Texas Osteopathic Physicians Journal

Volume XI FORT WORTH, TEXAS, JANUARY, 1955 Number 9

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EDITORIAL PAGE

HAPPY NEW YEAR!

As we enter a new year we should be grateful for the accomplishments of the past and resolve a greater success for the new year.

In 1954, the Texas Association of Osteopathic Physicians and Surgeons reached its peak of accomplishments. Let us review just a few—

The most important of such was the completion of the state office building and library—YOUR HOME.

The State Department of Health in the federal government recognizing the services of osteopathic physicians to the public made a grant of $400,000 for the construction of a new osteopathic hospital.

Several new hospitals, one of which has been completed, have been added to the list of hospitals to serve the public who desire osteopathic care.

Full membership in Blue Cross was consummated in all intern hospitals and most registered hospitals who requested membership.

From an educational standpoint the annual convention was a great success.

The postgraduate seminar put on by the State Department of Health was the largest and the best to date.

The membership was invited too attend the meeting of the American College of Surgeons held in Dallas, the most successful in the history of the American College of Surgeons.

Divisional societies have been reorganized to comply with the instructions of the house of delegates to make them more workable and in harmony with the TAOP&S.

Committee activity has been good. Particularly a new approach to public relations at the local level was organized—only a beginning but one that in time will bear fruit from a public relations angle.

1955 is a year to which to look forward. Much success is in store for your organization and the individuals of the profession. The success obtained will be in direct proportion to the efforts made by each individual physician toward the betterment of the health of the people of Texas and their efforts to cooperate in an organized way.

Texas Osteopathic Physicians' Journal

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TEXAS ASSOCIATION OF OSTEOPATHIC PHYSICIANS AND SURGEONS

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

ADVERTISING RATES UPON REQUEST. ALL ADVERTISING CUTS TO BE SENT WITH COPY

VOLUME XI FORT WORTH, TEXAS, JANUARY, 1955 NUMBER 9

Tibio-Fibular Diastasis

By CHARLES M. HAWES, D. O.

The ankle is a hinge (ginglymus) type diarthrosis which is formed by the lower end of the tibia and its malleolus, the malleolus of the fibula, and the inferior transverse ligament, which together form a mortise for the reception of the upper convex surface of the talus and its medial and lateral facets. The necessary stability of the ankle joint is obrained by the downward projection of the malleoli which form the clasping surface of the mortise on each side of the talus and permits only a slight degree of lateral movement.

1. The inferior talo fibula articulation is a syndesmosis type of amphiarthrosis which has no movement, save elasticity, which is important in maintaining the stability of the ankle mortise in trauma. The tibula and fibula are connected by a strong interosseous ligament, the inferior transverse ligament, and the anterior and posterior tibiofibular ligaments.

2. Diastasis is a form of dislocation, in which there is a separation of two bones normally attached to each other without the existence of a true joint. Thus, a tibio-fibular diastasis results in lateral separation of the mortise, causing disabling instability, insecurity of the joint, and eventually traumatic arthritis. The rupture of the inferior transverse tibio-fibular ligament allows for the diastasis and accompanies second degree abduction fracture dislocations of the ankle, when the fibula is fractured above the tibio-fibular joint.

The diagnosis of tibio-fibular diastasis is usually afforded by determining the space between the talus and the base of the internal malleolus. X-rays should be made with the bones in the position of strain and can best be evaluated by the local infiltration of an anesthetic agent to overcome the pain and muscle spasm which accompanies trauma.

3. "Every severely sprained ankle should be X-rayed with the foot held both in full inversion and full eversion." —Sir Reginald Watson-Jones. If the gap on the inner side of the joint, between the talus and medial malleolus, is greater than can be accounted for by displacement of the lateral malleolus, diastasis of the inferior tibio-fibular joint is proved and proper treatment must be applied accordingly.

The torn ligaments heal by the growth of new elastic connective tissue, and it takes time and functional stress to transform this tissue into a dense ligamentous structure which will not stretch under functional strain. Any stretching will widen the mortise and render the ankle unstable, hence, the reason for the protracted period during which the tibia and fibula must be held tightly together, and delayed and long protected weight bearing necessary.

Treatment of tibio-fibular diastasis can be treated by the following:

1. CLOSED METHOD—with manual manipulation affording firm approximation of the malleoli, it is necessary to apply a Plaster-of-Paris cast to form a tight support. There must be no forced dorsi-flexion, because the anterior portion of the talus being wider than the posterior portion has a tendency to act as a fulcrum and widen the mortise joint. The cast must be closely observed and kept snug. There must be no weight bearing on the affected extremity for approximately eight weeks, and Plaster-of-Paris immobilization should be maintained for twelve to sixteen weeks. The Plaster-of-Paris should be extended to the mid thigh and the knee maintained in a semi-flexed position.

Recurrence of tibio-fibular diastasis following closed reduction is common due to the inefficiency of external fixation. Detection of post reduction tibio-fibular diastasis can be afforded by frequent post reduction X-rays. As soon as the condition is diagnosed, open operation is advocated.

2. OPEN METHOD — approximation of the tibio-fibular syndesmosis can be afforded by the insertion of a supra-malleolar tibial bolt or screw. It is important that the fixation engage both the tibia cortices and at the time of the operative procedure over-correction must be avoided by moderate dorsi-flexion so that the widest part of the talus is engaged in the mortise joint. The fixation apparatus should be inserted approximately one and one-half inch above the ankle joint directed from the fibula to the tibia in an anterior oblique plane. It is important that the metallic fixation apparatus have deep threads for mechanical security. Following operative procedure a long leg cast must be worn for approximately six weeks, and a short leg walking caliper worn for approximately two to four weeks. It is important that weight bearing not be allowed for eight weeks whether the reduction be by closed or open method. It is advisable after eight to ten weeks that the metal fixation apparatus be removed because of the minimal amount of subcutaneous tissue in the area of the ankle joint.

* * *

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* * *

Case Presentation:

Patient—Mr. A. Y.
Hospital Case No. 52-14139

Admitting Diagnosis — Right tibio-fibular diastasis.

Chief Complaint: The patient complained of pain in the right ankle which had been present since September 16, 1952.

Onset and Course: On September 16, 1952, at approximately 11:00 p. m., the patient acknowledged jumping from a guard rail at his place of employment at which time he experienced pain and swelling of the right ankle. The following day his family physician was consulted and the patient was sent to a hospital for x-ray examination. The radiologist gave the family physician a negative report and conservative management for a sprained ankle consisting of elevation, adhesive strapping, no weight bearing, and analgesics was employed.

After two weeks on crutches, gradual weight bearing was allowed and five weeks after the injury, the patient returned to his usual occupation as a mechanic, although there was pain and swelling which caused the patient to limp upon ambulation. The company doctor would not allow the patient to return to his duty until x-rays were made, after which the patient was sent back to his family physician for further care.

Re-evaluation by the radiologist, who x-rayed the patient initially, revealed a marked separation of the ankle mortise in comparison to the initial film taken five weeks previously.

Orthopedic consultation was secured, at which time a diagnosis (provisional) of a tibio-fibular diastasis with partial subluxation of the talus, was made. The patient was admitted to the hospital on October 23, 1952, operative procedure was performed on October 24, 1952 and the patient was discharged on October 27, 1952.

Past History: Usual childhood diseases. Family history negative. Herniorrhaphy in 1943. Loss of fourth finger, left hand in 1941.

Physical Examination: Examination revealed a well developed white male, age 32, weight 175 pounds, height 5′ 6″ and blood pressure 154/110 mm. Hg., in no apparent distress.

Physical findings were essentially negative except for an enlarged right ankle that was tender to palpation and particularly dorsi-flexion motion. The skin over the lower one-third of the leg, ankle, and foot glistened and there was evidence of passive congestion (swelling) at this site. The deep tendon reflexes were physiologically normal.

