

# *Texas* **OSTEOPATHIC PHYSICIANS** *Journal*

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Number 12



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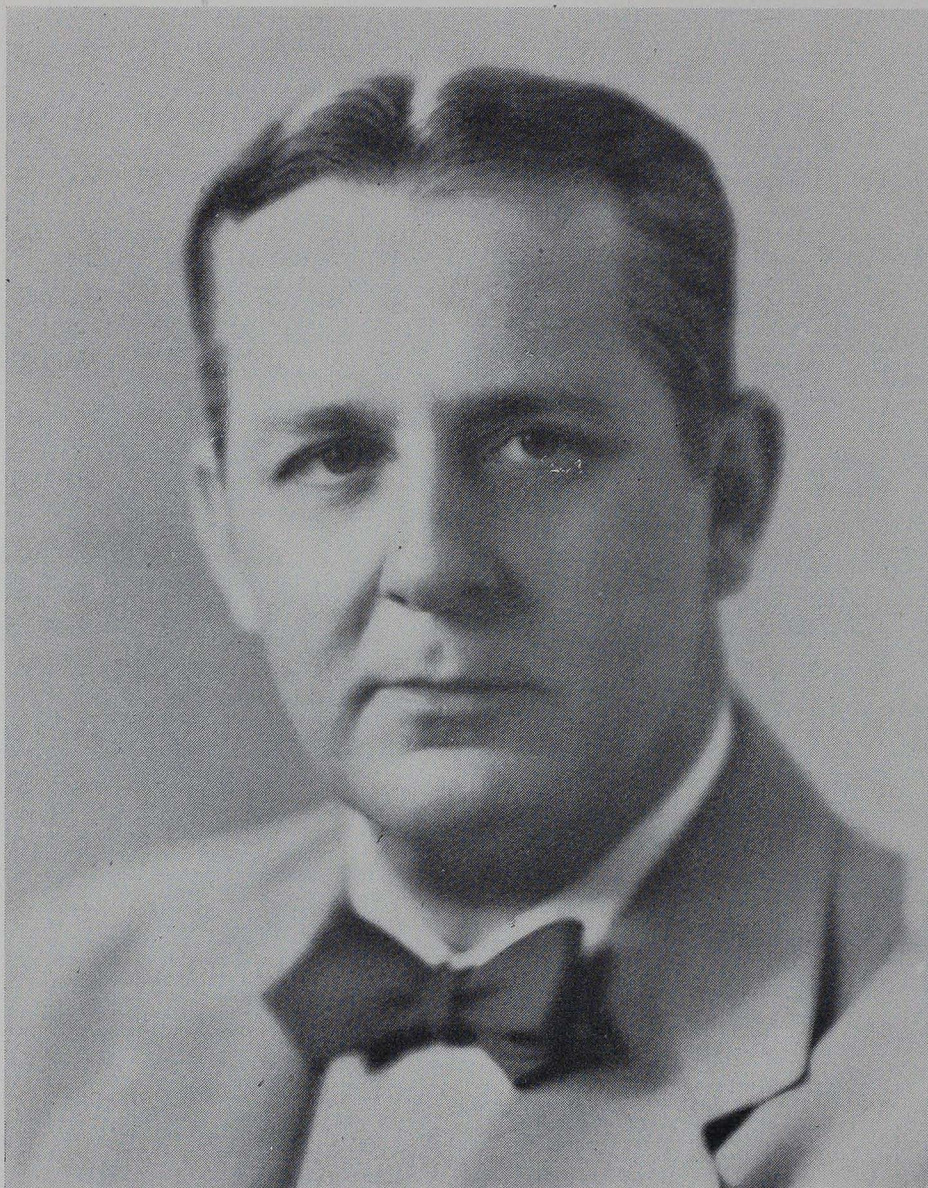
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Tyler, Texas



# Texas Osteopathic Physicians' Journal

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TEXAS ASSOCIATION OF OSTEOPATHIC PHYSICIANS AND SURGEONS

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VOLUME IV

AUSTIN, TEXAS, APRIL, 1948

NUMBER 12

## PRESIDENT GRAINGER'S MESSAGE

With the advent of a new association year, as with the arrival of New Year's Day, comes the time for everyone to take stock. Aside from the executive secretary's report, aside from the report of the treasurer and aside from those of various committee chairmen, there is that summation which each individual member, perhaps subconsciously, makes to himself as to the *quo vadis* of our group. This is mine.

Even though this is another critical year, I believe the members of this association can feel quite secure in those they have chosen to lead them and in the group your president has asked to help him, provided each of you support them with your efforts, interest, advice and time. You will find their names on the inside cover page of this issue of the Journal. Some of them are getting old and tired, some are new and eager but every one feels his responsibility to you and me and is willing to do his job.

### MEMBERSHIP

In order to carry out the work that we must do, the association needs members. We need their money, yes, but more than that we need their abiding interest. The dues this year again are necessarily high but the privileges that go with them are even higher. We are even now engaged in a vigorous effort to reach every one in the state who has not joined the association. With so much at stake this year, who among us can afford not to belong?

It is my hope that each of you will get that man who is riding on a pass on the gravy train and simply make him pay his fare. If that were done, I can assure you it would be reflected in the lowering of the rates for all of us next year.

### AUXILIARY

This year we will have a higher membership in the Auxiliary than ever before. Many districts are highly organized in their working for the profession and



it is good to see so many wives supporting their husbands in their chosen life work. However, we must carry on the organizing of these energetic groups so that their work will be just as effective, or even more so, in each district, each county and each town, as the most active in the state.

## LEGISLATION

According to the press, the battle lines of our brother profession have been drawn and the resulting picture is not a pretty one. Your association will bend every effort to cooperate with the new administration to soften, modify and redraft those lines. Already a start has been made toward a mutual understanding of one another's problems and it is our hope that a new era based on good will rather than distrust can soon be realized for we have some reason to believe that the picture is not indelible.

## OSTEOPATHIC PROGRESS FUND

The association is now engaged in a tremendous drive for the support of our splendid schools and all osteopathic America is watching to see what Texas does. There is something magic in the name Texas and we here, who have been so favored, cannot afford to disillusion those less fortunate in other states nor disappoint our schools. Is it too much to try to better Arizona's 102%? Certainly we must outdo Missouri's 63%. The Osteopathic Progress Fund, a five year project, merely insures our colleges in doing the great expansion task we have told them they must do. Remember this when you are asked to participate in this great project within the next fortnight.

*O. P. F. could mean Osteopathic Profession First.*

## STUDENTS AND SCHOOLS

With the strides our schools have made, the standards for admission have become more severe than ever before. To keep the standards you and I have set, six out of every seven applicants who had the necessary qualifications were last year not allowed to enter. That is how rough it is on the pre-osteopathic student today. To the committee on vocational guidance is entrusted the responsibility of educating the educators to this salient fact and in aiding in selecting only the very best material the academic colleges have to offer as future carriers of the D. O. degree.

## VETERANS

We have been asked to aid in the care of veterans and we have said that we would. We have drawn a contract for the approval of the Veterans Administration. We hope it will be accepted, and if it is, the responsibility of each of you who works under this contract will be great and the penalties for violation will be severe. You and I must measure up to these responsibilities for our reputation, our very character, will be at stake.

In summation, I feel we osteopathic physicians in Texas are in pretty good shape. Let us do everything we can to keep it that way. Let us not let our waistlines bulge, our heads expand nor our glutei become infiltrated with fat. This year, I think, will be a good year and a healthy year for all members of our profession in Texas.



# TRANSDUODENAL TREATMENT OF TAPEWORM INFESTATION

ROBERT J. BRUNE, D. O.

PREMONT, TEXAS

The efficient treatment of tapeworm infestation has long been a problem confronting the medical profession. Many treatments have been promulgated through the years, but their efficacy has been generally discouraging.

The principal tapeworms infesting man are *Taenia saginata* (beef tapeworm), *Taenia solium* (pork tapeworm), *Hymenolepis nana* (dwarf tapeworm), and the *Diphyllobothrium latum* (broadfish tapeworm.) In this series of cases I have found two of the above group: namely, the *T. saginata* and the *H. nana*.

Among the vermifuges in general use are aspidium, pumpkin seeds, pomegranate bark, pelletierine tannate, carbon tetrachloride, and tetrachlorethylene with oleoresin of aspidium being the most popular.

