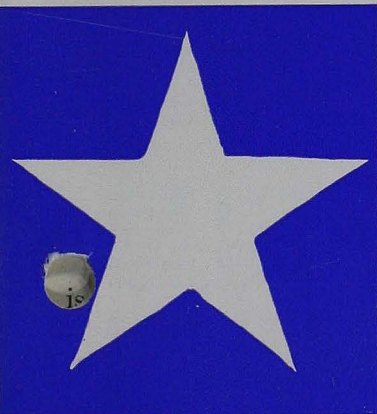


Texas OSTEOPATHIC PHYSICIANS Journal

Volume XI

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Number 6



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EDITORIAL PAGE

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NUMBER 6

Roentgenology In Obstetrics and Gynecology

By CHARLES L. CURRY, D. O.

Roentgen studies in obstetrical and gynecological problem cases were first tried soon after the discovery of the Roentgen ray in 1895. Since that time, many improvements have been made in x-ray equipment, x-ray film, intensifying screens and in techniques, with the result that with modern equipment and intelligent interpretation, pathology can now be demonstrated that was not considered possible only a few years ago.

The practice of modern obstetrics would hardly be possible without the use of x-ray in problem cases. We are not of the opinion that all obstetrical cases should have routine roentgen studies. Such a procedure would only encourage the obstetrician to allow his manual and digital diagnostic skill to go into disuse, and he might make the mistake of placing too much confidence in the report of the roentgenologist.

The obstetrician who makes a complete physical examination and obtains a detailed case history will usually recognize the cases in which roentgen studies are indicated. As a rule, the information obtained from such studies will be in direct proportion to the cooperation between the obstetrician and the roentgenologist.

The purpose of obstetrical roentgenography is three fold: first, it attempts to disclose facts regarding the status of the foetus. Second, it should determine the

relationship between the foetus and the mother. And third, it may disclose information about the mother that may secondarily affect the foetus.

Indications

Roentgen pelvimetry is indicated whenever the patient gives a history of dystocia or injury to the foetus at a previous delivery. It may be indicated if the patient is first seen late in pregnancy when it seems unwise to make vaginal examinations. It may be indicated during labor to ascertain the site of arrest and to aid in the program of treatment to overcome dystocia. It is always indicated if the patient has had a fracture of the pelvis. It may be indicated simply because the patient desires it.

There are many other conditions besides cephalo-pelvic disproportion in which roentgen studies are of definite value.

Diagnosis of Pregnancy

The diagnosis of pregnancy is sometimes possible by roentgen studies between the third and fourth months of development. We have on several occasions, demonstrated foetal structures on patients who had had negative A. Z. tests. This of course, is positive proof of pregnancy and provides a permanent record of the diagnosis. This also proves that a negative A. Z. test is worthless

unless done from a catheterized specimen. Subsequent tests in at least one of these cases made from a catheterized specimen were positive and our conclusion was that a substitution had been made on the first specimen.

In obtaining films for the diagnosis of early pregnancy, it is best to have the patient standing and make the film in postero-anterior oblique positions with the tube angled 20 to 30 degrees cephalward. This projects the small foetus away from the sacrum and other maternal skeletal structures.

The absence of foetal structures on the x-ray film is equally important in ruling out pregnancy in women with pelvic tumors such as fibroma, ovarian cyst and massive hydrosalpingitis.

Foetal Death

Overlapping of the skull bones and loss of spinal rigidity in utero is considered evidence of foetal death. This occurs from seven to ten days after death and roentgen studies at this time are a valuable aid to the diagnosis. In suspected cases, film studies should be made standing, as collapse of the spinal column is best demonstrated in this position.

Gross Foetal Anomalies

Anencephaly, hydrocephalus and such anomalies are usually well demonstrated roentgenographically and it is important that these conditions be diagnosed before labor begins. In fact, premature termination of pregnancy might well be considered in some cases if such a condition were known to exist.

In erythroblastosis foetalis it is sometimes possible to demonstrate abnormal bone condensation in the foetal skeleton which gives a clue to the diagnosis.

Roentgen studies are of some help in determining the age of the foetus although not too accurate. An epiphyseal center at the distal end of the femur, complete ossification of the hyoid bone, ossification of the essential parts of the vertebrae, ossification of the first segment of the coccyx and the metatar-

sals, and phalanges are the diagnostic points indicative of foetal maturity. Thoms uses the occipito frontal diameter of the foetal head in estimating maturity and has found that if this measurement is 11.5 centimeters or over the foetus is mature. If 10.5 or under, prematurity exists.

Up to this date there has been no technique developed by which the sex of the foetus can be determined in utero. Considerable work and experimentation has been done along this line with roentgen studies. The dense amniotic fluid obliterates the outlines of the soft tissues of the foetus so the question of sex remains a mystery until after birth.

Roentgen Study of the Soft Tissues in Pregnancy

A great deal of valuable information about the soft tissues in pregnancy is available to the obstetrician when full

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advantage is taken of roentgen studies. The location of the placenta can be accurately determined in about 90% of cases. This is important in abnormal bleeding where placenta previa or placenta marginalis must be considered as a possible cause of the hemorrhage. The placenta is usually located on the anterior or posterior wall and the placenta casts a shadow on the roentgen film of about the same density as muscle. It is quite thick and sometimes measures as much as seven centimeters in the thickest part. It is best visualized in the lateral view. A bright 100 watt may be necessary to visualize the placenta as this portion of the film is usually over exposed and blackened. Up to this date, intrauterine injections of opaque solutions in pregnancy is considered a hazardous procedure and ordinarily inadvisable.

Polyhydramnios sometimes causes bleeding due to stretching of the uterus by the large amount of fluid. This results in detachment of the placenta and bleeding zones are left. Any abnormal amount of fluid can be demonstrated on the roentgen film.

In abruptio placenta a bulge can be demonstrated in the uterus due to confined hemorrhage between the placenta and uterus.

In ruptured uterus the foetus may be demonstrated extrinsic to the uterus. These cases are accompanied by massive hemorrhage and severe shock. It is our opinion that the time consumed in making a roentgen diagnosis would not be

justifiable in most instances. The diagnosis should be made by the history and physical findings and the abdomen should be opened at the earliest possible moment. Most of us can't realize how rapidly these patients hemorrhage until we are unfortunate enough to witness a rupture of the pregnant uterus. These patients need immediate surgery, not x-ray studies.

The Effect of Radiation on the Foetus

The radiologist is always concerned and rightly so, about the possibility of injury to the foetus in making roentgen studies in pregnancy. The rapidly growing foetal cells, like all other rapidly growing tissue cells are highly sensitive to roentgen exposure. Four hundred fifty Roentgens delivered to the uterus will usually cause foetal death in early pregnancy. This is an accepted method of inducing abortion. There are cases on record where in spite of roentgen treatment for abortion, the pregnancy was not interrupted and a full term foetus delivered. In these cases, various deformities have been found and particularly deformities in the nervous system and in the eyes. Knowing these facts, we should be very careful in recommending roentgen radiation for sterility or for uterine fibromas until pregnancy has been positively ruled out.

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film reaches the uterus. Therefore we can make a routine four or five film study with a total dose to the foetus of not more than 5 or 6 r units.

Pelvic Types and Pelvic Architecture

Most authors now classify the female pelvis into five major types. 1. Anthropoid, 2. gynecoid, 3. platypelloid, 4. android, and 5. asymmetric. There are many variations of all types which I am not prepared or qualified to discuss. Dr. Snow states in his most recent book, Roentgenology in Obstetrics and Gynecology, and I quote: "If the pelvic inlet were described as moderately android in the posterior segment and gynecoid in the anterior segment, I found that few would have a clear picture. However, when I began to classify the various parts of the pelvis in simple geometric terms, giving the degree, the reports were readily understood." unquote. I think this practice is almost universal now and most roentgenologists have their own favorite method of obtaining

pelvic measurements and a routine method of reporting their findings which is satisfactory to the group with which they work.

In reviewing a series of 1000 roentgen studies of the female pelvis, Snow found that 306 or 30% were typically gynecoid or the true female type. 114 or 12% were typically android in type, and 580 or 58% were of the mixed android gynecoid type.

Roentgenographic Cephalopelvimetry

Many methods of cephalopelvimetry have been devised. Probably no method is more popular or more widely used today than that devised by Dr. William Snow, former director of roentgenology at the Harlem Hospital in New York City.

There are several methods now in use however, where fairly accurate estimations of the inlet, outlet and mid pelvis as well as the foetal skull can be made. Care must be taken however, in making

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accurate external measurements and positioning the patient for the exposures.

All methods depend on correcting for distortion so that actual values can be closely approached. The greater the distance between the object and the film, the greater the distortion.

