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NEW YEAR'S RESOLUTIONS

HAPPY NEW YEAR! What responses that expression evokes in all of our minds—responses born of our childhood wonder as to what a new year meant. As we grew older, the repetition of "Ring out the old, ring in the new" and "New Year's resolutions" took on a significance that persists in most of us. It is pleasant to get a fresh start and although in our adult blase manner we scoff at such ideas, most of us nevertheless secretly use the new year as a fresh springboard from which to leap into next year's activities.

We like to tell ourselves that "this year, I am going to do that differently" or "this year I will improve that situation" and so on. It is fortunate that men do this, as their constant dissatisfaction with the present and the persistent desire to improve is what distinguishes them from other mammals. The beginning of a new calendar is a handy place to scrutinize the situation and collect the various determinations that spell progress.

As osteopathic physicians, our reviews of the present status will in a large measure revolve about our professional lives. As physicians, we have been granted the privilege of learning something of that greatest of all the world's wonders—man. And we have been granted also the widest opportunity to gain the greatest of all human satisfactions—the giving of service to our fellow man. With such privileges come responsibilities, nay, even moral duties.

Where do you stand in this picture? What is your personal score on the fulfillment of these moral obligations which have no due date and no collector but your conscience? Have you done to the best of your ability all that you could toward securing for those who come after as good or even better educational advantages than you had, as this was done for you by your predecessors? Have you co-operated fully with your fellow physicians for the mutual exchange of information that will benefit the sick? Have you given all the support you could to the organized effort to protect the inalienable right of the public to osteopathic care?

Let's examine the case and make a diagnosis. As a physician you can interpret the findings.

Yes, the New Year is a grand time to make resolutions!

THE PROGRESS FUND

For the last two years as your Osteopathic Progress Fund chairman I have written many articles for the Journal pointing out the compelling reasons for your support of our colleges. This month I am asking Wiley Rountree, the district chairman for District Four, to take over. Doctor Rountree is a member of the Thousand Dollar Club and has been very active in support of the OPF. The following letter was sent to members of District Four but has a very real message for every osteopathic physician.

JOE LOVE.

December 22, 1947

DEAR FELLOW DISTRICT FOUR MEMBER:

This is a last-of-the-year effort to take up the slack in some of the problems of our profession which are before us—namely, the possibility of reviving this ghost-district organization which has been a figurehead taking up space in the Journal listings, and the matter of endorsing with dollars the efforts of our colleges to present a better teaching program.

Let's discuss the first: Do you realize that we have one of the best districts in our state in regard to climate, per capita income, and per capita wealth? At the same time, we have difficult geography ranging from Comanche on the east to El Paso on the west. This latter factor makes it difficult for us to feel much union with other members; during the war, it was the chief factor preventing any semblance of meetings. Now, with the reorganization of the state office and an active executive secretary, Dr. C. R. Nelson, in the quarterback position, we have the possibility of reorganizing our district meetings. One matter may be sandwiched here: Our dues for membership are \$75 per year for all three-year or more practitioners. Our "union" requires dues to survive and to function with a public front for your and my protection, so the state office will be agreeably surprised to find a good percentage of the district's membership paid up by an early date.

Now, as to one other, and, no doubt, the most important matter: the OPF—the Osteopathic Progress Fund—an effort to raise \$7,553,000 in five years to be allocated as best fitted throughout our profession's colleges to give better and more training to those coming after us. If anyone doubts that the colleges are not giving twice as good training as five to ten years ago, then let him revisit his own college—the advantage of attending school now is increased two and threefold—but the catch is that this will cost money. Why, you ask, put so much more into the college training program?

If schools of law, medicine, and other professions lived only on student income, the level of professional training, according to history, would be very low. Our colleges and their training are truly the *fountain* of our profession—each year osteopathic physicians are placed into the national whirlpool of practice—one year's poorly educated crop would hurt our profession, would it not? Five to ten years of poorly trained osteopathic physicians would really lower our national reputation. On the other hand, however, you know the picture better than I: five to ten years of good graduating classes made up of highly qualified men now entering and being given so much better training will do what? You know—the quality of health service given by the osteopathic profession will be just so much greater—instead of a poisonous infiltration of poorly trained men coming out to pollute our professional rating (which means simply the public approval or dis-

approval of our efforts), a rich invigorating, blood-transfusing elevation of our professional body will be the result.

My first reaction to this fund a few years ago was one of refusal: I had graduated from Kirksville in 1941 from the college when it was run from student fees. My training was not what I believed it should be. It could not have been under that system. Well, at the Amarillo fall convention in 1945, President Morris Thompson appeared in his diligent effort to raise funds for the college. I had known and trusted him while in college. We were told that new things were happening in Kirksville—all K. C. O. S. men know what! Anyway, I subscribed to his program. In January of last year, I went to a week's post-graduate course there with that remarkable and truly personable osteopathic leader, Dr. Robert Starks of Denver, who has done more for our profession in his double-tenure of office than has been done in several years, and Dr. Carter Harrison Downing, of San Francisco, an osteopathic intellectual of long standing renown. While there, we could see the tremendously improved teaching and clinical program for the students. I can speak with certainty only of Kirksville. President Thompson has the zeal and the determination to carry it out to raise the training level of the students and at the same time to promote the osteopathic concept of Dr. Still. I can assure you that your money will be well spent there. Those of you from other schools can be justly proud of the new life in your colleges.

During the war, the alphabet stood for just another discouraging bureau of government. The O. P. F. is not that. Outside of ethical and capable professional service, it is the best way you and I can protect ourselves from gradual extinction. Call it anything you like—but plan to do your part in promoting our professional future. No local charity needs your money as much as our profession needs it—give to the former as you see fit, but try to save for your own profession most of your extra money (none of these ranchers donate to O. P. F., but they can swell the totals of the local campaigns). In other words, the O. P. F. is your and my baby—let's rock it. We can do it. Texas, however, has only subscribed \$80,941.17 or 30% of its five year total. The question, up to midnight, December 31, 1947, is: If you have any extra money, \$25, \$50, \$100, \$500, \$1,000, (I believe they would accept more), send it to the O. P. F., 139 North Clark Street, care of our Chicago office, or to Dr. Joe Love, or better still show your appreciation for the sacrificial work they are doing by sending your contribution directly to your college president. No better Christmas present will come to him than this greeting from the graduates.

I am not a detective in this matter; I just happen to be the ghost—district secretary, and it falls my lot to call these matters to your attention. Please do not notify me of your action.

After January 1948: By my own experience, I can recommend that you allow the O. P. F. in the college of your choice (or the over-all fund office, Chicago) to draw upon your bank account monthly. Let them deduct at least \$10 monthly. *You won't miss it*, and at the same time you will have the mighty satisfying feeling within you for doing your part helping the college teaching staff keep up their spirits while laboring under low income.

We can't afford not to help save our professional future—if we want it to be good—what incentive do you think they have for teaching better when we field-doctors, with unlimited opportunities, refuse to share our fortunes with them . . . you can thank teachers for what you are able to do today, so thank them in a way you and I understand pretty well, too.

I am not presenting this appeal to you in an effort to merely fill up the gap in our state fund. I would rather leave the thought that you and I, in this way, are expressing appreciation for the opportunities that osteopathic training has given

us, and are insuring a stronger continuation of the same, and all the whole, remembering:

"WHAT WE GIVE AWAY ALWAYS LASTS LONGER
THAN WHAT WE KEEP FOR OURSELVES.

With best wishes for you and yours, I remain,

Respectfully yours,

WILEY B. ROUNTREE, D. O.

UNDULANT FEVER

DR. GEO. W. COX, STATE HEALTH OFFICER

The yearly reported incidence of undulant fever in Texas has fluctuated considerably, and the number of reports has not been so high as some other diseases. Nevertheless, the general trend has been steadily upward, and undulant fever definitely is of much concern to public health workers of this state. Undulant fever has been reported from 179 counties in Texas during the past five years. It seems to be more prevalent in West Texas and the Panhandle area.

