

Volume IX

FORT WORTH, TEXAS, FEBRUARY, 1953

Number 10



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EDITORIAL PAGE

"Ask For It and Thou Shall Receive"

Contrary to the usual procedure of arranging a State Program, we have tried to determine the subjects our members want to hear, then secure the best available talent to discuss them.

We have had numerous requests for the following topics:

- 1. Functions of the Ovary.
- 2. Anterio Poliomyelitis.
- 3. Arterio Sclerotic Heart Disease.
- 4. Gastric and Duodenal Ulcers.
- 5. The Problem Child.
- 6. Urological Problems.

The program committee is fortunate in securing for you outstanding lecturers as Dr. Robert P. Morhardt, Dr. R. McFarlane Tilley, Dr. John G. Henery, former Professor of Surgery at the Kansas City College of Osteopathy and Surgery, and our own A.O.A. President, Dr. Donald V. Hampton from out of state. Other qualified men as Dr. Charles Curry, Dr. Robert J. Brune, Dr. Howard Coats and Dr. Ralph McRae from our state.

We are proud of our program and our speakers. Combine our program with our business and social activities in our host city of San Antonio and we promise to make this the best state meeting ever.

REMEMBER THE DATES OF APRIL 30, MAY 1, 2, 1953.

A. L. GARRISON, Program Chairman State Meeting, 1953

Jexas Osteopathic Physicians' Journal

OFFICIAL PUBLICATION OF THE

TEXAS ASSOCIATION OF OSTEOPATHIC PHYSICIANS AND SURGEONS

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VOLUME IX

FORT WORTH, TEXAS, FEBRUARY, 1953

NUMBER 10

Recommendations—President's Commission On Health Needs

EDITOR'S NOTE: It behooves every osteopathic physician in Texas to read the following news letter that he might be posted on the thinking of government officials in regard to health needs of the people.

WASHINGTON NEWS LETTER

On December 18 the President's Commission on Health Needs of the Nation made its report (Building America's Health) to the President. It will consist of five volumes, namely: I. Recommendations, II. Basis for Recommendations, III. Statistical Appendix, IV. Panel Statements on Financing, and V. Excerpts from Regional (grass-roots) Hearings. Section II of Volume V relates to osteopathic presentations at the grass-roots hearings.

Recommendations contained therein

are as follows:

Guiding Principles Formulated by the Commission:

WE BELIEVE THAT:

1. Access to the means for the attainment and preservation of health is a basic human right.

2. Effort of the individual himself is a vitally important factor in attaining

and maintaining health.

3. The physician-patient relationship is so fundamental to health that everyone should have a personal physician.

4. The physician should have access to proper facilities and equipment, affiliation on some basis with a hospital, and the help of trained personnel in order to fulfill his part in providing comprehensive health services.

5. Comprehensive health service includes the positive promotion of health, the prevention of disease, the diagnosis and treatment of disease, the rehabilitation of the disabled—all supported by constantly improving education of personnel and a continuous program of research.

6. Comprehensive health service is the concern of society and is best insured when all elements of society par-

ticipate in providing it.

7. Responsibility for health is a joint one, with the individual citizen and local, State, Federal governments each having major contributions to make toward its fuller realization.

8. The American people desire and deserve comprehensive health service of the highest quality and that in our dynamic expanding economy the means can be found to provide it.

The same high quality of health services should be available to all people

equally.

10. A health program must take into account the progress and experience of the past, the realities of the present,

and must be flexible enough to cope with future changes.

Regarding The American People and Their Health, Commission recommends

that-

The Federal government develop adequate methods to measure morbidity in the general population, and apply these methods on a periodic basis to assure better, current information on the health status of our people.

Regarding Health Personnel, Com-

mission recommends that-

1. To overcome the present financial crisis in our institutions for the education of health personnel, Federal funds be made available.

a. To schools of medicine, dentistry, nursing, and public health for modernizing and expanding their physical facilities.

1 7

- b. To these same schools to make up operating deficits; these operating funds to be used wherever consistent with the highest quality of education, for a gradual, carefully planned expansion of enrollment without discrimination on account of race, creed, or geographical residence.
- c. To encourage the development of new medical, dental, and public health schools, and collegiate schools of nursing in those areas of the country which are now in need of such schools.
- 2. To remove the economic barriers which now restrict the freedom of American youth in gaining entrance to the health professions and which thereby jeopardize the future calibre of the professions:

a. That Federal funds be made available for scholarships to students who could not otherwise afford to attend school for education and training in the health professions.

b. That the State governments improve their secondary and collegiate school systems through increasing financial support, so that students desiring to enter the health professions shall not be handicapped by the poor quality of their pre-professional training. This applies with particular force to rural areas, since we must draw largely upon the rural youth of the country to return after their professional education to fill up the big gaps in health services in these areas.

3. To meet the need for additional Negroes in the health professions:

a. That special programs be formulated to make more and better pre-professional and professional opportunities available for the education and training of Negroes in the health professions. The dual system of education in some parts of this country has made it impossible for many Negroes to receive the high quality secondary and college education needed to qualify them for professional training. The discriminatory bars which start at the secondary school level and run all the way through post-graduate training, internship, and hospital affiliation must be removed wherever they exist.

Regarding Facilities, Commission recommends that—

1. We plan and develop, as a nation, an adequate system of hospitals and re-

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lated health facilities to serve all of our people in both urban and rural areas. In developing this program, the principle of Federal grants-in-aid should be maintained for major construction and modernization, and local responsibility for the operation of these hospitals continued.

The Federal Hospital Survey and Construction program (Hill-Burton) be extended and expanded to provide for:

a. Continued planning, construction, modernization, and repair of short-term general hospital facilities to overcome the present shortages in hospital beds and to meet the needs of an expanding population.

b. Greatly accelerated planning and construction of health center, mental disease, chronic disease, tuberculosis, rehabilitation, and research facilities.

- c. Particular encouragement to the development of well-rounded medical centers situated in hospitals and including extensive preventive and rehabilitive facilities.
- d. An immediate start on studies necessary as a basis for national development of hospitals and functions through appropriation under the existing authorization for this purpose in the Hill-Burton Act.

- Continuing study be made of ways of providing hospital facilities for rural people while preserving the highest standards of medical care.
- 4. Segregation in the use of hospitals be eliminated since it detracts from the efficiency and quality of care.
- 5. Intensive exploration and evaluation be made of the role of chronic disease hospitals, nursing homes, home care programs, and rehabilitation services in meeting the needs of the chronically ill.
- 6. Vigorous public and professional support be sought for the strengthening of hospital licensure and accreditation programs.

Regarding Organization for Health Services, Commission recommends that: A. For general physicians,

1. An intensive field study of the general physician's work, conditions of work, education, training, and economic status be made through the cooperative endeavor of such authoritative bodies as the American Medical Association, the . . . Public Health Service, the American Academy of General Practice, the Association of American Medical Colleges, the American College of Surgeons, the American College of Physical College of Physical Process of the American College of Physical Process of the Process o

Pediatricians To Meet in Fort Worth March 27 to 29, 1953

The Southwestern Association of Osteopathic Pediatricians will hold its annual meeting Sunday, March 29, 1953, 10:00 a.m., at the Hotel Texas in Fort Worth. Dr. Ralph I. McRae, Dallas, will speak on Pediatric Office Problems. All doctors interested in pediatrics are cordially invited to attend.

The Auxiliary to the Tarrant County Association of Osteopathic Physicians and Surgeons is sponsoring a Child Health Clinic at the Hotel Texas on March 27 and 28, 1953. Members of the Pediatric Association are invited to participate, as well as those other doctors who may be interested.

Each evening there will be a Pediatric Round Table discussion led by Dr. Patrick D. Philben, Association president and Pediatric Health Co-ordin-

ator for the Clinic.

For any further information desired, please contact Dr. Virginia Ellis, 3619 Camp Bowie, Fort Worth, Texas.

cians, and the American Public Health Association.

2. Educational programs for the undergraduate, graduate, and postgraduate student be planned to provide the general physician with the best possible basic training and with continuous education throughout his professional life; and that hospitals and professional groups explore ways of extending appropriate hospital affiliation to all general physicians.

B. For specialists,

1. Group practice be further developed as a means of concentrating and coordinating the skills of specialists for the needs of patients.

C. For group practice,
1. Groups be organized on a basis which favors high standards of practice and maximum participation, financially as well as professionally, by all member physicians.

2. Organized medical bodies review their attitudes toward group practice in

a spirit of tolerance.

- 3. Federal loans be made to local organizations desiring to institute prepayment plans associated with group practice, for the purpose of encouraging the establishment of group practice facilities.
- D. For regionalization of health services.
- 1. Federal funds be made available to State and local health agencies (hospitals, health departments, medical schools, or other appropriate bodies) for the purpose of encouraging demonstrations, on a pilot-basis, of the better or-

ganization of health services through regional coordination.