One method of figuring distortion and one that we have used frequently, is done by a series of centimeter rules which are actual radiograms made at known object film distances. They are all made at a set target film distance and of course it is imperative that films for pelvimetry be made at this same distance.

Before making the exposure, the patient is measured from the superior margin of the symphysis to the table top. The intratrochanteric measurement is also made and these measurements are radiographed onto the film as a permanent record.

In selecting the proper rule for measurements, 4 centimeters, which represents the distance from the table top to the film, are added to the patient's measurement and this sum is divided by two. The resulting figure represents the level of the plane in which we are interested. The rule bearing this num-

ber is selected and actual measurements are made. We have checked this rule against measurements obtained with the Snow calculator and also on foetal heads immediately after delivery, and have found it surprisingly accurate.

We feel that a minimum of three exposures is necessary for cephalopelvimetry. Many times a fourth is very helpful. Occasionally we are asked to make only one anteroposterior film. Our refusal is always polite. It is impossible to give an accurate description of the position of the foetus on only one film.

In the March issue of the American Journal of Roentgenology, there appeared an article on cephalopelvimetry by Dr. Fred Coe of Washington, D. C. This is an excellent article and the technique for pelvimetry is quite simple and is given in detail. This method is further simplified by using the distortion rule mentioned above. This eliminates the need for using the perforated lead grid and a second flash exposure. In this method however, four exposures are necessary; an anteroposterior and lateral with the patient standing without shoes, and additional anteroposterior in semireclining position, and a sub pubic notch study with the patient sitting on a chair or stool, and the central ray directed through the mid portion of the sacrum posteriorly. For this study the stationary Lysholm grid is used on a 10 x 12 film. The patient sits with the legs abducted and the body flexed to such a degree that the pubic symphysis and the ischial tuberosities are parallel with the film. All films must be made with the central ray directed to the pelvis rather than to the center of the film. Positioning must be accurate, particularly in the lateral projection; otherwise measurements cannot be correctly estimated.

Having obtained the four routine film studies we are now able to determine in the anteroposterior view: the size, position and general condition of the foetus, whether or not it is nearing maturity, possible deformities of bony

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structure, and the relationship of the foetal skull to the maternal skeletal structures.

In the standing lateral view, we can measure fairly accurately with our distortion rule, the anteroposterior diameter of the inlet. This is the distance from the posterior surface of the top of the symphysis to the promontory of the sacrum. We can measure the anteroposterior diameter of the mid pelvis, which is the distance from the posterior aspect of the mid portion of the symphysis to the mid point of the anterior surface of the sacrum.

We can also measure the posterior sagittal diameter or the distance between the lowest point of the superimposed tuberosities of the ischia to the lower most portion of the last segment of the sacrum. The diameter of the foetal skull which is in profile can also be measured on this film.

In addition, the shape and contour of the inner surface of the sacrum is determined and the relationship of the foetal skull to the symphysis and sacral promontory is noted.

The inlet film is made with the table horizontal and the patient sitting in a semi-reclining position. Care must be taken that the plane of the pelvic inlet is parallel to the film.

On the inlet film the following measurements are made, again with the distortion rule.

1. The greatest transverse diameter of the inlet.
2. Interspinous diameter of the mid pelvis.
3. Oblique diameters of the inlet.
4. If the foetal head is engaged and lies in the plane of the superior straight the skull can be measured.

On the outlet or subpubic notch film direct measurements can be made as the pubic arch and ischial tuberosities are practically in contact with the film and there is very little distortion. A line is drawn between the extreme limits of the ischial promontories and a second line drawn parallel to the first and one centimeter nearer to the symphysis. This second line is the intertuberos distance. From the mid point of this line a perpendicular line is drawn to the lower margin of the symphysis. This represents the anterior sagittal measurement of the outlet. A third line parallel to the first is drawn from the mid point of the anterior sagittal line. The percentage relationships of these lines determines the shape of the arch. By completing the triangle between the symphysis and the inner margins of the ischial tuberosities the angle of the sub-

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pubic notch can be measured. This angle averages 83° in the normal arch.

By following the method of Mengert, the dimensions of the inlet, mid pelvis and foetal skull are evaluated. The index for the inlet is the product of the true conjugate by the transverse. For the mid pelvis the index is the product of the anteroposterior by the interspinous. For the skull it is the product of the occipito frontal by the biparietal. Averages are as follows: for the inlet 145.7; for the mid pelvis 126 and for the foetal skull excluding hydrocephalus 105.

Dr. Coe has found that if the index of the skull exceeds 80% of the inlet or 85% of the mid pelvis, safe pelvic delivery is very unlikely. When the skull index is 75% or less than that of the inlet or mid pelvis, pelvic delivery is safe unless there are other complications.

In Dr. Coe's closing remarks he made one statement with which all radiologists will agree. I should like to quote this statement: "I have been urged to state in my report that cesarean section is indicated. I refuse. We can hoist the hurricane signal, and if the obstetrician does not heed the report, this is not in our province."

Roentgen studies in gynecology are of considerable help in determining the

status of the female genital organs. It is possible to demonstrate polyps, submucous fibroids and even carcinoma of the uterus by the procedure known as uterosalpingography. This procedure is most frequently used however, in the study of sterility and in re-establishing tubal patency.

This procedure cannot be carried out without some danger however, and there are several very definite contraindications for its use.

1. Vaginal infection. At no time should uterosalpingography be done without a negative report on vaginal and cervical smears. In our limited number of cases we had at least one pelvic abscess result which necessitated drainage through the vaginal tract.

2. Uterine bleeding. This is one of the most important contraindications as the opaque media, or air, which ever is used, may enter the venous bed of the pelvic organs and embolus may result.

For these reasons the examination should not be made following curettage and not earlier than one week after the last day of menstruation.

3. Pregnancy. If done during pregnancy there is of course, considerable danger of abortion.

Solutions

There are many opaque medias now in use for roentgen studies. To our

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knowledge there are only three which are recommended for utero-salpinography. (1) Ray opaque is one of the most popular and is widely used. It gives good contrast and is absorbed in a few hours. (2) Skiodan is acacia is also contrasty, rapidly absorbed and is harmless even though large quantities may escape into the abdomen. (3) Lipiodol has the greater contrast but is absorbed at the rate of approximately one cubic centimeter per year and may even become encysted and remain permanently.

A preliminary scout film of the pelvis is always obtained to ascertain the status of the pelvic organs before any opaque media is used.

As to the techniques of injection, there are several. We will not discuss these in detail but we feel that injection

without the use of a manometer is a hazardous procedure as it is impossible to estimate the amount of pressure without the use of such an instrument.

Six cubic centimeters are usually required to fill the uterine cavity and tubes. Fractional injection is the safest procedure, making serial films after each 2 cc of injection until overflow into the abdominal cavity is obtained. Films are made in anteroposterior and lateral projections after the injection, and the anteroposterior films should be made in stereo.

In reviewing the films, congenital abnormalities such as infantile uterus, bicornuate uterus, double uterus and similar conditions are readily demonstrated. The lateral view is particularly helpful in determining the position of the ute-

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rus, whether normal, retroverted or perhaps in a position of ante flexion.

Filling defects in the column of opaque media indicate some type of space occupying lesion. The demonstration of any space occupying lesion in the uterus or cervical canal warrants further investigation, as I do not believe the roentgenologist should attempt to make a differentiation between a malignant lesion and benign growths such as polyps and fibroma.

An irregular ragged filling of the uterine cavity may be due to endometritis. Penetration of the opaque material into the myometrium may be due to adenomyosis. This could also take place as a result of excessive pressure at the time of injection. We do not maintain that a diagnosis of endometritis or adenomyosis could be established by roentgen studies alone, but such studies in selected cases should help to confirm or rule out the presence of these conditions.

The most common cause of non patency of the fallopian tubes is inflammation. The obstruction may occur at any point and may be unilateral or bilateral. These studies are of particular value in sterility cases, and it is possible by repeated injections to re-establish tubal patency. There is danger of tubal rupture if more than 250 millimeters of pressure is used.

Radiation Therapy

This is not a treatise on roentgen therapy but there are many lesions in the gynecological patient which respond favorably to radiation and we would like to briefly discuss a few of these conditions.

The benign lesions about the vulva such as pruritis, kraurosis, condyloma acuminatum or venereal warts, and angioma are all radio sensitive and respond very favorably to superficial irradiation.

Vulvar carcinoma normally is found in married women over fifty years old following menopause. These lesions are usually squamous cell carcinomas. Roent-

gen therapy plays a very important part in the treatment, which is usually a combination of surgery and irradiation. The same may be said of carcinoma of the urethra and of the vaginal tract.