Intern's Impression:

1. Possible essential hypertension.
2. Traumatic injury to right ankle.

Laboratory Examination:

R.B.C.—5,180,000
W.B.C.— 8,600
Hgb.—105%-16.8 grams
Schilling differential count—normal
Kahn—negative
Urinalysis—essentially negative

Roentenological Examination:

October 23, 1952.

Roentgen examination of the right ankle in antero-posterior, oblique and lateral projections shows evidence of lateral subluxation of the talus in relationship to the tibia. There is also evi-

dence of altered changes affecting the medial malleolus which we believe represent an avulsion type of fracture of that area.

Summary: Subluxation of the talus (partial dislocation) with avulsive fracture of the right medial malleolus.

Pre-operative diagnosis: Right tibiofibular diastasis with partial lateral subluxation of talus.

Operative procedure: Open reduction of right ankle with insertion of a lag wood screw.

Post-operative diagnosis: Right tibiofibular diastasis with partial lateral subluxation of talus.

Post-operative roentological examination: Post-operative examination shows evidence of a satisfactory reduction of the talus, there being only slight gaping between the medial margin of the talus and the medial malleolus. There is evidence of a screw through the distal end of the tibia and fibula for fixation purposes.

Summary: Post-operative studies show evidence of satisfactory reduction of subluxation of the talus, right.

Post-operative hospital stay was very uneventful with no evidence of post-operative complications, nor circulatory impairment due to the presence of the Plaster-of-Paris cast.

The Plaster-of-Paris cast was worn until December 14, 1952 with re-check x-rays being made at periodic intervals. A walking caliper cast was applied and the patient was permitted weight bearing. The external support was removed on January 10, 1953, and the ankle was protected with only an elastic bandage for support.

The patient was re-admitted to the hospital on May 11, 1953, and on May 12, 1953 the screw was removed. There was no discomfort or disability due to the metal screw insitu, but there was an obvious bump on the lower leg, most noticeable on the medial surface. The patient acknowledged bumping the leg upon occasions which would cause soreness and pain for a few days, otherwise there was no other disturbance.

On June 19, 1953 the patient was checked and re-x-rayed and the patient was asymptomatic and no evidence of widening of the mortise joint was present.

Third Annual Child Health Clinic
Fort Worth, Texas
March 25 - 26, 1955

The Clinic is pleased to announce that the State General Practitioners Association will hold its spring meeting on Sunday, March 27 at the Hotel Texas at 10:00 a.m. The program will consist of problem case presentations from the Clinic and discussions on pediatric subjects of interest to the general practitioner. Dinner will be served at noon.

Announcement of speakers who will assist in the program will be made in the February Journal.

Members of the General Practitioner group will be welcome to attend any of the Child Health Clinic the two days before their meeting. Dr. V. L. Jennings and Dr. Lloyd N. McAnally are in charge of local arrangements for the Sunday meeting.

We wish to call attention again to the doctors over the state that problem cases will be accepted for study during the clinic, March 25 and 26. Pre-registration is required and case history sheets will be mailed to the doctor in charge. Age limit is up to eight years. The fee is $1.00

Further information may be obtained by writing to Dr. Edward La Croix, secretary of the Doctors Committee. Address: 2725 East Rosedale St., Fort Worth, Texas.

HONORED

GEORGE J. LUIBEL, D. O.

Dr. George J. Luibel was elected president of the Fort Worth Cerra Club, Fort Worth, Texas.

Elected President of Missouri Hospital Group

Louis W. Handley, treasurer of the Kirksville College of Osteopathy and Surgery, was elected president of the Missouri Osteopathic Hospital Association at its annual meeting in Springfield recently.

Handley, a former trustee of the organization, has an interest and exper ience in this area dating from his appointment as Administrator of the KCOS Hospital in 1947. In 1948 he was elected treasurer of the Kirksville college and treasurer of the Kirksville Osteopathic Alumni Association.

He is a graduate of the Kirksville Public Schools and of the University of Missouri where he received the degree of Bachelor of Science in Business Administration in 1940. He served 29 months in the ETO in World War II and was separated from the service as a Captain in the Armored Forces in 1946. Recalled to military service in 1950, he served in Europe until the spring of 1952 when he was again separated from the service and returned to his duties at the KCOS.

Board of Trustees Meets

The mid-year meeting of the board of trustees was held December 11 and 12, 1954, beginning immediately after the close of the postgraduate seminar of the Texas State Board of Health held in Dallas.

The board was transported by cars at 1:30 p. m. to the state office where it held its first meeting, which began at 3 p. m., first, by inspection of the new state office.

Following this meeting, the board took action to compliment the state office committee upon its efforts and the results obtained in reference to the location and the construction of the building. Each member of the board of trustees expressed an enthusiastic approval of the results to date.

It further voted that unit 2 was to be made into a state library and instructed the committee to complete the landscaping of the lot.

Dinner for the board was had in Fort Worth and they returned to Dallas to the Baker Hotel where the board continued its business until midnight when they recessed until 8 a. m., December 12.

The president had instructed that this board meeting be devoted to verbal reports by chairmen of the Department of Professional Affairs and the Department of Public Affairs, with the exception of where there happened to be a bureau or committee chairman present, he could make his own verbal report.

It was felt that these department heads could bring the board up to date orally as to what activities had taken place by the different bureaus and committee chairman from the voluminous correspondence that was carried on during the past six months.

The board from these reports was of the opinion that committee activity had been up to par but expressed the opinion that it had not reached its peak of objectives.

The board took several important actions, the most important of which was in reference to the state JOURNAL and the adoption of the report and recommendations of the committee set up to evaluate the JOURNAL and to set up rules and regulations to be insisted upon by the editor in reference to printed material in the JOURNAL, which consisted of the following:

Rules Governing Professional Articles and News Items to be Accepted for Publication in the Texas Osteopathic Physicians Journal

(Adopted by Board of Trustees)

Articles not complying will be returned to writer for correction.

1. Sources of material used in articles

must be recognized in the text or in a bibliography or in both.

2. Pictures and diagrams not original with the writer must have the written consent of the original author or publisher or both, before using in the JOURNAL.

3. Papers must be in their final form as to grammar, structure, spelling, and punctuation when submitted for publication.

4. Papers should be typed and double spaced.

5. Papers should contain valuable and sound professional material such as would be a credit to the author and to the profession.

6. Gossip, unwholesome humor, totally unprofessional remarks must not appear in the news items, and the editor must be given authority to delete such remarks.

7. It is recommended that the president of each district and auxiliary appoint one person to be responsible for professional news and one person to be responsible for auxiliary news in each district, so that there will not only be better coverage of news but better separation of news to its proper classification.

News items must be divided into two classes:

1. Those concerned with professional members.

2. Those concerned with auxiliary members.

The editor made the recommendation that an editorial committee be appointed, this committee to consist of George J. Luibel, D. O., chairman, Ralph I. McRae, D. O., and the editor.

That, in addition to this, a review committee be set up to review professional articles to see that they meet with and follow the outline as printed above. George J. Luibel, D. O., was recommended as chairman by the editor to review all articles and particular attention to strictly osteopathic articles; Ralph I. McRae, D. O., to review psychiatric and internal medicine; H. Murphy Webb, D. O., to review surgical; J. O. Carr, D. O., for OB and GYN; C. D. Ogilvie, D. O., representing X-ray; Harold A. Beckwith, D. O., for eye, ear, nose and throat, and Helen K. Gams for anesthesiology. Each article submitted must be reviewed by at least two of this committee.

The board also adopted an uniform outline to be followed by all department and bureau committee chairmen in submitting the annual report as follows:

1. The name of the bureau, department or committee.

2. The objectives of the bureau, department or committee for the year.

3. What specific directions were issued to your committee for the year.

4. The activities of the committee for the year.

5. Results of these activities — your accomplishments.

6. The recommendations for activity for the ensuing year.

The board also set up the following committee to consider honorary life memberships if any recommendations were made to the committee: Merle Griffin, D. O., chairman; Ralph I. McRae, D. O., H. H. Edwards, D. O.