Sokolovski <sup>(1)</sup> in 1933 and Golob <sup>(2)</sup> in 1935 devised methods of the transduodenal treatment that seemed superior to those in common use.

In a series of four cases, all of a diagnosed duration greater than 4 years, good success has been obtained with a modification of the existing transduodenal treatments. At the present time I have under treatment a female patient with a history of infestation for 9 years that has produced 26 known worms under various forms of treatment.

My diagnosis in this series was based upon history, physical examination, and laboratory examination of the feces proving the presence of worm segments or suggestive ova in stool specimens.

Each patient was given a complete blood count prior to treatment and it was found that each presented an eosinophilia, a mild leukocytosis, and a degree of hypochromic anemia.

My treatment was based upon the four cardinal points as set forth by Beckman <sup>(3)</sup>:

1. The intestinal tract must be thoroughly cleaned out in order that the vermifuge may have free access to the parasite.
2. The dose of the vermifuge must be large enough to stun the worm and not injure the patient.
3. The vermifuge must be followed by a purge to remove the effect of the treatment.
4. Careful search must be made for the worm's head *by the physician*.

Each patient, upon consulting me, was immediately placed upon iron, liver, and multivitamin therapy and was instructed to take the following home treatment as advanced by Magath and Brown <sup>(4)</sup>:

Rx:  
Oleoresin of aspidium ..... 6.0  
Powdered acacia ..... 8.0  
Water, to make ..... 60.0  
M. et emulsify.



The patient is directed to omit lunch and supper on the day preceding treatment. Black coffee, tea, and water are allowed. At 6 p.m. a dose of magnesium sulfate is taken; this is repeated at 6 a.m. the next day. Then, without breakfast and after the bowels have moved, half the dose of the above emulsion is taken and one hour later the other half. After two hours another dose of magnesium sulfate is taken followed shortly by repeated soapsuds enemas to effect. The stool is saved, sieved, and the residue examined for worm body and head.

The results obtained by this treatment were consistent insofar as the treatment did produce part of the worm in each case. (See accompanying table.)

Two weeks after the above treatment, the patients were hospitalized, and after fasting for 24 hours were given 6 ounces of a saturated magnesium sulfate solution. Two hours later a duodenal tube was passed into the second portion of the duodenum and its position ascertained by fluoroscopy. The following

were then introduced into the duodenum:

1. 0.5 Gm. Quinine sulfate in 10% alcohol solution.
2. 60 cc. of Magath and Brown's Emulsion as above.
3. 40 cc. of a 25% Magnesium sulfate solution.
4. 25 cc. water

in the order enumerated.

This was followed after two hours by the oral administration of two ounces of saturated solution of magnesium sulfate.

Minimal toxic effects were noted consisting of bradycardia, nausea, vomiting, hypopnea, and tinnitus aurium. No serious manifestations of toxicity were seen.

In from 2 to 6 hours following the administration of the last dose of magnesium sulfate, bowel actions occurred with uniformly satisfactory results. From one to four heads were recovered along with varying segmental lengths from each patient. (See accompanying table.)

The stools were examined after treatment for a period of two days prior to dismissal. Some segments were passed in each case and two heads in one case.

Patient	A	B	C	D
Age	38	40	42	30
Sex	Female	Male	Female	Female
Duration in years	8	5	4	4
No. previous treatments	8	6	4	3
Hb previous to Rx	13 Gm	13.2 Gm	12.8 Gm	12 Gm
Eo previous to Rx	16	8	8	10
Hb 1 mo. after Rx	14 Gm	13.8 Gm	13.8 Gm	12.6 Gm
Eo 1 mo. after Rx	4	4	4	3
Ft. worms from home Rx	30-+	12	16½	12
No. heads from home Rx	2	1	0	0
Ft. worms from hosp Rx	18	6	3	10
No. heads from hosp Rx	5	1	1	2
Variety	3 T. saginata 2 H. nana	1 H. nana	1 T. saginata	2 T. sag.
Toxic Signs	nausea, vomit, tinnitus, bradycardia	nausea vomit colic	none	nausea vomit



The patients were instructed to continue taking liver, iron, and multivitamin therapy at the time of their dismissal from the hospital.

One month after hospital treatment each patient was again given a complete blood count with uniformly good results as may be seen by studying the accompanying table. At this time serial stool examinations for four days were run on three of the patients and no segments, heads, nor ova were found.

From observing the results with this treatment in this series, I am led to summarize:

1. That this treatment is relatively efficient.

2. That heavy administration of aspidium in one single dose is not so toxic as it is thought to be.

3. That it is not uncommon to find more than one worm of the *Taenia saginata* variety in the intestinal tract of man and that mixed infestations are common.

### References

- (1) Sokolovski, W.: Worms, Milit. Med. Ztschr. 4, 274, 1933 (abstracted in Trop. Disc. Bull., 31, 781, 1934).
- (2) Golog, M.: Worms, J. Lab. Clin. Med., 20, 841, 1935.
- (3) Magath, T. B. and Brown, P. W.: Worms, J. A. M. A., 88, 1548, 1927.
- (4) Beckman, Harry: Treatment in General Practice, pp 362-363, 5th Ed., 1945, W. B. Saunders, Philadelphia.

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### ERRATUM

The Journal was misinformed as to the location of Dr. B. D. Henry of Corpus Christi. The March issue stated that Dr. Henry had moved to California.

We have word from Dr. Henry directly telling us very emphatically that he is in California for post-graduate work, upon the completion of which he will return to Corpus Christi and resume his practice.

In the March issue of the Journal, there appeared an article entitled "Uterine Inversion" by Dr. Milton V. Gafney of Tyler.

Dr. E. C. Kinzie of Lindale was the doctor on the case originally and called in Dr. Gafney as surgical consultant. Dr. Kinzie remained on the case throughout and was the co-author of the case presentation.

We regret that we omitted to include his name under the title of the article.

## *Medcalf & Thomas*

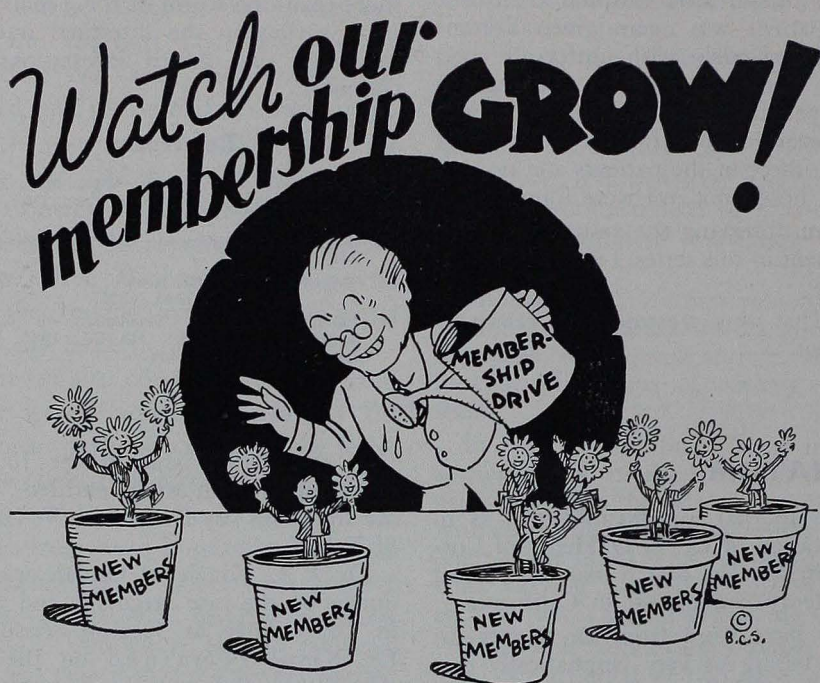
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Every day there are articles in the press and the A. M. A. publications which predict our coming conflict in the next session of the legislature. We must be prepared to uphold our right to administer to the people of the State of Texas and at the same time educate the body politic as to our qualifications and abilities.

