

Texas OSTEOPATHIC PHYSICIANS Journal

Volume V

AUSTIN, TEXAS, FEBRUARY, 1949

Number 10



In This Issue—

	Page
PROPOSED CONSTITUTION AND BY-LAWS	3
Anesthesia for the General Practitioner	10
Basic Science	13
Sinus Disease in Children	16
Annual Convention	21
Texas Osteopathic Hospitals	28
Auxiliary News	30
News of the Districts	31
Editor's Page	35
Locations and Removals	36
Classified Ads	36

TEXAS ASSOCIATION OF OSTEOPATHIC PHYSICIANS AND SURGEONS

OFFICERS

Dr. George Grainger, President, Tyler
Dr. Lige C. Edwards, President-Elect, San Antonio
Dr. James J. Choate, First Vice-President, Houston
Dr. Robert J. Brune, Second Vice-President, Premont
Dr. H. V. W. Broadbent, Executive Secretary and Treasurer, Austin

BOARD OF TRUSTEES

Dr. J. R. Alexander, Houston
Dr. Wm. H. Van de Grift, Austin
Dr. J. T. Hagan, Longview
Dr. J. L. Love, Austin
Dr. R. H. Peterson, Wichita Falls
Dr. George J. Luibel, Fort Worth
Dr. Wiley B. Rountree, San Angelo
Dr. Merle Griffin, Corpus Christi
Dr. Keith S. Lowell, Dallas

PUBLIC HEALTH COMMITTEE

Dr. Phil R. Russell, Chairman, Fort Worth
Dr. William S. Gribble, Jr., Houston
Dr. Sam F. Sparks, Dallas
Dr. Everett W. Wilson, San Antonio
Dr. Elmer C. Baum, Austin
Dr. R. H. Peterson, Wichita Falls

ASSOCIATE MEMBERS

Dr. Elmer C. Baum, Chairman, Austin
Dr. L. V. Cradit, Amarillo
Dr. Robert E. Morgan, Dallas
Dr. Russell L. Martin, Mt. Pleasant
Dr. Jack Wilhelm, San Angelo
Dr. Virgil A. Kelley, Waco
Dr. H. M. Grice, Houston
Dr. I. T. Stowell, San Antonio
Dr. T. M. Bailey, Corpus Christi
Dr. F. H. Summers, Corpus Christi
Dr. Lloyd W. Davis, McAllen
Dr. Willis L. Crews, Gonzales

MEMBERSHIP COMMITTEE

Dr. Wm. H. Van de Grift, Chairman, Austin
Dr. Wiley B. Rountree, Co-Chairman, San Angelo
Dr. Gladys F. Pettit, Co-Chairman, Dallas
Dr. Wm. Paul Roberts, Panhandle
Dr. Edward M. Whitacre, Lubbock
Dr. Hugh L. Betzner, Dallas
Dr. George J. Luibel, Fort Worth
Dr. Charles M. Hawes, Dallas
Dr. Ward L. Huetson, Tyler
Dr. R. H. Peterson, Wichita Falls
Dr. Robert W. Norwood, Mineral Wells
Dr. Milton V. Gafney, Tyler
Dr. Russell L. Martin, Mt. Pleasant
Dr. W. D. Blackwood, Comanche
Dr. V. Mae Leopold, Odessa
Dr. Virgil A. Kelley, Waco
Dr. Loy Griffin Ballard, Granbury
Dr. J. R. Alexander, Houston
Dr. Archie L. Garrison, Port Arthur
Dr. Gordon Beckwith, San Antonio
Dr. R. E. Farnsworth, Austin
Dr. Wm. H. Tinnerman, Aransas Pass
Dr. Lloyd W. Davis, McAllen
Dr. Merle Griffin, Corpus Christi
Dr. Carl R. Stratton, Cuero
Dr. Alan J. Poage, El Campo

HOUSE OF DELEGATES

Dr. Joseph L. Love, Speaker, Austin
Dr. George J. Luibel, Vice-Speaker, Fort Worth
Dr. John S. Turner, Sergeant-at-Arms, Canton

BUREAU OF CONVENTIONS

Dr. J. R. Alexander, Chairman, Houston
Dr. Louis H. Logan, Dallas
Dr. Lester L. Hamilton, Fort Worth

SELECTIVE SERVICE COMMITTEE

Dr. George J. Luibel, Chairman, Fort Worth
Dr. John Donovan, Austin

PUBLIC AND PROFESSIONAL WELFARE COMMITTEE

Dr. Robert E. Morgan, Chairman, Dallas
Dr. Sam L. Scothorn, Vice-Chairman, Dallas
Dr. J. F. Clark, Fund Chairman, Greenville
Dr. Ross M. Carmichael, Radio Chairman, Dallas
Dr. Keith S. Lowell, Hospital Activities, Dallas
Dr. W. H. Sorenson, Speakers Bureau, Port Arthur

VETERANS AFFAIRS COMMITTEE

Dr. Robert J. Brune, Chairman, Premont
Dr. Robert E. Morgan, Dallas
Dr. Robert C. Dean, Dallas

VOCATIONAL GUIDANCE COMMITTEE

Dr. Horace Emery, Chairman, Lubbock
Dr. Catherine Kenney Carlton, Fort Worth
Dr. Phil R. Russell, Fort Worth
Dr. Mary Lou Logan, Dallas
Dr. Robert E. Morgan, Dallas
Dr. Ross M. Carmichael, Dallas
Dr. J. Edward Vinn, Houston
Dr. Reginald Platt, Houston
Dr. James J. Choate, Houston
Dr. L. V. Cradit, Amarillo
Dr. Archie Garrison, Port Arthur
Dr. Robert W. Norwood, Mineral Wells
Dr. James M. Tyree, Corpus Christi
Dr. Noel G. Ellis, Denton
Dr. J. L. Love, Austin
Dr. Ward L. Huetson, Tyler

PARLIAMENTARIAN

Dr. Claude E. Logan, Dallas

PHYSICIANS RELOCATION COMMITTEE

Dr. H. V. W. Broadbent, Chairman, Austin
Dr. Wm. H. Van de Grift, Austin

PROFESSIONAL STATISTICS COMMITTEE

Dr. Milton V. Gafney, Chairman, Tyler
Dr. Lige C. Edwards, San Antonio
Dr. William S. Gribble, Jr., Houston
Dr. Earle H. Mann, Amarillo
Dr. E. E. Blackwood, Comanche
Dr. Marille E. Sparks, Dallas

INDUSTRY AND INSURANCE COMMITTEE

Dr. Keith S. Lowell, Chairman, Dallas
Dr. Richard M. Mayer, Lubbock
Dr. Robert J. Brune, Premont

CENSORSHIP AND ETHICS COMMITTEE

Dr. J. T. Hagan, Chairman, Longview
Dr. William H. Brown, Naples
Dr. J. R. Alexander, Houston

PROFESSIONAL CARD DIRECTORY

DR. CARL J. WIELAND

Eye, Ear, Nose and Throat
918 Littlefield Building
Austin, Texas

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

General Practice
421 Littlefield Building
Austin, Texas

W. H. VAN de GRIFT, D. O.

General Osteopathic Practice
1219 Parkway
Austin, Texas

ROBERT J. BRUNE, D. O.

Physician and Surgeon
539 Arthur Street
Premont, Texas

W. PAUL ROBERTS, D. O.

Panhandle Inn
Panhandle, Texas

CHAS. M. HAWES, D. O.

Physician - Surgeon
5003 Ross Avenue
Dallas, Texas

Additional professional card space available at \$2.00 per column inch per issue.

Gafney Clinic and Hospital

TYLER, TEXAS

MILTON V. GAFNEY, D. O.

Surgery and Obstetrics

F. L. HARMON, D. O.

Radiology and Osteopathic
Medicine

W. L. HUETSON, D. O.

Proctology and Orificial Surgery

**COMPLETE HOSPITAL AND
CLINICAL SERVICE**

An Osteopathic Institution
Approved for Intern
Training

KEITH S. LOWELL, D. O.

SURGEON

1141 NO. HAMPTON ROAD
DALLAS 11, TEXAS

Chief of Surgical Staff
Stevens Park Clinic and Hospital

R. D. VAN SCHOICK, D. O.

General Practice

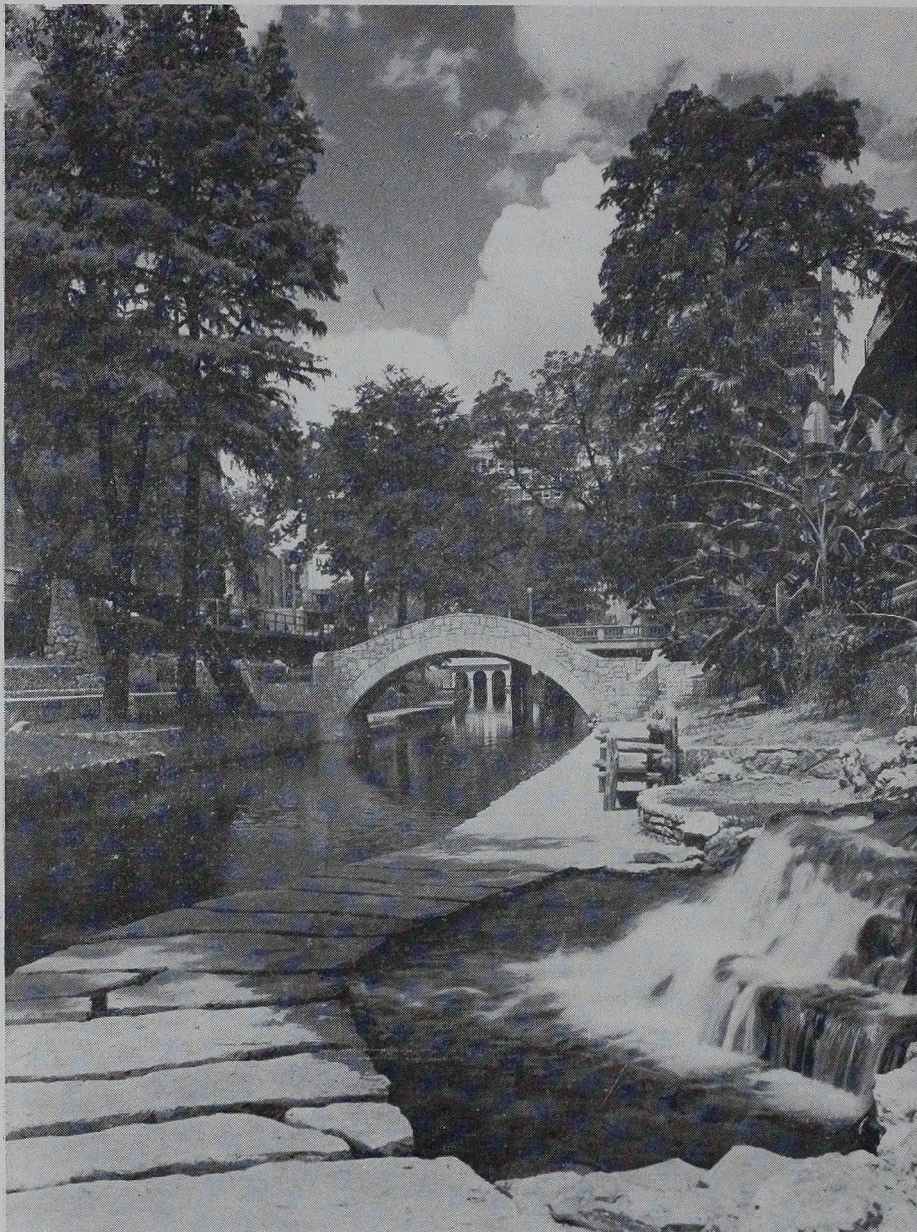
Leonard, Texas

DR. GLADYS F. PETTIT

Osteopathic Physician

Office R-026 Res. L6-1918

512 SOUTHWESTERN LIFE BLDG.
DALLAS 1, TEXAS



SAN ANTONIO RIVER
FLOWING THROUGH DOWN TOWN SAN ANTONIO
1949 CONVENTION CITY

Texas Osteopathic Physicians' Journal

OFFICIAL PUBLICATION OF THE
TEXAS ASSOCIATION OF OSTEOPATHIC PHYSICIANS AND SURGEONS

PUBLICATION OFFICE: 903 LITTLEFIELD BUILDING, AUSTIN, TEXAS

EDITOR ——— DR. H. V. W. BROADBENT

ASSOCIATE EDITORS: DR. J. W. MCPHERSON, DR. K. E. ROSS, DR. H. G. GRAINGER

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

Volume V

AUSTIN, TEXAS, FEBRUARY, 1949

Number 10

Proposed Constitution and By-Laws

Texas Association of Osteopathic Physicians and Surgeons

This proposed revised Constitution and By-Laws of the Texas Association of Osteopathic Physicians and Surgeons is being printed so that members of the district societies will have time to study it and make their recommendations to the committee before or at the annual convention. Members of the Constitution Revision Committee are Dr. H. V. W. Broadbent, Chairman; Dr. George Grainger and Dr. J. L. Love.

