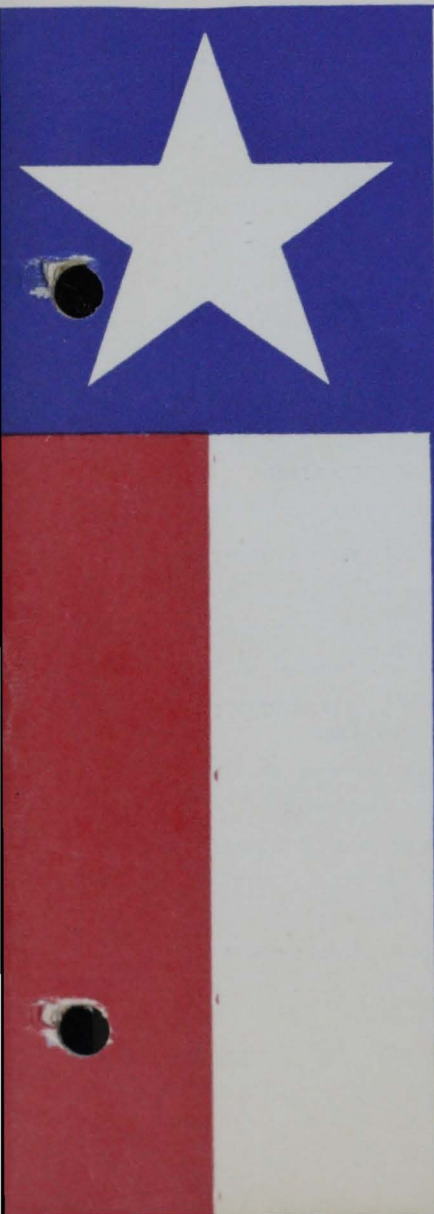


# *Texas* **OSTEOPATHIC PHYSICIANS** *Journal*

Volume IV

AUSTIN, TEXAS, AUGUST, 1947

Number 4



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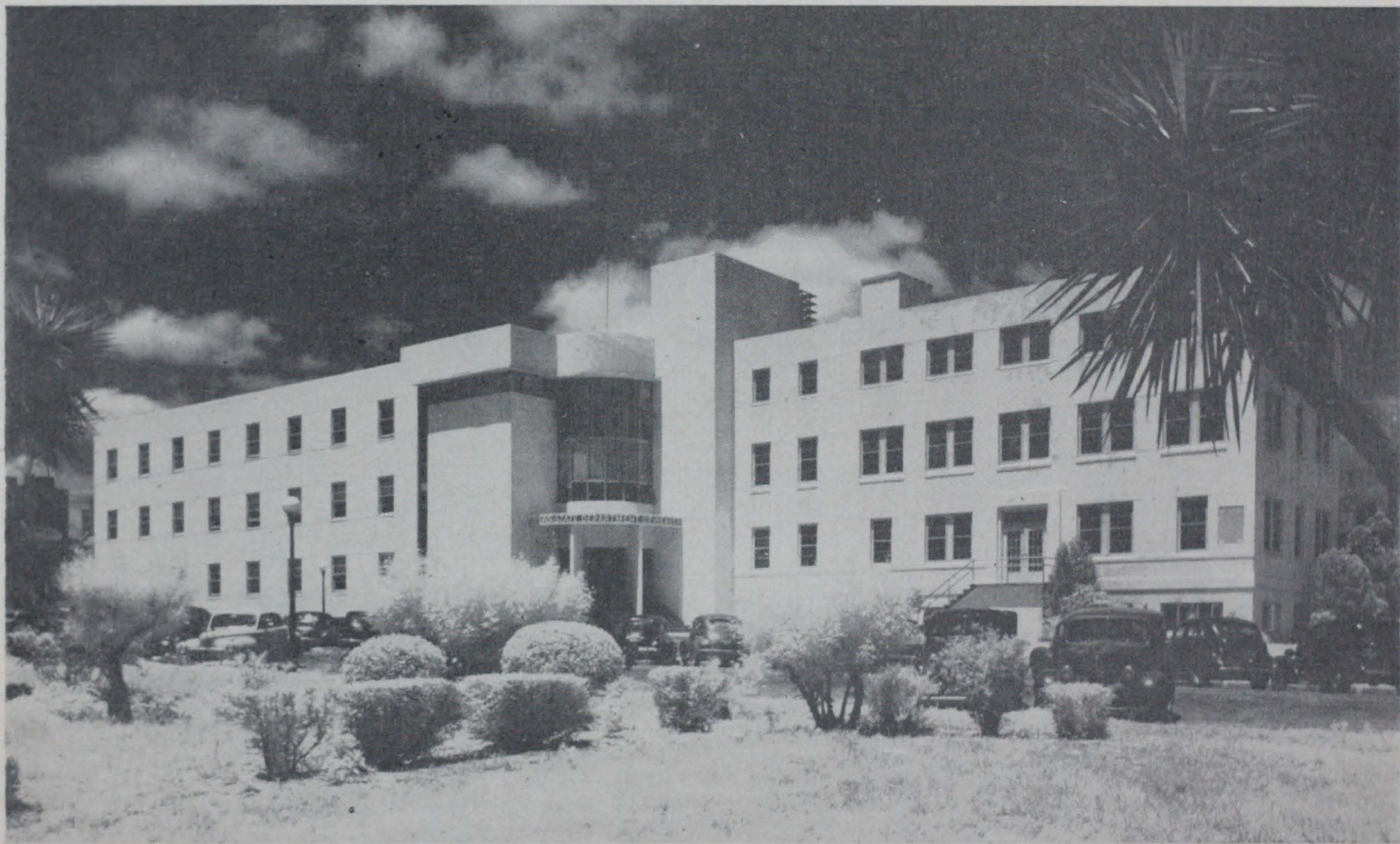
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Headquarters of Texas State Department of Health, Austin, Texas

# Texas Osteopathic Physicians' Journal

OFFICIAL PUBLICATION OF THE  
TEXAS ASSOCIATION OF OSTEOPATHIC PHYSICIANS AND SURGEONS

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VOLUME IV

AUSTIN, TEXAS, AUGUST, 1947

NUMBER 4

To Our Membership:

At this time I would like to appeal to each of you to plan to set aside the dates of October 11th and 12th. At that time your Mid-year meeting of the Texas Association of Osteopathic Physicians and Surgeons will be held in Tyler.

Dr. George Grainger, President-Elect, is Program Chairman. I have been told that he is busy planning an outstanding program so that all of us will be able to accumulate worlds of information that we can take back to our practices.

Also at that time the first meeting of the Texas House of Delegates will occur. See that your District has its delegates present for this meeting.

In order to have a well functioning organization we each must do our part and take an active interest. We have so many things that should and must be done.

We may not be the largest association in Texas, but I believe that with the working nucleus we have and the support that is due from each member we can get the job done.

Mark your Calendar now for October 11th and 12th. Plan to be in Tyler at that time.

J. Francis Brown, D. O.  
*President.*

## ETEXANS SHAPING CONVENTION PLANS FOR OCTOBER MEET

A group of human dynamos met Sunday, August 10th in Tyler, for the sole purpose of putting on a real good meeting in October. Final plans were drawn and quartered for the affair, which is expected to attract well over one hundred fifty DOs.

