Texas
Osteopathic Physicians Journal

Volume I | Dallas, Texas, April, 1945 | Number 4

In This Issue . . .

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Texas Osteopathic Physicians' Journal

The official quarterly publication of the Texas Osteopathic Physicians and Surgeons

State Office, 1234 Irwin-Keasler Building, Dallas 1, Texas

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VOLUME I DALLAS, TEXAS, APRIL, 1945 NUMBER 4

"MEMORALIZE THE DEPARTED BY SERVING THE LIVING"

AT A North Texas District meeting held April 15, in Fort Worth, Texas, Dr. Hugh L. Betzner, Secretary and Treasurer, Dallas, suggested that instead of sending flowers to funerals in memory of our deceased friends that we make donations to the Osteopathic Colleges Educational Progress Fund. A motion was made and carried to the effect that a committee headed by Dr. Betzner be named to formulate a plan whereby this could be done, such plan to be presented to the Texas Association of Osteopathic Physicians and Surgeons at the annual meeting of its board to be held on May 13, in Dallas, with the view that the plan be adopted immediately by the Texas Association, and that the American Osteopathic Association be requested to adopt and foster the plan on a nation-wide basis.

In explanation of the motion, Dr. Betzner pointed out that each donor may designate his choice of college, if he desires; if not, then the donation will be distributed through the Progress Fund in the same manner as other monies. The possibility of financing our colleges to a great extent by this plan is much greater than one might think on first observation. He pointed out that if we can get the cooperation of each individual practitioner for only a portion of the sum usually expended for flowers it will mean a great deal. There are times, of course, when one would actually prefer to send flowers to a funeral rather than to make a donation to the Progress Fund memoralizing the deceased. However, if 50 per cent of the times when Osteopathic physicians feel inclined to send flowers, they would make donations to the Progress Fund *in memory of the deceased,* this would afford a great boon to our profession.

Dr. Betzner stated that while it is true this plan will advertise our colleges and our profession to the families of the deceased, which some members of

the profession may object to, still such a plan is being followed by many people in Dallas, and one well-known Dallas hospital and clinic, in particular, has received considerable financial support in this manner. This institution acknowledges the cash donation of the donor, and, at the same time, mails to the family of the deceased a very suitable, attractive printed notice advising that the deceased has been memorialized through a gift to the hospital. This plan of expressing sympathy to the family of deceased persons may be followed just as appropriately thirty days following the funeral as on the day of the burial service and interment.

Donations under this plan are deductible from income for tax purposes; the plan makes it possible for every practitioner to support his college, irrespective of the amount, by sending his check to the Progress Fund rather than to the florist. If local, district, state and national associations would cooperate on this plan, great benefits for the profession would result.

J. W. MCPHERSON, *Editor.*

(TO BE SENT TO DONORS)

Your donation to

THE OSTEOPATHIC COLLEGES
EDUCATIONAL PROGRESS FUND

in memory of.....
(Deceased's Name)

is gratefully acknowledged.

.....
Director, The Osteopathic Colleges Educational Progress Fund

(TO BE SENT TO THE FAMILY OF THE DECEASED)

The Osteopathic Colleges Educational Progress Fund
CHICAGO, ILLINOIS

Gratefully acknowledges a donation made to it as an expression of sympathy to you and as a tribute to the memory of

.....
(Deceased)

from

.....
(Name of Donor)

May you be comforted in the knowledge that this gift will be used to improve the ministrations of Osteopathic physicians to suffering humanity, and that it is a living, perpetual tribute to your loved one.

The above are only suggested forms of acknowledgments; the committee would welcome your suggestions.

LIVING MEMORIALS

THE COMMITTEE, composed of Dr. Sam L. Scothorn, Vice-Chairman; Drs. Philip Russell, R. H. Peterson, Louis H. Logan, Robert E. Morgan, and Joseph L. Love, are all enthusiastic about raising a lot of money, more and more each year, since people generally are thinking more now-a-days about memorializing their deceased friends in some way to help suffering humanity rather than sending loads of flowers to their funerals. Illustrative of thiss, I quote a paragraph from the column of "An Army Wife," a feature that appears in one of our local papers:

> Across the years men will lay wreaths upon a tomb, before a hand-hewn statue. or within a hedge-rimmed garden plot. But deeper and more lasting will be the bed-lined wards of small hospitals where sympathetic nurses and efficient doctors care for and cure the helpless victims of war and disease. And wherever there sits, lies or stands a man on crutches, his eyes will be momentarily raised to a figure who lived among us and walked our way of life more steadily in his brace than most of us who wear none.
>
> We can think of no more fitting a memorial to him who has gone than the fund created in his name for the care and treatment of little crippled children.

With full cooperation it is not presumptuous to believe that Osteopathic physicians in the State of Texas alone can raise several thousands of dollars each year. In my opinion, the average doctor spends one hundred dollars per year on floral offerings; doctors who own hospitals spend many times more. It may be true that some of the younger physicians expend less than this amount now, but their expenditures will increase with the years as their obligations grow.

A resolution will be prepared by the committee and presented to the Board of Trustees of the Texas Association of Osteopathic Physicians and Surgeons for its adoption. If the plan is adopted, then the officers of the State Association will offer the plan to the American Osteopathic Association for its adoption and administration.

DR. H. L. BETZNER,
Chairman of the Committee
for the North Texas District.

TEXAS HEALTH OFFICERS

Up until the Journal went to press, we find the following Osteopathic Physicians are serving as health officers in their respective communities:

Dr. George J. Luibel.....Ferris
Dr. Nathaniel B. Gafford.....DeKalb
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If you are a health officer in your community please let the State office have this information.

RULE OF THE ARTERY IS SUPREME!

(Reprinted from the Illinois Osteopathic Bulletin)

THE prime importance of adequate circulation and drainage of tissue together with normal nerve supply needs no mention in our profession, all know it to be the keystone of Osteopathic theory and practice. The loyalty with which the profession has gathered around that standard and battled to protect and uphold it will always be a matter of record in the history of medicine. The failure to carry that standard onward as time passes and amplify and extend its meaning in the light of the findings of science is not alone a matter of history, it is a stumbling block and a millstone that, as a profession, we carry about our necks every day in our struggle for just and proper professional recognition everywhere.

We as a profession shot the albatross of Osteopathic theory and principle with the cross bow of clinical proof and justification by income and money made, and it hangs around our necks for all to see today, pointing us out as a profession that exploited a principle instead of validating and strengthening it.

That we have had a few notable investigators with fine works we well know, but in proportion to those needed they are and have not been in proper percentage. Burns, Lane, Deason, McConnell, Pearson, Castlio, Lloyd, Denslow—a few names and not all in one period of fifty years. There are others, too, that are not named, but on the whole a small group, in many cases unencouraged and not subsidized or financed save by themselves.

The blood, and what it will do with proper application of our principles has long been considered an especial heritage of Osteopathy. Circulation and its problems, the effect of nerve supply to the arteries and other portions of the circulatory mechanism taken for granted as proven, when, in fact, most of the said mechanism had not been discovered at the time.

One of the greatest boats that we have missed recently is the investigation of the physical characteristics of the blood. Years ago Brigham on the west coast gave intramuscular injections of whole blood for various conditions and reported splendid results. After that Castlio and others opened an interesting field in the matter of developing the factors of resistance in the blood and tissues by splenic compression. Two likely and promising avenues of study were opened and—closed. Nothing more done about them.

The work of McDonagh of London, Fisher & Hooker of Cleveland and others on the physical characteristics of the blood were explained rather generally to the profession and what their extension would mean to Osteopathic philosophy. The profession showed scant interest—it was not something that could be mastered in a minute and be used empirically—the colleges passed it up, it would need research, and research means work. This business was not medicine, it was science and an open investigation, that at that time was open to every one, an untried field, untraveled territory, yet of peculiar interest to Osteopathy.

What happened? Simply this, and as we list these happenings, remember

that each and every one of them could have happened in any laboratory of OUR colleges or hospitals, as well as that of other schools of practice.

1937—Cook County Hospital established a blood bank.

The Russian scientists established the fact that blood could be kept in ice boxes and also drawn from people dying of accidents and that it would be relatively stable and useful regardless of the claim of the American medics that it contained so much strep. virifans that it would be lethal.

