

Texas **OSTEOPATHIC PHYSICIANS** *Journal*

Volume VI

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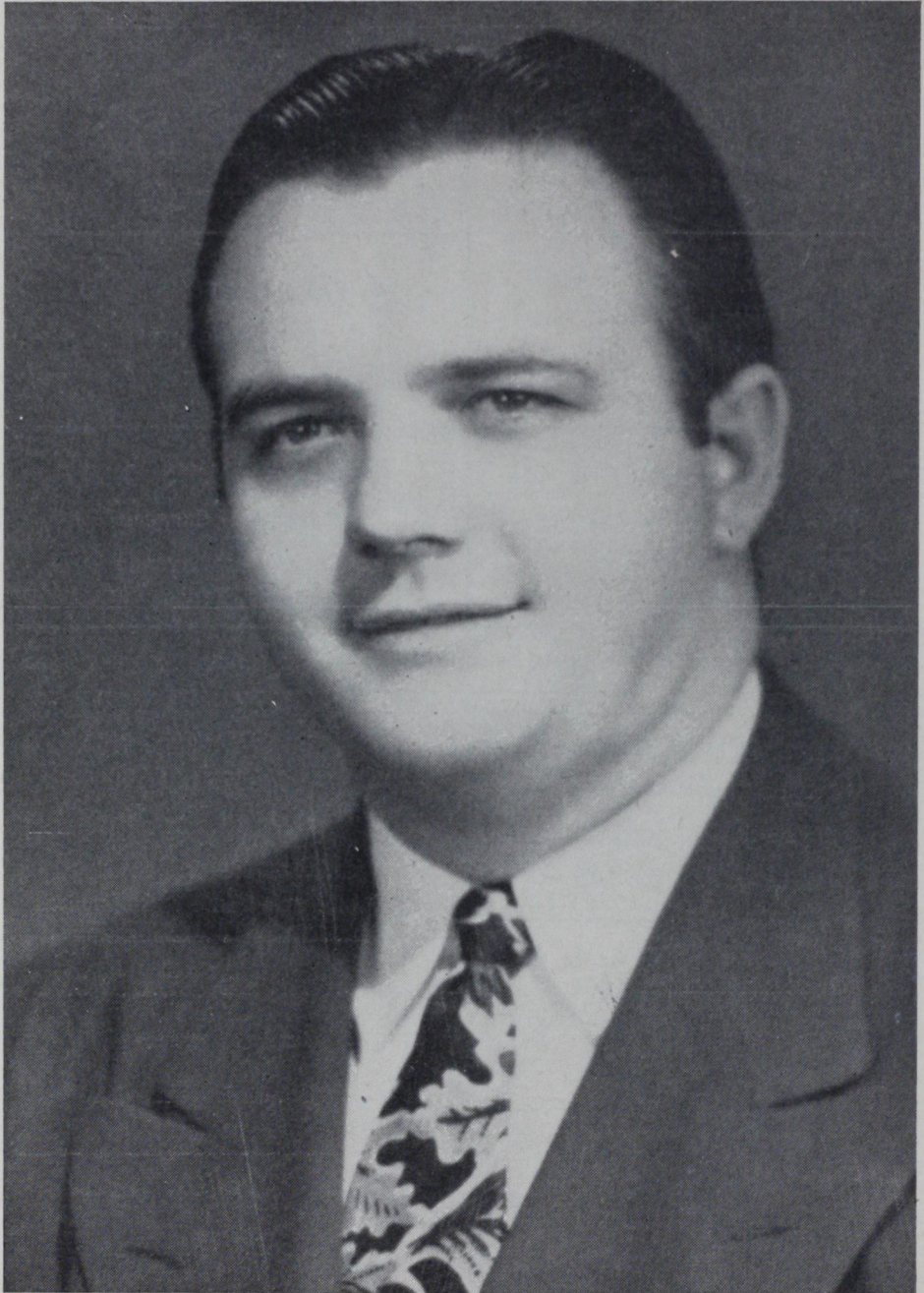
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Volume VI

AUSTIN, TEXAS, MAY, 1949

Number 1

MESSAGE FROM THE PRESIDENT

June 22nd, 1949 is the Diamond Jubilee of Osteopathy, a concept and philosophy of the etiology and treatment of gross lesion entities resulting from both organic and functional origins, a complete school of medicine as founded by Dr. Andrew Taylor Still.

The philosophy of practice as set down by Dr. A. T. Still is the cornerstone of the Osteopathic Physician's approach to the diagnosis and treatment of each individual patient's symptom complex. This basic concept is the underlying difference between Osteopathy and Allopathy in that the latter treats the symptoms instead of the patient. Osteopathic Physicians and Surgeons have as their contribution and duty the promulgation of this concept to the scientific and lay worlds through research and clinical practice in this the Twentieth Century. This mission to fulfill will tax the utmost efforts of each of the 11,000 practicing Osteopathic Physicians.

Upon the basis of each member's therapeutic actions, with this in mind, lies the permanence of the existence of Osteopathy as a separate and independent school of medicine.

Therefore on June 22, 1949 let us pause in our office and hospital routine to join with the public, press and radio to commemorate and honor this philosophy of medical practice as handed down by Dr. A. T. Still through us to mankind.

Relations of Nose and Throat Diseases To Diseases of Other Organs of the Body

LAURENCE HOUTS, D. O.

LONG BEACH, CALIFORNIA

Tonsillitis, or inflammation of the tonsils, is a disease which we are realizing more and more every year to be very important as a part of other diseases. Tonsillitis in itself is disagreeable or painful, not dangerous. It is, however, apparently the beginning of dangerous diseases of the heart, kidneys, and joints. Today, as we take history in the hospital wards, it is unusual to see a case of rheumatism which cannot be traced to tonsillitis, or to some other inflammation of the mouth.

Streptococcus is the most important germ concerned in septic throat, or tonsillitis. The same germ is carried by the blood from there to the joints, causing acute rheumatism; to the heart, causing valvular heart disease, and in some instances to the brain, causing inflammation of the lining of the brain.

