

Texas OSTEOPATHIC PHYSICIANS Journal

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EDITORIAL PAGE

There has never been a time in the history of the Association of Osteopathic Physicians and Surgeons when the need of public relations was more manifest. The question has been raised—who is going to do it—and the answer in many instances has been the wives will do it. We are in an embarrassing position because we have asked the ladies to help and they have manifested willingness, even and eagerness to do so. But what cooperation have they had from us? When we schedule meetings we leave the wives to look out for themselves, and they usually are forced to wind up at a tea party in someone's home.

Manifestly we need the auxiliary. There are some of you who possibly are not enthusiastic, but I doubt if there are any of you who will deny the value and worth of the cooperation that can be ours through a recognition of the auxiliary. I wish all of you working in your own districts would encourage the organization of the wives of the doctors to the end that we may have a working auxiliary group in every district in Texas. This, I believe, is of transcendent importance to our organization, and I decided to devote this month's letter to impressing upon you with all the force at my command not only the need but the proper support and appreciation of an auxiliary group.

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The above was published in "CO-OPERATION", the official publication of the Missouri Association over the signature of Dr. J. R. Dougherty. We cannot improve on it. We can say to those who have not recognized the value of the public relations of the auxiliary that they are asleep at the switch.

Let's help our wives and the auxiliary. Let's educate them in regard to our problems and I can assure you that we shall get better public relations than if we left it in the hands of the doctors.

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TEXAS ASSOCIATION OF OSTEOPATHIC PHYSICIANS AND SURGEONS

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VOLUME VIII

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NUMBER 10

Endotracheal Anesthesia for Tonsil and Adenoid Surgery in Children

By PAUL A. STERN, D. O.

ANESTHIOLOGIST—DALLAS OSTEOPATHIC HOSPITAL

In any general hospital it is most probably that tonsillectomy and adenoidectomy on children form the largest single group of all surgeries performed. In most instances it would be reasonable to assume that anesthesia for this surgery is accomplished by open drop ether followed by ether-air vapor insufflated into the mouth during surgery by some form of motor driven compressor which also supplies suction. The purpose of this paper is to present a modification of this technique which was employed at the Dallas Osteopathic Hospital during 1951 which we feel closely approaches the ideal in safety and versatility.

Beginning with the aforementioned ether-air vapor insufflator, the following equipment was added:

- a. One E size Oxygen cylinder with needle point valve regulator
- b. One E size Oxygen + Carbon dioxide (95% + 5%) cylinder with needle point valve regulator
- c. One Gwathmey-Yankauer mask
- d. Two metal Y connectors
- e. Rubber tubing
- f. One Foregger curved finger suction valve
- g. One McIntosh laryngoscope
- h. One complete set of Portex endotracheal tubes

i. One Rovenstine forceps

j. One copper stilet

The materials used included:

- a. Ether
- b. Ethyl chloride
- c. Vinyl ether
- d. Anesthetic ointment
- e. Cold cream or vaseline
- f. Castor oil with medicine dropper

From one to seven days before the day of surgery, the patient comes to the hospital for his pre-surgical laboratory and physical examinations. At this time urinalysis and a complete blood count are done, which includes red corpuscle count, white cell count, hemoglobin determination, color index, differential white count and coagulation time. A chest x-ray is taken and a history and physical examination are done. If no contra-indications to surgery or anesthesia are present, the child is boarded for surgery.

We prefer that the patient be hospitalized the day prior to the day of surgery, but unfortunately this is not a common enough procedure in this community. Therefore, we insist that the patient be brought to the hospital on the morning of surgery at least two hours before the boarding time, but never later than 7:30 a. m. We also specify that the patient is not to have

any breakfast or other food or drink before being admitted to the hospital. This is very important because the absence of any material in the stomach makes for easier induction without the complications of emesis and aspiration of vomitus. Children are operated before adults because the loss of fluids and absence of food over too prolonged a period can prove dangerous during anesthesia. Adults are able to handle this situation better than children.

On admission to the hospital the temperature, pulse and respiration of the patient are recorded. If these are normal the pre-anesthesia medication is begun.

Ninety minutes before surgery, the pre-anesthesia medication is begun with Sodium alurate tablets, according to the following weight scale:

Sodium alurate:

20 - 29 lbs.....	grains i
30 - 39 lbs.....	grains iss
40 - 49 lbs.....	grains ii
50 - 59 lbs.....	grains iiss
60-100 lbs.....	grains iii

We prefer to use the one grain tablets of Sodium alurate which can be fractioned into halves, and quarters if necessary. Previous use of Elixir of alurate in comparable dosage did not prove as satisfactory because we found a ten-

dency for the elixir to remain undigested and unabsorbed, with consequent inadequate premedication and a tendency of the patient to vomit.

Forty-five minutes later a hypodermic of Demerol with Scopolamine is administered according to the following weight scale:

Demerol:

20 - 30 lb.	10 mg. (0.2 cc)
31 - 46 lb.	15 mg. (0.3 cc)
47 - 55 lb.	20 mg. (0.4 cc)
56 - 78 lb.	25 mg. (0.5 cc)
79 - 100 lb.	35 mg. (0.7 cc)

Scopolamine:

20 - 30 lb.	grains 1/400 (1/2 cc)
31 - 60 lb.	grains 1/266 (3/4 cc)
61 - 100 lb.	grains 1/200 (1 cc)

We administer these medications according to weight rather than age because in any age group there is a wide range of body weights, and better control of the medication effect is obtained when weight is used as the governing factor rather than age. Also, we insist that Scopolamine in ampul form alone be used. When tablets of Scopolamine are used the dosage is not as accurate and many unpleasant side effects may develop. When ampuls of Scopolamine are employed the only side effect noticed is occasional flushing of the face. Our preference for Scopol-

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mine over Atropine is due to its greater capacity for drying the mucous membranes and its added amnesic effect.

To those who have not used this type of combined pre-anesthesia medication in children the dosages will appear excessive. Because of the relatively high metabolic rate of children, they tolerate these drugs very well and we have not had any signs of overdosage or intolerance during the year it was in use. One of the more apparent effects of the medication has been the complete alleviation of the apprehension of the patient. As a result, it is not uncommon to bring patients to the operating room in a somnolent state, induce anesthesia, perform the surgery, return the patient to bed and have him awaken after a short period without having any recollection of the entire affair and without being subjected to any psychic trauma.

Those patients that are not asleep are very cooperative and will move from

the stretcher to the operating table with little or no assistance. There is a noticeable lack of crying and other noises from the uncooperative children. This is appreciated by everyone concerned: patient, parents, surgeon, hospital staff, other patients, and the anesthesiologist. When the child is comfortably placed in slight Trendelenberg position we explain to him the procedures which are to follow. This allays any fears due to the strange activities in a strange room, with strange people dressed in strange garb. The anesthesiologist does not wear a mask at this time and will usually engage the patient in reassuring conversation.

A protective covering of vaseline or cold cream is applied to the entire face. The eyes are then covered with a folded wet towel, which is draped over the Gwathmey-Yankauer mask in the usual manner for semi-open drop anesthesia. As the mask is applied the O₂+CO₂ mixture is insufflated into the mask and the child is asked to practice blowing away the "air" or to make believe that he is inflating balloons. After a few breaths, which stimulates his respiration because of the CO₂ content, Ethyl chloride or Vinyl ether is dropped onto the mask to begin the induction. At all times the anesthesiologist is reassuring the patient and encouraging his respiratory efforts. Induction is usually very rapid, and after the patient has passed into the third stage of anesthesia pure O₂ is substituted for the O₂+CO₂ mixture, and drop ether is used to carry the anesthesia to deeper planes. A pharyngeal airway is inserted if necessary, and castor oil drops are instilled into the conjunctival sacs.

In our experience we have not had any cases of overdosage with Ethyl chloride nor any cases of Vinyl ether convulsions during induction, nor have we experienced any episodes of circulatory or respiratory arrest. We attribute this to the constant flow of Oxygen into

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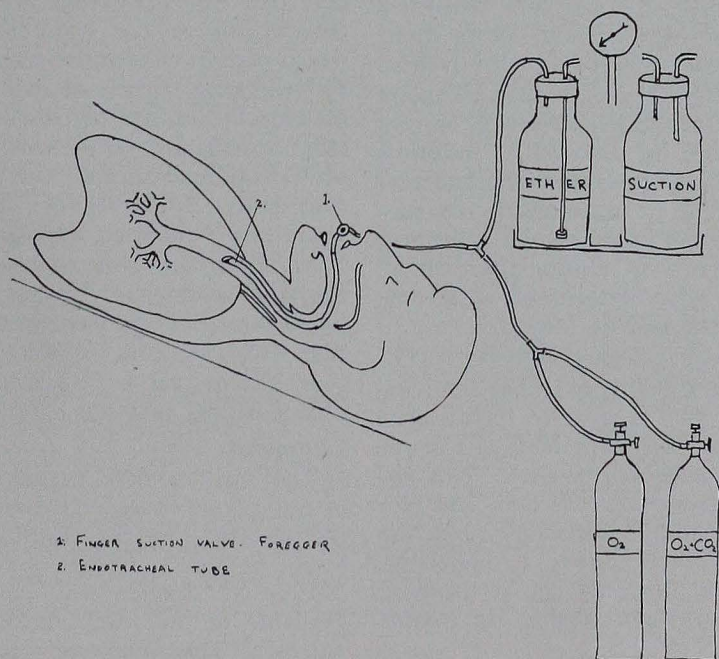
An Osteopathic Institution

the mask which has accounted for the patients having a healthy pink color at all times.

After carrying the patient to the third plane of stage three anesthesia with semi-open drop ether, orotracheal intubation is performed in the standard manner with the proper size lubricated endotracheal tube, using all the precautions that pertain to the teeth, lips, tongue, epiglottis, etc. The endotracheal tube is lubricated prior to insertion with an anesthetic ointment to preclude any vagal reflexes on intubation or extubation. Connections to the endotracheal tube are made according to the diagram.

The patient is then maintained on a mixture of Ether + Air + Oxygen which he breathes with ease because the system has very little dead space, there are no impediments to the free flow of gases in the respiratory system, and at all times he is receiving an abundance of oxygen. No blood, tissue; infective secretions, vomitus or other foreign material can enter the trachea or lungs.