The board was pleased with the sound financial condition of the association and expressed its approval of the in-

Electrocardiography

A Post-graduate course in Electrocardiography will be given by the Kansas City College of Osteopathy and Surgery during the week starting January 24 through January 29, 1955.

The instruction will be given by Jacob Rosen, D. O., of the Faculty.

For information write to C. H. Morgan, D. O., Director of Graduate Education, 2105 Independence Avenue, Kansas City 24, Missouri.

crease in membership during the past year.

The board expressed much concern that the divisional societies had not as yet completed their reorganization to comply with the mandate of the house of delegates and was concerned that more effort had not been put forth by some divisional societies to carry on the P&PW program as outlined for this year, but was gratified over the action and the result of three districts.

The board set up a special committee to reevaluate our state insurance program as conducted by the Sid Murray Agency, stating that there was no dissatisfaction with the present program but desired to have a committee and the board reevaluate the program to see if same could not be improved.

The board adjourned at 3 p. m., feeling that much had been accomplished and much information gained.

Hammond Clinic and Hospital Is Sold

The city of Beaumont has purchased the Hammond Clinic and Hospital of Beaumont, Texas.

This was an eighteen (18) patient room, air conditioned hospital owned by Dr. Claude J. Hammond.

The price paid by the city for this property was $147,500.

It is to make room for an extension of Highway 80 freeway.

Presents Gift to KCOS Rural Extension Clinics

The Kirksville College of Osteopathy and Surgery is the recipient of a gift of $250 from the Missouri chapter of the Kirksville Osteopathic Alumni Association toward the development of the Rural Extension Clinics. This brings to more than $500 the total contributed by the Missouri alumni chapter to the development of this unique feature of the training program and health service of the KCOS. Rural Extension Clinics are maintained at Green Castle, Novinger, Ethel, Elmer, Gifford, Gibbs, Brashear and Hurdland.

This Adds Up

Osteopathic research scientists are doing basic health research. Industry is supporting basic health research. The sooner these two meet, the greater the reciprocal profit. They will meet when osteopathic research is extensive enough to convince industry of its basic health importance.

This is where you come in. You can help in the expansion of the osteopathic research program by participating in the Christmas seal campaign, by your own contribution and by the contributions you are able to elicit from the interested public.

Good Locations And Opportunities

WORTHAM, Freestone County, Texas: Population of 1200, with good trade territory. Have been without the services of a physician since the death of the local doctor in August, 1954.

The citizens are willing to help any doctor who might be secured in any way that they can as long as he is reliable and sober.

People of this territory are now forced to make a trip to Mexia or Corsicana to secure the services of a physician.

If you are interested in this location, contact Mr. Bill Foster of the Burleson Funeral Home, Wortham, Texas.

PALESTINE, Anderson County, Texas: A physician is desired to take over a small hospital and clinic established some thirty years ago, a very well equipped and modern institution with approximately ten beds—a good opportunity.

If anyone is interested in the purchase of this institution at a reasonable price contact Mrs. Marvin Hudson, 2204 Tremont Street, Fort Worth, Texas, phone SUnset 2421.

Date of KCOS Annual Clinical Review Course Changed

The date for the Annual Clinical Review Course at the Kirksville College of Osteopathy and Surgery has been changed from that announced previously to June 5, 6 and 7. The change allows the course to follow immediately upon graduation ceremonies at the college and has been made at the request of many who plan well in advance to attend the two associated events. Graduation week activities will open with the doctorate service May 29, continue with the commencement banquet on the evening of June 3 and close with graduation exercises June 4. Many attending the Clinical Review Course each year also always arrange to be in attendance at the banquet and graduation ceremonies.

It is emphasized by Dean Warner that this year the symposium type of program so popular for the past two years will again be used. The program for the first day, June 5, will open in the morning immediately following registration and continue through the day with the Division of Surgery in charge. The topic will be "Management of Traumatic Injuries." Beginning the second day, June 6, and continuing through June 7, the program will be presented by the Division of Practice of Osteopathic Medicine. The topic will be "Functional Testing in Systemic Disease" and will cover the areas of Ear, Eye, Nose and Throat, Cardiovascular and Respiratory Systems and Endocrine, Gastrointestinal and Renal Systems. Special attention will be given to the Musculo-Skeletal system on June 7.

A feature of the course will be the traditional banquet at the Traveler's Hotel on the evening of June 6.

Small Ohio District Packs Big OPF Punch

CHICAGO (AOA)—The Lima District of the Ohio Osteopathic Association of Physicians and Surgeons may be small, but it packs a mighty wallop. Twelve of the district's 13 doctors contributed regularly to the Living Endowment program of the Osteopathic Progress Fund during 1954 with total contributions averaging approximately $200 per member. Five of the 12 contributors substantially exceeded their individual commitments.

This kind of support to osteopathic education projected across the profession as a whole would sweep the osteopathic colleges to new heights of achievement.

Fort Worth Osteopathic Hospital Receives $400,000 Grant

The Texas State Board of Health at its December meeting in Austin awarded the Fort Worth Osteopathic Hospital a $400,000 grant under the Hill-Burton Construction Act.

The planning committee and the architects are fast at work completing the detail plans for the hospital to be located at Montgomery and Mattison Street.

The property was a gift to the Fort Worth Osteopathic Hospital by Mr. Amon G. Carter.

The plans call for a three story hospital of 42,000 square feet, the lower floor of which will be devoted entirely to services in the hospital, consisting of two major and two minor operating rooms, with a recovery room; two delivery rooms and labor room, an emergency room, laboratory and pharmacy; a large x-ray suite, central supply, storage, mechanical room and laundry, along with a bookkeeping office, and other accessory facilities.

The second floor will have approximately thirty-one (31) beds, with the dining room, and a ten (10) bassinet nursery, plus administrative offices and reception room.

The third floor will be all nursing, having forty-four (44) adult beds, plus five (5) pediatric beds, reception room and prayer room.

The facilities of this hospital will take care of seventy-five (75) adult beds, five (5) pediatric beds, and ten (10) bassinets, making a total bed capacity of ninety (90) beds.

There will be twenty-five (25) private rooms, three (3) ward rooms of three (3) beds each.

All private rooms will have lavatory connections, several with baths.

It is the hope of the planning committee to make this hospital one of the most modern in the state and to use it as a teaching institution for osteopathic physicians.

Plan Orthopedic Course Of Interest to All D. O.'s

A practical course in "Orthopedics for the General Practitioner" will be held February 25-28, at Dayton, Ohio, under the joint sponsorship of the American Osteopathic Academy of Orthopedics and the Ohio Osteopathic Association of Physicians and Surgeons.

A wide variety of orthopedic subjects will be covered in the four-day program. They include: fractures, athletic injuries, foot problems, congenital deformities, common bone and joint diseases, and minor injuries.

Doctors Warren G. Bradford and Donald Siehl, co-chairmen of the general program, have announced that the meeting will be held at the Van Cleve Hotel in Dayton, and at Grandview

Osteopathic Hospital in that city. Special surgical clinics in orthopedic cases, open to a limited number of physicians, will be held at the hospital the day following the four-day course.

The program will be presented by a faculty of 12 top-flight speakers, including well-known orthopedic surgeons and x-ray specialists from the mid-west. Among those scheduled to present professional papers and conduct portions of the program are Doctors Warren G. Bradford, H. E. Clybourne, James Eaton, James N. Fox, T. C. Hobbs, Jack Hutchison, J. W. Keckler, Leonard C. Nagel and Jack M. Wright.

Registration fee for the entire course will be $25.00, which includes admission to all programs and the assembly banquet. Those interested in registering for the course should write to the Ohio Osteopathic Association, 50 East Broad St., Columbus 15, Ohio, and application forms will be sent.