John Elliott, Salisbury, N. C., reported successful use of the centrifuge in separating blood plasma.

1940—Dr. Max M. Strumia of Bryn Mawr Hospital dried plasma successfully.

Then E. J. Kohn, studying further the physical properties of the blood, began to separate blood plasma into its component factions using physical chemistry with the following results.

Found that the serum albumin does the job of wound and shock therapy alone and that this can be reduced to one fifth its original volume for shipment. Now many plants operating through the Red Cross separate these factors from the blood that you and I, *as civilians*, furnish.

Kohn next found that the serum globulin left over harbored the created antibodies, one of them, the antibody globulin for measles, is now on the market from the donated plasma—compliments of Dr. Kohn and the Red Cross. Other specific globulins for other diseases will follow. The measles globulin in its initial test handled three severe measles epidemics last year with notable success. It is believed in a couple of years that scarlet fever, diphtheria and whooping cough globulins will be available.

The thrombin and fibrinogen separated out in these studies and viewed from a physical chemistry standpoint were shortly available in the form of stable white powders that could be rejoined in solution at any time to form fibrin. With this fibrin ready to mix and use, the problem of skin grafts become practically routine. The piece of skin to be grafted is dipped in the solution, applied and grows, no stitches, slipping or worry.

A film is made also from this fibrin that can be used to directly coat over the exposed brain in surgery and emergencies. The tissue accepts it readily and builds up its own membrane, later replacing it, thus making brain surgery and accidents much less in mortality. Fibrin now is made up in a form that applied to bleeding areas stops seeping and oozing hemorrhage immediately and safely, more and more valuable in traumatic and involved surgery. Cotton soaked in thrombin stays in the body and is absorbed readily making new suture available.

The leftover red cells are now turned to pernicious anemia cases directly and works nicely and a paint of red cells will be shortly on the market that cures up local infections, varicose ulcers and other localized tissue troubles that have responded poorly in the past because of poor tissue ability. It is

also in dry form dusted on amputations stumps, hurrying healing in a normal manner.

All this is an interesting review of what is new in science, and, as such we should be apprised.

However, these things continue to happen all the time in fields such as this where the information is common to all, the field is unexplored, the material is neither particularly more medical than it is Osteopathic, yet it seems to be always the other fellow that takes hold and gets the job done.

We were there when they handed out the brains.

We were there when they handed out the opportunities.

But, where were we when the development of them began?

Membership Is Vital

By JOSEPH L. LOVE, D.O.

THAT THERE WILL BE no convention of the Texas Association of Osteopathic Physicians and Surgeons this year seems certain unless the transportation situation changes soon. It is the desire of the Board of Trustees and the officers of the Association to cooperate in every way with the war effort. It was therefore decided at the last meeting of the Board that the convention would be deferred until further notice.

At first it would seem that the greatest loss to the Association in not having a convention would be the absence of scientific programs, especially with the rapid war-time development of the whole field of medicine. The greatest danger, however, is the probable loss in membership because of the habit most of us have of paying our dues at the annual meeting rather than by mail.

You, the members of our society, adopted a program of expansion of the activities of all of the departments. Our dues were raised because it was realized that greater services would require more money. As proof of this desire of the membership, more members now are paid up in advance of the convention than ever before. This shows that increased services are appreciated. This Journal, the State Office, the Lyceum Circuit, the increased Legislative Program, Selective Service, Rationing and all the other services of the Association have been expanded.

With the convention deferred, the state office has to depend upon mail contact or through district meetings to obtain renewals of membership. Let me appeal to every reader of this magazine to pay his own dues first, then go out and get his neighbor's dues. This is the only way our Association can continue to go forward.

We can not stand still. We must go forward or slip backward. Whether or not you pay your dues now may affect the future of your Association as well as that of your profession. Pay those dues now!

Influence of Alcohol and Nicotine on the Human

Earl E. Congdon, D. O.
Lapeer, Michigan

WHAT is meant by the term alcohol? Quoting from a pharmacology, alcohol is a colorless liquid containing not less than 94.9% by volume of C_2H_5OH, having a slight odor and a burning taste, soluble in all proportion with water, ether, glycerine and most oils. Its therapeutic action is antiseptic, germicide. diaphoretic, narcotic and hypnotic.

For the purpose of this paper I wish to discuss the last two actions, *i.e.*, narcotic and hypnotic. Much of the following has been gleaned from very recent articles in medical journals, consequently the information is of the latest.

Alcoholism and drug addiction are, in almost every case, the symptoms of a psychologic maladjustment. These abnormalities of outlook and behavior are as much symptoms as fever and backache are of an acute infection as the grippe. To intelligently treat such a case one must look for a possible cause and not just admonish the individual to "stop drinking." Just to mention a few causes in passing we must look for infected teeth and tonsils, fatigue from overwork or too many worries, endocrine gland disturbances, the epileptic syndrome and the maniac-depressive psychosis. I mention these factors so that you might look upon the habitual drinker as a sick individual needing intelligent treatment in the majority of cases.

One of the present day problems in which you are doubtless interested is the effect of alcohol on the efficiency of the automobile driver. "Studies of normal drivers have shown that a safe driver must possess the following basic qualifications. He must be able to meet new situations instantaneously and accurately. This of course is a general statement. More specifically he needs all the speed of movement and activity he has; all the strength he has; all the observational and interpretive powers he has; a quick shifting and wide margin of attention; good vision; a recognition of, and a tendency to keep out of danger; a considerate attitude toward other drivers and pedestrians, a humane attitude; and finally a cautious attitude toward any semblance of risk or danger and emotional control. He must have endurance to maintain these characteristics during a long period of driving. This requires good health, proper food, plenty of sleep, and freedom from narcotic and other depressant drugs.

"What effect does alcohol have on these characteristics? . . . In a very general way we may say that alcohol deadens the mental activity and slows up the general powers of observation. It tends to weaken the individual in the secondary stage as a depressant, and slow up his physical activity. It tends to make him oblivious to many important features of his environment, one reason for drinking, by narrowing the scope of attention and by increasing the time for the shift of attention from one thing to another." So far as the writer knows it has little effect on visual acuity, as such, excepting

in extreme cases when diplosis or double vision occurs. "In addition, alcohol is well known to result in lack of emotional control. Thus our pedestrian alcohol accident problem is on the increase—and utter disregard for danger. The driver must have endurance, and drinking not only decreases strength, *per se,* but invites late hours and revelry which will no doubt produce secondary effects. As a depressant, it is likely to lead to bad attitudes in general." In addition to producing bad mental attitudes, it also may produce bad moral standards. There is some evidence that alcohol affects the judgment (nervous tissue as brain) before the rest of the tissues are affected, which statement brings us to the third point of the discussion.

People at all ages are definitely out of touch with their moral standards after two drinks of one ounce each. After imbibing this amount of alcohol things which you knew were wrong, look all right. Sexual appetites are stimulated while at the same time inhibitions have been removed.

Quoting from A. Kostitch who has carried on extensive research along the lines about to be mentioned I wish to submit the following facts for your careful consideration.

It has been stated by authorities from time to time that the seminal cells are very sensitive to alcoholic intoxication. Recent experiments have proved this beyond a doubt. Dr. Kostitch undertook to study the gradual and final changes caused by alcohol in the testicles using white mice as the animal medium.

Another scientist, Forel, concluded at the end of similar studies that alcohol produces in the germinative cells certain modifications which result in various degrees of degeneration in the offspring. He called these modifications pathologic, designating the condition as alcoholic blastophthoria—(cell degeneration).

"It is known that the greatest number of cases of rickets, hydrocephalus, etc., may be traced to the above condition. It has been assumed, and rightly so, that alcohol is capable of causing transitory disturbances in the chromatin of the germinative cells. These transitory disturbances are, however, sufficiently long to transmit at the time of fecundation hereditary stigmata. That means, of course, that an acute plastophthoric action depends upon whether the fecundation occurs during alcoholic disturbance of the elements of reproduction. The above statement must not be ignored inasmuch as it is very probable that the mature germinal cells may free themselves of the toxic substance by progressive elimination as soon as the intoxication of the organism ceases. But it is likewise necessary to stress the fact that the germinative cells may be modified in their substance and functional balance."

We will now consider nicotine and its effect on the human.