The uterine cervix is one of the most frequent sites of malignancy in women. Volumes have been written on carcinoma of the cervix and we will not go into detail on diagnosis or treatment. Concerning treatment however, we would like to quote from Kaplan who is one of our best authorities on roentgen therapy. Kaplan states as follows: "Irradiation is applicable to all conditions of cancer of the cervix and is today the method of choice. To be effective however, it must be carried out intensively at the first attempt; repeated incomplete attempts seldom control the malignancy." end of quotation. If surgery is used it must be radical, including complete hysterectomy, relocation of the ureters, extensive pelvic node dissection and removal of a large part of the vagina.

Carcinoma of the cervix in pregnancy is always a serious condition. If the malignancy is discovered in the early stage the pregnancy should be interrupted and the lesion treated in the usual manner. If the lesion is not discovered until the seventh or eighth month, radiation therapy may be used to the cervix and the baby delivered by cesarean section. On no account should the baby be delivered through the cervix.

The results obtained by irradiation as compared to surgery in the treatment of cervical carcinoma are about equal as far as survival rates are concerned. The overall five year survival rate at the Bellevue Hospital was 33.1%.

Lesions of the Uterus

The benign lesions of the uterus which are amenable to irradiation are adenomatoid endometritis and fibroids. The malignancies are carcinoma, endometriosis and chorion epithelioma. Treatment of course, depends on the location and extent of the lesion, whether or not metastasis has already

occurred and whether or not the plan of treatment includes surgery.

Many cases which are inoperable and incurable are treated palliatively, and by this method life is prolonged and the patient made more comfortable.

Roentgen therapy is used to advantage in chronic adnexal infection. In addition to its analgesic action, it tends to arrest menstrual activity and thereby aids in controls the infection.

In functional amenorrhea where congenital malformation or absence of pelvic organs has been ruled out, x-ray directed to the ovaries and to the pituitary may establish a normal menstrual cycle.

Kaplan states that in no other field of gynecology is irradiation more helpful and promising than in the treatment of sterility.

In all of the above conditions the technique is a delicate procedure and must be based on good training, experience, and a thorough knowledge of the exact capacity of the x-ray machine, and actual determination of the depth dose produced. It is not a treatment to be used by the amateur therapist.

In functional dysmenorrhea, oligomenorrhea, menorrhagia, and metrorrhagia, irradiation should be considered when other methods of treatment fail.

Sterilization in the female is a much discussed subject at this time. There are those who would promiscuously tie tubes or remove tubes for this purpose alone. We must all agree however, that there are occasionally cases where sterilization is necessary and advisable. Irradiation offers the simplest, and most certain means of accomplishing this end and it can be done without hospitalization. There is no mortality and morbidity.

Therapeutic abortion, when indicated is a safe and sure procedure when done by x-ray.

The purpose of this paper has been to bring to your attention the many conditions in obstetrics and gynecology in which your roentgenologist can be

of help to you. It has also been our purpose not to be specific about techniques as these are all available in the standard texts from which most of these notes have been taken.

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Bond Issue for Osteopathic Hospital

Los Angeles County, California is to vote November 2, 1954 upon a bond issue to construct a new osteopathic unit to the County Hospital.

Voting this bond issue will not place an excessive burden upon the taxpayer. Failure to vote it will place tremendous burdens upon the children and people of Los Angeles.

Good judgment—good health—good citizenship demand that the people of Los Angeles go to the polls on November 2 to vote YES on this proposition.

Finally, basic humanitarian impulses should inspire the people to vote this bond issue.

The majority, by far, of the patients at the General Hospital are the indigent, sick, most of them, the young and the very old—the helpless. Oftimes, the indigence is the result of long sustained illness.

It is almost unbearable to be old and sick and at the same time be subject to discomforts and indignities. The admonition "There, but for the Grace of God, go I" prompts us to be charitable and considerate of the aged who suffer "the pangs of an outrageous fortune."

Finally, the sick child of indigent parents is worth saving. The history of Los Angeles county gives the record of thousands who have risen from poverty to glorious accomplishment and leadership.

Each osteopathic physician in Texas has numerous patients who have moved to Los Angeles. Why not drop them a line and ask them to support this worthy cause, that unit No. 2 of the Los Angeles county hospital may be improved and have the same semblance of a modern hospital as unit No. 1 controlled by the medical association.

Oklahoma Association Invites

Members of the Oklahoma Association have extended an invitation to all Texas osteopathic physicians to attend their annual meeting at Oklahoma City, Oklahoma, November 9 through 11, 1954.

They offer an extensive two days' professional program to be headed by Dr. B. E. Laycock, Dr. D. Duane Stonier and Dr. Sidney Ellias.

Why not be a good neighbor and attend the convention of our neighboring state?

THE TEXAS STATE BOARD OF EXAMINERS in

THE BASIC SCIENCES

407 Perry-Brooks Building

Austin, Texas

August 19, 1954

Notice of Examination

The next examination of the Texas State Board of Examiners in the Basic Sciences has been set for October 22 and 23, 1954.

The exam will be given in Austin, and details as to time and place may be obtained by writing to Mrs. Betty Ratcliff, Chief Clerk, at the above address.

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

Very truly yours,
HFNRY B. HARDT, *President*

Executive Secretary Reports

The executive secretary, from September 18 through September 26, made an extended tour in Texas, attending the RADIOLOGICAL meeting in Austin, where forty-five (45) members of the profession were in attendance, enjoying a refresher course in quality second to none.

The executive secretary spoke to this group at its noon luncheon.

District Nine

Monday, Tuesday and Wednesday were spent in this district where every osteopathic office and hospital were visited by the executive secretary.

At Gonzales, Texas, he spoke to the Lions Club, visited with the newspaper editors, superintendent of the public schools and radio officials.

Monday night, he spoke to an enthusiastic group of district 9 members, explaining to them the public relations program of the TAOP&S and giving them a report on the activities of their organization.

At Cuero, El Campo, Wharton and Victoria again he contacted the superintendents of schools, newspaper editors, junior colleges, industrialists and radio officials.

At Wharton, the executive secretary had an unusual visit with Buck Shot Lane, who is representative from Wharton and who writes for the Houston

Post a column entitled "Buck Shot Lane Says". We note with interest his column entitled "Few Rural Boys Become Doctors" was taken from this discussion. We feel that he is going to write another article on the problem of insurance before the legislature meets.

At Moulton, Flatonia, Weimar and Schulenburg he visited with individual osteopathic physicians and hospitals.

The osteopathic profession should be proud of the services rendered by our physicians in this district. All offices and hospitals were well equipped and the physicians stand high in their communities.

The executive secretary was much impressed by the reception and courtesies shown him by the members of the profession, and particularly was he impressed by the attention given to him, without exception, by public officials, school authorities, radio and newspaper officials and industrial contacts.

The only regret was insufficient time to cover the field as it should have been done. Instead of three days, seven days could have been employed at a good advantage for this visitation.

Industrial Health Conference—Houston

Thursday, Friday and Saturday, the executive secretary attended this conference—a most unusual program for the

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advancement of industrial health—attendance of 750, sixty (60) per cent of those being industrial representation and forty (40) per cent physicians.

This is the first time an osteopathic physician has officially attended this conference. Numerous contacts were established by the executive secretary with industrialists and physicians.

The conference is of national scope and put on yearly by the Houston Chamber of Commerce, this being the Seventh Conference. It should be attended annually by many of the osteopathic profession who would gain much information of benefit to them and to the profession.

Public Health Meeting

The executive secretary, on Saturday night and Sunday morning, attended a meeting of the public health committee held at the Texas Hotel in Houston,

where many problems of the profession were discussed and solution sought.

The profession should be proud of the activities of this committee in its behalf.

District Three

The executive secretary, by flying low, was able to make the district 3 meeting held at Jacksonville, Texas, at 2:30 p. m., on Sunday.

This district meeting had a seventy-five (75) per cent attendance of the membership. Dr. Archie Garrison, president of the Texas association, gave an extended report to the district of the activities of the association. The executive secretary addressed the group on the problem of ethics, from which a most worthwhile discussion followed.

The entire group was entertained for dinner Sunday night at the Lake cottage of Dr. Wayne Smith, president elect, to a barbecued chicken dinner.

Scarcity of Medical Students Becoming Critical

THE MOULTON EAGLE, Moulton, Texas, Friday, September 24, 1954

Dr. Phil R. Russell of Fort Worth, Executive Secretary of the Texas State Society of Osteopathic Physicians and Surgeons, appealed to the members of the Gonzales Lions Club and guests, as civic leaders in their respective communities to direct their influence to the young people in order to secure well-motivated individuals to become students in one of the many branches of medicine.

Dr. Russell was introduced by Dr. T. D. Crews of Gonzales at the Monday noon meeting there.

While Dr. Russell's main emphasis was upon public health in general he stressed the extreme need for additional doctors to meet the demands of our rapidly growing population. If this trend continues, a critical situation will result in an even greater scarcity of

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doctors and trained medical personnel.