Among the reasons why undulant fever has an important role in the list of communicable diseases are:

1. The wide distribution of the disease over Texas.
2. The difficulty of diagnosis, especially of the chronic type.
3. The lack of specific effective methods of treatment.
4. The widespread distribution of the disease among the livestock of the state.
5. The lack of an effective method of immunizing persons against the disease.

This disease is known by many names, among which should be mentioned Brucellosis, Malta Fever, Bang's Disease, the contagious abortion of cattle, and undulant fever.

The causative agent is the *Brucella* organism of which there are three varieties. These are the *suis* or *porcine*, the *abortus* or *bovine*, and the *melitensis* or *caprine* types. All three types are found in Texas. In most sections of the state,

bovine infections seem to be predominant.

Recently there have been improvements in diagnostic methods, both in the laboratory and the clinic. The State Health Department is attempting to assist diagnosticians in becoming familiar with recent advances in the recognition of undulant fever. The mode of transmission is believed to be by direct contact with infected animal tissue or discharges and through ingestion of contaminated raw milk and milk products. It is usually not transmitted from person to person. None of the newer antibiotics have been found to be particularly effective, although much research has been attempted to find a specific method of treatment.

The pasteurization of milk and all milk products for human consumption continues to be a bulwark of defense against undulant fever. Since undulant fever is a disease of animals transmissible to man it seems more than likely that ultimate control of this disease rests with veterinarians and the livestock industry.

In 1936 only 43 cases of undulant fever were reported to the State Health Department. Each year the number has increased until 1946 when 750 cases were reported. Probably many more cases occur than are reported, and until all cases are reported, the exact picture of the situation in Texas cannot be visualized.

Extension of Public Health Facilities to Rural Areas in Texas

DR. L. C. EDWARDS

PRESIDENT, TEXAS OSTEOPATHIC HOSPITAL ASSOCIATION

In accordance with the provisions of Public Law No. 725, 79th Congress, the responsibility for the administration of hospital surveys and construction has been delegated to the individual states. In Texas, the 50th state legislature appointed the Texas State Department of Health as the sole agency for carrying out the provisions of Public Law No. 725 in the state. For the past two years, the Texas State Department of Health has conducted a thorough survey of existing hospitals and public health facilities. Statistics have been gathered covering every type of facility in the state having two or more beds for over-night care of patients, omitting those institutions owned and operated as agencies of the Federal Government.

Having an area of 267,339 square miles divided into 254 counties, Texas represents one-twelfth of the continental United States. Due to the fact that there are fifty-six counties in Texas with not one hospital bed, the state will receive approximately one-eighth of the total federal funds available for the purpose of extending public health facilities to rural areas. Texas has been divided into twelve regions, these regions based upon geographic structure in relation to population centers, hospital services and trading areas. Eventually each region will have at least one general hospital of two hundred or more beds. The ratio of 4.5 beds per 1000 population is the minimum standard established in the law for adequate care and no where in Texas is such a ratio found.

Since in most cases hospital facilities will be planned and constructed by county bond issue rather than by private capital or public subscription, the county boundary line principle has been adopted in setting up hospital areas. The Texas statutes do not at present permit two or more counties to cooperate in the construction of public hospitals and so the county seat will, with a few exceptions, be the most likely site for such hospital facilities.

In a few cases, because of the sparse population or the population center proximity, two or more counties have been grouped together as a single needy hospital area. These shall receive special consideration and assistance in planning hospital facilities and in devising means, not only of financing construction but also of assuring continued operation and maintenance of small hospitals once they are opened to render service.

In the survey, some hospital facilities in the state have had either part or all of their available beds listed as non-acceptable for one or more of the following three reasons: (1) hospital beds in excess of the normal capacity for which the hospital was originally constructed and where, consequently, overcrowded conditions are very evident; (2) institutions which have been determined on inspection by safety and insurance agencies as public hazards or unfit for public occupancy; (3) hospitals under ten bed capacity regardless of type or condition. In any area having an otherwise acceptable hospital or clinic

with less than ten beds for which facilities have been programmed, the recommendation will be made to enlarge such small hospitals to meet the needs of the community.

Texas has adopted the principle of non-discrimination as to race, creed or color or ability to pay for services rendered, all as set forth in Public Law No. 725 and the federal regulations relating thereto, this principle being necessary as a basis for consideration of applications for federal aid by project sponsors.

The 254 counties of Texas have been divided into 229 hospital areas. Of these areas, 62 now have "A" priority because of the determination of relative need with less than 10% of total beds needed; 4 areas have "B" priority with less than 25% of beds needed; 41 have "C" priority with less than 45% of the total beds needed; 34 areas have a "D" priority because of less than 60% of beds needed; 48 have "E" priority with less than 80% of the total beds needed

and 40 areas have an "F" priority with less than 95% of the beds needed.

New installations and additions to existing acceptable facilities will be given priority over replacements except where replacement is minor or is necessary to eliminate over-crowding or constitutes a possible hazard. The survey of facilities has been divided into hospital beds available for general cases, tuberculosis, nervous and mental diseases, and chronic diseases. Additional beds for all of these except general cases will be allocated on the basis of regional need, the regions for special diseases being naturally larger than those for general hospital care.

The development of public health centers has been urged for the State of Texas. These centers will be small packaged efficient units in areas where population does not justify a complete hospital. Such units will be small buildings of four or five rooms offering facilities for obstetrics, diagnosis and treatment,

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X-ray, minor surgery, laboratory work and in some cases, dental care. They will be staffed by a doctor and a nurse and, in some instances, by a visiting dentist on a weekly or bi-weekly basis. Staff may be, but not necessarily, in the employ of the United States Public Health Service. Seventy-five to eighty such rural public health centers have been earmarked for the state. Surplus medical equipment will be furnished to these health centers in order to carry out such a program.

All patients admitted to these health centers will be under the care of a state registered and licensed physician as defined by the laws of the State of Texas. The United States Public Health Service also plans to furnish physicians in areas where it is necessary.

In summing up the above program, it is the opinion of the writer that this will be an excellent test for socialized or federal medicine. Such medical care will

either be established following success of such a plan in Texas or it will be rejected by an economy government as inefficient, extravagant and impractical.

Osteopathic physicians and surgeons should cooperate with civic and county officials in order to be represented on the staffs of such hospitals and health centers. Some osteopathic institutions in the state are the only facilities available in specific counties and local civic groups will endeavor to help enlarge and expand such institutions to fit the community needs. The osteopathic profession is to be commended for pioneering in rural areas to build clinics and hospitals in order to extend adequate medical care to these areas.

The Texas Department of Public Health extends its thanks to osteopathic institutions throughout Texas for cooperation and courtesies received in compiling the reports necessary in this survey.

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Orthopedic Academy Meets

The seventh annual conclave of the Osteopathic Academy of Orthopedics will be held at the Hotel Continental, Kansas City, Missouri, on February 26, 27, 28.

This conference is open to all osteopathic physicians and surgeons who are interested in the subject; membership in the Academy is not a requirement for attendance. The comprehensive scope of the program is indicated below.

Thursday, February 26, 1948

A. M.

8:30 Registration.

9:30 Address—Dr. C. Robert Starks.

10:00 Anatomy, Consideration and Relationship of Foot, Knee and Shoulder Girdle—Dr. George E. Snyder.

10:40 Inflammation of Tendons, Bursae and Muscles — Dr. Dorsey A. Hoskins.

11:20 Physiology and Pathology of Muscle Function—Dr. Leonard Grumbach.

P. M.

2:00 Functional Foot Disorders—Dr. John Martin Hiss, Dr. Karl P. B. Madsen, Discussant.

3:00 Diseases and Derangements of the Knee—Dr. J. Paul Leonard, Dr. Arnold Gerber, Discussant.

4:00 Shoulder Girdle—Dr. Troy L. McHenry, Dr. Warren Bradford, Discussant.