E. For health departments,

1. Federal grants-in-aid be made available specifically for the purpose of assisting in the establishment and maintenance of local health departments, with salary levels comparable to the incomes of professional health personnel engaged in private work.

2. Federal categorical grants to aid the development of chronic disease control and other new aspects of public

health be expanded.

F. For voluntary health agencies,

1. The American public and the health professions continue to support the work of the voluntary health agencies on the frontiers of health progress.

Regarding Research, Commission rec-

ommends that-

- 1. Both private and governmental support for medical research be expanded as rapidly as the money can be effectively used, and be allocated to all agencies with promise in this field, not just medical institutions.
- 2. Financial inducements, in the form of fellowships, full-time professorships, higher salaries and a greater degree of tenure, be provided so that increased numbers of scientists can be attracted into the field of medical research—with due regard for the interrelationships between research and graduate education.
- 3. A substantial portion of medical research monies be allocated on a longterm basis either to institutions or to

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individual scientists pursuing basic research.

4. Research grants, whether on a project or a long-term basis, carry an amount adequate to meet a substantial share of the indirect as well as the direct costs of research.

5. Greater stimulus be given to research on mental illness and chronic illness, with particular emphasis upon research into the relations between the social conditions of life and disease.

6. More emphasis be placed upon administrative research into better and more efficient methods of utilizing our physical plant and our health personnel to deliver more and better health services.

Regarding Financing, Commission recommends that—

- 1. The principle of prepaid health services be accepted as the most feasible method of financing the costs of medical care.
- 2. The present prepayment plans be expanded to provide as much health

San Antonio announces committeemen for the annual convention to be held April 30, May 1, 2, 1953.

Honorary General Chairman: Dr. Charlotte Strum

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Registration:

Dr. William J. Mosheim Dr. W. D. Schaefer service to as many people as they can; be judged by the criteria mentioned on page 139; and be aided by Government through allowing pay-roll deductions for governmental employees, releasing the restrictions on organization of prepayment plans, and promoting research on health service administration.

3. A cooperative Federal-State program be established to assist in the financing of personal health services. Under this program, a single State health authority would be set up in each participating State. Each State would draw an over-all State plan for assisting the development and distribution of personal health service for all persons, using public or private agencies and resources, or a combination of them. State plans would be developed in cooperation with local or regional authorities and would be linked with the planned expansion of health resources so as to provide ultimately more comprehensive, more efficient, and more economical services. State plans would be expected to conform to certain Federal minimum standards, and would be submitted to the Federal health agency for approval. Federal funds for the program might be derived from several different sources as suggested below.

4. Funds collected through the OASI mechanism be utilized to purchase personal health service benefits on a prepayment basis for beneficiaries of that insurance program, under a plan which meets Federal standards and which does not involve a means test.

- 5. Federal grants-in-aid be made from general tax revenues for the purpose of assisting the States in making personal health services available to public assistance recipients. This should be done under a prepayment plan which is established in consultation with a State advisory council, which is approved by a Federal health agency in accordance with Federal standards, and which specifies:
- a. A state-wide program administered by a single State agency, with an

advisory council representing the public interest.

b. Services to all persons who are declared eligible, with no discrimination as to age, race, citizenship, or place or duration of residence; and with no means test at the time care is needed.

c. As comprehensive personal health services as local resources permit, with maximum utilization of all available health personnel and facilities.

d. Administration on a local or re-

gional basis.

6. Federal grants-in-aid be made from general tax revenues for the purpose of assisting the states in making personal health services available to the general population, under a plan meet-

ing the same criteria as above.

7. Federal grants-in-aid be made to the States to assist them and local governments in operating facilities for tuberculosis and mental disease and developing similar facilities for other long-term illness, and that these institutions be available to all persons in the population without the application of a means test.

8. The Federal Government continue to meet its obligations for providing personal health services to military personnel, veterans with service-connected disabilities requiring long-term care in its own facilities, and merchant seamen—with no expansion of Federally operated facilities except for the Armed Forces as needed; and continue to meet its present commitments to veterans for service-connected disabilities requiring short-term care only and to the Indians, through direct operation of health services—until such time as the administration of these services can be transferred to the States and localities in accordance with approved local and State plans which guarantee a proper standard of care.

Regarding Department of Health and Security, Commission recommends that:

1. The Congress establish a department of health and security.

Regarding Comprehensive Health Services, Commission recommends that—

1. An increased number of physicians, dentists, nurses, and para-medical personnel be trained in the special techniques of rehabilitation—both through expansion of facilities and through active recruitment of personnel supported by fellowships; and that all health personnel be oriented in the concept of total care of the patient.

2. Development of rehabilitation departments in general hospitals wherever feasible, and specialized rehabilitation centers for the purposes of serving the

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most difficult cases, training, and research be encouraged through use of Hill-Burton hospital construction funds and other resources.

- The Federal-State vocational rehabilitation program be strengthened and expanded through increased Federal appropriations and State matching funds.
- 4. Critical examination be made of present policies in Workmen's Compensation, disability insurance plans (both governmental and non-governmental), welfare programs, and employment practices with the intent of strengthening those policies which favor rehabilitation and abandoning those which impede it.

Regarding Special Health Problems, Commission recommends that—

- 1. Prevention of accidents be given a high priority as one of the urgent health problems of the Nation. Federal-State programs for vigorous attack on prevention of accidents on the highways, in the home, on farms and elsewhere, should be formulated and carried out.
- 2. Safety Councils, health departments, professional groups and all others concerned, redouble their efforts to reduce America's accident toll.
- 3. Attention be given both to the environmental and human factors in the causation of accidents.

Regarding Health Problems of Mothers and Children, Commission recommends that—

- 1. Education of general physicians, dentists, nurses, social workers, teachers, and others on the health team include a better understanding of the development of the physical and emotional life of the child and mother; and that our general public educational system emphasize the health aspects of the childhood and motherhood.
- 2. Local public health services be extended to cover the entire country, including isolated rural sections.
- 3. Provision be made for an adequate number of hospital beds and nursing

care for children of all ages, including special provision for the premature child.

- Provision be made for diagnostic and consultative services in pediatrics and obstetrics for rural areas and wherever else needed.
- 5. Programs for the care and training of children with mental deficiency and epilepsy be strengthened.
- 6. Research be undertaken into the cause and prevention of childhood accidents; the effectiveness of health programs for children; the causes and prevention of fetal mortality, premature births, neonatal mortality, mental deficiency and epilepsy; and child development, both emotional and physical.

Regarding Health Problems of Industrial Workers, Commission recommends that—

- 1. State work men's compensation laws be improved so that they provide coverage of all occupations; adequate medical care including rehabilitation; coverage for all injuries and diseases arising from occupational exposure; and assurance of impartial medical diagnosis with a minimum of legalistic procedures.
- 2. In-plant health services be further developed for both large and small industry with consideration to group-practice prepayment medical care plans as one mechanism for providing medical services to small plants.
- 3. Industrial and community medical care plans be extended to bring comprehensive health services for the total health problems of the industrial workers and his family.
- 4. The State and Federal health, safety and labor agencies be strengthened so as to achieve minimum health standards and an adequate preventive program in all places of work through sufficient investigative, code-making and enforcement powers; adequate financial support; and elimination of overlapping jurisdictions.
- 5. Research and education on industrial accidents and all other occupational

aspects of health be greatly increased.

6. Reemployment, after rehabilitation, into suitable employment with seniority rights maintained, be encouraged through reassignment by unions of their seniority rules.

7. Governmental, union, industry and professional health agencies study the developing labor-management health plans with a view toward making recommendations which will insure the maximum return in high quality health benefits for each dollar invested and relate them to community services.

Regarding Health Problems of Rural People, Commission recommends that—

- 1. In the provision of scholarships for students in the health professions, particular attention be given to the needs of rural youth from families with low income.
- 2. In the development of hospital facilities, emphasis be placed upon establishing good working relationships be-

tween small rural hospitals and larger medical centers.

- 3. Public health services be extended to all areas of the country, rural as well as urban.
- 4. Rural people throughout the country study their own health problems and seek means of solving them using their own resources, for example, through equipping offices and guaranteeing a minimum income, and, as necessary, calling upon State and Federal resources to overcome their economic disadvantages.
- 5. Federal and State grants for hospital and medical services continue to be so allocated as to help the lowest income areas and people secure practical equality with other areas and groups.
- 6. General physicians in rural areas establish group practice arrangements, if necessary with specialists in nearby urban areas, in order to bring the bene-

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

fit of all medical skills more readily to rural people.

Regarding Health Problems of Migratory Workers, Commission recommends

that-

1. The Federal government recognizes its responsibility and assist in solving the health problems of migratory labor through developing a satisfactory plan in cooperation with State and local governments, employers and voluntary agencies; through allocation of funds to help carry out such plans; with no discrimination on account of legal residence status; and wherever necessary, through establishing direct Federal health services.