Our educational program cannot in its entirety be an individual one. It must be directed by the national head of our profession — the A. O. A. — in coordinating all endeavors and activities of the many component parts of this profession. Our information will be disseminated by a functioning State Office, if we keep one. This is up to you and to me. How much is it worth to you? Think it over. **PAY YOUR DUES NOW!**

WM. H. Van de Grift, D. O.  
Chairman,  
Membership Committee



# Constitutional Inadequacy, A Misnomer

I. T. STOWELL, D. O.

SAN ANTONIO, TEXAS

The term Constitutional Inadequacy is used to supplant an accurate diagnosis. It is applied usually to conditions of chronicity manifested mainly by lack of energy, ill feelings vague in character, and irritability. This diagnosis is handed down from the large clinics in this country and has been accepted and used by very prominent men. I believe the term has been misused and admits failure in recognizing disease and determining its cause.

When dealing with the ill person we must remember that all protoplasm is not the same. Anatomically, nervous systems differ and there is a wide range of normal. Grades of intelligence differ also. Individuals that are unfortunate in their heredity and have border line psychoses, those that are frustrated and those that have complexes that present annoying symptoms, should fall into the hands of men trained in psychiatry. If their ill feelings are not the result of psychic changes, it is quite possible that organic or functional diseases may be uncovered with a very thorough clinical examination. Laboratory methods will lend great assistance in diagnosis and even though the findings approximate normal, often-times a clue to a physiological disturbance will be discovered.

Neurasthenia with manifestations of psychasthenia, that is, the phobias and compulsions, may result from physical conditions ranging from disturbed physiology, through simple toxic conditions to complex glandular syndromes. Post-surgical conditions often fall into this category and may remain for long periods of time if proper treatment is not applied. This entails careful rehabilitation and reassurance on the part of the physician. These disorders are preventable and usually curable and therefore

can not be dubbed "Constitutional Inadequacy."

Excluding the psychoses and congenital disorders that impede normal function, it is my belief that all other diseases are real and based on abnormal physiology and/or structure. Sedentary habits, over-work, irrational dietary and hygienic regime cause many disorders, but certainly they can not be explained by the term "Constitutional Inadequacy." Reorganization of the individual's habits and activity and correction of the deficiencies incurred will result in normal health. Re-education is as potent a therapeutic agent as exists in any physicians armamentarium.

If obscure disorders are labeled "Constitutional Inadequacy," what then, is the error in the clinicians method of diagnosis? No two individuals attack the same subject in the same manner as mental processes differ. Every physician employs methods singularly his own and though two men may arrive at the same conclusion, the steps leading to that point differ. Opinions as well as standards in evaluating vary. This applies especially to those dealing with chronic diseases. Acute diseases present well defined patterns and though errors in their diagnosis may be made, the physician is well aware that he is dealing with a disease entity. Specific methods are few.

Our school teaches diagnosis in a unique manner and stresses the importance of normal function and structural integrity, the former to a great extent dependent on the latter. The osteopathic physician has at his command, if he will but use it, a capable and reliable system that will furnish him with information that can not be gained in laboratory procedures. This refers to palpatory



findings and their significance with respect to visceral states, also to structural patterns that influence visceral function. We should not confine our structural analysis to the spine and locomotive system only. All tissues of the human organism must be scrutinized and compared with our idea of normal. Mal-occlusions of dentures, flat feet, spinal curvatures and mal-positions of the viscera all require serious consideration if we are to attack the problems of structure.

Infections are the sabotaging agents in the body. They result directly or indirectly through the medium of their toxins, in destruction or damage to tissues, serious injury to the blood forming organs which result in anemias and other destructive processes. They cause far-reaching nutritional disorders and chemical abnormalities that may even cause death, either by depression or by mechanical means. Decision as to whether a tissue is infected or abnormal is often based purely on opinion and because of the incidence of human error, has no

scientific basis. Assuming this to be true it is easily understood how a physician may overlook anything as simple as infected tonsils. Every system of the human organism should be carefully examined as a possible source of focal infection.

In order to arrive at a comprehensive diagnosis it is necessary that the clinician employ all modern methods and never lose sight of the importance of a detailed history. This should include an account of the patients psychic experiences and social trend. It is wise to investigate each system separately, avoiding superficiality. The history will contain clues pointing to the systems most involved. Physical and laboratory examination will differentiate disease processes from reflex disturbances, the latter to be carefully traced to their origin.

On completion of all examinations a comprehensive picture will begin to take form and with the advantages of osteopathic medicine and surgery, the ill individual has a good chance for recovery and should never be discharged as "Constitutionally Inadequate."

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By RAYMOND NETTLESHIP

PRESIDENT, THE NETTLESHIP COMPANY

*Administrators of the  
Profession's Official Malpractice Insurance Program*

The experience of a malpractice suit, and its attendant anxiety, loss of time and possible unfavorable publicity, is a most unpleasant one.

Even as an early diagnosis of an infection increases the probability of successful treatment, so it is of extreme importance that a physician be able early to recognize The Dangerous Patient.

Experience clearly indicates recognition as typically dangerous the patient who comes to you complaining of improper or unsatisfactory treatment by another physician. Be cautious of any statement you make which might be construed to be a criticism of the previous physician, remembering you are hearing only the patient's side of the story. You may be required to repeat your criticism in a court room when, belatedly in possession of all the facts, you find yourself as an unwilling instrument employed to "crucify" a blameless physician. A complaining patient is frequently a non-cooperative patient, expecting miracles of the doctor. This makes it more than ordinarily important that you keep full records of the history, all diagnostic methods used, conditions found, and the treatment, prescriptions, and advice given. If x-ray examination or laboratory tests are indicated, insist upon them. A consultant is

particularly valuable as a safety factor in such a case.

The patient who spends beyond his means, or who has been forced to reduce his scale of living, is potentially dangerous. He is the type who often threatens suit merely to avoid the payment of a bill. An understanding with the patient of the cost of proposed treatment, its probable extent, and the method of payment is to be strongly recommended. Deferring the subject of payment therefor until after the patient has ceased to need professional services creates an adverse psychological situation. Without counseling a "Shylock" attitude and recognizing the place of charity in every doctor's practice, experience has indicated that it is healthiest for both patient and physician when costs are frankly discussed and a "pay as you go" program instituted.

The transient patient: When you are called upon to give temporary care to a transient, or following the administration of first aid, protect yourself by informing the patient, in the presence of your nurse or secretary if possible, that he will need further treatment and so note on the record. Many wise physicians require the "temporary" patient to initial a memo acknowledging instructions as to the need of further profes-



sional care, thus strongly impressing the advice and at the same time assuring that the individual cannot later allege (when lack of follow-up results disastrously) that the doctor had represented the treatment as complete.

The patient who discontinues treatment before being discharged—the job half done—may be dangerous. True, he may be feeling so well that he believes further treatment unnecessary, and is today entirely happy as to the services you have rendered. On the other hand, he may be dissatisfied today or, what is more likely, is going to be very unhappy (and looking for a target) when six months later the consequences of uncompleted therapy prove to be serious. The specimen letter below has proven very effective in establishing obvious interest in the patient's welfare and that he has not been discharged as cured. Such letter should be individually typed and a copy placed in the file.

"Dear Mrs.....: My records indicate that you failed to keep the appointment of ..... date and that you have not made any subsequent appointment or appearance in the office. In your own interests, may I call to your attention the fact that further professional attention is, in my opinion, definitely needed. If there is some personal reason why you would prefer not to return to this office, may I urge that you seek other competent professional care. I would be glad to give the benefit of my knowledge of your case to your subsequent physician, should you elect to receive the needed attention at other hands.

"Yours very truly,"

Fortunately such "safety measures" as have been discussed are beneficial both to patient and doctor and (particularly as to the latter referred to above) good for the practice.

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# KIRKSVILLE NEWS

## CLINICAL REVIEW COURSE

All details have been completed for the Annual Clinical Review Course to be offered at the College June 13, 14 and 15, Dean M. D. Warner has announced. Approved by the Missouri Association of Osteopathic Physicians and Surgeons for license renewal, this course brings a large number of physicians here each year from Missouri and other states.

As outlined, the three day course opens Sunday morning, June 13 with registration in the Administration building from 8:30 to 10:00. Registration will be followed by a general assembly in Clinic Building 302 from 10:00 to 12:00. The clinical program opens at 1:30 Sunday afternoon and continues until 3:30. Through Monday and Tuesday this program will run from 9:00 to 11:50 in the morning and 1:30 to 3:30 in the afternoon.