Friday, February 27, 1948

A. M.

10:00 The Radiographic and Clinical Aspects of Bone Tumors—Dr. W. W. Jenney, Dr. Wilmot R. Robinson, Discussant.

P. M.

2:00 Anatomy, Normal and Abnormal Relationship of Lumbar Spine—Dr. George E. Snyder.

2:40 Physiology of the Low Back, with special reference to referred and reflex pain in the Low Back—Dr. Leonard Grumbach.

3:20 Pathology of the Low Back, with special reference to histopathology of Discs—Dr. Dorsey A. Hoskins.

4:00 Orthodynamics of the Intervertebral Disc Lesion—Dr. Paul T. Lloyd, Dr. James M. Eaton, Discussant.

Saturday, February 28, 1948

A. M.

10:00 Evaluation of Facet Arthrodesis of the Lumbar Spine—Dr. James M. Eaton, Dr. Troy L. McHenry, Discussant.

11:00 Manipulative Therapy of the Low Back and Pelvis, with particular reference to Articulations and Fascia — Dr. Harold E. Clybourne, Dr. William W. Jenney, Discussant.

P. M.

2:00 Evaluation of Abdominal Pathologies Simulating Spinal Pathologies—Dr. H. J. McAnally, Dr. Harry F. Schaffer, Discussant.

3:00 Disorders of the Urogenital Tract causing Low Back Pain—Dr. A. A. Choquette; Dr. Charles H. Brimfield, Discussant.

4:00 Intra Medullary Metallic Fixation—Dr. W. E. Clouse, Dr. Theodore C. Hobbs, Discussant.

Bacillary Dysentery

DR. D. M. MILLS

Bacillary Dysentery is an acute infectious disease of the lower intestinal tract, caused by the *Shigella* groups of organisms, occurring in both acute and chronic forms, sporadically and in small epidemics. It is characterized by frequent stools containing mucus, pus, blood and is accompanied by pain, cramps, fever, nausea and vomiting.

It has been known by many names such as: acute and chronic diarrhea, enteritis, cholera nostras, winter cholera, intestinal gripe, intestinal influenza, gastric fever, intestinal disorder, and summer complaint.

The causative factors are usually three, namely those due to dysentery bacilli; those due to Protozoa; those of unknown etiology. The last group is a large one and, of course, cannot be accurately described.

There are a certain number of cases which have all the ear marks of an infectious disease, yet neither bacilli nor amoeba can be found, and it is not improbable that some of these unknowns may be due to virus infections.

Another large group is that in which the diarrhea is not itself the disease but merely a symptom of some other acute infection. Lastly there is the group in which the symptoms are due to some nutritional disturbance.

With improved sanitation and better methods of treatment and control the bacillary dysentery tends to diminish, leaving a higher and higher percentage of cases of nutritional diarrhea.

The disease occurs in all countries and in all climates, but is commoner in the tropics and in the warmer parts of the temperate zones than in colder regions. It is more frequent in the hot weather of summer than at other seasons. Both sexes and all ages are attacked. There is no racial immunity, nor does one attack give any immunity against a second attack.

A moderate percentage of patients in tropical areas may have only toxemic symptoms at the onset and attention may not be directed to the bowel until loose stools appear, sometimes as long as two days later. Early symptoms may suggest dengue fever or malaria or other conditions manifested by fever and headache.

The symptomatology of bacillary dysentery is variable, depending on the strain of organism, its virulence, the size of the initial infection and the general condition and resistance of the patient.

One group of symptoms includes those caused by the acute toxemia, resulting from absorption of exotoxin of *Shigella dysenteriae* or of small amounts of the endotoxin of *Shigella paradyse*.

teriae. To such toxemia can be attributed the fever, headache, chills, malaise, nausea, vomiting and generalized aches, in that general order of frequency. As a rule the acute toxic symptoms subside spontaneously in one to three days.

The second group of symptoms is the result of bowel involvement and includes frequent bowel movements, cramps and the passage of bloody and purulent stools. Such diarrhea is watery and urgent, and in those cases in which a large amount of tenesmus is present there is usually an unusual amount of low rectal involvement.

Stools number from one to forty each twenty-four hours, usual average being five to ten. Fever ranges from 99.5 Fahrenheit to 105 Fahrenheit, the average being about 101 Fahrenheit.

The cramps in Shiga dysentery are nearly always low abdominal, although occasionally they occur in the mid or upper abdomen. Headaches also may be severe.

Physical findings are of little help in making a positive diagnosis. Often however, a tenderness over the descending

colon helps to confirm the suspicion that the bowel is the source of the initial headache and fever.

The earliest positive diagnosis of bacillary dysentery is made by proctoscopy and proctosigmoidoscopy. Contrary to the common conception of such an examination as part of the initial physical evaluation, the procedure is neither difficult nor painful in patients with diarrhea. It can be done as easily as the routine digital, and with no more bother. If the patient is allowed to empty his bowel immediately before the proctoscope is inserted, the bowel usually will be found perfectly prepared for examination. It is usually unnecessary to first give an enema. In most patients the diagnosis can be made with the instrument inserted no more than five inches, and the procedure requires only a few minutes. Specific diagnosis by culture of the stool usually requires two or more days and usually the early cultures will be negative. The first stools often do not contain pus or blood either grossly or microscopically. It is neither necessary nor desirable to wait for char-

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acteristic stools to appear before making a working diagnosis of bacillary dysentery.

The type of bowel lesions seen on proctoscopy depends on the stage of the disease, on the virulence of the organism and on whether or not chemotherapy has been used prior to the examination. There are several salient features on which the diagnosis may be based.

Early phase—even when the symptoms have been present only a few hours some common features are found. Mucosal edema and diffuse hyperemia form the background. Punctate flame shaped or ecchymotic hemorrhages are visible either in the mucosa or beneath it. Studded through the mucosal surface in this acute phase there may be the most characteristic lesions of all, miliary mucosal abscesses of pin point or pin head size. These are creamy in color, slightly elevated and probably represent localized accumulations of leukocytes. These abscesses in the untreated cases become topped by shallow ulcerations. When the patient receives suitable chemotherapy the abscesses may disappear quickly or be replaced by reddish granulations. It is in the early acute phase of bacillary dysentery that the best opportunity for quick healing is offered. Up to a certain point in this infection the bowel mucosa may endure toxic changes without damage, but beyond that point the lesions must run their own course and their resolution is less quickly influenced by chemotherapy.

If a patient with bacillary dysentery receives no treatment or if several days elapse before medical care is sought or treatment given, one of several things usually happen. The disease may be mild enough to run its course quickly without treatment, or it may run a delayed course and may reach an indolent ulcerative stage. It is the delayed course which shows best the middle phase of healing.

In the middle phase the mucosal changes are usually accelerated by chemotherapy. With or without treatment

the lesions of the initial process clear in an order chronologically the opposite of their appearance. If first seen during the middle phase, the mucosa may not have much residual edema and fresh or fairly old granulations may have developed at the sites of previous mucosal necrosis or abscesses. These granulations vary in number and size. They are usually irregular in shape and separated by the fairly normal areas of mucosa not previously involved by necrosis. The granulations are usually a dusty red or purple, and in their centers superficial ulcers may or may not be seen. When present, such ulcers may vary from 0.5 millimeter to over 1 centimeter in diameter and may be round, oval or serpiginous. Their bases may be distinctly gray and dirty. The proximal surfaces of the valves of Houston are favorite sites for granulation and ulcers, although there is no regularity of location. A patient with much rectal tenesmus may have most of his mucosal lesions in the distal 6 centimeters of the bowel.

As these lesions heal the free pus and blood disappear from the lumen of the bowel and soon afterward the mucosal edema lessens. The diffuseness of the mucosal hyperemia as well as evidence of necrosis and pseudomembrane is lost. The abscesses and sometimes the hemorrhages vanish with only a trace remaining. Granulations fill in the ulcerations and may assume an elevated mulberry studded appearance. These dusky granulations usually become progressively lighter in color until a vague pink lymphoid type area remains. When this is no longer evident there is a restoration of the normal vascular pattern of the mucosa.