In the last three years there had been a marked decline in the number of acceptable students presenting themselves for admission to our medical schools.

In answer to the question, "What is Osteopathy?" he replied by saying: "It is a school of medicine whose philosophy is centered upon the principle that the chemical and structural integrity of the human body are the cornerstones of health". He stated further that the osteopathic school of medicine embraced all the acceptable and proven modalities used in the treatment of disease as contributed by the other three schools of medicine, namely, the Allopathic, Homoeopathic and Eclectic.

Listed among the guests present were Dr. J. C. Burt and Mrs. Henry Malinek of Moulton, as well as Dr. Phil Russell.

GOOD LOCATION

FALFURRIAS, Brooks County, Texas: A good opportunity in this town, particularly for one who has knowledge of Spanish. Large trade area. Fully equipped office and five room hospital. If interested write Mrs. Barbara Bartlett, Box 546, Falfurrias, Texas, or call after 6:00 p.m. 57 Falfurrias.

In the state of New York, motorists suffering from certain ailments (including heart disease) must provide a physician's certificate attesting to their ability to drive safely before licenses will be issued.

New Academy to Commemorate the Birth of Dr. Paul Ehrlich

A new osteopathic society dedicated to the academic aspects of osteopathic medicine has been organized in Dallas, Texas.

The group, which will meet quarterly, will be known as the "Dallas Academy of Osteopathic Medicine."

It is to be emphasized, however, that membership will not be restricted to Dallas physicians but any D. O. interested in the didactic aspects of practice is eligible to apply for membership.

The founders recently adopted a constitution and by-laws and elected the following temporary officers: Dr. Myron Magen, temporary chairman; Dr. Charles D. Ogilvie, temporary secretary-treasurer.

The first formal dinner meeting of the Academy will be held on November 29, 1954 at the Stoneleigh Hotel in Dallas.

The program will consist of a symposium to commemorate the centennial of the birth of Paul Ehrlich, noted German physician and scientist, and will consist of four papers depicting Dr. Ehrlich's influence on modern medical practice.

The details of the program will be published in the November issue of the JOURNAL.

By CHARLES D. OGILVIE, D. O.
Secretary-Treasurer
1141 North Hampton Road
Dallas, Texas.

Functions and Organization of a Hospital Guild

By MRS. RUSSELL GLAZER, President-elect Auxiliary to the American Osteopathic Association, April, 1953.

The word "Guild" has always carried with it a practical interpretation meaning WORK. A Guild, like work, can be more than exerted drudgery if it is meaningful. Motivation that arises out of conviction of purpose minimizes the drudgery and accelerates the momentum.

A few years ago the poster of the Red Feather Drive for the Community Chest used a picture of a small boy carrying a smaller boy. The picture used this caption, "He isn't heavy—he's my brother". No load is heavy if the bearer's heart is in his work.

A hospital Guild offers a service opportunity based on conviction of purpose, and the load, like the little brother, is not heavy.

Any person, male or female, can be a member of a Guild. Membership is contingent upon one factor—interest in supporting a health institution that improves community welfare. To some people, a hospital is like a church—they are not interested in being in them, but would not care to live in a community deprived of these institutions.

A Guild organized to serve a non-profit Osteopathic Hospital MUST function under the authority of the Board of Trustees, and in close cooperation with the management of the hospital. If a source of authority and a channel of responsibility is not established, energies are wasted, opportunities are neglected and chaotic conflict of personalities is the inevitable result.

One member of the Board, one member of the Guild and the hospital director (supervisor, administrator, superintendent or deputy thereof) should constitute a committee whose sole purpose should be to serve as a clearing house for the needs of the hospital and the instrumentation of those needs. Such an arrangement is both practical and impersonal.

The functions of a Guild can easily be detailed into three branches of service. A proper evaluation of these services not only augments the efficiency of the hospital, but conserves the time and vitality of the hospital personnel, both vital factors in promoting public health. The three branches of service are:

1. Inspirational
2. Promotional
3. Mechanical

1. We plead "word blindness" in the use of the word inspiration. Perhaps idealistic, or even inseminal, would be a better word choice, but a description of the service may prompt a suggestion of terminology that is more explicit.

To beget or to generate an idea is equally as valuable as the energizing or crystallizing of a plan of action, or equally as valuable as the successful completion of the idea plus the plan. One idea originating in a Guild may prove a distinct asset, one to which the hospital personnel is blind.

The close relationship of spiritual and physical well being is no foreign element in a hospital. There are circumstances under which a member of the Guild can better serve the spiritual needs of hospital patients and their families than can the attending physicians or the nursing staff. A comforting visit, scripture reading, provision for a Bible in each patient room, provisions for communion, direct contact with ministers for out-of-town patients are some of the special services for which some women (and few physicians) are particularly well fitted.

A hospital is an institution of science and mercy, yet the courtesies of that same institution are almost as influential as the surgery performed, the nursing care and the results achieved. The cheerful appearance of a room, flower arrangement and care, gray lady service,

special type birth certificates can all be offered by a Guild—all of which add to the comfort and cultivated reaction of the patient, his family and visitors. Favorable personal reaction and attitude builds solid loyalty for a hospital, a factor not to be underestimated.

2. The promotional branch of service is perhaps better known than the inspirational. In 1951-52 the Guilds affiliated with the Auxiliary to the American Osteopathic Association *reported* having raised funds for non-profit Osteopathic hospitals in the amount of \$20,735.29 (annual report of the Hospitals and Clinics Chairman). Knowing volunteer reports as many of us do, it is safe to estimate that the raised funds reported represents approximately 50% of the actual money raised and contributed to non-profit osteopathic hospitals by their Guilds.

As important as financial contributions are, they do not constitute the greatest promotional service that can be offered by a Guild. The public relations aspect of a wisely guided Guild can neither be tabulated nor weighed in pounds and ounces. Public opinion is the result of public relations. If public opinion has been properly developed through carefully designed public relations programs there probably would not have been an Audrain County Case in Missouri, nor would there be the challenge or the issue of Osteopathic Physicians practicing in tax supported hospitals.

A Guild can promote and popularize the hospital through many avenues, personal and otherwise, that the staff could never do for itself.

The Guild, organized as a service unit, can be a health agency in the community. Participation in the Community Chest drive, collection of funds for the established agencies for cancer, polio, heart, and crippled children and such are channels through which the Guild can demonstrate its interest in public health. Joint activity of the Guild and the hospital personnel could provide a

clinic for under-privileged children entering a summer recreation camp. The Guild could, and should, be active in the blood bank program of the American Red Cross.

The list of community health services could be limitless, but the selection of one or two or three of these services should be routine participation of every Guild. The Guild and the hospital to which it is attached does not live unto itself with inverted habits; the Guild and its hospital exists only because it has a distinct service to offer.

In this same vein, it can be safely said that a Guild can be a channel for diffusion of information. Accurate information about the hospital, its services, and its staff could be synthesized by some hospital authority and transmitted to the Guild. A corps of public relations ambassadors equipped with factual information can mobilize the majority atti-

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tude of a whole community. The result is too obvious to discuss.

Publicity and information are the same in some respects, and vary only in the shades of difference. It is just as easy for it to be favorable, and be based upon legitimate recognitions and basic facts.

3. The mechanical services of a Guild offer unlimited, significant opportunities. The average citizen can give a small financial contribution to a worthy cause and feel no concern or responsibility. Let the same citizen give of his time, the work of his hand, and then his heart is in the cause. Sewing, mending, carpenter repair, hanging of draperies, laying of tile floors, painting, registering out-patients for a clinic, preserving fruit or filling a deep-freeze with perishable food—these are mechanical services, but they are a work of love.

Age, creed, color or circumstances recognize no lines of discrimination when a hospital affords its friends and neighbors an opportunity to give of themselves and their talents!

The organization of a Guild is a simple procedure. The official Handbook of A.A.O.A. (pp. 94-103) covers this matter, and a copy will be made available to anyone who is interested in organizing or activating a Guild. Guilds organized and affiliated with A.A.O.A. can obtain copies of the official Handbook by sending \$1.00 to the A.A.O.A. Headquarters Secretary, 212 East Ohio Street, Chicago 11, Illinois.

The National Auxiliary has a department devoted entirely to hospital Auxiliaries and Guilds. This department and its Chairman, Mrs. Carl R. Samuels, Box 44, Pryor, Oklahoma, are at your command for any problem, suggestion or information that may arise.

The Guild can do more to create and promote improvement of public health through hospital care than any other source *except* a well founded reputation of ethical, successful practice of Osteopathy.



DR. JAMES L. HOLLOWAY celebrated his 94th birthday September 25, 1954.