Article I—Name

SECTION 1.—This Association shall be known as the Texas Association of Osteopathic Physicians and Surgeons with its principal place of business in Austin, Travis County, Texas.

Section 2.—This Association is hereby declared to be a divisional society of the American Osteopathic Association and shall be subject to the Constitution and

By-Laws and the Code of Ethics of the American Osteopathic Association.

Article II—Objects

SECTION 1.—The objects of the Texas Association of Osteopathic Physicians and Surgeons shall be to provide for the perpetuation of the science of the healing art; to promote the philosophy of the osteopathic school of medicine by elevating and maintaining the high standards of the osteopathic profession; to promote public health by advancing the profession's knowledge of surgery, obstetrics, diagnosis, and treatment of disease; to promote research, to elevate and maintain high standards of osteopathic education; and to cooperate better with the American Osteopathic Association.

Article III—Membership

SECTION 1.—Any graduate of a college recognized by the American Osteopathic Association who is legally and ethically practicing osteopathic medicine and surgery in this state is eligible for

membership in this Association. Such applicant is required to make application for membership in this Association in writing on the prescribed form as furnished by the Executive Secretary of this Association.

Section 2.—Applicants for membership shall be investigated and approved by the Membership Committee. In the event an applicant is rejected by the Membership Committee, the action is subject to review by the Board of Trustees with final decision resting with the Board of Trustees.

Section 3.—Any member whose dues remain unpaid for three months shall automatically be suspended from this Association unless such member shall be reinstated before the expiration of thirty days from the date of the automatic suspension upon payment of all dues in arrears; otherwise such suspended member shall be dropped from the rolls of this Association and the American Osteopathic Association shall be notified of such action.

Section 4.—The Executive Secretary shall notify all members of their automatic suspension for non-payment of dues and shall give such members full information as to the right of reinstatement and the conditions thereof.

Section 5.—Application for reinstatement under Section 3 hereof must be accompanied by payment of all dues in arrears and the application for reinstatement must be approved by the Board of Trustees.

Article IV—Suspension and Expulsion

SECTION 1.—Written charges filed by a member of the Association in the State Office accusing any member of the Association of violating the Constitution and By-Laws or the Code of Ethics of this Association or of grossly unprofessional conduct shall be investigated by the Censorship and Ethics Committee which may or may not recommend that a hearing be held before the Board of Trustees.

Section 2.—The accused member shall have ten days, after he has been notified in writing of such charges, in which to appear in person and answer the charges so filed.

Section 3.—The Board of Trustees shall have the authority, by a two-thirds vote of those present and voting, to censure, suspend, or expel the accused member.

Section 4.—The accused member shall have ten days in which to file an appeal in the State Office from the decision of the Board of Trustees. Such appeal, if granted, shall be heard by the House of Delegates.

Section 5.—The House of Delegates acting as an Appeal Board shall have the authority by a two-thirds vote of those present and voting to sustain, modify, or revoke the judgment of the Board of Trustees.

Section 6.—The accused member shall have ten days in which to file an appeal with the American Osteopathic Association as provided for in the Constitution and By-Laws of the American Osteopathic Association and their judgement shall be final. In the event no appeal shall be made by the accused member from the judgement of the Board of Trustees or the House of Delegates of this Association, such judgement shall be final. In the event the House of Delegates or the American Osteopathic Association shall sustain, modify, or revoke the judgement of the Board of Trustees, the judgement of the final appeal shall prevail.

Section 7.—The accused member, upon final conviction, is suspended or expelled and shall forfeit all privileges of this Association for the length of time as provided in the judgement.

Section 8.—The accused member, after the expiration of the time provided in the judgement and upon giving satisfactory evidence of his intentions to comply with the provisions of the Constitution and By-Laws and the Code of Ethics of this Association, may be reinstated by a three-fourths vote of the

members of the Board of Trustees present and voting with the approval of the House of Delegates and the American Osteopathic Association.

Article V—Officers

SECTION 1.—The elected officers of this Association shall be the President, President-Elect, First Vice-President, Second Vice-President and the Speaker and Vice-Speaker of the House of Delegates who shall be elected at the annual session by the House of Delegates to serve one year or until their successors are elected and installed.

Section 2.—At all sessions of this Association, with the exception of the House of Delegates, the President shall preside and in the absence of the President, First Vice-President and Second Vice-President, the President-Elect shall preside.

Section 3.—The President-Elect shall fill the office to which he has been elected for the current year and at the expiration of such year shall automatically be elected President of this Association. He shall have general supervision of all convention programs.

Section 4.—An Executive Secretary shall be appointed annually by the Board of Trustees to serve a period of one year or until his successor is appointed and qualified. The Executive Secretary shall keep a record of all business of this Association, the Board of Trustees and the House of Delegates, and shall preserve carefully all records and papers of this Association. Notice of all meetings and all mail votes shall be given by the Executive Secretary. He shall keep on file an accurate record of all transactions of the State Office which at all times shall be subject to examination by the President and the Board of Trustees. He shall perform such other duties as shall be prescribed by the Board of Trustees.

a. The Executive Secretary shall execute a bond, such bond to be approved by the Board of Trustees, for the faith-

ful performance of his duties. The cost of said bond shall be defrayed by this Association.

b. The Executive Secretary shall be paid a salary in the amount to be determined by the Board of Trustees. The Executive Secretary shall be allowed the necessary amount of money for stenographic and office help, postage, office supplies, traveling expenses, and other expenses incident to the discharge of his official duties.

c. The Executive Secretary shall direct and manage the activities and personnel of the State Office and shall be the actual custodian of all records of the State Office.

d. The Executive Secretary shall be the Treasurer of this Association, make all collections, have charge of all funds, and shall pay all bills.

e. The Executive Secretary shall have made an annual audit of the finances of this Association and include same in his annual report. The cost of said audit shall be defrayed by this Association.

f. The Executive Secretary, at the annual meeting, shall present to the Board of Trustees an annual report including therein a report of the committees and sub-committees on their proposed budget.

g. The Executive Secretary shall notify all members of their automatic suspension for non-payment of dues and shall give each such member full information as to the right of reinstatement and the conditions thereof as provided in Article III, Section 4.

h. The Executive Secretary of this Association shall furnish annually to the secretary of each district society a statement of the number of delegate and their alternates to which each district society is entitled in the House of Delegates of this Association as provided in Article VIII,

i. The Executive Secretary shall furnish the Credentials Committee a list showing the number of certified delegates and alternates to which each dis-

trict is entitled. In case any organization has selected more than its legal representation, the Executive Secretary shall drop surplus names from the list beginning at the bottom and shall notify the district society of his action.

j. The Executive Secretary at a date not later than thirty days before the annual session of the House of Delegates of the American Osteopathic Association, shall furnish the Executive Secretary of the National Association a list of the duly elected delegates and alternates to that body.

k. The Executive Secretary shall have complete direction of the editing, publishing and distribution of the official publications of this Association.

l. The Executive Secretary shall be responsible for all newspaper, radio and other publicity affecting this Association.

m. The Executive Secretary, at the expiration of his term of office, shall deliver to his successor all moneys, books, papers, and other properties of this Association in his possession.

Section 5.—No member shall be eligible to hold an office in this Association until he shall have been a member in good standing of this Association for one year immediately prior to his election or appointment. No member shall hold more than one elective office in this Association at the same time.

Section 6.—The officers of this Association shall be elected on the first day of the regular annual session of the House of Delegates and the installation of such officers shall be on the final day of the session. Elections must be by ballot and the majority of all votes cast shall be necessary to elect the officers of this Association.

Section 7.—The Board of Trustees, by majority vote of those present and voting, shall declare an office vacant after a hearing shall have been held, if an officer fails to perform his duties. The President shall have the authority

to fill such vacancy with the approval of the Board of Trustees.

Article VI—Sessions

Section 1.—The annual dues for membership in this Association shall be Seventy-Five Dollars (\$75.00) per annum for physicians who have been in practice three years or more.

Section 2.—The annual dues for membership in this Association shall be Twenty-Five Dollars (\$25.00) per annum for physicians for the first three years of practice within the state immediately following graduation or the termination of an internship.

Section 3.—Interns in approved Texas Osteopathic Hospitals shall be extended courtesy memberships in this Association for the period of their internship.

Section 4.—Each application for membership with the exception of interns in approved Texas Osteopathic Hospitals shall be accompanied by a fee.

Section 5.—The fiscal year shall be from April 1 to March 31 of the following year.

Article VIII—House of Delegates

Section 1.—The House of Delegates shall be the legislative body of this Association and shall represent the delegated powers of the district societies in state affairs.

Section 2.—The House of Delegates shall consist of delegates elected by the district societies of this Association. Each district society shall be entitled to one delegate and one additional delegate for each fifteen, or major fraction thereof, regular members in good standing in this Association who are practicing in the territory represented by the district society. All delegates and alternates must be members in good standing of this Association and of the district societies which they represent.

Section 3.—The secretary of each district society shall certify its delegates to the Executive Secretary of this Association in writing at least fifteen days

prior to the first day of the annual meeting of the House of Delegates.

Section 4.—A delegate having been seated shall remain the accredited delegate throughout the session unless he finds it impossible to continue in service. In this case the alternate, with the approval of the Credentials Committee, shall be seated for the remainder of the session. In the event the delegate shall fail to qualify, the alternate shall be seated and shall serve as the delegate throughout the session. One alternate shall be elected for each delegate.

Section 5.—The officers and trustees of this Association shall be members of the House of Delegates with voice but without vote. The Speaker shall vote only in the case of a tie.

Section 6.—The House of Delegates shall meet annually. Special meetings of the House of Delegates may be called by the President.

Section 7.—Two-thirds of the voting members of the House of Delegates present and voting shall constitute a quorum.

Section 8.—The House of Delegates shall have the authority to divide the state into districts for the purpose of forming district societies.

Article IX—Board of Trustees

SECTION 1.—The Board of Trustees shall be the administrative and executive body of this Association.

Section 2.—The Board of Trustees shall consist of nine members elected by the House of Delegates. Each year three members shall be elected to serve three years or until their successors are elected and qualified.

Section 3.—The Official Family of this Association shall be members of the Board of Trustees with voice but without vote.

Section 4.—Regular meeting of the Board of Trustees shall be held immediately following the annual session of the House of Delegates. Special

meetings of the Board may be called by the President or upon request of the majority of the elective members.

Section 5.—Two-thirds of the voting members of the Board of Trustees present and voting shall constitute a quorum.

Section 6.—The Board of Trustees shall have the management of the finances of this Association.

Section 7.—The Board of Trustees shall appoint the Executive Secretary and shall have general supervision over the State Office of this Association.

Section 8.—The Board of Trustees shall approve all committee appointments made by the President.

