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EDITORIAL PAGE

Warning

The Texas Hospital Licensing Act is now in effect.

Any institution, which keeps bed patients 24 hours or more, must secure a license from the Texas State Board of Health.

Each hospital, listed as a hospital by your association and all clinics keeping patients over 24 hours should have received an application for license from the State Board of Health. If you have not received an application, write for one immediately.

It is imperative that you promptly complete the application and return it, with the required fee, as beginning January 1, 1960 you are in violation of the law unless it has been sent in.

Upon receipt of your application, the State Board of Health will issue you a temporary permit which will be effective until such time as a state inspector visits the institution and either approves it or makes recommendations as to changes which must be made before approval can be granted. If changes are recommended, you will have one year in which to comply.

The requirements, under the law, are that the institution must meet certain standards of sanitation, fire prevention and safety.

We urge those operating hospitals to comply with the Hospital Licensing Act by immediately making application for a license and to promptly carry out any recommendations made by the state inspector at the time of his inspection.

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A Message From the President

Now that my term of office is better than half over, I look back, in my own mind to see if I have done all I could to help the doctors of osteopathy, in any way I could. Have I spent my time in any futile efforts, as you know it costs you and me, also. I can assure you that I have tried my level best to do things for you and to help others know the term called "Osteopathic Physician and Surgeon."

Our annual, good seminar program was held in Dallas this past week. This program is sponsored by the Texas State Board of Health of which Dr. Elmer Baum is a member. Dr. Baum did a very good job of programing and those who attended, really went home with an enthusiasm to do better and more work. Those who did not attend really missed something, so—let's get together next year and make this a "must"—you'll enjoy it.

Following the seminar, we had a very informative meeting of the Texas board of trustees. We mapped out some projects which we plan on forcing the issue, to make the plan work, not just "move and second, then let it die." So maybe we have the start again to go ahead. You know that if some problem presents itself, which may have a bearing on how and why we practice, and to not have any worries, we get docile, whereas we should keep up on our toes and keep fighting.

When we become satisfied, the concrete has begun to set.

Let me enumerate some of the things we are particularly interested in: O.P.F., Councilman Project, Vocational Guidance. These three along with a liaison committee which will, I hope, tend to make a better understanding between all the doctors in specialty groups and the osteopathic general practitioner. Also, each board member has promised to have special articles written up for the journal.

Our scholarship committee also is working hard to get things in line so that we will be able to get this project functioning.

Now to other things, especially those that pertain to the coming year. You know that all biographies are interesting, even though many are badly written, and some of them far from telling the honest truth. But time, who writes everything exactly as it happens, doesn't make an exception when he writes about a life. And so, in the book of time—each year a volume—you have a record of all that you have done and been. Time is no respecter of persons either. He writes a world history as no other has ever attempted. Each page that he writes becomes a measured year.

It is what we think, what we do, and what we fail to think and do, that

he records faithfully and true to the facts.

The one thing that makes the new year so full of cheer is that it comes to us fresh. It is full of the promise of new beginnings, better beginnings and happier ones. Time won't rub out anything from the past record that he has written, but he will gladly record every improvement over that record!

I am glad that the first day of each year is looked upon with hope and is greeted as a happy new year—at least that is the wish. Father time, therefore, is good and kind. He starts his story about you by wishing you a happy new year, before he has written a word in his new biography of the year about you.

The start of anything is always inspiring. Make this new year the most inspiring of your life. Think new. Live new. Plan new. Expand yourself. The more we do that is useful, the better we understand ourselves, and the more incentive we have to do something better. Make this new year one in which you learn more. If we learned no more than to profit from the mistakes we have made during the year that has just gone, we would do

well. Time would be glad to write that achievement in red letters in his biography of you. Give him the chance!

So saying—here's to a brighter and better year for osteopathy.

RAYMOND D. FISHER, D.O.
President T.A.O.P.S.

ETHICS

A letter from one of our members calls our attention to the following news brief from Medical Economics—

"DON'T SAY YOU'RE 'DR.': The A.M.A. wants physicians to use M.D. after their names instead of Dr. before. That's so the public won't confuse Doctor of Medicine with other 'doctor' designations."

It is to be hoped that the membership recognizes that the law in Texas makes this mandatory. How much better public relations can be had by telling the public just what you are and then what you can do. If we have any reason to be D.O.'s at all, we should be proud of the fact and publicize it at every opportunity and then tell the public just what the degree D.O. stands for.

CHILD HEALTH CLINIC

The 8th Annual Child Health Clinic will be held in Fort Worth, Texas in the Texas Hotel March 11, 12 and 13.

This is an accredited post graduate training course according to the American College of Periatrics and the Society of the American College of General Practitioners in Osteopathy, Medicine and Surgery.

For two days 400 children are examined and on the third day, March 13th at the General Practitioners meeting the problem cases are presented along with several informative lectures.

General Chairman is Dr. A. L. Karbach, 316 N. Central, Arlington, Texas. Program chairman in charge of problem cases is Dr. M. E. Johnson, 1001 Montgomery St., Fort Worth, Texas. If you wish to present any cases please contact him.

All Osteopathic Physicians and Surgeons are invited to attend.

Ultrasonics—Therapy and Diagnosis

JOHN J. LATINI, D.O.

INTRODUCTION

Modern therapy is no longer merely a matter of Galenic Drugs and their effects, or surgery and bandages. New tools have been usefully applied. As knife and forceps in surgery, the chemical agent in chemotherapy, the high frequency electric field in diathermy and X-ray application, so has medicine taken on a new physical tool in the last decade, the ultrasonic field.

DEFINITION

Ultrasonics . . . What is it?

Ultrasonics and ultrasound are the same thing. Ultrasonics defines sound waves propagated at a rate greater than the human ear can discern, usually above 20,000 oscillations per second. A sound wave generator can be compared with a syringe. When the plunger is pushed down, a pressure zone is created ahead of the plunger and when it is pulled back, a suction or vacuum is formed. Thus, the molecules of the air are alternately put into a state of "pressure" and "suction."

Sound waves that have a frequency greater than 20,000 oscillations per second are called Ultrasound. Most therapeutic devices have a high rate of one million oscillations per second. At this frequency, the waves will not travel through air at all.

One might ask, how are these rapid waves produced. In 1880, Pierre and Jacques Curie found that when quartz crystals were placed under a mechanical strain, their surface developed electrical charges. It later appeared that the reverse was true also, and that if electrical charges are applied to the surface of a crystal, mechanical vibrations will be formed. This is known as the piezo effect.

Thus, when a properly cut quartz crystal is placed in an alternating electric circuit, mechanical vibration will

be produced at the frequency of the alternating current in the circuit.

DISCUSSION

A lucid description is given by Schwan and Carstensen. The individual particles, constituting the part of the medium made to oscillate mechanically are rhythmically bunched together and pulled apart. Alternate condensation and rarefaction is produced and pressure nodes and pressure antinodes. The living cell is moved a distance of 3.1 cm-6. The living cell is semifluid and is embedded in a semifluid or fluid environment. Compared to the range of motion, the size of the cell is very large. The living particles are moved through a distance of 10 millimicrons at the frequency of the ultrasonics field, that is about 1 million times a second. Hueter points to the possibility that the accelerations may cause different relative movements between cell components of different mass or of different rigidity, such as chromosome spindles and membranes. Dognon observed the turbulent movements of the cell content under the microscope and noted the fact that the original anatomical arrangement is restored provided the ultrasonics intensity remained under a certain threshold. At first glance, these things look dangerous.

One fact, however, must not be overlooked, that is the infinite brevity of these accelerations and pressure changes. Biological reactions need time, they are too slow, too inert to respond to such brief events, which reverse the direction every millionth of a second, provided that the range of motion distance does not destroy the vital connections of the matter. This is, however, not the case below the level of cavitation, which does not take place in living tissues at the intensities used

in medicine. Actually, these very transients events have not too much practical importance for biological reactions under therapeutic conditions.

Sufficient evidence is at hand to prove that the characteristic physical factor having outstanding importance in biological reactions is the intensity of the field. The intensity is, of course, independently variable from the frequency. For example, a piano string when struck can produce a loud or a soft tone, the intensity of the volume depending on force of the blow as it produces greater or smaller vibrations of the string, frequency depending on the length of the chord; both high and low pitched tones can be produced loud or soft, but each tone having identical frequency of vibrations. Any statement about Ultrasonics which omits information regarding the intensity is valueless. Therefore, dosage is based mainly on intensity. In X-ray therapy, after many years of research, an exact dosimetry "R" has been established. This point of development has not yet been reached for Ultrasonics.

Behavior of Ultrasonics field within the tissues will be reviewed.

