

# Texas OSTEOPATHIC PHYSICIANS Journal

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# Texas Osteopathic Physicians' Journal

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VOL. XIII

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## Practical Application of Blood Volume Determination

DR. JOE DE PETRIS, D.O.

In the hospital management of the sick patient, clinical problems dealing with the adequate maintenance of the fluid as well as the cellular components of the circulation are continually encountered. Patients have received inadequate replacement therapy, but equally serious have been the times when excessive use of blood, plasma or fluid has resulted in deleterious effects on the patient. It has been customary to rely on the hemoglobin, hematocrit, and serum protein levels or "clinical judgement" to arrive at the correct solution to these problems. These values are concentration measurements and in the presence of fluid and protein shifts between the vascular and extravascular compartments they do not give one a correct estimate of the actual circulating blood volume. Extensive clinical investigation has demonstrated that the Evans Blue Dye hematocrit method affords a practical, reliable, and reproducible clinical method for estimation of the total blood volumes with less than 5% error.<sup>1,2,3,4,5,6,7,8,9,10</sup> With the use of this procedure both qualitative and quantitative replacement of blood volume deficit may be done more accurately in the small hospital. Separation of the individual component deficits as is depicted in figure one (1) will facilitate the proper administration of replacement therapy.

### Total Blood Volume Determination

Weight in kg.....	Normal	___ lbs.
	Present	___ lbs.
Height in cm.....		___ cms.
Hemoglobin in gms.....		___ gms.
Hematocrit volumes % .....		___ vol. %
Total serum protein gms.....		___ gms.
Total blood Volume .....	Normal	___ cc.
	Present	___ cc.
	Deficit	___ cc.
Total plasma volume .....	Normal	___ cc.
	Present	___ cc.
	Deficit	___ cc.
Total red cell volume .....	Normal	___ cc.
	Present	___ cc.
	Deficit	___ cc.
Total hemoglobin volume .....	Normal	___ gms.
	Present	___ gms.
	Deficit	___ gms.
Total circulating protein volume .....	Normal	___ gms.
	Present	___ gms.
	Deficit	___ gms.
Total body protein .....	Normal	___ gms.
	Present	___ gms.
	Deficit	___ gms.

Figure 1.

The six most common abnormalities of blood volume encountered are: 1. Acute hemorrhage 2. Compensated anemia 3. Syndrome of chronic shock 4. Hemoconcentration 5. Hydremia and 6. Absolute polythemia.

Acute hemorrhage with simultaneous loss of plasma and red cells demonstrates the fallacy of using the hematocrit, percentage of hemoglobin and red count for the estimation of the blood loss. These values remain normal for many hours



following hemorrhage. Following a latent period of three to four hours after hemorrhage, plasma volume begins to increase, reaching a peak in three days in adequately hydrate patients.<sup>4,11</sup> At this time a hematocrit would indicate the presence, but not the magnitude of red cell deficit. In contrast to the rapid replacement of plasma volume replacement of major depletions of red cell volume by hematopoiesis is severely limited and may take several weeks.<sup>4,11</sup> Studies with blood volume indicate the quantity of whole blood required to prevent development or continuance of shock.

The patient with chronic bleeding or destruction of red blood cells beyond their hematopoietic compensating powers will have its blood volume replaced by plasma replacement as described above. Here again the hematocrit will only indicate presence and not magnitude of deficits of red cell volume.

A state of "chronic shock"<sup>12,13,14</sup> has been described in which the usual 1:3 ratio of plasma volume to interstitial fluid volume is altered due to the decrease in interstitial fluid seen in the chronically ill patient. This is brought on by the depletion of tissue proteins accompanying weight loss eventually reflected in the serum proteins. The reduced oncotic pressure of the plasma together with the reduction of tissue tension allows abnormal amounts of fluid to leave the vascular compartment to enter the interstitial compartment. If anemia is present it may be marked by this tendency of hemoconcentration. Hematocrit and serum protein levels will give no indication of the large deficits which may be present.

Hemoconcentration from dehydration and the hydremia seen in pregnancy, cirrhosis of the liver, congestive heart failure, renal insufficiency and following excessive fluid therapy may be more accurately evaluated with the Evans Blue Dye procedure. The differentiation of relative from absolute polycythemia is also more readily accomplished.

Blood volume determination has found its greatest use in the preparation and post-operative study of the surgical patient. Today it is generally agreed<sup>1,2,12,15,16</sup> that it is mandatory to maintain an adequate total blood volume and its relative constituents to prevent and eradicate the medical catastrophe known as shock. Recent evidence using blood volume studies shows that reduction in blood volume in shock patients is fully accounted for without assuming general leakage of plasma from the circulation through increased capillary permeability.<sup>17,18,19</sup>

In cases of hemorrhage and skeletal trauma the train of events leading to shock is indicated by a large reduction in blood volume.<sup>16,17</sup> An acute reduction of 30 to 40 percent in the circulating blood volume is followed within one or two hours by the appearance of the characteristic symptoms of shock.<sup>2,12,16,19</sup>

One must not lose sight of the fact that a clinical picture of shock always means diminished blood volume. In head injuries, acute congestive heart failure and acute myocardial infarctions blood volume may be normal<sup>20,21,22</sup> or increased.<sup>23,24,25,26,27,28,29,30</sup>

The surgically significant feature of reduced blood volume is an increased susceptibility to shock correctible by transfusion replacement of the blood volume deficit.

Preoperative blood volume studies should be done in all patients who have chronic disease, in the geriatric patient, where acute or chronic blood loss has occurred, in dehydrated patients and the poor risk patient. It has long been recognized that blood volume depletion occurs in patients with neoplastic disease.<sup>13,14,31,32</sup> Here the major change is in the reduction in the total red cell volume and hemoglobin.<sup>2,13</sup>

Studies on operative and postoperative blood loss, using the Evans Blue Dye method, have shown that the previously used gravimetric and colorimetric methods are inadequate and that the loss is greater than previously found.<sup>4</sup>



The circulating protein deficit is an index of the body protein deficit, the latter being thirty times the former. It further indicates disturbance in protein metabolism such as inadequate intake, poor absorption, and faulty utilization. The ill effects of reduced circulation protein has been known for many years,<sup>7</sup> and calculation of such deficits by the methods outlined gives warning that edema of an anastomatic stomas, delayed wound healing, and disesence may occur.

The quantitative replacement of blood volume deficit preoperatively and excessive losses during or following surgery will almost eliminate operative and post-operative shock,<sup>12,13,14,15,31,33,34,35</sup> widen the scope of surgery, and has lowered morbidity and mortality. Post-operative convalescence has been rapid in patients thus treated as compared with the slow recovery of many patients not receiving the benefit of replacement.

If the plasma volume and red cell volume are equally diminished the use of whole compatible blood is suggested. When the deficit in blood volume is due to a lowered red cell and hemoglobin volume, replacement by means of red cells in suspension may be desired, especially in cases in which overloading of the circulation is a consideration. Replacement of plasma volume is accomplished with human plasma or plasma substitutes. If a deficit in total circulating protein exists human serum albumin may be added. It must be remembered that a small deficit in a small individual is just as serious as a large deficit in a large individual.

In the patient with peritonitis, after eight or more hours a 20-30 per cent reduction in plasma occurs, with only a small reduction in red cell volume.<sup>37</sup>

The therapy in acute gastrointestinal hemorrhage in which large volumes of whole blood are often needed over very few hours, the use of blood volume estimation is very effective in the more accurate appraisal of the patient. Here again the concentration tests are grossly

misleading as plasma compensation does not have time to occur to alter the hematocrit.

In the severely burned patient blood volume deficit is due predominantly to plasma loss, so that hemoconcentration occurs. The fluid therapy of burns at present is in a state of confusion.<sup>37,38,39,40,41</sup> The use of saline, plasma, plasma substitutes and whole blood are being used in varying combinations. Vascular compartment evaluation will give a more rational approach as to how these modalities of replacement may be more accurately applied to the individual patient.

