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In This Issue—

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EDITORIAL PAGE

College Presidents Visit Districts

No doubt, September, 1955, will be long remembered as a historical month of progress for the Osteopathic Profession in Texas. Each of the twelve districts was visited by a College President and a program on Osteopathic education in our colleges was presented. We learned that our colleges are doing a magnificent task in educating our doctors. We further were informed that our schools are getting their capacity of students, and Texas is well represented in at least two of the colleges.

The profession responded to these messages from the college presidents by subscribing cash and pledges to take care of our quota of the Living Endowment Plan. Three hundred Osteopathic Physicians in Texas pledged their support to the extent of ninety per cent of that goal, and this pleased the Presidents and your chairman greatly. We know there are many DOs in the State whom we were unable to see and for those who wish to join the Living Endowment, please contact your local district OPF chairman to make your pledge. The district chairmen are:

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Remember our goal is Fifty Thousand Dollars a year. Do your part.

A. L. Garrison, D. O.
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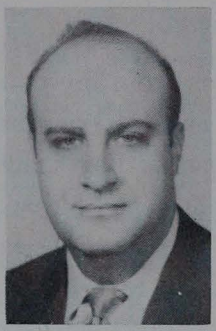
VOLUME XII FORT WORTH, TEXAS, OCTOBER, 1955 NUMBER 6

Practical Application of Blood Volume Determination

JOSEPH F. DEPETRIS, D. O.
Dallas, Texas



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

TOTAL BLOOD VOLUME DETERMINATION

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

Figure 1

The six most common abnormalities of blood volume encountered are: 1. Acute hemorrhage; 2. Compensated ir anemia; 3 Syndrome of chronic shock;

4. Hemoconcentration; 5 Hydremia, and 6. Absolute polythemia.

Acute hemorrhage with simultaneous loss of plasma and red cells demonstrates the fallacy of using the hematocrit, percentage of hemoglobin and red count for the estimation of the blood loss. These values remain normal for many hours following hemorrhage. Following a latent period of three to four hours after hemorrhage, plasma volume begins to increase, reaching a peak in three days in adequately hydrate patients. [4,11] At this time a hematocrit would indicate the presence, but not the magnitude of red cell deficit. In contrast to the rapid replacement of plasma volume, replacement of major depletion of red cell volume by hematopoesis is severely limited and may take several weeks. [4,11] Studies with blood volume indicate the quantity of whole blood required to prevent development or continuance of shock.

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

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

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

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

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

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

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

Preoperative blood volume studies should be done in all patients who have chronic disease, in the geriatric patient, where acute or chronic blood loss has occurred, in dehydrated patients and the poor risk patient. It has long been recognized that blood volume depletion

occurs in patients with neoplastic disease. [13,14,31,32] Here the major change is in the reduction in the total red cell volume and hemoglobin. [2,13]

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

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

The quantitative replacement of blood volume deficit preoperatively and excessive operative losses during or following surgery will almost eliminate operative and postoperative shock, [12,13,14,15,31,33,34,35,36] widen the scope of surgery, and has lowered morbidity and mortality. Post-operative convalescence has been rapid in patients thus treated as compared with the slow recovery of many patients not receiving the benefit of replacement.

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

In a patient with peritonitis, after eight or more hours a 20- 30 per cent reduction in plasma occurs, with only a small reduction in red cell volume. [37]

The therapy is acute gastrointestinal hemorrhage in which large volumes of whole blood are often needed over very few hours, the use of blood volume estimation is very effective in the more accurate appraisal of the patient. Here again the concentration tests are grossly misleading as plasma compensation does not have time to occur to alter the hematocrit.

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

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

mated and replaced with compartment study if necessary.

At the present time controversy exists as to the state of the blood volume in the patient with congestive heart failure. Certain studies have indicated that a hypervolemia exists due to an increase in either the circulating red cell mass, the plasma volume, or both. [23,24,25,26,27,28,29,30] Other reports suggest that there is no significant increase in the circulating blood volume in patients in congestive seart failure over controls. [20,21,22] This discrepancy appears to be due to the groups reporting no change using only tagged red cells and were based on the assumption that the total body relative cell volume is identical with the peripheral vessel hematocrit. More recent studies in which red cell and plasma volume were determined independently have shown that mean values for red blood cell volumes and plasma volumes were elevated above those of control subjects and fell with compensation. [30] These studies have been in patients who have not been in a state of congestive heart failure for long periods of time. It has been my experience with the patient in uncompensated congestive heart failure with resulting hepatic and gastrointestinal edema that severe deficits in red cell volume may often occur. This may be accompanied by a deficit in the total circulating and body protein producing reduced oncotic pressure of the plasma. It is felt that both result from prolonged edema interfering with absorption of food constituents needed for hematopoesis and serum albumin production. Ten cases have been studied in which severe anasarca has resulted from oliguria. These patients were in a state of congestive heart failure for months and years. Hyponatremia and hypochloremia was not present. They were digitalized, and had become "diuretic fast". Arrythmias, vitamin deficiency, hyperthyroidism, and infectious disease were not the aggravating factor. Studies showed severe deficits in the total blood volume due predominantly to red cell deficit. In some, the total circulating protein was lowered. The anemia present was of the hypochronic normocytic or microcytic type. Replacement therapy was accomplished with small transfusions of packed red blood cells, 250 cc per day, replacing up to 1500 cc in red cell deficit in some cases. Prompt and profuse diuresis occurred in all cases. It is presumed to be due to increased myocardial and renal efficiency resulting from the relief of the existing anemia. Following this procedure the cases under study again responded to diurectic therapy and sodium restriction. The edema state being more properly controlled, and the patients maintained on a high protein, iron supplemented diet at the present time are more able to maintain hematopoesis and albumin formation again. The number of cases so treated are as yet too small to draw any definite conclusions but are being presented as a stimulus to the use of blood volume study and replacement in

the advanced cardiac in uncontrollable, unresponsive edema formation.

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

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Medical Corps Appointment Bill For DO's Delayed Until January '56

CHICAGO (AOA)—Passage of the House-passed bill for medical corps appointments of osteopathic graduates was abruptly postponed in the closing days of the 1st session of Congress until the 2nd session, which convenes early in January 1956.

