Texas
# OSTEOPATHIC PHYSICIANS Journal

olume XII FORT WORTH, TEXAS, NOVEMBER, 1955 Number 7

*In This Issue—*

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# EDITORIAL PAGE

The osteopathic profession recognizes the need for, and has demanded of organized osteopathy that more provisions be made for postgraduate education for its physicians.

It is imperative that physicians of today keep abreast of the continued advances in diagnosis, prevention and treatment of disease that proper medical care may be rendered the public.

The cancer control division and the maternity and child health division of the Texas State Department of Health have again responded to requests for a top postgraduate seminar. They have provided the top speakers of the osteopathic profession for this seminar to be given at the Adolphus Hotel, Dallas, Texas, December 1, 2, 3, 1955. (See the following pages for the pictures and biographies of the speakers).

Is the osteopathic profession sincere in its demands for postgraduate training? We feel that it is but advance registrations to date are not indicative of the facts.

Send your registration NOW to Dr. Elmer C. Baum, 908 Nueces Street, Austin, Texas, that the State Department of Health may recognize your desire for tops in postgraduate training, and by your attendance fulfill your obligation not only to yourself, but to the public who entrusts their lives in your hands.

Let us prove our sincerity and be in Dallas, December 1, 2, 3.

Texas Osteopathic Physicians' Journal

OFFICIAL PUBLICATION OF THE
TEXAS ASSOCIATION OF OSTEOPATHIC PHYSICIANS AND SURGEONS

PUBLICATION OFFICE: 512 BAILEY STREET, FORT WORTH 7, TEXAS

EDITOR - - - PHIL R. RUSSELL, D. O.
ASSOCIATE EDITORS: GEORGE J. LUIBEL, D. O., RALPH I. McRAE, D. O.

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VOLUME XII FORT WORTH, TEXAS, NOVEMBER, 1955 NUMBER 7

# Postgraduate Seminar

Again, the State Department of Health of Texas has complimented the members of the osteopathic profession by announcing another postgraduate seminar to be held at the Adolphus Hotel, Dallas, Texas, December 1, 2, 3, 1955.

Each and every osteopathic physician in Texas realizes that this seminar is put on by the State Department of Health in an effort to improve the medical care of the public.

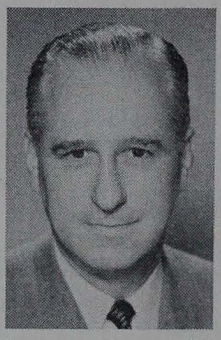
The following speakers have been secured for the seminar. We assure you that they are tops in their field.

STANLEY COWELL, D. O.
Los Angeles, California

Residency in Internal Medicine at Los Angeles County General Hospital; Chairman, Department of Medicine, Glendale Community Hospital; Clinical Professor of Medicine at College of Osteopathic Physicians and Surgeons.

Subjects:

(1) Management of Cardiac Emergencies in General Practice.
(2) Recognition of Neoplasmas in the Gastro-Intestinal Tract.
(3) Diagnosis of Fever.
(4) Diseases of the Locomotor System.



J. DONALD SHEETS, D. O.
Detroit, Michigan

President, American College of Osteopathic Surgeons; Fellow, American College of Osteopathic Surgeons; Member of the Board of Governors of American College of Osteopathic Surgeons, 1951-1954; Chairman, Department of Surgery, Detroit Osteopathic Hospital; Senior Surgeon Department of Surgery, Detroit Osteopathic Hospital.

Subjects:

(1) Management of Neoplasmas in the Gastro-Intestinal Tract.
(2) Carcinoma of the Cervix and Uterus.

(3) Diseases of the Prostate—Evaluation and Management.
(4) Diseases of the Genito-Urinary Tract.

JAMES G. MATTHEWS, D. O.
Detroit, Michigan

Bachelor of Science, Michigan State Normal College; Residency in Obstetrics at Detroit Osteopathic Hospital; Fellow of the American College of Osteopathic Obstetricians and Gynecologists; Chairman of Committee of Infant and Maternal Welfare of Michigan Osteopathic Association.

Subjects:
(1) What Constitutes Adequate Pre- and Post-Natal Care.
(2) Diagnosis and Management of Chronic Pelvic Pain in Women.
(3) Management of Breech Presentation. (Movie).
(4) What Recent Advances Have Been Made in the Field of Obstetrics.

MILTON S. STEINBERG, D. O.
Kansas City, Missouri

Pre-medical training City College of New York, New York, 1938-1942; House Physician, Manhattan General Hospital, New York; Resident in Internal Medicine, Osteopathic Hospital, Kansas City, Missouri; Professor in Department of Medicine, and Director of the Division of Cardio-Vascular Diseases at Kansas City College of Osteopathic Surgery; Consultant in Internal Medicine at Osteopathic Hospital, Northeast Hospital, and Lakeside Hospital, Kansas City, Missouri.

Subjects:
(1) Diagnosis and Management of Cardiac Arrhythmias.
(2) Evaluation and Management of Coronary Occlusion.
(3) Hypertensive Cardiac - Vascular Diseases.
(4) Cardiac Clinics, Discussion and Demonstration.

## T.A.O.P.&S. Represented at Louisiana Meeting

JOSEPH L. LOVE, D. O.
Austin, Texas

Dr. Joseph Love represented the TAOP&S at the Louisiana association meeting at New Orleans October 28-29, 1955.

It has been the policy of the Texas association to furnish the Louisiana association with a speaker for their convention each year. Dr. Love fulfilled this assignment in an admirable way appearing on the program three times on the following subjects: "Office Examination of Patients", "Office Treatment of Common Conditions", and "Office Routines."

Dr. Alan R. Becker of Michigan was

the other speaker, the subject being "Facts and Fallacies of Osteopathic Care", "Structural Problems", and again "Structural Problems".

This was indeed a good program for the osteopathic physicians of Louisiana. The following letter was received from Dr. Wharton in appreciation of our help:

"Dr. Phil R. Russell, Executive Secretary,
The Texas Association of Osteopathic Physicians and Surgeons,
512 Bailey Street,
Fort Worth 7, Texas

Dear Dr. Russell:

You have visited with us on sufficient occasions, I am sure, to know without my saying that the members of the Louisiana Association genuinely appreciate your efforts in our behalf, and your visits to our meetings, and that we will continue to look forward to your being with us at every opportunity.

Again allow me to express the thanks of all of us to the Texas Association for its generosity and helpfulness in sending Dr. Love as a program speaker, and ask you to tell them how excellently he carried out his portion of the program, as well as the appreciative manner in which he was received by our group.

With continued high regards and best wishes I remain,

Sincerely yours,
V. L. WHARTON, D. O.
Secretary."

Your executive secretary attends the Lousiana Association meeting yearly representing the bureau of public education on health of the AOA. It is a project to stimulate this small association into better public relations that in the end the handicaps to the profession in the laws of Louisiana may be liberalized and removed.

The executive secretary was much impressed with the progress that has been made within the last few years.

Your executive secretary reported to a reporter of the New Orleans TIMES-PICAYUNE on the problems of insurance as we handled them in Texas, which resulted in the following editorial appearing in the October 31 issue:

NEW ORLEANS TIMES PICAYUNE,
October 31, 1955

## Exploiting Insurance

Dr. Phil Russell, chairman of the board of the Fort Worth Osteopathic hospital, has some straightforward things to say about what the public is doing to itself in health insurance.

To "get money back" (premiums paid) on policies, he charges, the insured "go to a hospital for any minor ill" (this is true, presumably, as to hospitals besides the osteopathic). Doctors too frequently advise hospital care. Results: Hospitals overcrowded (35 per cent of the people who go to hospitals shouldn't be there); necessary admissions delayed; premiums raised to meet extra costs.

He charges also that the possession of our growing investment in health policies often means raising of hospital and doctor fees, wiping out some of their value.

We don't agree with Dr. Russell's implication that socialized medicine might operate to check this spiral; we suspect it would make it worse. Nor do we agree that any so-called "recognition" by the "federal government" that "health care is an inherent right" makes socialized medicine "almost inevitable."