State governments with substantial populations of migratory workers establish and enforce adequate standards of housing and sanitation in migrants

camps.

Regarding Health Problems of the Aging, Commission recommends that—

1. Funds in required amount be specifically earmarked for health services for the aging with main emphasis on diagnostic and other services for patients living in their own homes in order that every opportunity be utilized to keep the aging people outside of institutions; and that studies be made of the use of prepayment methods for health services for the aging.

Adequate standards and methods of payment using public funds for longterm hospital and affiliated nursing

home care be developed.

3. Present discrimination against the aging in rehabilitation and other health services, as well as in other aspects of community life, be minimized.

4. Employment of the aging as long

Any Specialty groups wanting time at State meeting may meet at 2:00 P.M., Saturday, May 2, 1953.

as they desire to work and are capable of doing so be considered a highly desirable health measure.

5. That there be community planning by health councils and other agencies of well-rounded services for the aging which affect health including counselling, education and recreation in addition to specific health services.

6. Studies be made of the relationship of housing to the health and safe-

ty of the aging.

7. Facilities for senile patients be developed so that patients suffering from senility alone can be removed from hospitals for the mentally ill.

Regarding Health Problems of the Armed Forces, Commission recommends

that-

- 1. The problem of health personnel for the military forces be made the subject of further and continuous study by such agencies as the Health Resources Advisory Committee.
- 2. The question of proper utilization of military medical personnel be given the closest attention by military authorities in order to eliminate needless demands and the waste of valuable personnel.
- 3. A clear-cut policy be made by law concerning the care of military dependents, with the favored solution being the provision of prepaid health service policies for care to be rendered by local private physicians operating under a proper prepayment plan, if it is decided that these military dependents are a proper charge of the Government.
- 4. A revision of Public Law 779 in order to provide more equitable drafting of physicians, dentists, and veterinarians should be enacted by Congress after consultation with the military, with representatives of the professions, and with educational authorities. We do not believe it just to draft physicians from civilian practices for the care of civilians under the auspices of the military, nor proper to jeopardize our future supply of health professionals.

5. Unification, particularly in the use of hospital facilities and scarce personnel, be further developed; and extended to include the administrative organization for health within the Defense establishment.

Regarding Health Problems of Veterans and other Federal Beneficiaries, Commission recommends that—

- 1. The Congress establish a clear-cut policy with respect to the responsibility of the Federal government for the care of veterans, especially those with non-service-connected disabilities.
- 2. Preference be given to the care of the veteran in his own community through a home-town program including hospitalization.
- 3. No expansion of veterans' hospital facilities be undertaken except in relation to the over-all hospital needs of the country.
- 4. Responsibility for the medical care of Indians be transferred to the Public Health Service.

Regarding the Establishment of a Permanent Federal Health Commission, Commission recommends that—

- 1. Congress establish a Federal Health Commission.
- 2. Comparable bodies be established in the States and local communities.

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

Texas Student At K.C.O.S. Honored

John Boyd, of El Campo, was elected Treasurer of Psi Sigma Alpha for the second semester. He is a junior at the Kirksville College of Osteopathy and Surgery. John was awarded a fellowship in Pharmacology for the year at the beginning of the school year and has been doing research and teaching in that department.

New Michigan Hospital Planned

IRON RIVER, MICH., (AOA)—Establishment of a \$100,000 osteopathic hospital here is being planned, to be opened to all licensed physicians and surgeons.

The College of Osteopathic Physicians and Surgeons announces the opening starting March, 1953, for a one or two year postgraduate residency in Urology. For further information and application write:

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Dr. R. McFarlane Tilley, a feature speaker at the annual convention of tht TAOP&S, San Antonio, April 30, May 1, 2, 1953.

Dr. Tilley is a graduate of St. George's School in Hertfordshire, England. He received the Oxford and Cambridge higher certificates for scholarship.

He was graduated from the Philadelphia College of Osteopathy in 1923 and served an internship at the Osteopathic Hospital of Philadelphia and entered practice in Brooklyn, New York, in 1924, where he has been in active practice until becoming chairman of the division of practice of osteopathic medicine at the Kirksville Osteopathic Hospital and Clinic, joining the faculty and staff of the KCOS in September, 1952.

His services to the profession and to osteopathic education have been in many capacities. From 1937 to 1940 Dr. Tilley was chairman of the Advisory Board for Osteopathic Specialists representing the A.O.A. Board of Trustees. He was president of this national association through 1942-43. He has served on such important committees as Research, Finance, Osteopathic Progress Fund, Plans for Post-War Graduate Education, and was chairman of the Bureau of Professional Education and Colleges from 1939 to 1951, and from 1938 to 1951 served as chairman of the Committee on College Inspection.

Consultation Service For Hospitals

Dr. Ralph F. Lindberg, medical director of the Detroit Osteopathic Hospital, served as consultant for the Community Osteopathic Hospital, Houston Osteopathic Hospital, Fort Worth Osteopathic Hospital, Dallas Osteopathic Hospital and Stevens Parks Osteopathic Hospital on his recent trip to Texas.

Dr. Lindberg is consultant for the Bureau of Hospitals of the American Osteopathic Association and is the medical director of the Detroit Osteopathic Hospital.

The hospitals in Texas were indeed fortunate to be able to secure a man of this character to serve as consultant for them. The result of such consultation will be reflected in the services rendered by the hospitals to the public and will increase ratings given to our hospitals by the Bureau of Hospitals on their inspections.

The enthusiasm shown by the staff of the Fort Worth Osteopathic Hospital over Dr. Lindberg's explanation of his findings was extremely good and the staff feels that such consultation service should be held at least once a year in the interest of better hospitals.

The object of Dr. Lindberg's trip to Texas was to visit a son in New Mexico and an uncle in the Valley, and the association appreciates very much Dr. Lindberg giving this much of his vacation time in the interest of the profession.

Dr. Lindberg also expects to inspect for the Bureau of Hospitals at least six or eight registered hospitals of this state during his visit.

Where They Live

CHICAGO (AOA)—States with the highest percentages of people over 65 are not California and Florida as is generally believed, but New Hampshire, Vermont, Iowa, Maine, Kansas, Missouri, Massachusetts and Nebraska, in that order, the Census Bureau reports.

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Texans Honored

Osteopathic Obstetricians And Gynecologists Hold Successful Meeting

American College of Osteopathic Obstetricians and Gynecologists held a most successful meeting in Dallas February 2-5, 1953.

Registration was better than 200.



J. O. CARR, D. O. First Vice President American College of Osteopathic Obstetricians and Gynecologists



LLOYD C. WOODY, D. O. Second Vice President American College of Osteopathic Obstetricians and Gynecologists

The program was well received and the publicity in Dallas, Fort Worth and other districts given this meeting was the best the College ever received.

The entertainment was of an unusual character and on Wednesday night the College was the guest of Drs. Calabria and Woody for a Western dinner and dance.

The College again honored two Texans. Dr. J. O. Carr was elected first vice president, he having served as second vice president and program chairman at this convention; Dr. Lloyd

C. Woody was elected second vice president.

Dr. Edward R. Mayer, Jr., of Amarillo was accepted as a member of the College.

We hope that this group will again return to Texas in the near future.

Internists Meet In Dallas— Proctologists to Meet In Dayton

CHICAGO (AOA)—As at previous conventions, the 1953 annual assembly of the American Osteopathic Society of Proctology in Dayton, Ohio, April 15, 16, 17, will feature televised surgery. The subject is Sigmoidoscopic Examination, Its Importance and Technique. The surgery will be performed at Grandview Hospital and televised to the assembly room in the Dayton Biltmore Hotel.

The program will include didactic as well as clinical work. Each of four panel presentations will feature a different phase of proctology. A fifth panel will be made up of allied specialists in the fields of pathology, radiology, general surgery, internal medicine and psychology, who will discuss particular phases of their specialties as they impinge on proctology.

The only other specialty group meeting before the annual convention of the A.O.A. at Chicago in July is that of the Obstetricians and Gynecologists in Dallas, February 2nd through the 5th. Expert specialists in obstetrics, gynecology, gynecological surgery and related fields of roentgenology and pediatrics will discuss their special technics.

A general survey of the field will be given by Dr. Charles C. Dieudonne of California in his Report On National Osteopathic Obstetrics.

Dr. Donald V. Hampton, A.O.A. president and Dr. Russell Craig McCaughan, A.O.A. executive secretary, will each discuss different aspects of the relationship of the osteopathic specialist groups to the profession generally.

Society Of Surgeons Meet

The Texas Society of Osteopathic Physicians and Surgeons held a meeting of the Board of Trustees and Chairmen of the standing committees at the Stoneleigh Hotel in Dallas on Sunday, January 25, 1953. Arrangements were made for an important business meeting of the Society on Saturday, May 2, 1953, at 2:00 P.M. following the State meeting in San Antonio, Texas. Physicians engaged in surgery or its allied specialties are urged to attend. A symposium will be presented by Drs. John G. Henery of Corpus Christi and Robert P. Morhardt of California, followed by a dinner Saturday evening. Registration to the Texas Osteopathic Association meeting will be required for attendance to the surgical meeting.