It was previously hoped that a brief hearing before the Senate Armed Services Committee would suffice and permit Senate consideration during the past session. However, requests to be heard in opposition by the American Medical Association and State Medical Societies persuaded the Committee that adequate hearings could not be sandwiched-in prior to adjournment.

The special subcommittee appointed to consider the bill consists of Senators Stuart Symington (D.-Mo.) Chairman, Henry M. Jackson (D.-Wash.) and Margaret C. Smith (R.-Me.).

The Fall Conference in Osteopathic Cranial Therapy

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Indications for Nephrectomy

By GORDON S. BECKWITH, D. O., San Antonio

Nephrectomy has been performed for so many varied pathological conditions of the kidney that if we were to list all of them they would appear much like the index of a standard urological text book. We will attempt to present some of the problems which confront not only the surgeon but the general practitioner in the management of the patient with renal pathology of such gravity as to require nephrectomy.

The past twenty years have brought forth no great changes in urological diagnosis; since the event of the cystoscope, the retrograde pyelograms, the intravenous pyelograms and the functional tests on the kidney, the practice of urology has been an exacting specialty. Therefore, it behooves the physician to be alert for early changes in the urinary tract and to refer these patients for urological study to a competent urologist for only in this manner may the early diagnosis and recognition of the pathologies requiring surgical treatment be recognized.

I would first like to discuss tumors of the kidney. McKay states:(1) "all tumors of the kidney which are recognized as such, are malignant or potentially malignant and should be treated by nephrectomy. Since the surgeon cannot make a clinical preoperative histopathologic diagnosis he should concern himself with making the simple diagnosis of renal neoplasm and do a nephrectomy as soon afterward as possible." When the cardinal symptoms of hematuria, pain and tumor mass are present the diagnosis is easy and the prognosis is bad and one might say these are not indication for nephrectomy, but an indication of an early death. If every patient with hematuria or unexplained temperature, the truly early symptoms of renal tumors, was referred for complete urological survey I am sure that many tumors of the kidney would be diagnosed early and nephrectomy instituted before it is too late. Often times mild distortions in the retrograde pyelograms are not recognizable until the second urological study, therefore, one should not hesitate tto insist on repeat retrograde pyelograms in suspicious cases or in cases with repeated bleeding where the initial examination was negative.

Tuberculosis is another renal pathology for which nephrectomy has been frequently performed, however, the treatment of tuberculosis of the kidney is not strictly a surgical problem or is it strictly a medical problem. (2)McCrea states that nephrectomy should be done only if the lesion in the kidney exhibits

a definite progressive destructive tendency and the opposite kidney is normal and healthy. He further says that is is best to remove a kidney so progressively destroyed before serious involvment of the bladder occurs and that statistics uniformily agree that the period of longevity is greatly increased by surgical removal of such a diseased kidney as compared with strictly medical management. If lesions of the kidney are bilateral and of equal severity medical management should be used.

Hydronephrosis in the extreme case where the kidney is completely destroyed is certainly an indication for a nephrectomy. Often times when one first sees these patients nothing but a sack containing a quart or more of fluid is found and there is no kidney parenchyma remaining. It is obvious that when a kidney is completely destroyed, if the patient is not uremic, the opposite kidney is sufficient to maintain the excretion of the waste products of the body. In the infected hydronephretic kidney where the opposite kidney is normal and all attempts at conservative treatment have failed to alleviate the obstruction plastic procedures to correct the cause of obstruction are first considered. If these are a failure after careful evaluation of the patient nephrectomy may be the only means by which the patient can be relieved of the symptoms produced by a chronic infection.

Pyonephrosis is another condition in which nephrectomy is indicated and here we refer to a kidney full of pus without function. Renal calculi in certain instances are an indication for a nephrectomy; this being considered a very radical form of treatment for the same, however, where the opposite kidney is normal and is capable of maintaining the body in a healthy state and repeated operations have been performed on the involved side for recurrent stones, nephrectomy certainly must be considered as a form of treatment.

A frequent condition requiring nephrectomy is the ectopic hypoplastic kidney. This kidney is a small, poorly functioning organ and due to its position it is constantly infected and in many cases it is impossible to eradicate the infection. Here is certainly an indication for nephrectomy.

During this modern era the physician is often called upon to deal with a patient in an automobile accident. Often times lacerations of the kidney are produced by these accidents. It is extremely important to observe these people closely for even though the urine may be free of blood and retrograde pyelograms may appear normal there is a possibility of lacerating injuries of the parenchyma. Here again severe lacerations which cannot be repaired may

necessitate the removal of a kidney on the involved side.

Solitary cysts involving the kidney present a diagnostic problem and it is usually impossible to make a positive diagnosis of a solitary cyst without surgical exploration.

We should like to present several case histories of patients requiring nephrectomy.

(1) Mr. G. A. T., age 54, was referred to the clinic complaining of pain in the low back over the right sacro-iliac area. He had been bothered with this pain for the past twenty years. His physician had treated him for frequent attacks of pyelonephritis and had given him manipulative treatment for the pain in his back. Urological survey revealed a small ectopic hypo-plastic pyonephritic kidney located over the right iliac artery. Nephrectomy completely relieved this patient of his back pain. This case illustrates the bizarre symptoms of a hypoplastic ectopic kidney and the relief obtained by its removal.

(2) Mr. H. K. reported to the clinic with bloody urine of forty-eight hours duration. He had a similar attack some three years before. He did not have pain with either this attack or the previous attack. Urological survey disclosed the blood to be from the right kidney and retrograde pyelograms disclosed a large hydronephrosis which at operation was found to contain 1,500 cc of clear water. The bleeding came from the upper ureter where it crossed an abherrent blood vessel. This case demonstrates a large painless hydronephrosis recognized only by the bleeding from the ureter. If this patient had been subjected to survey when the first attack of bleeding occurred perhaps the kidney could have been saved.

(3) Mr. P. B. was admitted to the hospital with hematuria, pain and palpable mass in the right loin. Urological survey disclosed a bizarre kidney pelvis on the right side. At operation a large carcinomatous kidney was removed. This patient succumbed some three months later to lung cancer. This case bears out that when the cardinal symptoms of hematuria, pain and tumor mass are present the prognosis is poor and the possibility of metastasis is great.

