

Texas OSTEOPATHIC PHYSICIANS Journal

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EDITORIAL PAGE

Into our possession comes a letter from a lay person that expresses your Editor's opinion far better than he could express it; therefore we publish this letter without names which can be furnished upon request. Think it over.

"Dear Doctor:

Since you gave me a "new" back for twenty-seven dollars (or was it twenty-nine? I'm still waiting for your bill), I have talked with a number of acquaintances only to find a wide majority have been imbued with misinformation, criticism and prejudice against osteopathy.

With my recent—and first—experience with osteopathy fresh in my mind, this general lack of knowledge of osteopathy seems deplorable.

It would appear that osteopathic surgeons have a duty to perform—a duty in which, for some reason that escapes me, they have collectively failed. And that duty is to inform the public of the benefits which osteopathy holds for many acute and chronic sufferers of bodily discomfitures.

I am sure osteopathy is serving faithfully and satisfactorily those who are its patients. However, it would appear that the duty of osteopathy reaches out farther than that.

It is a pity that our general hospitals fail to offer their patients the full benefits of modern medicine in a concerted, unified effort to improve the nation's health by not opening their doors to the additional ways and means of restoring health offered by osteopathic surgeons. Since recovering from my recent injury, I have wondered why hospitals try to restore health and yet refuse their patients as wide a range of medical treatment as possible.

Always, I arrive at the same answer—the public knows little about osteopathy and what it offers. The need seems clear, even though such a program might take a long time.

But wouldn't it be worthwhile in terms of better health and eased minds?"

Texas Osteopathic Physicians' Journal

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Volume VI

FORT WORTH, TEXAS

NUMBER 6

Urologic Problems in General Practice

ROBERT J. BRUNE, B. Sc., D. O.

Corpus Christi, Texas



DR. ROBERT J. BRUNE

There are many conditions seen and treated in general practice that may be classified as urologic. It is my purpose to discuss a few of the more common conditions with particular emphasis upon the practical aspects of their diagnosis and treatment.

The general physician is considered competent to treat about 90% of the conditions seen in practice. This percentage probably holds true in the field of urology, but we must remember that this premise is based upon the assumption of a sound diagnosis.

The most common urologic condition met with in general practice is cystitis. This is much more frequently encountered in the female. Cystitis may be primary or secondary. It is considered primary when it is an entity unto itself and secondary when manifesting some disease of the upper urinary tract or associated structures. It has been stated that the bladder is the mouthpiece of the urinary tract and that the symptoms referable to this organ are not always expressive of primary vesicle disease. This is especially true of bacterial infections, which, as a result of irritating pyuria or involvement of adjacent structures such as the ureter or deep urethra, may cause vesicle irritability in the absence of a primary cystitis. ⁽¹⁾ Urgency, frequency, dysuria, and pyuria are the cardinal symptoms of cystitis, and yet their occurrence is by no means pathognomonic of this disease. In fact, any one or all of them may be present or absent in urologic

disorders not primarily a cystitis. This must be kept in mind. As cystitis is commonly associated with pyelonephritis and as the treatment of both conditions is necessarily similar and often concomitant, pyelonephritis will not be considered separately herein.

An accurate and complete case history of the case is essential to the proper management of any of these conditions as it indicates the line of diagnostic and therapeutic procedure. In the female, a catheterized urine specimen is obtained after first cleansing the urinary meatus with an antiseptic solution. It is my practice to discard the first few drops of urine as it passes through the catheter to mitigate the possibility of urethral contamination. In the male, a voided specimen should be obtained using the two or three glass method of collection. This procedure aids the physician in locating the site of the infection in the male urethra or bladder and indicates attendant complications. Having obtained a clean specimen in either case, it should be first grossly examined and notations made of any sediment, hematuria, or debris. Ideally, cultures are made of the urine specimen, but since we are dealing with practicalities, let it be said that the great majority of these cases can be adequately diagnosed with the aid of a regular urinalysis and a Gram's stain of urinary sediment obtained by centrifuging the specimen.

The organisms commonly concerned in cystitis belong to two major groups or types which I classify as:

I. Those which are Gram-negative and produce an acid cystitis

a. *B. coli*

b. *Gonococcus*

II. Those which are Gram-positive and produce an alkaline cystitis

a. *Streptococci*

b. *Staphylococci*

Obviously, there are many more organisms etiologic to cystitis, but the ones mentioned are the more common. As can be deduced, chemical examination

of the urine includes determination of the degree of acidity or alkalinity of the specimen, and the pH thus indicates the type of bacteria of which we must be most suspicious.

The presence or absence of albumen is significant. Its presence warns of either significant numbers of erythrocytes and leucocytes which will be detected in the microscopic examination of the sediment, or of intra-renal or metabolic pathology which must be further investigated.

As has been mentioned, the Gram's stain is the stain of choice because of its general availability and ease of use. In this age of the Antibiotic, as Gram-positive and Gram-negative organisms are thus differentiated, the drug of choice is indicated. Microscopic examination of the unstained centrifugal sediment should also be done to detect erythrocytes, casts, crystals and so forth which might be destroyed in the process of staining.

It has been authoritatively stated by Cook ⁽²⁾ that the most common organisms found in the urinary tract are Gram-negative bacilli. *Escherichia coli* or *B. coli* is the most predominant. Next in prominence is the *Aerobacter aerogenes*. Both organisms are similar in appearance microscopically and upon a clinical basis it is not usually necessary to differentiate between them as the treatment is similar. Gram-positive bacilli are rarely seen and if present are usually diphtheroids and considered non-pathogenic.

Primary in the treatment of cystitis is the forcing of fluids. The reason is obviously that of irrigation and stimulation of natural function. Occasionally, it may be desirable in the treatment of certain types of this disorder, to limit the fluid consumption so as to raise the concentration of the therapeutic agent. This procedure must be kept in mind for trial in resistant infections.

Bacillary and Neisserian infections (and some other mentioned only in passing as *H. ducreyi*, *pneumococcus*,

shigella infections, etc.) are routinely treated with succinylsulfathiazole in divided dosage of 12 grams daily. (3) Lately, the preparation Combisul T-D containing equal amounts of sulfathiazole and sulfadiazine has found favor with urologists in the treatment of these infections in similar dosage. (4) Alkalinization of the urine with citro-carbonate or some similar medication in these infections producing an acird cystitis is of course indicated. Bacillary infections of the urinary tract and especially vesicle bacilluria are very often treatment resistant and the latest drug of value in resistant infections of this type is Chloromycetin in regular dosage according to weight for a period of four to five days. (5) In my own limited experience, Chloromycetin has yet to fail when the dosage, pH of the urine and fluid intake are properly adjusted.

Streptococcic and staphylococcic infections are next in order of importance in the production of cystitis. Streptococcus faecalis is the most important member of this group followed closely by Staphylococcus aureus. These bacteria have their own well-known morphological characteristics easily detectable microscopically. They are both Gram-positive and tend to produce an alkaline cystitis. Consequently, the treat-

ment aims are the forcing of fluids, acidification of the urine, and eradication of the organisms. The eradication is usually accomplished by the use of mandelic acid or calcium or sodium mandelate in total dosage of 12 grams daily or by the use of a sulfonamide. Ammonium chloride may be used to further acidify the urine if indicated.

Penicillin in oil and wax in daily dosage of 600,000 U. is recommended by Scott and Scardino (6) and is thought to be specifically indicated in Neisserian, streptococcic and staphylococcic infections although the concomitant use of the sulfonamide of choice is also advocated. Streptomycin, because of its cost and toxicity, should be reserved for use in those Gram-negative infections in which other forms of treatment have failed.

Osteopathic manipulative treatment in cystitis is directed at normalization of structural bony lesions and treatment directed at increasing the blood supply and the venous and lmyphatic return from the vesicle area and should be probably considered in general as supportive in nature. Occasionally a congestive cystitis may be secondary to the osseous osteopathic lesion in the lower lumbar area. (7)

In addition to Chloromycetin, other new antibiotics deserving of mention

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are Duomycin which is not yet in good supply and Aureomycein whose potentialities in the field of urologic infections have just begun to be explored.

When a cystitis persists for more than two weeks, there is present some of several possibilities which demand extensive urologic investigation in a hospital. These possibilities include a continuing outside source of infection, an obstruction to free urinary flow, an abacterial infection such as tuberculosis or syphilitic gumma, neoplasms of the bladder, lesions of the central or peripheral nerves, a vesicle calculus producing a mechanical cystitis, or a deep-seated urinary tract pathology. This type of case is best referred to the practitioner with extensive facilities for urological investigation.

