

# Texas OSTEOPATHIC PHYSICIANS Journal

Volume IX

FORT WORTH, TEXAS, DECEMBER, 1952

Number 8



Wishing You  
A Merry Christmas  
and  
Happy New Year

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# EDITORIAL PAGE

## **Yuletide Greetings!**

By E. C. BAUM, D. O., *President*  
Texas Association of Osteopathic Physicians and Surgeons

### **The Peace Which Passeth All Understanding**

Our generation has witnessed two world wars. The "police action" in which we are currently involved may develop into a third world wide conflict more devastating than those of the past.

In this troubled age—marked by discord and conflict at home and in lands beyond the seas, the songs which the angelic choir sang on the First Christmas—and on earth peace, good will toward men—evokes in many of us a wry and cynical smile.

Nevertheless, as president of your Association, I fervently hope that all of you during Christmas 1952 may experience in your hearts and minds that peace which passes all understanding. Your personal and professional lives will be richer and fuller having experienced the peace between God and man which is the very essence of Christmas.



# *Texas Osteopathic Physicians' Journal*

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TEXAS ASSOCIATION OF OSTEOPATHIC PHYSICIANS AND SURGEONS

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VOLUME IX

FORT WORTH, TEXAS, DECEMBER, 1952

NUMBER 8

## **Occiput Posterior and Transverse Arrest**

LEE E. DAVIDSON, D. O., Kansas City, Mo.

Member of American College of Osteopathic Obstetricians and Gynecologists

This paper will be devoted to the management of occipito-posterior and occipito-transverse arrest. These dystocias are the result of mechanical difficulties which arise before labor begins or during the course of labor, and their correction must be mechanical if correction is necessary, for satisfactory delivery of the fetus. The diagnosis of position of the presenting part is imperative before any correction can be made. Occasionally the fetus is delivered with the face to the pubis with surprise to all present. Nature will do a great deal to correct these abnormal positions if given time under close observation, with assistance as may become necessary.

We cannot expect to rely on Nature for last minute aid in some serious instances of abnormal positions. In fact, these malpositions become very serious problems and try the skill and art of the finest obstetricians in attempting to correct them so a satisfactory outcome can be expected.

The incidence of occipito-posterior varies with the years and tends to rest somewhere between 8% and 27.1% (average of various texts from 1900 to 1949). Age and parity do not appear to be significant factors in the incidence of occipit posterior positions.

The etiology of this malposition is most often attributed to deviations from

normal in the bony pelvis. For example, Thoms refers to actual diminution in the transverse diameters; Caldwell and Malloy find the "Android" pelvis to blame. In the Antropoid type pelvis engagement is possible only in the anterior-posterior diameter. Hanson found an increase in occipito-posterior when the interischial spinous diameter was shorter than normal. Other causes such as weak pains, poor abdominal muscles, with pendulous abdomen, defects in pelvic floor, etc., are also recognized.

Today the diagnosis of occipito-posterior may be made at the prenatal examination period by palpation or the X-ray before labor begins. The X-ray is of great value in determining position and pelvic and should be used to help the obstetrician evaluate the probable course of labor as to relative size and shape of bony pelvis and fetal head. The X-ray must be regarded merely as an adjunct in the management of labor. If the patient is in active labor and progress is unaccountably delayed, one may look for some of the classical signs as a hollow area over the pubic arch, shoulder far from the median line, the fetal heart tones heard deep in the flank. Internal examination may reveal the cervix as slow in effacing and dilating. The occiput is in one of the posterior quadrants or the hollow



of the sacrum. Frequently the caput succedaneum is so large and molding of the fetal skull so marked, that one is unable to palpate the fontanelles or suture lines. When unable to make a positive diagnosis by such method, the examining hand may palpate the ear or locate the facial structure for accuracy.

When one has determined position to be that of occipito-posterior, the patient should be adequately supported during the first stage of labor which may be somewhat prolonged, and be encouraged to lie on the side toward which occiput is pointing. If the end of the first stage still finds the occiput not rotating toward the anterior, thought must be given to the possibility that manual or instrumental aid may become necessary. However, one should not expect that internal rotation of the fetal head will be considerable until it has descended into the pelvis to such

a depth as will allow the ischial spines and lateral walls of pelvis to play their part in this phase of mechanism.

Occiput transverse arrest may be regarded as a stage in occipito-posterior mechanism which signifies Nature has failed in the process of correcting her error. On rectal or vaginal examination the sagittal suture occupies the transverse diameter of the pelvis midway between the sacrum and the symphysis. Auscultation of fetal heart is usually heard in the right or left flank at or slightly below the level of the umbilicus.

If Nature is unable to accomplish anterior rotation of the fetal head in occipito-posterior or transverse occiput, then one should give consideration to one of the following technics. One must always keep in mind that anterior rotation will take place in the great majority of cases if given time and by close observation, intervene only when

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



best interest of mother and baby can be furthered.

Arnold trimanual rotation—in right posterior occiput the left hand is inserted into the vagina, with the palmar surface of the fingers applied to the right side of the baby's head—do not grasp or hold the head. The fingers of the right hand are pressed firmly into the abdominal wall, suprapubically, until they come in contact with the left frontal region of the fetal head—hold the head down to keep from being pressed up by internal hand. The rotation is accomplished by the combined action of the two hands—the internal as it untwists makes pressure directly against the side of the occiput, crowding it forward, while the brow is pressed downward from the mother's right side toward the left. A third hand, that of an assistant, makes manipulations through the abdominal wall with the view to swinging the fetal body from the mother's right side toward the left, then holding the baby in its new position by continued pressure on the side from which rotated. If the position of the head is left occiput posterior, reverse the position of the hands.

The Pomeroy technic or some modification may be helpful. In this method the palmar surface of the hand is applied to the occiput and then pushed deep enough to allow the first finger to reach the anterior shoulder. It is then pushed firmly around the anterior

arc of the pelvis until the body has been rotated to the opposite side. Since the head is dislodged, the occiput will follow the shoulders and reach a right or left anterior position whichever the case may be. The external hand working through the abdominal wall may be of real assistance. One may then wait for the uterine contractions to drive the occiput into the pelvis in a normal manner and spontaneous delivery; but a great many of us at this time guide on the forcep blades and apply traction with each uterine contraction and deliver the fetus as soon as indicated or desired.

The Key-In-Lock Maneuver of DeLee is a method of rotation of the fetal head. It entails the following procedure—forceps are applied in the normal manner to the side of the fetal head with the front towards the forehead and pubis. They are then locked and pushed up in the axis of the pelvis. The handles are then turned through a small arc of rotation gently and slowly. Then, traction is applied to bring the head deeper into the pelvis. The forceps are then readjusted and the above procedure followed until the occiput is in an anterior position.

Scanzoni's maneuver or some modification accomplishes the same results—that is, rotation of the fetal head. This method should not be employed unless the obstetrician has had this maneuver demonstrated, explained and done under observation. I have never felt that this method for rotating the fetal head was necessary as it seems to me to entail great danger to the maternal soft tissue and much risk to the fetus.

The Kielland forceps are designed to facilitate the rotation of the fetal head. This instrument does not have a pelvic curve and has a sliding lock for adjustment of the blades. They can be applied to the sides of the head regardless of its station in the pelvis or the direction of the sagittal suture. They may be used as a tractor as well as a rotator, so that

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one application is all that is necessary for extraction.

There are two technics of introducing this type of forceps. If the occiput is transverse, the anterior blade is applied first with the cephalic curve and tip pointing upward. In this way it is easily passed between the head and the posterior surface of the symphysis pubis. When these points have been cleared, the forcep blade is within the uterus and is then turned one-hundred and eighty degrees—it should do so easily. If turning is not accomplished easily, I have found that attempting to turn in the other direction will be successful, thus adapting the blade to the upper side of the head. The posterior blade is introduced in the usual manner.

