

Texas OSTEOPATHIC PHYSICIANS Journal

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EDITORIAL PAGE

MEDICARE

Financial losses will be suffered by osteopathic physicians and osteopathic hospitals unless the doctors and hospital administrators make a detailed study of the article appearing in this Journal entitled, "Import Changes In Medicare Program—Effective October 1, 1958."

We advise that you file this Journal for future reference and that you do not accept any more medicare patients unless they meet the stipulations as set forth in this memorandum.

It is regrettable that these changes had to be made by the Federal Government, these changes being brought about by the abuse by physicians and hospitals of a wonderful program in the interest of dependents of our men in the armed services.

The Insurance Committee of your Association is concerned over the abuse and misuse of all prepaid medical care plans for hospitalization. Unless the physicians and the hospitals wake up and assume their responsibilities and keep the cost of hospitalization down, the voluntary system of insurance for hospital care will be forced out of business and we will have some form of government control or socialized medicine.

Hospitals today could not maintain their independence and remain solvent except for the voluntary insurance program. All physicians should wake up and recognize that what took place in Medicare will take place in the voluntary hospital insurance programs unless the doctors and hospitals assume their responsibility and quit "milking" these programs to death. The United States is the only country in the world in which hospitals are not controlled by the government.

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OFFICIAL PUBLICATION OF THE
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VOLUME XV

FORT WORTH, TEXAS, OCTOBER, 1958

NUMBER 6

Indications, Contraindications, and Complications of Gastroscopic Examination



CHARLES H. BRAGG, D. O.
GRAND PRAIRIE, TEXAS

Whereas bronchoscopy and esophagoscopy are used for both diagnosis and treatment, gastroscopy, except in rare foreign-body cases, is used only for diagnosis. Although it is a frequent and important method of examining the stomach, it is not a routine method to be used in every patient with gastrointestinal complaints. Since X-ray examination is easier than gastroscopy and since it gives the gastroscopist information as to whether or not the esophagus is normal, X-ray study of the esophagus, stomach and duodenum should always precede gastroscopy. Furthermore, if X-ray examination reveals a fairly obvious carcinoma of the stomach or an active duodenal ulcer, the chances are that gastroscopic examination will be essentially non-contributory. On the other hand, it should be emphasized particularly since the advent of gastroscopic biopsy (1) that gastroscopy may

change a diagnosis of carcinoma to one of lymphoma or other type of tumor, or (2) may reveal a severe gastritis with erosions, ulcerations and hemorrhages, in addition to a duodenal ulcer. Thus the importance of gastroscopy is very great, but it still should not be a routine method of examination.

The indications for gastroscopy are:

1. Persistent, gastrointestinal symptoms with negative X-ray examinations. Patients often consult their physician because of upper abdominal pain, nausea, vomiting, hematemesis, melena, anorexia, loss of weight, and other vague digestive complaints. Careful X-ray studies should be carried out, but one should not be lulled into a false sense of security by negative barium studies.

2. Helpful in ruling out gastritis in patients with chronic dyspepsia relieved by food when X-ray examination of the stomach after ingesting barium is either negative or reveals prominent gastric rugae.

3. Malignant or benign gastric ulcer. Very often the question frequently arises as to whether a gastric ulcer is benign or malignant. So far no method of study is 100 per cent correct in this differentiation. It has been shown by Benedict that when the gastroscopist gets a satisfactory view of the lesion his chances of making a correct diagnosis are greater than those of the radiologist.

4. The differential diagnosis between gastritis, lymphoma, and diffuse carcinoma is often very difficult. Gastroscopy with biopsy should always be done.

5. Benign versus malignant tumor. This differentiation is not always possible by X-ray examination. Gastroscopy often aids in demonstrating a circumscribed, submucosal mass having the appearance of a benign tumor, such as a leiomyoma or a neurofibroma. Biopsy may disclose its exact histology. But the possibility of malignancy in another part of the tumor must not be overlooked.

6. Gastric polyps should be studied by gastroscopy as well as by X-ray. These are often seen by gastroscopy and biopsy may be possible.

7. Deficiency disease. Gastric atrophy is often found in some deficiency disease as pernicious anemia, scurvy, sprue, and pellagra.

8. Unexplained anorexia, indigestion, fatigue or loss of weight. When any of these symptoms are present gastroscopy may reveal an unsuspected gastric tumor or gastric atrophy.

Contraindications

1. Esophageal obstruction is the only absolute contraindication to the passage of the flexible gastroscope. In this category are included all types of mechanical obstructions due to malignant tumors, benign tumors, benign strictures, lye strictures and esophageal webs. These should be diagnosed first by X-ray study and then examined by esophagoscopy.

2. Cardiospasm. Best diagnosed by X-ray examination.

3. Extrinsic pressure. Mediastinal tumors, lung tumors, thoracic aneurysms and dilated hearts occasionally produce such marked deformity of the esophagus.

4. Esophageal varices. This diagnosis is usually made by the radiologist.

5. Other contraindications — such as high fever and prostration, severe cervical arthritis, serious heart disease, and some types of psychosis.

Complications

1. Perforation of the esophagus may occur in the neck, at the level of the cricopharyngeus or just below it. Such accidents are not uncommon and recovery is the general rule.

2. Perforation of the stomach and jejunum.

3. Pneumoperitoneum (without peritonitis) may occur following gastroscopy without any evidence of gross gastric perforation.

Treatment

As soon as a perforation is suspected, the patient should be given nothing by mouth and should be instructed not to swallow his own saliva but to expectorate. Penicillin therapy of heavy doses should be started. Fluids should be given intravenously and the patient should be kept constantly in bed. Under these conditions in minor perforations of the cervical esophagus complete recovery can be expected in about one week's time. Perforations of the esophagus into the mediastinum are usually more serious and may result in mediastinal abscesses requiring surgical intervention. In the rare cases of major perforation of the stomach, immediate laparotomy is indicated. In all cases the patient should be carefully studied by X-ray examination.

Although the morbidity and mortality following endoscopic procedures is exceedingly low in well trained hands, it must not be forgotten that even one minor accident makes a very bad impression, and gives such procedures a severe setback.

References:

1. Benedict, Edward B., *Endoscopy* pp. 280-285.
2. Deutschberger, *Fluoroscopy in Diagnostic Roentgenology* pp 512-531.
3. Hinshaw and Garland, *Disease of the Chest* pp. 277-295.
4. Shackelford, *Surgery of the Alimentary Tract* Vol. I, pp. 222-227.

Texas State Board of Medical Examiners To Meet

We should like to advise that the next meeting scheduled by the Texas State Board of Medical Examiners will be December 4th, 5th, and 6th, 1958, to be held at the Hilton Hotel, Fort Worth, Texas for the purpose of giving examinations and considering applications for licenses by reciprocity. Applications for reciprocity, to be considered at the December 1958 meeting, must be complete and on file at least thirty days prior to the December meeting date, and applications for the examinations for the December 1958 meeting must be complete and on file at least ten days prior to the meeting date.

