Texas Osteopathic Physicians Journal

Volume V AUSTIN, TEXAS, NOVEMBER, 1948 Number 7

In This Issue—

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, Denison
Dr. Ward L. Huetson, Denton
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 Kenny Carlton, Fort Worth
Dr. Archie L. Garrison, Port Arthur
Dr. L. V. Cradit, Amarillo
Dr. J. Edward Vinn, Houston
Dr. Mary Lou Logan, Dallas
Dr. Robert W. Norwood, Mineral Wells
Dr. George Gail Smith, Fort Worth
Dr. Phil R. Russell, Fort Worth
Dr. Reginald Platt, Houston
Dr. James M. Tyree, Corpus Christi
Dr. Thomas M. Bailey, Corpus Christi
Dr. Robert E. Morgan, Dallas
Dr. Ross M. Carmichael, Dallas
Dr. Ward L. Huetson, Denton
Dr. James J. Choate, Houston
Dr. J. L. Love, Austin

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. Chester L. Farquharson, Chairman, Houston
Dr. J. T. Hagan, Acting 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 Littlfield Building
Austin, Texas

ROBERT J. BRUNE, D. O.
Physician and Surgeon
539 Arthur Street
Premont, Texas

H. V. W. BROADBENT, D. O.
General Practice
421 Littlefield Building
Austin, Texas

W. PAUL ROBERTS, D. O.
Panhandle Inn
Panhandle, Texas

W. H. VAN de GRIFT, D. O.
General Osteopathic Practice
1219 Parkway
Austin, Texas

CHAS. M. HAWES, D. O.
Physician - Surgeon
218-217 West Sears Street
Denison, 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

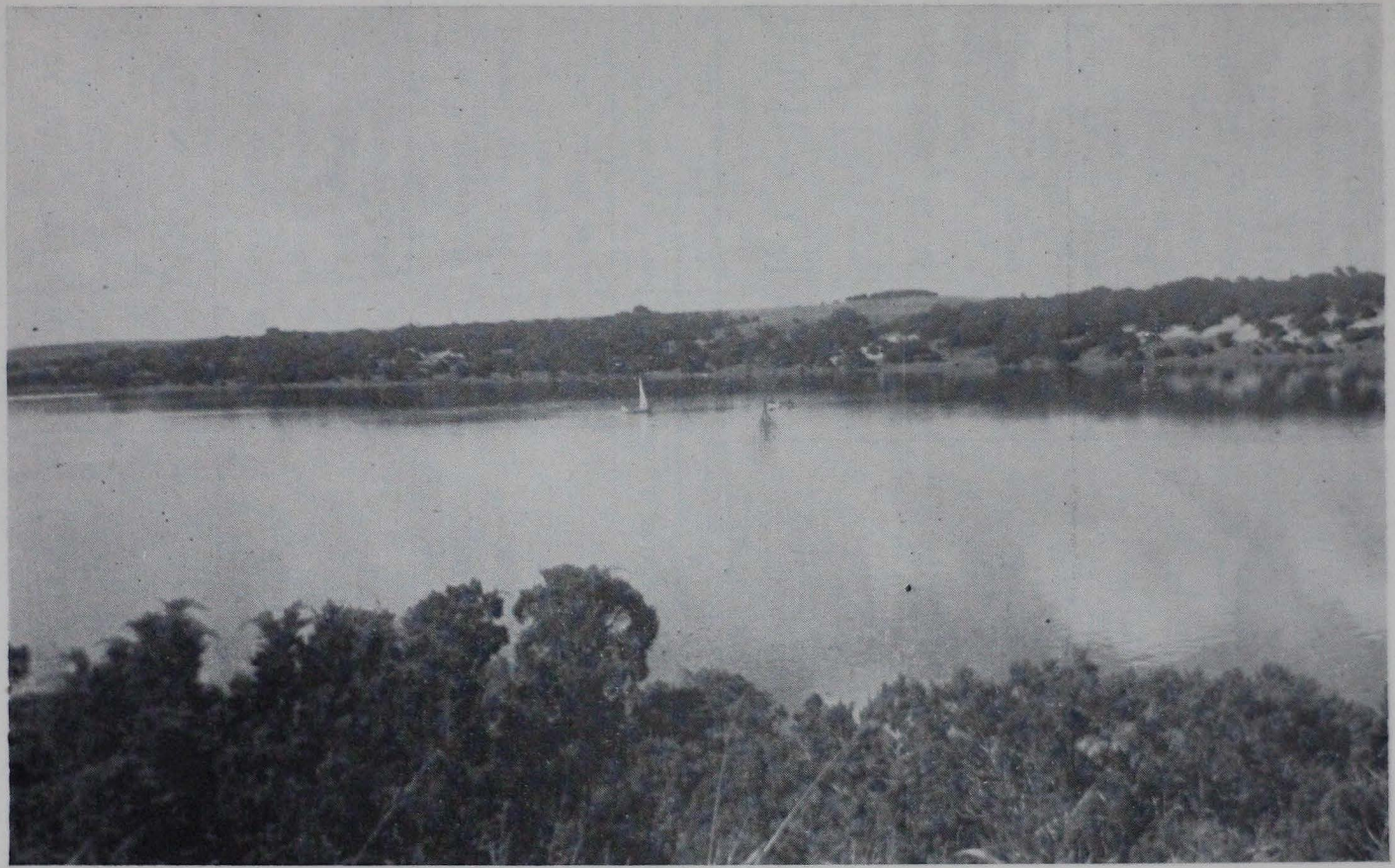
W. L. HUETSON, D. O.
Proctology and Orificial Surgery

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

THESE SPACES
ARE AVAILABLE
HOW ABOUT
HAVING YOUR
PROFESSIONAL CARD
IN THE NEXT ISSUE?
WE NEED THEM!



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, NOVEMBER, 1948 NUMBER 7

Viscero-Somatic Reflexes

EARLE H. MANN, D. O.
AMARILLO, TEXAS

We, as osteopathic physicians, realize that osteopathic medicine is an entity that is incapable of sharp division into specialties. The superior physician in osteopathic medicine will be not specifically a great laboratory diagnostician, gastro-enterologist, neurologist, surgeon or one that knows more about the lungs, heart and circulation than his confreres, but the man that recognizes that facts derived from all sources of study must be interpreted as belonging to the patient as a whole. In other words, he is the internits who recognizes both the psychological and physical man and appreciates the unity of osteopathic medicine.

Osteopathy is a grand illustration of the triumphant force of truth and knowledge. It is not necessary to look back more than a half century to find that the greatest clinical teachers were ignorant of the scientific basis of disease. Many of them were excellent clinical observers, but, just as Dr. Still was, they were armed with few of the scientific facts which form the basis of modern osteopathic medicine. Their knowledge was gained almost entirely by clinical observation of the sick patient and with but few of the basic facts of physiologic function. Therefore osteopathic medicine, as other schools of healing, was founded almost entirely upon clinical observation.

New discoveries depend upon increased knowledge of, or new application of facts, and as osteopathic physicians, we should be aware of the basic facts upon which our school of practice is built. So let us study our spinal reflexes and

be distinguished in the field of osteopathic medicine.

One of the outstanding needs in the healing arts today is accurate clinical observation and interpretation. This statement is not made to belittle the observations that have been made in the past by those of our profession that blazed the way, but clinical observations have lagged behind as compared to laboratory investigation. We have become almost the willing servant of laboratory workers. While they deserve great credit for the untiring energy which they have exerted and the invaluable contributions they have made to modern medicine, we are now able to look farther ahead and recognize the clinician who sees and studies the patient, as the man who can evaluate diagnostic data and give a reliable opinion. To do this, the physician must be familiar with laboratory methods and be able to properly interpret such findings, but he must also cultivate the same accuracy of observation in his study of the individual who has disease and the means by which disease expresses itself in tissues, secretions and excretions.

Laboratory findings and clinical observations then should go hand in hand. That department of examination which comes into close contact with the patient must assume more responsibility for the diagnosis. Modern clinical teaching is still faulty in that, students in our colleges are taught to reason for themselves more than they were in former years, yet study still is made too much a matter of memory. Every student should be given a thorough drill in clinical analysis in which he should be made to see the relationship that exists between fundamental facts and their clinical observations. One must not, however, be a slave to theory, no matter by whom propounded. As Claude Bernard has said, "When you meet with a fact opposed to a prevailing theory you should adhere to the fact and abandon the theory, even when the latter is supported by great authorities and generally adopted," and this very thing is exactly what Dr. Still did when he discovered the fact the visceral disease produced reflex stimulation to spinal centers.

According to Pottenger, the nervous system is divided into the vegetative, sympathetic and parasympathetic nervous systems. I will omit the detailed anatomy of these nervous systems as they may be studied in any good book on anatomy, but point out that the vegetative nervous system is that system which influences those functions without which the animal cannot exist and is given itimate and direct control of metabolic activity. It is necessary to emphasize this because it is commonly asserted that metabolism is controlled by the endocrines, but it is not yet known whether or not all endocrine secretions act through nerve function. Nevertheless we are within the bounds of known fact to assert that physiologic activity in human tissues is expressed in terms of the vegetative nerves and in syndromes which we are learning to attribute to the various endocrine glands, and that the normal visceral functions are controlled by these systems.

