Texas
Osteopathic Physicians Journal

Volume X FORT WORTH, TEXAS, DECEMBER, 1953 Number 8

Wishing You A Merry Christmas and Happy New Year

In This Issue—

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EDITORIAL PAGE

Greetings! The holiday season of the year is at hand. The Yuletide Season engenders good will and good fellowship. Joyous occasions will be prevalent throughout the land. This is the season when men forget their differences and band together to give reverence to the great Physician. This is the time of year when all men should forgive the mistakes of others, forget their own mistakes and press onward to greater achievements of the future.

Let us all live today to its fullest! Yesterday and tomorrow will care for themselves.

May the Officers of your Association wish you all "A Very, Very Merry Christmas and A Happy and Prosperous New Year!"

Texas Osteopathic Physicians' Journal

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TEXAS ASSOCIATION OF OSTEOPATHIC PHYSICIANS AND SURGEONS

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VOLUME X FORT WORTH, TEXAS, DECEMBER, 1953 NUMBER 8

Pediatric Anesthesia—A Few Do's and Don'ts

By A. L. KARBACH, D. O.

"Just give her a few whiffs of anesthetic" says the attending physician. Giving an anesthetic to a child should be no different than an adult it is thought, but pediatric anesthesia is a science within itself. One learns to see, feel and hear anesthetic. How many times does a neighboring young doctor come in and "snow down" a child for a fracture or a tonsillectomy, not knowing the dangers of vomiting with aspiration, cardiac arrest and carbon dioxide excess and then, has no means of preventing or correcting these conditions. There are many other possibilities, as explosion of gases and especially of ether, which is not only harmful to the patient, but to the anesthetist and surrounding personnel. There is the factor of fluid balance not well understood by many, transfusions, and proper methods of resuscitation.

Children in good condition stand an anesthetic better than adults, provided care is taken to observe basic principles of oxygenation and maintenance of fluid balance. Mortality should not be excessive because of small size or young age. There is a weakness especially of the respiratory system due to the small chest and large bulky abdomen, yet even the tricky child has a reasonable margin of safety.

Preanesthetic Examination—The preexamination is important and the referring doctor can help out a great deal. Respiratory irregularity, aspiration of vomitus, convulsions and cardiac arrest all occur more frequently in the poorly prepared patient. It is best to correct upper respiratory conditions, temperature, diarrhea, intestinal upset and anemia if possible. It is not wise to let infants be fussy or cry, therefore they may be fed up to four hours before surgery. Dehydration should be corrected orally and intravenously before surgery and transfusion given if hemoglobin is below 10-12 grams.

Prenarcosis—This is one of the most important parts of an anesthetic. It does many things for the doctor and the child. For some time doctors were afraid to give enough medication and instead of being helpful it was a hindrance. Children vary greatly in their reactions and their excitability and one of the greatest kindnesses the doctor can perform is the prompt and adequate use of sedation. Sufficient amount should be given to have the child at least quiet and unafraid and preferably, in a drowsy state. Excitement increases the patients metabolism and must be overcome by added anesthesia. The last but the most essential point and yet the least considered is the physic phase of any experience, whether old or new. Excited children in surgery suffer emotional complications and carry definitely high

rates of mortality. Many do not believe in prenarcosis, especially in children under three years of age. They may behave very well but repressed fears in the older children will bring about a reaction after the anesthetic has begun. So we feel it is safer to have prenarcosis. Medications such as the belladonna group depress salivation and block excessive vagal activity.

If the doctor does not take time to explain to the child what is to happen and the family dumps the child into the lap of the doctors and the hospital without a word of comfort, the least the anesthetist can do is to supply sufficient medical help so that the child does not remember the horrible experience of being choked down with "something awful."

Type of Equipment—Adult equipment is not safe for children. The mask may be too large or the tubing on the gas machine may be too long. These and many other such factors increase dead air space and an accumulation of carbon dioxide which are major hazards to children and especially to infants. However, the closed system allows for greater oxygenation, and positive pressure anesthesia when required. Gentle rhythmic pressure on the breathing bag is one of the best methods of restoration of respiration as well as a respiratory assistance throughout the surgery. Large masks and towels and the use of the larger mechanical devices creates a drag or resistance to respiration which is quite fatiguing to the child and does not allow for a proper exchange of gases. The rebreathing of one's own carbon dioxide increases respiration beyond normal which in turn may quickly produce a very deep stage of anesthesia, hypoxia will develop and apnea may suddenly ensue.

To overcome this a small child's or infant's mask and towels are lightly placed about the face, or if a gas machine is preferred, accessories of proper size should be obtained, or acquire a small variety of soda lime canister and mask. For tonsillectomies and major surgery for small children, also the very ill, I prefer open drop vinethene and then carefully switch to ether and oxygen which can be given from your tonsil anesthetic machine, later the mask can be removed as in a tonsillectomy. A nasal catheter or endotrachael tube joined to a Y connection may be attached to the machine. Vinethene is good inductions, is less offensive than ether and good for short minors. For long work it is too toxic and in high concentration may produce convulsions. Oxygen will over come this. Ether is the most reliable all around anesthetic with good relaxation and a wide range of safety. Other less irritating agents can be used for induction. Ether acts as a respiratory and cardiac stimulant, is well tolerated and is rapidly eliminated. It can be used with various techniques, alone or with other agents. Cyclopropane is very useful in the newborn as it is less toxic but requires much greater skill to administer. Evidence of

cardiac irregularity is seldom seen in children. Pentothal with a continuous intravenous drip can be used for fractures especially when x-ray is used, also with nitrous oxide, can be used for long surgeries, cystoscopics, plastic work and cauteries. This is a good combination in the very excitable child.

Proper Airway—If one were to ask what was considered to be the most important part of the actual giving of an anesthetic, it should be the "airway". This involves several things. The head should be placed so that a natural free airway is maintained if possible. In induction the head should be held with the chin high and snugly back not allowing them to drop forward on the chest at any time, as this allows the tongue to fall against the palate with resulting obstruction. After the gag reflex has been abolished a properly fitting metal or rubber airway can be put in place easily by holding the head back and pulling the chin forward and anterior, the airway will fall into place. A nasal catheter that has been connected to the oxygen or ether machine is satisfactory. Of course an endotrachael tube of proper size and rightly placed is always good, though some object to its use. English authors state that it should not be used routinely.

Carbon Dioxide—A factor that has either been overlooked or neglected is carbon dioxide. It is one of the end products and is exhaled in every breath, and aids in regulating our respirations. If a sack, towel or mask is placed over our mouth there will be an accumulation of this gas. If amounts beyond normal are not eliminated many problems are created. Respirations usually increase rapidly with resulting deep anesthesia, and it can raise blood pressure to amazing heights, 250 to 300 systolic or more. After there is sufficient amount of the gas accumulated there is a depression in respiration with a resulting hypoxia, decrease in oxygen to the brain. This is in turn followed by anoxia which cannot last long without brain damage. This process may not get this far until cardiac arrest may occur with anoxia and brain damage. Even the early stages of hypercapnia, carbon dioxide excess, produces varying degrees of acidosis. Fortunately a careful anesthetist will not allow these processes to take place as he watches the blood pressure, color, pulse, respiration and uses his carbon dioxide absorber, removes towels from around the mask and knows not to use adult equipment for children, as they seem to be more susceptable to the effects of carbon dioxide excess than adults.

Position of Patient—For as long as I can remember a tonsil patient has been placed face down with a pillow under its chest after surgery. The weight of the heavy relaxed body upon ones own chest would interfere with proper respiratory exchange. A lateral position would not only allow easier movements of the chest but would allow a natural airway as the tongue would freely drop leaving the upper half of the mouth as an obstructed passage for air and also free drainage of blood and saliva. A major case could be placed on his back with the head turned to the side and accomplish the same thing. Many a time I have been called back to see why the patient was cyanotic and some one had rushed in with a shot of coramine or so, when all that was necessary was to turn the head to the side and rock it back a bit and the patient took a good breath and the color improved.