But before any approach can be made to a stable, actuarial form of insurance in any of its branches—any system in which the rates match the probabilities and the probabilities match realism—it seems requisite that the insured and others take this same kind of look at "what they're doing to it and themselves."

# Past Presidents Attend World Health Conference

*Left to right:* VINCENT P. CARROLL, D. O., Laguna Beach, California; P. R. RUSSELL, D. O., Fort Worth, Texas.

Two past presidents of the American Osteopathic Association attended the World Health Conference in Vienna, Austria, September 20-26, 1955.

Your executive secretary found this meeting to be interesting and at points informative.

The program was devoted primarily to reports of their committees on the progress in medicine from the many countries represented, these reports being mostly comparative studies of the problems of the medical profession in the different nations.

The objective of the World Health Association is to promote better understanding and uniformity in medical education, ethics, etc.

The conference was limited to the use of three languages, namely, English, German and French. Each physician attending was furnished with ear phones and he could select any of the adopted languages to listen to their reports and lectures.

Your executive secretary was particularly interested in the following reports: "Socialized Medicine" as conducted in many countries, "Modern Medical Education, Ethics", "Abuse of Therapy," particularly antibiotics, and particularly on a program in reference to newspaper

publicity on treatments and its effect upon the practice of medicine.

Your executive secretary feels that he obtained sufficient information to make this attendance worthwhile. Contacts with medical leaders and the off-the-record discussions on many medical problems was by far the most enjoyable and profitable.

Texas was well represented by attendance. There were two physicians from Fort Worth besides the executive secretary and four other medical practitioners that were known by your executive secretary attended from Texas.

## Important Items In Forum and Journal

CHICAGO (AOA)—In an editorial —article appearing in the November FORUM, a statement is made, which attempts to summarize where osteopathy stands today and where it is headed. A representative sample of more than 100 osteopathic physicians and laymen were consulted in an attempt to ascertain a common climate of opinion. This provocative piece, which may stand for many years as the blueprint of mid-century osteopathy, is a must for all those concerned with the present status of the profession in relation to its role in the future.

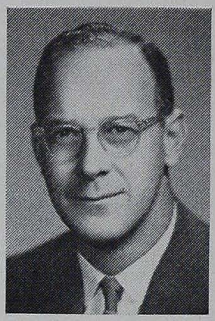
Featured in the October JOURNAL is Dr. Henry Van Zile Hyde's important article "The Health of the World." In this informative report, Dr. Hyde probes into modern health problems at the international level and makes many interesting observations.

## Annual Child Health Clinic

The Fourth Annual Child Health Clinic will be held in Fort Worth on Friday and Saturday, March 23-24, 1956. Again the clinic will be held in the Exhibition Hall of Hotel Texas.

On Sunday, March 25, the Texas Society of General Practitioners in Osteopathic Medicine and Surgery will hold its Second Annual Pediatric Conference at the hotel.

Please keep these dates in mind, and watch for further information in subsequent issues of the JOURNAL.



GORDON S. BECKWITH, D. O.
San Antonio, Texas

Dr. Gordon S. Beckwith, San Antonio, Texas, was granted the degree of Fellow at the meeting of the American College of Osteopathic Surgeons held in Washington, D. C., October 30 through November 3, 1955.

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# Successful Meeting

The American College of Osteopathic Surgeons, 28th Annual Clinical Assembly, held in Washington, D. C., October 30 through November 3, 1955, was again a highly successful meeting of the osteopathic surgeons and affiliated organizations.

The Assembly was the largest in the history with 965 physicians in attendance, exceeding the Dallas meeting by only 15 which, until that time, was the largest that had been held.

Texas was well represented with the following members in attendance:

| NAME | CITY | REGISTERED AS |
|---|---|---|
| Dr. Thomas Bailey | Corpus Christi | A.C.O.S. |
| Dr. Gordon Beckwith | San Antonio | A.C.O.S. |
| Dr. W. D. Blackwood | Comanche | A.C.O.S. |
| Dr. Hal Coker | Houston | Hospital Association |
| Dr. Charles Curry | Fort Worth | Radiologists |
| Dr. Roy Fisher | Fort Worth | A.C.O.S. |
| Dr. Milton V. Gafney | Dallas | A.C.O.S. |
| Dr. W. E. Gorrell | Kerrville | A.C.O.S. |
| Dr. W. S. Gribble, Jr. | Houston | A.C.O.S. |
| Dr. Merle Griffin | Corpus Christi | Hospital Association |
| Dr. B. W. Jones | Mineola | A.C.O.S. |
| Dr. A. L. Karbach | Arlington | Anesthesiologists |
| Dr. L. R. Lind, Jr. | Houston | Anesthesiologists |
| Dr. Earle Mann | Amarillo | A.C.O.S. |
| Dr. Alan Poage | El Campo | Radiologists |
| Dr. James Roberts | Comanche | Hospital Association |
| Dr. Opal Robinson | Houston | Radiologists |
| Dr. Esther Roehr | Houston | Radiologists |
| Dr. P. R. Russell | Fort Worth | Hospital Association |
| Dr. M. E. Snell | Dallas | Radiologists |
| Dr. Harriette Stewart | Dallas | Hospital Association |
| Dr. J. Natcher Stewart | Dallas | A.C.O.S. |
| Dr. Grover Stukey | Port Arthur | A.C.O.S. |
| Dr. George E. Miller | Dallas | K.C.O.S. |


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## Drugs Dispensed By Physicians

Durham-Humphrey Provisions of the Federal Food & Drug Act

The Food and Drug Administration is seeking to make it clear that Physicians as well as pharmacists, must observe the provisions of the federal food and drug law—particularly the Durham-Humphrey sections—when they engage in outright sale of drugs, unconnected with their normal professional function of diagnosing and treating patients. In Kansas City, Mo., FDA filed a criminal information against Omin Boutros, M.D. alleging office sales of amphetamines, metandren, and secobarbital to government inspectors whom he didn't bother to examine or treat as patients.

The FDA inspectors made their purchases direct from the doctor—with no question asked. Boutros didn't fill out an Rx, but dispensed the medications in unlabeled envelopes. Some doctors have been defendents in at least three previous D-H cases involving illegal sale of Rx legend drugs, but each of these involved some tie-up with a drug store. In one case the Physician owned the store, and in the other two the Physicians provided Rx's to cover up the illegal sales.

FDA approached the Boutros case carefully because it skirts very close to the delicate and ticklish question of the professional right to administer and dispense medication. FDA-ers say the practice is not involved in the allegedly illegal sales.—They contend a doctor is not acting in his professional capacity when he sells drugs. If the case is contested, FDA will be faced with proving in court that the sales of the Rx drugs were separate and apart from the practice of medicine.

FDA-ers made it clear that they are not embarking on any broad enforcement campaign against the profession, but they will look into cases where they have received reports of non-professional illegal sales. This case is the result of such a report.

