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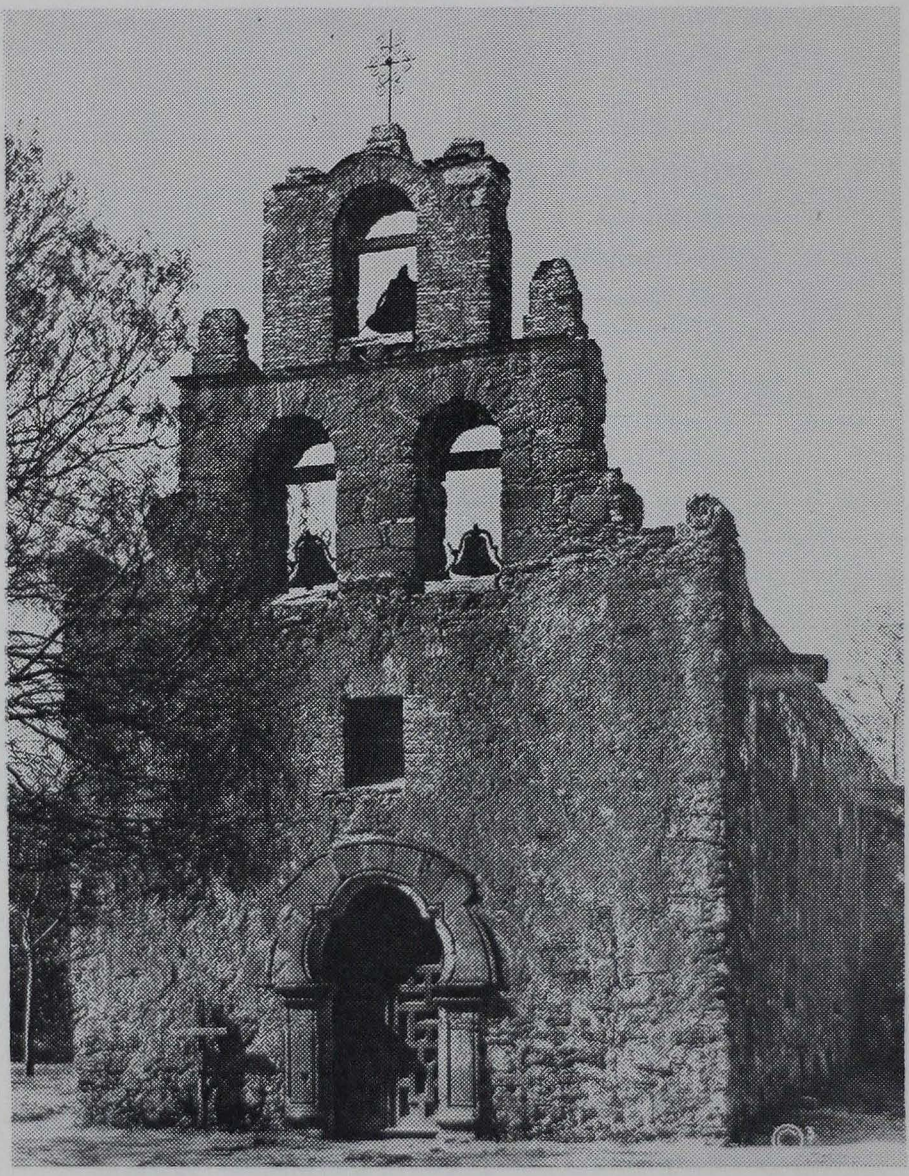

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The Control of Protological Pain

LESTER J. VICK, B. S., D. O., F. A. C. O.
AMARILLO, TEXAS

Probably the most essential requisite for successful proctological practice—be it the most elementary type of practice or that of the accomplished specialist—is the satisfactory control of pain. That is the one thing in which all patients are most interested.

Concerns uppermost in the mind of a prospective patient number only two. Always first is, "Will it hurt?" Invariably second is, "Will I be really well after my operation?"

If these are settled satisfactorily in the mind, all other questions are of little moment. A patient is not particularly interested in what the surgical procedure may be; nor in how the surgery is done; nor in how long a time he must be on the operating table. He is not vitally concerned with the matter of costs, even, if limits are reasonable. But he must be convinced of the fact that he will not experience excruciating pain; and he must be confident of satisfactory function as an outcome of his operation.

The proctologist, understanding both problem and procedure, has the means of assuring the patient. It is necessary that he use his understanding. The object of this paper is to offer suggestions for the transmittal of confidence to the patient—for a considerate procedure that will alleviate pain and the fear of pain.

Control of proctological pain begins with the doctor's comprehensive study and mastery of proctology, in his confident bearing that inspires his patient to relax. Following the sympathetic history-taking, the approach at the examining table should be gentle, assuring, but conveying the impression that the doctor knows what he is doing. The first personal contact, the laying of

the examining hand on the buttocks, should impress the patient with the fact that the doctor understands the soreness and will not add more pain to the torture already present in the lesion.

(The gentle touch is especially necessary with the acutely painful condition —the fissure, or abscess, *et cetera.*)

Sometimes inspection of the parts is all that is necessary, and any physical examination would be inflicting unnecessary torture. If inspection discloses acute fissure, the doctor may be assured that the patient has a marked pectenosis, marginal pockets, varicosities, hypertrophies to a more or less degree, any may or may not have hemorrhoids. Immediate sedation and surgery are essential for the patient's well-being, and, properly done, will give relief from the very beginning. The same is true with abscess cases; also thrombotic conditions.

Unless some grave physical condition exists, the doctor should advise immediate surgery and should assure the patient that his suffering deserves to be relieved as early and as quickly as possible.

If, however, delay is unavoidable control of the pain should certainly be sought. Proper sedation, hot packs, baths, along with some of the anesthetizing ointments or solutions, injected and applied directly, should be administered as soon as possible and in sufficient quantities to insure comfort.

For patients with lesions other than the previous-described emergencies — those whose time of surgery may be elected to suit the convenience of the doctor—the problem of apprehension should not be neglected.

Fear of pain may constitute quite a problem between the time of entrance into the hospital and time for the surgery. If the patient is admitted the previous night, he is given a barbiturate at bedtime and at seven o'clock the next morning. The patient who is to be operated under local anesthesia gets an HMC No. 2 about 30 minutes before going to surgery.

Most patients, except the abscess cases and the extremely nervous types, can be operated more satisfactorily (and without pain) under local anesthesia— if the anesthetic agent is placed carefully, with a small needle, under the marginal skin, the anal mucus membrane and sphincter muscles.

Use of hot, wet cotton or gauze sponges squeezed very dry is not only highly satisfactory to the operator (in that a clean, dry field is produced) but also induces in the patient a pleasant sensation of relaxation. Oxygen by inhalation during the operation supports the patient, makes him feel better, keeps down shock, and in general makes for a cooperative, comfortable patient during surgery.

Probably the one thing upon which the elimination of post-operative pain depends more than all other measures is proper surgery. Certain rules and precautions should always be borne in mind by the proctologist.

First of all, do not rupture and tear the anal canal tissues by divulsion. Instead, section of a clean incision of the fibrous tissue band—or pectenosis. This allows for full opening of the canal.

