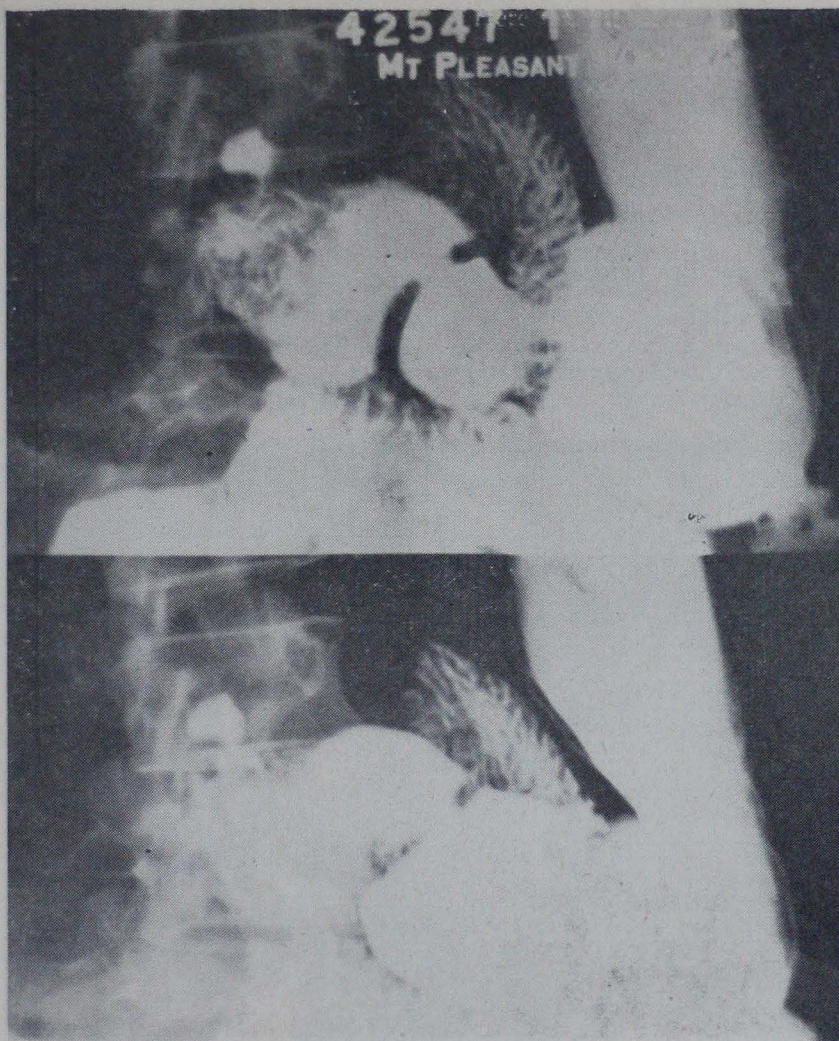


FIG. 2. SERIOLOGRAPHIC STUDIES OF SINGLE DUODENAL DIVERTICULUM OF THE SECOND PORTION OF THE DUODENUM.

diverticula was first made by barium study. Today the diagnosis by this method is commonplace. The X-Ray features are so typical that even the inexperienced can make the diagnosis with confidence.

The diverticulum is seen as a smooth, oval or circular outpocketing detached from the bowel by a narrow pedicle. Barium may empty from the sac promptly or remain therein for as long as twenty-four hours.

#### Treatment

It is necessary, before instituting any

type of treatment, that associated diseases be eliminated. Common among these are peptic ulcer, gall bladder disease, and carcinoma. Fig. 1 shows a typical case of diverticulum which is associated with carcinoma of the stomach. To pass such a case off superficially with a diagnosis of diverticulum, is a mistake. Always suspect other disease in the presence of diverticula. If signs of peritonitis and obstruction are absent, the treatment is primarily medical. In the ordinary case, the routine ulcer regime with antacid therapy and

acid neutralizing foods is sufficient. Belladonna and atropine are of benefit in the presence of complicating duodenal spasm.

Diet:

1. Hourly feeding of warm milk.
2. Six feedings of acid neutralizing foods daily.
3. Antispasmodics before and after meals as needed.

Laxatives:

1. Bran and mucilagenous laxatives are contraindicated.

2. Mineral oil is well tolerated and of some therapeutic value.

Postural drainage is advised to evacuate the sac, especially if it is large and dependent. This is done by assuming the knee-chest position shortly after eating.

If all other medical methods fail, jejunal feedings and administration of antacids and other medication via the jejunal route should be instituted for a time to rest the inflamed duodenal segment.