The most characteristic lesions of this phase are the ulcerations and the granulations which are part of the healing process. The granulations may be reluctant to disappear from the mucosa even though there may be no coincidental clinical symptoms. A red to pur-

plish dry granulation may lend to considerable areas of the mucosa a mulberry appearance, while at the same time there may be no diarrhea or cramps. Such lesions often persist for many days after the patient could be considered cured symptomatically.

Immediate diagnosis and prompt adequate chemotherapy are necessary to prevent the development of such slowly reversible lesions. There is a late phase in which no treatment has been given. Here indolent ulcerations occur.

In the differential diagnosis of the many conditions associated with diarrhea and the other symptoms suggestive of bacillary dysentery are: amoebic dysentery, gastroenteritis of undetermined origin, salmonella infections such as paratyphoid fever, idiopathic ulcerative colitis, cholera, staphylococcus food poisoning, epidemic diarrhea with nausea and vomiting, schistosomiasis, segmental enteritis, bowel neoplasms, balantidiosis, irritable bowel and malaria.

In 90% of cases of diarrhea it is probably possible to make an early diagnosis of Shiga dysentery by means of the proctosimidoscope. As a rule in gastroenteritis, staphylococcic food poisoning and epidemic diarrhea, you will find only mild edema and mild hyperemia of the mucosa.

The treatment should begin with putting the patient to bed, on a simple liquid diet. Although many mild attacks occur, the disease should always be taken seriously. In this as in other acute infectious diseases, early treatment is of the very greatest importance. The rest in bed should be complete and the patient should use a bedpan and not be permitted to get up to go to stool. Because of the great prostration, special attention should be paid to keeping the patient warm, and he should be given enough liquids to allay thirst. Rice and barley water are satisfactory drinks, and strained gruels, whey, albumin water, and clear soups may be given as bland and liquid foods.

In regard to chemotherapy, bismuth, kaolin and paregoric have been used for years. Sulfaguanidine, sulphanilyl benzamide, sulfadiazine and succinyl sulfathiazole may be used. Of the four, sulfadiazine seems to work faster and better. Serum and vaccines have been tried, but with very poor results.

I have tried to bring something practical that you can easily carry out in your daily practice, and I am sure that if each of us examines the next few cases of diarrhea that come to us for treatment, by procotoscope, we will be able to see these changes and therefore appreciate more fully the pathology occurring in the intestinal mucosa.

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Texas Osteopathic Hospitals



Houston Osteopathic Hospital

Houston, Texas

This institution is governed by a board of trustees, the officers of which are: Dr. W. S. Gribble, Jr., president; Dr. J. R. Alexander, vice-president; Dr. W. H. Badger, secretary, and Mr. O. C. Castle, treasurer. The lay-members of this board are: Colonel John Lansdale, Tax Evaluation Engineer of Southern Pacific Railway Company; Mr. A. C. Burnett, of the firm of Langham, Langston and Burnett, Insurance Counselors; Mr. Leslie O. Tarrant, owner of Tarrant Wholesale Drug Company; Mr. Lester Ricks, Attorney; Mr. O. C. Castle, retired executive of Southern Pacific Railway Company; Mr. Herbert G. Turner, Divisional Personnel Manager of

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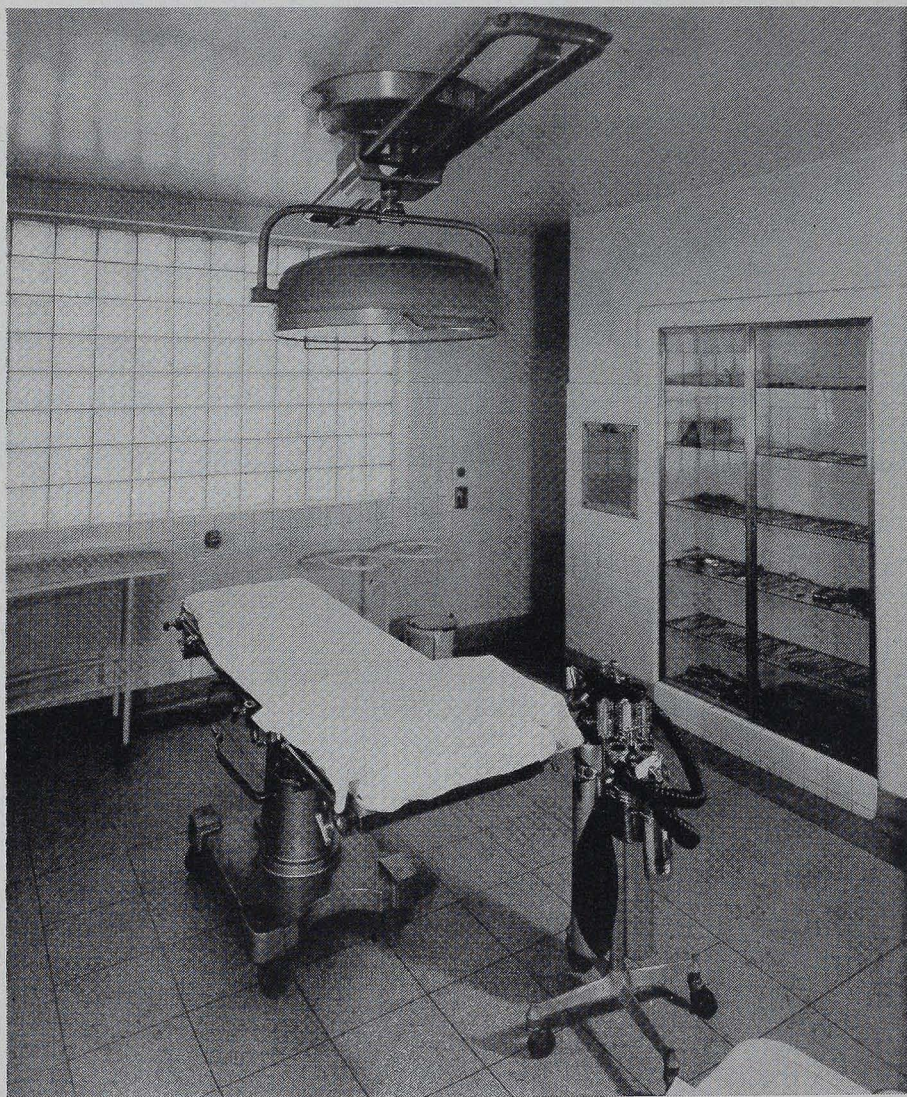
This hospital was chartered as a non-profit corporation doing business in the state of Texas, and has been declared tax-exempt by the Bureau of Internal Revenue at Washington.

The Medical and Surgical Staff is open to any member of the osteopathic profession who is in good standing in his national, state, and divisional osteopathic society, that will subscribe to the rules and regulations of the hospital. Courtesy staff privileges are open to members of the medical profession who are in good standing with their respective national, state, and local societies,

that are willing to conform to the constitution, by-laws, and staff rules and regulations of this hospital.

This hospital staff is organized, and the officers are: Dr. Reginald Platt, president; Dr. J. J. Choate, vice-president, and Dr. Esther M. Roehr, secretary-treasurer. The staff is departmentalized, and the requirements for membership in

the various departments are those set down by the Bureau of Hospitals of the American Osteopathic Association, and the American College of Osteopathic Surgeons. The chairmen of the various departments are: Dr. J. J. Choate, osteopathic medicine; Dr. W. F. Hall, anesthesiology; Dr. Esther M. Roehr, obstetrics; Dr. W. H. Badger, pathology;



Operating Room, Houston Osteopathic Hospital

Dr. David Jaffee, x-ray; Dr. C. W. Hammond, eye, ear, nose and throat, and Dr. W. S. Gribble, Jr., surgery.

The Houston Osteopathic Hospital was opened January 18, 1946, and since its opening, has had a steady flow of patients. At the present time, plans are underway to increase the size of the hospital to 75 beds, by the addition of a second floor. It is hoped that this ambition will be fulfilled in the next year or two.