If for any reason artificial respiration should become necessary, Oxygen, with or without CO₂, can be administered alone directly into the lungs under slight pressure by closing the vent in the valve with the forefinger. Release of the fin-



DIAGRAM

The finger suction valve acts as a non-rebreathing valve which accounts for the absence of excess CO₂, thereby doing away with a soda-lime absorber and rebreathing bag which could best be used with another form of anesthesia apparatus. All respirations can be heard and felt through the vent in the valve.

The finger will release the pressure in the lungs and exhalation will be accomplished. In this manner the breathing rhythm can be maintained, using pure Oxygen, with or without CO₂, until the patient begins to breathe normally. To date we have not had to employ this procedure, which is an added safety feature

one did not find in the original insufflation system.

Our surgeons use different techniques in performing the operation, however all begin by removing the adenoids. The tonsils are attacked only after the adenoid bleeding has been controlled. This usually occurs within a few minutes. The endotracheal tube is no impediment to the surgical maneuvers and instrumentations because it can be moved from the angle of one side of the mouth to the opposite angle with ease. The suction apparatus is used constantly, removing all the blood without removing any of the anesthetic vapor, thereby maintaining a clear operative field without interfering with the anesthesia. Occasionally when an endotracheal tube is loose fitting there may be slight seepage into the trachea. This can be blocked off by using a moist gauze pack in the hypopharynx, or else the blood can be removed by inserting an aspirating catheter into the endotracheal tube, or by substituting the suction tube at the finger-suction valve and creating suction by closing the vent of the valve when extubation is accomplished at the end of surgery.

The patient is flushed with $O_2 + CO_2$ after a pharyngeal airway has been inserted, and then is returned to his room where he is placed in bed in a semi-prone Trendelenberg position. This position employs gravity to pool any previously undetected hemorrhage into the dependent cheek and nasopharynx. From here it can flow out of the nose or angle of the mouth while the trachea

continues to remain free of any obstruction. The patient will usually react sufficiently to eject the pharyngeal airway in about one hour, following which there will be a few hours of quiet slumber.

Since the initiation of this system one year ago, we have noticed the following:

a. In general, less anesthetic agent has been used per patient.

b. There have been no cases of cardiac or respiratory embarrassment for any reason. The absence of cyanosis during induction and maintenance of anesthesia has been noticed and appreciated.

c. There has been very little post-operative nausea or vomiting. We attribute this to the endotracheal tube which permits continuous suction, thereby preventing aspiration or swallowing of blood, and to the absence of the ether insufflation hook which converts the buccal mucosa into a dry, leathery consistency by virtue of dehydrating qualities of the ether vapor.

d. There have been no cases of post-operative pulmonary abscess or other pneumonites. There have been no laryngeal difficulties due to the intubation.

e. The system has received the approval of the surgeons.

Comment:

The method here presented is one of many types of general anesthesia procedures that may be used in tonsillectomy surgery. Other pre-anesthesia medication dosages for children are available in the texts, including basal narcosis. The important value of the medication is that the child comes to the operating and does not suffer psychic trauma. The other pharmacologic features of the medication are taken for granted, however, in all instances safety of dosage is an everpresent consideration.

Other induction agents could be used, such as the anesthetic gases or intravenous anesthetic agents and relaxing agents. The system is flexible and will

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conform to the desires and ability of the anesthesiologist.

If conventional anesthesia apparatus is available for children, then a wide range of agents and methods are at the command of the anesthesiologist.

Summary:

A method of converting an antiquated system of anesthesia to a safe, versatile system has been presented. The salient features of the method presented are:

a. It has made use of the equipment on hand without resorting to heavy expenditures for special equipment.

b. A method of pre-anesthesia medication not previously used has been applied with great success.

c. An abundance of oxygen is supplied to the patient at all times.

d. Endotracheal anesthesia has been used in all cases, which has added numerous safety features to the system without interfering with the surgeon and his operative procedures.

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Jackson: Psychologic preparation as a method of reducing emotional trauma of anesthesia in children, Anesthesiology, Vol. 12, No. 3, May, 1951.

Good Public Relations Girl Scouts Laud Grove Residents

The way the people of our community opened their hearts and helped during the recent tragedy of the Faires family is a good example of what kind of community you live in.

Residents searched their homes for clothing and furniture. Grocery stores had baskets of food ready to deliver and our churches and the Kiwanis club aided financially.

Part of becoming a Brownie and a Girl Scout is to make a promise: "On my honor, I will try to do my duty to God and to my country, To help other people at all times and to obey the Girl Scout laws." And we have a motto: "Be Prepared."

In this case, they were certainly prepared to help others. *A hospital located outside our community, the Dallas Osteopathic hospital on Ross avenue, sent one of their doctors out to give medical aid to the Faires children, who had chicken pox, measles and flu. They also furnished the necessary drugs and they refused to be paid for their services.*

Many others gave their time and money. Be proud of your community that gave so completely of themselves in an emergency such as this.

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Blue Cross Gives Statistical Report Of Payments To Osteopathic Physicians From Jan. 1, 1952 To Feb. 1, 1952

The report shows that the total charges by doctors were \$3,906.35.

Total Blue Shield payments to the doctors were \$2175.00; total reports turned in were 63; Blue Shield paid 29 per cent of the total bill for medical cases, 57 per cent of total bill for surgical cases, 65 per cent of total bill for anesthesia cases.

Total bill for medical cases was \$269.10, of which Blue Shield paid \$77.

Total bill for surgical cases was \$3467.25, of which Blue Shield paid \$1988.

Total bills for anesthetics was \$170, of which Blue Shield paid \$110.50.

This is the second month in which Blue Shield has paid members of the Texas Association of Osteopathic Physicians and Surgeons for Blue Shield services. There is about a 20 per cent increase over the first month. Within the year we feel certain that this will quadruple. An average of this month's payment throughout the year would mean a total of approximately \$24,000. If it keeps increasing the profession can realize what the recognition of Blue Shield of osteopathic physicians and surgeons means to them financially.

AOA Convention — '52

You may have broken most of your New Year's resolutions by this time . . . BUT you can still keep the most important one about coming to the Atlantic City AOA Convention. Good Food; Good Weather; Good Friends and a Cracker Jack Program. Start planning now to be there.

Remember the dates—July 14-18

Public Medical Expenditure Static For Past 20 Years

U. S. Department of Commerce reports that for the past 20 years, public expenditure for medical care has remained at four per cent of yearly income.

Child Health Clinic Amarillo, May 16-17

The Seventh Annual Osteopathic Child Health Clinic will be held at the Crystal Ballroom of the Herring Hotel, Amarillo, Texas, on May 16 and 17, 1952.

All interested osteopathic physicians and surgeons are invited to attend.

KCOS Announces Resignation And Appointment

A resignation and an appointment to the clinical staff were announced recently by officials of the Kirksville College of Osteopathy and Surgery. Dr. John Aaronson has resigned to accept a place on the staff of Forest Glen Hospital and Clinic at Canyonville, Ore., and Dr. William B. Mulford has been appointed Instructor in Osteopathic Principles and Technic and Research Associate working with Dr. J. S. Denslow.

Dr. Aaronson, who has been house physician at the Kirksville Osteopathic Hospital and supervisor of the student clinic, joined the staff in February 1951. He graduated from the College here in 1949 and served an internship in Monte Sano Foundation Hospital in Los Angeles, Calif. His duties here are being assumed by Dr. Neil Johnstone, of the department of osteopathic medicine.

Dr. Mulford completed his pre-osteopathic studies at Northeast Missouri State Teachers College following military service in the Pacific during World War II. He graduated from the KCOS in January 1951 and recently completed an internship in KOH. Dr. Mulford has already assumed his new duties.

Annual Convention News

On January 23, 1952, the convention committee of the Dallas County Osteopathic Association held its fourth meeting of the year in making final plans and arrangements for the convention.

The executive secretary met with the committee, reviewed their past activities, and worked out final plans.

The Dallas convention committee consist of the following:

General Chairman: Robert E. Morgan, D. O.

Co-Chairmen: John W. Drew, D. O., Ross M. Carmichael, D. O.

Entertainment: Sherman P. Sparks, D. O.

Local Program Chairman: Patrick D. Philben, D. O.

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Publicity Chairmen: Charles Still, Jr.; C. W. Danoff, Ralph M. Connell.

Auxiliary Chairman: Mrs. J. C. Calabria, *President*.

A Feature Speaker At State Convention May 1-2-3, 1952



A Kansas Citian by birth, Dr. A. E. Scardino took his early educational work here before deciding upon entrance into a school of pharmacy. He attended the Polytechnic Institute and later carried on his studies in the Kansas City College of Pharmacy.

He practiced pharmacy for some time before his admission to the Kansas City College of Osteopathy and Surgery in 1929. Upon his graduation in 1933 he entered a general practice which he carried on until beginning with his specialty by becoming affiliated with the College in 1937 under the guidance of Dr. Hedges. In 1939 he attended a post graduate course at the Barnard Skin and Cancer Hospital in St. Louis,

Mo. He continued on with his dermatology work in 1940 at the Cook County Hospital in Chicago. For several years he attended the Sunday morning dermatological lectures at the Kansas City General Hospital.

A certified dermatologist, he is now Head of the Department of Dermatology at K.C.C.O.S. and Consulting Dermatologist at Conley Maternity, Lakeside, Northeast, and Osteopathic Hospitals.

Besides his work in osteopathic institutions, Dr. Scardino carries on a successful practice in the Bryant Building in Kansas City and is quite active in civic and professional organizations.

He had done much pioneer work with the Boy Scouts of America, being instrumental in establishing many scout troops in Kansas City. He is a member of the National Youth Council and the Northeast Hi-Y Council. His fine work in dermatology has earned him the Vice-Chairmanship of the American Board of Osteopathic Dermatologists. He was past president of the Jackson County Osteopathic Association '46-47, and Chairman of the Child Health Con-

ference in 1948. Fraternities of which he is a member include Phi Sigma Gamma, Alpha Phi Omega, Psi Sigma Alpha, in which he holds a life membership, and an honorary membership in Sigma Sigma Phi. The latter was given with the following inscription, "For

Meritorious work in the Advancement of Osteopathy."

He is one of the few certified specialist in the profession, is a good clinical teacher, and a civic minded and professionally interested physician and dermatologist.