SUMMARY: (1) Some of the common conditions for which nephrectomy is performed have been discussed. (2) Early diagnosis and nephrectomy is imperative in tumors of the kidney. (3) Clinical cases have been presented to emphasize some factors in nephrectomy.

REFERENCES

(1) McKay—Lewis Practice of Surgery, Volume VIII, Chapter 7, Page 1.

McCrea—The Practice of Urology by Herman-Saunders.

(2) McCrea Clinical Cystoscopy, Volume II, Chapter 24, Page 863.

HONORED

Central Christian Church, 4711 Westside Drive, Dallas, Texas, honored Dr. James L. Holloway on the occasion of his 95th birthday, September 25, 1955.

Drug Commissioner Lauds Pharmaceutical Progress

WASHINGTON, D. C.—A "milestone of medical progress" was announced by Commissioner George P. Larrick, Food and Drug Administration, Divisioni of the U. S. Department of Health, Education and Welfare, at the acceptance of new-drug application No. 10,000.

"The new-drug applications filed in the past 17 years have recorded an era of unequalled progress in pharmaceutical research and development," Mr. Larrick stated.

The Food and Drug Administration, with its many scientific investigations directed toward ascertaining and promoting "purity, standard potency and truthful and informative labeling of the essential commodities," is a safeguard not only of the physician, but of the American public as well.

Osteopathic Bill in Pennsylvania Passed By State Senate

CHICAGO (AOA)—A long desired unified licensing board for osteopathic physicians and surgeons may soon be a reality in Pennsylvania.

The bill, which cleared its first hurdle in the state Senate by a vote of 32-9, is now in the House. If passed, as is expected, it will abolish the present State Osteopathic Surgeon's Examining Board and place the complete administration of osteopathic licensing under the State Board of Osteopathic Examiners.

The measure also redefines osteopathy as a "complete school of the healing arts applicable to all types and conditions of diseases and disorders and as practiced by surgeons possessing the degree of Doctor of Osteopathy." Specific recognition is given to the right to use all therapies, including drugs and operative surgery.

The bill contains provisions under which all DOs in the state now licensed only by the Board of Osteopathic Examiners may qualify for operative surgery in addition to present rights.

DO Helps White Sox Star Return to Lineup

CHICAGO (AOA)—George Kell, star third baseman for the Chicago White Sox, was able to return to the lineup after Dr. D. Millay (ASO '21) of St. Louis treated his ailing back.

Kell, whose team was in the thick of the American League pennant race, was the Sox' leading hitter before he injured his back.

Dr. Millay, who treated the "hot corner" veteran when he was with the Boston Red Sox, relieved the soreness and the sharp pain, enabling Kell to rejoin his teammates 48 hours later in time to hand the Kansas City A's a 4 to 1 loss in an arc contest Wednesday night, Aug. 10.

Washington, D. C. Will Be Host to 28th Annual Clinical Assembly

Sunday, October 30, through Thursday, November 3: the 28th Annual Clinical Assembly of the American College of Osteopathic Surgeons will convene during this period at the Statler Hotel, Washington, D. C., it was announced by Orel F. Martin, Coral Gables, Fla., convention executive.

Other specialty groups participating in the Clinical Assembly will be the American Osteopathic Hospital Association, the American Osteopathic College of Radiology, the American Osteopathic Academy of Orthopedics, and the American Osteopathic College of Anesthesiologists.

Honorary Chairman of Arrangements will be Chester D. Swope, Chairman, Department of Public Relations, American Osteopathic Association, Arnold Gerber, Philadelphia, will be in charge of scientific exhibits.

Presiding at the meeting of the participating organizations will be the following officers: J. Willoughby Howe, Hollywood, Calif., president. American College of Osteopathic Surgeons; Mr. Keith Bowker, Flint, Mich., president, American Osteopathic Hospital Association; John H. Pulker, Flint, Mich., president, American Osteopathic College of Radiology; Walter R. Garard, Los Angeles, president, American Osteopathic Academy of Orthopedics; and J. Calvin Geddes, Mount Clemens, Mich., president, American Osteopathic College of Anesthesiologists.

The Hon. Samuel Spencer, President, Board of Commissioners for the District of Columbia, will deliver the Address of Welcome at the Formal Opening Session in the Presidential Ballroom, Statler Hotel, on Sunday evening.

Activities planned for the ladies include a tour of the White House and a "Washington Party," given by Mrs. Gladstone Williams in the Crystal Room of the Willard Hotel. A Ladies Hospitality Suite will be set up to provide information on tourists attractions in the nation's capital.

Report of the Chicago College of Osteopathy Alumni Meeting Held in Los Angeles at the A.O.A. Convention July 20, 1955

Dear Alumnus:

The annual meeting of the Alumni Association of the Chicago College of Osteopathy was held in Los Angeles in conjunction with the National A.O.A. convention on July 20, 1955.

In a general discussion it was brought out that there have been more than 1,300 graduates of C.C.O., of which more than 1,000 are still in practice. Although this is the smallest alumni group of any of the colleges, it was thought that the time had come to organize the alumni into a better functional organization than it has been in the past.

Officers elected were: Dr. A. F. Kull, South Bend, Indiana, re-elected president; Dr. Margaret W. Barnes, Carmel, California, vice-president; Dr. Ward Perrin, Chicago, re-elected secretary-treasurer.

Sincerely,

ALBERT F. KULL, D. O.
President

Predicts DO's Will Outnumber Medical Doctors in Missouri

CHICAGO (AOA) — Osteopathic physicians will soon outnumber medical doctors in rural Missouri it was reported in a recent article prepared by the Sociology Department at the University of Missouri.

The health publication declared that the total number of medical doctors continues to decline while the number of osteopathic physicians remains relatively stable.

The conclusion is drawn in a five-year follow-up to an earlier study on the supply of physicians in rural Missouri.

The study showed that between 1950 and 1954, the number of medical doctors in a 20 county area declined, with 56 of the physicians dying, retiring or moving and being replaced by only 23 new physicians. That left a total of 100, in comparison with 133 four years earlier.

During the same period, osteopathic physicians decreased in number by only two, from 92 to 90. It was further noted that osteopathic physicians in this group were considerably younger than the medical doctors.