At the frequency used in medicine, the Ultrasonics field has the shape of a truncated cone. It is possible to aim effectively at deeply situated parts and organs with such a beam like field. It is often possible to reach nerve trunks such as parts of the branches of the trigeminal nerve in the treatment of neuralgia. This fact requires the necessity of observing the anatomical data more closely than in other physical therapeutical modalities. Irregular reflection and scattering within complicate living structures occur to a certain extent. However, while stray radiation and secondary radiation produce problems of protection in X-ray therapy, such effects are not found in Ultrasonics.

The Ultrasonics beam carries a high power on relatively small areas making it a very energetic modality. Unlike

radiation such as X- or gamma rays which introduce an unphysiological stimulus, Ultrasonics causes physical effects which the living structures are accustomed to receive, such effects are pressure and temperature changes and force of acceleration.

The immediate physical effects produced within the living tissues are limited to the Ultrasonics field, to this cone or beam of energy. All effects of any sort observed outside of the Ultrasonics field are due to the physiological reactions of the living organism, secondary effects to the physical events occurring in the treated area.

Ultrasonics is attenuated in passing through organic structures, and the more highly organized the structures are, the greater the attenuation. Therefore, in contrast to short wave diathermy, the attenuation is higher in muscle than in fat tissue. X-rays are attenuated to an equal extent in all the various soft tissues independent of their histological structure, while even minor structural changes modify the Ultrasonics attenuation. Hueter found the absorption of Ultrasonics in muscle depends on the direction of incidence of the sound relative to the orientation of the muscle fibers. Wilds observations make it probable that malignant tissues produce Ultrasonic attenuation different from normal tissues of the same type.

Though having a rather high attenuation, Ultrasonics can be transmitted through the human body to reach all parts for therapeutic, diagnostic or experimental purposes, except where gas filled spaces interfere, on which interfaces Ultrasonics is totally reflected. In contrast to that, X-rays pass gaseous media with practically no attenuation.

There is a definite minimum threshold which must be used, below which no effect at all occurs. The exact threshold has not yet been established. Zach found that even very low intensities may influence autonomic regulations of the organisms.

Of great practical importance is the knowledge of the maximum intensity which is tolerated without producing a damaging effect. This threshold is well established. For practical purposes, intensities of not more than three watts per square centimeter can be considered as safe, provided a technique is used in which the treating head is in continual movement. Pain is the best practical safeguard; if no immediate pain is produced during the actual application, no damaging effect need be expected, provided, of course, that the exposed area has a normal pain sensation. In case of interrupted energy application (pulsed sound) a higher intensity is safe.

Any late effect which would occur days or weeks or longer after application and would parallel the delayed harmful effects produced on body tissues by exposure to the ionizing radiations from radium, radon or X-rays is not found in the Ultrasonics. Apparently Ultrasonics has no cumulative effect in this sense and affects the cytoplasm more than the cell nucleus.

To be very critical one might speculate that even a very small area of destruction could be dangerous if such an area is situated in the conduction system of the heart or of important pathways of the central nervous system. Such a reaction has never been observed clinically, but might be advisable to avoid treatment of the regions of the heart and of the central nervous system unless special protective measurements are taken, lower intensity, quicker field movement, beam pulsing, and only when special indications warrant this minimal risk.

Another speculation appears to be of no practical significance either: the parenchyma of internal organs such as liver, kidneys, brain is insensitive to pain. So pain would not be felt even in case of localized overdosage due to interference of waves. But because of the high attenuation in the tissues which the sound has to pass before

reaching these organs, an untoward effect is not to be expected in not more than 3 watts per square centimeter is applied on the surface of the skin. The question of danger would be quite different if cavitation or pseudocavitation occurred in living tissues under the usual conditions of therapy. Cavitation is the formation of free spaces in the medium produced by separation at the points of rarefaction. Pseudocavitation is the formation of gas bubbles produced by liberation of suspended gas. Such cavities could produce peaks of far greater intensity than those produced by ultrasound without cavitation when these spaces or bubbles collapse during the phase of condensation, which follows the phase of rarefaction. That would mean a kind of local explosion. Impressive chemical effects of Ultrasonics, such as destruction of macromolecules, luminescence, etc. are based on this effect.

Ultrasonics proves to be a locally applicable stimulation, producing increase of circulation, within the Ultrasonics field, stimulation of local metabolism in addition to the effect of temperature increase. It has a neural effect, analgesic, spasmolytic and is apparently a direct effect on nerve conductivity. Ultrasonics differs from locally applied heat in that there is a difference of distribution of heat produced in tissues and the additional mechanical effects of Ultrasonics such as increase of membrane permeability.

Tissue treated by X-ray seems to become oversensitive to later Ultrasonics irradiation. An area treated by X-rays should not be treated by Ultrasonics during the following six months. Conversely, Ultrasonic treatment seems to prepare tissue for a good X-ray effect.

THERAPY

INDICATIONS

In the following pages we shall limit our observations of the possibilities of ultrasound waves to experiences in a sufficient large number, and supported

by others. Included are diseases known to have had poor results with other methods. An exact demarcation of indications cannot be expected until additional years of critical evaluation will permit more positive conclusions.

Neuritis: Indication for ultrasonic waves included according to present knowledge all kinds of neuritis, except that of the optic nerve. Results show that with adequate doses these waves produce an excellent analgesic effect. Its pain relieving quality is proportionate to applied dosage and correct technique, but is often initiated by a temporary or short-lasting rise of pain. There was no similarity to the effect of x-rays as shown by a series of treatment. In most instances the ultrasonic response is rapid, even following a first treatment; usually it is temporary. There were cases which reacted after 15 to 20 treatments with lasting, positive result, which had not shown improvement during the first ten treatments. It proved more helpful not only to irradiate the painful areas, but in addition to treat the nerve roots with a massaging technic. The period of observation since the given treatments is not long enough to be able to interpret the permanency of healing effects. In all instances, however, an improvement with only one exception, resulted.

Arthritis deformans; and associated inflammatory reactions of the joints and tendons. It is possible to obtain very

encouraging results in spondylarthritis ankylopoietica (Bechterew's disease). Treatment of relatively small group of arthritis of the extremities demonstrated good results, which seems reasonable to understand since the pain is not caused by the deformations themselves, but by the associated chronic inflammation, and relieved by the analgesic effect of these waves. In order to obtain this immediate and lasting action it is necessary to not only irradiate the affected joints but also the nerve roots and main nerves of the concerned extremities.

Nonspecific Inflammatory Reactions: In this category good results were obtained with small dosage of ultrasonic energy in many acute inflammations, such as mastitis, boils, whitlow, hydroadenitis. Here again, a striking, quick relief from pain can be evoked, which is far more prompt and enduring than experienced with x-ray therapy. Furthermore, there is the tendency of rapid healing of inflammatory processes, thus often inhibiting the genesis of an abscess. Here, it is essential to use low doses between short intervals.

Specific inflammations: (Lymphoma colli). Not only adults, but children and infants were treated with ultrasonic waves with surprisingly good results. Children and babies received two or three treatments with lowest dosages, sufficient to effect complete regression within 10 to 14 days. Less effective

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was the reaction in chronic and fistulating states. The fistula closes rapidly after the secretion and nodes had diminished. In one instance of a more than one year old fistula, there was improvement and decrease of fistulation, but with incomplete healing. In a case of multiple tuberculosis of the bone, the knee was treated with ultrasonic waves while the other bones irradiated with x-ray. The swollen knee speedily decreased in size, but there also was definite improvement of the other bones treated with x-ray under immobilization. Accordingly, it seems difficult to decide whether ultrasonic waves had a major or merely a supportive part in the healing of the knee. This is mentioned in order to stimulate research in this medical problem.

Indolent Ulcers of the Leg: A remarkable healing tendency of indolent ulcers under immobilization and treatment with ultrasonic waves which has also been described by other authors. Ambulatory patients with small ulcers were treated without immobilization and with good results, but large ulcers had no convincing results until they were immobilized. Surprisingly, the ulcers showed a remarkable swelling after and often bleeding during treatment which was routinely given under a water technic. The skin of healed ulcers manifested a characteristic difference in the surrounding skin as compared to those treated with other measures. If healing is due to ultrasonic waves, the skin over and in vicinity of the former ulcer would appear pink, fresh and well nourished; whereas in the conservatively treated the areas would look gray and the skin thin and dry, a fact which well differentiated the healing characteristics between ultrasonics and conventional measures. In ambulant cases with small ulcers, the ulcers under treatment would develop a rather thick crust and assume after several weeks an appearance of retarded healing; but if or when this crust was removed a smooth

scar was found underneath. Perforating ulcers of the feet showed the same good results. They react with an initial hyperkeratosis and slowly but consistently decrease in size to normal state. Patients were especially happy to experience the loss of pain and the return of good circulation. These facts usually add to speedy healing by making the patient walk earlier.