Therefore we can make this rule in our clinical study — that when the vegetative nervous system in its normal action is disturbed, it gives us one of the chief paths through which symptoms of visceral disease are expressed. The osteopathic physician thus will find the diagnosis of a large number of visceral diseases possible by the study of the spine for bony lesions and lesions in the surrounding tissues. The area involved sometimes overlaps other areas but the clinical symptoms will enable one to ferret out the diseased organ.

In discussing the various visceral diseases causing somatic reflexes to the spinal segments, it is understood that there has been a thorough history taken of the patient's condition.

Tumors of, and tumors causing pressure on the diaphragm will cause reflexes in the 3rd and the 5th cervical segments. Diaphragmatic hernias and hiccoughs also will make these areas tender and painful to palpation.

Heart and lung diseases produce reflexes to the same areas, 1st to the 6th thoracic. The history and study of the patient will be the deciding factor as whether you are dealing with coronary thrombosis, coronary sclerosis, acute dilitation, or pulmonary thrombosis, acute bronchiectasis, acute bronchitis or a sudden attack of virus pneumonia. Asthmatics always have a very definite area of tenderness from the 1st to the 6th thoracic.

Diseases of the stomach, such as adeno carcinoa, gastritis and pyloric obstruction will cause reflexes in the 5th and the 9th thoracic segments. Diseases of the liver, cirrhosis, hepatitis, and carcinoma, will cause reflexes to the same segments; so will tumors of acute infections of the pancreas be found to cause reflexes to the same segments.

Acute or chronic cholecystitis will give a definite reflex from the 5th to the 9th thoracic segments on the right side. This is often one of the main diagnostic points when trying to differentiate between acute appendicitis and cholecystits as the appendix reflex is at the 12th dorsal segment on the right side.

Aneurisms of the aorta and tumors or diseases of the spleen cause reflexes to the 1st and the 12th thoracic segments and again a thorough study of the symptoms of the patient. Complete laboratory study will aid in arriving at a diagnosis.

Pleurisy and other diseases of the pleura will cause reflexes from the 1st to the 12th thoracic. Again we have an overlapping of reflexes, but with the help of other adjuvants as X-ray and laboratory study the diagnosis can be made.

Hemorrhoids, fissures, fistulas, pectenosis carcinoma and other rectal diseases cause their main reflexes at the 1st and 5th lumbar and all sacral segments, accounting for a great amount of reflex pain in the legs.

Cervical erosion, eversion, infection and carcinoma cause reflex pain from the 1st to the 5th lumbar and a secondary reflex to the upper thoracic and lower cervical segments. A great number of patients suffering with upper dorsal and lower cervical distress can be relieved and cured by correction of diseases of the cervix.

Renal calculi nephritis, hydronephrosis, ureteral spasm, stricture, nephroptosis and other tumors of the kidney will cause reflexes from the 9th thoracic to the 4th lumber segments, these reflexes must be taken into consideration when patients present symptoms of some pelvic or colon symptoms. I have seen a number of patients operated on for pelvic trouble or chronic appendicitis when the disease was in the urinary system.

Diseases of the uterus, and adnexa result in reflexes from the 4th lumbar up to the 9th thoracic segments, accounting for leg pains when the patient has pelvic disease.

Reflexes from visceral disease are almost unlimited as all vegetative nerves are directly connected to the sympathetic and para-sympathetic nervous systems. This accounts for the general nervous symptoms of patients that suffer from pelvic, orificial and abdominal visceral irritation, and gives the following symptoms: malaise, lack of endurance, loss of strength, general nerve instability and mental disturbance. I have seen patients cured of mild forms of dementia by removing visceral and orificial irritation.

This paper is presented as a study of only a part of the complex problem of diagnosis and is not intended to cover the whole field of reflex stimulation caused by disease.

IMPORTANT
SELECTIVE SERVICE

Anyone knowing of a Pre-Osteopathic student from Texas who will be in the draft age is requested to advise him to contact the Registrar of the college of his choice about early registration and to also notify the Selective Service Committee of the Texas Association of Osteopathic Physicians and Surgeons through the State Office, 903 Littlefield Building, Austin, Texas.

SELECTIVE SERVICE COMMITTEE

George J. Luibel, D. O.,
Chairman
1301 Lipscomb Street
Fort Worth, Texas

John B. Donovan, D. O.
601 West Tenth Street
Austin, Texas

BRUCELLOSIS

BEN J. SOUDERS, D. O.

GALVESTON, TEXAS

BRUCELLOSIS — (Undulent Fever, Malta Fever, Ban's Disease, or Rio Grande Fever.)

DEFINITION—It is a specific generalized infection, caused by bacteria of the Brucella group. It is characterized by a subacute course with fever, sweating, loss of weight, weakness anemia, joint and other pains, and sometimes Splenomegaly. Hippocrates (400 B.C.) noted the type of fever produced by this disease and described it. It was first noted in the United States about 1899. Since then, it has occurred in widely scattered areas of the United States. Brucellosis has steadily increased, and in current years has been found very often in the Great Lakes area, especially Wisconsin, Minnesota, and Michigan. It has been noted in West Texas, the Rio Grande Valley, and in the Mountain States.

ETIOLOGY—The Brucellae organisms are small non-motile, gram negative bacteria. They appear as cocci or as bacilli. They do not ferment sugar. There are three varieties now recognized—Brucella abortus, the bovine or cattle strain, Brucella suis or swine strain, Brucella melitensis or goat strain. The virulence of these organisms vary, the bovine being the least malignant. There has been no definite evidence of man to man transmission of the disease.

SOURCE OF INFECTION—Goats, cows and hogs harbor the infection and man contracts it by drinking raw milk or by handling infectious material. Man usually contracts the disease from cattle which may be infected by the swine strain to the human. The infection localizes in the udders of cattle and contaminates the milk. Infection of infected meat rarely causes the disease. Infection from patients and human carriers is rare but does occur. The infected animals do not appear ill, but have a vaginal discharge, abortions, and premature births. Horses sheep may also be infected. In this country, the porcine (hog) strain is the most responsible, and the bovine strain is found in most other cases. Veterinarians, farmers, goat herders, packing house employes, and laboratory workers are the most liable for infection. Most cases are the result from drinking unpasteurized milk. Fortunately, children are relatively immune.

PATHOLOGY—The incubation period may vary from five days to more than one month. The portal of entry is the G. I. tract, the skin, or the mucous membranes. There are no constant localized or specific lesions resulting, but there is often a bacteremia, and

the organisms have been found in many organs, the feces, and the urine. There may be small intestinal ulcers and the liver and spleen are always enlarged and soft. Focal necrosis and small granulomata are found in these and sometimes other organs.

SYMPTOMS AND SIGNS—This disease should be thought of in all prolonged daily remittant fevers. The temperature may run as high as 104 - 105 with gradual rise and decline in the bovine and porcine type, or less commonly seen, undulation of fever lasting days or weeks with a few days more or less normal temperature between waves, is true in the caprine type.

In the acute stage, there may be a gradual onset, the patient may have a sharp chill followed by a rapid elevation of temperature. The patient may notice a sense of tiredness, weakness, and may be aware of an afternoon or evening rise in temperature, associated with chills and chilly sensations, nocturnal perspirations, and weakness. The patient often feels well in the morning, but as the temperature rises in the afternoon or evening, the symptoms gradually return, the fever occasionally goes very high—106 to 107. An unusual fact is that the patient does not realize that he has a fever, and it is only when the physician checks his temperature that the fever is noted. As the fever goes down, chills and sweating occur. If the temperature drops rapidly the fever may be a drenching character, often the perspiration has a peculiar sweetish, fetid odor. In about one-third of the cases the chills may be regarded as true rigors. The acute stage is not seen as often as the so-called chronic stage. In this connection the onset is very insidious, the patient may complain of loss of energy and constipation. Backache, pain and stiffness in the joints, general aching and muscular soreness are common. This syndrone often brings the paient to an osteopath for treatment. They also may state they feel weak, irritable, restless, and are not able to sleep, and may complain of recent weight loss. In about one-third of all cases, the spleen may be palpable. The clinical manifestations may vary widely and various forms of the disease are recognized as follows: ambulant, milk, undulatory, and intermittent and malignant. In some of the very mild cases, there may be weakness only. The febrile period may last only a few days, months, or even a year or more. Bronchitis may occur and whooping cough is often suspected. There are often pains and tenderness in the abdomen. Hydrathrosis of the knee has been reported. A rash of pink macules may resemble the rose spots of Typhoid Fever, the patient especially if seen after the fever has lasted some time should be questioned to see if they have had the rash. While the pulse rate is usually proportional to the fever it may be either slow or fast. The following complications are unusual but serious, spondylitis, and superative osteomyelitis have been reported. The osteomelitis has been seen of recent years mostly in the vertebra, espcially in the lumbar region. A fact to be thought of when giving manipulative treatment to these patients. Also of a serious nature are the symptoms due to the invasion of the central nervous system by Brucelle. Symptoms and signs of encephalitis, myelitis, meningitis may be noted. Subacute bacterial endocarditis, mastitis, orchitis, prostitis; vesiculitis, epiditimitis, and pneumonia are also complications which have been noted. The occurance of abdominal pain has often led to appendectomy in patients with unsuspected Undulant Fever. The gall bladder may be a foci of infection. There are also reported cases of human abortion on which the history and serologic findings lead one to think of Brucella.