In contrast to the edematous patient with normal pregnancy, blood volume study has shown that the severely pre-eclamptic or eclamptic patient who develops edema is apparently unable to maintain protein concentration in step with the increase in plasma volume. Because of this failure, as plasma dilution occurs, plasma protein concentration, and hence, plasma oncotic pressure, fall.<sup>41,42</sup> This lowered oncotic pressure decreases glomerular filtration and is part of the factor in the production of oliguria. The use of concentrated serum albumin may aid in relieving the oliguria in these cases by increasing glomerular filtration rate and urine formation.<sup>43</sup> Similarly the lowered oncotic pressure due to a decrease in the total circulating serum protein seen in nephrosis,<sup>44</sup> long standing hepatic disease, starvation, and congestive heart failure may be more properly estimated and replaced with compartment study if necessary.

At the present time controversy exists as to the state of the blood volume in the patient with congestive heart failure. Certain studies have indicated that a hypervolemia exists due to an increase in either the circulating red cell mass, the plasma volume, or both.<sup>23,24,25,26,27,28,29,30</sup> Other reports suggest that there is no significant increase in the circulating blood volume in patients in congestive heart failure over controls.<sup>20,21,22</sup> This discrepancy appears to be due to



the groups reporting no change using only tagged red cells and were based on the assumption that the total body relative cell volume is identical with the peripheral vessel hematocrit. More recent studies in which red cell and plasma volume were determined independently have shown that mean values for red blood cell volumes and plasma volumes were elevated above those of control subjects and fell with compensation.<sup>20</sup> These studies have been in patients who have not been in a state of congestive heart failure for long periods of time. It has been my experience that the patient in uncompensated congestive heart failure with resulting hepatic and gastrointestinal edema that often severe deficits in red cell volume may occur. This may be accompanied by a deficit in the total circulating and body proteins producing reduced oncotic pressure of the plasma. It is felt that both result from prolonged edema interfering with absorption of food constituents needed for hematopoiesis and serum albumin production. Ten cases have been studied in which severe anasarca has resulted from oliguria. These patients were in a state of congestive heart failure for months and years. Hyponatremia and hypochloremia was not present. They were digitalized, and had become "diuretic fast." Arrhythmias, vitamin deficiency, hyperthyroidism, and infectious disease were not the aggravating factor. Studies showed severe deficits in the total blood volume due predominantly to red cell deficit. In some, the total circulating protein was lowered. The anemia present was of the hypochronic normocytic or microcytic type. Replacement therapy was accomplished with small transfusions of packed red blood cells, 250 cc per day, replacing up to 1500 cc in red cell deficit in some cases. Prompt and profuse diuresis occurred in all cases. It is presumed to be due to increased myocardial and renal efficiency resulting from the relief of the existing anemia. Following this procedure the cases under study again responded to diuretic ther-

apy and sodium restriction. The edema state being more properly controlled, and the patients maintained on a high protein, iron supplemented diet at the present time are more able to maintain normal hematopoiesis and albumin formation again. The number of cases so treated are as yet too small to draw any definite conclusions but are being presented as a stimulus to the use of blood volume study and replacement in the advanced cardiac in uncontrollable edema formation.

In summary the clinical application of blood volume determination has been presented. It has been shown how the previously used concentration tests, erythrocyte count, hematocrit, hemoglobin and serum protein determination may be disastrously misleading in the sick patient. More thorough vascular compartment study with individual blood constituent determination as described will allow more accurate qualitative and quantitative replacement therapy. Many of the diseases in which this type of study may be applied have been presented. It is recommended that further impetus and study be given to the use and value of blood volume study and replacement in the refractory cardiac patient in long standing congestive heart failure.

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## Final District Visitation By The President

JOHN L. WITT, D.O.

On January 20, 1957 it was my privilege to visit District VII at San Antonio. This group of doctors is very busy getting ready for the State Convention to be held in their city on May 2, 3, 4, 1957.

On Saturday night Dr. Russell and I met with the local Convention Committee and it seems that they have everything under control and are ready for a very good convention. Their last words to me were to encourage the doctors and their wives to attend the convention. They have a planned program of entertainment that will be worth the trip. The professional program is going to be one of the best we have ever had the privilege of attending, and I want to encourage every doctor to be present.

Sunday morning I spoke to the members of District VII, and they were a very courteous audience. Following my talk they had a professional program in which Dr. Jack Baker discussed eye problems.

I was disappointed on this visit, as only fifty per-cent of the members were present, but the most disappointing feature of the trip was that I found that one-third of the doctors in the district are not members of the district association nor the state association.

The doctors in San Antonio are building a new hospital. I am very happy that they have received a grant under the Hill-Burton program as they really need a new hospital.

On February 7, I went to El Paso to visit District XI. Fog made flying very uncertain and after flying all over Texas and New Mexico, I made it into El Paso just in time for their meeting.

Every member of District XI was present with the exception of one who was out of town and one who had a very stubborn obstetrical case that prevented his attendance. This seems to be a very busy and happy group.

Dr. Owen Vowell has just completed

a new maternity hospital which is a beautiful structure. I am afraid I envy him all the room he has in which to care for his patients.

Dr. Mickey Holcomb is building additional room to his hospital. It will increase his ability to better serve the people of El Paso.

I consider this one of the very best visitations I have made, as the doctors had many questions to ask me about the profession. I am sure those doctors are keeping themselves well informed as to the progress of the profession, and they are busy and happy.

On February 26, I went to Lubbock to make my final official visit. I am happy to report that I have visited and spoken to every district in Texas.

District X has twenty-two members and there were 18 present. There is a lot of enthusiasm in the Lubbock group and they are very busy. I was happy to see that all of the doctors present had made plans to attend the state convention. This group felt that a very good job was done during their public relations program week when they had Dr. Russell with them. The public in general was well pleased and they felt that the program was very good from an educational standpoint. The people in Lubbock surely know something about Osteopathy.

This is my final report to the profession of my visits in the districts and I wish to express my appreciation and thanks for all the many courtesies everyone has extended to me. I have been made to feel that my time has been well used from a professional standpoint. I trust I have said or done something that will cause each one to have just a little more love for the Texas Association of Osteopathic Physicians and Surgeons than in the past. I feel it is the greatest organization in the world, and I want it to always be a leader in Texas.





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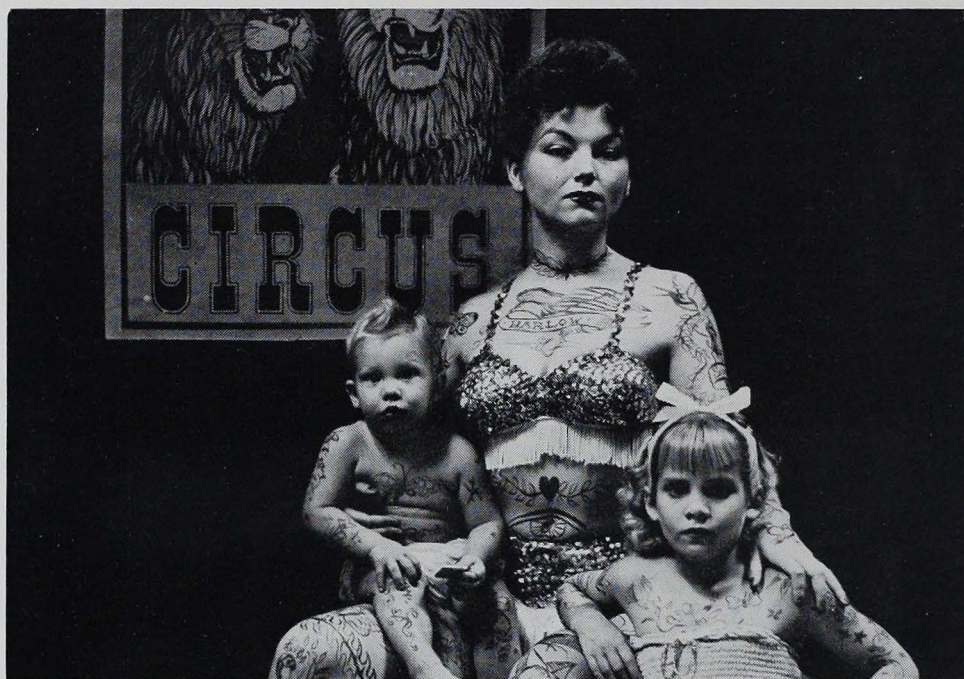
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## "Hospital" Case Set For May 22 Osteopath Suit Hearing Due In Hardy's Court

### Rust, Looney To Represent County's Side

Plans for the long-pending legal suit of two West Wharton County osteopaths against Nightingale Hospital's Board of Managers and the Wharton County Commissioners Court neared the reality stage this week with the setting of Wednesday, May 22 as the date when the suit is scheduled for hearing.