Section 9.—The Board of Trustees shall be a Board of Review in the event an applicant is rejected by the Membership Committee and their decision shall be final.

Section 10.—If a Trustee shall not be present at two consecutive meetings of the Board of Trustees, he shall automatically cease to be a member of the Board of Trustees. The President may appoint a Trustee to serve until the next meeting of the House of Delegates at which time a new member shall be elected to fill the unexpired term.

Article X—Committees

SECTION 1.—There shall be the following standing committees:

- a. Censorship and Ethics Committee
- b. Professional Statistics Committee
- c. Committee on Industry
- d. Public Health Committee
- e. Membership Committee
- f. Program Committee
- g. Public and Professional Welfare Committee
- h. Committee on Conventions
- i. Committee on Veterans Affairs
- j. Vocational Guidance Committee
- k. Physicians Relocation Committee
- l. Osteopathic Progress Fund Committee

Section 2.—The foregoing named committees shall be appointed by the President and approved by the Board of

Trustees. All appointees to membership on the various committees must be members in good standing of this Association at the time of appointment. The foregoing named committees shall have the following duties and powers.

a. The Censorship and Ethics Committee shall have supervision of all matters relating to the Code of Ethics.

b. Professional Statistics Committee shall have general supervision of all matters pertaining to hospitals, clinics, and statistics. The purpose of this committee shall be to encourage hospital development of the profession within the state and to represent this Association in matters pertaining to clinics for state convention post-graduate work, to prepare hospital clinical and statistical records, to work through the Texas Osteopathic Hospital Association or any other agency for the promotion of the profession.

c. Committee on Industry shall correlate all information on matters relating to employment of osteopathic physicians and surgeons in industry.

d. Public Health Committee shall represent this Association in all public health matters and have supervision of all professional liability insurance.

e. The Membership Committee shall have the responsibility of maintaining and increasing the membership of this Association.

f. The Program Committee shall prepare the programs and have the general supervision of the annual meeting in all matters relating to conduct of both scientific and entertainment programs and cooperate with the committee in arranging for commercial exhibits.

g. The program for the Annual Convention and the Mid-Year Post-Graduate Conference shall be prepared by the Program Committee under the supervision of the President-Elect.

h. Public and Professional Welfare Committee shall have general supervision over all newspaper, radio and

other publicity affecting this Association.

i. The Convention Committee shall prepare a convention manual and shall have general supervision over all conventions of this Association.

j. Committee on Veterans Affairs shall cooperate with the various veterans organizations in providing osteopathic therapy to veterans through the facilities of the Veterans Administration.

k. The Vocational Guidance Committee shall cooperate with the American Osteopathic Association and the accredited schools of osteopathy in selecting students to better perpetuate the science of osteopathy.

l. Physicians Relocation Committee shall have the general supervision of the relocation of physicians.

m. The Osteopathic Progress Fund Committee shall cooperate with the Osteopathic Progress Fund Committee of the American Osteopathic Association to further the development of the osteopathic colleges.

SEC. 3.—The Chairman of each committee shall submit to the Executive Secretary recommendations for his committee budget for the ensuing year and shall submit a report of its activity during the past year.

Article XI—Delegates to the American Osteopathic Association

SECTION 1.—The delegates and their alternates to the House of Delegates of the American Osteopathic Association shall be elected by ballot at the annual meeting of the House of Delegates. The number accredited by the American Osteopathic Association receiving the highest number of votes shall be the delegates and the next number accredited by the American Osteopathic Association shall be the alternates. The alternate receiving the highest number of votes shall be the alternate to the delegate receiving the highest number of votes and so forth.

Only members of the American Osteopathic Association are eligible for election as delegates.

SEC. 2.—The voting strength of this Association in the American Osteopathic Association House of Delegates shall be apportioned equally to the delegates, if possible, and any additional vote or votes be exercised by the delegate receiving the highest vote at the time of election as a delegate.

Article XII

Honorary Life Membership

SECTION 1.—The House of Delegates at the regular annual meeting may grant by majority vote an honorary life membership to any licensed osteopathic physician who has retired and who is over seventy years of age.

SECTION 2.—The name of a person proposed for honorary life membership must be submitted to a committee appointed by the President for recommendation to the House of Delegates.

Article XIII—District Associations

SECTION 1.—This Association endorses organization of district societies

as constituent parts of this Association in conformity with the regulations of the American Osteopathic Association and the relationship of such district societies to this Association shall conform to the relationship existing between this Association and the American Osteopathic Association.

XIV—Rules of Order

SECTION 1.—This Association and all its bodies shall be governed by Robert's Rules of Order except where otherwise provided in the Constitution and By-Laws or by special rules of order.

Article XV—Amendments

SECTION 1.—The Constitution and By-Laws of this Association may be amended at any regular annual meeting of the House of Delegates by a two-thirds vote of the accredited delegates present and voting, provided that thirty days notice shall have been given in writing to the membership of the House of Delegates by the Executive Secretary. The exact wording of the proposed amendment or amendments shall accompany the notice.

STUDY THIS CONSTITUTION AND MAKE YOUR RECOMMENDATIONS
TO THE COMMITTEE AND TO YOUR DISTRICT MEMBERS OF THE
HOUSE OF DELEGATES.

MEDCALF & THOMAS

A Subsidiary of The S. S. White Dental Mfg. Co.

A COMPLETE LINE OF
SURGICAL AND HOSPITAL SUPPLIES AND EQUIPMENT

Medical Arts Building

FORT WORTH, TEXAS

Anesthesia for the General Practitioner

MERLE GRIFFIN, D. O.

CORPUS CHRISTI, TEXAS

The anesthetist and the surgeon comprise a team whose combined efforts at the operating table are productive of results depending on the degree of perfection with which each discharges his responsibility. During the past 15 to 20 years the surgeon has pointed with righteous pride to the advances in the scope of his specialty. A specific example is the recent work of the pleural cavity and mediastinal contents in the daily operative schedule. Formerly, diseased structures in this cavity were shunned surgically because of prohibitive mortality, but they are now removed with relative safety.

The surgeon must be accorded due honor for this magnificent advance, but the credit for making these accomplishments possible must be given to the anesthetist! It has been his mastering of endotracheal anesthesia and controlled breathing, his ability to provide both oxygen and anesthetic drugs at adequate and safe levels that has made operative procedures within the chest relatively as safe as those within the abdomen.

Naturally, the surgeon will challenge this statement, but anyone of you who has been within the confines of the four walls of an operating room will readily agree that the man, or woman, at the head of the table determines the degree of success, or failure, of the man yielding the scalpel. Why? Well, in the first place, the abdomen must be perfectly relaxed, that is; in order to perform intricate abdominal surgery nothing should interfere with the field of operation. The intestines must be quiet! The abdomen must travel through

the smallest range of activity compatible with normal and necessary exchange of gases. The body chemistry must be maintained at normal, or as nearly normal as humanly possible.

The anesthetist, as well as the surgeon, is interested in maintaining sufficient anesthesia at the point of operation, whether it be the leg, the belly, the chest, or the throat.

This brings forth the question as to the one major point, or issue, or important axiom, if you wish, concerning general anesthesia.

What is the one important point to remember? What is the most important thing to know in the administration of a *General Anesthetic*? Yes, it is important to know the various drugs, their properties, their actions, and their side effects! (When I refer to drugs, I mean the agents used for anesthesia.) It is important to know the general condition of your patient, both physically and mentally! It is important to know the pre-anesthetic condition of your patient, including a knowledge of the drugs administered preceding the anesthetic! It is important to know the time of the administration of pre-anesthetic drugs and in what quantities. It is important to know what kind of surgery is to be performed and what complications are to be anticipated, if any. It is important to know the ability of your surgeon—the time that may be consumed—the gentleness that may be expected—the relative correctness of his diagnosis. These are all important—very important; but there is one very simple and major all important RULE upon which we have not as yet touch-

ed! That rule should be placed at the head of the rules and regulations concerning any anesthesia!

It is this, "KEEP A PATENT AIR-WAY!" Nothing in general anesthesia or spinal or intravenous, for that matter, is as important as this one condition—NOTHING should take precedent over this, the one and only regulation that will keep your patient alive and breathing. How else can he obtain the necessary oxygen or the necessary drugs to maintain a balanced anesthesia?

We learned many moons ago that during general anesthesia we must hold the chin up. Hold the chin up! Please never forget that one thing. HOLD THE CHIN UP.

Now then, sounds simple doesn't it? Well, it isn't so easy as all that. It is WORK and any time we see an anesthetist leave a patient, while undergoing general anesthesia, and walk over to the window or out into the hall to smoke a cigarette—that anesthetist is neglecting his patient—that anesthetist is lazy—that anesthetist in an incompetent anesthetist! You must never release your grip on the patient's chin. You must never leave that patient until the patient has fully recovered the normal laryngeal reflexes. I do not mean by this that the anesthetist must spend the necessary time for patient recovery after leaving the operating room but, I do mean it is the responsibility of the anesthetist to see that competent help remains with the patient until he recovers.

There are many other important axioms to remember in the conduct of a successful general anesthetic among which are—the regularity of respiration—the regularity of the pulse rate—the capillary refill time and the size of the pupil. We mention the size of the pupil as the least reliable sign because when the pupillary sign is really significant and of value, the patient is in a very serious condition; with the excep-

tion of tonsil surgery. Here the pupillary sign is of great value, but this and only this type of surgery is productive of adequate pupillary reflexes. In tonsil surgery the pupil usually traverses this course, depending upon the reaction that pre-anesthetic drugs have had upon the pupil. We'll say the pupil is constricted from a small hypodermic of Morphine. As the patient is induced, the pupil will begin to dilate—it will continue to dilate as the stage of anesthesia deepens, until it is three fourths dilated—this is the stage at which the plane of anesthesia must be maintained if the surgeon is to have the most ideal conditions for operation. In fact, we might add as an addenda, that in tonsillectomy, under general anesthesia, the pupillary sign is the most reliable of all anesthetic signs to the condition of your patient.

Referring for a moment to the other signs previously mentioned may we say that pulse regularity is the most important sign of all. Never let the pulse rate become irregular! We do not care whether the pulse rate is 160 per minute or 48 per minute, just so long as it is regular and does not break. Always, of course, we must consider the anesthetic agent since cyclopropane will produce an irregular pulse during the close of the second stage and the introduction of the third stage, so will other powerful drugs such as cyclopropane. This brings home the point that a good anesthetist will always know; not only the physical and chemical properties of his anesthetic agents; but the natural, as well as the toxic reactions of the particular drug chosen. Cyclopropane and ether are fat soluble drugs; therefore, the reason for slow elimination from the body post-operatively. Nitrous oxide and ethylene are water soluble drugs; therefore, the reason for rapid elimination from the body. Remove the mask during the administration of either and what happens; the patient awakens.

Reverting back to the beginning of an anesthesia, may we say that the most

difficult, as well as the most enjoyable part is induction. Once a patient is properly induced, maintenance is merely a matter of minor importance; that is, in comparison to induction. To us, the fun of anesthesia is the first three to five minutes—then it becomes work.

Most surgeons wish to make the belly incision too early! This again must not be permitted. You will be the recipient of much abusive language throughout surgery should you permit the belly to be opened too soon; as a result of which, intestines, omentum, and even stomach begin to protrude with every exursion of the abdomen during respiration. Once the damage has been done, you can never completely relax the patient regardless of course or the depth of anesthesia; so do not permit your surgeon to begin the surgery until you are ready; approximately 10 minutes for appendix, 12 minutes for a G. B., 15 minutes for a hysterectomy and other surgery accordingly. This, of course, all depends upon the rate and depth of respiration; and above all the PATENT AIRWAY.