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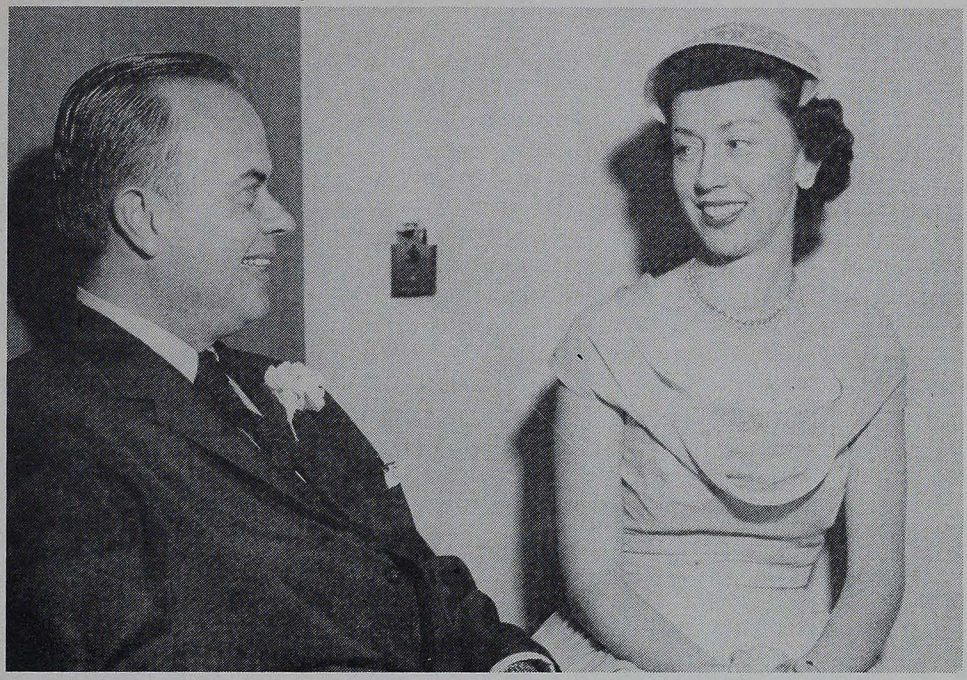
VAN HORN, Culberson County, Texas: Population 2000, mining, irrigated farming, and tourist trade. See ad in this issue.

# Attorney General Attends Conference



Attorney General John Ben Sheppard was introduced by Dr. Catherine Kenney Carlton at the Zonta International District X Fall Conference banquet at the Hilton Hotel October 15, in Fort Worth.

The 3-day conference had representatives from clubs in Louisiana, Oklahoma, New Mexico and Texas. Dr. Catherine Carlton is the president of the Fort Worth Zonta Club.

Mr. Sheppard said "Big central government is just like Communism in the way it grows. It is a weed that has its roots in the courthouse lawn where people no longer attend political rallies."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# Statement of American Osteopathic Association

By J. S. Denslow, D. O.

## SUBCOMMITTEE ON HEALTH AND SCIENCE HOUSE COMMITTEE ON INTERSTATE AND FOREIGN COMMERCE

### RE: H. R. 4743, Federal Aid to Medical Education, June 17, 1955

Mr. Chairman and Members of the Subcommittee, I am J. S. Denslow, D. O., Director of Research Affairs, Kirksville College of Osteopathy and Surgery, and Secretary-Treasurer of the American Association of Osteopathic Colleges, and appear here representing the American Osteopathic Association.

My field in research is physiology and I am submitting my contribution to non-osteopathic scientific literature which I ask may be inserted at the end of these remarks.

The American Association of Osteopathic Colleges comprises all existing colleges of osteopathy and surgery, six in number, each of which is approved by the American Osteopathic Association, and the graduates of each of which are eligible for licensure in all the States.

The American Osteopathic Association has a membership of approximately 9,000 osteopathic physicians or surgeons out of a total of some 12,000 who are licensed and practicing in all the States of the United States.

We very much appreciate the opportunity of expressing our views on H. R. 4743.

The bill amends the Public Health Service Act by adding a new title, namely, "Title VII—Medical Educational Facilities Construction Program."

Section 701 of the new title expressly recognizes the need for Federal assistance for construction of facilities urgently needed to enable schools which have the responsibility of training physicians to carry out their responsibility for the quality and number of physicians being trained, for the education of teachers and research workers, and for the conduct of needed research.

However, Section 702(c) of the new title dilutes the effectiveness of the program by restricting benefits solely to schools which train physicians and grant the degree of doctor of medicine, as distinguished from schools which train physicians and grant the degree of doctor of osteopathy.

During the 81st Congress in 1949 the House Committee on Interstate and Foreign Commerce in connection with legislation in the same field made an evaluation of the public interest and the necessities involved, and determined that construction aid should be extended to schools of medicine and schools of osteopathy providing training leading to a degree of doctor of medicine or osteopathy. The bill for the purpose, H. R. 5940, was reported by the Committee on October 11, 1949.

We suggest that the existing facts justify a similar conclusion at this time.

As an aid in assessing the current public interest and necessities involved, the following considerations are respectfully submitted.

In 1950, the U. S. Department of Labor included osteopathy in its list of critical occupations. Osteopathy has continued so listed, including the revised current list of critical occupations issued March 2, 1955. The critical list is compiled on the recommendations of the Interagency Advisory Committee on Essential Activities and Critical Occupations. That Committee consists of representatives of the Departments of Defense, the Interior, Agriculture, as well as Commerce and Labor, and the Selective Service System. The criteria applied require that occupations listed are those in which there is an "over-all shortage", and in which the occupation is indis-

pensable" to the functioning of the activity in which it occurs.

Physicians of the osteopathic school of medicine are licensed and practicing in all the States. Approximately 90% of the profession is located in States (three-fourths of the States) granting licenses to engage in the general practice of the healing art, including major surgery, drug therapy, and obstetrics. Some 12,000 osteopathic physicians or surgeons are engaged in general or specialty practice. As stated in the Guidance Leaflet on Osteopathy, prepared by the U. S. Office of Education, such specialties include: anesthesiology, diagnostic roentgenology, internal medicine, neurology and neurosurgery, obstetrics, obstetrics and gynecology, obstetrical and gynecological surgery, ophthalmology and otorhinolaryngology, orthopedic surgery, pediatrics, psychiatry, radiology, roentgenology, surgery and urological surgery.

In excess of three hundred hospitals are staffed by osteopathic physicians or surgeons, Eighty-five hospitals are approved for intern or residency training.

There are six colleges of osteopathy and surgery, all nonprofit, tax-exempt, approved by the American Osteopathic Association, the Veterans Administration, and the Public Health Service.

Chicago College of Osteopathy, Chichago, Illinois, Established 1902.

College of Osteopathic Physicians and Surgeons, Los Angeles, California, Established July 14, 1896.

Des Moines Still College of Osteopathy and Surgery, Des Moines, Iowa, Established June 8, 1898.

Kansas City College of Osteopathy and Surgery, Kansas City, Missouri, Established 1916.

Kirksville College of Osteopathy and Surgery, Kirksville, Missouri, Established 1892.

Philadelphia College of Osteopathy, Philadelphia, Pennsylvania, Established January 24, 1899.

In the Fall of 1954, 1,867 students were enrolled in the osteopathic colleges. The freshman class (487) received preprofessional training in colleges and universities in 38 States and the District of Columbia. These matriculants had preprofessional college training as follows: 72% had baccalaureate or advanced degrees, 98% had three or more years, and the remainder had 2 or 2-plus years. A minimum of three years of preprofessional training is required for the class entering in 1955. The professional course is 4 years. There were 449 graduates in 1954. During the past 5 years an average of 442 have graduated. Most graduates take one or more years of intern-training.

The average tuition is $700 a year. The student in paying this yearly tuition of $700 is paying less than one-third of the actual cost of his education. The average osteopathic college spends approximately $2,400 per year per student in conducting the type of educational program which the profession has insisted upon.

The difference between undergraduate tuition and fees and the school budgets is made up as nearly as possible by indebtedness, hospital, clinic and graduate course fees, grants, such as cancer and heart teaching grants from the National Institutes of Health, and gifts. In 1943, a continuing Osteopathic Progress Fund (nonprofit tax-exempt) was established

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through which the individual members of the profession and others make annual contributions to the colleges. These contributions total in excess of $5 million to date.

A survey of the demonstrable needs of the colleges for additional teaching space, which was conducted last November, showed needs in excess of 182,500 square feet at an estimated cost of $3,535,000, and none of the colleges has funds to proceed with the construction.

These figures do not include necessary additional space for expanding research programs. Although the Bureau of Research of the American Osteopathic Association had meritorious applications for research projects totalling nearly $100,000 for 1953-1954, and $100,000 for 1954-1955, grants were able to be made in the amounts of $52,750 and $66,100 for the two years, respectively. At my own college in Kirksville, Missouri, we are optimistically proceeding with preliminary plans for the construction of urgently needed additional facilities to house our research program, but actual construction of the facilities will be impossible in the current situation of the college without major Government assistance. The research carried on at the college has been made possible by grants from the American Osteopathic Association, the U. S. Public Health Service, the Bureau of Naval Research, and various trust funds, and individual constributions.