"There are now fewer M. D.'s in the practice in these 20 rural counties than at any time during the past 40 years," the authors continued. They predicted that the prospect is for a continued decline at a pace at least as fast as that anticipated in 1950.

Veterans Contract

The following is an amendment of schedule of fees of the contract between the Veterans Administration and the Texas Association of Osteopathic Physicians and Surgeons:

AMENDMENT TO THE FEE SCHEDULE—CONTRACT V1001M-53

Effective 1955

The schedule of fees of Contract V1001M-53 is hereby amended to include the phrase "Examination to determine Need for Aid and Attendance, when requested", under Item 0012, page 3, under Visits and Examinations. The corrected item will read as follows:

0012—Complete general routine physical examination including urinalysis (Examination to determine Need for Aid and Attendance, when requested) ..... $7.50.

Men look for brains in a woman only after they've looked at everything else.

Report of the Committee on Professional Education And Meetings

At the second meeting of the Committee of Professional Education and Meetings, held on October 8, 1955, it was further emphasized that there is a critical need for additional Post-Graduate training on a practical basis.

The profession has indicated, in response to the first report, its interest in the proposed post-graduate demonstration type programs. The expressions received were appreciated and further correspondence would be welcomed. The subjects of special interest should be made known and indicated to the Committee.

Several objectives of the Committee were formulated, with the intention of future adoption by the Texas State Association. Three of the objectives are as follows:

(1) To offer increased opportunities for post-graduate education of the osteopathic physician and surgeon in the State of Texas.

(2) To encourage hospital staffs to require a minimum number of hours of post-graduate training for the annual renewal of staff privileges.

(3) To amend the State Association Constitution by-laws, under Articles of Membership, so as to incorporate a minimum number of hours of post-graduate education.

NAT STEWART, D. O., *Chairman*
JOHN J. LATINI, D. O.

Twelve DO's Licensed to Practice Medicine, Surgery In Illinois

First Group Under High Court Ruling

CHICAGO (AOA)—For the first time in the history of Illinois, osteopathic physicians are licensed to perform surgery and administer drugs solely on the basis of their osteopathic education.

Results of the June 21-23 examinations at the University of Illinois Medical School in Chicago were announced by Vera M. Binks, Director of the Department of Education and Registration.

Her report stated that 12 of 14 osteopathic physicians had passed the state examination for full privileges to practice medicine in Illinois.

Percentage-wise, the DO's did better than the MD's. Only two of 14 DO's did not pass whereas 137 out of 311 MD's failed to make the grade.

The fact that 12 DO's passed the examinations, and with a better percentage mark, too, is only secondary. Of real significance is the fact that osteopathic physicians were afforded the opportunity of taking the tests.

However, it took 20 stormy years in Illinois courts before the State Supreme Court ordered the Department of Education and Registration to allow qualified DO's to take the tests.

Some Comments on Public Health

C. A. PIGFORD
City Health Office, Lubbock, Texas

Public Health has been defined by Dr. Sowder of the Florida State Department of Health as being that field of medicine which is limited to those wholesale problems which cannot be solved by private practice on a retail basis. Another worker says that public health encompasses those activities that are undertaken for the prevention of disease and the promotion of health which are, primarily, a community responsibility. The public health physician is peculiar in that he cannot practice his specialty alone. The very definition of the field in which he is interested precludes that possibility. He fails unless he has sympathy and understanding as well as the active support of the private practitioner in the community in which he practices. Not only does he need the assistance of the local physicians, he must be backed by local governments both in his policies which are in the main established by the medical profession, and financially. Even though he and his department has full support of the profession and government officials, he can still fail without community recognition of services offered and a knowledge of the average citizen of the aims and ideals of public health.

In the past, and particularly in rugged west Texas, there has been some resistance to the public health movement by the profession. This is believed to be due more to a misunderstanding actually, than to any encroachment by public health on the field of private practice. The bugaboo of socialized medicine has influenced the thinking of some of our private practitioners. A gradual increase of interest by government in health and welfare has contributed to this resistance along with the innate conservatism of medicine. It is a part of the job of the public health physician to win this opposition. He can do this by adhering strictly to his field, by maintaining close liaison with the private practitioner and by educating his colleagues. I think that if we stop to think and examine the facts, no one in the profession should have any quarrel with public health departments. The proven truth is that in every instance in every community where there has been established a well organized public health department the medical profession prospers. It has been substantially proven that the more extensive public health program a community enjoys, the greater the demand made by the public on services for the treatment of illness.

It is not too difficult to obtain financial support locally from enlightened governmental agencies. We might not get what we would like to have but I have never yet been turned down by either the city or the county if my requests were reasonable. I do not think that State appropriations have been adequate. I was told by one city manager that the one item he did not like to cut in his budget was that of the health department. The public can be sold on health services if they are given the facts. It is difficult to estimate in dollars and cents the value of disease prevention, or I might say prevention in all stages of disease, and that is what we are primarily interested in.

The control of malaria is one example of the prevention of disease in which the economic value is incalculable. Tuberculosis is something on which we can estimate the savings in money, or in re-

verse, I might say the cost in money to the state aside from the loss of earning by the head of the household. The average tuberculosis case stays 14½ months in a sanitarium. The cost is $8.25 a day. One case costs the State $8.25 x 365, or $3,011.25 per year. About 500 new cases a year are found by mass surveys. If for every new case found one is prevented, it represents a savings to the taxpayers of $1,505,615.00. Let's look at the early treatment of syphilis. Over 100 cases of neurosyphilis are admitted to Texas mental hospitals yearly. The cost per case is around $900.00 a year. The annual cost is around $90,000 for new cases alone. We can save that much by early recognition and treatment.

Recent tests made by the laboratory of a southern state showed that one per cent of all milk samples tested contained added water. Routine samples are screened in the laboratory with a lactometer. Samples showing a specific gravity of 1.030 or below are tested with the cryoscope to determine the percentage of added water. Out of 23 samples of watered milk from dairies having a daily milk production of 12,010 gallons, the percent of water added was 10.41. If the milk sells retail at $1.00 per gallon, the daily cost to the consumer was $1,250.00. The cost for one year if the condition were allowed to continue, would be $456,250.00.