The suit is due to be heard in Judge G. P. Hardy's district court at Wharton. Whether Judge Hardy will be the presiding judge will not be determined until hearing day. Also, the May 22 date is not definite as settings on cases of this sort are subject to change. The date is initially set far in advance in order to see if plans for starting at that time can be successfully worked out by all parties.

### Attorney's Listed

The two osteopaths, Dr. A. J. Poage of El Campo, and Dr. John Boyd of Louise, will be represented by attorneys Irving Moore, Jr. of Wharton and A. T. Leveridge, Jr. of East Bernard. Nightingale Hospital's board of managers and the county commissioners court will be represented by County Attorney Lloyd Rust, Jr. of Wharton and Attorney Everett L. Looney of Austin.

The suit is regarded as being a "normal friendly suit," designed to find out what the law is. Either side has the right to ask for a trial by jury, but the case is expected to be heard by a judge only.

The suit, in which the osteopaths are seeking the right to practice in the county hospital, grew out of last year's "explosion" between the osteopaths and Nightingale's staff of Medical Doctors, during which the board of managers banned the osteopaths from obtaining staff membership at the hospital.

Actually the suit may easily attract national attention as the eyes of both the medical doctor world and the osteopathic doctor world are due to be focused on the proceedings.

The osteopaths claim they are not guilty of any offense that would justify their dismissal from the board. In the case that the court should decide in favor of the osteopaths, the board dismissal order will become void and Dr. Poage and Dr. Boyd will resume staff membership.

### Could Go Higher

In the case the court should decide in favor of the Hospital Board of Managers, the status of the osteopaths will remain as it is. However, it is expected

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that it is possible that the osteopaths might carry the case to the Court of Civil Appeals, the next highest court after the district court.

It is felt that both the American Medical Association and the National Osteopathic Association are keeping close watch on the case at the county seat. Osteopaths, throughout the nation, have been seeking for years to become staff members of county hospitals, and in some instances have been successful.

### Started Last Year

The lengthy case started early in 1956 when Judge Dorman Nickels broke a hospital board tie to decide if Dr. Boyd and Dr. Poage were to be admitted to the hospital staff. The judge voted in favor of the osteopaths, after which the medical doctors and registered nurses resigned from the county hospital.

Shortly afterward the Board of Managers of the Nightingale Hospital reconsidered their decision and voted to dismiss the osteopaths from the hospital staff for "good of the hospital."

In September the osteopaths attempted to gain admission for an expectant mother at the county hospital. The mother-to-be was refused admission unless she obtained an admittance slip from a member of the hospital staff. The woman refused and traveled to Wharton where the child was born in one of the hospitals there. Shortly after this incident, the osteopaths, through their attorney, filed a Declaration of Judgement Suit in the District Court of Wharton.

### EDITOR'S NOTE:

The above styled case is a local case filed by Drs. Poage and Boyd, and neither the Texas Association nor the national association has entered into it. It is entirely a local problem.

### Dr. Sniveley Visits College

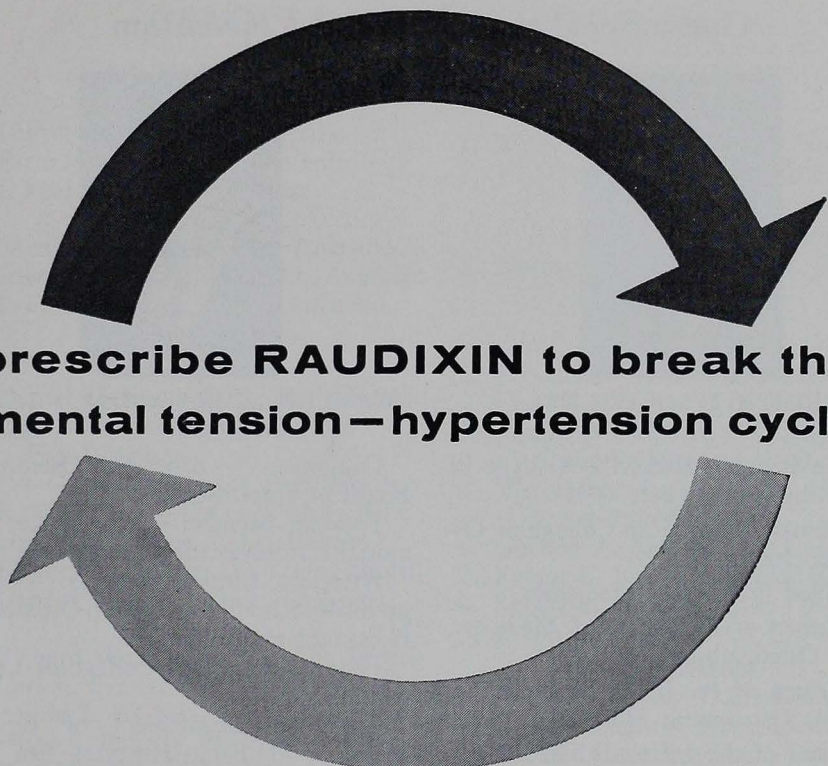
Dr. W. D. Sniveley Jr., Medical Director and vice-president of Mead Johnson and Company, visited the College

February 4 and 5, where he was guest speaker at the Clinical-Basic Science Correlation Conference and an All College meeting. His topics were "A Systematic Approach to the Study of Fluid Balance," and "The Use of Body Surface Area in a Simplified Method of Fluid Therapy." He initiated the Mead Johnson grant to the American Osteopathic Association, three general practice fellowships in osteopathic Colleges, one of which is held by Dr. Delbert Maddox of the Kirksville College of Osteopathy and Surgery faculty and staff.

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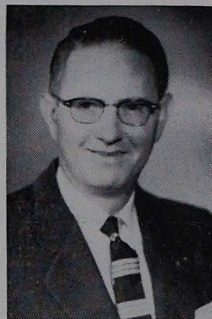
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Certified in Internal Medicine.

Chairman of the Dept. of Medicine, Zieger Osteopathic Hospital.

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San Diego, California

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Founder Member—Susan Baker Memorial Cardiovascular Foundation.

Associate Clinical Professor — Postgraduate School, College of Osteopathic Physicians and Surgeons.

Fellow—American College of Osteopathic Internists.

Chairman Department of General Medicine—Hillside Hospital, San Diego, California.

---

### Constitutional Amendment

*Submitted by* MR. MILTON MCKAY,  
General Counsel, A.O.A.

Amend Article VI—DUES, Section 2 by striking out all of the words following "three hundred dollars (\$300.00) per annum" and inserting in its place "The annual dues received from each member shall be apportioned to an Administrative Account and a Professional Development Account; the Administrative Account shall be sufficient to meet the budgeted needs of the Association and the balance shall be placed in the Professional Development Account for use in furthering the educational and scientific objectives of the Association, and disbursed according to such rules or procedures as are adopted and approved by the membership of the Association."