Dwelling for a few moments upon the signs of anesthesia we shall attempt to present them in the manner of their occurrence. Again, may we say that induction is the most important and most enjoyable part of General Anesthesia. At first, the patient is instructed to breathe normally—reassuring him all the while during the first one to three minutes of induction. At the end of three minutes; if the airway is adequate, he will begin to pick up in the number of respirations per minute until he may be breathing at the rate of 30 or more—this is fine just so long as it is regular and unobstructed. At this time the pupil may be inspected and it will be found to be relatively stationary at which point it remains throughout a properly conducted anesthesia.

The most important signs that can be relied upon are the regularity of the pulse rate, the regularity of the respira-

tory rate and the capillary refill time. These will give you a reliable clue as to the condition of your patient, together with the blood pressure and general appearance of your patient. Always remember you have a patient as a whole to deal with, not an individualized piece of machinery.

Open drip ether is the safest anesthetic of all, again, assuming that we have a patent airway. When the patient appears too deep we simply remove the mask. However, the mortality rate with open drip methods is as great or greater than with other methods—again because of a closed airway.

Spinal and intravenous anesthesia have a definite place in modern anesthesia and the same precautions must be observed as with other anesthetic agents.

Time will not permit a detailed discussion upon the individual technics of these other agents but if there are questions that have arisen during this mediocre discussion of anesthesia and anesthetic agents, I shall be happy to attempt an answer.

It has been a very enjoyable and interesting conference. We are thankful for this opportunity to promulgate the exchange of ideas among our members. We invite you all to return again soon.

Mark Anthony: "I wish to see Cleopatra."

Slave: "She's in bed with laryngitis."

Mark: "I'll kill that Greek."

Father Kelley and Rabbi Levi were seated next to each other at a banquet where roast ham was served.

Father Kelley: "Rabbi Levi, when are you going to become liberal enough to eat ham?"

Retorted the Rabbi: "At your wedding, Father Kelley!"

Let's Get the Record Straight Regarding Our Medical Laws

Dr. Tate Miller of Dallas, president of the State Medical Association of Texas, made some statements in a radio broadcast from Austin the other day which are apt to confuse the public mind regarding the medical laws of Texas.

Perhaps unintentionally, Dr. Miller cast an unfair and wholly unwarranted reflection on the State Board of Medical Examiners.

Dr. Miller was speaking in favor of the so-called minimum standards bill now pending in the Legislature. This bill is an old-timer dressed up with a new name. It is the 1949 version of the basic science bill which a segment of the organized medical profession has been trying for several years to foist upon the people of Texas.

It is a bill which, whether so intended or not, would in time give the medical profession a monopoly on the practice of the healing arts in Texas. Previous sessions of the Legislature have refused to pass the bill. There is no reason to believe that the present session will pass it, either. But since it may become a topic of public discussion, it would be well at the outset to get the record straight.

In response to a question asked by his radio interviewer, Dr. Miller declared that under the laws of Texas sick persons have no legal guaranty that the practitioner to whom they go for treatment is qualified.

That statement is simply not true, as anyone familiar with the medical laws of Texas knows. We are astounded that anyone in Dr. Miller's position in the

medical profession would make such a statement, and in fairness to him we assume that he merely read it from a radio script which had been written by someone unfamiliar with our medical laws, and which Dr. Miller had not read before going on the air.

The truth of the matter is that no one may legally practice the healing arts in Texas who has not previously passed an examination and been licensed by the State Board of Medical Examiners to practice in this state.

If any patient or patron of any physician in Texas is the least bit doubtful as to the physician's qualifications and legal right to practice, he has but to ask to see the physician's license. If he has a license issued by the State Board of Medical Examiners, one may be certain he is qualified and has a full legal right to practice in this state.

At another point in his broadcast, Dr. Miller made the statement that the minimum standards bill "will help to abolish ignorance from the sick room" by requiring all practitioners, before they are licensed, to pass an examination in seven basic sciences: anatomy, physiology, chemistry, bacteriology, pathology, hygiene and public health.

Here again is displayed ignorance of our medical laws. A full understanding of each of these sciences certainly should be a fundamental requirement of all applicants for licenses to practice in Texas. The point is that our medical laws *already require just that*.

Here is what the present Texas law, which has been in effect since 1907, says on the subject of medical licenses and examinations: "All applicants for

license to practice medicine in this state must successfully pass an examination before the Board of Medical Examiners. Examinations shall be conducted on anatomy, physiology, chemistry, histology, pathology, bacteriology, diagnosis, surgery, obstetrics, gynecology, hygiene and medical jurisprudence."

According to Dr. Miller, the proposed minimum standards law would require examinations in only seven subjects. It should be noted that the present law not only requires examinations in the very same subjects, but in five additional subjects as well.

We are unable to see how elimination of the requirement that examinations be given in histology, diagnosis, surgery, obstetrics and medical jurisprudence would, as Dr. Miller claims, "help to abolish ignorance from the sick room."

The State Board of Medical Examiners, composed of 12 reputable prac-

ticing physicians of Texas appointed by the governor and approved by the State Senate—physicians whose integrity has never before been questioned—now gives examinations in all 12 of the subjects which have been specified in the law for 42 years.

We believe the members of this board discharge their duties fairly, impartially and conscientiously. There is no evidence to indicate that the present, or any previous members, of the board have ever granted any applicant a license to practice who had not previously passed examinations in each and every one of the required subjects.

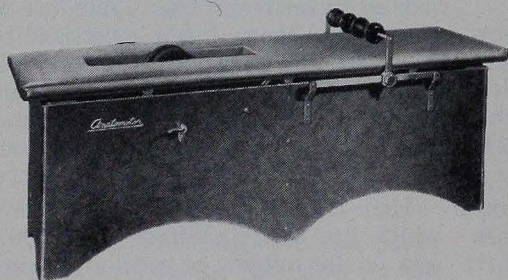
Because of the splendid record of this board, and the confidence which the people of Texas have in it, we say that Dr. Miller's assertion that the sick have no legal guaranty that the physician treating them is qualified to do so is an unfair and wholly unwarranted reflection on this board which Dr. Miller should publicly retract.

Here in Texas —

YOU CAN HAVE ROLLING TRACTION

Your patient's spinous processes are cradled between cushioned rollers. The rhythmic glide of the HILL ANATOMOTOR exerts an effective rolling traction on the transverse processes. Soft tissues are relaxed. Circulation is increased.

Your corrective work and special techniques are easier. Leg rollers provide independent treatment of extremities. Your patients will like the ANATOMOTOR. Write for details today.



Texas Representative
ROBERT L. WATSON
1111 Dennis
Houston 4, Texas

Hill Laboratories Co.
MALVERN 2, FRAZER, PA.

IN MEMORIAM



DR. CHESTER L. FARQUHARSON

Dr. Chester Farquharson was born in Corbin, Kansas in 1892. He graduated from high school, 1914, in Wichita, Kansas and attended the American School of Osteopathy in Kirksville, Missouri from which he graduated in 1917.

Dr. Farquharson came to Houston, Texas in 1920 where he practiced until his death. He and his brother, Dr. Lester Farquharson started the Farquharson Sacro-Illiic Clinic which is still in full swing. This clinic has helped many young D.O.'s over the first few years and given them a good start in the field of osteopathy.

Dr. Chester has served the profession well, having held practically every office in the State Association including the presidency.

The profession has suffered a great loss in the death of Dr. Farquharson.

—H. V. W. B.

VETERANS AFFAIRS COMMITTEE ACTIONS

It has been decided that it would be impractical to print a complete Fee Schedule for care under the Veterans Administration contract for each member of the association due to prohibitive cost. Consequently, any information desired relative to application for authority to treat patients or pertaining to matters of billing the Veterans Administration for professional services rendered under authority of this contract may be obtained from the Veterans Committee which will work in cooperation with the State Office in expediting these problems.

Inquiries should be directed to:

DR. ROBERT J. BRUNE,
Chairman, Veterans Affairs Committee
P. O. Box 307, Premont, Texas.

Sinus Diseases in Children

H. A. BECKWITH, D. O.

SAN ANTONIO, TEXAS

A factor of sinusitis in children is one clinical entity that is neglected. Perhaps it is due to the difficulty of making a careful examination, and even after it has been discovered the extreme difficulty encountered in treatment of small children.

At birth we have rather small ethmoid sinuses and small maxillary sinuses. Occasionally, the frontal out pouch may be demonstrated but this and the sphenoid sinuses develop a growth ensues. Neglected sinus pathology in a child may go into a chronic suppurating sinus that will carry into adult life, making the child mentally deficient and a chronic sinus patient that will require all the surgical skills and treatment regimens to cure.

The etiological consideration of sinus problems in a child are similar to those of an adult. Poor nasal aeration with poor nasal drainage and lack of tissue resistance are the direct contributing factors of sinus infection. Some of the indirect causes of sinus infection are due to malformation of the septal bones which may be caused from birth injuries, from traumatic injuries, and from constant mouth breathing due to hypertrophied infected tonsils and adenoids. Mouth breathing has a tendency to cause high arching of the palatine bones which indirectly causes a septal malformation due to the fact that the septal bones do not have room enough to grow. Inherent tendency to allergic phenomena is a predisposing cause of sinus infection because of the poor aeration and drainage in allergic patients.

Careful examination of the nose and

throat and ears in all children should be part of a routine physical examination of every physician. Suffice to say, in stressing examination of every child, a careful history from the mother will be of great aid in making a diagnosis. There may be arguments pro and con as to the mother giving a good story. In our observation of a very successful pediatrician his first prerequisite was to put the mother at ease and then get her story. Often from the careful exacted story the diagnosis was quite obvious.

In examining the nose, the speculum is introduced carefully and the alae are spread. With a headmirror or any other type of light the following factors should be noted: the size and position of the turbinates, the color of the membranes, the position of the septal bones and the cartilage. If the turbinates are swollen any shrinking solution, such as $\frac{1}{2}$ of 1% of neosynphrine hydrochloride or $\frac{1}{2}$ to 1% ephedrin sulfate should be used so that a good study can be made of the interior of the nose. If there is a muco-purulent drainage beneath the inferior border of the middle turbinate one is almost assured of either a purulent ethmoiditis or a maxillary sinus infection.

The next procedure is the examination of the ears. The type of light transmitted from the drum, whether the drum is bulging or whether it is retracted, are all noted in the ear examination.

In all cases in a child we examine the throat last and frequently use the pharyngoscope to examine the adenoid

area. A thick tenacious discharge may be diagnostic of sinus infections, but infections of the nasopharynx will have to be ruled out. In our experience, patients with a thick discharge in the pharynx usually have an infection in the sinuses. In our examination we use a transilluminator in a darkened room. The transilluminator is placed in the mouth and we note whether there is any light transmitted through the antral areas. In a child light is readily transmitted through the antral areas and some light will be noted in a normal sinus at the bridge of the nose. When no light is transmitted through the antral areas or ethmoidal areas we usually resort to X-ray study, although there is a deep suspicion in our minds, and it is usually well founded that there is an infectious process when there is no light transmission.

Recently a two year child was admitted to the hospital. Temperature on admittance was 105.5. The child appeared to be quite ill and in considerable distress. The referring physician had not reached any definite conclusion, although he was suspicious of sinus involvement.

Our nose, throat and ear examination revealed the following: the turbinates, both the middle and inferior were turgid so that a shrinking solution was instilled for better examination. After the shrinking solution had taken effect it was noted that there was a thin mucopurulent discharge beneath the middle turbinate on the right side. The left side appeared normal. Examination of the throat revealed hypertrophied and chronically infected tonsils. A slight discharge was noted in the posterior pharynx on the right side. The transilluminator was inserted into the mouth and no light transmission was noted through the right maxillary area. Light transmission was normal on the left side. Ear drums were both slightly retracted and reddened although a good cone of light was seen on both drum

heads. A diagnosis of blocked maxillary sinuses on the right was made.