The osteopathic profession of Houston are indeed proud of this institution, and justly so. They have all made substantial contributions to the institution, and are always on the job when needs of the hospital call. This hospital is second to none in arrangement and equipment, and is the only institution in Houston that is completely air-conditioned, there being separate systems for the hospital and the operative theatre. The personnel of the hospital includes some 34 employees, under the management of Mr. W. S. Gribble, Sr., who serves under appointment from the board of trustees.

All members of the osteopathic profession are cordially invited to drop in at the hospital when they are in this vicinity, and the hospital is looking for-

ward to the conduct of a clinical program to be held in connection with the state osteopathic association convention in April, 1948.

SPARKS HOSPITAL NEWS

Dr. Willard Brown of Garland, Texas, was the principal speaker at the monthly staff meeting held at Sparks Hospital the evening of December 8. Dr. Brown gave a very interesting lecture and demonstration of the application of osteopathic therapy in the general practitioners office. The talk was well received by the staff with a request that more osteopathic programs be presented in the future.

o o o o

Dr. Keith L. Hull who until just recently practiced in Fredericktown, Missouri, has joined the hospital staff in the capacity of intern. Dr. Hull graduated from K.C.O.S. in 1940 and entered practice at that time. His interest at this time is specialization, therefore he gave up his practice and is now on the first lap.

HAPPY NEW YEAR

TO ALL OF YOU, FROM ALL OF US

Medcalf & Thomas

Medical Arts Building

FORT WORTH, TEXAS

Proctologists Meet in Dallas in February

The American Osteopathic Society of Proctology will hold its twenty-second annual convention at the Baker Hotel in Dallas on February 18, 19 and 20th.

This convention will be the second one held by this society in Dallas, the first being held there in 1939. The society is a national organization with a membership of 350 osteopathic physicians, all of whom specialize in proctology.

The officers are: Dr. R. Vance Toler, President, Shawnee, Oklahoma; Dr. J. Joseph Cronin, Vice-President, Boston, Massachusetts; Dr. Arthur O. Dudley, Secretary and Treasurer, Pasadena, California; Dr. Carl S. Stillman, Program Chairman, San Diego, California; Dr. Marille E. Sparks, Local Convention Arrangements Chairman, Dallas, Texas.

Although the official program schedule is not available as we go to press, we have telegraphic information indicating that the program will be comprehensive. Papers on appropriate subjects will be presented by Drs. F. E. Magee of Indianapolis, Indiana, Felix Swope of Washington, D. C., Reginald Platt of Houston, Texas, Louis Hoersting, Dayton, Ohio, and S. Dales Foster of Asheville, North Carolina.

A very interesting feature of the program will be the showing of motion pictures of surgical techniques which have been filmed under the direction of Dr. J. Maxwell Jennings of Kalamazoo, Michigan. Contributors to this feature

are the Dover Clinic of Boston under the direction of Dr. F. D. Stanton, Dr. John Orman of Tulsa, Oklahoma, the Amarillo Osteopathic Hospital, under the direction of Dr. L. J. Vick and other surgical photographers.

Clinical surgery will be demonstrated by Drs. J. J. Cronin and F. J. Malumphy of the Dover Clinic at Boston, Drs. John Orman and Layne Perry of Tulsa, Oklahoma, Dr. L. J. Vick of the Amarillo Osteopathic Hospital and Dr. E. E. Ludwig of Rochester, Michigan.

Didactic sessions will be held at the Baker Hotel and the clinics at the Sparks Clinic and Hospital. You are urged to register your clinic cases immediately with Dr. Patrick Philben, 5008 Columbia Street, Dallas, Texas or at the Sparks Hospital. Send your problem cases to this clinic. They will be cared for by outstanding specialists and all work is free with the exception of hospital expenses.

Non-members of the society may attend this convention by special registration.

There will be plenty of activity for the ladies. On Wednesday noon, February 18, luncheon will be given in the Mural Room of the Baker Hotel which will feature a Neiman Marcus style show. On Thursday morning, the 19th, a "coffee" will be served at the home of Mrs. G. F. Pease and on Friday, the 20th, a luncheon will be held at the Dallas Athletic Club. At these affairs, Mrs. M. S. Miller of Fort Worth, President of the State Auxiliary will be on hand to greet the visitors.

KIRKSVILLE NEWS

KCOS PROVIDES FEATURE FOR RADIO

In November, the college undertook a further extension of its services by assuming responsibility for a weekly public service program on Radio Station KIRX (1450) at Kingsville. "The People's Health" is the title of the program heard each Monday evening at seven o'clock.

The programs scheduled for the next six months include interviews of members of the faculty and staff on problems of the people's health and the preparation of physicians and nurses, round table discussions by college personnel and visitors on current problems bearing upon the nation's health and newscasts embodying national, state and local information having to do with health.

The series of programs opened November 17, during the week of the intensive drive for the Osteopathic Prog-

ress Fund by the Missouri Association of Osteopathic Physicians and Surgeons-

Registration is rolling up early for the post-graduate course in Osteopathic Therapeutics January 26 to 31, 1948, according to Dean M. D. Warner. "Registration to date indicates a full enrollment for the post graduate course in January," Dean Warner said. "However," he adds, "the quota is not filled. Send along your applications."

Dr. Howard E. Gross, of Kirksville, has been appointed to associate membership on the staff of the Clinic and Hospital at the Kirksville College of Osteopathy and Surgery in the Department of Obstetrics, President Morris Thompson has announced. Dr. Gross is on the college faculty as Instructor in Osteopathic Principles and Technic. He graduated from the KCOS in 1940.

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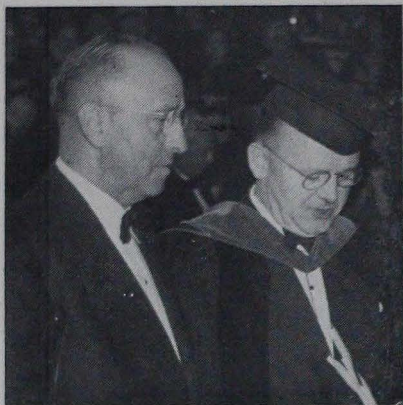
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At the recent annual conclave of the American College of Osteopathic Surgeons in Los Angeles, Dr. Sam F. Sparks of Dallas was honored by being made a Fellow of the College. The picture above was taken during the ceremony and shows Dr. Sparks with his sponsor, Dr. George C. Widney of Albuquerque, New Mexico.

Congratulations, Dr. Sparks!

PASSES AWAY

Dr. T. J. Crowe, for many years a member and secretary of the State Board of Medical Examiners, succumbed to a heart attack on New Year's day while at breakfast in downtown Dallas.

Dr. Crowe was born in Newark, N. Y. in 1862 and came to Dallas at an early age. He practiced homeopathic medicine in that city for more than fifty years. For the past eighteen years he had not been engaged in active practice but carried on as secretary of the Board of Medical Examiners.

Dr. Crowe had been President and Vice-President of the Federation of State Medical Boards of the United States, a member of the National Board of Medical Examiners, President of the Texas Homeopathic Medical Association and a member of the American Institute of Homeopathy.

VITAL STATISTICS

It is estimated that during 1947 there were 195,000 live births and 61,000 deaths in Texas. The number of births in 1947 far exceeds the former record of 180,000 in 1946. The excess of births over deaths last year gave Texas a natural increase in population of 134,000 people, according to Dr. Geo. W. Cox, State Health Officer.

It has been apparent for some time that reductions in the mortality due to preventable causes could not any longer offset the staggering increase in the number of deaths due to cancer and the various heart diseases. For this reason, it was not difficult to predict that 1947 would see the general death rate begin an upward trend.

Practically all of the increase in the mortality during the first nine months of 1947 may be attributed to the steadily mounting toll of death levied against the population by heart disease, cancer, and apoplexy.