Announcement was received from the American Atlas Life Insurance Company of Dallas, Texas—a life insurance company organized this year—of the appointment of Dr. Louis Gustave Mancuso as medical director.

Chicago Hospital Attacks Blue Cross; Quits Plan

Claims Family Doctor Being "Squeezed Out"

CHICAGO (AOA)—Kenner Hospital, a 65-bed non-profit institution, yesterday announced its voluntary withdrawal from Blue Cross membership. The cancellation, effective March 1, 1955, was revealed in an exclusive, headlined story in the CHICAGO AMERICAN.

The article pointed out that it was the first such action in the health plan's history and explained why the hospital's medical staff unanimously approved termination of its contract to care for Blue Cross patients. The grounds, as told to THE AMERICAN by Dr. William Kenner, director of the provisionally accredited hospital, were:

(1) "Blue Cross patients are financial liabilities."

(2) "Blue Cross is being used as a 'tool' in the hands of specialist groups throughout the country to eliminate the family doctor from the nation's hospitals."

(3) "Blue Cross does not make clear to its subscribers that in many cases they can collect full benefits only by saying goodbye to their own doctors at the hospital door and thereafter paying specialist's fees."

(4) "Neither does it explain that the subscriber who chooses to remain with his family doctor often may have to be cared for at home and will collect nothing on his Blue Cross Plan."

(5) "Blue Cross financial policies encourage wasteful hospital administration and boost the cost of hospital care to the general public."

(6) "Its method of computing ceiling on its payments for patient care results in 'kickbacks' to Blue Cross from some hospitals."

(7) "This 'draining off' of hospital revenue prevents replacement and expansion programs and makes it impossible to operate without appeals to the public for funds."

Blue Cross officials said relationship with the hospital had been excellent and that they were surprised by the action. N. C. Andrews, assistant director of Blue Cross, said that the action could be injurious to the plan and defended the financial provisions of the Blue Cross-hospital contract. He was quoted as saying:

"If this were an inequitable arrangement, don't you suppose we'd be having contract troubles? This is the first time anybody has squawked."

Staff members of the hospital, all GPs, charged Blue Cross is aiding in a

move to close hospital doors to family doctors and pointed to the American College of Surgeons and the Joint Commission for Hospital Accreditation, stating that the latter had adopted a policy of refusing accreditation to hospitals whose staffs are not composed of specialists.

One doctor said, "Eventually, because we are a general practice hospital, we are not going to be wanted by the joint commission; then we won't be wanted by Blue Cross."

The story stated that Andrews refused to answer or to discuss Blue Cross policies on this subject. However, when queried about the refunds, he said the average man on the street doesn't know that Blue Cross receives refunds from hospitals and said "he wouldn't be interested."

Another doctor charged Blue Cross with writing thousands of contracts on which it never had to pay a penny because they are held by patients of doctors who have no hospital privileges. He further stated:

"There are approximately a thousand doctors in Chicago who have no hospital. If each man has only 10 patients in Blue Cross, that's 10,000 Blue Cross patients for whom they don't have to pay one cent.

"If these 1,000 doctors have no place to take their patients, they would be better off under socialized medicine. If I must take care of a patient in the home and risk his life against my professional judgment, then I'm better off with the government at a fixed salary."

Andrews said that of Blue Cross' 225 Illinois member hospitals, only 14 were in a situation similar to Kenner. He said that of the $86,000 paid the hospital by Blue Cross last year, the hospital must refund $16,000, or about one-fifth.

EDITOR'S NOTE: This release was for information to the readers of the JOURNAL. Readers should recognize that there are many different Blue Cross Plans, and after a year's trial on a membership basis with a great many of our hospitals those who have participated have had little difficulty, if any, with the Texas Blue Cross Plan.

Blue Cross Strikes Back; Defends Refund Policy

Newspaper Bares "Other Side"

CHICAGO (AOA)—The CHICAGO AMERICAN, in a follow-up story, aired Blue Cross' side of the controversy in which health plan officials defended its policy of reimbursing hospitals for patient care on a cost-plus basis.

The article quoted R. T. Evans, executive director of the corporation, as saying that refunds by member hospitals are "not a means of raising revenue for Blue Cross." He added:

"Blue Cross cost formula has been developed by hospital representatives appointed by the Illinois Hospital Association and the Chicago Hospital

Council in conference with Blue Cross representatives.

"This return of excess charges over the 5 per cent is not a means of raising revenues to Blue Cross, but is only a control measure designed to protect the interest of Blue Cross members with regard to what might be excessive charges."

Also included in Evans' official statement in the American was his answer to charges that Blue Cross was forcing the family doctor out of hospitals. He said:

"Blue Cross does not accredit or judge hospitals in any way. It is simply concerned with helping members pay their hospital bills."

(This special release is an attempt to present both sides of the hospital-Blue Cross controversy which was reported on page one of the Dec. 30 *News Bulletin.* Unfortunately, the follow-up article in the Chicago American appeared after the *News Bulletin* had been mailed. It should be understood that we are not making these charges, nor are we taking sides or believe these charges to be true. However, true or false, these charges were made and are news. We are merely reporting the controversy, whch is the purpose of the News Bulletin.—Ed.)

Governor Says Mental Health Problem Stymied By Doctor Shortage

CHICAGO (AOA)—Gov. George N. Craig of Indiana told the recent Midwest Governors Conference on Mental Health here that the problem of mental health is stymied by a shortage of doctors.

He said that until the people, through their legislatures, "increase facilities for medical training, the plight of the mentally ill may remain almost at a standstill."

While we talk of building new facilities to care for the mentally ill, where are we going to get the people to staff the institutions? he asked.

"Do you know," he explained, "that with the planned expansion of our Midwest medical schools, at the end of five years we will have a projected increase of only 89 in the number of freshmen taking medicine?"

Third Cardiovascular Training Grant Awarded To Kirksville

CHICAGO (AOA)—Kirksville College of Osteopathy and Surgery was awarded a third federal grant of $25,000 for extension of training in cardiovascular diseases. Notification of the award was received from the National Health Institute.

Nursing Concepts in the Small Hospital

By JANE SINIARD, R. N.
Fort Worth Osteopathic Hospital

Definition of concept as Mr. Webster tells us, is mental impression of an object, or a general idea.

Nursing concepts as I understand them are pretty much the same whether the hospital be large or small. I would, however, like to consider for a moment some of the joys peculiar to the small institution.

First: The opportunity to know the patients and their problems. By this we mean the patient will usually talk more freely to the nurse giving the bedside care, than to one coming in to give medication or inquire how he is. Therefore giving opportunity to establish a friendly relationship and in so doing she will be able to observe him closely and evaluate both his mental and physical needs and follow the progress of each case closely.

Second: Knowing the relatives is very necessary as they too must be cared for during the period the patient is hospitalized.

Third: While perfection in nursing the total patient is rarely attained, increasing insight can be developed through practice, and in the small hospital the nurse has every opportunity as they spend more time with their patients.

I believe in most hospitals their assignments are as near as possible the same patients.

We find the patients like having the same nurse care for him or her during the entire hospital stay.

Fourth: In the small hospital nurses do feel they have a definite place in the organization and this does manifest itself clearly in their close communication. And the general trend of working closely together makes for better patient care.

While it seems selfish, I believe a nurse loves to have the patient think of her as the hospital's most characteristic representative, with her qualities of understanding, sympathetic, and firm but gentle care.

New concepts of patient care develop just as do medical procedures which require the nurse to make significant judgments, the changes occur gradually and ordinarily neither the nurse or her medical co-workers are aware of what is really happening in the way of procedural developments.

In patient care concept there is still a great deal to be learned from Florence Nightingale's *Notes on Nursing,* in her chapter on the observation of the sick, where she states, "The most important

practical lesson that can be given to nurses is to teach them *what to observe* and *how to observe,* what symptoms indicate improvement and the reverse."