We used to say that rheumatism is the cause of heart disease. We now say that both are caused by a single germ, streptococcus, which is apt to show itself first in the tonsils. It may multiply in the deep pockets about the roots of the teeth. Hence, rheumatism may be due to abscesses about the teeth. Or the streptococcus may start its work in the cavities of the cheek bones, which is called the antrum, and in a variety of other places.

But the germ of tonsillitis hits not only the joints, the lining of the brain, and the heart, it also hits the kidneys. And I think the most helpful thing we have learned about kidney diseases in the last ten years is that it is sometimes caused by the germ or sore throats.

Bright's disease represents one of the most hopeless of problems. We shall never cure it, but perhaps we may learn to prevent it by preventing outbreak of sore throats coming from infected milk supplies. Thus, we may reasonably hope that by campaigns for pure milk, we are preventing kidney disease years later. For it is years later that the kidney effects of streptococcus are most apt to appear.

We realize then, that tonsillitis is a serious disease. Even though it may run its course in a few days, and seem to have been nothing but a bad cold. It is a very bad cold, and it may pull a person down as much as an attack of pneumonia. A person may need as much time for convalescence after tonsillitis as after pneumonia. For, since the germs have been free in the blood stream, and so have poisoned the whole body, the whole body needs time to recover. Many of these germs pass out of the body through the kidneys, and it is for that reason that they sometimes stay there.

Quinsy or para-tonsillar abscess, is that type of tonsillitis that produces a deep abscess. Any tonsillitis may run into that. It is more painful, but not more serious in its results. The abscess may break and empty itself, or may need to be opened with a knife.

Nowadays, we believe in taking out the tonsils whenever a person has shown sign of acute trouble in many joints, or whenever a person has repeated attacks of tonsillitis. We may have half a dozen attacks with no ill results, but the seventh may be very serious.

There is no local treatment of the throat that will cure or prevent tonsillitis. Spraying and gargling may give some temporary relief to persons who like them. They will not cure. It is like spraying the front of the house when the fire is in the back yard.

Streptococci attack the antrum, producing pus or inflammation of the antrum. They can attack any tissue of the body. In the pharynx they produce pharyngitis; in the larynx, laryngitis; in the nose, coryza; and in the bronchii, bronchitis. Streptococcus is the most universal invader of the body, and I suppose directly or indirectly, causes more deaths than any other germ. But other germs can also cause any of the inflammations just mentioned.

Children have a ring of lymphoid tissue completely surrounding the entrance of the throat. Anatomically, these bunches of lymph tissue are divided into three groups. Anatomically they are called the fossal tonsils, which are located in the lateral fossi of the throat opposite the base of the tongue; the adenoids, which are formed at the junction of the nasal cavities with the throat; and the lingual tonsils which are at the root of the tongue further back down the throat.

Nasal obstruction, with resultant mouth breathing, frequent ear aches, or a sense that the ears are stuffed up, frequent sore throats, and head colds are the chief local reasons for removing tonsils and adenoids. In addition to these local reasons for operations, there are the distant, or constitutional reasons such as: heart trouble, joint trouble, or unexplained fever. When these troubles are present, it is always possible that the tonsils and the inflammation in them are the cause. Hence, an experimental operation is often justified in order that we may remove a possible cause of serious disease in other organs. Any tonsil or adenoid, large or small, healthy looking

or obviously diseased, may justifiably be removed as an experiment when there is disease of the heart or joints which is unexplained.

Ethmoiditis is probably the most common of the nasal diseases. It is the forerunner of maxillary and frontal sinusitis. Attention to mechanical obstructions of the nose, and to ethmoid disease many times prevent more serious complications of the other sinuses.

Too much cannot be said of the relation between chronic sinus infection and upper respiratory diseases and gastro-intestinal disturbance due to the post-nasal discharge which infect the membranes that line the respiratory system and the gastro-intestinal tracts. Laryngitis, exclusive of emotional disturbances and overuse of the voice, is most frequently attributable to diseases of the upper respiratory system.

Appreciation by the internist as well as the nose and throat specialist, relative to the relation of diseases of the nose and throat to diseases of other organs, may, by cooperation of these two departments of medicine, result in the correction of the condition which might otherwise be thought of as some obscure systemic disease.

DUES WERE DUE

APRIL 1st

HAVE YOU

PAID YOURS?

Texas Osteopathic Hospitals

Texas Osteopathic Hospital Report

MILTON V. GAFNEY, A. B., B. Ss., D. O.

Chairman of Hospitals and Statistics Committee

President of The Texas Osteopathic Hospital Association

Taking note of the fact that for several years there has been a constant growth in number and size of the Osteopathic hospitals and clinics in the state your committee made a survey of these institutions from the standpoint of statistics, and such other information which would serve as a yard stick of our position in the hospital field.

These statistics are presented as they were made available to the committee from the various institutions and I am sorry to report that it does not give an absolutely complete picture in that there were several hospitals which did not cooperate in the study. I believe that in the future we will have better cooperation when it becomes apparent that the information contained herein is of such importance to all of the profession throughout the state.

We can feel proud of ourselves when we review these facts because it shows very clearly that there is a definite growth within our ranks. I firmly believe that as the hospitals grow and develop so will the profession. Properly organized and well managed institutions throughout the state will do

more to develop the profession than any one single factor. We will see more and more development in the specialties within our own members and also attract other qualified, well trained men into the state. The net result would be a stronger, well balanced professional family capable of serving the public with a high degree of proficiency.

All of the osteopathic profession should give their unqualified support to these institutions to the end that we will all be able to grow and prosper.

These statistics are presented for your consideration and study and I feel that they will speak well for the profession. This study has been made available to the American Osteopathic Association Bureau of Hospitals, the American Osteopathic Hospital Association and the American College of Osteopathic Surgeons. They have each made very favorable comment. In fact, Texas is the first state in the union to undertake such study; another first for the Texas Association of Osteopathic Physicians and Surgeons.