The present officers of the Texas Osteopathic Physicians and Surgeons Society are: :

J. N. Stewart, D. O., President M. G. Holcomb, D. O., Vice Pres. W. R. Russell, D. O., Secretary

W. R. Russell, D. O., Secretary
The Board of Trustees consists of the
above officers and also V. H. Zima, D.
O., R. H. Martin, D. O.

The Chairmen of the standing committees are:

Membership: T. M. Bailey, D. O., Co-chairman; G. S. Beckwith, Cochairman.

Rules and Regulations: E. H. Mann, D. O.

Annual Clinical Assembly: Roy B. Fisher, D. O.

Program: E. G. Beckstrom, D. O.

Editorial: W. S. Gribble, D. O.

Ethics: W. L. Huetson, D. O., E. S. Davidson, D. O., Co-chairman.

Intergration of Subsurgical and Allied Specialties, George Pease, D. O.

Stevens Park Osteopathic Hospital has recently been approved for surgical residency by the Board of Trustees of the American Osteopathic Association.

Doctor James T. Calabria is the first physician to acquire this position.

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You were no doubt surprised when I called you on September 18th from Dallas requesting that you give me the name of a Doctor in Dallas who would come to my residence to attend my wife.

I have in the past when necessity required used the services of an M.D. as they represent themselves to be the criteria of the medical profession. I was somewhat taken aback and bitter when, after several attempts, failed to secure their services. One M. D. was called, who, over a period of years has taken care of my wife's sister, and even after explaining that relationship to this certain M. D., was flatly rejected. One M. D. whom I have known over a period of time politely refused assistance due to the fact that he makes no residence calls, although he did give me the name of an M. D. who, he thought, might make the call. This name was of no value to me.

On calling the D. O. you recommended, Dr. , there was no quibbling or reluctance on his part to make the call. In short order he was at my residence and prescribed immediate removal of my wife tot he Hospital. This was done and the proper measures taken to relieve her trouble.

Diagnosis by Dr.....indicated further care and an operation. At this date all this has been accomplished, and my wife, according to Dr...., is well on the road to recovery.

My wife's needs were taken care of at the Dallas Osteopathic Hospital, and I have learned that a Doctor can not become affiliated with the Hospital unless he makes residence calls. Residence calls appear to be important here, even though others do not recognize their importance. We hear a great deal at this time of socialized medicine, and if enough of the public received the same treatment that I experienced in being unable to get assistance at home, there is no doubt the hue and cry would increase to the point of seeing such legislation come about, even though I am not in favor of such a situation.

A copy of this letter is being forwarded to Dr. of the Dallas Osteopathic Hospital, and to Dr. with the thought of expressing my sincere gratitude and appreciation for their kindness and courtesies extended.

Again I wish to thank you for your assistance.

Post-Graduate Courses

Graduate school — College of Osteopathic Physicians and Surgeons announces the following courses:

PEDIATRICS—March 23 through

27, 1953.

This course is composite, clinical and academic. The mornings will be devoted largely to ward walks at the Los Angeles County Osteopathic Hospital with examinations and discussions of cases of educational value. The afternoons devoted to lectures covering diagnostic procedures and their interpretations including x-ray and laboratory—intravenous medication, use and techniques—orthopedic and rehabilitation procedures in the infant and child and "what's new" in pediatric practice.

Tuition - \$100.00 - \$25.00 deposit

with application.

REHABILITATION—March 16

through 20, 1953.

This is an entirely new and different approach to the presentation of the subject. It is designed primarily for the general practitioner and the manipulative specialist but could well be attended by any specialty student. The course proposes to propound the fundamental, physiological, anatomical and biochemical philosophies pertaining to osteopathic principles, to which have been added, physiotherapy and rehabilitation techniques as they may be applied and utilized in general practice. We feel this will be a worth while course and merits your attention.

Tuition - \$100.00 - \$25.00 deposit

with application.

INTERNAL MEDICINE.

General Statement: These four courses are run consecutively to permit attendance to one, or all, or any combination. They will all be composite, clinical and academic, with patient examination and clinical discussions as part of the morning sessions and academic lectures in the afternoons.

Tuition—\$100.00 per course—\$25.00 deposit; \$175.00 any two courses—

\$35.00 deposit; \$250.00 any three courses—\$50.00 deposit; \$300.00 all four courses—\$75.00 deposit.

CARDIOLOGY—April 6 through 10, 1953.

Subject material will include recent advances in the field of cardiology including new drugs and other modalities and cardiovascular diagnosis in surgery, with special attention to rheumatic fever and electrocardiography.

PULMONARY DISEASES—April 13 through 17, 1953.

Subject material will include diagnosis and treatment of pneumonia, bronchitis and bronchial asthma, malignancies and tuberculosis—including x-ray and laboratory interpretation and the demonstration and use of bronchography and bronchoscopy. Pneumothorax, pneumo-

SAN ANTONIO OSTEOPATHIC HOSPITAL

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pertitoneum, thoracoplasty, lung resection, etc.

GASTROENTEROLOGY—April 20 through 24, 1953.

Subject material will include diagnosis and management of acute, chronic and psychosomatic disturbances of the gastrointestinal tract, including laboratory and x-ray use and interpretation.

ARTHRITIS AND RHEUMATISM —April 27 through May 1, 1953.

Subject material will include—classification of rheumatic diseases and the etiology, pathology, diagnosis and treatment of rheumatic arthritis, degenerative joint disease, infectious arthritis, spondylitis, postural and static joint disturbances, menopausal arthralgia and the influence of spinal diseases in the production of brachial plexus and sciatic syndromes.

PROCTOLOGY—May 4 through 15, 1953.

Two weeks of practical proctology with surgical and demonstration clinics, including diagnostic and surgical use of the sigmoidoscope, in the mornings and lectures in the afternoons. The proctological courses have always received the highest praise of the students. Class limited to 15 students.

Tuition — \$200.00 - \$50.00 deposit with application.

ORTHOPEDIC SURGERY—June 1 through 5, 1953.

Advanced orthopedic surgery designed primarily for the specialist or trainee working toward certification. Whereas, this course will touch on several phases of orthopedic practice, surgical diseases and surgery of the spine will be the principal topic. The mornings will be devoted entirely to surgical clinics and the afternoons to lectures.

Tuition \$100.00 — \$25.00 deposit with application.

CLINICAL PERIPHERAL VASCULAR SURGERY

Is a two months course of an entirely clinical nature. Each morning will be devoted to surgical and hospital clinics

wherein the student acts as surgical assistant in a large percentage of the cases. The afternoons are assigned to the offices of Doctors John Costello and Donald Baker, for office experience. This course is primarily designed for those applicants who have had some surgical training. The majority of the work will be directed toward anatomy of the superficial and deep circulation of the extremities, varicose vein ligation and stripping, embolic phenomena; thrompophlebitis, femoral popliteal and caval ligations; occlusive arterial diseases, gangrene, autonomic blockade sympathectomy, arterial embolectomy, amputations, refrigeration therapy and anesthesia; and anticoagulation therapy. Cases having to do with more complicated surgery of the great vessels may be available. Limit of one student per course.

Tuition \$1,000.00 for two months.

BASIC SCIENCE COURSE—August 3 through 28, 1953.

This course will consist of approxmately 160 hours, it will be designed as nearly as possible to meet the basic science requirements of the various certifying boards in the various specialties. In as much as there are many specialties with such requirements it is imperative that those prospective applicants for basic science instruction signify, if possible, months ahead their desire to attend; as each specialty division requires the presentation of certain specific material peculiar to the specialty and integration and scheduling of the subject material is a major problem.

Tuition \$300.00 — \$75.00 deposit with application.

BASIC SCIENCE IN EYE, EAR, NOSE and THROAT—October 12 through 21, 1953 (8 days).

This course is to precede the annual Osteopathic College of Ophthalmology and otorhinolaryngology Convention. This fifty hour course is designed primarily to meet the "in resident" require-

ment and to supplement the O.C.O.O. correspondence basic science course for those working toward certification in ophthalmology and otorhinolaryngology. Anatomy, pharmocology and pathology will be the subjects given as these can be most satisfactorily presented in residence.

Tuition \$150.00 — \$30.00 deposit

with application.

For further information write:
TROY L. McHENRY, D. O.
Acting Dean of the Graduate
School
College of Osteopathic Physicians
and Surgeons
1721 Griffin Avenue
Los Angeles 31, California

Coronary Disease Subject For Next Conference

"Coronary Disease" is the subject of the third Clinical-Basic Science Correlation Conference to be held at the George A. Still Memorial Building at the Kirksville College of Osteopathy and Surgery, Tuesday, February 24 at

7:30 P.M.