Diverticula are often treated surg-

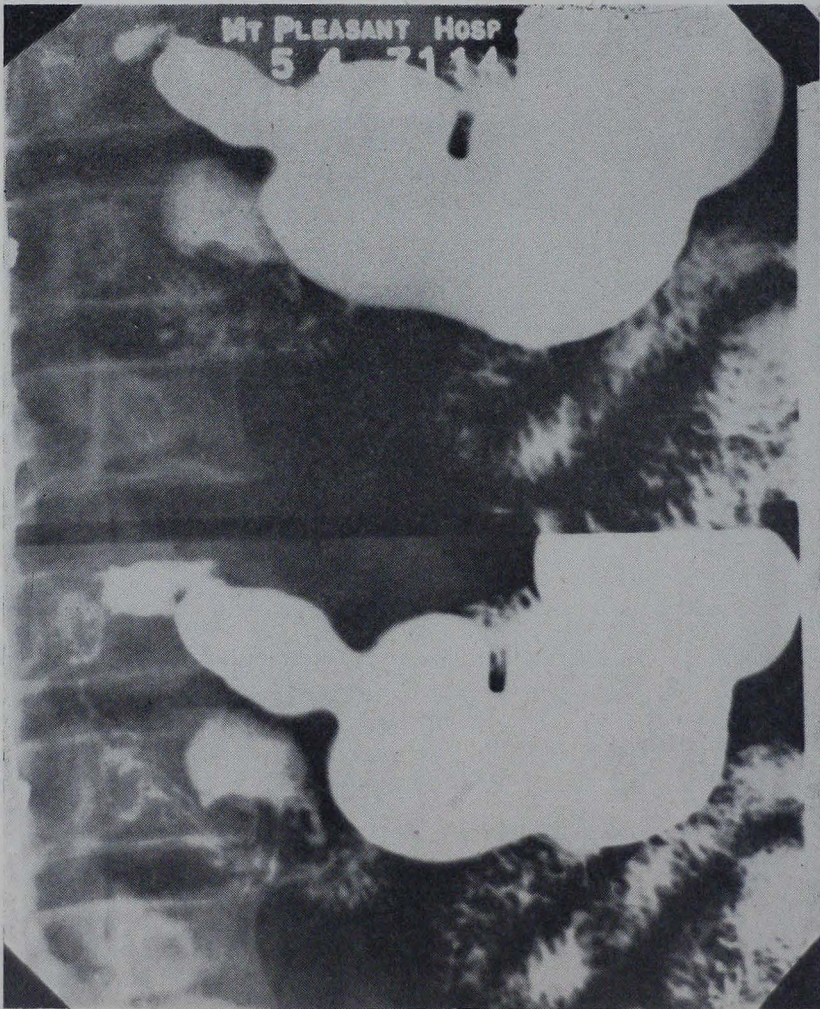


FIG. 3. SERIOLOGRAM OF A LARGE DUODENAL DIVERTICULUM AT JUNCTION OF 2ND AND 3RD PORTIONS OF DUODENUM. IT MEASURES 4 CM. IN DIAMETER.

ically; however, medical measures should be employed first. Winklestein advocates surgery in the face of inflammatory changes. The safest procedure, he says, is sidetracking by pylorotomy or partial gastrectomy or gastro-jejunostomy thus leaving the diverticulum intact but isolated.

### Summary

1. Diverticula of the duodenum are more common than is commonly supposed. Possibly 3% of the population has duodenal diverticula.

2. Although formerly thought to be an asymptomatic process, recent figures indicate that 50% of diverticula are accompanied by symptoms referable to the upper gastro-intestinal tract.

3. X-Ray demonstration of diverticula is simple and is the prime requisite to the diagnosis.

4. Treatment is medical, similar to that of peptic ulcer.

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# MUMPS . . . makes others happy

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WELDON HART

Mumps are a peculiar ailment. (The plural number is used advisedly, although the dictionary seems to be a little confused about it. Our Webster's calls this word "a plural noun, construed as a singular," whatever that means. Our mumps were definitely plural. Webster's can construe them any way it pleases.)

As we were saying, there is nothing quite like a good case of mumps to bring joy and cheer to one's friends and associates. The pleasure seems to be enhanced when the subject has reached maturity. There is a widely prevalent conception that mumps are (or is) a childhood disease. Although this theory is fallacious, and we can prove it, it supports the equally popular attitude that an adult victim of mumps is an object of scorn and ridicule. A typical telephone call to our house during the last fortnight, as relayed by the Little Woman, went about like this on the other end:

"You say old Hart has the mumps? Ha, ha, ha—isn't he getting a little old for that sort of stuff? Maybe he's—heh, heh, heh—in his second childhood! Shall I send him a jar of sour—ha, ha—pickles? I suppose (oh, ho, ho!) that he feels just swell!"

And more of this sort of commentary, which reduced to writing and widely distributed would have greatly enriched the American tradition of wit and humor.

Naturally it makes one happy to know that he has brightened the lives of his friends. The knowledge com-

forted us as we lay upon our bed of affliction.

Beyond that, there is little personal satisfaction to be gained in having mumps.

There is nothing interesting or dramatic about this disease. One does not receive the scintillating and alacritous ministrations that come in more awesome illnesses. There is not the hushed, anxious atmosphere as the loved one tosses restlessly on his pillow. (This is a pretty good trick for grown-ups, easy for babies.) One does not waste away in heart-touching fashion, as with a fever; in fact, quite the contrary. Some persons are fortunate enough to have ailments with strange and glamorous names, that they can talk about later ("My dear, you should have seen my myringotomy!"), but with mumps this is not true. When one has mumps, people are neither worried nor amazed. They don't feel sorry for you. They just laugh.

