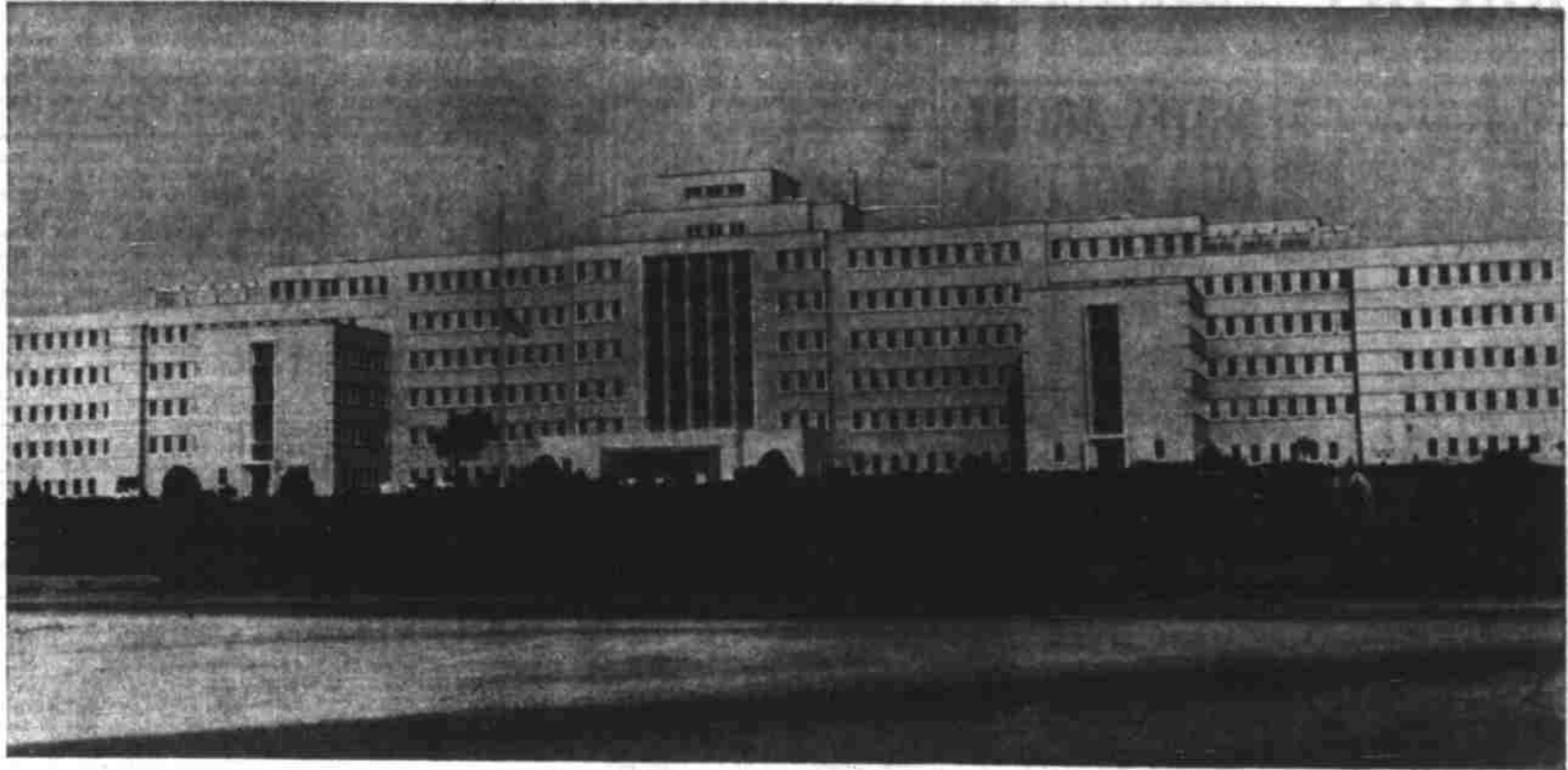


BIG SPRING DAILY HERALD

MEDICAL EDITION

BIG SPRING, TEXAS, SUNDAY, SEPTEMBER 20, 1953

MEDICAL EDITION



Big Spring Veterans Administration Hospital

Grievance Committee Available

By CLYDE THOMAS JR., M. D.
Organized medicine in Texas, as represented by the Texas Medical Association, directed the establishment of a statewide Grievance or Mediation Committee. The purpose of this committee is to protect the doctor and patient alike in the delicate handling of real or fancied complaints from the public. A similar set-up is already operating satisfactorily in forty-one other states.

"The profession has for its prime objective the service it can render to humanity; reward or financial gain should be a subordinate consideration." This is the first provision of the code and medical ethics and this committee was set up to protect this principle of the profession of medicine from the tiny percentage of men who would damage the profession by unethical practice or exorbitant fees.

There is such a committee functioning in the local medical society and another one in the local district medical society, as well as a state committee. If a patient believes he has been grossly overcharged or believes his doctor to have been unethical or incompetent, and has been unable to iron the matter out with said physician, he should feel free to appeal to his local medical society, where the matter will be referred to this committee. His procedure in submitting his complaint to the committee is to write down in full detail his case as he sees it. This written complaint is then submitted to the secretary of the local

medical society who refers it to the proper committee. It usually takes several weeks to obtain action and in most cases the misunderstanding between the patient and doctor can be settled to the satisfaction of both parties. In the other states, which have tried this, about nine out of ten cases are so adjusted.

In the past 20 years the medical profession has been the object of much skillful adverse propaganda and some just criticism. This committee is one effort organized medicine is making to do away with the justified causes for criticism, and explain away some of the unjustified adverse propaganda.

Electroshock Is Proving Effective

The outlook for schizophrenic patients is distinctly better today than it was 15 years ago, partially because of electroshock therapy. It was stated in Archives of Neurology and Psychiatry, published by the American Medical Association. Schizophrenia, a mental disturbance which produces a split personality and is evidenced in the performance of acts apparently out of character for a given individual, constitutes about 59 per cent of all serious psychiatric complaints in the United States.

Familiar Staff Is Insignia Of Medical Group

Symbol of medicine and the official insignia of the American Medical Association is the Staff of Aesculapius, a rod with a snake entwined around it.

Aesculapius was the god of medicine or healing. In Greek mythology, he and the snake-bound staff always appeared in the ancient representations of Aesculapius. According to the Greek (and Roman) mythologists, Aesculapius was the son of Apollo and the nymph Coronis. The temples of his cult were called Aesclepeia, and the most celebrated of these were located at Cos, Epidaurus, Cnidus and Pergamos.

Aesculapius was supposed to have learned the art of healing from Chiron. Zeus, chief of the Olympian gods, became afraid that Aesculapius might make all men immortal so he killed him with a thunderbolt.

The Asclepius cult was introduced into Rome in order to avert a pestilence and the god of healing was taken to Rome in the form of a snake. Consequently, his symbol is the club-like staff with the serpent coiled around it. The army has a similar insignia, the wand of Hermes or Mercury, an emblem of the Medical Corps. The military calls it a caduceus and the symbol has two snakes coiled around a rod and topped by a pair of wings.

Biblical account of the Israelites' wandering also associates a rod and serpent with healing. After the Lord had sent fiery serpents into the midst of the Israelites, Moses was instructed to place a brass serpent on the top of a staff. Every person bitten by the fiery serpents were healed when they looked at the brass serpent.

Aviation Leads To Another Specialty

By AERO-MEDICAL DIVISION
3560TH MEDICAL GROUP
WEBB AIR FORCE BASE

Aviation has contributed a new specialty in the medical field. It is called aero-medicine. The Aero-Medical Division is one of the most important components of the 3560th Medical Group at Webb Air Force Base.

At Webb, as well as at other bases throughout the Air Force, Medical Group is composed of nine elements. Two of these elements overshadow the others—aircrew selection and classification and general medical care.

Other elements include aircrew maintenance, treatment of injuries after collecting the aircrew, passenger safety and comfort, aviation sanitation and global epidemiology, air evacuation, air rescue, and research. In civilian life a person normally goes to a doctor of his own choice. After collecting an adequate history of the case, the doctor is able to recommend treatments for the illness.

However, this is not true in aviation medicine. Because of the very nature of flying, it has become necessary for objective study and examination. This must be accomplished in order that a cadet may prevent harm to himself or his fellow flyers.

or if measures are not taken to prevent injury. Because of the changes in barometric pressure experienced during climbs and dives by pilots, if adequate drainage between the ear and the pharynx is not maintained as the result of a cold, traumatic injury as well as severe infection may result in the ear.

Decompression sickness is another important phase of the altitude problem. Exposure to the low barometric pressure results in the formation of nitrogen bubbles in the circulatory system. These symptoms are very painful and may develop with a blood clot. In some cases, neurocirculatory collapse and death may follow.

To combat these conditions, aviation medicine plays an important role by indoctrinating cadets, using pure oxygen which replaces the nitrogen, and employing various mechanical devices to alleviate the situation such as pressure suits and pressurized cabin. High speed aircraft also present problems, among them being the biological machine of the human related to engineering.

At present, research is being conducted with the aim of allowing the human body to catch up and keep pace with engineering accomplishment. For example, missiles have attained an altitude of 25 miles and higher, whereas man's record in this division is approximately 15 miles. Quite a difference. Currently, the problem is one in designing conditions for space flight which are compatible to life. Aviation medicine not only deals with present needs, but to future needs as well in determining whether or not space travel is practical.

Plastic Surgical Instruments Made

Surgical instruments made from Lucite, a transparent plastic, have proved superior in many ways to their metal counterparts. Developed for use in neuro-surgical operations, the instruments are easy to make, inexpensive, easily handled and light in weight.

Caring For Sick Is Big Business In Big Spring

Caring for the sick is big business in Big Spring. In fact, the local Chamber of Commerce can justify its claims that the city is a medical center by citing one factor alone: The local payroll in this field aggregates slightly over \$2-million annually, second high among all types of businesses and industries in Big Spring.

But don't get the idea that Big Spring produces all of the business for its hospitals. A large territory,

really unusual for a city of its size, depends upon Big Spring hospitals and Big Spring doctors.

The Veterans Administration Hospital and State Hospital, of course, were built to serve substantial geographic territory. But Big Spring's four hospitals that are available for use by the general public serve an ever greater area. The \$2-million plus annual payroll is the aggregate of these four hospitals, the Veterans Hospital,

the State Hospital and the Webb Air Force Base Hospital.