Dr. R. McFarlane Tilley, chairman of the department of osteopathic medicine, will act as moderator. Other faculty and staff members who will participate include the following: Dr. George Snyder, chairman of the department of anatomy, "Anatomical Considerations"; Dr. Harry M. Wright, member of the department of physiology, "Nuerogenic Factors"; Dr. Stacey F. Howell, chairman of the department of physiological Chemistry, "Metabolic Factors"; Dr. Fred V. Hetzler, chairman of the department of cardiovascular and respiratory diseases and director of the cardiovascular training program, "Diagnoses"; and Dr. Max T. Gutensohn, director of the hospital, "Therapy".

This conference completes the series on cardiovascular diseases conducted in conjunction with the cardiovascular training program supported by a grant from the United States Public Health

Service.

February, 1953

New List of Educational Films Available from AOA

CHICAGO (AOA)—A revised list of osteopathic educational films is now available to members from Dr. C. N. Clark at AOA Central Office. Prepared by the AOA Committee on Visual Education, the new catalogue lists the films by length, subject, author and suitability for lay or professional groups or both. All are 16 mm.

Some, as for example, the Dr. Louisa Burns' film on osteopathic research, have been successfully used by doctors before service clubs and other community groups, in connection with a speech on the osteopathic profession. The Division of Public and Professional Welfare furnishes on request material for speeches, with or without films.

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L. J. LAUF, D. O.
RICHARD M. MAYER, D. O.
BEN J. SOUDERS, D. O.
J. A. FINER, D. O.

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Abstracts

C. Levaditi, Presse Med. 60:133-1952

In evaluating the utilization of antibiotics in viral infection the author uses as his basis for discouraging the use of antibiotics the fact that a virus is virturally free from enzyme systems and also that the virus cycle is within the cell. Antibiotics do not penetrate into the cellular body and for that reason are ineffective. In summation it is predicted that any virucidol substance will be devoid of antimicrobiol activity.

Studies on the relative efficacy of different chemotherapeutic regimens in the treatment of tuberculosis (English and French) Tucker, Bull. Vn. Int. Tuberc. 22, 158-189-1952

A very interesting paper relating the efficacy of various chemotherapeutic agents in the management of tubercular patients. The author suggests that as a satisfactory regimen we use:

- 1 gm streptomycin twice weekly or every third day.
- 2. 12 gm P.A.S. Daily.

Continue this regimen from 8 to 12 months.

Sulfone & Streptomycin in pulmonary tuberculosis. Edwards, Penmen & Cutbill—Br. Med. Jour. 1, 1224-1226—1952

Diaminodiphenylsulphone (DDS) was administered in a daily dose of from 100-300 Mgs. It was not tolerated by 22 patients with pulmonary tuberculosis. The utilization of 1 Gm. streptomycin did not alter the toleration in the efficacy. The rapid energence of virulant strains necessitated a cessation of the trial of DDS and streptomycin.

The African leper and the European tuberculous patient are markedly different in their tolerence to the sulfones.

L. G. MANCUSO, D. O.

Therapeutic Observations

In using hyalurodinase as a diffusor the use of ascorbic acid in the solution to be diffused is discouraged in so far as it has a tendency to suppress the full diffusion effect. Hormones; i.e., estrogen, testosterone and substances that enhance the production of hormones also increase the mesenchymal barrier.

One paper that should be read in full by anyone interested in this subject is "The Basal Substance of Mesenchyme" and "The Diffusion Factors in Injection".

y. Duran-Reybals—Semaine de Hopitaux de Paris—28, 1047-1058—1952.

L. G. MANCUSO, D. O.

Therapeutic Observations

The concurrent use of potassium iodide 5 gr. with penicillin I.M. has been used with beneficial effect in the last four months at the Hatcher Clinic where there were indications for the use of penicillin. The potassium iodide was administered orally tabs. 1-T.I.D. In patients weighing less than 100 lbs. 10 gr. of potassium iodide were used daily. The results in respiratory conditions were very favorable. In severe cases Neo-Penil is now used. Potassium iodide is still being prescribed along with the I.M. administration of Neo-Penil.

L. G. Mancuso, D. O.

Returns From Trip

Dr. Paul R. Koogler, chief of staff in general surgery at the Kirksville Osteopathic Hospital and Clinic, returned recently from a trip to the east where he spent one week at Lahey Clinic, Boston, and one week at Bellview Hospital, New York City, observing surgical techniques. While in Boston he also visited the Massachuetts Osteopathic Hospital.



The vitamin content of Baker's Modified Milk is fortified by the addition of sufficient pure synthetic vitamins (except vitamin C) to meet the Recommended Daily Allowances of the Food and Nutrition Board of the National Research Council.

Vitamin A is added in the form of vitamin A palmitate and vitamin D in the form of vitamin D3.

Thus Baker's contains neither fish liver oil nor fish liver oil concentrate. Therefore, Baker's Modified Milk may be safely used in the feeding of those infants thought to be unable to tolerate fish liver oils.

Added thiamine and niacin are provided as thiamine hydrochloride and niacinamide, thereby avoiding the digestive disturbances sometimes associated with the use of wheat germ or yeast extracts. Adequate riboflavin is supplied by the milk itself.

Since Baker's contains no vitamin C, an auxiliary source of vitamin C should be prescribed by the physician.

Baker's is ethically promoted and ethically distributed.



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Baker's Modified Milk is made from Grade A Milk, (U. S. Public Health Service Milk Code) which has been modified by replacement of the milk fat with animal and vegetable fats and by the addition of carbohydrates, vitamins and iron.

PER QUART OF NORMAL DILUTION:

Vitamin A	2500 U.S.P. Units
Vitamin D	800 U.S.P. Units
Vitamin C	None
Thiamine	0.6 Milligrams
Niacin	5.0 Milligrams
Riboflavin	1.0 Milligrams

Provides vitamins A and D, also thiamine, niacin, riboflavin, calcium and iron above the minimum daily requirements in the amounts of milk customarily taken infants. A source of vitamin C should be prescribed by the physician.

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Summary Of Blue Shield Payments To All Osteopathic Physicians For January

MED	DICAL	SURC	GICAL	ANEST	THESIA
Physician Charges	B. Shield Payments	Physician Charges	B. Shield Payments	Physician Charges	B. Shield Payments
\$748.90	\$335.00	\$6,104.00	\$3,743.50	\$426.50	\$347.50
Total	Charges by (Osteopathic Ph	ysicians	\$7,2	279.40
Total	Payments by	Blue Shield		\$4,	426.00

Washington News Letter

Veterans Administration

American Osteopathic Association approved internships and residencies are now recognized as institutional courses and entitled to full G. I. allowances (single, \$110.00 per month; one dependent, \$135.00 per month; more than one dependent, \$160.00 per month), under regulations made pursuant to the Veteran's Readjustment Assistance Act of 1952.

The regulations also recognize American Osteopathic Specialty Boards for the purpose. Preceding regulations were silent with respect to residency, and included internship as on-the-job training which is a category rating reduced and regular diminishing allowances.

The V. A. annual report for the fiscal year ending June 30, 1952 shows that 7,000 osteopathic physicians participated in the home-town medical care program. It also notes the fact that 29 state osteopathic associations have formal agreements with V. A. regarding out-patient services on a fee basis. 38 states have formal agreements with M. D. associations, and all states have formal agreements with dental associations.

The report shows that some \$664,000,000 was expended during the fiscal year for medical benefits and veterans' counseling, which is approximately 14% of the \$6,000,000,000 spent by V. A.

As of June, 1952 the veterans' population was 19,288,000, all of whom are potential claimants of medical and hospital benefits. There was a shortage of 447 physicians at the end of the fiscal year. 682 V. A. physicians have been lost to the Armed Forces during the first 2 years of the Korean emergency.

Named Chairman Of Public Health Committee

Dr. Wallace M. Pearson, Chairman of the Department of Structural Diagnosis of the Kirksville Osteopathic Hospital and Clinic, and Representative from Adair County in the general Assembly of Missouri, has been named chairman of the Committee on Public Health in the House of Representatives. He is also vice-chairman of the House Committee on Appropriations.

Other House Committees to which Dr. Pearson has been appointed for this session of the Legislature include Aviation, Elections, Legislative Research and Savings and Loan.

This recognition of Dr. Pearson, who is serving his fourth term in the Legislature, does not come as a surprise to the many who know him and the outstanding record he has established for attendance and attention to problems of interest to his constitutents and to the people of the state as a whole.

AUXILIARY NEWS

The San Antonio auxiliary announces tentative program for the annual convention to be held April 30, May 1, 2, 1953.

THURSDAY, APRIL 30.

10:00 a.m.—Coffee

12:00 p.m.—Luncheon with the doctors.