We have in the past two years eliminated about 1500 privies in the City of Lubbock by persuading or requiring the property owners to tie into the city sewerage system. Sanitary sewers increase the value of building lots from $450 to $500 each. Therefore, as a result of this activity by the Health Department, property values in Lubbock have been increased approximately $750,000.

There are six essential jobs of any health department. They are:

1. The recording and evaluation of vital statistics.
2. The control of communicable disease.
3. The supervision of environmental sanitation; sewage disposal, garbage disposal; food, water, milk.
4. The provision of certain laboratory procedures.
5. Maternal and child health—the reservoir of the race.
6. Health education of the public.

In that we are interested in preventive medicine that applies to large segments of the population, it is believed that public health departments also begin to pay some attention to such diseases as diabetes, cancer, arteriosclerosis and mental illness, not from a treatment standpoint, but in recognition of these diseases and seeing that early treatment is instituted.

The Lubbock City-County Health Unit was organized to provide these essential services to the community. We are supported by the State, County and City. Of a total budget of $125,280 for the fiscal year 1954-55, which, incidentally, is about 90 cents per capita (the minimum recommended by public health authorities is $1.50), the State contributes $8,700, the County $16,476 and the City $100,104. We are supervised by a seven-man Board of Health, four of the members being appointed by the City and three by the County. I have twenty-six employees—fifteen in the sanitation division, four nurses, two in the lab, an x-ray technician, and four clerical. As to how we are performing our mission might be illustrated by citing some examples of work done. In 1953 we received and evaluated reports on 1900 cases of communicable disease. We processed certificates on 681 deaths and 4782 births. We gave 2563 immunizations, did 6870 diagnostic observations for venereal disease (mostly food handlers), 6299 chest x-rays, (also mostly food handlers). The nurses made 185 field visits on crippled children, 469 visits to tuberculosis cases. We inspected 861 private sewerage systems, answered 506 complaints on nuisances, made 1623 promotional visits in the interest of general sanitation, 1511 promotional visits for rodent control, poisoned 1005 premises for rats, made 1347 inspections of eating and drinking establishments, secured 938 corrections, made 3109 inspections of dairy farms, supervised the slaughtering of 42,074 animals for market, condemned 126,743 pounds of carcasses, examined 3068 samples of water and 4468 samples of milk. We did 7628 serological tests for syphilis and condemned 19,770 pounds of food as unfit for human consumption.

We, however, are far from attaining goals set as standard for public health in our community. Our population per public health nurse is rated poor (14,000 as against a recommended 5,000), we still do not have enough hospital beds, our diphtheria death rate for the past five-year period is only fair, as is our typhoid fever case rate and our whooping cough death rate, and our immunization rates. The percentage of cases of tuberculosis at home without approval is entirely too high. We are doing very little about antepartum care for expectant mothers. Our infant death rate is higher than the State and National average and our total accident and motor accident death rate is poor.

The attainment of higher standards of these, I might say, basic health problems is not unapproachable, yet it cannot be done overnight, nor can it be done without the cooperation of every segment of the community, and most important of all, it can be done only with the active support of you—the private practitioner.

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Kansas City College to Open Human Relations Clinic

Plan to Provide Mental Health Care For Limited Income Groups

Beginning September first the Kansas City College of Osteopathy & Surgery will offer a new service to the public and the profession in the form of a Human Relations Clinic, Dr. Floyd E. Dunn, Director of the new Clinic announced here today. The Clinic will be integrated with the General Clinics of the College, and will provide Mental Health Care for patients whose limited income prohibits them from utilizing existing private psychiatric facilities in the city.

Salaries of Staff Personnel and other Clinic expenditures will be paid in part by a Grant in Undergraduate Psychiatry from the National Institute of Mental Health, a Division of the U. S. Public Health Service under the Department of Health, Education and Welfare. The patients will be expected to pay nominal fees for services rendered, in accordance with their ability to pay.

Senior Students of the College will rotate on service in the Human Relations Clinic, and under the guidance of the Staff, will work directly with the patients in diagnosis and therapy. Minor emotional and psychological problems will be managed by the students while they will study the more severe emotional and behavior disorders only on an observation basis, Doctor Dunn stated, and the actual therapy of these more serious problems will be undertaken by only the graduate doctors on the Departmental Staff. Facilities for complete psychiatric and psychophysiologic consultation service and therapy, Marriage and pre-marital counseling, Vocational counseling and guidance, Psychological testing will be provided at the Human Relations Clinic. Services of Psychiatrists, Clinical and testing Psychologist, and a Psychiatric Social Worker will be available at the Clinic which will receive patients only on Monday, Wednesday, and Friday afternoons between 2 and 5 p. m.

Interested doctors and proper agencies should address inquiries to Doctor Dunn at the Clinics of the Kansas City College of Osteopathy & Surgery. It is possible to refer patients directly to the General Clinics, Doctor Dunn stated, where a complete case work-up, physical and laboratory studies will be done. The Staff of the Human Relations Clinic will then assume management of the patient and proceed with proper evaluation and indicated therapy.

The Human Relations Clinic will serve two important functions, said the Director: It will provide limited income groups in this area much needed help and guidance in understanding and dealing with their emotional and psychological problems; and, equally important, it will provide a means of teaching our future doctors, through actual clinical practice, how to recognize and how to treat the many personality problems which they will be seeing among their patients every day in general practice.

Health Features Exclusive Article on Air Pollution

CHICAGO (AOA)—In an effort to keep its readers abreast with the latest news and findings, the October issue of HEALTH swings its attention to one of the nation's gravest problems, air pollution—more commonly known as smog!

To learn the facts, HEALTH editors contacted Dr. Alexander Levitt, nationally recognized authority on the subject since his famous memorandum on air pollution to New York's Mayor William O'Dwyer in 1948.

The Brooklyn physician agreed to write the article exclusively for HEALTH

and presents the most recent research findings to back up his plea for air pollution control. In his forthcoming article in HEALTH, he asks, "Must We Breathe Dirty Air?"

The timeliness of the article is apparent, for while attending the AOA convention in smog-plagued Los Angeles, Dr. Levitt presented his views of this problem to science editors of the four daily newspapers. His explanation received many favorable comments and appeared, via wire services, in leading newspapers throughout the country.