The problem of space for research programs was succinctly stated in the July, 1954, annual report of the Bureau of Research of the Association as follows: "One of the major problems in establishing research programs in osteopathic instructions is lack of space that can be assigned for this purpose. There is also the problem of accumulation of the basic equipment to convert such space, when found, into a research laboratory. It is permissible to expend part of grant monies for major scientific equipment, but it is not permissible to make plant alterations or buy and install basic laboratory furniture and utilities. If the A.O.A. did not have to appropriate large amounts for the major support of the research programs, it could be in a position to assist the colleges in setting up essential laboratory facilities that would help attract assistance from outside granting agencies."

Mr. Chairman, participation in the program under this bill would enable the osteopathic colleges to improve and expand their teaching and research facilities and increase to some extent their output of physicians. However, since the bill as written makes no provision for schools training physicians who are doctors of osteopathy, we submit the following amendments.

1. Page 4, lines 5 and 6, strike "the degree of doctor of medicine" and substitute "a degree of doctor of medicine or osteopathy".

2. Page 4, line 21, strike the period after the word "health" and insert a comma and the words "including persons active in each of the fields of professional education concerned."

The Federal Council on Medical Education Facilities, which is provided for in the bill, and which should have representation as proposed in our amendment, should serve as adviser to the Surgeon General in connection with grants and with respect to regulations relating thereto.

Our proposed amendments follow the form adopted by the House Committee on Interstate and Foreign Commerce in previous projected legislation in this field, as I have mentioned, which included construction grants for schools of osteopathy.

## Contributions to Nonosteopathic Literature

*By* J. S. Denslow, D. O.


1. Denslow, J. S., and G. H. Clough. Reflex activity in the spinal extensors. Journal of Neurophysiology, 4:430-437, 1941.
2. Denslow, J. S., and C. C. Hassett. The central excitatory state associated with

postural abnormalities. Journal of Neurophysiology, 5:393-402, 1942.
3. Denslow, J. S., and C. C. Hassett. The polyphasic action currents of the motor unit complex. American Journal of Physiology, 139:4, 1943.
4. Denslow, J. S. An analysis of the variability of spinal reflex thresholds. Journal of Neurophysiology, 7:207-216, 1944.
5. Denslow, J. S., and N. L. Cuthbert. Electride efficiency and subject positioning in electromyography. Proceedings of the Society of Experimental Biology and Medicine, 58:191-193, 1945.
6. Denslow, J. S., I. M. Korr, and A. D. Krems. Quantitative studies of chronic facilitation in human motoneuron pools. American Journal of Physiology, 105:2, 1947.
7. Denslow, J. S. Double discharges in human motor units. Federation Proceedings, 6:1, 1947.
8. Denslow, J. S., and David M. Graham-Service. The spread of muscle action potentials from active to inactive area. Federation Proceedings, 7:1, 1948.
9. Denslow, J. S. Double discharges in human motor units. Journal of Neurophysiology, 11:209-216, 1948.
10. Denslow, J. S., and Olwen R. Gutensohn. Distribution of muscle fibers in a single motor unit. Federation Proceedings, 9:1, March 1950.
11. Denslow, J. S., and Olwen R. Gutensohn. Neuromuscular organization of single motor units. Federation Proceedings, 10:1, March 1951.

## Freshman Class of 103 Brings KCOS Registration to 319

A freshman class of 103 at the Kirksville College of Osteopathy and Surgery brings total registration to 319, and marks what is believed to be a definite upturn in applications for entrance to schools of the healing arts.

A registration of 81 sophomores, 62 juniors and 73 seniors at Kirksville reflects the years in which there was a falling off of applications for entrance to professional schools throughout the country. Total applications received at Kirksville this year was 275, and represented an increase of 55 over last year. But total registration can be expected to be down through the next three years, after which what is believed to be an upward trend in applications will have brought totals back to that of former years.

Statistics on the freshman class are interesting and revealing. Seventy-five hold bachelor's degrees, 74 colleges are represented, 50 are married, 43 are war veterans, 26 states and the Territory of Hawaii are represented, 25.5 is the average age, 18 are related to Doctors of Osteopathy, and 2 are women.

Representation by states is as follows: New York, 18; Missouri, 11; Pennsylvania, 10; Michigan and Ohio, 8 each; Indiana, 6; New Jersey, 5; Illinois, Minnesota, West Virginia and Iowa, 4 each; Oklahoma, 3; Texas, Florida and South Dakota, 2 each; and one each for Alabama, California, Georgia, Hawaii, Kansas, Kentucky, Maine, Montana, New Mexico, Rhode Island, South Carolina and Tennessee.

Texas freshmen at KCOS are Anthony Mendicino, Jr., San Antonio, and Jerry W. Smith, Jacksonville.

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# Specific Resolutions Adopted by the A. O. A. House of Delegates in Los Angeles

The following are extracts from the House of Delegates of the A.O.A. which we believe to be sufficient to print in extracted form:

"Recommendation 1: That each divisional society be urged to set up a screening committee to evaluate all new applicants for and all applicants for renewal of professional liability insurance as to their professional and ethical qualifications.

"Recommendation 2: That the Nettleship Company be urged to cooperate with the screening committee of each divisional society, and be requested to seek the advice of the divisional society concerned in regard to the selection of legal counsel in the defense of claims against members of the profession participating in the professional insurance program of the Association."

"That the Committee on Ethics and Censorship of the American Osteopathic Association encourage and help divisional societies carry on a program of informing the membership of this Association of the contents of the Code of Ethics."

"Recommendation 6: That it be the responsibility of the divisional society to report to the A.O.A. any action relative to the ethical conduct of a member of the profession."

"That communications which are sent to members of the House of Delegates also be sent to divisional society secretaries for their files."

"Recommendation No. 1: That the American Osteopathic Association continue the Conference Committee as established in the organizational structure of the Association for the purpose of conferring with representatives of any group or organization whenever such conference can be expected to improve the health care of the public."

This was amended to state that the same committee and personnel should be continued for the next year.

"Recommendation No. 2: That the American Osteopathic Association recommend to the divisional societies that similar committees be continued at the state levels."

The 1953 direction of the House of Delegates regarding divisional society conference committees is as follows:

1. That conference committees be established by the divisional societies similar to the A.O.A. Conference Committee, that such divisional society committees be solely responsible for any meetings or discussions held with other healing art professions at the state level

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and that such state committees be fully informed and instructed concerning facts, issues and objectives pertaining to such meetings held at both the state and national levels.

"2. That the divisional society conference committees be composed of osteopathic physicians experienced in public and professional contacts. The basic qualifications to be considered in the appointment of members of divisional society conference committees should be (1) acquaintance with legislative procedures, (2) an understanding of A. O. A. organizational activities and procedures, (3) knowledge of the basic concept of the osteopathic school of medicine and the ability to present such concept and (4) capability for and familiarity with public presentations."

"Recomendation 1: That the divisional societies should be advised to review the disciplinary and enforcement provisions of the practice acts of their states and where the provisions of a practice act are inadequate the divisional society in cooperation with the licensing agency should consider seeking the enactment of statutory provisions which will permit the licensing agency to properly and fully regulate the practice of license holders."

SUBJECT: Relationship Between Organized Labor and the Osteopathic Profession; Board Action, July, 1955

During the July, 1955 meeting of the Board of Trustees in Los Angeles, Dr. E. H. McKenna, reporting for a reference committee of the Board to which the subject had been referred for study, presented the following report which was received and placed on file:

"The committee recognizes that labor unions control directly or indirectly a large percentage of medical care provided to the citizenry of this country. This control is accomplished through union negotiated health and welfare plans, union health centers and union cooperatives.

"Two dangers present themselves: (1) exclusion of osteopathic physicians on the panels of physicians in Cooperatives and (2) exclusion of osteopathic physicians in a 'Code' which may be adopted by the A.M.A. entitled 'Guiding Principles for Evaluating Management and Union Health Centers.'