The doctor's actions accentuated, if anything, our inferiority complex. Granting that he had never, himself, had the mumps, was that any justification for coming into the sick room wearing rubber gloves and a gas mask? or taking our temperature with a thermometer tied on the end of a fishing pole? This shyness toward the pariah-like object on the bed (namely, us) was shared by most of our friends. It is a little odd the way people avoided us during the last three weeks, in light of the common impression that mumps is, or are, a highly humorous condition.

Very little was done by the family,

even, to mitigate our humiliation. The Little Woman could have said to callers on the telephone: "Oh, he has parotitis." The caller would want to know what that was. "Oh," she could have said, riffling lightly through the dictionary, "that is a specific infectious febrile disease, characterized by a non-suppurative inflammation of the parotid and sometimes other salivary glands." The caller still wouldn't have known what was the matter with us, which would have been fine. But was it said? Negative.

(Reprinted by permission)

Here's a bit of a rhyme attributed, erroneously, to George Bernard Shaw, but in reality, written by J. Willoughy Sidebottom, MCO'25.

The codfish lays a million eggs  
while the helpful hen lays one,  
But the codfish never cackles,  
To tell the deed she's done,  
And so the codfish coy we scorn  
While the helpful hen we prize  
Which should indicate to thoughtful  
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# The Texas City Disaster

**MAURICE E. GOLDEN, D. O.**

It was a quiet Wednesday morning and a gentle north wind was blowing. Now, ordinarily this is a comment scarcely worthy of noting, but on this occasion it was a veritable Godsend to Texas City.

A cloud of smoke of a most peculiar and unusual color attracted many sight-seers to the dock area. Somehow a fire had started aboard the French steamship *Grand Camp*. The Volunteer Fire Department and the Republic fire fighters were succeeding in controlling the flames and in mastering what for most of them would be their last fire. Scores of spectators lined the docks.

The first that I was aware of these happenings was at 9:13 a. m. when I practically simultaneously heard a thunderous explosion and experienced a sensation that the foundation of my office had been quickly slipped a few inches and just as quickly been replaced. About 15 or 20 seconds of unusual quiet followed and there was an encore. The initial blast proved to have been only a dress rehearsal . . . and a poor one at that.

The second explosion was punctuated by a hail of flying glass, as the windows shattered and fragments of glass flew in all directions, even imbedding in walls and furniture. Books were hurled from shelves and made a messy pile on the floor. The venetian blinds afforded little protection as they were torn from their fastenings and dashed against opposite walls. Doors were broken and torn from their hinges. Very fortunately Mrs. Golden and I escaped with minor cuts and bruises.

The hours following the disaster were far from pleasant either to tell of

or to hear. Confusion reigned at first. The streets were alive with men, women and children, some injured, others inquiring and searching for friends and relatives.

Shortly thereafter the injured began to arrive from the immediate vicinity of the explosion as well as from every part of Texas City. I knew that the casualties would be brought to the larger clinic-hospitals, so I repaired to the nearest one, about a block from my office, and offered my services. The doctors in attendance were hard pressed and immediately supplied me with surgical instruments and a treatment table near what remained of a large window.

The injured lined the waiting rooms, halls and even sidewalks. Cases requiring extensive treatment or major surgical intervention were carried to the larger hospitals in neighboring cities. A steady stream of automobiles to and from the stricken city was maintained, for the most part by citizens of Texas City, for this purpose.

The aid that quickly poured in from all directions was by virtue of its magnitude difficult to describe. The Army, Coast Guard, State Police, Red Cross, Salvation Army and other organizations too numerous to mention, appeared in force. Physicians and nurses from neighboring towns and cities flocked to our aid, many bringing supplies with them.

Meanwhile, a huge pall of black smoke billowed from the docks. However, a Heavensent north wind kept smoke and flames from sweeping over the residential section and also prevented many huge storage tanks on the Republic Oil fields from going up in

flames. There was imminent danger of new explosions and more chemical and oil blazes, as the holocaust spread. The explosion of the Steamship High Flyer at 1:11 a. m. had been anticipated and, as a result, casualties from this explosion were relatively small.

The heroism displayed in coping with this terrible series of explosions and blazing infernos has been described by more competent observers than myself and hence there is no need for extended comment.

At the time of writing this, over two weeks after the initial explosion, Texas

City still licks its wounds. Most of the business concerns are again operating, many under makeshift conditions. One department store owner whose building was all but demolished promised to reopen in about ten days in a large Quonset hut now nearing completion. Such is the calibre of these sturdy and indomitable people.

The entire episode is still very much of a nightmare to those of us who experienced it and if perhaps, the slamming of a door gives some of us a start, you know what we are thinking. My office is located about three-quarters of a mile from the site of the blast.