A common procedure that we use on small children is to insert a catheter into the nose after a shrinking solution has been instilled. We run a warm solution of physiological saline through the nasal passages. We bend the child forward and usually can manage to run the solution in one side of the nose and out the other. Often this will evacuate an infected sinus. This procedure was carried out on the child mentioned above. Considerable ropy material was noted in the wash. One hour after the washing the temperature reading was 100° Fahrenheit. The child was given penicillin for twenty-four hours. In twenty-four hours the child was feeling so good that we let the parents take it home with orders to report to us on the following day for further check. Light transmission in 48 hours was normal in both antral areas. This case terminated very favorably and might have required further and considerable treatment had not an early diagnosis been made.

In review of the etiological factors of sinus disease the high arching of the palatine bones should always be considered. This may be caused from mouth breathing, from hypertrophied and chronically infected tonsils, or we have noticed a tendency to high arching of the bones which seems to run in some families. It is our feeling that a great deal of prophylactic and preventive procedures can be developed by the osteopathic profession, making sufficient room for a normal growth of the nasal bones. We have sent a number of children to orthodontist but our experience has not been too satisfactory with their type of therapy. Diligence on the part of the osteopathic physician in recognition of sinus pathology in children, and the recognition of the etiological factors of sinus disease can result in prevention of chronic sinus discharge in adult life.

IMPORTANT NOTICES

BASIC SCIENCE

The Public Health Committee of the Texas Senate reported Senate Bill No. 63—Minimum Standards Bill or Basic Science—favorably out of the committee by a vote of 6-4 following a hearing held February 16.

BLUE CROSS

Just recently an order was issued by the Insurance Commission of Texas to the Group Hospital Service, Inc., to submit amendments within thirty days so as to bring their plan of operation within the statute and comply with the provisions of Article 4590a.

SELECTIVE SERVICE

COPY

STATE HEADQUARTERS SELECTIVE SERVICE SYSTEM

306 East 5th Street

Austin, Texas

File No. 1-4-134

01

28 January 1949

Dr. R. D. Van Schoick
Leonard, Texas

Dear Doctor:

I am happy to inform you that you have been appointed by the President of the United States on Appointment Order, No. 104-48 effective December 20, 1948, to the position of Medical Advisor, for Local Board No. 43, with headquarters at Bonham.

In order to qualify for this position, please execute the enclosed Oath of Office and Waiver of Pay in duplicate, returning both copies in the enclosed envelope at your earliest convenience. As soon as you execute this form you will then be qualified to take your position as Medical Advisor of this board.

We are notifying the local board

Chairman of your appointment.

Sincerely,

s/K. L. BERRY,
t/K. L. BERRY,
Major General
State Director

COLLEGE OF OSTEOPATHIC INTERNISTS

A very interesting and progressive program was presented at the recent meeting of the College of Osteopathic Internists.

Subjects presented and discussed were the prevention of heart disease, rheumatic fever, subacute bacterial endocarditis, the treatment of congestive heart failure in children, the use of anticoagulants in the treatment of coronary thrombosis, irradiation of the paranasal sinuses in the treatment of rheumatic fever, diagnosis and treatment of hepatic insufficiency, diaphragmatic hernia, hypothyroidism and myxedema, conditions in the lungs, geriatric and obstetrical conditions.

The speakers were Drs. G. A. Whetstone, Earl Congdon, H. Earl Beasley, Paul F. Lloyd, William J. Loos, Ward E. Perring, Maurice F. Decker, Victor R. Fisher, Ralph L. Fisher, Ace L. Pettigrew, Samuel V. Robuck, C. E. Baldwin, J. L. Mines, Herman Kohn and H. W. Evans.

This evidently was a very profitable meeting with a wealth of knowledge being presented.

PROCTOLOGICAL SOCIETY

The American Osteopathic Society of Proctology, under the leadership of Dr. J. Joseph Cronin of Boston, will hold its 23rd Annual Convention at the Cleveland Hotel, Cleveland, Ohio, during April 11, 12 and 13, 1949.

Dr. John Spencer of St. Joseph, Missouri, announces that the morning sessions will feature a well balanced sched-

February, 1949

ule of lectures and surgical motion pictures. Clinical sessions will be held afternoons at the new Bay View Hospital.

It has been requested by Dr. Randall O. Buck, local arrangements chairman, that those planning to attend make reservations at Cleveland Hotel immediately after March 1st. Wives of attending physicians will be offered an interesting series of activities.

These conventions are actually concentrated courses in Post Graduate Proctology. Non-members may attend by the payment of a thirty-five dollar registration fee.

INTERNATIONAL HERNIA SOCIETY

In February the International Hernia Society held its convention at the Norwood Clinic and Hospital in Mineral Wells, Texas. Doctors from all over the United States attended and each physician read his report on the various subjects.

The reports of these doctors will be collected by a committee and made into a small brochure for further distribution to both the profession and the public.

RIVER OAKS MANOR

A new osteopathic institution for the treatment of alcohol addiction has been opened in the profession at Colfax, Iowa, a suburb of Des Moines. It will be known as River Oaks Manor and will be a teaching affiliate of the Des Moines Still College of Osteopathy and Surgery in that externs from the College will be placed on rotating service as a part of their training. Dr. Frederic J. McAllister will be Medical Director but will continue as Chief-of-Staff of Still Osteopathic Hospital.

River Oaks Manor is a converted hotel that was a health spa featuring the famous Colfax Mineral Waters. River Oaks will have a capacity of 100 patients. The grounds are heavily wooded on 130 acres of rolling Iowa land along a beautiful river. There is a golf

course, tennis courts, shuffle board courts, riding stables, swimming pool and bowling alleys to interest the patients during their stay of a minimum of one month. Physiotherapy equipment is used along with the treatment which will include daily osteopathic therapy as well as psycho-therapy when indicated. Only alcohol addiction will be treated and nervous and mental patients will not be accepted.

Alcoholics Anonymous have established a chapter at the Manor and meetings will be held during the time that the guests are in residence but this phase is not compulsory and A. A. has no official connection with the Manor however, the patient is introduced to the philosophy of A. A. and used as a follow-up on his return home so that reports may be furnished the Manor by the guest's home A. A. group. Both men and women are accepted for treatment and separate departments are maintained.

ARTHRITIS SANATORIUM

Ottawa Arthritis Sanatorium and Diagnostic Clinic's second major addition in two years—adding facilities for 23 more bed patients and fifty more out-patients weekly—has been completed and is in operation.

"A few hours following the completion of the new addition, every available bed was filled," stated Dr. E. C. Andrews, sanatorium director.

The new section extends out from the front of the center of the original building and will be finished in stucco to match the main section.

It is comprised of private and semi-private rooms, as well as three and six bed wards, providing the sanatorium with 4,000 more square feet of floor space. The addition doubles the institution's patient capacity.

The new addition has a long list of "firsts" in modern up-to-the-minute equipment and furnishings.

Rooms are furnished with Simmons

Silvermist all-steel beds and furniture. Beds are the latest self-adjusting type, easily moved up or down as required by the individual patient. They are equipped with Goodyear Air Foam mattresses.

All rooms are equipped with Libbey-Owens-Ford Thermopane insulated picture windows, affording a full view of the spacious hospital grounds.

The addition is heated by a new ceiling-type radiant heat system. This is the first heating system of its kind to be placed in a hospital anywhere in the country. Radiant heating affords uniform temperature throughout the building without the necessity for radiators, registers or steam pipes.

Installed throughout the addition is the newest International Business Machines Signal System so that patients may quickly summon nurses. Switches are placed conveniently near bed and in all bathrooms.

All room accommodations have either private or semi-private baths. Glass shower booths are installed in every bathroom as well. Special low bath tubs enable patients to enter and leave them easily.

Corridors are equipped with special side wall indirect fluorescent panel lighting for night safety, and sound deadening accoustical plaster ceilings.

All corridor walls and room walls are decorated with the new type Varlar stain proof wall covering. Floors are laid in gray and black resilient tiling.

The ramp at the main entrance is underlaid with permanent anti-freeze filled copper-tubing to prevent snow from remaining and ice from forming.

Several new service facilities have been added to the hospital and others expanded, to keep pace with the added bed capacity.

A new enlarged pharmacy has been completed. New doctors' offices have been built. A new patient lounge, lecture room and nurses' lounge are under

construction. The hospital personnel has been increased to 67.

The new unit is the second expansion of the institution's facilities in two years, and will help in keeping abreast of the greatly increased interest in the progressive methods of diagnosis and treatment that are making the Ottawa Arthritis Sanatorium and Diagnostic Clinic one of the leading specialized institutions in the osteopathic world.

"Completion of this second addition of the sanatorium," stressed Dr. Andrews, "is another step in a long range plan to create in Ottawa the nation's foremost osteopathic center for the diagnosis, treatment and further research of chronic degenerative conditions.

"With 7,500,000 arthritis sufferers in our nation, we at Ottawa will continue to try to provide all of the facilities that can be used to eliminate the 'Great Crippler'—arthritis."

This chain letter started in Reno in the hope of bringing relief and happiness to tired business men.

Unlike most chain letters, this does not cost money.

Simply send a copy to five equally tired male friends, then bundle up your wife and send her to the fellow at the top of the list, adding your name at the bottom.

When your name comes to the top of the list you will receive 16,718 women!!!

Have faith. Do not break the chain. One man broke it and got his own wife back. Phone G-8291 so we can move you fast and efficiently if you have broken this chain and think you're going to get your wife back.

Faithfully,

TOMMY MANVILLE
ERROL FLYNN
CHARLES CHAPLIN
HOWARD HUGHES
FALA

ANNUAL CONVENTION

April 28, 29, and 30, 1949



SPANISH GOVERNOR'S PALACE—West side of Military Plaza. This old adobe building was originally used by the Spanish Governors of Texas as an office and residence. Its keystone bears the Hapsburg coat-of-arms and the date 1749. Inside the inner patio will be found flowering shrubs and a wishing well.

SAN ANTONIO, TEXAS

San Antonio, a city of picturesque contrasts, sits in a fertile, fruitful valley, 700 feet above sea level in a location so important that Old World nations fought for its possession two centuries ago.

Once a Spanish stronghold, San Antonio today is headquarters of the largest military establishment in the United States. Once capital of the province of Tejas in New Spain, it is now the commercial and financial center of the empire of South and West Texas—an area

larger than the New England states and New York combined!

Since the time two hundred years ago when Spain and France warred for the possession of the fertile lands surrounding San Antonio, the city has been an important military post. The towering buildings of modern San Antonio stand today on ground where much of the stirring history of the Southwest was made. The tread of marching men, the gleam of arms in the bright sun are not new sights to the Alamo City.

Although history records that as early as 1691 a garrison had been established by New Spain, San Antonio proper was first settled in 1731 by 15 Spanish families sent from the Canary Islands by the King of Spain. The settlement was officially named San Fernando de Bexar, with the seat of government being a pretentious adobe building, *the Governor's Palace*, which still stands.

Over San Antonio have flown six flags—those of Spain, France, Mexico, the Republic of Texas, the Confederate State of America, and the United States of America.

As a mecca for cattlemen, San Antonio is one of the last retreats of the Old West. It is one of the leading cattle centers of the nation. Each year the picturesque Old Trail Drivers' Association holds its annual convention here.

As the city of everlasting sunshine, San Antonio furnishes a climate where all sports and pastimes flourish. Golf, hunting, riding, racing, swimming, polo, tennis, baseball, fishing, dancing—all have their enthusiastic following. San Antonio has 56 parks and playgrounds comprising over 2,000 acres which are at the disposal of the pleasure seekers. Brackenridge Park, the Chinese Sunken Garden, the lovely *San Antonio River*—all will charm the visitor.

Today, the nation's largest military establishments center in San Antonio. These great military posts lend much to San Antonio's colorful atmosphere. Fort Sam Houston, which occupies 3,300 acres, is headquarters of the Fourth Army. Others are Randolph, Kelly, Lackland, and Brooks Air Force Bases.

Close by the *San Antonio River* is another of San Antonio's distinctive attractions, La Villita, which means "Little Town" in Spanish. It is the most picturesque village of its kind outside Latin America. Two of the seven houses in this section of original San Antonio are believed to have been built between 1718 and 1722; the others were constructed from then through the 1860's. La Villita has been dedicated as the center of Pan-American culture in the Western Hemisphere.