Dean M. V. Warner will deliver the invocation at the general assembly. President Morris Thompson will extend the greetings of the College and President Gus S. Wetzel, Exec. Sec. L. D. Jones and Atty. R. D. Williams of the Missouri society will present information of importance to members of the organization.

Dr. Margaret Jones, of the Kansas City College of Osteopathy and Surgery, will be guest speaker at the 1:30 sessions on Sunday and Monday. Members of the College clinical staff appearing upon the program are: Drs. Wallace M. Pearson, Martin L. Riemann, William C. Kelly, Max T. Gutensohn, C. L. Attebery, D. L. Green, George W. Rea, C. M. Esterline, Paul R. Koogler and James A. Keller.

The banquet will be held Monday evening, June 14 at 6:30 at the Travelers Hotel. Matriculation fee covers the price of the banquet.

## FOUNDERS DAY SPEAKER

Dr. Lydia T. Jordan, president of Osteopathic Women's National Association, has accepted an invitation to appear on the program of professional lectures during the 1948 Founder's Week at the College, the committee in charge has announced. Dr. Jordan and her husband, Dr. Holcomb Jordan, practice in Davenport, Ia. Both were graduated from the Kirksville College of Osteopathy and Surgery in 1930.

She will appear on the Founder's Week lecture and demonstration programs September 30 and October 1. As previously announced, Dr. Chester L. Farquharson of Houston Texas, will take part in the lecture and demonstration program; Dr. H. Dale Pearson, of Erie, Penna., will be toastmaster at the banquet on the evening of September 30 and Dr. H. V. Halladay, of Tucson, Ariz., will deliver the Founder's Day address Saturday morning, Oct. 2.

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DUES WERE  
DUE  
April 1st

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DR. HELENE E. KENNY

*A Pioneer in Osteopathy*



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## IN MEMORIAM

The osteopathic profession sustained a great loss in the passing of Dr. Helene E. Kenney, 74, of Fort Worth who died at 3:00 a.m. April 18 in the Sparks Hospital.

Dr. Kenney, whose two daughters, Dr. Katherine K. Carlton of Fort Worth and Dr. Helen Emilie Jackson of Oxford, England, are also osteopathic physicians, was the widow of Dr. Charles F. Kenney, who died in June, 1943. After she graduated from the American School of Osteopathy in 1910 and entered practice in Alice, many members of her family followed and to date there have been eleven osteopathic physicians in the family with her son-in-law now a pre-medical student preparing to enter Kirksville.

Dr. Kenney was an indefatigable leader not only in osteopathic organizations but in Catholic and civic organizations as well. She was past president of the Zonta Club and was active in organizing the Fort Worth chapter of the Business and Professional Women's Club. She was a member of the San Jose Missionary Society, the Catholic Daughters of America and St. Mary's Church. She was past president of the Fort Worth Association of Osteopathic Physicians and Surgeons and was active in both her state and national organizations.

To all of her survivors, the Texas Association of Osteopathic Physicians and Surgeons wishes to extend their deepest sympathy and their regret of the passing of such an outstanding, courageous woman.

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# O. P. F.

## Key to Professional Advancement

By LEWIS F. CHAPMAN

*Director, Osteopathic Progress Fund*

Too often we look at the various projects of our national organization as separate programs and fail to see how intimately they are associated and how the success of all of them depends upon the success of each. We are used to attacking our problems piecemeal and in doing so, frequently fail to give adequate attention to other professional problems of equal importance, which may be closely allied to the one at hand.

I feel certain that there are few osteopathic physicians who are not interested in the legislative program at the state and national levels, increased public acceptance, increased governmental recognition, perpetuation and extension of practice privileges, establishment of adequate graduate education, additional hospitals, an increased supply of internists, and many other phases of the activity of T. A. O. P. S. and the A. O. A. It is apparent, however, that many have failed to realize that all are closely interwoven and interdependent parts of the overall program.

When seeing this close integration of objectives, one immediately wonders why they should be so far apart in function and yet it is true that individuals have labored faithfully and hard for one objective and totally ignored others. It is this very human characteristic which has resulted in the general confusion about the Osteopathic Progress Fund.

It is an inescapable fact that the osteopathic profession, like all other professions, is based upon a system of education or training. This is the foundation upon which our increasingly complex structure is built. We can easily see the great central hall of general practice and the many specialty wings radiating from the central structure. However, we are prone to overlook what is the architect's or construction engineer's first concern—the foundation.

Examination shows that the educational foundations undergirding the osteopathic profession are bearing an enormous strain without access to public funds, without endowments, without aid from organized philanthropy they are trying to provide a standard of medical education comparable to that available at the state-supported and heavily endowed institutions of the older school of medicine. As a matter of fact, this was demanded of them by the profession. Not one of the osteopathic colleges needs to apologize for its efforts. None has shirked its responsibilities. In fact, an amazing success has been achieved thus far. In reaching the present level of achievement the colleges have had to strain to the utmost and have received from staffs and faculties a loyalty and devotion as unselfish as it has been unsung. It is obvious that continued operation under these conditions may possibly result in a breakdown. Like a machine or a human body, there must be a reserve of power and vitality to meet the unexpected contingencies and the demands of growth and expansion. Osteopathy is a young, aggressive and growing profession



and it cannot have an educational system that is static due to lack of nourishment. Any growth achieved by the profession which is not soundly based upon educational progress is unnatural and impermanent.

The Osteopathic Progress Fund is not the whole answer to college problems. It is essentially an emergency treatment. It is necessary for the profession to get its educational house in order before going to its many lay friends and asking for their assistance. It is equally necessary for every forward-looking osteopathic physician to begin at once a well planned program of public relations in his or her own practice. A physician who gives a thousand dollars to O. P. F. and then fails to "sell" osteopathy to his patients and inform them of the opportunity for philanthropic support of his professional institutions is only doing half the job. When investing a part of your income in the colleges it is only good business to protect that investment. The best protection is a good public relations job in your individual practice to tie in with the public relations program at state and national levels.

There are many physicians who have patients who give enormous sums to charity and philanthropic programs every year; they may be very loyal patients, yet they are not likely to offer spontaneously to give large sums to our institutions until the idea has been presented to them.

I am reminded of an incident in the life of the late Irvin S. Cobb. As a young cub reporter he was assigned the job of securing an interview with an important personage who was notoriously averse to reporters. The most skilled reporters had exercised all their ingenuity to contact the individual without success, but within a few hours Cobb was back with his story. When asked how he did it he said simply: "I just asked him."

There is a lesson here for us in our need for public support of our educational institutions. First we must support them ourselves to assure that they offer a sound program for public investment. Then we must tell our patients and friends about them—their public service program and their need of support. If enough physicians do that, the response will be beyond our fondest dreams and the profession will continue its forward strides backed by a strong and universally recognized educational program.

## Save That Red Letter

NOTICE TO ALL D. O's: You will get a red letter soon from  
your unit contact chairman.

*Read It! Memorize It! Save It!*



# Texas Osteopathic Hospitals



Osteopathy in the Texas Panhandle centers a great part of its activity at the Amarillo Osteopathic Hospital, 801 West Tenth Avenue, Amarillo. Twenty-seven Panhandle osteopathic physicians and surgeons staff this modern institution which opened on October 3, 1942.

The one hundred room building of modernistic architecture is successor to an earlier hospital first opened in 1929. Ground was broken for the new building on October 12, 1942, and despite wartime shortages and construction difficulties the structure was completed in July, 1942. Initial cost of the building was \$125,000. With a patient bed capacity of 45, it operates as a non-profit institution, legally chartered by the State of Texas and recognized as a charitable service institution.

More than 10,000 persons per year make use of the Amarillo Osteopathic Hospital and Clinic and the professional skill of its staff.

Two wings of the hospital are devoted to the suites of offices of two groups of physicians, each with separate reception rooms. Drs. L. V. Cradit and Lester J. Vick occupy the north wing, while Drs. Earle H. Mann and J. Francis Brown utilize the east suite.

Drs. Cradit and Vick teach two post-graduate courses in proctology and other fields each year, and bring to the Amarillo Osteopathic Hospital as students some of the most alert minds and most skilled men in the profession.

Through the fame of the post-graduate courses taught here, patients are constantly being referred to the teachers in Amarillo, and difficult cases from



remote territories find their way to healing in the Texas Panhandle.

Drs. Mann and Brown teach one post-graduate course each year and draw to the Amarillo Osteopathic Hospital and Clinic many progressive students.