There are many things to be considered as not tying the patient down, at least until they are asleep and not to clamp the mask to the face until they are asleep. It seems strange that while the patient is quiet with eyes closed, for the doctor to walk into surgery and say, "Are you asleep Mrs. Jones?" This is much like waking a patient to give them a rest capsule. In reference to a child, heavy drapes and the leaning of the assistants upon the child's chest will greatly interfere with breathing, so do the arms of the individual, and

should be placed at the side of the body, both in surgery and in bed. Heavy drapes will greatly increase the already elevated temperature which is harmful to a small infant.

I feel it is not wise to take the patient to surgery or to have them lie in the halls or on the surgery table unprotected until the surgeon is present and the nurses are through dropping instruments and asking for knives, scissors etc. Imagine how you would feel if you were half asleep and someone were about to carve on your throat or tummy. I feel that it is very inhuman for the surgeon or anesthetist to pull or pick up the tongue with an Allis forcep or towel clamp. It is comparable to biting ones tongue which is difficult enough for the anesthetist to prevent. The use of a small amount of spirits of peppermint on the mask may make the smell of ether a little more pleasant. The mask should be clean and the equipment free from the smell of vomitus or other obnoxious substances.

It is said that more children die of over hydration than dehydration. The tendency is to give too much fluid in infants. Yet water is a very important substance in our body and if we are not careful we may go to the extreme and allow them to become deficient as their temperatures rise and fall rapidly. It is very wise to start an intravenous in all surgeries and in some hospitals they are even used in tonsillectomies. It not only supplies necessary fluids but allows for an open vein for medications that may be needed for resusitation.

There are certain characteristics of the responses of children to anesthesia which differ from those of the adult. An intelligent approach to the choice and management of anesthesia can be made only if one knows the special hazards involved and the complications which are most frequently encountered.

It is the little things in life that count.

Dr. Bell Lowry Dies

Funeral services for Dr. Bell Lowry, who practiced in Ennis, Texas, for 46 years, were conducted at 2:00 p. m., Wednesday, November 25, at the Bunch Funeral Home at Ennis.

Dr. Lowry died at her home Monday, November 23, 1953.

Dr. Lowry is survived by two sisters.

Association of General Practitioners To Meet In Austin

The Texas Branch of the American College of General Practitioners in Osteopathic Medicine and Surgery will meet in Austin at the Stephen F. Austin Hotel, Saturday, January 30, 1954. Dr. William A. Thomas of Houston will be the featured speaker.

Dr. Thomas will speak on "Applied Physical Diagnosis." Registration will be $5.00 per person. All Osteopathic physicians interested in diagnosis are invited, membership is not required. This meeting will precede the meeting of the roentgenologists to be held January 31. All D. O.'s are urged to attend both meetings.

Future Texas D. O.'s

The Texas Association of Osteopathic Physicians and Surgeons entertained 17 applicants for license to practice medicine in Texas at the Worth Hotel, November 13, 1953.

The executive secretary was unable to attend and arrangements were left with Dr. George Luibel. About ten local physicians helped entertain. The following who took the last medical examination were present:

Kansas City College Osteopathy & Surgery

Thomas Edward Bennett, D. O.
Paul Douglas Graham, D. O.
Leo Donald Braker, D. O.
Lionel G. Burton, D. O.
John S. Russell, D. O.
Keith Arthur Collins, D. O.
Robert Henry Nobles, D. O.
Russell Lee-Vinson, D. O.
William Anthony, D. O.

Chicago College Osteopathy & Surgery

Richard Edward Hopkins, D. O.

Kirksville College Osteopathy & Surgery

Leon Anderson, D. O.
George H. Chambers, D. O.
Ralph Burt Clark, D. O.
Edwin August Doehring, D. O.

Des Moines College Osteopathy & Surgery

John G. Lantini, D. O.
James Arthur Martin, D. O.

Public Relations Program Beginning To Bear Fruit

The following letters were addressed to Dr. Edwin F. Peters:

"The Premedic Club of..... wishes to express its appreciation for your visit to our campus on October 22, 1953. We feel that you presented our membership with valuable information pertaining to orientation in the approach to medicine. It is one of our primary objectives of our organization to introduce the premedical students to the practical aspects of medical education and fields of medicine in so far as that is possible.

"We wish to thank you for your contribution to the realization of this objective.

"Signed: by the President, Secretary and Treasurer of the Premedic Club."

From a Dean:

"I enjoyed very much your professional visit with me recently. My only regret was that I could not spend more time with you because of a previous appointment which I could not very well postpone.

"The information you generously gave me is very helpful to us. I appreciate the opportunity to discuss preprofessional training program as well as professional training program.

"I hope that I will again have the opportunity to meet you and to discuss matters of common interest.

"Signed: Chairman, Premedic Advisory Committee."

Texas Osteopathic Radiological Society Quarterly Academic Session

Sun Room, Stephen F. Austin Hotel; Austin, Texas
Sunday, January 31, 1954

PROGRAM

9:00 Registration—All Texas D. O.'s welcome to attend.

9:30 Basic Principles in Roentgen Diagnosis of Fractures. Dr. Charles D. Ogilvie, Roentgenologist.

10:05 Treatment of Extremity Fractures—Dr. Charles M. Hawes, Orthopedic Surgeon.

10:50 Medicolegal Aspects of Fracture Cases—Mr. Steve Mayo, Attorney, Nettleship Co.

11:30 Diagnosis and Treatment of Fractures of the Facial Bones—Dr. Rudolph Calabria (D.D.S.) Oral Surgeon.

12:10 Luncheon—Sun Room.

1:00 Business Meeting of Texas Osteopathic Radiological Society—Dr. Charles L. Curry, President.

1:30 Roentgen Diagnosis of Problem Fractures—Dr. Charles D. Ogilvie.

2:05 Treatment of Problem Fractures—Dr. Charles M. Hawes.

2:45 Round Table Discussion: Topic, Non-Union of Fractures
Dr. Charles M. Hawes
Dr. Rudolph Calabria
Dr. Charles Ogilvie
Mr. Steve Mayo

3:30 Problem Film Conference.

DR. JOE LOVE, *Program Chairman.*

Port Acres Woman Seriously Injured

Mrs. Lorraine Shields of 300 Central avenue, Port Acres, wife of Dr. R. J. Shields, was seriously injured when her car went out of control and struck a culvert and ditch near Dayton Wednesday about 11 a. m.

A companion, Mrs. Elmer Monk of 302 Third street, Port Acres, suffered less serious injuries.

The two were taken by ambulance to Dayton hospital at Dayton. According to Dr. Shields, his wife has three fractured ribs, fractured sternum, knee injuries and lacerations. Her condition today was reported fair.

Mrs. Monk has a laceration over her right eye, multiple abrasions, contusions and bruises about the hips.

The accident occurred when Mrs. Shields swerved on the rain-slick pavement in an attempt to avoid hitting another vehicle.

New Faculty Member At KCOS

Dr. John A. Chace of Cedar Dell Springs, North Dartmouth, Mass., has been appointed to the faculty of the Kirksville College of Osteopathy and Surgery as a Fellow in the Division of Practice of Osteopathic Medicine, President Morris Thompson has announced.

Dr. Chace, who was graduated from the KCOS in 1941, has been a member of the staff of the Massachusetts Osteopathic Hospital at Boston. He will assist in research being carried on by Dr. J. S. Denslow as principal investigator. The work in which he will assist is being supported by the American Osteopathic Association and the Still Memorial Research Trust.

Dr. Chace assumed his new duties November 23.

Resigns To Re-enter Private Practice

Dr. Harold A. Mangold, director of student health service and member of the department of pediatrics at the Kirksville Osteopathic Hospital and Clinic, resigned to re-enter private practice November 15.

