

Texas OSTEOPATHIC PHYSICIANS Journal

Volume V

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Ureteral Stricture

GORDON BECKWITH, D. O.

SAN ANTONIO, TEXAS

Many articles appear currently on cholecystitis, appendicitis, pelvic disease, and so forth as causes of abdominal pain and disability, while comparatively few papers are written on ureteral stricture. The problem of diagnosis and treatment of ureteral stricture has been confronted mostly by the urologist and unfortunately, not all urologists recognize ureteral stricture. Hunner gives the following definition: (1) "Ureteral stricture is an intrinsic disease of the ureteral wall resulting in a narrowing of the lumen and giving rise to varying degrees of stasis in the urinary tract.

The etiology of stricture may be obscure or obvious. Strictures are congenital or acquired. The congenital type usually occurs at the points of so

called physiological narrowing. These points are at the ureter-pelvic junction, where the ureter crosses the pelvic brim, and at vesico-ureteral junction. Stricture may occur from extrinsic causes, eg., an acutely inflamed retrocecal appendic, following child birth due to trauma of the pelvic ureter, or following the pyelitis of pregnancy. Foci of infection are a definite etiological factor, eg., infected teeth, tonsils, sinus, and the infected cervix. Intestinal tract infections may be a cause.

The symptoms of ureteral stricture are multifarious and bizarre (2). The following symptoms are more or less common to stricture: Pain in the back at the costo-vertebral angle; pain over any part of the ureter; bladder symptoms which vary from pain on urination

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to mild attacks of frequent urination, however, bladder symptoms may be entirely absent. Pain may be referred to any or all of the pelvic organs. The pain may simulate appendicitis if the right ureter is involved; and if ureteritis accompanies, some definite diagnosis may be extremely difficult. The reflex symptoms include headache, cricks in the neck, pain in the lower thoracic spine, pain on the inside of the thigh, pain in the vagina with dyspareunia. In the male, pain in the testicle on the involved side is common. Mental depression and various gastro-intestinal symptoms are common, eg., indigestion, anorexia, nausea, and at times vomiting, flatulence, transitory diarrhea, mucous colitis, rectal pain, and pressure. The patient may also suffer from severe dysmenorrhea. We have seen many cases of this completely subside with ureteral dilation in the case of stricture. The toxic symptoms of ureteral stricture vary with the degree of stasis. (3).

The laboratory findings of ureteral stricture are misleading and confusing. Too often we are confronted with the patient who has been assured by her physician that there is nothing wrong with her kidney because of a negative urinalysis, and many physicians consider the kidney only after positive urinary findings. (4) On the contrary 30% of all patients with ureteral stricture have a negative urinalysis. The laboratory findings in 50% will show one of the following; a few pus cells, or RBC, an occasional cast, or a trace of albumin.

Physical and structural examination is the guiding light to the general practitioner in the diagnosis of stricture. Structural findings include cervical lesion and lesions from the sixth to the twelfth thoracic (5), also recurrent sacro-iliac lesions. Examination of the abdomen is of the utmost importance, and there may be as many as six pain-

ful areas; lower pole of the right kidney may be painful (this is usually palpable on inspiration), tenderness just below the left kidney, tenderness at Legg's point which is located one finger's breadth on either side of the umbilicus, tenderness may occur at Morris' point which is where the ureter dips into the pelvis. On vaginal examination the portion of the ureter in the broad ligament may be extremely tender. This can be palpated on either side and slightly anterior to the cervix by bimanual examination.

The final diagnosis of the stricture will be made by careful cystoscopic examination with retrograde pyelogram and use of the wax bulb or bulb catheter.

Sequel of ureteral stricture or the neglected stricture includes pyelonephritis, recurrent pyelitis, hydronephrosis with complete destruction of the kidney on the involved side. Stasis may lead to the formation of calculi and probably all cases of calculi should be investigated for stricture (6). Hunner is of the opinion that many cases of nephrosis and nephritis begin with stricture.

In summary we should like to state that if the many unnecessary pelvic and abdominal operations are to be avoided and if the chronically ill patients with a multitude of symptoms are to be treated intelligently, the possibility of stricture of the ureter must be kept constantly in mind. The osteopathic physician, by virtue of his success in obscure conditions which are constantly over-looked by allopathic medicine, sees a great many people with stricture and it behooves him to recognize this entry.

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The Art of Practice

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The art of practice is essentially *common sense*! But *common sense* is a *misnomered phrase*. It is *actually a very rare endowment*. All physicians naturally possess this talent as they have already indicated initiative in obtaining a professional training. Perhaps those individuals, who have not obtained the degree of success which they feel they are capable of, have missed a few simple points. This need not be true providing we apply the following suggestions to our own particular needs. Our office is the hub around which our professional lives revolve. We must therefore guard jealously every

factor which enters into its daily operation.

Location

This is one of the first important decisions a young doctor must make, and affords equal difficulties to those who have been in practice for a number of years who are suddenly faced with the problem of finding new office space. My advice to the younger physician is not to be in too great of a hurry. Suggestions offered by other practitioners as to where to locate often are very helpful but your choice of location is still an individual problem. *An extra year of training following an internship, with an older doctor can be invaluable.* This will afford the younger man or woman an opportunity to look around, and still he will be developing his professional skill. Very few osteopathic physicians who have been in practice ten years or longer would pass up the opportunity of internship and the chance to work with an established physician had that chance been offered to them years earlier. Those physicians who have established a practice, and are faced with the problem of locating a new office, usually find this most difficult. Again, haste is not advisable. Perhaps a good move would be into a new neighborhood, a new environment, or else relocating in an entirely new community. The major problem is adequate space. Shall you build, buy or rent? Building costs are still a major item and will probably remain so for a number of years. Shall you buy established property and re-

model to meet your requirements? Real estate is still over priced. Rented space is difficult to find and certainly gives you little choice. Your decision as an established physician should be reached very deliberately. You have the advantage of taking a practice with you, and if the change made is not too radical you will lose very few regular patients. A new office offers considerable stimulus and will often take a person out of a rut that is gradually becoming deeper and wider. Recently I have gone through this experience of locating a new office. My choice was a residence on a busy thoroughfare, adjacent to downtown, located within two blocks of our hospital and offering adequate parking facilities. This necessitated considerable expense but it would be difficult to duplicate my present office, with a new structure, at over twice the investment. In addition most places of this type can be turned into added revenue by renting extra space either as offices or apartments. When I look back and see how much rent I have paid out the past thirteen years I regret that I did not make this move sooner. From a business standpoint my gross income has increased and working conditions have been much improved. As stated previously any decision whether for either a young or an established physician in picking a location, should be considered very seriously.