Angiospasm: Painful cold hands and their livid discoloration, especially aggravating during the night, would disappear after few ultrasonic applications. Those cases were not only treated locally but also included the ganglia. It should be mentioned, however, that repeated and powerful applications of ultrasonics to the cervical ganglion may cause a definite feeling of general malaise and uneasiness in the cardiac region. In one case this feeling lasted for a few days. In another over one week. In both instances these symptoms disappeared and resulted in disappearance of the symptoms. A third case had had treatment of the ganglion because of an arthritis of the shoulder joint. Here the pain was diminished only. However, general malaise and uneasiness in the heart region persisted for over 8 days.

Prostatitis: Some saw transient improvement with diminished secretion but no evidence of permanency. The quality of amelioration obtained was perhaps more lasting but without any definite healing. Some used the contact method with liquid paraffin and Horvath employed a special chair for under water treatment, which he especially designed for these cases.

Malignant Tumors: Until now efforts to destroy tumor cells and malignant lesions by ultrasonic sound in animal experimentation as well as in vitro have not led to any decisive successes. Ultrasonic waves are capable of destroying malignant tumors without deleterious effects upon the surrounding tissue. The histologic findings which are rather new in principle confirm the

clinical observation and show that ultrasonic waves have a selective action upon human sarcoma cells and actually destroy them. It became therefore of particular interest to start some research upon carcinoma with ultrasonic methods particularly upon such tumors which are known to exhibit a reduced radio-sensitivity than sarcoma. These investigations are more or less therapeutic experimentations. They are intended, however, to serve, primarily, to establish a foundation to the knowledge of its biologic application.

"In order to observe more easily the changes in sound and to follow the healing processes we chose for this purpose superficial tumors particularly skin carcinomas. Several patients had been already under treatment with some promising results, and I have felt justified to communicate to the medical world partial results of this therapeutic method. Several results are going to be published in a more extended report at a later period.

"Because of the short time interval it cannot be talked about as lasting end results. From 19 cases treated until now only three are cited as an example for the therapy with ultrasonic waves in which a recession of the tumor could be observed. The first case

(M.L. 1-44) concerns a 49-year-old male with a carcinoma of the face, who came to us for therapy. The findings were: 1.5 cm. size ulcerated tumor with rolled edges and crusted. The tumor was not fixed and no peripheral infiltration was noticed. The patient received on May 25th, a treatment lasting 20 minutes in such a way that the head of the sound emanator remained in constant contact with the tumor without exerting any pressure or friction and protecting the ulcerated area with Roentgen salve as a coupling substance while the head was moved with low circular motion. Immediately following the treatment the tumor appeared somewhat edematous. And also its surrounding area showed a slight erythema with minimal edema formation. After approximately 15 days the clinical picture was completely changed. The ulcer showed some clearance with umbilication in its center. The posterior border remained somewhat firm. The healthy surrounding tissue, however, showed some softening. The tumor received another ten-minute exposure. When the patient reappeared on July 20, no remaining tumor was detectable. Only on the posterior border of the tender scar was there found a slightly raised swelling which, how-

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ever, was quite soft. Though in all probability no remaining tumor tissue was present, another fifteen minute session of ultrasonic application was given to this area, for safety reasons. Following this exposure, however, blisters developed in the entire scar tissue similar to those seen in burns. Examination on August 16th, showed soft, epithelialization without leaving a defect in the place of the previous ulcer, with slight umbilication in the center of the scar. The healthy skin area which was also exposed to sound showed no epilation. The patient until now is free of any recurrence."

It is remarkable to note that in all variations of dosage applied to these lesions, no epilation was observed. This alone leads to the conclusion that carcinomatous tissue shows a much greater sensitivity to sound than the surrounding healthy skin. The difference in the sensitivity of the carcinoma cells compared to those of normal is much greater when it comes to ultrasonic than to x-ray waves, that is to say that the ultrasonic waves possess a greater selectivity.

The exposure of tumors to sound waves is still a technically difficult problem. It is of prime importance that the application of this energy should extend over all carcinoma tissue and should be able to reach all malignant cells with an equal large energy.

Numerous investigations and experiments have shown that only the intensity of the central rays are capable of destroying tumor tissue. It is, therefore, without doubt comprehensible that by fixed direction of the sound waves upon the tumor, the cancer cells are unequally affected and only those tumor tissues lying within the central ray will show a recession. This difficulty can be circumvented in applying the sound bundles by a circular movement of the emanator head, thus exposing the carcinoma tissue equally to the much more concentrated energy

of the central rays. With this technic one is capable of exposing the tumor tissue more homogenously and thus avoid an irregular shrinkage of the tumor.

Treatment of Rheumatic Diseases:

No general agreement exists as yet to the precise nature of the multitude of maladies known as rheumatic disease. This is a regrettable hindrance to the formulation of a rational therapy.

Both clinical and practical considerations have made it necessary to designate as rheumatic only those diseases which have as their inciting cause a streptococcal infection, either acute or focal. Here a specific diagnosis is often difficult because of the pleomorphic nature of these infectious organisms. The term rheumatoid, on the other hand, is applied to diseases in which the inciting agent belongs to one of the following bacterial species: staphylococci, gonococci, brucella, and also tubercle bacilli, as exemplified by morbus Poncet. All of these diseases resemble one another clinically, and all may attack, in addition to the joints, tissues derived from the mesenchyme—a fact almost always overlooked.

Primary targets of attack by rheumatic noxae are evidently the vascular system, the reticuloendothelial system and, according to Speransky (1), the diencephalon. It thus can be understood, for example, why there is such a great similarity between the deformity-producing processes associated with rheumatic arthritis, on the one hand, and arthrosis deformans caused by aging processes, endocrine disorders and the like, on the other hand. It is therefore obvious that an etiologically correct diagnosis is absolutely prerequisite to the application of a specific therapy. It also must be evident that a therapy which is capable of producing the many different effects obtainable with ultrasonics must obviously be of a "non-specific" nature. The various effects obtainable with ultrasonic therapy may be due to its action,

for example, on blood and lymph vessels, on membrane permeability and the colloids of the cells, on the oxygen supply of disturbed equilibria in hydrogen ion concentrations and on the elasticity of the tissues—all of which tending, in a word, toward the restoration of the normal homeostatic equilibrium, that is "the re-establishment of the dynamic balance within the life-sphere of the cell."

Arthritis and Arthrosis

In capsular inflammatory conditions of the knee joint accompanied by fresh synovial effusion, it has been found that a carefully adjusted dose of ultrasonics (e.g., continuous application to each joint for 1-2 minutes, with a total energy output of 10-15 watts) is capable of effecting resorption of the effusion and a prompt disappearance of pain. This occurs only, however, with fresh lesions. If the capsule of the knee joint has become thickened, the effusion very viscous, and the cartilaginous articular surfaces show evidence of erosion, then all that can be accomplished is analgesic effect, for the progress of the disease in all of its component parts remains unaffected.

Periarthritis Humeroscapularis and Similar Diseases

Duplay's bursitis, the periarthritis humeroscapularis, offers a fruitful field for the indication of ultrasonic therapy, be the principle complaint referable to the supraspinatus tendon or to the bursa, that is, be it a case of subdeltoid or of subacromial bursitis.

Morbus Bechterew

The biggest field for the therapeutic application of ultrasonics is represented by the spondylarthritis ankylopoietica Bechterew or, in the words of W. Krebs (14), the fibrositis ankylopoietica dorsi. Detailed histologic data have just been published by Wurm (15). As first pointed out by Hintzelmann (16), application of ultrasonic therapy to this disease is practically the method of choice.

The effect produced by ultrasonics on Bechterew disease is mainly exerted on the connective tissue membranes of the spinal cord and of the costo-vertebral joints. The loss in elasticity suffered by the ligaments becomes less in the course of treatment, as demonstrated by increases in chest expansion and in vital capacity. Follow-up observations indicate that the great majority of patients maintain their gain in thoracic elasticity and may obtain further improvement from more prolonged ultrasonic therapy.

Spondylitis Deformans

Spondylitis deformans, as most commonly understood, has as its characteristic findings a loss in elasticity of the intervertebral discs, with resulting narrowing, or even ankylosis, between adjacent vertebral bodies, thereby giving rise to the well-known bridge formations. Since dehydration is the underlying cause of this loss in elasticity, it was reasonable to assume that ultrasonic therapy would have a salutary effect on this spinal disease. Briefly, the end-results were an increase in the

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elasticity of the spinal column with corresponding facility in bending forward and an elongation of Schobert's line. These results are to be expected in the light of what we understand of the colloid-chemical and sono-chemical effect which ultrasonics produce on the dehydrated intervertebral discs.

