

# *The* COLLEGE JOURNAL

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## Journal Announcement

Commencing in January, 1940, the College Journal will resume its status as a monthly publication. For the past two years it has been published as a bi-monthly.

It was against our better judgment that the publication date was changed from a monthly to a bi-monthly basis and we are now correcting the error we feel we made.

Not only will the College Journal be a more frequent visitor, but as quickly as possible, the mailing list will be enlarged to include every member of the American Osteopathic Association as listed in the directory of that organization. Later, it is hoped to have the name of every osteopathic physician with a known address on our mailing list.

The College Journal, for many years has gone to about 6,000 osteopathic physicians. About 1,000 additional received the October issue and this issue goes to 1,000 more whose names have been added.

For twenty-four years the College Journal has been mailed to members of the osteopathic profession without charge. In that time not a line of paid advertising has been accepted. The rule of publishing the College Journal without commercial advertising and without charge to the recipient will be continued.

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## OUR HOBBY—Continued

In our last issue, under the above title, we railed at the boys who have money to loan, yearned for the day when we might thumb our nose at them. And now we are ready to embrace them. For be it known, while the last issue of the College Journal was barely in the mails came a telephonic message: "We have that FIFTY THOUSAND DOLLARS waiting for you in this office." Were we elated? You guess.

A few days later, on Monday, October 16th, a rattling excavator made our instructors yell at the top of their voices and the students cup their hands behind ears.

We are on our way. Our new Science Building is under construction. As we write, on November 5th, the forms for the first story are completed and concrete is being poured. By the time this page is published, brick work should be in progress on the second story.

Another thing elates us. Several prominent chemists have declared that because of the shape of our building, 26 x 163 feet, allowing windows, or light and ventilation on two sides, our Science Building will be outstanding, far superior to similar structures in great universities, excepting for size. It is a special cause for elation from the fact that since our inception we have been not so much concerned with the size of either plant or student body as we have been with quality.

And yet, while elated to an extreme degree, we are not satisfied (nor will we ever be). We have the dollars to erect our building. Equipment, of the best, will be transferred from our present laboratories to the new. But, and here is the rub, whereas we have been struggling along with but two combination laboratories, now we will soon have four. Needless to say, further expensive equipment will be needed and if you believe that high class laboratory desks and furniture doesn't cost money, "investigate before you invest."

Consequently, we need even more money than we have. Where will we acquire an additional ten to fifteen thousand dollars? We have not the slightest idea but possibly you recall a braggadocio remark appearing once or several times in this series: "Whatever we set out to do we will accomplish."

We want the additional money. WE WILL GET IT! By second mortgage, by loan, by gift, by playing "galloping dominoes." Quin Sabe?

But, "Hear Ye, Ye Walls that Echoed to the Tread of Either Brutus," We will!

As we go to press, twelve brick masons are laying the walls of the second floor of Science Hall. We are hoping earnestly that we will be able to enclose the structure before bad weather prevents other than inside work. We confidently hope that by the time this message reaches the reader, the final or third floor will be nearing completion.

A. A. KAISER, Secretary.

## THE EARLY CASE HISTORY IN GALLBLADDER INFECTION

George J. Conley, D. O., Professor of Surgery of the College Staff

Several years ago a noted surgeon, in checking his records on case histories of patients suffering from gallbladder disorders, made the discovery that the average duration of the symptoms for which his patients came to him for relief was 33 years. Clinically it has long been considered that chronic gallbladder disorders were a concomitant of the fourth, fifth and sixth decades. In my own experience it has been my observation also that the symptomatology often dates back to a very early childhood but that the connection between its early manifestation and its later disturbances was lost in the taking of the case history.

Again my attention has been directed to a very common disturbance in young children, two, three to seven or eight years of age, more particularly to the former, in which the clinical symptoms were marked by nausea, vomiting, fever and a general belly soreness which oftentimes suggested the possibility of the acute appendix. Furthermore, it was my observation that such attacks were prone to occur as a sequence to holiday festivities, especially the Christmas holidays. Examination very generally revealed a negative McBurney's Point and a marked muscular rigidity under the right costal arch with the maximum of pain in that area. Oftentimes in favorable patients an enlarged, tense liver, tender to the touch, could be palpated. Such attacks could be traced to the eating of large quantities of chocolate candy or to gorging on rich, heavy foods. Later on, still in childhood, these attacks would be associated with headaches occurring at irregular intervals. As time elapsed, and, in the female, with pregnancies intervening, such symptoms would become worse gradually until, with the advancing years and its lowering of the general resistance, their severity would drive them to the surgeon for diagnosis and relief.

Very frequently in the case history one encounters a severe attack of typhoid fever in the very early years with mild digestive disturbances such as sour stomach, gas after eating or general flatulency following the inges-

tion of certain foods carrying on all through the years until, in the fourth or fifth decades, a digestive explosion calls attention to a severe gallbladder manifestation characterized by intense colicky pains, radiating around to the right under the scapula to the root of the neck, or they may center a little above and to the right of the navel. In other cases the brunt of the pain may localize in the left chest and shoulder or may spend all its force in the left side in the area corresponding to the spleen. In giving his history the patient forgets the connection of the severe attack and the disturbances dating from childhood.

Acute cholecystitis is a fairly common disorder with children, the trouble being that its presence is neither suspected nor recognized. Sometimes the disturbance is attributed wrongly to the appendix, a needless operation is performed and the fair name of surgery suffers.

In my private consultations and particularly in the Clinic of the Kansas City College of Osteopathy and Surgery, I have been interested in running the case histories of people past middle age suffering from gallbladder disturbances, back to their origin. The patient may ascribe the onset of the symptoms as dating from a pregnancy some thirty years ago or it may be that the trouble was said to be only of a few days to a few months in duration. Almost invariably on careful questioning, the symptomatology goes back further and further

until the patient suddenly remembers suffering as a child from sick headaches and may finally remember a typhoid fever or malaria even ahead of that.

Let me cite a typical history: patient, housewife, aged 67 with eight pregnancies to her credit of which five terminated by miscarriage and three were normal births. Her temperature was 98.6, pulse 64, respirations 18 and blood pressure 112 over 60.

She gave the following story of her complaint to an intern: "Since April, 1930, she began having severe pains around right costal arch which made breathing difficult. These paroxysms of pain lasted one to two hours. These pains began under the right costal arch and gradually worked upward about in the pathway of the stomach and remained painful for about two hours. These attacks have appeared at irregular intervals since 1930. She was never jaundiced."

In talking with her casually, as she thought, at her bedside preceding my physical examination she told me that she had these same pains in her right side radiating upward behind the right scapula into the root of the neck since she was 7 years of age. They followed a severe attack of chills and fever (malaria in all probability). She said she has had to take blood medicine all her life.

The intern took the onset of the symptoms back to 1930, only 9 years, whereas the disease began 51 years before that. To be exact it was 60 years between the onset of the pathology and its recognition and correction.

She had never been nauseated and could eat anything she desired without discomfort. In fact aside from the pain she gave expression to no other form of discomfort.

The physical examination revealed extreme muscular rigidity under the right costal arch with intense pain accompanying perpendicular finger percussion in that area. She had severe pain with muscular contractions to the right of the 9th, 10th, and 11th dorsal spinous processes. She was tender over McBurney's Point.

A working diagnosis of chronic cholecystitis with stones and chronic appendicitis was made and gallbladder visualization was ordered. The dye was given orally. No shadow resulted

so it was given again in the same manner with no results. Operation was advised and accepted.

Through a right paramedian incision extending from the costal arch to a point about 1½ inches below the navel the abdomen was opened. The anterior edge of the liver was visualized. It lay the full length of the index finger above the costal arch and presented a formidable mass of adhesions composed of colon and omentum attached thereto and covering the gallbladder. Attempt was made to dislocate the liver by passing the hand above it to bring it down. It wouldn't dislocate. Beneath the adhesions a hard structure about the size of the thumb could be palpated. It proved to be the gallbladder packed full of stones, gravel and sand.

The adhesions were separated from the liver and from the gallbladder. It was a difficult dissection due to the high location of the gallbladder and the massiveness of the adhesions. Finally it was cleared so that the structure could be visualized. It was the color of raw meat. There was no line of cleavage between it and the liver. The cystic and common ducts were buried in an impenetrable mass of adhesions which were absolutely inaccessible. When I say that the fundus of the gallbladder was four inches above the lower edge of the costal arch it will be understood the difficulty of operative approach. The liver was approximately about one-half its normal size as evidenced by palpation in the endeavor to dislocate it and was of a dirty-looking, grayish color.