Office Arrangement

First, get as many treating rooms as possible out of your space without crowding. An extra treating room can speed up your service enabling you to have a few more leisure hours. Your laboratory and dispensary should be accessible. Each step that you can save either your employees or yourself actually means increased income for the time consumed in your daily work. Plan adequate storage space. Very few offices ever have enough. Build as much equipment as possible into your

walls as this saves valuable space that can be put to many uses. Plan your decorating with care. The services of an expert interior decorator saves you many headaches, besides giving your office that little extra mark of distinction. Refrain from over decoration. In planning your reception room blend your colors so that restful result is accomplished. If you have extra money spend it here. Try to create a feeling of awe, when your patients first enter your office. Buy only good, substantial and comfortable furniture. Don't hang too many pictures. One good picture is worth a dozen poor ones. It is wise to have your receptionist isolated, either by a suitable counter or some wicker form of enclosure. Patients and even some friends frequently enjoy looking over your records and other private papers. Eliminate that opportunity. Perhaps your present office needs a renovation. Try sitting down in your reception room for fifteen minutes. Pick up a magazine or several. Attempt to imagine, that you are the patient, and are just a little nervous wondering what the doctor is like behind the closed door. Are there any obnoxious odors? Does your chair creak and groan with age and disrepair? Are the magazines which you hold current and do they cover a varied field of likes and dislikes? Honestly answer these questions, and many others which pop into your mind. Now casually look around with a very critical eye. You may notice cobwebs, lint beneath a chair, last week's muddy prints, a broken window and various other sundry items. Do something about your observations and you will have at least one foot partially out of your present rut. Now that you are in a very keen, observing mood, saunter back through your office. Be sure to carry a note book and jot down ideas as you make your candid inspection. Once you have given your office the once over perhaps a second trip will

be more revealing. Next, correlate your ideas and put them into action. The end result will be not only a definite appreciation from your clientele and office force, but also a personal satisfaction which is worth any effort that you have put forth.

Decoration and Maintenance

As stated previously do some sound thinking and planning in carrying out your decorating. Expert advice is invaluable. Adequate maintenance of your office will save many a dollar in the long run. Shabby equipment and office furnishings create a shabby impression. From an ethical standpoint a physician does not advertise. This I agree with, but in the same token it is perfectly ethical to make your office outstanding in appearance, and is far better advertising than an extreme neon sign which in all probability never did or will pay for itself. The majority of patients who are important were not pulled into your office by outside advertising but came to you either by word of mouth, praise or by your own personal contacts. Once a new patient has entered your door don't disappoint him or her by the appearance of your office. No doubt your ability and personality is superb but a little help from proper impressions created by your office arrangement and personnel makes your profession more pleasant throughout.

Equipment

Any attempt to minimize the importance of first-class equipment would be utterly stupid. By first-class equipment I do not mean fancy and unsound gadgets. Any recognized fundamentally sound and well established instrument, table, therapy machine or other various and sundry items which enable us as osteopathic physicians and surgeons to offer increased service to our patients is an excellent investment. In addition, with intelligent thought on equipment and arrangement our daily work is simplified by having the ade-

quate tools necessary for carrying on our regular routine. Don't be over anxious in the purchase of new instruments and equipment. Be sure that you have an established need for an item and understand its basic fundamentals before increasing your investment. Many doctors today have considerable money invested in worthless equipment and the total represented by our own group would reach a sizable sum. Therefore let's consider rationally any new additions to our armamentarium. The average offices of osteopathic physicians and surgeons are exceptionally well equipped. That is one of the main reasons why our profession has made rapid strides. Nevertheless we all can improve our present setup so let's consider the following necessities. Naturally these suggestions primarily are of interest to the general practitioner which actually constitutes the backbone of the osteopathic profession.

Autoclave

An indispensable item and should be a part of every office. Much time can be saved with dry-sterilized syringes particularly with certain medications requiring the use of dry syringes. In addition the safety factor for the welfare of your patient besides your own peace of mind makes this procedure more important. An autoclave also solves the problem of dry sterile gloves, gauze and many other items. All of this work can be done outside of regular office hours and makes for more satisfactory and efficient work when you are the busiest. Not only is it time saving but with intelligent usage will save considerable expense throughout the year.

Sterilizers

One sterilizer is a necessity but two has many advantages. There is little to choose between any of the standard makes as they are all very good. By having two sterilizers one can be kept for your cleaner instruments thereby

increasing the efficiency and saving your nurse unnecessary labor. Your nurse should be carefully instructed in their care and by so doing the upkeep will be held to a minimum.

Microscope

Another indispensable piece of equipment as you all well know. This is an integral part of all laboratory work and certainly is an asset and not a liability. In the average office your personnel properly trained in only the simple procedures will pay for a large portion of your overhead.

Centrifuge

Definitely a necessity but be sure you buy a good make and one that can adequately handle the various procedures of your office. 3,000 r.p.m.s. is necessary for hematocrits and should be the minimum requirement. All urines should be centrifuged if you are really interested in diagnostic service to your patient.

Hemoglobinometer

A very necessary procedure is an estimate of your patients' hemoglobin. There are many techniques but I believe the one of choice is with the photocolormeter specially designed for determination of hemoglobin percentage. These either can be purchased to work off flashlight cells or they can be attached to your regular electrical outlet. The hand model with flashlight cell is not recommended by authorities.

Examining Lights

This is a matter of personal choice and what you wish to actually obtain for your particular need. My preference is the wall type such as manufactured by Pelton. This light gives more than adequate illumination and if properly placed is always ready for instant use. In addition it takes another piece of equipment off the floor and makes your work much easier.

Physio-Therapy Equipment

This is again a matter of personal re-

quirements. All G.P.s. in my judgment should have a quartz light, a short wave diathermy, infra-red lamp and a handy and worthwhile instrument is the hyfrecator. If heavier heavy electric cutting is required then I would recommend a regular Bovie unit. A sinusoidal and galvanic machine has its place and in some practices is indispensable. In certain localities X-ray equipment and a basal metabolism machine are essential. Where you have adequate hospital facilities, the service of a registered laboratory technician and roentgenologist, then the G.P. is foolish to invest in the last two mentioned pieces of equipment. You not only give your patients a more thorough service but by supporting the hospital laboratory and X-ray departments as much as possible you are insuring for yourself the continued use of the hospital and its many advantages, as all hospitals are mainly dependent upon these two departments.