The other method or "gliding method" of application is for the anterior blade to be introduced at the side of the pelvis over the brow or face of the fetus. It is made to glide over the face to an anterior position, the handle of the blade being held close to the opposite buttock through this maneuver. The posterior blade is introduced in the usual manner. When the blades are locked, traction may be exerted downwards in the direction in which the handles point. The head may be rotated to an anterior position very gently. Rotation and traction are not to be performed at the same time.

At this time I would like to say that in occipito-posterior positions which do not rotate to a transverse or anterior position spontaneously, I have been successfully in manually rotating the occiput to a transverse position and then applying the Kielland forceps. In our experience at Conley Maternity Hospital, the Kielland forceps have been of particular value in transverse arrest of the head and completing rotation from occiput posterior position.

Internal podalic version—this procedure cannot be performed until the cervix is fully dilated or nearly so. Neither can it be performed too long after the membranes have ruptured and the fluid

drained away or the uterus tightly moulded about the fetus.

The patient should be on a table completely anesthetized and well relaxed. The entire left hand is introduced into vagina and passed into the uterus. The presenting part is pushed to one side and the hand passed upward over the front of the fetus until able to grasp and bring down both feet if possible—if not, bring down one foot at a time. Be careful that the cord is not coiled around one of the extremities or between the thighs. After both feet are brought down, one should continue slight traction, proceeding slowly. Slight external pressure with right hand is sometimes necessary at this stage to lift the head out of the iliac fossa. Continued gentle traction is made until the knees are exposed, at which time the version is complete. Now rest for a few moments and listen to fetal heart. Extraction may follow internal pedalic version depending on indication. The

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steps in this are identical with those of extraction for an ordinary breech presentation.

A number of recent writers are advocating the freer use of cesarean section in occiput posterior positions. That is, in known abnormal, android, and flattened type pelves, as well as muscular relaxation in multiparity. We feel that it is usually unnecessary for a skilled obstetrician to resort to cesarean section with occiput posterior position unless a definite cephalo-pelvic disproportion is demonstrated. Usually, the patient should be given an adequate trial of labor under close observation before cesarean section is considered.

I would like to comment at this time that with the wide spread use of conduction anesthesia such as caudal and saddle block, there seems to be an increase in the number of fetal heads that fail to rotate to the anterior position. At least, we are experiencing such at the Conley Maternity Hospital. This view is being shared by many obstetricians according to recent writings.

The patient with occiput posterior during the first stage of labor should be supported with adequate fluid needs, 1,000 cc of 5% dextrose in sterile, distilled water, every eight hours. The hemoglobin must be at least eleven grams per one hundred cc of blood. If not, transfusions are indicated. Rest must be assured to the woman in labor by proper sedation. The type of sedation may vary with the attending obstetrician but must be adequate. If the fetal heart rate varies much from its average rate per minute, oxygen by mask or nasal tube is indicated. During the second stage, if patient is being allowed to deliver spontaneously, the same treatment should be followed except to lessen the amount of sedative drugs. If an operative delivery is indicated, the patient should have adequate anesthesia during the entire operative procedure. Strict aseptic technic during the entire operative phase is imperative. The fetal heart must be listened to fre-

quently during the entire course of labor and every few minutes during the operative stage. The mother should be supported after delivery with whatever measure is necessary to prevent hemorrhage, post-partum infection and shock.

The teachings of older obstetricians who greatly feared occiput posterior presentations has not been borne out in our practice at Conley Maternity Hospital. For the past four years, we have not had a fetal mortality when the occiput was delivered in the posterior position spontaneously, or when operative delivery was necessary.

We believe that a large percentage of occiput posterior positions will in time rotate to the anterior position and deliver spontaneous; another small percentage will deliver spontaneously without rotating and without fetal damage—almost always there will be some damage to the maternal soft parts unless a deep episiotomy is performed; and the remainder can be delivered by manual or instrumental aid.

#### REFERENCE:

1. N. J. Eastman, Williams Obstetrics, 10th Edition. Appleton-Century-Croft, Inc., New York.
2. J. B. DeLee and J. P. Greenhill, Principles and Practice of Obstetrics. W. B. Saunders Company, Philadelphia, Pennsylvania.

## Don't Stuff Your Turkey Before Freezing

WASHINGTON, D. C., (AOA)—Stuffing your turkey before putting it in the freezer is dangerous, warns the U. S. Department of Agriculture.

Stuffing inside a turkey takes a long time to reach the freezing point. Meanwhile germs may start growing and continue their growth later as the bird thaws and warms up slowly in the oven. Usually the stuffing doesn't get hot enough to kill spoilage bacteria until after the meat is well cooked.

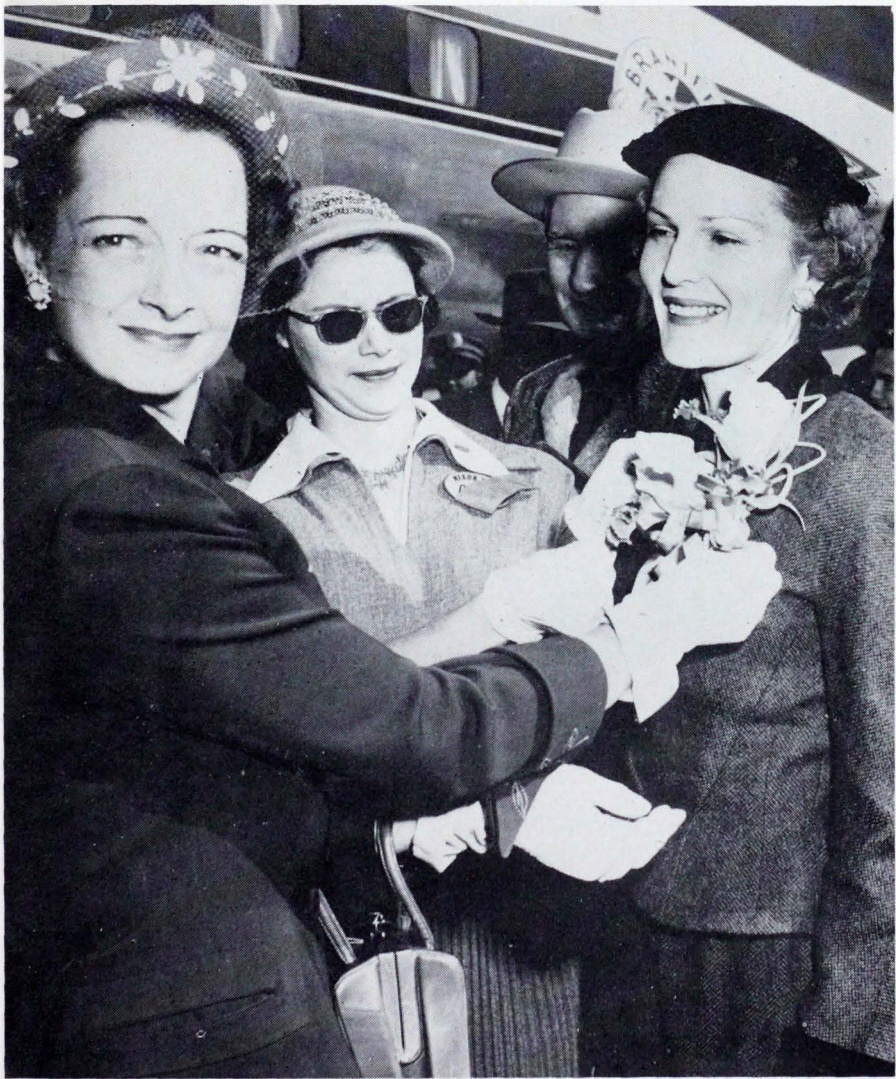
To escape the dangers of food poisoning, freeze the turkeys without stuffing.



Osteopathic Auxiliary Members Always Representing the  
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*From TEXARKANA GAZETTE, October 28, 1952*

Congratulations to Eve McKinney!



Part of Dick Nixon picture story in Texarkana.

Mrs. A. Ross McKinney (left) and Mrs. Charles Bintliff pin twin orchids on Pat from the Twin Cities.