Yours very truly,
M. H. CRABB, M.D., *Secretary*

ABSTRACTS

Coagulability of the Blood in Ischaemic Heart disease
L. McDonald and M. Edgill. *Lancet* (*Lancet*) 2, 457-460, Sept. 7, 1957. 4 figs., 11 refs.

In an investigation at the National Heart Hospital, London, to explore the possibility that increased coagulability of the blood may be an aetiological factor in ischaemic heart disease, the coagulability of the blood in 48 patients with this disease was compared with that in 48 healthy controls of equivalent age. No case of recent myo-

cardial infarction was included in the series. With the use of several different methods of estimation a statistically significant difference was found between the two groups, patients with ischaemic heart disease showing the greater blood coagulability. No difference in the contact clotting times, the amount of Factor VII in plasma or serum, or in the total platelet counts was demonstrated. The significance of these findings in relation to vascular thrombosis is discussed.

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ANESTHESIOLOGISTS MEET — See Page 24

Public Health Seminar

The annual public health seminar for osteopathic physicians will be held December 12 and 13, 1958, at The Baker Hotel, Dallas, Texas.

The program will be outlined in next month's *Journal*.

REMEMBER DATES DECEMBER 12 AND 13, THE BAKER HOTEL, DALLAS, TEXAS.

Important Changes in Medicare Program Effective October 1, 1958

1. To assure optimum utilization of uniformed services medical facilities and to effect economy while providing care authorized by Public Law 569, the following changes in the current operation of the Dependents' Medical Care Program are effective on and after 1 October 1958.

PART I: *Spouses and Children Residing Apart from Sponsors*

2. Spouses and children residing apart from sponsor will continue to be allowed selection of either uniformed services medical facilities or civilian medical sources for care authorized under the Program.

3. When DA Form 1863 shows "Residing Apart from Sponsor—Yes," in Item 4 of the claim form, the designation of this fact on the claim form by the person signing Item 14 will be sufficient, and authorized care rendered will be payable provided that the person or entity providing the care has no actual knowledge to the contrary.

PART II: *Restrictions on Spouses and Children Residing with Sponsors*

4. Spouses and children residing with sponsor will be required to utilize uniformed medical facilities if available and adequate as determined by the commander of the medical facility. When

uniformed services medical facilities are not available, a PERMIT will be furnished such dependents by the appropriate commander. This PERMIT will entitle them to receive authorized care from civilian sources at Government expense *if* such care is authorized under Public Law 569 and the Joint Directive, as amended. A summary of changes in the scope of authorized care is set forth below.

5. Effective 1 October 1958, it will be necessary for physicians and hospitals rendering care to eligible dependents to take the following actions in order to insure payment of their claims for authorized care rendered:

a. When DA Form 1863 shows "Residing Apart from Sponsor—No," to allow payment for authorized care, a PERMIT is required as noted in Paragraph 4 above (*a copy of which must be attached to the original copy of the attending physician's and the hospital's claim form*), except in the following circumstances:

(1) When a spouse or child residing with sponsor is hospitalized for care authorized under the program in a bona fide acute emergency, e.g., serious injury following an accident or illness of sudden onset requiring im-

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mediate treatment at the nearest available medical facility to preserve life, or to prevent undue suffering, *a statement by the attending physician on the DA Form 1863, or attachment thereto, in lieu of a PERMIT, is required*, stating, "This case was a bona fide acute emergency."

(2) Where a spouse or child is residing with sponsor, but is away from the area of the sponsor's household on a trip, care authorized under the Program may be provided from civilian sources without a PERMIT. The statement "On Trip" in Item 3 or 4 of the DA Form 1863, by the person signing Item 14, will suffice, provided the person or entity providing the care has no actual knowledge to the contrary.

(3) A maternity case (residing with sponsor) under the care of a civilian physician on or before 1 October 1958 may be continued by that physician pro-

vided the patient has reached the second trimester of pregnancy on or before that date. In these cases a statement *by the attending physician on the DA Form 1863 (or attachment thereto)* will be submitted by the physician *and* the hospital to the effect that the patient was under his care on or before 1 October 1958, and that her pregnancy had reached the second trimester on or before that date. This statement will suffice to authorize this care for payment without a PERMIT *and will apply only to maternity cases where the wife resides with her sponsor*. No restriction as to freedom of choice has been placed on those eligible dependents who reside apart from sponsor.

(4) Spouses and children *residing with sponsor* admitted to a hospital for authorized care prior to midnight, 30 September 1958, and whose hospital care resulting from this admission extends beyond 30 September 1958 will not be required to provide a PERMIT for that admission to the hospital. Nevertheless, the date of admission shown by the hospital on all claim forms submitted involving care of an eligible dependent must indicate that the admission occurred prior to 1 October 1958.

(5) Spouses and children *residing with a sponsor* who are receiving authorized care from a physician and who are admitted to a civilian hospital prior to midnight, 30 September 1958, will be authorized care by a civilian physician without a PERMIT, provided the physician shows the date of admission to a civilian hospital on his claim form, and this date is prior to 1 October 1958.

6. PERMITS, where required by this letter, must be attached to the original copies of DA Form 1863 on claims submitted by attending physicians *and* hospitals. Claims submitted by other attending physicians or hospitals, e.g., Assistant Surgeon, Radiologist, Pathologist, Anesthesiologist, Dentist (when not in capacity of the attending physi-

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cian), Consultant, Psychiatrist, Private Duty Nurse, Anesthetist, and Physical Therapist, will be authorized for payment without a PERMIT. However, claim form (DA Form 1863) must contain a statement by the person executing the certification in Item 14 that a PERMIT was furnished to the attending physician (identified by name) and/or to the hospital (identified by name).

PART III: Care No Longer Payable under the Dependents' Medical Care Program

7. In order to comply with budgetary limitations placed on the Dependents' Medical Care Program by the Congress for Fiscal Year 1959, rigid restrictions are immediately required. Therefore, it is necessary to curtail certain care and services currently authorized by the Joint Directive under discretionary authority vested in the Secretary of Defense by Public Law 569. Effective 1 October 1958, the following care and services, if commenced on or after that date, will not be payable by the Government.

a. Treatment of fractures, dislocations, lacerations and other wounds on an outpatient basis, previously authorized by Section 503 d (5) of the Joint Directive.

b. The Termination Visit. This refers to payment of a referring physician who terminates his care prior to, or upon hospitalization of, the patient. This was previously authorized by Section 503 d (1) (e) (V) of the Joint Directive, and was formerly payable under Code 0042 in recently negotiated Medicare Manual and Schedule of Allowances, and Code 0011 in the original Schedule of Allowances for Physicians' Fees.

c. Outpatient pre- and post-surgical tests and procedures. These were formerly authorized by Section 503 d (1) (e) (i) and (ii) of the Joint Directive in an amount of \$75.00 before hospitalization, and \$50.00 after hospitalization.

d. Neonatal Visits. Formerly authorized on an outpatient basis by 503 d (2) (c) of the Joint Directive not to exceed two visits during the first 60 days, except that in the case of home or office deliveries necessary infant care may be provided on an outpatient basis during a period not to exceed 10 days following the date of delivery. Payment for this service would be in accordance with Code 0022 in the current Medicare Manual and Schedule of Allowances.