Auxiliary to AOA to Award Five Osteopathic Scholarships

CHICAGO (AOA)—Five Osteopathic College Scholarships of \$1,000 each will be awarded by the Auxiliary to the AOA, it was announced.

Osteopathic scholarship applicants for the entering classes of 1955 must have an acceptance or a tentative acceptance from one of the six osteopathic colleges. The scholarships will be awarded on the basis of financial need, good scholarship, strong motivation toward the osteopathic school of medicine and outstanding personality traits.

Information about the scholarships and the various osteopathic colleges and scholarship application forms will be sent upon request by the Scholarship Chairman, Auxiliary to the American Osteopathic Association, 212 E. Ohio St., Chicago 11.

Applications for the National Osteopathic College Scholarships must be completed and sent to the scholarship chairman prior to May 1, 1955.

Christmas Seal



With "Fifty Thousand or More for Fifty-four" as its rallying cry, the osteopathic Christmas seal campaign is swinging into its twenty-fourth annual public relations campaign to raise funds for osteopathic student loans and osteopathic research. According to AOA Trustee E. H. McKenna, Muskegon Heights, Michigan, serving his second year as Chairman of the Committee on Christmas Seals, nine and one-half million seals are expected to be in circulation before Christmas, more than half of them to reach the public through the cooperation of doctors and their wives.

Official impetus is being given the campaign by osteopathic leaders on both national and divisional levels. In Toronto in July, the members of the House of Delegates again pledged themselves each to distribute seals to at least fifty laymen, and for the first time, seal committees are being set up within divisional societies. The Auxiliary, under the chairmanship of Mrs. Carl R. Samuels, Pryor, Oklahoma, is conducting an aggressive campaign.

"The potential of the Christmas seal campaign staggers the imagination," said AOA President John W. Mulford in a recent address. "The seal can carry word of our profession into hundreds

of thousands of homes, can add hundreds of thousands of dollars to our student loan and research resources. But it can do these things only if *every*—and I underline *every* doctor—and his wife embraces the campaign as a personal opportunity for service."

An early October mailing is providing the profession and Auxiliary with seals for personal use and with forms for ordering seals to send to patients, friends, and townspeople. Doctors are urged to present the seal program to those who serve them in professional and business capacities. Wives are urged to participate either as groups or individuals, and to cooperate with their husband's offices in getting out seals to patients.

The six osteopathic colleges are conducting campus campaigns under the auspices of student councils or fraternities, and are cooperating with the national seal staff in distributing seals to parents of all osteopathic students. Hospital administrators are heading up programs to interest hospital staffs and patients.

Returns from the campaign will be divided equally between the funds for student loans and for research. This allocation is voted upon annually by the

AOA Board of Trustees, and is made in accordance with year-to-year needs of the recipient funds.

Serving with Doctor McKenna on the seal committee are: Dr. S. V. Robuck, Dr. Robert N. Evans, Dr. Alden Q. Abbott, Dr. Galen S. Young, Mrs. Carl R. Samuels, Dr. True B. Eveleth, Dr. C. N. Clark, Miss Rose Mary Moser. Mrs. Ann Conlisk is Campaign Director, working with Mr. Lewis F. Chapman, Executive Director of the Osteopathic Foundation, under which, for the second year, the campaign is being administered.

Radiological Meeting A Success

Sixty osteopathic physicians attended the symposium on low back problems presented by the Texas Osteopathic Radiological Society at the Stephen F. Austin Hotel in Austin on September 19, 1954. Contributors to the program included Dr. Wallace M. Pearson of Kirksville, Missouri, Drs. Chas. Hawes and J. Natcher Stewart of Dallas and Mr. M. J. Flahive, an attorney of Austin.

At the business meeting the following physicians were elected officers for the coming year: Charles Ogilvie, Dallas, President; Edward LaCroix, Fort Worth, Vice President; Ellis Miller, Talco, Secretary-Treasurer; Joe Love of Austin was re-elected program chairman.

The next meeting will be held in San Antonio on January 16, 1955. Dr. I. T. Stowell will act as local arrangements chairman. All Texas D. O.'s are invited. The program will be announced later.

ELLIS MILLER, D. O.
Secretary-Treasurer.

KCOS Opens Eighth Rural Health Clinic in Gifford

KIRKSVILLE—The eighth in a series of rural extension clinics established by the Kirksville College of Osteopathy and Surgery was opened August 16 in Gifford, Mo. Each clinic has been requested by representatives of communities where adequate health service was lacking.

The rural clinics represent an extension of the college's training program which has attracted wide attention in the effort to prepare physicians for rural practice. The program is under the direction of Dr. V. H. Casner, chairman of the department of public health of the Kirksville Osteopathic Hospital and Clinic, and director of rural and special clinics.

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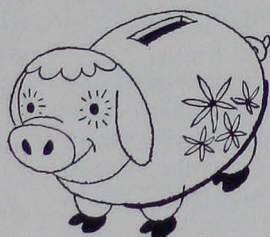
CHICAGO (AOA) — Physicians, faced with a mountain of medical literature in their effort to keep up with the advances made in medicine, will be interested in the services of the Audio-Digest Foundation, a non-profit subsidiary of the California Medical Association.

A weekly one-hour tape recording summarizes the current medical literature from approximately 600 journals. Selections are made by a board of 60 doctor editors, covering general practice and all specialties. In addition, lectures on a wide variety of subjects by leading medical educators and practitioners are available on tape at varying costs.

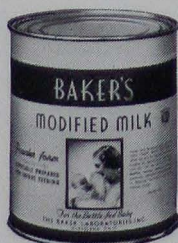
A one-year subscription costs \$2.75 a week, or a 13-week trial subscription may be had for \$3.25 per week. The service is available to osteopathic physicians and subscriptions or requests for further information should be addressed to THE OSTEOPATHIC FOUNDATION, 212 E. Ohio St., Chicago 11.

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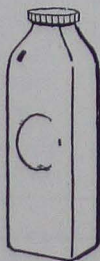


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Hawaiian Osteopathic Association Invites You to See Hawaii

Nine and one-half air hours over the horizon from Los Angeles and the July national convention is Hawaii, with six resort islands inviting members of the American Osteopathic Association to a post-convention tour.

Probably especially interesting to those who wanted the 1957 meeting in mid-Pacific, this chance to see Hawaii with fellow practitioners carries with it an invitation, too, to meet with island members of AOA at their July 23-25 convention in Honolulu.

Tour plans call for flights out of Los Angeles July 22, 23 and 24. After several weeks in America's Polynesian territory, tour members enplane August 5 and 6. Those wishing an ocean return may board the Lurline July 30.

For further tour details and reservations, write Dr. C. W. Wyman, 417 National Bldg., Honolulu.

In Hawaii, America geographically has a part of Polynesia but culturally has a touch of China, Japan, the Philippines, Puerto Rico, Samoa, Korea, India and Portugal.

It's a place where hot dogs are sold at oriental ceremonial dances, where orchids are worn to school, where TV shows come in three languages.

People really do say "Aloha" and they really do dance the hula.

They speak of Pele, the Hawaiian volcano goddess, with familiar affection

and believe in Protestant, Catholic, Mormon, Jewish, Buddhist and Taoist religions.

Hawaii is craters, beaches, fern forests, lava-ash desert, coral reefs, sugar plantations, pineapple fields, ranches, resorts. It's warm the year around at sea-level, crisp in the mountains, sometimes snowy on tall peaks.

Formed by volcanoes, several of which still are active, Hawaii's islands are a chain of peaks rising as high as 13,478 feet above the ocean. Six of the islands are the center of general industry and population, forming a land area of more than 6,000 square miles and 800 miles of coast.

Living in the islands are a half-million people of a half-dozen races. But English is the language of Hawaii, and the legal tender is standard American money.

Each of the islands has individuality in scenery, legend and history, yet none is more than an hour's air hop from its neighbor. At one end of the short series of Polynesian "stepping stones" is Kauai. Next is Oahu, then Molokai, Lanai, Maui and the "Big Island", Hawaii.

Resort areas are spread throughout the tropic chain, and by island-hopping

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the traveler with even a short vacation may relax in several recreation centers.

An all-island trip nets a wide variety of scenic beauty and a vivid collection of Hawaiian lore. All beach resorts feature the outdoor life of surf and sun any season, and game fish are plentiful in the deep waters off half a dozen shores.

Hawaii's activity center is the island of Oahu, where Honolulu harbor and International airport are ports of call for trans-oceanic liners and stratocruisers. From Oahu DC-3's and Convairs take off on local hops to the west, the east, the northeast and southeast, carrying inter-island commuters and travelers to landing fields scattered along the island chain.

Other Health Professions Have Their Troubles Too

CHICAGO (AOA) — A glance through some recent publications reveals that other health professions are having their troubles, too. Several articles in recent issues of the OPTOMETRIC WEEKLY indicate a great debate going on within optometry over what are to be the primary goals of the profession.