The Fall meeting, which has heretofore been called the Mid-year meeting, due to the fact that it is always held in October or November, comes to Tyler, on October 11th, lasting two days, and follows on the heels of Tyler's famed Rose Festival.



Chairmen for the various posts were announced and therewith began to emerge the complete convention picture. The general chairman, is of course, George Grainger, who inherited the job when he became president-elect. On the General Staff are Howard Coats and Earle Kinzie. Howard as chairman of the entertainment committee has surrounded himself with a staff of pretty ladies, all wives of DOs, who are all very anxious to help. It hasn't become official, but it being what they used to call a Mid-year meeting, a harvest or maybe Hallowe'en motif will in all likelihood prevail.

Earle is the financial chairman, and if you know that Scotsman like we do, you'll feel perfectly safe in turning the finances over to him.

Kenneth Ross, of fistulae fame, is chairman of the exhibit committee and he is now wondering where in the world we can find space in the Blackstone Hotel for any exhibitors—if we can get any exhibitors.

Charles Ogilvie is chairman of the ushers committee, and is also chairman of the transportation committee. His job is to get you all to and from the hospital and the hotel, and to get you in and out of meetings on time. He says he wants this here meeting to click.

Chairman of the speakers bureau, which includes speakers for service clubs and for radio, is Grainger, who has more radio

spots than he has speakers right now.

As for the program committee we have a bunch of solid citizens. Chairman of osteopathic procedure, which includes the skull as well as the spine goes to Ross McKinney of Texarkana, Arkansas. To Bob Lorenz goes the rectal chair, which he so ably fills. Milton Gafney of Gafney Hospital fame has accepted the chair of chirurgery, and that rotund country doctor from Canton, Jack Turner is chairman of obstetrics and as such, he has already delivered.

We cannot tell you yet our program. We could, all right, but we want to leave you something for next month. Oh, we could name a half dozen high class men who, we have their word, will appear to instruct and entertain you, but that wouldn't be cricket to the others who haven't had time to reply. So see the September issue for all the dirt or just write to these various chairmen, if you just can't possibly wait.

H. G. GRAINGER, D. O.



# A Decade of Public Health Progress in Texas

GEO. W. COX, M. D.,  
STATE HEALTH OFFICER

Observing the development and progress of public health during the past 10 years, we are immediately impressed at this time with the wide public interest in the affairs of health—which is reflected through an expression of the individual, the local community, the State, the nation and the nations of the earth. It is quite significant to observe the international interest and to note the steps that have been taken to develop a world-wide organization to improve and protect the health of ALL people.

On February 15, 1946, an International Health Conference was convened by the Economic and Social Council of the United Nations, this action was to establish a single international health organization which would include all the nations in the world. A Constitution was written and the name "World Health Organization" was adopted July 22, 1946. This document was signed by sixty-one participating nations. This name was adopted because it most clearly reflected the fact that disease recognizes no national boundary and this name carried the positive implication that health is the rightful heritage of all men.

In the Preamble of the Constitution the following principles were declared to be basic to the happiness, harmonious relations and security of all people.

1. Health is a state of complete physical, mental and social well-being



DR. GEO. W. COX

and not merely the absence of disease or infirmity.

2. The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being
3. The health of all people is fundamental to the attainment of peace and security and is dependent upon the full cooperation of individuals and states.
4. The achievement of any state in



the promotion and protection of health is of value to all.

5. Unequal development in different countries in the promotion of health and control of communicable disease is a common danger.
6. Health development of the child is of basic importance.
7. Informed opinion and active cooperation on the part of the public are of utmost importance.
8. Governments have a responsibility for the health of their people.
9. The promotion and conduct of research in the field of health, is an urgent need.

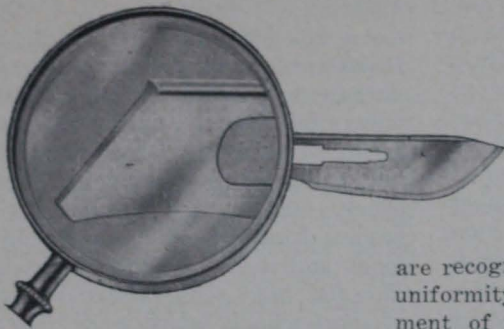
It is stated that the OBJECTIVE of the World Health Organization shall be the attainment of the highest possible level of health by all people.

It was my honor and privilege on March 22, 1943, some three years previous to the aforementioned International Health Conference, to present a paper to a meeting of the State and Territorial Health Officers in Washington, D. C. An effort was made at that time to present before that body, some of the ideas and progressive thinking that was being done in Texas which today is in line with the program which has been endorsed by the World Health Organization.

Prior to the beginning of World War II, The Texas State Department of Health had formulated a long-range plan and the Texas plan was recommended to the State and Territorial Officers of the United States, at the 1943 meeting. The following 18 fundamental points of procedure were outlined to show the long-range program that was being attempted in Texas:

1. The establishment of local health centers with laboratory and equipment to house local health personnel.
2. The construction of general hospitals, venereal disease detention hospitals and preventoriums.

3. Plans for water supplies and treatment when needed.
4. Sewerage system and treatment works where needed.
5. Municipal or cooperative abattoirs.
6. Municipal or cooperative oyster shucking and shellfish packing establishments.
7. Municipal or cooperative canning or food processing plants.
8. The construction of several institutions for the training of health workers.
9. The planning of drainage systems where such drainage will minimize the malaria problem.
10. The planning of a mutual aid plan in rodent control in rat-proofing of buildings.
11. The planning of a cooperative program on garbage disposal.
12. The planning for the elimination of slum areas and making available adequate housing for the population.
13. Planning of additional recreational areas.
14. Planning of a program for the training of men to carry forward a health program in South America or the occupied countries.
15. The planning of a program which will provide adequate lighting, heating, and ventilation facilities in public buildings, especially in our schools.
16. An advisory program that would be helpful to industries in the elimination of industrial hazards.
17. Promulgate plans which will insure our farm population of safe living conditions, which provide aid in the correction of farm water supplies, waste disposal systems, screening and the like.
18. Setting up short training schools for food handlers, water and sewage plant operators, as well as swimming pool operators, operators of food processing plants,



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such as pasteurization plants and hygienists for industrial plants.

Although we have not been able to obtain all of each objective, we can conclude that definite progress has been obtained on each of the 18 points that were outlined.

It is quite significant that under the sponsorship and promotion of the Texas State Department of Health, 20 local Health Center Buildings have been constructed to house health unit personnel and to carry out in a most acceptable manner, the specific functions of full-time health unit program. In addition to these 20 buildings, the State Health Department has assisted in securing the purchase of 4 additional existing buildings, which were remodeled to house local health unit facilities. These buildings were constructed and equipped at a total cost of \$759,553.18. These buildings are now being purchased by the local communities

at a greatly reduced price, and it is hoped they will be used for the purpose for which they were built.

Ten years ago your Texas State Department of Health was housed on a portion of one floor in one of the older State Office buildings in the Capitol City. Today at no cost to the State Government of Texas—other than provision of the building site—your Department is housed in a modern, four-story, fire-proof building, which is one of the most complete in the United States.