Tobacco smoking, a practice learned from the American Indian and introduced into Europe in 1558, has become increasingly more prevalent in recent years. The most important constituent of tobacco is nicotine constituting 1 to 8 per cent and one of the most deadly poisons known. Twice as deadly as strychnine, a drop of nicotine when placed on the tongue of a cat, dog or other small laboratory animal causes death in a few mniutes. Tobacco con-

tains other ingredients the most important being hydrocyanic acid, ammonio and carbon monoxide.

Before discussing several important effects on the human it is well to have a slight idea on how the poison works on the system. The first effects of nicotine are exerted upon the vegetative nervous system, and it is this action which produces the earlier toxic symptoms. In chronological order, nicotine first stimulates the parasympathetic mechanism, producing slow heart action, sweating, excessive saliva, gastric hyper-secretion, nausea and vomiting. While this effect is giving way to parasympathetic paralysis, the stimulation of the sympathetic mechanism is beginning with fast heart action and peripheral vascular constriction. Finally paralysis of both divisions of the vegetative system supervenes. In addition, nicotine in toxic amounts stimulates the motor mechanism at some point in its extent producing convulsions. This effect gives way at last to the powerful curare-like action of nicotine in paralyzing the motor end plates completely.

I would like to quote from a thought-provoking article recently appearing in the Illinois Medical Journal. "A campaign of education against the excessive use of tobacco would seem to be obligatory on the medical profession. Correlation of important and patient research throughout the world indicates that nicotine is not only an insidious, certain and progressive poison, both because of its inescapable habit forming character, but, also, because there is far more than presumptive evidence that excessive smokers are preferred candidates for both gastro-intestinal disorders and marked changes in cardiac activity but that smoking exerts a very great influence in causing associated syndromes of nervous, mental and circulatory diseases.

The campaign of education of course will be hampered by the fact that the tobacco industry is one of the largest and richest in the world and is both willing and able to spend lavishly in order to retain such pre-eminence. The medical profession in combating this ever growing evil will find itself in the same bog that confronts every attack upon a pleasant vice that on the surface does not indicate the menace it contains against public health and welfare. Medicine is not attempting to discredit the tobacco industry *per se*, for the industry from the farmer to the merchant and the ultimate consumer is a valuable unit in national prosperity. But—and to a far higher degree, so is the public health.

Nicotine stands unchallenged as one of the most deadly poisons known to science yet more than one hundred fifty-three billion cigarettes were manufactured in the United States in 1936, and the consumption of tobacco is growing every year. Eight million pounds of tobacco leaf were consumed in 1900, and three hundred and seventy-seven million pounds in 1934. From 66 to 80 per cent of the population smoke. There is at present more than 350,000 people confined in our insane asylums, and the annual increase appears to be about 20 per cent. This is a discouraging aspect of the question of human betterment. Manufacturers of cigarettes spend millions of dollars annually in the apparently easy task of persuading nearly every boy and girl in the country to smoke. Alluring and carefully devised advertisements appear to drive home misleading and false claims that cigarette smoking is an

almost universal panacea for many problems pertaining to contentment and well-being. Billboards, the press and the radio unceasingly strive to teach the entire nation that the possession of a sound mind in a sound body is, to a marked extent, dependent upon smoking. Our youth are constantly reminded that cigarettes are prerequisites of health and happiness, and that smoking is a necessary accomplishment when one seeks to associate familiarly with the cultured and higher strata of society and to acquire such poise and urbanity.

Complacency and a feeling that all is well should give way to deep speculation and grave concern as to what will be the mental and physical status of future generations."

"A cigarette contains about one gram of tobacco with an average nicotine content of 2.52 per cent. Similar to tarry oil this rank smelling liquid alkaloid enters the circulation rapidly during inhalation. Approximately 2.0 mg. of this poison is taken into the circulation when about two-thirds of a cigarette is smoked and inhaled in a period of five minutes. Numerous investigators have found that when the cigarette is tightly packed and when it is smoked rapidly, nicotine and other irritating products are increased in amount, especially when the tobacco contains moisture."

For those who smoke cigars I can give you a somewhat brighter picture. The first third of a cigar causes practically no nicotine deposits in the organism of the smoker because the stub catches the nicotine. A small proportion of nicotine reaches the smoker's mouth when the second third is smoked. The nicotine deposits are greatest when the last third of the cigar is smoked. On the other hand, no matter which part of the cigarette is smoked, an identical amount of nicotine is deposited.

So far we have tried to give you a general picture of tobacco as relating to its chemistry and the social problem which it presents. Now let us study the three major conditions in which it plays an important part.

The first condition is its effects on the circulation of the blood in the human being. It has been observed that the blood flow in the nail fold capillaries is retarded and occasionally completely stopped after smoking. Two observers at Massachusetts General Hospital report a difference in temperature of the hands and feet of normal individuals of as high as three degrees before and after smoking one-half cigarette. Until recently we thought young people were not subject to hardening of the arteries (arteriosclerosis), but this is not true. Suppose you have a moderate sclerosis of the coronary arteries and as a result their size is decreased. Consequently remembering that nicotine can cause a contraction of arteries which, superimposed on their already small size, would then be sufficient to cause a clot to form in one of these extremely important blood vessels. When this happens you are in a serious condition, if death did not occur immediately. Formerly we supposed this could happen only from forty on, but not any more. Where patients have coronary artery disease, as angina pectoris, tobacco should be absolutely prohibited.

A second specific condition in which nicotine is an important factor is to be found in diseases of the stomach—indigestion, gastritis, stomach ulcer,

etc. Many ingenious methods have been devised to study its effect on the stomach and its secretions. Although intensely interesting, space does not allow this description so the summary only will be given. Significant increase in gastric acidity follow smoking in the majority of cases. If the individual has a stomach ulcer this percentage is greater, suggesting a possible allergic reaction. Consequently, especially in patients with known ulcers, smoking should be stopped; and those having general stomach distress, cause unknown, should also seriously consider smoking as a cause and stop it.

Our third and last effect, as with alcohol, deals with the fundamental basis of our existence—reproduction of kind. When this function is interfered with in any way, nations and civilizations have been known to fail and become only memories. To bring this to your attention I can do no better than quote Dr. A. M. Campbell who writes in the Journal of the Michigan Medical Society. Dr. Campbell states that excessive cigarette smoking is definitely on the increase among American women. Approximately 50 per cent of expectant mothers in the United States and Canada smoke cigarettes. Animal experimentation upon rats and white mice has definitely demonstrated that chronic nicotine poisoning produces pathological changes in their sex organs, adversely influences cell development and results in unhealthy offsprings that die early.

Dr. Campbell believes that there is sufficient evidence at hand to warrant the strong assumption that chronic nicotine poisoning such as results from the smoking and inhaling of from 18 to 20 cigarettes a day is prejudicial to efficient childbearing.

The question has been asked does smoking affect the growing fetus after pregnancy has occurred? One of the tests for nicotine effect is on the heart rate. Investigators know that it does not affect the adult heart rate so the question is, can the poison be transmitted from the mother's circulation across the membranes of the placenta to the growing baby. Studying a series of cases it was found that the baby's heart rate increased an average of 5 beats per minutes 8 to 12 minutes after the mother smoked one cigarette.

In this paper I have frankly discussed with you two common habits and their effect on the present and future generation. Through searching the literature I have endeavored to give you the latest thought and the results of the latest scientific investigations. My hope is that you have received benefit and an awakened consciousness which will lead to further thought and study.

Dr. Cyrus N. Ray, president of the Texas Archeological and Paleontological Society, Abilene, gave an illustrated lecture on the Prehistoric Man in Texas, at Fondren Lecture Hall, Southern Methodist University campus, the evening of Thursday, April 26. Ancient human skulls and artefacts dug from ruins were exhibited. Dr. Ray is widely known for his discoveries of primitive man in various Texas areas, and has been a contributor to scientific journals for many years. He was introduced by Dr. Ellis W. Shuler, professor of geology at Southern Methodist University.

Bacterial Endocarditis

By CHARLES STILL, JR., D. O.

BACTERIAL ENDOCARDITIS has been one of the severest challenges to medical practice. One that, until recently, has failed to produce a therapeutic answer. When the sulfonamide derivatives and penicillin were first used to combat this disease entity, complete failure was reported from many of the most reliable clinical sources. However, when the dosage of penicillin was increased up to 200,000 and as high as 400,000 units a day, gratifying results have been noted, particularly in the sub-acute type. Also, with the wide spread use of sulfadiazine as a prophylactic agent in potential Bacterial Endocarditis cases, there appears to be a possibility that the advent of this serious condition can be delayed or in many cases prevented.