The in-hospital part of care of the newborn is still allowable as part of complete maternity care, Section 503 d (2) (e) of the Joint Directive, and is payable under Code 0022 in the current Medicare Manual and Schedule of Allowances, and Codes 0022 and/or 0010 in the original Schedule of Allowances for Physicians' Fees.

e. The treatment of acute emotional

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disorders. This was formerly authorized, when an acute emergency existed, by ODMC Letter No. 2-58, dated 2 January 1958. (Reproduced in the Medicare Manual and Schedule of Allowances, P. 32). Except, however, care of an acute emotional disorder may be furnished to a spouse or child, if required, during the period of hospitalization of that spouse or child for a condition that *does* qualify as authorized care.

f. Elective surgery.

8. Elaboration on certain areas of care.

a. SURGICAL

(1) "Elective surgery" as set forth below *does not* constitute authorized care:

"Medical or surgical care that is desired or requested by the patient which in the opinion of the cognizant medical authority can be planned, subsequently scheduled, and effectively treated at a later date without detriment to

the patient, e.g., diagnostic surveys, cosmetic surgery, reconstructive surgery, tonsillectomies, uncomplicated hernias, and interval appendectomies."

(2) The following paragraphs delineate the surgery authorized and the surgery not authorized under the Medicare Program on and after 1 October 1958.

(a) Surgical Procedures Authorized for Payment.

1. *Surgical Emergencies Requiring Hospitalization.* Bona fide surgical emergencies, which cannot be handled on an outpatient basis, will continue to be honored for payment under the Program. Such patients will necessarily be acutely ill and in need of *immediate* hospitalization and treatment. Examples include perforated duodenal ulcer, hemorrhage with shock, bowel obstruction, and similar recognized emergencies.

2. *Acute Surgical Conditions.* It is well recognized that many acute sur-

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

gical conditions develop which, while requiring prompt treatment in a hospital, are not considered emergencies under the Program. Under such circumstances the patient is acutely ill and must receive treatment without delay as time will not permit the patient to anticipate or plan for the care required. The procedure required for the treatment will of necessity be carried out at the earliest practicable time compatible with sound surgical judgment and the proper preparation of the patient for surgery. The spirit of this requirement is that the ill patient is in clinical need of hospitalization without delay with a view to surgical correction of the basic condition. Examples are acute appendicitis, empyema of the gall bladder, twisted ovarian cyst, strangulated hernia, pelvic abscess, and renal or ureteral calculi with colic. When the charge physician so indicates that an acute requirement existed, payment will be authorized. Suspected or proven malignancy,

requiring hospitalization, will be payable only if the case qualifies under this or the preceding subparagraph.

3. *Injuries Requiring Hospitalization.* Injuries of such clinical severity as to require hospitalization will continue to be payable. Hospitalization is authorized only for the treatment of the acute phase. Readmission for treatment of chronic stages or sequelae of injury would not be payable unless an acute medical or an acute surgical requirement is shown, such as, osteomyelitis, with acute exacerbation.

(b) *Surgical Procedures not authorized for Payment under the Medicare Program.*

Elective surgery described in Paragraphy 8 a (1) above which, from a practical viewpoint, permits the patient and the physician to plan for the surgery required, is not authorized for payment under the Program. Hence, a great many surgical procedures payable in the past are not now authorized unless,

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due to unusual circumstances, they would qualify under Paragraph 8 a (2) (a)1, above. Examples are Tonsillectomy, Dilation and Curettage, Hysterectomy (Routine), Ligation of Fallopian Tube, Heart Surgery, Submucous Resection, Rhinoplasty, and Reconstructive Orthopedic and Plastic Procedures.

b. MEDICAL

The provisions of the Joint Directive pertaining to the treatment of acute medical conditions remain unchanged. (See Section 502 a of the Joint Directive) However, the admission of patients not acutely ill for diagnostic surveys will not be payable.

c. DENTAL

The provisions of the Joint Directive pertaining to dental care remain unchanged. However, adjunctive dental care is now payable only when it is an integral and necessary part of surgical or medical care now authorized in Paragraphs 8 a (2) (a) and 8 b, above. It must be clearly shown that the dental care furnished was required for the proper treatment of the basic medical or surgical condition for which the patient was hospitalized.

9. *Administration of Treatment of Patients who Commenced Receiving Care before 1 October 1958 where that Care Has Been Deleted from the Program, Effective that Date.*

a. *Hospitalized Patients.* A patient will be deemed to have commenced receiving such care if admitted to the hospital prior to midnight on 30 September 1958. Care is authorized during that period of hospitalization if the claim form shows an admission date earlier than 1 October 1958. The care referred to here includes the termination visit and outpatient pre- and post-surgical tests and procedures associated with this admission.

b. *The Two Neonatal Visits* previously authorized will be payable if the birth occurs prior to midnight 30 September 1958, and if the physician's

claim form contains a statement to that effect.

c. *Outpatient Injuries* will be deemed to have commenced prior to midnight 30 September 1958 and, therefore, payable if the patient contacted a source of care prior to that time, and if the source of care so states on the claim form.

10. In view of the fact that hospital claims will now require careful completion to meet legal requirements for payment, charge physicians are urgently requested to assist hospitals in every way they can in this regard by providing a specific diagnosis, and where indicated, a clinical statement which will assure payment where proper under the Program.

PART IV: General Information

11. The DA Form 1863, to be considered "complete," as that term is defined in the Medicare Contracts, must have the documentation called for by this letter included on the claim form (DA Form 1863), or attached thereto. The PERMIT will be attached to the original DA Form 1863 and retained in the contractor's files.

12. Attention is invited to the fact that much of the administrative detail outlined in this letter is devoted to the handling of cases that are hospitalized, or maternity cases that are in the second or subsequent trimester of pregnancy on the effective date of the change in the Program.

13. The military services are instituting an extensive program to apprise military personnel and their dependents of the changes in Medicare. In addition, we wish to point out that the military services have the responsibility of issuing the PERMIT to spouses and children residing with their sponsors where uniformed service medical facilities are inadequate or not available.

J. J. WRABETZ, Administrator
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Executive Secretary Makes Visitations

The executive secretary left Fort Worth on September 6 and proceeded to Austin where Dr. Baum and the executive secretary met with Mr. Powell, manager of the Stephen F. Austin Hotel and an inspection of the facilities of this hotel was made for the 1961 convention. A report of their findings is being made to the executive committee.

