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EDITORIAL PAGE

COOPERATION

It is the responsibility and duty of every osteopathic physician to cooperate to the best of his ability with the duly authorized state and local health authorities and all other interested groups whose object is to improve the general welfare of our citizens.

Every district society, local organization, and hospital staff should volunteer their services for public problems and should respond enthusiastically when called to do so. We cannot hold ourselves aloof from the activities of community life if we expect public approval and support for our osteopathic institutions.

It is indeed heartening to see the profession is moving in this direction, the most recent example is assisting in the National Polio Foundation's experimental test of the Salk Vaccine. Several of our city groups volunteered in this nation-wide project and we congratulate those osteopathic physicians and organizations who have volunteered their services. In Fort Worth for an example, sixteen (16) D. O.'s and sixty-one (61) M. D.'s gave their time and service to this program.

Cooperation with such *experimental tests* does not necessarily mean endorsement of the project until more complete information is available.

We urge osteopathic physicians and their organizations to maintain an open mind and to wait for completely tabulated scientific data before they condemn or endorse any health program.

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Episiotomy: Indications and Procedures

By NOEL G. ELLIS, D. O., Fort Worth, Texas

Episiotomy is an operation for opening the perineum during delivery to prevent lacerations and preserve perineal integrity. The episiotomy is the most frequently performed procedure in all obstetrical surgery. Much of the patient's well-being, both during the delivery and in the future, depends largely upon the proper management of this procedure.

In 1930, Gillis¹ stated that the supreme test of a competent obstetrician was the ability to discharge a patient at the end of puerperium—as well as she was, before she became pregnant. To Gillis, this well-being, or fitness, should apply as well to the integrity of the perineum and pelvic floor, the size of the vagina, and the proper supports of the pelvic organs, as to the general constitutional health of the mother and child. Gillis was a strong advocate of the use of episiotomy as routine procedure during delivery.

The practical importance of the episiotomy, as a means toward insuring this return to normalcy, cannot be underestimated.

The purpose of this paper is to review for the reader the various aspects of this procedure worthy of practical application.

Anatomy

A thorough understanding of the anatomy of the perineum is necessary in order for the obstetrician to correctly

perform and adequately repair an episiotomy. Recognition of structures and correct interpretation of function complete the prerequisites for adequate care.

The pelvic, or urogenital diaphragm is a musculo-fibrous partition forming the inferior boundary of the abdominal cavity. This diaphragm serves to prevent herniation and prolapse of the muscle with their fascial coverings. The inferior layer includes the deep and superficial transverse perineal muscles; the bulbocavernosus, the ischiocavernosus, and the constrictor urethrae. These muscles are chiefly sphincters and have little or no supportive function.

The upper layer is a broad sheet of muscle and fascia, consisting of the levatores and the ischiococcygeus muscles and the triangular ligament forming the remaining anterior portion behind the symphysis pubis. The levatorani muscles are composed of two separate muscles, the iliococcygeus and the pubococcygeus. The fibers of the iliococcygeus cross between the anus and the coccygeus. The internal portion, or pubococcygeus sends some fibers to cross behind the rectum to form a sling for it, and the inner-most fibers cross behind the vagina without insertion into it and join fibers of the rectum and external sphincter ani, while some fibers insert in the median raphe of the perieum. Covering these muscles, fusing them together to form the

pelvic diaphragm and connecting with the various ligaments of the uterus, is the fasciae system. The resulting fascial and muscular planes and seams are of supreme importance in holding the cervix, bladder, vagina, and rectum in their proper relation to each other and to the pelvis. When they are torn or stretched, they allow the pelvic organs to descend in toto, or be displaced one on the other.

Indications

The indications for episiotomy are rather definitely established. This surgical procedure offers much in preserving the integrity of the perineum of the primagravida. The practise of manually "ironing" of the perineum has fallen more into disuse in recent years, due to the frequent resultant unrecognized muscle tears which eventually cause pelvic relaxation with its complications of such conditions as cystocele and rectocele.

Indications may be divided generally into maternal and fetal. Maternal indications would include congenital defects, such as the narrow perineum of genital hypoplasia, and the narrow arch of the funnel pelvis. This narrowing of the outlet would cause the fetal head to be carried posteriorly—thus producing disproportion between the passenger and the passage. Also included in the maternal category would be listed the rigid perineum of the elderly primipara, the scarred perineum due to a previous plastic operation, and too, the edematous vulva of the toxic patient.

The type of labor enters into our considerations of indications, also. A short, tempestuous labor, with rapid descent of the fetal head without crowning requires an episiotomy. When the use of forceps is eminent, as for breech presentation and others, episiotomy should be performed. Under fetal considerations, breech presentation is always an indication. Also, whenever the second stage of labor is unduly

prolonged, there is great danger of cerebral injury because of the resulting prolonged pressure on the fetal head, as the head serves as a dilator to the resistant perineal structures.

Another fetal indication for episiotomy is any obstetrical emergency which embarrasses the fetal heart.

Last, but far from least in importance, should be listed prematurity as a fetal indication. These infants are subject to intracranial damage because of the wide sutures and soft skull bones which offer so little protection to the poorly developed vascular system and the weak connective tissue, supporting the brain.

Types

There are three types of episiotomies commonly recognized: lateral, median, and medio-lateral.

The lateral is made horizontally across the vulva. It is the least often used of the three, except in Europe, where it is used extensively. Of the three, this type is most likely to produce hemorrhage. The median is made posteriorly (6 o'clock) toward the rectum. It is the simplest to repair, for approximation of like tissues can be obtained with ease. There results less scar tissue in healing. Usually, this type is least painful of the three. The median incision should never be used in a short perineum because of the danger of tearing into the rectal sphincter and the rectum itself, if there is more disproportion than had been anticipated. This incision can be extended around the rectum if the need should arise.

The medio-lateral episiotomy is made at a 45 degree angle from the mid-line. It is the most frequently used, because of its safety. Extension of this incision where there is more disproportion than had been anticipated enters the buttock, and thereby rectal injury is not as frequently encountered. This type is the most difficult to repair—to avoid distortion of the perineum. This type too, is more painful to the patient during the post-partum period.

In considering the choice of episiotomy site with reference of labor, Pigeaud² condemns the use of the mid-line type, because this incision removes the obstacle which the muscles of the perineum present to a too early deflexion of the presenting part. The greater diameter of the head must then pass. Contra-wise, Pigeaud feels that the medio-lateral episiotomy will leave the median line of the perineum intact so that it can fulfill its role of restraint on the presenting part until the subocciput is fixed under the pubes, and deflection can properly begin.

Time

As to the exact timing of the incision of episiotomy, there are two schools of thought. There are those who advocate a certain amount of thinning of the pelvic floor, before cutting. Others feel that to wait until thinning is marked, one would probably already have a tearing of muscle fibers in which case repair would not be so effective for the final perineal normalcy toward which the obstetrician is striving. Swendson³ recommends that one should make the incision soon after the head presents itself at the pelvic floor, when some stretching has occurred, but before damage to the tissues has been done. The author performs his episiotomies in primiparas, when the presenting part reaches the pelvic floor and causes a minimum amount of stretching. In multiparas, the incision is made as soon after pressure of the presenting part of the perineum indicates that there might be any disproportion. In case the multipara has previous episiotomy scar, the incision is made as in the case of the primipara.

Anesthesia

The anesthesia to be used for episiotomy depends upon the type of anesthesia being used for the delivery. If caudle or saddle-block is being used, no local infiltration need be used. Cappee and Pallen⁴, however, are advocates of the use of a prolonged anesthetic such as Eufocaine, regardless of the type of ob-

stetrical anesthesia being used. The results of this procedure will be discussed later.

The writer likes to use a pudendal-block anesthesia for his episiotomies, or in some instances he uses just local infiltration with 1% monocaine along the expected sight of the incision.

Technique

Remember always that the perineum is a contaminated field. Relative asepsis may be assured by the cleansing of the parts and the appropriate draping of sterile towels, before making the incision. Sharp dissection is made by the use of scissors along the sight chosen. Precaution is taken so that the incision is made deep enough, in order to avoid tearing further into the area. Repair of a simple cut is much to be preferred to the repair of a jagged tear of tissue.

Pratt, Hodgkinson, and Kennedy⁵ recommend the use of a sterile wooden tongue depressor in the vagina, between the presenting part of the fetus and the perineum. The episiotomy incision is then made with a sharp scalpel, starting at the transverse muscle bundle and is continued through all the structures until the scalpel meets the tongue depressor. This method merits consideration on the basis that sharp dissection with a scalpel is less devitalizing to the perineal tissues than the crushing effect of scissors. There would be, therefore, less chance for infection, less perineal pain, and more rapid healing.