Next, make correction of all anal canal and all marginal pathology consisting of:

First, the elongated crypts (or pockets, as we prefer to call them);

Second and third: the excision of all accompanying hypertrophies and varicosities that are present in varying degrees of development. In doing this, the incision should be brought well out on the anal verge in a radial manner to allow for free drainage. As much intervening skin and mucus membrane should be left as will lie flat and with no overhanging edges. When there is a marked prolapse of the skin with much fibrosis underlying, a section should be excised with a V-shaped skin incision and the upper flap trimmed

of all its hypertrophy and in a manner to fit with the skin V. This is fastened by the use of some nonabsorbent suture —as cotton.

All of the sub-sphincteric areas that are infected or necrotic should be well opened; if the space is large, such areas should be dressed with small drains. Such a drain a 1-inch bandage with a knot tied in it (the knot placed in the cavity with the two tails outside) is indicated. These cavities, as well as all the ano-rectal surface, are swabbed with a solution of some of the dyes which are slightly anesthetic-germicidal-fungicidal. In our office we use protozidin.

The space between the posterior canal wall—the coccyx—is given particular attention. This area is often found very sick and it is through this space that the infections travel which result in supra-levator abscesses. If left undrained the area often develops very painful, troublesome post-operative lesions.

Next to clean, complete and proper surgery, the most important procedure to control or, rather, prevent, post-operative pain is to dress the operative field without the conventional plug. We have never in any instance found it necessary to use an annal plug or any device left in the anal canal for the purpose of creating pressure. By the control of bleeding by proper surgical methods no internal pressure is necessary.

Probably the next most important step in the surgical procedure to prevent post-operative pain is the excision of all hemorrhoidal masses by the snare, coagulation, or Norwood technic. In this way no stumps of sutured tissue are left to cause pressure symptoms.

Of all the operative procedures which help to prevent post-operative pain, the use of prolonged anesthesia is of least importance. But it is of sufficient help that we think it should always be used. Our preference is for the aqueous anesthetic agents and our choice has been quinocain for the past several years. This is introduced in very small quantities at any site—under the operative field and into the external-internal sphincter and ano-rectal attachments of the levator ani muscles. This is for the purpose of rendering a partial paralysis for a few days and the patient should be so informed. Furthermore the patient should be told that his loss of control is not accidental, and has been induced temporarily for his comfort.

Immediately upon completion of the surgery, the area is dressed with a pack of gauze or cotton against the anal verge. The pack is held with a T-binder for the purpose of controlling such marginal oozing as might be present. Instructions are given to have this removed within two hours and small pledget of cotton covered with an anesthetic ointment applied as the only dressing thereafter. This is changed p. r. n.

By following these procedures, the proctologist will seldom find it necessary to use any medication for pain during the post-operative period. If such are required, we used Codein-Aspirin Compond in capsule or tablet and, on rare occasions, a hypodermic of HMC No. 2 may be required. This is very seldom repeated.

The after-care is very important—both for the purpose of keeping the patient comfortable and directing proper healing. Probably the most important procedure for his comfort during this period is the free use of heat, both as dry heat (lights, pads, *et cetera*) and moist heat (packs, Sitz baths, *et cetera.*) After the first day, the patient is advised to take as many hot Sitz baths as he likes—a program with which he usually cooperates wholeheartedly. Unfortunately, the most pain that the patient is required to tolerate is that caused by his doctor at recheck time. Frequently the cut edges of the wound adhere and it is necessary to pull them

apart. Such edges cause pain and discomfort and cause the anal canal to heal too small. After the pain caused by the opening has subsided, however, the patient is surprised to feel much better than he did before his doctor performed the manipulation.

Early ambulation is an important factor. The keeping of the rectal pouch empty by means of mild laxative or enemas, if necessary, contributes much toward the patient's post-operative comfort.

And the especial program (most appreciated by the patient) is a verification of the osteopathic rationale. Osteopathic manipulation, especially pressure on the lower sacrum with the patient prone, is most effective in inducing comfort. This, along with normalizing spinal technics, is what makes the patient love the doctor whom he hated a few moments before during the painful recheck.

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Sincerely,

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The Four Bones of the Occiput

REGINALD PLATT, D. O.

HOUSTON, TEXAS

The occipital bone in the new-born infant is composed of four parts—the basilar or anterior part, two condylar parts or lateral masses, and the squama. Each one of these parts has its own ossification centers. The squama has four, which coalesce later to make one. These parts are separated by cartilage which ultimately ossifies and joins the four parts of the one rigid bone. I use the term rigid with reservation, because we are learning that not one of the cranial bones is truly rigid. They all have a relative flexibility and malleability throughout life.

I have picked the occipital bone for this discussion because of its important relationship to the cerebral palsies of infants, and because, through an understanding of the anatomy and manipulation of the occiput of the infant, we are beginning to open brighter fields for the spastic child.

Those of us who are working with the cranial concept and approach to this problem do not believe that it is possible to cure all of these cases. We do feel, however, and clinical results are bearing us out, that there is a tremendous opportunity to help these patients, and in some instances, effect a cure.

To get back to the occiput—the four parts mentioned enter into the formation of the foramen magnum, and it is the distortion of the foramen through injury, both pre-natal and at birth, that enters into the picture of the spastic case. Rotation of the squama which may be produced by intra-uterine trauma through the position of the fetal head in relationship to the brim of the pelvis, position of the placenta, the pressure of uterine fibroids, or of trauma from external forces such as falls in which the force is expended upon the abdomen of the mother, etc., can and does produce compression of the condylar parts in an anterior-posterior direction and/or a slight displacement in a medial direction.

In the anterior-posterior compression of the condylar parts a resistance is met in the strength of the transverse ligament of the atlas. This ligament prevents the condylar facets of the atlas from spreading, and as a result the pressure is directed against the basilar portion of the occiput, and the basilar portion may be forced up or down on one or both sides, thus laying the primary etiological background for a side-bending rotation, torsion, displacement or compression lesion of the spheno-basilar articulation. At the same time, the condylar part is forced medially into the foramen magnum and produces a distortion of the shape of that opening.

Now we must consider the relationship of the foramen to the parts of the nervous system that can and do enter into the spastic picture. The medulla oblongata with the pyramids on its anterior surface, lies directly upon the basilar portion of the occiput. The pons rest upon the dorsum sella of the sphenoid. The cerebral aqueduct (aqueduct of Sylvius) is immediately superior to the junction of these two parts and lies directly above the spheno-basilar articulation. The hypo-glossal nerve (12th cranial) passes through the hypo-glossal canal of the condylar

mass. Do these relationships begin to form a picture as to the possibilities of pressure, tension, kinking and twisting of vital parts that may enter into the interference with perfect transmission of nerve impulses and flow of cerebral spinal fluid which may result in dysfunction of the central nervous system? I think they do. The squama of the occiput is probably the greatest trouble maker in the formation of these occipital lesions. Due to its position, it is exposed to the external forces which are transmitted to the condylar parts, and through them to the basilar parts. The squama is quite mobile in the fetus and in the full term infant. It can be rotated around an axis represented by the inion or occipital protuberance and it can be tipped forward at its apex, producing a hinge-like action at its cartilagenous articulation with the condylar parts, and it can be turned forward under the parietal bone at the lambdoidal suture line on either side.