From Austin, he proceeded to San Antonio to meet with Mr. W. P. Hirsch, President of the Texas Accident and Health Claims and Underwriters Association concerning the organization of a joint committee between the insurance industry and this profession. Dr. Gordon Beckwith accompanied the executive secretary to this meeting. They also had a meeting with Mr. S. E. McCreless, President of the American Hospital and Life Insurance Company of San Antonio.

The executive secretary was also in San Antonio to attend the executive committee meetings of the state Democratic Association on Monday and the general Democratic Convention on Tuesday. He found the following osteopathic physicians in attendance: Elmer C. Baum, Dan Beyer, Dr. and Mrs. J. O. Carr, and John H. Boyd. The executive secretary was, of course, able to renew contacts with a great many leaders of the Democratic party whom he had not seen in some time.

The early hours of Monday and Tuesday and all of Wednesday were spent on visitations to doctors offices and renewing contacts with both members and non members of the profession. The executive secretary visited the offices and saw all of the following doctors: Gordon S. Beckwith; Harold A. Beckwith; F. M. Crawford; O. L. Coop-



er, a non member; J. D. Dickie, a non member; Louis L. Dullye; Hal H. Edwards; Lige C. Edwards; B. M. Klase, a non member; C. Ray Nelson, a non member; Calvin R. Nelson, a non member; A. T. Mendicino; William J. Mosheim; Frederick A. Piper, a non member who is 76 years old and still in active practice; James W. Pressley; Waldemar D. Schaefer; Billy G. Schoch; Richard J. Tamez; and Calvin T. Vardaman.

In addition to all this, the executive secretary attended a staff meeting of the San Antonio Osteopathic Hospital on Tuesday night and inspected the new San Antonio Osteopathic Hospital which is a beautiful new institution which will be opened by January 1st.

The executive secretary states that anyone who has not driven to visit all these San Antonio doctors, has not seen much of Texas. It is really a trip, but

he was able to see every doctor in San Antonio with the exception of Dr. Stephens who is retired and Dr. Rhodes, a non member.

The executive secretary arrived back in Fort Worth September 11.

District 13

The executive secretary left Fort Worth, Saturday, September 13 to attend the final organizational meeting of District 13 which was held at Denison, Texas that evening.

They had an unusually nice dinner at a restaurant on the Sherman Highway, following which the doctors adjourned to Dr. Ward Huetson's office for their regular meeting. The wives adjourned to Dr. Kubala's home to complete the organizational meeting for the District 13 auxiliary.

The executive secretary of the



3



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TAOP&S spoke at the doctors' meeting and installed the following officers: Dr. Leonard D. Van Shoick, President; Dr. Stephen F. Kubala, Vice President; Dr. David Matthews, Secretary; and Dr. Selden Smith, Treasurer.

Dr. and Mrs. Robert E. Morgan were present, Dr. Morgan as a former member of the Board of Trustees of the A.O.A. and Mrs. Morgan as a representative of the Auxiliary, and her efforts were to stimulate the Auxiliary of this district.

This was indeed a successful meeting. Those in attendance were: the newly installed officers and their wives, Dr. and Mrs. Bob Morgan, Dr. and Mrs. Ward Huetson, Dr. and Mrs. M. A. Groff, Dr. and Mrs. Boling, Dr. and Mrs. Marcom, and Dr. and Mrs. Dean Wintermute.

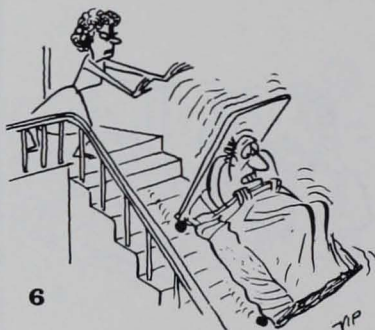
The executive secretary had a nice visit with all of these doctors and he

returned to Fort Worth on Sunday, September 14.

The executive secretary left Fort Worth Thursday, September 18 to go to Texarkana, Arkansas for a joint meeting of the Texas Association of Osteopathic Physicians and Surgeons and the Arkansas Osteopathic Association, sponsored by District No. 3. The executive secretary was accompanied by President-Elect, Dr. Raymond D. Fisher.

Enroute, they stopped to make the following personal visitations: Dr. Frank L. Young at Greenville, Texas and Dr. N. B. Gafford, a non member at Sulphur Springs.

At Mt. Pleasant, they visited with Dr. Palmore Currey and Dr. A. J. Keller where they enjoyed a good lunch at the Currey Hospital. At the Mount Pleasant Osteopathic Hospital they visited Dr. Garry W. Taylor, Dr. Murrell Cline, and Dr. John S. Kennedy. They



also visited in the offices of Dr. Maylon C. Atkins at Maud, Texas.

They arrived at Texarkana at 3 p.m. and the executive secretary met with Dr. Elmer C. Baum and Senator Jep Fuller, Speaker pro-tem of the Texas Senate. In the evening, the executive secretary served as toastmaster for this group of 100 legislators, laymen, and doctors.

The executive secretary and President-Elect arrived back in Fort Worth early Friday morning.

On Monday, September 22, the executive secretary made a hurried trip to Dallas for a conference with the Superior Insurance Company involving the Austin Paving Company and the Stevens Park Osteopathic Hospital. After meeting with this company and with the officials of the Stevens Park

Osteopathic Hospital, an equitable understanding was worked out. He also visited with Mr. R. B. Donovan of the United American Insurance Company.

The executive secretary left Fort Worth again on Tuesday, September 23 for Houston, arriving late in the evening. On Wednesday morning, September 24, he was in conference with Mr. Kemper, attorney for the American Physicians' Defense Bureau over a number of malpractice cases in that area.

At noon, Dr. Tompson, Chairman of the Insurance Committee of this Association and the executive secretary met with Blue Cross officials of Houston over problems concerning three of our Blue Cross member hospitals. This meeting took all the afternoon and the executive secretary reached Community Hospital at 7 p.m. where at 8 p.m. he

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LOS ANGELES 54, CALIFORNIA **BOYLE & COMPANY**

October, 1958

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delivered an address to 17 License Vocational Nurse graduates from the Community Hospital School of Nursing.

At 10 p.m. the executive secretary was at the hotel in conference with Dr. Elmer C. Baum, Dr. Stanley Hess and Mr. Milton McKay, attorney for the American Osteopathic Association, over several legal problems in reference to the profession.

Thursday morning, out of pure interest in the local contest of the El Campo-Nightingale Hospital involving Drs. Poage and Boyd, the executive secretary attended the oral arguments before the Appellate Court. It was extremely interesting and enlightening.


Following this, he was in conference with Dr. Baum, Dr. Hess and the Doctors Gribble, Badger and Lind over a suit involving the latter three doctors.

At noon, the executive secretary was off to Port Arthur to meet the AOA hospital inspector for the inspection of

the Doctors Hospital at Groves, Texas and to meet with the Board of Directors of this hospital over matters pertaining to membership in Blue Cross.