All that was possible of accomplishment was the removal of the fundus of the gallbladder which was that friable as to border on gangrene, (the so-called "necrotic edema"), scoop or wipe out the stones, gravel and sand as thoroughly as possible and insert a large cigaret drain in the remnant. Even a catgut stitch could not be inserted to hold it in place. No bile manifested at any time indicating complete occlusion of the cystic duct.

A hurried search revealed the cecum held immobile by a short mesocecum which made appendiceal visualization a matter of time-consuming dissection. It was never visualized by the x-ray hence was dubbed retrocecal. It was deemed poor surgical

judgment to attempt its removal after the ordeal to which the patient had just been subjected.

Naturally a stormy convalescence was prognosticated with the odds for recovery against her. She made an absolute, uneventful recovery.

The massiveness of the adhesions together with the superlative degree of pathology present indicated the presence of the diseased condition covering a long period of time. The pains, paroxysmal in type, which had inflicted her since she was 7 years of age were undoubtedly caused by passage of small stones or gravel. The remarkable part of the whole picture was the complete absence of digestive disturbances.

This case dates from early childhood. It was given space to call attention both to its very early onset and to the paucity of symptoms resulting from such a severe pathological process.

Careful elucidation of case history will trace a very appreciable percentage of such cases back even to babyhood. Downie (Birmingham Children's Hospital (Eng.) reports an acute cholecystitis in a boy, 15 months of age, disease of two days' duration, successfully operated—the youngest case on record. The fundus of the gallbladder was in the "so-called necrotic edema state." (Year Book of Surgery 1938, Graham). Gall stones have been present at birth of a child.

The fact that cholecystopathies may date even from birth or, to be more conservative, from the first decade in life and that the continued irritation to the liver, pancreas and to the digestive tract results in secondary pathologies therein such as chronic hepatitis, cirrhosis, chronic pancreatitis, chronic colitis and others makes late removal of the primary pathology fall far short of yielding the beneficial returns anticipated by the patient and postulated by the surgeon. Earlier diagnosis and earlier surgery—(should it be indicated) must be the vogue before the cholecystopathic patient can be insured a square deal therapeutically.

A final suggestion calling attention to osteopathic lesions affecting the nerve supply to the gallbladder and the necessity for their correction is most apropos. The nerve supply comes

from the vagus and the sympathetic via the 9th dorsal segment. Osteopathic lesions affecting the nerve supply to the gallbladder result in time in areas of lowered resistance therein predisposing to infections. These nerve supplies also reach the digestive complex of which the gallbladder is a unit viz; liver, duodenum, pancreas and stomach. Long continued irritation resulting from an infected gallbladder may and generally does result in secondary changes therein which remain to plague the patient even after the primary pathology has been removed. These aetiological factors, lesions, must receive attention after the surgical ordeal has been consummated to insure the patient the full measure of benefit he has a right to expect from the surgical interference.

As a corollary, these old chronic cases seen in the incipency of their pathology, i.e. in early youth when the lesions are producing the points of low resistance and subjected to specific corrective treatment would obviate the superlative pathological processes later on in life that calls the surgeon into the picture to assist nature in the removal of them.

I have seen numerous children under seven years of age diagnosed acute appendicitis wherein the appendix was an innocent bystander with an acute cholecystitis occupying the center of the stage. I remember two young women, one aged 14 and one 15, who had gall stones and whose symptoms compelled operative relief. In all of these osteopathic lesions were present which were capable of affecting the nerve supply to the gallbladder area. In all of them tenderness even to intense pain, with muscular contractions corresponding to the lesioned areas, were present significant of the intimate relationship between the lesions and the diseased structure.

The role of the osteopathic lesion as the etiologic factor in the production of cholecystic disorders must ever be kept in mind by osteopathic physicians because they alone are in a position to cognize them and to restore to normalcy such bony malalignments. In children particularly as well as in the young adult, such attention will materially minimize the severe pathologies of the gallbladder so prevalent after the age of thirty years.

## SOME IMPORTANT FACTORS IN PEDIATRIC PRACTICE

Annie G. Hodges, D. O., of the College Staff

Those of us who are in general practice are finding it increasingly important to understand the management of children, both sick and well. Parents are demanding more accuracy in diagnosis and treatment and are interested in preventive measures which can be applied by themselves. Any physician who takes the time and makes the effort to become thoroughly informed and who educates the parents of his small patients will not want for a practice.

In order to be up-to-date in the treatment of children, we do not need to know all about glandular therapy or prophylactic serums, vaccines and the like. We need to be intelligently informed about these things, but the most important thing in the care and treatment of children is the ability to make a correct diagnosis and judgment in the application of the time honored remedies of proper foods, correct hygiene, rest in bed during illness, elimination, and all the things necessary to assist the body to regain its normal physical and chemical balance.

In the treatment of infants and young children, of first importance is the correct care and feeding of well children, and second in importance is recognition of the meaning of some of the common symptoms of illness, such as: crying, vomiting, convulsions, diarrhea, cyanosis, fever.

It is usually possible at or soon after birth to recognize gross birth injuries and most of the congenital diseases and defects. Birth injuries practically always produce characteristic symptoms before the third day, while congenital diseases are most likely to manifest themselves between the third and the fifth days.

**Crying** may be due to pain, hunger or discomfort.

**Convulsions** in the new-born are probably due either to birth injury or congenital disease.

**Fever** in a young infant is more likely to be caused by dehydration than by infection. In fact, infection in the new-born is often the cause of sub-normal temperature.

**Vomiting** may be due to birth injury, atresia of some part of the gastrointestinal tract, prematurity, or overfilling of the stomach.

**Diarrhea** of the new-born is usually not serious. If it persists beyond the new-born period, the cause must be sought.

**Cyanosis** is always a dangerous symptom and may denote intracranial hemorrhage, pulmonary infection or congenital heart disease.

Except in very marked cases, syphilis and tuberculosis of congenital origin are hard to detect in the early days. The skin of the infant is prone to disorders due to the fact that its development is not complete until 5 or 6 months after birth.

The most important criteria for determining the health of the infant are comfort and growth. Any discomfort of any kind or failure to gain sufficiently in weight point certainly to trouble.

It is common for the acid-base balance of an infant to be disturbed. Diarrhea or excessive vomiting or carbohydrate starvation tend to produce "acidosis." Stupor or lassitude are suggestive symptoms.

**Alkalosis** may be mild and without discernible symptoms. In the event of nervous symptoms of any kind, this condition must be thought of. Alkalosis is often associated with rickets and may be caused by insufficient administration of vitamin D or excessive administration of alkalines, either before or after birth.

In both conditions (acidosis or alkalosis) the diet must be carefully regulated with a view to normalization of the entire body chemistry.

Another common disturbance of the young infant is gluteal erythema. When this is present it is important to determine the fecal reaction. If it is excessively acid there is usually improper digestion of either fats or carbohydrates. Alkaline stools denote improper protein digestion or administration of alkalines. Strict cleanliness of the irritated parts and of the diapers is important. It goes without saying that the diet must be regulated to correct the condition present. Corn-starch enemas are soothing and should have soda added for acid condition and acid added for alkaline condition. Mild ointments are to be used.

Dehydration or "inanition fever" is preventable. One of the best methods is the early administration (not longer than 4 hours after birth) of a solution recommended by the Borden Co. It is:

Beta Lactose.....	2½ l. tbs.
Sodium citrate.....	½ tsp.
Water .....	16 oz.

In our clinic at the K. C. C. O. S. we substitute one tps. of lemon or orange juice for the sodium citrate. This solution should be given every 4 hours, following breast feedings until the milk supply is abundant and then it should be given between feedings during the day for at least 10 days. It is an excellent preparation for the early days of illness in an infant or young child and may be used beneficially to substitute for a regular feeding when there is slight gastrointestinal upset.

Colic is one of the most distressing conditions which confront both physician and parents. It is caused by spasms of the intestinal musculature which are due to some sort of irritation—air swallowing, fermentation, inflammation or spinal lesion. Every effort should be made to locate the cause of the trouble, which, of course is usually indigestion. Finding of the cause suggests the remedy. Heat over back and abdomen with gentle

O. T. and soothing enema are often of great benefit.

No foods should be given when temperature is high and no milk when any fever. Fluids should be crowded unless vomiting is present and rectal administration of half-normal saline or other fluid often relieves vomiting and assists in the prevention of dehydration.