He joined the hospital and clinic staff in 1951. Prior to that he had engaged in private practice in Hopkinson, Ia. He was graduated from the KCOS in 1949 and served an internship at KOH before entering practice.

Ottawa Sanatorium Institutes Third Expansion Program

Ottawa Arthritis Sanatorium and Diagnostic Clinic, Ottawa, Illinois, has recently completed a new diagnostic floor adding approximately 4,000 square feet of working area.

This is the third expansion program since the sanitorium was opened in April 1933. A patient's lounge, consultation, examining and treatment rooms, lobby and reception office, dressing rooms and supply closets are all included in the working unit.

An Otis automatic elevator has been installed.

Additional space has been provided for future expansion of examination and treatment facilities and a new diagnostic x-ray suite.

The new floor has been furnished and equipped with the latest design in modern furniture, equipment and colorful decoration.

Alumnus To Deliver Address

Dr. Paul Grayson Smith of Pikesville, Tenn., will deliver the address at the All-College Meeting held in observance of the anniversary of the death of Andrew Taylor Still December 11. Dr. Smith, who was graduated from the KCOS in 1934, delivered the address on this occasion in his senior year.

Wonderful Opportunity for Qualified Doctor

The above is a picture of a 35 bed community hospital. Any doctor properly trained can take this well equipped hospital over for $100 a month rent, including office space.

This institution offers one of the best opportunities for a qualified man to build up a large practice and a diagnostic clinic. It is located at Wolfe City, Texas.

If you are interested wire or communicate with executive secretary, P. R. Russell, D. O., 1837 Hillcrest, Fort Worth 7, Texas, or Mr. R. L. Mullins, president, Wolfe City National Bank, Wolfe City, Texas.

Elected To Society

Dr. Carl B. Umanzio, chairman of the department of bacteriology and parasitology at the Kirksville College of Osteopathy and Surgery, has been elected a Fellow of the Royal Society of Tropical Medicine. He is also a member of the American Society of Tropical Medicine and Hygiene. Much of Dr. Umanzio's work is in the field of medical mycology.

Many of his articles on this subject have appeared in publications, and his correspondence with leading scientists outside the iron curtain countries has been extensive on problems of medical mycology and human disease.

Dr. Snyder Honored By Alma Mater

Dr. George E. Snyder, chairman of the division of anatomical sciences at the Kirksville College of Osteopathy and Surgery, was honored at the homecoming celebration of Albright College, Reading, Pa., from which he was graduated in 1927.

He was awarded the Albright College Alumni Citation "in recognition of outstanding achievements and services in the field of Education". The award was presented in absentia and was accepted by Dr. Snyder's brother, Warren, of Reading.

Entrance Requirements Raised At KCOS

Entrance requirements at the Kirksville College of Osteopathy and Surgery have been raised, President Morris Thompson has announced.

The entrance requirement is now three years of preprofessional work in a regionally-accredited college, President Thompson announced in a report to the faculty on the action of the Board of Trustees at the October meeting. By action of the Board at the semi-annual meeting last April, the two-year requirement was raised to a three-year qualified requirement. The qualifying clause made it possible for students with outstanding academic records to be admitted with but two years work. Under the latest action of the Trustees, all applicants now must have at least three years of preprofessional training to be considered for entrance.

Dr. McCormick, AMA President, Criticized By VFW Commander

CHICAGO (AOA) — Dr. Edward McCormick, president of the American Medical Association, was charged here late last month with trying to scuttle the veteran's hospital program.

Joseph Carnella, Illinois Veterans of Foreign Wars Commander, accused Dr. McCormick of misrepresenting the facts in a recent statement that 85 per cent of Veteran's Administration hospital patients are being treated for disabilities not connected with military service.

Only 6½ per cent of admissions to VA hospitals last year were for non-service connected disabilities of a general medical and surgical nature requiring treatment for 90 days or less, Carnella said.

The VFW commander labeled as "absolutely ridiculous" Dr. McCormick's charges that the VA hospital program is a threat to private enterprise and that the high cost of medical care is due to federal competition.

He challenged the AMA head to submit to the House veterans affairs subcommittee on hospitals, names, dates and places.

Oklahoma Hospitals To Receive Federal Aid

OKLAHOMA CITY.—Fifteen Oklahoma hospital and health center projects are in line for federal aid this year, it was announced here. Cost of the projects is $7,758,000 with the Federal share being $3,545,523.

Questions and Answers On "Doctor In An Atomic War"

From The Iowa Osteopathic Physician

Doctor, I imagine that if an atomic war should come, those of you in the healing arts professions would have some new tools to add to that well-known black bag you carry.

That's right. One instrument we would probably carry is a Geiger counter. I think you know what it is used for—to detect the presence of dangerous amounts of radioactivity. After a water or ground burst, this instrument would keep us from entering unsafe areas.

How do these Geiger counters work?

Well, they give off a clicking sound in areas in which we can walk without fear. When the clicking becomes a steady buzz and then stops, it is a sign that the area is contaminated with radioactivity, and a person should not go any farther in that particular area until civil defense crews have inspected it.

Geiger counter, instrument number one. What else will be used as a weapon against atomic injuries?

Naturally a first aid kit. This would be used to treat minor cuts and burns by those who are able to treat them. Then doctors will be free to take care of more seriously injured patients.

I once heard someone say that soap is a good item to have with you in case of an atomic bombing. Is there any truth to that?

Well now, that's not as ridiculous as it may sound. A good scrubbing with soap and water is one of the most effective methods of decontaminating yourself or your belongings. For instance, suppose you had a can of food which, when checked with a Geiger counter, showed signs of radioactivity. Probably the radiation is coming from dust on the outside of the can. So if you wash the can with soap and water, it is not as radioactive as before and probably the food within it would be edible. However, if the srubbing didn't bring the clicking rate of the Geiger counter close to normal, then the can should be thrown away.

What about clothing, can it become radioactive?

Yes, and clothing is hard to decontaminate, because the radiation usually is soaked into the fibers.

Well, what can we do about this?

It has been suggested that we set aside our clothing in special containers to be examined by civil defense crews. Jewelry and coins should also be scrubbed in soap and water.

What about paper money?

I'm afraid that it can't be decontaminated—and the only suggestion I've

heard about this is that we should store the money until we can exchange it through a bank.

This may not appeal to those of you who are pet lovers—but in the event of an atomic attack all animals should be shaved and their skin washed, just as you wash yours—because it isn't practical to try to decontaminate through a thick fur. Speaking of shaving, it may also be necessary to shave your head if your scalp is badly radioactive . . . such as it would be if it had been soaked with radioactive rain.

I don't think the women will like that.

No, I suppose not . . . but if it means the difference between life or death, I don't think women will avoid shaving their heads for the sake of appearance. Now let me ask you . . . would you know what to do if an atomic bomb hit your town?

Well, no . . . I guess I haven't given the subject too much thought.

Let's suppose you were walking along the street . . . suddenly there is a great glare . . . one hundred times brighter than the sun . . . What would you do?

Run for shelter, I guess.

That's just what you shouldn't do . . . at least, not immediately. If you're in the street, you should duck behind a tree or corner into a doorway, if there is one only a step or so away. But don't try to make it if it is any farther . . . because the danger from radiation is greatest in the first three seconds.

What would you advise doing?

First, fall to the ground . . . then wait ten seconds . . . After that, get up and look around . . . if you are able. Then press yourself against a building, if possible, to avoid shattered glass or falling bricks.

And what if you're not near a building?

If you are out in the open, you should drop to the ground at once. Don't look to see what has happened, because you might get a deadly burn. When you drop to the ground . . . keep your back to the light and curl up in a knot . . . put your face down in the crook of the right elbow . . . and try to shade your bare face, neck, arms, and hands with the clothed part of your body. This position will give you some protection from burns, though not from radiation.

Suppose I'm in the house when the attack comes . . . or at the office . . . then what?