LABORATORY FINDINGS—The most important laboratory finding is the specific agglutination test of the blood. It

is first positive in the second week but may not be positive until much later, reaching titers of one to several hundred about the fourth week and usually disappear rapidly after recovery. In doing this test it is best to use several stock strasns of Brucella. In some cases the agglutination test remains negative, in such cases, the induction of fever may provoke a positive agglutination test. Typhoid vaccine used intervenously may be used to produce this fever. If the test is still negative a skin test may be done. This test is commonly used in preference to the agglutination test because it is easier for the general practioner to do in his office. The skin test is done by injecting O. I. of Lederle's Brucella vaccine, or the protein of Brucella (Brucellergin) may be used, intracutaneously. This should be used with caution as sloughing may occur in some cases. Many patients show a local reaction at the end of twenty-four hours, which subsides completely at the end of forthy-eight hours in negative cases. If the test becomes progressively severe during the twenty-four to forty-eight period it is an imoportant finding, but there are false positives as well as false negatives. A strongly positive reaction associated with a general reaction with lmphangitis, adenitis, fever, and possibly reproduction of some symptoms of which the patient complained undoubtly means active disease. The organism may also be cultured from the blood and feces, urine and milk. Animal inoculation tests may be made, and is very reliable, but is slow and very dangerous to laboratory workers. The patient also may show moderate anemia, often leukopenia but they also may have leukocytosis both with relative increase of mononuclear cells. The sedimentation rate is normal, slight albuminura may be present.

DIAGNOSIS—I would like to repeat that this disease should be thought of in every case of unexplained fever lasting more than a few days, in cases of "Influenza" that reoccur too frequently. Also think of it in cases of chronic fatigue and neurasthenia. This disease may be confused with typhoid because of the rash, and because of the joint symptoms with arthritis, the genital complications may cause confusion with gonorrhea and differ from Rocky Mountain Spoted Fever and Typhus in that they are acute diseases, with a rash which is pink changing to brownish-red.

TREATMENT—The treatment is divided into prophylatic and active *Prophylactic* — Pasteurization of milk is probably the most important measure to take. In the states having the greatest number of cases, It is noted that it has appeared among families who drank raw milk. Measures should be taken to discover the disease in animals, and all persons who may handle infected material should wear rubber gloves. Vaccination is still in the experimental stage. Complete isolation of these patients should be carried out with disinfection of their excreta before disposal.

CURATIVE, ACTIVE TREATMENT—In the acute stage the patient often recovers with symptomatic and supportive treatment only. General osteopathic treatment would be very helpful here, to raise the general resistance of the patient and to relieve the pains in the joints and back. If the disease progresses to the intermittent or chronic form, besides rest and supportive measures more specific forms of treatment are necessary. Vaccine or brucella protein may be give in either the acute or the chronic stage, but the reactions are severe and local sterile abcess may occur. This form of therapy should not be used unless a definite diagnosis has been established. "Brucellin" is used most often and precautions should be used to determine sensitivity in advance. The dose is gaged by a preliminary intradermal injection of 0.2 cc. If the

local reaction is very severe and there is no immediate fall in temperature the treatment is abandoned. If there is no reaction, treatment is postponed. If the reaction is moderate, a dose of between 0.5 and 1cc is injected intra muscularly. After three days a slightly smaller dose is injected. If decided improvement is not obtained by the fifth injection it is useless to continue. Nonspecific therapy with typhoid vaccine has been used with some good results. Artifical fever has helped in a number of cases especially those with respiratory envolvement. Since some degree of anemia is a common finding appropriate diet, iron and liver therapy should be used. Repeated small transfusions are also of value. Large doses of vitamin D with added doses of vitamins A, C, and D, have helped to relieve the nemia.

Note: Sources of this paper:

I—The Cyclopedia of Medicine, Surgery and Specialities. F. A. Davis & Co.

II—Fundamentals of Internal Medicine, Yeater.

III—Lesture Notes from Chicago College Osteopathy and Surgery.

VOCATIONAL GUIDANCE

Mr. Lawrence W. Mills, Vocational Guidance Director, of the American Osteopathic Association has announced that on October 4, the Executive Committee of the American Council of Education extended constituent membership to the Bureau of Professional Education and Colleges of the American Osteopathic Association. Three delegates will be named by the Bureau to attend and take part in all meetings of the American Council on Education.

Mr. Mills has just prepared a new vocational guidance manual for osteopathic societies and physicians and Dr. Horace Emery, Vocational Guidance Chairman for the Texas Association will be able to furnish members of his committee with copies to help them plan their district meetings.

The first part of this manual will appear in the November issue of the *Forum* and the last part in the December issue. It is suggested that the individual Texas osteopathic physician study it carefully in the next two issues of the *Forum* and PLAN YOUR DISTRICT MEETINGS.

Mr. Mills suggests, in line with the action of the last Texas House of Delegates, that this manual be studied and discussed by all members of the official family of each divisional society. Presidents, secretaries, vocational guidance chairmen and P. and P. W. chairmen are urged to encourage each district to set aside one meeting during the year for the discussion and understanding of the program described therein.

ARTISTS

Mrs. W. H. Sorenson of Port Arthur, Texas, and Mrs. Willa McDade also of that city have recently completed the murals of nursery rhymes on the dining room walls of the Thomas W. Hughen School for cripple children.

One scene depicts Mary with her little lamb. Tommy Tucker and other Mother Goose characters frolicking along to a little red schoolhouse. On the opposite wall, Mrs. Sorenson has painted a group of water babies tumbling in a spider web net and riding gleefully on the back of a stately swan.

Mrs. Sorenson and Mrs. McDade have a series of sketches to be painted on the walls of the school's hospital rooms that they hope to have completed within a very short time.

The frontispiece picture of Lake Cleburne in the Texas State Park near Cleburne, Texas, was taken by Dr. H. W. Walker of Fort Worth. Dr. Walker, in years past, has contributed many such pictures to the Journal and we wish not only he, but our other members would send in some.

combined defense against capillary breakdown...

Rucevitin
TRADEMARK
RUTIN AND ASCORBIC ACID TABLETS
Kremers-Urban Co.

Rucevitin presents rutin, 20 mg., and ascorbic acid, 150 mg., combined for effective management of increased capillary fragility . . . Rutin therapy is reported to be less effective when C hypovitaminosis is present . . . Ascorbic acid has a recognized role in maintaining the structural integrity of tissues, including the capillaries.

Established clinical value in capillary fragility associated with: Hypertension (about 20 per cent of cases exhibit increased capillary fragility) . . . Cerebral Hemorrhage . . . Retinal Hemorrhage . . . Rheumatoid and Diabetic Arthritis with Hemorrhagic Tendencies . . . Purpuric Reactions to Drug Therapy (e.g., thiocyanates, arsenicals, sulfonamides, thiouracil, salicylates) . . . etc.

Supplied: Bottles containing 100 and 500 tablets.

FOR MORE POTENT RUTIN DOSAGE

Rucevitin-60

Each tablet contains rutin, 60 mg. (three times the amount in RUCEVITIN); ascorbic acid, 150 mg.; and calcium citrate, 0.20 Gm

Supplied: Bottles of 25 and 100.
Complete literature on request.

K·U

Kremers-Urban Co.
Established 1894
BOX 2038, MILWAUKEE, WISCONSIN

THANKSGIVING

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

Membership Chairman, Austin, Texas

This is truly an appropriate season for the Association to express its appreciation to all members and the Official Family for their united efforts in behalf of the Membership Committee.

Wm. H. Van de Grift, D. O.

It is an appropriate time for the committee itself to say, "Thank you, one and all," for the wonderful help and cooperation rendered to make this an outstanding year for the Association by the addition of so many new members.

As Chairman of the Membership Committee, I personally am deeply thankful for the wonderful spirit of unity which has prevailed throughout the campaign for increased membership. It is gratifying to know that within our Association there is that bond of unity of purpose and unity of action so necessary for the building of a strong organization. I am thankful for the presence of that spirit of unity.

The great and challenging work which lies ahead of us as a state organization will be facilitated because the spirit of unity is spreading and members, old and new, are more conscious than ever of the need for a virile organization.

Of course it takes more than just a few men over the state to make a membership campaign a success, but too much praise cannot be given the work the division men have done. Their job, not an easy one, is to keep reminding non-members just how important a thing membership in the Association is: What it means to the success or failure of the entire organization, not just in the state of Texas or even in the divisional societies, but nation-wide. The work of the divisional men is to be highly commended.

To old and new members who have exerted their influence and good will to promote this campaign, your committee sends grateful thanks. It takes everyone to help build, maintain and increase the strength of the Association so that it shall be a successful army in the defense of the privileges so necessary to the very existence of each one of us as individual physicians.