This program will be an annual un-

dertaking and it is hoped that in the future we will note a steady growth and strengthening in the hospital field.

HOSPITAL SURVEY

Hospital and Statistics Committee of the Texas Association of

Osteopathic Physicians and Surgeons

STATISTICS FOR THE CALENDAR YEAR 1948

Number of Questionnaires sent out	36
Number of Institutions Reporting	23
Non-Profit	6
Individual	12
Partnership facilities	5
Number of Employees	194
Number of Beds	344
Number of Bassinets	408
Total Wages, Salaries, Commissions paid in 1948	121
	417,710.85

Present Value of Institutions reporting	\$2,277,000.00
Total City, County and State Taxes paid in 1948	14,332.88
Total Federal Taxes	10,127.61
Total Admissions in 1948; Adults, Children & Newborn	16,888
Total Patients admitted since Institutions were founded	87,135
Total Major Operations	2,653
Total Minor Operations	3,618
Total Obstetrical Delivered (over 5 months gestation)	3,263
Total Osteopathic Medical Cases	6,368

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Lateral and Oblique Films of Chest and Lower Back

H. M. GRICE, D. O.

HOUSTON, TEXAS

The purpose of this article is to encourage the general practitioner to go still farther in his X-Ray examination in trying to ascertain more of the facts about the pathology that might be worrying the patient. The reason for the pain or limitation of motion may be in the spine, when the blood picture and sedimentation rates are normal or not conclusive. X-Ray can reveal this cause but it should be a complete X-Ray search.

A chest examination, via X-Ray at 72 or 48 inches, should include a lateral film. The technique for this position is to use twice the milliamperage seconds used in the P. A. exposure. Also, whatever kilovoltage that might be required for the lateral diameter. The first films viewed in this position may be somewhat confusing to the beginner but persistent study will reveal much useful information. Good films may be obtained at 48 inch film distance with the small or less powerful X-Ray machines. The 72 inch film distance with at least a one hundred M. A. type or tube more nearly reveals the true size of the structures under observation.

The lateral chest exposure should reveal the heart size and its relation to other chest structures, particularly the space in front of and behind that organ. Deformities of the chest wall are in evidence more clearly. The relation or location of gross chest or lung lesions, should be visualized, in the anterior or posterior respiration or circulation. Pathology such as aneurysms, masses, cysts, fluid levels, various aortic calcifications can be noted.

Much study is now being carried on in making calculating heart measurements as to volume and capacity.

While taking a lateral chest roentgenogram a study of the esophagus may be in order and can be very informative. Give the patient a thick suspension of barium. After the patient has taken two or three swallows slowly, take the film, with increased X-Ray output. If there is stricture of the esophagus or variations in size, location or direction of descent, that should be plainly evident. Hernia of the diaphragm, while rare, may be found. Vertebral lesions or the absence thereof can usually be noted from the 3rd or 4th dorsal vertebra down to the diaphragm. Below that muscle of respiration much more X-Ray energy is required than for the lateral chest film. The extra milliamperage used for the lateral chest exposure is just enough to show the vertebral bone structure in the dorsal area.

The oblique chest or spine films are worth while in revealing pathology that might be missed on the A. P. or P. A. and lateral films. Diseased conditions may develop in any plane and usually do. Cardiac dilatations or hypertrophies and calcifications about the heart valves can be brought into view, if present, X-Ray findings coincide with those of the electrocardiograph and are a great help in evaluating a chest or heart disability.

There are still those doctors that come to the office or hospital X-Ray department, interested in a spinal examination and insist on one low back, A. P. film. That is indeed a compli-

ment, in disguise to the roentgenologist's ability but the low back, A. P. film is less than half the story. With it alone, you can not tell much about the width of the intervertebral disc, except those directly under the central ray, nor visualize the arthritic or traumatic spurs on the anterior margins, the degree of compression fractures or developmental anomalies, that may exist. One notable example of incomplete vertebral development is the Limbus vertebra. That anomaly may be confused with a fracture of the anterior margins of the vertebra. We have numerous instances of compression fracture that are almost symptomless. The patient may just complain of peripheral or rib soreness, pain in the side.

The low back lateral film should reveal the condition of the spinous processes, fractures and faulty development, the size of intervertebral foramina; disc thickness, obliteration, partial or complete destruction. Presence of Schmorl's nodes, shape of the vertebra, bone density or lack of calcification atrophy or hypertrophies and other bone changes such as malignancies or bone infection are usually easily discovered.

In cases where the intervertebral disc is thinner than normal or obliterated entirely the lower vertebra will encroach on the foramina above and its contents. We have rightly heard much about nerve root pressure. In this lateral low back film it should be manifest, if present. The size of the intervertebral foramen and status of the lamina are apt to be potent factors in nerve pressure. The disc lesions that interfere with cord physiology require special technique, such as injections of Pantopaque or other iodized oils, near the site of the obstruction.

Vertebral spurring of various degrees, at times ankylosing spurs, may be visualized on the anterior or posterior margins of the affected segments. The posterior spurs, if of sufficient size,

can be very productive of painful symptomatology via interference with the contents of the intervertebral foramen.

One of the most interesting abnormalities is that of the partial displacement or partial dislocations either forward or backward. The backward vertebral lesion is less often noted than the anterior type or spondylolisthesis. The gross dislocation or fractures of the low back may be easier to detect than more difficult to treat. The usual paralytic symptoms often tell the story before arriving in the X-Ray room.

Another frequent cause of low back symptoms is the unstable condition of congenital origin. In that we have an increased angulation of the sacrum and increased anterior lumbar curve shown on the lateral view. Once the unstable low back patient is injured severely, he is apt to have recurrent attacks, frequent lay offs from work, recovers less rapidly than the normal individual. Anomalies may not be troublesome until trauma enters the picture, apparently patients with anomalies have less to recover with.