The payroll goes to approximately 650 persons who work in plants, which, along with their facilities, are valued at nearly \$10-million.

These facilities and the professional and non-professional people who operate them are well-known throughout West Texas and parts of New Mexico.

A substantial number of patients come here regularly from such points as Hobbs, Levington and Jal. N. M., Pecos, McCamey, Crane, Big Lake, Sterling City, Colorado City, Snyder, Lamesa, Brownfield, Seminole and all points in between.

They come for surgery, for treatment of chronic illnesses, to have their babies and for treatment of injuries received in accidents.

There are 1,000 hospital beds available for use in Big Spring, and during the past year 14,333 patients were admitted.

Bulk of the admissions was logged by the four public hospitals, which reported an aggregate of 153 beds serving 9,342 patients during the year.

Also available are 30 bassinets in hospital nurseries, and the heavy use of these was reflected in a total of 1,165 births last year.

The medical facilities here probably bring as many people "to town" as any other business or industry the city possesses.

On an average day last year, there were 110 people confined to hospital beds in the four public hospitals alone. At the same time there were 10 infants in the nurseries. A vast majority of these people from out of town, many of them from out of Howard County.

The hospitals spent an aggregate of approximately \$3-million during the year for operating expense including salaries. Of this amount, the four public hospitals spent \$1,438,402.

The Veterans Hospital, which cost over \$6-million, of course, leads the field in value of facilities. However, the four public hospitals, whose construction was financed privately, are valued at \$1,733,608. All of them are fully equipped for surgery, X-rays and many types of facilities for special treatment.

None of the responsibility was lifted, but many of the duties of the city and county health officers were shifted to other persons with establishment of the State Health Department and local health units.

Positions of city and county health officers were created by state statute prior to the time the public health service was established. In those days, it was up to the health officer to enforce all quarantine regulations, care for inmates of jails and county "poor farms," carry on a broad program of disease prevention, make sanitation inspections, and assist with the enforcement of all sanitary laws.

Many of these duties were taken over by public health workers on creation of state and local health departments. However, statute still places responsibility for their performance on shoulders of the city and county health officers.

While responsibilities of the health officer and director of the local health unit are closely parallel, the health officer still is obligated to order quarantines where they are deemed necessary, and his word is law regarding enforcement and observation of any quarantine.

Dr. J. E. Hogan is both city and county health officer here. The positions are filled by appointments from the city and county commissioners for two-year terms. Although local governments set compensation for the health officer in the days when his duties were manifold, the local offices now offer no remuneration.

Health Officer Duties Change

Positions of city and county health officers were created by state statute prior to the time the public health service was established. In those days, it was up to the health officer to enforce all quarantine regulations, care for inmates of jails and county "poor farms," carry on a broad program of disease prevention, make sanitation inspections, and assist with the enforcement of all sanitary laws.

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Heart Can Now Be Revived After A Sudden Stoppage

Six of seven patients with sudden heart stoppage in the operating room of a hospital can be saved if cardiac massage is performed within five minutes, according to Dr. Frank Cole, chief of the department of anesthesiology of the U. S. Veterans Hospital, Lincoln, Neb.

"Cardiac massage is a lifesaving maneuver; it can be performed by any surgeon; it can be started in one minute, and it requires no apparatus foreign to the operating room," Dr. Cole pointed out in Archives of Surgery, published by the American Medical Association.

"It may be said," he added, "that almost invariably a patient who survives cardiac arrest recovers completely." Sudden heart stoppage appears most commonly during anesthesia and surgery, and can happen in any patient, Dr. Cole said. The most important reason for prompt heart massage is the maintenance of circulation; when the blood stops flowing properly, brain damage occurs. Respiratory function and spontaneous breathing are also restored by massaging the heart.

Medical Society Exists As Service To Humanity

By FLOYD R. MAYS, M. D.
The Periman Basin Medical Society has as its primary function the service it can render humanity. There is no other reason for its existence. Its membership is composed entirely of physicians who meet and maintain the high standards of professional ability, and ethical conduct that are required. The initial provision in our code of ethics is service to humanity and we accept this individually and collectively as a responsibility that must be successfully carried out indefinitely. It is the desire of the Society and its individual members that you receive the finest medical care that it is possible for us to provide.

We think today that you receive this type of medical care and it is our constant effort to see that you continue to receive this high quality of service. This community has long been considered the Medical Center of West Texas. It is fortunate in having six fine hospitals, four of which are devoted to the care of private patients, and two of which have made an extra effort to care for special cases. No patient in Big Spring, or Howard County has lacked medical care and treatment when it was needed. Nor will anyone fail to find such care available when they need it, regardless of their financial ability to pay for it.

The citizens of this community will find their doctors active citizens of this community, also. They are vitally interested in its problems and unselfish with their efforts and time, and money to improve the community. They are

represented in all the civic organizations; are active members and supporters of the churches and their good works; are intensely interested in the continued development and progress of our school system; are consistent contributors to our charities and willing workers in all worthwhile civic projects. In general, you know your doctors as good citizens, proud of their community and their county, and convinced that the safety of our nation depends basically on the perpetuation of all our freedoms and our American way of life.

Your doctors are all busy people with very little time they can call their own. They are frequently interrupted from their sleep and their meals and their relaxation. This is part of their life they choose, and they accept it as such. These interruptions are not entirely necessary, when they can be just as well handled at their office during regular hours. Your doctor knows from past experience that most after hours calls are not emergencies, and that most could have been taken care of in the office the day before. If you will understand and appreciate his position in such matters, you will gain his gratitude and you will profit by better service when there is a true emergency.

Your source of redress in any matter concerning service, or what you think may be an unreasonable fee, or any questions that you may have is the Public Grievance Committee. This committee has been formed by the Periman

Basin Medical Society for your use. Its three members are Dr. P. W. Malone, Dr. Clyde Thomas Jr., and Dr. T. J. Williamson. If you have any complaints of any kind you need only contact any one of these doctors, or the president of the Periman Basin Medical Society, whoever he may be at that time, for a quick and just consideration of your complaint. The committee exists for your use, only, and its objective is to provide satisfaction to you.

I wish to take this opportunity to express, on behalf of the members of the Medical Society, our appreciation and gratitude to those who have helped us in our work. To the fine registered nurses that are so essential to every clinic and hospital, to the licensed vocational nurses and to the nursing aids that help us and the nurses. We owe a debt of gratitude to the Big Spring Howard County Health Unit, to Lige Fox and Miss Jewel Barton who have been so splendid in their cooperation with us, and to whom it has been our pleasure to be cooperative with them when they requested it. We wish to thank those that have made possible this section, commemorating 100 years of medicine in Texas.

We wish finally to thank all of you, the people of this community, and those from other communities, that come here to Big Spring for medical care, for your loyalty and faith in us. As we start our second one hundred years of service, we wish only to be able to continue to serve you with the finest medical care that it is possible for us to provide.



Big Spring State Hospital

Dr. Collins Would Repeat Career, Despite His Early-Day Problems

The doctor of half a century ago was not only physician, but he was his own apothecary and more often than not his own nurse.

The hours were long, the distances great, the travel slow and the emoluments, when they were in cash, were modest indeed.

But Dr. T. M. Collins, now a spry 85 years and only three years into retirement, would take the course again if he could roll back the calendar and make a choice. More than likely, he would go right back into general practice.

There were many times in his career when he not only had to worry about his patients, but also about making a living for his family.

Dr. Collins was born near Tiger-town at Colbran's Store, about 20 miles west of Paris in Lamar County on Sept. 2, 1868. Eight years later when he was walking 3 1/2 miles to school, using the fence rows and log footbridge when waters were high, he took home a note from the teacher. This was his report card: "This is to certify that Tim Collins is at the head of his class."

After finishing academy in Fannin County, he went away to school at Louisville, Ky. He was graduated from old Fort Worth Medical College (later to become Baylor) on April 25, 1895.

Internship was not often required then, and anyhow doctors were needed back in his home county. He settled for a time at Tigertown before moving to Monkstown, Fannin County.

"I rode horseback to my patients," he said. "Only the real well-to-do had buggies and they didn't use them much except to stay out of the rain. When the streams got up, I would swim the creeks and bayous with my horse."

After 10 years and one month, he decided to come west. He put his finger down on Andrews as a likely spot, but he must have some misgivings for it turned out there weren't 100 people there. Dr. Collins arrived there in 1908 and was present when the county was organized. He took up some land, holding on to a half a section where he had planted feed.

Later he sold it to J. S. Means. Not long ago he drove by the place, north of Andrews and there was a big oilfield.

"I couldn't bear to tell Muddy (Mrs. Collins) about it," he said. In North Texas he frequently went over into Indian Territory (Oklahoma) and at Andrews his



DR. T. M. COLLINS

practice took him well into New Mexico, around what is now Eunice.

"Got to where I could tell who had come by the way they called when they rode up to the gate at night," Dr. Collins recollected.

"Like as not, I could tell down the road by the way the horse walked or galloped."

Before he left North Texas there was one telephone at Monkstown, and it went direct to Honey Grove, the nearest railroad town. When he moved from Andrews to Coahoma in 1912, there was a phone running from that community to Big Spring.

"They didn't go into homes at first; mostly just between towns. You got to a phone and called into the town where the doctor was, and someone carried the message. It was up to him to get there."

Getting there wasn't an easy chore, either. By 1913 Dr. Collins was fascinated by a Ford he had seen in Big Spring. So he bought it. Thus Coahoma had its first automobile.

This did not, however, solve his transportation woes. He spent about as much time diagnosing his car as his patients. Shovels and hoes were standard equipment to get

out of sand beds, particularly between Big Spring and Coahoma. In 1917 Dr. Collins moved to Big Spring.

He thought he had seen a little of everything, but he had a tragic surprise in store. The historic epidemic of influenza hit, and "I lost patients—everyone lost them—one time an entire family—in spite of all I could do."

It was not uncommon to be up all night and most of the day, going from house to house. It was hard enough on any patient, but pregnant women almost invariably miscarried or died.

Dr. Collins had part of the task of treating soldiers that were removed from troop trains. Even Dr. Buchanan, an ear, eye and nose specialist, was pressed into treating flu victims.