Bacterial Endocarditis is divided into two types: the acute type and the sub-acute form. Acute rheumatic heart disease is not included in this discussion because it is a separate cardiac condition requiring an entirely different therapeutic approach.

Acute Bacterial Endocarditis—This condition is often the result of massive infection which either extends to the blood stream and to the endocardium, or it is associated with a severe infection disease entity which lowers resistance of the cardiac tissues. The most common organisms causing acute Bacterial Endocarditis are the Streptococcus hemolyticus (55 per cent), the Pneumococcus (13 per cent), the Staphylococcus aureus (12 per cent), the Gonococcus (11 per cent), Meningococcus, colon bacillus and anthrax bacillus make up the remaining percentage. The common avenue of invasion includes the infected uterine wall, the pneumonic lung, wounds, boils, gonorrheal joints, throat and mouth infections and traumatized gums following dental extractions.

Symptoms of Acute Bacterial Endocarditis: Persistent high fever and positive blood cultures indicate potential involvement of the endocardium. The development of heart murmurs or change in existing heart murmurs coupled with embolic activity, petechial hemorrhage into the skin and enlargement of the spleen indicate rather definitely the presence of Acute Bacterial Endocarditis. A high leukocyte count is usually present. However, the electrocardiogram is negative except in rare cases.

Prognosis and Treatment: After this condition is fully developed, the prognosis is extremely poor. Penicillin in dosage of 400,000 units per day has, however, produced some rather spectacular results. The important factor in the prevention of Acute Bacterial Endocarditis is to protect against valcular involvement in cases where bacteremia develops as a result of serious infection. Both sulfadiazine and penicillin are of value and should be used early and extensively. Prevention against Acute Bacterial Endocarditis is doubly necessary not only because of its high mortality rate, but also because in the cases that do recover from the acute phase practically all will suffer serious valvular damage. Cases of congenital heart disease and rheumatic heart disease should always be watched with extreme caution during the

course of any acute infection, physical stress, or surgery. Sulfadiazine may be used prophylactically during such a time, three grams a day. Although in a case of an infective process which is under penicillin therapy, this would be unnecessary. It does appear possible that sulfonamides and penicillin used properly may prevent the development of both acute and sub-acute Bacterial Endocarditis.

Sub-Acute Bacterial Endorcarditis: Sub-Acute Bacterial Endocarditis is caused by organisms which produce a slower and run a more protracted course than the organisms which cause the acute type. Although this disease is slower in reaching the final stage, up until recently the mortality rate has been approximately as high in the sub-acute form as in the acute type. Streptococcus viridans causes 90 per cent of all these cases, while the influenza bacillus, the Meningococcus, the Brucella group and Actinomyces bovis make up the remaining 10 per cent. This condition develops in 2 per cent of all cardiac cases and has an especial predilection for those who suger from either rheumatic heart disease or congenital heart disease.

Chronic ear infections, open wounds are common portals of entry. Tonsillectomys and dental extractions are extremely dangerous to patients with congenital or rheumatic heart disease. In acute Bacterial Endocarditis all the valves of the heart may be involved, whereas in the Sub-Acute type the mitral and aortic valves are most commonly affected.

Symptoms of Sub-Acute Bacterial Endocarditis: The beginning of Sub-Acute Bacterial Endorcarditis is insidious, and the patient does not appear to be seriously ill in the early phase. Low-grade fever, weakness and loss of weight are usually the earliest symptoms. Anorexia, joint and back pain also develop rather early in the course of condition. Tuberculosis, malaria and brucillosis are often suspected. By the time embolic activity, enlargement of the spleen, fever, severe anemia, renal changes and clubbing of the fingers finally cause the patient to seek additional medical advice, the condition is well established. Nevertheless, careful, early examinations may indicate the beginning of Sub-Acute Bacterial Endocarditis. The fingers may be sore long before clubbing takes place, small petechiae may be seen if the whole body is inspected, and changes in the heart sounds should always be considered significant and should be looked for constantly. Since many physicians at times confuse acute rheumatic fever and Sub-Acute Bacterial Endocarditis and the treatment is different in many respects, it seems advisable to consider a differential diagnosis between these conditions in this article.

The pulse is usually more rapid in relationship to temperature in rheumatic infections than in Sub-Acute Bacterial Endocarditis. The anemia on the other hand is more severe in Sub-Acute Bacterial Endocarditis than in rheumatic disease. There is also less leukocytosis in the sub-acute type than in rheumatic fever. Salicylates have little effect on Sub-Acute Bacterial Endocarditis, whereas they usually improve or alter the symptoms of rheumatic fever. Arrhythmias are common in rheumatic fever; rare in Sub-Acute Bacterial Endocarditis. The electrocardigram in Sub-Acute Bacterial Endocarditis is negative while in rheumatic fever a prolonged P-R interval is commonly found. Embolic activity, petechia and splenic changes may occur in

rheumatic fever, but they are practically always present in Sub-Acute Bacterial Endocarditis. The same is true of bacteremia. It may occur in rheumatic fever but it is present in all Sub-Acute Bacterial Endocarditis cases. A practical skin test is often helpful in differentiating between these conditions. One hundredth (0.01) c.c. of the dead cultures of streptococcus hemolyticus is injected intracutaneously. Ninety per cent of the rheumatic fever cases will produce a wheal within twenty-four hours. Sub-Acute Bacterial Endocarditis will rarely show a positive reaction to this skin test. Even with all presumptive findings pointing towards Sub-Acute Bacterial Endocarditis, Levine feels that it is always necessary to find a heart murmur before a diagnosis of Bacterial Endocarditis can be made.

Prognosis and Treatment: This is one of the most fatal of all heart diseases. It has been one of the most difficult heart conditions to properly handle, not only from the purely therapeutic approach, but also from the psychological, since it is difficult to convince a family that a patient whose temperature rarely exceeds 1.01° is suffering from a disease which is extremely fatal and should require the most powerful therapeutic agents available and in extensive amounts. Treatment in the past has included dyes and sodium cacodylate intravenously. Vaccines and sera have also been tried. Fever therapy has also been used rather unsuccessfully. Other agents that have been used are malaria and other fever-producing injections. Bacteriophage and neosalvarsan also have been tried with a few cures reported but not confirmed by many clinicians.

One of the important considerations in the treatment is to convince the patient of the necessity of hospitalization, and the seriousness of his condition. Sulfonamides were not particularly effective when first used, but combined with fever therapy have proven of enough value to still be tried. The advised procedure is to administer nine grams of sulfadiazine per day in six divided dosages. The blood level should be then maintained at 10 milligrams. After four days, fever therapy should be started using a fever box or typhoid vaccine, and temperature should be brought up to 104° for a four-hour period. This should be done twelve times on alternate days. During this time, sulfadiazine is continued and even after the temperature and clinical manifestations are gone, this should be used for four months or more.

Although cures have been reported by this procedure, penicillin has given much more gratifying results. Two hundred thousand to four hundred thousand units are given daily either by intravenous drip or intramuscular every four hours. Within forty-eight hours, the temperature may become normal and subsequent relief may result. The treatment, however should be continued for three weeks or more, and since penicillin is more available now and is non-toxic, it would be wise to continue this for several months, although the dosage could be reduced somewhat. Heparin and sulfadiazine have both been given along with penicillin, but because heparin has a tendency to produce cerebral accident, most clinicians object to its use. Some hospitals have reported fairly good results with the combined use of sulfadiazine and penicillin. They have been able to accomplish this on a dose of only 100,000 units daily, combined with the optimal dosage of sulfadiazine.

The use of penicillin in large dosage in Bacterial Endocarditis is still too new to give us conclusive information. Nevertheless, many cases have had this treatment two years ago and are still alive and well. Others had had relapses and died following an initial favorable response. Still, since this disease has been so uniformly fatal before the use of penicillin, physicians at long last have a therapeutic agent which at least offers considerable hope. This may lead us to new techniques of administration that will make Bacterial Endocarditis a little brighter picture.