Many of you have seen babies and young children with heads that have the appearance of a parallelogram when you look directly at the vertex of the head. One lambdoidal suture will be quite flat—the other one bulges. Half of the frontal bone will be quite prominent and the other receding. One eye will be prominent, and the entire half of the face on that side will be prominent, while the other half will appear flat and receding.

Many mothers think that this shaping is due to the fact that the baby always lies on the flat part of the back of the head. The truth is that the baby lies on that side because it is flat, a result of the rotation, turning and locking of the occipital squama in an abnormal position.

Now, let's step inside of the cranium and see what has happened. If we sit upon the sellaturcica and face the squama, we see the falx cerebri, the tentorium cerebelli, the falx cerebelli and their attachments to the squama. We also see the superior sagittal sinus, the straight sinus, the occipital sinus, and the two lateral sinuses, and the confluence of these sinuses at the internal occipital protuberance. The rotation of the squama has produced a twisting of all of these structures. The falx cerebri is being carried to one side above, and the falx cerebelli has shifted to the opposite side. The tent is lowered on one side, and elevated on the other, and every one of the blood sinuses which are formed by these membranes is twisted in such a manner that there is a change in the flow of the venous blood through them. The hemispheres of the cortex and of the cerebellum are also subjected to a twisting. The cisterns of cerebro-spinal fluid are altered and the subarachnoid space is distorted. These lesions can and are being corrected through the application of cranial osteopathy as taught by Dr. William G. Sutherland, who bases his concept and method upon the basic osteopathy as taught by Andrew Taylor Still.

At this time, I should like to present the following two case histories:

Case No. 1—Infant female—S. J. V. — October 22, 1947 — Age 6 months

Presenting Symptoms:

1. Spastic muscles, especially of upper extremities.
   a. Unable to open hands to take an object, or to grasp it after hands have been opened.
   b. Can hold the object when her hands have been closed over it, but can not flex her arms to bring it to her.
2. Intention tremor, aggravated by attempted movement.
3. Occasional regurgitation and abdominal gas.
4. Bowels—irregular.
5. Generalized rigidity of spinal musculature and abdominal muscles. Child makes no effort to relax.

Summary:

Main complaint is the spasticity. Negative findings include reciprocal motion of legs, apparent normal circulation, extremities warm, urinary system apparently normal. Eyes: The normal reaction to light and accommodation. Fundi negative, no strabismus. Nystagmus present.

History:

Family—Mother age 35, living and well. Father, living and well. Two older brothers, living and well. Insanity on mother's side—a great uncle. RH factors are positive for father, mother, and patient.

Pre-Natal:

Mother was anemic all during pregnancy, and was under anti-anemic therapy. Fell twice on side with no severe jars or injuries.

Birth:

The child was the third pregnancy, full term. Labor was 4½ hours duration, apparently normal, at which time the pains were severe for only 1½ hours. Delivery made in hospital. No analgesics, sedatives, or uterine stimulation. "Veil" over face. Cry was delayed and weak. According to mother, no extreme moulding of the head. Weight at birth—six pounds and two ounces.

Neo-Natal:

Practically never nursed, and formula not tolerated. Feedings were parenteral for two weeks after delivery. Jaundice appeared a few hours after birth. Child also very relaxed until the fifth day. Irregular vomiting. On the fifth day there was an acute attack with mild fever, opisthotonus, projectile vomiting, nystagmus. Eyeballs rolled down (in spastic musculature). Was released from the hospital at two weeks.

Infancy:

Jaundice and dyshagia continued until six or eight weeks of age. Intermittent or irregular vomiting persisted until six months of age, as did the extreme muscle spasticity. For the first two months the child awakened frequently with jerks and crying. Slept about 10 hours out of 24. Always cried a great deal, a weak whining and high pitched cry in character. Unable to turn head. Nystagmus and downward rolling of eyes. It was unaffected by light or sounds. Persisted until six months of age. The baby developed an acute bronchial cold at nine months —lasted for four weeks, and caused a return of the startled awakenings. At 11 months she had four teeth.

Subsequent:

With the exception of the acute bronchial cold at nine months, no other illnesses, trauma, or surgery have taken place.

Examination:

Vibratory and sensory systems intact. Spasticity of muscles in all extremities. More marked in right arm and leg. Less in legs than in arms. Left side not as bad. Babinsky still present on the left. Abdominal reflexes fair. Recti muscles tense very badly, and deep palpation of the abdomen discloses excessive tone of organs with no effort to relax. Weight—13 pounds and five ounces at six months. Makes an attempt to hold up head. Cranial examination at six months revealed the rotation of the occipital squama with the opisthion to the left. Right lamdoid suture flattened. Condylar compression, particularly on the right side. Parietal depression on the right side at the coronal suture.

Diagnosis:

Cerebral palsy, apparently the result of failure to compensate for moulding at birth.

Treatment Indicated:

Collective manipulation, normalizing the speno-basilar and occipital parts.

Progress:

Marked relief of symptoms followed first cranial treatment. The baby could turn head to either side, and looked at individuals after the second treatment. Continued manipulative treatment relieved bronchial symptoms which developed. In April, 1948, it was decided to present this baby to the cranial faculty at Des Moines during the seminar session. The history and examination at that time was essentially the same as had been presented above. Dr. Sutherland examined the baby and gave the following opinion: There was an indication of a wide foramen magnum. The basilar part was under-riding the condylar parts, and a vertical displacement of the spheno-basilar symphosis was present. An X-Ray was made of the base of the skull and a lateral view of the spheno-basilar symphosis, confirming the diagnosis made by Dr. Sutherland. Dr. Sutherland treated this infant once. The following day, two more X-Rays were made in the same position as the first two. A marked change was noted on the X-Ray film regarding the spheno-basilar displacement. Treatment has been continued at an interval of one treatment every two weeks, and the infant is showing a steady progress. Before the Des Moines trip, there was evidence that the condylar parts were releasing from the compression. The right lamboidal suture was rounding out. The facial skeleton was opening up. The grandmother reported greater general relaxation, and also an effort toward controlled movement, turning and reaching for a bright piece of cloth.

Case No. 2—J. L. H.—Male—April 26, 1948—Age 2½ years

Presenting Symptoms:

1. Inability to walk.
2. Highly emotional and irritable. When upset, he bites his wrists and fingers.
3. No evidence of spasticity or convulsions. Lack of balance is the predominating symptom.

History:

Mother, age 32½, living and well. Father, living and well. Mother had two miscarriages before this child, and almost lost this one. Was in bed most of the time.

Birth:

Mother had an intermittent labor over 72 hours. Posterior occiput presentation. Forceps were used, and marks present until the sixth month. An epistiotomy was performed. The head was peaked at birth. Forceps marks on left frontal and right occiput. Shape of head was noticed by nurses, and an attempt was made at remoulding. The child has had bronchitis and pneumonia and occasional wheezing spells. Did not sit alone until the eighth month. Held his head up at five months, crawled at one year and 11 days. Does not walk now, but can crawl upon furniture. Says a few words, does not phrase words. No convulsions at any time.