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Kentucky Legislature Considers New Practice Act

FRANKFORT, KY., (AOA) — House Bill No. 137, introduced this week into the Kentucky Legislature, would enact "The Kentucky Medical and Osteopathic Practice Act of 1952." The Act would be administered by the State Board of Health. An osteopathic physician is by law a member of the State Board of Health. The present osteopathic member is Dr. Carl J. Johnson of Louisville, legislative chairman

of the Kentucky Osteopathic Medical Association.

The bill would increase the requirements for licensure to include a minimum of two years preprofessional training, graduation from an approved college, and the completion of an internship of one year. The professional training and the internship must be approved for osteopathic applicants by the American Osteopathic Association, and for medical applicants by the American Medical Association. Section 1 (7) defines the "practice of medicine or osteopathy" to mean "the diagnosis, treatment or correction of any and all human conditions, ailments, diseases, injuries or infirmities by any means, methods, devices or instrumentalities."

Main purpose of the proposed Act is to enlarge the regulatory and enforcement powers of the State Board of Health over the practice of medicine and osteopathy. An unusual feature of the bill will grant to the State Board of Health the right to promulgate after due notice and public hearings a "Code of Conduct" covering the practice of persons licensed under the Act.

Texas Well Represented At Meeting Obstetricians And Gynecologists At Detroit

Wilbur W. Baldwin, D. O., J. C. Calabria, D. O. and Lloyd C. Woody, D. O., of Dallas, Texas; Jerry O. Carr, D. O. and Noel G. Ellis, D. O., of Fort Worth, Texas; V. Mae Leopold, D. O. of Odessa, Texas; and Charles C. Rahm, D. O., Tyler, Texas.



—A Success Photo

The picture above shows the first spade of dirt being turned at ground-breaking ceremonies at Rockwall Wednesday, January 23, for the Rockwall Osteopathic Clinic and Laboratory. Over 100 people were on hand when Mayor B. A. Klutts, left, Dr. Sherman P. Sparks, center, and County Judge Ralph M. Hall sank the spade into the earth to signify that construction was underway.



Ground Breaking Rites For Sparks Clinic Are Held

THE ROCKWALL TEXAS SUCCESS

(Friday, January 25, 1952)

A sizeable crowd of interested persons from throughout the Rockwall community gathered just west of the city's downtown section at 1 p. m. Wednesday to view impressive ground-

breaking ceremonies at Rockwall Wednesday, January 23, for the Rockwall Osteopathic Clinic and Laboratory. Over 100 people were on hand when Mayor B. A. Klutts, left, Dr. Sherman P. Sparks, center, and County Judge Ralph M. Hall sank the spade into the earth to signify that construction was underway.

breaking ceremonies of Dr. Sherman P. Sparks' Rockwall Osteopathic Clinic and Laboratory.

The rites, under the direction of Master of Ceremonies John H. Clem, were explained to spectators as the beginning of construction of the modernistic building to house the clinic.

After invocation by Rev. James L. Glenn, pastor of the Rockwall Presbyterian Church, Mayor B. A. Klutts was introduced. He commended Dr. Sparks on the move on behalf of Rockwall's citizenry. Next County Judge Ralph M. Hall spoke over the public address system to point out genuine justification of the clinic's construction and to add his commendations for the project.

Principal Speaker from Fort Worth, Dr. Phil Russell, secretary of the Texas Association of Osteopathic Physicians and Surgeons, lauded the support that Dr. Sparks has and is receiving, adding that he knew the Rockwall doctor as a friend and a topnotcher in his profes-

sion. He detailed community benefits which would come from operation of such a facility here.

Dr. Sparks expressed his humility and gratitude that support here has been instrumental in helping "make my dreams come true." He publicly stated his thanks for the interest that has been shown in the new clinic and laboratory.

A first spade of dirt was turned by Dr. Sparks, with the assistance of Mayor Klutts and Judge Hall, after which Dr. Sparks mounted Ben Halford's bulldozer to scrape earth as a further symbol that construction had begun. The entire program was tape-recorded as a series of pictures was made to portray the ceremonies.

Benediction was pronounced by Rev. Ed T. Hayes, pastor of the Rockwall Methodist Church.

Hospital Receives Gift From Oklahoma Alumni

At a recent meeting of the Oklahoma chapter of the Kirksville Osteopathic Alumni Association, upon the suggestion of Dr. George R. Thomas, of Oklahoma City, the group voted a gift of \$25 to supply current magazines for the waiting room of the new Kirksville Osteopathic Hospital.

Dr. T. G. Billington, of Seminole, Oklahoma, Chapter President, reports that the College has received the check and that magazines have been ordered as follows: Readers Digest, Coronet, Look, Saturday Evening Post, Colliers, and Life.

Annual Clinical Review Course

The annual Clinical Review Course will be offered at the Kirksville College of Osteopathy and Surgery June 1, 2 and 3, 1952. Dean M. D. Warner has announced. Detailed announcement will appear in forthcoming issues of the STILLETTO and the JOURNAL OF OSTEO-PATHY.

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Unwise Talk Still Causes Most Malpractice Suits

Malpractice claims, which have increased tenfold in recent years, are still generated largely by "unwise comments or criticisms of physicians with regard to treatment given to patients by other physicians." So warns Dr. Louis J. Regan in a report to the A.M.A.'s Committee on Medicolegal Problems.

Not only are most of these claims without merit, reports Dr. Regan, but they could quite easily be avoided: "Various authorities have estimated that 50 to 80 per cent of all malpractice suits would be eliminated if such destructive criticism could be stopped."

A second source of malpractice suits is labeled simply "insufficient care." The West Coast physician-lawyer cites some examples: "Failure to make a blood count, a Wassermann, a pregnancy test, a culture, a smear, a urinalysis, a stool examination, an X-ray, original or follow-up; failure to make a complete diagnosis; failure to utilize an indicated prophylactic measure (diphtheria, tetanus, etc.); failure to give instructions, to follow up the original treatment or operation, to institute measures to protect contacts."

Malpractice suits "arise almost invariably out of the first course of treatment," Dr. Regan reports. They are rarely brought by old patients. What can the M. D. do to safeguard himself?

Some Regan suggestions:

Keep "ideal" records in every case, showing clearly what was done. If any patient discontinues treatment before he should, or fails to follow directions, let the record show it. For example: "Whenever a patient refuses to have an X-ray made, the physician should fortify himself with the strongest written evidence."

Use a consultant whenever indicated, particularly if the patient is not doing well or seems dissatisfied.

Don't ever examine a female patient unless a third person is present. "There

is no more serious or destructive charge than that of undue familiarity."

Advise patients of any intended absence from practice and recommend (or better yet, make available) a qualified substitute.

Prepare the patient carefully for the probable results of treatment. Unless this is done, the patient may not understand an error in diagnosis or (say) the surface-tissue changes sometimes associated with deep X-ray therapy.

Don't start a hazardous course of treatment without getting a written statement from the patient or someone responsible for him. This statement should specifically express consent to the special treatment.

If all safeguards fail and a suit is started, the physician should remember that his goose isn't necessarily cooked. The mere fact that the patient

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hasn't progressed favorably, Dr. Regan points out, is no evidence of a doctor's negligence. "A physician is justified if his conduct of the case would be approved by even a respectable minority of his confreres in the same locality."

Missouri Supreme Court Denies Jurisdiction In Audrain County Hospital Case

JEFFERSON CITY, MO.—The Missouri Supreme Court rendered its decision in the appeal of the Board of Trustees of the Audrain County Hospital, the Missouri State Medical Association and individual Doctors of Medicine in the Audrain County Hospital case, and denied that it had jurisdiction of the appeal. The Supreme Court ordered the appeal transferred to the St. Louis Court of Appeals, an intermediate appellate court.

The Circuit Court of Audrain County had held that osteopathic physicians and surgeons licensed in Missouri had the right to practice in the Audrain County Hospital and to use in their practice, in the treatment of diseases and ailments, drugs, operative surgery with instruments and manipulative therapy.

The case originated from a petition filed by the Board of Trustees of the Audrain County Hospital, seeking a declaratory judgment from the Circuit Court of Audrain County interpreting the county hospital law of Missouri. The petition joined as defendants all the Doctors of Medicine and Doctors of Osteopathy practicing in the county and the Missouri State Medical Association and the Missouri Association of Osteopathic Physicians and Surgeons.

The defendant Doctors of Medicine and the Missouri State Medical Associa-

tion raised in their answer issues concerning the lawful scope of practice, particularly regarding drugs and operative surgery with instruments, under the Osteopathic Practice Act of the state. After a lengthy trial, during which both oral and documentary evidence were presented by all the parties in the case, the trial court made extensive Findings of Fact and Conclusions of Law.

These Findings of Fact and Conclusions of Law held that osteopathy is a school of medicine and surgery, and that:

"Osteopathy, as taught and practiced at the American School of Osteopathy, is a system, method or science of treating diseases of the human body which at all times during and since 1897 has included as an integral part thereof all of the following supportive or therapeutic agents:

- (1) Manipulative therapy
- (2) Drugs (or medical preparations)
- (3) Operative surgery with instruments."

This decision of the Supreme Court denied that any constitutional issue was properly before it and that, therefore, the appeal of this case from the trial court should have been to the St. Louis Court of Appeals, an intermediate appellate court, rather than directly from the trial court to the Supreme Court. The Supreme Court denied that the Missouri State Medical Association and medical defendants are directly affected by the Osteopathic Practice Act of 1897. The court said they are not in a position to question the constitutionality of the Osteopathic Practice Act.

The St. Louis Court of Appeals will, therefore, assume jurisdiction of the appeal and will render a decision upon the questions properly raised by the appeal of the appellants. After the decision of the St. Louis Court of Appeals is rendered a further appeal to the Missouri Supreme Court may once again be made by one of the parties to the action.

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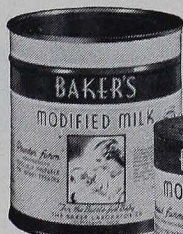
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Abstracts

Edited By DR. LOUIS GUSTAVE MANCUSO

Carcinoma of the Cervix, Trends in Treatment. Hays and Portmann; Cleveland Clin. Quart. Oct. 1950, 17,242-251.