"The Committee believes that little effort by the profession has been made, at any level, to create a favorable relationship with organized labor.

"The Committee believes that this situation should be corrected in the best interests of the profession.

"The Manual of Procedure (pages 244-245) is replete with policy and directives, to wit:

'E (12) Labor, industrial and institutional contacts shall be encouraged with the help of the committee chairmen. (Board—Chicago, July, 1950—p. 34; House—p. 41)'

'E (14) The Board shall transmit to the House a recommendation that all divisional societies be requested and urged to set up labor union contacts in order to promote osteopathic participation in labor union health and welfare programs. (Board—Atlantic City, July, 1952—p. 256)'

'E (15) Each divisional society shall appoint a committee on labor contacts which shall cooperate with and supplement the work of the American Osteopathic Association Committee on Labor Contacts. (House—Chicago, 1953—p. 35; Board—p. 263)'

'F (1)—A committee shall be appointed to formulate an immediate plan for action by the osteopathic profession for contacting and educating labor . . . (Exec. Com.—Dec. 1936—pp. 44, 45)'

'F (2)—The Labor Contact Committee shall formulate a program of definite procedure to contact organized labor through its leaders, editors, and attorneys. This program shall be submitted to the Division of Public and Professional Welfare for suggestions and ad-

vice, so that it may be coordinated with the general program of education. (Board—Cincinnati, July, 1938—p. 47; House—p. 29)'

'F (5)—Writers on osteopathic subjects are requested to give more consideration to the industrial field with appropriate articles of varied length for publication where possible in labor and insurance publications, in house organs of large industrial plants, and in such other media as are read by labor. (House—Dallas, June, 1939—p. 48)'

'F (8)—The Board of Trustees shall study the possibility of employing personnel to contact national union offices in order to secure osteopathic participation in the union health and welfare programs, and other union activities. (Board—Atlantic City, July, 1952—p. 256; House—p. 50)'

'F (9)—Each divisional society shall be requested to appoint a Committee on Labor Contacts which shall cooperate with and supplement the work of the American Osteopathic Association Committee on Labor Contacts. (Board—Chicago, July, 1953—p. 263; House—p. 35)'"

Dr. McKenna then presented the following recommendations which were adopted:

"1. That the previous policies adopted by the Association shall be implemented at the earliest possible moment by an aggressive program of the Bureau of Industrial and Institutional Service and the Committee on Medical Economics.

"2. That the Director of the Division of P&PW, the Editor and General Counsel cooperate in a program to implement adopted policy of the Association.

"3. That divisional societies be advised regarding the policy of the Association with respect to labor and be encouraged to initiate programs to create a better relationship with labor.

"4. That the House of Delegates be advised regarding this report and the action taken by the Board of Trustees on the recommendations."

## Rise In School Enrollment

CHICAGO (AOA)—Recent enrollment figures to osteopathic colleges showed that 518 freshmen were admitted this year, making this the second largest class since World War II.

Mr. Lawrence W. Mills, Director of the Office of Education, stated that applications were 28% higher than 1953-54 and 30% higher now than at this time last year.


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# Rheumatic Fever

PAUL H. RIBBENTROP, D. O.

Rheumatic fever and its cardiac complications so often fail to present a pathognomonic picture that this diagnosis has become a veritable wastebasket for illnesses whose signs and symptoms cannot be readily differentiated.

Extensive research and clinical studies during the past forty years to discover a specific organism causing rheumatic fever have all been unsuccessful. To date, the etiological factor of this disease remains unknown.

Clinical evidence strongly suggests a definite relationship between hemolytic streptococcal infections and the development of the rheumatic fever process. Similarly, hemolytic streptococcal infections occurring in rheumatic fever patients during the latent or inactive phase of the disease is followed (in approximately 50 percent) by activation of the disease process.

The close relationship between scarlet fever and rheumatic fever is well established and, similarly, upper respiratory infections in children often precipitate rheumatic fever. The epidemic forms of upper respiratory infections are, in a high degree, caused by hemolytic streptococci, and the carrier rate of similar organisms in young children is frequently observed.

There are no reliable figures of the incidence of rheumatic fever, because the disease is not reportable and, in many instances, its manifestations are so mild that a diagnosis cannot be established definitely. That it occurs frequently is indicated from reports of streptococcal epidemics, where from 3-6 percent of the infected population subsequently develops recognizable rheumatic fever. Since most people experience several streptococcal infections in a lifetime, it can be assumed that rheumatic fever is common but is not recognized.

More accurate information is available from studies of heart disease. It has been estimated that evidence of rheumatic heart disease occurs in from 1 to 6 percent of the population. Certainly, rheumatic heart disease is the most common cause of cardiac death in childhood and young adults. In the past it was believed that the incidence of rheumatic fever was greater in girls than in boys, but recent analyses suggest that the attack rate is essentially identical.

The initial attack of rheumatic fever usually takes place in childhood, being rare before 2 years and after 30 years of age. The peak of incidence occurs at about the age of 7, and from 8-15 years of age there is a rapid decline. Rheumatic fever attacks in the adults are frequently instances of recurrent infection. It is said that rheumatic fever "bites the hearts of children and licks the joints of adults".

Individuals having experienced one attack of the disease are predisposed to subsequent attacks. An estimate is made that 50 percent of patients will experience a recurrence within one year after their initial attack. Of those who do not experience a recurrence during this period, approximately 10 percent will develop one during the subsequent year. Recurrences are related to infections by group A streptococci, but all group A infections are not necessarily followed by a recurrence of the rheumatic fever.

So far as is known, no race or nationality is immune, and differences in racial susceptibility are not well defined. The Irish appear particularly susceptible.

In order to arrive at a definite diagnosis of rheumatic fever, certain criteria must be fulfilled and others ruled out. A careful history, a knowledge of differential diagnostic aids, and the proper use of laboratory tests all assist in arriving at a correct evaluation of the patiet's status.

Fever: The presence of chronic low-grade fever, especially with a co-existing

heart murmur, warrants the consideration of rheumatic fever. Tuberculosis, histoplasmosis, coccidiomycosis, and similar pulmonary systemic diseases, which may also present this picture, must be ruled out. Differentiation can usually be accomplished by roentgenograms and appropriate skin and blood tests. The teeth and gums should always be examined. Local or generalized skin or lymphatic involvements should be considered, as these can produce fever.

Joint pains, leukocytosis, and elevated sedimentation rate, in combination, also characterize rheumatoid arthritis. Differentiation is facilitated by the fact that frequently a markedly elevated sedimentation rate in rheumatoid arthritis occurs with mild symptoms, while in rheumatic fever it is usually associated with more active disease. Permanent joint damage is, of course, pathognominic of rheumatoid arthritis. Rheumatoid arthritis may be associated with a non-specific colitis. Patients with ulcerative colitis often show a rheumatoid-like syndrome. Of course, in some instances, the symptoms of rheumatic fever and rheumatoid arthritis may be so similar that their differentiation is impossible.

Heart Murmur: The presence of a murmur, without other stigma of cardiac disease, should be interpreted with the utmost caution. The very fact that so many patients suspected of having heart disease have, in reality, functional murmurs, indicates that there is no cause for alarming a family nor risking the initiation of a cardiac neuroses in the patient. In informing patients of the existence of a functional murmur, it is essential to point out that there is no need for worry nor restriction of activity, such as commonly prevails when the word "Murmur" is heard.

Other cardiac ailments may obscure the picture. Rheumatic and congenital heart disease may be confused with one another because of the similarity of murmurs, cardiac enlargement and history. The importance of a careful, painstaking history cannot be stressed too often. A differentiation of the disease may often be based on the time and manner of resolution of the initial illness.

Neuropsychiatric factors also may produce cardiac symptoms, with many of these stemming from undue emphasis placed on a functional murmur by a physician and parents.