The normal angulation of the sacrum should be somewhere between 34 and 40 degrees. A perpendicular line drawn thru the center of the body of the 3rd lumbar vertebra should approximate the anterior margin of the sacrum. If so, we have a stable low back. Some unstable spines will show the center line thru the 3rd lumbar vertebra to be an inch to one inch and a half or more anterior to the sacral margin, conversely there are patients that protrude the sacrum forward. In such cases the line above referred to is posterior to the usual location found in the table back.

If the patient has a pronounced unstable low back the articulating facets of the vertebra do much of the weight bearing. Should the patient's weight be excessive and his employment require much activity, the low back facets be-

come subject to much irritation and will react accordingly. The density of the articular surfaces and margins will increase as evidenced on the lateral and oblique X-Ray films.

Oblique low back films can be done almost as easily as the true lateral, after very little practice, with the patient in that position. Many of the arthritic excrescences or traumatic deformities are revealed in a more striking manner, in this view.

The above suggestions are a few of the reasons for a more thorough examination in the X-Ray department of the hospital or office. Therefore, with the wealth of evidence to be obtained by a more complete use of the X-Ray, it would seem wise for every physician using such service to employ all its many possibilities.

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Arthropathies by Alfred A. de Lorimer, A.B., M.A., M.D.

Roentgen Interpretations by Holmes and Ruggles Lea & Febiger. Pub.

MANUSCRIPTS FOR THE JOURNAL

The following item quoted from the Nebraska Bulletin has a thought quite in keeping with a resolution passed at the last fall meeting of the AOA Board of Directors.

"There are too many articles being written by osteopathic physicians in which they go to elaborate ends to tell all the details of the trouble under discussion, and then end with no suggestion for specific treatment. True, the treatment by one might not be specific in the hands of another, but we are all trained and we can compare our treatment and results with that of the writer. Let's have less description and more

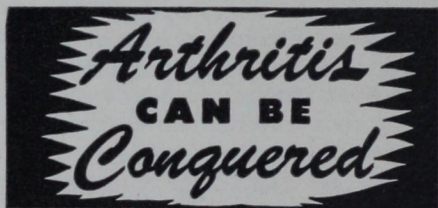
technique. . . . Actual method of treatment are what most of us want."

Following is a copy of one of the paragraphs of the resolution referred to above:

"RESOLVED, that every effort be made by the writers of scientific papers for publication in the official JOURNAL of the Association or in other osteopathic periodicals to include, wherever feasible, discussions of the relationship of the osteopathic concept to the subject of the paper. . . ."

Manuscripts are needed.

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WM. H. VAN DE GRIFT, D. O.

Chairman, Membership Committee

AUSTIN, TEXAS

The State Legislature has passed the Basic Science Bill in Texas. It remains to be seen how adversely its acts will affect our profession. If indeed we have narrowly escaped serious injury, there will yet follow the 52nd session. And *each two years* another Legislature will convene, with special sessions likely at any time. Unless our profession maintains a united front, it is almost certain to eventually receive the same legislative treatment in Texas that it has received in other States.

There is not now time to contemplate the calm that has followed the recent storm. There is only time to drive harder to improve our position.

The unity of the past is not enough for the hazards of the future. Every physician in our profession must join in the fight. Just doing a magnificent job of healing the sick is not enough as experience has proven.

The *first step* in strengthening our forces is for each district to be made a *one hundred percenter*. The least that any association member can do is to grapple with the non-member group in his district in cooperation with the district chairman until these men join with us in the fight for maintaining our present status. If these onlookers are not pleased with our efforts, we sincerely plead with them to join with us and help plot and execute more effective courses of action.

Other than that, present association members are urged to *write* the State Office or the new president, offering their services for vital chores that need to be done. Don't wait to be begged! Show our leadership that you are ready to join up and help out.

The State Office is now setting up an entirely new procedure for the education of the public and the legislative bodies of Texas. Every member of the profession will want to follow this program as it unfolds, all have a tremendous stake in its success and must supplement it with their own efforts.

It takes money to continue our program on the expanded scale necessary for survival. It takes money to protect our right to practice in Texas! So send in your dues right away. *Prompt payment*, saving the State Office the chore of reminding you, will expedite the program on your behalf.

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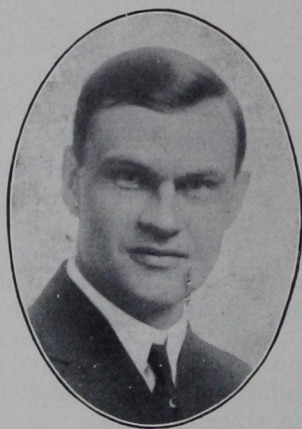
Dr. Horace M. Walker of Fort Worth, Texas

Dr. Horace M. Walker of Fort Worth, a past president of the Texas Association of Osteopathic Physicians and Surgeons when it was known as the Texas Osteopathic Association, was born in the year of 1884 in Monroe, Georgia. He is the son of a Baptist minister and came to Texas with his father when he was about sixteen years of age. Perhaps he holds a record on two counts in that he has been to more schools and colleges and moved his church membership oftener than any known doctor.

He was influenced to study osteopathy by Dr. A. D. Ray of Cleburne believing, as did Dr. Ray, that this science looks on the human anatomy as a machine which if kept in order will function properly. He entered Kirksville and graduated in 1906.

His first office was in Gainesville, Georgia where he practiced about a year. Then he returned to Texas and became associated with Dr. T. L. Ray in 1911 opening his own office in 1915.

He has served his profession as President of the State Association, as Trustee of the American Osteopathic Association for six years, and in other places of responsibility. For several years he was the Secretary of the Association of Advancement of Osteopathy, the first osteopathic association of the state, which was instrumental in getting our present Medical Practice Law passed. This organization was small but promoted an advertising program to ac-



DR. HORACE M. WALKER

quaint the lay public with the principles underlying osteopathy.

His brother, Dr. C. N. Walker, who now lives in Clearwater, Florida, was influenced to take up the same profession and also is a graduate of Kirksville. Still living is the father of the two physicians who, at the age of ninety, is active both mentally and physically.