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2. Earle H. Mann, D.O., Amarillo
3. J. Paul Price, D.O., Dumas

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2. Edward R. Mayer, Jr., D.O., Amarillo
3. J. Francis Brown, D.O., Amarillo

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2. Raymond D. Fisher, D.O.,  
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3. Ley G. Ballard, D.O., Fort Worth
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6. Clifford E. Dickey, D.O., Fort Worth
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2. Carl E. Everett, D.O., Fort Worth
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6. William M. Snow, D.O., Fort Worth
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2. John S. Turner, D.O., Canton
3. J. Warren McCorkle, D.O., Mineola
4. Carl F. List, D.O., Troup

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2. V. Mae Leopold, D.O., Odessa

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1. B. B. Jagers, D.O., Midland
2. Norman B. Leopold, D.O., Odessa

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2. E. G. Beckstrom, D.O., Dallas
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4. Clyde W. Danoff, D.O., Dallas
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3. Arthur H. Hardy, D.O., Houston
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**THE TEXAS STATE BOARD  
OF EXAMINERS  
IN  
THE BASIC SCIENCES  
407 PERRY-BROOKS BUILDING  
AUSTIN, TEXAS**

February 7, 1957

## **Notice of Examination:**

The next examination of the Texas State Board of Examiners in the Basic Sciences has been set for April 12 and 13, 1957.

The examinations will be given in Austin, Galveston and Houston. If a large number of applications are received from the vicinity of Dallas, the Board, upon request, will give the examinations in this city at the same time.

Details as to time and place may be obtained by writing to Mrs. Pearl A Barrera, Chief Clerk, at the above address.

All arrangements should be completed one week before examination time, and those interested should act immediately.

Very truly yours,  
Henry B. Hardt, Ph.D.  
President



## Bills in the State Legislature Of Interest to the Profession

S.B. 44—Defining offenses in connection with the furnishing of alcoholic beverages, narcotic drugs, barbiturates, and other drug stimulants to inmates of the Texas Prison System.

S.B. 122—Prohibiting misleading advertisements for the sale, or transfer of any article, material, product or merchandise.

S.B. 193—Concerning hospitalization, commitment, care observation and treatment of the mentally ill.

S.B. 197 — Authorizing Boards of Trustees of school districts to require pupils to be vaccinated for poliomyelitis and to exclude pupils who have not been vaccinated.

S.B. 207—Relating to organization, officers, and compensation of the State Board of Examiners in the Basic Sciences.

S.B. 208—Relating to fees payable to the State Board of Examiners in the Basic Sciences by applicants.

H.B. 450 — Providing compensation by the employer for every employee required to submit to a physical examination.

H.B. 454—Providing for the establishment of combined City - County Health Units.

H.B. 463—Exempts State-wide Licensed Vocational Nurses' registration bureaus, operated without profit, from payment of an occupation tax or license fee.

H.B. 480—Pertaining to investments

by life, health or accident insurance companies in real estate.

H.B. 492—Authorizing County Clerk of each county to destroy blood test certificates on file after one year.

H.B. 508 — Providing Workman's Compensation Insurance for employees of certain institutions.

H.B. 346—Providing for issuance of permits to emergency vehicles not operating within cities and towns.

H.J.R. 23—Providing an Amendment to Art. III of the Constitution of the State of Texas by changing Sect. 50A to provide that the Legislature shall create a State Medical Education Board.

H.B. 5—Regarding Employees Liability Compensation.

H.B. 349—Regulating the sale and manufacture of foods, drugs, and cosmetics for the protection of public health in the State of Texas.

H.B. 392—Amends the Texas Board of Chiropractic Examiners Act.

H.B. 394—Providing payment by the State for hospital care of tuberculosis patients in public hospitals of this state.

H.B. 439—Relating to the regulation of the practice of pharmacy.

H.B. 445—To extend the time vocational nurses may be licensed without examination.

S.B. 239—Relating to the regulation of the practice of pharmacy.

S.B. 250—Providing that no form of vaccination or inoculation shall be made a condition precedent for the admission of a person to any public or private school or college in this state.

S.B. 261—Relating to duties, appoint-

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ment, etc. of Board of Chiropractic Examiners.

S.J.R. 3—Authorizing the creation of a city-wide hospital district in the city of Amarillo.

H.B. 580—Providing for the appointment of the Chief Medical Examiner by the Public Safety Commission.

S.B. 367—Providing out patient treatment for certain patients confined in State Institutions.

S.B. 340—Providing for the creation of a Hospital District in the City of Amarillo.

S.B. 329—Concerning venue for appeals from Board of Veterinary Medical Examiners orders.

S.B. 325—Establishing and providing for a State Mentally Retarded School.

## Christmas Seal Drive Exceeds 1955 Receipts

CHICAGO (AOA) — Receipt of about \$50,000 from 1956 osteopathic Christmas seal sales by February 1, indicated that the final total would surpass all prior drives. The 1955 sales produced \$53,000 for student loans and research in the osteopathic colleges.

On February 1, the leading state was Michigan with an incomplete total of \$4,342.00. Close behind came California and New York with \$4,007.00 and \$3,446.00 respectively. The next largest contributions are credited to Illinois with \$3,326.00 and Ohio with \$3,326.00 and Ohio with \$2,936.00.

On the basis of membership in AOA and the Auxiliary, Washington leads the societies with \$16.06 per member, followed by Indiana with \$14.26 per member.

"The greatly increased activity of the state chairmen is the largest factor in the substantial increase from 1955," according to Dr. E. H. McKenna, Muskegon Heights, Mich., Christmas seals committee chairman. He urged the early completion of reports from state and district campaigns.

## Pearson Chief of Staff KCOS

Dr. Wallace M. Pearson, chairman of the department of structural diagnosis, has been appointed Chief of Staff to succeed Dr. A. C. Hardy, whose retirement has become effective. Other appointments include, Dr. William C. Kelly as associate chief of staff and Dr. Crawford M. Esterline as secretary to the staff to succeed Dr. James A. Keller, who continues a full-time member of the faculty and staff.

Dr. Hardy joined the faculty and staff in 1922, with the opening of the Andrew Taylor Still College of Osteopathy and Surgery. Prior to that, he engaged in private practice in Lockhart, Texas, from 1911 to 1919, in Austin, Texas, for one year, and in 1921 joined the staff of the Laughlin Hospital in Kirksville, heading the department of eye, ear, nose, and throat, in the Andrew T. Still College of Osteopathy and Surgery and KCOS, its successor. He was made chairman of the department of surgery in 1945, but relinquished this post in 1949, when he assumed the duties of chief of staff.

Dr. Wallace M. Pearson, professor of Osteopathic Principles and Technic and Chairman of the Department of Structural Diagnosis and Therapy, came to Kirksville in 1925, and graduating here has served as a member of the KCOS faculty almost continuously since that time and has been an administrative assistant.

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## Executive Secretary Visits Osteopathic Colleges



Left to Right: Dr. J. S. Denslow, Dr. Morris Thompson, president of the Kirksville College of Osteopathy and Surgery, and an unidentified student chat with Dr. P. R. Russell, executive secretary, during his recent visit to the college.

The Executive Secretary spent the week beginning Sunday, February 25 and ending Saturday, March 2 in a visitation to the three mid-western osteopathic colleges.

His first stop was the Kansas City College of Osteopathy and Surgery, where he spoke to an assembled group

of Junior and Senior students and spent the balance of his stay interviewing individual members of these classes, giving them information on laws, practice right, internship, etc. The Executive Secretary was happy to see that construction was well under way on the new clinical building, as it will improve the

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college considerably. He was also delighted to see a sketch of the new hospital and college building contemplated to be constructed on the site now occupied by the old college. The first three floors will be occupied by the college itself and the upper floors will be a general hospital of some 200 beds. The executive secretary also had the pleasure of attending the surgical departmental meeting.

From Kansas City, the executive secretary proceeded to Kirksville, Missouri to visit the Kirksville College of Osteopathy and Surgery which was a highlight of his trip. At this institution he spoke before a general assembly of all students. He also addressed two other classes on the campus and interviewed some 50 or 60 students to discuss their personal problems.