There still exists in Texas an acute shortage of general hospital beds and the State Department of Health is vitally concerned in the expansion and completion of an adequate hospital construction program in Texas. There is now pending in the Texas Legislature, specific legislation which if enacted, will enable the State Health Department to render an invaluable service



to the cities and counties of this State in attaining this objective. We have also encouraged the State Legislature to provide more adequate hospital facilities for the treatment and care of tuberculosis patients during the past 10 years, and indications at the moment are favorable that steps will be taken by the 50th Legislature to expand tuberculosis hospital facilities so as to more adequately meet our present day needs.

Prior to World War II the State Health Department and our State participating health units organized a concentrated state-wide drive for the construction of municipal abattoirs and frozen food locker plants. Although this program is far from a successful completion, we are proud to say that millions of dollars in capital have been invested in the construction of abattoirs and locker plants, which has resulted directly in making our available a safer food supply for our citizenship.

The State Department of Health has been instrumental in assisting municipalities of Texas in formulating plans and securing grants-in-aid for the construction of over \$200,000,000 worth of water and sewerage improvements during the past ten years. As a result we rarely experience epidemics of water-borne diseases in our State.

Through the efforts of our Malarial Control Program, the death rate for this disease has been reduced to the lowest figure in the history of Texas.

The same results are being accomplished in our battle against Typhus Fever. Rat-proofing has been accomplished in the business areas of 25 major cities and a research program conducted in Lavaca County, on the control of the disease, has attracted international consideration. Six Mobile Typhus Control Units are now covering fifty counties, and cooperation is being given industrial plants in fifty-eight counties on a far-reaching poisoning program. This unified program is already securing spectacular results and

its continuation may completely control Typhus Fever in Texas.

An important function of the State Department of Health is the education of individuals and groups to help themselves in matters concerning public health. The State Health Department has sponsored the training of approximately 60,000 food handlers in the proper handling and dispensing of foods and the sterilization of utensils. This has been accomplished by means of short schools which were started in 1938 and practically every State in the Union has adopted this program that originated in Texas. Cooperation has been extended to our South and Central American neighbors in the training of public health personnel and more than 90 trainees from these nations have been given training and field orientation in Texas.

A School Health Service program has been developed in Texas that has received both national and international recognition. Predicated on seven basic points this program has revolutionized educational concept as related to the whole child, and the environmental factors determining his growth and learning structure.

In 1937, only one Venereal Disease Clinic was in operation in Texas. During the year 1946, there were 97 clinics operating under the supervision of the State Health Department, and during that calendar year these clinics were utilized in diagnosing 25,660 new cases of syphilis, gonorrhea, and other venereal diseases. The total patient load for the year of new and old cases amounted to 42,083. The first Rapid Treatment Hospital for syphilis was opened in El Paso in March 1943, and today three such hospital centers are being maintained in Waco, San Antonio, and Overton. Through December 1946, a total of 37,485 patients had been admitted for treatment in these centers. The average cost per patient day in these hospitals has been

consistently low, as compared with other Rapid Treatment Centers operated in the Nation. The per patient day cost for these centers in Texas for February 1947 was \$3.68 while the latest average national figures available, show a per patient day cost of \$5.97.

The Tuberculosis Division emerged in 1936 and the personnel at that time consisted of one physician, one nurse, one x-ray technician, and one stenographer. One small portable x-ray machine was used in casefinding procedures in the State.

This pattern of program was followed for several years and it was not until 1944 that increased funds were available for a state-wide tuberculosis control program. The means and personnel are now on hand to inaugurate a case-finding program. Personnel in the central office now consists of a director, five x-ray technicians, a film processor, one nurse, and two secretaries. Considerable personnel is located on the local level and work in specific county and city health units over the State in complementing the local tuberculosis program. During the war years, the director of the Tuberculosis Division acted as the Chairman of the review committee on tuberculosis for the State Selective Service System. A total of 16,127 films were received by the Department showing abnormal findings in the chest. Of this number, 10,010 were considered to possess significant tuberculosis and this information was relayed to the various agencies at the local level so that these cases of tuberculosis could be placed under medical observation and treatment. Although shortage of personnel prevented full use of this vital information, it was of inestimable value to several thousand individuals whose tuberculosis was recognized for the first time.

At the beginning of the fiscal year 1936-1937, there were seven full-time County Health Units serving eight Counties in Texas. Comparatively speak-

ing, the fiscal year 1946-1947, reveals that there are now forty-seven full-time State participating health units serving 55 counties. In the year 1936-1937, only 500,515 citizens or approximately 10 per cent of the citizens of Texas were being served by a local full-time health protection program, whereas today 3,686,034 or approximately 57 per cent of our total population is now receiving the benefits of local full-time health protection. The steady progress in the development of full-time health units may be shown by the following figures: 1936—7 units; 1938—15 units; 1940—27 units; 1942—42 units; 1944—49 units and 1946—47 units.

One of the most difficult tasks confronting the State Health Department ten years ago was to convince counties and cities that a full-time health unit, was worth supporting. Today the situation is reversed. We have in our files a list of 70 additional counties seeking State financial assistance to organize a full-time health unit.

The State appropriation to support the department has shown a slow but steady increase for the past decade. The regular appropriation for the fiscal year 1936-1937 was \$206,672.50, whereas, the regular appropriation for the fiscal year 1946-1947, including state appropriated crippled children funds totaled \$808,572.00. This represents an increase of State funds for health protection of approximately 400 per cent. This steady increase of State funds over the past decade is most encouraging although we must admit that there is great need for the State of Texas to assume more of the financial responsibility for a completely adequate public health program.

A Division of Dental Health was created in the State Health Department in 1936, with a staff composed of one dentist and a stenographer. In the beginning, the dental program was limited to education, but it has gradually been



expanded and has accomplished a valuable amount of clinical work for underprivileged children and prenatal mothers. This Division has made 572,613 dental examinations in the past ten years and has completed 114,365 units of clinical correction on the 55,933 patients admitted for clinical service.

In 1936, the Bureau of Laboratories of the Texas State Department of Health examined 61,737 specimens. The number of specimens examined during 1946 was 167,324. During the period from 1936-1946, eighteen regional laboratories were established. During 1946 these laboratories examined 577,260 specimens.

Divisions of Entomology, Parasitology, and Virus, have been added to the Bureau of Laboratories. Our Laboratory has engaged in various phases of research including work on typhus control, poliomyelitis, and was respon-

sible for the recognition of the first outbreak of "Q" Fever in the United States. During World War II, our State Laboratory ran all the serological tests for syphilis on the selectees in Texas.

A critical need is felt today, in Texas, for adequate research facilities. However, despite limited resources the State Health Department has developed and is carrying on research studies in fluorine as an inhibitor of dental caries in the City of Marshall, dysentery and fly control in Hidalgo County, allergy control in Denton County, a study of DDT and poison 1080, a study of school lighting in several Texas schools, irrigation of water from the Rio Grande River, citrus wastes and food preservation in the Rio Grande Valley, and a Meter and Chlorinator repair school.

Today there are more trained people engaged on a full-time basis in pub-

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lic health work in Texas than ever before in the history of the State. A Merit System has been developed and all employees engaged in public health work must meet definite specifications designed for each position. Employment and professional progress is based entirely on the basis of qualifications and initiative of the individual.