# Welcome To Texas

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JAMES H. McCORMICK, D. O.—Elkhart, Ind.

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"UTERO-PLACENTAL ATONY"—DOROTHY J. MARSH, D. O., F.A.C.O.O.G.—Los Angeles, Calif.  
Discussion by PHILIP J. MacGREGOR, D. O.—South Bend, Ind.

"EARLY DETECTION OF POTENTIAL TOXEMIA"—LESTER EISENBERG, D. O.—Upper Darby, Penn.

"THE DIAGNOSIS OF BREAST PATHOLOGY"—W. O. REYNOLDS, D. O.—Kirkville, Mo.  
Discussion by ROBERT E. BARKSDALE, D. O.—Oakland, Calif.

"SURGERY OF THE SUPPORTIVE STRUCTURES OF THE UTERUS"—ERNEST G. BASHOR, D. O., F.A.C.O.O.G.—Los Angeles, Calif.

"DYSMENORRHEA"—MARTIN L. RIEMANN, D. O., F.A.C.O.O.G.—Battle Creek, Mich.

"SURGERY OF THE ADNEXIA"—ROBERT E. SOWERS, D. O.—Warren, Ohio.  
Discussion by WILLIAM C. COZAD, D. O.—Clyde, Ohio.

"REPORT OF NATIONAL OSTEOPATHIC OBSTETRICS"—CHARLES C. DIEUDONNE, D. O.

"ROENTGENOGRAPHY IN OBSTETRICS and GYNECOLOGY"—C. L. CURRY, D. O.—Fort Worth, Texas  
Discussion by C. D. OGILVIE, D. O.—Dallas, Texas  
MALCOLM E. SNELL, D. O.—Dallas, Texas

ADDRESS—DONALD V. HAMPTON, D. O.—Cleveland, Ohio

"THE SPECIALIST, A PART OF HIS PROFESSION"—R. C. McCAUGHAN, D. O.—Chicago, Ill.

"VERSIONS AND EXTRACTIONS"—W. A. JENKINS, D. O.—Las Cruces, New Mexico  
Discussion by A. J. STILL, D. O., F.A.C.O.O.G.—Flint, Mich.

"TOTAL OR SUB-TOTAL HYSTERECTOMY"  
FRANK E. GRUEBER, D. O.—Philadelphia, Penn.

"MANAGEMENT OF THREE FOETAL MALPOSITIONS"—DELLE A. NEWMANN, D. O., F.A.C.O.O.G.—Detroit, Mich.  
Discussion by VICTOR G. BREUL, D. O.—Los Angeles, Calif.

"DISCUSSION OF BRUCellosIS IN OBSTETRICAL AND GYNECOLOGICAL CASES"  
ROBERT F. HAAS, D. O.—Dayton, Ohio

"CERVICAL CARCINOMA"—ARTHUR B. FUNNELL, D. O., F.A.C.O.O.G.—Denver, Colo.  
Discussion by H. C. BRUCKNER, D. O.—Clio, Mich.

"PREMATURE LABOR, CAUSE AND PREVENTION"—PAUL A. WHITMORE, D. O.—River Rouge, Mich.

"PLACENTA PRAEVIA"—LEE E. DAVIDSON, D. O.—Kansas City, Mo.

"MANAGEMENT OF OBSTETRICAL EMERGENCIES"—ELIZABETH BURROWS, D. O.—Oakland, Calif.

### RESERVE SPEAKER

"NEO-NATAL ANEMIA: SYMPTOMS AND SUGGESTED PREVENTION"—RICHARD E. EBY, D. O.—Pomona, Calif.

### SPECIAL FEATURE

"OPEN FORUM"—"Discussion of Obstetrical and Gynecological Cases."

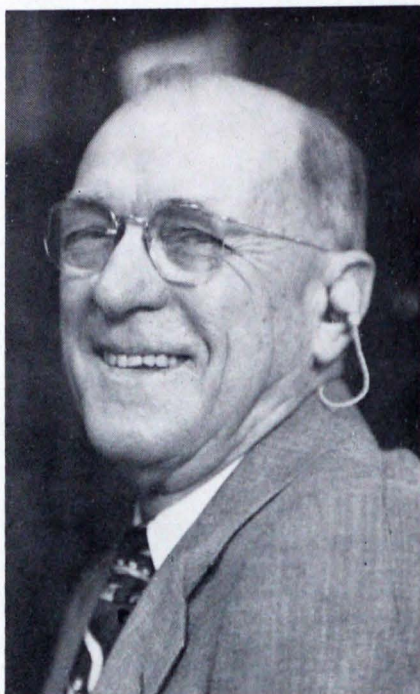
Moderator: HOMER R. SPRAGUE, D. O., F.A.C.O.O.G.—Lakewood, Ohio.

Discussants: SAMUEL BRINT, D. O.—Philadelphia, Penn.; THOMAS R. TULL, D. O.—Royal Oak, Mich.; JAMES G. MATTHEWS, D. O.—Detroit, Mich.; SEAVER A. TARULLIS, D. O.—Chicago, Ill.; MARGARET JONES, D. O., F.A.C.O.O.G.—Kansas City, Mo.; C. J. MOUNT, III, D. O.—Los Angeles, Calif.; GEORGE E. MILLER, D. O.—Dallas, Texas.

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DR. D. W. DAVIS

*From BEAUMONT ENTERPRISE, NOV. 12, 1952*

### Beaumont Club Youngsters Plan Party For Him Today

By DENNIS MCCARTHY

This afternoon about 4:30 o'clock in the dining room of the Beaumont club, the venerable "Uncle Bob" Myer will don his chef's bonnet and apron and, with solemn regard for the pomp and

dignity of the occasion, will preside as master of ceremonies at a birthday reception honoring Dr. D. W. Davis, club charter member and distinguished Beaumont osteopath who today celebrated his —st birthday.

You fill in the blank when "Doc" tells you how old he is today.

Assisting "Uncle Bob" in this afternoon's ceremonies will be Fred W. "Papa" Steinman, E. W. "Skewball" Pittman and Walter L. "Pondy" Pondrom, a staff of gay, frivolous club youngsters whose talents will lend zest and vitality to the occasion.

A word about young "Doc" Davis.

He was born in Searcy, Ark., and came to Beaumont during the Spindletop boom. He came here almost immediately following his graduation from a college of osteopathy in Illinois, successfully meeting the requirements of the Illinois state board of examination.

For fully a half century Doctor Davis has practiced in Beaumont. For years he has been identified with both state and national osteopathic associations and is past president of the Texas osteopathic association. He assisted in the organization of the southeast Texas association in 1928 and was chosen its first president.

"Doc" is the sort of fellow who likes a fishing pole, a quiet nap in the after-

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noon, and someone to whom he can talk about his inventions.

He doesn't know this is going to be in THE ENTERPRISE this morning and we join the gang at the Beaumont club in singing:

"Happy birthday Doctor Davis . . . happy birthday to you!"

*Editor's comment:*

We apologize that we could not reproduce the cartoon that appeared with Dr. Davis' picture. This story illustrates a lifetime of good public relations.

## Locations

DANIEL D. BEYER, D. O.  
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BAYTOWN, Harris County, Texas:  
Population 30,000. No DOs. Annual payroll \$2,000,000.

LUFKIN, Angelina County, Texas:  
Population 2,500. Annual payroll over \$1,000,000.

MADISONVILLE, Madison County, Texas: Needs more doctors. Good farming and ranching country.

JOHNSON CITY, Blanco County, Texas: 900 population with large trade territory. 12 bed hospital furnished and doctor's office. No rent. Move in and practice. No doctor in town. Contact Truman Fawcett, chairman of citizens committee, and druggist.

HEREFORD, Deaf Smith County, Texas: Anyone interested in a prosperous, well established location contact Dr. R. E. Lingenfelter, Hereford, Texas.