While our education is a continuously changing process, life has a way of clinging to that which has been found good. Jane Addams said, "The Excellent Endures." In other words nothing that has proved itself of value is ever lost. It comes back maybe with a new or different label, but the same old goods, witness the baby sleeping by his mother's bed. The label is now "rooming in"; also the baby being fed when he's hungry—not by the clock, the label is now "demand feeding", but nursing is the same. We know there are many fine concepts in the large hospitals that we in the small institution can only hope some day to have, to mention but one, fewer nurses are required in a department because each department is staffed independent of the other and a nurse is seldom called upon to do work outside her own division.

Also there are hospitals so large, nurses in one division some times hardly know those in others.

There is never a dull moment for the nurse in the small hospital. She may be working on the hall and at a moment's notice be called upon to help with a delivery, assist in the operating room, help with an emergency or even help out with a diet problem. These are all opportunities for knowledge and growth in the profession.

In a team relationship as is found in small hospitals the group must succeed together, but this does not in any way detract from the personal satisfaction and success of each of its members.

Good nursing is, as we all know, the back bone of hospital service whether the institution be large or small.

Our concepts of what constitutes nursing care have been turned topsy turvy, but out task is not to be critical because things are different but to try to make certain that what is different is right. It is the biggest job ever before the profession, and it involves not only the educators, already knee deep in it, but every nurse who wants nursing to continue to give service, to ill people.

Do we know what the intelligent patient thinks of his present care? He knows when he is getting good care. We do not fool our public. And speaking again of history repeating, I will not be surprised when some scientist re-discovers the merits of the mustard plaster.

My personal experience and summary of nursing concepts in the small hospital could be put in few words, doing the best you can with what you have and getting a great deal of enjoyment and satisfaction out of doing so.

I fully expect to see the esteem of bedside nursing restored and look forward to the day when student nurses will learn their final lesson in integration under the guidance of experienced and competent nurses, perhaps those now in private duty would be the nurse best suited for this work. To be that *nurse leader* one must know where she is going and be able to convince her students she is going in the right direction.

I have a little poem that I have always received a great deal of enjoyment from and would like to read to you if I may.

NURSE

The world grows better, year by year,
Because some nurse in her little sphere,
Puts on her apron and grins and sings
And keeps on doing the same old things.
Taking the temperatures, giving the pills,
To remedy mankind's numberless ills;
Feeding the baby, answering the bells,
Being polite with a heart that rebels,
Longing for home and all the while,
Wearing the same old professional smile;
Blessing the new born babe's first breath,

Closing the eyes that are still in death,
Going off duty so tired, discouraged
and ready to drop,
When we lay down our caps and cross
the bar,
Oh Lord, will you give us just one
little star
To wear in our crowns with our
uniforms new
In that city above, where the Head
nurse is you.

Article in Optometric Weekly Cites Value of Manipulative Therapy

CHICAGO (AOA)—"Ocular Migraine and the Optometric Approach," an article in the Oct. 28 issue of THE OPTOMETRIC WEEKLY, authored by Fred D. Gudbaur, O.D., D.O.S., Fort Meyers, Fla., points to the value of manipulative therapy in the treatment of this disorder.

After pointing out that "some authorities believe that severe ocular disturbances may result from cranio-spinal postural defects," Dr. Gudbar discussed some of the various methods of treatment. He said:

"However, it is my opinion that a a quicker, easier and surer correction may be had under the care of a competent osteopathic physician. . . To the medico-philes this may seem to be rank heresy. And, as a scion of a long line of allopathic physicians, it was, at first, hard for me to swallow. Yet common sense dictates that the whole terapeutic philosophy of . . . the osteopath . . . is based upon normal anatomy and normal body dynamics. This skill in manipulative therapy is attested by thousands who have obtained relief and health after all orthodox medical measures have failed.

"If through interprofessional references between the optometrist and the osteopath. . . a true and lasting relief from the scourge of migraine may be found, we owe ourselves, our patients and our fellow professionals our fullest cooperation."

Christmas Seal Campaign Reaches $18,512.45; Gaining Steadily

CHICAGO (AOA)—Mrs. Ann Conlisk, director of the AOA's Christmas Seal campaign, reports that $18,512.45 has been received so far, which is approximately $6,311.69 more than last year's return for a corresponding date.

"If we can maintain this 50 per cent gain we will reach our goal of $50,000," she said.

February OM to Feature Article on Child Safety

CHICAGO (AOA)—February issue of OSTEOPATHIC MAGAZINE will feature an article titled, "Keep Our Children Safe!" The author of this timely piece is Herbert J. Stack, Ph. D., director of the Center for Safety Education of New York University. We are sure you will find this article both interesting and informative."

Insurance Experts Report Nation's Health Best In Its History

NEW YORK.—Statisticians for Metropolitan Life Insurance Company recently reported that the nation's health was the best in its history. They said the 1954 death rate of 9.2 for each 1,000 population was a record low.

They said that while the country has had a death rate below 10 for each 1,000 for seven consecutive years, they attributed this year's lower rate to the fact that there has been no outbreak of major respiratory illness and that mortality from tuberculosis has been reduced by 20 per cent.

Other contributing factors, they pointed out, were "developments in medical science, the growth of public health activities and the marked rise in the people's standard of living."

Washington News Letter

ORGANIZED OSTEOPATHY IN EDUCATION CONFERENCES

Please read and re-read the article under the Department of Public Relations heading on page 242 of the December 1954 AOA JOURNAL entitled "State and White House Conferences on Education". You will observe that President Eisenhower and Secretary Hobby wrote the Governors and Commissioner Brownell wrote the chief State school officers on September 20, 1954, telling them that Federal funds are available to aid in the organization of State Conferences to be followed by a White House Conference next Fall. You will note that several places in the Background Information in the JOURNAL article evidence the stake of higher education in these conferences, although the primary emphasis is on elementary and secondary education.

You should immediately obtain current information on the organization of the conference in your State by consulting the chief State school officer. In States where conferences already have been held (Conn., Iowa, Nebr., Wash. and Wyo.), concentrate on membership in follow-up advisory or study groups.

We are asking the AOA of Professional Education and Colleges to furnish us for dissemination to you suggested areas of investigation and study of particular interest to the profession. For example, a surprisingly large fraction of our high schools—about half, I understand—do not offer courses of chemistry at all.

At the request of the AOA Bureau of Professional Education and Colleges the AOA Board of Trustees, on December 11th, expressly went on record urging "each divisional society to appoint official representatives to attend the State educational conference", and, "in those States where one or more osteopathic colleges are established" that "the respective divisional societies (to) appoint representatives who presently hold membership in one of the following: Bureau of Professional Education and Colleges of the A.O.A., Bureau of Hospitals, Bureau of Public Education on Health of the A.O.A., and the Board of Trustees of the A.O.A.", and, that "each college of osteopathy (to) appoint a representative or representatives to attend the State Educational Conference in which the college is located."

Please let me hear from you from time to time as to your progress in conference participation in your State. *Send me promptly copies of your State association's bulletins on the subject.*

On December 2, 1954, the Presidential Committee for the White House Conference on Education met in Washington, and agreed: (a) To assist, when invited, in planning conferences in the States and Territories; (b) To organize a White House Conference on Education to be held in Washington, D. C., before November 30, 1955.

What Are You Doing with Your Low Back Problems?

By J. PAUL LEONARD, D. O.
Chairman, Department of Orthopedics, Detroit Osteopathic Hospital
(Courtesy of Michigan Association of Osteopathic Physicians and Surgeons, Inc.)

During the last fifteen years there has been an abundance of material appear in our osteopathic journals pertaining to the low back syndrome and it is not my desire to review this literature nor to set down a definite procedure, but merely to attempt to arouse the interest of the general physician in the necessity of making a careful evaluation of their low back problem before therapy is instituted.