Then you should drop to the floor . . with your back to the window . . . crawl under a table or desk . . . and stay away from windows and flying glass for at least a minute . . . because there is a time lag between heat and radiation and the blast from an A-bomb.

All right . . . now suppose I'm in a car?

Put on the brake . . . then when you feel the force or push of the blast, release the brake and fight the skid

that's sure to come. Passengers should duck behind the seats. If it seems certain that you are going to crash or turn over, turn off the ignition. Incidentally, I might point out here that we've been referring to precautions necessary when the explosion is an air or ground burst. In case of a water burst . . . if you're in a street or in the open within a mile of a large body of water, such as a lake or river, you should run into the nearest tall brick or concrete building . . . and climb several floors, but not to the top floor. Head for the center of the building, and remain still for at least one hour. If you are more than a mile from the water, you should watch the way the water-burst cloud is heading. If it's coming toward you, then you should head for shelter.

What if there is no building near you?

If no concrete building is nearby, you can go into a cellar . . . and there you should sit or lie still with as much solid matter as possible between you and any water. You should not go outside for twenty-four hours or until you learn by radio or from a civil defense crew member that it is safe to do so.

In case of an atomic attack, I know that doctors would be in great demand. How will this urgent need be met?

Additional doctors, nurses and supplies undoubtedly would have to be brought in from places outside the disaster area. Those who are working on civil defense planning at the present time think in terms of stockpiles of critical supplies and blood plasma. One atomic attack on a large city would require hundreds of thousands of pints of blood and plasma in a week. Our present supply is two to two and a half million pints . . . a year! Doctors and nurses would have to rely on aid from well-trained volunteers. That's why it is very important that we have many persons trained in first aid. It might be a good idea to make a first aid course a requirement for all high school students. I understand that some cities are considering such a plan.

What are some of the things a person learns in the first aid course for atomic bombing, could you tell us?

Well, if you remember from the Red Cross first aid course you took during the last war, the first thing you were taught was to keep an injured person lying down, not to let him get up. If you are going to administer first aid to victims of an atomic bomb, you may not always be able to follow those time-honored directions. Your first job may be to get the patient to safety, regardless of whether he is fainting or has broken bones. If the walls of nearby buildings are about to fall and if you are alone with half a dozen badly injured persons, you will not be able to "splint them where they lie."

Sort of reversal of the rules?

Yes. Also, you learned to be careful of minor cuts and scratches, always cleansing them thoroughly and perhaps

applying a sterile dressing to guard against infection. In the event of an atom bomb attack, some of the victims may be covered with tiny cuts and scratches from flying glass. But in a critical situation, you will pay no attention to these. If they are the only injuries a person has, you will send him on his way home or to a shelter, telling him to see his doctor a few days later when things have quited down. The reason: There will be too many seriously injured needing your care.

I imagine that it would be wise if all of us learned first aid, and in a good many cases, we probably would be able to take care of ourselves in such a disaster.

Yes, you're quite right.

What are the various types of injuries from atomic bombing?

I saw some charts, not too long ago, which showed the injuries received by the people of Hiroshima and Nagasaki. According to those charts, out of a total population of one hundred five thousand in Nagasaki, within a two and two-tenths mile radius, fifty-three thousand were injured . . . in other words, fifty per cent of the population. Of these, thirty-seven thousand seven hundred were killed. Theoretically . . . in cities in which the population is distributed as it was in Hiroshima and Nagasaki . . . out of a population of four hundred thousand we might have two hundred and forty thousand persons on the casualty list . . . and of these about eighty thousand would be killed. As for the type of injuries, about seventy per cent of the injured had wounds of some sort. These wounds were due to the explosion wave . . . or to being hit by falling and hurled debris . . . especially glass. Burns were found in from sixty-five to eighty-five per cent of all casualties. These burns are caused by the intense heat generated from the explosion.

What are some of the symptoms of these burns?

At first, your hands may show an unnatural reddening . . . the skin of your face feels soft. These need not be deadly. But the third type of injury . . . that from radiation . . . is the one most feared . . . and for good reason. It is the most deadly . . . because it attacks the blood stream and causes marked anemias. The death rate from this type of injury depends on the nearness of the person to the bomb explosion. People who are less than a mile from the bomb in all directions . . . say five hundred to a thousand yards . . . usually suffer severe radiation injury . . . and death is almost certain, within one or two weeks. Authorities estimate that about five per cent of the people in this area will survive and not even suffer damage from radiation, but ninety-five per cent in this area will probably be lost.

And those farther away?

A person who is slightly more than a thousand yards away from the bomb at the time of explosion has about a fifty per cent chance of survival from radiation injuries. About half of these victims usually die within three to six weeks. Those who are more than a mile and a half to two miles away probably will not die of radiation.

What are some of the symptoms of radiation injuries?

The first symptoms are nausea and vomiting. They usually occur the day of the bombing. Other symptoms show up within short periods of time after the bombing. Leukopenia is one symptom. This malady is a disease in which many of the white cells in the body are killed, and the result is a lowered resistance in the body's ability to fight infection. Another symptom of radiation injury is purpura, or hemorrhaging into the skin. The skin looks first reddish . . . then purple . . . and then a brownish yellow.

Are there any others?

Yes, epilation and anemia. Epilation means falling out of the hair. Now, I think most of you have a pretty good idea of what anemia is . . . however, if

you don't it means a deficiency of red blood cells . . . which in itself, if it is severe enough, can cause death. This is also a result of radioactive injuries. So, you see, radiation can attack the blood stream in two ways . . . it keeps the body from manufacturing enough red cells to stay alive . . . and it destroys enough white cells which fight infection.

What kind of treatment is being used for these radiation injuries?

Various things are recommended . . . the use of antibiotics, such as penicillin, to aid the body in fighting infections; whole blood and plasma transfusions; liver shots; and, if possible, hospitalization and nursing care to protect the patient from infections. Some of the laboratory studies made of patients with severe radiation injuries show that of a total of ninety-four thousand casualties, eighty-two thousand would require medical and nursing care. However, we must be optimistic about our chances for survival. The effects of atom bombing could be reduced as much as fifty per cent, according to a recent estimate . . . if we use our best technical knowledge, and if we know what to expect. Many Englishmen are alive today because they were prepared for the "blitz".

We hope that we shall never have an atomic attack in this country, but we must be ready for one if it should come.

Yes, and if it comes, more lives will be saved . . . if we know what to do . . . and act quickly.

Worth Sending For

CHICAGO (AOA) — A 12-page booklet titled *Summary of the Iowa Breakfast Studies on Aged Men* is being offered by the Cereal Institute, Inc., 135 S. LaSalle St., Chicago 3, Ill., free. This booklet summarizes the carefully controlled studies on the effects of altered breakfast habits on a group of men 60-80 years of age.

Abstracts

By Dr. Louis Gustave Mancuso

Oral therapy with Mercumatilin (Cumertilin) A New Mercurial Diuretic, Pollock and Pruitt, Amer. Journal Med. Sciences, 226. 172-176.

Toxic reactions to oral administration of mercurial diuretics have in the past tended to limit the utilization of these products to their fullest potential. In a series of over 25 patients, tablets containing the equivalent of 20 mg. of mercury were used in a clinical survey. Over a period of 3.743 patient days and over 7.726 tablets there was at no time any indication of any significant toxic reactions. The dosage varied from 1-5 tablets daily. The addition of Cumertilin to the therapeutic regimen maintained in cardiac cases where the digitalis and low-salt diet have become inadequate is advised and evidence to substantiate this statement is offered in this well written paper. It is concluded by the authors that Cumertilin (Mercumatilin) is a safe and clinically useful drug for the oral use in the clinical management of congestive heart failure. There is no evidence of toxic reactions. The clinical value of this modality is established. Long time clinical use is far superior to any previous reported. Fewer parenteral injections are required with the use of Cumertilin (Mercumatilin). It is to be noted that the tablets do not work as a replacement for injections but that they are of value in reducing injections and also may replace injections in some cases. For full appreciation of the significance of this paper it is suggested that the original paper be read in its entirety.