Crowded by the modern buildings of the downtown section are the many beautiful old structures erected about 1700 by soft-spoken priests and harsh grandees of the King of Spain. The Alamo, shrine of Texas Liberty, lies dreaming in the central plaza of the city. Flanking other plazas are the San Fernando Cathedral, still the hub of Catholic worship in San Antonio, and the stern old *Governor's Palace*. The

SEE MCGEE

FOR YOUR

X-RAY MACHINE AND SUPPLIES

ALSO

BASAL — EKG — SHORT WAVE — SINE WAVE
ULTRA VIOLET — INFRA RED — MUSCLE STIMULATOR
RHYTHMIC CONSTRICTOR — HYFRECATOR
and other electrical apparatus.

THE X-RAY SALES & SERVICE CO.

2800 Thannisch Street

FORT WORTH, TEXAS

missions of the early monks still stand in half circle about the city like Christian guardians.

One of San Antonio's greatest charms is lovely *San Antonio River*, flowing through the very heart of the business district. A colorful and unique theatre has been set on the banks of this river in the busy down-town section with a stage situated on one side of the river and seats for the audience on the opposite banks. Tropical plants, shrubbery and palms are found along the fertile banks and colored lights make a picturesque scene of San Antonio by night.

San Antonio is a modern city, progressive in outlook, but with a rich heritage of the past gained through two centuries of historic life. Old in years, but young in spirit, the cosmopolitan Alamo City holds forth a warm and friendly welcome to the visitor.

Convention Speakers



DR. C. R. NELSON
Ottawa, Illinois

Dr. C. R. Nelson, Chief of Staff of the Ottawa Arthritis Sanatorium and Diagnostic Clinic, needs no introduction to Texas osteopathic physicians. Dr. Nelson will be one of the principle speakers at the annual convention in San Antonio on April 28, 29, and 30 of 1949.

Formerly a construction engineer, Dr. Nelson became deeply interested in osteopathy due to outstanding results gained from this school by members of his family. He turned to osteopathic science and entered the Chicago College of Osteopathy.

Dr. Nelson practiced in Aurora, Illinois, until 1944. While in Aurora, he was team physician for the athletic department of the East Aurora high school and physician to the Aurora College football team.

Board of Trustees House of Delegates

ANNUAL MEETING

APRIL 27, 1949

Plaza Hotel

**San Antonio,
Texas**

Annual Convention

APRIL 28, 29, and 30, 1949

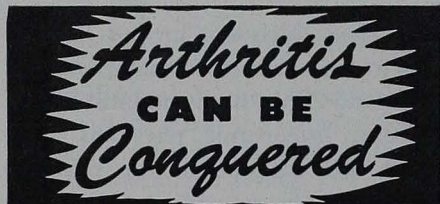
He was appointed executive assistant at the Central Office of the American Osteopathic Association in Chicago in 1944, where he soon made a wide acquaintance among the osteopathic profession. He has been a frequent speaker at state and national conventions and meetings.

He resigned his position with the national body in 1947 to enter practice in Austin, Texas, and was soon appointed to direct the Texas state osteopathic association and to edit its journal.

He is a member of Theta Psi fraternity, the Rotary, and a member of the Academy of Applied Osteopathy. He is considered an authority on the subject of postural analysis and its relation to systematic disease.



DR. HOWARD E. LAMB
Denver, Colorado



We invite your inquiry

OTTAWA
ARTHRITIS SANATORIUM
and DIAGNOSTIC CLINIC of
OTTAWA, ILLINOIS

A Registered Osteopathic Institution

Dr. Howard E. Lamb of Denver, Colorado, an outstanding member of the osteopathic profession, will deliver papers on the conservation of the human ovary, surgical diagnosis of the acute abdomen and early ambulations of the surgical patient during the annual convention in San Antonio.

Dr. Lamb graduated from Kirksville in 1917 and practiced in Ewing, Missouri, until he entered the U. S. Army Medical Department. He spent a year overseas and after being gassed had eighteen months vocational training in surgery under the U. S. Veterans Bureau.

When Dr. Lamb was discharged he first located at La Belle, Missouri, but soon moved to Denver where he now owns and operates the Lamb Memorial Hospital.

He has been an A.O.A. Trustees, vice-president of the American College of Osteopathic Obstetricians, President of the American College of Osteopathic Surgeons, a member of the Board of Governors of the American College of Osteopathic Surgeons, Chairman of the American Osteopathic Board of Anaesthesiology, visiting professor to the Graduate School of the College of Osteopathic Physicians and Surgeons of Los Angeles, a Fellow of the American College of Osteopathic Surgeons and holds an honorary Doctor of Science.

Pilot to tower, Pilot to tower—Plane out of gas; am 8,000 feet in air and 30 miles out over Atlantic Ocean. What shall I do?

Tower to pilot, Tower to pilot—Repeat after me — "Our Father who art in Heaven . . ."

THE SPINALATOR COMPANY

The Spinalator Company was organized in 1937. Its president and founder, Dr. O. N. Donnahoe, a graduate osteopathic physician practiced twenty years. Realizing that a great part of an osteopathic treatment required a lot of work that wasn't necessarily specific, he developed the Spinalator which accomplished the soft tissue treatment leaving only the specific corrections for the doctor to make.

The many hundreds of users through the United States attest to the worthwhileness of this modality. This year the Spinalator Company has brought out a new model which will be on display at the 1949 convention of the Texas Association of Osteopathic Physicians and Surgeons.

Mrs. O. N. Donnahoe will have charge of the booth and will welcome a visit from you.

MATTERN X-RAY APPARATUS

Designed for the Discriminating Physician

UNSURPASSED PERFORMANCE

UNEQUALLED IN BEAUTY OF APPEARANCE

A Wide Range of Models to Suit All Users

DEEP THERAPY — RADIOGRAPHY — FLUOROSCOPY

Units Available in Ivory or Black Satin Finish

BUY MATTERN FOR QUALITY

Johnson X-Ray & Electro Therapy Co.

2611 OAK LAWN AVENUE

DALLAS, TEXAS

Hill Laboratories Co.

THE HILL LABORATORIES COMPANY was started in 1932 for the purpose of manufacturing three products, Terra-plastic, Tropidores and the Anatomotor.

Terra-plastic is a porous, plastic, hygroscopic, poulticing material. It may be applied hot or cold as desired and is reusable.

Tropidores is an effective and efficient apparatus scientifically designed to produce artificial heat in localized areas, continuously and for prolonged periods.

The Anatomotor is a mechanical treatment table, providing rolling traction, pre-treatment conditioning and for spinal and leg manipulation.

There are ten men employed in the company and all products are sold all over the United States and Canada.

The Texas representative is Mr. Robert L. Watson, 1111 Dennis, Houston 4, Texas.

Safeguard Your

Professional Reputation

**USE MERCHANDISE OF
DEPENDABLE QUALITY**

—SURGICAL
INSTRUMENTS

—SPECIALISTS'
EQUIPMENT

The A. P. CARY COMPANY

**Medical Arts Building
Dallas - Ft. Worth - Houston**

A. P. Cary Company

THE A. P. CARY COMPANY was established in 1884, and now has three complete surgical stores at the service of the profession. These are located in Dallas, Fort Worth and Houston, Texas.

There are seventeen detail men working all of Texas, east portion of New Mexico and the south and west portion of Oklahoma. They have for you a complete line of surgical supplies, instruments and equipment for doctors and hospitals.

Vitaminerals, Inc.

Nutrition is one of the most important influences in the life, health and happiness of humanity. With the discovery of widespread and persistent diseases resulting from deficient diets, supplemental nutrition has grown to an important and popular position in every day practice.

A variety of vitamin, mineral and other concentrated nutrients is manufactured by numerous concerns. One that is well-known to our profession is Vitaminerals, Inc., founded in 1932 by Mr. John F. Gorman in Los Angeles and recently moved to new quarters in Glendale, California.

With a comparatively small beginning, in a two room office with a numerically embryonic—but vigorous and enthusiastic—staff, Vitaminerals has grown into a world-wide organization. The headquarters occupy a huge building, still undergoing continuous enlargement and expansion, with well-organized and carefully supervised manufacturing, pharmacological, analytical, mailing, research, executive and other departments. Every state in the Union, and most major cities, have personal Vitaminerals representatives—also South American countries, China and Greece. Some observers have stated that the growth of this concern is spectacular—

those within the organization view the progress simply as "on schedule."

The Vitaminerals concept has always maintained that nutritional deficiencies are multiple. This is substantiated today by investigators all over the world. Hence, most Vitaminerals products are of multiple nutritional nature. Established accessory food factors are embodied in scientific proportions with regard to predominant human deficiencies. These are formulated in a base composed of 17 vegetable and other concentrated food extracts to supply identified natural nutrient factors and also those as yet not discovered.

It is proven that many vitamins and minerals depend upon one another for utilization in the human body. As time goes on, more of these are found. It will take many years to learn all these secrets of nature. Meanwhile it is the purpose of Vitaminerals to include those

"assimilative factors" both known and unknown which make for the most nearly complete balance and synergism in supplemental nutrition.

Texas is fortunate in having able and efficient Vitaminerals representation and service. Sidney Dennis of Dallas, a veteran of 12 years service with Vitaminerals, along with Rayford Smith, Bob Ingersoll of San Antonio and Ira Seymour of Houston are well known to Texas doctors, in whose offices they receive the welcome of men who are born to service in our profession. You will see these Vitaminerals friends of Osteopathy—your friends—at our San Antonio Convention in April.

WEATHER

High winds.
Followed by high skirts.
Followed by men.



HUNTER HOSPITAL SUPPLY, Inc.

HOSPITAL AND PHYSICIANS

SUPPLIES AND EQUIPMENT

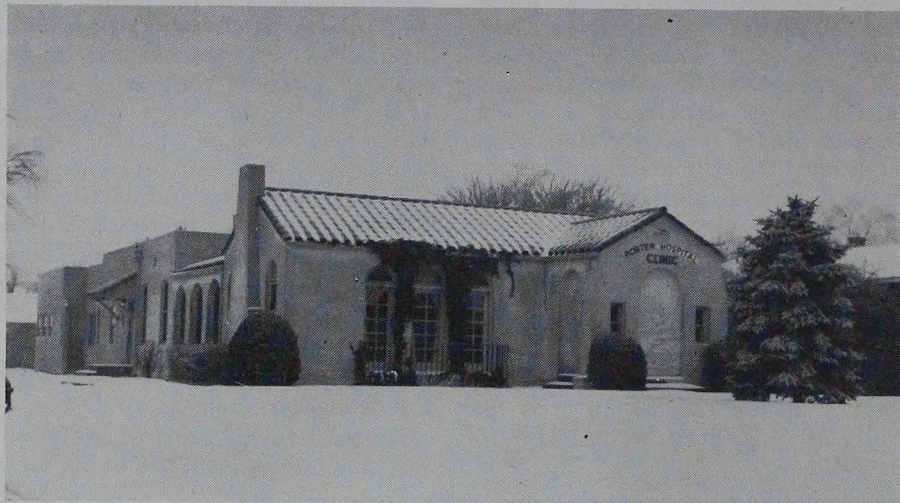
MAIL ORDERS FILLED PROMPTLY

Phone 3-3701

511 East 3rd Avenue

AMARILLO, TEXAS

Texas Osteopathic Hospitals



PORTER HOSPITAL AND CLINIC

LUBBOCK, TEXAS

The Porter Hospital and Clinic at 2401 Nineteenth Street in Lubbock has just completed a \$35,000 addition. This gives the hospital ten beds and major surgery, delivery, laboratory, scrub rooms, three doctors' offices, treatment rooms, business office, and two reception rooms. The hospital is equipped with summer and winter air-conditioning.