Dr. Walker is a deacon in the Broadway Baptist Church of Fort Worth where he teaches a Sunday school class for young couples. He is a charter member of the Fort Worth Rotary Club in which he now holds an honorary life membership. His wife, the former Effie Blasingame of Georgia, has, since their marriage in 1914, worked in these same organizations.

The main hobby of these two is photography and at most gatherings the trusty Graffex is on hand to make record of the occasion. A photograph taken by Dr. Walker appeared in a recent issue of the Journal.

BOARD OF TRUSTEES, AMERICAN OSTEOPATHIC ASSOCIATION



Starting with Dr. Phil Russell to the left are Dr. Alexander Levitt of Brooklyn, N. Y.; Dr. Robert D. McCullough of Tulsa, Oklahoma; Dr. Floyd E. Peckham of Chicago, Illinois; Dr. Benjamine F. Adams of West Hartford, Conn.; Dr. Stephen M. Pugh of Everett, Washington; Dr. Hooker N. Tospon of St. Joseph, Missouri; Dr. Vernon F. Still of Elizabeth, New Jersey; Dr. David E. Reid of Lebanon, Oregon; Dr. John W. Mulford of Cincinnati, Ohio; Dr. Charles A. Povlovich of Kansas City, Missouri; Dr. Roy E. Hughes of Indiana, Pennsylvania.

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A LETTER TO THE EDITOR

The following letter was received by the state office:

1721 Griffin Ave..
Los Angeles 31, California
May 6, 1949

Texas Osteopathic Physicians Journal
903 Littlefield Building
Austin, Texas

Dear Sir:

Will you please send the Journal to 1721 Griffin Avenue each month. My old address was 3120 Marriton Avenue.

I wish to thank you for your interest and trouble in sending the Journal. I enjoy it very much.

The students at C.O.P.S. have made many favorable comments toward the Journal and the Texas Association.

Very truly yours
/s/ Charles H. Thomas
/s/ CHARLES H. THOMAS

DUES WERE DUE
APRIL FIRST
HAVE YOU PAID
YOURS?

CHILD HEALTH CONFERENCE

Dr. W. V. Durden, Houston; Dr. Earl Kinzie, Lindale; Dr. Charles Ogilvie, Mt. Pleasant; and Dr. Wiley B. Rountree, San Angelo, attended the 17th Child Health Conference in Kansas City April 12-15 which was sponsored by the Kansas City College of Osteopathy and Surgery and the Jackson County Osteopathic Association.

More than 600 doctors were enrolled for the program which drew over 400 patient registrations, and offered clinical and didactic teaching by well-known specialists of our profession including Drs. Otterbein Dressler and Leo Wagner of Philadelphia, Dr. Willard E. Bankes of Phoenix, Dr. Julian Mines of Long Beach, Dr. Floyd Dunn of Macon, and Drs. Leonard Nagel, John Geiger, of Kansas City.

BEAUTICIAN—A panhandler.

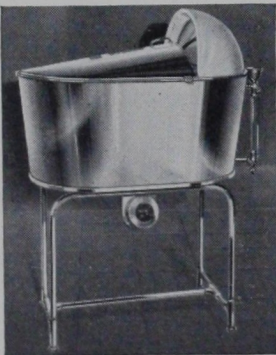
AN UNTOUCHABLE — A bankrupt friend.

JAYWALKER—Bumper crop.

STALEMATE—A husband who tells the same old jokes.

POLITICAL SPEECH—Campaign bare-atory.

HESS INFANT INCUBATOR



The Hess Infant Incubator and bed, for the care and treatment of prematurely born and poorly nourished infants, maintains a constant temperature with a safe maximum, a constant supply of fresh air, and a normal average humidity. Inner copper chamber, into which bed is set, is surrounded, except at the top, by a one-inch water jacket, covered by insulation material and a stainless steel finishing jacket. A gauge glass indicates amount of water in jacket. Heat is supplied by a 175-watt heating element attached at bottom of incubator and controlled by an adjustable rheostat.

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Medical Arts Building
FORT WORTH, TEXAS

FOOD HANDLER'S TRAINING

In a vigorous campaign to elevate the State health level by preventing the spread of communicable diseases which might be transmitted by foods, the State Department of Health is conducting training schools for food handlers in all sections of Texas, according to Dr. Geo. W. Cox, State Health Officer.

"Food handlers are being instructed in sanitary methods of preparing, handling, and serving food for public consumption," Dr. Cox said. "Actual experience has shown that an insanitary eating establishment is one of the surest sources of spreading infection. The lack of proper sanitation in food handling is a definite menace to public health and our goal is the education of cooks, waiters, butchers, bakers, fountain men, and all other food handlers to such a level as will insure an elimination of this health hazard."

The training schools consist of elementary courses in bacteriology, communicable diseases, medical zoology, foods, disinfection, sterilization, personal hygiene, and sanitation.

Since the program was instituted about 8 years ago, more than 400 schools have been conducted, with a total of over 25,000 food handlers receiving their certificates of completion in the courses.

Arrangements for such a food school can be made through any county health unit, by requesting the service from the Division of Health Education, State Department of Health, Austin, Texas.

The Amarillo Osteopathic Hospital Auxiliary held a recent meeting at the Kings Kottage Tea Room.

During the business session that followed a dinner, a discussion was held on the child health clinic for pre-school children that is to be in August. A report was read from the representative to the city federation about the club house. The ways and means chair-

man discussed projects for raising money.

DAFFYNITIONS

CHAPERONS—Game warden.

VENTRILOQUISM—Double talk.

BLANKETY-BLANKS—Income tax forms.

GENTLEMAN—Wolf with patience.

BACHELOR—Man who never Mrs.

UNDERHANDED GAME—Horseshoes.

BUDGET—Method of planned worrying.

FILING SYSTEM—Method of misplacing things systematically.

GOLD-DIGGER—A woman who falls in love at purse sight.

WOMAN'S INTUITION — Suspicion that clicks.

CAREFUL WOMAN—One who loses only one glove.