In time it moved on, but Dr. Collins accounted it the worst epidemic of his career. He had seen plagues of diphtheria and smallpox and typhoid fever, and while terrible, they never matched the scope of the flu wave.

Cast on his own, miles and miles from any settlement, let alone another doctor, Dr. Collins learned early that physical diagnosis was his greatest weapon against dis-

ease. Everytime he went back for post-graduate study he studied in this field. His medical books are marked and underscored throughout.

The nature of his practice was such that he got to be quite an obstetrician. Dr. Collins kept no records of this for many years, but by the most conservative estimate he figured that "I caught at least 2,500 babies."

In the years he did keep checks, there were 70 to 85 babies a year. He attended delivery of many a baby for \$5 and \$10 ("for nothing for that matter") and when the fee got up to \$15 and finally higher than that, "well, that's when it came time for me to quit. I've seen my last baby case."

He handled twins many many times, but never triplets. One night a midwife in the Latin-American section "caught" a child but the mother never got easy. Shortly after midnight she sent for Dr. Collins, and he arrived in time to await on the arrival of the twin, born on a different day.

Dr. Collins had an almost miraculous record; he never lost a mother. There sometimes was infection, but always he was able to overcome it. As for bleeding, "I wasn't in too big a hurry to leave."

There have been vast changes in medicine, and Dr. Collins isn't one to talk down progress. Some of the lessons have been learned the hard way. For instance:

"When I started out, it was the custom to wait on a mother and then wash your hands. We soon learned to wash the hands and then wait on the mother."

Dr. Collins and doctors of the early days had fair success with fracture cases, despite modern equipment. Once he cut a pine board to proper length and provided traction for a patient's broken leg. The patient lived to walk as well as ever.

Antibiotics have almost revolutionized practice. They have practically whipped pneumonia, an early day semi-death warrant.

"I discovered I had my best results on patients in old log cabins with wide cracks. Later I made folks take out the bottom sash of the windows. It was air the patient wanted, not warmth. Now one of the antibiotics and oxygen can whip a case quickly most of the time."

Three years ago Dr. Collins withdrew from practice, although some of his patients of many years

kept coming to him. Gradually he "weaned" them off and now goes to his office only to correspond and to attend to business.

But bring up a medical problem, and his eyes twinkle. He straightens up, delivers his opinion, tosses his pencil on the table. Indecision was never a mark of the doctors of those old days.

NOTES ABOUT OUR DOCTORS



DR. JOE B. CALDWELL

One of the more recent members of the medical profession here is Joe Buck Caldwell.

This native Texan has been practicing in Big Spring since July of this year.

Born in Dallas, he was graduated from Kautman High School and did his pre-medical work at North Texas State College in Denton. He earned his B. S. degree there in 1948. From then until June of 1952 he was in Southwestern Medical School at Dallas, obtaining his M. D. degree.

Then followed his internship at Parkland in pathology and a year in psychiatry.

Dr. Caldwell holds membership in his local society and the Texas Medical Association.

He is married to the former Betty Barker. In church affiliation Dr. Caldwell is a Methodist.

Veterans Hospital Has Staff Of 237

A staff of 237 persons and a million-dollar annual budget is involved in operation of the 250-bed Veterans Administration Hospital of Big Spring.

Directly concerned with the care and treatment of patients, now numbering about 150, are 171 of the 237 workers. Remaining 66 are charged with administrative, supply, maintenance and similar responsibilities.

Actually, only 181 of the 250 beds at the hospital now are considered "active," but Manager Willis O. Underwood expects activation of another 46-bed ward in the near future. That would leave only the 24-bed neuropsychiatric ward not in use.

Underwood and Dr. Jackson H. Friedlander, chief of professional services, say the "NP ward" would be put in service if psychiatric personnel could be secured.

Present staff includes nine doctors in medical and surgical divisions of the hospital, 33 nurses,

33 nurses' aides, two dentists, and technicians of various kinds.

Physicians are Friedlander, the chief of medical and surgical services; Everett G. Fausel, chief of surgery; David B. Snelling, chief of medical service; Houston J. Zinn, John B. Woodall and John H. Coffey, general surgeons; George A. Leonard, admitting physician; Donald A. Jones, internal medicine; Morris Dworin, chief of radiological service; Calvin J. Guilliams, chief of dental service; and Emil B. Sulek, dentist.

Bessie Love is chief of nursing services with a staff which includes two nurse-anesthetists, medical supervisor, surgical supervisor, operating room supervisor, and an assistant in charge of nursing education. Remainder of the nurses and aides also come under Miss Love's jurisdiction.

Considered a vital part of the medical service afforded by the hospital is dietetics, responsibility of Lenora G. Weber, chief dietitian. This department includes an

assistant dietitian, eight cooks, a baker, butcher, two food supervisors and 15 helpers.

Hospital staff also includes occupational, physical and educational therapists; six medical, X-ray and dental technicians; a social worker, pharmacist, and special services staff, the latter particularly important in that it provides practically the only recreation available to most long-term patients. Librarian, both for the patients and doctors, and chaplain, are in this department.

The administrative staff, headed by the hospital manager, handles all work involved in providing professional staff with supplies, service, etc. required for performance of their duties. These workers staff a complete hospital laundry, care for buildings and grounds, handle mail and other communications, keep necessary records, care for finance, and keep hospital supplies flowing.

Annual budget of the hospital approximates \$1,000,000, about \$800,000 of which is spent locally in the form of salaries and expenditures for food and other supplies. Approximately \$100,000 worth of medical and other supplies comes directly to the hospital from a VA depot in Chicago. Local payroll is about \$800,000 per year and \$100,000 is spent for food, etc., in this immediate area.



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Let's Stop For a Minute

How many of us realize how fortunate we are in Big Spring? Our Medical Center is like a magnet, drawing people from a large West Texas area for diagnosis and treatment. This is no accident—the reputation of our doctors and hospitals has been established as the result of years of conscientious effort to aid the sick.

We are fortunate in having Doctors who keep abreast of all modern developments in medicine and surgery. The fact that our Doctors and hospitals have such a widespread following is a tribute to their skill and ability . . . therefore, we the people of Big Spring should stop for a minute . . .

And Pay Tribute To Our Medical Profession And Its Fine Nursing Staff On Their 100th Anniversary

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A Rich Heritage... A Worthy Challenge

A hundred years of medical progress in Texas is worthy of noting. The year, 1953, the 100th birthday of the Texas Medical Association, finds that scientific society with more than 6,000 members. All of these are dedicated to the continued furtherance of any and all knowledge that will contribute to the health of mankind.

That dedication—that goal—has been the same for the 100 years of Organized Medicine in Texas. It represents a rich heritage for this state. It has meant progressively better health conditions, continued gains in combatting disease of all kinds, greater achievement in bringing longer and richer living to the people.

Progress does not stop, with 100 years. Today, the field is still open for further advances in medi-

cal science. Many problems are yet to be solved. Much remains to be done to improve the well-being of mankind. So that, a rich heritage in medical advancement means also a worthy challenge to go on with research, with development of facilities, with provision of even better care for the sick and of more preventive programs to maintain good health.

This institution is proud of the rich heritage that has been left by the generations of Texans before us. And it is pledged to accept the worthy challenge of continuing with the advancement of medical science for the good of all the people. Our equipment, our facilities, our personnel shall remain dedicated to the fulfillment of that challenge.



Cowper Clinic & Hospital

Nursing Field Has An Important Role

There is an important place in the field of nursing for just about every woman who is interested in helping care for the sick.

The registered nurse, of course, is the one with the most responsibility, and she's the most highly trained. But for the woman who does not have the opportunity for such extensive training vocational nursing is a field with great rewards in terms of personal satisfaction.

To be entitled to wear that "R. N." after her name the young woman who wants to be a registered nurse must complete at least three years in a school of nursing, after receiving her high school diploma. Then she must pass a state board examination.

Sometimes nursing students take

a four or five year course in a regular university or college and finish with both an academic degree and an R. N. Beyond their minimum schooling, nurses may also take post-graduate work in special fields, all in qualified schools supervised by the state educational director.

These fields include, operating, public health nursing, anesthesia, obstetrics, pediatrics.

The regular staff nurse in a large hospital works under a group of supervisors. Under the director of nursing are supervisors in various departments of the hospital; for example, operating, obstetrics, pediatrics.

Each unit, or ward, in turn is directed by a head nurse, who supervises the general duty, or staff, nurse.

The licensed vocational nurse is a new title in Texas as the law providing for licensing went into effect only last year.

The law requires the vocational nurse to have had a course of at least nine months in a hospital, usually under the direction of a registered nurse. The course makes her eligible to take the state examinations.

Temporarily women who have had considerable experience in what is popularly called "practical nursing," including one year of experience in a hospital, may also take the state vocational nurse examination. But after next year this exception to the regular nine months schooling will not hold.

Vocational nurses work in hospitals and issue medications, such as hypodermics.

Another group is the women who have been hiring themselves out to patients in private homes as companions or "practical" nurses. After 1952, however, they will not be allowed to do so.

Still another person in the nursing operations of a hospital is the nurse's aid or attendant. She completes only a very short course and works directly under the nurses.

Making beds, delivering messages, carrying trays are some of the aid's jobs. But she is not allowed to give medicine since her training doesn't cover that field.

NOTES ABOUT OUR DOCTORS



DR. CLYDE E. THOMAS JR.

Dr. Clyde E. Thomas Jr. came to Big Spring at an early age although he was born in San Benito, Texas, November 1, 1913. He is a graduate of Big Spring High School. He took his pre-med work at the University of Texas and then studied medicine at the University of Texas Medical School, getting his degree in 1937.

He took his internship at John Sealy Hospital in Galveston from 1937 to 1938 and his residency at the same hospital from 1938 to 1940.

During World War II he served with the 127th General Hospital Unit (University of Texas Unit—General Surgical Service) spending ten months in England and 14 months on the continent at Rennes and Nancy, France. He set up a hospital at Bournemouth, England.

Dr. Thomas is a past president of the Permian Basin Medical Society and also holds memberships in the State Medical Society, American Medical Association, Southwestern Surgical Society, and Singleton Surgical Society.

He is married and has three children. His wife's maiden name was Jane Lucas. The Thomas family lives at 400 Washington Blvd.

He is a Methodist and a member of the American Business Club.