Arrhythmia is a frequent presenting sign in cardiac suspects. It does not of itself constitute organic heart disease and by many schools is considered normal if the arrhythmia is the sole disturbance.

Respiratory disorders are so often associated with fever, diffuse muscle aches and pains, and functional murmurs, that they are commonly confused with rheumatic fever. Allergic asthma and rhinitis also may produce the same general rheumatic picture. A careful history, thorough study of the nose, throat, sinuses and lungs, and therapeutic

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response to the antibiotics or antihistaminics, may help differentiate these conditions.

Anemias: The triad of fever, joint pains, and murmur, synonymous with rheumatic fever, may also be caused by various types of anemia. Cardiac enlargement, tachycardia and even cardiac insufficiency are common in anemia. Therefore, in all cardiac suspects, blood studies are necessary to rule out anemia.

The coexistence of sickle-cell anemia and rheumatic fever is so rare that the presence of sickling practically eliminates the rheumatic diagnosis.

Where parasitic infestations are the cause of anemia, the presence of eosinophilia, parasites or ova in the stools, or larva migrans in the skin may serve as differential clues.

It may often be necessary to perform further hematologic studies before the true cause of an anemia may be determined. These tests may consist of bleeding and clotting time, clot retraction, number of platelets, fragility, packed cell volume, mean corpuscular volume, and bone marrow biopsy. Such tests will serve to differentiate rheumatic disease from dyscrasias including purpura, pancytopenia, and others associated with splenic enlargement.

Even after a careful consideration and evaluation of our known aspects, as pertains to rheumatic fever, a rigid set of diagnostic criteria is not possible at the present time, largely because of the absence of a specific test for the disease. As indicated above, in the discussion of differential diagnosis, it is seen that our assumptions must frequently be based on nonspecific clinical and laboratory findings which are similar to those observed also in other diseases. In the past, Jones wrote an article in which the diagnostic features of rheumatic fever were divided into major and minor manifestations.

The major manifestations as presented by Jones consisted of arthralgias, carditis, subcutaneous nodules, chorea and a history of a previous attack of rheumatic fever. A history of a previous attack of rheumatic fever can be a very definite or a most indefinite diagnostic feature, depending on the accuracy of the diagnosis and dependability of the history.

The minor manifestations as modified by the American Council on Rheumatic Fever consist of fever, elevated sedimentation rate, preceding streptococcus infection, prolonged P-R interval and epistaxis.

According to Jones' criteria, a diagnosis of rheumatic fever is justified in a given case if two major manifestations, or one major and two minor manifestations are present.

This is undoubtedly an excellent general guide but individual cases cannot be based on any mathematical formula and there must necessarily be a careful evaluation of each of these manifestations as well as the clinical picture as a whole.

Rheumatic carditis usually occurs in the child, adolescent and young adult in the early twenties. It may be denoted by pericarditis, heart decompensation, rapidly enlarging heart and signs of vascular inflammation. Pericarditis, disclosed by a pericardial rub or pericardial effusion is diagnostic, but occasionally so-called benign or nonspecific pericarditis must be differentiated. Congestive heart failure in children or in persons below the age of 25 is almost always associated with active rheumatic carditis if congenital cardiovascular disease can be excluded. After adolescence, heart failure due to rheumatic heart disease will be accompanied by signs of mitral or aortic valvular disease. A rapid, unequivocal change in cardiac size is also diagnostic and is really only confirmatory evidence of heart decompensation, or pericarditis. The development of an organic systolic or an organic diastolic murmur under observation is diagnostic of rheumatic carditis. Often however, it is impossible to determine whether the murmur is new or old, and uncertainty may exist as to whether a

systolic murmur is organic or functional. Since the carditis of rheumatic fever is a pancarditis, clinical evidence of pericarditis is likely to be accompanied by both heart failure and cardiac murmurs.

Under these circumstances, the diagnosis of rheumatic carditis is much more certain than in the presence of pericarditis alone, heart failure alone, or only a cardiac murmur. The general picture of carditis is characterized by tumultous heart action, with heaving precardium, exaggerated pulsations of the chest wall, tachycardia, loud cardiac murmur and embryocardia. Certain electrocardiographic abnormalities such as a prolongation of the P-R interval and perhaps a prolongation of the Q-T interval, may be regarded as supporting the presence of carditis when one or more of the above signs already strongly suggests the diagnosis. But in themselves they are too nonspecific to justify a diagnosis of rheumatic fever.

Arthalgia or arthritis, associated with fever, represents the most common early diagnostic manifestation of rheumatic fever, but also presents a great difficulty in differential diagnosis when there has been no previous attack and there is no cardiac lesion. When, in a child or young adult, there is polyarthritis with inflammatory changes which migrate characteristically from joint to joint and which responds dramatically to salicylates, there is usually no problem in diagnosis. But occasionally the arthritis involves only one joint or is as typical in other respects and must be differentiated from a host of conditions, some of which have been mentioned. In subjects below the age of 20 with a rheumatic cardiovascular lesion, arthritis with fever is almost always due to rheumatic fever. In the absence of a definite history of a previous attack of rheumatic fever or a cardiac lesion, it is usually due to rheumatic fever but care must be taken to exclude other causes of auricular or juxta-auricular pain. Among adults, however, arthralgic or arthritis, even in the presence of a rheumatic valvular lesion, is not uncommonly due to diseases other than rheumatic fever.

Subcutaneous nodules, located characteristically over the elbows, malleoli, dorsum of the hands, patella, skull, spines of the scapula and vertebrae, are specifically diagnostic of rheumatic fever. However, they occur in only a minority of cases and are almost always associated with carditis and other manifestations of rheumatic fever which are more apparent and more likely to lead to the diagnosis.

These nodules should be sought carefully, because they serve to confirm the diagnosis in a case in which the presence of rheumatic carditis or arthritis is otherwise uncertain. Rarely, subcutaneous nodules may be the earliest or first apparent diagnostic sign of rheumatic fever.

Erythema margination or annulare is likewise probably specific for rheumatic fever, occurs in a minority of cases, and is usually associated with one or more of the major manifestations of rheumatic fever. Therefore, it usually serves as a specific confirmatory diagnostic sign.

Chorea minor (Sydenham's chorea) is considered the fifth major manifestation of rheumatic fever, since the great majority of children with chorea have or will eventually develop rheumatic heart disease. However, it is observed in relatively few cases. Furthermore, there is evidence of a nonrheumatic, possibly psychogenic chorea in children which differs from the rheumatic variety in that there is no family history of rheumatic fever, there is no preceding respiratory infection, and there is a normal sedimentation rate and leukocyte count during the attack. The C-reactive protein was found to be absent in cases of typical Sydenham's chorea.

A previous history of rheumatic fever does not have the same diagnostic significance as the presence of any one of the conditions which have been presented as major manifestations. Critical evaluation of such a history is essential. If the history is acceptable, it should

lead to extremely careful observation of the patient for evidence of recurrence and should increase the index of suspicion of active rheumatic fever whenever the patient is ill. But the actual diagnosis of rheumatic fever must ultimately be based on the manifestations of the present illness according to the criteria mentioned.

The features termed minor manifestations may be classified into two groups. One, including abdominal pain, precardial pain, epistaxis and pulmonary findings and perhaps pallor and fatigability in a child, serve at most to arouse suspicion and to initiate observation for possible rheumatic fever.

The definite diagnosis, however, depends on the presence and evaluation of the major manifestations. The other group of minor symptoms includes fever, leukocytosis, increased rate of erythrocyte sedimentation, high titer of antistreptolysis or antihyaluronidase, or presence of C-reactive protein, are very nonspecific findings which denote rheumatic activity provided a diagnosis of rheumatic fever can be otherwise supported on the basis of the major manifestations. On the other hand, absence of fever and rapid sedimentation rate, and negative tests for antifibrinolysis and C-reactive protein, except during treatment with certain drugs, would almost always exclude the diagnosis of rheumatic fever.