To measure the gains in public health work, it is only natural that we turn to our records of mortality, for here are indelibly recorded, our successes and our failures. It must be remembered, however, that the very real betterment of the public health cannot be gauged entirely by our death records, for much of our work is directed at reducing the incidence of those diseases which rarely terminate fatally.

Faced at every turn by adverse conditions of a magnitude that only a great war could bring about, public health work has, in spite of these serious handicaps, kept our death rate during the past five years at the lowest level ever recorded in Texas. Spectacular indeed, has been the reduction in the crude death rate from 10.5 in 1937 to 8.6 in 1946, which reduction has been achieved only through systematic and long continued effort. That so much has been accomplished is very gratifying to those who have worked to bring about these results.

Practically 1 out of every 4 deaths in 1946, was due to heart disease, which with apoplexy, nephritis, and cancer accounted for nearly one-half of our total mortality last year. These four causes, which involve essentially those of middle life and old age, are exacting an ever-increasing toll of death against the population. Despite this fact, it has been possible by reducing the mortality from preventable disease to maintain and even lower the general death rate. This is nothing less than remarkable, and the control of preventable disease has done much to in-

crease the proportion of our population reaching middle adult life.

Masked in the downward trend of the general death rate are striking examples of public health progress in reducing the mortality from disease for which we have specific control measures.

In full accounting of our public health, many favorable trends are revealed, but none of these afford more satisfaction than the phenomenal improvement made in our infant and maternal death rates, which were so notoriously high ten years ago.

Many factors have contributed to the appreciable drop in the infant mortality rate. Not the least of these has been the marked success in reducing the mortality from diarrhea and enteritis, and herein lies one of our greatest opportunities for effecting further reduction in the infant mortality rate. The gains that have been reaped in lowering the infant death rate are especially significant because of the tremendous saving in potential years of life which has added so materially to the life expectancy of our population.

Out of every 1,000 babies born alive, ten years ago, 74 failed to survive the first year. In 1946, this rate had dropped to 42, a reduction of 43%. It should be noted here that the rate of 42.3 last year was 15% lower than that of 1945, 49.5.

The precipitous decline in the maternal death rate is ample evidence of the far-reaching advances made in lessening the risk associated with pregnancy and childbirth. The rate of ten years ago has been reduced by 70%. In 1937, the odds that a mother would not survive pregnancy and childbirth were more than three times as great as in 1946. The five year period, 1937-1941, saw the maternal death rate drop from 5.7 to 3.6, a reduction of 37%. The past five-year period began with a rate of 3.2 in 1942, and ended with 1.7 in 1946. That the maternal death rate was halved in the past five years



is in itself an outstanding achievement. This gain has been made in spite of the manifold difficulties of the war years and the increased proportion of first births with which is associated a higher rate of mortality than with those births of higher orders.

We well realize that the present infant and maternal death rates are by no means irreducible minimums and that much remains to be done. That which has been accomplished becomes more significant if we determine what might have happened during the past ten years had no improvement been made in these rates.

Suppose the infant and maternal death rates of 1936 had continued unchecked through 1946. If such had been the case, there would have been 101,716 infant and 9,858 maternal deaths, but there were in fact, only 80,937 infant and 5,002 maternal deaths. Continuing this supposition, we find that because of the lowering of these rates, 20,779 babies celebrated their first birthday and 4,856 mothers survived pregnancy and childbirth — a saving of more than 25,000 lives during the past ten years.

Typhoid fever seems to be well on its way into the limbo of almost forgotten diseases, for the death rate from this cause has been reduced from 6.3 in 1937 to 0.7 in 1946. With continued effort we may soon expect to stamp out this disease for which there is no excuse in a civilized community.

Those who work to promote the public health may point with justifiable pride to the 60% reduction in the death rate for diarrhea and enteritis, brought about during the ten years just ended. A great proportion of deaths from this cause occur among those under one year of age, and as pointed out earlier, a further decline in the rate for diarrhea and enteritis will have a most favorable effect on the infant mortality rate. The 2,374 deaths due to diarrhea and enteritis in

1937 is considerably more than double the 1,053 deaths occurring last year, even though the population during this period had increased by nearly 700,000. Practically all of the improvement in this rate for diarrhea and enteritis, which exacts so heavy a toll of young lives, has been made since 1940, and although our efforts have not gone unrewarded, here nevertheless, lies a real challenge, the present death rate being far too high.

Another striking phase of our public health picture is the notable reduction in the death rates for the chief communicable diseases of childhood—scarlet fever, whooping cough, diphtheria and measles. The rate for this group as a whole, has dropped from 14.1 in 1937 to 4.1 in 1946, or more than 70%. Last year, the combined rate for these four causes, was about the same as that for diphtheria alone in 1937, and considerably less than the whooping cough rate of ten years ago. Examining the rates for each of these diseases over the past ten years, we find that scarlet fever has declined 87%, whooping cough 78%, diphtheria 61%, and measles 66%. Last year, the death rate for whooping cough and diphtheria were at an all-time low.

Not all of the gains made in controlling these diseases are reflected in our death certificates, for these records would not show that the lessened incidence of these diseases has permitted a greater number of persons to enter adulthood without impairment of vital organs that these causes so often leave in their wake.

A progressive decline, year after year, in the tuberculosis death rate is an outstanding example of the success of public health work. The 1946 rate of 41.1 is the lowest ever recorded, and is 40% less than that of 68.6 in 1937. Tuberculosis in 1937 ranked fourth as a leading cause of death, but in 1946, it had been relegated to seventh

—CONTINUED ON PAGE 28

# REPORT ON THE A. O. A. CONVENTION

BY DR. PHIL R. RUSSELL

A. O. A. TRUSTEE AND DELEGATE FROM TEXAS

Your Trustee and Delegate to the A. O. A. Convention was impressed by the number of physicians from Texas who attended this year. It was by far the largest State representation, other than Illinois and the osteopathically larger states adjacent. The total registration was 2,200, of which number only 1,200 were physicians. This was far too low for a convention so centrally located and with a program of such high type. The large commercial exhibits were second to none and were an opportunity to increase one's knowledge of professional activity.

To those of you who did not attend, I can report only the highlights of the professional activities, for, as your Trustee and Delegate, I had no opportunity to attend the educational features and instruction courses, which I understand were better than ever. I do request that more Texas physicians avail themselves of the advantages of attending the National Convention. The A. O. A. has become a truly big business. Its budget for the fiscal year 1948-1949 was \$511,000. This has doubled in the last five years and the expansion of services to members has more than doubled. This is putting an increased amount of labor upon your non-employees and volunteer workers. The members of the profession owe a great debt of gratitude

to those members who make such sacrifices for their benefit.

The Board of Trustees met in continuous session from July 16 to 25, inclusive. Most of the Board members met in committee meetings on July 14 and 15. This represents two weeks of hard work, with no opportunity for any of them to gain anything from the educational advantages offered by the convention. On three nights the Board was forced to meet in session until after 2 a. m. to complete its work. Remember that these Board members paid their expenses to and from the convention, and their hotel expenses from July 20th to July 26th. The personal cost to each of these Board members was two weeks of time lost from their practices and a cash outlay of from \$300 to \$600, with no opportunity to participate in any way in the educational program. All of this sacrifice was for your benefit. Let's salute these men and resolve to acknowledge the benefits received and give them support financially, assuming our individual responsibilities in professional activities.