## In The Interest of Good Public Relations

One of my patients has told me of a medical missionary who is conducting a mission hospital in Swaziland, South Africa, under the Foreign Missions of the Nazarene Church.

Last year I sent the doctor some instruments from my office. In a recent letter he stated that the hospital needed more equipment and instruments.

It is my thought to have you send any used instruments, that are a surplus

in your office or have been discarded, to me for the doctor's use. My patient and I will defray the expense of shipment. Used instruments can be sent duty free.

I know of the marvelous work this missionary is doing and that you will be donating to a worthy cause in relieving humanity and aiding the advancement of Christianity where it is so greatly needed.

My patient has donated an ambulance for the hospital. Surely we can send a few instruments.

L. V. CRADIT,  
Amarillo, Texas

## "Dr. Charlie" Honored

"Dr. Charlie" Still, son of Andrew Taylor Still and member of the Board of Trustees of the Kirksville College of Osteopathy and Surgery, has been signally honored by the College, Dean M. D. Warner has announced.

At the recent meeting of the Board of Trustees, the office of Trustee Emeritus was created and "Dr. Charlie" was elected to the office permanently. Dr. W. W. Howard, Medford, Ore., a 1912 graduate of the College, was elected to Dr. Charlie's former Board post. Dr. Howard is widely known in eye, ear, nose and throat circles in the osteopathic profession. For several years he had headed the college alumni chapter in Oregon and has been active in the interests of the College.

Dean Warner also announced the acceptance by the Board of Trustees of the resignation of Judge Walter A. Higbee of Lancaster as lecturer in Medical Jurisprudence, a post which he had held for many years. College attorney Philip J. Fowler of Kirksville was elected to succeed Judge Higbee.

Also announced was the appointment of Charles Willard Hart, Jr., of Farmville, Va., as assistant instructor in physiology. He has completed two years of work toward the Ph.D. degree in physiology at the University of Florida.



## Dr. Sam P. Jones Is Now At Spivey Clinic



DR. SAM JONES

Dr. Sam P. Jones of Independence, Mo., Monday announced the opening of his offices and association with Dr. Henry A. Spivey in Lake Park Medical Building.

Dr. Jones finished high school in Hale, Missouri, where he served as senior class president and won top honors in baseball, basketball and track.

He received his pre-medical education,  $3\frac{1}{2}$  years, at Central Missouri State College. He served  $3\frac{1}{2}$  years in the Texas 36th Infantry Division, having been in combat in Africa, Italy and France, and received the Bronze Star and Purple Heart while in service.

Dr. Jones then entered Kansas City College of Osteopathy and Surgery when he completed his four years of

Osteopathic Medicine and Surgery in the spring of 1950. He served as class president during his senior year, was a member of the Student Council during his senior year. He was a member of the Phi Sigma Gamma Social fraternity.

Dr. Jones then served a year's internship at the Kansas City Osteopathic Hospital.

Dr. Jones has been in practice  $1\frac{1}{2}$  years in Independence, Missouri prior to coming here. He was active in the Lion's Club in Independence and plans to transfer his membership to the Casa Linda Lions Club. He is an active member of V.F.W.

His wife, Laura, and 11-months-old son, Tom, join him in making White Rock their home. They are members of the Christian Church.

## Cancer Institute Sponsors Research On Cervix Cancer

WASHINGTON, D. C., (AOA)—Exfoliative cytology was recently emphasized as an important factor in the control of cancer by Dr. John R. Heller, director of the National Cancer Institute, who added that research on pre-invasive and invasive carcinoma of the cervix is being done under Institute sponsorship throughout the country.

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# Osteopathic Physicians Receiving Texas License By Reciprocity November 13, 1952

BOEHM, GERHARD WALTER .....	Chicago College of Osteopathy
BROM, HARRY JAMES .....	Des Moines Still College of O & S
BROWN, HARRY ACKLEY, JR. ....	Des Moines Still College of O & S
COLDSNOW, JAMES WILBUR .....	Kansas City College of O & S
DARLING, BRADFORD LEROY .....	Kirksville College of O & S
KIRK, JAMES RUDOLPH .....	Kirksville College of O & S
LOGAN, FRED EARL .....	Kansas City College of O & S
NUTT, CLINTON DEWITT .....	Des Moines Still College of O & S

The Texas Association of Osteopathic Physicians and Surgeons entertained eight future osteopathic physicians taking the Texas Board of Medical Examiners at San Antonio, Texas, November 13, 14 and 15, 1952. The dinner was given at the St. Anthony Hotel and was attended by the following men taking the examination:

FRANK LEON GAUNT .....	Kirksville College of Osteopathy and Surgery
JOHN E. KAGE .....	Kirksville College of Osteopathy and Surgery
EARL MARSHALL .....	Kirksville College of Osteopathy and Surgery
DAVID B. MATTHEWS .....	Kirksville College of Osteopathy and Surgery
PAUL DAN SIEFER .....	Kirksville College of Osteopathy and Surgery
RAYMOND B. LEE .....	Kansas City College of Osteopathy and Surgery
STURGIS C. LYSTER .....	Kansas City College of Osteopathy and Surgery
A. M. FISHER .....	Des Moines Still College of Osteopathy and Surgery

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## Summary of Blue Shield Payments to All Osteopathic Physicians for August, September and October Reveal the Following:

	MEDICAL		SURGICAL		ANESTHESIA	
	Physician Charges	B. Shield Payments	Physician Charges	B. Shield Payments	Physician Charges	B. Shield Payments
August .....	161.00	61.00	6,242.00	4,019.06	182.00	122.00
September .....	187.00	115.00	6,609.50	3,920.50	278.00	230.00
October .....	192.00	69.00	6,063.50	3,531.00	412.00	297.50
Total .....	\$540.00	\$245.00	\$18,915.00	\$11,470.56	\$872.00	\$649.50
Total Charges by Osteopathic Physicians .....					\$20,327.00	
Total Payments by Blue Shield .....					\$12,365.06	



## Stevens Park Hospital Osteopathic Hospital Gives Party Nov. 20, 1952 for Recent Interns and Presents Intern Certificates



*Left to right:* James J. Toohey, D. O.; Harlan R. Petersburg, D. O.; D. L. Rader, D. O., and J. Natcher Stewart, D. O., Chief of Staff.

### New Osteopathic Hospital

OKLAHOMA CITY, OKLA., (AOA)—Plans for a \$352,000 osteopathic hospital here have been completed by the Central Oklahoma District Hospital Committee. Federal approval has been obtained for a \$146,000 grant contingent on the raising of \$60,808.63 by the Committee.

### Texas Votes Funds For Rural Health

AUSTIN, TEXAS (AOA)—In an attempt to solve the problem of a shortage of physicians in rural areas, Texas voters authorized the Legislature to grant loans to medical students agreeing to practice in rural areas for five years.

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# How Sick Is State Medicine?

By MELCHIOR PALYI

On July 5, 1948, a National Health program became the law of Britain. It is the most comprehensive attempt in history to provide free-for-all, all-for-nothing medical care. "Money," decried its author, the left-wing Minister of Health, Aneurin Bevan, "ought not to stand in the way of obtaining an efficient health service."

Less than three years later, the British Ministry of Health announced (December 1, 1950) that 553,577 people (100,000 in London alone) were on the waiting list for hospital beds. Some 40,000 beds—almost 10 per cent of the total number—were closed due to shortage of nurses. More may have to be closed in consequence of economy measures.

Since the new scheme came into force, families are abandoning the old and the defective, who are filling the hospitals. "The Public is adopting the attitude that because of the Welfare State they have no responsibilities for their aged parents," health administrators recently informed the (London) Institute of Public Administration. Many of the mentally deficient and the helpless aged are left without institutional care to shift for themselves. For example, in six months previous to April 18, 1951, Lord Saltoun told the House of Lords, "seventeen (known) cases had been reported . . . of old people who were found dead in varying conditions of horror." The problem of the overcrowded hospitals is to keep out the old and chronically ill whom they cannot discharge. Meanwhile the clerical and administrative staff of a typical set of hospitals (Sheffield) has increased by 63 per cent, and the non-medical staff of a major London hospital has actually trebled.