* * *

Studies on the Concentration of Streptomycin in the Treatment of Bone and Joint Tuberculosis.

M. FELLANDER, T. HIERTONN, AND G. WALLMARK. Acta tuberculosea Scandinavica (Acta tuberc. scand.) 27, 176-189, 1952. 15 figs., 16 refs.

At St. Goran Hospital, Stockholm, in an attempt to determine the best methods of administering streptomycin in the treatment of tuberculosis of bones and joints, the concentration of streptomycin in exudates, blood, and urine was determined in 25 cases of bone and joint tuberculosis after parenteral administration of the drug. In the osseous cases, the pus was obtained at operation. The streptomycin content was measured as described by Wallmark (Acta Path. microbiol. scand., 1951. 29, 397).

In 22 cases of osteitis, pus samples were examined 2 to 6 hours after the intramuscular injection of 0:5 g. of streptomycin. In 14 of these, bacteriostatic concentration (1.1 to 18 ug. per ml., average 5.1 ug.) were found; in

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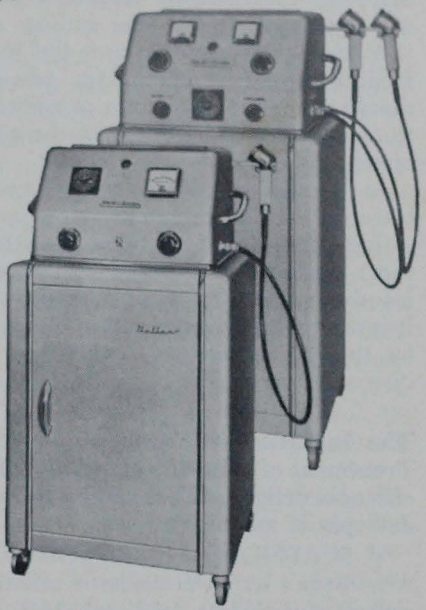

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3 cases there were traces only, and in 5 cases no streptomycin could be detected. The difference could not be accounted for on clinical or pathological grounds. Since the concentration reached is thus not always satisfactory, the authors advise that open operation and the local application of streptomycin powder should always be carried out in addition to parenteral administration of the antibiotic.

In 3 cases of tuberculous synovitis, bacteriostatic concentrations were found in joint fluid (obtained by needle puncture) up to 10 hours after intramuscular injections of 0:5 g. of streptomycin. It is therefore concluded that intramuscular therapy is effective in this type of case.

* * *

The Inefficacy of Antibiotics in the Treatment of Amoebic Hepatitis. (Inefficacia delig antibiotics nella terapia dell'epatite amebica).

V. SCAFFIDI and M. SANGIORGI. Acta medica Italica di mallattie infettive e parassitarie (Acta med. ital. Mal. infett.) 7, 281-291, Nov. 1952. 3 figs, 42 refs.

In describing their experience in the treatment of amoebic hepatitis with antibiotics and sulphonamides, the authors include in their series of 11 cases a number in which liquefaction with the formation of an abcess had occurred before treatment, or developed during treatment.

Various drugs are administered, both singly and in combination, and in varying dosage. Of 5 patients with amoebic abcess, one was given sulphathiazole only, another sulphathiazole plus penicillin injected into the abcess cavity, and another parenteral penicillin, with no effect in any of the 3; the fourth was given chloramphenicol, with temporary remission only, and the fifth was given emetine, penicillin, and later aureomycin, but the response was incomplete. There were 4 cases of hepatitis progressing to abcess; in the first of these aureomycin was given without effect on either stage; in the second case chloramphenicol was given at first, with a temporary remission, and in the second stage aureomycin was administered without effect; and in the remaining 2 cases penicillin, streptomycin, chloramphenicol, and aureomycin were all tried without producing more than temporary remission. Of the two patients with non-liquefactive amoebic hepatitis, one was treated with penicillin and one with chloramphenicol, with a temporary remission in each case; but in cases, as in the others, the final cure was obtained with known amoebicides such as emetine, chloroquine and "stovarsol" (acetarsol), combined in many cases with aspiration of the abcess.

* * *

Further Studies of the Effects of Citrate Feeding on the Calcium, and Citrate Metabolism of Rachitic Infants.

H. E. HARRISON and H. C. HARRISON. Journal of Pediatrics (J. Pediat.) 41, 756-765, Dec., 1952 3 figs., 15 refs.

These observations were made at Johns Hopkins University and Baltimore City Hospital on 3 infants suffering from rickets, in an effort to explain the antirachitic effect of citrates. The infants were kept on a constant diet low in vitamin D, consisting of cow's milk cereal, vegetables, and ascorbic acid; an equimolar mixture of citric acid and trisodium citrate in amounts from 30 to 60 mm. of citrate per day was added to the milk feeds. Calcification of rachitic bone matrix could be demonstrated radiologically in all 3 cases when adequate amounts of citrate were given, in spite of persistently low concentrations of calcium and phosphorus in the serum and also in the intracellular fluid. These levels were considered to be too low for the deposition of bone salts. Although the quantity of citrate administered would alter the solubility of calcium and phosphorus, thus promoting their increased absorption, the findings in this series did not show any evidence

of such effect. The rapid decrease of serum calcium levels after beginning of citrate therapy, together with the persistently low serum phosprorus concentration and the maintenance of serum citrate concentration at a level corresponding to that before citrate therapy, suggest that calcium salts are deposited at a higher rate than that of intestinal absorption of calcium.

The authors suggest, therefore that the antirachitic effect of citrate is not due to the formation of a more diffusible calcium-citrate complex, but rather to some local action upon the bone matrix resulting in "increased calcifiability". They point out that a similar sequence of events may be observed after removal of hyper-functioning parathyroid tissue when the decalcification of the skeleton if followed by mineralization, as occurred in the citrate-fed rachitic infants; in both instances this is associated with decreased serum citrate and phosphorus levels. It is, so far, not known whether prolonged citrate therapy would be a complete substitute for the administration of vitamin D in the prevention and treatment of rickets.

* * *

Postoperative Water and Sodium Retention.

L. P. LeQuesne and A. A. G. Lewis. Lancet (Lancet) 1, 153-158, Jan. 24, 1953. 6 figs., 33 refs.

Water and electrolyte balance before and after operation was studied at Middlesex Hospital, London, in a group of 21 surgical patients, 19 of them undergoing gastrectomy for benign peptic ulceration, one excision of the sigmoid colon for carcinoma, and one inguinal herniorrhaphy. The investigations were made for 3 to 4 days before operation and 1 to 8 days, afterwards. An "almost constant" food and water intake was assured preoperatively by giving a standard mixture of "casinal" (calcium Casenate), glucose, arachis oil, and ascorbic acid in 3 litres of water by slow drip down a Ryle's tube and allowing only 1 litre of water by mouth; and postoperatively by giving intravenous fluids until the postoperative regimin could be resumed. In respect of daily electrolyte intake the patients were divided into three groups; (1) receiving 160 to 170 mEq. of sodium chloride throughout; (2) receiving no sodium from the day of the operation onwards; and (3) receiving the same amount of sodium chloride as group 1 and also 100 mEq. of potassium (except on the day of operation, when this amount was halved).

On studying the results three clearly separable phases were observed in the postoperative period: (a) primary water retention, which rarely lasted more than 24 hours; (b) early sodium retention, also in the first 24 hours; and (c) late sodium retention, starting 24 to 48 hours after operation and lasting several days. The retention of salt and water may be continuous or interrupted, depending on the relationship of the last two. The primary water retention was found to be independent of sodium retention, and appears to result from the release of pituitary antidiuretic hormone caused by such stimuli as emotion, trauma, and drugs. Early sodium retention may be caused, at least in part, by hypotonicity of the blood resulting from water retention during the early part of the day of operation. Adrenocortical release is probably responsible for the late sodium retention and also, in part, for the early retention of this electrolyte.