Various Equipment

With two rooms set up for gynecological examinations a great deal of valuable time can be saved. Duplication of certain necessary instruments enables a doctor to speed up his service which in time easily pays for any extra expenditure. Instead of waiting for a particular instrument to be sterilized it is placed with the dirty ones and boiled at a more convenient time. The same holds true with medications and other different necessities. In our office we attempt to have each room adequately equipped so that practically any service can be offered to an individual patient without the doctor or nurse leaving the room. Providing you do not go to the extreme, this offers many advantages and if a case offers particular problems then it can be directed to a different room where adequate facilities are maintained. Many hours of extra time can thus be saved which can be put to either personal or other professional use. When you find you are continu-

ally being held up, analyze your problem. Perhaps it can be solved by duplication of equipment. Suppose, for example, you use a diathermy a great deal, which most of us do. By checking its operation you will find that considerable time is being wasted, waiting for a patient to finish a treatment. Then if you follow up with an osteopathic treatment, which is the usual procedure, the diathermy is still tied up although you may have several more patients waiting and requiring that service. It isn't practical to wheel the machine back and forth between rooms as this also is time consuming. With an additional machine another patient can be ready for manipulation as soon as you have finished your present one. In the average practice you should save at least one hour a day by having two machines. Figure how many patients you can treat in one hour multiply that by your

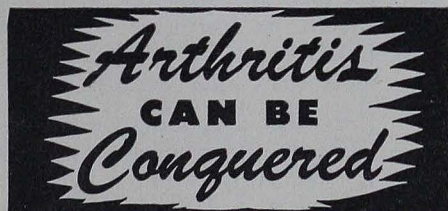
weekly working days and see how quick actually, you can pay for another diathermy. This also holds true with other equipment and certain duplications are strictly good business. **SAVE**

TIME — SAVE STEPS — SAVE

Office Personnel

All that we have mentioned previously has important individual significance but there is nothing more important in establishing a satisfactory office than adequate and well trained personnel. Many a good patient has been lost because of either the careless or indifferent attitude of a doctor's secretary or nurse. This may be due to ignorance but whatever the cause it is inexcusable. Often it is the physician's own fault. Never place the blame elsewhere when you are the guilty party particularly with your employees. By careful selection and considerable education on your own part the average person can be trained to meet all of your requirements. You first must command respect yourself so be guarded in your office decorum.

Probably the most satisfactory method of selecting a new employee is through a regular and reputable agency. You can thus save considerable time by letting the agency know your problems and thereby eliminating many undesirables. Keep away from hiring relatives or friends of friends. Keep your office an impersonal affair and thereby eliminate many headaches. A trained secretary with a good background is desirable but perhaps you are not financially endowed or your practice has not reached the proportions to afford one. If this is true then you must choose from the inexperienced and often a real find is made. You also have the advantage of training a younger person along your own line of thinking which has many advantages. Registered nurses often make excellent assistants but the average are not trained in either secretarial duties or under-



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stand the basic fundamentals of book-keeping which is essential. Providing your practice can afford it, my recommendation is a minimum of two assistants. This insures you as a rule against inexperienced help and rarely will you find it necessary to hire two new girls at the same time. Due to the number of hours our offices must be kept open it is really too much to expect one girl to give you full coverage. Happy and satisfied employees decrease the overhead and the proper assistant more than makes up what compensation it is necessary to pay her. I have listed here several DO'S and DONT'S for office secretaries which are recommended by THE NETTLESHIP CO. and which should be very helpful to you as well as your employees.

*A Dozen Do's and Dont's for Nurses
and Secretaries*

You, the nurse or secretary, are an extremely important factor in a Doctor's practice. The following recommendations grow out of experience gained in many hundreds of claims and suits brought against Doctors involving acts of office personnel.

Always remember that while acting within the scope of your duties, you are the agent of your Doctor, and he is charged with the consequences of your conduct. Hence:

1. Be polite to patients regardless of circumstances. (A soft answer turneth away wrath.)
2. Don't discuss patients' ailments with them. (They came to talk to the Doctor about them and you could say the wrong thing. Let the Doctor make the diagnosis.)
3. Don't discuss the respective merits of various forms of therapy. You may seriously embarrass either the Doctor, yourself or both.
4. Don't ever prescribe. Even

though you feel sure that you know what the Doctor would order, prescribing constitutes the practice of medicine and is unlawful for a nonlicentiate. (You are personally liable for your own acts.)

5. Don't discuss other Doctors with the patient. Patients not infrequently invite criticism of methods, or results, in relation to former physicians. Remember you are only hearing one side of a story. Criticism of any Doctor is dangerous and may well start a lawsuit.
6. If, at your Doctor's instruction, you give diathermy treatments, remove clothing from the treatment area. Also, towelling at least an inch thick should be between electrode and patient since skin moisture will cause a burn. Never apply over adhesive tape or a bandage. Patients should be instructed to advise immediately if experiencing more than mild warmth.
7. Keep the reception room in order even if you must straighten it frequently. (First impressions last, and good appearance of the office enhances the favorable impression of your Doctor.) Professional publications should not be available to patients.
8. Be alert to hazards which may cause injury to your Doctor, you, or your patients. (Watch for phone and light cords, rugs or carpets that curl at the edges, wobbly chairs, objects that protrude, etc. If you have linoleum floors, don't permit them to be slippery.)
9. If you handle the problem of the fee to be charged, be sure that the patient understands what services he or she is to

receive and what the "extras" may be.

10. In hospital cases, it is advisable to explain, the fee your Doctor charges, is for his services only and that operating room laboratory, anesthesia, etc., will be charged for in addition to the bed charge. Misunderstandings have unhappy consequences.
11. *Don't* refer to surgical consent forms or other forms as "releases." They are acknowledgment or authorization forms.
12. Help your Doctor to remember that he needs written consent of parents or legal guardian before he does any surgery on a minor.

Suggestions For the Doctor In Employee Relationship

2. Don't be too quick with criticism. You may be the one at fault.
3. Don't be afraid to compliment. Praise works miracles.
4. Pay your employees well. Happy employees are good insurance.
5. You may be a little God to your help. Maintain that position.
6. Make your employees' working conditions pleasant. Proper lighting facilities are essential. Good ventilation is necessary. Assure adequate heat when needed.
7. Don't expect maximum results with antiquated office equipment.
8. Maintain regular employee hours. They are not responsible for your irregularities.
9. Vacations with pay when the employee chooses is good relationship.
10. Employees' time after working hours is their own business.

11. Over supervision often hinders progress and destroys initiative.
12. Written instructions saves many a headache.

Helpful suggestions from the employees should always be considered and encouraged. Any employee who enjoys his work and does it well is an invaluable asset to any office. Never rebuke an assistant in the presence of a patient. Don't show favoritism and under all conditions keep the employer-employee relationship strictly on a business basis. Above all assist your office personnel in their knowledge of the osteopathic profession and be sure they are well grounded in the fundamentals of our school of therapy. Train your assistants on how to and how not to answer a telephone. First, a pleasant voice is essential. Once they have mastered this problem and have a better knowledge of your procedures and an understanding of your business, much valuable time can be saved by their handling the majority of all telephone discourse.

Patient Records

The earlier that you establish a recognized system of maintaining patient records the easier your responsibilities become. There are many cardinal rules and close adherence to them eliminates future headaches.

1. Adequate case history. Carefully list all presenting complaints. Make a detailed report on all physical findings. Always make a written diagnosis, and if in doubt obtain consultation. Keep a progress record and be very rigid about its maintenance. List all broken appointments. Write down any new observations immediately because you may accidentally forget something extremely important. Never be in too big a hurry on house calls to write out all of your findings. It is better to be detailed in your records than

to be inadequate. Many a threatened malpractice suit can be aborted if your records are accurately kept. Establish a good filing system because you never know when you may need an old case history. File a copy of all your insurance reports no matter how minor it may be. Never fail to have an operating permit for office procedure requiring surgery. Never treat a minor without written consent from the parent.