In fact, Dr. William Brady, well-known syndicated columnist, devoted one of his columns to Dr. Levitt's remarks, commending him and stating that he shared the same views.

PALMORE E. CURREY, D. O.
Mount Pleasant, Texas

Dr. Palmore E. Currey, Mount Pleasant, Texas, was appointed to the State Board of Vocational Nurse Examiners.

Quotable Quotes

There may be some variance in the different states, but most of the problems of the profession and its hospitals stem from the same base. Dissension in our own ranks affect us more than does opposition at our front and back.

DR. WILLIAM E. WALDO,
in "Banner of Osteopathy" of the
Washington Osteopathic Assn., Inc.

Team Physician of SMU Speaker at Rotary Here

Football gives youths who may not be able to attend school the opportunity to continue their higher education but they work hard and make many sacrifices to play only 60 minutes each Saturday.

Dr. Robert E. Morgan, team physician for the Southern Methodist University football team, made that statement at the Rotary luncheon Thursday, October 13, at Athens, Texas.

He said the players must put in long hours of preparation before the season opens to get in good physical condition and work hard each week in training for games.

"Some of them, however, don't take advantage of the education offered them while they are playing four years of ball and unless they get an education to put sports to practical use they have lost four years of their life," he said.

Dr. Morgan told of some of his experiences during his 30 years as physician for sports teams of various kinds, and of the preparations that are necessary for a football team to make for a trip to another city for a game. He gave an account of one trip in particular—to Notre Dame for the game against that team.

Dr. A. Duphorne was in charge of the program.

Excellent Location

BRADY, McCulloch County, Texas. Attractive physician's location available in Brady, the site of a professional office for many years; living quarters in conjunction therewith. If interested, contact Raymond S. Ingersoll, Box 6634, Alamo Heights Sta., San Antonio 1, Texas. Phone TAylor 6-1444.

AUXILIARY NEWS

Auxiliary District Five

The Dallas Osteopathic Hospital Guild will have a costume benefit dance Saturday night, October 15, at the Casa Linda Lodge. The theme of the dance and breakfast is "Lady and the Tramp."

Dr. and Mrs. Sam Jones and Dr. and Mrs. Lionel Burton moved into new homes in Dallas this month (October).

Dr. and Mrs. Myron Magen and son attended the wedding of Dr. Magen's cousin in Miami, Florida the first of the month.

Our deepest sympathy to Dr. Paul Stern on the recent death of his wife.

MRS. H. G. SWORDS, *Reporter*

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Auxiliary District Six

Edna Lyons and Carolyn Wagner are sporting around new bouncing baby boys. Richard Lyons was born September 3, weighing 8½ pounds and little Bill Wagner made his appearance September 16, weighing 7 pounds, 5 ounces. Both mothers were inconsiderate patients, delivering in the middle of the night—oh! well, it's all in a sleepless night for fathers Dr. James Lyons and Dr. Clark Wagner and the daddy of them all, Dr. G. W. Tompson.

The Ways and Means Committee was busy Saturday, September 24, giving a pot luck supper at the home of Dr. and Mrs. Ralph Cunningham. Mrs. Mildred Cunningham and Mrs. Ruth Horan were hostesses with all the wives doing their share of the cooking and the doctors doing their share by buying and eating the food.

By MRS. J. S. CARPENTER

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Auxiliary District Twelve

Again, here is a combined two months' report of activities from District Twelve. The August meeting was held on Sunday, August 27, in Beaumont's Magnolia Park, in the form of a picnic for the entire family. It was evident that there are many experts in the culinary arts among our wives, as the food was in abundance and very delicious.

The month of September brought our group together for three occasions. The first meeting was a special meeting called on September 6, Goodhue Hotel in Port Arthur, to present Dr. Peters, President of Des Moines Osteopathic College, who gave us a very enthusiastic message about our colleges and their needs for support through the Osteopathic Progress Fund. From this first District meeting with the College Presidents, Dr. Garrison, State OPF Chairman, and Dr. Peters left the next morning for Corpus Christi, with a feeling of confidence and enthusiasm that the OPF goal would be reached through the cooperation of all Physicians contributing their support.

The next meeting of the group was in the regular meeting scheduled for September 15, Wayside Inn, Bridge City. After enjoying a delicious fried chicken dinner with the Doctors, the auxiliary enjoyed the program given by Mrs. Bob Balzersen of the Cottage Flower Shop, on 'Using Styrofoam in Home Decorations'. A new member, Mrs. Larry Giffen from Beaumont, was welcomed. Mrs. W. H. Sorenson, President, presided at the business session, and it was announced that a work session would be held the following Tuesday in the home of Mrs. Kenneth Watkins in Groves for the purpose of making hospital tray favors and infant baby gifts for patients of the hospitals. This meeting was held, and all who

went enjoyed the fellowship of the ladies as well as the sewing of the gifts.

Mrs. R. B. Clarke was welcomed back to our meetings after spending six weeks in Detroit the latter part of the summer. While there, she also received additional training as a Surgical Nurse.

The T. A. Morgans of Vidor report a very enjoyable trip through the West Coast the last two weeks in August, visiting Disneyland, and other scenic landmarks.

Mrs. Johnnie Eitel spent a week in San Antonio, Uvalde, and other South Texas spots.

Mrs. Nita Taylor attended the International Convention of the Lutheran League which was held on the A. & M. Campus in early September.

Dr. T. J. McNaughton attended the September meeting held at Bridge City, and informs us that he is connected with the Vidor Hospital, native of Milwaukee, attended Chicago College, interned in Houston Hospital, and has a single status.

Dr. and Mrs. Paul Davis should be moved into their home in Groves by now, and Dr. Davis will begin his practice in that area shortly.

By FLORENCE GARRISON,
Reporter
Auxiliary to District 12.

Christmas Seal Campaign Enters 25th Year Oct. 1

CHICAGO (AOA) — Osteopathy's twenty-fifth annual Christmas Seal campaign will be off to a flying start on October 1, with the mailing of the special anniversary seal to members of the osteopathic profession and auxiliary.

By Dec. 15, according to Dr. E. H. McKenna, Muskegon Heights, Mich., chairman of the national Committee on Christmas Seals, 9,000,000 are expected to be in circulation.