The regimen of present day therapy in the treatment of carcinoma of the servix is summarized. The authors prefer preliminary external roentgen-ray therapy because:

1. Malignant cells which might be disseminated by manipulation are devitalized.
 2. Lymphatics are partially sealed.
 3. Local infection is diminished.
 4. Shrinkage of tumor mass restores anatomic relationships.
 5. There is a five to ten percent increase in five years survival, particularly in advanced cases.
- Surgery may be done in stages I and

II. In most cases it would appear that irradiation followed in two to three months by an iliac lymphadenectomy may improve the current results.

L. G. MANCUSO, D. O.

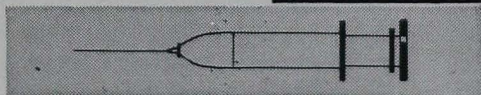
It is interesting to note that in the Jan. 1951 issue of the Irish Journal of Med. the paper written by A. P. Barry stressed the point of using radiation therapy in cervical carcinoma along with surgery. The paper was presented in such a fashion as to stimulate the combined use of surgery and radiation in cases of cervical malignancy.

L. G. MANCUSO, D. O.

Cancer of the Tongue—Guzman, L. Radiologia, Panama; Dec., 1950, I, 9-24.

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Riboflavin (B ₂)	1 mg.
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Niacinamide	20 mg.

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The author analyzes the clinical aspects, the methods of treatment and the end results of a group of 130 cases with lingual carcinoma. Statistics are given concerning the main areas of metastases. In only 13.1% was the carcinoma of a local nature. Many had extensive metastases to the carotid area, 44%, submaxillary area, 20%. Both sides of the neck 9% and 22% had both the carotid and submaxillary areas involved. Radiation therapy was advocated. The eight day technique, French School, of interstitial implantation of radium needles was used in addition to external roentgen therapy. The author emphasizes the use and necessity of biopsy of all lesions particularly if they are ulcerative in nature. No treatment of any kind should be undertaken without the biopsy report.

S. SPARKS, D. O.

Results of Treatment of Bladder Carcinoma by Radiotherapy. Millen, J. L. Brit. J. Urol. Dec. 1950, 22, 430-433.

The results of 382 cases of cancer of the bladder are discussed. Radon seed implantation and external radiotherapy seemed to have the most favorable results. 19% of the entire group survived five years or longer. Palliative therapy in some cases were of value but the average time of death was four months after admission, in severe cases. These cases were too advanced for any therapy other than palliative.

L. G. MANCUSO, D. O.

In recent literature it is noted that external roentgen therapy has to a large extent proved of value. The English Medical Literature reports favorable results from the use of roentgen therapy in multiple pappilomas of the bladder and other early carcinomatous lesions. The British Journal of Urology of Dec. 1950 has some very interesting articles in it concerning the problem of radiation in malignancies of the U. G. system.

L. G. MANCUSO, D. O.

Treatment of Leukemia with Cortisone, Bell and Thompson; Canadian M. A. J., Jan. 1951.

Cases of acute lymphatic leukemia, subacute lymphatic leukemia, monocytic (myelogenous type) leukemia and undifferentiated leukemia were discussed. In some cases of lymphatic leukemia cortisone may be of value, although the remission is usually short. In cases of monocytic and undifferentiated leukemia the drug is of little value.

L. G. MANCUSO, D. O.

An Investigation of the Salt and Water Balance in Migraine—Campbell, Hay and Tonks; British Medical Journal, Dec. 19, 1951.

Migraine is a disease which is accompanied by a disturbance in salt and water metabolism. In the premigraine phase, and more particularly in the early stages of the attack itself, the blood sodium rises to a high level, while at the same time there is a marked hydration of

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the blood. The excessive secretion of sodium suggests that an abnormal sodium metabolism is present almost continuously.

It is suggested by the authors that these disturbances are due to the disordered functions of the hormones governing salt and water metabolism of the adrenal cortex and posterior pituitary gland, and that in women they are exacerbated by the influence of certain sex hormones.

L. G. MANCUSO, D. O.

The Surgical Significance of Calcified Parabronchial and Paratracheal Lymph Glands. Maurer, Journal of Thoracic Surgery: 23-1, 1952.

The surgical significance of calcified lymph nodes is not appreciated until open thoracic operations show these structures to be the real cause of lung pathology, the exact etiology of which was originally obscure. The finding of calcified lymph glands by roentgenograms in and about the tracheobronchial tree is usually associated with dense scarring of the mediastinal and interlobar structures. Extrabronchial compression with or without erosion by calcified lymph glands, can and will produce all of the symptoms and roentgen-

ologic findings of primary pulmonary carcinoma. Some glands may produce a bronchial obstruction and complete excision of the destroyed portions of the lungs with the calcified glands will invariably result in a cure. More careful preoperative studies of the chest are indicated with special attention placed upon the presence and position of calcified glands in the hilar area.

L. G. MANCUSO, D. O.

Intravenous Procaine in Toxemias of Pregnancy. Serwer, Redmond, Vammen, Pitts, Eskrige, Jr. Okla. St. Med. Asso., Feb. 1951.

Patients with toxemias of pregnancy were given a solution of 500mg. of procaine in 500cc. of %5 dextrose in water, intravenously, within a period of 20 minutes. Marked dilatation of the retinal vessels were evident 15 minutes after the administration and lasted for a period of six or more hours. In some instances a solution of 500mg. procaine in 200cc. of %5 dextrose in water was given. In some of the patients diuresis did not occur until the second intravenous administration of the solution. Once diuresis is established %20 dextrose is given. In one instance marked oliguria resulted from

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1/4 gr. morphine sulfate. It is evident that the administration of I. V. procaine causes changes in the renal plasma flow, glomerular filtration rate and tubular function.

L. G. MANCUSO, D. O.

Response of Patients with Congestive Heart Failure to Rapid Elevation in Atmospheric Temperature and Humidity. Berenson and Burch—Am. J. Med. Sc. 223,1; 45-1952.

Patients with congestive heart failure are observed under the influence of sudden elevation of environmental atmospheric temperature and relative humidity and their reactions were composed with those individuals without cardiac disease. The hot and humid surroundings precipitated acute attacks of left ventricular failure, cardiac asthma.

The subjects with advanced cardiac disease were less able to combat the stress of environmental heat than were the subjects without cardiac disease. Indications seem to exist for greater use of air conditioning of rooms where cardiacs are confined. The patient should benefit by being in a comfortable atmosphere.

L. G. MANCUSO, D. O.

Hepatic Factors in Salt and Water Metabolism. Snively—Am. J. Med. Sc. 223-1: 96-1952.

Selected observation on hepatic influences in the homeostasis of extracellular fluids are reviewed. Attention

is again called to the role of the liver in the physiological equilibration of the effects of steroids with both sexual and renal tubular influences. The possibility that increased activity levels of both hepatic disease and congestive heart failure is recalled. There is an evaluation of hepatic factors and a thorough discussion is presented. The possibility of this being present in many disease entities is not to be overlooked.

L. G. MANCUSO, D. O.

Good Public Relations

The WHITE ROCKER, community paper of the White Rock district of Dallas, carried a front page picture and a three quarter column story on Dr. Henry A. Spivey and his new clinic located in this district.

The article gives Dr. Spivey's educational requirements and his past history as an osteopathic physician.

We congratulate Dr. Spivey on the opening of this new office, which the secretary had the pleasure of visiting this month.

Dr. S. A. Corson Awarded Membership In American College Of Cardiology

KIRKSVILLE, MO., (AOA)—Dr. Samuel A. Corson, professor of pharmacology at the Kirksville College of Osteopathy and Surgery, has been awarded membership in the American College of Cardiology. This is the first time that a member of the osteopathic profession has been so honored.

The principle aim of the College is to coordinate basic scientific and clinical cardiovascular research. Dr. Corson was honored with membership in recognition of his work on edema. He has been conducting this research for several years and will continue this work at KCOS.

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Freshman Students From Texas In Osteopathic Colleges

Name and Address	Preprofessional College	Osteopathic College
Calvin R. Nelson 3001 Breeze Terrace Austin	University of Texas	Chicago College
Robert E. Clayton 1229 Fannin Amarillo	University of Texas	Kansas City College
Forrest L. Kennedy 428 Navasota St. Groesbeck	Baylor University	Kansas City College
Robert O. McCorkle 301 High St. Coleman	Howard Payne College	Kansas City College
Robert H. Nobles 7447 Greenville Ave. Dallas	North Texas State College	Kansas City College
George H. Chambers Pittsburg	East Texas State Teachers College	Kirkville College

Residents And Interns In Detroit Osteopathic Hospital Interested In Texas

T. Eaton, D. O. (intern until June 1952)

Les McClymonds, D. O. (O. B. resident until Feb. 1953)

W. Zipperer, D. O. (Intern until June 1952)

C. Schrocki, D. O. (Intern until June 1952)

T. Hoenig, D. O. (Intern until June 1952)

New Blood Policy Imminent

WASHINGTON, D. C. (AOA)—President Truman's directive last week calling on all Federal agencies to coordinate activities on blood—research, procurement, processing, etc.—with Health Resources Advisory Committee, was a preliminary to impending promulgation of a comprehensive national policy. This will be issued in the very near future by HRAG's parent agency, Office of Defense Mobilization. The White House directive made no mention of American Red Cross blood program.