Adequate control of bleeding is of immediate importance. Often this can be brought about by simple pressure, but if the presenting part is not forthcoming in its descent, hemostats may need to be applied in order to avoid considerable loss of blood.

Repair

The type of episiotomy used is not as important, per se, as the method of closure and the materials used. Of paramount importance are strict asepsis, careful coaptation, minimum strangulation of tissue and a minimum of foreign

material. These important considerations can be achieved by numerous methods of closure, and by the use of various materials. Let the final choice be, in the main, in the interest of the patient's comfort and normal postpartum period. Before repair is begun, and adequate vaginal pack is inserted so that the wound field can be clear from discharges from above, thus insuring full opportunity for adequate hemostasis and the coaptation of like tissues in repair.

In consideration of repair, the writer would like to mention first the type of suture to be used. There has developed in the last several years, a growing tendency to use smaller sutures. The writer used triple-ought chromic, on an A-traumatic needle. Interrupted sutures are used in the muscles, continuous sutures in the fascias and mucous membrane, and subcuticular in the closure of the skin. The most important part in the repair is the accurate apposition of the tissues, layer to layer, with small bites. After the deeper structures are approximated, the writer starts with the uppermost end of the incision (vaginal mucosa) and comes down with continuous suture to the muco-cutaneous junction. The suturing is then continued down through the soft tissue, just beneath the skin's surface, down to the base (the lowermost part of the incision). Here a small stitch is taken in the bottom angle in the subcuticular tissue. This is now continued as a subcuticular stitch back up to the muco-cutaneous junction. A deeper bite is then taken, just superior to the muco-cutaneous junction and the suture is tied. This procedure leaves no suture on the outside to be irritated by dressings. By taking smaller stitches, there is less likelihood of edema or overstress of the tissues. It is important to remember the need for complete elimination of all dead space; this can be accomplished by extreme caution in the approximation of like tissues. Also, by the using of fine absorbable sutures, less for-

eign material is present, and therefore, less tissue reaction.

In 1940, Leland⁶ described the use of an instrument to facilitate the placement of sutures before an episiotomy was performed. To the writer, the theory was good, but the value of such a procedure would be questionable.

The Rucker⁷ type of repair is of interesting note, since this is a type in which no knots are tied. Rucker recommends the use of two half lengths of No. 00 chromic catgut suture for repair of simple episiotomies. The first half-

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length is crossed back and forth as a continuous mattress suture in the deeper layer of tissue, starting at the upper angle. When the lower end of the wound is reached, the suture is brought out through the skin; as far from the anus as possible, clamped, and then dropped.

The other half-length of this No. 00 suture is then threaded at the top and the next layer of mattress suturing is then laid down in like manner as before, but more superficially. This end of the suture, too, is brought out through the skin, close to the end of the first suture. Now, the second half-length of suture is placed in the fascia, again starting at the top of the wound. Here, care is used to bring like tissues together so that the hymeneal ring, muco-cutaneous junction, and pigmented skin are lying in apposition. This suture is also brought out through the skin, near the others—away from the anus. The remainder of this second half-length of catgut is used now as a sub-mucous and subcuticular suture. It, too, is brought out through the skin, as were the others. The needle used for the suturing of the above is a medium size round type. For the passage of the suture from the wound out through the skin, as far as possible from the anus, a large arc cutting edge needle is recommended. The disposition of these suture ends through the skin is that no knots are tied; the sutures are merely cut close to the skin.

It is interesting to note that an evaluation of the Rucker repair was done on

100 cases, using 100 other-type repair cases as controls. The percentage of patients who were free from perineal pain was greater in those cases who had Rucker repairs.

The consideration of repair cannot be left without mentioning the procedure which must be followed when an episiotomy has continued into a third degree laceration. Here, the repair of the rectal mucosa must come first, and an attempt is made to prevent the suture from entering the rectum proper. Following the repair of the mucous membrane, the operator must change his gloves and instruments. Redrapping is done before the repair is continued. The external sphincter muscle would be next approximated with triple 0 chromic suture. If laceration has extended into the internal sphincter, this next would be repaired with interrupted sutures. From then on, the technique would be the same as for a midline episiotomy.

After-Care

Postpartum care of the episiotomy is directed towards asepsis of the wound, adequate healing of the wound, and the comfort of the patient. This writer employs the routine use of rectalган spray to the perineum and instillation of same in the vagina t.i.d.; and the use of the infra-red light to the perineum for 10 minutes t.i.d. Early ambulation is encouraged. If the patient has not had a spinal or saddle-block anesthetic, this ambulation is begun on the delivery day, when the patient is allowed to stand at

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the bedside. Bath room privileges are given on the first postpartum day. A low enema is given on the second postpartum day, if no bowel evacuation has occurred by that time.

As early as 1944, the Mt. Sinai Hospital⁸ observed 150 cases in a series of early ambulation. It was found at that time that healing was not delayed and the patients had less perineal pain. The writer has used early ambulation of his cases since 1945.

Complications

Lull and Kimbrough⁹ list five major complications for episiotomy: pain in the incision, hemorrhage, infection, wound separation, and late neurinoma. These will be discussed separately. The writer feels that many complications of episiotomy may be avoided by the use of meticulous operative procedure and repair.

Excessive local perineal pain is a source of great distress to the patient in the postpartum period. Rucker feels that there are two important factors which may cause this—"the frequent use of crown suture, which include a large bite of tissue on either side of the episiotomy at the mucocutaneous junction, and the use of knots in the suture, thus causing tension when edema occurs within the first 24-48 hours."

In 1952, Cappee and Pallin¹⁰ advocated the use of a prolonged anesthesia, Eufocaine, as a routine procedure for the relief of post-episiotomy pain. This treatment was used in a series of 94 pa-

tients. Anesthesia was present in 64% for five days, and in 33% for 3-4 days. There was no interference noted in wound healing. However; there was wound slough present in 2% of the cases which the authors contributed to faulty techniques of suturing.

In the experience of the writer, since using fine sutures, the amount of post-episiotomy pain has not been a factor of sufficient importance to require consideration of prolonged anesthesia.

Weber, Fetchke, and Carroll,¹¹ in 1952, assumed that post-episiotomy pain and local edema were definitely associated. Therefore; in a series of 200 cases, four hundred units of hyaluronidase were mixed with 1cc of sterile water, placed in a tuberculin syringe with 24 gauge needle attached. In a series of 200 cases, 0.1 cc of this solution was injected at five regular intervals along either side of the repaired episiotomy wound, just beneath the raw skin edge. These workers found that their results did not prove their assumption, for pain was present without edema in many more cases than it was with edema. It was found the hyaluronidase did not materially affect the wound healing. The suggestion is made that this procedure may be of definite value where an excess of edema is anticipated in any given case.

The complication of hemorrhage is found to be more common in the mediolateral type of episiotomy than in the median. Here must be mentioned the importance of hemostasis during repair,

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and the adequate coaptation of like tissues. If a hematoma develops, it should be evacuated at once. In the consideration of infection, this area is particularly resistant to this type of complication. Here, again must be mentioned the importance of asepsis during the operative procedure of episiotomy.

Wound separation and wound sloughing are complications which may be found in cases where there is co-existent systemic conditions in which inadequate healing would be present. An example of this would be found in an inadequately controlled diabetic. Also, this complication would be found where strangulation of tissue has occurred because of too tightly drawn sutures. Badly traumatised tissue would also have inadequate healing powers.

Late neurinomas are a comparatively rare complication, and result in dyspareunia and scar tissue.

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Summary

Episiotomy has been discussed as to anatomy, indications, techniques, repair, after-care, and complications.

1. Episiotomy is the most frequently performed obstetrical surgical procedure.
2. Indications for episiotomy are any condition which causes excessive pressure on the presenting part or a likelihood of damage to the perineum.
3. The type of episiotomy must be chosen for the benefit of the individual case.
4. The time for performing an episiotomy is before any damage occurs.
5. In the consideration of the technique of repair, #000 chromic suture should be used, meticulous care should be exercised in the accurate approximation of like tissues, and complete hemostasis must be obtained.
6. In after-care, dry heat is beneficial for pain relief and early ambulation is conducive to rapid healing and the patient's comfort.
7. A minimum of complications will develop with the proper technique of episiotomy and repair.

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STATE OFFICE HOME

Construction was started May 18, 1954 on the new state office home, located at 512 Bailey Street, Fort Worth, Texas.

The building will consist of approximately 2,000 square feet, 1300 square feet to be devoted to office and storage space, 700 square feet being reserved for library space for the organization.