Conclusion: Every severe infection may terminate in acute Bacterial Endocarditis. The use of penicillin in the treatment of the infection in proper amounts may prevent this fatal terminal stage.

Rheumatic heart disease and congenital heart disease sufferers may be less subject to Sub-Acute Bacterial Endocarditis if they use sulfadiazine prophylatically during periods of physical stress and during surgical procedures.

The use of penicillin in optimal dosage in cases that appear to be in the initial stage of Sub-Acute Bacterial Endocarditis is valuable because early treatment may prevent crippling of the heart valves and give the patient a better opportunity for complete recovery.

Court Decision Sustains Osteopathic Contentions

Judge J. D. Moore of the District Court of Travis County has ruled against the Texas State Board of Health in the administration of the EMIC plan. The judgment was based on the suit brought against the Board of Health by the Texas Association of Osteopathic Physicians and Surgeons, through the Legislative Committee.

Judge Moore in his ruling denied the plea of abatement by the Assistant Attorney General defending the State Board of Health. The defendants contended that the Children's Bureau of the Federal Government should have been made a co-defendant; however, the Court ruled that the Federal funds were a grant to Texas and were wholly administered by the State.

In the words of the Court the present EMIC plan "is here now declared null and void and the defendants, and each of them be, and are here now enjoined and restrained from enforcing or operating under said plan until the same has been so changed or amended so as to permit the plaintiffs and those similarly situated to participate in the allotments made to the State of Texas."

The defendants (the Texas Board of Health) have filed notice of appeal, but at this writing no appeal has been filed.

We are most happy to extend a welcome to Dr. Merle R. Carner, KCOS '31, late of Wewoka, Oklahoma. Dr. Carner will be located in Rockdale, Texas, after May 1st, and will conduct a general practice with special attention to obstetrics and minor surgery.

Accentuate the Positive; Eliminate the Negative

Now to be an Eager Beaver
We should really all aspire;
'Tis a splendid appellation
That all earnest folk desire.
But then, upon the other hand,
O, quite alas, alack,
Who'd really care to be dubbed
A sad and sullen sack?

You fellows and ladies, hard working Osteopathic physicians of Texas, are really responding beautifully to your inner consciences in voluntarily rejoining your state association for another year, so that now, close to two hundred fifty of us are duly certified as "in."

Last year membership in the Texas Association of Osteopathic Physicians and Surgeons reached an all time high with little effort on the part of the membership committee, in spite of the sharp increase in dues that we imposed upon ourselves. If the attitude of the profession in Texas continues, it seems entirely probable that for 1945-46, we are even going to exceed the 275 loyal supporters which we had last year on the roster.

What is the basic reason for this fine cohesive spirit? This year of all years, you are getting less for your money, for the Big Show, the Main Attraction, in the form of the annual State Convention, cannot be held. How come then, our fervor? Why our Eager Beavers?

I think it is because the Sad Sacks of the Osteopathic profession here in this great state are at last waking up to the fact that we at last in Texas have an organization that really works. When we lay down those thirty-five lettuce leaves, we know we are getting something for our money besides a good show; something that keeps working for us day in and day out three hundred sixty-five and a quarter days in the year. When we receive our copy of the JOURNAL, we are proud of its looks, its makeup, its stimulating articles, and we are proud that we are a part of it; we know our membership does count.

However, if I were in the State office today, and had access to the membership files, I feel that I would see just about the same Eager Beavers building the dam, and the same Sad Sacks who just don't give a damn, reaping the rich rewards of the efforts of the earnest ones, waxing fat under the protecting laws which alert Eager Beavers help keep in force, but Sad Sacks, just the same.

So come on, you fellows, peel off the lettuce and send it in to State Office. There was a time, ten years ago, when some of you might have had a darn good excuse for having not paid your ten dollar dues, but with all the patients you all have, just throwing money at you, that time is long, long gone. Let us make this year, 1945-46, a membership year to long remember.

H. G. GRAINGER, D. O., *Chm.*,
Membership Committee.

New Osteopathic Hospital Proposed for Houston

The plans are well on the way for the proposed new $100,000 hospital to be constructed at Montrose and Berthea by Osteopathic Physicians and Surgeons of the southeast Texas region to be known as the Houston Osteopathic Hospital. The hospital is being financed through a campaign for funds in the southeast Texas region, now under way, with Dr. Reginald Platt, chairman of the campaign committee. The institution is being chartered through the office of the Secretary of State as "a charitable and benevolent institution." The Houston Osteopathic Association is sponsoring the campaign. Priorities have been obtained and construction is expected to begin within 45 days after the signing of the contract. The building will be of brick and masonry construction, one story, with four wings; but it is anticipated adding one or more stories later.

Osteopathic Colleges Qualify For Government Veteran Training

THE UNITED STATES GOVERNMENT has established a vocational training program for the disabled veterans of World War II, somewhat on the principles of the program initiated after World War I. The government will pay for vocational training for any course that can be completed within four calendar years and the course must be completed within six years after the date of discharge. In addition, the government will pay the veteran not less than $80.00 a month if unmarried; if married, or having dependents, additional amounts are allowed for wife, husband, child, or children, and dependent parents.

How to gain admittance into osteopathic colleges under this act:

When a veteran is discharged with a disability, or an alleged disability, he files on Form No. 526 to the nearest Veterans Administration office for disability compensation or pension. If he is rated 10 per cent or more disabled, he is eligible for vocational training and is given a Veteran's Administration Form No. 1090 to make application for vocational training.

The government has set up in each Veterans' Administration a Vocational Guidance Corps. It is up to the veteran to convince the vocational guidance personnel that he is fitted to be an Osteopathic Physician and Surgeon and that he has the necessary prerequisites. It is up to each individual D. O. to help any veteran, who has the prerequisites so that he may enter one of the colleges. So far as we are able to ascertain, most of the Veterans' Administration Vocational Guidance personnel have been favorable to the Osteopathic profession and, in a few instances, have recommended the profession voluntarily to disabled veterans.

Members of the profession in the community where these men are returning from service can render an invaluable service to the veteran and the profession by advising them in these procedures.

Physicians who are themselves veterans and who are affiliated with veterans' organizations will do well to assist their organizations in this vocational part of their program.

The Public Health Committee

This committee should have a budget of about $100 for mailing purposes and we recommend that any surplus left over should be retained in that particular fund for use in a Legislative year. The chief purpose necessitating such a budget would include a canvass of our own membership to determine who is actually active in Public Health work, and also to circularize the profession for educational purposes, to various individuals, people in business and semi-public life, where it is thought that the best interests of the profession could be served by distributing such information as matters of public health and welfare by our own Public Health Committee. The Legislative Session this year has amply demonstrated that we are extremely lax in educational contacts and the public health approach in such cases seems to get an extremely favorable reception and we recommend that such activity be seriously considered.

George J. Luibel, D. O., *Chm.*

Legislative

H. B. 314

As this is written, House Bill 314, which would admit Osteopathic physicians to tax-free hospitals, is far down on the calendar and is not likely to be acted upon this session. This bill passed out of committee on a voice vote early in the session but having a high number was not likely to be considered in regular order. It was therefore decided to ask for a suspension of the rules to consider the bill out of its regular order. This suspension came at the end of a long grueling day and was denied by a two to one vote.

On the next day, Rep. Marvin Simpson, author of the bill, asked for a special setting of the bill. This almost carried in spite of the fact that a two-thirds majority was required for this setting. At one time only one more vote was needed. Just a little more effort on the part of the members of the legislative committee might have made the difference, but I do not believe so.

The bill would have been considered and probably passed if there had been a little more effort on the part of members out over the state. Time after time we were told that a legislator had received hundreds of letters and telegrams from opponents of the measure and none or virtually none from proponents. This is very discouraging to the legislative committee, especially when Osteopathic physicians had been contacted in the districts where the legislators had come from.

One representative said, and he was typical, that he wanted to vote for us but he had no support from his home Osteopathic physicians who had said that they wouldn't be affected by the bill anyway. Names can be given where support was not only passive but actually on the other side. All this in spite of the fact that this bill would have removed one of the most unfair of all discriminations against the qualified Osteopathic physicians of Texas. Where, oh where, is the crusader's spirit that made the advances in the early years of Osteopathy?