The highlight of this convention was the osteopathic concept of disease, that structure is the most important single factor in the health of the organism. There has been a sudden awakening among the members



and officers of the Association that allopathic schools are attempting to adopt osteopathic treatment with the wrong emphasis and with no knowledge of the true concept of osteopathy. To maintain ourselves as a separate school of medicine and preserve the true concept, more emphasis must be placed upon osteopathic medicine and a better program to educate the public must be inaugurated. Whatever success—legislative or otherwise—the osteopathic profession has gained has not been because of its knowledge of and administration of drugs and surgery, but because of the results obtained by those who have utilized in their practices the true osteopathic concept of disease.

The House of Delegates passed a resolution stating that the word "medicine" shall not be used in ethical osteopathy or published without the prefix "osteopathic."

The Board of Trustees passed a motion to require all approved teaching hospitals to identify themselves as osteopathic hospitals. All teaching hospitals will be required to keep osteopathic charts on patients and to administer osteopathic treatment to patients. While there is no way to control the so-called "registered hospitals," those qualifying for internship will be required to meet all standards of the A. O. A. Hospital inspection is a difficult problem, but the Board of Trustees feels it is a necessary one, and again this year all teaching hospitals will be inspected and those who have failed to make correction of conditions called to their attention by the last inspection will be taken from the

list of approved teaching hospitals for interns.

For the past five years your Board of Trustees has attempted in every way to bring your colleges up to higher educational standards. Dr. Frederick Woll, an educator employed by your Board two years ago, has just submitted his last report on your colleges, with suggestions as to improvements to be made in order to keep them as institutions of higher learning. Dr. R. McFarlane Tilley, your regular college inspector, has each year done a superb job and I can say to you no other institutions of learning are more thoroughly inspected and graded. His report on one college alone was over 200 pages in length. The colleges are literally torn apart in an effort to get a true evaluation. All this has borne fruit and your colleges are doing a fine job of teaching. There is still room for improvement as there will always be. Rest assured that your schools are all top grade. The osteopathic concept is gradually, but surely, being integrated into each subject taught in the schools—not just a one course affair. Future osteopathic physicians will have a clear and scientific knowledge of osteopathy. The schools have one handicap and are doing the impossible with limited funds. Tuition for each student is about \$600 per year, yet it requires \$1,300 to educate one of them. You and I are faced with the necessity of making up this \$700 deficit for each student per year, if we are to keep up the superb type of education you and I have demanded.

The Progress Fund is falling far be-

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hind its goal, due to inertia on the part of the profession. A lay person of my city, in discussing this matter with me, stated that: "If Dr. So and So will give \$1,000, I will give \$1,000 to the schools." The lesson is simple—when we prove to the public that we are sold on our schools and recognize ourselves that the schools must be kept to a high standard and kept in existence, funds will be coming from the public to help us, but not until we do our part.

Vocational guidance as conducted by the A. O. A. has been of untold value as a public relations activity. We are endeavoring to send Mr. Mills, our counselor, to every institution of higher learning with the message of the osteopathic concept. The results obtained from his visits to the colleges

have been astounding. We are no longer begging for students; our schools are full to capacity and we are now selecting them. Out of 75 interviewed in New York recently only 17 were accepted. This means better qualified osteopathic physicians in the future. The certification program for specialists is fast approaching perfection. The constitution and by-laws of all specialty boards have been, or are being, overhauled and brought under control of the A. O. A. A man qualified can be certified, but he must be qualified. I feel sure you will be proud of this program in the future.

Your Bureau of Legislation reports an unusual score. Several states have improved their laws. We were attacked in several large states, and without



exception, our enemies were beaten off. Kansas and Nebraska failed to clarify their positions, yet the score for the year should be considered 100 per cent. The A. O. A. with two full time attorneys and an advisory attorney, with five experienced physicians to guide them, has turned in a truly good record.

A new public relations manual for legislative purposes has been completed and submitted for final approval next year, after each state has had sufficient time to study it. Old and out-moded policies have been deleted and in their places policies adopted that issue a challenge to any organization. A new name was adopted for the Bureau at this session.

The public relations department is functioning in its usual good manner. Each of you know of the accomplishments during the war years.

I am happy to report that we can look forward to more Federal recognition, if we continue to do our part and improve our educational standards and legal status in the various states. The Veterans Administration has openings for 13 osteopathic physicians for Veterans' hospitals. These are good positions and offer many advantages, yet only one D. O. has qualified and accepted an appointment. This is not a good score. If we want privileges and appointments as physicians in Federal departments we must be willing to serve. Proof of our ability to serve the Army, Navy and other services, is dependent upon practical demonstration of our usefulness when the opportunity presents itself for us to serve. Unless we accept this challenge we

should not expect the Government to keep making opportunities for osteopathic services in the face of the bitter attack against us by the allopathic profession.

The House of Delegates this year adopted a plan to better integrate the relation of its divisional societies with the A. O. A. The plan calls for the divisional society, at its expense, to request the attendance of a National Trustee to at least one of its business sessions each year. This man is to listen to all discussions, answer all questions as to the policies of the A. O. A. and act as liaison man to the A. O. A. for any problem of the divisional society. You can immediately understand the value of this movement to the divisional societies and to the parent organization. It is hoped the states will see that this plan is immediately put into effect.

The House of Delegates voted to increase the dues to \$50 per year. As your Trustee before the Board and as a Delegate in the House, I opposed this increase, as did your other delegate, knowing full well additional revenue is needed to obtain the services you are demanding and realizing the danger from loss of membership. The majority voted to raise dues. Therefore, I beg every member of the Association to abide by the decision of the majority and meet this increase that services to you may be further expanded.

The House of Delegates, while it has no authority in regard to the disposition of the funds of the A. O. A., passed a resolution requesting that ten per cent of the dues when the increase is

inaugurated be set up as a reserve fund for any calamity that might occur. We believe this is a wise resolution and that your Board, if possible, will abide by it.

Ground breaking ceremonies for the new A. O. A. central office building were held on July 17, 1947. Contract for construction of the building has been awarded and construction will start on or about August 1. This contract calls for completion of the project by October 1, 1949, but contractors have assured us that the building will be ready by about July 1, 1949.

Cost of the building has developed to be more than was originally anticipated, \$240,000 without air-conditioning equipment. Lease on present quarters of the National Association will terminate in October, 1949, and lessors were demanding that the Association renew its lease with an increase in rental of \$8,000 annually for the present floor space. As it was apparent that we needed at least one-third more space, the Board of Trustees were placed in a position where the decision to build had to be made at once even though present costs were somewhat higher. A new lease and increased floor space at the present location on North Clark Street would have cost the Association at least \$12,000 a year additional for three years, which would bring the additional cost of renting to at least \$36,000 for that period. Accordingly, the Board of Trustees felt justified in awarding the contract at this time because the total cost to the Association would not be as great as the addi-

tional cost of renting during the next three years.

I urge each member who has not paid his pledge for the A. O. A. central office to do so at once as it is necessary that the funds for this building be collected as soon as possible.

Please understand this report is just an overall picture and in no way complete. I urge each and every one of you to read your official publication and keep up with the problems of the profession.