Again, on Friday morning, the executive secretary was with the AOA inspector in inspecting this hospital. He then returned to Houston for a meeting on Friday night of the Board of Directors of the Doctors Hospital in Houston over membership in Blue Cross. He spent Saturday morning with Dr. Gribble over a similar problem.

By noon, Saturday, the executive secretary was ready to fold up and get a little rest before he could return to Fort Worth. It was a very busy five days, to say the least, covering many problems involving the profession. It is regrettable that the executive secretary felt unable to continue to Austin to attend the meeting of the OB and Gyn and Radiology groups which was held there on Saturday and Sunday.



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Feature Speaker — Texas-Arkansas Dinner



JEP S. FULLER
President Pro-Tem, Texas Senate
Port Arthur, Texas

On Thursday, September 18, District No. 3 and the Texas Association of Osteopathic Physicians and Surgeons entertained legislators, prominent lay people and osteopathic physicians from Arkansas at a dinner meeting held at the McCartney Hotel, Texarkana, Arkansas. This meeting was held in an attempt to stimulate interest in securing unlimited practice rights for osteopathic physicians in Arkansas.

Dr. Phil R. Russell, executive secretary of the Texas Association of Osteopathic Physicians and Surgeons served as toastmaster. Senator Jep Fuller, president, pro tem of the Texas Senate was the featured speaker. He was followed by Dr. Howard R. Coats, a member of the Texas State Board of Medical Examiners, Dr. Elmer C. Baum, a member of the Texas State Board of Health, and Dr. H. V. Glenn of Stuttgart, Arkan-

sas who is legislative chairman of the Arkansas Osteopathic Association.

The meeting was truly an educational meeting, not only from the standpoint of those legislators and lay people who were present but also from a physician's standpoint. The Texas doctors who attended received much information which will be of benefit to them.

The meeting produced considerable good public relations in the form of newspaper releases. Present at the meeting was Mr. Calvin Mannen, editor of the Stuttgart Daily Leader and President of the Arkansas Press Association. In the September 19 issue of the Daily Leader, he reported on this meeting in his column entitled "Leader Leftovers." He wrote the following:

"... Leftovers made a trip to Texarkana yesterday in company with Dr. H. V. Glenn Representative Grover Carnes and Nelson Spicer. The physician invited us to attend a two-state meeting of the Osteopathic associations of Arkansas and Texas, and we enjoyed the trip a lot. Dr. Glenn was one of the speakers on the program, and taught us a lot more about health and care of the public and its connection with his profession than we'd learned to date. He has a flip chart packed full of information on medical care in Arkansas, comparing it to other states, etc. The osteopathic physicians of Arkansas are

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operating against an unfavorable law, it was brought out by Dr. Glenn and other speakers, and they are asking that it be changed slightly to conform to laws of other states so they can be full practitioners, and so their number can be increased to help serve the people of Arkansas, who are pretty badly in need of more doctors. (One doctor for every 1175 people against an average of 1 for every 741 in the U. S. and 1 for every 615 in Russia!) In Texas and many other states, osteopaths practice a number of things which are prohibited to them in Arkansas by a 1903 law they declare to be "archaic and ambiguous." "Osteopathic colleges are fully recognized and accredited and are graduating well-trained physicians and surgeons who are completely licensed in 36 states," they point out. The state's "D. O.'s" are proposing a new practice act designed to assure a free choice of physician to Arkansas citizens. It would: (1) Create a single board of medical examiners composed of nine medical physicians and two osteopathic physicians. And (2) would require all medical graduates and all osteopathic graduates to meet the same educational standards and to pass the same examinations before being permitted to prac-

tice. If passed, such a law would permit the osteopaths to prescribe all available medicines, do all surgery, as they are doing in the 36 other states where they're fully licensed. Senator Jep Fuller, president, pro tem of the Texas senate, was a speaker on last night's program, and made an interesting talk on the topic of health and the state's connection with health programs. He gave osteopaths a clean "bill of health" and commended them highly for their work.

Those in attendance were The Honorable and Mrs. Jack V. Clark—Arkansas State Senator; The Honorable Talbot Field, Jr. — Representative of Hempstead County, Arkansas; The Honorable and Mrs. John O. Moore—State Representative of Miller County, Arkansas; The Honorable Grover C. Carnes — Representative of Arkansas County; The Honorable and Mrs. Haskell Hay—Mayor of Texarkana, Arkansas; Mr. Travis Mathis, former Representative of Arkansas; Mr. C. N. Spicer of the Arkansas Farm Bureau; Mr. Otto Witzansky, member of the legislative committee of the Arkansas Druggist Association; Mr. Calvin Mannen, President of the Arkansas Press Association and Editor of the Stuttgart Daily Leader.

Osteopathic Physicians from Arkansas who attended the dinner were: Dr. H. V. Glenn; Dr. and Mrs. John K. Rye; Dr. and Mrs. Eugene M. Sparling; Dr. Ellen English; Dr. and Mrs. William D. English; Dr. and Mrs. William E. Bann.

Mr. Paul D. Adams, Executive Secretary of the Missouri Osteopathic Association was also in attendance.

Official state representatives from Texas were Dr. Elmer C. Baum; Dr. Raymond D. Fisher, President-Elect of the Texas Association of Osteopathic Physicians and Surgeons; Dr. Phil R. Russell, Executive Secretary of the Texas Association; Senator Jep Fuller, President pro tem of the Texas senate.

Lay people from Texas included Mr. and Mrs. Jim Lindsey, Chairman of the

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Texas Democratic Committee; Mr. and Mrs. L. C. Terrell, Representative of Bowie County, Texas; The Honorable and Mrs. George McCoppin, Representative of Bowie County, Texas; Mr. and Mrs. J. Q. Mahaffey, Editor of local newspapers; Mr. Willard Simmons, Chairman of the Board of The National Association of Retail Druggists.

Texas D.O.'s in attendance were: Dr. Maylon C. Atkins, Dr. and Mrs. Joseph G. Brown, Dr. and Mrs. Howard R. Coats, Dr. and Mrs. Palmore Currey, the Drs. Allen and Sue Fisher, Dr. James T. Hagan, Dr. and Mrs. Henry Hensley, Dr. and Mrs. Earl C. Kinzie, Dr. A. Ross McKinney, Dr. and Mrs. J. Warren McCorkle, Dr. and Mrs. Charles C. Rahm, Dr. Lester D. Lynch, Dr. and Mrs. Ernest P. Schwaiger, Dr. and Mrs. Wayne D. Smith, Dr. and Mrs. Garry W. Taylor, Dr. and Mrs. John S. Turner, Dr. Jack H. Woodrow, Dr. and Mrs. Russell B. Bunn, Dr. Gordon A. Marcom, and Dr. Robert D. Van Schoick.