Progress has been rapid on this building and by the time this JOURNAL reaches the profession the inside of the building will be in the finishing stage.

It is to be occupied by not later than August 1, 1954.

ELMER C. BAUM
Chairman, Committee on
State Office.

Tyler Radiological Meeting a Success

Thirty-seven osteopathic physicians attended the quarterly scientific sessions of the Texas Osteopathic Radiological Society, which were held in Tyler at the Blackstone Hotel on May 23. The speakers were Dr. Howard Coats, Dean

of Texas Osteopathic Radiologists; Dr. Charles L. Curry, President of the Society; Dr. Malcolm Snell, immediate past President of the Radiological Group; Dr. Grover Stuke, Chest Surgeon of Port Arthur, Texas; Dr. Joe DePetris, well known Dallas Internist.

These speakers presented a symposium type program on chest diseases. Their lectures were illustrated with X-ray films and projection slides. Many interesting cases were presented to the membership and guests.

A problem film conference was moderated by Dr. C. D. Ogilvie, and problem X-ray cases were presented to a panel of experts by the membership.

It was announced by Dr. Joe Love, Program Chairman, that the next meeting will be held in Austin on September 19, and another symposium type program will be presented.

The Tyler newspaper carried numerous excellent accounts of the program, due to the efforts of Dr. George Grainger, Publicity Chairman. All local arrangements were made by the host, Dr. Earl C. Kinzie of Lindale, Texas.

Good Results From the Motion Picture "Physicians and Surgeons, D. O." as Televised

The American Osteopathic Association
212 East Ohio Street
Chicago 14, Illinois

Dear Sir:

To show my appreciation for your excellent television program, "Physicians and Surgeons, D. O.", I would like to take this opportunity to send \$100.00 in hopes that you will continue this type of program. For the first time in my brief professional career, I feel that we have taken a definite step forward in public education.

Thanks again for this very wonderful program.

Sincerely,

HARVEY D. SMITH, D. O.
7710 North Loop Road
El Paso, Texas

Executive Secretary Speaks At Philadelphia College of Osteopathy and Surgery



Left to right: Thomas M. Rowland, Jr., Registrar, Sherwood R. Mercer, Dean, Dr. Phil R. Russell, Dr. F. H. Barth, Chairman of the Board, Dr. William E. Brandt, President.

The Executive Secretary spoke to a general assembly at the Philadelphia College of Osteopathy and Surgery, May 10, 1954, renewing contacts of T.A.O.P.S. with faculty and student body of this institution of the Osteopathic profession.

Dr. Barth, Chairman of Board of Trustees of the College, extended to the Executive Secretary the courtesies and facilities of the Union League Club. Dr. Barth, Dr. Walter Evans, Secretary of the Board, and Dr. W. E. Brandt, President of the school, were at breakfast with the Executive Secretary and were continually with him throughout the day on visitation to the school and hospitals.

The Executive Secretary was very much impressed with the enthusiasm of the faculty and student body. His only regret was his inability to remain several days. The Executive Secretary congratulates the college on its new dean, S. R. Mercer, truly an educator.

We quote from a letter from Dr. Brandt, President of the college:

"Your visit was one of the highlights of the year here at college. The boys, as well as the faculty and we old folks, were impressed with the sincerity of your utterances and I know the solid thinking of men like you whose names are a bulwark of the profession carry so much weight that it is impossible to overestimate the influence thereof.

"The geographical situation makes the PCO representation in Texas very scant compared to our sister colleges, but I know and certainly hope that our boys down there are active and united with the profession in its battle for advancement. I hope more

and more of our boys will recognize the opportunities of going even as far away from home as Texas and that, in addition, we will have some men from your colleges come east to try a sample of Philadelphia osteopathic training."

Let us as a profession realize that the Philadelphia College is not too far away from Texas to become an active part of our state program. We have eight graduates of Philadelphia College in Texas. We should have more. To get more we must send students. We need an active alumni of the school in Texas. PCOS Alumni, why not get busy?

**COLLEGE OF OSTEOPATHIC
PHYSICIANS AND SURGEONS**
1721 GRIFFIN AVENUE
LOS ANGELES 31, CALIFORNIA

Dr. Phil R. Russell

Here is the long-delayed reaction to the Texas program.

Texas is to be congratulated on a program which has followed consistently a good public relations program, not only for the osteopathic physicians in Texas, but also for the osteopathic colleges as well.

There is no one better able to develop the student contact than the local doctor and if he is not in close contact with the local school, he has missed an opportunity, not only for himself personally, but also for his profession. The student today is the public of tomorrow.

The student also carries "ammunition" home to mother and father and to the neighbors. If the student learns to respect the osteopathic physician in the community, we will have a person who is with the profession in spirit for the rest of his life. When people brag about osteopathic education, it is pretty certain that there has been an osteopathic physician who has done a good piece of public relations on his home ground and has talked to this person about the advancements which the osteopathic colleges are making and still has not appeared to be boasting. It is the best public relations I know.

Vocational Guidance conferences could be arranged in each area where osteopathic educators would be invited to tell the story of osteopathic education. In these meetings student counselors, superintendents of schools, principals of high schools and deans of liberal arts colleges and faculty members might be guests of honor at meetings of the local society. It is a program that would enure to the benefit of everybody, including the public.

Texas has made a start in this direction. May I congratulate you and urge you to continue. My only word of caution would be that you take it a little less strenuously in the years to come or Phil Russell won't be around to do this work.

W. BALLENTINE HENLEY,
President

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Aboard the yacht *Valkyrie* out of Honolulu February 20, 1954. Catch, four Mahimahi (dolphin) weighing a total of 84 pounds, dressing out 46 fillets of 1 pound each. *Left to right:* Wm. G. Gentry, Assistant Executive Secretary, Hawaii Visitors Bureau; C. W. Wyman, D. O., Honolulu; J. W. Stella, D. O., Honolulu; CPO E. F. Palmer, USN, Pearl Harbor; Ralph W. Davis, D. O., Audubon, New Jersey; Charles F. Still, D. O., Dallas, Texas.

TEXAS D. O. HELPS MAKE MID-WINTER HAWAII PROGRAM HUGE SUCCESS

Doctor Charles E. Still, Jr., of Dallas, Texas, and Doctor Ralph W. Davis, Jr., of Audubon, New Jersey were the principal speakers at the Mid-Pacific Mid-Winter Osteopathic Seminar held in Honolulu on February 21 and 22 of this year.

This was the first program of its type ever held by our profession in Hawaii, and it was a huge success.

On the first day, Doctor Davis lectured on the intestinal track and its allied organs, and, on the second day he dealt with osteopathic manipulative problems. The lectures on both days were accompanied by numerous slides and X-Ray films. Also, on the second

day, Dr. Still lectured on "The Failing Features of the Mind."

We feel very fortunate to have had Doctor Davis and Doctor Still with us, and the precedent they have set will be a very difficult one to maintain.

Just to show you that it wasn't all work, I am enclosing the picture taken at the end of a day of deep sea fishing. The fish are Mahimahi, or Dolphin, and are second to none when it comes to eating.

Any of you doctors interested in coming to Hawaii for our next mid-year seminar? If so, please contact Dr. C. W. Wyman, 417 National Building, Honolulu, T. H.

Texas Graduates of Kirksville College

Six students from Texas were among the 84 graduated from the Kirksville College of Osteopathy and Surgery May 29. They include:

CLARENCE LOUIS BOOHER of Odessa, who will intern at the Laughlin Hospital in Kirksville;

ROY L. FISCHER of San Antonio, a member of Atlas Club, who will intern at Dallas Osteopathic Hospital;

LARRY ARTHUR GIFFEN of Nacogdoches, a member of Theta Psi and an inactive member of Bachelors Club, who will intern at Laughlin Hospital in Kirksville;

JOHN BARTLEY JONES of Dallas, who will enter general practice in Friendsville, Tenn.;

DAVID D. MATTHEWS of Dallas, a member of Theta Psi, who will enter general practice in Denison; and

PAUL DAN SIEFKES of San Antonio, a member of Atlas Club, who will intern at Riverside Osteopathic Hospital, Trenton, Mich.

Osteopathic College of Ophthalmology and Otorhinolaryngology

The 1954 clinical assembly of the Osteopathic College of Ophthalmology and Otorhinolaryngology will be held July 7, 8 and 9 at the Hotel Statler in Detroit, Michigan. Dr. Lloyd A. Sey-

fried, Detroit, president of the college, will preside. Normally the group of EENT specialists meets during the fall, but the schedule was changed this year to provide for a summer meeting immediately preceding the A.O.A. National Convention to be held in Toronto, Canada, not too far from the site of the EENT convention city of Detroit.