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Washington News Letter

The Office of Defense Mobilization report dated January 1, 1952 states: "The country faces a *shortage* of thousands of physicians, nurses, and dentists that will continue for many years, and many kinds of scientists and other specialized personnel are needed" . . . *Selective Service* Form 109 contains a special section for information on healing arts students to be filed by the colleges with the local boards. College request for deferment should accompany each form. Both the law and the regulations expressly authorize deferment for study (as well as practice) in osteopathy . . . 32 States are receiving Federal money for the *public assistance program* for permanently and totally disabled adults as authorized under the Social Security Act. Emphasis on medical check-ups in the new program has resulted in many persons learning that treatment which would remedy their conditions is available. . . November 1951 convictions under the Federal Food Drug and Cosmetic Act included the following over-the-counter sales of *prescription drugs*: 1. Refilled prescriptions for amphetamines, barbiturates, and sulfonamides without physicians' authorizations; 2. Sold amphetamines without physicians' prescription; 3. Sold thyroid and stilbestrol without physicians' prescriptions; 4. Sold amphetamines and barbiturates without physicians' prescriptions. These convictions were under the current act. Similar offenses will be prosecuted under the Durham-Humphrey amendment which goes into effect April 26, 1952. . . Private insurance met about 12% of the *Nation's private medical care bill* in 1950, according to the Social Security Administration. In 1949 it was 10%. In 1948, 8%. For 1950, all sickness costs (including almost \$5 billion for income loss) totaled more than \$13½ billion. . . . On December 29, 1951 the President's Commission on Health Needs

of the Nation was set up. Dr. Paul B. Magnuson, former medical director of VA was appointed Chairman and each of the other 14 members were appointed on his recommendation. In announcing the Commission, and in his January 9 message to Congress, the President called upon Congress to give first attention to pending bills for aid to medical education and aid to local public health units. The Commission is to report within 12 months on health needs and make recommendations. . . . On January 2, 1952 the Division of Civilian Health Requirements of PHS issued Special Information Bulletin No. 8 containing instructions for *construction project applications* (Form CMP-4C) for health facilities. Health facilities include hospitals, health centers, public health clinics, group practice clinics, public health and health research laboratories, convalescent homes providing medical care, nursing schools, staff residencies, refuse disposal systems, and all related facilities. A group practice clinic is a formal association of 3 or more physicians providing services in more than one medical field or specialty, with income from medical practice pooled and redistributed to the members according to some prearranged plan. Applications for hospitals and health facilities should be forwarded to the State agency administering the Hospital Survey and Planning program at least 4 months before the beginning of the calendar quarter in which construction is to start. Osteopathic school projects in which more than 50% of the space is to be devoted to educational activities, make application to Office of Education, Federal Security Agency, Washington, D. C. Copies of the Bulletin, application forms and information may be obtained from the Regional Medical Director at the appropriate FSA regional office. See WNL of May 14, 1951 for regional offices (Minn. now in #VII).

Federal Security Agency Reports On Voluntary Insurance

WASHINGTON, D. C., (AOA)—Private insurance against sickness met about 10 percent of the costs of sickness in 1950, according to a report published in the SOCIAL SECURITY BULLETIN for December and released by the Federal Security Agency. Comparable figures for 1949 and 1943 are 8.9 and 7.4 percent, respectively. Private sickness costs include the costs of medical care and the loss of income through illness.

Private expenditures for all types of medical care equalled \$8.4 billion, and benefit payments by all kinds of medical and hospitalization insurance totaled nearly \$1 billion in the 12 months ending December 31, 1950, the Bulletin reports.

The Nation's hospital bill paid through private resources was placed at approximately \$2.1 billion in 1950. Figures available for the first time show that \$680 million was paid from insurance funds for such hospitalization. About \$378 million represented payments by the 84 Blue Cross plans to hospitals on behalf of their members. About \$254 million come from commercial insurance companies in settlement of claims arising out of hospital costs. The remaining \$48 million represented payments made through a wide variety of other prepayment plans for hospital care.

Total private insurance payments for hospital care amounted to about 32 percent of the private costs of hospital care.

Insurance against the costs of physicians' services was less widespread in 1950 than hospitalization insurance. Benefit payments were \$312 million, or 12.5 percent of the estimated cost of physicians' care. The amount of money paid as benefits for medical care had, however, more than doubled since 1948.

Income loss through illness is estimated at nearly \$5 billion for 1950. It includes only wages and salaries lost through short-term illness and disability. Nearly 93 percent of the loss during the year was not covered by private insurance.

The public, says the BULLETIN, paid somewhat more than \$1.9 billion in premiums for all kinds of private insurance against sickness costs in 1950. They received benefits amounting to somewhat less than \$1.4 billion in the same year. The insurance therefore returned, on the average, about 70 cents in benefits for every dollar of premium.

Scrap Paper Drive Buys Hospital Operating Lamp

ALBANY, ORE., (AOA)—Funds from a scrap paper drive conducted by the local Exchange Club purchased an operating lamp for Willamette Osteopathic Hospital here.

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Notes From The Nation's Capital

WASHINGTON, D.C. (AOA) — "The country faces a shortage of thousands of physicians, nurses and dentists that will continue for many years," the Office of Defense Mobilization stated early in January.

WASHINGTON, D.C. (AOA) — The Civil Defense Administrator writes the AOA of his appreciation of the Association's educational program for Civil Defense, and emphasizes the Association's "generous" cooperation.

WASHINGTON, D.C. (AOA) — Unfit food seizures for the last six months of 1951 averaged more than 23 tons a working day, the Food and Drug Administration, Federal Security Agency, reports. Nearly half of the six million pounds seized was in good condition when it left the processing plants, but became contaminated after shipment, FAA officials stated.

WASHINGTON, D.C. (AOA) — Although Bill S.1140, which would create a Department of Health in the President's Cabinet and unite all Governmental medical functions under one head, is pigeonholed, action on it may soon be taken by the recently formed President's Commission on Health Needs of the Nation.

WASHINGTON, D.C. (AOA) — The Supreme Court heard oral arguments in the Government's effort to gain reversal of the decision by the lower courts absolving the Oregon State Medical Society, the Oregon Physicians' Service, eight county societies, and eight physicians, of trade monopoly and conspiracy charges.

Justice Frankfurter, inquiring just what membership in a medical society means, was told that it is comparable to joining a club. Whereupon Justice Jackson volunteered that it might be something like a bar association—it counts only when you are expelled.

Auxiliary President Selects Theme For 1952 Convention

CHICAGO, ILL. (AOA) — Mrs. Robert E. Morgan, of Dallas, Texas, president of the Auxiliary, announces that "The Auxiliary in a Changing World" will be the theme of the 1952 convention of the Auxiliary to the American Osteopathic Association, to be held in Atlantic City, N. J., July 14-18, concurrent with the 56th annual convention of the AOA.

The announcement was made during sessions of the Executive Board in Chicago last week in the new central Office building.

The Auxiliary's program chairman for the convention is Mrs. J. M. Moore, Jr., of Trenton, Tenn. Mrs. Howard I. Van Dien, of Madison, N. J. is local convention chairman, and Mrs. John E. Devine of Ocean City, N. J. is assistant program chairman.

Members of the convention committee include Mrs. H. R. Hunter, Akron, Ohio, secretary; Mrs. Henry H. Watchpocket, Detroit, Mich., treasurer; Mrs. George Cozma, facilities chairman; Mrs. Richard Koch, Olympia, Wash., luncheon chairman; Mrs. Charles Lichtenwalner, Jr., Pottstown, Pa., press, publicity and radio chairman; and Mrs. Carl R. Samuels, Pryor, Okla., special activities chairman.

Dr. H. C. Moore Nominated To Local Board Of Health

BAY CITY, MICH., (AOA)—Under a recent amendment to this city's charter, the Municipal Board of Health must include an osteopathic physician, a doctor of medicine, a dentist, and two lay members. The City Manager is an ex-officio member, but has no vote. Dr. Hobart C. Moore has been nominated to the Board of the Bay County Association of Osteopathic Physicians and Surgeons. Dr. Moore is a former Trustee of the AOA and is currently first vice president.

Associated Press Reports Extensively On Iowa D. O.-M. D. Fight

GUTHRIE CENTRE, Iowa (AOA) —The Associated Press has sent out to its member newspapers throughout the country a column-and-a-half (1050 words) the story on the controversy as to the legal rights of osteopathic physicians and surgeons to practice in the new \$380,000 Guthrie County Memorial Hospital.

"Nearly 2,000 signatures have been obtained for a petition asking the hospital board of trustees to admit osteopathic physicians," the AP reported.

"It is part of the long-standing debate involving doctors (M.D.) and doctors (D.O.)," the AP continued, "but on both sides men are seeking understanding and a reasonable solution.

"It is in the matter of standards that the issue moves into a controversial realm," the AP reports, and lists the accrediting and standard-setting bureaus and boards of the AOA, pointing out, "each group (M.D. and D.O.) sets up its own measuring standards, and there is no common yardstick except the state basic science board examination which both M.D.'s and D.O.'s must pass."

Parents' Magazine Features Article By D. O.

CHICAGO, ILL. (AOA) — Dr. Victor E. Breul, osteopathic physician of Los Angeles, had a featured article in the December issue of PARENTS' MAGAZINE, nationally circulated monthly with headquarters in New York City.

"Fourteen Way to Make Pregnancy Safe" is the title of the article. The magazine summarizes the article with "If you are expecting a baby, whether it's your first or your fifth, you will want to follow these basic rules for prenatal care, recommended by an experienced doctor."

Fluoridation Use Increased Says American Dental Assn.

CHICAGO, ILL., (AOA)—Acceptance of fluoridation as a public health measure gained momentum across the nation during 1951, the American Dental Association reports.

The California State Junior Chamber of Commerce has adopted fluoridation of water supply as its primary project, the Association reports, and many state dental associations, notably Tennessee, have taken "Fluoridation Statewide" as their 1952 major objective.

The Michigan dental group reported 103 communities have approved fluoridation.

The Association of State and Territorial Health Officers recommended that its members "conduct intensive promotional and educational programs to bring fluoridation of water to all communities as soon as possible."

The American Dental Association announces that a series of 51 slides on water fluoridation is available for public showings at a rental of \$1.50 a day.

Army Medical Officer Warns Against Too Many Antibiotics

NEW YORK, N. Y. (AOA)—An Army medical officer warned a surgeon's meeting here that the new antibiotics frequently are being used unnecessarily and that their misuse may be harmful.

Col. Edwin J. Pulaski, addressing the New York state surgical section of the United States chapter of the International College of Surgeons, said one hospital recently had reported that 40 per cent of its pharmacy bill was for antibiotics, and commented:

"Obviously, in this instance, the antibiotics are being overused."

Resistant strains of disease organisms, which cannot be checked by the antibiotics, are on the increase, and excessive use of antibiotics will add to the number of resistant strains, Dr. Pulaski said.

Motion For Rehearing Filed By Medical Profession In Audrain County Hospital Case

JEFFERSON CITY, MO., (AOA)—The Missouri State Medical Association and the individual Doctors of Medicine, appellants in the Audrain County Hospital case, have filed a Motion for Rehearing requesting that the Missouri Supreme Court reconsider its decision of January 14, 1952 and assume jurisdiction of the appeal in the case. In its decision of that date the Missouri Supreme Court held that the medical appellants were not affected by the Osteopathic Act and hence could not raise a Constitutional question, such as to give the court jurisdiction of the appeal.