Education Is Continuous At VA Hospital

Dr. Jackson H. Friedlander, chief of professional services at the Big Spring VA Hospital, considers a continuous educational program one of the most important phases of the institution's operation.

The professional chief instituted an extensive training program within a few days after his assignment to the position last October. The educational program has been continuous since that time.

"Doctors must continually study in order to keep abreast of developments in their field as well as strive to learn more and more about the human body and its ills," Dr. Friedlander prefaces any discussion of his training program.

The training is facilitated by lectures of staff members as well as visiting specialists and authorities in the various fields of medicine and surgery. Numerous specialists, in private practice, constantly make "supervisory visits" to the VA Hospital, discussing with staff members various aspects of a case.

Conferences are held on virtually every case of illness reaching the hospital, and one of the most important of these is the clinical and pathological discussions in which all symptoms, results of laboratory tests and other case findings are listed for study.

The hospital also sends individual staff members to special courses at medical schools, other hospitals, etc.

Once each month, a specialist in some field visits the hospital to deliver a lecture on his specialty. The lecture series has proved to be extremely popular with private doctors throughout this area who attend along with staff physicians.

For training as well as for study of individual cases, the VA Hospital maintains a complete medical library which includes all the standard medical textbooks and current and back issues of some 60 medical journals.

Library Used Frequently By Medical Staff

Although all hospitals here maintain a medical record library on patients, only one has a research library for doctors and nurses.

The one is Malone and Hogan Clinic-Hospital Foundation. A library room has been set aside in the hospital which contains some 300 medical volumes.

All the doctors and nurses are free to make use of the library, and volumes on the various specialties are available. And the books are well read, according to D. S. Riley, administrator.

Although the other hospitals in Big Spring do not maintain a formal library, all the doctors have their private book collections. If the collections were combined, each hospital could probably field a formidable library.

The records library is another matter. Although the hospitals might not tag the name "library" to their records, a complete run down is available for each person who ever received treatment.

Some hospitals keep the files in their business office, but others have found it necessary to file old records away in special rooms.

The complete medical history of patients is available from the records. And everything concerning one patient is grouped in one folder or file.

These records are all typed and separated. While all the libraries are indexed, some are cross-indexed. This means that records are filed under names of patients, diagnosis of disease, operation if any, case number, and doctor in charge.

Under the cross-index system, the record can be obtained if any one of the items under which the case is filed is known.

Usually, all active records are kept in the business office. But when the treatment ends, the record is usually sent to the library. One hospital here has a library with file cabinets all around a 25 by 30 foot room.

Hazard Of Poison In Solvent Rises

Carbon tetrachloride, a solvent used extensively as a home and commercial cleaning fluid and for various industrial purposes, is a poison hazard of increasing importance, according to a warning issued in the American Medical Association's Archives of Industrial Hygiene and Occupational Medicine.

The solvent is potentially toxic by inhalation, by contact with the skin or mucous membranes, or by oral intake. As emergency measures in poisoning by inhalation, the removal of the patient to fresh air was suggested. Artificial respiration and oxygen may be necessary in some cases. Caffeine may be given as a stimulant. In poisoning by swallowing, immediate washing of the stomach with plain water was recommended. Use no milk or other fatty liquids because of the possible danger of producing fat embolism. Give no alcohol. Magnesium sulfate may be given orally.

100 Years of Organized Medicine In Texas

In Observing This Occasion

... 100 years of Organized Medicine in Texas ... we take great pride in saluting our local Medical Profession ... We take this opportunity to pay tribute to our doctors, nurses and to the fine hospitals and clinics in Big Spring. We're proud to live in a community where the best medical attention is available to those who need it. We want to salute all of the people who had the foresight to plan a "Medical Center" that could meet the needs of the people in Big Spring and its vast trade territory.

Great Progress

has been made in the Medical Profession and its allied professions in the past 100 years in Texas. West Texas has grown tremendously in the past century, and the doctors, nurses, hospitals, and clinics have vigorously kept pace with the progress of this section of Texas ... It is indeed, a pleasure to pay tribute to this group of people who have tirelessly worked for the betterment and welfare of their fellow man.

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NOTES ABOUT OUR DOCTORS



DR. EDWARD V. SWIFT
Edward V. Swift got his start in Texas and later returned to his native state, though swapping sections in the process.
Born at Palestine, he completed

his high school training there in 1926. Two years of pre-med work followed at Texas A. & M. College, and he completed his work for his MD degree at the University of Texas in 1933. This was not the end of his studies, however, for in 1939 he earned his Master of Medicine degree.
Internship in 1933-34 and residency the following year were both at Parkland Hospital in Dallas. During the war he was consultant in cardiology at Brooke General Hospital for four years, and then served as chief of medicine at the 241 General Hospital from 1944-46. The following year he came to Big Spring.
He is a member of the American Board of Internal Medicine. Dr. Swift held a fellowship in medicine at Mayo Clinic from 1935-39. He holds membership in the Texas Academy of Internal Medicine, the AMA, County and State Medical Associations, and is a fellow in the American Geriatric Society. In 1952 he was secretary, treasurer of the local society and also was named delegate to the state meet in 1954.
He and Mrs. Swift, who was Ann Peck before her marriage, reside at 603 Edwards Blvd. They have one child and are members of the First Christian Church. He also is active in the Toastmasters Club, Knife and Fork Club, Chamber of Commerce.

Sudden Death In Infants Usually Is Beyond Control

By MILTON W. TALBOT JR., M.D.
Instilled in the mind of all parents is that fear, generated by the stories in press and hearsay, of the sudden, unexplained death of an apparently well infant. The child which dies in its sleep after having shown no discernible sign of sickness upon retiring, or he who is well upon his parent's departure only to expire suddenly in his sitter's care is, fortunately, to be found with extreme rarity.
The infant who suddenly becomes worse after only a few hours of apparent indisposition and dies within a few hours is more frequently found. Either circumstance inevitably creates in the parent a sense of extreme guilt and thus a two-fold cross is to be borne.
This self-recrimination in most circumstances should not be entertained. The death of an infant or small child through apparently unexplained reasons usually is the result of circumstances which the parent or the doctor are powerless to control.
In the not too distant past, post-mortem examination of these children disclosed, as a rule, only one significant finding—that of an enlarged thymus gland. The thymus is an organ situated in the upper part of the chest against the front portion of the rib cage and composed of tissue similar to that of the tonsils. Like them its function is not too clearly understood.
It is, however, thought to act in some way in the protection of the individual against infection. The finding of an enlarged thymus led to the diagnosis of "status thymico-lymphaticus" to account for these cases of sudden death in which the only finding was enlargement of the gland. This was, at first, intended merely as a term to describe the anatomical abnormality, but it came through usage to imply a disease in its own right and to lead to incrimination of an enlarged thymus as the cause of sudden death. Though felt to be in error by many physicians, the term and the idea persisted in public mind and print as an explanation.
Further work in the past few years has disclosed, however, that the thymus is an extremely sensitive organ. To infection in the individual, to injury or to other stresses and at the very beginning of almost any irregularity in the health of a child it shrinks very dramatically to only a fraction of its normal size. It is this shrunken gland which was taken as the normal one for many years. It became then to be realized that the large gland apparent in children who had died suddenly was the normal sized thymus which had not had sufficient time to react to the stress of the situation which was the cause of death. Other work has shown that the thymus gland, large or small, is probably incapable of producing illness, not to mention death, sudden or otherwise.
Thus deprived of a handy explanation medical science had to look further for an explanation in this, the most tragic of pediatric afflictions. As the search was ex-

Pelvic Surgery Both Elective And Emergency

By J. E. HOGAN, M. D.
Surgery is a mechanical treatment of disease. Either the diseased organs have to be removed or repaired for better function. Many things happen to people that cannot successfully be treated by medicine. When such develop, then the surgeon is called in. In counseling surgery of the pelvic organs, we have to examine, study, and evaluate what is the best type of operation to do so as to preserve as much normal tissue as possible and assure as good function of the organs as possible in order to have a healthy patient. The main indication for surgery any where is to make the patient feel better when the same results cannot otherwise be obtained.
Many acute emergencies arise that require surgery early, and some conditions very quickly if a life is to be saved. Sometimes caesarean section has to be done in a matter of a few minutes to save a mother or her baby. Ectopic, or tubal pregnancies require emergency surgery. This condition can cause fatal hemorrhage, and unless the bleeding, which is internal, is not stopped quickly the woman will lose her life.
There are other emergency or near emergency operations. Many cases of excessive uterine bleeding have to be operated as soon as a curettement is done to determine the cause of bleeding, which may be caused by miscarriage, tumors, or functional bleeding. Occasionally a large cyst of an ovary will become twisted, causing gangrene of the ovary for which the only treatment is removal of the ovary. Abscesses can develop, either in the external or internal structures, and have to be drained.
The majority of pelvic surgery is elective and can be done at the patient's and doctor's convenience. These conditions are weak bladder and rectal supports, most hysterectomies, reconstruction or removal of tubes or ovaries, certain operations on the cervix, and fistulae.
One of the frequent conditions for elective surgery of the pelvic structures is weakness, resulting from childbirth. Bladder supports are weakened so that the woman has bladder infection, inability to hold her urine when the bladder is only partially full and will cause an uncontrollable passage of urine, especially when coughing or straining. The rectal supports also can be weakened to give trouble. Many of these people also have a prolapse of the uterus. All of these troubles cause nervousness, backache, low abdominal pains, and

marked feeling of heaviness when the patient stands on her feet for any period of time.
Hysterectomy, or removal of the uterus, is needed in many of the prolapse cases. Fibroid tumors, which is not a cancerous growth, is probably the most frequent cause for hysterectomy. Cancer of the uterus is best treated by hysterectomy. A few years ago hysterectomy was commonly done by removal of the body of the uterus and leaving the cervix, which is commonly called the mouth of the uterus. In more recent years the cervix is almost always removed along with the uterus because it has been found that about 3 per cent of the cervixes not removed will later develop cancer. Modern surgery has advanced so that the mortality rate of doing the entire operation now equals that of doing the partial operation, and leaves the patient in a much healthier condition.
Operations on the ovaries are indicated when growth occurs. This can be either cancerous or non-cancerous. About the only reason for operation on the tubes is for chronic infection that penicillin will not cure.
Certain injuries can happen to cause an opening either between the bladder and vagina or rectum and vagina. These are called fistulae and in order to stop the continuous passage of fecal material or urine through the vagina, the openings have to be dissected out and closed.
Chronic infection and growths can develop on the cervix and have to be removed.
The most important sign that any woman has to heed quickly and be checked for is abnormal bleeding, that is any bleeding that occurs other than her regular menstruation. All abnormal bleeding of cancer until determined otherwise, and I would like to stress that if cancer can be found early that most all of them can be cured. Too frequently women in the menopausal age think that extra bleeding is part of their menopause. Again I stress that any abnormal bleeding in any age is significant, so please give your doctor a chance. He may be able to save a life that may be your own.
Early Diagnosis Is Important In Cancer
Immediate evaluation of the cause of bladder difficulties is of vital importance in the prevention of cancer or the spreading of the disease, according to Dr. Hug' J. Jewett of the James Buchanan Brady Urological Institute, Johns Hopkins Hospital, Baltimore.
"When the diagnosis is made late in the course of the disease, generally because significant symptoms have been disregarded for a period of time, the tumor usually will be deeply infiltrating," Dr. Jewett stated in the Journal of the American Medical Association.