For children under 6 months, the solution previously given may be used for the first 24 hours, after which cereal gruels, or the addition of gelatine to the Beta-lactose—water-orange juice may be given for a few days. Start other foods cautiously. Older children (above 6 mo.) should also go for 24 hours with water and fruit juice and then the addition of gruels, dry brown toast, ripe banana pulp until the condition permits the addition of normal foods. Mellin's Food in the proportion of 4 level tbs. to 16 oz. of water and addition of Beta Lactose as desired is excellent for either age. Orange or lemon juice may be added.

**Strong Drugs Should Never Be Given to a Young Baby, Antipyretics are Dangerous. Soap Suds Enemas are Injurious.**

Osteopathic treatment can be given with benefit in almost all conditions. Good judgment is necessary in its successful application and there are times when it is contra-indicated, as in acute infections, severe pain of unknown origin, tuberculosis, etc.

### References:

- Infant and Child Feeding—Wilcox.
- Nutrition and Development—Royster.
- Internal Secretions and Metabolism—Talbot.
- Digestive system—Neff.
- Preventive Pediatrics—Veeder.
- The New Born—Dis. & Abnorm.—Grulee.
- The New Born—Physiology & Care—Grulee.

Osteopathy reasons from cause to effect; medicine thinks in terms of the indicated remedy.

## FROM A SMALL TOWN DOCTOR

(Excerpts from a letter from M. J. Hoerman, D.O., Milford, Kansas, and as interesting as a small article accompanying it. We are taking the liberty of quoting from the first and publishing the latter in full. Both contain expressions worth thinking about.—Editor.)

### The Letter

"You see, Dr. Kaiser, I have lots of time to write off stuff but with my diarrhea of time I have a constipation of ideas. That makes it difficult to write anything worth while.

"However, I do like small towns, small town people and a small town practice—except for one thing. That is the financial end of it. Here I believe I have about 90% of the practice but that 90% affords me a darned small living. Too great a per cent of the people of this community must be sick at once to keep me busy.

"Should you see fit to use the article in any way, feel free to do so. Should you wish to rearrange it or change it for goodness sakes do that too.

"I will bet that if you were to meet me in the College corridor you wouldn't know me. However, I want to thank you for helping create a college that I might become a D.O. Yes, I want to thank you and Dr. Conley and the rest of the founders of the College for taking the initiative to establish my Alma Mater and the same ones and the rest of the profession and instructors for keeping it going and growing.

"I wish that I could thank each one of the instructors for being so patient with my dunce-like being. Some of the stuff they threw at me stuck, though. Every now and then while examining a patient the theme song of Dr. Gillum 'The upper motor neuron inhibits the lower' courses through my mind. Or, I might hear Dr. Conley saying that general abdominal pain followed by nausea, etc. 'Yes!' you say, 'But what do you remember about me?' Well, Dr. Kaiser, you were the fly in the ointment. You had the nasty job of collecting tuition fees and your theme was 'Brother,

can you spare a dime?' But thanks for collecting it. It was money well spent.

"In spite of all reports to the contrary, I still think the K. C. C. O. S. a pretty swell institution and it's personnel DARNED FINE FOLKS."

### The Article

The small town practitioner must be a master diplomat. He must watch his every move and every word lest he be involved in some petty brawl or scandal. A commodity in which small towns specialize.

While I do not intend to always practice in a town so small that it affords a precarious living for only one doctor, I do believe that were I starting out in practice again I would begin in the country again. If you can succeed there, one should be able to succeed in a larger place. Most people in a small town want a doctor and will give him a try after he locates there. To hold 100% of the patients is an impossibility. Many are just making the rounds of doctors. Bad luck dogs your heels on some cases, some don't want to get well and some, because of their superior financial condition wish to show off by going to the city specialist for their care. To them, the size of the fee is the index of how sick they are or were.

Yes, the woes of the general practitioner are many but the joys are more than enough to compensate. After all, if a doctor were only paid in dollars and cents he would have only a small amount of satisfaction from his professional work. It is when some youngster says "Gosh, Doc, I feel better now." Or, "We came to you because we knew you would tell us the truth" that the doctor's stock in himself reaches a new high.

Everyone in the community must

receive the best you have; the indigent, the middle class and the more financially able clients. You must, I have found, charge them all alike but you can make it easier for the less fortunate to pay their bill. To discriminate means a loss of good will from all. No matter if Shiftless Jones does owe you for the past two babies, you still must care for him and his family if they call you. To tell Shiftless to call the county doctor is to invite a plague of criticism that will leave a dirty taste in every mouth it infects.

Above all, like Caesar's wife, he must keep himself above reproach. "Be thou friendly but by no means familiar" is a mighty good but difficult advice. In the city, the brusque dignity is accepted as the mein of the specialist. Adopt that attitude in a smaller place and you are just "stuck up"; too good for the rest of the people. To be able to talk with the pool hall bums yet go to church on Sunday without being called a hypocrite is a real accomplishment for any man.

The real value to the practitioner lies in the small town's demand for versatility. He must be a jack-of-all-trades, leaving only the more severe cases to the specialist. To refer every case to the specialist is to lose out altogether. To refer none by trying to do his own major surgery, etc., is courting professional disaster.

In diagnosis, the small town doctor must be exact. Laboratory work must be done. Besides making the diagnosis more perfect it makes a wonderful impression on the patient to know that he has had urine and blood tested or that his excretions have been viewed under a microscope. If I have taken a careful history, performed the necessary and routine examinations, both physical and laboratory on him, I know that even though I do not hold the patient, the next doctor will do no better. Also, I know that if the other doctor relies entirely on internal medicine, his

treatment results will not be as satisfactory.

Eyes and ears and mind must be open in the corn patch community. While everyone may know something of your business it is necessary that you know much of everybody's business and activities. If Mrs. Anxiety comes to the office complaining of high blood pressure symptoms, you already know that the domestic troubles you have been hearing about are probably the cause. Thus, the diagnosis and treatment is made easier for both doctor and patient. If Mr. and Mrs. Fanatic comes to the office or to the home to visit, the best course to pursue without taking sides (which will get you in bad) is to ask a lot of questions but offering no opinion. The friend or patient feels that you are interested but cannot repeat anything you have said.

Looking over my financial records for the month, I find I have made about thirty cents less than a quarter but I am quite happy about some of the work done. It may not be so great that the patient will tell his grandchildren how Doc Hoerman saved his or her brother's life but it was quite well done and I relied upon myself to see that it was done.

## Kansas City College of Osteopathy and Surgery



The  
"Aggressive College"

## CAREER IN MEDICINE URGED FOR WOMEN

(Copied from Kansas City Journal-Post)

For the woman who is seeking a career, Dr. Ruth E. Emery, Portland, Me., who is attending the biennial conference of the National Federation of Business and Professional Women's Club here, suggests the field of medicine.

"American needs women doctors," she said. "We haven't nearly enough, and it's really woman's chance to be of service to her country."

Born in Boston, Dr. Emery came all the way to Missouri to obtain her medical education at the Kirksville School of Osteopathy just because several of her family are graduates of the school and hold the Missouri institution in high regard.

Tucking her diploma under her arm 15 years ago, Dr. Emery returned to the East, not to her home town, but to Portland, Me., to try her sails as a physician. She still looks youthful enough to be one of the 1939 graduates rather than a veteran physician.

Of course, she said, she had found barriers in her way to success, because when she hung out her shingle women doctors still were looked upon as somewhat of a novelty.

### Need Women Doctors

"That attitude has changed now," she said. "People are beginning to realize the need of women doctors, because they are more understanding of women's ills than men physicians, and far more sympathetic. Men are too prone to diagnose woman's ailments as oh, just a case of nerves, and laugh off the whole thing."

Dr. Emery for many years has been interested in the advancement of women, wanting them to go places and do things. She offers lack of self-confidence as the reason why their advancement hasn't been any greater.

"Lack of co-operation, too, has hampered their progress," she said.

"The Business and Professional Women's Clubs, however, have overcome that deterrent to a great extent, and still women's biggest battle lies ahead—overcoming prejudice for the feminine sex in business."