It is an established fact that a large percentage of the public, when they have pain or discomfort in the low lumbar and pelvic area, do consult the osteopathic physicians in greater numbers than with possibly any other single type of pathology which enters your office. We have made a detailed study of these low backs and find many different types of abnormalities, often located elsewhere, that are primarily responsible for low back pain. Therefore, in all of these cases we feel that a thorough examination is advisable before any treatment is instituted. This applies to all cases except the simple strain, which usually is evident and very easily diagnosed.

This physical examination should be thorough and should be accompanied by whatever laboratory procedures are indicated, but certainly a routine blood and urine evaluation is of utmost importance. Such systemic conditions as rheumatoid arthritis, pelvic disorders of the female, digestive and glandular disorders of all patients, should be carefully evaluated for they can and very frequently do cause low back disability.

The necessity for complete postural x-ray studies in all recurring low back disabilities has become an established fact. We require that these postural studies consist of a lumbar spine and pelvis, made in the anterior posterior position with the patient in a supine position, and standing films in the same position with the casettes level to the floor and the patient in their stocking feet, not reclining against the x-ray table. A lateral supine x-ray of the lumbar spine and three-quarters rays of the lower lumbar area in all cases where there is any sign of sciatic irritation or in all patients over 35 years of age.

The x-ray studies will reveal if there are any primary bone pathologies such as bone tumors, fractures either recent or ancient, congenital anomalies, arthritis or arthrosis, postural imbalance, etc. These postural imbalances are thought of entirely as secondary entity and are not considered as primary pathologies and are merely combined without routine skeletal examination to give us a truer picture of the low back function, particularly in weight bearing. They can be classified in four basic divisions—

1: A true lumbosacral disfunction in which there is a lumbar scoliosis in the upright x-ray film with the convexity of the curve to the low pelvis. This type of condition responds well to lift therapy. Other modes of therapy should be included in a large percentage of these cases varying with the individual problem at hand.

2: Paravertebral myositis in which there may or may not be a scoliosis of the lumbar spine but if there is a scoliosis the convexity of the curve is to the high hip in the upright x-ray. It is not unusual to find the upright and supine films in this classification absolutely reversing relationship of the lumbar spine to the pelvis. This type of case usually requires a very thorough physical examination to determine the cause of the inflammed and irritated lumbar musculature

and does not respond well to lift therapy.

3: The psoasitis, which in reality is a form of the paravertebral myositis but which is usually a fixed position of long standing and one in which lift therapy is not indicated. This, as in the paravetebral myositic group, is one in which a careful physical evaluation is necessary to determine the cause of the muscle imbalance.

4: The true sacroiliac subluxation which can be handled very satisfactorily by manipulative therapy and one in which every osteopathic physician has had a vast amount of training and experience.

Hypertrophic osteoarthritis and rheumatoid arthritis as well as arthrosis of the various levels are often found on the x-ray films and in many instances are the cause of acute or sub-acute sciatica as well as low back disability. This group of pathologies are often confused by the general physician with the intervertebral disc because of the pain syndrome and if the physical examination and diagnostic x-ray have not clearly outlined the pathology in hand, consultation is recommended.

Where an intervertebral disc is suspected, additional x-ray studies are required to demonstrate its location and the amount of extra dural pressure present. The patient is admitted to the hospital and 5 cc. of Panatopaque is injected at the level of the 3rd lumbar interspace.

Following a thorough investigation of the Pantopaque through the entire lumbar area, nine additional x-rays are made, three at lumbosacral, 4th lumbar interspace and 3rd lumbar interspace. These three x-rays consist of a true PA and a right and left oblique at each of the above mentioned levels. The Pantopaque is then withdrawn and the tenth x-ray film is made following the removal of the opaque material. This x-ray study reveals the location of any extra dural pressure as well as a general idea of the extent of this pressure, whether it is minimal or extensive. These patients are always required to be returned to bed and remain there for at least 24 hours and longer if there is any indication of a persistent headache.

It has been our experience that minor extra dural lesions which may be causing a small amount of pressure on the nerve root, can frequently be handled with conservative therapy. It has also been our observation that patients in the late 50's and early 60's, even though there is evidence of extra dural pressure, usually can be handled conservatively. Where there is direct evidence of a large displacing lesion which might be interpreted as a ruptured intervertebral disc in middle life or younger, we recommend that the disc be removed surgically. We have also been able to outline conservative therapy, which includes manipulative therapy, for relief of many of these minor nerve root pressures, many of which are not a ruptured intervertebral disc but merely a herniated disc which may be considered as a migrating disc, thus only causing pressure on the nerve root at intervals and which often can be relieved non-surgically.

A word should be said about the various types of spondylolisthesis which the x-ray study frequently reveals and the hypermobile low back which your physical examination will frequently reveal. These two pathologies frequently predispose to an intervertebral disc lesion but the removal of the disc is not the only therapy needed. In addition, many of these cases should be given the advantage of a bone fusion in order that the low back will be better stabilized. There are several types of surgical technic to choose from but we will leave that to the discretion of the orthopedic surgeon and merely state that this is a necessary procedure in selected cases.

At the completion of the examination regardless of the extent, the results of the physical examination and the results

of the radiographic examination and clinical laboratory evaluation must all be combined in order to determine the proper therapy to be administered. This is usually very evident once the diagnostic procedure has been concluded. Year by year there is an increased percentage of these low back disabilities such as facet arthritis, arthrosis of various levels, and selected types of myositis which will respond well to x-ray therapy, and which if administered we believe should be administered by a well qualified roentgenologist and should not be thought of as the only mode of therapy but should be combined with other supportive paliative technics as the individual case requires.

During the recent war years when all physicians in general practice were taxed beyond their normal capacity, there was a tendency to lessen the amount of manipulative therapy used in their work. We would like to call this to the attention of every osteopathic physician and to plead for a re-establishment, in their private practice, of the administration of manipulative therapy, following the careful evaluation of each individual patient and therapy to include not only the manipulative therapy but all other modes of scientific therapeutics known to be of service as indicated in the individual case.

In summary—it has been our purpose to outline the necessity of a more careful evaluation of your low back disorders, the use of orthopedic consultation on these cases, when indicated, and the application of therapy dependent upon the findings of a thorough examination.

Public Relations Techniques

By HOBERT C. MOORE, D. O.

I have been asked to talk on Public Relations Techniques from the standpoint of the Divisional Society Legislative Council—Working Tools and Available Media.

Present here today are representatives from all parts of these United States, where things of great magnitude are developing in our own back yards every day right before our eyes and we fail to see them, or recognize any significance in so-called "little things."

You may remember the famous Webster cartoon "Hardin County—1809" titled *"Nuthin' ever happens out here."* Two old-timers, in coonskin caps and home-spun clothes are talking over the rail fence and the conversation goes something like this:

"Any news down to the village, Ezry?"

"Well, Squire McLean's gone to Washington t' see Madison swore in, an ol' Spellman tells me this Bonaparte fella has captured most of Spain. What's the news out here, neighbor?"

"Nuthin' a tall, nuthin' a tall, 'cept for a new baby down t' Tom Lincoln's. *Nuthin' ever happens out here."*

Who could dream that the little red-faced boy baby, born in a log cabin, to Nancy Hanks and Tom Lincoln, would one day take the oath of office on the steps of the United States Capitol? Who could dream that that little bawling infant would give voice to one of the greatest speeches in the English language?

That youngster who sits across the table from you at breakfast may some day sit in the governor's chair. His freckled faced, pugged nose boy chum may discover a cure for cancer. The little fellow toddling down the sidewalk with a sled may write the Great American Novel. The little girl next door may be the Sarah Bernhardt of tomorrow.

God works His magic with human personality under our very noses, and we say, *"Nuthin' ever happens out here!"*

In making a Public Relations presentation, I shall no doubt repeat things which have been said before and things which you already know. But in my opinion, basic fundamentals cannot be repeated too often.