In one, Dr. C. B. Margach called for a new, more positive concept of optometry. "Optometry is beginning to feel the pressures arising from a developing demand for universal visual education—not just some of our children, but all of our children—pressures which may well ultimately demand technical, numerical and economic structure."

The Chicago Daily News, in a feature article on homeopathy, commented that "the American Medical Association, which does not believe in the doctrine but also does not bar the homeopathically trained doctor from its membership, is unconcerned about any resurgence."

"Homeopathy is dead," said Dr. George F. Lull, general manager of the October, 1954

AMA. "The few that practice it use the technique of orthodox medicine along with it."

MD Hits Medicine's Concept of Disease

TORONTO—The medical profession was described as holding "primitive" and "naive" concepts of disease by Dr. Iago Galdston, executive secretary of the New York Academy of Medicine's Medical Information Bureau. In fact, his recent book "The Meaning of Social Medicine," called for a reorientation in medical thought and practice.

In a speech at the Fifth International Congress on Mental Health, Dr. Galdston called for a "movement to counter-balance and correct some of the erroneous and corrupting ideas and viewpoints propagated in organicist medicine."

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Washington News Letter

Oral Prescriptions for Certain Narcotic Drugs. Public Law 729, approved August 31, 1954, authorizes the Secretary of the Treasury to exempt those narcotics or narcotic compounds which possess little or no addiction liability from the existing provisions of the Harrison Narcotic Act requiring all narcotic prescriptions to be in writing and signed by a licensed practitioner. Any narcotic drug so exempt could thereafter be prescribed by a licensed practitioner orally. The pharmacist would make, and keep for two years, a record of each such oral prescription. Any drug which is on the exempt list may be removed by the Secretary of the Treasury. **NO LIST OF EXEMPT NARCOTIC DRUGS HAS AS YET BEEN PROMULGATED BY THE SECRETARY OF THE TREASURY.** Only practitioners registered under the Harrison Narcotic Act (Section 3221 of Internal Revenue Code of 1939; after January 1, 1955, Section 4722 of Internal Revenue Code of 1954), are affected.

New England States Compact Relating to Higher Education. Public Law 719, approved August 30, 1954, grants the consent of Congress to any two or more of the six States of Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont to enter into a compact and establish a New England Board of Higher Education to provide greater educational opportunities and services in professional and scientific fields through the establishment and maintenance of a coordinated educational program for persons residing in such States, especially with a view to producing more doctors, dentists, veterinarians, and public-health personnel. The principal differences between this law and Public Law 226 approved last year (see Washington News Letter of August 19, 1953 relating to similar compact for Western Interstate Commission for Higher Edu-

cation) is that the Board under Public Law 719 may contract with educational institutions **OUTSIDE** as well as those inside the region of the compacting States.

Transfer of Indian Health Service. Public Law 568, approved August 5, 1954, authorizes the transfer, effective July 1, 1955, of health and hospital services for Indians from the Department of Interior to the Department of Health, Education, and Welfare. The public Health Service will be responsible for providing the services to the 400,000 located in 47 States and Alaska, who qualify. Any of the existing 58 Indian hospitals may be transferred by the Secretary of HEW, with the proper Indian consent, to public or private non-profit agencies, but with the conditional right of Federal resumption of operation.

Hill-Burton Allotments. Three charts are enclosed showing Federal allotments by States for Hill-Burton programs for the fiscal year ending June 30, 1955. Chart number 1 shows Federal allotments of \$75,000,000 available for aid for construction of general, tuberculosis, mental, and (under the old program) chronic disease hospitals. The percentage of the Federal share of the cost has not yet been approved for all the States. Percentages already approved are written in on the chart. Chart 2 shows Federal allotments of \$2,000,000 for surveys and planning for the program authorized under the 1954 amendment. See Washington News Letter of July 27, 1954. Chart 3 shows Federal allotments of \$21,000,000 for construction projects under the 1954 amendment. The Federal share in the cost will be 50 percent unless the State specifies a variable.

Federal Gift Tax. The August 23, 1954 issue of the Internal Revenue Bulletin reports a ruling of the Internal Revenue Service that medical and hos-

(Cont. on Page Twenty-Six)

AUXILIARY NEWS

Auxiliary District Two

The Dallas Osteopathic Hospital Guild met Monday night, October 4 at the Ross Building with 17 members present.

The Guild had their annual dinner-dance, honoring the new interns and their wives, Wednesday night, September 22 at Preston Hollow Country Club.

Dr. Malcolm Snell, Dr. Charlie Hawes and Dr. Kenneth Speaks attended a Radiology meeting in Austin recently and also enjoyed a football game while there.

Dr. Joe DePetris and Dr. Lester Cannon left October 6 to attend the American Osteopathic College of Internist convention in Philadelphia.

Dr. and Mrs. Patrick Philben recently enjoyed a trip through Big Bend country, Mexico and Colorado.

Dr. and Mrs. Orel Martin of Coral Gables, Florida, spent several days last month working on pre-convention plans for the National Surgeons convention.

Dr. and Mrs. Robert Rawls and daughter of Granbury, Texas, were week end guests in the Swords home recently.

Dr. and Mrs. Richard Hopkins and family left last month to return to Detroit, Michigan. Dr. Hopkins has opened an office there. He had been practicing in Dallas for the past year.

MRS. HARVEY SWORDS, *Reporter*

Auxiliary District Six

The women's activities during the recent meeting of Western States Osteopathic Society of Proctology held at The Shamrock in Houston, October 4 and 5, included a brunch and swimming party on the Aquatic Terrace of the hotel, a western barbecue party and hayride at the Rocking R Ranch with western hats and all the trimmings. There was a luncheon and game party at the Elks Club the following after-

October, 1954

noon. A cocktail party and banquet in the Grecian Room of the hotel was made merrier by the magic tricks of Zaney Blaney.

We were glad to meet and know many of our Western States doctors and their wives. Mrs. Lester Tavel was the very capable chairman of entertainment for the wives, assisted by co-chairman Mrs. John Horan. Also assisting were Mrs. R. O. Brennan, Mrs. J. R. Alexander, Mrs. Reginald Platt, and Mrs. David Jaffe. Their duties are most appreciated.

Dr. and Mrs. W. S. Gribble, Jr., are happy about a new member in the household. She is Patricia Lynn, born September 16.

Our last district auxiliary meeting was held at the Plaza Hotel September 12. A new revision of the by-laws was read and discussed.

MRS. J. J. CHOATE, *Reporter*

Auxiliary District Eleven

On Thursday evening, September 23, in the Terrace Room of the Del Camino restaurant in El Paso, an auxiliary to district 11 of T.A.O.P.S. was formed. Officers elected were: Mrs. M. G. Holcomb, president; Mrs. W. F. Hall, vice president; Mrs. F. H. Holcomb, secretary; Mrs. J. N. Reznikov, treasurer; Mrs. R. R. Delgado, program chairman; Mrs. Taylor Hall, historian.

Plans are under way for an installation tea for the officers and also entertainment for the next district meeting.

Auxiliary District Twelve

Mrs. A. L. Garrison, president of district 12 auxiliary, announces that there will be a called meeting for October 12, for the purpose of making holiday tray favors for the hospital.

Elaine Eitel will plan and give instructions for the Halloween favors;

Norma Watkins, Thanksgiving favors; Lorine Shields, Christmas favors; Erma Sorenson, the New Year favors.

Dr. and Mrs. Tyra Morgan of Vidor, Texas, spent a pleasant two weeks vacationing in Missouri and Illinois. They visited Kirksville, Missouri, and noticed great changes in the school there. From Kirksville they motored on to Chicago, Illinois.

Mrs. J. E. Barnett has joined her husband, Dr. Barnett in Bridge City, Texas.

Dr. Barnett has assumed Dr. Grover Stukey's practice in Bridge City so Dr. Stukey may devote his entire time to the completion of the new Stukey-De Witt hospital.

Dr. and Mrs. Kenneth Watkins of Groves, Texas, accompanied by Dr. and Mrs. R. A. McClimans of Houston, Texas, spent a week of September in Hot Springs, Arkansas, relaxing, water skiing and having fun—lucky people!

Dr. W. H. Sorenson and Dr. A. L. Garrison of Port Arthur, Texas, are attending the Proctological convention being held October 4, 5, and 6 at Houston, Texas.

Washington News Letter

(Cont. from Page Twenty-Four)

pital bills paid by a taxpayer for his adult son and living expenses advanced to the son's family, including monthly payments to cover the mortgage on the son's residence and automobile, for no consideration other than the taxpayer's love and affection, constitute gifts within the meaning of the Federal gift tax.