Examination:

The patellar reflexes barely perceptible. No nystagmus noticed. A mild internal strabismus present. Cranial examination revealed a condylar compression on the right side; the occipital squama rotated with the opisthion displaced to the left; the right coronal suture open; left lambdoidal suture depressed at parietal margin, bulging at squamal margin. Right lamboidal suture flat. The superior angle of the occiput under-riding the parietals. Lateral and basal X-Rays of the skull revealed the following: A hinging of the occipital squama upon the lateral masses. Spheno-basilar articulation depressed. The opening of the sellaturcica pointed in the direction of the

posterior part of the vertex. Superior angle of the occiput under-riding the parietal bones.

Diagnosis:

A cranial birth injury with an apparent disturbance of the thalamic and cerebellar function. Treatment was directed towards correcting the occipital deformity and the lesions as found.

Progress:

The second treatment given created an exaggeration of all the existing symptoms. The child cried constantly for three days and nights, at the end of which period he was brought back to the office for another treatment. During the third treatment, a correction was secured involving the squama of the occiput and the youngster quieted down and went to sleep before the treatment was completed. There has been a steady improvement from that date. He has been taking his naps regularly, and has not been biting his hands and fingers. He occasionally puts his fingers in his mouth, but does not close the teeth on them. On May 31 his mother reported that the boy was attempting to walk with help. The gait points to an attaxic type. The deep reflexes are definitely improved and increased. On August 9, the mother reported that he had taken three steps alone at various times. The patellar reflexes have further increased. He is cheerful most of the time, his arm movements are more definite, and his mother reports that his curiosity is insatiable. He is into everything; behaving very much as a normal child would at that age. Progress X-Rays were made the first week in August, and show a very definite improvement in the shape of the occiput, position of the superior angle, and the spheno-basilar articulation has elevated with the opening of the sellaturcica, pointing almost directly to the bregma.

ANNUAL CONVENTION PROGRAM OF

Texas Association of Osteopathic Physicians and Surgeons

SAN ANTONIO, TEXAS

GUNTER HOTEL

APRIL 27, 28, 29, and 30 of 1949

L. C. EDWARDS, D.O., General Chairman

CHARLOTTE STRUM, Honorary General Chairman

WEDNESDAY, APRIL 27th

9:00 A.M.—Board of Trustees—Gunter Hotel

2:00 P.M.—House of Delegates—Gunter Hotel

THURSDAY, APRIL 28th

8:00 A.M.—Registration—Gunter Hotel

9:30 A.M.—Visit Exhibits

10:00 A.M.—C. R. Nelson, D.O.
Ottawa Arthritis Sanatorium and Diagnostic Clinic, Ottawa, Ill.
"Application of Physiological Structural Mechanics"

11:00 A.M.—C. H. Morgan, Ph.D., M.D., D.D.S.
Kansas City College of Osteopathy and Surgery, Kansas City, Mo.
"Nervous Indigestion and Pain"

12:00 A.M.—Luncheon—Gunter Hotel

AFTERNOON SESSION

1:30 P.M.—Howard E. Lamb, D.O., F.A.C.O.S.
Lamb Memorial Hospital, Denver, Colo.
"Conservation of the Human Ovary"

3:30 P.M.—Intermission to visit exhibits.

3:45 P.M.—Rex Aten, D.O., San Antonio, Texas
"Pilonidal Cyst"

4:30 P.M.—H. A. Beckwith, D.O., San Antonio, Texas
"Diagnosis and Treatment of Glacoma"

7:00 P.M.—Boat ride on San Antonio River

7:30 P.M.—Western Supper and Dance—La Villita

FRIDAY, APRIL 29th

9:00 A.M.—Reginald Platt, D.O., Houston, Texas
"Cranial Technique"

9:30 A.M.—Visit Exhibits

10:00 A.M.—Dr. C. H. Morgan
"Poliomyelitis" with pictures and lecture

12:30 A.M.—Luncheon—Gunter Hotel

AFTERNOON SESSION

1:30 P.M.—Howard E. Lamb, D.O.
"The Surgical Diagnosis of the Acute Abdomen"

2:00 P.M.—Visit Exhibits

3:00 P.M.—C. R. Nelson, D.O.
"Gravitational Approach to Structural Diagnosis"

4:00 P.M.—Business Meeting
Members of the Texas Association

6:00 P.M.—President's Cocktail Hour

7:00 P.M.—Dinner—Gunter Hotel

SATURDAY, APRIL 30th

9:00 A.M.—Lester J. Vick, D.O., F.A.C.O.Pr.
Amarillo Osteopathic Hospital, Amarillo, Texas
"Anal Rectal Disease"

9:30 A.M.—Visit Exhibits

10:00 A.M.—Dr. Howard Lamb
"The Early Ambulation of the Surgical Patient"

11:00 A.M.—Dr. C. H. Morgan
"Rheumatic Fever"

1:00 P.M.—Visual Education

2:00 P.M.—Dr. C. R. Nelson
"Manipulative Procedure in Degeneratice Diseases"

LA VALLITA

LA VILLITA — 200 Year Old Spanish "Little Town"

At the annual convention in San Antonio on April 28, 29, and 30, 1949 a western dance and surprise dinner will be held at La Villita, the historic and picturesque little Spanish town which has become after all its colorful history the art center of the Southwest. Bring your loud shirts, boots and blue jeans or some original "get-up" for the party.

No visit to San Antonio would be complete without a visit to La Villita, the historic Spanish village which was created in the shadows of towering skyscrapers to portray the life and culture of the early days in the Southwest.

Antiquity rubs shoulders with modernity at La Villita; buildings that have weathered the sunshine and storms of centuries stand in the shadows of skyscrapers as monuments to dim and distant yesteryears.

More than four centuries old, La Villita is today recognized throughout America as a quaint, yet modern, community center, a tree-shaded site where once the beat of Indian tom-toms echoed and re-echoed across the river close by. According to flint tools unearthed centuries later by archaeologists, it was revealed that La Villita was originally a Coahuiltecan Indian village.

Here in the spring of 1536 came Alvar Nunez Cabeza de Vaca, a Spaniard, whose expedition had landed in Florida, and was en route to the west coast of America in search of gold.

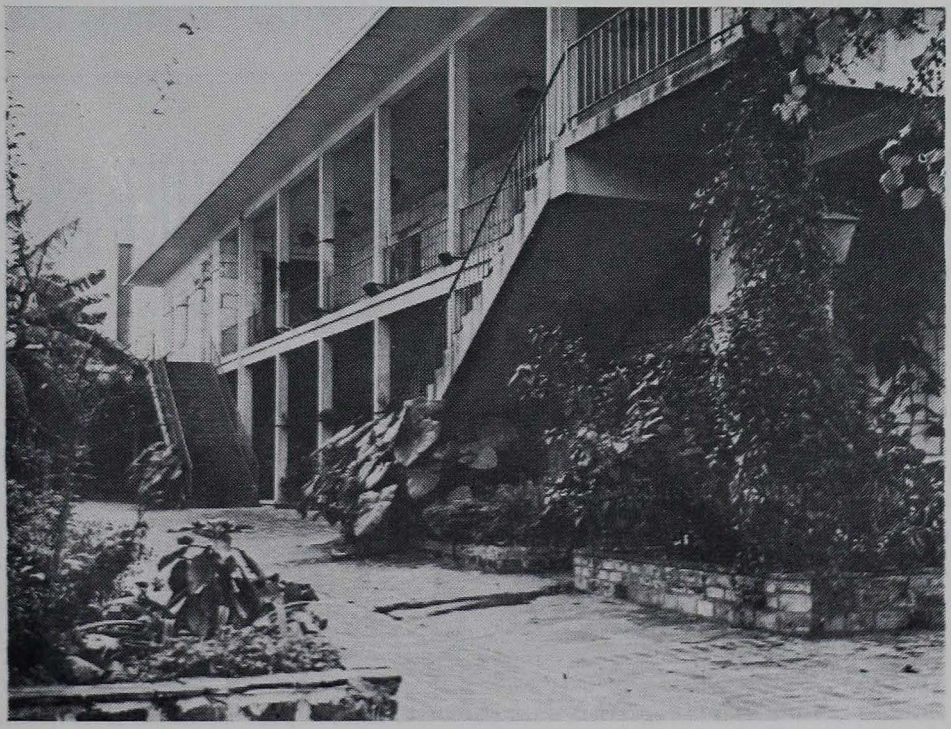
The Indians who dwelt on the banks of the river at La Villita received the Spaniard kindly. History records that Cabeza's sole companion was a Negro, one of the crew that manned a boat in the voyage westward from Spain, and the Indians believed that the dusky traveler was one of their own people.