The Executive Secretary found this institution to be well advanced in its thinking and doing a wonderful job as far as the education of the students was concerned, but like all colleges, it is suffering from lack of financial support for the type of job it is doing. It was the privilege of the executive secretary to be permitted to sit in on a credentials evaluating committee meeting in which

applications of prospective students were passed upon. This was enlightening to the executive secretary.

From Kirksville, the executive secretary proceeded to Des Moines, Iowa by bus, and if anyone made this trip they certainly recognize it is not one of pleasure.

At the Des Moines Still College of Osteopathy and Surgery he found an enthusiastic group of students and saw that much progress had been made in this institution since his last visitation. The Executive Secretary had the privilege of speaking before a general assembly of the entire student body after which he interviewed students over problems confronting them.

The Executive Secretary regrets to inform the profession that Dr. Edwin F. Peters, president of the Des Moines Still College has resigned his position, his resignation to take effect June 1, 1957. Therefore it will require considerable re-organization before the September semester begins. The executive secretary did not attempt to evaluate the reasons for this resignation, yet he feels sure that the college will come through with flying colors in any re-organization steps taken.

---

## **In The Court of Civil Appeals, Third Supreme Judicial District of Texas, at Austin**

**No. 10,447**

**Will Wilson, Attorney General et al, Appellants**

**vs.**

**State Board of Naturopathic Examiners et al, Appellees  
From District Court of Travis County, 98th Judicial District  
No. 103,235, Honorable Chas. O. Betts, Judge**

The facts of this case are stated in the pleadings and are agreed to be correct.

The sole question of law presented is the constitutionality, vel non, of Article 4590d,<sup>1</sup> V.A.C.S. known as the Naturopathic Act.

This suit for declaratory judgment was against the Attorney General and Comptroller of the State of Texas and was brought by persons alleging them-

selves to be members of the State Board of Naturopathic Examiners on behalf of such Board, for themselves individually and on behalf of 450 other persons alleged to be licensed to practice naturopathy in this State. The only relief sought was that the Act in question be declared constitutional.

The Attorney General has heretofore ruled this Act unconstitutional. Atty.



Gen. op. No. S-60 (1953).

The specific constitutional provision which the statute is alleged to violate is Sec. 31, Art. XVI, Texas Constitution, which provides:

"The Legislature may pass laws prescribing the qualifications of practitioners of medicine in this State, and to punish persons for mal-practice, but no preference shall ever be given by law to any schools of medicine."

The validity of the statute is also attacked for vagueness. If vague it is invalid, as to its penal provisions, under Art. 6, V.A.P.C., and unconstitutional under Sec. 10, Art. I, of our Constitution. Ex parte Slaughter, 243 S.W. 478, Tex. Ct. Cr. App.; Ex parte Meadows, 109 S.W.2d 1061, 133 Cr. 292. See 8 Tex. L. Rev. 253.

It is our opinion that the statute is invalid upon both grounds urged.

Art. 4510, V.A.C.S., in part provides:

"Any person shall be regarded as practicing medicine within the meaning of this law:

"(1) Who shall publicly profess to be a physician or surgeon and shall treat, or offer to treat, any disease or disorder, mental or physical, or any physical deformity or injury, by any system or method, or to effect cures thereof; (2) or who shall treat or offer to treat any disease or disorder, mental or physical or any physical deformity or injury by any system or method and to effect cures thereof and charge therefor, directly or indirectly, money or other compensation;

Similar provisions have been incorporated in the Penal Code, Art. 741, V.A.P.C.

The statute in question (4590d) defines the practice of naturopathy as follows:

"For the purpose of this Act, naturopathy and natureopathy shall be construed as synonymous terms, and the practice of naturopathy or natureopathy, is hereby defined as that philosophy and system of the healing art

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embracing prevention, diagnosis, and treatment of human ills and functions by the use of several properties of air, light, heat, cold, water, manipulation with the use of such substances, nutritional as are naturally found in and required by the body, excluding drugs, Surgery, X-ray and radium therapy, and the use of X-ray equipment.

"Nothing in this Act shall be construed to be authority for any naturopath, licensed hereunder, to practice medicine as defined by the laws regulating the practice of medicine in this State, Surgery, Dentistry, Osteopathy, Chiropractic, Christian Science, or any other treatment or system of treatment authorized for by law, nor shall the provisions of this Act in any way or manner apply to or affect the practice of Medicine, Surgery, Osteopathy, Christian Science, or any other treatment or system of treatment authorized and provided for by law for the prevention of human ills." (Sec. 18).<sup>2</sup>

It is obvious that the practice of medicine as defined by Art. 4510 supra, includes the practice of naturopathy as defined by the above statute.

It is also obvious that the practice of naturopathy as so defined is the practice of medicine as statutorily defined but limited to certain means and excluding

specific means.

Thus it is evident that while the naturopathy statute affirmatively authorizes a limited practice of medicine it also affirmatively denies that the statute shall have such effect.

We are uncertain as to which legislative path we should follow. This uncertainty, in our opinion, spells the death of the statute.

A similar question was before our Court of Criminal Appeals in *Ex parte Halstead*, 182 S.W.2d 479. The Court there had under consideration the Chiropractic Act of 1943. This Act defined chiropractic as the science "... of analyzing and adjusting the articulations of the human spinal column, and its connecting tissues, without the use of drugs or surgery ...". The Act also provided that "chiropractic shall in no sense be construed or defined as treatment or attempted treatment of patients by use of surgery or medicine," but it provided that a chiropractor could treat disease by chiropractic.

The practice of medicine was defined in 1944, the date of *Halstead*, as now except for a proviso added in 1949 and not here applicable. The Court in a very strong and well reasoned opinion by its now Judge Davidson held the 1943 Chiropractic Act invalid. We quote his language:

"As thus construed, Section 3 and 3a are in irreconcilable conflict, for, by the terms thereof, a chiropractor is both permitted to treat, and is prohibited from treating, patients for illnesses and diseases. He is both within and without the provisions of the Medical Practice Act defining the practice of medicine. Such being true, it is impossible, from the wording of the Act, to determine what is chiropractic and the practice thereof, or whether same is or is not the practice of medicine, under the Medical Practice Act, as judicially determined."

Appellees place some reliance upon *Baker v. State*, 240 S.W. 924, 91 Tex. Cr. R. 521, which sustained the validity

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of an Act defining and regulating the practice of optometry. This case was distinguished by the Court in Halstead on the ground, equally applicable here, that the optometrist by the Act was limited to the eye and to correcting defective vision. He was prohibited from treating the eye for disease and disorder as well as from practicing medicine.

It is our opinion that the Naturopathy Act attempts to both grant and deny to those complying with its terms the privilege of practicing medicine as that term is defined by the statutes of this State. It is, therefore impossible of interpretation and enforcement and is wholly void.

If the Act should be construed as authorizing, and not denying, the practice of medicine in a specialized field then it is void because violative of the preference provision of the Constitution set out above.

Art. 4501, V.A.C.S., provides, in part:

"All applicants for license to practice medicine in this State not other-

wise licensed under the provisions of law must successfully pass an examination by the Board of Medical Examiners. The Board is authorized to adopt and enforce rules of procedure not inconsistent with the statutory requirements. Applicants to be eligible for examination must be citizens of the United States and must present satisfactory evidence to the Board that they are more than twenty-one (21) years of age, of good moral character, who have completed sixty (60) semester hours of college courses, other than in a medical school, which courses would be acceptable, at time of completing same, to the University of Texas for credit on a Bachelor of Arts Degree or a Bachelor of Science Degree, and who are graduates of bona fide reputable medical schools; a reputable medical school shall maintain a course of instruction of not less than four (4) terms of eight (8) months each; shall give a course of instruction in the fundamental subjects named in

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Article 4503 of the Revised Civil Statutes of Texas of 1925, as amended by this Act; and shall have the necessary teaching force, and possess and utilize laboratories, equipment, and facilities for proper instruction in all of said subjects."

and Article 4503, V.A.C.S., provides, in part:

"Examinations shall be conducted on anatomy, physiology, chemistry, histology, pathology, bacteriology, diagnosis, surgery, obstetrics, gynecology, hygiene, and medical jurisprudence."