Considerable satisfaction should come to those engaged in public health work in knowing that during the first three quarters of 1947 the lowest death rates ever recorded in Texas were reached for the following diseases: typhoid fever, diarrhea and dysentery, scarlet fever, diphtheria, measles, poliomyelitis, tuberculosis, malaria, syphilis, pellagra, and typhus fever.

LUCKY NO. 7?

T.A.O.P.S. already has three members who have paid their full dues for 1948-49. The No. 1 card of the year was issued to Dr. George Grainger, President-Elect, of Tyler. The No. 2 card went to Dr. Frank B. Moon of Dallas and No. 3 to Dr. H. A. Spivey of Denison.

Who will be lucky 7?

CONVENTION PREVIEW

Watch this page each month for inside information on the state convention to be held in Houston, Texas next April, which promises to be the best from a scientific standpoint and the most colossal from an entertainment standpoint of any convention ever held.

The war is over, our pockets are full of folding money, and "the sky is the limit." Don't plan to attend the convention unless you are prepared to absorb a comprehensive scientific review on all current subjects, and have a "helluva" good time along with it.

Dr. Laurence Houts, of Long Beach, California, will be one of the guest speakers for the 1948 state convention to be held in Houston April 15-17.

Dr. Houts comes to us as one of the best qualified ENT specialists in the profession, having had his pre-medical training at UCLA in 1927 and received his D.O. degree at the College of Osteopathic Physicians and Surgeons in Los Angeles in 1932. Dr. Houts had special training at the Los Angeles County Hospital and was an attending member of the ENT staff of that hospital until 1942. Since that time he has been associate professor of surgery (ENT) at the College of Osteopathic Physicians and Surgeons. He was certified in Ophthalmology and Otolaryngology in 1942. Dr. Houts is a member of the American College of Osteopathic Surgeons and the American Osteopathic College of Ophthalmology and Otolaryngology, and at the present time is serving as chairman of the advisory board of the Magnolia and Los Cerritos Hospitals in Long Beach.

Dr. Houts will review all of the recent developments in eye, ear, nose and throat practice, which include the influence of chemotherapy in ENT practice, new methods of sight-saving, plastic implants in enucleation, plastic eyes, relief

for otosclerosis and hearing disturbances, and voice boxes in laryngeal diseases. He will also discuss "The Relation of Diseases of the Eye to General Systemic Conditions" and "The Relation of Nose and Throat Conditions to Diseases of Other Organs of the Body."

Dr. William S. Gribble, Jr., general program chairman, states that every osteopathic practitioner in the state will derive a material benefit from Dr. Houts' lectures, for in proof-reading the manuscripts, he found them to be the type of presentations that would be useful to the general practitioner as well as the specialist.

NOTICE! ALL FISHERMEN!

There have been considerable requests for a deep-sea fishing trip in the Gulf of Mexico during the 1948 convention. Preliminary investigation has been made and a 57-foot seaworthy craft equipped with 2-way radio and twin diesel engines has been tentatively chartered for this trip. The date of the trip will be Sunday morning, April 18, and those taking the trip will be back at the Rice Hotel in Houston at six o'clock Sunday evening.

If you are interested in this cruise, notify Dr. Stanley E. Hess, Jr., 2023 South Shepherd, Houston, Texas immediately.

All deep-sea tackle, bait, etc., will be furnished locally. There are always an abundance of kingfish, mackerel, and particularly red snapper awaiting those who are sport enough to take this 50 mile trip into the Gulf of Mexico.

NOTICE!

Please get your wife and summer tux out of the moth balls, because you are going to need them both in HOUSTON.

AUXILIARY NEWS

The Auxiliaries to the Texas Association are deeply appreciative of the opportunity that has been given us by the editor, Dr. Nelson, to have our own news section in the Journal. It is up to each local and District Auxiliary to contribute its news regularly so that each of us will know what is going on all over the state. In this way each Auxiliary will profit by the experience and ideas of the different organizations.

Those of you that attended the mid-year convention in Tyler will recall that Mrs. Grover N. Gillum, of Kansas City, the president of the Auxiliary to the American Osteopathic Association, visited us and gave many helpful suggestions. Mrs. Gillum gave the following five point program for the women of Texas to work toward:

1. A 100% membership in the State and National Auxiliaries (that means we should have almost three hundred members and we have only sixty-eight.)
2. An active Auxiliary in each of the nine districts of the state.
3. Local Auxiliaries to each county and city society.
4. All Auxiliaries have been asked by the National Auxiliary to give financial support to one or all of the funds listed below:

The Scholarship Fund.

The Student Loan Fund.

The A. O. A. Progress Fund.

The Public and Professional Welfare Fund.

5. A permanent file that contains the home addresses of each Osteopathic wife in Texas. (Please return promptly the postal card you will find enclosed in a personal letter that you will receive in the near future from me.) P. S. Remind friend husband to bring all communications, addressed to you of course, home to you that might be mailed to his office.

Women, our work is before us. Only by cooperation from each of you can our Auxiliary work in Texas go forward. Let's get busy and make 1948 an outstanding year.

Those of you who are not privileged to belong to a district or local organization can become individual members by sending \$3.00 to Mrs. George Luibel, 2512 6th Avenue, Fort Worth, Texas, our state secretary. She will send your dues to the national secretary and keep your state dues in Texas. Do this today as we need each of you as a member.

In the near future you will receive a letter from me with further information on the five point program as outlined by President Gillum.

I will be glad to furnish all available information to any group which is interested in organizing a district or local group.

MRS. M. S. MILLER,
4813 Ohio Garden Road
Fort Worth, Texas

DISTRICT NO. 1 AUXILIARY

The Amarillo Osteopathic Hospital Staff and the Staff Auxiliary Christmas party was a big success. The room was beautifully decorated with red and green balloons, the tables with Yuletide candles and there was also a large Christmas tree.

Mrs. Ruby Ellen Vick, president of the Staff Auxiliary, gave the welcome address.

Dr. Earle Mann, an excellent toastmaster, introduced the members and their guests and he with Dr. J. Francis Brown—always in a jovial mood—raffled off a turkey and a ham. The turkey was won by Mrs. Fontelle Jackson and the ham by Mrs. Vick.

Entertainment features included the singing of Christmas Carols led by Mrs. Lelia Ballew to the accompaniment of Mrs. Dorothy Brown, a book review of "The Miracle of 34th Street" by Mr. John McCarty, movies shown by Dr. Keith Lowell and later the presentation of gifts by Mrs. Fern Gorrie, Mrs. Louise Mayer and Mrs. Gurrie Stewart.

To the Arrangement Committee composed of Mrs. Harriette Mann, Mrs. Gurrie Stewart, Mrs. Lelia Ballew, Mrs. Virginia Soper and Mrs. Fern Gorrie is due heartiest congratulations.

The Ways and Means Committee of the Staff Auxiliary composed of Harriette Mann, Virginia Soper, Fontelle Jackson, Lelia Ballew, Helen Cain and Gurrie Stewart is now planning a luncheon for the February meeting. This will be a "pitch in" luncheon for the doctors—allowing them to pay for the meals. Mrs. Margaret Cradit and the Student Loan and Scholarship Committee will have charge of the program.

FORT WORTH GUILD

The Fort Worth Osteopathic Hospital Guild met at the home of Mrs. R. W. Briscoe on December 11 for the regular monthly meeting. Treasurer's report indicated that \$46.50 profit had been made at the Fall Rummage Sale. The group is also selling purse clips as a new project for the raising of funds for their work.