ABSTRACTS

Indications and Contraindications for the Use of Molar Sodium Lactate. S. Bellet and F. Wasserman, *Circulation* (Circulation) 15, 591-602, April, 1957. 6 figs., 15 refs.

The authors describe their experience

at the Philadelphia General Hospital and the Graduate Hospital at the University of Pennsylvania in the intravenous administration of molar or 0.5 molar sodium lactate solution to 101 subjects, including 5 normal subjects, 84 patients with various types of heart block or ventricular arrest, and 12 patients with hypertotassaemia. This treatment proved to be a safe and rapid way of reversing the cardiotoxic effects of hyperpotassaemia. It was successful in the treatment of frequent Stokes-Adams attacks in 10 patients after other drugs had proved ineffective. It reversed cardiac surgery (usually after other means had failed) in 7 out of 12 patients, 4 of whom ultimately made a complete recovery.

In general, use of sodium lactate is contraindicated in the presence of extra-systoles or an increase in their frequency, paroxysmal ventricular tachycardia, and congestive heart failure are among the untoward effects of sodium lactate therapy. The drug is not recommended for routine use in cases of asymptomatic complete heart block. Preliminary comparisons suggest that sodium lactate "manifests less profibrillatory qualities" than, and is therefore to be preferred to, isoprenaline and adrenaline, which it can replace or supplement as needed.

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Austin Meeting Complete Success

Some 85 osteopathic physicians and guests throughout the state of Texas pronounced the September 27-28 combined meeting of the Texas Osteopathic Radiological Society and Texas Association of Osteopathic Obstetricians and Gynecologists one of the finest in the history of the two organizations.

The day-long teaching program, conducted Sunday, was preceded on Saturday night by a barbecue, which was held at Green Shores on Lake Austin. After enjoying an excellent meal and additional refreshments furnished by the Eastman Kodak Company, a group of 60 physicians and their wives took a moonlight cruise down Lake Austin on the riverboat, S. S. Commodore. Mother Nature was particularly cooperative in providing a beautiful, balmy night, complete with a full moon in which to enjoy the picturesque excursion.

Two outstanding speakers, Dr. Wesley V. Boudette of Dayton, Ohio, and Dr. W. Ober Reynolds of Albuquerque, New Mexico, provided a very instructive program. Doctor Boudette illustrated his lectures with projection slides and x-ray film presentations. Doctor Reynolds spoke on the subject of dystocia and also participated in panels that discussed the problems of placental localization and sterility in the female. Texas Physicians participating in the panel discussion were Charles C. Rahm of Brownsboro and Charles D.

Ogilvie of Dallas, who acted as moderators; Jerry O. Carr of Ft. Worth and Joseph L. Love of Austin, who were discussants.

The Sheraton Terrace Motor Hotel, where the meeting was held, served a delicious luncheon to the group on Sunday noon. Dr. Raymond D. Fisher, President of the O.B. Association, acted as toastmaster for the function. Highlight of the affair was an inspiring address by the Honorable Tom Reavley, former Texas Secretary of State. Mr. Reavley, who was introduced by Dr. Elmer C. Baum, Trustee of the American Osteopathic Association, spoke on the great need for high moral standards in present day America.

The radiological society elected during the meeting the following new officers to one-year terms: President, Joseph L. Love of Austin; Vice President, Paul A. Wood of Ft. Worth; Secretary-Treasurer, J. Edward Vinn of Houston; and Program Chairman, Opal L. Robinson of Houston. The retiring president, Dr. Ellis L. Miller of Talco, has served the society for two consecutive terms. The decision was made that the radiological society will meet next in Ft. Worth in January, 1959. The obstetrical association also held a business meeting under the direction of President Raymond D. Fisher.

The following persons were registered for the meeting:

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Worth, Texas

Dr. Richard M. Mayer, Lubbock,
Texas

Dr. and Mrs. Paul E. Pinkston, Vic-
toria, Texas

Dr. and Mrs. Charles Rahm, Browns-
boro, Texas

Dr. and Mrs. Joseph L. Love, Aus-
tin, Texas

Dr. and Mrs. Alan J. Poage, and
guests, El Campo, Texas

Dr. and Mrs. William Jones, Cor-
pus Christi, Texas

Dr. and Mrs. B. B. Jagers, Midland,
Texas

Mr. and Mrs. R. P. Kincheloe, Jr.,
Dallas, Texas

Dr. and Mrs. Emmett E. Dunlap, San
Diego, Texas

Dr. and Mrs. Paul A. Wood, and
guests, Ft. Worth, Texas

Dr. and Mrs. M. S. Miller, Ft.
Worth, Texas

Dr. and Mrs. Harold E. Fanning,
Houston, Texas

Dr. Katherine G. Paterson, Austin,
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Dr. and Mrs. C. L. Booher, Bloom-
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Dr. Louis Dullye, San Antonio, Texas

Dr. V. G. Millington, Nixon, Texas

Dr. and Mrs. Sam B. Gans, Dallas, Texas

Dr. R. R. Delgado, Ysleta, Texas

Dr. Owen Vowell, El Paso, Texas

Dr. David Jaffe and guest, Houston, Texas

Dr. O. L. Robinson, Houston, Texas

Dr. C. H. Thomas, Houston, Texas

The meeting was prepared by Charles C. Rahm, Program Chairman of the Texas Association of Osteopathic Obstetricians and Gynecologists, and Charles D. Ogilvie, Program Chairman of the Texas Osteopathic Radiological Society. Doctor Joseph L. Love of Austin made the local arrangements.

BOOK REVIEW

THE SPINE by Lee A. Hadley, M. D., Senior Attending Roentgenologist, Syracuse Memorial Hospital, Clinical Associate Professor of Public Health, New York State College of Medicine, Consultant in Radiology, Syracuse State School, Syracuse, New York. Cloth—pages 156, Price \$. Charles C. Thomas Publisher, Springfield, Illinois, U.S.A.

This monograph presents a study of various congenital anomalies and abnormalities of the cervical spine. The chapters include Development of the Spine, Disturbances of Development,

Congenital Anomalies of the Cervical Spine, Some Conditions Involving the Cervical Spine, and Degeneration of Disc, Posterior and Cervical Joints. The radiographs and microscopic plates as well as drawings are plentiful.

In this day of increasing whip-lash injuries, a book of this type becomes important to all general practitioners and specialists concerned with treatment of this area. The discussion of whip-lash injuries is excellent, and in this area also the supplementary studies of x-rays are excellent.