The medical appellants alleged in the Motion that they are directly affected and injured by the Osteopathic Act. They contend that the Kirksville College of Osteopathy and Surgery "since about 1915 or 1920, has enlarged its teachings to include Medicine and Surgery." Such instructions, the motion contends, is a direct encroachment upon the privileges granted medical doctors under the Medical Practice Act.

That they are directly affected and injured, they contend:

"... is easily seen from the fact that approximately 1,000 practitioners of Osteopathy are now competing with the Medical Doctors in the practice of Medicine and Surgery, to the financial injury of the Medical Doctors."

No mention is made in this Motion of the public health or the adverse effect that a decision such as requested by the Missouri State Medical Association would have upon the health care of the people of the State of Missouri. The "financial injury of the Medical Doctors" is their sole concern.

February, 1952

Cancer Detection Clinics Get Under Way

The College launched its program of Cancer Detection Clinics last week at McCormick Hospital in Moberly, Mo. Others will be announced shortly for Brookfield and Kirksville.

This service is being provided these communities through the grant of \$22,000 received by the College from the U. S. Public Health Service for coordinating and extending cancer teaching. Such grants were first made in this country in 1947 and last yere were made to medical schools, dental schools and osteopathic colleges.

Clinics set up under these grants make possible scientific and early diagnosis and suggestive treatment for any individual who has or suspects he has cancer. The clinics operate under the active direction of Dr. Herman T. Still, Head of the Department of Dermatology and Syphilology at the Kirksville Osteopathic Hospital and Clinic and Director of the program of cancer teaching in the College.

Dr. Still points out that preferably patients should report to the clinics on referral from the family physician, however, at each place the schedule will be sufficiently flexible to care for any and all "walk-ins". There is no charge for the examinations, except in cases where further examinations of a special nature are required.

"Dr. Charlie" Celebrates Birthday

Dr. Charles E. Still, son of Andrew Taylor Still, and member of the Board of Trustees of the Kirksville College of Osteopathy and Surgery, celebrated his 87th birthday January 7 at the Anna R. Still Memorial Home in Kirksville.

"Dr. Charlie" as he is known to friends, shared the birthday cake with relatives and a few friends from the College and the community who dropped in to extend congratulations.

Letter To The Editor

Dear Sir:

In reply to your request to send a check, I wish to inform you that the present condition of my bank account makes it almost impossible. My shattered financial condition is due to Federal laws, State laws, County laws, brother-in-laws, sister-in-laws and outlaws.

Through these laws I am compelled to pay a business tax, amusement tax, head tax, school tax, gas tax, light tax, water tax, sales tax, liquor tax, income tax, food tax, furniture tax and excise tax. I am required to get a business license, car license, operator's license, truck license, not to mention a marriage and dog license. operator's license, truck license, not to mention a marriage and dog license.

I am also required to contribute to every society and organization which the genius of man is capable of bringing to life; to women's relief, the unemployed relief, and the gold digger's relief. Also to every hospital and charitable institution in the city, including the Salvation Army, Community Chest, Red Cross, Purple Cross, Double Cross, Boy Scouts, Girl Scouts, Cub Scouts, Y.M.C.A. and Y.W.C.A. as well as Way Stations for Wayward Girls and Boys Ranch and Boys Town.

For my own safety I am required to carry health insurance, life insurance, fire insurance, property insurance, liability insurance, earthquake insurance, tornado insurance, unemployment compensation insurance, and old age insurance.

My business is so governed that it is no easy matter to find out who owns it. I am inspected, expected, suspected, disrespected, rejected, dejected, examined, re-examined, informed, required, summoned, fined, commanded and compelled, until I provide an inexhaustible supply of money for every known need, desire, or hope of the human race.

Simply because I refuse to donate to something or other, I am boycotted, talked about, lied about, held up, held down and robbed, until I am almost ruined.

I can honestly tell you that except for a miracle that happened I could not enclose this check. The wolf that comes to many doors nowadays just had pups in my kitchen. I sold them and here is the money.

Yours truly,

Joke

A fellow watched a friend come out of the Medical Examining Room.

"Did they accept you?" asked the friend.

"No—4F—I've worn a truss for twelve years."

"Let me borrow it, will you?" asked the friend.

The exchange was made and the slick fellow went into the Medical Examining Room. He appeared be-

fore a sharp eyed doctor who asked, "How long have you worn the truss?"

"Twelve years," was the reply.

The Medical Examiner entered N. E. on his report.

"What does that 'N. E.' mean?" asked the patient.

The Doctor answered, "Near East! Anyone who can wear a double truss upside down for twelve years should have no trouble riding a camel!"

AUXILIARY NEWS

The executive committee of the auxiliary of the Texas Association of Osteopathic Physicians and Surgeons held a meeting at Hotel Adolphus, February 3, 1952. The following were present: Mrs. Merle Griffin, Corpus Christi; Mrs. Dorothy Beyer, Fort Worth; Mrs. Ross McKinney, Texarkana; Mrs. Archie Garrison, Port Arthur; Mrs. J. R. Alexander, Houston; and Mrs. Robert E. Morgan, Dallas.

Final arrangements were made for the program for the auxiliary at the coming convention at Hotel Adolphus, Dallas, May 1, 2 and 3, 1952.

COME TO THE CONVENTION IN DALLAS!

MAY 1 THRU MAY 3, 1952 — HOTEL ADOLPHUS

An interesting program has been planned and we expect a large attendance. The tentative program is:

THURSDAY, MAY 1, 1952

- 10:00—11:50 A.M. Coffee
Honoring Mrs. Robert E. Morgan, Mrs. Merle Griffin, Mrs. Floyd F. Peckham, Mrs. R. B. Beyer, Marille E. Sparks, D.O.
- 12:45— 1:45 P.M. Luncheon Welcoming ceremonies.
- 2:00 P.M. Business Meeting Floyd F. Peckham, D.O.
President, American Osteopathic Association, Principal Speaker
- 7:00 P.M. Dinner — Ice Show — Dancing Century Room
(Dress, optional)

FRIDAY, MAY 2, 1952

- 11:30 A.M. Luncheon and style show.
- 6:30 P.M. President's Reception
- 7:00—10:00 P.M. Banquet
(Dress, optional)

SATURDAY, MAY 3, 1952

- 8:30 A.M. Past President's Breakfast
- 10:00—11:50 A.M. Executive Board Meeting; new officers and Committee Chairmen.

National Auxiliary Officers

A very successful meeting of the Executive Board of the Auxiliary to the American Osteopathic Association was held in the beautiful meeting rooms of the Andrew Still Memorial Building in Chicago on January 21, 22, 23 and 24. Eighteen members from the state of New York on the east to Washington on the west; Michigan and Wisconsin on the north to Texas on the south attended, each at her own expense.

The auxiliary members throughout the country can feel assured that these women have the good of their organization uppermost in their hearts.

The meeting was presided over by Mrs. Robert E. Morgan, Dallas, Texas, president of the auxiliary.

Auxiliary District One

The quarterly meeting of the auxiliary to the Panhandle District Association of Osteopathic Physicians and Surgeons was held Sunday afternoon, February 10, at the home of Dr. and Mrs. L. V. Cradit in Amarillo. A Valentine box dinner, with the doctors as guests, preceded the meeting.

Mrs. Ethel Townshend, of the music department of the Amarillo High School, introduced a trio of her students, the Misses Alice Wells, Norma McNeil and Carol Schultz, who sang a group of songs, after which Mrs. Townshend played a number of piano solos.

During the business meeting, Mrs. John L. Witt of Groom, president, presided. The group voted to send \$50 to the Osteopathic Progress Fund. Mrs. Witt appointed Mrs. Glenn Scott, Mrs. E. H. Mann, and Mrs. Ed R. Meyer, Jr., as a nominating committee, and Mrs. John London, Mrs. L. N. Pittman, Jr., Mrs. E. H. Mann, and Mrs. J. G. Stewart as delegates to the convention of auxiliary to the Texas Association of Osteopathic Physicians and Surgeons, which will be held in Dallas May 1, 2 and 3, 1952.

Present were Mrs. E. H. Mann, Mrs. Glenn Scott, Mrs. J. H. Chandler, Mer-

lin Achor, Mrs. W. R. Ballard, Mrs. Sterling Maxfield, Mrs. L. J. Vick, Mrs. Ed R. Mayer, Jr., Mrs. John Kemplin, Mrs. L. V. Cradit, Mrs. Robert Tyler, all from Amarillo, Mrs. John London and Mrs. John L. Witt of Groom, Mrs. James Kritzler of McLean, and Mrs. L. N. Pittman, Jr., of Borger. Mrs. Rose Shaffer of Des Moines, Iowa was a guest. The next meeting will be held May 18 at the Herring Hotel.

Following the district meeting, the auxiliary to the Amarillo Osteopathic Hospitals held a business meeting, with Mrs. L. V. Cradit, president presiding. Roll call was answered with reports of current Osteopathic news. The group voted to pay for a tree to be planted on the grounds of the clubhouse of the Amarillo Federation of Women's Clubs in honor of the president, Mrs. G. Welton Gress, who is a member of the Osteopathic group. Mrs. W. R. Ballard was selected as chairman of the Osteopathic Child Health Clinic, which will be held May 16 and 17, 1952 at the Crystal ballroom of the Herring Hotel in Amarillo. Dr. Virginia Ellis, pediatrician of Fort Worth, will be the Pediatric Diagnostician at the Clinic.

By MRS. J. H. CHANDLER, Reporter

Notice

Auxiliary dues are delinquent as of March 1, 1952. They must be paid to Mrs. J. R. Alexander, 2112 Wentworth, Houston, Texas, by February 25, 1952.

National dues are \$5.00 per year. State dues are \$1.50 per year.

Wives of interns and doctors in the first year of practice are exempt from State dues, and the national dues are \$1 per year.

MRS. R. B. BEYER
Vice President,
Auxiliary of TAOP&S

Auxiliary District Two

The Fort Worth Osteopathic Hospital Guild had their installation October 18, 1952 at a luncheon at the Continental Lodge.

Our own Dr. Virginia Ellis officiated at the installation and the ceremony was very impressive.