Osteopathic Education Featured In Health Department Publication

CHICAGO (AOA)—A 3500-word article on osteopathic education will be featured in this month's issue of Higher Education, official publication of the U. S. Department of Health, Education and Welfare.

Reprints of this article by Dr. R. C. McCaughan, executive secretary of the AOA, will be available here at Central Office.

Washington News Letter

Public Health Service—In my Washington News Letter of September 22, I stated that Dr. Murray Goldstein was due to go on active duty at the National Institutes of Health in Washington, on November 1. I am happy to inform you that Dr. Goldstein reported at the National Institutes of Health on Monday, November 2, and thus became the first osteopathic physician to serve as a commissioned medical officer in the Public Health Service. His rank is Senior Assistant Surgeon (Reserve), which is equivalent to Captain in the Army.

Health Inquiry—A special committee of the House Committee on Interstate and Foreign Commerce left this morning for Europe to make a firsthand study of European health and hospital programs. The special committee consists of Chairman Wolverton, of New Jersey, and Messrs. Hoffman and Springer, of Illinois. During the first two weeks in October the full Committee on Interstate and Foreign Commerce held hearings on the principal diseases of mankind. These hearings were suspended on October 14 until after the beginning of the second session of the 83rd Congress in January.

Social Security—The House Ways and Means Subcommittee on Social Security, Mr. Carl T. Curtis, of Nebraska, Chairman, will resume hearings on November 12. The November hearings will deal with Old Age and Survivors' Insurance, Old-Age Assistance, and Aid to Dependent Children, and various benefit programs.

The Subcommittee previously held a two-day hearing on July 24 and 25, which dealt with population trends, and with the Internal Revenue laws as they affect incomes of retired persons. The July hearings developed that the 1935 (date of the Social Security Act) estimate of total population in 1950 was low by 10 million persons. In 1935 it was thought there would be 10.8 million persons 65 and over in 1950. Actually, there were 12.2 million, a miscalculation of 1½ million persons. This points up the growing importance of the subject of geriatrics in our osteopathic colleges.

Dr. H. S. Shryock of the Census Bureau told the Subcommittee in July: "Medical discoveries, so far, except in the field of pneumonia, have not had much impact at the advanced ages."

Discussing the relation of income tax to income at retirement age, Harold T. Swartz, of Internal Revenue Service, told the Subcommittee that there are now about 24,000 approved pension plans covering some 10 million employees, under which employer contributions are not taxed to the employee until receipt of the annuity. The Chairman of the Subcommittee pointed out that the result is favored tax treatment for the 10 million with attendant discrimination against the remaining 53 million employed who are not under approved plans.

Assistant Secretary of Defense (Health and Medical)—Dr. Melvin Casberg, the incumbent Assistant Secretary of Defense (Health and Medical) is resigning effective the first of January, and will take up private practice as a surgeon at Solbang, California (near Santa Barbara). Dr. Frank Brown Berry is slated to succeed Dr. Casberg. Berry is a Brigadier General, retired; Professor of Surgery at Columbia, member of the Board of Governors of the American College of Surgeons, and long-time consultant to Army Surgeons General, 61 years of age, a bachelor, and classmate of the current Chairman of the Senate Armed Services Committee, Senator Saltonstall, of Massachusetts.

Conference of the Surgeon General of Public Health Service, and Chief of the Children's Bureau with State and Territorial Health Officers—The 52nd Conference of State and Territorial

Health Officers with the Surgeon General was held in Washington, November 4-7. A. G. Reed, D. O., member of the Oklahoma State Board of Health, was one of the designates of the Oklahoma Commissioner of Health attending the conference. Some of the more pertinent actions taken by the Conference are as follows: (1) That the split project technique of approving hospital projects utilized since the start of Hill-Burton program, be continued and that no additional administrative policies be promulgated that will result in an added financial burden to sponsors or that will delay the start and completion of urgently needed hospital facilities. (We are advised that a policy is soon to be promulgated by Public Health Service which will limit split projects to two-thirds of the State allotment. In other words, a State cannot make commitments for expenditure in future years of more than two-thirds of the State's current allotment.) (2) That there should be no further reduction in the federal grants for health to States until the Commission on Inter-Governmental Relations has submitted its report and recommendations to Congress. Any changes in grants at that time should permit a period of adjustment to enable the State health departments to present budgets to their legislatures, many of which meet only every two years. (3) It is recommended that uniform and effective methods of physical examination and laboratory studies be applied in screening applicants for admission into the United States and that sufficient funds be made available to permit adequate implementation of this program. (4) That the U. S. Public Health Service be encouraged to extend its field refresher courses to cover subjects in bacteriology, mycology, parasitology and to extend courses now available; said courses to be given with cooperation of existing health laboratories and to be open to all qualified laboratory personnel in each State. (5) It is recommended that opportunities be provided by State and Territorial health departments for the training of their own staff physicians dealing with children and for the training of physicians in practice dealing with children in order that up-to-date information be acquired on child development so that nation-wide recognition be given this area of knowledge as a public health concern. Supporting statement: What a physician knows about child development is applicable to every child he treats regardless of the reasons for which his services are sought. Over 75 percent of the children receiving medical care secure it from practitioners who are not specialists in pediatrics.

New Armour ACTH Drug Plant Opens

KANKAKEE, Ill.—A new $12,000,000 plant for the manufacture of ACTH, insulin and other pharmaceuticals opened this month at the Armour Laboratories here.

It will produce the special line of biological drugs developed by the packing house from animal glands and organs. In addition to insulin and ACTH, they include liver extracts, trypsin and other enzymes, thyroid extract and bovine albumin.

Currently part of the plant's facilities are devoted to production of blood factions—gamma globulin for immunity against polio and serum albumin used by the armed forces to prevent shock.

Two Fine Articles In December OM

CHICAGO (AOA)—Stories appearing in Osteopathic Magazine are always interesting and informative and the December issue is no exception. Two very fine articles can be found behind its gaily colored cover. They are Dr. Irvin M. Korr's first of a series of three on *The Osteopathic Concept* and part three of Dr. Alexander Levitt's *What's in a Single Cell?*

AUXILIARY NEWS

STUDENT LOAN AND RESEARCH FUNDS

Dear District Auxiliary Member:

The Student Loan and Reasearch Funds constitute, together, one of the four projects officially sponsored by the A.A.O.A.

The Student Loan Fund was established and has been perpetuated to make funds available for worthy students who need financial assistance in the third and fourth years of their osteopathic education.

The Research Fund was established to support research and scientific development of osteopathic theory and practice.

In 1951, the Bureau of Research was created, thus recognizing officially the vital importance of a national research program.

Fundamental osteopathic research gives the osteopathic profession its reason for existence as a separate school of medicine.

It costs money for research. It requires an endless flow of dollars to pay the salaries of skilled technicians and to purchase the equipment necessary for research programs.

Never was man (or woman) engaged in a work of greater importance than that which helps to crystalize ideas so they may be recorded as demonstrated truths. No project of the Auxiliary is more important than that which furthers the progress of research!

Ours is the privilege to contribute in our small ways to this never-ending program of research. In education and research lie the future of osteopathy. In the Student Loan and Research Funds lie the auxiliaries' greatest opportunity for service!

Is there an item in *your* budget to provide for a generous contribution to the Student Loan and Research Funds? Is *your* Auxiliary inspired with the philosophy that what you and I do here and now can help to make tomorrow a better day for all the world—through student loans and research!

In order that your gift be credited to the Auxiliary to the Texas Association of Osteopathic Association's fiscal year and be included in the 1953-54 reports, your gifts should be in the hands of the State Treasurer by convention time, April 29, 30 and May 1, 1954.

Thank you for your cooperation.