Outstanding feature of the hospital is one of the most modern operating rooms in the South. Shadow-proof illumination aids the surgeon's vision, and mercury arc switches and grounded floors eliminate the possibility of explosion or fire.

Air conditioning in the operating room assures a controlled temperature at all time. A large glass panel on the east wall closes off an observation room where internes may watch operations in the process. The operating room is flanked on the south by sterilizing rooms.

The Amarillo Osteopathic Hospital has earned an enviable reputation in the field of obstetrics. The superior educational equipment of the osteopathic physician is aided by efficient equipment to give the best prenatal care as

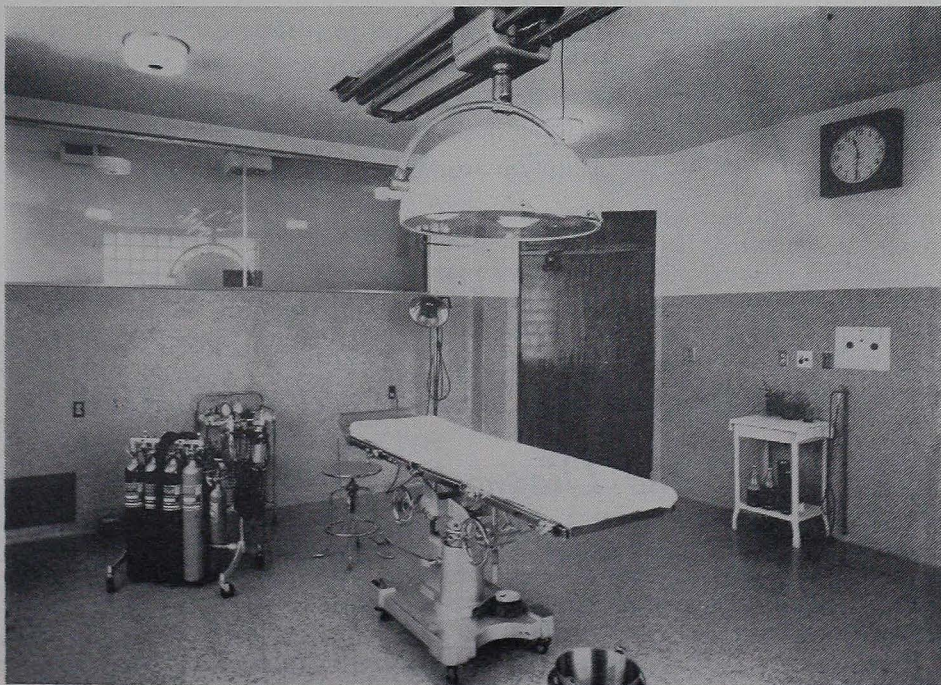
well as confinement and delivery attention.

Infant resuscitator and oxygen and incubation equipment are on hand for the use of youngsters who make their advent under difficulty. The resuscitator is made available by the hospital to anyone in the Amarillo vicinity who has need for it.

Dr. William M. Jackson is in charge of the laboratory, and has distinguished himself as an authority in his field.

The clinical laboratory administers standard tests to all patients admitted to the hospital. Moreover, the department of histopathology (a sub-division) gives its findings on the nature of diseased tissue removed surgically which further guides the surgeon in the immediate operative procedure.

Equipped for almost every type of specialty, the hospital affords the most modern and complete therapeutic equipment available. No expense has been spared in developing an institution which will live up to its dedication to the welfare of the people of the Texas Panhandle.







## *All Diagnosis*

arrived at by the most detailed investigations and the correlation of findings by the entire professional staff gives the referring physician the soundest basis possible for his treatment program.

## *All Adequate Treatment*

Of all other disease syndromes, as well as arthritis, must rest upon a comprehensive study of the patient. The extensive diagnostic facilities of this institution are available for all of your problem cases.

*We invite your inquiry*

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*"A Registered Osteopathic Institution"*



## EXECUTIVE ASSISTANT

It has been announced by the American Osteopathic Association that Dr. E. H. McKenna has accepted the position of Executive Assistant. Dr. McKenna began his work with the Association on March 16.

Having spent most of his practice years in Michigan, Dr. McKenna was most recently Medical Director and Superintendent of the Muskegon Osteopathic Hospital. He was a member of the Board of Trustees of the Michigan Association and chairman of its Department of Professional Development.

It is also announced by the American Osteopathic Association that Dr. J. R. Forbes has been made Director of the Division of Public and Professional Welfare. His appointment was approved by the Board of Trustees at their meeting in December 1947.

Dr. Forbes has just begun his new duties as he was president of the Iowa society at the time of the appointment and was unable to assume his new position until this time. Prior to his study of osteopathy, Dr. Forbes engaged in public relations, advertising and newspaper work. He practiced at Fort Dodge, Iowa, and later operated the Forbes Hospital in Swea City, Iowa, until 1946.

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## TEXAS CANCER BULLETIN

The first issue of the Texas Cancer Bulletin was recently received in the State Office. It is sponsored by the Texas Cancer Coordinating Council composed of the Texas State Department of Health, the State Medical Association of Texas, the American Cancer Society,

Texas Division, the University of Texas, and the M. D. Anderson Hospital for Cancer Research.

Editorial offices are at 2310 Baldwin Street, Houston.

It is a pleasure to report that the first issue was indeed well put together and very illustrative of the message intended. We have been informed by Dr. R. W. Cumley, editor of the bulletin, that it has been sent to every licensed physician and surgeon in the state regardless of his field of practice. It is urged that each of you take the time to read this publication thoroughly and assist wherever possible in the fine work it is fostering.

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## DISABILITY PLAN

After a little more than a year of operation, the special disability plan offered by the Metropolitan Casualty Insurance Company of New York which was approved by the Board of Trustees for the Association, has been reviewed. At the time of the approval of the plan, Mr. Sid Murray, General Agent for the company, informed the Board that the officers of the Association were at liberty to inspect the entire claim file at any time to see that the company was paying claims as promised.

Although no need arose for such examination, the company's representative voluntarily brought the entire file to the State Office for examination and perusal of this file indicates that the three claims which occurred during the year of operation have been satisfactorily handled.

It is the opinion of your executive secretary that the Metropolitan Casualty Insurance Company of New York is doing an excellent job in taking prompt care of policy holders among our members and are to be commended for their prompt and courteous service.



# CONVENTION REPORT

In connection with the annual convention, your Board of Trustees and House of Delegates held extensive sessions beginning on Wednesday, April 14, and extending through Saturday, April 17. A lengthy agenda was covered by both of these official bodies and the business of your association covered adequately.

As is customary, an epitomized version of the more important transactions of the Board of Trustees and the House of Delegates is given in the Journal, your delegates being provided with a complete set of minutes of their meetings from which it is expected that they will give you more detailed information.

On the inside front cover of this issue will be found the new roster of elected officers and trustees as well as appointed committees.

Both the Board and the House voted unanimously to exert every effort to bring the coming clean-up campaign of the Osteopathic Progress Fund in Texas to a successful conclusion. Your cooperation in this drive is earnestly solicited.

Both the Board and the House voted to request our members to apply to the Veterans Administration for appointment in various localities as part-time physicians to care for service-connected disabilities in veterans. The committee appointed for the purpose is now negotiating with the V. A. in connection with the contemplated contractual arrangement for the care of veterans on a fee basis and will keep you posted as to necessary cooperation in this endeavor.

Both the Board and the House voted to increase the annual budget of the committee on Public and Professional Welfare which heralds the beginning of intensified activity in the several

branches of this committee, notably that of the Speakers Bureau. You are asked to be ready to cooperate with this committee in its very important work.

An item was set up in the budget for the printing of the state directory. This is scheduled to appear early in July. The membership committee has organized its work on a smaller geographical basis than the districts in order to more adequately cover the field and announces that its intensive drive will terminate on June 17. Those who wish to appear in the directory as members should see to it that their membership is in good standing prior to that time.

The Board of Trustees chose the city of Corpus Christi as the site of the mid-year post-graduate conference and San Antonio as the site of the next annual convention of the association. For the use of these meetings, a committee is now operating to prepare a convention manual so that uniformity in procedure at conventions may be expected from now on. The House approved the recommendation of the Bureau of Conventions that the convention chairman in the future be selected from the area in which the convention is to be held in order to facilitate the handling of convention business.