Dr. Emery pointed out that men, many of them, feel that woman has but one function in life, keeping house and rearing children, and that they should be perfectly satisfied with that.

"Taking women out of business never will solve America's economic problem, although many men believe it will," declared Dr. Emery.

### Must Broaden View

In this connection, the youthful woman physician emphasized the fact that but a very small percentage of women in business were working just for the love of it, but rather to provide a livelihood for themselves and dependents. She also pointed out that the woman who is in business just to earn money for pretty clothes is contributing to society in that she provides work for a housekeeper, a cook, a laundress and garment workers.

"The woman to be tops in her job," said Miss Emery, "must acquire an education, get out and meet other women and join in their activities and thereby broaden her view. The same is equally true of the housewife if she would be tops on that profession."

Dr. Emery has been active in virtually every division of the Business and Professional Women's Club of Portland from chairman of various groups to local and state president, and now is serving the Maine Federation as a special committee chairman.

From federation work to her own profession she divides her time, and on the side tries to induce more women to enter the medical field.

"We have a percentage of one woman to five men in osteopathy," she said, "and we do need a better representation. Osteopathy is a grand chance for woman, and I do wish more would take it up."

## \$75,000.00 EXPANSION PROGRAM

On the central pages of this issue of the College Journal appear cuts showing elevation and floor plans of the new Science Building now being erected on the campus of the Kansas City College of Osteopathy and Surgery.

The building is a fireproof three-story structure 26 by 163 feet. The building was made narrow for two reasons. As indicated on the layout of our entire property we made the most reasonable and economic use of our land. The second reason, in fact the primary reason for a narrow building was a maximum of light and ventilation.

The new building when completed, will provide four large laboratories, viz. Histology-Pathology, Bio-chemistry, Physiology, Bacteriology. Each laboratory will have supply rooms and instructor's work room. Two class rooms, for the Freshman and Sophomore classes, will have a seating capacity of 72 each. A room set aside for dissection purposes will hold twelve dissection tables and an incinerator besides arrangement for storage of cadavers.

The first floor will provide a large airy cafeteria-clubroom accommodating about sixty persons at a time. The cafeteria-clubroom will be in charge of the local society of Kappa Psi Delta who will equip it in modern up-to-date style. Also on this floor will be provision for a laundry enabling us to do our own hospital and college laundry, at present an item of considerable expense.

In the south end of the building will be janitor's living quarters on the second floor with several rooms for nurses on the third floor. The north end of the third floor, uncovered, will be a Recreation Deck for the use of students between class periods.

The windows on the first or basement floor, on the East side, will be of the detention type to prevent breaking in. To all intents and purposes, this will be the rear of the building which faces west.

A wall has been erected on the south line of our property which increases parking facilities for ten more cars. The parking space will be oiled, new driveways built and shrubbery planted to beautify the campus.

### What the Program Encompasses

Besides giving us an entirely new Science Building, the new structure will relieve the present administration-college building of two large laboratory rooms and two large class rooms,

thus permitting an increase in treatment rooms to three times the present number. It will also vacate Still Hall, the present dissecting quarters. Still Hall will become, as quickly as is humanly possible, an up to date medical and osteopathic library, in charge of a trained librarian, open at all reasonable hours to the profession at large.

Changes in the present building will relieve congestion in our general offices and provide much needed storage place.

As our present laboratory equipment supplies but two combination laboratories, we face the purchase of expensive laboratory furniture for two more laboratories.

We are checking into the cost of laundry machinery in the belief quite a saving may be made in that department for which generous space is allotted in the new building.

It is estimated the major portion of this program will be completed by the beginning of the spring semester.

A. A. Kaiser, Secretary.

## Our Supply of Castlio's Principles is Almost Exhausted

We do not know if a posthumous edition will be published. If this unusual and valuable text is not now in your library, order immediately.

Price \$3.00

The Collected Papers of  
Dr. George J. Conley by  
Castlio is still available at  
\$5.00

### COLLEGE NEWS

In spite of our elation on our \$75,000.00 expansion program we are already faced with growing need for enlargement of Conley Clinical Hospital. As we write, early in November, every bed in the hospital is occupied, six of our eight bassinets are in use with another baby due this morning. Our only temporary solution of the present problem is the purchase of four extra beds and conversion of four bed wards to five bed wards.

This is a Saturday morning. Recovering on treatment tables, cots and elsewhere are a number of tonsillectomy cases who must be cared for during this day.

As many as a dozen times in the past year, the Hospital was filled to capacity. We could not have entered another single patient until a bed was surrendered.

Our general clinic is still doing a boom business. A recent visiting osteopathic physician contemplating post-graduate work, on his return to his office to further his arrangements, wrote us: "Last Friday, while waiting to see Dean Peach, I counted thirty patients come in and register at the desk in twenty minutes."

Each and every one of those patients is subjected to a Kahn test and each receive a tuberculin test, aside from routine urinalysis and blood count.

We acknowledge from Dr. L. E. Hillman, Brush, Colo., the following books which have been added to our library:

- Practical Treatment—Musser-Kelly (4 volumes)
- Surgical Treatment—Warbasse (3 volumes)
- Differential Diagnosis—Cabot (2 volumes)
- Traumatic Surgery—Moorhead.

Regular class schedules were maintained during the Annual Convention of the Missouri Association of Osteopathic Physicians and Surgeons in nearby Excelsior Springs but practically every instructor had opportunity to attend at least part time and students wishing to attend were excused for that purpose.

Dr. George J. Conley, our president and Dr. G. N. Gillum, our director of clinics, were among those on the "air" during the annual State meeting.

In recent mail:

"The Board, the Trustees and the Faculty of your Aggressive College are to be congratulated in sincerity for your personal work and sacrifices and for your accomplishments for Osteopathy in Kansas City."—Percy Evan Roscoe, D.O., Cleveland, Ohio.

"I hasten to send you most hearty congratulations on this further evidence on the part of your school to be a leader in osteopathic education."—R. McFarland Tilley, D.O., Brooklyn, New York.

"I want to congratulate you and through you your college upon your forward movement for better buildings and equipment."—A. G. Hildreth, D.O., Macon, Missouri.

"I am thrilled to death about the Science Building. Old K. C. C. O. S. marches on!"—Margaret Barker, D. O., Garden City, Kansas.

"Congratulations on expansion."—H. G. Grainger, D.O., Tyler, Texas.

"May I extend my sincere congratulations for the progress described in your letter, and my best wishes for your continued prosperity and usefulness."—Lily G. Harris, D.O., Oakland, Calif.

	Total No. Students	Years of College						College Degrees
		H. S.	One	Two	Three	Four	Five	
FRESHMAN CLASS	24		6	11	3	4		2
SOPHOMORE CLASS	26	2	2	9	5	8		6
JUNIOR CLASS	63	32	12	5	4	9	1	8
SENIOR CLASS	47	22	8	7	3	7		3
POST GRADUATE STUDENTS	1						1	1
Total	161	56	28	32	15	28	1	20

### OUR MICHIGAN ALUMNI ORGANIZE

At the Michigan State Convention, held in Detroit at the Book-Cadillac Hotel, a luncheon meeting of the Kansas City College Alumni was held. There were eleven fellow alumni present at the first meeting of our alumni ever held in the State of Michigan. The following are the minutes of the meeting:

October 26, 1939.  
Book-Cadillac Hotel, Room J  
Michigan State Convention (41st)  
Detroit, Michigan.

Following a luncheon the meeting was called to order by Willis H. Yeamans of Detroit. A letter of explanation from Dr. Blohm was read stating the reason for his absence. It was decided by the group to organize an active Kansas City College Alumni Association from the State of Michigan. At this time, it was deemed inadvisable to elect officers other than a secretary. R. J. Harvey of Gaylord was elected to fill this

position until the 42nd State Convention, at which time we would hope to be sufficiently organized to have and elect the usual officers of an association. The problems, possibilities, and advantages of such a group were thoroughly discussed. It was decided we should send in a list of the Kansas City alumni to the Alumni Assn., at Kansas City, and to the Central office, also a copy to each alumnus in the state.

It was agreed we should endeavor to meet at a central point and as a group attend the National Convention and the Homecoming at Kansas City in 1940.

It was also agreed that we should contact a speaker from the Kansas City College for our next State Convention meeting.

A total of three dollars \$3.00 was donated to defray secretarial expenses of the coming year.