Sciatica and Other Neuralgias

Perhaps the oldest and best known and biggest field for the application of ultrasonic therapy is that of sciatica. Practically every therapist who makes use of ultrasonics has reported on its application in this field. It is not always easy, however, to gain a clear clinical picture of this disease, because it appears under so many different etiologic disguises, as pointed out earlier. Even so, it is possible to obtain a clinical cure in almost 75-80 per cent of the patients subjected to ultrasonic therapy.

It may be recalled once more that the extremely complex involvements of the rheumatic diseases extend not only to the central nervous system, but also to peripheral pathologic processes—all of which explains why this widespread disease presents itself to us under so many different disguises. The search for a solution of the many-sided problems presented by rheumatic disease must therefore extend in every possible direction that holds forth a promise. Ultrasonic therapy presents such a promise on the basis of what had already been accomplished.

CONTRAINDICATIONS

A definite contraindication is the treatment of young growing bones, learned from experiments with animals. Preferably the epiphysis, partaking in the longitudinal growth, should not receive any dosage of ultrasonic waves; such doses though not causing any reaction on the skin of human adults severely and irreversibly destroyed the epiphyses of young dogs. It showed that there was at the same time a considerable shortening of the extremities

concerned, a danger which needs to be especially emphasized. In this connection and for the same reason it is logical that exposure to ultrasonic waves of a gravid uterus absolutely has to be avoided.

It is also contraindicated to treat the genital glands, as well as the first dorsal sympathetic nerve or stellate ganglion with ultrasonic waves, especially in a patient with heart disease. A self experiment, however, shows no untoward reaction after treatment of a normal heart with moderate dosage.

DIAGNOSIS

After the introduction of percussion by the Viennese physician Leopold Auenbrugger, in the year 1761, there was a constant search for methods objectively to determine by percussion of the thorax the size and situations of organs which lie within that cavity. It is possible to utilize ultrasonics in medical diagnostics because it also lies in the realm of mechanical oscillations applied in the process of percussion.

Ultrasonics offers diagnostic possibilities since it can be beamed very well and the laws of attenuation are quite different from those of X-rays. Two ways are possible; one is based on the different attenuation of an ultrasonic beam when it passed the object, and the other is based on the different echoes produced within the object. In a similar manner used to detect flaws in metal, or reveal schools of fish in the ocean, ultrasonics has been used with the thought of demonstrating the difference of viscosity and structure within the brain in such a way as to visualize anatomical details.

This was best done by the attenuation of a thin ultrasound beam, the difference of which are recorded visibly through a sound receiving system. This method, called hyperphonography, parallels the method of X-ray diagnosis and affords to a certain extent a means of visualizing inner details of the brain, without the use of any contrast media.

harm or inconvenience to the patient.

In some cases, pictures have been obtained, the results of which have been verified by air studies and operation. Bone attenuation presents a problem, but this has now been verified by air studies and operation.

The third way is a method based on percussion, which is essentially a measurement of the damping. This method of measuring dullness in the ultrasonics region is evidently the most practical, considering the present status of its recent investigation. An impulse is transmitted through the biologic object and stimulates the receiver quartz which will until it comes to rest carry out oscillations influenced by the tissue upon which it rests. The vibrations produce alternating tensions which are carried to a cathode ray tube and visualized. The number of oscillations of this dampened wave train is the measurement for the tissue dullness of its consistencies.

SUMMARY

We mention briefly the possible applications of this new procedure in clinical medicine. A broadening of the results of percussion are now in the realm of possibility and rendering it objective. A complete new possibility arises which consists in the measuring of compressibility of tissue. One thinks first and primarily upon the examination of tumors and the examination of the paranasal sinuses. Fluid accumulation in the sinuses could thus be demonstrated. Likewise, effusion in the thoracic space could be detected. The greater utilization of this method on thorax and abdomen would probably depend upon utilization of a higher frequency, and thus even a further possibility is opened up which could give us some insight into the size and arrangement of the molecular structures, as has been discussed above. On the other hand, the present utilized frequency is particularly suitable

for examination of bone conditions, and this beyond the range of x-ray examination, permitting one to draw a conclusion about the mechanical resistance expressed by changes of their compressibility and hardness. Furthermore, the orthopedic surgeon would welcome this new method as an eventual tool for detection of fissures which show up in some circumstances as a considerable sound obstacle with the appearance of altered damping changes. In this sense the high sensitivity of the apparatus is welcome, which makes it possible to examine particularly the long bones. Though these expectations are still subject to more scrutinizing investigation, it appears, nevertheless, that the possibility of such procedures is fundamentally proved by some investigation.

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NOTE

None of the above information is original, but a compilation by John J. Latini, D.O. of previous work by other authors. Appreciation is extended to these scientists, especially to the Birtcher Corporation for their wonderful cooperation.

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Executive Secretary's Travelogue

Since writing the last Travelogue Miss Wells, who has long been with the Association, resigned and left our employ December 4th.

Mrs. Rita E. Neal has been appointed Assistant to the Executive Secretary. We are now badly in need of someone to take over her former duties.

The executive secretary has found himself very busy attempting to reorganize the state office and employ a new secretary which has required consistent interviewing of applicants in an effort to employ someone adaptable for the unusual type of work carried on in this office. Unless you have attempted to employ someone for this type of job yourself, you will find, if you try, that it is a difficult situation. Many who come in could qualify but are handicapped by distance, small children, etc.

In addition, the executive secretary has had to make a good many trips which were particularly necessary.

On December 12, the executive secretary and President Raymond D. Fisher, D.O., met with Mr. Robert A. Klobnak of the American Osteopathic Association, discussing the AOA Council on Development at the state level.

On December 13, the executive secretary left Fort Worth at 8 a.m. for Dallas where he met with Dr. Ralph Connell from 12 Noon to 2 p.m., for the Public Health Committee, over a complaint registered by a patient against the handling of her case. The executive secretary recorded all the information gained in this two-hour interview and determined in his own mind that the patient actually had no complaint.

The executive secretary scheduled this meeting with Dr. Connell between 12 and 2 p.m. so he would have an opportunity to attend some of the meetings of the American Medical Association which was holding its midyear meeting at the Adolphus Hotel in Dallas.

He arrived at the Adolphus Hotel at 9 that morning where he was fortunate enough to obtain a guest button and was able to attend two sessions of the House of Delegates of the American Medical Association. He was indeed fortunate to be able to observe the workings of this House. Needless to say, the House actions ran very smoothly and only on two occasions was there any discussion from the floor, during the executive secretary's visit.

It might be said the executive secretary was recognized by several of his friends, in the House of Delegates, who whispered to him, "You must be here incognito." This was quite an experience for the executive secretary and he enjoyed it very much.

Later that afternoon the executive secretary visited at the General Convention and Exhibits held in the Dallas Civic Center and Coliseum. The tremendous amount of scientific exhibits impressed him. In another building, separate from the scientific exhibits, was an outstanding exhibit on Public Health which served as a public relations medium. Literally thousands of school children in the county were brought in by bus to view this exhibit, which naturally instilled preventive medicine, etc. in their minds and established the A.M.A. and the medical profession.

In the basement, beneath the Public Health exhibit, were the commercial exhibits. There was a great number of them and in talking with some of the exhibitors, it was easy to see they were not getting much play from the medical profession and they were somewhat dissatisfied. It was difficult to reach the commercial exhibits and it was apparent that the medical profession was putting them "in the back seat."

While newspaper stories carried an attendance of 10,000 there were actually only 2,300 doctors registered for the convention.



The Texas State Board of Medical Examiners was holding a meeting in Fort Worth, December 3, 4, and 5. On the night of December 2nd, the executive secretary met with the osteopathic members of the Board and again on the night of December 4th he met with them to discuss the many problems concerning the osteopathic profession.

On December 8th, a local Blue Cross representative took the executive secretary to the Howard Johnson restaurant (midway between Dallas and Fort Worth) to meet with Mr. McBee of Blue Cross, for a session of better than two hours, discussing the Blue Cross situation in this area. This resulted in a very wonderful meeting and the executive secretary was the guest of Blue Cross at the luncheon.

On December 9th, the executive secretary left Fort Worth at 6:30 p.m. and went to the residence of Dr. A. Roland Young in Dallas, to meet with the Local Convention Committee for 1960 to arrange the set-up and to discuss the Manual of Procedure with the chairmen of the committees appointed by Dr. Young. The chairmen are as follows: General Chairman, Dr. A. Roland Young; Secretary, Dr. Ross M. Carmichael; Facilities, Dr. Joseph L. LaManna; Entertainment, Dr. Richard B. Helfrey; Public Relations, Dr. James A. Vaughan Jr.; Attendance Promotion, Dr. John H. Burnett; Registration, Dr. Robert E. Morgan and Dr. Willard N. Hesse.