Dr. C. P. Harth, Tulsa, Okla., president-elect of the college and chairman of the professional program for the 1954 meeting, has announced an outstanding schedule of didactic sessions and instructional courses for the three-day meeting. A total of 36 speakers will appear on the program to present different fields in the diagnosis and treatment of EENT cases.

Dr. R. J. Murphy of Detroit is general chairman of the convention, and all osteopathic physicians and surgeons interested in the EENT field are welcome to register for the three-day assembly.

A-Beer in the Atom Age

LOUISVILLE, KY.—A research program is now in process looking toward the possibility of pasteurizing beer in cans almost instantly by the use of atomic radiation.

The project is being carried on jointly by the University of Michigan and an aluminum company.

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Washington News Letter

Medical Facilities Mortgage Insurance Act of 1954—A three-day hearing on H.R. 7700, cited as the "Medical Facilities Mortgage Insurance Act of 1954", began before the House Committee on Interstate and Foreign Commerce on April 28, 1954.

This bill would provide Federal insurance of mortgages on the medical facilities of a formal organization of physicians in group practice, in which organization there is more than one specialty, joint use of office facilities and auxiliary personnel by the physicians in the group, a pooling of income by such physicians and a sharing of common overhead expenses with net payments to such physicians made according to a pre-established plan. The local banker would make a loan and take a mortgage not in excess of \$5 million, and not to exceed 90% of the value of the property or project, including ini-

tial equipment, when the improvement or construction is completed, providing for complete amortization within not more than forty years, with interest at 6% or less. The loan might be made to a nonprofit private agency, a health service association, or any group, partnership, or other associations of physicians, or any other organization or individual to cover property acquired, constructed, or held or to be acquired, constructed or held for use as a medical facility.

Medical facilities include: hospitals; diagnostic or treatment centers; personal health service centers; rehabilitation facilities; offices for physicians and dentists for the provision of personal health services to ambulatory patients; and central service facilities, such as eating facilities and power plants, in connection with the foregoing.

The AOA Department of Public Re-



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lations has made two recommendations to the Committee, namely:

1. The bill defines "hospital" and related facilities as facilities in which patient care is under the professional supervision of "persons licensed to practice medicine in the State", and similar definitions of diagnostic or treatment center, personal health service center, and rehabilitation facility.

(We have requested reformation of these definitions to include persons licensed to practice osteopathy and surgery.)

2. The bill requires that the mortgagor shall agree that not less than 60% of the medical facility will be available to serve subscribers to group practice pre-payment health service plans.

(There should be no preference on account of availability to subscribers of pre-payment health service plans.)

Doctor Draft Act—On April 5, 1954, the Senate passed S. 3096, which amends the Doctor Draft Act expressly to permit induction and use of special registrants in enlisted grades or ranks rather than as commissioned officers. The Department of Defense asked for the legislation after the case of *Nelson v. Peckham*, 210 Fed. (2nd) 574, decided on February 9, 1954, that persons inducted under the Doctor Draft Act could not be used in an enlisted grade. In submitting the legislation, the Department of Defense claimed that drafted doctors who refused the loyalty oath could not be trusted as commissioned officers, but could be used (rather than excused from military service) as enlisted men in non-sensitive positions. The legislation applies only to special registrants. It has nothing to do with regular registrants.

Selective Service—On a trial basis, the Director of Selective Service has asked the State Directors of six selected States, Alabama, California, New Jersey, New York, and Ohio, to establish Advisory Committees to provide a means where-

by Selective Service may be provided with reliable information on scientific, engineering, and specialized personnel OTHER THAN THE HEALING ARTS (State Director Advice 429). The Healing Arts Educational Advisory Committee, on which there is osteopathic representation, continues in operation.

CAA—A simpler, faster procedure for private pilots to obtain medical certificates has been placed in effect by the Civil Aeronautics Administration. Temporary third class medical certificates issued by physicians (D.O.s or M.D.s) to student and private pilots, unless recalled by an authorized representative of the Administration within 90 days, will be good for two years. Physicians should report their findings on Form ACA-1345 to the CAA Medical Division, which will review them within the 90-day period and notify pilots only if recall of the certificate is necessary. Otherwise, the certificate becomes valid for two years unless voluntarily surrendered, or suspended or revoked by the Civil Aeronautics Board.

Cancer Study—The National Institutes of Health, and the Veterans Administration have launched a 3-4 years' cooperative study as to whether smokers and nonsmokers of tobacco differ in their mortality from lung cancer and other diseases. A questionnaire concerning habits is being sent to 300,000 veterans of World War 1, all holders of Government life insurance policies.

Transfer of Indian Service—On April 26, 1954, the House passed H. R. 303, a bill transferring from the Interior Department to the Public Health Service the administration of health services for Indians and the operation of Indian hospitals. In effecting the transfer the legislation repeals various existing laws, including Public Law 291 of last Congress, which related to contracts for medical services for Indians. Both H. R. 303 and Public Law 291 authorize contracts with public and private non-profit

agencies for operation of Indian hospitals or other health facilities, but the express authorization for contracts with licensed physicians in Public Law 291 does not appear in H. R. 303. Beneficiaries would include some 300,000 Indians and Alaska natives. The Bureau of Indian Affairs operated seventy hospitals exclusively for Indians. None of these was approved as a teaching hospital.

Armed Forces Dependents Medical Care Act of 1954—Yesterday there was introduced an Administration bill, S. 3363, cited as the "Armed Forces Dependents Medical Care Act of 1954". It is based on the June, 1953, report of the Citizens Advisory Commission on Medical Care for Dependents of Military Personnel set up by the Secretary of Defense on April 1, 1953, to study the problem. The Chairman of the group was Dr. Harold G. Moulton, president emeritus of the Brookings Institution. The bill authorizes the Department of Defense to provide medical care for all eligible dependents of military personnel wherever located. Heretofore, medical care has been largely confined to those living near military medical installations.

Dependent medical care will be provided from duly licensed civilian physi-

cians and surgeons and accredited civilian hospitals and treatment facilities whenever military facilities are unavailable or incapable of providing authorized treatment required, or when the situation is of an emergency nature. The Secretary of Defense will prescribe regulations defining medical emergency and, in consultation with medical associations and other appropriate agencies and individuals, will establish maximum fees for civilian professional services.

Medical care is limited to the following: diagnosis; acute medical and surgical conditions; contagious diseases; immunization; and maternity and infant care. Hospitalization would not be authorized for the following: domiciliary care and chronic diseases; nervous and mental disorders (except for diagnostic purposes); and elective medical and surgical treatments as determined by the cognizant physician.

As a restraint on excessive demands for medical attention, dependents will be required to contribute to the costs. In civilian facilities they will pay the first \$10 of the cost of each illness plus not more than 10 percent of the total cost, except in maternity cases for which there will be no charges. In military facilities, charges, if any, will be limited

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to those established by the Secretary of Defense, who also will fix standard subsistence charges. The Secretary of Defense is granted the authority also to

contract for dependent medical care under a private insurance plan, if such action is deemed more economical (such as Blue Shield and Blue Cross.)

CAA—On the heels of my April 21 Washington News Letter announcing a new speed up procedure regarding medical certificates for student and private pilots, and in which I indicated that D. O.'s as well as M. D.'s will continue to report their findings on Form ACA-1345 to the Medical Division, the Administrator of Civil Aeronautics published in the Federal Register of April 23, 1954, a Supplement 2 to the CAA policies and interpretations amendatory of the regulations, effective June 1, 1954, in part as follows:

Section 20.60-1 Who conducts examinations and tests (CAA policies which apply to Section 20.60). The examinations and tests required by this part for a certificate or rating will be conducted by the persons indicated below:

Type of examination—

Written exams (for all certificates).

Practical exams:

Private pilot

Commercial pilot

Additional aircraft ratings

Instrument rating

Instructor rating

Physical examination:

First class

Second class

Third class

Conducted by—

Aviation safety agents.

Aviation safety agents, private and commercial pilot examiners.

Aviation safety agents, and commercial pilot examiners.

Aviation safety agents, and private or commercial pilot examiners according to certificate held. Also, ATR examiners for holders of commercial pilot certificates.

Aviation safety agents, instrument rating and ATR examiners.

Aviation safety agents.

Designated ATR medical examiners.

Designated ATR and second class medical examiners.

Designated ATR, second class medical examiners, any doctor of medicine licensed to practice in the locality in which examination is obtained.

That portion of the regulation, which we have underlined would have had the effect of disqualifying student and private pilot physical examinations performed by D. O.'s.