The meeting was then ajourned.

The following Alumni were present:

Lansen C. Cobb	"37"	110 St. Clair River Drive.....	Marino City
J. F. Furby	"32"	515 N. Michigan Ave.....	Saginaw
James C. Gazdagh	"36"	.....	Maybe
R. J. Harvey	"38"	204 Cook Bldg.....	Gaylord
R. C. Holding	"38"	1100 Edison at Hamilton Ave.....	Detroit
Bertha H. Losleben	"29"	.....	Detroit
Charles C. Matheny	"34"	5808 Second Blvd.....	Detroit
H. R. Monroe	"38"	Box 356.....	Standish
A. D. Shimmin	"36"	.....	Carsonville
Charles C. Truscon	"39"	15171 Normandale .....	Dearborn
Willis H. Yeamans	"36"	17905 John R.....	Detroit

Below please note the list of known alumni located in Michigan. Any error of location, name or address, will be corrected if notice is sent to the secretary. Anyone knowing any Kansas City alumnus practicing in Michigan whose name does not appear, please inform the secretary so that alumnus may be included on our list.

Harry C. Baum, 4507 Livernois Ave.....	Detroit
Howard C. Blohm, 125 Pipestone St.....	Benton Harbor
Fred C. Clark, Jr., 7376 Grand River Ave.....	Detroit
Lanson C. Cobb, 110 St. Clair River Drive.....	Marine City
Mabel DeBeaulieu, 1035 N. Washington Ave.....	Lansing
John H. Earnshaw.....	Port Hope
Carl C. French, Box 135.....	Ida
Kenneth C. French, 106 Van Nest St.....	Dundee
J. F. Furby, 515 N. Michigan Ave.....	Saginaw
James C. Gazdagh.....	Maybe
Stanley D. Hamilton.....	Linden
R. J. Harvey, 204 Cook Bldg.....	Gaylord
Richard C. Holding, 1100 Edison at Hamilton Ave.....	Detroit
Myron C. Jackson, Box 60.....	Burr Oak
Charles C. Matheny, 5808 Second Blvd.....	Detroit
Howard R. Monroe, Box 356.....	Standish
James H. Penoyar.....	Pinconning
Henry O. Peterson, 601 1st St.....	Jackson

Beatrice O. Pulliam, 409 West Palmer.....	Detroit
Gail C. Steiner, Burns and Kerr Bldg.....	Niles
Arthur D. Shimmin.....	Carsonville
Charles C. Truscon, 15171 Normandale.....	Dearborn
Willis H. Yeamans, 17905 John R.....	Detroit

**FLASH**

If you have read these pages consecutively, in the editorial "Our Hobby" you noted the need for \$15,000.00 mentioned.

A few days after that was written occurred a monthly staff meeting. Characteristic of the aggressive group forming the staff of the aggressive college a motion passed unanimously that 10 per cent of every employee's salary be loaned the College for a period of one year without interest.

The following day one of our younger staff members came in and handed us a check for 10 per cent of his year's salary—saying he preferred it that way. He further informed us his wife had \$500.00 in her stocking which we could expect in a day or two and a further \$2000.00 which she would draw from a savings account and loan to us. "Heck" says he, "the banks don't want any more money in saving accounts. Anyway, we feel we would rather trust our funds with the College?"

Naturally, our negro janitor does not attend staff meetings. When informed of the action his response would shame any white objector. "Sure, I've glad to help the College. Alright by me."

During the business meeting of the Alumni Foundation it was announced that \$500.00 had been set aside for assistance to the development of our library plans.

Our printer, Mr. E. L. Evans informed us it would be alright if we did not pay our bills for a year and another \$2000.00 or more became immediately available.

And so it appears we are going to be able to do a \$55,000.00 job on \$35,000.00 available from our initial loan of \$50,000.00.

**At Long Last**

Work is progressing rapidly on our long desired Science Building. \* \* \* First, in inadequate rented rooms \* \* \* thence to a full floor in a modern office building \* \* \* from there into a purchased residence \* \* \* then an addition to the residence \* \* \*

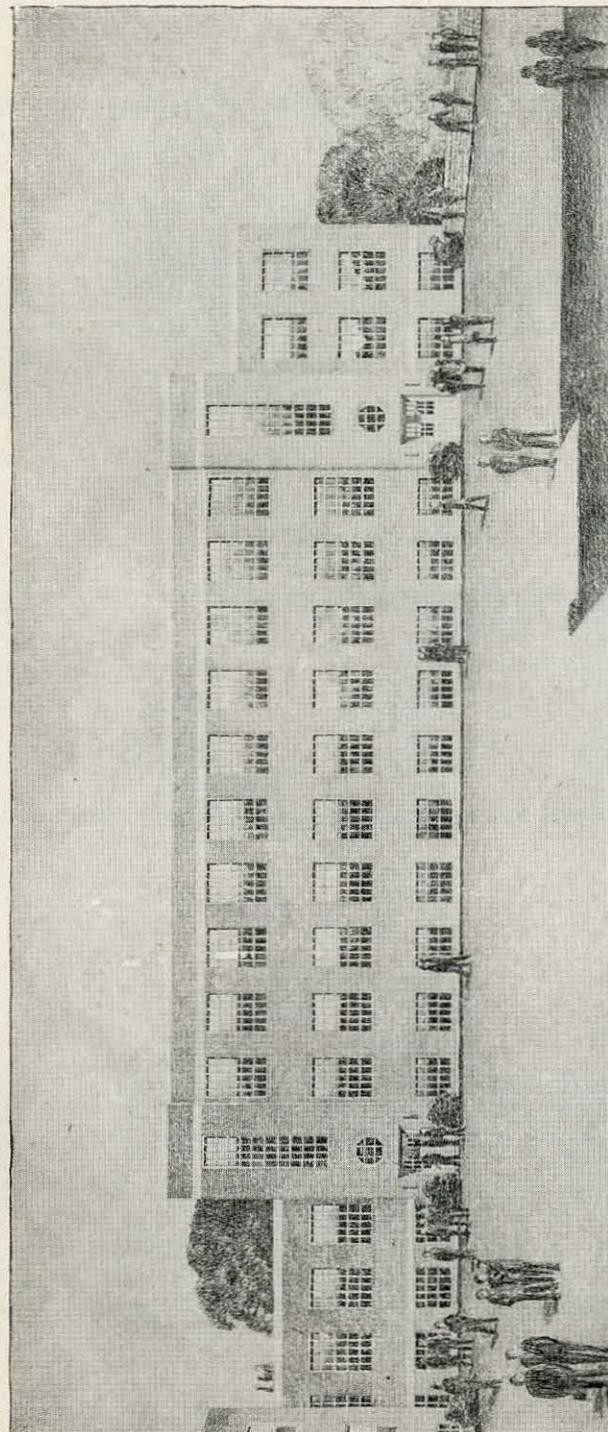
a fire \* \* \* an up-to-date, up-to-the-minute new structure that had us swelling with bursting pride \* \* \* then Conley Clinical Hospital \* \* \* and now our Science Building \* \* \* So, step by step, in 24 short years Kansas City College of Osteopathy and Surgery has ascended from a few rented rooms to a \$200,000.00 plant, developed on our own steam \* \* \* Selah.

Looking over clinic facilities recently, it was found that 26,000 treatments had been given in the general clinic during the past year. This did not include routine or other treatments given in our teaching Conley Clinical Hospital. The records for the year scanned showed a total of 2,665 new patients or an average of 222 new patients per month.