The committee's sincere thanks go to the state office and all those in it who have been so cooperative in the dissemination of information, both by personal contact and through the mails. Their help has given further impetus to the goals the committee sought to achieve.

To the official family which has been most helpful in presenting suggestions and ideas, and to the Association members — to all who have been instrumental in helping gain new members, your committee's humble thanks.

I am indeed thankful for the privilege of being able to write this Thanksgiving note as chairman of the Membership Committee. The committee is happy to report that there are some four divisions which are 100%. There are only a few which have only one or two members and these will, in all probability, be in the 100% group within the next few months.

With grateful thanks I acknowledge

the splendid work of my co-chairmen, Dr. Wiley B. Rountree and Dr. Gladys Pettit, without whose understanding and timely suggestions this campaign could not have been so successful.

Above all, I personally am greatly indebted to my committee members who have given so much time to keep interest in the campaign afire. Each one has done an outstanding and even sacrificial job. Success has crowned their efforts.

Yes, the Thanksgiving Season is truly the right time to express our thanks to you all.

O. P. F. REPORT

WILEY B. ROUNTREE, D. O.
Chairman, San Angelo, Texas

Definite financial support of our colleges by each one of us is a certainty no less inevitable than death and taxes. There is no mollycoddling the issue; it must be faced honestly and personally. Academic colleges may use tax money to pay their way while the alumni are chipping in for a bigger and "Bowlier" football team, but on our side of the field, our colleges are now depending upon us to carry the ball. The budget of each college, pared to an essential basis discloses a tremendous dependence on active financial support from the alumni. In this alphabetical age, this support has the now familiar title of O. P. F.—Osteopathic Progress Fund.

Though many Texas Osteopathic physicians have already accepted this responsibility, and the pledged total is approximately 70% of our five year total, there are some, well able, who have not yet realized the importance of this project enough to subscribe to its support. We are still $60,000 short of our goal.

Before the close of the year, district alumni representatives will contact the respective college alumnus in his district in order that he may allocate, if he has not already done so, some of the tax-deductible income usually marked for "Contributions."

The game is on. You are the quarterback. The play is up to you. Take your choice: PUNT, PASS OR RUN BUT DON'T FUMBLE THE BALL. The whole team is counting on you. What you do evens us up or lets us down.

LET'S MAKE A TOUCHDOWN FOR TEXAS.

Doctor (soothingly to patient): Do you cough more easily this morning?

Patient: I should; I've been practicing all night.

WASHINGTON REPORT

CHESTER D. SWOPE, D. O.

Department of Public Relations, American Osteopathic Association

WASHINGTON, D. C.

VA Contracts With Osteopathic Hospitals

I am happy to inform you that the Veterans Administration has made osteopathic hospitals eligible as contract hospitals for in-patient service. On September 14, 1948, the administrator sent the following telegram to all VA Branch Offices:

> *"Advise all regional offices under your jurisdiction that contractual proposals from osteopathic hospitals will be considered by Central Office providing the basic requirements as outlined in TB* 11-247 *dated August* 3, 1948, under Section 6 *Subparagraph B* (1) *are met* (19JB).

The provision of the technical bulletin, TB 11-247 referred to in the telegram reads: "b. The medical division will be specifically responsible for the following: (1) Determination, within the area under the jurisdiction of the regional office or center, as to the hospitals which meet the basic standards of the Veterans Administration whose services are desired on a contractual basis." The effect of the telegram is to place our hospitals on the same basis of qualification as in the case of hospitals staffed by doctors of medicine.

Contracts are for three years, renewable for periods of three years, and determinable upon 30 days notice by either party. Contract form entitled Individual Hospital Contract for Furnishing Hospital or Sanatorium Care to Patients of the Veterans Administration, VA Form 11-1269 (July 1948), are available at VA regional offices. The contract states that hospital or sanatorium care and treatment will be furnished by the hospital to those eligible veterans for whom such treatment is specifically authorized, in each instance, by the Veterans Administration. Item 14 of the contract reads:

"14. It is expressly agreed and understood that the Veterans Administration, in respect to hospitalization, care, and treatment of patients of the Veterans Administration under this contract, shall have the right to the privileges when desired as hereinafter mentioned.

(a) Inspection of the hospital and all appurtenances by an authorized representative of the Veterans Administration designated for this purpose, to determine whether the standards maintained conform to the requirements necessary.

(2) Extension to a designated medical officer of the said administration of the privileges of consultation with the medical staff of the institution, insofar as it concerns the medical care and treatment of Veterans Administration patients.

(c) Extension, if permitted by the regulations of the institution, to a designated medical officer of said Administration, of the privilege of supervising the treatment of Veterans Administration beneficiaries admitted under the terms of this contract."

Contracts with osteopathic hospitals are most likely to be with those in remote areas. There are relatively few

contracts with medical hospitals, and the tendency is to reduce the number.

Selective Service—Status of Reservists

The Selective Service status of reservists is not susceptible of a simple answer. However, you will undoubtedly receive inquiries, as have we, so that the following is indicated for your information and files.

1. Reservists, with prior active duty in excess of 90 days between December 7, 1941, and September 2, 1945, or one year between September 16, 1940, and June 24, 1948, are exempt as long as they continue to be such members and satisfactorily participate in scheduled drills and training periods.

4. Army reservists, with no (or insufficient) prior service, who were not members of federally recognized National Guard units on June 24, 1948, are subject to the general rules for induction or deferment.

5. Persons with no (or insufficient) prior service, who on June 24, 1948, were members of designated organized units of the Naval, Marine Corps, Coast Guard or Public Health Service reserves are exempt so long as they continue to be such members and satisfactorily participate in scheduled drills and training periods.

6. Naval, Marine Corps, Coast Guard or Public Health Service reservists, with no (or insufficient) prior service, who were not members of designated organized reserve units on June 24, 1948, are subject to the general rules for induction or deferment.

Any reservist who is in doubt as to his status should apply to his reserve unit for clarification.

Selective Service—Shortages

National Headquarters of Selective Service is preparing to send to all elements of the Selective Service System the recommendations of the Healing Arts Educational Advisory Committee (established by the Director of Selective Service and consisting of representatives of the medical, dental, veterinary and osteopathic professions) relating to preprofessional and professional student deferment policies and procedures.

Federal Security Administrator Oscar R. Ewing's Ten Year Health Plan submitted to the President in September stated that the nation has only 80 per cent of the physicians it needs. Ewing's Plan calls for an increase in medical manpower in all categories by 40 to 50 per cent and an additional 600,000 hospital beds, by 1960. (It also advocates compulsory health insurance.)

The Basic Science Law

AS PRESENTED BY

WALTER L. BIERRING, M. D.

Secretary, Federation of State Medical Boards of the United States

Permission to reprint the following article has been given by Dr. Bierring from an article which appeared in the FEDERATED BULLETIN, *the publication of the Federation of State Medical Boards of the United States.*

At the present time basic science requirements of the healing arts have been established in seventeen states, the District of Columbia and the Territory of Alaska. Arkansas, Arizona, Colorado, Connecticut, Florida, Iowa, Michigan, Minnesota, Nebraska, New Mexico, Oklahoma, Oregon, Rhode Island, South Dakota, Tennessee, Washington, and Wisconsin.

Wisconsin, the pioneer in this legislation, introduced a bill in 1923, but it was defeated through the efforts of the Palmer School of Chiropractic. It was passed the next year, becoming effective June 12, 1925. It established a board of three lay educators, two biolgoists and one chemist, to examine in the four basic sciences — anatomy, physiology, pathology, and diagnosis. The Act permitted the selection of experts in the different subjects to conduct several examinations.

The same year the Connecticut legislature enacted a law forming the state Board of Healing Arts. This law was largely the result of the exposure of "Diploma Mills" two years previously. The State Chamber of Commerce instituted a grand jury investigation and the bill to establish a Board of Healing Arts originated in this body. The board consisted of three lay members not holding a healing arts degree, and not in the employ of a hospital. Qualified experts could assist in examining candidates in the basic sciences of anatomy, physiology, pathology, hygiene, and diagnosis. At this time there were six licensing boards—medical, homeopathic, eclectic, osteopathic, chiropractic and naturopathic.

In 1925, a bill to establish a board of examiners in the basic sciences in the state of Washington was vetoed by the Governor, but became a law at the next session in 1927. The board consisted of five members appointed from the faculty lists of the University of Washington and Washington State College.

In 1927 two other states, Minnesota and Nebraska, adopted basic science laws.

The five members of the Minnesota board included two professors in the basic sciences not in practice, one doctor of medicine, one doctor of osteopathy, and one doctor of chiropractic.

In Nebraska the basic science board was appointed by the superintendent of Public Welfare; the law requiring that the members be qualified in the basic sciences but not practitioners of any healing art.

Arkansas, another state that had five boards of licensure, enacted the Arkansas Basic Science Law in 1929 as a result of a "house cleaning" instituted by the State Medical Society.

Also in 1929, the District of Columbia formed a Commission of Licensure, which was comprised of five members,

three teachers in the basic sciences and two physicians recognized as authorities in bacteriology and pathology. This commission supervised the different boards of examiners.