This proved to be an interesting meeting and it is believed that each chairman thoroughly understands the Manual. We look forward to a good convention in Dallas, so far as the Local Committees are concerned.

On December 11th at 7:30 a.m., the executive secretary left for Dallas to attend the Post Graduate Seminar held at the Baker Hotel. He of course was unable to attend very many sessions as he was consistently busy interviewing members of the profession on Friday,

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and at Noon he had luncheon with Dr. Harvey, President-Elect of the A.O.A. at which time they discussed problems affecting the A.O.A. and the Texas Association.

The executive secretary did have the night of December 11 off and he was entertained by the Doctors Marille and Samuel Sparks.

On December 12th, the executive secretary met with the TOIL Committee at 10 a.m. where many problems arose in reference to insurance. This meeting lasted until 2 p.m. and from there the executive secretary went directly to an Executive Committee meeting which had been called by President Fisher.

At 7:30 p.m. the Board of Trustees started its midyear meeting, which lasted until 3 p.m. Sunday, December 13th. This was a constructive meeting in that many problems of the profession were discussed, conclusions arrived at, and new policies developed—the most outstanding of which was the creation of a Committee consisting of a representative from each of the specialty groups and affiliated organizations and the T.O.A., that better harmony and working conditions could be worked out between all concerned. This committee has not been set up because each of the specialty groups has been requested to nominate its representative. We are certainly in hopes that this will develop into a working committee.

Another important decision reached by the Board was, that at the Annual Convention, the Presidents and Secretaries of the District Societies will be requested to meet with the Board of Trustees for luncheon and an afternoon session, that a better and more workable relationship can be established with the district societies.

The executive secretary spent the night in Dallas and returned to Fort Worth on December 12th. The fact is, he just took a long snooze to try

to get himself in shape for a very busy week.

The executive secretary was also very busy with one or two meetings a week at the Fort Worth Osteopathic Hospital (either Board, staff, or departmental) and with repeated conferences with the architects and builders regarding the expansion of the hospital.

While mail has fallen off, prior to the holidays, long distance calls have increased day and night. In fact, the executive secretary has been so rushed he has had a difficult time trying to buy Christmas presents or take care of any personal affairs. In proof of this, he submits the following experience:

The executive secretary bought an automobile for Mrs. Russell at 3:00 A.M. Friday, December 18. He wagers no other member of the profession ever bought an automobile at that time of the morning and feels he has established a record. To say the least, it was an unusual occurrence and it came about this way—

Mrs. Russell has been driving a 1951 model car, which is still a good car with not much mileage on it, but it's a little hard to steer and park. So he told her she could buy a small automobile and he gave her his price limit on a trade. She had been working at this for some 10 days and invariably there was a price difference of \$100 with all of the dealers, and she was unable to make a trade.

At 3:00 A.M. Friday, December 18, the executive secretary was sleeping soundly when the telephone rang. It was one of the car dealers stating that during that day they were giving a \$300 discount on all new cars sold. He explained they had been expecting Mrs. Russell to come in, she hadn't, and the special was off at 6:00 A.M. They further wanted to know if the executive secretary would get up and bring her car down to their lot and let them appraise it as with this cash discount, they felt the deal could be made within the limit set. Then the executive

secretary lost his balance and let the salesman have it in no uncertain terms for calling him at this hour of the morning. He told the salesman that he had set his price at \$1900 cash difference in trade and they knew it and if they wanted to make a trade, they could bring the car out and pick up a check for \$1900 but they had better come within 15 minutes as the executive secretary was disgusted and sleepy and wanted nothing else to do with them.

Ten minutes later, the doorbell rang and the head salesman and another salesman were there, stating they'd come to close the deal so they could get it in under the deadline of their discount offer. The executive secretary told them to make out a bill of sale (which they did) but when they submitted the bill of sale it called for a difference of \$2,003 and then the executive secretary really lost his head and if you've never heard anyone cuss, you should have heard him cuss and order them out of the house.

The salesmen began to protest and the executive secretary told them he wanted to hear no more, whereupon they said they would deal for \$1,900. The executive secretary gave them his check and the car was bought with the definite understanding that all taxes and licenses were to be paid and the car is to be delivered to Mrs. Russell, ready for the road.

This is a nuisance of a way to make

\$100 but the executive secretary has done a lot more than this at 3:00 A.M. for a lot less than \$100.

The executive secretary left Fort Worth Tuesday, December 29, for Houston to meet Dr. Guinand, the AOA Bureau of Hospitals' inspector, the object being to inspect the Industrial Hospital and Clinic on Wednesday and the Yale Clinic and Hospital on Thursday.

The executive secretary was unable to meet Dr. Guinand at the airport owing to his late arrival in Houston, but Dr. Lester I. Tavel fulfilled this job.

On Wednesday morning the hospital inspector and executive secretary arrived at Industrial Hospital and Clinic at 9 a.m. and were told that Dr. Winegardner had suffered an injury and was not there and that Dr. H. A. Hall, the administrator, had wired the Bureau of Hospitals for a delay of the inspection. This information had not reached Dr. Guinand but there was nothing he could do but pass up the inspection of this institution.

They proceeded from there to the Yale Hospital and Clinic where the remainder of the day was spent inspecting this institution. They were entertained at luncheon at the home of Dr. Vila, owner of the Yale Hospital and Clinic.

That evening the hospital inspector and the executive secretary were dinner guests of Dr. Lester I. Tavel. They

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enjoyed an excellent meal and floor show.

On Thursday, December 31st, the executive secretary assisted Dr. Guinand in setting up his inspection program for the hospitals in Texas which have not been inspected since 1958. By phone they contacted five hospitals which were willing to waive the customary 10 days notice, thus enabling Dr. Guinand to proceed with hospital inspections in the Northern part of the state during the week beginning January 4, 1960.

Although this was New Year's Eve, they spent the evening in the hotel

room watching television instead of indulging in the usual holiday festivities.

The executive secretary spent New Year's Day in Houston but took time out to run down to La Porte to welcome Dr. Nelson E. Dunn to the district. He also attempted to contact Dr. Justin Adams at Kenah, Texas but was unable to do so.

The executive secretary returned to Fort Worth in time to resume hospital inspections with Dr. Guinand, a report of which will appear in next month's Journal.

Texas Osteopathic Surgical Society to Meet

Saturday, February 27, 1960

The Texas Osteopathic Surgical Society will hold its annual meeting at Western Hills Inn, Euless, Texas (Hwy. 183 between Dallas and Fort Worth) on Saturday and Sunday, February 27-28, 1960.

All physicians are urged to attend, whether they are members of this Society or not as the program is of a practical nature, designed for practicing surgeons in our Texas hospitals.

PROGRAM

8:00 - 9:00 A.M.—Registration
9:00 - 9:10 A.M.—Welcome President Victor H. Zima, D.O.
9:10 - 10:10 A.M.—Hemorrhage of the Gastro-Intestinal Tract
Roy B. Fisher, D.O.

10:10 - 10:20 A.M.—Coffee Break
10:20 - 12:00 Noon—Management of the Acutely Injured Patient
Charles M. Hawes, D.O.

12:00 Noon—Luncheon
2:00 - 3:00 P.M.—Esophageal Resection: A Different Approach
Milton V. Gafney, D.O.

3:00 - 4:00 P.M.—Effects of Surgical Positioning on the
Anesthetized Patient Paul A. Stern, D.O.

4:00 - 5:00 P.M.—Urological Diagnosis L. G. Ballard, D.O.

7:30 P.M.—Dinner Milton V. Gafney, D.O.
President American College of Osteopathic Surgeons

Sunday, February 28, 1960

9:00 - 10:00 A.M.—Intubation Gordon S. Beckwith, D.O.

10:00 - 10:15 A.M.—Coffee Break

10:15 - 11:00 A.M.—Round Table Discussion

11:00 - 12:00 Noon—Business Meeting

12:00 Noon—Adjournment

For reservations write the Western Hills Inn, P.O. Box 356, Euless, Texas or phone BUtler 3-1531, Euless, Texas.

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JOHN B. RUSHING, M.D.
Houston, Texas

Dr. John B. Rushing, radiologist at Community Hospital Inc., 1405 Holland Ave., Houston, Texas, was granted an Honorary Membership in the American Osteopathic College of Radiology at its recent meeting in Los Angeles, California.

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GALEN S. YOUNG, D.O.
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President, American Osteopathic Association

Dr. Galen S. Young, the 1959-60 President of the American Osteopathic Association will report on "The Progress of the Osteopathic Profession" at our Annual Convention at the Baker Hotel, Dallas, Texas, April 28-30, 1960.