**Kansas City College  
of Osteopathy and  
Surgery**

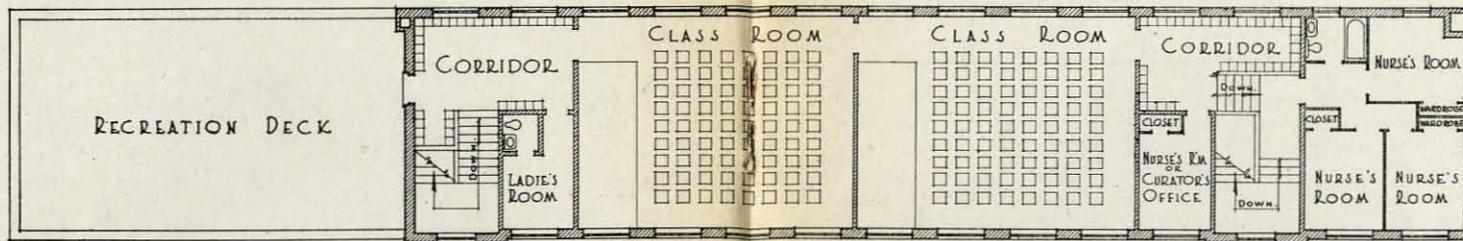
The  
"Aggressive  
College"

**2105 Independence Ave.  
Kansas City, Missouri**

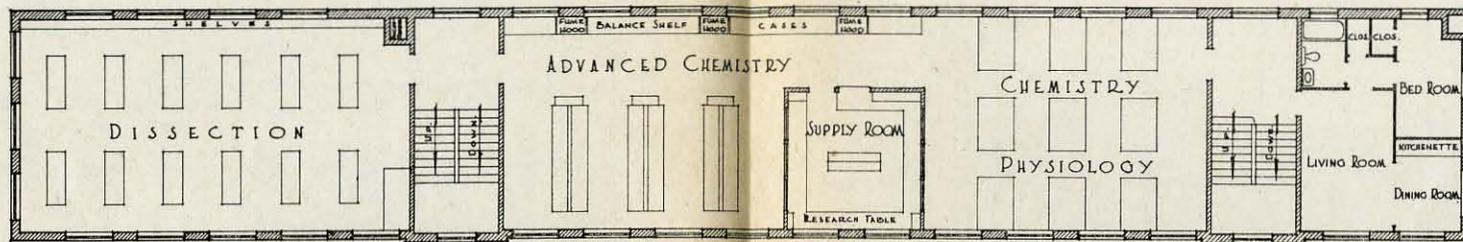


**THE NEW SCIENCE BUILDING**

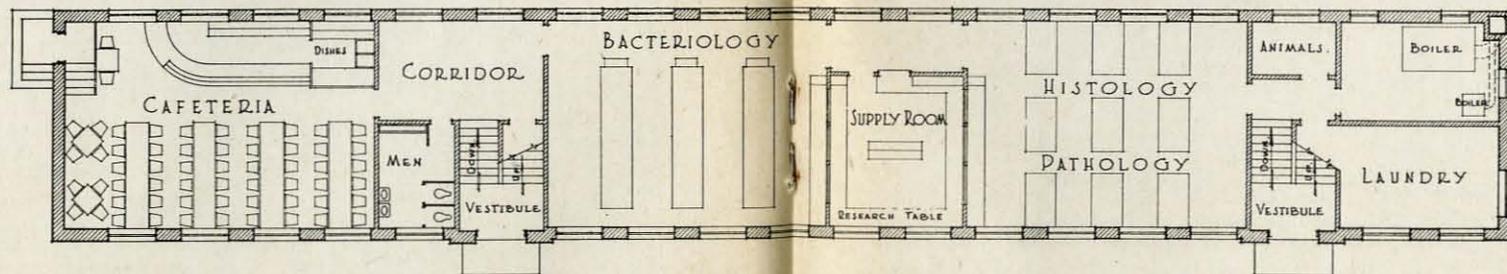
We herewith present a reproduction of the architect's drawing, indicating the exterior of the new Science Building as viewed from the west. While principal attention is being given to this structure from a purely utilitarian viewpoint, we believe much in the way of simple beauty is also expressed. This structure, entirely fireproof, is approximately 26x163 feet with ceiling heights of 12 feet. Its narrow build will insure the best of daytime light and ventilation facilities. With the completion of this building, which will house all laboratory teaching and, in addition, include two splendid classrooms, the facilities for our clinical department in the administration building will be more than tripled. On the next two pages appear the floor plans of the building and on a third page appears a to scale lay-out of the campus as it will appear. We are still left with a quite sizable campus which will allow for eventual enlargement of our clinical hospital and splendid parking facilities. The property of the Kansas City College of Osteopathy and Surgery is located at the southeast corner of Garfield Avenue and Independence Boulevard.



THIRD FLOOR PLAN



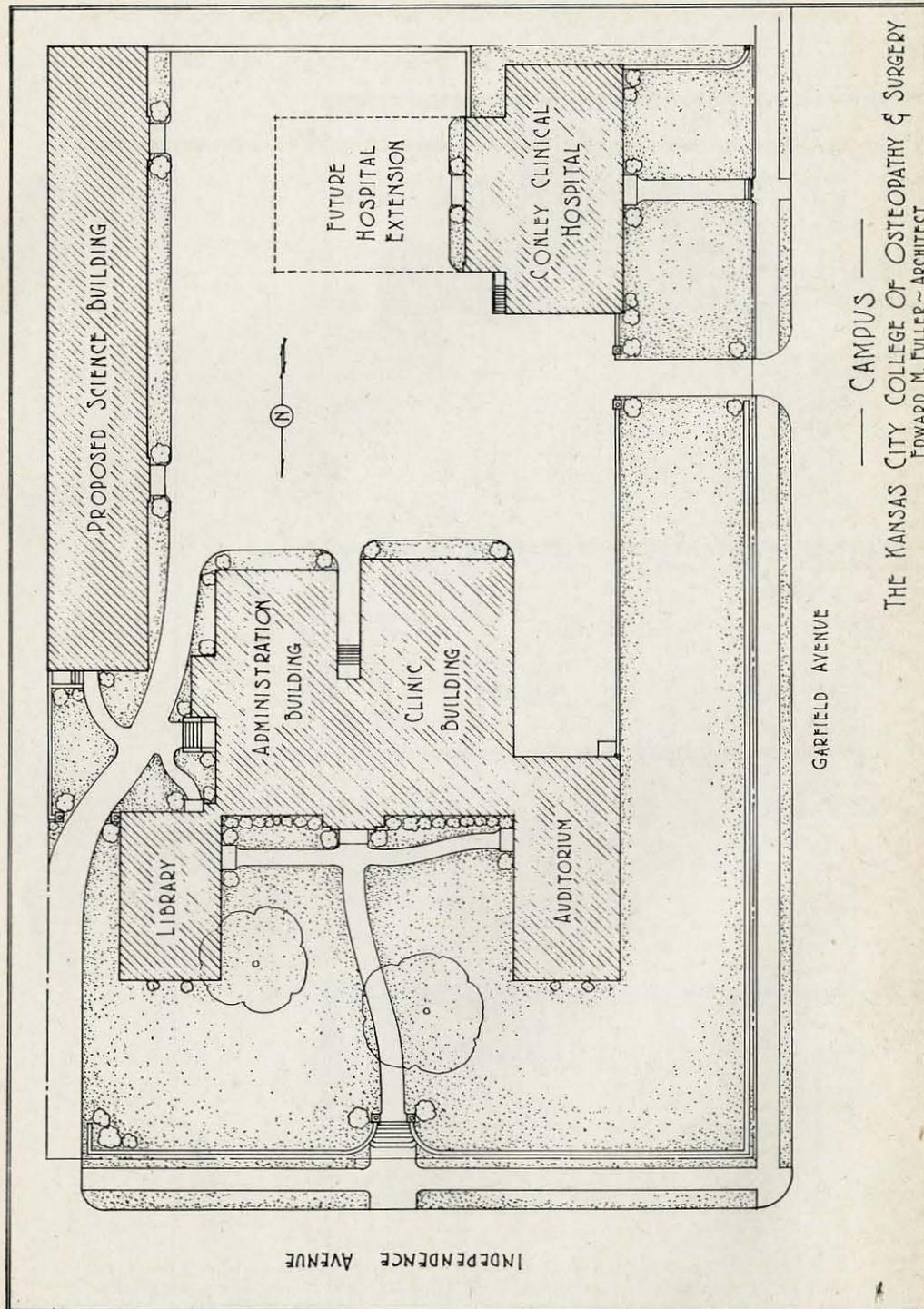
SECOND FLOOR PLAN



FIRST FLOOR PLAN

SCALE 1/8" = 1'-0"

PROPOSED SCIENCE HALL  
FOR  
THE KANSAS CITY COLLEGE OF OSTEOPATHY & SURGERY  
EDWARD M. FULLER - ARCHITECT



## HERBERT CHASE WALLACE, D. O. In Memorium

Years ago, a lad in a small town in Northern Missouri dreamed a dream of a hospital that some day he would create. He finished high school, sketching at odd times the vagaries of his dream. Later on he entered the American School of Osteopathy. There under the influence of the technical education and the inspiration of the philosophy the frequent sketches became more concrete, more coherent, but the characteristic intangibility of dreams persisted. He graduated; he entered the practice of Osteopathy, scarcely more than a boy, in a new town, in a new country. He made good. His business increased. He became a family physician in every sense of the word. He never shirked a difficult case, never acknowledged defeat. He became a pillar of strength osteopathically in his section. Busy as he was, he still found time to dream and sketch.