2. Financial records should be accurate and systematically kept. This saves many patient disputes and makes your books at all times available for inspection. Pay all bills by check and if a petty cash fund is necessary keep an accurate record of this account. Balance your bank account monthly so that your exact financial status is never in doubt. Set up different accounts so that each check can be posted monthly under the proper heading. This facilitates the completion of your income tax deductions at the end of the year and saves much valuable time. The advice of a competent accountant is invaluable particularly with the complex nature of our present system. He will save you several times whatever his charges may be.

Insurance

It is well to place your office insurance through one general office. Be sure that you are adequately covered on all details. The advice of a competent insurance broker is necessary. He will watch that policies do not lapse and give you expert advice on what is necessary in your particular office. The exception of course is malpractice insurance. As osteopathic physicians and surgeons our best protection is through the Nettleship Co. as recommended by the A.O.A. and also our own state association. The status of life insurance

has undergone a radical change with the community property act, particularly in estate settlements. At the present date even authorities do not understand the complexities that have developed. Have you had your insurance program checked lately? Most of us are rather careless with this important problem. All of our lives and dependents change from time to time. Perhaps many of you have not changed your beneficiaries lately although there have been births and deaths in your individual families. Recently I had my program checked and was surprised how poorly I had arranged for the distribution of my insurance in case I had expired. I had one policy with a beneficiary that at present has no connection with my family. My children were not named on the majority of my policies due to their being born since the policy was taken out. In many cases there was not a second choice as beneficiary. Rather careless on my part but I wager the same condition exists with many of you. Whatever you do check your program and be sure it is brought up to date.

Office Procedures and Hints

A few suggestions which may be of aid in your daily routine are as follows:

1. Have your prescriptions in duplicate as they are often of benefit when checking back on a case.
2. Mark the price on all medicines and drugs when received. If you do not want the price known the use of a code word such as (republican) interchanging the (1234567890) opposite letter of the word.
3. Number all bottles and medications used and keep control sheets on same, both in alphabetical and numerical order. This aids in inventory and keeping stock in order.
4. Label all bottles clearly. Keep labels clean. Scotch tape strips over

the labels will make them last longer.

5. Keep inventory on all medications with their location. This often aids in finding a rarely used item when your regular assistant may be absent.
6. Keep a record on all equipment with dates purchased, cost and depreciation taken for income tax purposes.
7. Have an abundance of clean linen and don't be afraid to use it.
8. Wash your hands between patients. Let them observe you.
9. Be rigid in your office asepsis. Patients notice that.
10. Use only recognized medications. Buy the common things you use in quantity. You may buy jointly with another doctor thereby saving considerable.
11. Don't forget to give every patient some form of osteopathic manipulation. They can't buy that in a bottle and the majority will be very appreciative.
12. Patients like to be weighed. Have a good scale and keep a record. This can be very helpful in many cases.
13. Educational literature is helpful. Metropolitan and professional literature as examples.

Personal Suggestions

1. Be sincere in all your patients' associations.
2. Personality is one thing—polish another. We all can use a little more of both.
3. Be careful of your language. Try to improve your grammar and vocabulary. An interest in other cultural fields will prove of extreme satisfaction and pay good dividends.
4. Be careful of your clothes. People expect a doctor to look and

act the part. The public is ever critical. Flashy clothes may have their place but not in professional surroundings.

5. Friends and associates can not only help in our professional advancement but they can also retard our progress.
6. Fees label you. Many of us charge too little and many too much.
7. The first impression you make usually is a lasting one. Try to make that one good.
8. Don't be self satisfied. This may end with disastrous results.
9. Be active in your local and state professional organizations. They are doing a good job and need your support and cooperation.
10. Support your national organization. That is a necessary front for you and overall is doing a magnificent job.
11. Anything we do as individuals reflects on our profession as a whole. Zealously guard your reputation.

A quotation on personal labor which I found and believe very "apropo" at this time. "The pernicious, debilitating tendencies of bodily pleasure need to be counteracted by the invigorating exercises of bodily labor; whereas bodily labor without bodily pleasure converts the body into a mere machine and brutifies the soul." Anonymous.

Remember fellow physician the hub of your wheel of professional success is the office, but the spokes of that wheel are professional and hospital associations, postgraduate training, cultural development, social obligations and the everyday practice of common sense. This is the art of practice.

HAPPY MEDIUM—A successful fortune teller.

U.S.S.R.—Union of silently swallowed republics.

The Alamo - San Antonio

The Alamo, "Shrine of Texas Liberty," stands in the heart of the business section of San Antonio, Texas, and is considered by many to be the most sacred bit of sod on the North American Continent. The gray stone building, known as the Alamo, (which in Spanish means cotton wood, a tree which grew at this place,) is in reality the chapel of Mission San Antonio de Valero. This mission is one of five built by Spanish monks on the site of the present city of San Antonio, all of which are still standing. It was begun in 1718 and completed a few years later.

Although the entire history of the city revolves about the Mission for which it was named undying fame came to it in 1836 through the now classic stand of 182 Texan fighting for liberty against a force of 4,000 trained and well-armed soldiers under the Mexican General Santa Ana. In the fall of 1835 Mexican soldiers under General Cos had been driven from San Antonio but the victorious Texans were aware that a large force under Santa Ana was moving against them. Col. William B. Travis with a force of some 150 men was in command of the city, with him being such brave sprits as James Bowie, Davy Crockett, and others. Though the Alamo was partially in ruins it afforded them their only stronghold and they prepared to utilize it.

This was early in February of 1836. On February 23rd, Travis wrote a hasty note to Andrew Ponton the "alcalde" of Gonzales: "The enemy in large force is in sight. We want men and provisions. Send them to us. We have one hundred and fifty men and are determined to defend the Alamo to the last. Give us assistance." As a reply to this appeal Captain Albert Martin and thirty-one citizens of Gonzales forced their way through the lines of the enemy be-

fore dawn the morning of March 1st. Other reinforcements were started toward the Alamo but for one reason or another never arrived. While these events were transpiring a convention met at Washington-on-the-Brazos on March 1st and there, on March 2nd, 1836, the independence of Texas was declared.

What has been proclaimed "the most heroic document in American history" was written by Travis on February 24th, as follows:

Commandancy of the Alamo,
Bejar, Feb'y 24th, 1836

To the People of Texas and all Americans in the World.

Fellow Citizens and Compatriots: I am besieged by a thousand or more of the Mexicans under Santa Ana. I have sustained a continual bombardment and cannonade for 24 hours and have not lost a man. The Enemy has demanded a surrender at discretion, otherwise the garrison are to be put to the sword, if the fort is taken. I have answered the demand with a cannon shot, and our flag still waves proudly from the walls. I shall never surrender or retreat. Then, I call on you in the name of Liberty, of patriotism and everything dear to the American character, to come to our aid with all dispatch. The enemy is receiving reinforcements daily and will no doubt increase to three or four thousand in four or five days. If this call is neglected, I am determined to sustain myself as long as possible and die like a soldier who never forget what is due to his own honor and that of his country. Victory or Death.