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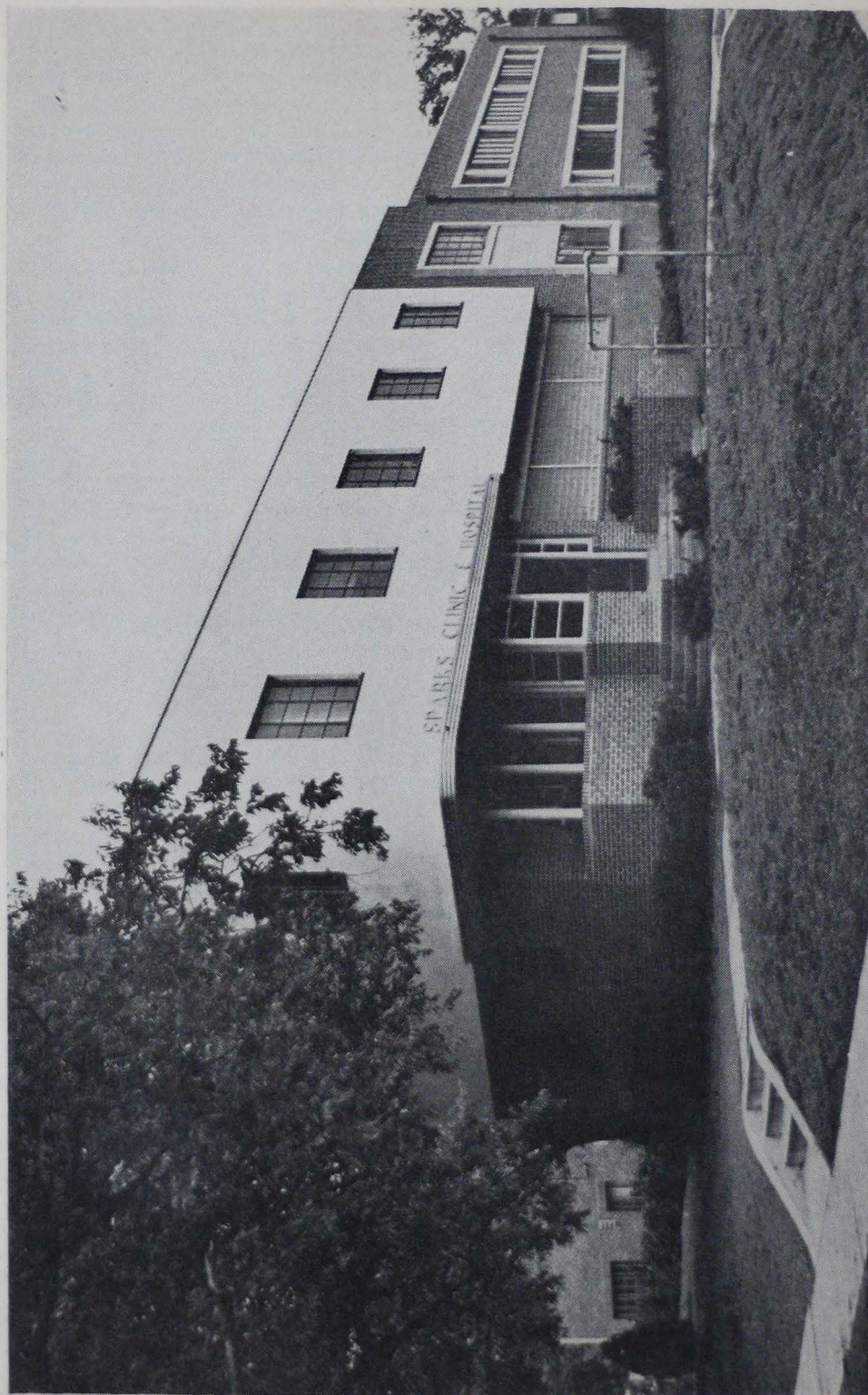
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SPARKS CLINIC AND HOSPITAL WITH NEW ADDITION

# Sparks Hospital Addition Opens On National Hospital Day

With the addition of a new \$200,000 wing which has just been completed, Sparks Clinic and Hospital in Dallas becomes the largest osteopathic hospital in Texas and one of the best equipped hospitals of any type in the southwest.

A public open house marked the opening of the new unit May 12 and also marked the observance of National Hospital Day.