House Bill 314 went farther than any similar bill ever went before but it might have passed with only a little more cooperation from the members of our profession. Know your legislators and do not fear to ask them to help you; they do not hesitate to ask you to vote for them. Find out if your representative voted to consider the hospital bill and remember this when he runs for office again.

JOSEPH L. LOVE, D. O.

Report of the Legislative Committee

The Legislative Committee has been extremely busy since this session of the Texas Legislature opened January 9th. Members have given freely of their time in Austin and in their respective communities. The group has worked together industriously and in perfect harmony for the benefit of the Association.

I think it is well at this time to impress again upon our membership the time, trouble and personal sacrifice that the members of the Committee put forth in your behalf, consequently when you as individual members are called on by the Committee to make some special effort please regard it as a serious appeal and one that has been given a great deal of consideration before being passed along to you.

At present our greatest efforts are concentrated on H. B. 314, which has been voted out favorable by the Public Health Committee. The Texas State Medical Association did not appear against this Bill and has made no statement opposing it. However, the measure is being fought bitterly by the Hospital Association. The present session of the Legislature has required the constant vigilance of your Committee to prevent discrimination against you. Many measures are offered in all sincerity and good faith but experience has taught us that we must seek a specific wording in the law so that it cannot be used against us. A typical example has come up this year in H. B. 161 requiring premarital blood tests. We succeeded in amending this Bill to assure the eligibility of our laboratories under its operation.

• *Continued on Page 25*

Pertinent Facts Relative to the Osteopathic Profession

OSTEOPATHIC graduates are granted the privilege of practicing medicine or surgery or both by the medical examining boards of fourteen states and the District of Columbia. There have been 856 Osteopathic graduates so licensed since 1939. The following situation prevails in the fifteen states:

In Colorado an Osteopathic physician receives a license to practice medicine. In Connecticut, any registered Osteopathic physician may practice either medicine, surgery, or both, as the case may be, in the event that he passes a satisfactory examination by the medical examining board. In Delaware and the District of Columbia Osteopathic physicians are granted the right to practice surgery. In Indiana the licenses issued to Osteopathic physicians under the 1945 amendment to the medical practice act authorizes the holders to practice medicine and surgery. Prior licentiates have been authorized to practice Osteopathy, surgery and obstetrics. In Massachusetts the medical practice act, by definition, includes Osteopathy in the practice of medicine and does not differentiate the type of license issued to an Osteopathic applicant. According to a law passed in Nebraska in 1943 "any person now licensed to practice Osteopathy may, if application is made prior to July 1, 1948, and upon payment of the prescribed fee, take the first regular examination given after the application is made before the Board of Examiners in Medicine. . . . If successful he or she shall receive a license to practice medicine and surgery in the state." In New Hampshire, Osteopathic physicians are granted the right to practice medicine and surgery. New Jersey provides that Osteopathic physicians licensed prior to November 1, 1941, who furnish proof, prior to that date, of having served for a period of two years as an intern or resident surgeon in an Osteopathic or medical hospital approved by the board of medical examiners, of having completed a postgraduate course of two years in a college of Osteopathy or medicine approved by the board, or of having had at least three years of practice in a hospital approved by the board, can be admitted to an examination in pharmacology, therapeutics and surgery and, if successful, can obtain a license to practice medicine and surgery. Since 1941 all Osteopathic applicants who have met the requirements of the medical practice act have been licensed to practice medicine and surgery.

A law passed in Ohio in 1943 gives Osteopathic physicians who obtain their licenses under that act the right to practice Osteopathic medicine and surgery. In Oregon they are granted the right to practice surgery. The medical practice act of Texas provides for the issuing of a license to practice medicine only, and Osteopathic physicians are issued licenses unrestricted in scope. In Virginia Osteopathic physicians may obtain the right to perform surgery with the use of instruments if they satisfy the board of medical examiners that they have had adequate clinical facilities in their respective college of graduation or by hospital work to enable them to perform such operations. Wisconsin grants the privilege to practice surgery and in Wyoming the

statute contains no specific provisions for the licensing of Osteopathic physicians. The medical practice act of the latter state provides that the certificate issued to all applicants "shall be deemed licenses to practice medicine in all branches in which the applicant has taken examination in the state."

Release for State Bulletins

THE Board of Trustees of the Kirksville College of Osteopathy and Surgery met at Kirksville April 2, 3 and 4. Architectural plans for the physical development of the plant were reviewed and discussed and preliminary action was taken pointing toward the early announcement of a building program.

Dr. A. T. Rhoads, Dean of the College, reviewed a number of improvements in the educational program including the work of the Curriculum Committee in revising the curriculum and in implementing the trend toward reduction of didactic hours in favor of clinical and laboratory hours. Dr. Rhoads also reviewed the improvements in clinical teaching under which all students in their clinical years rotate through the various clinical fields including the KCOS and Laughlin hospitals, the community nursing home, the treatment clinic, the diagnostic services and the out call service.

Dr. Cecil Thorpe, Director of Clinics reviewed the expansion of clinical services, the increases in clinical volume in the various classifications, and plans for further development.

Morris Thompson, Executive Vice-President, reported on the general program of the College, and with Leslie N. Bledsoe, Treasurer, presented the financial operations for past months and a tentative budget for the fiscal year starting July 1, 1945.

Mr. Thompson reported that clinical earnings, which have been expanded manyfold in recent months, are assuming an ever-increasing portion of the current expense load of the expanding educational program. He also outlined for the Board plans for a complete report to the profession on developments in the College to date, a general descriptive folder on the diagnostic clinic service now provided for the profession, and plans for reaching the $454,900.00 immediate Progress Fun Goal by the end of 1945. Subscription totals in the Kirksville campaign now stand at $283,000.00 of which $178,000.00 has been collected in cash.

Members of the executive committee of the Kirksville Osteopathic Alumni Association met jointly with the College Trustees on April 4. A dinner meeting of College faculty, administrative personnel, Alumni committee members and the Board was held on April 3. Alumni representatives attending the meeting included Dr. Louis H. Logan, Dallas, Texas, President of the Association; Dr. Ira C. Rumney, Ann Arbor, Mich., Vice-President; Dr. Walter H. Siehl, Columbus, Ohio, Secretary; and Dr. Alma Webb, Akron, Ohio.

Members of the College Board include Dr. Donald V. Hampton, Chairman, Dr. P. W. Gibson, Vice-Chairman, Dr. Chas. E. Still, Dr. Perrin T. Wilson, Dr. F. A. Gordon, Dr. Harold I. Magoun, Hon. Wat S. Arnold, M.C., Mr. Ray P. Gardner, and Mr. Wm. S. Konold.

Transactions of Board of Trustees

PURSUANT to a call of Dr. Joseph L. Love, President, the Board of Trustees of the Texas Association of Osteopathic Physicians and Surgeons, met at the Victory Room of the Dallas Athletic Club, Dallas, Sunday, May 13, 1945.

Present Trustees:

Dr. J. R. Alexander
Dr. H. G. Grainger
Dr. J. T. Hagan
Dr. Louis H. Logan
Dr. Keith S. Lowell
Dr. George J. Luibel
Dr. R. H. Peterson
Dr. Earle F. Waters
Dr. Joseph L. Love, President
Dr. Robert E. Morgan, President-Elect

Dr. J. W. McPherson, Secretary-Treasurer

Dr. Margaret F. Markes, Corresponding Secretary

Other Members Present:

Dr. Everett W. Wilson, Chairman Legislative Committee

Dr. Phil. R. Russell, Chairman Physicians Relocation Committee, State Office Committee

Dr. Sam L. Scothorn, Chairman Texas P & PW Committee

Dr. Mary Lou Logan, Vocational Guidance Committee

Dr. Catherine Kenney Carlton, Fort Worth District 2

Dr. Thomas M. Bailey, District 8

Dr. Ernest P. Schwaiger, District 3

Dr. H. H. Edwards, District 7

Dr. John B. Riggs, District 5

Dr. John L. Witt, District 1

Report of the various Committees was heard and approved.

Audit of the finances by C. P. A. submitted and approved.

The Board of Trustees voted to continue the present official set up until such time as an election can be held in conformity with the Constitution and By-Laws of the Association.

Also to accept the figures submitted for the 1945-46 Budget.

Elected the following State Office Committee for the year 1945-46.

Dr. Phil. R. Russell, Chairman
Dr. Robert E. Morgan
Dr. George J. Luibel

The following Committee for the Study and Revision of the Constitution and By-Laws was appointed and approved.