Another urologic syndrome frequently presented to the physician in general practice is that of renal or ureteral colic. This condition is characterized by an acute, lancinating, colicky pain originating in the flank or costovertebral angle and radiating to the lateral abdomen, inguinal region, into the groin, testicle, penis or labium majorum. Renal or ureteral colic is a therapeutic emergency testing the aptness and ingenuity of the practitioner for rapid results. Some authorities consider that this syndrome is utterly dependent upon the presence of a calcu-

lus, however minute, and that with exhaustive examination the calculus will be found to be passed in the urine either during or shortly after the attack.

The treatment of the condition consists of the application of heat, administration of sedatives and antispasmodics and investigation. Heat is best applied by means of the hot tub bath which usually gives marked relief in from 15 to 30 minutes. Substitutes may of course be used. After trial of several compounds for the relief of the colic pain, Leadbetter ⁽⁸⁾ still advocates the use of morphine 16 to 32 mgm. with atropine 0.5 or 0.6 mgm. I have found Demerol in doses of 100 to 150 mgm. to be highly efficacious in the acute attack due to its combined sedative, analgesic and antispasmodic action. Lumbar sympathetic block may occasionally be used for severe or protracted colic. Occasionally, recurring bouts of pain or the persistence of an attack leads one to suspect a lodged ureterolith in which case immediate urologic consultation should be obtained. In any event, following the relief of the colic, and regardless of the passage of a calculus, intelligent supervision of a case demands complete urologic investigation. This investigation should include urinalysis, analysis of the calculus if found, intravenous pyelograms and cystoscopic examination with retrograde study if

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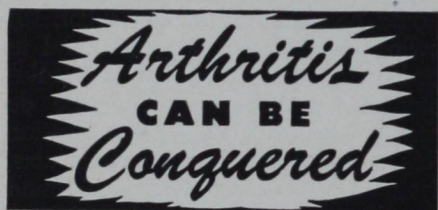
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indicated, and the laboratory determination of the blood calcium, phosphorus and uric acid levels of the patient. Much of this procedure may be done or directed by the general practitioner himself. If he is adept in the use of the cystoscope, he can most probably perform an adequate examination himself. The future management of a case of renal or ureteral colic depends upon the outcome and deductions made from such an examination.

An important part of the back problem confronting physicians of the osteopathic school of practice can be answered in the field of urology. Although the exact incidence of ureteral pathology is unknown, suffice it to say that it is significant. Pain in the back and loin is a very common symptom of ureteral pathology. As a consequence, urological examination is an integral part of my physical examination when attempting to determine the cause of chronic, recurring low-back pain.



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The cause of back pain due to urological pathology is explainable upon obvious neurological basis. Back pressure in the kidney pelvis from lower urinary tree obstruction resulting in swelling and resultant traction on nerve endings in the kidney capsule explains part of the pain and ureteral spasm or occlusion explains more.

Characteristically, kidney and ureteral pain is manifested by dull aching and tenderness upon either light or forceful palpation of the costo-vertebral angles. Further, radiating pain from the loin (either deep-seated or superficial) down to the vesicle region or terminating in the groin, vaginal wall, penis, testicle or labium further characterizes this pain. Oftentimes, loin pain or dull aching is the only symptom leading us to suspect urological pathology.

In order to adequately diagnose back pain a complete physical examination is necessary. To me, this implies the necessity for urologic study when attempting to identify obscure etiology of back pain. The extent of an adequate urologic examination is of course determined by each individual case, but at a minimum includes history, palpation of the kidneys and palpatory pressure over the course of the ureters, vaginal or rectal examination of the ureteral areas, an elicitation of the presence or absence of pain or discomfort using Murphy's kidney punch and an urinalysis. Further studies may be indicated from studying the results of these simple tests.

Ureteral stenosis leading to urinary back-pressure and relative hydronephrosis has been found to be a significant cause of chronic recurring back pain.

I categorically classify ureteral stenosis under the following headings:

- I. Extrinsic (outside the ureter)
 1. Congenital abnormalities of development
 2. Adhesions from previous inflammation or trauma
 3. Traumatic lesions from injuries or instrumentation

4. Ureterectasis, usually developmental error
 5. Pressure due to extra-urinary neoplasms, etc.
- II. Intrinsic (within the ureter)
1. Congenital abnormalities (valves, pockets, etc.)
 2. Inflammatory type from infection
 3. Secondary areas of inflammation due to infection as related to Hunner's Theory
 4. Ureterocoele
 5. Traumatic due to instrumentation
 6. Reflex spasm (which may be compared to pylorospasm and related to the primary osteopathic lesion complex.)

III. Combined

Obviously most ureteral problems fall in the third category. From this simple outline can be seen the vastness of the

etiology of this condition and its attendant symptom complex.

The treatment of these conditions is of course directed at the underlying cause, including many special urological manipulations to the ureter and adjacent structures and the correction of the site of pathologic change. One frequently sees the chronic ureteral spasm or occlusion syndrome which might be due to osteopathic skeletal lesions particularly of the lower dorsal and upper lumbar areas. It is not uncommon to find an area extending over two or three vertebral segments in these regions producing a syndrome of pain and discomfort similar to the one described. These osteopathic lesion areas are manifested by relative fibrositis and restriction of motion on side-bending and lateral rotation of the vertebral segments involved. In this case—one of primary osteopathic lesion pathology—relief will be permanently obtained

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through the modality of osteopathic manipulative treatment. Oftentimes it will be found necessary to supplement manipulative procedures with a suitable antispasmodic to aid in the breakdown of the established reflex cycle.

Osteopathic lesion areas secondary to a primary pathology in the urinary system are found most commonly in the same dorsal and lumbar areas of the skeletal system. These secondary lesions yield well in a symptomatic manner to osteopathic manipulative treatment, but will of course inevitably recur if the basic pathology remains uncorrected.

Summary:

1. Practical diagnosis and treatment of common urinary infections is discussed.
2. The proper management of a case of renal or ureteral colic is discussed.
3. The skeletal osteopathic lesion complex is related to urinary tract pathology both as a possible primary cause and as a defined secondary manifestation.

Henry Clinic Building
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DrBrune:BPPerkins

9-17-49

Membership Report

The Directory of the Texas Association of Osteopathic Physicians and Surgeons was placed in the hands of the printers on the 15th of this month.

The records of this office reveal a total of 443 osteopathic physicians in Texas of which 310 are members of the State Association, plus 8 honorary members. There are probably a great many more of whom we do not have a record.

There are 31 osteopathic physicians who were members of the Association in 1948 and 1949, who have failed to pay their dues this year, and are now on the non-membership list. This is truly a loss to the Association.

In checking the list of those who are not now members of the Association, we find there are 72 osteopathic physicians who, for years have not supported the efforts of the organization by becoming members. These are called "free riders," who enjoy the benefits, rights and privileges of the Association, and whose rights and privileges are continually defended by the Association, without contributing a dime. In this group we find some 15 physicians who are undesirable. The other 57 certainly need to be educated.

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Hospitalization Of Veterans

Our attention has been called to the fact that on one or two occasions a veteran has been denied admission to an approved osteopathic hospital. This matter has been taken up in Washington and has been corrected by the Chief Medical Director, Paul V. Magnuson, who makes the following statement: "We sincerely regret that this veteran was denied admission to * * * Hospital for treatment at Veterans Administration expense. The information available indicates that his admission was not authorized because of a misinterpretation of policy. My office has informed those concerned that existing regulations do provide for admission of veterans to civil hospitals, including osteopathic hospitals, for treatment of emergency services connected disabilities, when it is not feasible to hospitalize those veterans in a government or

contract civilian hospital. I appreciate your interest and cooperation in this case, and assure you every effort will be made to prevent a recurrence of such misunderstanding in the future."

Internship Desired in Texas

I am a Senior Student enrolled in the Philadelphia College of Osteopathy and I am interested in obtaining a suitable Texas Internship with a view to perhaps a residence in Texas.

I am a Veteran enrolled under the GI Bill with five years honorable service in the armed forces, three and one-half years of which were spent in the Pacific with many Texans so I know a little bit about the Lone Star State. Will appreciate any information.

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*Hueper, W. C.: Medical Clinics of North America, May 1949.



Senator Roger Kelly, Dr. Robert Morgan, Senator Jimmie Phillips, Mr. Bill McCraw, Immediate Past Texas Commander of American Legion.

To the Osteopathic War Veterans

As President of the Osteopathic War Veterans Association, it was my pleasure to attend the recent American Legion Convention in Philadelphia.