Then one day, interesting another young enthusiastic practitioner, he made the start which was to result in the culmination of that dream. A residence was procured, a few beds installed and the announcement went forth in a modest way that an Osteopathic Sanitarium was born. The delivery was comparatively easy—the after pains few and insignificant. No one took the infant seriously, except its parent. He nursed it along, watched over it lovingly—carefully, dreaming of its future, its grown-up state. He became ambitious; he wanted to widen the scope of its activities; he interested another, trained in the profession, but along different lines, in his schemes. The infant under the stimulation of new food developed, waxed strong and showed symptoms of outgrowing its swaddling clothes.

Then came the long looked for opportunity—the chance to make into a reality what were the vagaries of dreams in the past. The infant was to undergo a transformation—another birth as it were. This second birth was attended with severe financial pains; with extensive lacerations of credit; and the resulting scar tissue of obligations disfiguring and tender. The convalescence, however, was rapid and the full realization of the dream-child now stands a monument to Osteopathy in the name of the Southwest Osteopathic Hospital of Wichita, Kansas.—Dr. H. C. Wallace, founder.

Dr. Wallace is dead. The onset of his last illness, insofar as is known, was comparatively sudden; its pro-

gress was marked with severe exacerbations and its end dramatically abrupt. He was enroute to Los Angeles, California, in company with several other surgical brothers and friends, to attend the annual clinical sessions of the American College of Osteopathic Surgeons of which he was a Fellow and a charter member. He had influenzal like symptoms while enroute on the train and entered Monte Sano Hospital shortly after his arrival there. A complicating infection of the right kidney necessitated surgical drainage which in turn was followed by a toxic heart, a right pleural empyema and the final tragedy of collapse of the heart. Thus was ended a notable career which has impressed itself indelibly upon the osteopathic profession due to its nationwide influence.

He was a graduate of the American School of Osteopathy, 1903, with Post-Graduate Degree from Los Angeles College of Osteopathy in 1908. He opened his office for the practice of Osteopathy at Blackwell, Oklahoma.

Along about 1910, in association with Dr. Ernest Ewing, the Southwest Osteopathic Sanitarium was promulgated, being housed in a large residence building. Dr. Ewing soon withdrew to El Reno, Oklahoma, with Dr. Wallace continuing in charge of the Sanitarium.

In 1912 the writer became associated with Dr. Wallace in the capacity of Surgeon.

In 1914 the administration building of the then recently defunct Baptist College of Oklahoma was ac-

quired and transformed into a modern hospital with the writer as a co-partner. The institution thrived although always confronted with the opposition of the Oklahoma State Board of Medical Examination and the Oklahoma State Nurses' Board. In these struggles for legal parity of rights Dr. Wallace was always the moving spirit and the spearhead of the attacks.

In 1919 at the National Convention of the American Osteopathic Association held in Chicago, he was elected a trustee of that body and served faithfully and with distinction his stewardship in that body.

Due to poor railroad facilities steps were taken to move the Southwestern Osteopathic Sanitarium to a more favorable location, Oklahoma City and Wichita, Kansas, being considered. Eventually it was moved to Wichita, Kansas, and housed in temporary quarters. This was followed in a comparatively short time by the erection of the present, modern, \$175,000 building, now the home of the Southwest Osteopathic Hospital.

Running true to form, Dr. Wallace assumed his place in the ranks of the osteopathic profession in Kansas, ready always to serve in whatsoever capacity he might be needed for the good of the cause and he continued to be on the firing line in the battle for legal parity of rights even to the very last.

Dr. Wallace was always an uncompromising proponent and an ardent propagandist of the osteopathic school of therapy. He was in no sense of the word a straddler. He practiced as he preached, a brand of osteopathic therapy of pristine purity. He was at heart a general practitioner and as such he built a general practice that was second to none in the community he served. Not only that but he was imbued with the spirit of service. His concept of the practice of the healing art bordered on idealism. He regarded the position of family doctor as on an equality with that of the minister. He never took advantage of a patient's credulity, even a chance service to a stranger, for monetary gain. He was honest professionally even to his own detriment financially. In every sense it may be said of him that he was a "Doctor of the old school."

In his dream of one day establishing, owning and operating a hospital

he felt the need of a wider sphere of professional influence. This actuated him to take a year of intensive post-graduate work in the Los Angeles College of Osteopathy. He attended other courses designed to increase the scope of his professional ability. He did not crowd his development. He was conservative in his plans. He never undertook a professional service unless he was reasonably sure through clinical experience of being competent to carry it through. In this sense he neither exploited nor prostituted his service to his clientele.

He took on the study of surgery intensively in 1912. His remark when making the contact to insure this added development, was an index of his general attitude, "I do not know much about surgery, but I think I can learn." He began at the bottom; case histories, physical examinations, laboratory service, anaesthetics, and finally as a surgical assistant. He never hurried but always made sure of mastering each detail as it presented. He never became impatient. He never complained of the drudgery part of the training. He never made importune demands. Eight years passed before he felt himself competent to take on and carry through a major surgical operation on his own initiative. Due to this ingrained characteristic of his, when he did embark upon his surgical career his successes were above the average, his reputation spread rapidly and very soon he had made for himself a secure place among the leaders in the priesthood of surgery.

He was meticulous in his methods no matter what the nature of his activity was. He applied himself diligently and made sure of his competency before launching himself upon his objective. This trait made of him an all-round man. No matter from what angle the approach was made it was soon very evident that here was an individual of unusual ability. His views commanded respect in whatever walk of life he was functioning.

His outlook on life in all of its aspects was on a parity with his professional concepts. He never was little in any sense of the word. His was a broad gauged viewpoint. His activities in life, particularly in his relationship with his fellowmen, were based upon the scriptures, Matthew 7:12, viz: "Therefore all things whatsoever ye would that men should do

to you, do ye even so to them; for this is the law and the prophet." He was honest to the point of fanaticism. He was straight forward to a most unusual degree. His word was his bond. One could trust him with anything he possessed without the scratch of a pen—just a gentleman's agreement; go away and stay away as long as one wished and when one came back everything he had left in trust with Doctor Wallace would be there—and a little more in addition.

He was never an opportunist. He made his opportunities. His was not the "horse all saddled and bridled." He purchased his horses. He put on his own saddle and he cinched it securely. Then when he mounted he rode to a planned and a successful purpose.

He was a loyal, as well as, a faithful friend. One of the few who was always dependable, always ready to help, never too tired or too indisposed to act when the call for assistance came. This, in the writer's judgement, contributed largely to his untimely end for when his profession was faced with the grave danger of curtailment of professional liberty and of a legal parity of rights he gave of himself, as did many others, freely and without stint of his time, his strength, his energy and his finances. The legislative battle in Kansas last winter was a tremendous drain upon his vital resources, more than he himself realized.

Always generous to a fault, his was a most charitable consideration of those who disagreed with him or who stooped to methods of accomplishment beneath the dignity of his attention—but where principle was involved he was adamant, implacable and fought through to the end regardless of its effects upon himself. He was a man's man!

Dr. Wallace is dead. His good will live long after him. His influence upon business and professional matters locally will be fully realized in time to come. It may be said truly that his colleagues in many instances did not fully appreciate him, neither did they understand his innate greatness. He suffered injustices needlessly placed, but he accepted them philosophically.

In Kansas as well as in its sister state, Oklahoma, wherein he won his spurs and received the accolade of Knighthood in the militant service to preserve and to perpetuate osteo-

pathic therapy and liberty, his passing will leave a vacancy difficult to fill.

In the American College of Osteopathic Surgeons of which he was a Fellow, he was accepted for what he really was; an ardent osteopathic propagandist, a competent doctor, a skillful surgeon, and a seasoned, conservative consultant, possessed of unusual ability.

Nationality the osteopathic profession had learned to listen with respect to his views and to weigh well his judgements in the pursuance of its activities. He was known wherever osteopathy was known. The leaders of the national organization accepted him on a basis of equality and in the most friendly spirit. He was an addition to any gathering of national import. He will be mourned by all.