NEW YEAR'S THOUGHTS

*Let us walk softly, friends;
For strange paths lie before us all untrod,
The New Year, spotless from the hand of God,
Is thine and mine, O friends.
Let us walk straightly, friends;
Forget the crooked paths behind us now,
Press on with steadier purpose on our brow,
For better deeds, O friends.
Let us walk gladly, friends;
Perchance some greater good than we have known
Is waiting for us, or some fair hope flown
Shall yet return, O friends.
Let us walk humbly, friends;
Slight not the hearts ease blooming round our feet;
The laurel blossoms are not half so sweet,
Or lightly gathered, friends.
Let us walk kindly, friends;
We cannot tell how long this life shall last,
How soon these precious years be over-spent;
Let love walk with us, friends.
Let us walk quickly, friends;
Work with our might while lasts our little stay,
And help some halting comrade on the way;
And may God guide us, friends.*

NEWS OF THE DISTRICTS

A PROGRAM FOR 1948

The osteopathic physicians and surgeons of District One subscribe to and recommend honest, enthusiastic and hard work in 1948. This work is based on the concept of giving to each individual patient the best possible service, to the profession the highest ethical cooperation, and to the community, constructive citizenship.

This involves an obligation to long hours of work. It calls for continued study and training. It means subscription to the district, state and national associations and active participation in cooperative efforts of the profession. It will be necessary for the osteopathic physician to sacrifice himself and his time in efforts toward community betterment. It will obligate the doctor to win the friendship of all public officials, especially those directly influencing legislation.

Each must do his very best in his practice, in his home and in his community to attain for himself a high degree of respect and dignity. The base on which this is built is:

1. Service to the patient.
2. Service to the community.
3. Service to the profession.

At no time does this call for time or effort spent in criticizing or envying other branches of the healing arts. In fact, it calls for a recognition of their fine training, ability and professional obligations in a tactful, complimentary way. Knocks have a way of bouncing back against the man doing the knocking.

In short, each of our osteopathic physicians and surgeons must in 1948 do the best job within his power to practice the great profession of osteopathy so as to merit the support and admiration of the patients, the gratitude of the community and, finally, the commendation of the profession. When this is done the osteopathic physician will be practicing the Golden Rule — "Do unto others as you would have them do unto you." When he practices this rule faithfully and long enough his practice will increase, his home will be happier, his community will respect him more and his profession will be proud and honor him as one of its leaders. The only difficult thing about this program is its simplicity, the only cost faith, vision and hard work, and the inevitable reward success and happiness of the highest order.

Let's work hard together in 1948.

JOHN L. MCCARTY,
Amarillo, Texas

DISTRICT NO. 1

Dr. W. M. Jackson will give an illustrated lecture on X-ray interpretation at the Amarillo Osteopathic Hospital staff meeting on Wednesday, January 21.

Dr. and Mrs. Earle H. Mann talked to their son Raymond, who is stationed in Sendai, Japan. He hopes to receive his discharge in time to return and enroll in Amarillo College for the spring semester.

News of the Districts - (Continued)

Amarillo, January 20.—Dr. Lester J. Vick, of Amarillo, announces his annual Winter Post-Graduate Course to be held during the week of February 23 to 28, inclusive, at Amarillo Osteopathic Hospital and Clinic.

Instruction will be given in proctology, herniology, varicose veins, phlebitis, and other conservative office procedures. In addition to lectures, black-board drawings, motion pictures, and clinical demonstrations will be employed to teach advanced technics.

Dr. Lester J. Vick will be assisted by M. M. Vick, D. O., F. A. C. O. Pr., of Loveland, Colorado.

Instruction is offered only to advanced students, and classes are to be limited.

Dr. and Mrs. J. H. Chandler flew to Albuquerque, New Mexico to spend Christmas with their daughter and son-in-law, Mr. and Mrs. K. W. Moore, Jr.

Dr. and Mrs. L. V. Cradit entertained their daughter and son-in-law, Mr. and Mrs. Mason of Denver, Colorado, during the holidays.

Mr. Richard Soper, a student in Kansas City University was the holiday guest of his brother and sister-in-law, Dr. and Mrs. Ralph Soper.

Dr. and Mrs. J. Francis Brown had as their guests for the Yuletide, Congressman S. W. Arnold of Kirksville, Missouri, father of Mrs. Brown and the doctor's father, Mr. J. J. Brown of Concordia, Kansas.

Dr. and Mrs. W. A. Ballew spent their Christmas holidays with Dr. Ballew's mother, Dr. Jo-Ann Campbell of Wichita Falls.

Dr. and Mrs. W. M. Jackson entertained with a buffet supper during the holiday season. Decorations throughout the house featured the Christmas motif and there was a gaily decorated tree. Carols to the accompaniment of Mrs. Brown were sung, pictures were shown by Hertner's Studio and an original paper was read by Dr. Jackson on "When Will Christmas Come?" Guests included Drs. and Madams L. V. Cradit, L. J. Vick, Earle Mann, J. Francis Brown, J. H. Chandler, Ralph Soper and Robert Lingenfelter of Denison.

DISTRICT NO. 2

The next regular meeting of the district will be held on January 25 at the Woman's College in Denton, Texas. Dr. J. L. Love of Austin will speak on association affairs.

At the regular monthly meeting of the Dallas County Osteopathic Association January 8th, a dinner was held at Stoneleigh Court. The speaker was Dr. Kenneth Wooliscroft, newcomer in Dallas.

The Association voted to entertain our State President with an appreciation dinner the same as we entertained Dr. Morgan last year; we are hoping for the event to become an annual affair.

Dr. and Mrs. V. C. Bassett spent three weeks recently on Dr. Bassett's mother's ranch near Marfa, Texas.

Dr. E. C. Brann has had an extended visit in the north and returned to his office January 10th.

News of the Districts - (Continued)

Dr. Charles M. Hawes of Denison had the honor of delivering the first baby of the year in that city in what is known as the "Annual Diaper Derby." Mother was Mrs. J. E. Auten. Prizes are given by the business firms of Denison to the first baby born in the year.

Dr. Henry Spivey of Denison reports that Dr. Hawes nosed him out for this honor by just about one hour. Dr. Spivey delivered a baby at 1:48 A.M. for the number 2 position for the city and another at 5:30 P.M. for the number 3 baby.

Kinda tough, doctor,—at it from morning till night and still no prize.

Dr. Robert Morgan, immediate past president of the Texas Osteopathic Association and physician for Southern Methodist University of Dallas, announces to the profession that his team will play a leading role in the Cotton Bowl on New Year's Day. Dr. Morgan has been associated with S. M. U. teams for a number of years and is held in high esteem by the faculty and players. We, of the profession, appreciate Dr. Bob and the manner in which he helps keep osteopathy in the eyes of the public.

Dr. R. H. Peterson of Wichita Falls, president of the district association as well as a member of the State Board of Medical Examiners, spoke before the Mineral Wells Rotary Club on December 12 at the Baker Hotel. His subject was: "The Standards of Medical Practice and Good Health."

Dr. Peterson's address was very well received and the Mineral Wells *Daily Index* published an extensive article delineating various phases covered.

This was another grand example of what physicians can do toward fulfilling their civic duty of spreading information in the interest of the public health.

Announcement has been received of the opening of the Brown-Owen Clinic at 111 N. E. Second Street, Mineral Wells, Texas, for the practice of general medicine and surgery. Dr. J. G. Brown has been associated with the Norwood Clinic and Dr. E. H. Brown before entering practice in Mineral Wells, was former owner of the Owens Hospital in Harrisonville, Missouri.

Best wishes for a successful clinic!

DISTRICT NO. 6

The Houston Osteopathic Hospital had its annual banquet at the Warwick Hotel in Houston on January 19. The affair honored the outgoing and incoming officers of the hospital. President J. Francis Brown was speaker of the evening.

DISTRICT NO. 7

Dr. and Mrs. Harold V. W. Broadbent of Austin announce the arrival of their second son, David Randal on January 5, 1948. This youngest Broadbent weighed in at eight pounds, five ounces and has the distinction of being the first youngster reported in our osteopathic family this year. Congratulations!

On Saturday evening, December 27, the members of the Public Health Committee were invited to the home of Dr. W. H. Van de Grift of Austin for a chit-chat and refreshments preceding the scheduled meeting of the committee on Sunday, December 28.

Mrs. Van de Grift provided an unusual array of "goodies" for the group, all in the holiday spirit—a delightful prologue to the serious business of the committee.