An estimated 45,000 Legionnaires were present, in addition to approximately 6,000 alternates and delegates, who represented some 3,000,000 men and women who have served in the Armed Forces. It was my privilege to be seated as a delegate with the Texas delegation. These delegates were attending the convention for the purpose of carrying on the business of the American Legion. These men were of the highest caliber, lawyers, physicians, business men, senators, ex-governors, and even the President of the United States wore a thirty year Legion cap.

From these delegates are made up the numerous committees who work throughout the year and who work day and night getting reports and recommendations ready for the main sessions. These reports and recommendations are read and discussed on the floor by the body, and voted and passed on by them. These reports concern the welfare of the nation and the many problems which confront the veteran. This is just one of the far-reaching powerful war veterans organizations.

I heard some of the best talks on Americanism by such men as President Truman, Defense Secretary Johnson, General Lucius Clay, Daniel Poling, our own Attorney General, Price Daniel, and several others.

I feel that the osteopathic war veterans should lend their support to some veterans organization, and take an active part in veterans affairs, local, state and national. I know there are quite a few osteopathic war veterans in Texas who have done quite a bit in veterans organizations, and I want to encourage each of you to continue in this fine work. I want to urge those who are not members of any veterans organization at this time to join immediately.

The American Legion has the largest Auxiliary in the world, and their purpose is to help carry on veterans affairs.

I would like to suggest that an Osteopathic War Veterans Organization be formed here in Texas. If you are interested drop me a card and I will ask the Chairman of Veterans Affairs in Texas, Dr. Robert Brune, to call a meeting at our next State convention.

ROBERT E. MORGAN, D.O.
*President Osteopathic War
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Dr. Willard Brown Re-elected To Head Dallas 40 & 8 Group

Dr. Willard Brown, 400 Ann Street, Garland, Texas, has been re-elected to lead Voiture 514 of the 40 and 8 Society of the American Legion. He is the first member of the Dallas County Group ever named to successive terms as chef de gare of the organization.

A veteran of the first World War, Dr. Brown has long been active in Legion affairs. He is presently a vice-commander of the Garland post.

New Hospital for Turkey, Hall County, Texas

The city of Turkey has purchased surplus medical buildings to be moved from Childress to Turkey and remodeled into a hospital. The city of Turkey has purchased 10 lots facing on the highway which runs through the town, on which the buildings will be moved. Public donations have financed the laying of the foundation for the hospital and the installation of utilities. The buildings, purchased from the government, will be remodeled, partitioned, painted and made into a modern hospital. It is to be an open staff hospital, with facilities available to any licensed physician or surgeon—D. O. or M. D.

At the present time there are only two physicians in Turkey—Dr. M. F. Achor, D. O., and one M. D., Dr. Garner, age 76. The nearest hospitals now are 28 miles; one at Matador, owned by an M. D., and the other at Silverton, run by Dr. Shy, an osteopathic physician.

Turkey is a town of 1,500 population, with a trade territory of 6,000. The chief industries are ranching and cotton farming.

Dr. Achor will welcome an osteopathic physician to help him in this new venture.

Mid-Year Conference at Waco—September 30, October 1 and 2

This conference proved to be one of the best educational programs in the history of the organization. Those who missed this meeting truly missed a treat.

The program was conducted according to schedule, and practically all in

Roosevelt Hotel, for his cooperation in making this a most successful meeting. Never, in the history of the Association, has the management of any hotel cooperated with us as did Mr. Riestenberg of the Roosevelt Hotel. Every member of the Association should stop in and say "hello" to Dick and thank him for his efforts.

The following members attended the conference:

Dr. G. G. Porter, Dr. Milton Gafney, Dr. Lige C. Edwards, Dr. W. B. Rountree, Dr. V. Mae Leopold, Dr. H. G. Grainger, Dr. Earle H. Mann, Dr. Keith S. Lowell, Dr. J. R. Alexander, Dr. Rex G. Aten, Dr. Merle Griffin, Dr. Wayne M. Smith.

Dr. J. Ralph Cunningham, Dr. Irene Borrow, Dr. Ester Roehr, Dr. J. Ellen Gildersleeve, Dr. H. G. Buxton, Dr. Carl E. Everett, Dr. I. T. Stowell, Dr. Russell Martin, Dr. Dan Beyer, Dr. Laura Lowell, Dr. J. L. Love, Dr. R. J. Brune.

Dr. George Luibel, Dr. Sam F. Sparks, Dr. N. E. Dunn, Dr. Opal Robinson, Dr. A. L. Garrison, Dr. W. V. Durden, Dr. Lovie Mae Evans, Dr. H. K. McDowell, Dr. Mabel F. Martin, Dr. O. R. LePere, Dr. M. D. Fredeking, Dr. R. D. Kirkland, Dr. Chester C. Summers.

Dr. H. V. W. Broadbent, Dr. Elmer C. Baum, Dr. J. B. Donovan, Dr. Everett Wilson, Dr. C. M. Eckstrom, Dr. M. S. Miller, Dr. W. W. Baldwin, Dr. Gladys F. Pettit, Dr. Gordon Beckwith, Dr. H. A. Beckwith, Dr. Mary Lou Logan, Dr. B. L. Livengood, Dr. Jack Wilhelm.

Dr. Ira F. Kerwood, Dr. J. F. Clark, Dr. Louis H. Logan, Dr. J. B. Riggs, Dr. Robert Morgan, Dr. Ross McKinney.



DR. MARTIN C. BEILKE, Chicago, Illinois,
Headlined Mid-Year Conference.

attendance were present at every session. Dr. Beilke, of Chicago, was the featured speaker and everyone present was thrilled with his handling of his subject and his teaching ability.

All the other speakers were from Texas, and included Dr. Harold Beckwith, Dr. H. E. Grainger, Dr. Robert J. Brune, Dr. Rollin Becker, Dr. Sam Sparks and Dr. D. D. (Dan) Beyer.

The entertainment was good and everyone had a wonderful time. The Association owes a debt of gratitude to Mr. Dick Riestenberg, Manager of the

IMPORTANT NOTICE

Two New Public Health Laws

1. **PRE-MARITAL:** The last Legislature passed a law which provides that both men and women must have a physical examination before securing a marriage license, which includes a test for syphilis by a registered laboratory and by a licensed physician. The marriage ceremony must take place within 15 days after such examination. The two parties may present a record of a physical examination outside the state for their license, if the record is not over 15 days old and the laboratory from which the tests come is recognized by that state. Falsification or misinformation to gain a license is punishable by a fine of not less than \$200.00 or more than \$500.00.

2. **OBSTETRICS:** The public health law is also changed, in that it now requires every physician or other person permitted by law to attend a pregnant woman during gestation, to see that a test for syphilis is made. This report must be kept for nine months, and if the need arises the report must be turned over to any succeeding doctor, or other person, who takes the case over before delivery. In such case the succeeding

doctor, or other person, is presumed to have conformed with the law. Any county, city or state laboratory must do the tests free of charge. The penalty for failure to conform to the requirements of the Obstetrics law is punishable by fine of not less than \$200.00 or more than \$500.00.

Each of the above laws became effective October 5, 1949.

By DR. MERL GRIFFIN

When each and everyone of us realizes and is proud of the fact that he is an Osteopathic Physician and not ashamed in his heart, then and only then will our organization be so strong that there will be no need for a Censorship and Ethics Committee.

Your committee on Censorship and Ethics realizes the magnitude of our problem. Perhaps the best recommendation would be an application of the old "Golden Rule", or better yet, the old proverb "First to thine own self be true and it shall follow, as the night the day, thou canst not then be false to any man."

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NOTICE

To the Osteopathic Profession In Texas

The Board of Trustees have asked that an educational program be launched in Texas to acquaint the public with the osteopathic profession—what it is, and what we stand for.

The majority of the public know nothing whatever about the qualifications of an osteopathic physician and surgeon, and we must place in their hands literature of an informative nature regarding the osteopathic profession.

Each osteopathic physician in Texas should have a part in this state-wide program. Please send me the names and addresses of everyone in your city or district who, for our advantage, should learn our educational standards, the scope of our practice and our qualifications. This literature will be sent out monthly for at least six months, beginning immediately.

ROBERT E. MORGAN, D.O.
Chairman P. & P. W.
1137 National City Building
Dallas, Texas

Mid-Year Conference Closed With a Bang ! ! !