New officers are: Mrs. J. O. Carr, president; Mrs. R. B. Fisher, president elect; Mrs. C. E. Dickey, treasurer and Mrs. A. G. Shedlock, secretary.

Chairmen: Mrs. M. S. Miller, parliamentarian; Mrs. George J. Luibel, Ways and Means; Mrs. R. D. Fisher, hospital; Mrs. A. H. Clinch, telephone; Mrs. H. J. Ranelle, public relations.

After installation a meeting was had, at which old business was given attention and new business discussed.

All were extremely pleased at the good attendance—28 members being present. Mrs. C. T. Johnson, of Ada, Oklahoma, mother of Mrs. L. L. Hamilton, was a guest.

The November 1951 meeting of Fort Worth Osteopathic Guild was held at the home of Mrs. Edward L. La-Croix, with Mrs. C. R. Packer as co-hostess.

At this time the Guild voted to buy a new incubator for the Hospital nursery; also to add to the Hospital library—books will be suggested by the doctors.

During the remainder of the evening, the group worked on surgical supplies and dressings.

Delicious refreshments of sandwiches, dessert and coffee were served, after which the meeting adjourned.

On December 13, 1951 a new 7 lb. 8 oz. Texan—named John S.—was born to Dr. and Mrs. J. C. Baker at the Fort Worth Osteopathic Hospital. The Bakers reside at 1708 Oakland. Congratulations!

by MRS. H. J. RANELLE

Auxiliary District Six

Everything is so quiet in district six that I could stir up very little news.

February, 1952

Dr. and Mrs. Donald C. Young rate headlines though with a new baby boy and a new house. Mother and son are doing fine. The new address is 3126 Wroxton Road here in Houston.

The Cunninghams made a quick trip to Bryan recently when their son, Sam, who not only had the flu but had a little cutting affray with a glass door. Nothing too serious, they report.

Wings are sprouting for Reginald and Cecile Platt, since their son took another step in Flight training.

No wonder Mrs. A. H. Hardy just "wasn't there" at a recent meeting. She went to Kansas City with her husband when he attended a course in pediatrics.

Our sympathy to Mrs. O. R. LePere in the long anxious hours of her mother's serious illness.

by IRMA G. GRICE
Publicity Chairman
District Six Auxiliary

Auxiliary District Nine

Auxiliary district 9 met with Dr. and Mrs. J. V. Money, Wednesday, January 9, 1952 in Schulenburg, Texas.

A nominating committee was appointed by the president, including: Mrs. Mary (Harry) Tannen, Weimar; Mrs. Ruby (Robert) Morehead, Flatonia; Mrs. Ann (J. V.) Money, Schulenburg.

It was also brought to a vote and unanimously carried to mail a check in the amount of \$25 to the Student Loan and Research Fund.

Business having been completed, the meeting was adjourned.

A most appetizing and delicious buffet luncheon was served prior to the business meeting, being served on a beautiful china service (quite a surprise to the Moneys) which was a gift from Mrs. Money's brother from Japan.

Dr. and Mrs. Paul Pinkston, both being on the ailing list, were unable to attend the meeting.

Yours truly was unable to attend the meeting also but not because of sickness—just the same old thing, not being

(Continued on page 35)

NEWS OF THE DISTRICTS

DISTRICT ONE

Good Public Relations

The Sunday, February 3, 1952 edition of the AMARILLO NEWS-GLOBE carried a large size picture of Dr. and Mrs. J. H. Chandler under the heading, "Have You Done Your Home Work, Grandpa?" This is a half column news story in regard to the Chandlers, with a large picture.

Indeed good public relations.

DISTRICT TWO

Dr. Margaret Jones, a member of the American College of Osteopathic Obstetricians and Gynecologists and the American College of Osteopathic Surgeons, will be the speaker at the North Texas Osteopathic Association meeting Sunday, February 24, 1952. She will speak on "Office Gynecology" and also on obstetrical problems.

The meeting will begin at 9:30 a. m. at Hotel Texas, Fort Worth, Texas.

There will be after dinner entertainment and new officers and delegates will be elected in the afternoon business meeting.

Dr. and Mrs. James Dubin were recently the proud parents of a baby girl born January 31, 1952, weighing 6½ pounds.

Dr. K. S. Wooliscroft is back in the office after a two weeks' "vacation" with the mumps.

Dr. Vaughan's wife, Betty, has recently been admitted to the Dallas Osteopathic Hospital where she is now convalescing.

A small fire with great clouds of smoke rose from the Dallas Osteopathic Hospital on Wednesday, January 30, 1952. There were numerous fire engines and a large crowd. The water tower for the air conditioning had caught ablaze. It was extinguished rather quickly with little damage. Most spectacular

of all were the volunteer firemen—Drs. Russell, Miller, Robin and Mancuso.

Dr. Wilbur W. Baldwin left Sunday, February 3, for Detroit, Mich., to attend the postgraduate course in Obstetrics and Gynecology.

Dr. and Mrs. Robert E. Morgan of Dallas, Texas, spent the holidays in touring Mexico. They visited Monterrey, San Luis Potosi, Guadalajara, and spent Christmas Eve viewing the eruption of the volcano Paricutin. From there they went to Mexico City, Taxco, Cuernavaca and Acapulco, where they saw several sailfish brought in. The towns of Vera Cruz and Tampico on the Atlantic Coast were also visited.

The Morgans report a delightful time and can sincerely recommend this trip to everyone.

The Tarrant County Association of Osteopathic Physicians and Surgeons met at the Westbrook Hotel January 15. Dr. Virginia Ellis gave a well prepared paper on Infant Feeding. This meeting was followed by a meeting of the staff of the Fort Worth Osteopathic Hospital. Dr. Robert N. Collop of Dallas was a guest at these meetings.

Mr. Jack Gordon of the FORT WORTH PRESS was a guest at the dinner which preceded the Tarrant County Association meeting and he later spoke to the members of the Osteopathic Auxiliary.

Dr. J. O. Carr and Drs. Noel and Virginia Ellis recently returned from Detroit where they attended the meeting of the College of Obstetricians and Gynecologists.

During the weekend of February 3, Dr. J. C. Baker operated a number of E.E.N.T. cases to complete his surgical requirements leading to certification. The surgery covered a variety of cases and was done in Fort Worth and Dallas on February 2 and in San Antonio on

February 3. Dr. C. P. Harth of Tulsa and Dr. C. E. Nordstrom of Carthage, Mo., observed Dr. Baker as representatives of the Osteopathic College of Ophthalmology and Otorhinolaryngology.

On February 10 Dr. Phil Russell will leave for a speaking tour. He will visit Kirksville, Kansas City and Des Moines, where he will address the student bodies of three osteopathic colleges on "The Art of Practice".

In the near future the staff of the Fort Worth Osteopathic Hospital will meet for the second time with representatives of the Greater Fort Worth Hospital Fund Campaign.

DISTRICT THREE

Dr. Chas. Ogilvie, Tyler, was recently promoted to President of the Tyler Audubon Society. Let's all give him a good bird.

District 3 association of DOs held their regular meeting January 20, 1952 at "Curley's" in Longview, Texas. The current attendance record holders, Drs. Bob Morgan and Phil Russell, were present and the earliest comers were all comfortably seated and had ordered coffee, when it was seen that table space was inadequate. After rearranging and moving the tables and adding several, the early comers all moved their beer to the new seating arrangement.

Dr. Bragg, current president of the association, opened the meeting and introduced Dr. George E. Miller, pathologist, of Dallas, Texas. Dr. Miller spoke on the general activities of a pathologist and explained away many of the points of friction between the surgeons that submit tissue for examination, and the pathologist. His talk was extremely valuable and it is to be regretted that time would not allow a more complete discussion of the many problems involved in coordinating the surgeon, pathologist, and hospital records. His audience is indebted to him for the information he brought along and so ably delivered.

Dr. Russell spoke on problems, largely of an ethical nature, but touching primarily on insurance problems and public relations of the individuals of our profession. His talk was also, as he stressed with an illustrative anecdote—purely educational.

After the business of the association had been discharged, a dinner followed—many of the Doctors' ladies were present and a very enjoyable evening terminated the meeting.

P. S. in regard to this meeting: Dr. A. Ross McKinney was also present and functioned efficiently in his burdensome (to him) sideline of stimulating P&PW interest and activity. I have reason to know.

Dr. James DeWayne Bone, now hospitalizing at Garrison, Texas, is reported to have paid his dues and is now waiting for a notice as to the whereabouts and time of the next district 3 meeting.

It is reported that Drs. C. Collins Rahm, and Ralph Kull (of Winnsboro, Texas) are attending the annual convention of the College of Obstetricians, February 5-12, 1952 in Detroit. . . A footnote was added to this report, to the effect that Mrs. Theresa Carlson, the obstetrical nurse at the Gafney Clinic, would vote an award of merit to Dr. Kull for being the ONLY obstetrician on the staff capable of handling a normal delivery without 'messing up the whole D— (Sorry illegible) floor of the O.B. room.

Footnote No. 1: Dr. John Turner is the worst offender.

Footnote No. 2: Dr. C. Collins Rahm, second worst offender.

Personal footnote: Ain't it the Truth?

Dr. Chas. Ogilvie (Ever notice how many Chassezes they is in East Texas?) has been very busy rushing back and forth to Fort Worth recently, making arrangements for the meeting of the Texas Association of Osteopathic Radiologists—to be on February 10, in Fort Worth.

Dr. Grice, why ain't you happin' in?

Dr. and Mrs. C. C. Rahm were the dinner guests January 26 of Dr. and Mrs. C. List at Troup, Texas, and of Dr. and Mrs. Kull at Winnsboro on January 27. No wonder he wasn't around when Dr. K. Ross tried to find him that Saturday night to invite him—Oh, well!

Dr. H. G. Grainger, Tyler, Texas, according to the local newspaper, is now the proud possessor of a new Studebaker Sedan—color and description not given.

If anyone has any accurate details regarding the reasons Fort Worth turned down the fluoridation program for their water supply, please send to Dr. K. E. Ross—he would like to know something about fluorine. It is rumored that he dunked his lower plate (the one that doesn't show) in some fluorine solution (the kind kept in paraffin bottles) and it didn't mottle the enamel—the teeth dissolved but the plate exploded.