Dr. Young, a surgeon, is a veteran of service to his profession. He has been a trustee of the AOA since 1953 and has been Chairman of the Osteopathic Progress Fund since 1954. Recently he acted as chairman of the committee to select a new director for OPF. Earlier, he was active in the Pennsylvania Osteopathic Association, rising to its presidency in 1955-56. He is also past-president of District No. 2, a local osteopathic society.

A native of Lancaster County, Pennsylvania, Dr. Young received his pre-professional training at Elizabethtown College, near his home. He was graduated in 1935 from the Philadelphia College of Osteopathy. He received a doctor of science degree from Elizabethtown College in 1951.

After an internship at the PCO hospital, Dr. Young entered a preceptorship program in surgery there. He was certified in surgery in 1949 and now is a clinical professor of surgery at the Philadelphia College of Osteopathy and senior surgeon on the staff of its hospitals.

In addition to his service at the PCO

hospitals, Dr. Young is chairman of the department of surgery at the Riverside Osteopathic Hospital (Wilmington, Delaware). He was active in starting osteopathic hospitals at Lancaster and Norristown, Pennsylvania. He will be medical director of the Suburban Osteopathic Hospital near Philadelphia, to be completed in 1960.

Dr. Young is a member of the American College of Osteopathic Surgeons and has been a diplomate of the organization since 1949. He is a member of the Healing Arts Committee of Delaware County (Pennsylvania). He is past national president of the Phi Sigma Gamma fraternity and aided directly in the organization of Zeta chapter. Recently, he was the recipient of the medallion of honor from the fraternity, a degree presented to outstanding alumni. Dr. Young is also a member of the Rotary International.

He is a lay leader of the Church of the Brethren. Dr. Young is moderator and chairman of the official board of the Drexel Hill Church, and has aided in the foundation of other congregations of his faith.

His two brothers, Paul and David, are also osteopathic physicians. His oldest son plans to become an osteopathic physician. He and Mrs. Young, the former Miss Jessie Magnin, have three children. Mrs. Young is a registered nurse and a graduate of the PCO hospital.

They reside at Orchard Knoll, Wallingford, near Chester.

Death

Dr. John M. Peterson, 66, of 1401 S. Park St., San Angelo, Texas, died Wednesday, December 23, 1959.

Post Graduate Seminar

The Profession was extremely fortunate this year to have presented by the State Department of Health a Post Graduate Seminar which in many ways exceeded former Seminars. The Seminar was held at the Baker Hotel, Dallas, Texas, December 11-12, 1959.

Speakers on the program were: Neil R. Kitchen, D.O.; John W. Gofman, M.D.; Frank E. Gruber, D.O.; Roy J. Harvey, D.O.; John W. Cashman, M.D.; Lewis C. Robbins, M.D.; George Adams, M.D.

Those who missed this Seminar truly missed out on a wonderful educational opportunity.

The following were in attendance:

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Raymond E. Beck, D.O.
J. Francis Brown, D.O.
Ersal W. Cain, D.O.
Donald L. Eakin, D.O.
Maurice D. Mann, D.O.
Glenn R. Scott, D.O.
Lester J. Vick, D.O.

ARLINGTON

Armin L. Karbach, D.O.

ATHENS

Dan A. Wolfe, D.O.

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Elmer C. Baum, D.O.
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Joseph L. Love, D.O.

AVINGER

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Samuel S. Morgan, D.O.

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Hartley Polasky, D.O.

Daniel L. Rader, D.O.

Ben W. Rodamar, D.O.

Walters R. Russell, D.O.

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Samuel F. Sparks, D.O.

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Paul A. Stern, D.O.

Fred B. Thomas, D.O.

Robert B. Vance, D.O.

James A. Vaughan Jr., D.O.

William S. Walters, D.O.

A. Roland Young, D.O.

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Dr. Samuel F. Sparks Recovering From Surgery



SAMUEL F. SPARKS, D.O.

Dr. Samuel F. Sparks of East Town Osteopathic Hospital, 1717 Scyene Road, Dallas, Texas underwent surgery January 6th and is now a patient in that institution.

sincerely hope that you have completely recovered by this time and I look forward to again having the opportunity of hearing a fine Texan tell some "tall Texas stories."

I say, and with great sincerity that you to me have represented the very finest in the profession of which you are a member and if that profession had enough doctors in the field with the same sense of balance, understanding and sincerity of purpose, then most of its problems would be solved. Very frankly, you have been the greatest single inspiration to me to continue trying to serve a profession that so badly needs representation for in most instances it is not a question of merely misunderstanding, it is a question of knowing nothing about it so far as the general public is concerned. You represent light and hope for it.

Please accept my very kindest personal regards and most sincere good wishes for restored health and many, many years of fine service to the cause in which you believe.

Very sincerely,

Z. D. Atkins

Director of Public Relations

Executive Secretary Blushes

Dr. Phil Russell
512 Bailey Street
Fort Worth, Texas

Dear Dr. Russell:

I am terribly ashamed of myself in not having written you sooner concerning your recent hospitalization. I

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New Radiologist



ROBERT MODDERS, D.O.
San Antonio, Texas

Dr. Robert Modders has recently taken over the Department of Radiology at the San Antonio Osteopathic Hospital.

Dr. Modders is a graduate of the Kirksville College of Osteopathy and Surgery. Following graduation he interned at the Saginaw Osteopathic Hospital and served a three-year residency in radiology at the same hospital.

Prior to coming to the San Antonio Osteopathic Hospital he was head of the Department of Radiology at the Cape Osteopathic Hospital, Cape Girardeau, Missouri.

BOOK REVIEW

SURGICAL TECHNIQUE AND PRINCIPLES OF OPERATIVE SURGERY by A. V. Partipilo, M.D., F.A.C.S., Clinical Professor of Surgery, The Stritch School of Medicine, of Loyola University. Senior Attending Surgeon, Columbus Hospital, Senior Attending Surgeon, St. Mary's Hospital. Attending Surgeon, Chief of Surgical Staff, Mother Cabrini Hospital.

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al. Consulting Surgeon, Chicago State Hospital. Consulting Surgeon, Cuneo Memorial Hospital, Chicago, Ill. Lt. Colonel Medical Corps, A.U.S., Inactive. Foreword by Alton Oschner, M.D., F.A.C.S. William Henderson Professor and Director of the Department of Surgery, The Tulane University School of Medicine, New Orleans, Louisiana. Sixth Edition, pages 966, 1235 Illustrations 4 in Color. Original Illustrations by W. C. Shepard and Hooker Goodwin. Cloth. Price \$20.00. Lea & Febiger, Washington Square, Philadelphia.

In this very valuable book, 38 chapters have been added to the Sixth Edition and the remaining chapters have been completely revised for a total of 81 chapters. The new chapters added to the text are on Surgery of the Neck, Surgery of the Heart and Great Vessels, Surgery of the Chest, as well as Surgery of the Breast, Salivary Glands, Anesthesiology Postoperative Anesthetic Complications, Adrenalectomy, Total Gastrectomy, Surgery of the Spleen, Varicose Veins, Dolichocolon and Megacolon, the Physical Basis for Radioactive Isotopes and Radio Isotopes and Radiation Therapy in Surgery.

Eighteen authorities have contributed to this up-to-date Sixth Edition and each chapter includes a review of the Surgical anatomy as well as the clinical aspects and step-by-step surgical technique. Also considered are the indications for surgical intervention and the pre and postoperative care of the patient.

The questionnaire at the end of each section has been maintained which readily affords one the opportunity for a review of the chapter.

The illustrations are excellent and self explanatory and the book provides for easy reading. This book is highly recommended as a text book as well as a reference for students and surgeons. N. G. PALMAROZZI, D.O., Chairman, Department of Book Review Texas Osteopathic Physicians Journal

Dr. John L. Witt Observes 50th Birthday Anniversary



JOHN L. WITT, D.O.
From Groom News

Dr. John L. Witt, senior medicine man of the Groom community, reached the half century mark Thursday, Dec. 24 when he observed his fiftieth birthday anniversary. The good doctor will have served the Groom community for a quarter of a century this coming September, 1960.

Born Dec. 24, 1909 at Wheeler, Texas, Dr. Witt opened his medical career in Groom in Sept., 1935 shortly after graduation from medical school. He was married to Miss Helen Martin on July 3, 1937, and he and his wife have three children, Dan, 20 years old, Lynell 16, and Jay, six months old.

In 1954 Dr. Witt was named "Doctor of the Year," by the State Association of Osteopathic Physicians and Surgeons. And in 1955 the local Groom School annual was dedicated to him.

Last summer while visiting in Washington State Dr. Witt had to suffer the effects of some of his own medical advice so often tendered his patients. He underwent major surgery at a Seattle hospital and the major portion of his stomach removed to cure an ulcer condition. He has now recovered from the illness and is back on the job working a full shift.