The addition of 11,000 square feet brings the overall size of the fireproof,

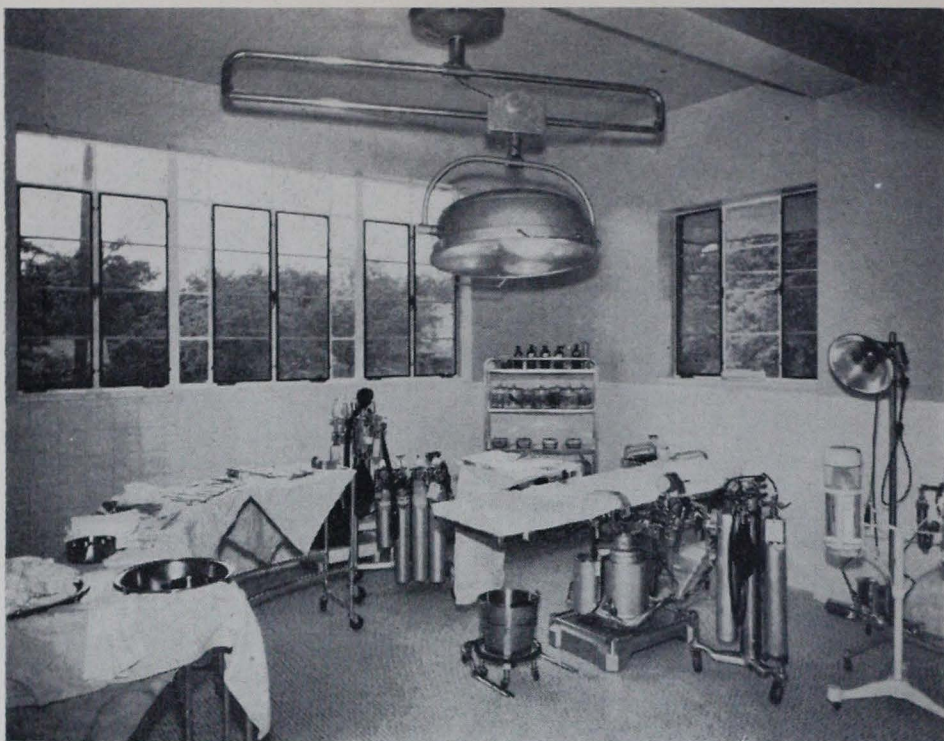
air-conditioned building to 24,000 square feet and gives the plant a capacity of 100 beds.

Glass tile and stainless steel have been used extensively in the structure to provide maximum sanitation in the kitchen and utility rooms. Soft pastel color treatments have been used in all the patient rooms to create a pleasant environment and considerable acoustical work has been done in the corridors to minimize noise.

In addition to the construction work,



FLOWERS ON OPENING DAY



ONE OF TWO OPERATING ROOMS

complete new equipment has been installed in the surgical rooms, in the kitchen and the laundry.

The clinic and hospital were founded in 1931 by Drs. Sam F. Sparks and Marille Sparks. The first unit of the modern building of brick, concrete and steel was built in 1939, and construction on the second unit which has just been completed was begun in 1945.

The hospital is served by a staff of 35 osteopathic physicians and surgeons of Dallas and the immediately surrounding area.

"We have plenty of beds for use in our daily work of safeguarding and improving the public health of our community," Dr. Sam Sparks declared. "Our lab is one of the best-equipped in the country and includes a new blood bank. We have a fine staff, including specialists in many fields. Our X-Ray department is in charge of two doctors, one being a specialist in the field of radiology."



DR. SAM F. SPARKS

# Report On Osteopathic Progress Fund

DR. J. L. LOVE—Chairman

At our Convention in Dallas nearly \$16,000 was pledged by you loyal members to the Osteopathic Progress Fund. This was a fine start but it is only a beginning because it represents contributions of about 25 members.

Our present membership is over 325 which means that the great majority of the members have pledged nothing in this new campaign or have pledged very little. You, the members of the Osteopathic profession, have made it mandatory for the schools to increase their staffs and facilities by your insistence that our graduates be qualified for service in the Armed Forces, the Veteran's Administration, the United States Public Health Service, and in the various states. Your bluff is being called. Our schools must continue to meet these standards or close.

This is the plan to which the Osteopathic Progress Fund Committee requests every member to subscribe. Write a pledge for \$10 per month for the next five years to the school of your choice or to any or all the schools. \$10 a month cannot hurt anyone, even the newer graduates. If everyone subscribed this amount the schools could be assured of financial support. Since many will not, a few are going to have to carry a much larger burden. \$10 per month is the minimum for anyone.

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The undersigned promises to pay the sum of \$10.00 per month for five years.

☐ To be divided equally and distributed to the six approved Osteopathic Colleges.

☐ To be paid in full to the \_\_\_\_\_  
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## 'TAINT

Now up spake Ol' Joe Bearmish: "I'm an Osteopath, by Jing'  
And it makes me so durned happy, I could raise my voice and sing.  
Fer I'm mighty proud to be one; jes' as proud as I kin be.  
Fer thar ain't no greater privilege in this Land of Liberty.  
Now thar's some guys who feel different; they jes' fail to get my point;  
They don't believe in organization; everything is out of joint.  
They get nothin' from the Journal; 'tis a moulderin' mess of junk.  
Well, I reckon we should listen, but when their whines begin  
We can often remind them that they don't put nothin' in.  
'Taint what we have but what we give;  
'Taint whar we are but how we live;  
'Taint what we do but how we do it  
That makes this life worth goin' through it."

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# We Are Proud Of . . .

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## DR. LOGAN HONORED

A signal honor was recently bestowed upon Dr. Mary Lou Logan in her selection as President-elect of the Dallas Business and Professional Women's Club. Dr. Logan has been connected with this organization since 1929, and been closely identified with the activities of the Club, arranging and correlating programs and serving as Chairman of the Public Affairs Committee. Dr. Logan will serve as president of the Dallas Club during the National Biennial which will meet in Fort Worth in the summer of 1948.