A Tribute To The
PERMIAN BASIN MEDICAL SOCIETY
On Their
100th ANNIVERSARY
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OUR CONGRATULATIONS TO THE MEDICAL PROFESSION ON THEIR 100th ANNIVERSARY

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A TRIBUTE TO BIG SPRING'S MEDICAL PROFESSION AS THEY OBSERVE 100 YEARS OF SERVICE

May we add our words of praise and tribute to all of the rest in this observance of the wonderful progress that the medical profession has made. We honor the doctors, nurses, and the hospitals and clinics . . . for the fine work they are doing in our community!

DR. NELL SANDERS
Nell White Sanders is part of a rare combination—a husband and wife doctor team.
She is, of course, associated with her husband, Dr. Virgil Sanders, in practice here.
Dr. Nell Sanders was born in Beaumont where she received her public school education. She did her pre-medical studies at the University of Texas and earned her M. D. degree from the University of Texas school of medicine at Galveston in 1942.
Her residency was at Baltimore Eye, Ear & Throat Hospital at Baltimore, Md., an experience which fitted perfectly into her special field. Dr. Sanders also took graduate training in bronchoscopy at Temple University in Philadelphia, Pa.
She is a member of the Permian Medical Society, the Texas State Medical Society, the American Medical Society, and in 1949 she served as secretary of the local society. She and her husband reside at 1109 Runnels. Her church affiliation is Catholic.

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PRINTERS

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We Salute Our Medical Profession!

We say "thank you" to the doctors, nurses, and hospitals of Big Spring for the splendid job they're doing!

To Our Doctors!

So many of us fail to appreciate the sincere, day-to-day service that these men and women contribute to our lives. Your doctor is your friend . . . he is your advisor where problems of health are concerned. He is always available whenever you need him . . . tireless . . . faithful to his duty. He often gives his time . . . without compensation . . . to public hospitals . . . and charity. He is our symbol of health.

To Our Nurses!

In thousands of hospitals and clinics today . . . many faithful nurses are working long, hard hours toward the goal to which they have dedicated their lives. A blessed comfort to the sick . . . who know that they can bring her to their side at the touch of a button. She brings renewed confidence and hope to her patients. She is indispensable to the medical profession.

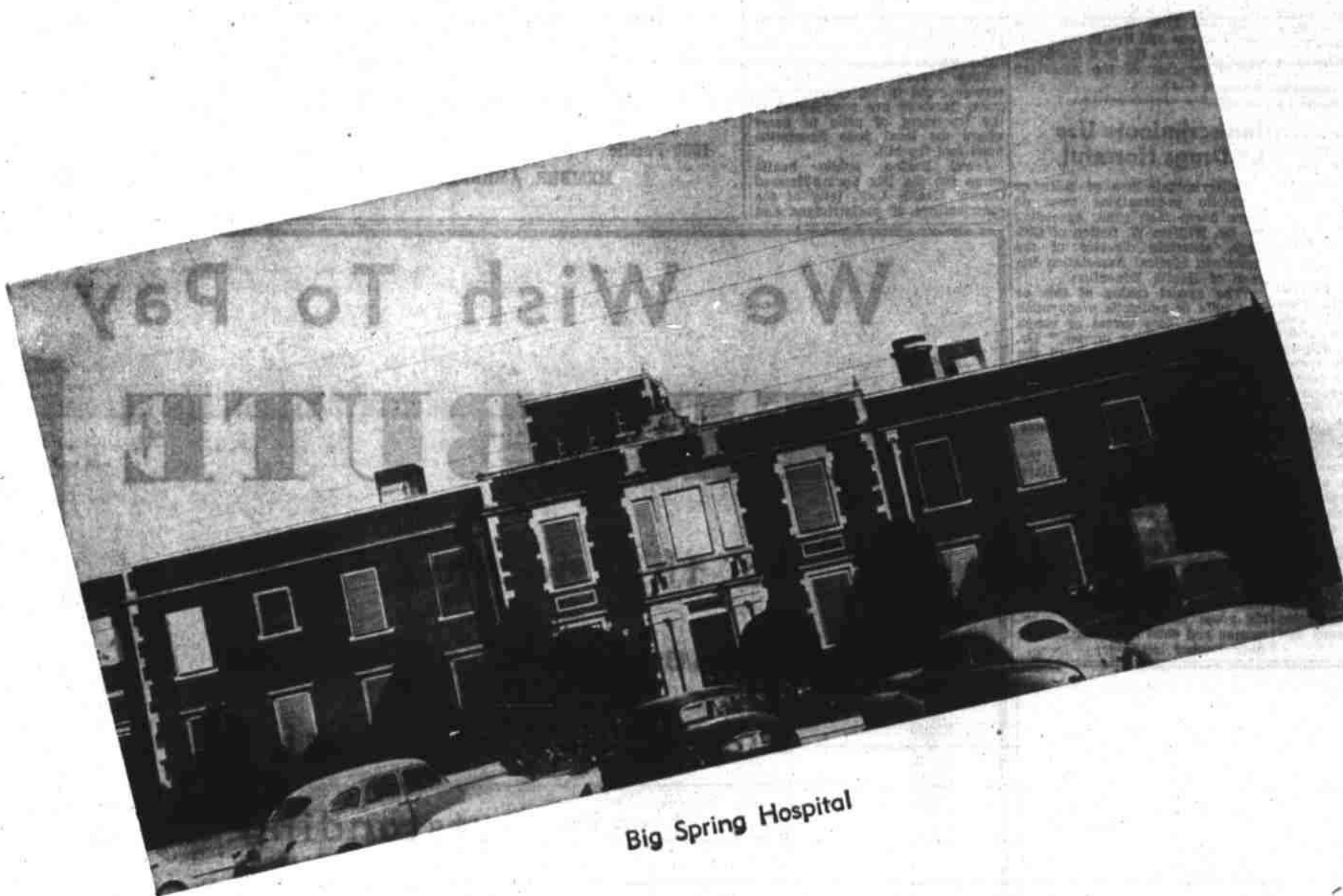
To Our Hospitals!

When someone is being tenderly cared for in one of our modern hospitals, then we realize the importance of their existence. Staffed with wonderful doctors, nurses interns and equipped with every imaginable kind of life saving device, our hospitals are a headquarters of mercy for the suffering. When we think of all of the modern miracles that are performed daily in our hospitals and clinics, we want to tell the world about it . . . What would we do without them!

K. H. McGIBBON

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Dedicated to the Health Of West Texas And Progressing with Medicine In West Texas...



Big Spring Hospital



Big Spring Clinic

West Texas may rightfully be proud of its tradition of robust health. The credit for that happy condition is due in great part to the progress of Organized Medicine in its 100 years in Texas.

The Howard County Hospital Foundation has made a conscientious effort to keep pace with the great progress in the field of medical science, and is proud of modern equipment, facilities and services dedicated to the Health of West Texas.

We take the opportunity on this, the 100th Anniversary of the founding of the Texas Medical Association, to express our gratitude for all evidences of cooperation that has made our progress possible.

We pledge our unceasing efforts to maintain the highest standards in facilities and service that we may continue to merit the confidence of West Texas.

Howard County Hospital Foundation

(Formerly Big Spring Hospital)

One Of Finest VA Units In Country Located Here

One of the finest general medical and surgical hospitals in the entire country is the Big Spring VA Hospital.

The institution is not the largest of its kind, but none is better equipped for general surgery and medicine. In fact, any kind of surgery, including complicated neurosurgery, can be performed in the hospital with the surgeon not handicapped by lack of equipment.

The VA Hospital has no neurosurgeon, however, and any such operation would be performed by a visiting specialist if it ever became necessary. The institution also is completely equipped for neuropsychiatric therapy, but that 24-bed section of the hospital is inactive at present.

One entire floor of the Big Spring VA Hospital is devoted to surgery and allied services.

Air conditioned, the floor includes operating rooms for orthopedics; eye, ear, nose and throat; genitourinary surgery, and two rooms for general surgery. The genitourinary operating room is equipped with its own X-ray equipment, while the orthopedics room has table which may be adjusted to place limbs or body in virtually any position the surgeon desires.

All operating rooms have ultraviolet light shining constantly to keep atmosphere and equipment bacteria-free.

Surgical floor also includes anesthesia room, and four "recovery

rooms" for the post-operative patient.

The hospital has two units, each equipped for every type of X-ray and fluoroscopic examination. Dental clinic also is X-ray equipped.

The hospital has its own laboratory, equipped and staffed to perform virtually any kind of examination, including tissue studies and blood and chemistry tests.

Medical department is fully equipped for electrocardiographic diagnoses. Other diagnostic equipment includes that for basal metabolism studies.

In addition to usual facilities for medical treatment, the hospital has physical rehabilitation department for both physio- and corrective therapy. An occupational therapy department is in operation for re-education and development of new skills in patients. Recreational therapy, or morale building, is provided by the special services section.

A dental department, fully equipped and including two dentists and a dental technician, is among medical facilities.

Another important "center" in the VA hospital is the general and medical library which is used by both patients and staff members. Medical library, open to all doctors in the area, includes current and past issues of about 60 medical journals, and all standard medical textbooks.