In order to protect the welfare of the association, the House passed a resolution requesting that in any case involving malpractice action, the doctor notify the association, which would then conduct its own investigation. In this way, it is expected that a closer cohesion between the Association and the Nettleship Company may be secured.

Both the Board and House approved the amendment to the By-Laws pro-



posed by Dr. Robert J. Brune involving a change in Article II, Section 1 of the By-Laws of the Association eliminating the requirement of dues from interns while extending to them a courtesy membership in the Association during the period of their internship.

The proposed amendment to the By-Laws lowering the dues from \$75 to \$50 was unanimously defeated by both the Board and House. In this connection, the careful examination of the budget by both bodies clearly demonstrated that this change would not be feasible.

The proposed amendment to both the Constitution and By-Laws referring to the elimination of the nominating committee was passed by both the Board and House.

The necessity for redistricting of the state has been apparent for some time. The committee set up by the House last October gave its report and the House referred this report back to the individual districts for their approval or suggestions with the instruction that the redistricting plan be submitted again at the next annual session of the House.

The House selected as delegates to the House of Delegates of the American Osteopathic Association the following:

**Delegates:**

Dr. Robert E. Morgan, Dallas  
Dr. H. V. W. Broadbent, Austin  
Dr. Phil R. Russell, Fort Worth  
Dr. H. George Grainger, Tyler.

**Alternates:**

Dr. J. R. Alexander, Houston  
Dr. Louis E. Logan, Dallas  
Dr. J. Francis Brown, Amarillo  
Dr. James J. Choate, Houston.

The House gave specific instructions to these delegates with respect to policy to be adhered to on several matters. These delegates are to vote for the adoption of the Public Health Educational Manual recently prepared by the American Osteopathic Association and being examined by the Public Health Committees of the several states.

The House also issued specific instructions to the delegates with respect to the agitation in certain parts of the country for the issuing by our colleges of the M. D. - D. O. degree. The action of the House was very emphatic in this regard and the resolution passed states that it is the opinion of the House that among the healing arts, osteopathy is second to none and that it is the firm belief that the issuing of a combined degree would not be in the interest of the welfare of the people of the nation.

In accordance with the policy adopted nationally of larger divisional societies being of aid to adjacent smaller societies, the House passed a resolution to send a speaker to the coming convention of the Arkansas Association and voted to have the Association pay the expense of such speaker in the interest of cooperation with the Arkansas Association.

It is the desire of the House that at future sessions, as many members as possible come into the sessions as spectators. It is the one place in which may be observed at first hand the democratic processes of osteopathic organization in operation. Only then can you appreciate how much time and effort is expended in your behalf by your fellow members who assume these responsibilities.

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## **D DAY FOR DUES**

**JUNE 17**

**DIRECTORY LISTINGS CLOSE**

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# MEET THE PRESIDENT

Dr. H. George Grainger, President of the Texas Association of Osteopathic Physicians and Surgeons, born in Trenton, New Jersey, attended public schools in Scranton, Pennsylvania, Youngstown, Ohio, and finished grammar school from a one room school house in Limestone, Pennsylvania in 1917. He worked for a year in a paper mill before attending Eastern High School and Western High School in Washington, D. C. where he graduated in 1924.

He taught manual training in the public schools of Washington, D. C. during the year 1924-25 before entering Kirksville Osteopathic College in September, 1925. He graduated from this institution in May, 1929 and while there was editor of the "Stilletto," weekly school publication and a member of the Acacia Club.

He attended West Texas State Teach-

ers College in 1932 for post-graduate work in sociology.

Dr. Grainger married Miss Geneva Golden in 1932 and now has three children, Dick, Jill and Jack. He is a Mason, a member of the Baptist Church and a Kiwanian.

In addition to his duties as President-Elect before taking over the office of President, Dr. Grainger has given generously of his time in the work of the Public Health Committee Membership Committee and District No. 3 activities, not to mention his many contributions, as associate editor, to the Texas Osteopathic Physicians Journal.

With a man as leader who has such a diversified, working knowledge of all the functions of this organization, the Texas Association of Osteopathic Physicians and Surgeons can well be proud to say, "Meet the president, Dr. H. George Grainger."

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## STATE BOARD

The Texas State Board of Medical Examiners announces that it will hold its next examinations at the Roosevelt Hotel in Waco on June 16, 17, 18, 1948.

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## A REAL D. O.

Dr. James L. Holloway, one of our honorary life members who has been retired fifteen years, is a regular contributor to the A. O. A. Public and Professional Welfare Fund. We have just been informed that in early April, he sent another \$500, his second, to his Alma Mater, the Kirksville College of Osteopathy and Surgery.

Here's a man who has worked hard and long for the welfare of this profession in Texas as well as nationally, who

has been retired for years and now gives of his personal funds so that osteopathic educational standards may be maintained and the public may be properly informed.

We say, "a real D. O."

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## O. P. F. MEETINGS

Mr. Lewis F. Chapman, National Director of the Osteopathic Progress Fund, has been in Texas since the middle of April in interest of the concentrated drive being made by the Osteopathic Progress Fund Committee.

During the month of April Mr. Chapman has visited Fort Worth, Dallas, Tyler, Waco, Houston, Austin, San Antonio and Corpus Christi. In May he expects to be in the following places:

May 2, McAllen; May 5, San Angelo; May 8, Lubbock, and May 9, Amarillo.



# AUXILIARY NEWS



*Standing, left to right: Mrs. A. H. Clinch, Mrs. R. W. Briscoe, Mrs. D. D. Beyer, Mrs. H. G. Buxton, Mrs. M. Hobart, Mrs. J. O. Carr, Mrs. L. L. Hamilton, Mrs. Phil R Russell, Mrs. Robert Morgan, Mrs. H. J. Ranelle, Mrs. H. M. Walker.*

*Seated, left to right: Mrs. R. B. Fisher, Mrs. R. D. Fisher, Mrs. V. L. Jennings, Mrs. M. S. Miller, Mrs. George J. Luibel, Mrs. T. L. Ray, and Mrs. J. R. Thompson,*

The Auxiliary to the Tarrant County Association of Osteopathic Physicians and Surgeons held its monthly meeting late in March at the Blackstone Hotel. There were seventy-five at the dinner preceding the meeting and out-of-town guests included Mrs. M. Hobart of Detroit, Mich., Mrs. Ted Alexander and Mrs. R. H. Peterson of Wichita Falls and Mrs. Robert E. Morgan and Dr. Marille Sparks of Dallas. Program chairmen, Mrs. R. B. Fisher and Mrs. R. D. Fisher had as speakers representatives of the R. E. Cox Co. who gave illustrated lectures on the new look in make-up and hats.

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## DISTRICT NO. 1

A short called 'meeting of the Panhandle District Osteopathic Association Auxiliary was held at the home of Dr. and Mrs. J. Francis Brown on March 17. The following delegates to the annual convention in Houston were appointed:

Delegates: Mrs. G. Welton Gress, Amarillo; Mrs. J. Paul Price, Jr., Dumas.

Alternates: Mrs. Lester J. Vick, Amarillo; Mrs. J. Francis Brown, Amarillo.

Mrs. Lewis N. Pittman of Borger and Mrs. L. V. Cradit of Amarillo will also attend the convention.

Mrs. Lester J. Vick recently honored Dr. and Mrs. Robert Vick of Tulia with a baby shower. Dr. and Mrs. Vick have just adopted a baby girl.

Mrs. Ralph Soper was recently honored with a baby shower by Mrs. Earl Mann and Mrs. W. M. Jackson at the home of Mrs. Mann.

The plan of the Tom Brenneman Magazine, by which the sponsoring organization receives one dollar of each three dollar subscription, was presented to the Auxiliary by Mrs. G. Welton Gress. No organization is entitled to this plan unless they have put on a Tom Brenneman show.

The May meeting will end the year's work for both the Amarillo Osteopathic Hospital Staff Auxiliary and the Panhandle District Osteopathic Association Auxiliary. Both organizations have had a very successful year having increased their membership 23%.

Officers for the Auxiliary to the Staff of the Amarillo Osteopathic Hospital are:

President, Mrs. R. L. Vick, Tulia.

Vice President, Mrs. E. W. Cain, Amarillo.

Secretary, Mrs. Ralph M. Soper, Amarillo.