5:30 p.m. - 6:30 p.m.—Gondola ride on the San Antonio river. 6:30 p.m. - 7:30 p.m.—Entertainment at La Villita

7:30 p.m.—Western Barbecue dinner.

8:30 p.m. to 12:00 Midnight-Western party and dance.

FRIDAY, MAY 1.

Luncheon and book review and installation of officers.

6:30 p.m. - 7:30 p.m.—Cocktail hour.

7:30 p.m.—President's banquet.

OFFICERS OF LOCAL ORGANIZATION

President	Mrs. I. T. Stowell
Vice President	Mrs. B. G. Schoch
Secretary	Mrs. L. C. Edwards
Treasurer	Mrs. H. H. Edwards
Convention Chairman	Dr. Gordon Beckwith

Auxiliary District Two

The semi-annual convention of the North Texas Association of Osteopathic Physicians and Surgeons will be held at the Western Hills Hotel on Sunday, February 22, 1953. There will be a "coffee" at 10:30 a. m. honoring Mrs. R. B. Beyer, president of the auxiliary to the Texas Association of Osteopathic Physicians and Surgeons, and Mrs. Elmer Baum, wife of the president of the Texas Association of Osteopathic Physicians and Surgeons. A luncheon for all of the wives will also be given by our auxiliary. Dr. Ralph I. McRae of Dallas will be the guest speaker.

Eight of our Tarrant County auxiliary members attended the annual installation luncheon of the Federation of Women's Clubs on January 23. We were proud when Mrs. George F. Pease was introduced as chairman of the Welfare February, 1953

Committee. Mrs. R. L. Hodshire is cochairman.

Mrs. Raymond Fisher is recovering from recent surgery done at the Fort Worth Osteopathic Hospital and also a bout with the "flu". Whoops-shouldn't have mentioned that word—can't begin to tell you about all of our cases of the "flu".

Dr. and Mrs. George F. Pease, Dr. and Mrs. V. L. Jennings, and Dr. and Mrs. Chas. L. Curry leave February 13 for a two weeks' trip to Mexico City and Acapulco.

MARGE CURRY, Reporter.

Auxiliary District Six

The Houston Auxiliary has been very active the past few months, so we will bring you up to date.

In September the following officers were installed: June Brennan, President; Ivy Hardy, Vice-president; Zdenky

Page 23

Smith, Secretary; Katherine Young, Treasurer; Vesta Le Pere, Parliamentarian.

In October Dr. Lester I. Tavel addressed the auxiliary. His discussion dealt with the importance of the auxiliary to the profession.

In the November meeting Mrs. Joy Walker, owner of Joy-Tex Flowers, entertained one of the largest groups to date with a most interesting demonstration of holiday arrangements, and also gave us some of her "trade secrets" in corsage making technique. This was followed by a candle making demonstration by June Brennan.

With our December meeting coming just four days before Christmas we anticipated a drop in attendance so we limited our discussions to aims and plans of the auxiliary for the coming year.

In our January meeting Mrs. Lynn Roberts, of the Mary Beth McDonald school of modeling kept all of the group entertained with her discussion of "Good Grooming". An informative question-answer period followed her talk.

In Houston the doctors and their wives enjoy dinner together on meeting nights before convening to their respective groups for their programs and business meetings.

We extend an invitation to new members and are so pleased that our attendance is showing such a wonderful improvement. Thanks to the combined efforts of Loys Webb, our program chairman, and Bebe Grant, wife of one of the internes at H.O.H., who is our membership chairman.

We welcomed Dotty Choate back this past meeting after her absence following surgery. Shirley Carpenter visited us from the Jacinto City group. Billie Gardiner, Madge Eckstrom and Jerry Summers were also pleasant surprises at this meeting. The word on the mat spells "WELCOME" girls so lets keep coming.

We're sorry we have been absent so long, but you will be hearing from us next month.

Auxiliary District Seven

At 10:00 a. m. on February 8, 1953, Districts 7 and 9 met in the home of Dr. and Mrs. Elmer Baum, 2510 Wooldridge Avenue, Austin, Texas.

After a business meeting, we elected new officers in district 7 and discussed plans for the state convention to be held in San Antonio April 30 and May 1 and 2. While we were attending these affairs, the group from district 9 held a business meeting in an adjoining room.

With the business of the day over, we adjourned to the living room, where we were served coffee and cookies by Mrs. Baum. We just "visited" until Dr. Baum called for us to come to the Stephen F. Austin Hotel where the doctors were meeting.

Dr. Lester Vick from Amarillo showed a film concerning Osteopathic Progress Fund and also gave a talk on this subject.

It was a very interesting meeting and we should like to see more wives attend these get-togethers.

INEZ EDWARDS, Reporter.

Auxiliary District Ten

The girls of District 10 got together for their social, unofficial-in-betweenmeeting affairs at the home of Mrs. J. A. (Fern) Finer. In the absence of both president and vice president, Mrs. James (Jean) Fannin conducted an informal discussion about the most important event on the February agenda the Benefit Tea and Card Tournament which is to be at the Lubbock Women's Club House, February 26. Arrangements are in the capable hands of Mrs. Richard (Betty) Mayer and one of our new lay members, Mrs. Pat (Myrtle) Cunningham. Others on the Committee are Ed (Murfy) Davidson, prizes; Mrs. R. Z. (Evangeline) Abel, decorations; Mrs. Jack E. (Violet) Cox, publicity. About one hundred guests are expected.

On January 15, Mrs. B. J. (Betty) Souders underwent major surgery at the Porter Hospital. We don't know whether it was the expert surgery of Dr. J. A. Finer or the tender devotion of her doctor-husband; anyway we'll take both for we caught her practicing the latest rhumba step in the hospital corridor on the 4th day!

Betty's parents, Mr. and Mrs. J. W. Alexander have returned to their home in Alta Lona after spending the winter in Lubbock. Besides taking advantage of our South Plains hybrid climate-California-Florida cross-Mrs. Alexander completed a semester's work in Horticulture at Texas Tech. She has been interested in gardening as a hobby for a long time and has achieved some distinction in the propagation of the Day Lily. Watching Mrs. Alexander this winter, we adopted a formulae for remaining youthful—take up a hobby, something in which you are vitally interested, and work at it!

If no one answers the telephone at the R. Z. Abell residence, please understand the Lady of the house is still recovering from a surprise phone call of several weeks ago. Upon taking up the receiver, a familiar voice wondered if she would be a member of her house party to entertain a Very Dear Friend. The ever gracious Evangeline would be delighted, of course. So in the sunshine of early afternoon, she went tripping over, never dreaming that she had been purposely invited a half hour late and that the other guests had already assembled.

Upon entering, her eyes fell upon a huge pile of gifts and for a moment she wondered if she had slept through Christmas. Then she noted the tell-tale color scheme—and the light dawned. She was the V.D.F. in whose honor her Garden Club and Card Club had gathered for a Pink and Blue shower. So—if you should be calling the Abells in a few weeks, and the buzzer keeps

ringing, just be patient and wait for the station-break between the pinning and the burping and those High-C commercials. But if Evangeline is the organizer at home that she is as president of our Auxiliary, R. Z. will be warming that 2:00 A.M. formulae, we betcha! And if anyone should ask—Why not!

That demon, hepatitis, seems to have a special affinity for the James A. Fannins. Dr. Fannin just completed a month's confinement to his bed and now Mrs. F. knits one and purls one from a horizontal position. Dr. Fannin is able to be in his office half days now and Jean says because of the early diagnosis in her case, her convalescence will probably be shorter than the Doctor's. The Fannins think the trouble may have begun with a contaminated water supply while they were in Canada last summer. We hope their recovery will be complete and soon.

Dr. and Mrs. Horace A. Emery and children have returned from Houston where they visited with Mrs. Emery's mother and brothers. The trip was of special significance to Pat for besides the pleasant visit with relatives, Pat is a native South Texan and it is always exciting to visit "the place where I was born."

Freshman class of 1972, Kansas City, make way for James Terrell Kidwell, III. He just weighs 6 pounds, 8 ounces now but then he was only born January 28, at the Porter Hospital. Dr. Richard Mayer did the Caesarean section assisted by Dr. L. J. Lauf. Congratulations to Jim's parents, Dr. and Mrs. James T. Kidwell, II, of Sundown.

In every group of professional men, there is always one of those strong, silent, intelligent individuals who will 'hide his light under a bushel' if permitted to do so. However, our doctors of the South Plains are an alert bunch and proved it when they elected Sam Hitch their president.

Now comes word—and you can bet your sweet contribution to the Internal Revenue Department, March 15, that it never came from Sam—that he was invited to lecture before the Cranial Technique group at their recent post-graduate session in Des Moines, Iowa. His speech brought open praise from the great Dr. G. G. Sutherland, which is quite significant since the names of Sutherland and Cranial Technique, have become almost synonymous.