Since the site of La Villita was described later by Cabeza de Vaca, many historians are agreed, after many years of painstaking study, that San Antonio is the oldest identifiable village in the United States. It was not, however, until a century later that Don Domingo Teran de los Rios, breaking new trails for the Spanish king, halted at this settlement on the banks of the river and named it San Antonio.

During the centuries that have passed, La Villita has had flown over it the flags of six different nations. The tricolor of France flew symbolically for a time, and in 1811 the Mexican flag was raised in blood and revolution. It was an humble community until a disastrous flood in 1819 almost destroyed the Villa de San Fernando, downstream across the river. On its high ground La Villita escaped the flood; to it, therefore, migrated the aristocratic families of San Fernando, and the little village became an exclusive residential section.

Later, fighting men from the mountains of Tennessee and Kentucky, men like Crockett and Travis, Bowie and Bonham, heroes all of the Alamo, made their homes for a time at La Villita.

But the fortunes of war during the hectic years of the Mexican and Texas revolutions brought strife to the village. The aristocrats fled and the houses were deserted or occupied by Indians or lowly peons. Then came new people from the Old World, Ger-



BOLIVAR BUILDING — LA VILLITA

mans, French and Polish settlers, many of them wellborn. The transplanted home life of these Europeans blended with the Spanish and Anglo-American mode of living in an harmonious mixture of cultures, and once again the place became a center of prosperity and the more exclusive social life.

Then, with the passing of the years, came decay. Families that had given culture, refinement and art to the community, moved elsewhere as San Antonio grew. The community's homes fell slowly into disrepair and neglect.

Through the centuries that have passed, in lean years and years of plenty, Indians, Mexican revolutionists, minute men, cowboys getting ready to go up the Chisholm Trail, and Confederates; a legion of living and dying, laughing and suffering people, have found their homes here.

Today, as one walks through *the main gates of La Villita,* one leaves the hustle-bustle of today and steps into the tranquility, the beauty and the utter sereneness of life that our forefathers enjoyed.

A decade ago it faced its greatest transformation, its restoration to the heydays of yesteryears. When the city of San Antonio acquired the block-square area, its shabby little streets were taken over by farsighted artisans, all interested in the project of restoration.

The little village of the padre's day was born again. Youth returned to creaking bones! Slowly but surely, patios appeared again, shaded by palms and poinsettas; and age-old customs of its first settlers once more became a part of its way of life.

Today, through its program of fostering and encouraging the arts and crafts, La Villita is recognized throughout the United States as the art center of the Southwest. The acquisition of several permanent buildings adjoining the original project has made this program expand rapidly. As they are being remodeled into the architectural style of La Villita, they are incorporated into the original "Little Village" and become studios for artists and authors. One of these buildings, of charming Texas architecture, has been made into a tea room and Spanish restaurant to further enhance the gracious living and local color of La Villita.

Little Girl: Daddy, why do editors refer to themselves as "we"?

Dad: So that the fellow who doesn't like what he's printed will think there are too many for him to beat up.

—*Excavating Engineer*

"Won't you give a shilling to the Lord?" said a Salvation Army girl to an aged Scotsman.

"How auld are ye, Lassie?" he inquired of her.

"Nineteen, sir."

"Ah, weel, I'm past seventy-five. I'll be seeing 'im before you, so I'll hand it to 'im myself!" —*Selected*

Convention Speakers

LESTER J. VICK, D. O.

Dr. Lester J. Vick, of Amarillo, will be a featured speaker at the annual convention of the Texas Association of Osteopathic Physicians and Surgeons in San Antonio.

Lester Vick, D.O., F.A.C.O.Pr., has for many years been outstanding in the field of proctology and for fifteen years has been teaching annual and semi-annual post-graduate courses in proctology, herniology, varicose veins, phlebitis, and other conservative office procedures. More than 700 doctors from all parts of the United States have studied with Dr. Vick, whose teaching methods and scientific skill have been pronounced outstanding.

A graduate of Kirksville College of Osteopathy and Survery, the convention lecturer is one of three Vick brothers practicing osteopathy. M. M. Vick, D.O., F.A.C.O.Pr., of Loveland, Colorado, and R. L. Vick, D.O., Tulia, Texas, are Dr. Lester Vick's brothers.

Dr. Lester Vick addressed the National Society of Hernologists in Detroit on July 16, 1948; and showed some of his clinical films in connection with an address on proctological surgery before the teaching session in proctology at the A. O. A. Convention in Boston on July 19, 1948. He was elected in August to the five member American Osteopathic Board of Proctology.

Our Exhibitors

MURRAY AGENCY

The Murray Agency, who are General Agents for the Metropolitan Casualty company in Texas on Professional Groups, has eight men who specialize in writing these professional groups. Headquarters are in Corpus Christi and they have men located in San Antonio, Austin, Fort Worth, and Houston. The Metropolitan Casualty was organized in the State of New York in 1874. It operates all over the United States and Canada, and is an old line legal reserve stock company. This company has between two hundred and three hundred licensed agents in Texas with offices in all the larger towns.

Don M. Murray of San Antonio and M. W. Diercks of Austin will be in charge of the booth.

TERRELL SUPPLY COMPANY

The Terrell Supply Company was founded July 1, 1924 which makes this year their twenty-fifth in business. They have fourteen employees and traveling salesmen who cover practically the northern half of Texas and part of southern Oklahoma. The company headquarters is in Fort Worth, Texas. Terrell Supply carries a complete line of surgical instruments, physicians and

hospital supplies and equipment as well as laboratory supplies.

Mr. Elbert Reese will be in charge of their San Antonio exhibit.

YEAGER X-RAY COMPANY

The Yeager X-Ray Company is sparked by H. E. Yeager who came to Texas in 1927 to open a branch office for the Engelin Electric Company of Cleveland, Ohio.

In 1937 the Yeager X-Ray Company was organized as an independent dealership in Texas for the sale of the Rose line of physical therapy machines, and the Mattern line of X-ray equipment. Recently they have added those products known as Medisine, Mediquartz, and Meditherm, three modalities in physical medicine developed by the Dallon Brothers of California. They are also sales outlets for Du Pont films and chemicals and have just been appointed agents for the Dierker Company of Los Angeles.