Sincerely,

SUE BRUNE (Mrs. Robert J.)
Chairman, Student Loan and Research Funds.

THE DOCTOR'S WIFE

What does it mean to be an Osteopathic doctor's wife?

Most women look upon it as a glamorous life, says the president of the Auxiliary to the American Osteopathic Association, which met at the Conrad Hilton Hotel in Chicago, during the 1953 A.O.A. Convention, in July.

"They imagine the doctor's wife standing at his side, wiping his brow, and handing him instruments as he brings new lives into the world," said Mrs. J. G. Wagonseller.

Actually, she points out, the life of the doctor's wife is largely wrapped up with the telephone.

The most agonizing moment is when the telephone rings and a frantic voice announces, "I think my wife is going to have a baby,' " Mrs. Wagonseller stated.

"Taking no chance, you ship her off to the hospital, call the intern and rack your brain to think which of his patients

might be sick enough to require a house call so you can locate the doctor."

Then there's the patient who calls giving complete instructions as to what the doctor should bring with him on the house call—a stethoscope, thermometer, "those pink pills," nose packs and a tongue depressor.

Another calls to inform you the doctor gave her the wrong colored pills yesterday and they weren't helping a bit.

"It's useless to explain that the yellow ones are exactly the same as the pink ones—they just came from a different drug company," said Mrs. Wagonseller.

Most people, she added, believe a doctor travels constantly in a car equipped with a laboratory, oxygen tent, stomach pump and a complete assortment of drugs.

"They insist it should take no longer than five minutes for him to dress and be at the sick bed in the middle of the night."

"But more often than not the doctor must make a quick stop at the office to pick up the exact equipment needed while the wife sits by the telephone waiting to explain this to the anxious family."

Bits of information a doctor's wife is expected to know, in addition to general medicine, are complete details of all medical insurance plans, hospital visiting hours, hospital charges and why the report did not come back from the laboratory yesterday.

"What does it mean to be a doctor's wife?" "It means waiting, understanding, comforting him when his best efforts failed, and most of all, loving it because you're bursting with pride over the man you married on whom so many people depend."

EDITOR'S NOTE: This article appeared in daily newspapers over the country.

Auxiliary District Two

Several enjoyable affairs were well attended by the Dallas Osteopathic Auxiliary during the past month. A talk by Dr. W. Ballentine Henley, president of the COP&S, Los Angeles, was one of the outstanding events of the County Association. Members and their wives met together for dinner at the Stoneleigh, followed by Dr. Henley's speech on Public Relations. Dr. Henley was on a speaking tour of Texas colleges.

A very successful Press Party, which was given in the Cactus Room of the Adolphus Hotel Nov. 18 from 5:30 to 8 p. m. was attended by fifty-three members of the local press, radio, and television, as well as a large number from the profession. Refreshments and good will were enjoyed by all. Dr. Charles M. Hawes was in charge of the invitations.

A profit of $36 was reported from the proceeds of the Stanley Party which was given in the pent-house of the DOH Mrs. Robert Dean and Mrs. Ralph McRae were in charge, with Mrs. Leonard Nystrom, Stanley representative, assisting.

The Auxiliary Christmas Party was held Dec. 10 at the Stoneleigh, and featured a program of Christmas music by a local High School group, Four Hits and a Miss, from Forest Ave. High School. Christmas decorations were featured and members brought gifts for the Volk Christmas Tree and the Juvenile Detention Home. If you have not already paid your dues, ($10.50) please mail them immediately to Mrs. Ross Carmichael, 2019 Marvin, as the District, State and National dues must all be paid in January.

Don't forget to use your Osteopathic Christmas Seals during the holidays. Donations go for Student Loans and Research. Give!

Dr. Jack W. Crawford is recuperating at home after being released from the hospital Nov. 22.

Drs. Joe DePetris and Lester Cannon attended the Mid-West Study Confer-

ence on Internal Medicine at Kansas City, Mo., Nov. 19-23 at KCCOS. Mrs. Cannon accompanied them and visited her mother in Kirksville.

Mrs. Carl Haymes assisted with the tabulating results at the Cerebral Palsy Telethon Nov. 6. She was also the Auxiliary representative to the luncheon which launched the drive.

Congratulations to Dr. and Mrs. H. G. Swords, who are the proud parents of a baby son, born Nov. 22 at 12:39 a. m. at DOH. Little Frederick Gordon weighed 6 lbs., 10 oz. His older brother, Frank, is now 17 months old. Mrs. Sword's parents, Mr. and Mrs. Frank Eitel of Kirksville, Mo., were visitors during December in the Swords' home.

Interns at Dallas D. O. hospitals this years are well representative of the nation's colleges of osteopathy. At Dallas O. H.: Drs. James Martin and Leonard Nystrom studied at Des Moines, Iowa; Dr. Jim Martin, Los Angeles, Calif.; Dr. Selden Smith, Kansas City, Mo.; Dr. Roy R. Moore, Chicago.

At Stevens Park: Dr. Richard Helfrey, Kansas City; Drs. John Latini, Robert Stahlman and Paul Ribbentrop, all of Des Moines, Iowa.

Friends are hoping for the speedy recovery of Dr. H. K. McDowell, hospitalized at DOH.

Drs. Walters Russell bagged a deer on his Thanksgiving hunting trip.

Dr. Chas. M. Hawes is making his home in Dallas again after an extended residency at Detroit Osteopathic Hospital, Michigan, where he studied orthopedic surgery. Dr. Hawes was among the Detroit surgeons photographed in color for a film on public health and osteopathy. The film was recently shown at the District meeting in Fort Worth. Dr. Hawes' wife and two young daughters are also welcome returnees to Dallas after their stay in Detroit.

DOH recently chalked up the 500 mark for babies born there during 1953.

By MRS. JIM MARTIN, *Reporter.*

Health Insurance Council Survey Reveals 92 Million Covered For Hospital Expense

CHICAGO (AOA)—The Health Insurance Council reported in its annual survey of accident and health coverage that a new high in the number of voluntary insurance plans covering hospital, surgical and medical costs was reached in the United States last year.

Cash benefits from voluntary protection exceeded $2,000,000,000 in 1952, the council said.

The council, embracing nine associations of companies that write various forms of accident and health insurance, said nearly 92,000,000 persons were covered last year against hospital expenses, an increase of seven per cent over 1951.

Tobacco Spokesman Makes No Butts About It—Denies Lung Cancer Due to Smoking Habit

NEW YORK—A spokesman for the tobacco industry defended the smoking habit last month against charges that it is a contributing cause of lung cancer.

Paul M. Hahn, president of the American Tobacco Co., issued a statement blaming "loose talk" for recent published reports linking cigarettes to cancer.

"It has never been proven that cigarettes caused a single case of lung cancer and we of the tobacco industry are confident that such suspicions will be found baseless in further research," he said. Hahn's company sold a billion dollars worth of cigarettes and other tobacco products last year.

Kirksville Sets Twin Record

KIRKSVILLE, Mo.—Kirksville Osteopathic Hospital came up with something of a record last month—two sets of twins delivered within 24 hours. In each case, the twins were boy and girl combinations.

NEWS OF THE DISTRICTS

DISTRICT SIX

One of our new D. O.'s is from Brazil, Indiana. Brazil is smaller than Peru or Terra Haute of the same state, and larger than Union City, Farmland or Churubusco. Another item of interest concerning Indiana and her people is that from infancy they appear to know the difference between "anything" and Shinola. That pedal extremity—necessity—was concocted in Indianapolis. So with all this verbal persiflage, we give you, Dr. James Carey, 1502 Berry Road, Houston, Texas.

Dr. Charles Ogilvie of Stevens Park Hospital, Dallas, conducted an X-ray technicians course in Houston Nov. 28 and 29. The doctors and technicians that didn't attend the course—missed the boat. Dr. Ogilvie had all of the right answers to your roentgenological problems.