The costs of governmentalized medicine have almost trebled in four years to more than 10 per cent of the over-inflated national budget—not counting

the payroll levy of some \$120 million to cover cash benefits, or the contributions of local authorities. Yet new hospitals are conspicuously non-existent, and the enlargement of old ones is negligible, though the lack of adequate facilities was one of the major arguments for the new scheme.

As to the quality of medical performance in industrial centers, the doctor has primitive equipment and little help, but is burdened with 3000 to 4000 and even more registered patients. This means three minutes or less for a consultation during which he should diagnose and advise, make out an ever-increasing number of prescriptions, write letters to specialists and hospitals and fill out many kinds of official forms (all without recompense). Besides, he has to keep extensive files, squabble with authorities, participate in endless committee meetings, etc.

Within three years, more than every second Britisher has received "free" dental treatment. But the dentists, rushed madly from one chair to another, are forced to sacrifice the dental care of school children whose teeth are decaying.

The people pay, of course, for what they get "free." How much is indicated not only by a 12 per cent addition to their extremely heavy tax bills—the main burden falling on the workingmen and the impoverished middle classes—but also by the fact that, according to the painstaking Collings Report (1950), "the over-all state of general (medical) practice is bad and still deteriorating," and "has reached the point where, despite the efforts of the most conscientious individual doctors, it is *at the best* a very unsatisfactory medical service and *at the worst* a positive source of public danger."

The nation's health is actually jeopardized because the exorbitant cost of



over-extended curative medicine forces the shelving of urgently needed outlays to prevent the occurrence and spread of disease.

The number and kinds of free benefits have multiplied; and consequently the *per patient* volume of consultations, domestic visits, prescriptions, and requests for one benefit or another has increased by 50 or 100 per cent, or even more than that.

The stampede for "bargains" engulfs the dentists, specialists, and makers of surgical appliances. The demand for and misuse of dentures, eyeglasses and proprietary medicines grows into "racket" dimensions. All of this is generally known, supported by voluminous evidence, and reluctantly conceded in official publications.

The supply of medical materials, even if with great delays and rising costs, responds to the demand. Appliances are being turned out by the millions of units; drugs by the billion. In England and Wales alone, according to the Ministry of Health, 609 million prescriptions, 19,500,000 pairs of glasses, 7 million dentures, 706,602 appliances of "main types" and 130,000 hearing aids were dispensed in less than three years. The Ministry does not mention the notoriously huge volume of misapplications and duplications, or the number of wigs dispensed. Or that for each and every item, materials and skilled labor in short supply have to be drained from other occupations such as production for export and armament.

Excessive red tape is the universal complaint. Hospital managers are literally swamped by Ministerial decrees and their legalistic interpretations. Down to the smallest details of administration, the question is not to decide what is best, but to check on the voluminous files to see what the High Authority has prescribed, and how to avoid procedural errors. Every professional recommendation has to travel back and forth among overlapping medical com-

mittees, the local Hospital Management Committee, and the Supervisory Regional Hospital Board, "so that a debate on a particular point may extend over many months." The "mountainous addition in work" results in a great increase in the clerical staff and declining efficiency of administration.

This Something-for-Nothing Utopia, advertised world-wide, is now in a slow retreat: The Labor government itself set a ceiling of 400 million pounds (about \$11 million) on direct medical expenditures; and the Conservative government is attempting to enforce it by making the patient pay roughly one-half the cost of dentures and eyeglasses, a small fee for each prescription, etc. More constructions, and more bureaucratic controls, are bound to follow. The enthusiasm begins to cool off, but the vested interests and high-pitched expectations once set into motion keep the scheme alive—forever, presumably.

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## Abstracts

By LOUIS G. MANCUSO, D. O.

**Use of Wetting Agents in the Treatment of Respiratory Infections in Infants—Hall, Amer. J. Dis. Child. 83, 1952.**

The author has investigated the use of wetting agents in a humidifier bottle of a croup tent. During the last two years at the University of Virginia medical school these studies were carried out. Sodium lauryl sulfate was used with encouraging results in twenty cases of acute laryngotracheal-bronchitis, bronchiolitis, laryngeal diphtheria and other similar conditions. No fatalities were recorded and no adverse reactions were noted. An optimum concentration of the fog and also the solution concentration is discussed. Allergic manifestations may develop and it is advised that the second treatment be done after a patch test has proved to be negative.

\* \* \*

**Evaluation of Dicumarol Therapy in 300 cases of Myocardial Infraction—Richter, DelNunzio et Swiller, N. Y. State Journal of Medicine, Vol. 52, May 15, 1952.**

300 cases of myocardial infraction were treated with Dicumarol and half received the same care but without any anticoagulants and in as many respects as possible the groups were very closely related as to age, number of attacks, sex etc. Doage of the Dicumarol was such so as to maintain the prothrombin time between 25 and 35 seconds. From the point of view of previous attacks, all 23 patients of the dicumarolized group who had one previous attack survived as compared with seven out of 12 control patients. In the group with no previous attacks 89.1% of 110 patients receiving Dicumarol survived as compared with 68.6% of the 118 control patients.

## Kentucky's Outstanding Newspaper States the Case for Osteopathy

LOUISVILLE, KY., (AOA)—The COURIER-JOURNAL, under a five-column headline, strongly states the case for

osteopathy in a three-column long story.

Pointing out that educational requirements are approximately the same for holders of the D. O. and the M. D. degrees, and that "osteopaths and M. D.'s must pass identical examinations before they are licensed to practice in Kentucky," the newspaper asks why, with so many marks of equality with medical doctors, and especially their equality under the law, are osteopathic physicians barred from the staffs of all non-osteopathic hospitals?

"The barriers are not legal ones. They are professional ones, set up and maintained largely by doctors of medicine.

"First, there is the influence of the county medical societies.

"All members of a county medical society must be M. D.'s. And the boards of directors of most hospitals require their staff doctors to be not only M. D.'s, but members in good standing of the local medical society.

"Further, it is the staff doctors themselves—M. D.'s—who approve or disapprove all applications for other positions on the staff.

"Private hospitals of course may run themselves as they choose. Public hospitals, however, are regulated by law. Yet even here it is custom and the medical profession—not the law—that bars osteopathic physicians," the newspaper asserts.

The newspaper quotes Bruce Underwood, M. D., state health Commissioner, as asserting that "Osteopathic physicians really are practicing medicine," and that doctors of medicine are leaning more strongly toward the physical aspects of medicine—the aspects stressed by osteopathic physicians.

Dr. Carl J. Johnson, osteopathic physician-member of the Kentucky State Board of Health, is quoted as saying "We feel we should be allowed in public and State hospitals. We pay taxes to help build them and run them. The welfare of the public is all we are looking for."



## Memo To All Department Heads

RE: STANDARD PROCEDURE INSTRUCTIONS ON DEMISE OF EMPLOYEES

It has been recently brought to the attention of this office that many employees have been dying while on duty, for apparently no good reason. And furthermore, the same employees are refusing to FALL OVER after they are dead.

### THIS PRACTICE MUST STOP AT ONCE

On and after October 6, 1952, any employes found sitting up after he or she has died, will be dropped from the payroll at once, without an investigation, under Regulation No. 29—Section 8.

The following procedure will be STRICTLY adhered to:

If, after several hours, it is noticed that an employee has not moved or changed position, the section head will investigate. Because of the highly sensitive nature of some of our employees and the close resemblance between rigor mortis and their natural working attitude, the investigation will be made quietly so as to prevent awakening said employee if he or she is really asleep. If some doubt exists as to his or her true condition, a pay check will be gently waved in front of his or her nose; if he or she does not reach for it,

it will be deemed reasonable to assume that he or she has really passed away.