Treasurer, Mrs. E. R. Mayer, Jr., Amarillo.

Officers of the Panhandle District Osteopathic Association Auxiliary are:

President, Mrs. J. H. Chandler, Amarillo.

President-Elect, Mrs. E. R. Mayer, Jr., Amarillo.

Vice President, Mrs. William R. Ballard, Pampa.

Secretary-Treasurer, Mrs. W. M. Jackson, Amarillo.

Parliamentarian, Mrs. R. L. Vick, Tulia.

## DISTRICT NO. 2

The regular monthly meeting and dinner of the Auxiliary to the Tarrant County Association of Osteopathic Physicians and Surgeons was held in conjunction with the doctors on April 20 at Hovall's Tea Room. Talks were given to the combined group by Dr. G. N. Gillum of the Kansas City College of Osteopathy and Surgery and by Mr. L. F. Chapman of Chicago, national director of the Osteopathic Progress Fund. They spoke on the educational standards and facilities of the osteopathic colleges and the need for continued financial support of the colleges by the profession. Following the joint meeting the Auxiliary continued its meeting presided over by the president, Mrs. V. L. Jennings.

The Auxiliary, in response to the request of the many lay friends of Dr. Helene Kenney, voted to start and supervise a fund to memorialize her name. Contributions to this fund are being accepted and will be used to furnish a room in the Fort Worth Osteopathic Hospital in honor of Dr. Kenney.

A nominating committee was elected and a report on the Auxiliary activities at the Houston convention was given by Mrs. M. S. Miller.

Plans were made for a reception to be held at the home of Mrs. Horace Walker from 3 to 5 on Sunday, May 2.



Our first activity was the General Assembly luncheon in the South American room on April 15, followed by the business meeting in the Sam Houston room.

President Mrs. M. S. Miller presided and called for the reports of the secretary, treasurer and chairmen of the various committees. After these, the interesting reports of the affiliated auxiliaries from over the state were given.

Mrs. Robert E. Morgan presented to the state organization the charter from the Auxiliary to the American Osteopathic Association.

The incoming president, Mrs. L. N. Pitman of Borger, could not be present because of illness. New officers elected for the ensuing year included Mrs. Lige C. Edwards of San Antonio, president-elect; Mrs. Reginald Platt of Houston, vice-president; and Mrs. John Witt of Groom, secretary and treasurer. Mrs.

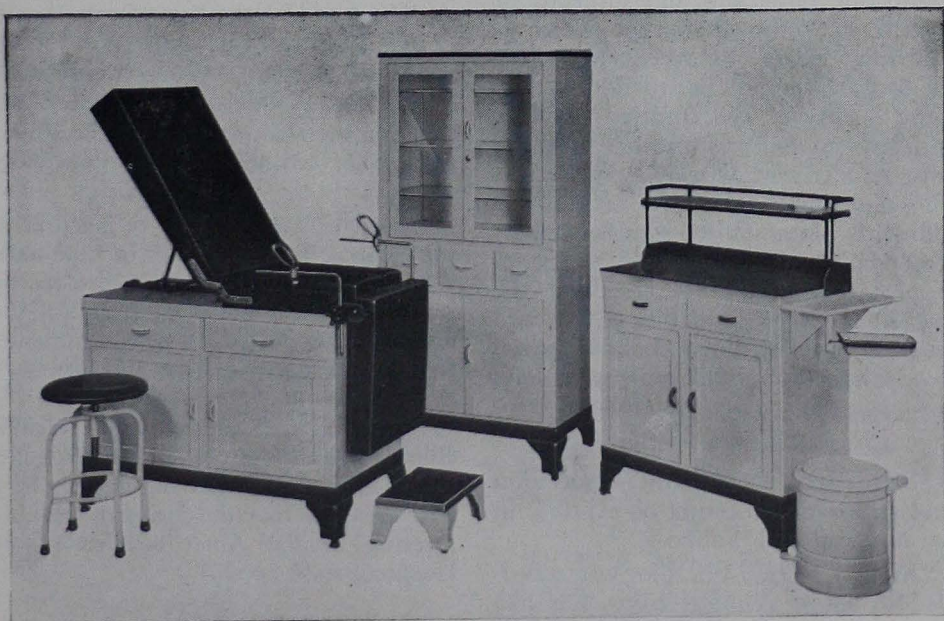
L. J. Vick of Amarillo was elected delegate at large to the national convention in Boston with Mrs. J. R. Alexander of Houston as alternate.

A motion was carried to send \$25.00 to each of the following funds: Student Loan Fund, Scholarship Fund and the Osteopathic Progress Fund. A love fund was collected to send flowers to Mrs. G. N. Gillum, president of the national Auxiliary, who could not be present because of a serious fall.

Thursday evening we attended the President's reception and banquet.

On Friday noon there was a luncheon and style show at the Warwick Hotel at which the officers were duly installed by Mrs. L. V. Cradit of Amarillo, a national officer. Friday evening we attended the lovely dance and surprise party at Golfcrest Country Club.

We cordially thank the Houston Auxiliary for its hospitality and perfect entertainment at all times.



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# NEWS OF THE DISTRICTS

## DISTRICT NO. 1

District One sent a fine delegation to the State Convention in Houston, April 15-18. Attending were: President J. H. Chandler, and Mrs. Chandler; Dr. and Mrs. L. J. Vicks, National Auxiliary chairman for the Student Loan Fund, Margaret Cradit, and Dr. Cradit; State President J. Francis Brown, and Mrs. Brown; incoming State Auxiliary President Crystal Pittman of Borger, and Dr. Pittman; District One Auxiliary Delegate Lucille E. Gross, and Dr. Gross; Auxiliary Delegate Elizabeth Price of Dumas, and Dr. Price.

Your Public Relations Counsel and his family are deeply grateful to the osteopathic physicians and surgeons of District One for their expressions of sympathy during the recent period of the McCarty home's destruction by fire. Some quality of the frontier's abiding faith in mankind was breathed forth by those staunch friends among you doctors who came over with gifts of clothing and with offers to let some members of our family sleep in your guest rooms. A profession that advances with the abstract steps of science and technical progress but keeps the common touch as you have done will prosper as long as human beings are "just folks!"

South Plains Osteopathic Association held an evening meeting on April 2 in the Mexican Inn, Lubbock.

Dr. L. J. Vick, Amarillo, was scheduled to show technical films, but like the absent-minded professor, failed to make the trip to Lubbock for the occasion. However, he promises to redeem his commitment and show the films when next invited by the South Plains group.

The Hospital Staff Auxiliary and the Auxiliary to the District One Association of Osteopathic Physicians and Surgeons met in conjunction with the Hospital staff, at a dinner and program held in the home of Dr. and Mrs. J. Francis Brown, 1229 Bowie Street.

Two technical films were shown during the program, of which Dr. Ralph Soper was in charge.

Dr. Ed Rossman was elected to membership on the Hospital Staff.

Mrs. R. L. Vick, Tulia, and Mrs. J. H. Chandler, Amarillo, led the Auxiliaries in their discussions of plans for the Child Health Clinic.

Dr. Cradit last week attended the Annual Cadaver Course in Surgery of the Head and Neck, given by the faculty of the Kansas City College of Osteopathy and Surgery. About twenty were in attendance. The course included sections of the structures of the head and neck, with lectures and visual education.

Dr. G. G. Porter failed of election in the school trustee's race in Lubbock, April 3; but his friends in osteopathy and in the community are proud of the fine showing he made as a candidate. Better luck next time, Dr. Porter.

Plans for the annual Child Health Clinic, for children of pre-school age, to be held at the Herring Hotel, May 21-22, were featured at the monthly meeting of the Amarillo Osteopathic Hospital staff recently.

Dr. R. L. Vick is now in his new office suite, in a downstairs location at 212 North Maxwell, Tulia. He has a reception room and four treatment rooms, and is very happy to get into the new location.



## News of the Districts - (Continued)

Linda Kay is the name of the little baby girl adopted recently by Dr. and Mrs. R. L. Vick of Tulia. She was born on St. Patrick's Day in the Amarillo Osteopathic Hospital.

Dr. and Mrs. Ralph Soper are the parents of a baby girl, Sherrie Lynn, born April 2. The baby weight 7 lb. 1/2 ounce. Mother and child are both doing fine.