Throughout the state rang the finale of the Mid-Year Conference, and all osteopathic physicians who were not asleep at 7 P. M., October 2, could have heard the impact of one old 1936 model Chevrolet truck against one 1949 Ford, which crumpled like paper, unless the sound was drowned out by the colorful and vociferous vocabulary of one certain Executive Secretary of the Texas Association of Osteopathic Physicians and Surgeons. All of which was brought about by a transient worker from the state of Oklahoma, who drove his proud mount out of a traffic lane into the direct path of Henry Ford's pride and joy, as a result of which there is one less Ford on the highways, two broken arms for the wife of the Executive Secretary, and a nice little cut on the chin of the Secretary to the Secretary, plus a badly bruised right arm, which has made a one-handed typist out of her. This Executive Secretary, being rough and tough is still going strong—no hits, no runs, and no errors!! The Secretary to the Secretary is back on the job in a one-handed manner, and Mrs. Russell is gradually recovering, but will be shy the use of her two arms for quite some time.

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Report of Waco Mid-Year Conference

By DR. LIGE C. EDWARDS, *President*

The Trustees met at 9:30 A.M. Friday, September 30, 1949, and spent a busy day hearing committee reports and transacting business of the Association until midnight. Out of the reports it was brought out that there is a paid membership in our divisional society of 310, excluding some 8 honorary memberships.

A Kardex filing system has been acquired in your State Office to better organize the information regarding each individual member of our Association. This filing system is identical with that employed in the A.O.A. office and has easily read information on educational background, degrees, post-graduate work, professional, civic and army record and membership in the State Association through the years.

A pamphlet with statistics regarding the osteopathic profession for vocational guidance has been compiled for use in Texas. The Trustees endorsed the use of this means of vocational guidance and public information.

The Texas Osteopathic Hospital Association met Friday afternoon with a membership of twenty-five osteopathic hospitals and approximately twenty institutions represented. Problems were discussed and each delegate present was prepared to go back to staff meetings and disseminate information vital to the efficient operation of each hospital in Texas.

The speeches given on the program were well attended and enthusiastically received. Papers varied from "Glaucoma" to "Sacro-Iliac Problems and Diagnosis". Especially attentive was the audience at every lecture by Dr. Martin C. Beilke, faculty member, Chicago College of Osteopathy and Surgery, Chicago, Illinois. His easy delivery of information held every doctor's interest and attention thereby, holding

a luncheon late in starting the last day by some fifteen minutes.

Saturday luncheon was addressed by Mr. P. Smith, mayor pro-tem and faculty member of Baylor University, with a welcome to the Association to Waco. Following, Mr. C. W. Hudson, Personnel Manager, Dallas Railway and Terminal, addressed the conference on "Americanism—Where Are We Going." His most entertaining and enlightening address brought out the fact that the national debt amounted to \$4.00 for every second that has ticked away since Christ was born. Several doctors expressed a desire for Mr. Hudson to speak before their service clubs.

A reception and dinner dance was held Saturday evening allowing the doctors and wives to relax somewhat from a heavy schedule of lectures, committee meetings and auxiliary business.

Following the lectures Sunday morning, the Mid-Year Conference was brought to a close with a luncheon and business meeting with reports by National Trustee, Robert Morgan, Executive Secretary, Phil R. Russell, and an invitation by Dr. Beilke to attend the National Meeting, July, 1950, Chicago. Executive Secretary Russell's report included plans of the State Office to more efficiently serve the membership of the Association.

The Association's gratitude and congratulations to Program Chairman, George Luibel and his committee from District Number Five for the success of the Mid-Year Conference and the invaluable assistance of Mr. Dick Riesterberg, Manager, Roosevelt Hotel, for the many favors and attention plus the public relations of two radio public health talks and a recording of the Diamond Jubilee arranged through his office.

Health Insurance Policy of A. O. A.

It has been called to our attention that several divisional societies have been approached by officers of the State Medical societies asking that State Osteopathic societies pass resolutions against state medicine, socialized medicine, or the Truman Bill. Some specialty societies in the Association have been similarly approached.

It is noted that some of the resolutions promulgated by the A.M.A., as example, are such as would add Osteopathic approval to the voluntary health insurance plan, such as the Blue Shield, and it is further noted that one A.M.A. qualification for approval of the Blue Shield plan is that services involved shall be rendered only by doctors of medicine. An additional provision is to the effect that such plans are to be inspected frequently by the A.M.A. It may be further added that one section of the socialized medicine plans in Congress is the subsidization of medical schools, yet the A.M.A., in a strong editorial, insists this plan should be defeated if its intent is to subsidize Osteopathic Colleges, which it is. We can only deduct that the A.M.A. is attempting to get our support of this plan, in an effort to defeat all types of compulsory health insurance, socialized medicine, or whatnot, and then leave us sitting on a limb, because they, themselves, will obliterate the Osteopathic profession.

The A.O.A. has adopted a policy on compulsory health insurance. This policy was printed in the July issue of the Texas Association Journal. It is suggested that you read that policy again in order to better familiarize yourself with the adopted plan. We are publishing for you the following questions and answers dealing with this subject. These were prepared by Dr. Cole, Secretary of the New York State Osteopathic Association. We earnestly urge every member to familiarize himself

with the policy and recognize every detail of it, and not deviate therefrom, that the public may be assured better health and a free choice of qualified doctors. It is impossible for you to discuss the policy of the A.O.A. unless you are familiar with it.

Q: Does the policy endorse State Medicine?

A: No — under State Medicine such as they have in England the government owns the hospitals, and the doctors are under part or full-time government salary; in comparison we are endorsing a Health Insurance program to cover all people. This would prevent further spread of State Medicine.

Q: Does it endorse the principle of prepaid Health Insurance?

A: It definitely does providing the insurance plan contains sufficient guarantees to insure no unwarranted interference with existing patient-physician relationship.

Q: Does it endorse compulsory Health Insurance?

A: It does not oppose it, providing certain medical and professional freedoms are retained under minimum government supervision.

Q: Does it prevent DO's from co-operating with existing voluntary medical plans?

A: Not at all—providing such voluntary plans meet the same conditions as are set forth in our policy for compulsory plans and providing such plans are not used as propaganda vehicles to oppose compulsory Health Insurance.

Q: By its failure to condemn compulsory Health Insurance does it not put the AOA in a position of being un-American and undemocratic?

A: If Health Insurance by compulsory prepayment is un-American and undemocratic, then other compulsory

insurance already accepted as basic factors in American life should be eliminated from our laws — such as Workmen's Compensation Acts, Unemployment Insurance, Old Age and Survivors' Insurance, Auto Liability Insurance (in some states), and Sickness Lost-Time Disability Acts (in 5 states). Every one of these requires compulsory payments.

Q: Why should the Plan be supervised by the government?

A: To insure that it is managed in the interest of all the people and all the doctors rather than on a basis that could provide a medical monopoly for any one school of practice. State medical practice laws illustrate this theory.

Q: Why should administration be at no lower level than that of state government?

A: Because medical practice rights' laws are administered on a state basis and to create lesser subdivisions with control over so many phases of medical practice would be chaotic and open to medical politics.

Q: Does not this policy approve "putting the government into medical practice?"

A: No—just the opposite. The present tendency of legislation has been to put the government deeper and deeper into providing direct and indirect medical services paid for by money taken from general taxes. Our policy suggests that the government would supervise the collection of insurance premiums to be paid into a Health Insurance fund and the extent of government participation beyond that point would be to establish basic provisions whereby the states themselves could set up and receive the necessary funds for their own plans to be opened to all people and to all physicians.

Q: Why does the AOA not follow the lead of organized medicine and endorse voluntary Insurance Plans as being the sole answer to the problem of better medical care?

A: Voluntary plans have been a fair job as far as they have been able to go. Most of them, however, that have made any attempt to provide a comprehensive service have had premiums so high that those families who need the coverage most cannot afford to purchase the protection they need. Voluntary plans have done well in supplying hospital services and in paying for doctors' fees for surgery and "in hospital" care. After thus guaranteeing that specialists and hospitals will receive their fees, practically nothing has been done to enable many families to be able to purchase the balance of their health care from general practitioner and others for services not included in the original premiums. After paying the original premiums for the services of specialists many find themselves unable to purchase the balance. Only government-financial support to voluntary plans would remedy this, and our policy is opposed to subsidies but for a broad Health Insurance prepayment plan.

Q: What position should divisional societies take on this problem?

A: The House of Delegates, composed of representatives of all division societies, adopted the policy. Each state therefore should not issue any official statement, release, or resolution intended for public consumption that does not agree as near as possible to the nation-wide policy adopted by their own House of Delegates. The policy was adopted after a joint-report from the Trustees and House Committees studying the matter and after full debate in the House.