NOTE: In some cases the instinct for drawing the pay check is so strongly developed that a spasmodic clutching reflex action may occur. *Don't let this fool you!*

In all cases, a signed statement by the deceased must be filed on a special form provided for this purpose. Fifteen copies will be required; three to go to Washington and two to the deceased. The others will be promptly lost in the Department's files.

## Blue Shield Group Publication Reports Osteopathic Participation

HARRISBURG, PA., (AOA)—The official publication of the Medical Service Association of Pennsylvania—The Blue Shield Group—features a photograph of Dr. F. E. Arble, retiring president of the Pennsylvania Osteopathic Association, greeting Dr. John McA Ulrich, newly elected president, in its report on the annual convention of the Pennsylvania Osteopathic Association.

"Arthur M. Flack, D. O., members of the M.S.A.P. board of directors, reported on the continued growth and success of the Pennsylvania Blue Shield Plan," the publication stated.

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## Medics Out Again— This Time It's In Iowa

AUDUBON, IA., (AOA)—When Dr. John Ankeny, osteopathic physician of Exira, was admitted to practice at the new Audubon County Memorial hospital, five M. D.'s submitted their resignations. Despite the walk-out the hospital still is accepting patients.

At this writing no action has been taken on the resignation. In a formal statement the board said it had tabled action "until a complete investigation can be made with the ultimate aim that it will find a satisfactory solution for the over-all benefit of the hospital."

The hospital which cost nearly half a million dollars was opened three months ago. Construction was financed by bond issues, several public fund-raising drives and some federal aid.

The question whether doctors of osteopathy and doctors of medicine may practice in the same hospital has come up before in Iowa. Primarily it concerns tax-supported hospitals. There is general agreement that private hospitals have the right to set their own requirements.

In a similar dispute at Guthrie Center last January, the seven member board of trustees of the new \$380,000 Guthrie County Memorial Hospital voted to permit osteopathic physicians to practice therein.

State law provides that a public hospital cannot discriminate against "the practitioners of any recognized school of medicine" in deciding qualifications for members of its staff.

Medical doctors however say the law is not clear because it does not indicate whether the legislature meant to include doctors of osteopathy among "practitioners of medicine."

In the Guthrie Center dispute, Dwight James, attorney for the Iowa Society of Osteopathic Physicians and Surgeons, argued at a hearing before

the board that any attorney general's opinion on that section of law held that osteopathic physicians are included among practitioners of medicine.

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## KCOS Expands Cancer Detection Service

With the opening of Cancer Detection Clinics in Kirksville November 6 and in Milan November 20, the Kirksville College of Osteopathy and Surgery has extended this service to a total of four northeast Missouri committees since the first of the year.

The service is provided through a grant from the United States Public Health Service last year and renewed this year for the extension of cancer teaching and clinical service. The work is directed by Dr. Herman T. Still, director of the Tumor Clinic at the Kirksville Osteopathic Hospital. The examining teams are composed of members of the KOH staff. Upperclassmen serve as clerks and assistants.

The Cancer Detection Clinics represent a part of the nationwide effort being made for cancer control through early detection, scientific diagnosis and suggested treatment.

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## Fake Cancer Cures Worthless In Court

WASHINGTON, D. C., (AOA)—Testimony of lay witnesses that they had cancer or were cured of cancer has no value in court cases, according to a recent U. S. Court of Appeals decision. The court found that the diagnosis of cancer requires a biopsy (examination of the diseased tissue under a microscope), and that there are only three known effective treatments for cancer—surgery, X-ray and radiation.

The Food and Drugs Administration interprets the rulings as greatly strengthening the Government in its fight against worthless cancer remedies.



## Discover Pill To Control High Blood Pressure

NEW YORK, N. Y. (AOA)—Controlling high blood pressure by a newly discovered pill was discussed in a recent issue of the JOURNAL OF THE AMERICAN CHEMICAL SOCIETY.

Preliminary experiments on animals has demonstrated the safety and effectiveness of taking the pills by mouth. The pill contains a chemical from the class called alkyl nitroindoles.

Drs. D. W. Wooley and Elliott N. Shaw of the Rockefeller Institute for Medical Research, New York, developed the pill after deciding that a substance called serontin caused high blood pressure.

Serontin is found only in the blood of patients with high blood pressure called essential hypertension. It is not found in normal blood. Serontin can make blood vessels constrict and has been found to raise blood pressure of normal animals.

## West Virginia Battle Goes To State Supreme Court

PINEVILLE, W. VA., (AOA)—A motion by an osteopathic physician's attorney to throw the case out of court was overruled by Circuit Judge D. W. Easley, sending the case to the state supreme court.

Five M. D.'s have filed a complaint to restrain Dr. Glenn E. Cobb of Oceana from practicing medicine and surgery.

Dr. Cobb's attorneys filed objection to the complaint. They rested their case on the grounds that state law permits osteopathic physicians to practice medicine and surgery on an equal basis with graduates of other medical schools.

Judge Easley wrote, "In my opinion, the two schools of medicine and surgery heretofore discussed are separate and distinct professions. I am also of the opinion that the provisions . . . with respect to the rights of osteopathic physicians and surgeons mean that they

shall have the same rights in the practice of osteopathy as physicians and surgeons of other schools of medicine in the practice of their profession."

## New Test for Drowning

NEW ORLEANS, LA., (AOA)—A new test for the determination of death by drowning was announced at the annual meeting of the American Physiological Society.

It was reported that in cases of death by drowning the blood in the left side of the heart is slightly lighter in weight per unit volume than in the right side of the heart. The new test is made by measuring the specific gravity of the serum or plasma from blood from each side of the heart and comparing the two. The specific gravity gives the weight of a substance compared with that of an equal volume of another substance taken as a standard.

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## Washington News Letter

The article below appeared in **TRANSPORT TOPICS**, National Newspaper of the Motor Freight Carriers, Monday, November 10, 1952, and relates to our ICC petition of October 24, 1952:

### **Osteopaths Petition ICC to Recognize Their Examinations Of Drivers As Valid**

The American Osteopathic Association has petitioned the Interstate Commerce Commission for modification of the Commission's regulations requiring drivers of interstate commerce motor vehicles to be physically examined and certified by a license "doctor of medicine." The modification sought would amend such regulation to read: "doctor of medicine or osteopathy."

The petition involves sections 191.8, 191.9 and 191.10 of the Commission's safety regulations. It charges that disqualifying of examinations and certifications when made by a licensed doctor of osteopathy constitutes unjust discrimination against some 11,500 osteopathic physicians who are licensed and actively engaged in practice in all the states, of which some three-fourths are members of the petitioner.

The petition points out that "some 90 per cent of the osteopathic profession is located in states (three-fourths of the states) which license doctors of osteopathy to engage in all branches of the healing art, including major operative surgery, drug therapy, and obstetrics."

Such doctors "are professionally competent and licensed under the laws of all the states to render physical examinations with the result that many drivers who are accustomed to employ the services of doctors of osteopathy for physical examinations for other purposes and who avail themselves of such services for this purpose are put to the necessity and expense of additional examinations, and the doctors of osteopathy are unjustly subjected to implications of professional ineptitude and inferiority, and

prospective examinees otherwise patients of osteopathic physicians are unfairly diverted to other physicians," the petition says.

In arguing that a licensed doctor of osteopathy is professionally competent to make examinations and certifications, the petition notes: "For admission to examination for licensure, all states require graduation from an approved college of osteopathy and surgery, in addition to two or more years of preprofessional college training and some require hospital internship."

To further supplement its case the petition quotes from the Healing Arts Practice Act for the District of Columbia, Public Law 831 as follows: "The degrees Doctor of Medicine and Doctor of Osteopathy shall be accorded the same rights and privileges under governmental regulations."

Also pointed out was the fact that Safety Regulations Instruction No. 206, of the Civil Aeronautics Administration authorizes physical examinations by doctors of osteopathy.

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### **September the Healthiest Month**

NEW YORK, N. Y., (AOA)—U. S. mortality statistics show that fewer people die in September than any other month.