The hospital maintains a reserve of all types of blood for transfusions in a refrigerated vault. It has its own pharmacy which stocks all necessary drugs, including most of the new "miracle drugs" which are available to veterans' hospitals.

There is a five-bed tuberculosis isolation unit, which includes a private kitchen, dining room and all utilities necessary for complete and constant isolation from remainder of the hospital.

The 24-bed neuropsychiatric ward also is separated from other sections of the hospital. It is free of any type of hazard such as water faucet or other projection which might cause injury to a patient. The ward has two exercise porches and is so arranged that every patient is constantly in range of vision of personnel in charge.

Admission division of the hospital is equipped to handle emergencies, with a doctor on duty at all times. Dietetics division also comes under medical department of the hospital and provides patients with scores of different diets, each one designed to assist doctors in treatment of a specific condition.

The Big Spring VA Hospital is designed to accommodate 250 bed patients. In addition to its regular staff, it has at its disposal the services of specialists in all the fields of medicine and surgery, as well as facilities of specialist hospitals to which patients may be moved.

Currently, wards and rooms holding 181 beds are in service, with opening of another 46-bed ward expected. That will make the hospital fully active with exception of the neuropsychiatric ward and the out-patient clinic.

NOTES ABOUT OUR DOCTORS



DR. T. J. WILLIAMSON

Dr. T. J. Williamson is a graduate of Big Spring High School, class of 1930. He was born in Kingsville, Texas, August 31, 1913, but came to Big Spring as a child in 1922.

He obtained his Doctor of Medicine degree in 1940 and interned at Shreveport Charity Hospital, Shreveport, La. He practiced at Eldorado and Seminole before settling here.

Dr. Williamson had three years military service during World War II including one year overseas in the CBI with the 70th Field Hospital.

He is a member of the Permian Basin Medical Society, the Texas State Medical Society, and the American Medical Association.

He and Mrs. Williamson have four children and live in the Silver Heels Addition. He is a Methodist and a member of the American Business Club.

Doctors Spend Much Time On Community Welfare Projects

Doctors contribute a substantial amount of their time and professional skills to many community service and welfare programs.

Among the agencies and organizations which benefit from cooperation of local physicians are the city-county health unit, Red Cross chapter, tuberculosis association, crippled children's groups, heart and cancer societies, polo foundation, Boy (and Girl) Scouts, and parent-teacher organizations.

Many Big Spring doctors actively support work of the TB association, cancer and heart societies, assisting them with fund campaigns, case finding, follow-up examinations, and other matters.

Method in which the physicians contribute to the constant battle against tuberculosis probably is typical.

In the first place, one doctor has sparkplugged activities of the Howard County Tuberculosis Association for years. He and others have constantly supported the annual chest X-ray survey.

Usually, however, bulk of the physicians' work comes after the tuberculosis infections are found in other manners by health authorities. When a possible TB case is found, both doctors and hospitals assist in completing diagnosis through additional tests, often giving their services without charge.

They supply health authorities with all information about the infection, which assists in getting the victim of the disease hospitalized as well as enables the sanatorium staff to prescribe and administer prompt treatment of the specific type needed.

Doctors, in this and similar programs, help conduct educational programs to familiarize the public with symptoms or "warning signals" of cancer, heart disease and other illnesses. Nearly always, you'll find a doctor in the forefront of fund campaigns for the fight against diseases.

They cooperate with efforts of service clubs to aid crippled children. Services are contributed to the treatment of polio in cases where the local polo foundation must foot the bill.

Jewel Barton, public health nurse for the Big Spring-Howard County Health Unit, tells of the contributions of pediatricians and

others to well-child clinics she conducts once or more each month. A doctor participates in each of the conferences with children and their parents.

Physicians also cooperate with P-TA units which sponsor preschool clinics for youngsters just ready to enter school for the first time. At least one doctor is on hand at all times when the Red Cross Bloodmobile visits the city. Doctors assist with other Red Cross programs and conduct camp examinations during Scout activities.

Life Fox, city-county sanitarian, says he "couldn't ask for better cooperation" than he receives from Big Spring doctors.

"They'll perform any kind of examination the Health Unit re-

served as school trustees and other voluntary public boards. Some are leaders in their churches and fraternal units.

There's A Cause For Aching Back

"Oh, my achin' back," can be much more than just a slang expression.

Most aching backs are the result of an abnormal change in the normal physiological curves of the spine, in the opinion of Dr. Frank R. Ober, a Boston orthopedic surgeon.

Writing in the Journal of the American Medical Association, Dr. Ober stated he believed the causes of back pains fall into six categories—injuries, bad posture, congenital malformations, diseases of spinal bones and joints, malignant disease, and diseases outside the spine.

Auxiliary Sponsors Essay Contest Here

High school students will be putting the polish on essays explaining "Why the Private Practice of Medicine Furnishes This County With the Finest Medical Care" in a couple of months.

And the Auxiliary to the Permian Basin Medical Society will be especially proud because promoting the contest is one of its main projects. The contest is geared to the group purpose, which is to extend the aims of the medical profession to all organizations concerned with health and health education.

The Auxiliary also works closely with young people in promoting nurse recruitment to ease the nationwide nurse shortage.

Mrs. Clyde E. Thomas Jr., nurse recruitment chairman, is planning talks with senior girls late in the year to encourage them to select nursing as a career.

The program of the auxiliary parallels closely that of the society and the two groups meet at the same time. Its members are from 10 counties: Howard, Martin,

Glasscock, Scurry, Borden, Kent, Dickens, Garza, King and Stone-wall. All the meetings are held in Big Spring, however.

The group's program is still in the planning stage, as it was re-organized only last June. Before that it had included the area around Odessa and Midland.

Mrs. Floyd Mays, legislative chairman, will keep the members informed on all medical legislation. Another important part of the program is to make available to the public literature on the medical profession. Mrs. J. E. Hogan will be in charge of that project.

The group has material to furnish any group planning a program on medicine; for example, they have distributed information on the prepaid medical plans acceptable to the American Medical Association.

The public relations aspect of the auxiliary also includes the formation of study groups. This year they are planning to put on a health program for each local P-TA unit. Entitled "Scattered Showers," the play will concern working with children.

In addition, the local auxiliary has material available for radio programs. In larger communities the auxiliary secures speakers on medical topics for lay groups.

Assisting Mrs. M. W. Talbot, president, are Mrs. James Wood, vice president and Mrs. P. W. Malone, secretary-treasurer. Other chairmen and committees are Mrs. John Y. Battenfield, public relations for Snyder; Mrs. Roy Sloan, program committee chairman, publications; Mrs. C. B. Marcum, Mrs. J. H. Fish and Mrs. E. V. Swift.

The Auxiliary also works through the state organization to support a loan fund for junior and senior medical students, a state medical library providing the latest literature in the field, a memorial fund for widows of doctors and their children and a medical education fund.

Indiscriminate Use Of Drugs Harmful

Indiscriminate use of sulfa or antibiotic preparations may do more harm than good, according to Dr. William W. Bolton of Chicago, associate director of the American Medical Association Bureau of Health Education.

"The casual taking of this or that sulfa or antibiotic preparation for a cold, sore throat or cough may be worse than unwise," Dr. Bolton stated. "It may speed the difference between recovery and the reverse if some disease such as pneumonia, influenza meningitis, or even an ordinary staphylococcal infection strikes at a later date."

"For, in taking dribbles of the wonder drug from time to time, the patient can teach his germs how to develop strong resistance to — even dependence upon—the very substance that otherwise would rapidly destroy them."

It is estimated there is enough timber in U. S. forests to build a six room house for every man, woman and child in the nation and have lumber left over.

OUR CONGRATULATIONS

To The Medical Profession Of Big Spring And All Texas On The Observance Of Their Centennial Anniversary.

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NOTES ABOUT OUR DOCTORS



DR. FLOYD R. MAYS

Floyd R. Mays Jr., president of the Permian Basin Medical Association, is a native Mississippian who came here by the way of Illinois, Virginia and Louisiana.

Dr. Mays was born at Greenville, Miss. but was graduated from Hyde Park High School in Chicago. He did his pre-med work in Washington & Lee University at Lexington, Va., where he earned his B. A. degree. It was in 1943 that he completed his work for his M. D. degree at the Louisiana State School of Medicine.

Internship was at U.S. Naval Hospital in Norfolk, Va. and his residency—in surgery, obstetrics and gynecology—was at Charity Hospital in New Orleans.

Graduation from medical school came at a time when he went immediately into service. After a year at Norfolk, he was assigned for four months to Naval Air Station at Pensacola, Fla., and then for two years as regimental surgeon for the 29th Marine Regiment. Prior to separation from service, he had another year at the Naval Hospital in Baltimore, Md. Graduate studies in surgical emergencies of children followed at Charity Hospital in New Orleans and in obstetrics and gynecology at Cook County Hospital in Chicago.

In addition to membership in the Permian Basin Society, he also is a member of the Texas Medical Society and American Medical Society. He and Mrs. Mays, the former Pauline Schultz, reside at 603 W. 18th. His church affiliation is Presbyterian, and he is a member of the American Business Club and the Chamber of Commerce, being chairman of the latter's health committee.

Improper Footwear Causes Dermatitis

Much foot dermatitis is caused by the failure of footwear to permit the absorption of thermal and psychogenic sweat. During the past quarter century there has been a trend to use impervious materials in footwear, thus preventing the evaporation of sweat. As a result, there occurs a train of symptoms and signs on the feet which, today, has been lightly passed off as a touch of fungus infection, a report to the Journal of the American Medical Association said.

Dear Doctor . . .

A hundred years of medical progress in Texas are worthy of noting. For without the marvelous medical advancements of the past century, this nation would not now be equipped to face and cope with the problems that in this day seem insurmountable.

The health of our nation and of our smallest community is dependent upon the integrity and skill of the medical profession. Our entire security is involved.

When we consider the worthwhile achievements and the notable advancements of the medical profession during the century, we proudly join in paying tribute to the doctor—the "city" doctor and the "country" doctor on their 100th Anniversary.