To every student of Osteopathy Dr. Wallace's life and career should be an acceptable goal. To the men and women engaged in the practice of Osteopathy his ideals will be most worthy of emulation. To his fellows in the brotherhood of surgery his example always will be an inspiration and a guide.

The measure of your success in life cannot be expressed in terms of a bank account, neither can it be assessed in the amount of tangible property you leave. The gauge of success may be indicated best by the length of the funeral cortege, by the unanimity of tearful eyes and in the sorrowful memories carried by those whom you served.

It is measured by the size of the "hole" you leave in the life cycle of your community. The "hole" which Dr. Wallace left becomes a veritable monument, intangible in itself, but desperately real in the hearts of his family, his friends, his clientele and his profession.

He is gone. He fought a good fight. He died as a brave man should. In the language of the ancient mantram, "Eternal peace grant unto him, O God, and may light perpetual shine on him."  
—G. J. C.

The word "expert" should many times be pronounced with the accent on the "pert."

Many an expert has had the pert taken out of him by a good sharp lawyer.

## FOURTH ANNUAL HOME-COMING

About 140 graduates of THE AGGRESSIVE COLLEGE attended the fourth annual home-coming of the Alumni Foundation which closed its three day post-graduate course on Saturday, November 18th.

While larger numbers have attended previous annual sessions, a new high was established in the enthusiasm of those taking part in this year's gathering.

Our sons and daughters began showing up as early as Wednesday and on Thursday morning, everything was running full blast.

The acme of the session came at the banquet held at the Bellerive Hotel on Thursday night when impromptu speeches were made by about a dozen officers and alumni called on by the master-of-ceremonies, graduate H. C. Baldwin, of Tulsa, Oklahoma.

At nine o'clock in the evening dancing became the order with the Board of Trustees retiring to other quarters for the second annual board meeting of the trustees as now organized. Dr. Thomas B. Powell of Larned, Kansas, and Dr. Norman C. Edwards, of St. Louis, Missouri, were introduced during the banquet program as newly elected members of the Board from the Alumni Foundation. A telegram from Dr. I. C. Nickell, of Smith Center, Kansas, also

elected but who could not attend, was used.

Much important business engaged the Board until nearly midnight. In attendance were Drs. George J. Conley, Mamie E. Johnston, Margaret Jones, L. R. Livingston, Hanna Leinbach, A. A. Kaiser, Howard C. Blohm, Benton Harbor, Michigan, Howard C. Baldwin, Tulsa, Oklahoma, and recently elected Thomas B. Powell, Larned, Kansas, Norman Edwards, of St. Louis, Missouri, and lay members E. L. Evans, Kansas City, Kansas, George Powell, Kansas City, Missouri, Charles McKinley, Kansas City, Missouri.

On Thursday the business meeting of the Alumni Foundation was held. New officers elected were: Herman Shablin, President; K. J. Davis, Vice-President; C. K. Edwards, Secretary-Treasurer.

For Trustee from Kansas was selected L. A. Moore of Herrington. From Missouri came the election of R. O. Brennan of Kansas City. Trustees at Large were: Willis H. Yeamans, Detroit, Michigan, and Lloyd C. Peterson, Beatrice, Nebraska.

Besides about forty operations in Conley Clinical Hospital, both major and minor, the following subjects and lectures appeared on the post-graduate program.

Address of Welcome.....	A. A. Kaiser
Response.....	I. J. Conant
Symposium on Hernia.....	
Anatomy.....	George F. Pease
Truss Fitting and Solutions.....	M. E. Elliott
Indications for Injections.....	David H. Reeder
Endocrinology and Its Diagnostic Importance.....	Q. W. Wilson
Osteopathic Technique.....	Herbert Lipman
Appendicitis in Children.....	A. G. Reed
X-Ray in Diagnosis.....	H. E. Schoen and A. E. Vaughn
Demonstration of 12 yr. Female Hypothyroid and Hypopituitary.....	Q. W. Wilson
Endowments for Osteopathic Colleges and Hospitals.....	A. G. Reed
Symposium on Eye, Ear, Nose and Throat.....	
The Sinuses, Allergy and Infection.....	L. R. Livingston
Acute Ear Infections and Their Complications.....	L. S. Larimore
Practical Eye Pointers.....	A. B. Crites
Symposium on Obstetrics.....	Margaret Jones, Chairman
Pre-natal Care.....	Robert McCullough
Demonstration of Forceps Delivery.....	H. T. Wittenberg
Demonstration of Podalic Version and Extraction.....	R. A. Murren
Routine Care of the New Born.....	L. W. Swift
Demonstrations of Ambulant Surgery, Hernia, Varicose Veins and Proctology.....	Drs. Andersen, McAnally, Reeder, Michell, Elliott

On Thursday noon much enjoyment came from a Campus Luncheon consisting of five varieties of sandwiches, pickles, (sweet and sour) coffee and ending up on "punkin" pie of which fifty were provided. This luncheon was served by the College through the thorough assistance of

members of the Student Council.

An announcement of interest during the business meeting on Friday was the allocation of \$500.00 from the Foundation treasury to the expansion program as appertaining to the College Library.

—A. A. Kaiser, Secretary.

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## KANSAS CITY COLLEGE OF OSTEOPATHY AND SURGERY

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## ANNUAL CHILD'S HEALTH CONFERENCE AND CLINIC

Arrangements are being made for an outstanding post-graduate course in Pediatrics at the Eighth Annual Child's Health Conference and Clinic to be held at the Hotel Continental, April 24, 25, 26 and 27th.

Speakers of national prominence and unusual merit will be on the program and new innovations in the clinical presentation of problem cases will be initiated which will give visiting physicians an opportunity to hear a round table discussion of inestimable value.

Mark April 24, 25, 26 and 27th on your calendar and plan now to be one of the doctors present who will benefit from the largest osteopathic pediatric clinic in the nation.

R. O. BRENNAN, D.O.,

General Chairman.

## THE A. O. A. MEMBERSHIP CAMPAIGN

1939-1940

The Missouri State Osteopathic Convention assembled at Excelsior Springs, Missouri, October 31, November 1 and 2. It was a bang up affair. The numbers in attendance, the quality of its program material, the notables in attendance and the magnitude of the annual dinner crowd made it resemble to a marked degree a gathering of the National. The resources of the famous Elms Hotel were taxed to the limit to house and care for the convention activities.

President Jones, President-Elect Gordon, Immediate Past President Allen, Executive Secretary McCaughan, Business Manager Clark, Trustees National Association Gibson, Brown, and Bailey made an impressive array of Central Organization talent and all contributed brilliantly to the general program.

President Jones stressed the need of research activities, mentioning a plan soon to be announced by Past President Allen, Chairman of the Research Committee for the resumption of that important work. Five thousand dollars has been budgeted for it. This amount is pitifully small and even that had to be pared from the budget of the important and very necessary Public and Professional Welfare Committee. The addition of an attorney to the Central Office Staff to relieve Drs. McCaughan and Hulbert of the details of State Legal and Legislative matters, voted by the Dallas House of Delegates but for which no budget was allotted, constitutes an unsolved problem. These are three matters important to the progress, efficiency and welfare of the National Organization as a whole; vitally important to the entire osteopathic profession of the United States whether members of the National or not. Professional protection, priority in research factuals and publicity affect all osteopathic practitioners alike and all should assist in paying for the freight on the same.

President Jones in commenting on the lack of budget said naively and with his soft, southern drawl, "It may be necessary to ask some of you good folks for financial assistance to put this problem over." Was he giving a gentle hint to the effect that the willing would be assessed or was he serving notice on the 383 non-members practicing in the state of Missouri as to their obligation to their profession or was it more general so as to include the entire non-member group nationally?

Your guess is as good as mine. My impression was that he meant assessment. Assessment means additional burden to the faithful few which lacks a lot in the way of being fair play.

Activating non-members to membership responsibility is the answer! By so doing the strength of the organization is increased numerically, and financially. No one individual is seriously inconvenienced.

One thousand new members would relieve the strain very materially and would add years to the life of our efficient Executive Secretary McCaughan. Not only that but joy and happiness would accompany him on his journeys forth and back across our land in the interests of the National Organization.

One non-member for each five members! The job doesn't look to be prohibitive! Is it?

G. J. C.