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### **Des Moines College Staff Member Invents the Cardiostat**

CHICAGO, ILL. (AOA)—The authoritative magazine, *SCIENCE*, official publication of the American Association for the Advancement of Science, reports the invention by Mr. Burrill Freedman, instructor in physiology at the Des Moines Still College of Osteopathy and Surgery, of an apparatus for microscopic study called a "cardiostat."



# AUXILIARY NEWS

## Auxiliary District One

The auxiliary to the Amarillo Osteopathic Hospital and Clinics met for their November meeting in the home of Mrs. E. R. Mayer, 2810 Travis street, Mrs. Earle Mann, president, presiding.

Plans were made for the Christmas party that will be held on December 17 in the home of Dr. and Mrs. G. W. Gress, 1100 Broadmoor street. Also discussed was the fall Coffee that was given at the Federated Club rooms on November 9 for auxiliary members and their guests. Mrs. J. F. Brown was the chairman in charge of general arrangements for the coffee.

Attending were Mrs. Earle Mann, Mrs. Harry Brown, Mrs. John Chandler, Mrs. J. F. Brown, Mrs. Sterling Maxfield, Mrs. G. W. Gress, Mrs. L. V. Cradit, Mrs. Glenn Scott, Mrs. Lester Vick, Mrs. James Kirk, Mrs. E. R. Mayer and Mrs. E. W. Cain.

At the close of the meeting the auxiliary members were joined by their husbands and were served lovely refreshments by Mrs. Mayer.

The auxiliary to the Panhandle District Association of Osteopathic Physicians and Surgeons held their quarterly meeting Sunday, November 23 at the Herring Hotel in Amarillo. Mrs. W. R. Ballard, president, presided at the business meeting.

A dinner with the doctors preceded the meeting and at this time the group heard Dr. Robert Starks of Denver, Colorado, who spoke on the "Osteopathic Progress Fund." Dr. Lester J. Vick presented a film featuring Osteopathic Education.

Present were: Dr. and Mrs. Paul Price of Dumas, Dr. and Mrs. D. H. Cox of Hedley, Dr. and Mrs. W. R. Ballard, Dr. and Mrs. Glenn Scott, Dr. and Mrs. J. F. Brown, Dr. and Mrs. G. W. Gress, Dr. and Mrs. L. J. Vick,

Dr. and Mrs. E. R. Mayer, Dr. and Mrs. John Chandler, Dr. and Mrs. Earle Mann, Dr. and Mrs. C. T. Vardaman, Mrs. E. W. Cain, Dr. Robert Starks and Dr. John Kemplin.

The next meeting will be held in February at the Herring Hotel.

HELEN CAIN, *Reporter.*

## Auxiliary District Two

Everyone is making plans for the coming holiday season and are too busy to make headlines.

But we didn't draw a complete blank. We were saved by those "Arkansas Travelers", the Robert E. Morgans. They, in company with Dr. and Mrs. Ralph McRae, and Dr. and Mrs. Charles Ogilvie, traveled to Tyler on November 23. They attended the East Texas Association meeting. Dr. McRae presented a lecture and Mrs. Morgan assisted the ladies in organizing an auxiliary there.

The Morgans will be in Chicago December 10 through 16. Dr. Morgan will attend a meeting of the A.O.A. Trustees. Mrs. Morgan will attend an Executive Board meeting of the A.A.O.A.

Dr. and Mrs. Robert N. Collop and family spent the Thanksgiving holidays in Kirksville and vicinity.

Dr. and Mrs. Harlan R. Petersburg are home at 3258 Polk street after visiting their parents in Wisconsin. Dr. Petersburg recently completed his internship at Stevens Park Hospital and is now located with Dr. Bob Lutz at 2747 South Marsalis.

Dr. Hubert M. Perryman interned at Dallas Osteopathic Hospital and is now in Iowa. He and Mrs. Perryman are visiting relatives and considering locations for practice. We sincerely hope they don't look very hard and will locate in Texas.

The auxiliary to the Tarrant County Osteopathic Physicians and Surgeons



and and their husbands will hold their annual Christmas party on December 15 at the "Big Apple". A fine turkey dinner and "all the trimmings" will be served, followed by a program and dancing.

A baby shower was given November 20 by Mrs. Ruth Campbell and Mrs. D. D. Beyer honoring Mrs. Roy Fisher who is expecting the stork soon.

Dr. Max Flowers, Jr., was presented a daughter, Cynthia Ann, on November 21. Weight 7 lbs., 7½ ozs. Cleona Flowers, the proud mother, has made a rapid recovery.

Dr. and Mrs. J. O. Carr added one more boy to their family, Daniel Gregory, on November 11. Weight 8 lbs., 4 ozs.

The profession was again graciously entertained December 4 by Dr. and Mrs. J. C. Baker and Dr. and Mrs. A. L. Karbach at the Holiday Ranch. A wonderful dinner was served and a good time was had by all.

We are happy to report that Mrs. H. G. Buxton's mother, Mrs. Kelly, is making satisfactory progress following a recent surgery at the Fort Worth Osteopathic Hospital.

### **Auxiliary District Ten**

Because our auxiliary had had no meeting since the last issue of the JOURNAL and believing in the axiom, that he who does little, can always talk, we had truly decided to pass this issue by. But just a few hours before the deadline, the pressure groups began agitating, all of which resulted in the premise that the presses just couldn't roll for the last time in '52 without a By-line from Auxiliary No. 10.

We have no official business to report, but we are having a Christmas Dinner Party, and what could be more official than a party, during holiday season. Sensibly, we chose an early date, December 11, before feet are too tired and nervous systems too frayed.

The G. G. Porter's home will be the festive setting according to Mrs. Rich-

ard Mayer, who is in charge of decorations. Mrs. Sam Hitch is general chairman of foods and a look at the menu indicates that that fork in the right hand is going to be working overtime and the wise will conceal in the left palm a couple of anti-acid; one for himself and one for his uncomfortable neighbor.

The doctors are to be our guests and we are looking forward to a gala evening including turkey and all the trimmings and everything from a cake-walk to gift exchange.

While most everyone is thinking in terms of Christmas, the Porter Clinic-Hospital personnel are still remembering the Thanksgiving "feed" given them by Dr. L. J. Lauf. We realize "feed" is not an expression of refinement but in this case we are sticking to accuracy. Webster says, "Feed—to feed fodder to animals". Watching that sleight-of-stomach performance, we know just what he had in mind—any poor old black Angus would have been put to shame!

These annual affairs of Dr. Lauf's are getting better and better; this year even he got to attend, the stork cooperating at the eleventh hour. No such luck last year, but that was probably the time he delivered ten babies in 24 hours, part of them in the home. Is that some kind of a record? Maybe that is how the South Plains became District 10!

Dr. Harlan Wright's son, Craig, let the curiosity of youth get an upper-hand and he pulled a small ice-chest over on him. A lacerated lip required several sutures.

We are sorry to report that Dr. James A. Fannin has been confined to bed and will have to remain there for at least a month. "A liver condition," Mrs. Fannin said.

Season's greetings from No. 10 Auxiliary to the other Nine, and may your best and fondest hopes be more than just wishes in 1953.

(Mrs. Jack E.) VIOLET L. COX



# NEWS OF THE DISTRICTS

## DISTRICT TWO

Two new babies have been added to list of Fort Worth citizens.

Dr. and Mrs. Jerry Carr had a baby boy born Nov. 11. Daniel Gregory was 8½ lbs. He was named after Dr. Dan Beyer who helped usher him into the world.

Dr. and Mrs. Max Flowers had a baby girl born Nov. 23, Cynthia Ann.

We welcome both the new babies to this troubled old world. Maybe they can help straighten it out.

Dr. Karbach and J. C. Baker and their wives gave a dinner party to the Hospital Staff and their wives at Holliday Ranch Dec. 4. At this party there was Hawaiian dances done by the Everetts and the Beyers which were the real McCoy. They learned to do them on their trip to Honolulu in October. The men were as adroit at the dance as their wives.