William Barrett Travis,
Lt. Col. Comdt.

P. S. The Lord is on our side. When the enemy appeared in sight we had

not three bushels of corn. We have since found in deserted houses 80 or 90 bushels and got into the walls 20 or 30 head of beeves.

Travis.

The siege of the Alamo lasted for 13 days, the Texans defending walls which then surrounded the chapel and fort. On March 4th the Mexicans held a council of war and decided to storm the barricade on the 6th. Accordingly on Sunday, March 6th, 1836, at dawn the Mexicans advanced. The end was inevitable. Desperately though the tired Texans fought, superior numbers wore them down. Finally the walls were breached and the fighting became hand-to-hand.

Of this fight it is said "Thermopylae had her messenger of defeat; the Alamo had none." For the battle raged until the last defender had died fighting. The wife of Lieut. Dickinson and her baby girl, some Mexican women, and a negro belonging to Travis were spared. The cost of this victory to Santa Ana is said to have been between five and six hundred who died were gathered up in a heap and their bodies burned. Later, however, Texans gathered up the ashes and buried them with military honors.

A fact which is dramatized is long remembered, such as the one found on a recent bulletin from Kansas City, Mo. "The greatest stumbling block in any man's path is not laziness or fear, but a low-necked, short-skirted, enamel-faced, rose-scented, diamond-decked vamp called—*Tomorrow*."

—*The Co-Operative Merchandiser*

A chip on the shoulder indicates that there is wood higher up.

Kasco Informant

A surgeon, an architect and a bureaucrat were arguing as to whose profession was the oldest:

Surgeon. "Eve was made from

Adam's rib, and that was surely a surgical operation."

Architect: "Maybe, but prior to that, order was created out of chaos, and that was an architectural job."

Bureaucrat: "But, somebody must have created the chaos!"

Gas Pipe News

Osteopathic Education Gets Recognition

The osteopathic profession has been pretty well informed that through the efforts of the Bureau of Colleges of the American Osteopathic Association of which R. McFarlane Tilley of New York is chairman of the professional college of the osteopathic profession have been accepted for membership in the American Council on Education. Membership in this council is held by institutions and organizations rather than by individuals. The object of the council is to advance American education in any and all of its phases through comprehensive, voluntary cooperative action on the part of the educational associations, organizations and institutions, and in fulfillment of the purpose to initiate, promote, and carry out such systematic studies, cooperative experiments, conferences, and other similar enterprises as may be required for the public welfare and approved by the Council.

Quite easily this acceptance is the finest recognition and tribute to the advancement made in osteopathic education certainly since the approval of the osteopathic colleges by the Board of Regents of the State of New York. Osteopathic education has progressed as has other types of professional education but unique in the osteopathic colleges is the fact that their funds have become available through the efforts of the profession itself. This is new to educational financing. Endowment funds are com-

mon to private colleges and those of a non-profit status but such endowments usually represent the philanthropy of economically successful alumni. Few endowments have been made to osteopathic colleges largely because they were privately conducted and because they were new in the field of education. Philanthropy is not directed to new enterprises as a general rule. Institutions and charities which have been in existence over a period of time, which have proved their worth, and which have had themselves well established in public acceptance are the ones usually favored by philanthropic giving.

—*Missouri Bulletin.*

DUES

WERE DUE

April 1st

Washington Report

VA LEGISLATIVE COMPLICATIONS. Section 5 of the VA Medicine and Surgery Act expressly makes D.O.s eligible for medical appointments. Sections 4 and 6 of the Act refer to "doctors, dentists and nurses." Quite obviously the term "doctors" as used means M.D.s and D.O.s. But the dental profession object to being referred to as "dentists." They wish to be called "doctors of dental surgery or dental medicine." So, the American Dental Association got Congressman Rankin, Chairman of the House Veterans Affairs Committee, to introduce a bill, HR. 3208, to make the change. But the bill goes beyond the dental change. The ADA legislative draftsman who prepared the bill tampered with the term "doctors," limiting that term to "doctors of medicine" so that the bill as introduced reads:

"Sec 4. There shall be appointed by the Administrator additional personnel as he may find necessary for the medical, dental, or nursing care of veterans, as follows: (a) Doctors of medicine, doctors of dental surgery or dental medicine, and nurses.

"Sec. 6 (a) Appointments of doctors of medicine, doctors of dental surgery or dental medicine, and nurses shall be made only after qualifications have been satisfactorily established in accordance with regulations prescribed by the Administrator, without regard to civil-service requirements. * * *"

If the bill should pass in its present form, it would emasculate our VA status. We have so advised the Chairman of the Committee and requested opportunity to be heard if and when the

Committee schedules a hearing on the bill

FEDERAL AID TO MEDICAL EDUCATION. On March 25, Congressman William McDonald Wheeler of Georgia introduced a bill HR. 3828, creating a Medical Education Board in the Federal Security Agency to grant 15-year loans at 1% to approved colleges and schools and to grant loans to students in approved colleges and schools. The bill defines the term "approved colleges and schools" to mean "colleges and schools of medicine, surgery, osteopathy, and dentistry which are approved by the Board."

CIVIL DEFENSE. President Pugh has appointed the following A.O.A. Council on Emergency Medical Services namely, Chester D. Swope, Chairman, Stephen M. Pugh A.O.A. President), H. Dale Pearson (A.O.A. President-Elect), J. Palmer Wood (Chairman of Bureau of Public Education on Health), Russell C. McCaughey (A.O.A. Executive Secretary), James O. Watson and Glen D Cayler. As indicated in my Washington News Letter of January 31, 1949, it is now incumbent on the States to set up State Committees on Emergency Medical Services. Please furnish me the names of those comprising your Committee, as we wish to file them with the national Medical Advisor in the Office of Civil Defense Planning.

O. P. F. Campaign

The fact that something in excess of 7 million dollars is currently being raised through the Osteopathic Progress Fund for the benefit of the six osteopathic colleges speaks well for the profession. This is an average of about \$750 per practicing graduate. This means that when such an average is to be had from ten thousand and more individ-

uals that there are many who must subscribe more than the average amount in order to make up for those who are partially retired and for those who through economic circumstances are unable to make the average contribution. This method of financing has challenged the interest of educators throughout the nation. It means that the type of facilities and the type of personnel required to lift osteopathic education to the highest standard is now possible. Such recognition as that now bestowed upon the A.O.A. through the acceptance of its membership in the Council on Education is evidence of that fact. The osteopathic profession can without an expression of ego point with much pride to the progress which is being made through their own individual effort by their subscription to the Osteopathic Progress Fund. Those in Texas who have not yet made their contribution and pledge over the next five year period, are requested to do so.

See Our Monthly Bulletins

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A. O. A. Convention

The 53rd Annual Convention of the A.O.A. will be held in St. Louis July 11th-15th. The House of Delegates will start meeting on July 10th. The Society of Divisional Secretaries will meet on July 8th and 9th and the Association of Osteopathic Publications meets the afternoon of July 9th. The various bureaus and committees of the Association along with the board of Trustees, will meet during the week previous to the Convention.