It will be recalled that in 1945 we procured an official CAA interpretation that the term "competent licensed physician" as it applied to student and private pilot physical examinations included persons licensed to practice osteopathy.

Immediately upon the publication of the above-mentioned disqualifying regulation, on April 23, 1954, we called on the CAA to immediately publish a revision substituting the term "competent licensed physician", which had already been interpreted to include D. O.'s, in the place of the requirement of "doctor of medicine".

As a result, on May 12, 1954, CAA filed with the Federal Register a Supplement 3, which accomplished the requested amendment, as follows:

Section 20.60-1 Who conducts examinations and tests (CAA policies which apply to Section 20.60.) * * *

Type of examination—

* * *

Physical examination:

* * *

Third class

Conducted by—

* * *

* * *

Designated ATR, second class medical examiners, or a competent licensed physician.

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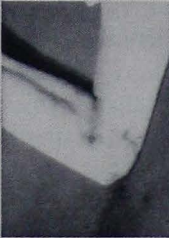
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Iowa Attorney General Rules "Hospitals Can't Bar Osteopaths"

DES MOINES.—County and Municipal hospitals cannot exclude osteopathic physicians and surgeons from practicing in such publicly supported institutions, the attorney general's office ruled here recently.

Opposition by trustees of the Washington County Hospital in admitting a D. O. to the hospital prompted the attorney general's ruling, which said:

"Although the trustees have rule-making powers, the law prevents them from excluding licensed osteopathic physicians and surgeons provided they meet the other rules and regulations. The same rules and regulations must also apply to medical doctors.

"In the management of county or municipal hospitals, no discrimination shall be made against the practitioners of any recognized school of medicine; and each patient shall have the right to employ at his expense any physician of his choice; and any such physician, where so employed by the patient, shall have exclusive charge of the care and treatment of the patient."

Osteopathic Libraries Association Organized At Central Office

CHICAGO (AOA).—An Osteopathic Libraries Association was organized at a meeting in the A.O.A. Central Office Building this month.

The following persons who attended the meeting became charter members of the Association: Miss Loraine Lloyd, Librarian, Chicago College of Osteopathy; Miss Margaret M. Cressaty, Librarian, College of Osteopathic Physicians and Surgeons, Los Angeles; Mrs. Glen A. Kenderdine, Librarian, Des Moines Still College of Osteopathy and

Surgery; Mr. John A. Rindone, Librarian, Kansas City College of Osteopathy and Surgery; Mr. Francis M. Walter, Librarian, Kirksville College of Osteopathy and Surgery; Mrs. Katherine Becker, Librarian, A.O.A. and Miss Josephine Seyl, Supervisor, Department of Information and Statistics, A.O.A.

A Constitution and By-laws was adopted and the following were elected: President—Mr. Walter; Vice-President—Mrs. Kenderdine; Secretary-Treasurer—Miss Cressaty.

The Association adopted a resolution standards for professional librarians.

Membership in the group is open to all persons or institutions engaged in the storage, or dissemination of osteopathic literature. The next meeting of the Association will be held in July 1955, at Los Angeles.

Less U. S. Income for Welfare Now than During Depression

NEW YORK.—An article in the NEW YORK TIMES recently pointed out that "this country has spent a smaller proportion of its income for welfare in recent years than in the depression period of the early 1930's."

Professor Eviline M. Burns, of the New York School of Social Work, Columbia University, made this disclosure here early this month at the annual forum of the National Conference of Social Work.

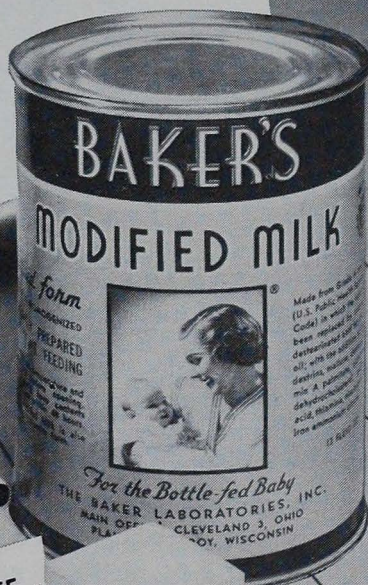
Prof. Burns held that when total welfare expenditures were deflated to allow for the price and population increases of the first half of the century, the upward trend of welfare spending became far less noticeable.

She observed that almost the whole of the growth in public social welfare expenditures could be accounted for by veterans programs, social insurance and public assistance with only one per cent of national income devoted to all other types of public welfare.

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AUXILIARY NEWS



Proof that the auxiliary will follow a good leader. The leader, Mr. Hugh Scharbauer, business executive of Fort Worth.

Left to right: Mrs. Roy B. Fisher, Dr. Catherine Carlton, Fort Worth; Mrs. Sherman P. Sparks, Rockwall; Mrs. H. E. Beyer, Fort Worth; Mrs. William M. Snow, Fort Worth; Mrs. Richard O. Brennan, Houston; Mrs. John C. Baker, Fort Worth; and Mrs. Gordon S. Beckwith, San Antonio.

Presidential Report 1953-54

The Auxiliary to the Texas Association of Osteopathic Physicians and Surgeons has just completed a very successful year. This is a report of that year and some of its accomplishments, compiled for the benefit of the National Auxiliary and published here for the benefit of those members unable to attend the convention. This is the presidential report of our year's work, which will be read at the National convention.

The Auxiliaries in Texas united this year in placing approved Vocational Guidance literature in the high schools

throughout the various organized districts of the state and in colleges not covered by the Educational Committee of the men's organization. It has been recommended that this literature, along with the book, "Principle of Osteopathy", by Leon Page, be placed in the public libraries throughout the state. This work was done in cooperation with the committee of Osteopathic Education of the Texas Association of Osteopathic Physicians and Surgeons.

We are very proud of the two Child Health Clinics which are held yearly in the state. The Clinic in Amarillo this year had an attendance of 158 children. The Clinic in Tarrant County examined

643 children. These Clinics are sponsored by the Auxiliaries in those localities.

The Auxiliaries in Texas in many instances work to help the Federated Women's clubs to carry on their projects in their cities. Working through the Dallas Federation of Women's Clubs in the Red Cross department one Auxiliary member goes once a week to the Mental Institution at Terrell, two volunteer members go each week to the city Juvenile home to assist with Arts and Crafts. A resolution relating to a need for revision, remedies and reforms in our present criminal code, as suggested by the Federation of Women's Clubs, was sent to the legislative Chairman of the State Auxiliary, and to each district, asking approval, also asking them to send endorsed copies to their Senators and Representatives in the State Legislature.

In Corpus Christi several members devote time to helping the Tubercular Association during their annual survey. In Austin an Auxiliary member devotes one-half day each week as a Staff Aid at Red Cross Headquarters. Each of the Auxiliaries have contributed to National and local charities and drives, in their own communities, both time and money.

There are several Guilds to Osteopathic Hospitals in the state which have been active throughout the year. The Dallas Guild assisted with redecorating of the surgical department, making draperies and bed spreads for the rooms. The Fort Worth Guild gave \$192.00 toward an Electro-Cardiograph machine. The Corpus Christi Guild re-upholstered all upholstered chairs throughout the hospital.

Official visits were made to the Districts by the State President, whenever invited.

At our Convention in Fort Worth, April 29, 30, May 1, we were honored by a visit from our National President, Mrs. Russell Glaser of St. Louis. She attended the meetings of the Executive Board and was always available for

June, 1954

council and guidance with officers or individual members. She rendered constructive criticism, which was appreciated. She spoke at Board Meetings, the general session, and was the featured speaker at our largest luncheon where she was presented a certificate from the Governor of Texas making her an Honorary Texan. Her visit was a tremendous aid to the new officers who will use her instructions in their new year.

During the year 1953-54 Texas had:

168 Members of National.

174 Members of State.

We gave the following to the Funds:

\$135.00 to the Scholarship Fund.

\$125.00 to the Student Loan and Research Fund.

\$120.00 to the Progress Fund.

\$7.50 to the Log Cabin Fund.

VIRGINIA (MRS. E. C.) BAUM
Immediate Past President
Auxiliary to T.A.O.P.S.