Report of Board of Trustees' Meeting, Waco, Texas September 30, 1949

By DR. MERLE GRIFFIN

The organization of the Central Office is well underway. Many times in the past definite organizational plans were absent and it was most difficult to motivate a future goal. This in no way should cast a reflection upon officers who have been delegated these duties in the past. Now, we have a centrally located focal point, not necessarily geographically, but in regard to professional affairs. A central clearing house is in the process of organization which has taken time, and will take considerable more in the future; however, once the machinery is in motion it will simplify the many and varied details necessary to such an organization.

Our Executive Secretary needs to be furthering public relations work just as soon as the detailed functions of the office can be assigned to efficient assistants. The Post-Graduate Conference immediately past shows the results of central organization. The meeting was well attended, and the program operated smoothly, efficiently and contained the necessary educational features that make conferences successful. Much credit is due your officers as well as the local committee and especially the management of the Roosevelt Hotel in the successful presentation of an excellent Fall Conference.

Dr. Martin Beilke brought to us many interesting and informative features regarding Osteopathic diagnosis and treatment. Doctors Beckwith, Graininger, Brune, Becker, Sparks and Beyer

also added a storehouse of knowledge to contribute to the successful professional part of the program.

The entertainment was adequate, in fact, some observers reported "more than adequate". It will be remembered by many of us, most especially our Executive Secretary, as one of the events not easily forgotten.

Activities Of The Executive Secretary

Dr. Phil R. Russell, Executive Secretary, attended the Board of Trustees Meeting of the Dallas General Hospital on Tuesday, October 4, and attended the staff meeting of the Dallas General Hospital Friday night, October 7.

The Executive Secretary will speak Thursday, October 13, to the Dallas County Osteopathic Association.

Dr. Russell will attend a meeting of the Public Health Committee in Austin, October 21 and 22.

Recommended Reading

"The Other Side of the Wonder Drugs", October Issue, American Mercury, for benefit of osteopathic physicians and their patients. Suggested by Dr. George Grainger.

Dr. Lige C. Edwards calls your attention to the article "Osteopathy Invites Public Confidence", October issue, Judy's, a small magazine available at all news stands and about the size of Reader's Digest. Dr. Edwards states that the article written by a Dr. Henry Richmond, identity unknown, is fair as to background and references but bad in one or two parts.

Hospital Association Meeting in Waco

By MILTON V. GAFNEY, A. B. B. Sc. D. O., President,
Texas Osteopathic Hospital Association

The Texas Osteopathic Hospital Association met in the Roosevelt Hotel in Waco Friday, September 30, 1949.

The usual routine of business was transacted and the highlight of the program was a talk by Dr. Phil Russell emphasizing the present needs of the Hospital Organization in Texas as regarding its affiliation with the A.O.A. and its Bureau of Hospitals.

There are two classifications of hospitals i.e. The Registered Hospital and the Hospital approved for Intern Training. It is necessary that the institution meet with certain standards as outlined by the Bureau of Hospitals regardless of its classification. The standards for the teaching hospital are, of course, more exacting. It is necessary that each type of hospital obtain from the Bureau of Hospitals a manual which sets forth the requirements.

It is suggested that each staff member become thoroughly familiar with the requirements and comply with the rules governing the operation of the hospital. The staff Doctor is of course an important part of the successful function of the hospital in which he works. By the same token, if the hospital is to retain its approved status it has the unpleasant duty of demanding that its staff members comply with the basic requirements demanded of it by the Bureau of Hospitals.

After an inspection tour of the Hospitals of the State the following particulars were found which needed improving, as reported by the Bureau of Hospitals.

1. An institution must designate itself and be known to the public as being **OSTEOPATHIC**.
2. All Doctors using the facilities of a hospital must be members of the State and National Organizations.

3. Consultations must be written and signed by the consultant.
4. Autopsy rate needs to be improved.
5. Structural examination, diagnosis, and recording of findings is a **MUST**.
6. Obstetrical case histories should be improved.
7. After October 5, 1949 every obstetrical patient must have a blood test for syphilis done in a State approved laboratory and that report or a copy of same must become a part of that patient's hospital record. This is in compliance with a recent Texas Law.

If a hospital fails in meeting its requirements it then will lose its A.O.A. Bureau of Hospitals status and as a result of this the institution will be designated as sub-standard, which will result in loss of self respect, loss of confidence by the people of the community in which it is located, and loss of revenue from Insurance Companies who

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have the right to refuse payment to a hospital which does not meet the standards required by the Bureau of Hospitals.

To do this is a cooperative thing between the hospital and its staff members. The staff member should expect and demand that the hospital be what it professes to be and the hospital must, as a matter of self preservation, require that its staff member meet his obligation to it and to his profession.

The Blue Cross plan participation effort is still going on and has not yet been definitely disposed of by the Insurance Commission. As this important matter develops the hospitals will be informed.

All hospitals must be fully informed on the new maternity Blood Test Procedure and you are requested by your association to comply willingly and whole heartedly.

Those hospitals who have not been approved for maternity care by the State Department of Health must do so at once and also annual renewals of your permit and authorization must be obtained at the proper time.

The meeting was not as well attended as we would like to see. The Trustees of the State Association attended and participated in the discussions.

As I Saw The Convention

By DR. ROBERT J. BRUNE,
Speaker, House of Delegates

I thought the Mid-Year Convention to be one of the best I ever attended. It is interesting to note that the entire program emphasized the osteopathic concept of and approach to disease and that the lectures were attended by nearly 100% of the registered doctors. To me this indicates the reawakened interest in the scientific approach to the osteopathic concept and proves that our conventions are no longer just a get-together but instructive sessions from which the members attending will all carry home ideas utilizable in daily practice. I feel that conventions such as this are stimulating and hope for many more like it in time to come.

I also wish to remark on the tremendous job the State Office has done toward providing us with a workable and efficient organization. As one of the members of the committee whose job it was to select a full-time Executive Secretary for our Association, I think that, by all indications, we should be allowed a pat-on-the-back.

Openings for Osteopathic Physicians

(For information write to Dr. D. D. Beyer, Chairman, Physicians Relocation Committee, 1800 Vaughn Blvd., Fort Worth, Texas)

Location open Rankin, Texas, county seat of Upton County, approximately 50 miles south of Midland or 83 miles west of San Angelo. Population between 700 and 1000. Market and shipping point of area. Resources oil and ranching. One elderly doctor in poor health desirous of selling out. Only one drug-store. Druggist anxious for physician to

locate and will cooperate with an osteopathic physician. If interested, contact Mitchell Drug Store, Rankin, Texas.

—o—

Dr. Paul A. Stern, 2723 Inwood Rd., Dallas, Texas, is looking for someone to take over his office for one year while he is training for a specialty in Detroit, with the idea of a partnership when he returns.

AUXILIARY NEWS

Which Side Are You On?

By MRS. ARCHIE GARRISON

THIS IS FOR YOU—if you have always been a member, or if you are a new member of the Osteopathic Auxiliary.

YOUR MEMBERSHIP in the Auxiliary indicates that you have stepped upon the first plank of the ladder of success of your husband's profession. You are to be congratulated and encouraged to unite the efforts of all Osteopathic Physicians and Surgeons in your area; and to aid in educating the public in the wide scope of the practice of the Osteopathic Profession.

ALSO, you as a member can do more, individually, to influence other Osteopathic wives to become a part of the profession, from which they receive their livelihood, and of which they should be proud. Won't you see how many new members you can influence to become affiliated with our Auxiliary for this year and always?

This is congratulations to you in the fine work you have done for the Auxiliary, and best wishes for another successful year in your local and district, as well as the State Osteopathic Auxiliary!!

THIS IS FOR YOU—if you have not realized how important you are to your husband's profession, in becoming a member of the Auxiliary.

YOUR non-membership in the Osteopathic Auxiliary indicates in the same respect, as in a ball game, that you are not following through with your role as an Osteopathic wife. You can be a good mother, housekeeper, and a good friend, but you cannot be a good Osteopathic wife, unless you combine all your talents to follow through with your membership in the Osteopathic Auxiliary. You, and you alone, are the person who controls the follow through stroke to Osteopathy—the same as the follow through stroke is so essential in many types of ball games.

YOUR district being scattered in distance may not warrant the organization of a Local or District Auxiliary, but your State membership in the Auxiliary, can help you to follow-through with your husband's profession, in order that you, too, can ascend the ladder of success with your husband.

STATE AUXILIARY dues are \$1.50; National dues are \$5.00; and won't you please send your dues to Mrs. E. C. Baum, Secretary-Treasurer, Auxiliary, Texas Osteo., Phys. & Surgeons Ass'n., 2510 Woolridge Dr., Austin, Texas.

Auxiliary Meeting, October 1, 1949

The Auxiliary to the Texas Association of Osteopathic Physicians and Surgeons met October 1, 2 P. M. at Waco, Texas.