The maintenance of strict diagnostic criteria results in maximal accuracy in the study of the characteristics of the disease, and especially in the evaluation of therapeutic agents. If the criteria are too liberal, the possible advantage of inclusion of a greater number of cases of rheumatic fever is by far outweighed by the danger of labeling as rheumatic fever benign conditions which subside spontaneously w i t h o u t complication. Such a false label is unfortunate because of the serious implications of cardiac damage and because of the restrictions of activity and psychologic disturbances that attend a diagnosis of rheumatic fever. Too strict criteria, on the other hand, are disadvantageous when there is an effective method of prevention or treatment, the benefit of which may be withheld from a patient with rheumatic fever whose symptoms do not quite satisfy the criteria.

Liberalization of the criteria of rheumatic fever may, therefore, be indicated if prophylaxis with antibiotics is proven to be practical as well as effective and if treatment with ACTH, cortisone or other agents proves capable of shortening the disease or preventing or minimizing cardiac damage.

Rheumatic fever is a recurrent disease which can be prevented. It is now generally agreed that both the initial and recurrent attacks of the disease are usually precipitated by infections with beta hemolytic streptococci. Therefore, the prevention of rheumatic fever and rheumatic heart disease depends upon the control of streptococcal illnesses. This may be successfully accomplished by (1) early and adequate treatment of streptococcal infections in all individuals and (2) prevention of streptococcal infections in rheumatic subjects. Three percent of untreated "strep" infections are followed by rheumatic fever, which is responsible for most of the heart trouble in children and a large share of cardiac problems in early and middle adult life.

Statement on Preventation of Rheumatic Fever, AMERICAN HEART ASSOCIATION.

BIBLIOGRAPHY


1. Brazelton, T. B., Holder, R., Talbot, B.: Emotional Aspects of Rheumatic Fever in Children: Journal of Pediatrics 43: (Sept.) 1953.
2. Committee of The American Rheumatism Association: Primer on the Rheumatic Diseases: 1949.
3. Elghammer, H. W.: Prevention and Treatment of Rheumatic Fever, Ill. Med. Journal 104: 187-189 (Sept.) 1953.
4. Friedberg, C. K.: Criteria For The Diagnosis of Rheumatic Fever and Rheumatic Activity, A. M. Pract. 4: 537-539 (Aug.) 1953.
5. Harrison, T. R.: Principles of Internal Medicine: 1950.
6. Jones, T. D.: The Diagnosis of Rheumatic Fever. J. A. M. A., 126: 481, 1944.
7. Saslaw, M. S., Hernandez, F. A., Werblow, C. S.: Conditions Clinically Confused With The Rheumatic State, Journal of Pediatrics 44: (April) 1954.

# Osteopathy Needs Symbol — Darland

CHICAGO (AOA)—With at least two generations of graduates who did not know Dr. A. T. Still, the osteopathic profession is organizationally in the midst of considerable transition.

This observation was made by David Darland, Ed.D., who was interviewed for comment as he began his third year as Director of the AOA's Division of Public and Professional Welfare.

Dr. Darland, who has visited and counseled with most of the divisional societies since assuming his position, elaborated that the profession's father symbol, namely Dr. Still, is no longer the strong cohesive force it was in the past and that another unifying symbol has not yet been agreed upon by the profession.

"The refusal to accept this fact probably is contributing to much confusion in the thinking of many, both within and out of the profession," he said.

He added that it has been the negative factor of prejudicial attacks from outside the profession which has created considerable unity within the ranks. "Although we might be grateful for this rather uncontrolled unity produced by external forces, it is hardly the type of optimum unity to be desired."

Taking an overall look at the profession itself, he commented that several strong nuclei have developed, each with its own particular dogmatic definition of terms and outlook towards the osteopathic philosophy of medicine.

He added that this has led to a great deal of indecision on important intra-professional issues, and has tended to become an accepted pattern in too much of our organizational thinking.

The result is that sincere people are often rendered incapable of reflective thought in terms of principles and problems. Their creative time is thereby "wasted in a great deal of talk about things rather than issues."

"Close-minded arguments over approaches and definitions are symbolic of the drifting tendency of minority movements when in a severe transitional period," Dr. Darland said.

He explained that in his opinion the time is ripe for osteopathy to re-dedicate itself to some rallying cause and to do so means more vigorous adherence to the basic philosophy of its founder, who held that the search for truth was the heart and soul of the osteopathic school of medicine. "The profession needs to project the best of its heritage."

"Such a re-dedication," he said, "would give rise to a more vigorous, active symbol of social morality and possibly curb the further relegation of health to the position of a commodity. Organized osteopathy has been too quiet about its long history of battling those who consider health their monopoly."

Dr. Darland emphasized that health is the inherent right of all men. One appropriate symbol might be to establish the search for health as the central theme of the osteopathic profession.

"Socrates taught that one should follow the truth wherever it may lead," he said. "Dr. Still was definitely an adherent of this doctrine. He believed in improvements and refinements. There was nothing static about his philosophy. Dr. Still did not say 'follow me' but rather, 'search for and follow truth.' "

He stated that this profession has an all important choice to make between a sincere re-dedication to a unifying purpose or drifting into deterioration and oblivion.

"One choice is socially moral, the other is immoral if you know better . . . and, amoral if you don't," he said.

"However," Dr. Darland concluded, "this dilemma the profession faces shouldn't shock anyone since the entire world is presently faced with a similar problem!"

# AUXILIARY NEWS

### Auxiliary District Two

Dr. Phil and Ruby Russell are back from their European travels. They had a trip all of us dream about, visiting ten different countries. They ate all sorts of different foods and Ruby admits that some of the time she didn't know the name of the delicacies or she might not have started, let alone finish the meals. They had a fine visit with their son, Lt. Col. Roy D. Russell and his family in Belgium, who went with them on part of their travels. Ruby brought home several beautiful things, particularly a gold table cloth and napkins from Belgium. She bought a brass chandelier for her dining room but her son is sending it to her. Ruby's eyes sparkle when she tells of all that they saw. Phil says that for the first time in forty years he never once got away from Ruby for the whole six weeks. But Ruby says she wasn't taking any chances in getting lost in those strange places, not knowing their language. They were strange to Phil too, but knowing Phil he would find his way!

Dr. and Mrs. Jerry Carr will be home soon. Dr. Carr had surgery at Mayo's and we are happy to report all went well.

Dr. and Mrs. Roy Fisher, Dr. Phil Russell and Dr. Charles Curry went to the Surgeons Convention in Washington, D. C. Dr. and Mrs. A. L. Karbach also went, taking their three children and had a fine time seeing historic Washington, D. C.

District 2 has adopted a family. It was decided that instead of making this a project just at Christmas time we would make it a permanent project. This family is certainly a needy and worthy family with seven children, 2 years to 14 years. The father had a heart attack with other complications almost a year ago, and since that time is unable to help in any way. After the girls visited them, they feel that this is quite worthwhile. Each monthly meeting a collection is taken of the loose change the doctors and their wives have in their pockets, and food and clothing is given as each one can do so. The Christmas spirit is a beautiful thing, but so often we forget that once Christmas is over many still face meager pathetic days.

Drs. Noel and Virginia Ellis and Dr. Noel's mother came back from a trip to California where Dr. Noel took advanced Gynecology Surgery and Dr. Virginia took a Pediatric's course. They stopped for five days in Las Vegas, which also proved to be exciting and educational too.

A Happy Thanksgiving visit to you all.

• • •

### Auxiliary District Five

Dr. and Mrs. Leslie McClimans are the parents of a 6 lb., 10 oz. baby boy, born, October 28, 1955 at D. O. H. He has been named Gregory Scott. The McClimans have three other children.

Drs. Joe DePetris and Lester Cannon attended the National Convention of A.C.O.I. in Detroit last month.

Dr. and Mrs. Walters Russell recently visited Mrs. Russell's parents in Pennsylvania.

Dr. and Mrs. Grover Stukey of Port Arthur, Texas, were over-night guests of Dr. and Mrs. Malcolm Shell the first of the month.

Dr. and Mrs. M.V. Gafney returned November 9, after visiting southern states, on to Washington to the College of Surgeons Convention and back through New York.