The Naturopathy Act, provides in part:

"It shall be the duty of the Board to examine applicants for license to practice naturopathy in this State; and the Board shall examine and grade all papers submitted by such applicants and report to such applicants within a reasonable time after the date

of such examination, and said report shall give to each applicant the grades made by said applicant upon each and every subject upon which he or she was examined by such Board. Each person applying for examination shall pay to said Board a fee of Twenty-five Dollars (\$25), and upon passing a satisfactory examination before said Board in such basic subjects as anatomy, including histology, physiology, chemistry, bacteriology, hygiene, public health and pathology and on diagnosis and subjects in the Arts and Sciences of Naturopathy which the Board may require, shall be granted a license to practice naturopathy in this State . . . (Sec. 8).

"Sec. 9. Each applicant for a license to practice naturopathy in this State shall be not less than twenty-one (21) years of age, a citizen of the United States of America, and shall

"(a) present a diploma from a high school;

"(b) evidence of two (2) years of college work if graduated from a naturopathic college after January 1, 1954;

"(c) four (4) years of nine (9) months each in a reputable, nationally recognized naturopathic college, or a medical college, whose entrance requirements and courses of instruction are as high as those adopted by a better class of medical schools and naturopathic colleges of the United States of America;

"(d) each applicant must serve one (1) year of internship in some recognized hospital;

"(e) and must give evidence of being a person of good moral character."

Halstead, supra, is directly in point here also. We quote again from Judge Davidson's opinion:

"Under the Medical Practice Act, one desiring to practice medicine must possess certain qualifications as to character and educational attainments, Art. 4501, R.C.S., and must pass a

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satisfactory examination upon certain basic subjects, Art. 4503, R.C.S.

"Under the Act before us, one desiring to practice chiropractic must also possess certain qualifications of character and educational attainments, and must pass a satisfactory examination upon certain basic and special subjects. (Sec. 7 of the Act).

"The educational qualifications for each are materially different. Those under the Medical Practice Act are decidedly more onerous. There is a direct difference between the subjects upon which the applicants must be examined. In fact, only four subjects are embraced in each examination. As to which is the more onerous, it is not for us to say. The fact remains that there is a material difference in the subjects embraced in the respective examinations. Assuming, then, that, under the Act before us, the legislature has set up, recognized, and defined chiropractic as a system, means, and method for the treatment of diseases and disorders of the human body, and that practitioners thereof are authorized to treat, by chiropractic, patients for diseases and disorders, it is evident that the legislature has preferred such science and such practitioners over all others engaged in doing the same thing, that is, in treating the human body for diseases and disorders, because the chiropractor is not required to have the same educational qualifications, nor is he required, as a condition precedent to his right to so treat patients, to pass a satisfactory examination upon the same subjects that are required of all others similarly situated.

"Thus a preference has been, by the legislature, accorded and extended the chiropractic system of the healing art, in violation of Art. 16, Sec. 31, of our State Constitution."

The differences between the requirements of the Medical Practice Act and those of the Naturopathic Act are apparent and substantial. It is equally ap-

parent that the requirements of the Medical Act are more burdensome than those of the Naturopathy Act. It follows that an unconstitutional preference was attempted in favor of the latter school of medicine and that it is inoperative and void.

These conclusions dispense with the necessity of considering and determining other subordinate points presented by appellants.

The judgment of the Trial Court is reversed and judgment is here rendered declaring the Naturopathy Act, Art. 4590d V.A.C.S., void.

Robert G. Hughes, Associate Justice  
Reversed and rendered  
Filed: January 30, 1957.

1. H.B. 69, Acts 51st Leg., Reg. Sess., 1949, ch. 480, p.890, as amended H.B. 365, Acts 52nd Leg., Reg. Sess. 1951, ch. 69, p.114, as amended by H.B. 353, Acts 53rd Leg., Reg. Sess. 1953, ch. 343, p.849.

2. Section 5 of this Act provides in part:  
"Provided, however, no provisions of this Act shall be construed as repealing, modifying, or suspending the Medical Practice Act governing the issuances of licenses to physicians and surgeons, or as in any way lessening such requirements."

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Cleophas Barnett Route 4, Box 168 Jefferson	Wiley College	Des Moines Still College of Osteopathy and Surgery
Baxter D. D. Greer P. O. Box 6 Comanche	University of Texas	Kansas City College of Osteopathy and Surgery
Chris C. Karides 4802 Mable Corpus Christi	Baylor University	Kansas City College of Osteopathy and Surgery
William P. Buckner, III 2703 Northland Drive Austin	Baylor University	Kansas City College of Osteopathy and Surgery
Thomas B. DeWitt 1503½ Tenth St. Galena Park	Bethany College Lindsborg, Kansas	Kansas City College of Osteopathy and Surgery
Max H. Weaver 309 W. Walnut Coleman	University of Texas	Kansas City College of Osteopathy and Surgery
John C. Fredericks Schulenburg	Sam Houston State College	Kirkville College of Osteopathy and Surgery
William H. Hanna 3440 Minglewood Drive Beaumont	Southwestern University	Kirkville College of Osteopathy and Surgery
Arthur W. Johnson Houston	University of Arkansas	Kirkville College of Osteopathy and Surgery
Glenn D. Rice 2019 Proctor Port Arthur	Lamar College	Kirkville College of Osteopathy and Surgery
Clark D. Tisdale Box 28, Faculty Club Edinburg	Pan American College	Kirkville College of Osteopathy and Surgery



# Washington News Letter

## MEDICARE

### Treatment of Tuberculosis:

The question has been raised regarding the treatment of tuberculosis as to just what areas are included in Section 201(a)(2), Title II, P. L. 569—84th Congress.

Section 5, Para. 502, Joint Directive for Implementation of the Dependents' Medical Care Act, 18 Oct. 1956, specifically authorizes the following treatments:

- a. Acute medical conditions, acute exacerbations of chronic diseases, and acute complications of chronic diseases.
- b. Surgical Conditions — during hospitalization.
- c. Contagious disease—during hospitalization.
- d. Acute emergencies of any nature which are a threat to life, health, or well-being.

In accordance with these principles, the treatment of tuberculosis, when it is

manifest as follows is authorized in civilian hospitals:

- a. Tuberculosis, acute.
- b. Tuberculosis when contagious.
- c. Acute exacerbations or complications of chronic tuberculosis.
- d. Cases requiring surgery.

Limitations: The following are not authorized:

- a. A period of hospitalization in excess of 365 days for any one admission unless specially authorized.
- b. Treatment in a hospital other than one which meets the following requirements:

*"Hospital.* The word hospital shall mean only an institution which is operated in accordance with the laws of the jurisdiction in which it is located pertaining to institutions identified as hospitals, is primarily engaged in providing diagnostic and therapeutic facilities for surgical and medical diagnosis, treatment and care of injured and sick persons by or under the supervision of

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staff physicians or surgeons, and continuously provides 24-hour nursing service by registered graduate nurses. It shall specifically exclude any institution which is primarily a place of rest, a place for the aged, a place for the treatment of drug addiction or alcoholism, a nursing home, a convalescent home, or a facility operated by the Federal Government or any agency thereof. "

### **Furnishing of Drugs and Medicinals to Obstetrical and Maternity Patients.**

The Joint Directive governing the implementation of the Dependents' Medical Care Program provides for complete maternity and obstetrical care. Therefore, drugs and medicinals required for the treatment of patients receiving maternity and obstetrical care may be furnished at Government expense. These items may be obtained by the patient from available stocks at a uniformed services pharmacy upon the prescription of the attending physician. If the attending physician provides the patient receiving obstetrical and maternity care with these items, he will be entitled to reimbursement by the Government. As there is no provision in the program for the Government to make payments to a pharmacy, the physician should include the pharmacy bill for these items in the statement which he submits to the fiscal agent. In these instances, the physician will be expected to make payment to the pharmacy.