MATRIMONY—United state.

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—SPECIALISTS'
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Taken from the Kentucky State Bulletin:

An interesting, informative and fascinating document has recently been received which compiles a list of points of recognition of osteopathy at the national level. It would seem that a careful study of these facts would result in an even greater percentage of AOA membership. D.O. degree recognized and honored by:

1. U. S. Civil Service Commission,
2. U. S. Civil Aeronautics Administration,
3. American Council on Education.
4. U. S. Immigration and Naturalization Service (for students),
5. U. S. Army (Congressional authority for Appointment of Osteopathic Physicians (from recognized schools) as interns in U. S. Army Hospitals),
6. U. S. Navy (Congressional authority for commission of osteopathic physicians in Med. Corps of U. S. Navy by Presidential Appointment),
7. U. S. Office of Education (Vocational Guidance Leaflet No. 23),
8. U. S. Public Health Service,
9. U. S. Employees' Composition Commission,
10. Railroad Retirement Board,
11. Emergency, Maternity and Infant care, (U. S. Children's Bureau),
12. U. S. Veterans Administration, a. Veteran Education, b. D. O. eligible for appointment to Veterans Department of Medicine and Surgery, c. Outpatient care of Veterans.
13. U. S. Employment Service, (A Monograph on the Osteopathic Physician and Surgeon 0-39.96 has been put out by this office for distribution through its offices throughout the country,
14. U. S. War Department, Occupational Bri. No. 105, "The Job of the Osteopathic Physician," prepared by the American Osteopathic Association for the War Department, which has been printed and widely distributed.

PORTRAIT OF OURSELVES IN 1949

H. G. GRAINGER, D. O.

TYLER, TEXAS

MR. SPEAKER, FELLOW OFFICERS,
DELEGATES AND MEMBERS:

From the committee reports which follow you will get, I think, a fairly detailed picture of our Association as of April 1949. As you view it critically and reflect upon it in the light of your own experiences you will each determine for yourself if it is the kind of picture you would have it be.

That this portrait is a masterpiece I think no one here will claim. As with any other serious work there will be those critics who will feel that it is satisfying, that it is good. And then there will be those who will view it as an amateurish work indeed. Some, like myself, will be bewildered, and others will question whether it is worth what all it cost.

This portrait is one that has been handed down to us for 49 years, and in the handling has been retouched by a thousand skilled and unskilled hands. It, I venture, resembles little the bold lines of the original which was painted here in Texas almost half a century ago. Though the canvass is the same, the form has somewhat changed and the simple lines have been many times retouched. The media of expression have become more multi-colored, and the techniques of the succeeding painters have varied with the ever increasing variety of tools.

But to truly appreciate this picture we must evaluate it with respect to its surroundings. Before we say that it is good, it is bad, it is costly, we must also evaluate the structure upon which it rests. We must view it in the light of the War, State Medicine, Pressure Politics, Fishbein, Inflation, Human

Morals, Antibiotics, Atomic-isotopes, and finally the Bomb. If we can encompass this vast structure, this wall upon which our picture insecurely hangs, then we can begin to reflect upon the merits of our portrait of Osteopathy in Texas, 1949.

From the point of vantage of one who of necessity has been obligated to dabble in the oils which have been this past year applied, your president has formed some opinion as to how it can be altered and I hope and pray, preserved.

(1.) Let us emphasize basic lines upon which the portrait was conceived. In some sections of our state those lines have been almost completely lost from view. The bright strokes of the popular technics of the moment, (whose colors fade so soon,) have well concealed them. A militant censorship committee will be needed if we hope to bring them into bold relief again.

(2.) Let us resolve to *preserve* the picture at whatever personal cost. Since 1947 there have been a continuous and all out attempt to utterly ruin and to tear from its place this art of osteopathy which has been so laboriously developed by our group. At this very moment this picture hangs precariously by a fragile thread. Let us at whatever cost preserve this picture, in its present place, and more securely strengthen by every ethical means the legal thread which holds it there. It is only by the tireless efforts of a vigilant and selfish Public Health Committee, and by the Grace of God that the thread has held together this long. An informed, vigilant and selfish organized membership too will be needed if we ever hope to keep it there.

(3.) Let us realize the fullest value from our yearly investment in our picture. To that end a full time executive secretary whose mind and energies can encompass the picture as a whole must be obtained.

(4.) Let us change the picture frame. For the past several years we have been using an inadequate framework,—the old Constitution and By-Laws,—which has been patched and altered but has not been adequate to contain the Association Picture as it has been developed from year to year.

You have before you a new, and I think solid, framework for the present one, fashioned to blend with further developments of the Art. It has been studied carefully and modified by the present Board of Trustees and it is now in your hands for any further changes and for adoption.

(5.) Let us choose carefully our men who will in a large part modify the portrait for the coming year. The President-elect, remember, will be your nominal head during another legislative year. In offering a candidate for any post do not let geography nor even friendship be the motivating factor, but choose him on his past work, on his honesty, sincerity, experience and skill.

(6.) And to each of you and to each one wherever he may be; Shall we meet together to appraise our portrait as it will be ten years hence? Unless we also each one do our utmost, to reinforce by our voices, our purses, our energies and our morals, the superstructure on which our picture hangs, we may not have that privilege. Osteopathy as we practice it, important as it is to us, is a relatively insignificant facet in our social structure. Our other challenge is to preserve by our own personal lives that structure, and to reinforce it to our best ability, wherein we find it weak. Not by grants-in-aid. Not by the accumulation of money. Not by pressure politics. Not by the escape mechanism of the movies, the golf course or the dance. But by our own sincerity, our integrity, and our faith in the individual dignity of man.

So as we now view this developing portrait of ourselves let us draw no snap conclusions but let us first reflect. And then let us each resolve to lend his hand not only in modifying those brush strokes which may seem awry, but towards the strengthening as best we can of the shaky social structure of which our portrait has become in truth a part.

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Highlights of the Convention

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

Executive Secretary, Austin, Texas

This was an excellent convention both from the standpoint of the scientific side of the program and social side of the program.