By this time sentiment in favor of this type of legislation was extending to other states and similar laws were adopted in Oregon in 1933, Iowa in 1935, Arizona in 1936, Colorado, Michigan and Oklahoma in 1937. Florida and South Dakota in 1939, Rhode Island in 1941, Tennessee in 1943, and the Territory of Alaska in 1946.

In each of these nineteen laws a certificate of proficiency in the basic sciences is a prerequisite to apply for licensure to practice one of the healing arts.

All nineteen boards examine in anatomy, physiology and pathology, seventeen in chemistry, fifteen in bacteriology, nine in hygiene, one in public health, and two (Wisconsin and Connecticut) in diagnosis. The two original boards continue to include diagnosis as one of the basic sciences; the recognition of disease conditions evidently being considered a basic requirement for medical practice.

The basic science boards of Colorado, Minnesota, New Mexico, Oklahoma and South Dakota are comprised of one representative **from each of the three healing arts, and on the Alaska board there are two doctors of medicine, one doctor of osteopathy and one chiropractor, as well as one layman.**

On nine boards, those of Arizona, Connecticut, Florida, Iowa, Michigan, Nebraska, Oregon, Washington and Wisconsin, there is no M.D., D.O., or D.C. represented on the membership.

In Arkansas and Rhode Island, the physician member is a professor of pathology, and in Tennessee a professor of bacteriology. A veterinarian is a member of the Colorado and Florida boards; a doctor of dental surgery and a dean of the School of Public Health are members of the Michigan board; and the dean of the State University School of Medicine is secretary of the Tennessee board.

The requirements for admission to the basic science examinations are more or less uniform with occasional variations. The age requirement is 21 years, except in Nebraska, 17 years, and in Oklahoma 19 years. Citizenship is required in Alaska, Florida, Oklahoma, Rhode Island, South Dakota, and Tennessee.

Graduation from an approved high school or its equivalent is required by all existing basic science laws, with the exception of Rhode Island and the District of Columbia.

Character of Examinations

In the preparation of this analysis it was possible to review the examination questions from fifteen of the nineteen basic science boards as given recently.

During the early period when basic science laws were enacted, the evident purpose was to develop an examination in the basic sciences as prerequisite for admission to the licensing examination in the several healing arts. As such it was intended to determine a general knowledge of these sciences in preparation for the more comprehensive knowledge required in a licensure examination.

There has been a marked change. **They now appear as advanced and comprehensive as those given in an average state medical licensing examination.**

The questions set by boards having physicians or medical teachers as members frequently call for a medical or clinical application.

The questions asked in pathology and bacteriology tend to be associated with certain disease conditions which while quite proper does imply advanced knowledge.

The questions in diagnosis contained in the Wisconsin examinations are distinctly clinical, such as "symptoms and signs of bronchogenic carcino-

ma;" "symptoms and physical findings, in acute rheumatic fever;" "chief significance of auricular fibrillation, Corrigan pulse, crepitant rales, and kernigs sign;" "symptoms and signs of tabes dorsalis," etc.

There is considerable variation in the grades required for passing an individual basic science subjects, as well as the general average for the entire examination.

Reciprocity

The basic science laws of Washington and Florida do not permit reciprocity.

Michigan and Minnesota apparently do not enter into reciprocity.

To estimate knowledge by fixed grades or percentages is a matter of judgment on the part of each examiner, and hardly seems a proper basis for reciprocal endorsement.

Eight basic science boards accept the grades in the basic sciences obtained in a state licensure examination. In seven other states the law authorizes such a waiver but for various reasons is not exercised.

The Rhode Island basic science board established in 1940, has taken the following action: **"Although authorized by law to waive the examination the Board does not wish to reciprocate with basic science boards or other boards authorized to issue licenses to practice any branch of the healing arts until there is greater uniformity among the states with regard to basic science requirements.'**

The certification of the National Board of Medical Examiners is accepted by nine basic science boards. The Washington State Board of Medical Examiners accepts the National Board Certificate, while the Basic Science Board does not.

In the states of Arizona, Arkansas, Colorado, Connecticut, Iowa, Nebraska, New Mexico, Oregon, South Dakota, and Wisconsin, no credit is allowed by the State Board of Medical Examiners for grades received in the examination of the Basic Science Board; the basic sciences being included as separate subjects in the licensure examination.

In a few states where both boards exist, the Medical Practice Act designates the subjects to be examined.

Ten per cent of applicants for licensure have no formal training. In order to control this 10 per cent of applicants the remaining 90 per cent, all graduates of approved medical schools and many with additional postgraduate training, are required to submit to this extra test of knowledge in the fundamental medical sciences by examiners not always familiar with the modern methods of teaching such sciences.

It is timely therefore that the interests of the 90 per cent of several thousand highly trained medical examinees appearing each year before basic science boards be more adequately conserved. To this may well be added the 6 per cent of osteopaths examined each year. The schools of osteopathy are making definite efforts to improve the facilities for teaching the basic medical sciences, and the examinations given by state board of osteopathic examiners are being patterned more and more after those of state medical boards.

While this implies two separate examining bodies with the same objective, it defines the function of each, and with the increasing experience each board will more clearly fulfill its purpose. **It would be a distinct advantage to bring the examination periods of the two boards more closely together.**

To remedy the many conflicts and lack of uniformity in the existing basic science laws by legislative repeal or amendment would be too time consuming and generally unsatisfactory.

The responsibility of the moment rests more with the basic science boards themselves, particularly in promoting a closer relationship with each other and

the boards of medical licensure in the different states.

All of the basic science boards with the exception of those of Florida, Michigan, South Dakota and Washington have the power to issue certificates without an examination to those who can produce satisfactory evidence of having passed an examination of this kind in any state, territory or jurisdiction under the United States.

If such power could prevail, it would facilitate the interchange of physicians between the states and reduce much of the delay and conflict in medical licensure that now exists.

In those states where medical schools exist, or are being established, the licensure restrictions imposed by basic science laws may interfere with obtaining clinical teachers from outside the state for the respective medical faculties. The same applies to hospital residencies.

CODE OF ETHICS

What Are You Doing About It?

There have been many inquiries as to just what constitutes a violation of the three new amendments to the Code of Ethics and we have received a report from the American Osteopathic Association's Committee on Ethics and Censorship which will answer some of the inquiries.

The general concensus of opinions of the members of the committee is:

1. It is unethical for an osteopathic physician to display his name in front of his office without designating his school of practice.

Are You Doing This?

2 Where a telephone directory provides a listing of *Osteopathic Physicians and Surgeons* or *Doctors of Osteopathy* and the Osteopathic physician fails to have his name listed under his school of practice but has it listed under *Physicians — Surgeons — M. D.,* it would be unethical. However, if the physician holds an M. D. degree from a recognized medical college which is recognized for licensure in the state, it is ethical.

Are You Guilty of This?

3. It does not state in the Code of Ethics that a hospital or clinic must be designated as an Osteopathic Institution. There is a ruling of the Bureau of Hospitals that any registered hospital approved for intern training or for residency shall indicate its osteopathic connection. The Code of Ethics does not state that it would be unethical.

What Are You Doing About This?

4. As a general rule it is unethical to run a card in a trade magazine. However, the committee feels that there might be exceptions in certain magazines governing certain instances, such as a card in a lodge or union magazine where the osteopathic physician may be appointed or hired for medical contract work. Here again, he should designate his school of practice, not just say — Physician and Surgeon.

Are You Living Up to This?

5. It is the desire of the committee to do everything in it spower to have all members of the A.O.A. and the T.A.O. P.S. conform to the Code of Ethics. Where there are violations the committee will call them to the attention of the parties involved and try to get them to conform to the Code. If they fail to do so after due notice and ample time to comply, charges may be made and the case referred to the Board of Trustees for disciplinary measures.

This Will Be Done by the Texas Association Also.

We realize that a lot of the osteopathic physicians in Texas are unknowingly violating the Code of Ethics and before any disciplinary actions are taken we want to give the individual time to make his own adjustments.

Take stock of yourself. Are you living up to the Code of Ethics? What are you going to do about it?

Osteopathit College News

C. O. P. S.

The College of Osteopathic Physicians and Surgeons Graduate School is offering for graduate doctors of osteopathy a post graduate course in laboratory surgery from January 31 to February 25, 1949.

The Graduate School of the College of Osteopathic Physicians and Surgeons offers this laboratory course for surgeons, realizing that such instruction has long been needed. A faculty has been assembled which the Graduate School feels is equal, if not superior, to any other such faculty in the United States. Each is specially skilled in his particular field. The course is essentially laboratory in nature and is given in quarters especially built and equipped to conduct work of this character at the highest possible level. The course is open to all doctors of osteopathy who are bona fide students of surgery as determined by the rules set up by the American College of Osteopathic Surgeons and the Graduate Council of the Graduate School of the College of Osteopathic Physicians and Surgeons.

These schedules include a thorough course in animal and cadaveric surgery and anatomical dissections with special emphasis on surgical problems. Lectures and demonstrations in diagnosis and technique covering surgical procedures and problems are supplemented by sufficient work in pathology, biochemistry and physiology to enable the student to pursue these basic science subjects at the level required by the Graduate School in these subjects. The course is so correlated that each surgical field is covered, insofar as practical, from an anatomical, physiological, pathological and surgical viewpoint before taking up the consideration of a new field.