### **Circumcision of the Newborn.**

The circumcision of the newborn infant prior to discharge from the hospital following delivery is considered 'necessary or required infant care', and is chargeable on the statement covering ob-

stetrical and maternity services. The readmission of the infant subsequent to the discharge of the mother is considered a new admission and a separate billing from the hospital would be required. Physician's fee for the circumcision of the newborn infant on an out-patient basis is payable by the government when performed during the two neonatal visits authorized within 60 days following delivery.

c. Domiciliary care or prolonged convalescence.

d. Treatment of an out-patient . . .

### **Medical Policy on Pediatric Care.**

It has been brought to our attention that in some localities a pediatrician sees the newborn infant in the hospital at birth and is responsible for its care during the remainder of the hospital stay. In those places where there is customary the same practice may be followed in the Dependents' Medical Care Program in the following manner:

- a. First call, history, and necessary examination. Bill under Code 0010, hospital, home, or office.
- b. Follow-up visits in hospital when warranted and as may be customary. Bill under Code 0002.
- c. Visits after patient leaves the hospital, not to exceed a total of two during first 60 days. Bill under Code 0006, office; Code 0007, home.

If during the two post-hospital visits immunizations are given the cost of the immunizing agent and administration is allowable.

The above applies in the case of well babies. If a visit is paid under Code 0010, hospital, this code cannot be used again in the home or office by the same



physician. When no visit is charged under Code 0010 in hospital, it may be used for the first home or office visit.

Pediatric care for premature or ill babies during hospitalization is not restricted and the Schedule of Allowance appears adequate to provide for compensation of the physician.

### **X-Ray Therapy.**

The medical services which one normally performs in the home, a physician's office, or the out-patient department of a hospital and clinic or dispensary are not authorized at government expense from civilian sources except:

- a. Services required of a physician or surgeon prior to and following hospitalization for the same bodily injury or surgical operation for which hospitalized. (Reference paragraph 503 d.(1)(d)(i) and (ii) of Joint Directive for Implementation of the Dependents' Medical Care Act (P. L. 569—84th Congress), dated 18 October 1956.)
- b. Obstetrical and maternity services. (Reference paragraph 503 d.(2) of Joint Directive.)
- c. The treatment of fractures, dislocations, lacerations, and other wounds. (Reference paragraph 503 d.(3) of Joint Directive.)

Hence, radiotherapy normally performed without hospitalization is not a proper charge under the provisions of Public Law 569. In those instances, during a period of hospitalization when treatment by the use of x-ray, radium, or radioisotopes is prescribed such treatment may be continued or carried out on an out-patient status and properly charged

as shown in the Schedule of Allowances.

### **Complete Obstetrical and Maternity Care.**

Several inquiries have been received as to whether or not the \$75.00 limit for diagnostic tests and procedures prior to hospitalization, for the same bodily injury or surgical procedure for which hospitalized, and the \$50.00 allowable for the same purpose after hospitalization applies in the case of maternity cases. (Reference paragraph 503 d.(1)(d)(i) and (ii) of Joint Directive.) Attention is invited to paragraph 502 d. which excludes obstetrical and maternity cases from this limitation.

### **Exception to "Hospital" Eligibility.**

Only those institutions meeting the definition of a "hospital", as set forth in the Joint Directive of the Department of Defense and the Department of Health, Education, and Welfare, are eligible to participate *regularly* in the Dependents' Medical Care Program. However, when medical care authorized under the Program is required "on an emergency basis" such care may be furnished at government expense in an institution not meeting the definition of a "hospital." DA Form 1863 submitted by these institutions must be accompanied by a statement of the attending physician as to the existence of the emergency.

### **Requirement for Registered Graduate Nurses in A Hospital.**

One of the requirements included in the definition of a "hospital," under the Dependents' Medical Care Program, which must be met by an institution before it can regularly participate in the



Program as a "hospital" is that it "continuously provide 24-hour nursing coverage by registered graduate nurses." To meet this requirement, a hospital, in fact, must have at least one registered graduate nurse on a full-time duty status at all times. If the nursing staff is on an 8-hour day and only one nurse is required for an 8-hour period, then the hospital must have a minimum of three registered graduate nurses working each day. If the nursing staff is on a 12-hour day and only one nurse is required for a 12-hour period, then the hospital must have a minimum of two registered graduate nurses working each day. To meet this requirement, when a 40-hour work week is observed at least 4 registered graduate nurses are required.

Recently a State Osteopathic Official asked us whether a limited practitioner can receive payment under Medicare for in-hospital obstetric services. Our reply was that in order to be compensable such services must have been rendered under the supervision of an unlimited staff physician or surgeon, and the bill for professional services must be rendered by the unlimited staff physician or surgeon (we are informed that a similar procedure is followed in the case of services by residents). If you have questions that need to be answered at this level, please do not hesitate to write us.

## Seniors Instructed in First Aid

Mr. John R. Greenwood, Red Cross, first aid and water safety representative for the state of Missouri, from St. Louis headquarters conducted the annual elective first aid course for the seniors of KCOS during the week of February 4.

## Dr. Paul P. Edgar Appointed to Staff

Dr. Paul P. Edgar of Farmington, Missouri has been appointed to the staff of the department of general surgery with the rank of Instructor. He will assume his duties as soon as he completes his affairs in Farmington.

## DEATHS

Dr. H. B. Mason, Temple, Texas, died Tuesday, March 19, 1957. Funeral held at Christ Episcopal Church at Temple March 20.

Dr. Mason was licensed in Texas by verification in 1907 and has practiced in Texas since that date.

He served as secretary of The Texas Association of Osteopathic Physicians and Surgeons from 1909 to 1925 and was then elected president of the association.

Dr. Mason also served on the Texas State Board of Medical Examiners for a number of years.

Dr. J. C. Burt of Moulton, Texas, died March 8, 1957.

Dr. Burt had been in bad health for approximately one year.

Dr. Burt had practiced in Moulton since 1954. He was the only physician in Moulton.



# AUXILIARY NEWS

## Auxiliary District One

The quarterly meeting of the Auxiliary to District One Association of Osteopathic Physicians and Surgeons was held in the Herring Hotel, Amarillo, Texas, following dinner in the XIT Room there with the doctors, on the evening of February 14, 1957

Mrs. E. W. Cain, Vice-President, presided in the absence of Mrs. Glenn Robinson, president, of Happy.

The dates for the Twelfth Annual Osteopathic Child Health Clinic were set for May 10 and 11, at the Old Tascosa Room of the Herring Hotel. Members of the Planning Board are Dr. and Mrs. Raymond Mann, Dr. and Mrs. Eugene Augter, Dr. and Mrs. John Witt, with Dr. and Mrs. Don Eakins as advisors.

Mrs. John Witt, of Groom, was elected delegate to the convention of the Auxiliary to the Texas Association of Osteopathic Physicians and Surgeons to be held in April in San Antonio.

A committee composed of Mrs. L. J. Vick, Mrs. Glenn Scott and Mrs. Eugene Augter was appointed to revise the by-laws, in order to have our election dates conform with the Auxiliary to the Texas Association of Osteopathic Physicians and Surgeons, and to make two offices of the present Secretary-Treasurer office.

Mrs. Raymond Mann, Ways and Means Chairman, reported having made a very nice sum of money from the sale of calendars at Christmas time. Roll call topic was suggestions for making additional money.

Seventeen members were present: Mesdames Raymond Beck; E. W. Cain; L. V. Cradit; Don Eakin; John Kemp-lin; E. H. Mann; Maurice Mann; Raymond Mann; E. R. Mayer, Jr.; E. L. Rossman; Glenn Scott; L. J. Vick; and Eugene Augter, all from Amarillo; Mrs.

John London, Lewis Pittman and John Witt, from Groom, and a new member, Mrs. Elmer Suderman, from McLain.

The next meeting will be held May 12, at the conclusion of the Osteopathic Child Health Clinic.