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## REMEMBER **Tyler**

October 11th and 12th

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### Another Fellowship

President Morris Thompson of Kirksville has announced the establishment of the Harold I. Magoun Fellowship in Osteopathic Therapeutics at the Kirksville College of Osteopathy and Surgery. This fellowship is for three years, the first of which is to be spent with Dr. Magoun in Denver, Colorado. The last two years will be in residence at the college.

Dr. Magoun, a Harvard graduate and an alumnus of Kirksville, is widely known as a teacher of manipulative technique. He is a member of the Board of Trustees of Kirksville.

President Thompson announces that the college is ready to receive applications from osteopathic physicians who desire consideration for appointment.



# Vocational Guidance

The person writing this was recently asked by your president, Dr. J. Francis Brown, to be chairman of your Vocational Guidance Committee, and in turn is asking Dr. Horace Emery, of Denison, to be vice-chairman.

What is "vocational guidance" with reference to our profession in Texas? In former years we had "student recruiting" ideas and committees. Now, with our educational requirements on the increase, and greater professional demands on the part of the public becoming evident, it brings us to the realization that we should have the best possible type of students in our colleges. It means that instead of "student recruiting," we have "student selecting."

When we realize that our colleges are already limiting the number of students and enrolling only those of higher scholastic ability, we should go along with this program and help acquaint the best prospective students with our program.

Our president has appointed a very representative group on this committee. Several more names will be added in the near future. Dr. Nelson, who was the original chairman of the committee, through his experience in the A. O. A. central office, will be able to give us invaluable aid and at various times, we expect to have the advice and personal help of our National Vocational Guidance Director, Mr. Lawrence W. Mills.

The aim of this committee shall be to interest the best young people in our high schools and colleges toward a career in our profession. Each member of our Association in Texas can help in this effort. Send the names of prospective students to me and I will work with you in furnishing information, literature, etc., to both you and the prospect.

Through the medium of the Journal, and by personal correspondence, we of the committee, will try to help you to select the best prospective students and to hold their interest until they enter our colleges.

A list of members of the Vocational Guidance Committee is given below.

Coolidge once said: "No person was ever honored for what he received. Honor is the reward for what he gave." Let's do a little giving of our time for this worthy program.

L. V. CRADIT, D. O.

## VOCATIONAL GUIDANCE COMMITTEE

Dr. L. V. Cradit, Amarillo, Chairman  
Dr. Horace Emery, Denison, Vice-Chairman  
Dr. William H. Badger, Houston  
Dr. A. Ross McKinney, Jr., Texarkana  
Dr. Howard R. Coats, Tyler  
Dr. Willis L. Crews, Gonzales  
Dr. A. L. Garrison, Port Arthur  
Dr. Lige C. Edwards, San Antonio  
Dr. Edward M. Whitacre, Lubbock  
Dr. Ted R. Krohn, Wichita Falls  
Dr. B. B. Jagers, Odessa  
Dr. John B. Donovan, Austin  
Dr. Noel G. Ellis, Denton  
Dr. Carl R. Stratton, Cuero  
Dr. Mary Lou Logan, Dallas

## KIRKSVILLE COLLEGE NEWS

With the arrival of a truck load of materials July 9, work began to speed up on the construction on the new building for neuroanatomy. The 30 by 80 frame structure obtained from Jefferson Barracks through the Federal Works Agency is being erected immediately in the rear of the George A. Still Memorial Building.

The use of this building for neuroanatomy, embryology and histology will make possible the use of the east half of the gymnasium-auditorium for recreational and social purposes, all-college meetings and other assemblies requiring more space than the rooms in the Clinic Building afford.

At the time of the Annual Clinical Review Course here recently, Mr. Harry Farrar, Director of Public Relations for the Missouri

Association of Osteopathic Physicians and Surgeons, delivered to the College Hospital the first consignment of blood plasma from the supply allotted to osteopathic hospitals by the American Red Cross.

Dr. Wilbur V. Cole of the Kirksville College of Osteopathy and Surgery has been notified of the acceptance of a research article for publication in a forthcoming issue of "The Anatomical Record." Dr. Cole's article is, "Morphological Characteristics of the Motor End Plate of the Rat."

The recent issue of the Turtox News, published by the General Biological Supply House, Inc., of Chicago, Illinois, also contained an article, "A Rapid Method for Demonstrating Gross and Microscopic Elements in Nervous Tissue," by Dr. Cole.



# NEWS OF THE DISTRICTS

## DISTRICT NO. 1

The South Plains Society of Osteopathic Physicians and Surgeons was organized June 25 at Lubbock, Texas. Officers of the society are:

President: Dr. E. M. Whitacre.

Vice-President: Dr. E. D. Davidson.

Secretary-Treasurer: Dr. Mary Leone McNeff.

Other members: Dr. G. G. Porter, Dr. E. D. Thompson, Dr. L. J. Lauf, Dr. F. W. Zachary, Dr. R. S. Abell, Jr., and Dr. Sam H. Hitch. Dr. Earle H. Mann and John L. McCarty, public relations counsel of Amarillo, aided in the organization.

Dr. Ralph M. Soper is serving a residency in major surgery at the Amarillo Osteopathic Hospital after serving his internship there.

Drs. Glenn Robinson, Happy; Bob Vicks, Tulia; James E. Fite and Gale Seigler, Plainview, and John L. McCarty were hosts July 21 at a dinner at Plainview in appreciation of the services rendered in the recent legislature by Representative I. B. Holt of Olton.

Dr. Gale Seigler of Plainview was installed July 2 as president of the Plainview Junior Chamber of Commerce.

Amarillo Child Health Clinic sponsored by the Auxiliary to the Panhandle District One Osteopathic Physicians and Surgeons will be held August 15 and 16 at the Herring Hotel. Twenty-four doctors will participate on the examining board. Dr. Ray McFarland of Wichita, Kansas, will be coordinator for the clinic. The clinic is for pre-school children eight years old and younger.

A meeting was held in Amarillo with 16 doctors and insurance men present in an effort to determine what kind of educational campaign could be launched against the unfairness of the Blue Cross plan. Some form of action good for the entire state probably developed out of this meeting.

Dr. E. M. Whitacre of Lubbock attended the Lions International Convention in San Francisco.

Mrs. L. V. Cradit was elected to the board and appointed head of the Student Loan committee of the National Auxiliary to the American Osteopathic Association.

The Amarillo Osteopathic Hospital and the Clarendon Clinical (Adair) Hospital were recommended and approved by the Bureau of Hospitals for intern training for 1947-1948.

## News of the Districts - (Continued)

The twentieth Cradit and Vick summer post-graduate course was held at Amarillo during the two weeks, June 9 to June 21. Doctors attending the course came from thirteen different states of the union.

Faculty members were Drs. L. B. Cradit and Lester J. Vick of Amarillo; Dr. Leland S. Larimore, Kansas City; Dr. Harold M. Husted, Denver; Dr. John E. Costello, Los Angeles; Dr. Ben Hayman, Galveston; Dr. M. M. Vick, Loveland, Colorado and Dr. E. E. Ludwig, Rochester, Michigan.

So widely has the reputation of this post-graduate spread that attending physicians came from Washington, California, Florida, Tennessee, New Mexico, Missouri, Colorado, West Virginia, Kansas, Texas, Ohio and Iowa.