Dr. R. H. Peterson, Chairman
Dr. H. M. Walker
Dr. J. R. Alexander

The following motion was adopted, viz:

"That the Board of Trustees of the Texas Association of Osteopathic Physicians and Surgeons request that the proposal submitted by Dr. H. L. Betzner, Dallas, Texas, on page three of this issue of the 'Journal,' be placed on

the agenda for consideration at the next session of the Board of Trustees of the American Osteopathic Association.

Rescinded motion adopted at the February 11, 1945, meeting of the Board of Trustees specifying Texas Attendance at the House of Delegates, American Osteopathic Association.

Adopted Resolution that the editorial staff of the "Journal" be instructed to contact the office of Texas Board of Health to ascertain the possibility of obtaining articles affecting the Public Health Service; and information relative to the duties of public health officials.

Adopted certain resolutions of instruction to the Legislative Committee.

Selected the second Sunday in September (September 9) as the date of the next session of the Board of Trustees.

FIRST TEXAS VETERAN

John Wesley Crawford. Jr., age 19, son of Dr. and Mrs. Jack W. Crawford of Dallas, has recently received a medical discharge after five months' service in the United States Armed Forces, and by virtue of the G. I. Bill of Rights will be the recipient of 48 months continuous medical education. Young Crawford was a student at the North Texas State Teachers' College at Denton at the time of his induction into the Service, and has resumed his studies at this institution and is now in his second year of premedical training. At the completion of his premedical training he will matriculate at the Kirksville College of Osteopathy and Surgery.

CONGRATULATIONS!

Mrs. Evelyn Varnell. daughter of Mr. and Mrs. C. W. Branch, of Enid, Oklahoma, became the bride of Dr. A. Ross McKinney, Jr.. of Texarkana, in a pretty ceremony Wednesday evening, April 25, at the home of the bridegroom's mother, Mrs. A. R. McKinney, 2604 Oliver Street, Texarkana.

The bride has been employed as radio communicator for the Civil Aeronautics Communication in Texarkana for the past several months, Dr. McKinney is an outstanding physician in the osteopathic profession in Texas.

Following a wedding trip to New Orleans and other points, Dr. and Mrs. McKinney will be at home at the Hotel Grim, Texarkana.

● *After reading your Texas* OSTEOPATHIC PHYSICIANS' *Journal—send it out of State to a member of the profession that they may know what Texans are doing.*

REPORT OF COMMITTEE

(Continued from Page 20)

We are also interested in H. B. 435 which authorizes the incorporation of non-profit hospitals in towns under 2500. In such cases we want assurance that such hospitals cannot bar duly licensed practitioners.

Another proposal of paramount importance is S. B. 52 which calls for medical and hospital care in cases of industrial accident. Our Association has always maintained that in these cases the patient has the right to choose his physician and we want such a clause written into this measure.

There is not the time nor space in this article to tell you of the things that your Committee has labored over nor to give you a complete report of all our meetings. However, I am sure that this brief resume will make each and every one of you understand that these have been busy days and that there is no time for complacency.

LEGISLATIVE COMMITTEE,
EVERETT W. WILSON, D. O., *Chairman.*

Coats-Gafney Clinic and Hospital Tyler, Texas

We take this means of informing you that one of our Osteopathic institutions, the Coats-Gafney Clinic & Hospital, has recently completed a 20 room addition to their hospital. This addition is built upon the same lines as the original building, namely, two story, tile walls, steel, etc. Building priority was obtained and construction materials were satisfactorily available for a first class job. By virtue of this additional space they have been able to enlarge the kitchen, provide a new dining room, an orthopedic room, a separate labor and delivery room, 10 new patient rooms, and a new nursery, complete with air conditioning, air sterilization and a formula room, with, of course, the standard nursery equipment, such as incubator, oxygen therapy apparatus, etc.

On order, with delivery expected soon, is a new X-ray machine, 150 K. V. 100 M. A. suitable for intermediate therapy and all types of radiography.

The present staff is composed of: H. R. Coats, D. O.; A. S. O. '17, Chief of Staff. Milton V. Gafney, D. O.; K. C. O. S. '33, Chief Surgeon. Dr. Edwin Gettings, K. C. O. S. '45; Dr. Ed R. Mayer, Jr., K. C. C. O. S. '45, (interns). Laboratory technician, X-ray technician. Two office nurses. Nine nurses for floor duty. Two cooks, and a porter.

Services offered by this Osteopathic hospital institution are, general surgery, obstetrics, Osteopathic medicine, diagnosis, and complete clinical studies.

The present institution has been opened now three years and two months with 1786 hospital admissions, 534 cases of major surgery and 47,192 clinical registrations.

This is one of the Osteopathic hospitals approved for intern training in the state.

North Texas Osteopathic Association

THE NORTH TEXAS Osteopathic Association, District No. 2, held a one day War Conference at the Worth Hotel, Fort Worth, Texas, Sunday, April 15.

The morning session was a seminar devoted to gynecology, and the following program was rendered:

Vulvar and Vaginal Diseases.....Dr. Irving Ansfield, Nocona
Ovarian and Fallopian Tube Pathologies.....Dr. William S. Gribble, Vidor
Surgical Problems.....Dr. Milton V. Gafney, Tyler

Dr. Catherine Kenney Carlton, president of the North Texas Association, presided at the luncheon and introduced the following speakers; Dr. H. M. Walker, Dr. Sam L. Scothorn, Dr. Phil R. Russell, Dr. Joe L. Love and Dr. H. L. Betzner.

The afternoon session was a seminar devoted to Manpower Conservation (38-68 bracket) and the following program was presented:

Cardio-vascular Diseases.....Dr. Joseph L. Love, Austin
Gastro-intestinal Diseases.....Dr. Vernon C. Bassett, Dallas
Urology .....Dr. A. C. Petermeyer, Dallas
Eye, Ear, Nose and Throat Diseases.....Dr. Edward C. Brann, Dallas
Industrial Health and Accident Problems....Dr. George Ellison Hurt, Dallas
Hernia.....Dr. Lloyd N. McAnally, Fort Worth

The session was greeted with one of the largest attendances in years; the program was excellent throughout; and great credit is due Dr. R. H. Peterson, vice-president and program chairman, for the splendid manner in which he conducted the program and discussions.

Dallas County Osteopathic Association Election

Dr. Patrick D. Philben was elected president of the Dallas County Osteopathic Association at the meeting at Stoneleigh Hotel, Thursday night, April 12th. Other officers elected are Dr. Robert H. Lorenz, vice-president, and Dr. Gladys F. Pettit, secretary-treasurer, re-elected.

DR. S. M. GODFREY

Died at his home in Austin, Dr. F. M. Godfrey, 84 retired, and for over thirty years Secretary of the Kansas Osteopathic Association. Dr. Godfrey and his wife, Dr. Nancy Godfrey, recently deceased, were pioneer Osteopathic Physicians in Kansas and made notable contributions to the profession. Dr. Godfrey is survived by one daughter, Miss Rosalie S. Godfrey, associate professor of home economics and business director of university resident halls, University of Texas, Austin.

MRS. S. C. MORGAN

Mrs. S. C. Morgan, of Gladewater, Texas, mother of Mrs. Sam L. Scothorn, passed away at her home, Easter Sunday, April 1, 1945.

Dr. J. Ralph Cunningham, Osteopathic Physician, was elected president of the Houston Optimist Club, at a meeting of the Club Thursday, April 5th. The Houston Optimist Club is to be congratulated on this happy selection.

State President Honored

Texas is honored in the appointment of Dr. Joseph L. Love as a member of the field committee to direct the activities of the Kirksville College of Osteopathy and Surgery. The personnel of the Committee is as follows:

Dr. Perrin T. Wilson, Associate Chairman

Dr. George W. Riley
Dr. Georgia A. Steunenberg
Dr. Paul R. Koogler
Dr. Kenneth Little
Dr. Alexander Dahl
Dr. David Reid
Dr. D. K. Copeland
Dr. Phil. Haviland
Dr. Joseph L. Love.