Dr. Logan is a graduate of the Winnsboro High School and the North Texas Teachers College and taught school for some few years before entering the osteopathic profession. She entered the American School of Osteopathy in 1917 and graduated in 1921; immediately thereafter she was licensed by the Texas State Board of Medical Examiners and has since been engaged in the practice of her chosen profession in Dallas.

Dr. Logan has been a continuous member of osteopathic local, state and national organizations and is at present serving as assistant secretary in the Texas Association of Osteopathic Physicians and Surgeons. She has been president of the Interfraternity Council and has represented the Texas Association in the Society of Divisional Secretaries for a number of years.

Dr. Logan is one of the outstanding members of her sex in osteopathy; and certainly an ornament to this or any profession.

## APPOINTED TO STATE BOARD OF MEDICAL EXAMINERS

Dr. R. H. Peterson of Wichita Falls has been appointed by Governor Beauford Jester to the Texas State Board of Medical Examiners for a term of six years. Dr. Peterson has been a member of the Board before and has the thanks of the profession in the state for a job well done as well as heartiest congratulations on the new appointment.

---

## ELECTED ROTARY PRESIDENT

Dr. Everett W. Wilson of San Antonio has just been elected president of The Rotary Club of San Antonio. He will assume office on July 11th. He will also serve as a delegate to the annual convention of Rotary International which will be held this year at San Francisco, June 8-12.

Dr. Wilson has been a Rotarian for 11 years and prior to his election as president, was vice-president of his club and a member of its Board of Directors.

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## ORCHIDS

Orchids to Mrs. Arthur H. Clinch, wife of Dr. Clinch of Grandview, who as a registered nurse, volunteered her help to the stricken during the Texas City disaster. The Texas Association is proud of the part Mrs. Clinch played in alleviating suffering in this greatest of all Texas emergencies.

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#### CERTAIN MAXIMS

Said Amelia Toast, an authority on etiquette and such;

"Now, here's a little sage advice that I have pondered much.

There's really no denying a divinity doth shape our ends:

Learn it early lovely lassies, scales were never woman's friends.

Shall we go upon a diet, and I've wondered why

This scientific starvation where reduction means to die.

Ah, go light on fats and starches; scorn the pudding and the jell;

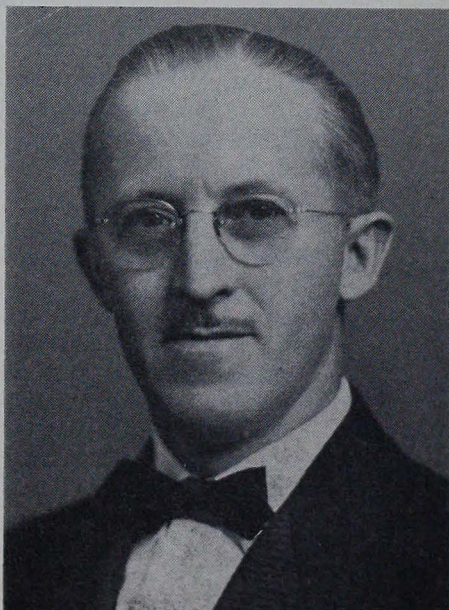
For too many on a diet eat not wisely but too well.

Now be sure to heed this moral, for alas, 'alack, 'tis true.

A lady cannot eat her cake and keep her figure too."

Dr. Leonard J. Grinnell will open offices in Houston, on or about June 1st, 1947, to treat diseases of Eye, Ear, Nose and Throat. He will be located with Farquharson Clinic, 416 Pierce Avenue, Houston 3. Dr. Grinnell is a graduate of the Des Moines Still College of Osteopathy, Class of May, 1929; a fellow in Clinical Osteopathy; the Philadelphia College of Osteopathy, 1934-35, and a Fellow in Eye, Ear, Nose and Throat; the Kansas City College of Osteopathy and Surgery, 1946-47.

He is a member of the American Osteopathic Association and the Texas Association of Osteopathic Physicians and Surgeons. Dr. Grinnell has spent the past several years in his chosen specialty, and is extremely worthy and well qualified, and Texas is fortunate in that he has seen fit to come to God's country once and for all.



# NEWS OF THE DISTRICTS

## DISTRICT NO. 2

On May 20th the district association held a meeting with the directors of the City-County Hospital, Flow Memorial offering their services for the free clinic.

Byran David Ranelle announced himself as a Texan on May 2nd at the Fort Worth Osteopathic Hospital. He weighed in at five lbs. and an ounce and is doing nicely. Proud parents are Dr. and Mrs. Hugo J. Ranelle of 5009 E. Belknap, Fort Worth.

## DALLAS COUNTY OSTEOPATHIC ASSOCIATION

At the regular district meeting on May 8th, the following officers were installed for the coming year:

President—Dr. Robert H. Lorenz.

Vice-President—Dr. Chas. Still, Jr.

Secretary-Treasurer—Dr. Gladys F. Pettit.

Librarian—Dr. Mary Lou Logan.