Osteopathic Child Health Clinic at Amarillo, Texas

The Ninth Annual Osteopathic Child Health Clinic, May 21 and 22, was the largest and one of the most successful held to date. It was sponsored by the Auxiliary to the Amarillo Osteopathic Hospital and Clinics, and doctors from Amarillo and the Texas Panhandle District made the examinations. The Crystal Ballroom of the Herring Hotel was transformed, once more, into a clinic by means of movable partitions and screens, owned by the Auxiliary. Two hundred seventy-seven (277) children passed through the booths, arranged for examinations and labeled: Eye, Ear, Nose and Throat; Weights and Measures; Orifical; Cranial; Neurology; Skin and Structural; Chest and Abdomen. Then, there was a booth for the co-ordinator, who took the findings from the records made by all the other doctors and talked to each adult who brought the children, making recommendations for treatment, if necessary. We were

fortunate to secure the services of Dr. M. S. Magen, Pediatrician of Dallas, for this difficult task. We had expected to have Dr. Virginia Ellis, Pediatrician of Fort Worth with us for the third year, but a recent cholecystectomy kept her at home. Dr. Magen came, on short notice, and did an excellent piece of work. We were also very happy to have Dr. Ralph I. McRae at the Clinic. He is an outstanding neuropsychiatrist, from Dallas. He was able to help numbers of parents get new light on their difficulties. Many came particularly to see Dr. McRae.

This year the Auxiliary had the assistance of a Planning Board—a committee from the Staff Physicians—composed of Dr. Glenn R. Scott, Dr. John Kemplin, and Dr. Glenn Robinson. They did a great deal of work, and were indeed a help in making the clinic run smoothly. The Auxiliary committee was headed by Mrs. Glenn Robinson, with Mrs. John Kemplin and Mrs. J. Francis Brown, the other members. Mrs. Kemplin handled the radio and television publicity. There were eight radio programs and four television interviews, including one with Dr. McRae. Mrs. Gerald Nash assisted Mrs. Kemplin and handled the newspaper publicity, which included many stories, and also a paid advertisement which ran several times.

As the 277 children whose ages ranged through eight years, came to the mezzanine floor of the Herring Hotel, they were registered, a fee of \$1 being charged for each child. The accompanying adult was given a number which was pinned to the clothing. A case history for each child was taken by Auxiliary members, after which the children and adults went into the ballroom-clinic. Here they saw each physician, who made complete examinations in his field, as rapidly as possible compatible with thoroughness. Strollers for the use by mothers of small children were available, and this innovation made it easier, and less tiresome, to get from booth

to booth. Literature concerning the Osteopathic profession and its ability to heal, was at hand, free, for all to take. Coffee in big urns, was hot and ready for all doctors and workers during the entire clinic. Mrs. E. W. Cain and Mrs. M. F. Achor had charge of the big task of handling all supplies. We are to have these supplies stored without charge the coming year by Wallace Leachman, who has a storage business in Amarillo. We appreciate our friends—particularly all those lay people who aided in making the 1954 clinic such a wonderful success. Even the Weatherman cooperated perfectly, much to our delight!

In addition to the Amarillo physicians, the 1954 Clinic had the help of Dr. Sam Hitch, President-Elect of the American Cranial Association, from Lubbock, Texas; Dr. Lesly H. Opdyke, of Clayton, New Mexico; Dr. A. A.

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Redwine, of Higgins, Texas, Dr. Dwight Cox, of Hedley, Texas; Dr. John Witt, of Groom, Texas, who was recently named "Doctor of the Year," and whose wife who also helped, who is president of the Auxiliary to the Texas Association of Osteopathic Physicians; Dr. and Mrs. John London, of Groom, Texas; Dr. and Mrs. J. Paul Price, of Dumas, Texas, Dr. Harry Brown, of Canyon, Texas, Dr. and Mrs. L. N. Pittman, of Borger, Texas, Dr. and Mrs. Glenn Robinson, of Happy, Texas, Dr. and Mrs. J. H. Kritzer, of McLean, Texas.

Now, we are looking forward to next year's Tenth Annual Osteopathic Child Health Clinic, which will be held May 20 and 21, 1955 at the Herring Hotel. We know we will make good use of the experience gained this year, so anticipate an even better Clinic then. As usual, we are reminded again that it requires the help of all of us to put on a good clinic. All those who helped, benefitted.

MRS. J. H. CHANDLER, *Reporter*.

Auxiliary District One

The quarterly meeting of the Auxiliary to the District One Association of Osteopathic Physicians and Surgeons was held in Room 205 of the Herring Hotel on Sunday afternoon, May 23. The meeting was preceded by a dinner with our doctors in the XIT room of the Herring. After the dinner Dr. M. S. Magen, Pediatrician of Dallas who had been co-ordinator at the 9th Annual Child Health Clinic gave a resume of the Clinic and suggestions for next year. Of the two hundred seventy-seven children who were examined, 138 reported Allopaths as family doctors, 110 had Osteopathic physicians as family doctors, while the rest had had no illness since coming to Amarillo and had not yet chosen a doctor. The ages of the children ranged from 4 months to 10 years, with a majority in the age range from 1 to 4.

Dr. Ralph I. McRae, Psychiatrist of June, 1954

Dallas, who also helped with the Clinic gave a most interesting and informative talk. His subject was "Development of Personality in Childhood." Some of the highlights from his speech were: Many children have problems from the very beginning. The most serious problems come from the extremes of being too active, or too placid. Training is the major problem of parents, after loving. There are no absolute rules in training, but anxious parents can make the wrong rules. The structure of our language largely determines what we think. Conscience will become the major organizer of our social structure. The first seven years are like a foundation of a house—unless it is solid we cannot build well, Training needs to be specific and consistent, with rewards. We should honor our children. Children need to be wanted and understand they are wanted as early as possible.

Twenty members of the Auxiliary were present at the meeting. Mrs. Phil Freund of Pratt, Kansas, was a guest. Mrs. W. R. Ballard, president, presided. Reports from the convention of the Auxiliary to the Texas Association of Osteopathic Physicians and Surgeons held at Fort Worth were given by Mrs. J. Francis Brown, Mrs. E. R. Mayer, Jr., Mrs. E. H. Mann, of Amarillo, Mrs. J. Paul Price of Dumas, and Mrs. John Witt, of Groom. All reported a most interesting, inspirational, and enjoyable meeting. The group voted to give \$5 to the Cabin Fund for the restoration of the cabin where the Old Doctor was born. At the election of officers for a two-year term, Mrs. G. Welton Gress was elected President, Mrs. John Kempelin, President-Elect, Mrs. John Prendergast, Vice President, and Mrs. Don Eakin, Secretary-Treasurer. Our new President of the Auxiliary to the Texas Association of Osteopathic Physicians and Surgeons, Mrs. John L. Witt, of Groom, installed the new officers.

The Auxiliary to the Amarillo Hospital and Clinics met in the home of

Mrs. E. L. Rossman, 3703 Lewis Lane, Amarillo, at 8 p. m., May 19.

Mrs. Rossman, president, presided. Mrs. L. J. Vick, representative of the Auxiliary to the Amarillo City Federation of Women's Clubs, reported on the recent federation meeting. Mrs. J. Francis Brown, reported on the Open House, held at the Amarillo Osteopathic Hospital on National Hospital Day, May 12. Coffee and cookies were served to all the guests. Mrs. Brown was chairman for this event. Mrs. John Kemplin, and Mrs. Gerald Nash discussed the publicity being used for the Ninth Annual Child Health Clinic to be held May 21-22 at the Crystal Ballroom of the Herring Hotel. The group listened to a recorded broadcast from Radio Station KAMQ in which Dr. John Kemplin and Dr. Glenn Scott discussed the Clinic with the announcer. Many details concerning the clinic were talked over and decisions made. Wallace Leachman, who has a trucking and storage business, has agreed to store the screens and partitions used yearly at the Clinic, without charge. The use of strollers for mothers with small children will be an innovation at the clinic this year.

The following officers were elected for the year 1954-55: Mrs. Glenn Scott, President; Mrs. Glenn Robinson, of Happy, Vice-President; Mrs. Don Eakin, Secretary; Mrs. M. F. Achor, Treasurer. The new President appointed Mrs. E. W. Cain as Federation Representative. The next meeting will be held in September.

After the meeting, Mrs. Rossman served delicious punch and home-made cookies from a lovely table, and the members enjoyed a social time. Later, several doctors dropped by from their meeting at the office of Dr. J. Francis Brown, and enjoyed refreshments and pleasant talk.

Those present at the meeting were: Mrs. M. F. Achor, Mrs. W. R. Ballard, Mrs. J. Francis Brown, Mrs. E. W.

Cain, Mrs. J. H. Chandler, Mrs. G. Welton Gress, Mrs. John Kemplin, Mrs. E. H. Mann, Mrs. Ed R. Mayer, Jr., Mrs. E. L. Rossman, Mrs. Glenn R. Scott, Mrs. L. J. Vick, and Mrs. Gerald Nash.