Assisted by Drs. John V. London and Robert Clayton, Dr. Witt operates the 8-bed Groom Osteopathic Hospital

in addition to taking care of a large office practice.

Six months ago Dr. and Mrs. Witt adopted their son, Jay.

With a new son, a new stomach, and prospects for a new 16-bed modern hospital to be built in the next 12 months, Dr. Witt is primed for another 25 years of medical practice in the Groom community. Many of his friends hope to be around to help him observe his 50th anniversary of practice in this community in 1985 if Dr. Witt continues to cure their many ills. Happy birthday, Doc.

Confusion

In the December Journal the following heading appeared, "AHA Changes Listing Criteria—Hospitals with D.O.'s on Staff Can Qualify If Department Heads Are Medical Doctors." This release came from Chicago and was considered authentic.

On December 14, a letter was sent to AOA Board of Trustees by Dr. True B. Eveleth, Executive Secretary of the AOA which states as follows: "... Since the meeting of the A.M.A. House, the Joint Commission on Accreditation met and denied the request, stating that it would comply with its existing bylaws which required M.D. staffs and no D.O.s in order to be eligible for inspection and accreditation."

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Action of Kirksville Trustees Announced

DECADE OF PURPOSE PROJECTS—declared musts for 1959-60 by the KCOS Trustees in October include matching funds for the \$20,000 Kresge Foundation Rural Extension Clinic gift, improvement in student housing and dedication of the 750 Club as the force and resource for the "Greater Faculty."

The Kresge Foundation gift of \$20,000 for extension and improvement of the Rural Extension Clinic program in Northeast Missouri must be matched by \$60,000 by July 1, 1960. The Trustees counseled with the college administration in the matter of possible sources for the matching funds and in planning for mounting the necessary campaigns for raising the funds.

The Trustees were gratified at beginning advances made on the all-important matter of increasing attention to improvement in student housing and expressed hope that before the close of the year concrete developments will get underway.

Perhaps most far-reaching, President Thompson said, was the Board action, together with the action of the Executive Committee of the Kirksville Osteopathic Alumni Association, in dedication of the 750 Club as the force and the resource for the "greater faculty." This is the means by which there can be development of and greater depth can be established in departments of faculty and staff and increased compensation for services can be supplied.

The 750 Club is made up already of over 300 alumni pledged to the support of the college to the amount of at least \$300 per year. Since this action was taken one Trustee who is a 750 Club member has already signed up 12 new members. More details will be announced as they develop, President Thompson said.

PROMOTIONS—on the faculty and

staff were announced as follows: Dr. David W. Boone from Assistant Professor to Associate Professor of Cardiology; Dr. Pressley L. Crummy from Associate Professor to Professor of Anatomy; Dr. Virginia I. Foster from Associate Professor to Professor of Pathology; Dr. Howard E. Gross from Assistant Professor to Associate Professor of Osteopathic Technic; Dr. James A. Keller from Associate Professor to Professor of Osteopathic Technic; Dr. George H. Scheurer from Instructor to Assistant Professor of Osteopathic Medicine and Mr. Francis M. Walter from Assistant to the Dean to Assistant Dean.

ELECTIONS—to Board membership include re-election of Mayor H. Roe Bartle, Kansas City; Dr. John Otis Carr, Marceline; Mr. Floyd Collop, Kirksville and Dr. W. D. Henceroth, Grove City, Ohio. Dr. Henceroth was re-nominated for the post at the KOAA annual meeting in Chicago in July.

Trustee officers were re-elected as follows: Dr. A. C. Johnson, Detroit; Chairman; Dr. C. Robert Starks, Denver, Vice-Chairman; and Mr. Frank R. Truitt, Kirksville, Secretary.

T.O.R.S. to Meet January 31st

The Texas Osteopathic Radiological Society will meet January 31st, 1960 at the Statler Hilton Hotel in Dallas. The program has been arranged. Dr. George Rea will speak on the following two topics: "The Duodenum and Duodenal 'C,'" and "Fundamental Concepts in Interpretation of Chest Disease." An election of officers at this meeting will be held. There will be a Champagne Dinner in the Empire Room on Saturday night, January 30th at 8:00 P.M.

Honored



RICHARD L. STRATTON, D.O.
Cuero, Texas

Dr. Richard L. Stratton, Stratton Hospital and Clinic, 308 E. Broadway, Cuero, Texas has been appointed to the Advisory Committee of the Hospital Licensing Board by Governor Price Daniel.

We feel certain Governor Daniel has made a wise choice.

Adoption of Children RESOLUTION

Whereas, all hospitals have a responsibility to children born in the hospitals available for adoption, the natural parents, and to the appropriate courts and governmental agencies involved, in the matter of adoptions and as well a responsibility to the adopting parents and the various social and welfare agencies; and

Whereas, all hospitals should be administered consonant with the laws of their states and accepted medical and

moral principles which apply to, regulate and safeguard adoptions; and

Whereas, it is recognized that the judicial administration of adoption proceedings places the welfare of the children as the prime consideration and requires the evaluation of the physical and mental needs of the children and the prospective adopting parents by competent medical, social and welfare personnel and organizations to place them in the best possible homes; Therefore be it

Resolved, that the American Osteopathic Hospital Association recommends that all osteopathic hospitals review their regulations and procedures to assure that in so far as possible prospective adoption cases are handled through the appropriate courts and governmental agencies and that their practices are regulated so as to conform to the principles of the laws as well as the wording of the laws, and that all inquiries regarding adoptions be referred to these courts and their lawfully approved social and welfare organizations; and be it further

Resolved, that a copy of this resolution be mailed to the administrators of each of the osteopathic hospitals in the United States, to the appropriate courts, to the American Osteopathic Association, to each of the divisional state osteopathic societies, and to the directors of the National and State Departments of Health and Social Welfare, and to such other parties as our various members shall direct.

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Blood Center



—Fort Worth Star-Telegram Photo

Carter Blood Center, 1263 West Rosedale
Fort Worth, Texas

The Amon G. Carter Foundation donated \$250,000 to create the Carter Blood Center for the people of Fort Worth and the hospitals.

All osteopathic hospitals in the area are invited to be participating members of the Carter Blood Center and the following article appeared in the December 7 Fort Worth Star-Telegram:

City Blood Center Dedicated in Rite

By ED JOHNSON

A simple ceremony marked the dedication Sunday of the Carter Blood Center, 1263 W. Rosedale.

Some 500 persons inspected the center's modern, efficient and cheerful-looking facilities.

The role of the \$250,000 center in community health and well-being was cited in the dedicatory rite.

Mrs. J. Lee Johnson III, daughter of the late Amon G. Carter and a trustee of the Amon G. Carter Foundation, which provided funds for the building, made the formal dedication.

Mrs. Johnson said, "We, the directors of the Amon G. Carter Foundation, present to you the blood center building to be dedicated to the service of Almighty God in the relief of the sick and the suffering and for the many services for which it was created.

"This is done in memory of a beloved father and dear friend."

TESCO Chief Speaks

Other foundation trustees are Amon Carter Jr., Mrs. Katrine Deakins and Dr. Webb Walker.

J. B. Thomas, president of Texas Electric Service Company, gave the address.

"It is fortunate for our community that in the era now nearly past, men of vision and skill and determination might, by the grace of God Almighty, accrue wealth and the power and the responsibility that accompanied it," Thomas said.

He added, "It is doubly fortunate for us that such a man, Amon Carter, had also the vision of a great city and the health and cultural facilities that such a city needed . . ."

Thomas cited the center's purpose—"to house facilities for the gathering and distribution under sound financial



direction of the blood for medical purposes in the great quantities which the healing arts now require, and to augment and give aid to the present hospitals and other facilities now devoted to that facility."

Available During Disaster

Thomas explained that the center will have a large blood bank which would be available in times of disaster.

Thomas also noted that blood at the center will be available to doctors and hospitals for the hurt, ill and unfortunate people of the community.

He pointed out the blood bank's indorsement by Fort Worth's medical profession and the center's affiliation with other blood banks in the area.

Thomas said, "It is no small source of pride to me that this blood bank is provided by our own people for them and without the asking or receipt of any federal or other governmental funds and consequently without the governmental and political domination that the acceptance of such dole will inevitably bring."

Officers Praise

The dedication prayer was offered by Rev. Hayden Edwards, superintendent of the Fort Worth Methodist District-East.

The minister saw in the building a symbol "of the care of the sick and suffering exemplary in the life of our Lord Jesus Christ."