The hospital clinic is owned by Dr. G. G. Porter. It was established by Dr. Porter and the late Dr. P. W. Sistrand in 1941. It has had an impressive record since its organization, especially in the

field of obstetrics. Forty babies were delivered at the hospital in that first year, and in 1948, 531 deliveries were made.

Dr. L. J. Lauf and Dr. Richard M. Mayer have offices in the hospital with Dr. Porter. Dr. Mayer, who lives in an apartment which is a part of the property, is available for day or night duty. Dr. Henry Spivey, who recently opened his offices in Lubbock after moving from Denison, does major surgery for the hospital.

Members of the staff includes W. R. Dorsey, business manager; Mrs. Georgie Ferlet, supervisor; Mrs. Mildred Car-

penter, obstetrical nurse; Miss Edna Hester, obstetrical nurse; Mrs. Johnny Doyle, Mrs. Irene Lindsey and Mrs. Iola Amburn, nurses.

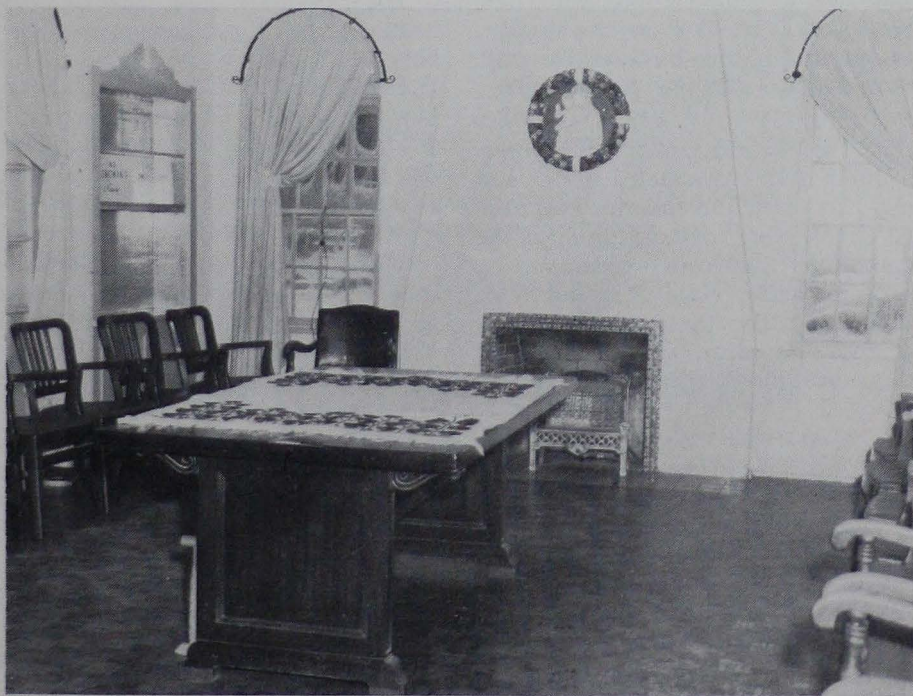
Dr. Mayer is specializing in diseases of the eye, ear and throat and pediatrics; Dr. Lauf in obstetrics, allergies and general practice; and Dr. Porter in obstetrics and rectal diseases.

Dr. Porter attended the University of Texas three years, the University of Pittsburg two years, graduated from Kirksville College of Osteopathy, and served his internship at the Laughlin Hospital at Kirksville.

Dr. Lauf is a graduate of Washington University and of Kirksville College of Osteopathy. Dr. Mayer graduated from Amarillo College and from Kansas City College of Osteopathy and Surgery.



DR. G. G. PORTER



RECEPTION ROOM

AUXILIARY NEWS

The Amarillo Osteopathic Hospital Auxiliary held its monthly meeting at King's Kottage Tea Room, on the evening of January 19 following dinner with the doctors. Fourteen members were present. Mrs. M. H. Schaffer of Des Moines, Iowa, mother of Mrs. L. V. Cradit, was a guest.

Reports concerning the sale of Applets and Cotlets were made. The commission from these sales will be used to help finance the annual Child Health Clinic. Mrs. G. W. Gress gave a report of the progress being made by the Amarillo City Federation in regard to its new club house. She also reported on the steps that have been taken to secure a Juvenile Detention Home here. Mrs. Gress has been selected secretary of the new Board which has been formed to handle matters concerning this new Home. Mrs. Harold Gorrie, president, presided during the business meeting. A social hour followed adjournment.

The Fort Worth Osteopathic Hospital Guild held a spaghetti dinner and bingo party early this month. Two hundred tickets were sold and gifts for the bingo were numerous—each having been contributed. Hard work and much planning on the part of Mrs. L. L. Hamilton, president, and her committees made this affair a success in every way.

The Auxiliary to the Tarrant County Association of Osteopathic Physicians and Surgeons held its January meeting at the Clarisse Stovall Tearoom. The guest speaker for the evening was Mrs. C. S. Sykes who gave a reading, "The Girl Who Walked Without Fear."

Plans were discussed for a luncheon and style show to be held in March honoring the members of the Dallas

Auxiliary. It was voted to give a yearly contribution to the Scholarship Fund.

Mrs. C. E. Everett was welcomed as a new member.

Mrs. George Luibel is visiting in Florida.

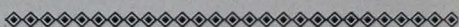
The January meeting of the Women's Auxiliary of the Dallas County Osteopathic Association was held with Mesdames Jack Crawford and G. E. Hurt as co-hostesses. A delightful luncheon was served at the Crawford's new home, 3804 Centennary. After a short program the business meeting was held and it was voted to send donations to the March of Dimes and to the Dallas Bookmobile, a project of the Dallas Public Library sponsored by the Federated Women's Club.

The Auxiliary now has thirty-two members with the following new members Mesdames R. M. Moore, T. M. Hobart, Ralph M. Connell, R. E. Becker, Lloyd C. Woody, K. S. Wooliscroft, W. W. Baldwin, D. G. Hazzard, John Drew, Pat Philbin, E. C. Brann, W. C. Sherard, R. F. Lutz and Dr. Laura Lowell.

The Auxiliary to the Seventh District Society held their January meeting in Austin at the home of Mrs. W. H. Van de Grift, President, following a dinner with the doctors at the Austin Hotel.

A "White Elephant Sale" was held and the money made was put in the treasury. Year books were distributed to all members by Mrs. H. V. W. Broadbent, who compiled them.

Eleven members and one guest, Mrs. T. D. Crews of Gonzales, were present.



**PLEASE GET YOUR NEWS
IN BY THE TENTH**

NEWS OF THE DISTRICTS

DISTRICT NUMBER ONE

No news sent in.

DISTRICT NUMBER TWO

Due to ill health, Dr. J. A. Kibler, Box 420, Nocona, Texas, would like to sell his practice.

The Dallas County Association of Osteopathic Physicians and Surgeons held its regular monthly meeting on January 13th and the principal speaker was Rev. Lance Webb, pastor of the University Park Methodist Church. He told of his experiences in Europe this last summer as a delegate from Dallas to the Council of World Churches meeting at Amsterdam.

Dr. Gladys F. Pettit made a flying trip to Denver early in the month and due to bad weather conditions was grounded for sixteen hours in Oklahoma City.

Dr. N. B. Gafford, Sulpur Springs, wanted the North Texas District meeting but found they were in East Texas District. Dr. Gafford had engaged the high school auditorium and cafeteria for the meeting. The idea is valuable for

small towns can entertain big one-day meetings besides every high school pupil and parent will know their town has been selected for an Osteopathic Association meeting. East Texas District has been invited to meet jointly with North Texas March 27th.

Dr. H. M. Walker has gone to Florida to visit his brother, Dr. Clarence Walker and his 90-year-old father, the Rev. H. W. Walker.

Drs. Dailey, Byers and Louis Logan are attending a Cranial Technique Course in Houston, February 14th to 24th.

Officers elected by the Sparks Hospital Staff were: Dr. Lester Cannon, and Dr. H. L. Betzner.

Dr. Robert E. Morgan, S. M. U. team physician, has announced that the secret is out and the date is set for an operation on pass throwing Gilbert Johnson's knee. During the season both knees were kept bandaged so as to keep the trick knee a secret. During the Texas game Dr. Morgan snapped the knee into position twice and in the Arkansas game it had to be adjusted three times. There was a picture of Dr. Morgan and John-

B. M. GOFF COMPANY

AMARILLO
118 EAST 4TH STREET
PHONE 2-2921

ORTHOPEDIC SUPPLIES

LUBBOCK
1906 BROADWAY
PHONE 2-8132

ARTIFICIAL LIMBS
RENTAL SERVICE
HOSPITAL BEDS
WHEEL CHAIRS
CRUTCHES
CANES

ELASTIC HOSE
ANKLE SUPPORTS
KNEE CAPS
POSTURE BELTS
ARCH SUPPORTS
TRUSSES

BRACES
EXTENSION SHOES
SACRO SUPPORTS
LUMBAR SUPPORTS
LADIES GARMENTS
ABDOMINAL SUPPORTS

NO APPOINTMENTS NECESSARY

The Only Complete Orthopedic Brace and Limb Shops in West Texas

News of the Districts - (Continued)

son on the front page of the *Dallas Morning News* sport section recently.

Mexico City gave a royal welcome to the S. M. U. team on their recent visit to the city. Dr. Morgan was one victim of early preparations by the S. M. U.'s official traveling party. Last week Dr. Morgan vaccinated the squad against smallpox and he suffered one of the minor reactions. He made the trip however.

DISTRICT NUMBER THREE

The regular monthly meeting of District No. 3 was held in Longview, Texas with Dr. J. T. Hagen as host.

The program, secured by way of the efforts of Dr. M. V. Gafney of Tyler consisted of two motion picture films from the Davis and Geck film library. One outlined the clinical characteristics,

diagnosis, pathology and treatment of various types of Mammary Carcinoma. Another film covered the subject of Sacro-Lumbar Fusion operation for Herniated Intravertebral Disc.

Following the showing of the films, Mr. Ray Thurmond, Tyler attorney, spoke on the subject of efficiency in the collection of professional accounts. Dr. Grainger spoke on the high points of his administration. On adjournment, the doctors and their wives enjoyed a very excellent banquet prepared at Meltons Retreat on the lake. Twenty-one doctors were present.

The next meeting will be held in Henderson, Texas with Dr. James D. Bone as host.

Dr. George Grainger, President, was guest speaker at the February meeting of the Fourth District Society.

"MEDIQUARTZ"

Complete Ultra Violet Therapy

"MEDI-SINE"

Modern Electronic Low Volt
Wave Generator

"MEDITHERM"

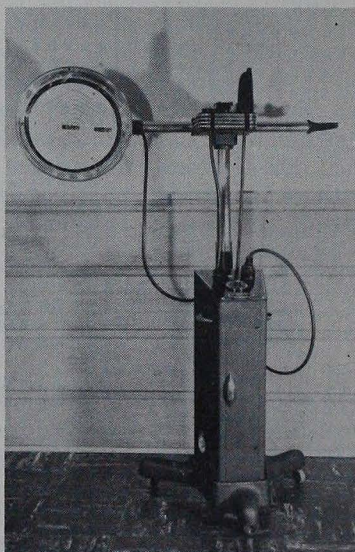
F. C. C. Type Approved Short
Wave Diathermy

"MEDI-SURGICAL"

Electrosurgical Unit combining
Cutting and Hemostatic Currents

PROFESSIONALLY DISTINCTIVE
CLINICALLY EFFECTIVE
ECONOMICAL IN COST

Dallons Laboratories
LOS ANGELES, CALIF.



Ask Your Dealer

News of the Districts - (Continued)

Dr. Elizabeth Johnston of Texarkana is retiring this month. She writes, "My association with the osteopathic physicians of Texas has been most pleasant through the years and I am somewhat regretful that the time has come to say good-bye."

DISTRICT NUMBER FOUR

No news sent in.