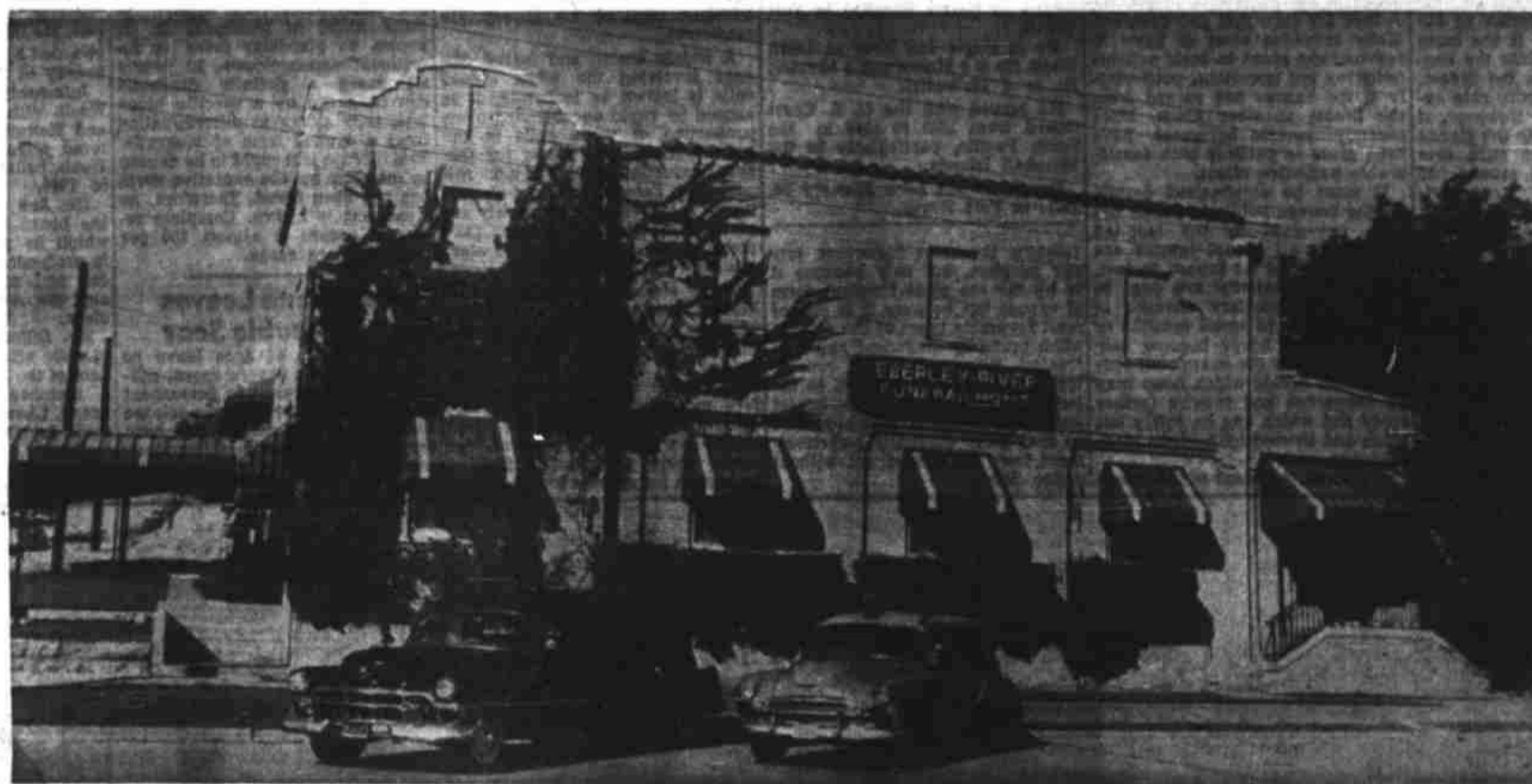
State National Bank

IN BIG SPRING

Our Congratulations To The Permian Basin Medical Society

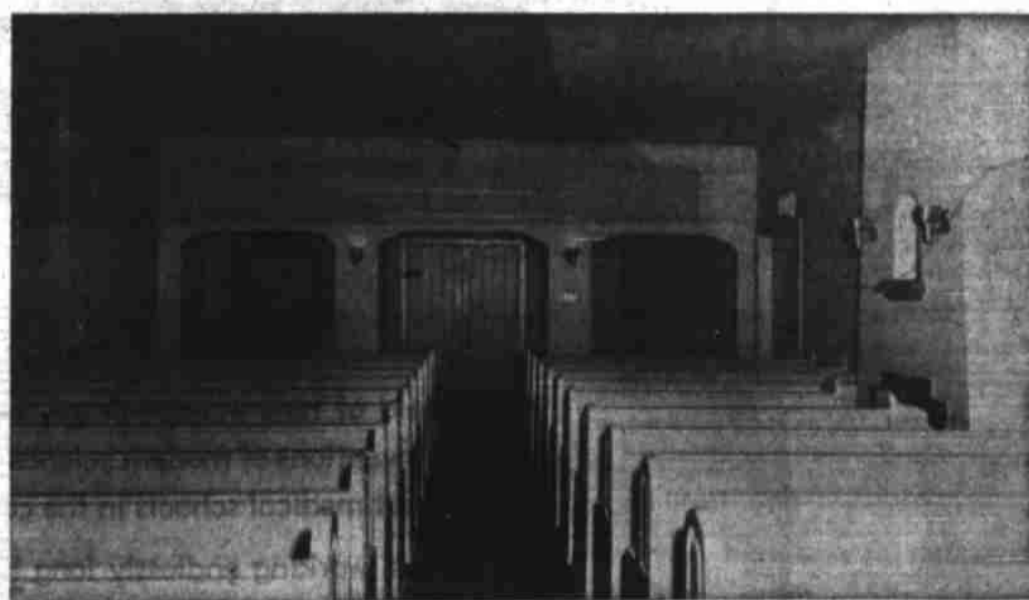


THE GOOD RIGHT HAND...



During the darkness of the night or the light of day, should an emergency arise, there's always an Eberley-River ambulance at the beck and call of your doctor. He looks upon Eberley-River as a good right hand . . . always dependable . . . always on the job.

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Self-Examination Helps Stop Cancer

By C. B. MARCUM, M. D., F.A.C.S.

Cancer kills more women between the ages of forty and sixty years than does any other disease, and cancer of the breast is the commonest form of cancer in women regardless of age. Each year it causes the death of more than 17,000 women. Because most of the patients with breast cancer discover the lump themselves—accidentally—we firmly believe that at least half of these deaths would be preventable if the practice of self-examination of the breast (taught to women by their family physicians) became widespread.

In the instance of each accidentally discovered lump, one cannot wonder how much earlier it would have been found if the woman had deliberately examined her breasts regularly, systematically, and knowingly. It is probable that from the point of view of the greatest possible gain in early diagnosis, teaching women how to examine their own breasts is more important than teaching the technique of breast examinations to physicians for we must keep in mind the fact that at least 98 per cent of the women who develop breast cancer discover their tumors themselves.

This discovery is usually an accidental one, often made in the course of casual palpation of the breast while bathing. If the lump is discovered early while the cancer is still confined to the breast, the clinical five-year cure rate approaches 90 per cent. However, if the cancer has spread to the glands under the arm pit, the cure rate drops precipitously to around 35 per cent. Therefore one can easily see the great importance in making the diagnosis early.

Other statistics on cancer of the breast are interesting: According to the morbidity data for New York state the breast in women is by far the most frequent site for cancer in either sex. Indeed, in women it is almost twice as frequent as any other type of cancer. About 4 per cent of all adult women develop this dreaded disease. It is rare before the age of 25 but from then on its incidence increases throughout the whole life

span. Diagnosis of carcinoma or cancer of the breast includes not only the finding of a lump in the breast but may be manifested by erosion and eczema of the nipple. Unusual discharge from the nipple may be significant although it does not always mean cancer. Thickening of the skin overlying the breast with an orange peel or pigskin like contour is a rather frequently seen sign in cancer of the breast. However, the final diagnosis can only be made by a biopsy or removal of the suspicious lump in the breast. This tissue is examined in a competent pathological laboratory and the skilled pathologist is just as essential as the surgeon in making the diagnosis.

Treatment of cancer of the breast is, of course, the important factor in considering this condition, and all authorities throughout the world agree that radical surgery is the treatment of choice, and gives far and away the best cure rate. This operation devised independently by two American surgeons, Halsted and Willis Meyers, a half century ago has never been greatly improved upon. The operation is not a difficult or dangerous one but should be attempted only by well trained surgeons if the patient is to get the chance for cure that she deserves. Many surgeons elect to have X-ray therapy given to their patients following the operation, particularly if the cancer has spread from the breast to other areas. More recently certain hormones have been given to patients with considerable palliative effect.

It must be emphasized despite all the cancer publicity which has been prevalent in the last ten years that all breast tumors are not CANCER of the breast. In fact, the great majority are due to chronic inflammatory changes in the breast, or to small growths or tumors which never become cancerous. Usually the examining physician can decide which lump may be dangerous and require further study and which can be safely left alone and treated by medical management.

In summary, cancer of the breast

NOTES ABOUT OUR DOCTORS



DR. CHARLES G. RACE JR.

Dr. Charles G. Race Jr. is a native of Fort Worth, and came to Big Spring in July of this year.

He obtained his public school education in Fort Worth and took his pre-med college training at Texas Christian University there. He obtained his M. D. from the University of Texas in June 1952. He interned at Harris Hospital in Fort Worth.

He is single and lives at 1518A Wood. He is a Mason and a Shriner. He is a Methodist.

He served with the U. S. Coast Guard from 1942 to 1945 in the South Pacific, particularly in the Marshall Islands.

Dr. Race was born January 29, 1921, in Fort Worth.

remains the most important cancer problem, not only because it is by far the most frequent form of cancer but because it is one of the most favorable types of the disease when promptly diagnosed and well treated. Efforts should be concentrated on educating women to detect their own tumors of the breast and to go promptly to a physician so that early diagnosis and treatment may be carried out without undue delay.

The Red And White Cells In Your Blood

By B. BROADRICK, M. D.

Abnormal conditions of the blood can be divided into those affecting the red cells and those affecting the white cells. The commonest condition involving red blood cells is a deficiency of these cells which is called anemia. Anemia usually occurs from three causes: 1. Decreased formation of cells in the bone marrow; 2. Loss of blood from the body, such as nose bleed, excessive menstruation and internal bleeding; 3. Destruction of cells within the body.