The Dallas County Women's Auxiliary will hold a picnic on June 2nd for their husbands and sweethearts. Locale is the residence of Dr. and Mrs. Robert Dean.

Dr. Robert Lorenz, new president of the Dallas County Osteopathic Association, had his picture published in the popular Dallas Chamber of Commerce Magazine, as the president of a local organization. Congratulations!

Dr. T. H. Hoard, Jr. of Denison now has his private pilot's license and is privileged to flit hither and yon in his Republic Seabee.

## NEW ORGANIZATION

Ten osteopathic physicians in the county recently organized the Denton County Osteopathic Association. The officers are: Dr. D. B. Whitehead, President, Dr. W. L. Huetson, Vice-President, Dr. C. B. Hancock, Secretary-Treasurer, all of Denton. Other members are: Drs. Harvey and Anderson of Pilot Point, Dr. Chapman of Sanger, Dr. Taylor of Lewisville, and Drs. Ellis, Miles and Roberts of Denton.

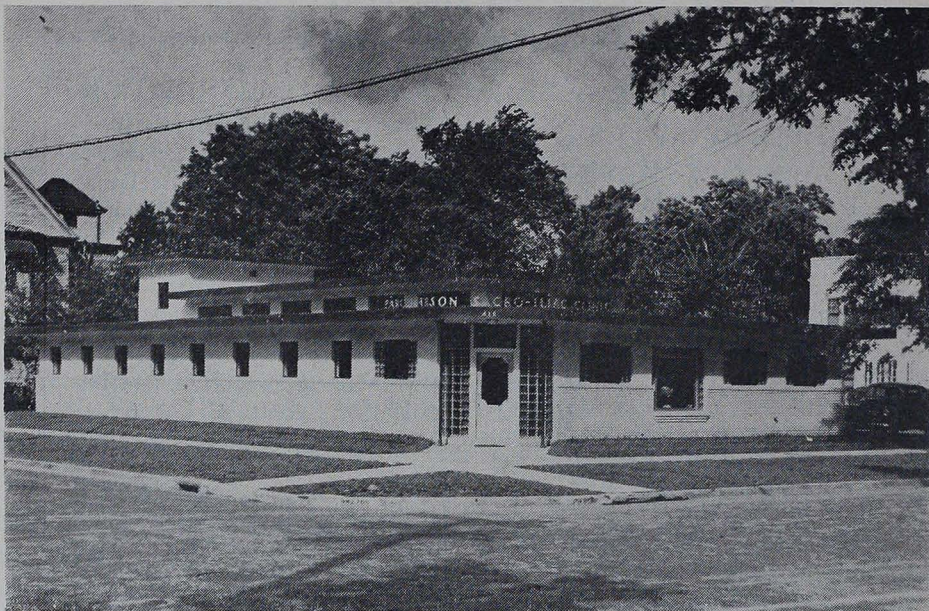
We wish the new organization all success!

## DISTRICT NO. 3

Genial Russell Martin, head of Mount Pleasant Osteopathic Hospital, was elected president of the East Texas Osteopathic Association at a meeting of that group in the Pleasant Hotel, Mount Pleasant, Sunday, May 11. A. Ross McKinney of Texarkana was named his running mate, and Bill Brown of Naples was accorded the responsibilities of secretary-treasurer. They succeeded the retiring trio of Duphorne, Turner and Gafney. The election of officers was perhaps the highlight of a most pleasant program of papers, food and recreation.

The meeting began with a short paper, "Examination of the Eye," by M. L. Cline. Chuck Ogilvie presented a shorter paper on "Clinical Application of Electrocardiography." Then Russell Martin so ably discussed legislative problems that you know what happened to him.

Following the business meeting was a well arranged program of outdoor sports, in which virtually everyone participated. There was golf, fishing, and a soft ball game for both kids and grownups. All this was climaxed by a barbecue which was out of this world.



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## News of the Districts - (Cont.)

Howard Coats and Paul Filkill are among a group of ten disciples of Isaac Walton who spent almost a fortnight recently down at Eight Pass, Mexico angling for tarpon, jewfish, red snapper, sailfish and the like.

Chuck Ogilvie has gone plane crazy and flies every chance he gets. He might drop in on you in his Cessna any moment.

K. E. Ross, another East Texas airman recently traded in his Luscomb for an Aeronca and got a tidy sum to boot.

Earle Stuart is back in practice at his old stomping ground, which is Winnsboro and environs. He's set up a right purty office, no steps to climb, and big plate glass windows out front.

### SPIVEY CLINIC AT DENISON

The new Spivey Clinic at Denison was formally opened on Sunday, May 4th, with an open house. The clinic is housed in a new one-story building equipped with a central heating system and air conditioning. It contains four treating rooms, private office, laboratory, X-ray, and reception room. Dr. Spivey was formerly a partner in the Hawes-Spivey Clinic which has now been converted into the Denison General Hospital.

Dr. Horace Emery of Lubbock has joined the staff of the Denison General Hospital. A 1945 graduate of Kirksville College, Dr. Emery interned at Amarillo Osteopathic Hospital and remained an additional half year with Dr. Lester Vick.