October, 1949

The amazing thing about this meeting was the attendance. Ninety-nine percent of the women attending the Convention were at the Auxiliary meeting which is something of a record.

The meeting was opened by the President, Mrs. Lige C. Edwards. The

group was then welcomed by Mrs. V. A. Kelley, of Waco, representing the local members.

Reports of the National Convention were read by delegates to that meeting.

Many plans were formulated for the April Convention and business arrangements made and discussed relative to inviting one of our National Officers to that meeting.

Reports were given by various committee chairmen, including Legislative by Mrs. Love. Mrs. Morgan, Chairman of the Osteopathic Progress Fund, gave an interesting talk on where the money given to this fund goes, how it is spent and its importance.

Several recommendations made by the Executive Board were voted upon and passed. There being no further business, the meeting was adjourned.

From the Osteopathic Wife's viewpoint this was a most successful Convention. The group was small but those in attendance were interested and responsive. Several former Auxiliary Officers remarked at the awakening interest in the organization. Those who helped organize the Auxiliary in 1940 have been privileged to watch its growth and development with the feeling of a job well done.

By MRS. E. C. BAUM

Members Of Auxiliary Present

Mid-Year Meeting Waco, Texas

Mrs. Lige C. Edwards
Mrs. Merle Griffin
Mrs. Wayne M. Smith
Mrs. H. G. Buxton
Mrs. Carl E. Everett
Mrs. Dan Beyer
Mrs. J. L. Love
Mrs. R. J. Brune
Mrs. George Luibel
Mrs. A. L. Garrison
Mrs. W. V. Durden
Mrs. H. K. McDowell
Mrs. M. D. Fredeking

Mrs. H. V. W. Broadbent
Mrs. Elmer C. Baum
Mrs. Thomas J. Melton
Mrs. J. B. Donovan
Mrs. C. M. Eckstrom
Mrs. M. S. Miller
Mrs. H. A. Beckwith
Mrs. J. F. Clark

—o—

The Tarrant County Auxiliary of Osteopathic Physicians and Surgeons entertained the Dallas Auxiliary at the Keystone Room, Hotel Texas, for the luncheon and style show October 5th. Forty-eight ladies were present, twenty-two from Dallas.

Mrs. John R. Thompson, local president, welcomed our guests and Mrs. Sam Scothorn, Dallas, responded. The guests were seated at a large L shaped table which was decorated with lovely corsages of ageratum and rosebuds which were made by Mrs. L. V. Tkac, guest of Mrs. R. B. Beyer.

The out of town Auxiliary members present were:

Mrs. N. W. Alexander, Dallas, Tex.
Mrs. Lars Anderson, Pilot Point, Tex.
Mrs. V. C. Bassett, Dallas, Tex.
Mrs. Rollin Becker, Dallas, Texas
Mrs. H. L. Betzner, Dallas, Texas
Mrs. J. C. Calabria, Dallas, Texas
Mrs. Jack Crawford, Dallas, Texas
Mrs. John Drew, Dallas, Texas
Mrs. Noel Ellis, Denton, Texas
Mrs. Mark Graham, Celina, Texas
Mrs. D. G. Hazzard, Dallas, Texas
Mrs. T. M. Hobart, Dallas, Texas
Mrs. George Hurt, Dallas, Texas
Mrs. Frank Moon, Dallas, Texas
Mrs. Robert Morgan, Dallas, Texas
Mrs. Albert L. Plattner, Grand
Prairie, Texas
Mrs. Emil P. Plattner, Grand
Prairie, Texas
Mrs. Herman H. Plattner, Grand
Prairie, Texas
Mrs. J. L. Porter, Dallas, Texas
Mrs. Sam Scothorn, Dallas, Texas
Mrs. Charles Still, Dallas, Texas
Mrs. L. K. Wilson, Dallas, Texas
The Auxiliary of the South East Tex-

as District Number Six of the Osteopathic Physicians and Surgeons held their quarterly meeting Sunday Morning, September 10, 1949, in the Ming Room of the Shamrock Hotel, Houston, Texas.

Mrs. Archie Garrison, President of the Auxiliary, presided over the meeting. The majority of the members were present. The meeting was most successful. Coffee was served by the Social Chairman, Mrs. Stanley Hess.

Mrs. Lige C. Edwards, of San Antonio, Texas, was the honorary guest of the District Number Six Auxiliary Meeting. Mrs. Edwards gave a review of the National Convention held in St. Louis, Missouri, this last July.

The members of the Auxiliary were most delighted to see Mrs. Justin Adams looking so pert and pretty after having a major operation during this past summer.

A serious car accident didn't take the twinkle out of Tiny Alexander's eyes. Tiny suffered a fractured collar bone, the result of the car accident. We were happy Tiny was able to attend the meeting.

The Auxiliary members were glad to receive in their midst a new member, Mrs. W. H. Gilmore. Dr. and Mrs. Gilmore recently moved to Houston, Texas.

District Number Six can't complain about lack of enthusiasm. Our own Dr. Davis, of Beaumont, Texas, was fined for speeding on his way to the District Meeting.

We wonder if Dr. and Mrs. Vinn, of Houston, Texas, aren't singing lullabies these days. They have a son two months old.

MRS. W. H. SORENSON

The Amarillo Osteopathic Hospital Auxiliary met Wednesday evening, September 28, at the Hospital, for a business session.

The President, Mrs. L. J. Vick, presided.

Mrs. E. H. Mann gave a report on October, 1949

the recent Musical Book Review Tea given by the Auxiliary. While not all of the money is yet in, the Auxiliary is assured of a nice sum for the Child Health Clinic to be held next Spring.

Mrs. E. W. Cain reported on the work to be done by the Auxiliary at the Tri State Fair in conjunction with the Amarillo Federation of Women's Clubs.

Mrs. J. H. Chandler told of the program outlined by the Y.W.C.A. at a coffee, at which she represented the Auxiliary. Following the business meeting a social hour was spent.

The Amarillo Osteopathic Hospital Auxiliary was hostess to more than 200 guests who attended the musical book review tea given at the Crystal Ballroom of the Herring Hotel on the afternoon of Monday, September 19. Special guests were the wives of the doctors attending the Western States Proctological Convention. Mrs. Howard Lynch, who was presented by Mrs. G. W. Gress, took the group on a musical tour of Broadway. Mrs. Lynch told the story of the Broadway hit, "South Pacific" by James A. Michener. Recordings from the musical score with music by Richard Rogers and lyrics by Oscar Hammerstein, Jr., were played. Included in the tour were highlights from other Broadway plays which Mrs. Lynch saw while visiting New York this summer.

Following the program, tea was served by Mrs. J. Francis Brown and Mrs. M. M. Vick of Loveland, Colorado, from a lace-covered table, which was centered with an arrangement of peach gladioli and yellow chrysanthemums. Appointments were in silver.

Mrs. L. V. Cradit was general chairman for the program, with Mrs. J. H. Chandler as publicity chairman, and Mrs. G. W. Gress and Mrs. E. W. Cain, refreshments committee.

A nice sum of money was raised which will be used for the Sixth Annual Child Health Clinic to be held next spring. By MRS. J. H. CHANDLER

Report of Auxiliary Meeting

Mid-Year Conference, Waco, Texas

The annual Mid-Year Meeting of The Texas Association of Osteopathic Physicians and Surgeons and Auxiliary was held at The Roosevelt Hotel, Waco, Texas, October 1st and 2nd.

The social activities began with a luncheon for both the doctors and guests with a very interesting speaker, Mr. C. W. Hudson, Personnel Manager, Dallas Railway Terminal, speaking on **AMERICANISM—WHERE ARE WE GOING?**; a Reception and Dinner Dance that evening.

Sunday, October 2nd, the Auxiliary members and guests were entertained with a lovely coffee and Mr. Glen Hoover, San Antonio, gave several piano renditions.

The Mid-Year Meeting closed with a luncheon for both doctors and guests with Doctors Russell, Morgan and Edwards speaking on "Who, What, When, and Why".

In addition to the regular agenda of the Auxiliary Meeting held Saturday afternoon Mrs. Robert Morgan spoke on the importance of the Progress Fund and suggested that each Auxiliary have some project, the proceeds to go to that fund.

The recommendations of the Executive Board of the Auxiliary to The Texas Association of Osteopathic Physicians and Surgeons, unanimously passed, were as follows:

1. That the Secretary-Treasurer be elected for a term of at least two years.
2. That all outgoing officers turn over their files, reports and records to their successors not later than two weeks following the Annual Meeting.
3. That each District Auxiliary sponsor a money making project, the proceeds of which go to the National Progress Fund.
4. That each District appoint a historian to mail clippings regarding Auxiliary news to the State Historian.
5. That all annual reports be limited to one report from each District to include the activities of all the Auxiliaries within the District. Reports to be limited to three minutes each.