The campaign, setting its sights on $50,000, is conducted under the auspices of the Osteopathic Foundation. Proceeds will again be used to support the osteopathic student loan and research programs.

The Auxiliary to the AOA, under the general chairmanship of Mrs. G. A. Dierdorff, Medford, Ore., will play an important part in the campaign.

The 1955 seal pictures a Christmas tree in traditional Christmas red and green. In observance of the silver anniversary a campaign symbol, to be used from year to year, is being introduced. It presents a shield bearing an emblazoned sun, signifying health protection through enlightenment.

Excellent Location

FRANKSTON, Anderson County, Texas: Population about 1200 and real good trade territory. Money derived from farming, ranching, lumber and oil. Nice churches, good schools and a strong bank. 24 miles from Tyler, 23 from Palestine, 24 from Athens, 17 from Jacksonville. Always had two doctors until one died a few months ago and need a doctor who will make house and country calls. Will fix office as doctor would like and assist in finding suitable living accommodations. If interested write or phone P. W. Burtis, Jr., c/o Burtis-Garner Drug Co., Inc., Frankston, Texas.

NEWS OF THE DISTRICTS

DISTRICT ONE

More than 100 Osteopathic Physicians will gather in Amarillo this week-end for the annual three-day meeting of the Western States Osteopathic Society of Proctology. Dr. and Mrs. Lester J. Vick will be hosts to the group at a barbecue dinner at their home on Sunday, October 9. The meeting will open officially on Monday morning, October 10.

Dr. Lester I. Tavel, the president of the American College of Osteopathic Proctologists, will be in attendance, as will Dr. Phil Hartman, Mesa, Arizona, president of the Western States Society, and Dr. Felix Swope, Washington, D. C., president of the national society.

Dr. Archie Garrison, Chairman of the O.P.F. Committee in Texas, and Dr. Joe Peach, President of the K.C.O.P.S., attended a special meeting, held at the Herring Hotel on September 24.

By J. FRANCIS BROWN, D. O.

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DISTRICT SEVEN

Dr. Peach, president of Kansas City College and Dr. Garrison visited with us here in San Antonio September 19. Dr. Kirkland, district 7 president, called a regular district meeting for their visit. Dr. Peach gave a very excellent report on the college and the progress of the Living Endowment Program. Dr. Garrison, state chairman, was well pleased with the turnout, the largest in several years, and at the amount of pledges. Attending from Austin were Drs. Kirkland, Love, Latini and Baum.

The hospital staff party was held at Dr. Dullye's home September 14. He had several color films on Heart Surgery. It was a most interesting and profitable evening.

Dr. Richard Tamez is getting a very good start in his new office. We are glad to see and have new doctors in the district.

Dr. Mosheim and a few of us are getting back to playing a little golf now that it is getting a little cooler.

Dr. and Mrs. J. R. Horan from Houston visited with us one week-end.

Patricia Edwards is back at Stevens for her second year while Cynthia Baum is attending for her freshman year.

Dr. I. T. Stowell attended the General Practice and X-ray meeting in Dallas.

Dr. Dullye had a severe attack of the Flu and was on the sick list for several weeks.

Dr. H. H. Edwards is planning on going up to see the Texas-Oklahoma game and then attend the Western State Proctological meeting the week of the 10th in Amarillo.

The San Antonio Hospital Building Fund campaign is coming along satisfactorily. We still have a lot of work to do but we are making steady progress.

Here is one for the books: Dr. Hal Edwards was given a Baby Shower by a group of men. Never heard of it before. The past presidents of the Executives Club gave the party. If it's a boy, guess Hal will have to give a real party.

WALDEMAR D. SCHAEFER, D. O.
San Antonio, Texas

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Condolences are extended to the Joe Love family on the untimely passing of Dr. Love's brother-in-law, Dr. Andrew Spinney, K.C.O.S. '36, who practiced in Middletown, Dhio.

Dr. Love presented a well received

talk to the district on "Office Management of the Acute Pulmonary Diseases," and is scheduled to give a talk soon to the Unitarian Church of Austin. Topic of discussion will be, "How the General Practitioner Handles Cases of Alcoholism."

Dr. Latini attended the Western States Proctological Meeting in Amarillo, Texas. Dr. Latini had the pleasure of meeting the "Resurgo group", composed of former mental patients, and directed a discussion on mental health.

Congratulations are extended to Dr. Weiland on his wonderful recovery from a severe bout of illness.

It has been rumored that Dr. Peters has gone hunting deer, and is not likely to "pass the buck on this trip."

Dr. Baum is to be commended for the wonderful support he has displayed to the San Antonio group in their efforts to get the new hospital.

Latest reports indicate that Dr. Paterson is still awaiting completion of her clinic before actively commencing practice.

By JOHN J. LATINI, D. O.
Austin, Texas

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DISTRICT EIGHT

CORPUS CHRISTI TIMES, Wednesday, September 7, 1955 carried a nice write-up on typhoid fever and para-typhoid shots administered by Dr. J. M. Auten, Aransas Pass and had pictures and area data on extent of flood.

The CORPUS CHRISTI CALLER, Saturday, September 10, 1955 stated approximately 300 persons received typhoid fever and para-typhoid shots there Friday, September 9. The inoculations were given as a precautionary measure since 14 inches of rain flooded sections of the town, Dr. J. M. Auten said. Men, women and children crowded inoculation station so that doors were kept open an extra half hour.

The shots were free but a number of individuals donated money to the new Aransas Pass Hospital, whose nurses were helping in the program. A total of $74 was collected.

Dr. Auten emphasized that the city water had not been affected by the flood but that children had been playing in the flood waters in the pit privy areas.

The ARANSAS PASS PROGRESS, Thursday, September 8 had an article and pictures of four Aransas Pass Hospital nurses—Mrs. R. E. LeBlanc, Mrs. Regan Lee, Mrs. Douglas Holloway and Mrs. Clyde Woods—shown with eight infants born at the hospital late in August just in time to qualify for entering school in 1961. Three of the infants arrived on August 31 just ahead of the September 1 deadline for school entrance. The infants are children of Mr. and Mrs. John R. Howell, Jr., Mr. and Mrs. F. M. Laird, Mr. and Mrs. Daniel McCullough, Mr. and Mrs. Galton Eugene Wilcox, Mr. and Mrs. James Francis Hogan, Mr. and Mrs. Tiburco Garcia Trevino, Mr. and Mrs. W. Y. Eller, and Mr. and Mrs. R. L. Vana.