Health Manpower Source Book. Section 5 (Industry and Occupation) of the Health Manpower Source Book based on the 1950 census and published by the Department of Health, Education, and Welfare is now available. My Washington News Letter of June 29, 1954 dealt with Section 4 of the publication. The 1950 census being the common source of data for both sections, the same disparity in numbers of D. O.'s recurs—census 5167 (5149 em-

ployed) and AOA records 11,155. Interesting data reported in Section 5 regarding D. O.'s include: 32 States had less per 100,000 persons in 1950 than in 1920; 17.2 percent were under 35, 15.1 percent were 65 or over (proportion of persons 65 years old or older was 8.2 percent in 1950); median income (based on 20 percent sample) was \$5408; 22 percent had incomes of \$10,000 or over; 577 were salaried.

Alaska Mental Health Bill. The Alaska Mental Health bill, H. R. 8009, defining "licensed physician" as an "individual licensed under the laws of Alaska to practice medicine or osteopathy" passed the House on July 6, 1954, and was favorably reported by the Senate committee on August 13th, with amendments. The Senate committee did not disturb the definition of physician, but did provide that part of the costs of the program be defrayed by Alaska which killed the bill for this Congress. It will undoubtedly be reintroduced in January 1955.

AL Chief and AMA Secretary Exchange Words on Vet Care

WASHINGTON (AOA) — Arthur J. Connell, national commander of the American Legion, attacked the AMA for its stand on medical treatment of veterans with non-service connected disabilities. Commander Connell said the AMA was "looking for a fight" and also said, "We are not asking handouts for 20,000,000 veterans, but for those who are indigent and sick we're asking a bed in a Federal hospital when it is available."

Dr. George F. Lull, secretary and general manager of the AMA accused Connell of "stumping the country with a chip on his shoulder," adding that "his embittered rantings against the American Medical Association have beclouded the issue and his dramatic publicity outbursts have contributed little toward solving the medical care problem in behalf of the veterans and American taxpayers."

NEWS OF THE DISTRICTS

DISTRICT ONE

Dr. Phil Russell is spending this week with us. We think we have a good program planned for him, and he is going at it in his usual fashion.

Dr. Ed Mayer is spending a week in California.

Dr. L. J. Vick is in Houston for the Proctologists meeting.

Dr. E. W. Cain is deer hunting in Utah, I think.

Dr. G. W. Gress and John Kemplin went to the X-ray meeting at Austin.

Dr. Alfred Redwine is now practicing in Darrouzett, Texas.

Dr. Calvin Vardaman has moved to Groom to work with Drs. Witt and London.

Drs. Grant Davis and Josh Hill have moved to Turkey, Texas.

We have some good places to practice in this district—Follett, Higgins, Canadian, Pampa, Shamrock, Spearman, Dimmitt, etc. Could use some more men in Amarillo too.

JOHN KEMPLIN, D. O.
Secretary-Treasurer.

DISTRICT THREE

Last minute reports have it that Dr. Allen Fisher, residing in Gilmer, Texas, has moved his practice to Lone Star, residence still in Gilmer. Mrs. Fisher (Dr. Sue), is practicing largely in Ore City.

Dr. Henry Hensley, with Coats Brown Hospital, Tyler, is recently burning up the reading material on electrocardiography—Dr. Ross has meanwhile been burning up the electrocardiograph paper (the recording kind—that is—does anyone know how to cool off a stylus?)

Dr. L. D. Lynch, West Bow Street, Tyler, has recently purchased some new X-ray equipment and is spending a lot of time in the dark room.

Dr. H. D. Grainger, South Bois d'Arc Street, Tyler, has acquired a new ultrasonic treatment unit and is rendering his practice practically bursitis free.

Dr. Howard Coats recently returned from a fishing trip at Galveston but is being very quiet about the number, size, variety, and stamina of the catch.

Dr. C. List, Troup, Texas, recently acquired the ultra, ultra paramount in O. B. tables—a massive, hydraulic based monster with a cushion ten inches thick, knee crutches that would practically walk with you, traction handles, all positions, three sections, and I didn't see it but understand there's a little pointer on one end that indicates the foetal presentation.

District 3 held its first fall meeting in Jacksonville, Texas, in the Community Room of the Texas Bank and Trust Co. on September 26, at 2:00 p. m. Dr. C. C. Rahm presided and made clear the duties of each officer for the coming year. The program was devoted mainly to a review, explanation, definition, and discussion of professional ethics. Dr. Archie Garrison, our new State Association president, was the principal speaker. Dr. Phil Russell was also present and offered explanations and illustrations regarding the mechanics and general procedure in relation to the professional organization in general, including specifically the duties of P. & P. W. chairmen, reasons for a more uniform time of Officer Installation among the districts, need of the State Journal for Scientific Articles, and stressed the need for better cooperation in reporting news items for the JOURNAL.

Among some items of business Drs. C. C. Rahm, Wm. R. Coats, and K. E. Ross were appointed as a committee to review the present district III constitution and present certain revisions if

necessary. A meeting sometime in the near future will probably be devoted to the adoption of a new constitution.

At least one professional article for the JOURNAL is, at present, under construction. Drs. Howard Coats and C. C. Rahm are collaborating on an article concerning the use of H.M.C. as basal or total anesthesia in elderly patients.

The district 3 meeting ended with a rather vigorous discussion about Tetanus Toxoid versus Antitoxin and resulted in an assignment to Dr. W. K. Bowden to present the indications, contra-indications and reasons for the administration of each, either, or both as a part of the program for the next meeting.

Dr. Wayne Smith and Pearl, were, as usual, the incomparable hosts to the district 3 group. After the meeting most of those in attendance repaired to the lake house at Pinecrest Lake where the doctors and their ladies enjoyed a fine sociable get-together and refreshments. Dr. Wayne each year becomes better and better at the art of barbecuing those chickens and not to belittle the professional part of the meeting, those missing this event are truly losing something.

Dr. James DeWayne Bone, formerly of Garrison, Texas, has recently returned to Henderson, Texas. The next district 3 meeting will be held in Henderson, Texas, on the third Sunday in November, so start planning to attend now.

Dr. Charles Bragg, Big Sandy, is building a boat. Not just an ordinary boat but a twenty-one foot Cabin Cruiser, to be powered with an outboard (25 h. p.) motor. The keel, hull, bottom deck and stern are already put together and it looks to me like a real piece of craftsmanship. I was assured that there WILL be room to get the completed boat out of the building in which it's being constructed.

If anyone is thinking about a new electrocardiograph contact Dr. Burr Lacey at Quitman, Texas.

Dr. C. C. Rahm is reported to be doing very well in his new location at Brownsboro, Texas.

Dr. W. K. Bowden reports that his new location at Cushing, Texas, is more than satisfactory. Dr. Bowden has also acquired practically an entire new armamentarium of office and hospital equipment.

Certain news items from Mineola, Texas, have been received but will be printed next month in greater detail than available at present. Dr. B. W. Jones and his hospital there are making a notable degree of progress.

Since news items are to be scrutinized a bit more carefully by an editorial board in the future, it will not be possible for me to go into as much detail about some things as is done in a certain small town paper to which I subscribe; however, Dr. H. R. Coats recently had a minor illness, similar to one which Dr. Martin of Pittsburg, Texas, had that resulted in minor surgical treatment. Both of these patients are back at work and in good condition.

K. E. Ross, D. O.

DISTRICT SIX

The regular September dinner meeting of district six was held at the Plaza Hotel, Houston, on September 12. Dr. J. R. Alexander spoke on professional ethics at that time.

The following constitutional amendments were individually voted upon and unanimously passed by the district:

Article V—Officers

Section 6—The officers of this Association shall be elected by ballot at the annual December meeting, and the majority of all votes cast shall be necessary to elect; the term of office to begin with the next regular State convention.

Article V—Officers

Section 7—The names of officers, delegates and alternates shall be certified to the executive secretary of the Texas Association of Osteopathic Physicians and Surgeons by

the secretary on or before February 1 next following their election.

Birth on July 18 of a son, Gilbert Matthew, to Dr. and Mrs. Gilbert S. Rogers of Galveston, Texas.

Death on September 3 of Dr. R. Claude Young, father of Dr. Donald C. Young, Houston, Texas.

HELEN K. GAMS, D. O.
Secretary-Treasurer.

DISTRICT SEVEN

Dr. and Mrs. L. C. Edwards, together with Dr. and Mrs. Ross McKinney of Texarkana, are spending a week in Mexico City.

Dr. H. H. Edwards is attending the proctological convention in Houston. Dr. Edwards is one of the guest speakers. After the convention he and Mrs. Edwards are motoring to Oklahoma to visit her family.

Dr. Gordon Beckwith presented Frances with a big new Century Buick. Such a big powerful car for so petite a lady. Bet he uses it when she isn't around.

Dr. I. T. Stowell is attending the general practice and proctological meetings in Houston.