Out of the 24 doctors' wives who attended the Mid-Year Meeting, 23 attended the Auxiliary Meeting, which only proves that the wives of The Texas Osteopathic Physicians are interested in their husbands' profession, of which they are so great a part, and do want to be on the "Right Side".

By MRS. LIGE C. EDWARDS, President

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NEWS OF THE DISTRICTS

DISTRICT NUMBER ONE

District Number One entertained the Western States Proctological Meeting in Amarillo on September 19, 20 and 21, with an attendance of approximately 100.

DISTRICT NUMBER TWO

Dr. and Mrs. Phil Russell, Dr. and Mrs. Geo. Luibel, Dr. and Mrs. D. D. Beyer, Dr. and Mrs. Howard Buxton, Dr. and Mrs. Carl Everett and Dr. and Mrs. M. S. Miller attended the Mid-Year Meeting in Waco.

Dr. and Mrs. Roy Fisher are vacationing in Michigan. Dr. Fisher will attend the meeting of the American College of Osteopathic Surgeons in Detroit.

Dr. George Pease is attending the American College of Osteopathic Surgeons meeting in Detroit and will spend a week in Des Moines en route home.

Mr. L. C. Baxter is attending the meeting of The American Osteopathic Hospital Association in Detroit.

Dr. Phil Russell, Dr. V. L. Jennings and Dr. and Mrs. L. L. Hamilton attended the Western States Proctological Meeting in Amarillo.

Dr. Roy Fisher is the newly elected President of the Handley Lions Club.

Dr. James L. Holloway, Dallas, honorary life member of both the Texas and American Osteopathic Associations, was honored by his only daughter and
October, 1949

son-in-law, Mr. and Mrs. James Reuben Neece, with an "at home" from five until seven o'clock, Sunday, September 25, at his and their home, 3817 Gillon Avenue, on the occasion of his 89th birthday.

Dr. Holloway's only surviving son, James L. Holloway, Jr., Rear Admiral, Superintendent U. S. Naval Academy, Annapolis, Maryland, was present for the celebration of his father's birthday, having flown to Dallas, as did his son, James L. Holloway III, U. S. Navy, who flew in from his base at Pensacola, Florida. Numerous grandchildren and great grandchildren were present, including James L. Holloway IV, Dallas. Out-of-town relatives came from Louisiana, Arkansas and Oklahoma to join with sixty-odd Dallas friends in honoring Dr. Holloway. He received greeting cards, letters and telegrams from many professional and personal friends throughout the United States.

Dr. W. Banks Meacham, president of the A.O.A. in 1916, wrote to Dr. Holloway in part as follows:

"Eighty-nine! Say you are getting along in years. And the beautiful part of it is, Holloway, that you can count every one of those years well-spent in service to others. Your whole life has been an inspiration for others to go and do likewise."

Dr. A. H. Clinch and family are moving about November 1st from Grandview to Fort Worth. Dr. Clinch

will have a new 8 room clinic on Diamond Hill, 1901 E. 28th Street.

Dr. E. H. Owens operates Oak Lane Sanatorium, Route 1, Box 218, Mineral Wells, Texas, as a general hospital with 10 beds and 4 bassinets. He is desirous of becoming a member of the Texas Osteopathic Hospital Association.

The Medical and Surgical Clinic, Mineral Wells, Texas, is operated by Dr. E. C. Evans associated with his father who is an M. D.

Dr. R. R. Norwood has returned from Chicago where he attended a three day annual conference of the American Association for Medico-Physical Research held at Hotel Sherman. Dr. Norwood appeared several times on the program.

Dr. R. W. Norwood attended the Western States Proctological Society, Amarillo, Texas, September 18, 19 and 20.

Dr. Walter R. Russell, Dr. Sam Sparks and Dr. Marille Sparks of Dallas are attending the American College of Osteopathic Surgeons meeting in Detroit.

Dr. William E. Winslow, Mabank, Texas, is attending the American College of Surgeons meeting in Detroit.

DISTRICT NUMBER THREE

District III met on September 18 in Jacksonville, Texas, with Dr. and Mrs. Wayne Smith as Hosts. The meeting was held at the attractive Lake House of the Smiths.

Dr. Lige Edwards brought a report of the affairs of State.

Dr. Pat Philben, Certified Pediatrician, gave a very interesting and informative talk on "NUTRITIONAL ANEMIAS OF INFANTS."

Dr. Robert Morgan talked on the vital subject of "Public Relations."

Dr. Smith, the genial host, had a scrumptious meal of barbecue chicken and all the 'Trimmins.'

Dr. Lige C. Edwards, President of the Texas Osteopathic Association was the principal speaker before members of the District Three Society Sunday at the lake house of Dr. and Mrs. Wayne Smith. Dr. Edwards discussed the problems and progress of the State Association and told of the program to be presented at the State Fall Convention to be held in Waco September 30, October 1, and 2.

Dr. Pat Philbean, Dallas osteopathic pediatrician spoke on "Treatment of Obesity in Children," following which Dr. Robert Morgan of Dallas, team physician of S. M. U., gave a paper on "Athletic Injuries".

Twenty East Texas osteopathic physicians and their wives attended the meeting. Following the program a chicken barbecue was served to the group.

Dr. P. A. Filkill of Michigan and Miss Benja Sides of Tyler, were married in Canton, Texas, Monday, September 26, 1949. Those present included the immediate families, and members of the families, and Osteopathic physicians and their wives in the immediate East Texas area.

Following the ceremony a reception was held in the home of Dr. and Mrs. John Turner in Canton.

The bride and groom will make their home in Michigan. Dr. Filkill moved from Texas to Michigan this year. His address in Michigan is Deerfield, Michigan.

DISTRICT NUMBER FOUR

District Number Four held a meeting on September 18 at which two new members were initiated into the District. We are very proud to tell the world about Dr. H. F. Holcomb, Eldorado, Texas, and Dr. R. E. Hubbard, Midland, Texas, specializing in rectal diseases.

Dr. Wiley B. Rountree spoke at this meeting on an article in A.O.A. There was general discussion on an article by Dr. Bryan E. Laycock.

Dr. H. J. Geiss, retired osteopathic physician and former owner of a hospital in Hobbs, New Mexico, gave an interesting discussion on Dr. Gerson's treatment of Cancer and offered to continue at the next meeting.

The next meeting will be held October 16 at Scarborough Hotel with Dr. R. E. Hubbard as host. Speakers at this meeting will be Dr. Hubbard on "Intervertebral Disk," Dr. Leopold on "X-Ray Studies" and Dr. Gettins on "Heart Diseases." Dr. Jack Wilhelm will speak in April on "Headache."

Nine members were present at this meeting. About twenty members practice in the Tom Green district.

DISTRICT NUMBER SIX

At the last meeting of the Harris County Association of Osteopathic Physicians and Surgeons held Tuesday, October 4, 1949, the following resolution was submitted and unanimously approved:

Resolution

Be it resolved that the physicians and surgeons of the Harris County Association of Osteopathic Physicians and Surgeons realize the importance of rendering osteopathic, medical and surgical care to indigent patients in the eleemosynary institutions of Harris County, and further that the osteopathic physicians and surgeons of Harris County signify their willingness to serve in this capacity by making formal application to such institutions.

It was further decided that such a resolution would not be acted upon without consideration of the matter by representative authorities in the State and National Associations. Copies of this proposed resolution are being sent to Dr. Chester D. Swope, Chairman of the Department of Public Relations; Dr. Thomas R. Thorburn, Chairman, Dr. J. Robert Forbes, Director, Division of Public and Professional Welfare, Dr. R. C. McCaughan, Executive Secretary, American Osteopathic Association, and Dr. Phil R. Russell, Executive Secretary, The Texas Association of Osteopathic Physicians and Surgeons.

September District Meeting at the Shamrock Hotel was well attended. Dr. Lige C. Edwards reported on "The Objectives of the State Organization". The report was an inspiration to us all to keep in closer touch with the activities of the state organization.

Mrs. J. R. Alexander is making a grand recovery from a recent direct and unexpected lateral contact with the

Houston gredarme automotive equipment. She also likes candy, but deplors attending doctors or givers, recovering same surreptitiously—"Indian Givers".

Dr. Reginald Platt is a persistent collector.

Mrs. Chester Summers came to the front again, in fact whenever needed. She got the members out to the district meeting. Mrs. Summers works well and fast when the track is muddy or heavy—Irish spunk, no doubt.