The speakers were well acquainted with their subjects and gave very informative lectures. They gave their lectures from actual experiences in practice and not just text book discussion. Each speaker gave the listeners a chance to question them after their lectures. This always brings in a lot of interesting discussions. These speakers are to be commended for their part on the program.

The business sessions were in full swing the day before the main convention. The constitution was brought up and a few changes were made. As soon as possible we will have the new constitution as adapted by the House of Delegates and Board of Trustees in your hands. As a member of the committee to rewrite the constitution I will express the opinion of the committee. It is not perfect, however, we think it is a big improvement on the constitution we had. The reports of the committees were given and these showed there had been considerable work by the various committees.

The Board started negotiations to hire Dr. P. R. Russell as full time Executive Secretary at a salary of \$6500 a year. Dr. Russell accepted this job with the stipulation that he be allowed to see five patients a day, also keep his contract to take care of the Texas Christian University football team. It was further stipulated that the office be moved to Fort Worth. The increase in salary over that which your present secretary has been receiving as part-time employee is \$4100.

The five-year contract with Dr. Russell is in the making and is to be approved by his attorney, our attorney, and the committee for selecting a full time secretary.

I am sure Dr. Russell will give the job all he has and will try to fill the job to the best of his ability.

New officers were elected and took over the reigns of office at one of the banquets.

The social functions were excellent. The party at La Villita was held out in the open and was strictly informal. For the first time I saw a group of doctors and their wives let their hair down and really cut loose and enjoy themselves. Then in contrast the next night, I saw them in semi-formal, giving one the opinion of Dr. Jekyll and Mr. Hyde. Yet here too everyone enjoyed the party.

The next convention city for the Fall meeting will be either Waco or Amarillo, depending on whether Waco will accept. The next spring meeting will be held in Fort Worth.

The attendance at the convention was smaller than had been anticipated.

The exhibitors were well pleased and at this convention were permitted to attend the social functions. This was very much appreciated by them. They got to mix and mingle with the doctors and get better acquainted with them.

I am sure this was one of the tops as far as conventions have gone. The group in San Antonio deserve a lot of credit for the convention and the hard work that went along with it. I am sure everyone in attendance at the convention would like to congratulate the San Antonio group for the fine convention.

SAN ANTONIO CONVENTION



President Lige C. Edwards, Mrs. H. G. Grainger, Mrs. Lige C. Edwards, and
Past-President H. G. Grainger



Boats loading for ride down San Antonio River to La Villita

SAN ANTONIO CONVENTION



Drs. Howard Lamb and Ray Nelson, Guest Speakers
Dr. H. G. Grainger, Past President, and Dr. Reginald Platt



Dr. Phil R. Russell, Mrs. Phil R. Russell, Mrs. Tom Ray and Dr. Tom Ray

AUXILIARY NEWS

The Amarillo Osteopathic Hospital Auxiliary held a recent meeting at the Kings Kottage Tea Room.

During the business session that followed a dinner, a discussion was held on the child health clinic for pre-school children that is to be held in August. A report was read from the representative to the city federation about the club house. The ways and means chairman discussed projects for raising money.



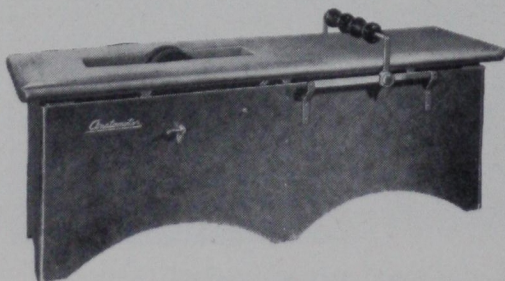
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Mrs. John Witt and
Mrs. Lewis Pittman

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NEWS OF THE DISTRICTS

DISTRICT NUMBER ONE

Dr. Lester J. Vick, a Trustee of the American Osteopathic Society of Proctologists, attended the twenty-third annual convention of the Society in Cleveland, April 11, 12 and 13. Mrs. Vick accompanied him on the trip. Dr. Vick showed his motion picture films of his work at the convention. Eleven of the physicians who have attended his clinics at the Amarillo Osteopathic Hospital were on the program. Four read scientific papers and seven were clinical surgeons. Among the surgeons was Dr. George O. Diver, who spent two years at Amarillo Osteopathic Hospital in training under Dr. Vick.

Nancy Jean Rossman made her entrance into the family of Dr. and Mrs. Ed Rossman on April 19th. The young lady weighed in at Amarillo Osteopathic Hospital.

Dr. M. S. Couch, formerly of Shamrock, has bought (in cooperation with his brother-in-law, Dr. W. D. McMurray) a large brick building to house the Guymon Osteopathic Clinic and Hospital.

Present plans call for doctors' offices and clinic on the first floor, and an eight-bed hospital on the second floor. All new equipment is to be installed, including X-ray electrocardiograph, basal metabolism machine and latest equipment for all types of diagnostic tests.

The hospital is scheduled to be open to receive patients about May 23rd.

Dr. Paul Roberts has completed the remodeling and redecorating of his of-

fices in the Panhandle Hotel at Panhandle, Texas. It is now very streamlined, airy, comfortable and pleasant.

Congratulations to Dr. Don Hackley on the opening of his beautiful new office quarters in Spearman, Texas. The office is located in a completely new building, erected especially for Dr. Hackley and Dr. Fred Daily, Spearman's leading dental surgeon.

DISTRICT NUMBER TWO

Miss Martha Louise Logan was the district winner in the extemporaneous speech contest for the high schools in Dallas and will represent Dallas in the state meet in San Antonio. Miss Logan is the daughter of Dr. and Mrs. Louis Logan and attends the Sunset High School.

Dr. Mary Lou Logan as President of the Business and Professional Womens Club of Dallas recently spoke over radio station W.R.R.