Blood center officers recognized were Dr. O. J. Wollenman Jr., board president; Dr. C. D. Fitzwilliam, vice president; Dr. William M. Crawford, secretary-treasurer; Dr. E. Richard Hal-den, medical director; Earl Blackburn, business manager, and Mrs. Ed Ritchey and Mrs. Howard Fender, organizers of the volunteer center guild.

The center is to go into operation Tuesday. It will transport blood to co-operating hospitals, which no longer will need to operate blood banks of their own.



January, 1960

First Nursing Class Capped

From Big Sandy-Hawkins Journal
Dec. 3, 1959

Capping of eight "Angels of Mercy" the first class in Vocational Nursing from the Big Sandy Hospital Nursing School Tuesday night at the First Baptist Church brought the un-restrained praise of the speaker Miss Kathleen Hardin, R.N., a nursing educator at Mother Frances Hospital in Tyler.

In large hospitals the defeatist attitude on nurse shortage is usually expressed "Well what can we do about it?" It gives a warm feeling among those of the profession to witness a town no larger than Big Sandy meeting the problem head-on. While pride is seldom considered a worthy virtue, the Registered Nurse stated, the citizens of Big Sandy could and should take great pride in the fact that their hospital is facing toward the future with a prob-

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lem that is at the same time better serving the present.

Dr. Henry Hensley praised the First Baptist Church and its pastor Rev. Carl Wrotenbery for the very fine cooperation in making their educational building available to the nursing school.

Receiving their caps in recognition of six months of classroom work were Donna Hammond, Addie Burks, Otha

Shamburger, Lillian Reed, Maxine Harris, Agnes Goodson, Betty Sue Blackstone and Esther Lewallen.

Advisory Board members of the Big Sandy Vocational Nurse Training program are Dr. Palmore Currey of Mount Pleasant, Dr. Henry Hensley, Mr. Earl Lock, Mrs. Joy Waggoner, Mrs. Beulah Harper the Hawkins School System Nurse and Martin Vance Gorman.

American Osteopathic Association

Office of

CHESTER D. SWOPE, D. O.

Chairman: Department of Public Relations

Farragut Medical Bldg.

Washington 6, D. C.

December 1, 1959

Washington News Letter

Medical Emergency Radio Service. On November 24, 1959, The Federal Communications Commission filed with the Federal Register a Notice of Proposed Rule Making whereby Part 10 of the Commission's rules would be amended to "establish a Medical Emergency Radio Service wherein eligibility for licensing would be limited to physicians, persons operating hospitals and persons operating emergency ambulance services," and "require that radio facilities licensed in the Medical Emergency Radio Service transmit only urgent messages essential to the medical duties of the licensee, urgent messages essential to the efficient rendition of hospital service, or urgent messages essential to the efficient rendition of an ambulance service." February 1, 1960 is set as the deadline for filing comments for or against the proposed amendment.

Physicians having a regular practice in a rural area and ambulance operators who are presently licensed in the Special Emergency Radio Service could continue so licensed until November 1, 1963 provided they utilize only those

frequencies which they are presently authorized to use.

Social Security Disability Hearings.

The Subcommittee on Administration of the Social Security Laws opened hearings on the OASI disability program on November 4. The hearings were recessed on November 13, 1959. See my WASHINGTON NEWS LETTER of September 17, 1959 for areas of the investigation. On November 24, 1959 Subcommittee Chairman Burr P. Harrison of Virginia announced that as a result of the hearings he would introduce legislation at the opening of the next session of Congress which among other things would remove the age 50 requirement for cash disability benefits. He expressed hope that other members of the Subcommittee would join with him in the proposed legislation. He said additional testimony is expected from the Social Security Administration, after which the Subcommittee would issue a report of its findings.

NIH Criteria. On November 25, 1959, HEW Secretary Arthur S. Flemming and Surgeon General Leroy E.



Burney of the Public Health Service announced procedures they have developed to meet the criteria set forth by President Eisenhower for research and training grants administered by the National Institutes of Health. Criteria for review of any new research project are: 1) That it is of such high priority and great promise that its deferment would be likely to delay progress in medical discovery; 2) that it will not result in the harmful diversion of manpower and other resources needed for teaching and medical care services; and 3) that it will not bring about the substitution of Federal for non-Federal sources of support for medical research and training. The new procedures have been forwarded to all osteopathic colleges.

Policy Change



The following letter has been received by the executive secretary. *All clinic-type hospitals in metropolitan areas should familiarize themselves with this communique:*

December 9, 1959
Phil R. Russell, D.O., Executive Sec.
Texas Assn. of Osteopathic
Physicians and Surgeons, Inc.
512 Bailey Street
Fort Worth, Texas

Dear Doctor Russell:

You are well aware of our many discussions concerning clinic-hospital operations and recognize our continual and seemingly growing problems in all areas of such operations.

In an effort to be of the most possible service to the public, we have continually extended our cooperation in this area. However, many factors and circumstances and the resulting attendant problems have convinced us that a more mutual and practical service

would be rendered to all concerned through restriction of recognition of hospital operations in these particular areas. Our conscientious review and analysis of the whole situation has resulted in the adoption of policies that cause us to respectfully ask your cooperation in not seeking further approval of clinic type hospital operations in metropolitan or any areas where the services of a general hospital are available.

Your past cooperation and understanding convinces us that we will have your understanding and cooperation in this respect.

Sincerely,

Robert S. Hawthorne
Director of Professional Relations
Northern Division
RSH:jj

MEDICAL BOARD TO MEET

The next meeting scheduled by the Texas State Board of Medical Examiners will be June 20, 21, 22, 1960 to be held at the Texas Hotel, Fort Worth, Texas, for the purpose of giving examinations and considering applications for licenses by reciprocity.

Applications for the June 1960 examinations must be on file in the Medical Board office (1714 Medical Arts Building, Fort Worth 2, Texas) complete, processed and found to be in order, 10 days prior to the meeting date.

Applications for reciprocity to be considered at the June 1960 meeting, must be on file, complete, processed and found to be in order thirty days prior to the June meeting date.



NEWS OF THE DISTRICTS

DISTRICT THREE

Dr. H. R. Coats is retiring from active practice in his hospital, the Coats-Brown Hospital Clinic in Tyler, Texas and Dr. C. Bowden Beaty will be co-owner instead.

Dr. Carl List has had his father, Charles F. List of Baltimore, Maryland as a house guest for the Christmas holidays.

District 3 doctors also wish to join

in sympathy to Dr. List and his wife Vonceil, in the loss of Mrs. List's mother on November 28, 1959.

Dr. Sue Fisher and Dr. Allen M. Fisher attended the recent Public Health Seminar in Dallas, as did many other physicians from District 3. It was a Texas-size success!

ALLEN M. FISHER, D.O.
Reporter

Eastern Study Conference American College of Osteopathic Internists

This high level Postgraduate Conference has been held yearly in Philadelphia since its inception in 1944. This year's meeting is planned to be bigger and better than ever. Held at Warwick Hotel, Philadelphia, March 11, 12, 13, 1960, it offers varied symposia in internal medicine. The speakers are leaders in both the osteopathic and medical branches of internal medicine.

This year emphasis is being placed on such timely subjects as: Energetic Treatment of Upper Gastrointestinal Bleeding; Collagen Diseases; Media-

stinal Masses; Newer Liver Function Tests, etc. Of course, the ever popular fireside chats in Internal Medicine will continue. These have always been a high light of the meeting.

The Eastern Study Conference is approved by American College of General Practitioners of Postgraduate Training credit.

All practicing physicians are cordially invited to attend this conference at the Warwick Hotel, Philadelphia, March 11, 12, 13, 1960. A complete program for your wife has been arranged. Bring her along for a stimulating and educational weekend. For advance reservations write Dr. R. Tomei, 3533 Ryan Ave., Philadelphia 36, Pa.

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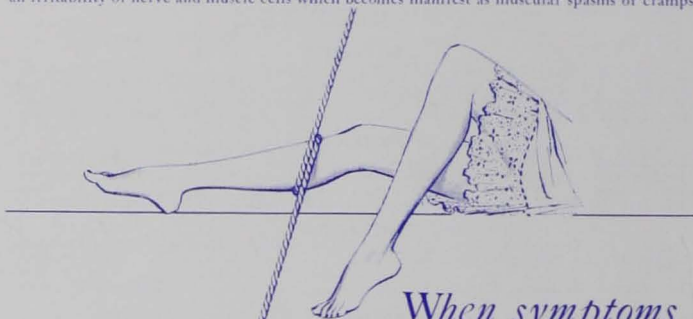
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A DIETARY DEFICIENCY, and/or poor absorption of calcium, may give rise to a wide variety of abnormal conditions. Among these is a not uncommon condition known as low-calcium tetany, an irritability of nerve and muscle cells which becomes manifest as muscular spasms or cramps.



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