MRS. J. H. CHANDLER, *Reporter*

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# NEWS OF THE DISTRICTS

## DISTRICT TWO

District elections were held at the Cattleman's Cafe on Tuesday, February 19. The following were elected for the coming year of 1957-1958:

President, Dr. Raymond D. Fisher  
Pres. Elect, Dr. Carl Everett  
Vice Pres., Dr. Richard Briscoe  
Sec.-Treas. Dr. Wm. Griffith

The following were elected as delegates to the House of Delegates, the State convention to be held at San Antonio, May 1, 2, and 3, 1957.

### DELEGATES

Dr. Daniel D. Beyer, Dr. Raymond D. Fisher, Dr. L. G. Ballard, Dr. R. H. Peterson, Dr. Clifford Dickey, Dr. Henry Roberts, Dr. George Pease.

### ALTERNATES

Dr. Richard Briscoe, Dr. Carl Everett, Dr. A. L. Karbach, Dr. Hugo Ranelle, Dr. Paul Graham, Dr. Wm. Snow, Dr. H. E. Beyer.

Tarrant County group also held its election with Dr. Paul Graham becoming the new president and Dr. Wm. Griffith taking on the double duty chore of secretary and treasurer.

**May I make a suggestion—if any other town in our district would like to entertain the district group for a meeting, please feel free to suggest it. We will try our best to help, as it is, so many more are in Fort Worth, naturally we have them here, so please come and help us—here or there.**

Dr. Bob Hodshire attended the refresher course in Proctology on February 21, at the Kansas City Osteopathic Hospital. Excellent illustrated lectures were given by Drs. Raymond Hall; A.M. Price; Harold McAnally and Grover Gillum.

Dr. Hodshire also visited the college and reports the new Clinic Building is coming along nicely.

## DISTRICT THREE

Dr. H. G. Grainger, associate member of the American College of Neuropsychiatrists, has been appointed to the Committee on Scientific Exhibits for the A.O.A. convention in Dallas this July. His assistant will be Dr. Wilbur V. Cole.

Our Louisiana member, Dr. Tom Gilchrist, of Shreveport, recently appeared on a panel at Centenary College on Career day, and discussed the Osteopathic Profession.

Dr. and Mrs. B. W. Jones have returned from their trip to the South Seas, where they attended the national convention of the Society for Clinical and Experimental Hypnosis.

Dr. Mike Fisher, who is a glutton for work, has opened another office. This one is in Avinger, where he will practice part time, and will continue to practice in Lone Star the rest of the time.

Dr. Carl List, who recently parted with his Model-T amidst tears of regret, has been re-elected president of the Troup Rotary Club. He will attend the district conference at Sherman. (Dr. Bragg bought the Model-T referred to in the preceding paragraph).

Dr. K. E. Speak, of Mabank, reports that he has finally got "hitched." The lucky girl is, or was, Dorothy Jean Flatt, of Eustice.

Dr. R. L. Hamilton, also of Mabank has recently been appointed Scout Master of Troop No. 333, and took 6 scouts to Dallas for the Oak Leaf Training Course.

Dr. Charles Rahm, of Brownsboro, was awarded the highest honors in the recent speech contest held in the Tyler Toastmasters Club, and will represent the local club in the area speech contest soon.

Dr. Tom Hagan of Longview had



the misfortune of having his home badly damaged by fire the latter part of January. Dr. Hagan was awakened during the early morning hours and was forced to flee through an upstairs window—no injury to himself. We understand Tom is rapidly rebuilding.

### DISTRICT SEVEN

Dr. and Mrs. H. A. Beckwith are going to visit his mother and stepfather in Phoenix for a few days.

Now that Patricia Ann is married Hal Edwards has a few years to relax before he will again be the father of the bride. He stated that now he will be able to put us all to work on the State Convention affairs. Things are moving along nicely.

Dr. Cal Vardaman just moved into their new home. Very well pleased with everything.

Dr. Schaefer attended the Miss Archanna Morrison lecture in Houston March 3. Those of you who missed it will have an opportunity in December to hear her in Dallas. Of all the lectures I have heard, this was one of the best. May I advise you to send your office help the next time her services are available.

WALDEMAR D. SCHAEFER, D.O.

### DISTRICT NINE

Please excuse the tardiness of the report of district nine news for last month's meeting. The January meeting was at the home of the secretary and that coupled with income tax was some sort of excuse. The January meeting brought us Dr. and Mrs. J. O. Carr of Fort Worth for a very interesting and informative meeting. Dr. Carr talked to the men on Ovarian Pathology and brought along some very nice slides. Mrs. Carr gave the ladies a report of State and National activities of the A.A.O.A. The officers elected were: Pres., Harry Fannen; Pres. Elect, P. E. Pinkston; Vice Pres., C. L. Booher; and Sec., J. H. Boyd. Delegates elected were

Richard Stratton and J. H. Boyd, alternates being A. J. Poague and J. V. Money.

The February meeting of district Nine was held at the home of Dr. and Mrs. A. J. Poage of El Campo. There was an excellent turn out of members and as guest speaker we were honored by Dr. H. M. Grice and son of Houston, Texas. Other visitors were Mr. and Mrs. Ray Williamson, pharmacist of El Campo. Dr. Grice brought us a very useful and informative lecture on "Water Intoxication with Cleansing Enemata." He pointed out the danger of hyper volemia and sypo eletremica in enemata. Also he gave words of caution on the use of heavy barium solution in diagnostic work.

Dr. and Mrs. Harry Fannen brought along many beautiful slides all in color from their recent trip in Europe. It was almost like being there with Mrs. Fannen's excellent description and Dr. Fannen's modest but altogether professional looking photography. Everyone was thrilled at the opportunity to see many of these picturesque and historical scenes.

Mrs. Poage's dinner was absolutely delicious and consisted of an exquisite tuna salad and a just right ham as the main meat courses of which there were many and all this was topped off with the best in home spun cheese cake. I'll sure be glad when its time to go back to her house for dinner.

C. L. BOOHER, D.O., *Secretary*

### DISTRICT ELEVEN

The annual election of officers and delegates was held on February 7, 1957, in the Fiesta Room of the Del Camino Restaurant. Dr. William F. Hall was elected president, Dr. Harvey D. Smith vice-president and Dr. R. J. Reznikov secretar-treasurer. Delegates chosen were Drs. William F. Hall and Harvey D. Smith. Alternates were Drs. M. A. Calabrese and Owen Vowell.

LE ROY H. LYON, JR., D.O.



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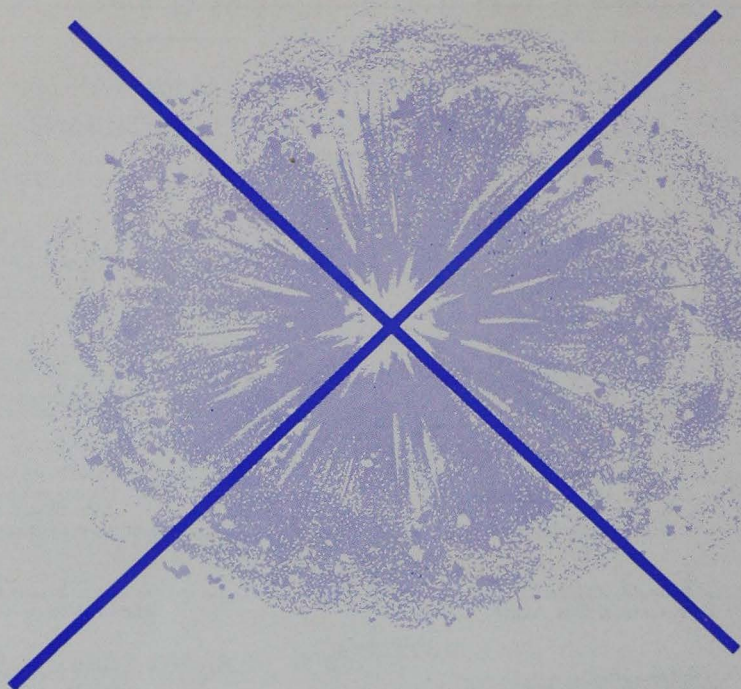
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