Among the illustrious names which appear on the Cranial Technique post-graduate programs are, Still, Becker, Platt, Kimberly—and district 10 is proud the name of Hitch has been added to these. We are only sorry that men like you don't come in bunches, Sam, instead of one of a kind!

The Hitches left January 1 and returned January 19. Frieda reports a wonderful trip. She didn't make a

speech—she just talked.

Dr. and Mrs. A. J. Finer and son are moving to Youngstown, Ohio. Details next month—we can't see the typewriter keys through our tears of adieu.

See you in Psychology class, Monday night. Final exams, and if that handsome Engineering major who sits on my right, beats me on the test, I'll just put on my best psychological smile and agree with what he said when he took me home last week, "Men are just smarter than women." Theoretically, my scholastic rating is of little concern, but in the practical application of the course I sort of figure my grade has been a straight A ever since that first night when he sat down in the chair next to mine. Of course if he ever discovers it, F is not low enough—and what a waste of tuition!

> Psychotic-ally yours, VIOLET L. COX (Mrs. Jack E.)

Riverside Hospital (Michigan) To Have A \$620,000 Addition

DETROIT (AOA)—Bids are being received for the new \$620,000 addition to Riverside Osteopathic Hospital in Trenton. The hospital is a division of Detroit Osteopathic Hospital. The new

construction will provide 40 additional beds to the present 50 bed capacity; a new operating room, delivery suites and an X-ray department. The Federal Security Agency will provide \$234,000 under the Hill-Burton Act. Dr. Frank Sprague is the administrator.

Dr. Ralph F. Lindberg, medical superintendent of Detroit Osteopathic Hospital, also announces that the addition to the latter hospital, started November 1, is progressing according to schedule. This construction will provide 58 additional beds and a third and fourth floor. Cost of the addition is estimated at \$409,000.

Ohio Divisional Officers Start State-wide Visits

COLUMBUS (AOA)—Dr. Roger E. Bennett, president, and Mr. William S. Konold, executive secretary, of the Ohio Osteopathic Association of Physicians and Surgeons, begin this month a 60-day tour of the Association's 15 district academies. The visits are designed to provide an opportunity for district academy members to share local problems with the state officers and in turn to permit them to discuss the state association's general problems with the state officers.

Industrial Health Programs Reduce Both Disease And Accidents

NEW YORK (AOA)—A survey of 1,900 small plants employing fewer than 250 workers each shows that in-plant health programs reduced occupational disease by 41% and that accidents fell off 39% and absenteeism 28%. Labor turnover was reduced 25% and compensation insurance premiums were 24% lower.

(The Institute of Industrial Health of the University of Cincinnati has made fellowships available to physicians who wish to prepare themselves for the position of medical director in industry.)

NEWS OF THE DISTRICTS

DISTRICT TWO

Dr. and Mrs. Robert Morgan have just returned from Mexico. They went to Monterrey, Torreon, Durango, Agua Caliente, and Mexico City and enjoyed every minute of it. They noticed numerous health clinics which seem to be set up by the government. Pictures were taken of the new stadium of the University of Mexico and the adjacent buildings. They also took pictures of the modern housing project which the government has erected for the government employees in Mexico City to live

Off the record Bob bet a quenella on 7 and 11 in the last race at the beautiful race track in Mexico City and collected a nice bet.

Congratulations to Dr. and Mrs. Harold Smitson! January 12, 1953, at 12:10 a. m., Mrs. Smitson delivered a 7 lb. 4 oz. black-headed boy, and fifteen minutes later she delivered a 6 lb. 8 oz. red-headed girl. We congratulate the Smitsons on these fine twins. This is four children in four years for the Smitsons. Harold Leroy is 4; Homer Robert is 2; Gary Morgan and Lora Ann are the twins.

From the results of Dr. Smitson's busy activity in this state I am sure we have added to the future generation four osteopathic physicians.

One of our interns, Dr. Vick Hunter, has received word that he had passed the Florida State Board. He took it in November in Jacksonville.

Drs. Pease, Curry and Jennings and their wives are leaving Feb. 13 for Mexico City and Acapulco. They will be joined by some of their friends from Kansas City.

Dr. and Mrs. Roy B. Fisher and Mr. and Mrs. L. C. Baxter will visit Dr. Bob McCullough in Tulsa a couple of weeks.

Dr. Karbach's new office is certainly well equipped and good looking.

The J. R. Thompsons spent the Christmas holidays in Phoenix and Los Angeles. They enjoyed the parade more than the Rose Bowl game.

By CATHARINE CARLTON, D. O.

DISTRICT THREE

Dr. Robert D. Van Schoick of Leonard, Texas, conducted a good public relations program when he appeared before the Commissioner's Court of Fannin County over the hospitalization of itinerant citizens of the county.

Dr. Van Schoick had had difficulty in getting admission of charity patients to hospitals as an osteopathic physician in Fannin County. The county pays private hospitals for this work if they do not maintain a county hospital.

After considerable discussion and an explanation of the osteopathic physician in Fannin County, the Commissioner's Court agreed to permit the use of Osteopathic institutions for charity cases. The vote of the Commissioner's Court was 4 to 0, which is proof that our representative presented the case in a proper manner and the service rendered by the osteopathic physicians in the county justified this action.

Congratulations to Dr. Van Schoick for the presentation of the program and to the osteopathic physicians who have conducted themselves in a manner which

brought about this action.

The regular meeting of the district 3 group was held at Longview, Texas on January 18 at Curley's Restaurant. Dr. Charles C. Rahm of Tyler, a member of the American College of Osteopathic Obstetricians and Gynecologists, graduate of Kirksville College, former head of the Department of Obstetrics of the Gafney Hospital, Tyler, was the principal speaker. His subject, "Shifting Trends in Obstetrics", included a very complete coverage of problems of prenatal care, technical aspects of delivery and early post partum and neonatal care, toxemias of pregnancy, the status of the induction of labor with intravenous pituitrin, and problems of Obstetrical Analgesia. His dissertation was very well received, highly appreciated and very helpful to all practitioners present. There was no remote suggestion of heckling.

A movie film was also shown at this meeting after some difficulty in management of the projector—one of those eager beaver machines that insisted on keeping an excessive amount of slack taken up-whether it happened to be there or not. However, after the skillful ministrations of a certain non-union projectionist with a mule skinner's vocabulary, a smooth showing was obtained. The subject of the film remains a little hazy because I was too busy to look at the screen, however no damage was done to the film and the gears are still within their proper housings in the projector.

Under the direction of Tom Hagan, a very able host, a banquet followed and the usual unexcelled good fellowship obtained.

Guest speakers were our State Association President, Elmer Baum, D. O., of Austin. His message was of considerable importance and it is to be regretted that the inclement weather (which had just cleared up) but was nonetheless still a good excuse, prevented a continuation of the usual good attendance at these meetings.

Dr. Bob Morgan of Dallas was also present and spoke briefly. Bob's attendance record remains much better than that of most of the members.

Mrs. Bob Morgan was also present and, according to my latest information, great progress has been made toward the organization of an auxiliary for district 3.

Most members brought their wives and a separate organizational meeting was held. At this meeting a nominating committee was appointed, consisting of Mrs. Pearl Smith, Jacksonville, Texas; Mrs. Carl List, Troup, Texas; Mrs. J. G. Brown, Tyler, Texas; and Mrs. Robert Hamilton, formerly of Tyler (but still in district 3) was acting as temporary secretary. Dr. John Turner, district 3 president, was not in attendance but will no doubt be highly gratified to know of the progress being made toward this organization. He has certainly been instrumental in stimulating interest in the formation of the auxiliary.

Maybe the girls CAN overcome that list of incompatibilities I overheard about that heretofore were rumored to

be blocking progress.

Dr. H. G. Grainger, Tyler, recently sustained another aviation accident. At this writing it hasn't been determined whether he was acting as chief pilot or just co-pilot. At any rate, he was just completing a satisfactory takeoff, had attained satisfactory altitude when he ran out of string. (This aviation exercise happened to be that of getting a kite into the air). The string slipped from his grasp and in a violent effort to recapture the main shroud line, Dr. Grainger crossed his own landing gear and crashed violently in a somewhat one-sided belly landing just at the edge of the runway. To quote, "I broke the terminal phalanx of my little finger and dislocated my other finger". Convalescence has been uneventful and full recovery is expected.

Dr. Ralph I. McRae, accompanied by Mrs. McRae, also attended the district 3 meeting and was seen chuckling to himself frequently as he looked over the members present with a light of appraisal in his eyes. Business will probably

be good.

East Texas has a newcomer. Dr. Jack H. Woodrow, formerly of Fort Worth, is located at Nacogdoches—this was reported previously but his address was incorrectly printed. He has an office at

One hundred fourteen and one-half East Main St. Not 1145 E. Main.

Dr. Martin, Mt. Pleasant, Texas, apparently lost his pencil and didn't send any news this month.