Mr. H. E. Yeager will be at their booth to greet his many friends in the osteopathic profession of Texas at the San Antonio convention.

McMANIS TABLE COMPANY

The McManis Table Company of Kirksville, Missouri will demonstrate during the convention their foot pedal hydraulic lift table as well as their mechanical lymphatic drainage unit. Visit their exhibit for a demonstration while at the convention.

The McManis table affords effective and pleasing treatments to patients wtih less work to the operator.

Mr. C. H. Becker will be in charge of the exhibit and will be pleased to see his many osteopathic friends during the convention.

CHARLES PHARMACY

Charles Pharmacy of San Antonio, Texas have been in business for the past twelve years and employ approximately twenty-five people. They service the whole northside of San Antonio and specialize in prescription work. Their prescription department averages 25,000 prescriptions annually and they keep at least one registered pharmacist on duty at all times.

Mr. Charles Herrera who will be in charge of this booth said when asked what made his company grow so fast, "25,000 prescriptions carefully filled annually. There is the reason."

A customer sat down at a table in a smart cafe and tied a napkin around his neck. The manager called the waiter; said to him,

'Try to make that man understand that that's not done here."

The waiter approached the customer and said, "Shave or a haircut, Sir?"

—Mc&Mc Hardware Magazine

DUES ARE DUE

WM. H. VAN DE GRIFT, D. O.
Chairman. Membership Committee, Austin, Texas

Now is the time to pay your association dues for the year 1949-50. We have started our solicitations early because of the fact that the legislative battle is hot and it is necessary that we show a 100% eligible membership list. Then too we hope that there will be an impressive convention attendance in San Antonio as the T. M. A. convention follows ours in San Antonio and it would not look well to the legislature or general public if we fall down on the job. PAY UP NOW. COME TO THE CONVENTION.

I wonder if you have ever stopped to think what privileges membership in your State Association gives you. Check the following list and see if these things are not worth the price of your ticket.

1. Protection of your practice rights in the State of Texas.
2. The privilege of serving as an officer or chairman of a committee in your district, state, or national associations.
3. Eligibility to maintain adequate professional liability insurance.
4. Eligibility to maintain adequate accident and health insurance.
5. Eligibility to a designated listing in the directory of the Texas Association.
6. Eligibility to staff memberships on hospitals recognized by the A. O. H. A. and the T. O. H. A.
7. Eligibility to participate in the out-patient care under the Veterans Administration program.
8. Eligibility to make application for examination by any of the osteopathic specialty boards based upon the maintenance of good standing in the A. O. A. and the T. A. O. P. S. for a period of three years immediately prior thereto.
9. Eligibility to receive the official publication of the Texas Association.
10. The satisfaction of knowing that in your way you are augmenting to the new streamlined osteopathic program in Texas.

To date 125 of you have sent in your dues. As Chairman of the Membership Committee and on behalf of the State Office which has been able to handle the detail work prior to the convention, I wish to thank you. I want to urge the rest of you to send in your checks as soon as possible.

IMPORTANT NOTICE

Due to circumstances over which we had no control, the annual convention of the Texas Association of Osteopathic Physicians and Surgeons to be held in San Antonio, Texas, on April 27, 28, 29, and 30 of this year will have headquarters at the GUNTER HOTEL instead of the Plaza hotel as was originally announced.

LIGE C. EDWARDS, D. O.
Convention Chairman

P. AND P. W. NOTICE

Will each doctor immediatey report to me the speeches that they have made before various groups during the past year. I would appreciate it if a copy of your speech is also mailed to me.

This information is most important and is requested by the Public and Professional Welfare Committee.

THIS INFORMATION IS URGENT. PLEASE SEND IT IN NOW.

W. H. SORENSON, D. O.
Chairman of the Speakers Bureau

PRESSURE GROUPS

According to a communication received from *Dr. C. D. Swope,* Chairman of the AOA Department of Public Relations, via Washington News Letter, it is quite probable that the United States Congress and various state legislatures will have health plans sponsored by numerous pressure groups before them for consideration.

Organized labor is busy outlining acceptable health insurance programs. President Truman will undoubtedly outline in his message to Congress his proposals for national health legislation. Various associations, such as the Association of State and Territorial Health Officers, the American Parents Committee and the National Citizens Council for Migrant Labor, have been meeting the past few weeks to outline their requests.

It is apparent that organized osteopathy will have to be on guard to prevent discrimination in these various plans which might deprive the public of osteopathic care.

Women used to wear "unmentionables." Now they wear nothing to speak of. —*Manitoba Arts Quarterly*

YOUR D. O. DEGREE IS RECOGNIZED BY:

1. U. S. Civil Aeronautics Administration.
2. U. S. Civil Service Commission
3. American Council on Education.
4. U. S. Immigration and Naturalization Service—(For students).
5. U. S. Army—(Congressional authority for appointment of osteopathic physicians (from recognized schools) as interns in U. S. Army Hospitals.)
6. U. S. Navy—(Congressional authority for commission of osteopathic physicians in Med. Corps of U. S. Navy by Pres. appointment.)
7. U. S. Office of Education—(Vocational Guidance Leaflet No. 23.)
8. U. S. Public Health Service.
9. U. S. Employees' Compensation Commission.
10. Railroad Retirement Board.
11. Emergency, Maternity and Infant Care—(U. S. Children's Bureau.)
12. U. S. Veterans Administration.
    a (Veteran Education.
    b (D.O. eligible for appointment to Vet. Dept. of Medicine and Surgery.
    c (Outpatient care of Veterans.
13. U. S. Employment Service—(A monograph on the Osteopathic Physician and Surgeons O-39.96 has been put out by this office for distribution through its offices throughout the country.
14. U. S. War Department—Occcupational Bri No. 105 "The Job of the Osteopathic Physician" prepared by the American Osteopathic Association for the War Department, which has printed and distributed it widely.

—From: *The Bulletin of New Jersey Association of Osteopathic Physicians and Surgeons.*

DAFFYNITIONS

EDUCATION—What a chorus girl gets by stages and a college girl by degrees.

MARRIAGE—The thing women try when wolf whistles grow farther and farther apart.

SECOND STORY MAN—A husband with two alibis.

NEWLYWED—Man who confides in his wife.

CHRISTMAS—The time of year when father owes best.

ADDING MACHINE—Something that really counts in business.

Osteopathic College News

D. M. S.

What are grade points?

Grade points are used to determine the general or average ability of a student to master several subjects simultaneously during a given period of study. This system is now being used by the Des Moines Still College of Osteopathy & Surgery.

Grade points are assigned for each semester hour with the number of points determined by the grade. For example, three points per hour are given for the grade "A", two points for grade "B", one point for grade "C", none for grade "D", and a minus one point for grade "F." Therefore, if a student took five semester hours in Physiology with a grade of "A" he would receive fifteen grade points. These are computed for each subject and a ratio arrived at from the number of semester hours and the number of grade points.

Should the grade point ratio lie between 1.0 and 0.0, the student is placed on warning or on probation as the situation warrants. But if the ratio actually becomes 0.0. dismissal for poor scholarship follows.

On the other hand a high grade point ratio may mean honors. When the value reaches 2.25, the student may be cited for outstanding ability and recognition by honor societies may occur.