Sam S. Morgan, son of Dr. and Mrs. Robert E. Morgan, and Margaret Fithian, daughter of Reverend and Mrs. B. M. Fithian, of Baxter Springs, Kansas were married April 16 at the First Baptist Church in Baxter Springs, Kansas. Sam is a junior at the Kansas City College of Osteopathy and Surgery.

Dr. Marille Sparks attended the meeting in Cleveland of the American College of Osteopathic Proctologist. She is a member of the Board of Trustees. The annual meeting of this association will be held in Houston next year but the date and the hotel arrangements have not been announced as yet.

DISTRICT NUMBER THREE

No news sent in.

DISTRICT NUMBER FOUR

No news sent in.

DISTRICT NUMBER FIVE

No news sent in.

DISTRICT NUMBER SIX

No news sent in.

DISTRICT NUMBER SEVEN

No news sent in.

DISTRICT NUMBER EIGHT

Dr. Robert J. Brune from Premont has purchased the B. D. Henry Clinic of Corpus Christi and moved there in May.

Dr. B. D. Henry will be located in California.

Dr W. D. Danks of Austin is now located in Lubbock, Texas with the Porter Clinic and Hospital.

DISTRICT NUMBER NINE

No news sent in.

CAMPAIGN SPEECH—A patter of little feats.

HISTORY—The period between Adam and Atom.

JACK—Something to lift a car—and to keep it running.

LAWYER—A person who helps you get what's coming to him.

RHUMBA DANCER—A busybody.

BATHING BEAUTY—Gal worth wading for.

"MEDIQUARTZ"

Complete Ultra Violet Therapy

"MEDI-SINE"

Modern Electronic Low Volt
Wave Generator

"MEDITHERM"

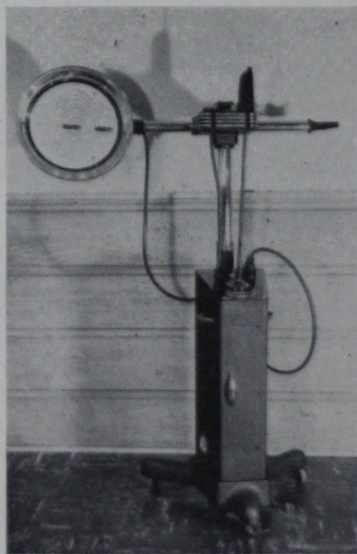
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♦ ♦ ♦ LOCATIONS AND REMOVALS ♦ ♦ ♦

Dr. R. L. Stevenson is now located at 903 Halladay Street, San Antonio.
Dr. Charles B. Alexander who has been interning at the Houston Osteopathic Hospital is now at 1027 West Ninth Street, Des Moines, Iowa.

Dr. Joseph W. Lindstrom has moved his office to 516 North Charles Street, Baltimore, Maryland.

Dr. G. Welton Gress is located at 709 Tenth Street, Amarillo, Texas. Dr. Gress was formerly in the Barfield Building.

Dr. James M. Shy has moved from Quitaque, Texas to Silverton.

Classified Ads

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EDITOR'S PAGE

YOUR ASSOCIATION

I wonder how many in the profession knows how and when this association was first organized. Perhaps most of you know nothing of the history of your profession in this state.

Since on the 22nd of June we will celebrate the Diamond Jubilee of the osteopathic concept, I thought it might be a good time to inform you a little about your profession and your association and I say YOUR profession and YOUR association. As you know this association belongs to no one person nor does it belong to any one group. It belongs to every osteopathic physician in this state.

Now for a little history of your association. The first name by which it was known was the *Texas Association for the Advancement of Osteopathy*. It was known by this name for several years before the name was changed to *Texas Osteopathic Association* and later the *Texas Association of Osteopathic Physicians and Surgeons*.

Dr. D. L. Clark was the first D.O. that came and stayed in Texas for any length of time. He finally moved to Colorado. Dr. Clark, Dr. Tom Ray and a few other good D.O.s bound themselves together making the first osteopathic organization.

Then the flow of osteopathic physicians into the state increased. However, there is still room for many more good ones here. At the present time there are between 425 and 450 in Texas. We have about forty osteopathic hospitals and the need for more is great.

We, as a profession, should be proud that we have advanced as rapidly as we have. We have had every adverse condition possible to battle. The allopaths, self-appointed guardians of the health of Texas, have never seen fit to let us practice in even the tax supported hospitals so that we too could give the people of Texas the best possible health care. THEIR INTEREST HAS BEEN SELFISH. THEY HAVE NOT CARED ABOUT ALL THE PEOPLE'S HEALTH. THEY ONLY CARE FOR THE HEALTH OF THEIR OWN PATIENTS.

We are fighting a winning battle. Someday our hospitals and our institutions will cast a shadow over the allopathic institutions.

—H. V. W. Broadbent, D.O.

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OSTEOPATHIC

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Complete Hospital and
Clinic Service

A Registered Hospital

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W. L. CREWS, D. O.

META IDEUS, R. N.,
Hospital Superintendent

PORTER CLINIC HOSPITAL

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RICHARD M. MAYER, D. O.

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DISTRICT 8

Dr. James Tyree, Corpus Christi	President
Dr. A. F. Scharff, McAllen	Vice-President
Dr. J. M. Auten, Aransas Pass	Secretary-Treasurer

DISTRICT 9

Dr. A. J. Poage, El Campo	President
Dr. T. D. Crews, Gonzales	President-Elect
Dr. Don M. Mills, Victoria	Vice President
Dr. T. D. Crews, Gonzales	Secretary-Treasurer

The Know How

The ears of time and effort you spent in preparation for your profession, Doctor, have proved, of course, an invaluable foundation upon which you built your practice.

But much of the confidence placed in you by your patients is based upon the successful application of your skill developed in the practice of your chosen calling. Nothing quite takes the place of experience.

In turn, you too, Doctor are quite justified in relying upon the seventeen years of experience enjoyed by Vitaminerals in producing nutritional aids for the profession exclusively.

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Sidney E. Dennis - Rayford W. Smith
1310 S. Montreal, Dallas 11, Texas

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