Oregon will be entitled to two delegates this year. Those planning on attending the St. Louis meeting are asked to notify the Secretary, D. E. Reid, of their intentions. The Oregon delegation will be nominated from this list.

Osteopathic Diamond Jubilee

The A.O.A. Convention at St. Louis July 11th to 15th 1949 will celebrate the 75th Anniversary of Osteopathy. The U. S. Post Office Department has ruled that the event is of "national importance" and has authorized and pro-

cured the manufacture of special canceling dies to be used in the St. Louis Post Office from the first of March through July 15th. The special cancellation stamp which will appear on most, if not all, St. Louis mail during that period will read: "Diamond Jubilee, Science of Osteopathy St. Louis, July, 1949."

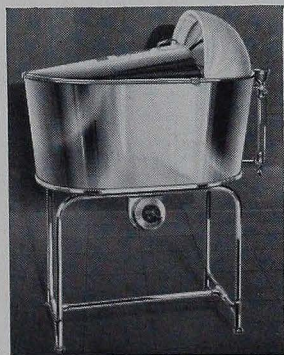
A special cachet envelope has been put out by the A.O.A. for this great occasion. It has a white background, with "75th Anniversary, Science of Osteopathy, 1874-1949" in the upper left hand corner. A picture of Dr. Still, with his identification is below this three-line inscription Maroon and blue is the letter coloring.

Cancelled memorial envelopes will be available to all at 10 cents each. Orders should be sent to Dr. J. R. Forbes, P. and P. W. Director, in Chicago.

Notice of this special cachet has been sent all stamp collectors and a story appears in the April issue of "Hobbies" magazine.

This successful piece of public relations work was done by the A.O.A. Department of Public Relations and the Division of Public and Professional Welfare. They, and the others who worked out this program, are to be congratulated on their efforts.

HESS INFANT INCUBATOR



The Hess Infant Incubator and bed, for the care and treatment of prematurely born and poorly nourished infants, maintains a constant temperature with a safe maximum, a constant supply of fresh air, and a normal average humidity. Inner copper chamber, into which bed is set, is surrounded, except at the top, by a one-inch water jacket, covered by insulation material and a stainless steel finishing jacket. A gauge glass indicates amount of water in jacket. Heat is supplied by a 175-watt heating element attached at bottom of incubator and controlled by an adjustable rheostat.

MEDCALF & THOMAS

Medical Arts Building
FORT WORTH, TEXAS

Cranial Osteopathic Course



DR. SUTHERLAND'S LECTURE

The two weeks intensive work in cranial osteopathy given under the direction of Dr. William G. Sutherland in Houston was well attended. The faculty was composed of Dr. Sutherland of St. Peter, Minnesota; Dr. Reginald Platt of Houston, Texas; Dr. Kenneth E. Little of Kansas City, Missouri; Dr. Thomas F. Schooley of Phoenix, Arizona, and Dr. Rollin E. Becker of Dallas, Texas.

Dr. Platt secured a building that had formerly been used for teaching and through his arrangements, it was equipped with chairs and treatment tables.

Doctors taking the course included Drs. J. R. Alexander of Houston; M. A. Brandon of Lorain, Ohio; Catherine Kenney Carlton of Fort Worth, Texas; J. H. Chandler of Amarillo, Texas; D. C. Chapin of Little Rock, Arkansas; T. D. Crews of Gonzales, Texas; Dar

D. Dailey of Weatherford, Texas; John B. Donovan of Austin, Texas; Auldine C. Hammond of Port Arthur, Texas; J. Paul Larkins of Tulsa, Oklahoma; Lester P. Fagan, Des Moines, Iowa; Louis H. Logan of Dallas, Texas; Mable Martin of Weslaco, Texas; Julius McBride of Houston, Texas; and Hurbert P. Swisher, Jr. of Houston, Texas.

The attendance, interest and enthusiasm by both the faculty and the class was maintained at a high level for the full two weeks. It was unanimously agreed that the time was well spent and that osteopathy was well served. The established practice of the men and women having had cranial work is to have study group meetings for discussion and the exchanging of ideas and experiences. The study group idea is highly recommended by the faculty group.



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Board of Trustees House of Delegates ANNUAL MEETING

APRIL 27, 1949

**Gunter Hotel
San Antonio,
Texas**

Annual Convention

APRIL 28, 29, and 30, 1949

MEMBERSHIP DRIVE REPORT

WM. H. VAN DE GRIFT, D. O.
Chairman, Membership Committee
Austin, Texas

The State Office and I as Chairman of the Membership Committee wishes to thank the two hundred and three of you who have responded to our call for the early payment of dues. It has certainly helped to facilitate the details in connection with our drive.

However, there are many of you who have not cooperated and we need you. **DON'T MONKEY WITH TIME. PAY YOUR DUES NOW.**

Here is a report of how we stand as of April 15th. At the close of the fiscal year on March 31, 1949 we had a potential membership of 423 and a membership of 346 or 81.8%. Today our population has increased to 436

and we have 202 members or 46.3%. Of this 202 members 4 were non-members last year and 5 are new men in the state. If you want more figures we now have 58.38% of the membership last year. These are just figures and we should make them higher.

Let's all pull together and have a membership for 1949-50 that is the largest we have ever had! It might be well to remind you again that our practice rights, our means of livelihood, are in jeopardy. Basic science is snapping at our heels again and we need the support of every osteopathic physician in the state to protect HIS right to practice.

NOTICE OF EXAMINATION

The Texas State Board of Medical Examiners will give examination for License on June 16, 17, 18, 1949, in the city of Austin, Texas.

Applications must be filed ten days prior to the examination date and blanks may be obtained at the Registrar's Office.
Fee:

M. H. CRABB, M. D., Secretary
Texas State Board of Medical Examiners

Full Examination - - - \$25.00
First-Half Examination - \$15.00
Last-Half Examination - - \$25.00

Federal Security

The Federal Security Administration's Food and Drug Administration is making seizure of Syrup of Urethane. This is a cough syrup manufactured by Marvin R. Thompson, Inc., Stamford, Conn. Physicians, pharmacists, and consumers are warned that the administration of Urethane in the quantity recommended on the label may cause a dangerous lowering of the white blood cell count. This leaves the patient more liable to infection from disease germs. Individuals suffering from coughs are likely to have accompanying infections.

While urethane came into use as a sedative about a century ago, recent medical studies clearly demonstrate its potential danger when used as directed in the labeling of this syrup. However, when use of urethane is discontinued the white blood cell count ordi-

narily returns to normal in a short time.

More than 2300 gallons of Syrup of Urethane have been distributed in about 34,000 packages ranging in size from 1/2 oz. physician's samples to one gallon bottles. The product has gone throughout the country to physicians, wholesale druggists, and retail pharmacists.