Dr. Reed of the Platt Clinic voiced a full oral cavity of wisdom, by stating "The thrill of obtaining a good X-ray film is worth all of the effort that is put into same."

Dr. James Choate bought another new suit and a new Buick—colors contrasting properly. In times past the Buick was just plain SWANKY now it is SW-aa-NKY. Since Dr. Choiate has taken over the Medical Co-ordinator's position and a new Business Manager has been installed Houston Osteopathic Hospital has taken on a new and strangely quiet air of cleanliness, redecoration, and each fellow taking care of his own business. Last but not least it has an air of efficiency and sufficiency.

HEARD IN THE HALLS:

Expressions of wonderment such as "Where am I?" "Is this—can't be!" "Sure enough." "Gone but not forgotten." "The worm has turned", etc. Also heard in the hall, "I hope that all of the pain that is leaving my body thru this heating pad will not harm the next patient."

Dr. and Mrs. Ralph Cunningham stopped over at Scott-White Clinic for a few days and had a re-evaluation of physical assets. He is getting a smaller belt for himself, at long last he has started some "Girth Control". You have to admire a guy like that who thinks he can overtake a youthful figure that left him 20 years ago.

Dr. Justin Adams spent a nice sum of money for a customer for the doctor's dressing room, in fact, more than enough to get several "Tot Rods" for infants or even a "Hot Road" for an adolescent.

Dr. Webb has a growing class called the Intern's Training Course. Some of the oldtimers are creeping or sort of infiltrating in to get some retreading done at cost.

Dr. Taylor (an intern) and his wife are boasting about the arrival of another girl in their home.

Dr. Zipperer also passed out the El Ropos. Another new arrival and a man child at that has arrived since the doctor has been in Houston. Dr. Z. believes in being equipped with the right personnel in his house.

Another intern at HOH, Dr. Kelly, was the blushing clinic material at a neurological session before the interns and staff. All of his reflexes are normal, he is neither deformed, deficient or defunct in any department.

My wife states: "So many of the TV performers (as do so many of us after the age of 39) look so much better on the radio."

The Yale Clinic at 510 West Hamilton Street is owned and operated by Drs. R. B. Lee and A. W. Vila. They bought an acre of land and built the

8 or 9 room fireproof hospital and clinic, that can be the nucleus of our northwest side hospital. They are equipped to keep patients, etc.

Dr. Jaffee, having a Doctorate Degree from Columbia University and the Philadelphia College of Osteopathy says, "The recent post-graduate course put on by the State Public Health Department at Dallas was terrific."

What this column needs is plenty: and infusion of ideas, and a transfusion of material. Hope you are not the same.

DISTRICT EIGHT

The regular meeting of district 9 was held in Gonzales, Texas, at the home of Dr. T. D. Crews. Representatives from district 8 were Dr. and Mrs. Merle Griffin and Mr. and Mrs. Charles S. Thomas. Mr. Thomas is the Administrator of the Corpus Christi Osteopathic Hospital. Dr. Griffin was the guest speaker on the program.

A special called district 8 dinner meeting was held November 13 at the Driscoll Hotel. The guest speaker was Dr. B. W. Henley, president of California College. Dr. Phil R. Russell was also one of the speakers. This meeting followed the Del Mar College visitation by Dr. Henley, Dr. Russell and Dr. Griffin.

The Corpus Christi Osteopathic Hospital staff meeting and the regular executive session of the Board of Trustees were held November 24, for the regular program and routine business.

Dr. T. M. Bailey has returned to Corpus Christi from California where he took post graduate work at Los Angeles College.

The CORPUS CHRISTI TIMES of Nov. 13, 1953 gave a nice write-up on the Privateers opening their dance season November 14 and a formal opening of a new Country Club home early in January, a formal affair, both events to be held at the Ralph Galvan ballroom, after which monthly events will take place in Privateers own club on South Alameda. Preceding the Saturday night dance a number of informal parties were given, and recently inducted members were honored by president Dr. Joseph Schults and Mrs. Schultz at their home, 134 Alta Plaza.

Dr. William Henley, president of the Los Angeles Osteopathic College, was principal speaker at a District 8 meeting of the Texas Association of Osteopathic Physicians and Surgeons last night in the Terrace Room of the Driscoll Hotel.

—From CORPUS CHRISTI CALLER, Nov. 14, 1953.

DISTRICT TEN

District 10 held a specially called dinner meeting October 14 at Lubbock's new Plainsman Hotel.

Mr. Morris Thompson, president of K.C.O.S., was introduced by Sam Hitch, local president. Mr. Thompson said that this year's Public Relations Activities were to center around one theme—a concentrated student recruiting program. He explained the many advances our colleges have made in the field of education and stated that with the cooperation of many colleges and universities, the colleges of Osteopathy can now confer a B. S. degree at the end of the Freshman year since all students have completed a three year science major prior to their entrance in the Osteopathic college.

The moving picture, "For a Better Tomorrow," an excellent technicolor film, made in Kirksville, portraying the comprehensive educational program available to the properly prepared student was shown, as well as another film on student guidance.

Dr. Phil Russell was in his usual ebullient mood and detailed the State Itinerary, which included every college and university offering Pre-med education. The morning following the meeting, Dr. Russell and Mr. Thompson met with the Science Departmental Heads at Texas Tech and that afternoon they

addressed the pre-medical students on the Campus. After the showing of special films, an enthusiastic and worthwhile question and answer session was held.

Dr. Horace Emery missed the meeting because he was attending a session of the American College of Osteopathic Proctologists in Phoenix, Arizona. He went from there on to Wyoming on a hunting trip and was lucky enough to bring back a buck.

Your district secretary attended the annual convention of O. and O. in Los Angeles. He returned with some of the State's vintages! Also, Lucky!

By STUART G. MACKENZIE, D. O.
Secretary.

Cancer Expert Says Krebiozen Should Be Returned To Laboratory

CHICAGO (AOA)—Another skeptical appraisal of the drug, krebiozen, as an aid in cancer treatment was made by Dr. Stanley P. Reiman of Philadelphia, a cancer expert, in a letter to Dr. Ernest B. Howard, assistant secretary of the AMA.

Dr. Reiman wrote that he thought krebiozen "should be returned to the laboratory and that standard or improved tests be made with it and the results presented in the approved ways."

He was not impressed by the biological effect he first noted in his research, Dr. Reiman wrote, "since biological effects can be obtained with innumerable substances."

While the current hearings here are intended to determine if a conspiracy exists against Dr. Andrew C. Ivy, medical scientist at the University of Illinois, for his sponsorship of krebiozen research, they have widened so as to appear to be an evaluation of the drug itself.

Krebiozen was discovered by Dr. Stevan Durovic, a refugee Yugoslav physician, who has given repeated testimony that he developed it from the blood serum of horses in Buenos Aires in 1947.

The attorney attempted to show that Dr. Durovic made money on some of his other transactions involving another drug he discovered called kositerin, for sufferers of high blood pressure. There was a sharp exchange in which the word "fraud" was flung about.

A Bit Premature—But Sincere

Since the next issue of the NEWS BULLETIN will not be mailed until after the holidays, all of us here at Central Office take this opportuiity to wish all of you. . . MERRY CHRISTMAS AND A HAPPY NEW YEAR!

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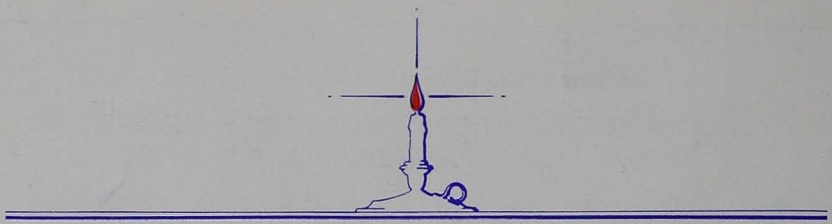

The Shining Light of Christmas

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

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

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

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