The course concluded with a John Snider barbeque and tas-cosa on Boys Ranch on Friday, June 20. Cal Farley was the principal speaker but Mayor Lawrence Hagy of Amarillo had an important message. The Mayor said, among other things: "We are proud of your osteopathic doctors. We wish there were more of you and that your hospital was twice or three times as large."

During the latter part of the course, Dr. Vance Toler, Shawnee, Oklahoma, president of the American Osteopathic Society of Proctology, flew to Amarillo to

address the class and to announce also the naming of Dr. Lester J. Vick as a Trustee of the Society of Proctology.

The Amarillo Osteopathic Hospital Guild sponsored a "Tom Breneman Breakfast in Hollywood" Party, complete with whacky hats, big cigars, and orchids, in the Herring Hotel at Amarillo. It was for the purpose of raising funds with which to hold the annual Child Health Clinic this month. Needless to say, it was a huge success.

Dr. E. B. Knolhoff received special recognition at a recent meeting of the Junior Chamber of Commerce at Amarillo for his work on the city's recent clean-up campaign.

The Amarillo Osteopathic Hospital has as interns Dr. Ed Rossman from the Philadelphia College, Dr. Ed Hardin from the Kirksville College, and Dr. J. Jacques from the Kansas City College.

### DISTRICT NO. 2

Dr. Charles M. Hawes of Denison spent the month of June with Dr. Ross Thompson in Los Angeles doing work in major surgery.

Dr. S. Hollis Roberts of Dallas, Texas, has been elected to a residency in general osteopathic medicine in the Kirksville College of



# News of the Districts - (Continued)

Osteopathy and Surgery. Dr. Roberts, who graduated from the College in 1946, will start his residency September 20.

Dr. Henry A. Spivey spent some time in July in Mississippi and Tennessee. Dr. and Mrs. Spivey are the proud parents of a baby girl via adoption.

## DISTRICT NO. 3

The East Texas Osteopathic Association met at the Blackstone Hotel in Tyler, Texas on Sunday, August 10.

Dr. Phil Russell, Fort Worth, and Dr. R. E. Morgan, Dallas, discussed events at the national convention, particularly actions of the House of Delegates of the AOA. Dr. Sam Scothorn of Dallas spoke on the problems of P. and PW.

Representatives to the State House of Delegates will be: Dr. Wayne Smith, Jacksonville; Dr. John Turner, Canton; Dr. Earle C. Kenzie, Lindale.

Alternates will be: Dr. Ross McKinney, Texarkana; Dr. A. M. Duphorne, Athens; Dr. Russell Martin, Mount Pleasant.

The next meeting of the Association will be in Tyler in connection with Mid-year meeting of the State Association.

The profession in Tyler is as usual, quite on its toes, as wit-

ness the following published in the *Tyler Courier-Times*:

"It seems that 'disks' are innovations to everyone except physicians, especially members of the osteopathic profession, according to a report from a Tyler D. O.

"A headline in the July issue of 'Osteopathic Medicine,' a booklet for laymen, reads, "Don't Let that Disk Throw You." Since the magazine was printed in the early days of June and the article written several months ago, the osteopaths seem to have the jump on the rest of the flying disk-conscious country.

"The article refers however, to the tough cartilage pads which connect the vertebrae of the spinal column and which are known technically as intervertebral "disks." When a "disk" is ruptured or injured, pain occurs in the lower back and is referred to by laymen as lumbago."

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## News of the Districts - (Continued)

### DISTRICT NO. 6

The next quarterly meeting of the District Association will be held at the Buccaneer Hotel in Galveston on Sunday, September 7. It will be preceded by a beach party on Saturday evening September 6 at Galveston beach.

Thus far, weekly radio programs on station KLUF, Galveston, sponsored by Galveston county D. O.'s with Drs. G. S. Rogers, B. J. Souders and Maurice Golden have aired: "Eyes on the Job," "Penicillin," "Watch Your Weight," "Neuritis and Neuralgia," "The Rickettsiae," "Your Aching Head," "That Vital Rh," and "Human Blood."

### DISTRICT NO. 7

Regular meeting of the Seventh District Association was held on Sunday, August 10, in the St. Anthony Hotel in San Antonio. The meeting was held in the Tapestry Room of the hotel where dinner was served.

The program featured the showing of the AOA movie on the treatment of laryngitis by Dr. George Riley of New York. This portion of the program was followed by talks by Drs. J. L. Love and C. R. Nelson of Austin.

Election of officers for the following year resulted in the following: President, Dr. Harold A. Beckwith, San Antonio; Vice President, Dr. Elmer C. Baum,

Austin; Secretary, Dr. Ira P. Stowell, San Antonio.

Representing the district in the State Association's House of Delegates will be: Dr. J. L. Love, Dr. Lige Edwards and Dr. J. B. Donovan.

Alternates: Dr. Harold A. Beckwith, Dr. Elmer C. Baum and Dr. Harold H. Edwards.

The district was proud to have as a guest speaker, Dr. J. Francis Brown, president of the Association. He spoke on the overall program of the Association, pointing out the responsibilities of the individual physician.

The next meeting of the Seventh District will be held in Austin on Sunday, September 14.

On Thursday, August 7, Dr. C. R. Nelson, your Executive Secretary, spoke before the Austin Lions Club. His subject was: "The History of Osteopathy."

### DISTRICT NO. 8

Regular monthly meeting of the District Association was held in the Driscoll Hotel in Corpus Christi on August 8th.

An interesting program was given by the program chairman, Dr. T. M. Bailey on the subject of "Caesarian Section in Obstetrics."

At this meeting new officers for the year 1947-48 were elected as follows:



# News of the Districts - (Continued)

President: Dr. C. A. Thompson,  
Corpus Christi.

Vice President: Dr. F. J. Auwers,  
Corpus Christi.

Secretary-Treasurer: Dr. C. P.  
Callison, Corpus Christi.

Representing the district in the  
State Association of Delegates  
will be Dr. C. R. Woolsey and Dr.  
B. D. Henry with Dr. Merle Griffin  
as alternate.

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A clipping was recently received from the Corpus Christi Times showing an artist's drawing of an osteopathic clinic to be built on Third Street, Corpus Christi for Dr. V. R. Cade of Larned, Kansas, who will move to Corpus Christi when the building is completed.

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## DISTRICT NO. 9

The boys in the Ninth District consider that Dr. Willis Crews is lucky after all. While playing baseball last month, Dr. Willis sustained a nasty fracture of the distal third of the tibia which had to be plated. Regardless of all that, his colleagues point out that while they "tote dem boxes, and lift dem bales," Dr. Willis reclines luxuriously in a choice room and has his meals brought to him in bed. Wattlelife!

## TEXAS ISSUE

The American Osteopathic Association is going to honor Texas by dedicating an issue of "Osteopathic Magazine" to Texas in the near future.

This magazine will carry pictures of many of our Osteopathic hospitals and clinics and numerous articles written by the members of our profession in Texas. Pictures and information about the various sections of our state have been placed at their disposal for this issue.

We feel this magazine will do credit to Texas and believe every osteopathic physician should distribute it freely to his patients and to the influential citizens of his community. This publication is especially designed for lay reading and much information regarding our profession can be obtained in a way they can understand.