Dr. Tom Hagan also deserves an award of merit of some kind, as the most popular host for district 3 meetings. Two of the guests got out without paying their checks and he didn't call even one F.B.I. agent. More recent reports have it that one of the guests, however, made restitution before leaving Longview.

Dr. L. D. Lynch recently had a little difficulty (automotive), the other item in the collision hasn't yet been accurately determined, but the effect was considerable disability to Dr. Lynch's car. The doctor wasn't badly hurt.

Dr. Howard Coats and Dr. K. E. Ross were seen leaving Tyler together with two strange ladies (in the back seat however) at 6 a. m. on or around February 6, 1952. They returned later the same day, alone, but didn't show up for work until about 1 p. m.

Mrs. H. G. Grainger was recently in charge of the "Mothers March", to secure additional funds for the March of Dimes, in Tyler, Texas. Somewhat over

\$2000 were collected in a single evening.

Note to Dr. J. Bone: The next district 3 meeting will be in Tyler, Texas. The exact time and place is not yet known to me, but we'll be expecting you.

This should be enough to bore everyone sufficiently so—as one firefly said, "When ya gotta glow ya gotta glow".

DISTRICT SIX

Dr. Wm. Gribble and wife, Jo, are readying their twin cruiser for the "coming of the shrimp".

Lester Tavel is busy but not with dieting as previously announced, but with the crippled children's committee of both the Shrine and Elks clubs, as well as being a new trustee for H.O.H. On speaking to Mrs. Tavel about the doctor's dieting, her reply was "HA!"

Dr. Charles B. Alexander is now located at 1107 Turner Street, Telephone OX 2-1357.

Dr. J. Choate broke down and got a companion car (a Packard) for his comparatively new Buick. Can't see why such a good figured people buy such wide seated cars—anticipation, we hope.

Mrs. Adams and Jaffe had a case of hydatidiform mole, something of not every day occurrence and required some diagnostic acumen.

Dr. and Mrs. Don Young welcome another 'man child' to their new home. Don tells the story of a trip to Mexico. He saw a little donkey with a tremendous load of wood on his back. The driver or would-be driver was beating the balking donkey to make him walk with the outrageously large load. The doctor remonstrated with the driver against this inhuman treatment. Don said, "Pedro, why can't you use a pin or light some paper and singe the donkey a little and not kill him with that club? Pedro replied, "Si, si, senor, I could kick him in his caudal anatomy but I'm saving that for the hill".

Dr. Leslie Smith, our genial country squire, of the spring branch area is active in matters of Osteopathic medicine.

Dr. R. Brennan, the new chief of staff, is busy with the constitution and by-laws of the H.O.H. He'll hew to the line and let the chips fall where they may.

All of us are hoping that Dr. Dalrymple will be in Houston February 15, 16 and 17. Dr. Dalrymple is plenty able to rejuvenate and rekindle the Osteopathic fires of this district six.

A twist of the wrist will cure television eye strain—purely osteopathic and a brilliant idea. Stopette is also a good answer.

Dr. Homer Wilson sent in a fracture of the greater tuberosity of the right humerus. Same patient was found to have a needle or pin in her left foot, not painful, just anterior to the os calcis. Homer and I are planning on going to the State Convention together again this year and will try to stay together for at least 30 minutes after we arrive. It will be an endurance test for Homer.

Dr. E. Roehr and Dr. Durden are "cross matching" their dogs. All I could hear of the details, in my eavesdropping manner was: "Are you sure? How do you know?" An inverted P wave or paroxysmal tachycardia may be the result or downward deflection of the S wave (both dogs are Spaniels).

Our surgery section diagnosed a ruptured jejunal ulcer before the operation. In this case the collection of gas or air bubble was under the left diaphragm. A year previously this same patient had a partial gastic resection for ruptured duodenal ulcer. At that time the air bubble was under the right diaphragmatic leaf, demonstrated via x-ray. The patient thought that he was a regular giant firecracker with two fuses. He kept both lit most of the time or too much wine, women and song, and he didn't sing much.

February, 1952

Houston and Harris County still has plenty of open range for more osteopaths. Fifty head more could find good pastures that are greener, better and will well support 'more contented' doctors than any spot we know. Write or wire Dr. L. Tavel, 4921 San Jacinto, Houston, Texas, for more details.

DISTRICT SEVEN

At the monthly business meeting of the San Antonio Osteopathic Hospital Monday, January 7, it was voted to hold one business meeting a month and one educational and social meeting a month. The business meeting will be held the first Monday of the month at the San Antonio Osteopathic Hospital at 12:30 p. m. Luncheons will be served and any staff business will be taken up at this time. The monthly educational-social meeting will be held at the homes of the staff members. Three papers will be given at each meeting.

The January meeting was held Tuesday, January 22, at the home of Dr. F. M. Crawford. Dr. C. R. Nelson gave a talk on osteopathic medicine. A paper was presented on uterine inertia by Dr. W. J. Mosheim and Dr. G. S. Beckwith spoke on urological diagnosis and augmented his talk with x-rays.

By W. J. MOSHEIM, D. O.

DISTRICT EIGHT

The holidays being over seem to make very little difference for the copy for district 8. Most of the happenings either must be observed by the reporter or garnered from the various items of publication.

However, from the Valley comes word concerning Dr. William Schley, who was injured several months ago in an automobile accident which fractured two or three cervical vertebrae. It seems from the reports that his condition is about the same, which condition according to reports is a total paralysis from the cervical area down. Our sympathies to Dr. Schley and his family.

DISTRICT NINE

The Corpus Christi Hospital staff meeting was held in the Bailey-Schultz Clinic on January 9, 1952. Motion pictures were exhibited on "Herniotomy", "Tonsillectomy", and "Plastic Surgery of the Nose". These pictures were furnished through the courtesy of the Novocol Chemical Company.

The regular meeting of the Nueces Society convened on January 11 at a noon luncheon meeting in the Robert Driscoll Hotel.

The regular quarterly meeting of the Corpus Christi Hospital Board of Trustees was held on January 23 in the Bailey-Schultz Clinic, at which time a complete report was given concerning the operations for the past quarter. This was for the benefit of not only the regular executive committee but for the additional lay members, who comprise one-half of the Board. Since these lay members are successful business men, many, many helpful suggestions in obtaining a smoother operation, as far as the business of the hospital is concerned, have always been welcomed and instituted promptly. We are grateful to those who are willing to give time enough to this business venture.

The superintendent of the hospital, Mrs. S. E. Welch, still holds monthly personnel meetings for the resident employees of the hospital. These meetings have been very educational and have fostered not only a better public relations among the staff, but smoother operating conditions.

The Corpus Christi CALLER TIMES of Sunday, February 3, 1952 carried some very good public relations under the heading, "Mrs. C. P. Woolsey Collects Victorian Antiques", with almost a column description of the Woolsey home and a large picture of their bedroom was shown in the paper. This is indeed good public relations.

Strattons To Build New Modern Clinic

Building To Be Constructed On East Broadway

Construction of a modern new Osteopathic Clinic on Broadway to provide new office quarters and facilities for Drs. C. R. and R. L. Stratton will get underway this week, according to an announcement by the Drs Stratton Saturday.

The new clinic will be constructed on two lots purchased from the Shepard estate on Broadway.

Laying of foundation is scheduled to begin this week, with actual construction to be rushed to completion within the next 35 to 45 days, according to Dr. Stratton.

The Stratton Clinic is now located in the Peavy building on East Main.

Facilities will be greatly enlarged and many new services made possible in the new clinic, including new facilities for Technician James Stratton.

Full details will be announced at a later date, the Drs. Stratton declared.

District 9 met with Dr. J. V. Money of Schulenburg. All members were present except Dr. Paul Pinkston, who was at home with the well established flu, Dr. T. D. Crews, and Dr. C. R. Stratton.

Dr. D. M. Mills, president, called the meeting to order at 8:30 p. m., conducting a short business meeting. The group was given the details of Dr. Lindberg's talk on hospital management and relations of surgeons and general practitioners. This meeting was held in Fort Worth December 8, 1951. Dr. Lindberg brought out some very good ideas on public relations and the hospitals.

Dr. J. V. Money gave a talk on emergencies, medications used, and care of

patients. After the meeting a delightful luncheon was served by Mrs. J. V. Money.

Dr. Money is remodeling his home and it will be a pleasure for him inasmuch as he has a sound proof basement room all his own.

Dr. C. R. and Richard Stratton are coming along fine with the hospital-clinic. From the reports I hear that C. R. could compete with Phil Russell for cutting contractors down to his own price.

Dr. T. D. Crews flew to California for a 10 day trip to visit an aunt who was stricken of cancer. Even as dry as Texas is, he still prefers Texas to California. He still has quite a few "hay burners" and no hay.

Dr. W. G. Millington is adding a much needed 5 bed hospital to his new modern clinic. This man needs help either in Nixon, Stockdale, or Karnes City. There are a lot of these country doctors needing help—have often wondered if there are many city doctors sitting around waiting for a practice.

Our next meeting will be held with Dr. Harry Tannen in Weimar on February 13, 1952.

By W. L. CREWS, D. O.

Auxiliary District Nine

(Continued from page 29)

able to find a baby sitter. Ever had that trouble girls???

Another item of interest, Mrs. Freda (Theron) Crews has taken up China painting. Haven't seen her recently to find out how she is progressing but, if I know Freda, she will do o. k.

This is all for this time but we shall be having a meeting in February at the home of Dr. and Mrs. Harry Tannen in Weimar, and you will be hearing from your correspondent then.

By ROMAINE (D.M.) MILLS

February, 1952

Missouri College Starts Pre-Osteopathic Course

CHICAGO, ILL., (AOA)—North-east Missouri State Teachers College, located in Kirksville, Mo., announces its cooperation with the osteopathic colleges at Kirksville, Des Moines and Kansas City in a combined degree program.

Under the agreement, students completing the College's three-year pre-osteopathic course will receive their baccalaureate degree upon completion of the first year at an approved osteopathic college. The College has recently distributed a pamphlet describing this arrangement to high schools throughout Missouri and other states.

Dr. Walter H. Ryle, president of Northeast Missouri State Teachers College, writes, "The North Central Association has fully consented to our arrangements for accepting credit from an approved osteopathic college. We consider this a high commendation of modern osteopathic education."

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