When seizure actions were commenced the manufacturers started to recall Syrup of Urethane from the market. The manner and extent of distribution are such that neither the manufacturer nor federal, state, and local health offices will be able to locate all bottles promptly.

The American Medical Association and the American Pharmaceutical Associations are assisting by distributing this warning through their mailing facilities to hospitals, state and county medical societies, and state pharmaceutical associations.

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ANNUAL CONVENTION

DANCE AT LA VILLITA

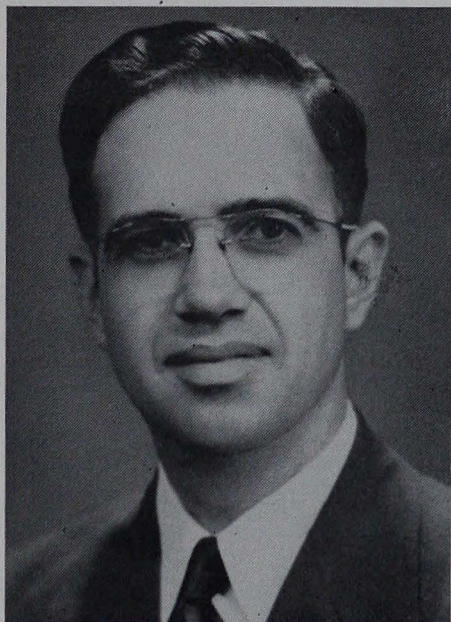
Swing your partners—do-si-do.
At La Villita 'round seven or so.
On April 28th, be on hand
In western duds—we're a cowboy band.

The registration desk at the Gunter Hotel will be open on April 27th from 6:00 p.m. to 8:30 p.m. for the convenience of early arrivals.

The Texas Hospital Association will meet at 8:30 a.m. on Wednesday, April 27, 1949 at the Gunter Hotel.

TO THE LADIES—Tips on how to dress.

The ranch party at La Villita will be a western party and western costumes or sportswear will be in order. President Grainger's Reception and Banquet is optional. You may either dress in formal or informal attire.



DR. H. A. BECKWITH
San Antonio, Texas
Convention Speaker

WHY NOT

Take Advantage of Your Membership in Your State Association by
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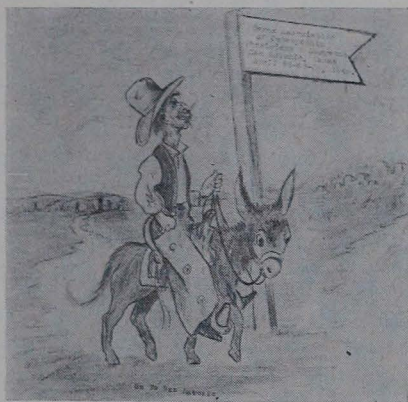
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GUNTER HOTEL - SAN ANTONIO, TEXAS
CONVENTION HEADQUARTERS



ON TO SAN ANTONIO

With a barber-shop shave an' a hair
cut, sniffin' the mornin' cool,
With a ten gallon hat an' chaparreras,
I mount my ol' brown mule.
I heaves myself into the saddle with
nary a grunt nor a groan,
And head for the lights and the laugh-
ter of good ol' Santone.

—Dr. J. W. McPherson

OUR EXHIBITORS

THE FARNSWORTH LABORATORIES of Chicago, Illinois specializes in parental medications, high potency vitamin solutions, a prolonged aqueous base, and local anesthetic. If you are interested in migraine headaches, undulant fever or sinus infections, their trained personnel will be glad to discuss the important advancements made in the treatment of these conditions.

Mr. O. Parmeter of Dallas will be in charge of the Farnsworth booth at the convention.

THE BRISTOL-MYERS COMPANY was formed sixty-one years ago by William M. Bristol Sr., John R. Myers and two associates.

From a modest beginning when only medical items chiefly to be prescribed by physicians were sold, its line has

been broadened and many subsidiary companies formed. In the United States the parent company maintains branch offices in Atlanta, Chicago, Dallas and San Francisco. There are manufacturing establishments in England, South Africa, Australia, Mexico, New Zealand and Canada while selling agencies are maintained in most countries of the world.

Subsidiaries of the Bristol-Myers Company include the Bristol Laboratories, Inc., which offers a complete line of pharmaceuticals; Rubberset Company, one of the oldest manufacturers of paint and lather brushes in the United States; and Sun Tube Corporation, one of the largest producers of collapsible tubes in the world.

Some of the principal products of Bristol-Myers to be displayed at the annual convention will be *Sal Hepatica*, *Ipana*, *Mum*, *Bufferin* and *Minit-Rub*.

LANTEEN LABORATORIES, Inc., cordially invites you to visit their Booth No. 13. Representatives will discuss an improved diaphragm fitting technic used in conjunction with the *Lanteen Flat Spring Diaphragm*. Other well known Lanteen products will also be featured in the exhibit.

UNITED MEDICAL EQUIPMENT COMPANY was organized specifically for the sales, service, and distribution of Profexray X-Ray equipment. They are also exclusive distributors for the *Cardiotron*, the direct recording electrocardiograph over the southwest United States. They are distributors for Birtcher Corporation distributing their Bendtome electro-surgical unit and also for the Crystal Bandmaster Shortwave Diathermy that is FCC approval.

THE X-RAY SALES & SERVICE COMPANY owned by C. A. McGee of Fort Worth and operating in both Texas and Oklahoma employs six people. Among the items handled are Continental X-Ray equipment, Profex

X-Ray equipment, Jones & McKesson Basal units, Burdick and Beck Lee EKG, Burdick & Liebel-Flarsheim Shortwave, and other physiotherapy equipment.

Mr. Ted Waters will be in charge of their display.

H. G. FISCHER & CO was founded in 1912 in a small basement room and has steadily grown until today they are located in one of the most modern x-ray plants in the industry. They employ about one hundred and forty people in their office and factory with eighty sales representatives in this country and approximately thirty-five in foreign countries. Their growth is unique in that there have been no mergers and the original founders are still officers and active in the management of the company.

They have never digressed from the manufacture of X-Ray and physical therapy equipment for physicians, dentists and hospitals.

Because their products and their ability to produce such products H. G. Fischer & Company have received five distinctive Army-Navy awards. These include the Army-Navy "E" award, three subsequent additional stars for their flag and a recent "Certificate of Achievement" granted by the U. S. Bureau of Medicine and Surgery.

Mr. C W. Riggs of San Antonio will be in charge of their exhibit.

U. S. VITAMIN CORPORATION was established in 1936 with the introduction of *Vi-Syneral*, the first multiple vitamin-mineral capsule diet supplement. In 1943, after two years of intensive work their research laboratories developed the process of making aqueous solutions of oil-soluble vitamins and at the same time introduced the first "oil-in-water" vitamin solution *Vi-Syneral Vitamin Drops*. This special patented processing technique is also used in the manufacture of *Vi-Syneral Injectable* which provides an aqueous parenteral multi-vitamin solution furnishing the important lipid soluble vitamins A, D, and E together with ascorbic acid and B. complex factors in a single aqueous injectable solution.