The radiological meeting in Austin was a huge success. We understand San Antonio is to be the host city in January of '55.

Dr. Turner is still helping the doctors at the Stowell-Beckwith Clinic.

District 7 is encouraging attendance at the various meetings to be held every month from now through February, '55. The most important one of all is the post graduate course at Dallas in December. Let's all support this most worthy project.

Dr. Billy Schoch had the monthly party. The largest attendance in a year—good work, Billy.

September has been without any other incidents of note, so we'll sign off.

WALDEMAR D. SCHAEFER, D. O.

DISTRICT EIGHT

The regular quarterly meeting of district 8 was held September 12 at the Driscoll Hotel, Corpus Christi.

October, 1954

The district was most fortunate to have as guest, Dr. A. L. Garrison, Texas president. He spoke on hospital insurance and highlighted the activities of the Texas Association of Osteopathic Physicians and Surgeons during the past six months. His timely lecture and gentle (?) hints as to future activities expected of the district should bear results in the very near future. Dr. and Mrs. Garrison were evidently the added stimulus for the meeting as it was one of the most successful that has been had to date. Dr. W. N. Tinnerman of Aransas Pass, Texas, gave an excellent professional paper on "Skin Grafting". He illustrated his talk by demonstrating the use of his favorite type of electric Brown dermatome. His paper was interesting and of great value to the general practitioner. We hope to supply the Journal with a reprint of this paper soon. Dr. Merle Griffin of Corpus Christi was in charge of arrangements for the meeting at which Dr. Homer Elliot of Rockport presided. A nice write-up was given said meeting in CORPUS CHRISTI CALLER of September 13, 1954.

The regular meeting of the staff of the Corpus Christi Osteopathic Hospital was held at the Chamber of Commerce Building, September 14.

The district is most fortunate in having two new physicians locate in this area. Dr. Jim Shy has joined the staff of Corpus Christi Osteopathic Hospital and is located with Dr. John G. Henery. Dr. D. R. Rich, who recently finished his internship here, has joined the staff of the Bailey-Schultz clinic.

Dr. Earl Elsea is off to Wyoming to hunt the big ones. According to his story he's to return with elk, bear, deer, and possibly a guide or two.

The CORPUS CHRISTI CALLER of September 13, 1954 states that John G. Henery, D. O., among other officers for the ensuing year, was elected president of the West-Urban Kiwanis Club, Corpus Christi, at its regular meeting

at Oak Park Methodist Church. The new officers will take office January 1, 1955.

Also the CORPUS CHRISTI CALLER-TIMES recently under the heading "City's 8 Modern Hospital Plan for Continued Growth" gives a resume of the growth of Corpus Christi Osteopathic Hospital as follows:

"The Corpus Christi Osteopathic Hospital at Third and Craig was opened as a 10-bed clinic-hospital osteopathic institution by Dr. B. D. Henry and Dr. James M. Tyree in 1939. The following year Merle Griffin, D. O., became associated with the institution.

"The continual growth of the osteopathic profession in this area caused the hospital group to expand to 18 beds in 1944. Two years later the hospital was remodeled and the bed capacity increased to 25.

"In 1948 the Osteopathic Hospital was approved by the Bureau of Hospitals, a subsidiary organization of the American Osteopathic Association, as an intern training institution. Since the inception of intern training, 75 per cent of the interns trained in Corpus Christi have remained here in private practice.

"Today the Osteopathic Hospital employs some 20 people to handle the 1500 admissions annually. The medical staff is composed of 15 active and 10 associate physicians. Charles S. Thomas is administrator.

"The hospital is handicapped at the present time because of lack of space and property has been purchased on Tarleton, across the street from the Travis Baptist Church, for the erection of a new and larger institution in the next couple of years."

It was a girl for Dr. and Mrs. Ira Pomeroy, Sunday, September 19. Dr. Pomeroy is interning at the Corpus Christi Hospital.

Dr. T. M. Bailey attended the Austin Radiological Society Seminar and the

Texas-Louisiana State University football game, September 18.

Drs. R. J. Brune and C. R. Woolsey are in Houston attending the Western States Proctological convention and postgraduate study.

R. E. BENNETT, D. O.
Secretary-Treasurer

DISTRICT NINE

The fall season of district 9 meetings was inaugurated on Sunday, September 12 at the home of Dr. and Mrs. H. L. Tannen in Weimar. It was good to get together again since we had no meetings scheduled during July and August—the hot months!

We are proud to announce the new member to our group, Dr. J. Burt of Moulton.

Dr. R. Stratton brought along a sound film on the latest technique in intravenous anesthesia. The rest of the formal program was given to the evaluation of iodine in thyroid disease.

Arrangements were made for a meeting to be held in Cuero so that the district members could bring local problems to the attention of Dr. Phil Russell, who was traveling through this part of the state in his capacity as executive secretary.

Dr. A. J. Poage held open house in his new clinic building on September 26 in El Campo. Almost all of our new members were able to go to the opening to wish him well. The clinic is modern and efficient, and Dr. and Mrs. Poage are to be complimented on their fine taste. Especially beautiful is the silver gray waiting room with its mural wall and the lighted aquarium for the delight of the younger patients. Confidentially, we enjoyed watching the fish, too!

H. L. TANNEN, D. O.
Secretary-Treasurer

DISTRICT TEN

District 10 held its regular meeting Tuesday, August 31 at 7:00 p. m. in the Comanche Room at Hotel Caprock,

Lubbock. The guests present were Dr. C. A. Pigford, Director of City-County Health Unit and Miss Betty McCrany, Continuity writer at Radio Station KVSP. Dr. Pigford gave an interesting talk on various phases of community health problems. Prior to coming to Lubbock, Dr. Pigford had several years' experience in the State Health Department, and since coming here he has gained the respect and cooperation of local doctors, as well as gaining a good deal of community recognition. Dr. Pigford mentioned many benefits which accrue to the welfare of the community through the Health Unit, some of which are: Chest x-ray survey, communicable disease control, inspection of food-handlers, inspection of milk and water for adulteration and contamination, pest control and elimination of the "Chic Sale Deal".

A question and answer period followed the address, which yielded lots of valuable information relative to the many ways in which the Health Department can be of use to the practicing physician.

During the business meeting the members voted to keep telephone directory listings within the ethical standards as set up by A.O.A. Also, discussion was had on the installation of a telephone at Jones Stadium so that doctors may keep in touch with any emergency case which might arise during football games.

* * *

Harlan O. L. Wright Receives Appointment

Harland O. L. Wright of Sundown has been appointed to a seat on the Board of Health for the South Plains Health Unit. The purpose of this board is to assist the Director, David M. Cowgill, M. D., in matters pertaining to the administration of the Unit and Public Health problems pertaining to the following five counties which this Health

Unit serves: Gaines, Dawson, Yoakum, Terry and Hockley.

Dr. Wright graduated from COP&S in 1952. He has practiced in Sundown since January 1954. Dr. Wright was formerly with the Porter-Clinic Hospital, Lubbock.

* * *

Dr. R. M. Mayer has accepted the Command of Regimental Medical Unit of the Texas State Guard Reserve Corps with the rating of Lt. Col., Medical Corps, Texas State Guard Reserve Corps.

STUART G. MCKENZIE, D. O.
Secretary-Treasurer

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A shadow patient is about to cross your threshold



DOCTOR, there is a new therapy that is being developed that will quickly enhance your practice. It is an exclusive development of Vitaminerals. It is based on the sound theory that any time a patient comes to you suffering with malnutrition due to too meagre intake of vitamins and minerals, there is a family back of him who are victims of marginal malnutrition or SHADOW DEFICIENCY. They, too, are in need of treatment.

The reason is obvious. Because the entire family eats at the same table they are subject to the same nutritional deficiency that brought the patient to you. Thus, malnutrition may well be said to be "contagious".

As you treat the patient, *treat the family, too.* To encourage their new concept of therapy, Vitaminerals has developed the Vitaminerals Family Pak. This is a multiple mineral and vitamin food supplement especially designed for marginal malnutrition, or SHADOW DEFICIENCIES *in the entire family.* It contains twenty-two different vitamins and minerals—every essential vitamin and mineral which might possibly be lacking in the family dietary, with every vitamin in preponderantly *natural* form.

Each daily ration is individually sealed in a protective envelope of cellophane, convenient to carry in hand bag or pocket. The beautiful Family Pak is designed to grace the dining table where it serves as a continual reminder to the family to "take their tablets".

Because of its low cost per person per month, Family Pak protection against marginal malnutrition or SHADOW DEFICIENCY for entire families is well within the reach of every economic class.

Family Pak offers an unusual opportunity for the doctor to broaden his field of usefulness in his community and to enhance his practice with this new and exclusive concept of modern therapy.

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