Dr. T. Madison Bailey, second vice-president of Corpus Downtown Kiwanis, was a delegate to the Texas-Oklahoma district meeting of the Kiwanians. The meeting was in San Antonio October 2, 3, and 4.

Dr. R. E. Bennett was recently appointed as Medical Officer for the Civil Air Patrol, with Division Headquarters in Corpus Christi. There are 15 wings in this Division and Dr. Bennett not only holds the position of Medical Officer but also that of pilot as well. He is planning to attend the Regional C. A. P. meeting which is to be held in Little Rock, Arkansas, October 23, 24 and 25.

As a side note to the item concerning Dr. Bennett, it is interesting to note that Drs. Elsea, Shy, Burton and Tibbetts also hold pilot's licenses while Dr. Brady (our intern) is in the process of lessons at the present time.

Dr. B. A. Burton has expressed the hope that his present property, known

as "Whitehouse Pier" on Laguna Madre, may someday be a fishing and hunting club. We, here in Corpus, are awaiting the day for "open house" with eats and beverages "on the house", BUT Dr. Burton hasn't mentioned anything about such a day as yet! ! !

Dr. Fred Logan, representing the O.P.F., recently visited the valley seeking more pledges. The response has been generally good, unfortunately there are still those few who must be carried year in and year out and fail to shake the hand that feeds them. We are happy and proud to report that Corpus Christi pledged 100% and these will be lived up to.

As we go to press, Dr. D. R. Rich is sporting the usual worried "When is it going to happen?" look of the expectant father. This is his first time through such and he is doing quite well at this time. As usual Mrs. Rich is calm and collected. Congratulations to the Rich family. In the next report we will publish the name of the new addition.

Dr. D. R. Rich was visited by his brother, Dr. W. B. Rich, September 23-27. Dr. W. B. is a first year resident in Surgery at D. O. H.

Mr. R. P. Chapman, National Secretary of American Osteopathic Hospital Association, visited Corpus Christi and surrounding area, including Aransas Pass, Rockport, and Ingleside this past week. Mr. Chapman was escorted by our own Merle Griffin, National Trustee of the Hospital Association.

The last bit of news at this time concerns a man well known throughout Texas. We are very happy to have Dr. R. J. Brune back home in Corpus after an extended illness and hospital stay in Methodist Hospital at Houston. Dr. Bob is still on the inactive list for an indefinite period of time. It is the writer's opinion that Dr. Brune would be more than happy to have some mail to read from his many friends throughout the State. How about it doctors? Send Bob a card or letter and wish him well—it'll help.

A. B. Tibbetts, D. O.
Secretary, District 8.

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DISTRICT NINE

A reception and banquet was given Thursday, September 9, 1955, at Victoria, Texas for the members of the district 9 association. Dr. E. F. Peters, president of the Des Moines, Iowa, College of Osteopathy and Surgery, was a special guest.

Dr. A. L. Garrison, past president of the Texas Association of Osteopathic Physicians and Surgeons, was also honored.

Dr. and Mrs. Paul Pinkston entertained with a reception in their home preceding the banquet in honor of Dr. Peters and Dr. Garrison.

Dr. Peters, guest speaker at the banquet, spoke on the subject of the "Needs of Present Day Education". His main emphasis was on the growth and expansion of our educational system during the past ten years and the fruits as well as the problems that this growth presents to us today.

Dr. Peters spoke specifically of the importance that the Osteopathic Progress Fund plays in this educational development and progress.

Dr. A. L. Garrison, as chairman of the State Osteopathic Progress Fund, re-affirmed Dr. Peters' statements and made an appeal to the members of district 9 to make individual pledges to the fund. There was a 100% response to this appeal on the part of the members.

Dr. Peters was offered honorary membership in the district 9 association and presented with a Stetson hat.

Dr. Pinkston was host at the banquet which was held at the Victoria House Restaurant.

We wish to welcome Dr. and Mrs. C. L. Booher who have recently moved into our district and are located at Bloomington, Texas.

Also a hearty welcome to Dr. and Mrs. John H. Boyd who have located at Louise, Texas.

Dr. W. L. Crews attended the A.O.A. convention in Los Angeles. He took a two week pre-convention course in Cardio-Vascular Diseases and their Surgical Management.

Dr. T. D. Crews recently returned from Kansas City where he took a post-graduate course in Electrocardiography.

Dr. and Mrs. Harry L. Tannen had a very interesting trip to Europe this summer and were able to visit a number of famous places.

JACQUES C. BURT, D. O.
Secretary of District 9

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DISTRICT ELEVEN

A meeting was held on October 21, in Del Camino courts, El Paso, Texas. Guests were A. L. Garrison and President Peach of KCCOS. The topic of conversation was Osteopathic Progress. The Progress Fund pledges were filled in by just about everyone present. One future student was present. The meeting adjourned and Juarez was the next meeting place. Some of the better night spots were taken in and I suppose a good time was had by all. The meeting had a very good attendance.

The "society" doctors—Lyons and Valdivia were present.

Comment was made on "bald-headed" Cadillac owners. Main reference was to Dr. Mickey Holcomb.

Dr. Epperson was up from the Van Horn area together with his wife.

"Wild Bill" Hall was present and accounted.

Drs. Vowell and Delgado were there in full swing.

Dr. M. A. Calabrese was the toastmaster and made a few comments about how to make money and not be a doctor.

R. T. LAND, *Secretary*

Total Disability Clause Next AMA Target—Darland

CHICAGO (AOA)—"It is obvious that the American Medical Association is going to make a strong stand against the total disability clause in the recently proposed social security expansion bill."

This was the observation of D. David Darland, Director of the Division of Public and Professional Welfare, who attended the AMA Public Relations Institute Conference at the Drake Hotel here Aug. 31 and Sept. 1.

Several hundred executive secretaries, county and state public relations people from throughout the country attended the two-day meeting.

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