FLORA (Mrs. J. H.) CHANDLER,
Reporter.

Auxiliary District Six

At the last regular meeting, May 24, the Auxiliary to the Harris Society of Osteopathic Medicine voted the Harris County Auxiliary on an inactive status, and to continue with renewed interest for a more active District VI.

As a memorial for the late Dr. Chester Summers, two live oak trees were planted on the Houston Osteopathic grounds by the Auxiliary. Other shrubs were purchased and these, too were planted on the hospital property.

We are sorry to report that Susie, daughter of Dr. and Mrs. Stanley Hess, was badly injured when an automobile struck her. Our prayers are with her.

More news next month.

Henry J. Kaiser Favors Group Medical Practice

WASHINGTON.—Henry J. Kaiser, West Coast industrialist, recently asserted that group practice by doctors and programs of preventive medicine under prepaid health plans could solve this country's big medical problems.

"The economics of group practice and the saving that can be made in preventing illness before it occurs can make hospitals and medical centers a sound investment for private capital," he said.

Kaiser, whose one of many enterprises is a health foundation which builds hospitals and leases them to groups of doctors, made these points in a statement prepared as his personal testimony in behalf of the Woverton Bill.

NEWS OF THE DISTRICTS

DISTRICT ONE

The biggest news in this territory is our Child Health Clinic which was held the 21 and 22 of May. It might not be very big by other standards, but to us it was good, in fact, the best we have ever had. We examined 277 patients ages 1 to 10, and found pathology in many. Our public relations was good, thanks to the direction of Mrs. John Kemplin with assistance from Mrs. L. V. Credit and Mrs. G. K. Nash. They arranged and saw to completion 4 television programs, 8 radio programs, and several newspaper articles. Mrs. Glenn Robinson of Happy, Texas, was head and director of the Clinic, and she did a very nice job. Most all of the ladies worked long and hard, without them the job would be impossible, and good cooperation was had from most of the doctors in the district. The boys from out of town deserve an especially big hand for coming in and doing their part. Naturally, we have a few in this district just like you have in yours that either won't come or will say that they will and then not show up, but we are happy to say that they are in the minority. We are very appreciative of the help given us by Drs. M. S. Magen and Ralph I. McRae of Dallas, Dr. Sam Hitch of Lubbock, and Dr. Updyke of Clayton, New Mexico. Next year we hope to make it a bigger and better Clinic, and would like to have more men from out of the district come and help us.

Dr. Alfred Redwine of Higgins has gone to Kirksville to work with Dr. Earl Laughlin on some surgery, plans to stay a month I hear.

Dr. J. Paul Price is trying to arrange a meeting with the American Society of Safety Engineers.

A new American Business Club is

being formed in Amarillo, and Drs. Achor, Mayer and Kemplin have joined.

Dr. E. W. Cain's son, Jackie, broke his jaw and graduated from high school all in the same week. The combination of events spoiled a fine fishing trip for his father.

Dr. Norman Harris is leaving us, moving to San Antonio.

Dr. J. Francis Brown's daughter, Sue, has finished the semester at Christian College in Columbia, Missouri, and is planning to spend the summer as a counselor in summer camp in Estes Park, Colorado.

The Amarillo Sunday NEWS-GLOBE, May 30, 1954, carried quite an extensive article in regard to five local men who graduated this year from the Kansas City College of Osteopathy and Surgery. The article carried pictures of the five young men, namely, Drs. Charles R. Buell, Raymond E. Mann, Maurice D. Mann, Raymond E. Beck, and A. Roland Young.

NOTE: The editor knows of no other city in Texas that has had five students graduate from our colleges in any one year.

We congratulate these men and the Amarillo group upon this achievement.

DISTRICT TWO

Dr. and Mrs. E. E. Blackwood are spending a week and a half in Omaha, Nebraska, and Newton, Iowa. He has two race horses running at AK-Sar-Ben race track in Omaha, Nebraska.

W. D. Blackwood was reelected to the board of trustees of the Texas Private Flyers Association during the convention in Galveston May 21-22-23, 1954.

DISTRICT THREE

On Sunday, May 16, 1954, the regular meeting of the East Texas District was held at the Blackstone Hotel, Tyler, Texas. Attendance was rather less than it could have been. A complete report in regard to the activities of the Board of Trustees and the House of Delegates to the State Convention for 1954 was given to the members present. Notice was duly given that a revision of our constitution must be accomplished soon, that uniformity of the time for election of officers and delegates will be required and that one entire meeting must be devoted to study and discussion of the A. O. A. Code of Ethics. Dr. Robert L. Hamilton, having affiliated himself with another district because of geographic reasons had to be replaced as Secretary. Dr. Charles C. Rahm, President Elect, was installed as our new President and took over the office on the above mentioned date. Dr. E. C. Kinzie, Lindale, Texas, was elected President Elect. Dr. H. G. Grainger of Tyler, Texas, was elected Vice President after being assured that the office would be abolished if found unessential. Dr. W. K. Bowden, Tyler, Texas, was elected Secretary-Treasurer. The assistance of Dr. Wayne Smith, current President Elect of the State Association, in explaining and clarifying the activities of the Board of Trustees and House of Delegates, was greatly appreciated and it is felt that the members in attendance at this meeting were adequately informed as well as being directed to specific sources for further detailed information on the functions, procedure, and various activities of the officials of our State Association. The entire meeting was devoted to reporting and explaining, hence no professional program was offered.

On May 22, 1954 a meeting of the State General Practitioners Society was held at the Blackstone Hotel, Tyler, Texas. The principal speaker was Dr. William A. Thomas of Houston, who

presented an excellent dissertation on "Diagnosis and Treatment of Chest Disease." It is to be regretted that the attendance was poor.

On May 23, 1954 the Radiology Society conducted a meeting at the Blackstone Hotel, Tyler, Texas. Some thirty physicians were in attendance and the program was highly educational. This program was printed in the May issue of the Journal of the State Association and was of considerable benefit to all who attended.

Dr. Bernard Jones, Mineola General Hospital, Mineola, Texas, recently cared for an interesting surgical problem. This consisted of an indirect inguinal hernia, situated beneath a direct inguinal hernia, located beneath a cord hydrocele which had complicated an ordinary hydrocele which had become involved with either volvulus or intussusception of the epididymus—to say nothing whatever of a knuckle of ileum which had managed to surround the total pathotic mass, thereby pinching off its own blood supply. For clarity, however, it must be stated that no mere pantaloons type of hernia was involved; the entire mass being located below and medial to the deep epigastric vessels.

The comment of Dr. H. Grice, reporting the news from down Houston way, in the May JOURNAL was duly noted—you know these news columns may need editing—at any rate I think the term "Girth" may well have been replaced by the term "stature". Tyler has no really adequate source of supply for males requiring girdles.

Dr. Joe Brown, Tyler, Texas, is now part owner of a brand new Cadillac which has built-in facilities for everything.

Dr. Sue Fisher has returned to practice in Gilmer, Texas. She and Mike are doing an excellent job of P-R in that locality. (The "P-R" doesn't stand for Phil Russell, though well it might.)

Noted in recent medical literature: One gram of methionine daily for eight

days to two weeks resulted in the complete disappearance of cutaneous warts. Riboflavin by injection, daily, is curing Psoriasis.

DISTRICT FIVE

District 5 had its first meeting since its inception at the Stoneleigh Hotel in Dallas, Texas, on May 27, 1954 with Dr. Robert Lutz presiding as temporary chairman. The following officers were elected:

President, Robert H. Lorenz, Dallas; President-elect, George Miller, Dallas; Vice-president, Gordon A. Marcom, Ladonia; Secretary, Ross Carmichael, Dallas; Treasurer, Harriett Beckstrom, Dallas.

The plan was introduced and adopted to have monthly meetings the year around to aid and assist the state office in any way possible. Attention was called to the graduating internes of the possibilities for opportunity and practicing in the Waco area.

Stevens Park Osteopathic Hospital will have its annual graduating exercises at the Baker Hotel in Dallas on June 30. A dinner and reception is planned to honor all Dallas physicians who have been in practice twenty-five years or longer. Dr. Raymond P. Keesecker of Chicago, Illinois, will be the main speaker and his topic will be, "An Evaluation of the Osteopathic Profession, Past, Present, and Future". The graduating internes are as follows: Drs. Richard Helfrey, John Lattini, Paul Ribbentrop, and Robert Stahlman.

Dr. Ralph I. McRae spoke to the Department of Sociology, Philosophy and Psychology at the Texas State College for Women, on "Psychiatry in the Modern World." He also lectured to the South Dallas Lions Club, on "Why Crime Pays", and at the Amarillo Child Health Conference on "The Development of Childhood Personality".