Fee schedule: Tuition, $500.00.

The tuition fee of Five Hundred Dollars ($500.00) is payable in advance, upon notification of acceptance. Registration is limited to sixteen. Application blanks carrying space for credentials will be mailed to those desiring them. Closing date for filing applications is November 30, 1948. Notification of acceptance will be mailed as soon as the application has been processed.

For further information write Edward T. Abbott, D. O., D. Sc., Dean of the Graduate School, College of Osteopathic Physicians and Surgeons, 1721 Griffin Ave., Los Angeles 31, California.

The student indoctrination and orientation week at the College of Osteopathic Physicians and Surgeons, Los Angeles, was concluded Friday, September 24 at 10:30 a.m. by a dedication service administered by the three major faiths. Rabbi Morton A. Bauman of the Temple Israel, Hollywood; Rev. John Sammons, Chaplain of the Los Angeles Fire Department; and Dr. George Warner, District Superintendent of the Los Angeles Area Methodist Church took part in this dedication service, the purpose of which is to solemnize the last step through which each student dedicates himself to four and one-half years of intense study, looking forward to the day when he will be given that status of a Doctor of Osteopathy, as a servant of God and man.

The college is teeming with activity as the new term gets under way. Approximately 350 applications were received from students who wanted to enroll. The freshman class has ninety-six members, which is the largest number ever enrolled in a freshman class to date. The college at the present time has approximately 280 students. Many changes have been and still are being made to improve facilities of the college.—*Clinical Osteopathy.*

D. M. S.

Dr. John B. Shumaker, Dean of Des Moines Still College of Osteopathy, wrote the following in the *Log Book* of the College:

"In keeping with our policy of developing and maintaining an outstanding school of osteopathic medicine, the Admissions Committee of the College has most carefully selected superior students from the preprofessional schools, and we are pleased to provide statistical information concerning them.

"Of the sixty-five newly admitted freshmen, only one is a woman. She comes to us from the Lone Star State, Texas.

"Fifty students are veterans of World War II, representing 73 per cent of the entire class.

"Our foreign policy is demonstrated by the fact that the following countries are represented: Canada, China, England, Hawaii, India. It is most stimulating to realize that other nations are becoming interested in the fundamental osteopathic concept.

"The average preprofessional education of the freshman class is three and one-fourth years. Forty-one per cent have baccalaureate degrees. Honors for A.B. and B.S. degrees are even, in that there are 14 students in each group.

"Geographically, on this occasion, Michigan leads with nearly twice as many freshmen as any other state. The distribution is as follows:

"Michigan, 15; Iowa, 8; Ohio, 6; Texas, 4; New York, 3; Missouri, 3; Minnesota, 2; Nebraska, 2; Oklahoma, 2; South Dakota, 2; Tennessee, 2; Wisconsin, 2; Arkansas, 1; California, 1; Illinois, 1; Indiana, 1; Maryland, 1; Oregon, 1; Virginia, 1; Washington, 1; West Virginia, 1; Canada, 1; China, 1; England, 1; Hawaii, 1; India, 1."

K. C. O. S.

In an effort to increase the membership in the Texas Chapter of the Kirksville Osteopathic Alumni Association, a letter of solicitation was sent out early in November to each Kirksville graduate who also is a member of the American Osteopathic Association to affiliate with the Kirksville alumni group.

The strength of the Texas delegation in the House of Delegates of the national alumni organization is determined by the number of paid members as of December 31 of the year prior to the annual national convention. The Kirksville Alumni Association was reorganized in Chicago in 1947, held its first House of Delegates in Boston this summer, and is fast becoming a potent force in the current and future development of the Kirksville college.

Dues of $5.00 pays membership to May 1, 1949, but it is essential for this to be sent in before December 31. The name of the alumnus, school and year of graduation with the present address should be sent either directly to Miss Marie Johnson, Kirksville College of Osteopathy and Surgery, Kirksville, Missouri, or to Dr. Catherine Kenney Carlton, 1301 Lipscomb Street, Fort Worth, Texas.

Three post-graduate courses will be offered in mid-winter by the Kirksville College of Osteopathy and Surgery, Dean M. D. Warner has just announced. As in past years, a course in Manipulative Therapeutics will be offered to limited numbers. Announcements including personnel and program of lectures and demonstrations will appear in the December issue of the Journal of Osteopathy and also in a special mailing piece to all members of the osteopathic profession.

A course in Advanced Ophthalmology will be offered by Dr. C. L. Atte-

bery, co-chairman of the Department of Eye, Ear, Nose and Throat in the K.C.O.S. Hospital and Clinics. The course is limited.

For those who care to remain after the course in Manipulative Therapeutics which includes lectures in Radiology, Dr. George W. Rea, head of the Department of Radiology, will conduct a week of special post-graduate work in Radiology.

The date for the course in Manipulative Therapeutics is January 24 through January 29, 1949.

The date for the course in Advanced Ophthalmology is January 24 through February 12, 1949.

The date for the special post-graduate course in Radiology for those attending the Manipulative course and desiring to stay on for another week will be January 31 through February 5, 1949.

Physicians interested in any or all of the post-graduate courses at Kirksville should get in touch with Dean M. D. Warner.

Honors were conferred upon a physician and two laymen on October 2 at the Founder's Convocation at the Kirksville College of Osteopathy and Surgery, for service to the college and the osteopathic profession. The Certificate of Merit was conferred posthumously upon Dr. Harry L. Chiles, graduate of the college and first editor of the Journal of the American Osteopathic Association who died in 1945 after a long life of service as a physician and officer in the national society. For years, Dr. Chiles was secretary of the A.O.A.

The two laymen honored were S. W. Arnold, of Kirksville, Congressman from Missouri and former member of the board of trustees of the college, and Lawrence Jones, of Jefferson City, executive secretary of the Missouri Association of Osteopathic Physicians and Surgeons. The two laymen were presented the Certificate of Honor.

Dr. H. V. Halladay, of Tucson, Ariz., alumnus, former faculty member and nationally known author and lecturer on anatomy, delivered the Founder's Day address. Speaking on "Candidates for the Osteopathic Hall of Fame," Dr. Halladay paid special tribute to Dr. Andrew Taylor Still and members of his family and to the late George A. Still, eminent surgeon and president of the college who he declared was the "father of osteopathic surgery."

At the close of the convocation a floral tribute was placed at the grave of Dr. Andrew Taylor Still by Dr. Ernest P. Smith, of San Francisco, who was graduated from the college in 1897, and Thomas Wescott, president of the senior class.

HISTORY IS IMPORTANT

JOSEPHINE SEYL

American Osteopathic Association

CHICAGO, ILLINOIS

One of the major activities of the Department of Statistics and Information is the collecting and preserving of historical records pertaining to the osteopathic profession. The importance of keeping together a documentary history of the struggles and successes of osteopathy cannot be over estimated. This has been demonstrated to us most recently by the Kansas Case when we were called upon to furnish a large amount of historical material. Over 83 different osteopathic college catalogues dating back to 1899; osteopathic books, including a number of college text books; Journals of the A. O. A.; osteopathic pamphlets and bulletins of the early days; compilations on the history of the approval standards for our colleges; minimum standards for interne training; biographical data; and historical information on individual osteopathic colleges are only a few things which we were asked to provide.

At present we are asking an earnest endeavor not only to obtain and preserve old records and documents, but also to assemble important material which is of interest now and which may be of even greater significance in the future.

A number of the editors of state bulletins have been publishing histories of osteopathy in their states. Not only does this inform osteopathic physicians of the progress of the profession, but it also formulates a comprehensive diary of events which will prove helpful to anyone who undertakes to write an up-to-date history of osteopathy in the future.

During the past year we have been trying to add to the biographical records in central office. The meager amount of available data in our personnel files has caused us more than slight concern. We all know the value of having readily attainable a thorough outline of the education, background and activities of each D. O.

In many instances the records on osteopathic organizational officers were incomplete and in the case of divisional societies, we found it necessary to go through the file of Journals of the A. O. O. for most of our information on officers elected prior to 1930. However, we now have fairly complete historical lists on the majority of divisional society officers, and if any of the societies wish a copy of the listing for their state, we should be glad to furnish it upon request. We are lacking data on several years for some of the states and it is our hope that some day we will find those missing links, either in other osteopathic publications or through information supplied to us by the individual society secretaries.

Dr. Hulburt often dreamed of a historical display for central office. As a memorial to him we now have a multiplex display stand, six feet tall with 20 double pages, each 24" by 36". Material is now being collected to fill this osteopathic "scrapbook." It is hoped that editors of osteopathic periodicals will give publicity to this venture. No doubt there are a number of doctors who will want to contribute valuable historical material to the association now that they know there are good facilities for its display. This will indeed be a fitting memorial for Dr. Ray G. Hulburt.