News of the Districts - (Continued)

DISTRICT NO. 9

District Secretary C. R. Stratton of Cuero explains the scarcity of news from District 9 because there was no meeting in December. Just the same, his news report adequately covers the situation. He says: "No cuts, no boils, no hits, no runs, no errors and a Happy New Year."

How's that for snappy reporting?

Dr. and Mrs. Paul E. Pinkston recently enjoyed a vacation in Louisiana via the new Buick.

Dr. and Mrs. T. D. Crews and son Nickey have been in California for a month's vacation.

Report is that Dr. Willis Crews is



SEE YOU IN HOUSTON!

still on crutches. When he abandons them this column will lose some news.

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EDITOR'S PAGE

THE HANDWRITING ON THE WALL

In using this trite expression, one might add that sometimes the characters are so large and we stand so close, we cannot read. We have to back away and get an overall view in order to understand.

Elsewhere in this issue is an article by Dr. Lige Edwards, president of the Texas Osteopathic Hospital Association, entitled "Extension of Public Health Facilities to Rural Areas in Texas." Dr. Edwards has packed his excellent article with information. It is recommended that you read it twice and then perhaps read between the lines and try to visualize what all this may mean to the osteopathic profession and thus, to you.

In the June 1946 issue of the Journal of the American Osteopathic Association, the writer had an editorial entitled "The Health Center Idea Will Grow." This was written before the Hill-Burton bill, S-191, was passed by Congress and became Public Law No. 725. Dig out that old A. O. A. Journal and read that article along with Dr. Edwards' article. Something is happening right under our noses and the chances are that, as usual, we will sit smug and contented until the handwriting on the wall becomes a fact and the "weeping and gnashing of teeth" resounds again.

Congress has said again and again that adequate medical care must be provided to all the people of the United States and the recurrence of legislation in that direction makes it pretty evident that this will be done. Public Law 725 appropriates \$75,000,000 annually for aid to projects approved under the regulations of the law. Of this total, \$24,000,000 or almost one-third, is allocated to be spent in the State of Texas! Obviously we have the largest rural area

without adequate facilities. The survey completed by the Texas State Department of Health under the direction of Mr. Norman B. Roberts revealed that to bring the state from its present condition up to the minimum standards set forth by the United States Public Health Service for hospital beds would cost \$433,000,000. Texas gets almost a third of the total appropriation for assistance and this is only \$24,000,000. And Texas has fifty-six counties that don't have a single hospital bed!

What is the obvious answer? Health centers — lots of them. Already Mr. Roberts' Hospital Survey and Construction Division of the State Department of Health is receiving requests for assistance of various kinds from counties desiring to build such small institutions so that facilities may be available to induce doctors to practice in these rural areas.

What does your association think about it? Here's the resolution passed by the first House of Delegates meeting in Tyler in October:

"It is the consensus of this House of Delegates that the Texas Association of Osteopathic Physicians and Surgeons asserts that as an objective it will do everything in its power to aid in the provision of medical service to all the rural areas of Texas."

New men are coming into the state constantly and asking questions as to choice practice locations. Mr. Roberts' division of the State Health Department will be glad to give information as to the counties in Texas where such centers are being built or contemplated.

Let's keep in mind that within the next few years the State of Texas will be blanketed with adequate medical service and that the part that the osteo-

pathic profession plays in this process will depend on how active we are in helping to provide the service.

Keep your eye on Public Law 725 — it is the initial step in the making of many badly needed changes and we should be in there pitching to help bring them about.

HOW TO PICK A DOCTOR

In a recent edition of *"Woman's Home Companion,"* Albert Deutsch wrote an article "How to Pick a Doctor," omitting from this article any mention of osteopathic physicians or osteopathic hospitals.

Upon being asked why this omission was made, the associate editor informed the editor of the American Osteopathic Association that the author had been consulted and that his reasoning was as follows:

"When the average person wants a doctor and does not know how to go about it he nearly always is looking for an orthodox M. D. Telling him about osteopaths at that point, Mr. Deutsch believes, would only confuse him.

"On the other hand, those who are interested in osteopathic treatments are relatively sophisticated and make a deliberate choice. They do not need the kind of elementary help that Mr. Deutsch was trying to give."

Well, now! Ain't that something!

MEDICINE: The only profession that labors unceasingly to destroy the reason for its own existence.

—JAMES BRYCE.

Directive: By Administrator.

To: State Employees.

Subject: Death in Administration.

It has been brought to our attention that many employees are dying and refusing to fall over after they are dead. **THIS MUST STOP.**

On or after January 1, any employee found sitting up after he has died will be dropped from the payroll at once.

If, after several hours, it is noted that the worker has not changed position, the Supervisor will investigate. Because of the close resemblance between death and the natural attitude of government workers, the investigation is to be made quietly so as not to disturb the employee if only asleep. If doubt exists as to the true condition, extend a government check. If the employee does not reach for it immediately, it may reasonably be assumed that he is dead.

In all cases, a sworn statement by the dead man must be filled in on Special Form No 441½-B.S., fifteen copies are to be filed and three given to the deceased. Destroy the rest. O.G. 244-A —Application For Permanent Leave— must also be filled out by the employee. (Be sure to include the forwarding address). Complete case by pushing body aside to make room for the next incumbent.

The most beautiful thing we can witness is the mysterious. He to whom this emotion is a stranger, who can no longer pause to wonder and stand rapt in awe, is as good as dead; his eyes are closed.—ALBERT EINSTEIN.

HOUSTON
IN APRIL

Recessional 1948

From servile superstitions;
From women and from song;
From inane inhibitions;
From cowardice and wrong.

From weary, dreary platitudes;
From brutal, truths that hurt;
From mawkish, pawkish attitudes;
But, above all, from dirt.

From base ignoble purposes;
That reek of things abhorred;
From wanton jades and reckless blades;
Deliver us, O Lord!

- J. W. McPherson, D. O.

LOCATIONS AND REMOVALS

Dr. Ed Rossman has changed his location to 708 Oliver-Eagle Building, Amarillo.

Dr. Lucy Knollhoff is now serving an internship at the Amarillo Osteopathic Hospital.

Dr. J. W. Harder formerly of Los Angeles, California is now located at 641 Beaumont Avenue, Beaumont, Texas.

Dr. John D. Harvey is now practicing in Pilot Point.

Dr. Wayne M. Stevenson formerly of the Gribble Hospital at Vidor is now located at Kirbyville.

Dr. B. Lamar Jacques has changed his location from the Amarillo Osteopathic Hospital to 1307 Denrock Ave., Dalhart.

Dr. Joseph Beasley, Jr., is now located in Mexico. His new address is Calle Gante 4, Desp. 507-09, Mexico City, D. F., Mexico.

Dr. Ellis L. Miller who was associated with Dr. Grover Stukey in the Stukey-Miller Clinic of San Augustine has opened the Talco Clinic at Talco.

Dr. G. W. Thompson is now located at 10334 Palestine St., Houston. Dr. Thompson has recently moved to Texas from Kansas City, Mo.

Dr. Taylor Hall who practiced in Houston has left the state and opened offices in Anthony, New Mexico.

Dr. M. C. Atkins of the Atkins Clinic, Coolidge, Texas has moved leaving no forwarding address. Do you know where he is?

CAN YOU HELP?

In trying to round up all the back copies of the Texas Osteopathic Round-Up and the Texas Osteopathic Physicians Journal to have bound and save for those who come after us in the work of this association, we need the following issues:

1943—Texas Osteopathic Round-Up—Volume 1, Numbers 1, 2, 3, 4, and any that come after Number 7.

1945—Texas Osteopathic Physicians Journal—Volume 1, Number 4 for April 1945 and Volume 2, Number 1 for July 1945.

1946—Texas Osteopathic Physicians Journal—Volume 2, Number 4, the first issue of 1946. Volume 3, Numbers 1, 2, 3, for July, October, and December 1946.

If you have these you can send to the State Office or know where they can be obtained, it would be greatly appreciated.

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To You

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