June, 1954

DISTRICT SIX

At a recent Internes meeting at H.O.H. we had the pleasure of hearing one of the Rice coaches talk on pre- and post-game preparation, via bandaging and physical therapy. He said "tight shoes" are the cause of 85% of the divorces". I could not agree with him on that, but I do believe that 85% of the divorces are among people that wear shoes. Folks that don't wear shoes "do not wander so far a-field". "Keep 'em bare-footed, etc."

Dr. O. Robinson is taking Dr. Tedrick's course in X-Ray diagnosis at Jefferson City, Mo. After the X-Ray sojourn she will visit relatives in Iowa a few days.

Heard in the halls: "If that fellow's brains were ink, there would not be enuf to dot an i."

The noteworthy topic under discussion at the Galveston meeting of 6-6-54 was to get more uniformity in our telephone listings, after ten years of tugging this and that way we got the part we wanted most. Now let some of us be more modest of our abilities and attainments of what we have to offer the suffering public. The noble and scholarly expression of our facial contours and shape of the cephalic portion is enuf to convince the public, "this is sufficient."

Harris county society of Osteopathic medicine is being re-activated as an integral part of our professional organizations, maybe a closer association of all the Hospital staffs and those doctors not on any staff.

DISTRICT SEVEN

Dr. F. M. Crawford traveled with the Alzafar Shrine Band to the spring ceremonials in Dallas.

Dr. L. C. Edwards spent one weekend at the coast with the Dirty Dozen, a so-called stag and fishing party club. Wonder why they never talk about it?

Dr. and Mrs. Billy Schoch are visiting his folks in Brookfield, Mo.

Dr. Steve Howard, Excelsior Springs, Mo., is spending a month in San Antonio studying Urology under Dr. Gordon Beckwith.

Glad to report that Dr. Wallin is somewhat improved. He is still in San Antonio Osteopathic Hospital.

Dr. E. E. Dunlap of San Diego, Texas, visited with us in San Antonio. His son is a student at Peacock Military Academy.

Dr. George Clark from Little Rock, Arkansas, spent a week in town. He was being treated at the Edwards Clinic.

Christina, daughter of Dr. Waldemar D. Schaefer, returned from Columbia, Mo. She attended Stephens College this past year.

Patricia Ann, daughter of Dr. H. H. Edwards, graduated from Incarnate Word High School last year. She is enrolled at Stephens College for the coming year.

Dr. H. A. Beckwith and Dr. R. Wascher and their families spent a week-end at Garner State Park. They said they had a wonderful time and came home refreshed.

District Seven is making plans for a general meeting to be held in Austin sometime during June.

WALDEMAR D. SCHAEFER, D. O.

DISTRICT EIGHT

District 8 held a meeting May 16, 1954 at the La Louisiana restaurant in Corpus Christi. The following were re-elected to hold office until April of next year: H. F. Elliot, D. O., president; Geo. W. Diver, D. O., vice-president; R. E. Bennett, D. O., secretary-treasurer.

Dr. D. A. DeShong was appointed Chairman of Public Affairs for the district and Dr. H. F. Elliot, Chairman of Professional Affairs.

Regular business was transacted at

the staff meeting of the Corpus Christi Osteopathic Hospital on May 11.

Isn't it just like a busy doctor to leave his keys in his car, together with his little black bag and be the loser? Dr. T. M. Bailey reported again the theft of a black doctor's bag from his automobile at his home.

The executive board of the Corpus Christi Hospital met for routine business on May 25.

A staff meeting was called on May 26 to arrange for complete renovation of the Corpus Christi Hospital, which will include a new coat of paint, inside and out. At the present time, it is in the process of being fulfilled.

The Optimist International Convention was held in Corpus Christi for two days, May 21 and 22. Dr. and Mrs. Merle Griffin were in attendance.

The doctor's offices were closed, together with the Corpus Christi business houses for Memorial Day. Routine business was transacted through the hospital.

DISTRICT NINE

May 9, 1954 meeting was held in Gonzales with Dr. and Mrs. Willis Crews. Almost all the news at this meeting consisted of various members exchanging views on the convention and of the construction projects underway and contemplated.

At the present time, the Crews brothers are conferring with architects to build a 33-room hospital of tile construction which will be air-conditioned. Said building is to be erected in a horse-shoe shape, encircling the existing hospital which will be torn down when the new institution is ready for occupancy. As a double feature, brother Willis is undertaking a remodeling program to modernize his homestead.

More building news: Dr. and Mrs. A. J. Poage, of El Campo, also have a double-feature construction project. While Dr. Poage is supervising the con-

struction of a swank new clinic building, Mrs. Poage is overseeing the erection of a new duplex apartment.

If all this experience could be lumped together, we could form a 9th district professional contractors' association.

Thumbnail biography:

Dr. Joseph Vincent Money, president of district 9.

Born 1906, graduated from Kirksville, 1928; practised in Sandusky, Michigan, 1930 - 1940; Schulenburg, Texas, 1940.

Professional interests: Refraction and diseases of the eye; psychiatry.

Personal interests and hobbies: Foremost, reading; has a library of thousands of books, chiefly modern medical research; hi-fi fan, with extensive library of classical records; kodachrome-slide enthusiast; loves to visit Mexico and shop for native art.

H. L. TANNEN, D. O.

Secretary, District 9.

DISTRICT ELEVEN

Saturday, May 15, 1954 District 11 held its first meeting at Hotel Cortez, El Paso, for the new year. Dr. M. A. Calabrese was elected president, Dr. R. R. Delgado, vice president, Dr. R. T. Land, secretary-treasurer. We were honored by the presence of Dr. Archie Garrison of Port Arthur, Texas, who brought news and information from the State Association. Dr. Jenkins, Las Cruces, New Mexico, Certified OB & Gyn, gave us a very interesting lecture on Uterine Hemorrhage from all causes. The formation of a Women's Auxiliary was discussed. Following the meeting several couples enjoyed a visit to Juarez in Old Mexico.

Dr. R. T. Land and M. A. Calabrese have just opened a new clinic in Lake-side area of El Paso.

Dr. Calabrese and wife have just purchased a new home.

June, 1954

District 11 is sorry to lose members from the Midland-Odessa area from our district.

You should see the Taylor Halls' new living room at his home. You would think that you were walking into a new country club.

Dr. Holcomb escorted Dr. Garrison from the airport in his new corvette.

Dr. Epperson and wife stated they really enjoyed the state convention and are looking forward to next year.

Dr. Vowell's new office on S. Stanton Street is getting busier all the time.

Dr. Smith and wife have just returned from the convention in Denver.

Dr. Hall, the Tigua General Hospital Anesthesiologist, is running a series of experiments in aids to anesthesia—will give findings later. Also reports wonderful practice in Hacienda Heights.

Both hospitals doing wonderful business.

El Paso needs many more doctors.

R. T. LAND, D. O.

Secretary-Treasurer,

District 11.

Dr. Brandt, PCO President, Member of PSAMR

CHICAGO (AOA)—Dr. William A. Brandt, president of the Philadelphia College of Osteopathy, is one of the 17 directors of the Pennsylvania Society for Advancing Medical Research, Inc.

The organization was founded in 1952 as a non-profit scientific and educational organization, for the collection and dissemination of knowledge on medical research.

Its program consists of increasing public awareness of the importance and problems of medical research through such mediums as newspapers, radio and television programs, publications, exhibits and educational programs.

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GONE FISHING

AROUND ABOUT the first part of July you will miss a familiar face. Your Vitaminerals Distributor has gone fishing.

Not after rainbow trout or deep sea bass. No he's gone fishing for ideas. He will be looking for ideas to help you in your practice, to add to the sum of knowledge in the ever changing field of nutrition.

Periodically this occurs here at Vitaminerals when all our distributors meet here in convention. Ideas are exchanged, laboratory tests are demonstrated, the latest development in nutritional aids

are expounded by many leading authorities and discussed and analyzed.

Our distributors return to their territories—your territory, Doctor—with the newest, most up-to-date information on the subject of nutritional supplementation and techniques available.

And in between these conventions here, periodic key meetings are held throughout all territories to keep our distributors informed on the last word in nutritional supplementation so that they may be even better equipped to serve you.

Personal Service By:

DENNIS & SMITH
1905 S. Edgefield St., Dallas, Texas, Phone: YU-6318

RAYMOND S. INGERSOLL
Box 6634 Alamo Heights Sta., San Antonio 1, Texas

WILSON WOMACK
1424 Westheimer, Houston, Texas, Phone: JA-4728



VITAMINERALS INC.

Glendale 1, California