Texas Osteopathic Hospitals

GROOM OSTEOPATHIC HOSPITAL

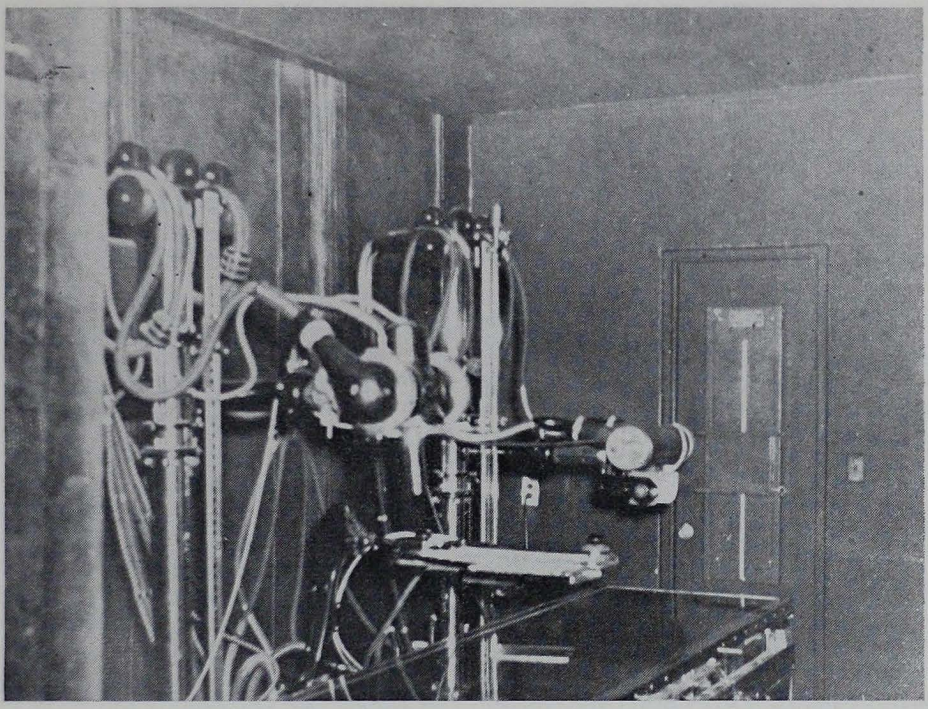
GROOM, TEXAS

Drs. John L. Witt and John V. London, owners of the Groom Osteopathic Hospital located at Groom, Texas, opened their hospital on January 1, 1946 and during its operation 2,505 patients have been served.

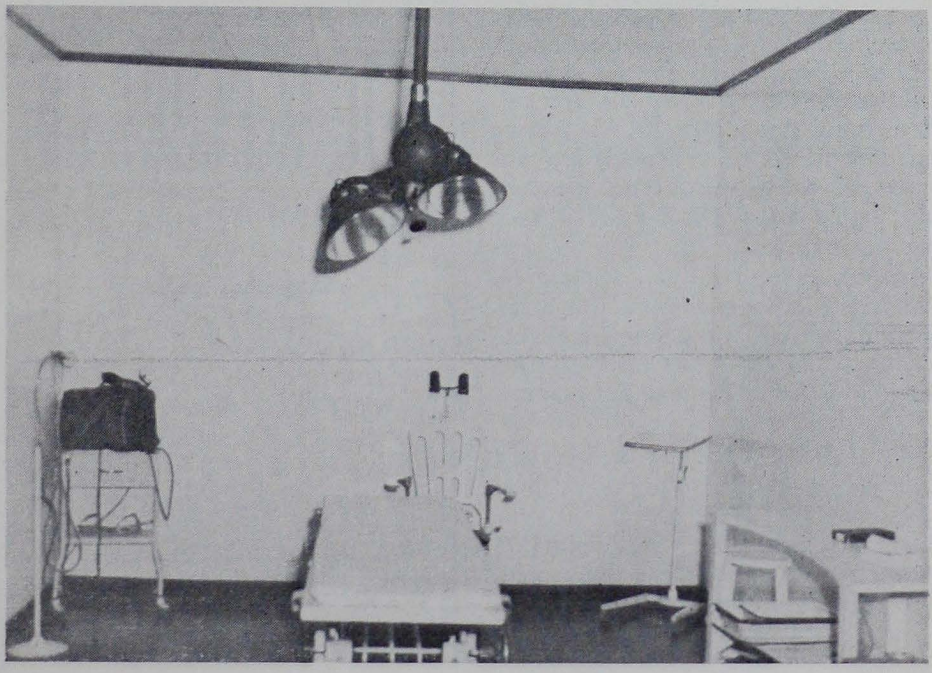
The one story hospital has ten patient rooms, a four crib nursery, three treatment rooms, major surgery, minor surgery which is also used for obstetrics, a fully equipped laboratory and an X-ray room for therapeutic—superficial and intermediate therapy.

The building of brick and concrete with white stucco trim is a fire proof structure and completely air conditioned.

This institution offers to the people of this area much needed and unusual hospital facilities. Staff meetings are held each month and at the last meeting eight doctors of the area attended.



X-RAY ROOM



OPERATING ROOM

AUXILIARY NEWS

The Auxiliary to the Amarillo Osteopathic Hospital Staff met October 20, 1948, at King's Kottage Tea Room, following dinner with the doctors. Ten members were present.

Mrs. G. W. Gress distributed Aplets and Cotlets, confections made of apples and of apricots. These are to be sold by the members, with the commission of 50c per box going to Auxiliary treasury. Mrs. Gress was authorized to order at least 48 more boxes.

The Staff Auxiliary moved to give to the Panhandle District Auxiliary $100 to be given to the National organization for the Progress Fund. Mrs. Gress was authorized to give to the City Federation of Women's Clubs the gift previously voted, to be used toward payment of the new Federation club house.

Last year the Staff Auxiliary gave to each of the doctors belonging to the Amarillo Osteopathic Hospital Staff, a framed certificate showing their membership on the staff. At this meeting, Mrs. Harold Gorrie, president, appointed a committee of Mrs. W. M. Jackson and Mrs. E. W. Cain to look into the matter of renewal certificates, membership dating from October 1 of each year.

Mrs. J. Francis Brown reported on her visit to the convention of the Oklahoma Association of Osteopathic Physicians and Surgeons at Oklahoma City, bringing us new ideas and enthusiasm.

We are all very happy that Mrs. L. J. Vick is recovering from the accident which has confined her for the past month. She is now at home, 2819 Ong Street, Amarillo, after having spent some time at the hospital.

The Auxiliary to the Groom Osteopathic Hospital Staff met the first Monday in November for its regular monthly meeting.

Out of town guests included Mrs. Earl Mann and Mrs. Ralph Soper from Amarillo.

After dinner the group discussed Christmas favors for the patients trays and made plans to make curtains for the hospital at the December meeting.

The following are the officers for the Dallas County Auxiliary for the year 1948-49. Mrs. George Hurt, President, 4008 Lovers Lane, Dallas; Mrs. Emil Plattner, Vice-President, Grand Prairie; Mrs. Louis H. Logan, Secretary-Treasurer, 222 S. Waverly Drive, Dallas. Mrs. Sam Scothorn, 3219 Beverly Drive, Dallas, has been appointed publicity chairman and reporter.

AUXILIARY NEWS *(Continued)*

The Woman's Auxiliary to the Dallas County Association of Osteopathic Physicians and Surgeons has begun its 1948-49 season with a bang.

A luncheon and a weiner roast were held in October and on November 9 Mesdames Frank Moon and C. E. Brann entertained with a luncheon at the new Cipango Club in Dallas.

Mesdames Robert E. Morgan, Wilbur W. Baldwin, N. W. Alexander, and Sam L. Scothorn will be hostesses for the December meeting at the home of Mrs. Sam L. Scothorn. Mrs. George E. Hurt, president, will preside at the business meeting on this occasion, and Mrs. Emil Plattner will provide a short Christmas program.

The Auxiliary to the Tarrant County Association of Osteopathic Physicians and Surgeons held their October meeting at the Clarisse Stovall Tearoom. After dinner with the doctors, the ladies held their own meeting.

The guest speaker was a Fort Worth florist who gave an interesting talk on floral arrangements and high lighted his talk with demonstrations on how to use the garden variety of flowers in making corsages, table decorations and other designs.

Arrangements were made to hold a rummage sale at Lake Como.

At the November meeting the Tarrant County Auxiliary will be hostess to the ladies of District No. 2. This meeting will be held in Fort Worth at the Hotel Texas.

PLEASE GET YOUR NEWS
IN EARLY FOR THE
DECEMBER ISSUE
Let's Enjoy Christmas!

NEWS OF THE DISTRICTS

DISTRICT NUMBER ONE

The Groom Osteopathic Hospital is, as usual, running to capacity. Dr. John L. Witt of Groom, returned two weeks ago from a visit (for observation and study) to Mayo Brothers, Rochester, Minnesota. Accompanying Dr. Witt on the trip was Dr. T. H. Hoard, Denison.

Dr. John London is back in his office at the Groom Osteopathic Hospital, after having recovered from his fall from a horse some weeks ago.

Dr. Henry A. Spivey opened a new six-room clinic in the rear of Hull Drug Store, in the Arnett-Denson Addition, in Lubbock, November 8th. This is an expansion which will serve well the growing South-Plains city.