The ultimate aim of Public Relations is the cultivation of *favorable Public Opinion.* Publicity, through newspapers, radio and other media, are only tools of Public Relations. We are told that Public Relations is "a lot of little things by a lot of little people", adding up to *favorable Public Opinion.* No matter how you approach it, Public Relations, which in reality is *Human* Relations, invariably comes right back to Human Behavior.

To my way of thinking, the ultimate in Public Relations is exemplified in the essay of an 8-year-old boy on *"What My Dog Means To Me."* It is a classic in brevity, clarity and general interest. It reads: "My dog means somebody nice and quiet to be with. He does not say 'Do' like my mother, or 'Don't' like my father, or 'Stop' like my big brother. My dog Spot and I sit together quietly and *I like him and he likes me."* (End of the essay.)

"I like *him* and he likes me"—the ultimate of all public relations aims. And this result is based on individual behavior. It has to do with a lot of little things and nothing whatsoever to do with ballyhoo.

If a Divisional Society were able to establish a relationship with its State Officials, the Legislature, the Department of Public Health, the Probate Judges, Colleges, Universities and similar powerful bodies on the basis of "I like him and he likes me", our legislative problems would be largely solved. That is the goal toward which we should work.

How am I going to *like* a person if I don't *know* him? How is *he* going to like *me,* or understand me, or help me, if he doesn't *know* me? It is my business to get acquainted, on a friendly basis.

What, you ask, is a practical approach to legislative Public Relations?

In our Michigan Association we have a nine-member Legislative Council which is alert and vigilant. But we do not *call* it a Legislative Council, since in the public mind the name carries a connotation of political lobbying. We call it *"The Committee of Public Education on Health."*

A first step for any divisional society is to see to it that standards in individual practice and in hospitals and clinics are at the highest possible level.

Activate your Department of Ethics and enforce the code. In other words, put your own house in order so that you may be above reproach.

Members should be encouraged to become active in civic, fraternal, church and cultural affairs of their local community. It is desirable to have representation in such organizations as the Chamber of Commerce, every Service Club, fraternal organizations, Boy and Girl Scouts, Community Chest, Church Boards, School Boards, Athletic Commissions, etc., for here you will find our best citizens in the full meaning of good citizenship.

In Michigan our D. O.'s furnish active leadership in all such groups. The Governor of Michigan has appointed D. O.'s to such official State bodies as

- The National Disaster Relief Council;
- Technical Committee on Medical Health for the State Civilian Defense;
- Michigan Unemployment Compensation Commission;
- The Advisory Committee of the Michigan State Youth Commission;
- The Advisory Council for the selection of a site for the Air Academy of Michigan;
- The five-member Michigan State Council of Health;
- The Mackinac Island State Park Commission;
- The Michigan State Board of Athletic Control;

The Hospital Survey and Advisory Council;

—and others.

It is important that you keep up-to-date biographies of your individual members. This not only contains all pertinent personal information, educational background, etc., but asks for affiliations with Service Clubs . . . Societies . . . Social . . . Business . . . Scientific . . . Military or semi-military organizations and service record, if any . . . Church . . . Political, etc. It also provides space for contacts with key individuals in the legislature, industry or elsewhere. Michigan has in preparation a new biographical form which I should be glad to mail to each of you when it is off the press.

Your State Public Health Department is a tax-supported service for all the people. As our Michigan Health Commissioner wrote recently for our Osteopathic Bulletin: "The Michigan Department of Health works with all persons and groups whose interest it is to protect the health of the people of Michigan."

If you do not enjoy the full cooperation of your State and local health departments, get acquainted with them. Sit down and talk over ways and means of helping the department interpret its official program to the people of your State.

Similar procedure applies to the legislators and the heads of official bodies. The first thing is to *know the man,* on a friendly basis. Then cultivate and educate him.

You should bear in mind that the legislator is responsible to those people within his own area who elect him to office as their local district representative. The legislator is responsible to you, the D. O., and to the D. O.'s friends and fellow citizens, to carry out your (and their) wishes in matters of legislation. But never coerce a man to do anything. Approach him on the friendly basis of what is good and best for the people. If such legislation is supported and enacted, the osteopathic profession will ultimately gain. Therefore, take an active interest in all legislative measures pertaining to the Public Health and welfare.

See that some D. O. member in every area of your State, knows the legislators from his district. Place the responsibility of educating the Legislators on the D. O.'s in the local areas. If there is not a D. O. in the area, then the responsibility to know and cultivate him rests with the Legislative Chairman and his committee.

In Michigan, we have conducted inspection tours of our two largest osteopathic hospitals. On two different occasions we brought the Senators and Representatives to Detroit where they could see with their own eyes, our hospitals in operation. We plan similar junkets again this year.

Our Women's Auxiliaries see to it that Legislators' wives are invited to social functions and hospital inspection tours.

It should be the responsibility of D. O.'s in local areas to cultivate, educate and gain the cooperation of newspaper editors, radio stations, leaders of Organized Labor and other key individuals influential in molding Public Opinion.

The 1951 Directory edition of our Michigan Osteopathic Bulletin lists not only the names and addresses of all Michigan Legislators, but officials of the State Department of Health, the local Health officers, all Probate Judges, and top state officials. Most of these are on our mailing list and receive our Bulletin every month.

From time to time, lay leaders are invited to write papers for publication and to appear as speakers on our annual convention program. Michigan's 1951 convention program will devote one entire day to problems of Industrial Health, with key individuals of Labor and Industry on the program. Leaders are entertained at our annual banquet and at the reception preceding it.

Because our members got acquainted with, cultivated and educated our educators, Michigan State College now stages an annual Refresher Course for D. O.'s in the Basic Sciences. University of Michigan will present a Refresher Course for D. O.'s starting in February of this year and lasting until May,—one day each week.

There are seven simple steps to good *Human Relations:*

1. Perfect your self control;
2. Appreciate and praise;
3. Stress rewards;
4. Criticize tactfully and constructively;
5. Always listen;
6. Explain thoroughly;
7. Consider the other person's interest as you would your own.

Every member of your Association should assume his share of the task of cultivating and educating. *Public Relations is everybody's job.* John Wanamaker's great success as a merchant was due largely to the store motto which was impressed upon the minds of all employees: *"All shall help and none shall hinder."*

There are many Public Relations tools and media, such as the printed word in educational pamphlets and in osteopathic publications; newspapers, radio, movies, television, speakers before service clubs, veterans' organizations and participation in civic affairs.

These should be used to the end that you can ultimately say: "I like *him* and he likes *me.*"

When you look around your home area and say "Nuthin' ever happens out here," just remember that big events *are* happening, right before your eyes—events that will have great bearing on the future of your profession. There is an old saying: "The world is your cow but you must do the milking."

Good Public Relations

Dr. Allen "Mike" Fisher and Dr. Sue K. Fisher, who have just extended their offices to cover Lone Star, Texas on a part time basis, received good newspaper publicity over this move, which carried an article in reference to the first baby born in 1955 in Lone Star, Texas, and at the Lone Star Clinic, which is operated by the Doctors Fisher.

The papers gave a good real of publicity to this and carried pictures of the clinic's facilities.

Who's the Most Important Person?

(From Hospital Notes)

The board member? The administrator? The nurse? The staff physician? The dietitian? Who *is* the most important person in your hospital?

Lamb Memorial Hospital in Denver, Maurice E. Lamb, Sr., administrator, has a succinct answer in "Our Code". Read it—and ponder.

OUR CODE

1. The patient is the most important person in the hospital.

2. He is dependent on us—our reputation on him.

3. He does not interrupt our work. He is our work.

4. He favors us when he calls. We do not favor him when we respond.

5. He is not someone to argue with, but someone to comfort.

6. The patient is part of our business —not an outsider.

7. He is not a mere statistic. He is a human being, with feelings and emotions like our own.

8. He brings us his illness and troubles. It is our duty to justify his faith in us.

9. He is deserving of respect and attentive service.

10. We are here because he's ill. Without him we wouldn't be here.—*Reprinted from* LAMB'S LIFELINES.

AUXILIARY NEWS

The Dallas Osteopathic Hospital Guild has recently completed their new gift bar in the waiting room of the hospital. We definitely feel it will be a success.