Women's Auxiliary

At a luncheon of the Dallas County Women's Auxiliary at the residence of Mrs. H. L. Betzner, 5922 Velasco, Mrs. John S. Crawford co-hostess, the following officers were elected for the ensuing year: Mrs. Robert H. Lorenz, president; Mrs. Chas. E. Still, Jr., vice-president. and Mrs. N. W. Alexander, secretary-treasurer.

IMPORTANT

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All Selective Service Correspondence must be sent by Registered Mail with Reply acknowledgment.

P & PW PLEDGES

Those of you who have not paid their pledges of last year, please send your check in as soon as you read this item, as a report to the Central office, Chicago, has to be made. Just mail your checks to the State Office, 1234 Irwin-Keasler Building, Dallas.

Help Wanted!

The State Association wants the help of the District Societies. Please send copies of your district meetings, announcements, reports on activities, personal items about members to the State Office, 1234 Irwin-Keasler Building, Dallas 1, Texas.

Dr. Claire Peterson, recently elected president of the San Angelo Woman's Club, was guest speaker on postwar transportation before the Shakespeare Club of Ballinger. Her subject was "Postwar Global Transportation and Ship and Rail Futurama." In her capacity of Sixth District legislative chairman, Dr. Peterson discussed two legislative issues which are pending in Austin; a bill granting increase of salaries for teachers and the other providing for an institution for delinquent Negro girls.

Dr. William Horton Ballew, formerly of Vernon and Plainview, has recently moved to Amarillo and formed an association with Dr. L. V. Cradit and Dr. Lester J. Vick, with offices in the Amarillo Osteopathic Hospital. Dr. Ballew is well and favorably known throughout West Texas; where he has practiced for nearly 30 years.

REAPPOINTED

Dr. Everett W. Wilson, San Antonio, was recently re-appointed a member of the Texas State Board of Medical Examiners, by Governor Coke Stevenson. This is a deserved recognition of the splendid service rendered by Dr. Wilson, and will meet with general approval.

WHY NOT?

It can be admitted without question, we believe, the pharmaceutical, surgical supply and instrument firms take away a good many thousands a year from the Osteopathic profession in Texas. If they put some of this back in the form of advertising in the "Journal" it would benefit the profession greatly. The next time some high-pressure salesman comes in to sell you some chrome-plated speculums or vividly vibrant vitamins why not rear back and utter a suggestion gently but firmly that it would be a wonderful thing if this concern would spread the glad tiding a little more abundantly by advertising in the "Journal." If enough of the profession over the State would do this it would accomplish a great deal, also, patronize as far as you can those concerns who do advertise and exhibit with us and suggest to others that they do the same. It would seem that it is about, if not past, the time, when, as the different drug and instrument salesmen drop in and take away with them sizable orders, we begin to suggest some reciprocal trade agreements. Why not?

CONGRATULATIONS!

Dr. Robert H. Lorenz will open his new Clinic, 1719 West 10th Street, June 1. This is a modern, completely air-conditioned building of brick and steel construction and California type of architecture. The building is of sixteen rooms and includes a reception hall and waiting room with fireplace, a two-bed clinic, two hospital rooms, two baths, two complete dental offices with operating rooms, laboratories and offices, one clinical laboratory, one X-Ray and dark room, one consultation office, two dressing rooms and a utility room. The Clinic will have the most modern equipment including a Fischer 100-100 X-Ray, and all rooms sterilized ultra violet air, all windows have tinted anti-glare glass and the lighting is fluorescent neon and all operating rooms have air compressors.

The staff includes Dr. Lorenz, Mrs. E. S. Somerville, laboratory technician who is a Gradwohl graduate, Miss Marjorie Chamberlain. secretary; Dr. G. E. Rose, dentist and his secretary; Floyd Gardner. Business Manager.

The Clinic is fully equipped to handle all types of Minor Surgery including Hospital Proctology and Eye, Ear, Nose and Throat.

We extend our best wishes to Dr. Lorenz on the success of this clinic.

Fly 4,000 War Wounded to U.S. Hospitals Every Month

Maj. Gen. David N. W. Grant, chief surgeon of the army air forces, told the 29th annual meeting of the Inter-State Post Graduate Medical Association of North America here that casualties at the rate of 4,000 per month are being returned to this country by air from overseas.

In the two years since September, 1942, he told his listeners, the air forces have evacuated more than 426,000 sick and wounded patients who suffered a death rate in flight of less than seven-thousands of 1 per cent.

Ground Forces Benefit

"Air evacuation is a combination of air and medical functions in which the ground forces of the United States and Great Britain have been the principal beneficiaries," he said.

"Our unarmed cargo airplanes, operated by troop carrier and air transport commands and staffed by flight nurses and enlisted technicians under supervision of flight surgeons, carry any sick or wounded soldier who needs to be evacuated.

"Approximately 53 per cent of the patients evacuated by air this year have been United States army ground forces; 9 per cent army air forces; 30 per cent British and other allies and 6 per cent navy and marine personnel."

Early in the war, Gen. Grant asserted, the routine air evacuation of casualties, long advocated by flight surgeons, was regarded with skepticism by both medical and military authorities. The medical risk involved, he disclosed, was held to be too great and the availability of airplanes for ambulance use was termed nonexistent.

"One of Great Life Savers"

"The record of air evacuation since achieved," Gen. Grant contended, "has placed it in a group with blood plasma, front line surgery, penicillin and sulfa drugs as a great life saving measure."

Today there are 10,000 flight nurses and a comparable number of technicians who are members of the 29 medical air evacuation squadrons trained in the last two years at Bowman Field, Ky., in the A. A. F. school of air evacuation, he disclosed.

Officers of the District Associations of the Texas Association of Osteopathic Physicians and Surgeons

District 1

Dr. J. Francis Brown, Amarillo.....President
Dr. John Chandler, Amarillo.....Vice-President
Dr. G. Welton Gress, Amarillo.....Secretary-Treasurer

District 2

Dr. Katherine Kenney Carlton, Ft. Worth.....President
Dr. R. H. Peterson, Wichita Falls.....Vice-President
Dr. H. L. Betzner, Dallas.....Secretary-Treasurer

District 3

Dr. Ernest P. Schwaiger, Omaha.....President
Dr. H. G. Grainger, Tyler.....Vice-President
Dr. Burr Lacey, Rusk.....Secretary-Treasurer

District 4

Dr. J. M. Peterson, San Angelo.....President
Dr. George G. Smith, Dublin.....Vice-President
Dr. Wiley Rountree, San Angelo.....Secretary

District 5

Dr. J. B. Riggs, Groesbeck.....President
Dr. Ira Kerwood, McGregor.....Vice-President
Dr. Nelson E. Dunn, Bloomingrove.....Second Vice-President
Dr. V. A. Kelley, Waco.....Secretary

District 6

Dr. James J. Choate, Houston.....President
Dr. William Badger, Houston.....Vice-President
Dr. J. E. Vinn, Velasco.....Secretary

District 7

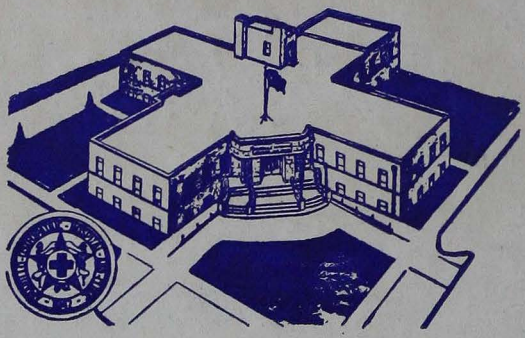
Dr. H. H. Edwards, Jr., San Antonio.....President
Dr. W. H. Van de Grift, Austin.....Vice-President
Dr. I. T. Stowell, San Antonio.....Secretary

District 8

Dr. Merle Griffin, Corpus Christi.....President
Dr. William Seydler, Corpus Christi.....Vice-President
Dr. Neiland Hines, Corpus Christi.....Secretary

District 9

Dr. Carl Stratton, Cuero.....President
Dr. Joseph V. Money, Schulenburg.....Vice-President
Dr. H. L. Tannen, Weimer.....Secretary-Treasurer



AMARILLO OSTEOPATHIC HOSPITAL AND CLINIC

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J. FRANCIS BROWN, D.O.
EARLE H. MANN, D.O.
L. V. CRADIT, D.O.
LESTER J. VICK, D.O.

★

801 West Tenth Avenue

AMARILLO, TEXAS

G. D. Stephens, Business Manager