Dr. Richard Mayer, Silverton, is moving this week to Lubbock to be associated with Dr. G. G. Porter and Dr. Lauf in the Porter-Sistrand Clinic.

The Porter-Sistrand Clinic, Lubbock, has begun to use its new wing even before the carpenters and other workmen complete the construction job.

Next monthly meeting of the South Plains District One Society of Osteopathic Physicians and Surgeons is scheduled to be held "as soon as the Clinic expansion is complete."

Dr. and Mrs. Paul Price, Dumas, and Dr. and Mrs. G. W. Gress, Amarillo, attended the Homecoming at the University of Oklahoma on Saturday, November 6th.

Mrs. Gress saw the team of her Alma Mater, Oklahoma University, win in the Missouri-Oklahoma game.

Dr. and Mrs. N. M. Harris have recently been out of town. Dr. Harris and Dr. N. M. Thompson went to South Dakota on a hunting trip, while Mrs. Harris and John Meredith visited relatives in Oklahoma City.

Dr. Price and Dr. Hackley of Dumas have plans of their own for a new clinic. Building has been designed by Merritt-Nutting of Dumas, and other parts of the program are going forward.

Dr. Lewis N. Pittman, who values the good services of Dr. L. L. Laurenson, his new associate, is taking a well-earned vacation. He is visiting in Tulsa.

Dr. Lucy Knollhoff, intern at the Amarillo Osteopathic Hospital, was recently married to Mr. Sam Perdue. Mr. Perdue is a student at West Texas College, Canyon, Texas, where he is taking his pre-Osteopathic course.

DISTRICT NUMBER TWO

Dr. Sherman P. Sparks of Rockwall has been appointed Secretary and Treasurer of the District No. 2 Society and is also Vice-President and Program chairman of the Dallas County Association. Dr. Sparks has compiled the following tentative program for the Dallas County Association:

December 9, 1948: A program presented by one of our local newspaper men as to "Better Ways to Handle Professional Publicity," or "How do the newspapers like for us to present to them our activities for publication," or "How may we improve our public relations."

February, 1949: Program honoring President Grainger.

March, 1949: Program of Applied Osteopathy.

April, 1949: Election of officers.

May, 1949: Installation of officers. This year's historical report by Dr. Alexander.

Your attendance at these meetings will make the Dallas County Association of Osteopathic Physicians and Surgeons a better organization.

EDITOR'S PAGE

Your State Office has on a number of occasions sent out questionnaires for information that was important to the function of this organization. Is it necessary for me to give you the names of those who have sent in the answers? This would be easier than giving the names of those who did not.

We try to make these questionnaires brief so that it won't take but three or four minutes of your time to answer them. It is often very important that we have these answers within three or four days. Your State Office would like to be efficient. We would like to be able to send out, in a few minutes, information that has been requested. This is an impossibility when we have not received the information.

We are supposed to have a list of towns for the location of D. O's. This was brought up at the Board of Trustees meeting and everyone was going to get a list of locations in their vicinity and send to the State Office. So far, we have received exactly none. COME ON, GET THE INFORMATION IN.

We have on many occasions asked for a personal file on each D. O. practicing in the state. This is very incomplete.

We want the names and addresses of all officers of the district societies, as well as the Auxiliary officers. These we do not have.

I know that most of you people have good intentions, but it is so easy to put off until tomorrow what could have been done today. If you have time to read this Journal, you can take another five or ten minutes and write the answers to what you have put off from time to time.

We have a subscription rate of $2.00 a year for members of the Auxiliary that would like to receive the journal at their home. How many of you wives have heard about this from your husbands who attended the Corpus Christi convention?

Your State Office needs your support both financially and with a little diligent work. We will be doing our best to make this State Office efficient, prompt, and courteous with a little human feeling. Why not join all the way, not just financially but with a little effort? COME ON, FELLOWS, WE CAN ALL COOPERATE AND MAKE THIS THE FINEST ORGANIZATION IN THE STATE.

I want to try to write a history of the osteopathic profession in the State of Texas. If any of you know any incident or bits of historical information, please send it in.

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

cranial Osteopathy at the Still College of Osteopathy in Des Moines, Iowa, during October.

Houston's Osteopathic physicians and surgeons were hosts in October to a group of the city's newspaper and radio station executives during a cocktail party and dinner at the Plaza Hotel.

The dinner was designed to acquaint members of the press and radio with osteopathy and the part played in the community by the Houston Osteopathic Hospital. About 35 persons attended.

Dr. James J. Choate, acting as chairman of the public and professional welfare committee in the absence of Dr. Reginald Platt, spoke briefly on osteopathy and answered numerous questions.

After the dinner a number of the doctors assisted in conducting press and radio men and their wives through the hospital where the various departments were inspected.

DISTRICT NUMBER SEVEN

Dr. Charlotte Strum and Miss Emma Strum of San Antonio were recent visitors in Austin.

DISTRICT NUMBER EIGHT

No news sent in.

DISTRICT NUMBER NINE

No news sent in.

News of the Districts - *(Continued)*

PLEASE GET YOUR NEWS IN BY THE TENTH OF THE MONTH

DISTRICT NUMBER THREE

The October meeting of the District No. 3 Osteopathic Society was held at the lake home of Dr. Wayne Smith of Jacksonville. Thirteen members attended the meeting that was called to order by President Ross McKinney.

Dr. George Grainger reported on the Corpus Christi convention and a spirited discussion, ensued after the report of Dr. Tom Hagan, chairman of the Censorship and Ethics Committee.

Dr. Howard R. Coats gave a case history and emphasized the importance of keeping complete case records.

Dr. Ross McKinney showed some films on vaginal repair, charley horse treatment, sprained ankle treatment and infantile paralysis.

The next meeting will be on January 3 in Longview with Dr. Tom Hagan as host.

When the meeting was adjourned the ladies, who had been entertained by Mrs. Smith joined the doctors at the cabin for a barbecued chicken supper.

A special meeting of the District No. 3, East Texas Osteopathic Association was held in Tyler at the New Plaza Hotel on November 7, 1948.

The meeting was called to order by President Ross McKinney, who introduced Dr. R. L. Martin of Mount Pleasant. The object of the meeting was to discuss the proposed legislation coming up in the next session.

Attending besides Drs. McKinney and Martin were Drs. Filkill, Harmon, Barbaree, Wolfe, Kinsey, Huetson, Turner, Bragg, List, Ross, Gafney, Stukey, Joe Brown, Wm. H. Brown, H. R. Coats, W. H. Coats, and Bone.

Meeting was adjourned after a round table discussion.

DISTRICT NUMBER FOUR

No news sent in.

DISTRICT NUMBER FIVE

No news sent in.

DISTRICT NUMBER SIX

Dr. W. S. Gribble, a member of the staff of the Platt Osteopathic Clinic in Houston, attended the annual convention of the American College of Osteopathic Surgeons in Atlantic City, N. J.

Dr. Reginald Platt of Houston conducted a three-weeks basic course in

LOCATIONS AND REMOVALS

Dr. Donald Watt from Dallas to De Leon, Texas.

Dr. C. E. Pheffer from Ballinger to Evant, Texas.

Dr. R. F. Boone from Evant to Waco, Texas.

Dr. John Graham Bray from Temple to Dallas, Texas.

Dr. George Gail Smith is now located at 3418 Westcliff Road, Fort Worth, Texas.

Dr. Wm. Dewey Danks, Jr., is living at 1412 Kirkwood, Austin, Texas.

Dr. E. C. Wilcutt, formerly of Edcouch, Texas, is practicing in Sisters, Oregon.

ADVERTISERS
ARE MAKING UP THEIR
BUDGETS SOON
HELP YOUR JOURNAL
GET SOME MORE ADS!

KILLERS OF YOUTH

During the last fifty years typhoid fever, diphtheria, smallpox, tuberculosis, pneumonia and other killers of youth, have been brought under control. Heart ailments, cancer and other degenerative diseases now take foremost place as the dread killers of men. As young people are moving forward in the progression toward larger earnings and higher incomes, they are less subject to fatal illness. During this period, there is less need for medical care. In a direct ratio with age, human beings become subject to attack from the fatal diseases of men.

It can be simply stated: Young people earn modest incomes, mature people earn more, older people earn most. Young people are less subject to fatal diseases—need less care. As they become older, they are more subject to attacks of killing diseases. They must have medical care if life is to be preserved.

From General Practice Clinics.

Officers of the District Associations of the

TEXAS ASSOCIATION OF OSTEOPATHIC PHYSICIANS AND SURGEONS, Inc.

DISTRICT 1

Dr. J. H. Chandler, Amarillo ..... President
Dr. W. R. Ballard, Pampa ..... President-Elect
Dr. J. Paul Price, Dumas ..... Vice-President
Dr. Ralph M. Soper, Amarillo ..... Secretary
Dr. Earle H. Mann, Amarillo ..... Treasurer

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 ..... President-Elect
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. Poage, El Campo ..... President
Dr. T. D. Crews, Gonzales ..... President-Elect
Dr. Don M. Mills, Victoria ..... Vice President
Dr. T. D. Crews, Gonzales ..... Secretary-Treasurer