Dr. Malcolm Shell attended the convention in Washington and on to visit his parents in Portland, Maine.

Dr. and Mrs. George Miller also attended the convention in Washington.

### Auxiliary District Six

Members of district 6 have been enjoying a once a month social event. Dr. and Mrs. Ralph Cunningham entertained in their home October 29 with a delicious after the game snack.

November 12 a potluck supper was given at the home of Dr. and Mrs. Don Young. The display of food was enough to make everyone vote for potluck every month.

The next date on the calendar will be a Christmas dinner dance at Golfcrest Country Club. Arrangements are being made by Mrs. Victor Zima and Mrs. Warren DiSantis.

*By* MRS. J. S. CARPENTER

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## They Serve
## Dr. Benner—Soldier to Civic Leader

Service is a way of life for Dr. Henry I. Benner.

He did one stint as an infantry lieutenant in Japan. Casting about for a postwar career, he decided on medicine, "because a doctor can help people."

It was only natural that Kiwanis work would attract the osteopathic physician. He is president (the first) of the Mid-Cities Kiwanis Club, enthusiastically backs its boys' welfare program.

A Pennsylvanian, Dr. Benner, 29, chose Texas because "fellow scientists from Texas always bragged about their state. The others used to knock their states."

After interning at Fort Worth Osteopathic Hospital, the young medic moved to Hurst in July, 1954. He's proud as a native of the "Golden Triangle," Hurst-Euless-Bedford.

Fond of sailing and golf, he mourns that he has time for neither. But he's hopeful of resuming, especially since he began to gain weight.

Mrs. Benner is a hometown sweetheart from Perkasie, Pa.

## KCOS Awarded $25,000 By National Heart Institute

A grant of $25,000 for extension of training in diseases of the heart and arteries has been awarded the Kirksville College of Osteopathy and Surgery by the United States Public Health Service. This marks the third time the College has received a training grant in this field.

A unique feature in the grant this time is that it is awarded with an extension for an additional year. This means that without application, the College will receive the $25,000 for training in this field for next year.

It is under this program that the series of regularly-scheduled clinics for the detection of diseases of the heart and arteries have been held at the Kirksville Osteopathic Hospital. Coordinator of the training program is Dr, R. McFarlane Tilley, chairman of the division of practice of osteopathic medicine at the osteopathic college.

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## Pressure and Worry Cause Heart Attack

CHICAGO (AOA)—We human beings must slow down—fast. Unless we do, the city folks of this generation are sentenced to suffer increasing attacks of the kind that felled President Eisenhower.

This is the dictum of a congress of European neurologists that got under way during the President's convalescence.

Why does a man with a heart judged sound by a cardiogram suddenly collapse with a blood clot?

It's because of the unremitting pressure of five new enemies of the heart, Prof. von Wicht of Bad Munster said.

The five killers that he named responsible for leading to more heart ailments were speed, mania for production and consumption, anxiety, harassment by lights, annoyance by noise.

# NEWS OF THE DISTRICTS

## DISTRICT ONE

Dr. Lester J. Vick, president of the Kirksville Alumni Association, attended the Founders Day Program recently. He met with the Executive Committee of the Alumni Association and the Board of Trustees of Kirksville College.

Dr. Earle H. Mann is attending a meeting of the American College of Osteopathic Surgeons in Washington, D. C.

Dr. Charlie Gnau of Phoenix, Arizona, spent a month recently with Dr. Vick, doing some brush-up work in Proctology.

Dr. E. W. Cain enjoyed some deer hunting in Colorado last month.

Dr. and Mrs. J. Francis Brown attended a meeting of the National Glandular Society, held recently in Mexico City. They joined several other members in Dallas and the entire party flew to Mexico City. They enjoyed a side trip to Acapulco and other points of interest. Dr. Brown brought back a very authentic picture of himself and Dr. Hal Perry of Hollywood, California, alongside a 110 lb. fish. However, there seems to be some "Doubting Thomases" in the vicinity of Dr. Cain's office, next door.

J. Francis Brown, D. O.

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## DISTRICT SEVEN

Dr. Moshiem was host to the mid-monthly staff social. He had a film (closed circiut telecast) on hypertension. This was an interesting meeting as well as an entertaining one.

Dr. and Mrs. H. H. Edwards are the proud parents of a new girl; Mary Melissa is her name.

Dr. Gordon Beckwith is sporting a new Buick Super.

Dr. and Mrs. I. T. Stowell visited in Michigan the first of the month.

Dr. and Mrs. H. A. Beckwith spent two weeks in Florida, vacationing and came back well rested and ready for work.

Dr. and Mrs. Gordon Beckwith attended the annual Surgeons' Convention in Washington, D. C. Dr. Gordon was one of the speakers on the program.

Dr. L. C. Edwards took a hunting trip to Colorado; haven't heard the results as yet.

We are still working on our Hospital Campaign. Hope to wind it up in December—that is, the intensive part. One never stops in this kind of work. It's like the Living Endowment of O.P.F. I think Fort Worth showed us all that.

We are having to have our November mid-month meeting early. Everyone practically has a deer lease and when that happens, all meetings are off for some time.

Some of our doctors are already making plans to attend the Public Health Postgraduate Lecture in Dallas December 1, 2, 3, 1955. Again, we want to thank Dr. Elmer Baum and his co-workers on making this possible.

I had the pleasure of visiting my parents and relatives in Reading, Penna., the beginning of the month. It was the first time in 25 years I visited Eastern Pennsylvania in the Fall. It was beautiful.

Waldemar D. Schaefer, D. O.

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## DISTRICT EIGHT

To all the friends of Dr. Brune—Dr. Bob is still on the inactive list. Drop him a card or letter.

The Burtons have enlarged their family by two! Proudly adopted sons: David Allen, 6 months, and Michael Lynn, 2½ months. Congratulations!

Dr. Burton's Whitehouse Pier is about ready to open. We in Corpus

Christi wish him success. We are awaiting the open house (on the house, we hope).

Dr. DeShong, president of District 8, is pleased to report that his district has launched an early campaign on Christmas Seals. Many seals have been ordered by the men of district 8. We hope to exceed our quota of public participation in this campaign.

Dr. Earl Elsea, the hunter of the 8th, reports a "full hand" on ducks and doves. He bagged the limit for ducks on Wednesday A. M., picked up his second wind and brought home the limit for dove on Thursday afternoon. Better luck next time!

Dr. Rich is no longer expecting—he gave birth to a 6 lb. 10 oz. boy, Steven Martin, on October 26 at 2:41 a. m. Mother's doing well; baby doing well; Father—eh!

Dr. C. R. Woolsey is expecting for the second time (to be a grandfather, that is). It should happen this month.

Drs. Tom Bailey and Merle Griffin made the Washington, D. C. meeting of the American College of Surgeons and Anesthetists October 29. Dr. T. M. traveled via Norfolk, Va., for a brief visit with sister and family.

C. C. Osteopathic Hospital, recently repainted and air conditioned, is now to start refurnishing all the patient rooms. Only progress is tolerated among this group!

The writer visited Aransas Pass Hospital late the evening of November 3 and, as usual, found a full house! The Aransas hospital, without doubt, is a much needed and appreciated addition to the community.

A. B. TIBBETTS, D. O.
Secretary, District 8.

## Operate on Brain By Use of Sound Waves

CHICAGO (AOA)—A new method of brain surgery—employing inaudible sound waves—is out of the experimental stage.

Prof. William J. Fray, head of the bio-accoustical laboratory of the University of Illinois, who previously conducted his experiments on animals, reported here that this type of surgery is now available for the treatment of humans.

The new method, which is expected to work in brain cases that have been inoperable in the past, eliminates damage to healthy brain tissue, Fray stated.

The only incision necessary is removal of a section of the skull bone. The method then makes use of intense, high-pitched sound waves that are focused on damaged parts.

The amount of cells to be destroyed can be accurately controlled since the waves can be beamed on tissue anywhere in the brain.


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