Dr. James J. Choate has just moved into new quarters. His new address is: 4409 Fannin St., Houston.

Dr. Reginald Platt has recently recently returned from a month's teaching of cranial diagnosis and technic at the Des Moines College of Osteopathy & Surgery.

### DISTRICT NO. 4

The Blackwood Clinic-Hospital at Comanche appropriately recognized National Hospital Day on May 12th by holding "open house" at the hospital from 2 to 4 p. m. The event was adequately covered in the local press. The Drs. Blackwood are to be complimented on their public spirited effort. We need more of this kind of effort to inform the public of our institutions and their services.

### DISTRICT NO. 6

District meeting was held May 6th at the Farquharson Clinic. An interesting program was arranged by program chairman Dr. David Jaffee, and featured Dr. H. M. Grice in X-ray interpretation and Drs. J. R. Alexander and Chester Farquharson in demonstrations of manipulative technics. The inseparable Farquharson brothers, always the perfect hosts, provided for the group a most sumptuous buffet dinner.

### DISTRICT NO. 9

District meeting on May 14th at Gonzales gives the new slate of officers for the coming year as follows:

President—Dr. Paul E. Pinkston, Victoria.

Vice-President—Dr. A. J. Poage, El Campo.

Secretary-Treasurer—Dr. C. R. Stratton, Cuero.

Program began with a motion picture demonstration of the various types of mammary malignancy along with details of the surgical technics of radical amputation. Dr. J. V. Money discussed

## News of the Districts - (Cont.)

public health problems and Dr. Tannen discussed the office of executive secretary and the location of choice for the state association office.

Next district meeting will be held June 11th at Schulenberg.

Dr. Travis W. Ferguson of Morton, Texas, has joined the staff of the New Mexico Osteopathic Hospital, Albuquerque, N. M. Dr. Ferguson will be in charge of the Obstetrical Department and is a graduate of the Kirksville College of Osteopathy and Surgery, Class of '42.

### SERVICE TO VETERANS

On May 8th, Dr. Charles H. Beaumont, Chairman of the A.O.A. Committee on Veterans Rehabilitation, mailed to all osteopathic physicians in the United States a letter of instruction as to the conduct of treatment of veterans until such time as the Veterans Administration may further implement Public Law 293 to include office and home treatment of veterans by osteopathic physicians.

In the meantime, it is most important that you follow the instructions of the Committee, until the regulations of the Veterans Administration are fully adjusted to the law.



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Dr. John H. Chandler, Amarillo	President-Elect
Dr. William R. Ballard, Pampa	Vice-President
Dr. G. Welton Gress, Amarillo	Secretary-Treasurer
Dr. Edward M. Whitacre, Lubbock	Chairman P. & P. W. Committee
Dr. G. Welton Gress, Amarillo	Co-Chairman

## DISTRICT 2

Dr. R. H. Peterson, Wichita Falls	President
Dr. H. L. Betzner, Dallas	President-Elect
Dr. H. M. Walker, Fort Worth	First Vice-President and Program Chairman
Dr. Henry A. Spivey, Denison	Secretary-Treasurer
Dr. H. M. Walker, Fort Worth	Chairman P. & P. W. Committee

## DISTRICT 3

Dr. Russell L. Martin, Mount Pleasant	President
Dr. A. Ross McKinney, Jr., Texarkana	Vice-President
Dr. William H. Brown, Naples	Secretary-Treasurer
Dr. A. Ross McKinney, Jr., Texarkana	Chairman P. & P. W. Committee
Dr. Wayne M. Smith, Jacksonville	Co-Chairman

## DISTRICT 4

Dr. J. M. Peterson, San Angelo	President
Dr. George Gail Smith, Dublin	Vice-President
Dr. Wiley Rountree, San Angelo	Secretary
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Dr. Wiley O. Jones, Marlin	Secretary
Dr. Wiley O. Jones, Marlin	Chairman P. & P. W. Committee

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Dr. W. V. Durden, Port Neches	Vice-President
Dr. C. Homer Wilson, Houston	Secretary-Treasurer
Dr. Edward S. Gardiner, Houston	Chairman P. & P. W. Committee
Dr. Irwin K. Moorhouse, Beaumont	Co-Chairman

## DISTRICT 7

Dr. John B. Donovan, Austin	President
Dr. Gordon S. Beckwith, San Antonio	Vice-President
Dr. William H. Van de Grift, Austin	Secretary
Dr. Gordon S. Beckwith, San Antonio	Chairman P. & P. W. Committee
Dr. Robert L. Peters, Austin	Co-Chairman

## DISTRICT 8

Dr. Frederick H. Summers, Corpus Christi	President
Dr. Claude A. Thompson, Corpus Christi	Vice-President
Dr. C. P. Callison, Corpus Christi	Secretary-Treasurer

## DISTRICT 9

Dr. Paul E. Pinkston, Victoria	President
Dr. A. J. Poage, El Campo	Vice-President
Dr. C. R. Stratton, Cuero	Secretary-Treasurer

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