The office of the Dean is pleased to congratulate the following members of the freshman class for scholastic achievement during the past semester:

Robert L. Kirk, Columbiana, Ohio	2.47
William Chu, Pieping, China	2.26
Robert Eggert, Virginia, Minnesota	2.26
Arden Findlay, Fergus, Ontario, Canada	2.26
Joe Kowan, Beverly Hills, California	2.20
Robert D. Leachman, Amarillo, Texas	2.16

C. C. O.

In reply to the many inquiries which have come to the President and Dean of the College, Dr. R. N. MacBain, President of the College, has asked

that it be announced that the 2nd Annual Homecoming and Postgraduate Course will be held during the week of September 19th-24th.

Most of these inquiries would indicate that those who did not attend last year's conclave and festivities realize how much they missed.

Evidently the eighty-nine alumni who did attend are spreading around the enthusiasm they manifested last fall when the first Homecoming and P.G. Course came to a close.

K. C. O. S.

The preliminary application of the Kirksville College of Osteopathy and Surgery for a grant for hospital construction has been approved by the State Division of Health and the U. S. Public Health Service, according to word received.

The approval was based upon meeting the requirement of the first stage of a four-stage application and final approval of the grant will depend also on the success of the subsequent phases of the application. If finally successful, the grant will provide from federal funds one-third of the cost of construction of the projected 64-bed addition and the development of out-patient offices in a wing which will utilize portions of the old Infirmary building walls.

Other phases of the application will be completed as rapidly as circumstances permit; but it is difficult to predict how soon they will be finished or how soon a final answer will be received, Thompson said.

Dr. Jean Pearson, who has been practicing in Moberly, Missouri, has been appointed to the faculty of Kirksville College of Osteopathy and Surgery as a Research Associate. Dr. Pearson has been brought to the college on a grant for research which was made by the Committee on Research of the American Osteopathic Association. Dr. Pearson began her work at the Osteopathic College on January 3, 1949. Her primary duties will have to do with a part of the work of the Student Health Service which, in cooperation with the Departments of Technic, Physiology and Radiology, is to extend the program of student health care so that research studies can be carried on over a period of years.

A grant of $350 for additional X-ray equipment needed for this program has been made by the Still Memorial Research Trust and the expendable supplies will be purchased on a grant from the American Osteopathic Association.

P. C. O.

The Philadelphia College of Osteopathy has announced its Spring 1949 Courses for Graduates. These courses extend over three months, from April 4, 1949 to July 1, 1949 and they offer a wide selection of subjects to graduates interested in osteopathic medicine. One can choose from any of ten cur-

ricula. There is something for every one whether he is interested in a general review or in the most intricate details of specialty subjects.

The month of April will be devoted to Osteopathic Medicine. This course, which is a general survey of all branches, will again be given in four parts of one week each. This division of subjects was popular with many in last year's class for it permitted them to plan short, full-time courses in the subjects of their greatest interest. The general arrangement will be the same as in 1948, with lectures, demonstrations, clinics and movies illustrative of the subjects under consideration. Visiting lecturers and guest faculty will again feature this comprehensive course.

Physical Diagnosis for the graduate is a new offering this year. It is designed for any physician or surgeon who wishes to refresh his knowledge and perfect his skill in this basic art. The course will be practical and will consist of basic anatomy as well as actual laboratory work. There is always a need for a review course in physical diagnosis and its limited enrollment should fill quickly.

cases (Laboratory and clinical) were oversubscribed in 1948. This year, better facilities and an enlarged resident and guest faculty make it possible to accommodate sixteen in the first, and eight in the second of these offerings. Additional hours and more projections of electrocardiography are scheduled. Cardiology is always popular, so in addition to the above courses, Pediatrics Cardiology has been scheduled this year. This new course will include electrocardiography in children and a review of heart surgery. It should be as popular with those interested in children's disease as with the physicians interested in heart disease.

The class in Electrocardiography will attend upon the hours devoted to interpretations in children, for it will be given by an expert from New York City. Electrocardiography is planned for those who are now using an electrocardiograph: it is not paced for general practitioners, or for the beginner. Much of the work will be the projection of all types of electrocardiograms derived by all practical techniques. Discussion of actual cases will be integrated with the lectures in this advanced course.

The Intensive Review Course is planned to cross-section all fields of practice. There will be symposia, clinics, demonstrations of techniques, and movies on subjects of current interest to every doctor. The course is devised to bring up-to-date, the physician's information in the various branches. This is an ideal fortnight for the alert, conscientious general practitioner who wishes to learn the newer methods and to review the established principles of practice.

Supplementing the resident faculty in the various courses will be an adjunctive faculty of distinguished osteopathic internists comprising Dr. H. Earle Beasley of Boston, Mass., Dr. Earl E. Congdon of Flint, Mich., Dr. Ralph E. Everal of Detroit, Mich., Dr. Frank R. Spencer of Columbus, Ohio, and Dr. Charles M. Worrell of Palmyra, Pa. These men have been engaged because of their special qualifications in certain parts of osteopathic internal medicine. In order that broad and diversified instruction might be available, old school specialists in hematology, peripheral vascular diseases and special electrocardiography will present the subjects in which they are nationally known. Basic science will be given by university professors.

The complete curricula will be available about February 10th: the college will furnish them to applicants.

AUXILIARY NEWS

The Amarillo Osteopathic Hospital Auxiliary held its monthly meeting on Wednesday evening, March 16th at King's Kottage Tea Room, after having dinner with the staff physicians and surgeons. Mrs. Harold Gorrie, president, presided for the business meeting. Sixteen members were present. Mrs. H. George Blasdell of Los Angeles, California, was a guest. It was decided to sell Cotlets, an apricot and nut confection at Easter time, the profit from such sales to go towards the support of the annual Child Health Clinic. A donation was voted for the Red Cross. The life membership in the Amarillo Federation of Women's Clubs due the Auxiliary because of its donation to the Federation's building fund is to be given to Mrs. George Laughlin. Mrs. G. W. Gress reported on the progress being made in connection with the detention home which Potter County is setting up at the old Amarillo Army Air Field, and plans were discussed for assisting Mrs. Gress and the committee of which she is a member, in their work. Following the business meeting, a social hour was enjoyed.

The Auxiliary to the Sixth District Society met at the home of the president, Mrs. Justin L. Adams for their March session. Coffee was served followed by a business meeting. Plans were discussed for a dance to be held in May with the proceeds to be donated to the Osteopathic Progress Fund.

NEWS OF THE DISTRICTS

DISTRICT NUMBER ONE

No news sent in.

DISTRICT NUMBER TWO

District No. 2 has been having some very interesting meetings in the last two months. In February Dr. Sartaice of the Psychology Department of S. M. U. spoke to the group on "Understanding the Individual." At the March meeting Dr. George Grainger was the honored guest and gave a paper on "Window Dressing." At the same meeting O. Sam Cummings, past president of the Kiwanis International spoke on "Osteopathy as I Have Known It."

At the last meeting of the Fort Worth Society of Osteopathic Physicians and Surgeons, Vocational Guidance was the theme. Dr. Phil R. Russell based the principal address on the teachings of Dr. Andrew Taylor Still and told of the progress of the concept of osteopathy from its introduction.