N. G. PALMAROZZI, D.O.

*Chairman, Book Review Department
Texas Osteopathic Physicians Journal*

ABSTRACTS

Cholangiolitic Manifestations in Virus Hepatitis

M. Eliakim and M. Rachmilewitz. *Gastroenterology (Gastroenterology)*, 31, 369-383, Oct., 1956. 4 figs., 24 refs.

The principal clinical, biochemical, and liver biopsy findings in 24 patients with a diagnosis of virus hepatitis of predominantly "cholangiolitic," as opposed to "parenchymatous," type are reported from the Hebrew University Hadassah Medical School, Jerusalem. The clinical manifestations closely resembled those of extra-hepatic obstructive jaundice, and the available laboratory tests, although useful in distinguishing the latter from jaundice due to extrahepatic obstruction. Liver biopsies showed periportal infiltration with mononuclear cells and granulocytes, also bile thrombi; in some cases bile-duct proliferation was present. The condition was not uncommon, the 24 cases here described occurring among 104 cases of virus hepatitis. Females were affected twice as often as males and the majority of patients were older than those in the "hepatocellular" group (average age 40 and 30 years respectively) and also showed a higher incidence of homologous serum jaundice (33% as compared with 16% in hepatocellular hepatitis). All the patients recovered.

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Washington 6, D. C.

September 25, 1958

Washington News Letter

Proposed Ban on Air Mail Shipment of Diagnostic Specimens—The American Osteopathic Association sent a formal protest to the Post Office Department against proposed changes in Postal Regulations which would result in air carrier embargoes against shipments of etiologic agents by air mail. The protest pointed out that hospitals and physicians in outlying districts in particular must depend on laboratories at distant points necessitating use of air mail. We cited for example a certain osteopathic hospital laboratory which in a given day processes diagnostic specimens from a half dozen states.

Medicare—The Missouri osteopathic association will be the first professional group to receive firsthand information on Medicare changes since the revision became effective on October 1. Col. Floyd L. Wergeland, new Executive Director of Medicare and Lt. Col. E. G. Rivas, Executive Officer will personally appear on the convention program on October 2 in St. Louis.

Civil Aeronautics Board—Three instances of inflight heart attacks among airline pilots occurred in 1957. A study of military flying personnel killed in airplane accidents also indicates heart attacks as the cause in a number of cases. The Bureau of Safety of the Civil Aeronautics Board has invited our comment before November 12, on its current proposal to amend civil air regulations to require an electrocardiogram in the physical examination for first

class medical certificates, as follows: "29.2 First class ** (e) Heart. (1) Applicants between 35 years of age and 40 years of age, on the first examination following age 35 shall demonstrate by electrocardiographic examination an absence of myocardial infarction. (2) Applicants 40 years of age or over shall demonstrate annually by electrocardiographic examination an absence of myocardial infarction." The proposed use of the electrocardiogram on a mandatory basis would be limited to the first class medical examination, as the first class medical certificate is required only of those persons applying for or holding an airline transport rating as pilots in scheduled air transportation. In order to eliminate the possibility of an invalid interpretation by reason of a lack of skilled specialists in many areas where the physical examinations for first class medical certificates may be conducted, all electrocardiographic tracings would be forwarded to the CAA medical division in Washington, D. C., for analysis at no cost to the applicant, and they would not be interpreted at the local level at the time of the examination.

Atomic Energy Commission—On September 19 the Atomic Energy Commission approved the application of the Detroit Osteopathic Hospital for a Cobalt-60 Teletherapy Unit to be installed in the hospital.

Very truly yours,
C. D. SWOPE, D.O.
Chairman

October, 1958

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AUXILIARY NEWS

Scholarships for Texans

Each year it is the pleasure of the Auxiliary to the Texas Association of Osteopathic Physicians and Surgeons to have the privilege of choosing a student to receive a scholarship award of Five Hundred Dollars.

The First Recipient of the award, in 1956, was Mr. Ralph Merwin of Port Arthur, Texas, who attended Kirksville College. In 1957 the award went to Mr. James Wallace Peak of Dallas, Texas, who attended Kansas City College. The last award was given to Mr. Ross Melton Morris of Mt. Pleasant, Texas, a student at Kirksville College.

It is the duty of a special committee namely, Auxiliary Medical Foundation Trust Fund Scholarship Committee, to investigate and ascertain suitable students deserving of the Medical Foundation Scholarship based upon the following regulations as adopted by the Auxiliary to the Texas Association of Osteopathic Physicians and Surgeons. The Dean of each Osteopathic College shall serve as an Advisory Member of this committee.

1. He shall be a student deserving of this recognition and a resident of the State of Texas.

2. The Dean of each Osteopathic College shall recommend to the committee, prior to April first of each year, two individuals who would be deserving of this gift. With each name submitted there should be a picture, a brief biographical sketch which should include age, sex, race, marital status, approximate individual assets, pre-osteopathic training, scholastic ability and other necessary information in regard to the candidate.

3. The Medical Foundation gift shall be awarded in such a manner that the students of each Osteopathic College

shall receive due consideration. This grant shall not be awarded to students of the same Osteopathic College two successive years.

4. It is understood that The Medical Foundation Scholarship or Scholarships be given to the student free of all encumbrances and shall be presented in the amount of \$250.00 the first semester and \$250.00 the second semester.

5. The Auxiliary Medical Foundation Trust Fund Scholarship Committee shall report its findings, with the recommendation of one student and an alternate, to the Executive Board of the Auxiliary to the Texas Association of Osteopathic Physicians and Surgeons. The grants shall then be made, subject to the approval of the Executive Board.

The Auxiliary hopes that the work of this Committee will help to promote the Osteopathic Profession in the State of Texas.

MRS. RAYMOND FISHER (KAY),
Chairman—Scholarship Committee

Anesthesiologists Meet

The anesthesiologists in the Dallas-Fort Worth area will have a meeting at the Dallas Osteopathic Hospital on November 11, 1958 at 6:30 p.m.

The meeting will begin with a dinner. The educational program will consist of a round table discussion of endotracheal techniques and equipment, discussion of recent cases of interest, followed by a film if time permits.

Any interested physicians are invited to attend, and should contact Dr. Paul A. Stern at the Dallas Osteopathic Hospital.

Osteopathic Guild has Dedicated Membership

From the Fort Worth STAR-TELEGRAM, Monday Morning, September 22, 1958



Information is given by volunteer members of the Osteopathic Hospital Guild, left to right, MRS. ARTHUR SNYDER, 2709 Fairway Dr., left, seated; MISS NANCY HIX, 6559 Darwood, standing, and MRS. F. L. MCKINNEY, 1200 Long. The inquirer is SID HODGES, 421 Sandy Lane. Two other interesting pictures appeared with this article.

By MARY SEARS

Giving service to others, in their spare time, brings dozens of housewives and young girls to the Osteopathic Hospital weekly as lay members of its guild, who spend many an hour in volunteer work there.

Housewives who have a few extra hours a week, young girls eager to "find themselves" and willing to render service in their spare time, throng to the hospital, where they render many services which assist the hospital personnel.

"Officers of the guild are lay people who devote their time as a community service," one of the guild members explains. Officers are Mmes. K. B. Rober-

son, president; Doris Hassinger, president-elect; Norman Chenault, treasurer; Helen Eustace, secretary, and Arthur Snyder, corresponding secretary.