Dr. Livengood invites any good D.O. to his town or office. He'd have to be good to follow the Doctor. A grand opportunity for a real physician, "not of the swivel chair type".

Drs. Garrison and Sorenson and wives always present at meetings; they don't talk much but always there with an attentive ear.

Dr. Lester Farquharson is another regular supporter of profession affairs. Dr. Alexander got to "shake hands" with every D.O. attending the September Meeting. He "shook" them for the district dues. Kibitzers in the back row directed the arrivals to the secretarial desk.

Our sympathy to Dr. Ben Souders of Galveston on the death of his father at Topeka, Kansas, September 12, 1949.

Dr. LePere and other brilliant members make a "little hair go a long way". Better to have brains, etc. The Doctor deals in new cars.

The foreign and big name cars are crowding the Ford and Crosley users out of the hospital parking lot. We may have to go to the Sears Parking

space with Carl V. Little's group or U.P.P.A.

Dr. Adams has an uplifting influence and culturalizing effect on "David and Goliath". Both D. and G. wore ties and coats at the Shamrock Meeting.

We are happy to announce the arrival of a girl at the Souders' home on July 14, 1949.

Dr. C. Summers and Dr. J. E. Vinn, recently opened the "Airline Hospital", capacity 10 beds. They had nine admissions the first week. The prognosticators say it will double in size in less than a year. Those Kansas City and Philadelphia graduates are real clinicians. Diagnostic equipment is complete, 100 M.A. X-Ray, etc. Dr. M. G. Holcomb of Eldorado, Texas, flies in for surgery.

DISTRICT NUMBER EIGHT

District Eight has two new members: Dr. Ray Pennington and Dr. Paul Needham.

The regular staff meeting of the Corpus Christi Osteopathic Hospital was held in Dr. Pennington's office, Tuesday night, October 3, 1949. Dr. T. M. Bailey presented the program which consisted of a group of records outlining and differentiating heart sounds.

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FOR SALE—Electro Cardiograph, Cardiotron, direct tracing. One year old, used very little. Cost \$670. Will take \$400. Dr. V. L. Jennings, 3312 E. Belknap, Fort Worth, Texas.

\$1,000,000 Hospital and Clinic Expansion



Kirkville, Mo., September 1—The contract for construction of the \$1,000,000 hospital and clinic expansion at the Kirkville College of Osteopathy and Surgery was let to the J. E. Dunn Construction Company of Kansas City, Missouri, on September 1, 1949.

This expansion of facilities at the osteopathic college is provided through a Federal grant and gifts and pledges in a continuing campaign among students, alumni and lay friends of the historic institution. This college, established in 1892 by Dr. Andrew Taylor Still, the founder of osteopathy, was the first school of its kind for the preparation of physicians. This year, the college and all other osteopathic institutions are celebrating the Diamond Jubilee of the Science of Osteopathy whose concepts were announced by Dr. Still in June, 1874.

The Federal grant for construction was made under the Hill-Burton National Hospital Construction Act upon recommendation for the Kirkville area of the state by the Missouri Hospital Survey Committee appointed by the governor to activate the hospital construction act in Missouri. It was approved by the Missouri Division of Health and October, 1949

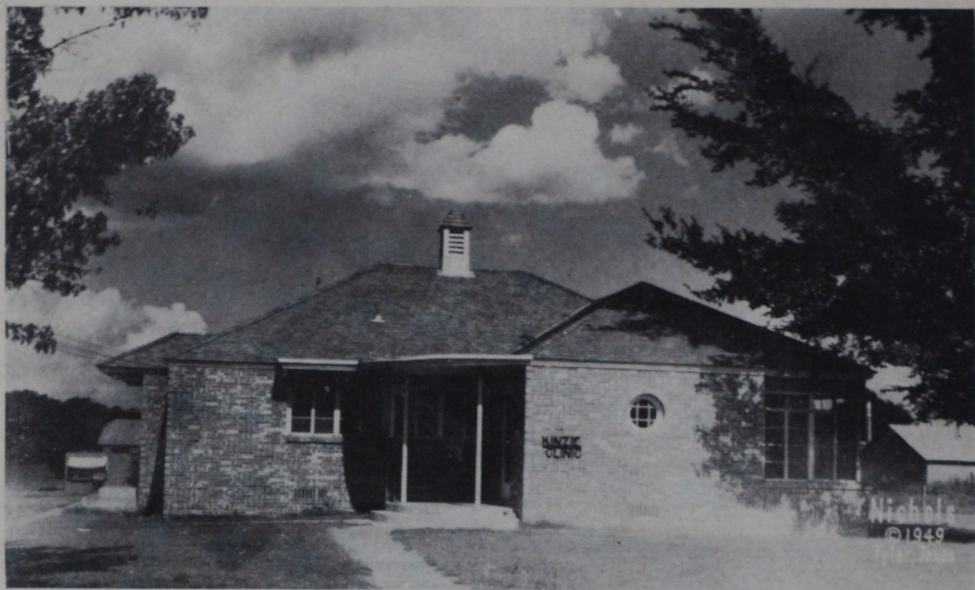
the United States Public Health Service.

On the left in the architect's drawing is the present college (A.S.O.) hospital refaced and modernized. On the right is the central portion of the Old Infirmary Building refaced and modernized to house clinical offices. The central portion is new construction providing the 64 additional beds recommended for the area by the committee and bringing the hospital beds to a total of 108.

This hospital and clinic expansion provides for this area of the state enlarged facilities for obstetrical, surgical and treatment cases of all types and includes a special floor for children's diseases and the isolation facilities so urgently needed.

Begins Residency at Kirkville

Dr. William C. Meminger has been elected to a residency in eye, ear, nose and throat at the Kirkville College of Osteopathy and Surgery. Dr. Meminger, who formerly practiced in Titusville, Pennsylvania, was graduated from the Philadelphia College of Osteopathy in 1929.



Dr. Earl C. Kinzie's Clinic, of Lindale, Texas, is a modern osteopathic clinic devoted mainly to obstetrics, minor surgery, tonsil and rectal surgery. Major surgery is taken to Tyler.

The seventeen hundred feet of floor space is divided into ten rooms all of which open into a hall or a central foyer. The floors are of rock tile and the walls are of sheet rock with textone finish. The outside wall is of scum faced brick.

The equipment of the clinic includes a nitrous oxideasor machine, McKesson basal metabolator, Cardiotron, Mattern 60 M.A. tilt top table X-Ray and other diagnostic and treatment equipment. Dr. George Grainger, Tyler, serves as anesthetist.

Dr. Cole to Be Research Associate

Dr. Wilbur V. Cole of the faculty of the Kirksville College of Osteopathy and Surgery has been granted leave of absence for one year to act as research associate for the American Osteopathic Association. Dr. Cole will engage in osteopathic research with Dr. Louisa Burns of Los Angeles, California, who for many years has carried on original investigations in the physiological changes accompanying structural alterations.

Dr. Cole, widely known for research conducted at the KCOS, went to Los Angeles in the summer of 1947 for special work with Dr. Burns preparatory to setting up a laboratory course here in the teaching of osteopathic principles. In the summer of 1948, he did further work with Dr. Burns. He was elected to the research position at Los Angeles during the annual A.O.A. con-

vention in St. Louis in July.

Dr. Cole has been Assistant Professor of Anatomy at the osteopathic college here. Before coming to the KCOS where he was graduated in 1943, he attended the University of New Hampshire. He was graduated in 1935 and did post-graduate work in histology in 1935-36. Following his graduation from the KCOS, he engaged in practice in Kirksville until 1944 when he joined the staff of the college.

Improvement in the method for staining tissue for histological purposes has brought Dr. Cole wide recognition and his research papers have appeared in numerous scientific publications including the Anatomical Record.

Mrs. Cole, who has been a teacher in the Kirksville Public Schools, has resigned her position and together with the children, will leave with Dr. Cole.

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Locations and Removals

Dr. Gale Seigler from Silvertown, Texas to Olton, Texas. Dr. James E. Fite is joining him this Fall.

Dr. A. H. Clinch and family will move about November 1 from Grandview, Texas to Fort Worth. Dr. Clinch's Fort Worth location will be 1901 E. 28th Street.

Dr. R. A. Pennington from Luck, Wisconsin to 1815 Arlington, Corpus Christi, Texas.

Dr. Harvey D. Smith from Lometa, Texas to 7688 N. Loop Road, El Paso, Texas.

Dr. George J. Luibel from 1301 Lipscomb to 3037 James Street, Fort Worth, Texas.

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