We would appreciate the cooperation of every osteopathic physician in Texas who has an article or anything of value to contribute to this publication as the P. and P. W. Committee in Texas has been asked to send in this material. We will be very glad to submit anything sent to us.

ROBERT E. MORGAN, D. O.,  
Chairman P. and P. W.  
Committee in Texas.

---

## HEARD ON THE RADIO

It has been so hot here that we all took turns sitting in each other's shade.

OD-(e or -ious)

The proof that comes from the printer  
May to someone bring fame,  
Or print a scientific article  
To enhance a doctor's name.

Perhaps alone Dr. C. R. Nelson  
Of his task may tire.  
So each of you must help to make  
Your Journal a live wire.

We know that Dr. Nelson  
Will always do his part.  
But each of you must help to give  
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## EDITOR'S PAGE

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Your Editors here assume their editorial prerogative of adopting a page for the expression of an occasional opinion in the hope that you too may be stimulated to likewise express an opinion on a matter of your interest.

Though it may not sparkle with gems of erudition, if it serves to stimulate or even to amuse, it will serve its purpose.

---

*Seen in a San Antonio Restaurant*

"What food these morsels be."

"It was a brave man who ate the first oyster."

"If you like our food, tell others. If not, Ix nay ackin cray."

---

It is just over twenty years since "Lindy" soloed across the Atlantic to Paris. A nationwide celebration greeted that feat of daring.

In the twenty years since that hop, the Atlantic has been crossed 91,000 times. Most of these crossings were made during World War II by the military services.

So blase have we become to this mode of transportation that hardly anyone realizes that this summer there are more than 150 flights weekly across the Atlantic.

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Your Journal editors are still in dire need of scientific article material. Many of our doctors have much valuable information

to impart to their fellows, but the stage-fright of the printed page seems hard to overcome.

This profession needs to develop its literature and to do that must develop its own scientific writers. An ideal place to try out your wings is in the editorial office of the Texas Journal. Your editorial staff is ready to help with that article you have always wanted to write. Let's get it in print.

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Jones: "I seem to have a bad cold. I have already gone to see the druggist."

Doctor: "And what idiotic advice did he give you?"

Jones: "He told me to see you."

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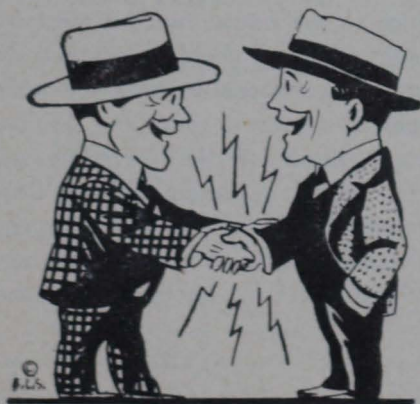
We are proud of our cover on this issue which, as you can readily see, is the work of our well known artist, Dr. J. W. McPherson. In sending us this drawing, our friend Mac wrote that he felt tempted to indicate a dialogue between *Old Man Texas* and the *Old Doctor* in which the old south-westerner would be asking what had happened to that simon pure brand of our therapy with which he was first acquainted when osteopathy originally came into Texas.

Although it doesn't appear on the cover, perhaps the sentiment is indicated just the same.

The Committee for Economic Development reports that of all the business units in the United States, 98% can be classified as "small business," while only 2% are classified as "big business." There are now about three and one-half million non-farm business concerns in the country which comprise one of the strongest features of American economy.

An English sergeant instructing a group of American soldiers in the use of firearms, was perturbed at their amusement over his distribution of "Hs."

"Now some of them rifle stocks is made of 'ickory and some of hoak. Then, when we want something very 'ard we use lignum vitae," the sergeant went on. "Hordinarily this was used to make piles for piers, and don't you American blighters think I mean 'emmorhoids for the haristocracy."



See You in Tyler!

## NEW SOCIETY MEETS

Dr. H. L. Samblanet of Canton, Ohio was elected president of the renamed American Osteopathic Society for the Study and Control of Rheumatic Diseases, succeeding Dr. E. C. Andrews of Ottawa, Ill., at the annual convention of the osteopathic organization in Chicago on July 20.

Other officers elected were: Dr. E. F. Carlin of Hempstead, N. Y., vice-president; and Dr. Jacobine Kruze of Ottawa, Ill., secretary-treasurer.

Trustees elected were: Dr. Wallace Pearson of Kirksville, Mo.; Dr. J. B. Rapp, of Philadelphia, Pa., and Dr. J. J. Lalli, of Jackson Heights, N. Y.

"The society has experienced steady growth since its founding last November," stated Dr. Andrews in handing over the gavel to Dr. Samblanet. "Every physician interested in the diagnosis and treatment of arthritis and kindred rheumatic diseases is invited to join the organization and to help achieve our goal of fruitful, cooperative research and study."

Eight papers discussing phases of rheumatic disease diagnosis and treatment were read at the meeting. Those speaking were: Dr. C. O. Meyer of Des Moines, Iowa; Dr. J. A. Porias of Newark, N. J.; Dr. T. J. Meyers of Pasadena, Cal.; Dr. R. A. Schaub of Pasadena; Dr. Rapp, Dr. Carlin, Dr. Lalli and Dr. Pearson.



## CLASSIFIED

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Applications now being accepted from old and new graduates for accredited internship. New seventy-five bed hospital, twenty bassinets with residents and visiting staff. Apply to Dr. Patrick D. Philben, Intern Committee, Sparks Hospital 5003 Ross Avenue, Dallas, Texas.

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WANTED—Pictures of clinics and hospitals in Texas to send to the AOA publication, "OSTEOPATHIC MAGAZINE" for use in the forthcoming issue featuring the State of Texas. For anything of interest for this purpose, please communicate with Dr. Robert E. Mor-

gan, P and PW Chairman, 1137 Liberty Bank Building, Dallas, Texas.

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## Locations and Removals

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Dr. Richard L. Stratton, son of Dr. C. R. Stratton of Cuero, has become associated with his father in practice in the Peavy Clinic Building at Cuero.

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Dr. E. S. Davidson of Lubbock, Texas, announces the removal of his offices to the Davidson Clinic, 1121 19th Street. At this new location x-ray equipment will be installed and beds will be available for the care of patients requiring hospitalization.

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## A DECADE OF PUBLIC HEALTH—

—CONTINUED FROM PAGE 12

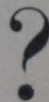
place. The success of preventive and curative methods in combating tuberculosis has been proved and only when these measures are adequately expanded can we expect the complete suppression of this disease.

The 1937 death rate for influenza was 52.3. Compared with this towering rate of ten years ago, the 1946 rate of 9.1 represents a reduction of 83%. The pneumonia death rate of 36.2 last year, is 58% lower than that of 85.4 in 1937. The combined influenza-pneumonia rate last year was considerably less than the rate for influenza alone in 1937.

Immense gains have been made in lowering the mortality from preventable disease, but this partial success should give us no rest as long as unnecessary deaths occur. If our public health program could now be supplemented with some of the resources which in the future must be spent for public relief, we could, at one and the same time, materially lessen the relief problem of years to come, and save our people much of the suffering and want which so often follows these preventable deaths. The less we spend for public health work today, the more we will spend for public relief tomorrow.

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