Vocational guidance representatives at the meeting included: L. McCombs, North Side High School; W. M. Lucas, Arlington Heights; Herbert Cherry, Paschal; George Mitcham, Handley; P. S. Dodson, Poly; and Dr. Haskell McClintock of Texas Woman's College.

DISTRICT NUMBER THREE

District No. 3 held their regular monthly meeting in Henderson with Dr. J. D. Bone as host.

During the business meeting delegates to the House of Delegates were elected, the recent broadcast of the Association was discussed, and Dr. Grainger gave a report on the legislative situation. A committee composed of Dr. Howard Coats, chairman, and Dr. Grover Stukey to study the feasibility of employing a Public Relations Counsel for the district.

There will be no April meeting because of the state convention in San Antonio and the May meeting will be held in Tyler.

A monthly clinical conference was held at the GAFNEY CLINIC & HOSPITAL, TYLER, TEXAS, Thursday afternoon, March 3, 1949 and Dr. W. L. Huetson of the hospital staff was chosen as chairman for the year 1949.

Each physician attending was invited to present case problems from his own practice and experience. Every conference will have a central theme, and

meets the first Thursday afternoon of each month from 2:00 until 5:00.

A motion picture program is in the developmental stage and will become a part of the over-all program. Tentative plans were made for the institution of a day of charity service for deserving indigent patients, the complete program will be made available to charitable agencies at an early date.

The central theme of the first program was on OBSTETRICS. Papers were presented by Dr. E. C. Kinzie of Lindale, and Dr. A. Duphorne of Athens, followed by a round table discussion of modern obstetric practices. A motion picture "Pentothal in Obstetrics" was shown at the beginning of the conference.

DISTRICT NUMBER FOUR

The regular monthly meeting of Fourth District Society was held in Comanche at the home of Dr. E. E. Blackwood. Dr. Harold Beckwith of San Antonio gave a paper on sinus conditions, and Dr. Phil R. Russell of Fort Worth talked on legislative matters. Dr. George Luibel of Fort Worth was also a guest.

Dr. Garnett Lober Gettins returned to Tyler for the birth of Grace Lucile Gettins. Husband Ed, accompanying for the event, was hospitalized also, but for chicken pox.

Dr. and Mrs. Harvey Smith of Comanche have announced the birth of Harvey Daniel Smith Jr.

DISTRICT NUMBER FIVE

No news sent in.

News of the Districts - *(Continued)*

DISTRICT NUMBER SIX

The District Society sponsored a broadcast over K.P.R.C. at 9:30 P.M. on March 18 on the subject of basic science education to give the listeners the reasons why the osteopathic profession is against the basic science bill. Speakers were O. C. Castle, President of the Board of Trustees of the Houston Osteopathic Hospital, Dr. Stanley Hess, President of the Medical and Surgical Staff of the hospital, and Dr. Wm. S. Gribble Jr., member of the Public Health Committee of the Texas Association of Osteopathic Physicians and Surgeons. Many favorable comments were received from both the profession and the public in general.

The quarterly meeting of District No. 6 was held in March at the Plaza Hotel in Houston, Texas. Dr. H. M. Grice reported on the results that were obtained by contacts with the legislators and on appearances of members of the profession before legislative committees. Dr. G. W. Thompson talked on the method that should be used in discussing the basic science issue.

Dr. J. R. Alexander discussed telephone listings in light of the new amendment to the Code of Ethics and asked the group to see that their listings were ethical. Dr. James J. Choate reported for the committee on Public and Professional Welfare and the President, Dr. W. H. Sorenson, reminded the delegates of their responsibility in attending the state convention at San Antonio and asked that each member mail his annual dues to the State Office before the convention.

Senator Bracewell of Houston was the program speaker. He gave an in-

teresting discussion on the mechanism of legislation, and discussed pending legislation.

The next meeting of this group will be held at Galveston in June. Dr. Ben Hayman will be the program director and Dr. Ben J. Souders will be the arrangements chairman.

DISTRICT NUMBER SEVEN

No news sent in.

DISTRICT NUMBER EIGHT

On Friday, February 25; Tuesday, March 1; and Sunday, March 6 Radio Station KSIX, Corpus Christi, presented the recording by the Texas Association of Osteopathic Physicians and Surgeons.

The regular staff meeting of the Corpus Christi Osteopathic Hospital was held March 1, 1949 in the office of Dr. T. M. Bailey, Chief of Staff, who was in charge of the meeting. Dr. C. R. Woolsey presented a review of Electrocardiography which covered many ideas he garnered in a recent refresher course.

The next quarterly meeting of District No. 8 will be held in Edinburg, Texas at the Edinburg Hotel, April 3, 1949 at noon.

DISTRICT NUMBER NINE

The regular monthly meeting of the district was held in Cuero with Dr. and Mrs. Carl Stratton as hosts. A delicious supper was served by Mrs. Carl Stratton after which the doctors adjourned to the Stratton Clinic for a business meeting.

A general discussion of the Minimum Standards bill was held and the doctors reported on their contacts with their Senators and Representatives.

Dr. T. D. Crews gave a brief resume on the cranial concept and a demonstration of two types of technique was given.

Dr. Paul Pinkston is recovering from his recent operation and says he is feeling fine.

Dr. Harry Tannen reports that they are making progress on the construction of his hospital.

Dr. Richard Stratton is planning to spend a few days in San Antonio with Dr. Gordon Beckwith at the Stowell-Beckwith Clinic.

Men, like tacks, are useful if they have good heads on them and are pointed in the right direction.

Detroit Purchasor

☞ **Did you save your February issue? The proposed Constitution and By-Laws of this Association was printed in it so that you might study it, talk it over with your House of Delegates members and suggest changes to be made at the annual meeting in April.**

☞ **Give this a little thought and let's be sure that any changes made will represent the will of the real majority of us and not that of only a small group or committee.**

PROPOSED AMENDMENT

Dr. George J. Luibel of Fort Worth submits the following amendment to the Constitution for the approval of the House of Delegates:

Amend Article VI, Section 1, to read as follows:

"The annual dues for membership in this Association shall be fifty dollars ($50.00) per annum for physicians who have been practicing three years or more."

FORWARD

EVERY DAY WE GO A LITTLE FARTHER FORWARD. We cannot stand still. We either go forward or backward. Once we start going backward we will become a decadent and degenerate profession. We must ever strive to improve ourselves and our profession. We must study to keep up with new developments, new ideas, and new methods of treatment. It is an endless grind but one in which we should never falter or we miss a link in the never ending chain of advancement.

THIS IS THE REASON FOR OUR CONVENTIONS. The men who give these papers and talks do not receive the benefit from them. They already know the material on which they have prepared their talks. There are none of us that know it all. We can each one derive some benefit from some part of the program and most of us can gain something from all parts of the program.

WE WILL HAVE OUR EXHIBITORS THERE. Let's give them a break. They are spending their money to help us lessen the expense of these conventions. Go by. Say hello. Sign up. Let's get behind those that are behind us.

FORWARD — FORWARD TO SAN ANTONIO. Let's make this the biggest and best convention we have ever had. Let's renew our acquaintances and make new ones. Come on, I want to see everyone of you in San Antonio at the Gunter Hotel on April 28th, 29th and 30th.

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

Officers of the District Associations of the

TEXAS ASSOCIATION OF OSTEOPATHIC PHYSICIANS AND SURGEONS, Inc.

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