Mt. Pleasant was in the news however—the Tyler COURIER-TIMES carried the following: "PATIENTS RESCUED AS CLINIC BURNS IN MT. PLEAS-ANT. January 17. AP: An eight-bed clinic and hospital burned Saturday with the loss estimated at \$50,000.00 but rescuers removed the four patients in sub-freezing weather without harm".

Fire Chief O. C. Falls made the damage estimate. He said the fire started when a water heater exploded in the kitchen of the living quarters of Dr. Palmore Currey, the owner. The fire started at 8:10 a. m. It spread quickly through air conditioning ducts, the fire chief said. The building burned until 10:45 a. m.

Dr. Charles Rahm recently attended the meeting of the American College of OB + Gyn at Dallas. He was in charge of the program the first afternoon of the meeting and reports a good attendance and very valuable material was presented. One paper alone was discussed—or perhaps cussed—and this event was reported to be worth fifty dollars by itself.

Allen "Mike" Fisher, D. O., has opened his office at Gilmer, Texas. Doctor Fisher was received with open arms at Gilmer and received good publicity from the newspaper of that city.

DISTRICT SIX

My most beautiful patient phoned about a pain in her back. "It hurts to move, breathe or spit", she said. "What shall I do?" My reply, "Call a doctor".

Dr. McBride has a patient that gets gas on her stomach after drinking water. After ingestion of stronger fluids, no gas, no distress, nothing but a feeling of euphoria. After all it is just what your anatomy gets accustomed to. The answer was, this patient was found to

have been brought up on "home made mountain dew".

Dr. L. Farquharson is out of the hospital again. Dr. June is with him at 1712 Westheimer St., Apt. 3. A get well card or other evidence of good wishes is apropos. "I was sick, etc."

We are fighting for beds at H.O.H. Some intimate that it is the 'New Broom' others of less imagination, or the negative thinkers, take the recent epidemic into consideration and a slight increase in the number of doctors participating in the hospital practice. Take your choice, this is still a democracy.

Our big annual trustees' banquet and love feast (no foot washing) was held Friday, January 30. The business meeting at 6 p.m. We'll see who gets the 'business' at the latter round up. Hope the branding irons are the right temperature and the nominating committee can keep both feet on solid ground.

An intern was asked his opinion of a certain patient. His answer — "Many words, very confusing." Dr. Lee was

right again.

The walls of the new clinic-interns' building are about finished. I notice the interns will have a southern exposure. They can have one of those push pull clothes lines from the porch to the top of the incinerator. Every convenience for the benefit of the children of the married interns, or the single ones that do their own laundry.

Dr. Jaffe had a Cesarean section January 27. Result: Condition of all of the participants as hoped for. The mother was very small and eclamptic.

Dr. Horan brought in a patient, age 58 years, fat, enlarged heart, non-functioning left kidney; very short of breath, had the flu, superimposed. The doctor detoured or stayed the patient's certain future adroitly and surely for a little while longer.

Dr. H. K. Gams of D.O.H., anaesthesiologist, served while Dr. M. Webb did a very neat gastric resection about two weeks ago in the presence of visiting surgeons from Fort Worth and several

of our own masked marvels. The patient left the hospital just yesterday very happy, "Had practically no pain after the

operation.'

Must contact Norman Vinn (age 3½ years) for some district news. They had a grand auxiliary party at the Vinn chateau in December—the electric organ still in operation and no one injured permanently.

One of Dr. McBride's patients says, "A clear conscience is mostly a poor

memory."

Dr. Carpenter and wife attended the January staff meeting. He and Dr. Nutt are locating at a point equidistant between Community Hospital and H.O.H. Whoever has the beds gets the business.

We attended the Symphony conducted by Stokowski. The performance was super. The number "An Afternoon of a Faun" by DeBussey excited my interest and curiosity. What do the fauns do

after supper?

Drs. D. Jaffe and E. Roehr are just back from the National meeting of O.B. and Gyn at Dallas. He daintly referred to the group as the cream of the crop 'in our profession' and of those interested in that specialty. Some of the cream appears a bit hefty as to avoirdupois as well as influence.

Our esteemed Dr. G. W. Tompson, president of district six, was noticed on TV recently. While making his speech he had both hands full of that expensive fur, chinchilla.

Dr. Lee (intern) made a quick trip east via car. He flew low and is now making repairs.

What I wouldn't give for my own front teeth—hope you are the same.

DISTRICT EIGHT

After presentation of the program, regular staff business was transacted at the staff meeting of the Corpus Christi Osteopathic Hospital, held January 13, 1953.

The regular full board meeting was held January 27, at which time the new

Administrator, Mr. Charles S. Thomas, was introduced to the board.

Those attending the annual meeting of the American College of Osteopathic Obstetricians and Gynecologists, held in Dallas, were Dr. T. M. Bailey, Dr. John G. Henery and Dr. Helen M. Henery.

The regular district 8 meeting is called by president, Dr. R. J. Brune, for Sunday, February 8, at the La Louisiane

in Corpus Christi.

On January 17, 1953 the Valley osteopathic physicians met at the home of Ralph H. Moore and elected officers for the year. Dr. Mabel Martin was elected president, Dr. A. O. Scharff, vice president and Dr. Ralph H. Moore, secretary-treasurer.

It was voted to form a new district in the Valley, being a subdistrict of district 8-B. According to the information presented at the meeting, that was discussed at the last state meeting and permission was granted.

Dr. Martin was elected delegate to the state convention and Dr. Ralph H.

Moore alternate.

DISTRICTS SEVEN & NINE

A joint meeting of district 7 and district 9 was held at the Austin Hotel, Austin, Texas, February 8, 1953.

The meeting was called to order by Dr. W. D. Schaefer, San Antonio, presi-

dent of district 7.

Dr. Phil R. Russell of Fort Worth, state executive secretary, discussed public relations, and also brought the assembly up to date on current activities of the State Association.

Dr. Elmer Baum, Austin, president of the State Association gave his presi-

dential report.

The guest speaker, Dr. Lester J. Vick, Amarillo, spoke on venous pathology of the lower extremities, with stress on varicosities and phlebitis, their diagnosis and treatment.

District 7 then held a business meeting and the following officers were elected: Dr. W. D. Schaefer, San Antonio, president; Dr. R. E. Farnsworth,

Austin, vice-president; and Dr. W. J. Mosheim, San Antonio, secretary-treas-

Drs. Elmer C. Baum, Austin, Joseph Love, Austin, and L. C. Edwards, San Antonio, were elected delegates. Alternate delegates were Drs. W. D. Schaefer, San Antonio, C. B. Beaty, Lockhart, and G. S. Beckwith, San Antonio.

After the business meeting, the ladies joined the group and Dr. Lester Vick talked and presented a motion picture on the Osteopathic progress fund.

There were nineteen members of district seven present, representing Austin, San Antonio, Schertz, Nixon, Lockhart, and New Braunfels. Including district 9, there were eight guests present from Fort Worth, Amarillo, Victoria, Schulenberg, Flatonia, Gonzales, and New Zealand.

Dr. and Mrs. A. B. Crites from Kansas City, Mo. are guests of Dr. and Mrs. H. A. Beckwith in San Antonio. Dr. Crites is associated with the eye, ear, nose and throat department of the Kansas City College of Osteopathy and Surgery.

Dr. Everett Harris and Dr. Mitchell, both from Kansas City, Mo., are in San Antonio attending the Texas Golf Open tournament which is being held during the week of February 9.

The monthly social and educational meeting of the San Antonio Osteopathic Hospital staff was held at the home of Dr. H. A. Beckwith. A color movie on hypertension was shown and discussed.

Drs. Russ and Connie Jenkins, who practiced in San Antonio for several months, have moved to Franklin, Texas, where they will operate a hospital in conjunction with their practice. We all wish them much success.

W. J. Mosheim, D. O.

Department of Labor Defines Osteopathic Physicians

WASHINGTON, D. C. (AOA)—The Interagency Advisory Committee recommends, and the U. S. Department of Labor has accepted a revised official occupational definition for osteopathic physicians. It reads:

(he) "diagnoses, prescribes for, and treats diseases, disorders, and conditions of the human body, in accordance with the State laws regulating the practice of osteopathy. (he) specializes in manipulative procedures for the detection and correction of disorders and affections of the body structures, as licenser in each state. In those states where legally qualified (he) practices obtetrics, surgery, internal medicines or other branches (specialties) of medical science."

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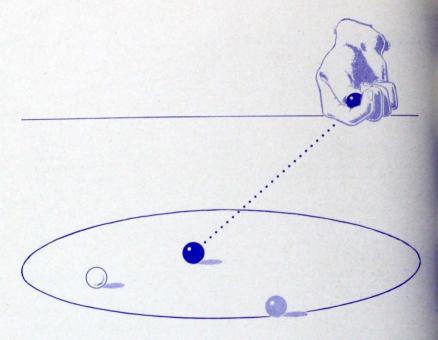
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