Mrs. George Luibel became president when the guild was organized Sept. 20, 1946, at which time the members were wives of osteopathic doctors. When the hospital moved into its present, enlarged quarters, the guild became a lay organization, so that now while doctors' wives are members of the guild, its officers are lay members. Two of them, Mrs. Roberson and Mrs. Hall are, respectively, treasurer and corresponding secretary of the National Osteopathic Hospital Guild.

When the guild was organized, Mrs. V. L. Jennings served as secretary-treasurer for Mrs. Luibel, and the groups met in homes of the members, all doctors' wives. There now are 75 members, and an additional 10 junior members, the latter under the chairmanship of Mrs. Paul Wood. Junior members must be 14 years old or in junior high school.

One of the juniors, Miss Nancy Nix, 6559 Darwood, racked up a total of 141 hours of volunteer service at the hospital during her summer vacation.

Volunteers maintain a religious file at the reception desk, which they staff daily; they sort mail and conduct both a television rental service and tours of the hospital. The members make trips, when necessary, to the blood bank and they help admit patients to the hospital. They currently are making civil defense banners for use in case of emergency evacuations. Members also assist with United Fund work, in the children's health programs, serve as hostesses for National Hospital Day and sew and mend for the hospital.

One of their most interesting services consists in making hand puppets for patients under 12.

Aside from the varied services performed by the women, a program of social events is on their calendar. The first one of this season will be a membership tea Oct. 1 at the home of Mrs. Chalmers Hutchison Jr., 3925 Potomac. All lay friends of the profession will be welcome to attend the tea and to join the guild.

The guild members will have a Harvest Moon dance Oct. 25 in the exhibit hall of Hotel Texas for the husbands of members and their guests. Guild members are busy making decorations for the dance. A harvest moon will shine on the dancers, and tables will be centered by candles in bottles decorated with colorful candle wax drippings. The

guild members have plenty of experience making decorations, as one of their services is to arrange decorations in the hospital on special occasions, such as Thanksgiving and Christmas. On similar occasions, the members also supply tray favors or decorations for the trays carried to patients.

Anyone interested in joining the guild may contact Mrs. Roberson or any member of the guild, which carries on its varied services throughout the year.

ABSTRACTS

Palliation of Mammary Carcinoma with Phosphoramidate Drugs

J. C. Bateman and H. N. Carlton. Journal of the American Medical Association (J. Amer. med. Ass.) 162, 701-706, Oct. 20, 1956. 4 figs., 10 refs.

This report concerns the effects of the alkylating agents N:N':N''-triethylenethiophosphoramidate and the more toxic N-(3-oxypentamethylene)-N':N''-diethylenephosphoramidate in 122 patients with advanced breast cancer seen at the Garfield Memorial, Glenn Dale, and St. Elizabeth's Hospitals, Washington, D.C. Whenever possible the drug was injected directly into tumour masses, the dose ranging from 3 to 50 mg. at intervals of one to 4 weeks over an average period of 22 weeks. Both drugs are said to have few ill effects, haematopoietic depression being the most serious complication. Objective improvement, such as reduction in size of breast masses and metastatic deposits and healing of ulcerated lesions, was noted in 81 cases (66%). Intrapleural injections were of particular help when malignant effusions were present. Because improvement may be slow to appear, treatment should be prolonged and maintenance doses for as long as possible are advised. Triethylene thiophosphoramidate is considered much preferable to oxypentamethylene for prolonged therapy.

NEWS OF THE DISTRICTS

DISTRICT ELEVEN

The District Association of Osteopathic Physicians and Surgeons No. 11 had their regular meeting at the New Orleans Room of the Del Camino Restaurant on September 10, 1958, in El Paso, Texas. Members present were: Dr. M. G. Holcomb and wife, Dr. M. A. Calabrese and wife, Dr. Harvey Smith and wife, Dr. William Wethers and wife, Dr. Delgado, Dr. Rodriguez, Dr. Henery, Dr. Taylor Hall, Dr. Rudy Valdivia, Dr. Owen Vowell, Dr. John E. Holcomb, and Dr. Rene Joan Noren.

Dr. Owen Vowell in the month of August delivered 54 babies. This is the record.

degenerative changes and subluxations of vertebrae and then how the nerve root can accommodate to these findings. Radicular pain patterns are clearly demonstrated diagrammatically and the classification of patients according to history provides for facilitated diagnostic procedures.

The book is well written and easily understood and presents to general practitioners in the field of orthopaedics a better understanding of many syndromes which are related to the upper trunk including the head, neck, chest, shoulder and upper extremities.

N. G. PALMAROZZI, D.O.

*Chairman, Department of Book Review
Texas Osteopathic Physicians Journal*

BOOK REVIEW

THE CERVICAL SYNDROME by Ruth Jackson, B.A., M.D., F.A.C.S.—Clinical Assistant Professor of Orthopaedic Surgery, Southwestern Medical School of the University of Texas, Dallas — Attending Orthopaedic Surgeon Baylor University Hospital—Formerly Chief of Orthopaedic Surgery, Parkland Hospital and Instructor in Orthopaedic Surgery Baylor University College of Medicine, Dallas, Texas. Cloth, Pages 130, price \$4.75. Charles C. Thomas, Publisher, 301-327 East Lawrence Avenue, Springfield, Illinois, U.S.A.

This small monograph gives a very clear interpretation to a very complicated subject. The author correlates the basic sciences with the clinical subject and the basic facts come from the subjects of anatomy and kinetics. The author describes how cervical nerve root irritation can be influenced by certain

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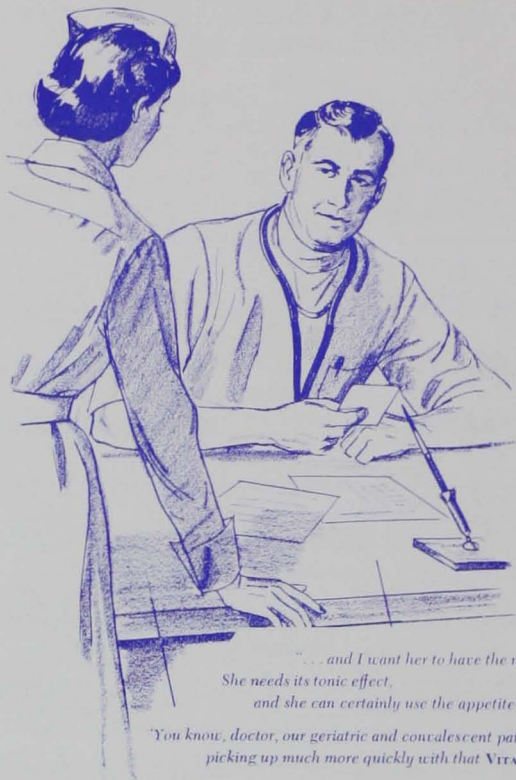
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