DISTRICT NUMBER FIVE

Dr. Ellen Gildersleeve is having an uncomfortable time of it. During the last cold spell she fell on her slick driveway and is in bed nursing sprains and bruises. X-ray showed that no bones were broken. Hope you will soon be up again.

DISTRICT NUMBER SIX

O. C. Castle was elected president of the Board of Trustees of the Houston Osteopathic Hospital during the annual board meeting held at the Warwick Hotel, January 24.

Mr. Castle, who served as treasurer

last year, succeeds Dr. William Badger of Houston as president. Mr. Castle, a retired superintendent of transportation for the Southern Pacific lines, was assistant director of the division of railroad transportation in the Office of Defense Transportation during the war.

Herbert Turner, public relations director for the United Gas Corp., in Houston, was elected vice-president. Dr. Opal Robinson is secretary and Mr. David was elected treasurer.

Others elected to the executive committee of the Board of Trustees are Dr. Reginald Platt, Dr. William F. Gribble, Jr., Dr. James J. Choate, Dr. J. R. Alexander, Dr. Esther Roehr, Dr. Lloyd Hammond and A. C. Burnett.

Dr. Justin L. Adams of Houston took part in a timely radio interview entitled, "Influenza—Constant Menace." The program was presented January 10 over radio station KNUZ.

DISTRICT NUMBER SEVEN

The meeting of the seventh district society was held at the Stephen F. Austin Hotel in Austin late in January.

WHY NOT

Take Advantage of Your Membership in Your State Association by
Enrolling in the Special Sick and Accident Plan

Approved by the Texas Association of Osteopathic
Physicians and Surgeons for its members.

Murray Agency, General Agents

FOR

METROPOLITAN
Insurance Company of America

METROPOLITAN
Casualty Insurance Company
of New York

201 Insurance Building

CORPUS CHRISTI, TEXAS

News of the Districts

(Continued)

After dinner was served, Dr. John B. Donovan presented a fine schedule of osteopathic discussions and demonstrations. Among those on the program were Dr. W. H. Van de Grift on osteopathic management of gall bladder disease; Dr. H. V. W. Broadbent on the treatment of fifth lumbar lesions; Dr. H. H. Edwards on technics used in general osteopathic treatment, and Dr. John B. Donovan on technics of the upper dorsal region.

Dr. T. D. Crews of Gonzales was a guest and invited members of this district to attend the next meeting of the ninth district.

DISTRICT NUMBER EIGHT

The regular monthly meeting of the District No. 8 Society was held in the Terrace Annex of the Robert Driscoll Hotel in Corpus Christi. Dr. T. M. Bailey was guest speaker.

Regular staff meeting of the Corpus Christi Hospital was held February 1st in the office of Dr. F. J. and Laura Auwers.

Three weeks ago Tom Johnson, M. D. of Cotula spent a week taking a refresher course in anaesthesiology in the Corpus Christi Hospital under Dr. Merle Griffin.

DISTRICT NUMBER NINE

Dr. and Mrs. T. D. Crews spent the week-end in San Antonio visiting the Drs. Beckwith. They attended the Seventh district meeting in Austin.

The Ninth District meeting was held in Gonzales in February. Movies were shown on the use of Pentothol Sodium for anesthesia. These movies were furnished by the Abbot Company. A chicken dinner was served at the Hillcrest Supper Club.

Dr. A. J. Poage has been in Austin

and while there paid a visit to the State Office.

Dr. and Mrs. D. M. Mills and Dr. and Mrs. Paul Pinkston were recent visitors in Gonzales. The Pinkstons went on to San Antonio before returning to Victoria.

Dr. Harry Tannen of Weimar is planning to build a small hospital in conjunction with his office. Dr. J. V. Money of Schulenberg and Dr. Tannen will run the hospital.

Mrs. Robert E. Morgan has just returned from a meeting of the Executive Committee of the A.A.O.A. held in Chicago at the Sherman Hotel. Enroute home she stopped in Kansas City for a visit with Sam, a student in the Kansas City College of Osteopathy where she made a trip through the new building in which the college is housed.

E. H. McCLORE CO.

1909-11 Pacific

DALLAS, TEXAS



Serving Texas Physicians
Clinics and Hospitals
for 47 years.

EDITOR'S PAGE

Time Waits for No Man

TIME — Time is slipping by. Have you taken stock of your activities like you planned to do on January 1st. I doubt it. I haven't. I have been too busy and so have you. Don't know where the time goes. Wish there were more hours in the day. Doubt that it would do much good though.

Here it is the last of February. Where have I been and what have I done to benefit my profession and my fellowman since this time last year? Oh, yes, I went to the convention in Houston and enjoyed a very good meeting put on by the Houston D.O's. — especially Dr. Gribble and his committees.

Then came two months — May and June — and I attended the district meetings — didn't bother to help with the program — just attended.

I went to Boston in July as a delegate and learned something of the activities of the American Osteopathic Association and their problems. Yes, they have the same as we do. They just have more of them. There are about 2,000 D.O's who do not think that their support of the A.O.A. is necessary — just let George do it. Well, we have about 70 of the same type of individuals in this state who do not think it is necessary to support the state organization — just let George do it.

Well, I sorta got lost on time in Boston — that time. I came home from Boston, as you can plainly see, and I attended several Public Health meetings and a Board of Trustees meeting.

Then I went to Corpus Christi for the Mid-year conference. It was sure a good one. Merle Griffin and his committees did a bang-up job. I attended some more Public Health conferences.

Well, with what time I had left I tried to carry on a practice and have tried to run the State Office as efficiently as possible.

Now it is about time to start thinking of getting ready for another membership drive. Yes, the time has come for us to start thinking of the dues for 1949-1950.

TIME — TIME WAITS FOR NO MAN.

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

♦ ♦ ♦ LOCATIONS AND REMOVALS ♦ ♦ ♦

Dr. G. G. Smith from Fort Worth to the Detroit Osteopathic Hospital, Detroit, Michigan.

Dr. E. G. Beckstrom has moved from Corpus Christi to 926 East 11th Street, Kansas City, Missouri.

Dr. Charles B. Alexander is now in-

turning at the Houston Osteopathic Hospital.

Dr. John Ryan from Royce City to Garland, Texas.

Dr. D. G. Hazzard has opened new offices at 1827 South Edgefield, Dallas, Texas.

Classified Ads

FOR SALE—60 M.A. Picher X-ray and Fluoroscope, Jones R.M.R., McKesson suction and pressure, Fischer diathermy, Hyfrecator, Centifuge. Write Box 9 of the Journal.

Practice and equipment for sale in Texas town, population 4,000. Reason

for selling—ill health. Price \$5,000 cash. Write in care of the Journal.

Hand operated Niagara Duplicator mimeograph machine for sale. Write Box 110, 903 Littlefield Building, Austin, Texas.

FOR SALE: McIntosh Sinustat with Cabinet. Sorenson Tonsil Suction machine with attachments. Write Dr. Burr Lacy, Rusk, Texas.

All Kinds of Printing . . .

BOOKLETS - CIRCULARS - PUBLICATIONS

STATIONERY - STATEMENTS - ENVELOPES, ETC.

OFFICE NEEDS — CABINETS, LEDGERS, SUPPLIES
CARBONS, PENCILS, INKS . . . MANY OTHER ITEMS

AUSTIN STATIONERY & PRINTING COMPANY

"Creators of Distinctive Printing"

Telephone 7-6145

217-19 West Sixth Street

AUSTIN, TEXAS

Officers of the District Associations of the
TEXAS ASSOCIATION OF OSTEOPATHIC PHYSICIANS
AND SURGEONS, Inc.

DISTRICT 1

Dr. W. R. Ballard, Pampa _____ President
Dr. Wayne Maxwell, Dalhart _____ Vice-President
Dr. G. W. Gress, Amarillo _____ Secretary-Treasurer
Dr. J. Francis Brown, Amarillo _____ Program Chairman

DISTRICT 2

Dr. Hugh L. Betzner, Dallas _____ President
Dr. J. R. Thompson, Fort Worth _____ Vice-President
Dr. Sherman P. Sparks, Rockwall _____ Secretary-Treasurer

DISTRICT 3

Dr. A. Ross McKinney, Texarkana _____ President
Dr. Milton V. Gafney, Tyler _____ Vice-President
Dr. Wm. H. Brown, Naples _____ Secretary-Treasurer

DISTRICT 4

Dr. W. D. Blackwood, Comanche _____ President
Dr. Edwin T. Gettins, Odessa _____ Vice-President
Dr. Wiley B. Rountree, San Angelo _____ Secretary-Treasurer

DISTRICT 5

Dr. Nelson E. Dunn, Mart _____ President
Dr. Herman H. Plattner, Jewett _____ Vice-President
Dr. John B. Riggs, Groesbeck _____ Secretary-Treasurer

DISTRICT 6

Dr. W. H. Sorenson, Port Arthur _____ President
Dr. Ben J. Souders, Galveston _____ Vice-President
Dr. Gilbert S. Rogers, Galveston _____ Secretary-Treasurer

DISTRICT 7

Dr. Elmer C. Baum, Austin _____ President
Dr. Raymond Hubbard, San Antonio _____ Vice-President
Dr. R. E. Farnsworth, Austin _____ Secretary-Treasurer

DISTRICT 8

Dr. James Tyree, Corpus Christi _____ President
Dr. A. F. Scharff, McAllen _____ Vice-President
Dr. J. M. Auten, Aransas Pass _____ Secretary-Treasurer

DISTRICT 9

Dr. A. J. Ponge, El Campo _____ President
Dr. T. D. Crews, Gonzales _____ President-Elect
Dr. Don M. Mills, Victoria _____ Vice President
Dr. T. D. Crews, Gonzales _____ Secretary-Treasurer

VIGILANCE

Constant vigilance, Doctor, is the price you must pay for high standing in your profession. You must keep alert to avoid slighting or neglecting the smallest essential detail in the conduct of your practice.

So it is with outstanding business institutions in general and with Vitaminnerals in particular. Here, vigilance is constantly practiced to safeguard the highest possible quality in product, and to insure the most modern and painstaking research in the development of new supplementary aids to health.

Such vigilance is your assurance that Vitaminnerals will play an important part in the vigilance that you, too, maintain.

PERSONAL SERVICE BY:

Sidney E. Dennis - Rayford W. Smith
1310 S. Montreal, Dallas 11, Texas

Ira C. Seymour
2405 San Jacinto, Houston 4, Texas

Raymond S. Ingersoll
410 National Bank of Commerce Bldg.
San Antonio 5, Texas

PROFESSIONAL LITERATURE ON REQUEST

VITAMINNERALS INC.

GLENDAL 1, CALIFORNIA

THE PRACTICE

Symptoms.—The incubation period of the attack generally begins with a headache and pains in the loins and legs. The tongue is coated, the pulse is rapid, and the urine scanty and albuminous. In most cases before the onset of the attack, there is a feeling of malaise, which may be present at the onset of the second or third day when the blood is in the stage of invasion, lasts from a few days, followed by a decline in the fever which then abates. This is called the **stage of invasion**. The convalescence sets in or the patient may have a paroxysm. The temperature rises, there is nausea and vomiting return. The stools are black and offensive. The patient may be suppressed; there may be a relapse from exhaustion or from uremic symptoms, even when there has been a complete attack covers about one week.

Priece says there is a point in the attack when it is a symptom not met with in the progressive fall of the pulse rate. It may last sixty or seventy hours, i. e., a variable period in the morning and evening. He adds, "The attack is but little to fear."

Diagnosis.—Remittent fever, the black vomit, or the enlarged spleen and the presence of albumin in the urine in remittent fever will decide the diagnosis. The patient is usually fused with yellow fever.

Prognosis.—This is always a very fatal. Recovery, however, has been manifested. Black vomit cases have been treated with quinine particularly effective. Improvement in mortality.

Treatment.—Prophylactic treatment. All patients should be quarantined. They cannot be bitten by the mosquito. The patient that are not acclimated should be kept in a cool, dry place.