Other pharmaceutical achievements include Lipo-Heplex, the only preparation to provide the three significant fractions of liver, (lipoid, aqueous and alcoholinsoluble) in a single capsule . . . Methiscol the first combination of three synergistically proven lipotropic agents (methionine, choline and inositol) in a rich liver base . . . Tri-Sulfanyl, one of the pioneers triple sulfonamide combinations.

Mr. Presley P. Hamilton, District Supervisor, will be in charge of their exhibit.

GOSSIP—Spies of life.

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AUXILIARY NEWS

Mrs. L. V. Cradit and her mother, Mrs. Rose Schaffer, of Des Moines enjoyed a tour of Mexico recently.

Mrs. L. J. Vick has just returned from several weeks visit with her son in New Haven, Connecticut during his vacation from Yale.

The Auxiliary to the Tarrant County Association of Osteopathic Physicians and Surgeons held their monthly meeting in connection with the doctors in March.

This meeting was to promote Vocational Guidance work and was attended by representatives from the high schools and colleges in this area. Dr. Phil R.

Russell talked on the "Philosophy of Osteopathy."

The Tarrant County Auxiliary will be the guests of the Dallas County Auxiliary for their April meeting.

The Auxiliary to the Groom Osteopathic Hospital met for their April meeting in the hospital reception rooms. Plans were made to improve the hospital bath rooms and to finish putting new curtains in the patients rooms.

Election of officers was held and it was decided to let the officers progress. Mrs. John Gordon Stewart is President, Mrs. James H. Kritzler is Vice-President, and Mrs. John London is Secretary-Treasurer and Reporter.

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NEWS OF THE DISTRICTS

DISTRICT NUMBER ONE

The Porter Hospital and Clinic was host to its staff and the Lubbock doctors and their wives recently at the opening of the new addition to the hospital. After the dinner and reception the South Plains Society of Osteopathic Physicians and Surgeons held its regular meeting. This Lubbock group is winning an enviable reputation for team work and cooperation.

The new offices and clinic which Dr. L. V. Cradit has completed at 709 West 10th Avenue in Amarillo will also provide office space for Drs. Gress and Scott.

Dr. Lester J. Vick is making plans for the entertainment of the Western States Proctological Society when that body meets in Amarillo in September.

Dr. and Mrs. James Kritzler of McLean have a daughter, Ellen Kay, born March 18th.

Dr. and Mrs. Richard Mayer of Lubbock have a daughter, Marcia Louise, born February 6th.

Dr. and Mrs. H. M. Thompson had a daughter, Sara Jo born early in February.

Dr. E. B. Knollhoff recently arrived in Quitaque to engage in general practice.

Dr. and Mrs. Lester J. Vick attended the twenty-third annual meeting of the American Osteopathic Society of Proctologists in Cleveland April 11, 12 and 13. Dr. Vick is a trustee of the national organization and will appear on its three day program. Eleven physicians and surgeons who have taken post graduate work at his clinics held twice an-

nually in Amarillo appeared on the program.

Dr. and Mrs. Norman Harris of Amarillo have a son, Lowell Norman, born March 14th.

DISTRICT NUMBER TWO

The semi-annual meeting of District No. 2 was held at the Blackstone Hotel in Fort Worth, Texas on March 27th. The morning session was called to order by Dr. Betzner, President, who presented Dr. J. R. Thompson, Vice-President and Program Chairman. Dr. Thompson introduced Dr. A. H. Clinch and Dr. George Pease who gave a paper on low back pathology with X-rays illustrating the progress of an unusual case history.

After the luncheon meeting where Dr. George Luibel gave the welcoming address, and the proposed Kirksville Hospital was discussed by Dr. Betzner, Dr. Rollin Becker presented a paper on "The Osteopathic Concept and its Relation to Osteopathic Lesions."

At the business meeting new officers were elected as follows: Dr. J. R. Thompson President; Dr. Sherman Sparks, President-Elect; Dr. Charles Still, Vice-President; Dr. Lester Hamilton, Secretary-Treasurer. Delegates to the House of Delegates of the Texas Association of Osteopathic Physicians and Surgeons were elected, and Dr. Robert Morgan was elected Legislative Chairman.

Did you know that Dr. George Luibel had reentered the practice of obstetrics? It seems that he had received a call at 1:30 A.M. and was asked if he delivered babies. The doctor told the caller that he did not. The doctor was told that he was going to deliver one that night because the caller was at Burleson out of gas.

News of the Districts - (Continued)

The triplets that Dr. Luibel delivered that night were named Dr. Sam Sparks, Dr. Marille Sparks, and Dr. P. R. Russell. They were returning from a Public Health meeting in Austin. Of course Sam and Phil say that Dr. Marille forgot to look at the gas gauge. How about that, Dr. Marille?

DISTRICT NUMBER THREE

No news sent in.

DISTRICT NUMBER FOUR

Dr. Wiley B. Rountree of San Angelo has been appointed by the Justice Department in Washington as Federal Jail Physician in Tom Green County.

DISTRICT NUMBER FIVE

No news sent in.

DISTRICT NUMBER SIX

No news sent in.

DISTRICT NUMBER SEVEN

No news sent in.

DISTRICT NUMBER EIGHT

No news sent in.

DISTRICT NUMBER NINE

No news sent in.

MODERN WOMAN—A beautiful vision in the evening and a perfect sight in the morning.

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Dr. Wenton L. Welsh is now located at 2203 North Fitzhigh Street, Dallas, Texas.

Dr. Raymond E. Hubbard has moved

from San Antonio to 2107 W. Wall Street, Midland, Texas.

Dr. Ralph William Bradford from Sherman to 521 West Gandy Street, Denison, Texas.

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COOPERATION

Webster defines this word, cooperation, as "the act of working jointly together for the same end; the association of individuals as in business, industry . . . for mutual benefit."

That makes a pretty big word. The job of carrying out the definition is many, many times bigger than the mere word.

What does cooperation mean to me? Perhaps it would be well for each one of us to ask that question of ourselves. I will endeavor to explain what it means to me in regard to our State Association.

1. It means entering into the activities of the Association not only with membership dues but to take an active part in its activities.

2. It means overlooking petty jealousies. Don't think nor feel that someone else is getting a bigger slice of pie or cake than you are.

Jealousies remind me of the story in my second grade reader about the dog with the bone going over the bridge and, by chance, he looked over the side and saw the image of a dog in the water with a much larger bone. Dropping his bone into the water did not seem to solve his jealousy.

There is a place in this organization for every man whether he be from small town or city. It is up to him to find that place and do a big job in making it a success. If everyone would cooperate with everyone else, we would have the strongest organization in the world. Each man should work in his district societies and each district society should work with the State Association.

The State Association is certainly willing to cooperate with the district societies and must cooperate with the National Association.

Let's all get going in the same direction and work for our mutual benefit, for the good of Osteopathy. Let's forget our petty differences and not let our Association die for lack of enthusiasm.

H. V. W. BROADBENT, D. O.
Editor

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