Dr. Victor R. Hunter and his wife have just returned from Jacksonville, Florida, where he took the Florida State Medical Board along with 20 others.

The osteopathic physicians of North Texas, who are doing osteopathic cranial work, met in the offices of Drs. Logan and Logan, 3923 Hall street, Dallas, Texas, the evening of November 15 and forenoon of November 16, 1952.

Attending the study group session were Drs. J. H. Chandler, Amarillo; Dar D. Daily, Weatherford; Sam Hitch, Lubbock; Catherine K. Carlton and Edwin P. Carlton, Fort Worth, Joseph L. Love, Austin; E. A. Hanson, Rollin E. Becker and Louis H. Logan, all of Dallas.

Discussion covered a review of the recent Denver course—cranial osteopathy, anatomy, physiology, and lymphatic system.

December, 1952

Guests of Dr. and Mrs. Henry Spivey the past week were Dr. Horace Emery of Lubbock; Dr. and Mrs. Wayne Maxwell, Ross and Jon of Dalhart; Mr. and Mrs. Sam Lindsey, Austin, and Dr. and Mrs. Jim Carey of Brazil, Indiana.

## DISTRICT SIX

One of my honored colleagues admitted this morning that "he even disagrees with himself in some matters". That takes a little extra colonic capacity to be that fair but then that is the way Dr. Badger operates.

A favorite patient states that unlike the little gosling that "wakes every morning in a different world; she wakes each morning with a different pain or ache."

Dr. R. A. McClimans threw a good problem at the group, rectal bleeding weeks after removal of all rectal pathology. So far all that has been brought to light is one solitary large diverticulum at the junction of the sigmoid and the descending colon.

Drs. Jaffee, Brennan, Grant and Grice are hoping to get to the X-ray meeting in Dallas on December 7, 1952. Dr. J. Grant of Chicago is the program speaker, subject Bone and Chest Pathology.

A new building is being foundationed, back of the Houston Osteopathic Hospital, for storage, intern quarters and the clinic that will be opened to the general public.

Dr. D. Young was noticed coming out of the hospital office complacently folding a small check for anaesthetics. On being congratulated as to his unique financial status the doctor lowered his gaze and remarked that he "really didn't care for money himself but he did just hate to hear his wife and children cry for food and shelter."



Dr. Ed. Gardner spent most of his vacation in Alaska the past summer. An Alaskan summer is much like a Houston winter. We, in Texas don't have the fish canneries.

Dr. LePere and family are bubbling over about the arrival of the first grandbaby, a man child. To hear them tell it that boy has everything except automatic transmission. Now my granddaughter (says I)—etc., etc.

H.O.H. has been running at full capacity for months. The Industrial Clinic and Hospital staff is increasing as well as the amount of work done there.

Elections will be held this month for staff officers and we are keeping the women DO's on the executive committees. We can't get along with or without them. Dr. E. Roehr is cracking the "Chart" whip over our heads and around the ankles. The first doctor to make it work, "so gentle, demure and sedate."

Dr. Wm. Rodgers' new horse has over thirty blue ribbons in the shows of the American Saddle Breed. The animal is seven years old and sound in wind and limb, "no sights on his heels." Dr. R. got his dogs back from Canada. Had them in school or serving their internships.

Dr. R. Lind at 4803 Griggs Rd. has installed a new Phillips 100ma 100 kv x-ray apparatus. His offices or clinic just completed recently. Secretary from Kirksville.

Dr. Grant (Chicago graduate) is good in Radiology as well as determination of sex in the late gestation period.

### **DISTRICT EIGHT**

The regular staff meeting of the Corpus Christi Osteopathic Hospital was held on November 4, in the Bailey-Schultz Clinic, with a very interesting program on obstetrics, surgery and general osteopathic medicine.

The Corpus Christi District was well represented at the Postgraduate Seminar

in Dallas on November 14 and 15, with Doctors R. J. Brune, J. J. Schultz, R. E. Bennett, and Merle Griffin in attendance. It is hoped that more valuable educational seminars such as this will be forthcoming in the future.

Routine business only was transacted at the regular meeting on November 25 of the Executive Committee of the Corpus Hospital.

Dr. R. J. Brune and family have been out of town catching up on a much needed rest, during the latter week of November and the first week of December.

The Corpus Christi group wishes to welcome Drs. John and Helen Henry, who have recently located here.

## **Ontario Osteopaths Win Battle, Are Granted Self-Rule**

TORONTO, (AOA)—The influential Toronto DAILY STAR, with Canada's largest circulation—over 450,000—in a 3-column article under a 6-column headline reports under a headline as above:

"The 20-year battle by Ontario osteopaths for the right to govern, license and examine members of their profession ended in victory today with announcement by the provincial government that a board of directors of osteopathy has been established.

"The orders-in-council posted today allows osteopaths to set up a governing board with power to discipline and license their own members and have control over qualifications.

"Chairman of the new board will be Dr. Douglas Firth, director of public relations for the Ontario Osteopathic Association. Dr. J. R. G. McVity has been appointed vice-chairman and Dr. D. G. A. Campbell, secretary-treasurer. Other board members are Dr. Ray Linnen, Ottawa; Dr. Norman Burbidge, Guelph, and a representative of the minister of health for Ontario.



## DISTRICT TEN

### Dr. MacKenzie Severely Injured In Line of Duty

Dr. MacKenzie was making a routine house call at ten-thirty on the evening of December 5 on a 79 year old male patient for whom he had been called earlier in the day. Upon entering the residence, strong fumes of gas were evident and without removing his hat or coat, he started raising windows in the living room where the wife was standing. He then entered the bedroom where the patient was lying in bed. As he opened the door there was a terrific blast and explosion and the room became a holocaust. Quickly removing his overcoat, he wrapped it about the victim and carried him from the flaming bed, to safety.

The neighbors, attracted by the explosion had called the fire department and ambulances. Dr. MacKenzie was brought to the Porter Clinic-Hospital where he was attended by Drs. J. A. Finer and B. J. Souder. Both hands suffered second and third degree burns and one of the doctors said it would be at least six weeks before he could use them. At present they are bandaged to the wrists and resemble boxing gloves. His face, fortunately, is not badly injured. His hat must have afforded a lot of protection to his eyes and hair.

The man suffered second and third degree burns over 20% of his body. He is hospitalized and of course his case is serious. The woman escaped without injury.

### Rural Clinic Program Extended By KCOS

The Rural Clinics program at the Kirksville College of Osteopathy and Surgery has been extended this fall to include units at Elmer, Novinger and

December, 1952

Brashear, all in northeast Missouri and relatively close to Kirksville.

The first Rural Clinic was opened at Gibbs, Mo., in August 1949, to be followed in succession by units at Green Castle, Hurdland and Ethel.

Dr. V. H. Casner, chairman of the Department of Public Health, is the Director of Rural and Special Clinics and it is under his guidance that this program of health service and clinical training has expanded and attracted nationwide attention in rural health circles and medical education groups. To provide adequate direction for the health service and training program, the Board of Trustees of the College at the meeting in April of this year provided additional personnel with the appointment of Dr. Otis B. Wilson, a member of the class of May 1952 as assistant director of Rural and Special Clinics.

Wishing You  
A  
Merry Christmas  
and a  
Happy  
New Year

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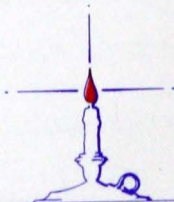
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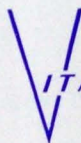


## The Shining Light of Christmas

The star that guided the Wise Men of the East on the first of all the Christmases is symbolized by the Christmas Candle.

The mellow rays of this Christmas symbol help to dispel the darkness of despair, the gloom of doubt, the mark of uncertainty, and it becomes a beacon of joy and hope for all within the circle of its cheerful radiance.

To all our Doctor friends, it is our heart-felt wish that the radiance of your Christmas candle will glow merrily upon a scene of Christmas happiness and that it will foretell for you a new year of good health, contentment and prosperity.



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