Dr. Robert E. Lingenfelter, osteopathic physician and surgeon of Amarillo, is this week announcing his association with Dr. Norman Harris of Hereford. Dr. Lingenfelter will move his family from their home at 2031 Parker St. at an early date.

Dr. Lingenfelter has been doing post-graduate work with Dr. E. W. Cain at the Washington Center Clinic in Amarillo for several months. Prior to that time he was one of the owners of the Denison Osteopathic Hospital.

Dr. and Mrs. Lingenfelter are both graduates of Drake University, and Dr. Lingenfelter is also a graduate of the Des Moines Still College of Osteopathy and Surgery. He served his internship at the Waldo Sanitorium in Seattle, Washington and had post-graduate work at Des Moines Still College, at the Norwood Clinic in Mineral Wells and the Amarillo Osteopathic Hospital. He does general osteopathic practice and surgery, specializing in obstetrics and proctology.

The couple have one son, Stephen, age five years.

### DISTRICT NO. 2

While attending the annual convention in Houston Dr. Marille Sparks had the tough luck of experiencing a contrary appendix, necessitating emergency

surgery late in the evening of the first day of the convention.

Dr. Sparks tells us she is progressing nicely and has had very excellent care in the Houston Osteopathic Hospital. She expects to return to Dallas very shortly.

A couple of week ago Dr. Henry Spivey had an appendectomy performed by his associate, Dr. Charles Hawes.

To those of you who may doubt that Dr. Hawes completely removed the appendix, we suggest that Dr. Spivey be consulted as to the findings on gross and microscopic examination of the tissue involved. We are sure that the report will be most enlightening.

A new osteopathic organization known as the Wichita Area Association was recently organized in Wichita Falls with Dr. Ted Alexander, president and Dr. T. R. Krohn, secretary and treasurer. Attending the organization meeting were Drs. Alexander, Smithson of Archer City, Krohn, Peterson, Bennett and Wilson.

### DISTRICT NO. 3

Dr. Ernest Schwaiger of De Kalb is fixing up a new air conditioned place which will have four beds.

Recently, he became a member of the O. P. F. Thousand Dollar Club. Congratulations, Dr. Schwaiger, on your new enterprise.

Dr. C. P. Barbaree, recently graduated from the Kirksville College is now located at Maud, Texas.

A special meeting of the district association was held in Tyler on April 22 in the interest of the Osteopathic Progress Fund.



## News of the Districts - (Continued)

Dr. George Grainger is enlarging his office space by taking over some that joins him.

On March 26, a dinner was given by Dr. and Mrs. Palmore Curry at Mt. Pleasant. Guests were Dr. and Mrs. R. L. Martin, Dr. and Mrs. J. S. Kennedy, Dr. and Mrs. Charles Ogilvie, Dr. Ellis L. Miller of Talco, Dr. and Mrs. Murrell L. Cline and Dr. and Mrs. William H. Brown of Naples. A good time was had by all who expressed the hope that the profession would have more of these informal affairs.

Dr. Wayne Smith is converting a Jacksonville funeral home into a nice modern clinic where he will emphasize osteopathic diagnosis and therapy.

### DISTRICT NO 8

The State Office was glad to welcome Dr. John M. Auten of Aransas Pass who stopped at Austin to visit friends and paid us a visit.

### DISTRICT NO. 9

Crews Clinic and Hospital of Gonzales reports that they have now employed a resigtered laboratory technician.

Mrs. Willis Crews will undergo major surgery at the San Antonio Osteopathic Hospital shortly. Our wishes for a speedy recovery.

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## EDITOR'S PAGE

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### SO LONG!

It is not without certain regret that I leave the State of Texas and my post as your Executive Secretary-Treasurer and Editor. It is needless to mention that the operation of a State Office for an association of this kind is often fraught with many headaches as are all organizational offices. Nevertheless, this work has its many compensations, not the least of which are the many pleasant associations that are built up through the contacts of association work.

In this respect, my experience with the members of this association could hardly have been more pleasant. It is my hope that I may be able to maintain some degree of contact in the future with the many members in this state with whom I have a common bond in our interest in organized osteopathy.

In leaving a job like this, one is naturally concerned about the continuation of certain phases of organizational work which have merely begun. I am glad to say that I have no further concern in this regard as I hand the responsibilities of this office into the capable hands of Dr. H. V. W. Broadbent. I solicit for him the same cooperation you have given me.

In this swan song I cannot refrain from a parting reminder about that phase of association activity that I have literally preached from the beginning. I mean those phases of activity which can be grouped under the general heading of public education. For the last time, I urge upon you the importance of public education and point out again the imperative necessity of your everlasting interest and effort in this direction. In that way, and only in that way, will the problems of osteopathy in the state of Texas be finally resolved. When the people of Texas have been shown the intrinsic work of the osteopathic

school of practice in the problem of the public health of the state, none of us can doubt that their response and cooperation will be most gratifying.

Not good-by, just so long!

Texas is kinda like that frog. "When he sit he lie most, when he hop he fly most and he ain't got no tail hardly most."

The town of Henderson is not in Henderson (county) but in Rusk. Rusk is not in Rusk but in Cherokee and Cherokee is not in Cherokee but in San Saba. But San Saba is in San Saba.

Words are tricky things, and frequently the larger ones tell the story with less effectiveness than ordinary words.

The National Safety Council *Newsletter* recently recorded an incident which proved this:

A foreign-born plumber in New York wrote to the Bureau of Standards telling them that he had found hydrochloric acid to do a good job of cleaning out pipes or clogged drains. The Bureau wrote back:

"The efficacy of hydrochloric acid is indisputable, but the corrosive residue is incompatible with metallic permanence."

The plumber, believing the Standards Bureau agreed with his new system for cleaning clogged drains, wrote back that he was glad the bureau agreed. Again the bureau replied:

"We cannot assume responsibility for the production of toxic or noxious residue with hydrochloric acid and suggest you use an alternative procedure."

The plumber was happy again, thinking the Bureau was in agreement with his idea—until the Bureau wrote:

"Don't use hydrochloric acid. It eats hell out of the pipes!"

He understood.



## OUR EXHIBITORS

The following companies exhibited their products at the annual convention of the Association at Houston. The Association is appreciative of their cooperation and when making purchases of supplies and equipment, your attention is directed to these suppliers.

Air Kem, Houston

Campbell Supply, Dallas

A. P. Cary Surgical Supply Co., Houston

M. L. Claytor & Co., San Antonio

Crawford Colon Therapy Service, Dallas

Dartell Laboratories, Los Angeles, Cal.

Farnsworth Laboratories, Chicago, Ill.

H. G. Fischer & Co., Chicago, Ill.

Harwood Medical Products Co., Dallas

Hill Laboratories Co., Malvern 2, Frazer, Pa.

C. B. Kendall, Indianapolis, Ind.

Lanteen Medical Laboratories, Inc., Chicago, Ill.

McManis Table Co., Kirksville, Mo.

Medcalf & Thomas, Fort Worth

Nestle's Milk Products, Inc., New York, N. Y.

Pendelton & Arto Co., Houston

Phospho-Soda (Fleet), Lynchburg, Virginia

San-A-Texas Laboratories, San Antonio

Sherman Laboratories, Detroit, Mich.

Southern X-ray Engineering Co., Houston

Spinalator Co., Asheville, N. C.

Stevenson X-ray Co., Houston

Tablerack Laboratory, Houston

Testagar & Co., Detroit, Mich.

United Medical Equipment Co., Kansas City, Mo.

U. S. Vitamin Corp., New York, N. Y.

Vitaminerals, Inc., Los Angeles, Calif.

Yeager X-ray Co., San Antonio

Houston Osteopathic Hospital and Clinics, Houston.

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## ♦ ♦ ♦ LOCATIONS AND REMOVALS ♦ ♦ ♦

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**Dr. Robert E. Lingenfelter** formerly of Amarillo is moving to Hereford, Texas.

\* \* \*

**Dr. Charles H. Bragg** formerly of Beaumont is now located at Big Sandy.

\* \* \*

**Dr. Richard E. Coders** formerly of

Bowie has moved out of the state.

\* \* \*

**Dr. R. L. Peters** has moved his office to 630 Lamar Blvd., Austin.

\* \* \*

**Dr. C. P. Barbaree**, a recent graduate of Kirksville, has opened offices at Maud, Texas.



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

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