Dr. and Mrs. Robert Moore are the parents of a 7 lb. 3 oz. baby boy born December 16 at D.O.H. The new member of the family has been named Jeffery Louis. The Moore's have one other son.

Mrs. Moore's mother, Mrs. Henry Field of San Antonio, has spent the holidays with them.

Mrs. James Williamson and daughters recently visited her parents, Mr. and Mrs. Floyd Collop in Kirksville, Missouri.

Dr. and Mrs. Myron Magen and son have been visiting Mrs. Morgan's parents in Des Moines, Iowa.

Dr. and Mrs. Malcolm Snell have had as house guest during the holidays, Mrs. Snell's mother, Mrs. Louise Millemon of Kansas City, Missouri.

Dr. and Mrs. McClimans have had as house guests during the holidays, Mrs. McClimans's parents, Mr. and Mrs. Frederick Harrison of Greenville, Pennsylvania.

Dr. and Mrs. Robert Morgan held open house December 26 at their home, 5503 Mercedes.

Dr. and Mrs. Patrick Philben and nephew, Richie Olson, recently returned from a trip to Monterrey, Mexico.

MRS. HARVEY SWORDS, *Reporter*

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Auxiliary District Two

Auxiliary to district 2 of Texas Association of Osteopathic Physicians and Surgeons gave a Christmas party for the husbands at the Penthouse Club, Wednesday, December 15, 1954 at 7:30 p.m. Mrs. C. E. Dickey presided and Mrs. R. W. Briscoe was program chairman.

A cocktail party was followed by a dinner and dance. It was a most successful affair with everyone having a wonderful time.

As a special project money was collected to provide a Christmas basket for a needy family.

Dr. and Mrs. Robert Norwood of Mineral Wells are the proud grandparents of a son born to their daughter Janelle and husband, Tommy, December 30, 1954.

We are happy to report that Katie Thompson is doing just fine following surgery on her back at Fort Worth Osteopathic Hospital, and is now home doing most of her own chores.

We have lost another member of our group who will be greatly missed—Goldie LaCroix, who passed away Monday, December 27, 1954. Our sincere sympathy to her husband and family.

MARY (Mrs. George J.) LUIBEL

Mrs. Goldie P. LaCroix, wife of Dr. Edward G. LaCroix, died Monday, December 27, 1954. Funeral was held at Miller Funeral Chapel Wednesday, December 29.

NEWS OF THE DISTRICTS

DISTRICT ONE

The postgraduate course in Dallas, which was sponsored by the State Health Department, was attended by Drs. Stewart, Witt, Gorrie, and Kemplin.

Dr. J. Francis Brown and Mrs. Brown have celebrated their 25th wedding anniversary. They spent the occasion with Mrs. Brown's parents in Kirksville, who were celebrating their 50th anniversary the same day.

Dr. Cain went goose hunting and came back with three ducks. He is now of the confirmed opinion that geese are smarter than men.

JOHN KEMPLIN, D. O.

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DISTRICT SEVEN

Dr. Wascher and family went to Denver, Colorado for New Year's. They report that skiing was excellent. I wonder if he needed an O.T. after his falls.

Patricia Edwards returned to Stephens College after a very enjoyable holiday with her parents. Dr. Hal is very proud of his beautiful daughter.

Dr. Mosheim and family spent Christmas at Seguin for the usual Christmas gathering of the clan. Mrs. Bill misses the snow of New York but is happy to be in Texas with her family.

Dr. Wallin is much improved. He and Mrs. Wallin wrote the San Antonio hospital staff a most appreciative letter for the flowers and cards signed by all his fellow osteopaths. He indeed likes to reflect on his many pleasant associations with his fellow workers. May I suggest that you who know him send him a Don McNeil Sunshine card; address, 928 W. Huisache. Why not have a Sunshine Column in the Journal for all our friends who would like to know they are remembered?

The Edwards boys (Dr. L. C. and H. H.) and their families were again happy to have their mother visit them for the holidays. She always tries to make it for the Christmas vacation.

My daughter and I enjoyed our trip to Reading, Penna. My folks are well and were indeed glad for our visit. I had the pleasure of visiting and talking with my old schoolmates—doctors, lawyers, chiropodists, ministers, and business men. Yes, I also attended the high school Christmas program with my brother's home-room. However, there is no place like Texas.

Dr. I. T. Stowell had a little supper party for the staff at the St. Anthony December 14. This was an enjoyable occasion and very informative. Thanks, I. T.

Mr. and Mrs. Robert D. Hepler from Lexington, Missouri were house guests of Dr. Schaefer and Christina over the New Year. Mr. Hepler is Assistant Dean of Wentworth Military Academy and Mrs. Hepler is Social Hostess. They enjoyed the Texas weather and the Spanish-Texas atmosphere of beautiful San Antonio.

Dr. L. C. and Ruth Edwards spent New Year's at Brownsville, Texas. They were the guests of Mr. and Mrs. Dick Riestenberry, manager of El Rancho Grande.

New staff officers of San Antonio Osteopathic Hospital are: chief of staff, Dr. Richard Wascher; assistant chief of staff, Dr. Billy Schoch; secretary-treasurer, Dr. W. D. Schaefer; executive committee member, Dr. William Mosheim.

By the time this appears, district 7

will have met after the radiological meeting and elecier officers and delegates for the coming year. May this coming year be a most successful one. San Antonio is most happy to be the host for the quarterly meeting of the radiological association.

WALDEMAR D. SCHAEFER, D. O.

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DISTRICT EIGHT

Dr. and Mrs. T. M. Bailey added a tax deduction the last day of the old year in the form of a lovely daughter.

Dr. Bailey is to attend the coming meeting of the American College of Obstetricians in Florida next February. Dr. Bailey is to present a paper and represent our state at this meeting.

Corpus Christi Osteopathic Hospital delivered the first baby of the new year which received front page publicity in the local newspaper.

Dr. and Mrs. R. J. Brune spent the new year in Old Mexico.

R. E. BENNETT, D. O., *Secretary*

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DISTRICT TWELVE

Dr. and Mrs. R. J. Shields of Port Acres and Dr. and Mrs. John B. Eitel of Port Neches, Texas are having as their guest through the holidays, Dr. and Mrs. N. W. Gillum of Unionville, Missouri. Dr. and Mrs. Gillum are the parents of Mrs. Shields and Eitel.

A gay and festive Christmas party was planned by the auxiliary to district 12 of the ospeopathic association.

The party was held in the Port Arthur Club rooms, December 16.

Mrs. R. J. Shields was program chairman and Mrs. A. L. Garrison, auxiliary president, headed the decoration committee.

Exchange of gifts followed an evening of games and dancing.

Those attending were Dr. and Mrs. D. W. Davis; Dr. and Mrs. John B. Eitel; Dr. and Mrs. R. E. Ensign; Dr. and Mrs. A. L. Garrison; Dr. and Mrs. Tyra A. Morgan; Dr. and Mrs. R. J. Shields; Dr. and Mrs. W. H. Sorenson; Dr. and Mrs. Wayne Stevenson; Dr. and Mrs. Grover Stukey; Dr. and Mrs. K. R. Watkins; Dr. and Mrs. J. E. Barnett; Dr. and Mrs. R. O. DeWitt; Dr. and Mrs. Jack Taylor; and Dr. and Mrs. John R. Ruffle.

Dr. Grover Stukey of Kirksville College of Osteopathy and Surgery is spending his Christmas vacation visiting his nephew and family the Grover Stukeys of Port Arthur.

Dr. and Mrs. W. H. Sorenson and daughters, Michelle and Marchelle spent New Year's at New Orleans.

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