This condition occurs during certain infections and rarely in some persons who have particularly fragile red blood cells. Destruction of red cells also may result from an over-activity of the spleen, the spleen being the organ which salvages worn out red cells. These latter two illnesses are usually relieved by removal of the spleen.

An outstanding and rather common type of anemia, known as pernicious anemia, is caused by deficiency of a substance in the body called intrinsic factor. This type is always relieved by injections of liver extract or Vitamin B-12.

Practically all cases of anemia can be effectively treated with the proper typing of each case and administration of the appropriate medicines.

A widely known and feared disease involving the white blood cells is known as leukemia. It is caused by rapid uncontrolled over-production of white cells in the bone marrow. The cause for this over-production of cells is unknown as in the case of cancer but continued research may ultimately explain what intricate changes take place in the body tissues to start this process in motion.

There are several types of leukemia, depending on which type of white blood cell is involved but all of these are divided into two groups, the chronic form and the acute form. Chronic leukemia offers more hope for the patients, since it can be controlled for years by modern forms of treatment. For many years the most effective treatment for chronic leukemia has

been X-ray therapy and it is still a very good form of treatment.

However, since 1948 several chemicals have been discovered which, in a good percentage of cases, give even more prolongation of life, especially for those persons who have become refractory to X-ray treatment. Among these chemicals are Nitrogen Mustard, Urethane and Triethylene Melamine. Acute leukemia, found more commonly in children, offers one of the greatest challenges to modern medicine. Treatment for this condition is unsatisfactory and the life expectancy for victims of this illness without treatment rarely goes beyond a few months. During the past few years several substances have been produced and used in this condition with some success in about 50 per cent of the cases. Among these are ACTH, Cortisone and Aminopterin. These substances rarely control the disease for more than a year but certainly their discovery is a step in the right direction and we are hopeful that it leads to more knowledge of the cause of leukemia and eventually complete cure.

One other common condition deserves mention because it occasionally produces abnormalities in the white blood cells similar to those found in leukemia. It is known as glandular fever or infectious mononucleosis. In nearly all cases a definite diagnosis can be made by a specific blood test, thus aiding in differentiating from a typical form of leukemia. This disease is thought to be caused by infection but the causative germ has not been found. Therefore, no treatment is known. Complete recovery occurs in almost 100 per cent of these cases.

Simple Acne Leaves No Noticeable Scar

Simple cases of acne leave no noticeable scar. Severe cases, nevertheless, may result in permanent scarring. However, modern science has come to the rescue, and acne scars quite frequently led to treatment by a doctor or dermatologist.

NOTES ABOUT OUR DOCTORS



DR. GEORGE F. DILLON

In his training and practice, Dr. George Franklin Dillon has just about spanned the country.

He is a native of Kansas and completed his public school education at Wichita, Kans. Pre-med work followed at Friends University and at Kansas State, where he took his BS degree. In 1942 he was awarded his MD degree at the University of Tennessee.

Internship followed at Seattle, Wash. with residency at New York and Newark, N. J. Dr. Dillon entered private practice in Tacoma, Wash. before coming to Big Spring in 1948.

He has met requirements for the board in urology, the field in which he practices. Memberships in professional units include the local and state medical societies, and the American Urological Society.

Dr. Dillon also has been active in civic affairs, being a past president of the Big Spring Rotary Club, a member of the United Fund board, Chamber of Commerce, Masonic Lodge and religiously, he is a Quaker.

He and Mrs. Dillon, the former Billie Seawell, reside at 706 W. 18th.

Treatment Usually Can Be Successful On Cataracts

By J. H. FISH, M. D.

One of the most common causes of blindness is cataract. The correct diagnosis and treatment is important, because it is one of the few types of blindness in which treatment is usually very successful and vision can be restored.

Cataract is an opacity of the crystalline lens. This lens in the normal eye is a somewhat flattened/round object, which lies inside the eyeball just behind the pupil. It is clear and transparent, and its purpose is to focus the incoming rays of light onto the nerve layer or retina so that vision is clear. Since all light that comes into the eye must come through the lens, any cloudiness or opacity present in the lens substance interferes with clear vision.

There are many causes for the formation of a cataract. Babies are occasionally born with them. Injury to the eye may result in one. They are occasionally seen accompanying certain systemic diseases, such as diabetes or nutritional deficiencies. They may result from radiation exposure or from toxic materials such as naphthalene, thallium, or dinitrophenol, a drug that was formerly used in treatment of obesity. However, the most common type is the senile type, which is seen in people from age forty years and up, being very common in the older age group. It is a simple senile change, and usually affects both eyes.

The only symptom produced by developing cataract is impairment of vision. As it progresses, vision falls until finally only light perception remains. Progression proceeds at different rates in different individuals, but is usually slow. Frequently, due to a swelling of the lens that takes place in the development of the cataract, the patient will see better at near than previously and may be able to read without glasses which were necessary previously. This is the so-called "second sight" which some elderly persons experience.

No form of treatment is known to have any effect whatsoever in stopping the progress of senile cataract, or in clearing opacities

that have already formed. The only known treatment is operation, in which the cataract is removed surgically. This should be done when vision is reduced to the extent that it interferes with the person's normal activities.

With modern surgical techniques, it is no longer necessary to wait until the cataract is "ripe" and the patient is blind. The operation can be done without putting the patient to sleep, and is painless. There is little or no pain following, and the patient can be out of bed in one or two days, and out of the hospital in about a week. A glass must be worn to get clear vision.

A condition that is very common in West Texas, and which many people erroneously call a cataract, is a growth on the outside of the eyeball. It starts on the white of the eye, and grows, wing-like, onto the clear front part of the eye or cornea. It is called a pterygium, and is usually thought to be due to exposure to sand, wind, sun, etc. Treatment is by surgical removal, a minor office procedure.

Outlook Brighter On Heart Diseases

The outlook for these suffering from coronary heart disease is much brighter than formerly. From suffering from coronary occlusion (the stoppage of blood flow in the coronary artery as a result of hardening of the artery or the formation of a blood clot) are able to return to gainful employment within a year. In cases of coronary insufficiency, (a temporary inability of the coronary artery to supply sufficient blood to the heart muscle) the outlook is even better.

As the span of life has lengthened, the incidence of coronary artery disease has increased. The increase, it is believed, will continue as the disease is primarily due to a hardening of the arteries of the heart, which is coincidental with old age.

IT'S A LONG WAY BACK . . . THE DAYS OF THE OLD COUNTRY DOCTOR



Many of us can remember the days of the faithful old country doctor, making his rounds by horse and buggy. And we're grateful and proud of the fine work he did, equipped as he was for practically nothing in the way of modern medical practice as we know it today!

But, even though we honor him, we are glad we live today . . . in the modern age, when medicine and medical practices have kept pace with modern times. Our hospitals and clinics are among the very finest in our nation. Our doctors . . . who work long, hard hours as did their predecessors . . . keeping up with the latest developments

In the field of new wonder drugs, new techniques and medical inventions of modern science . . . are the product of the finest medical schools in the country.

Our nurses, working endlessly long hours, ever smiling, ever renewing the confidence and trying to ease the pain of the sick, deserve our every word of praise and gratitude.

We take this opportunity to add our words of tribute to the entire medical profession, in this special edition marking the progress of medicine here in Big Spring and the Permian Basin Medical Society.

First National Bank
IN BIG SPRING

Prevention Best Cure For Most Childhood Accidents

By J. M. WOODALL, M. D.
A two-year-old toddler starts out of the house into the path of a truck and a life is suddenly snuffed out. The mother, busy with her household duties, could have prevented this tragedy merely by locking the outside doors of the home. How many of us fully realize the many dangers which surround a child? Unfortunately, there are too few. Carelessness or ignorance of impending danger is too often realized too late.

Accidents, including motor vehicle accident, burns, drownings, suffocation, fire arms injuries, accidental poisoning, and many others, account for 6 per cent of deaths in the entire population, but in childhood and young adulthood this figure rises to over 37 per cent. With the advent of sulfa drugs, penicillin, and other antibiotics, and improved methods of medical diagnosis and treatment the death rate from infectious illnesses, such as pneumonia and tuberculosis, has shown a precipitous drop. Unfortunately accidental deaths have been only slightly reduced in the last two decades. Prematurity is the leading cause of death in the age range from birth to age one year. However, accidents are by far the greatest killer in the age range from one

NOTES ABOUT OUR DOCTORS



DR. J. M. WOODALL

Dr. J. M. Woodall came to Big Spring in 1940. He and Mrs. Woodall have one child and live at 701 W. 17th.

He is a past president of the Howard County Tuberculosis Association. During 1933 he is serving as treasurer of the Texas Pediatric Society and he was named the 1953 chairman of the Pediatric Section of the Texas Medical Association.

He holds memberships in the County Medical Society, the Texas Medical Association, the Southern Medical Association, the American Medical Association, and the Texas Pediatric Society.

He was born in Hillsboro, Texas, January 3, 1911, and attended Highland Park High School in Dallas. He took his pre-med work at Southern Methodist University and New Mexico Military Institute. He obtained a Bachelor of Science degree in chemistry from S. M. U.

Dr. Woodall got his M. D. from the Baylor University College of Medicine. He interned for two years at Harper Hospital in Detroit and had residencies at Louisville City Hospital and the University of Oklahoma Hospital at Oklahoma City. The University of Oklahoma Hospital residency was in pediatrics.

He is a Presbyterian.

Ulcers Caused By Nervous Tension

By EDWARD V. SWIFT, M. D.

Stomach ulcers are becoming more common as we live under more tension and pressure. The cause of ulcers is always nervous tension, this causes more acids which produce the ulcer. People who lead simple lives, such as migratory farm workers, almost never have ulcers. Among top corporation executives about 25 per cent will have ulcers. It is also far more common in men than women.

Anyone who has pain in the upper part of his abdomen may have an ulcer. If the pain occurs one to three hours after meals and is relieved by eating, it is probably due to an ulcer. However, an X-ray is the only way to be sure whether a patient has an ulcer or not.

There are two kinds of ulcers which are commonly called "stomach ulcers." About 10 per cent of these ulcers are actually in the stomach and the other 90 per cent are in the duodenum which is just beyond the stomach.

Ulcers can be treated either by medical or surgical means. The majority of ulcers need only medical treatment. Medical treatment consists first, and most important, trying to persuade the patient to slow down and relax. Most people will do this but some seem to have so much inward drive that they either will not or cannot relax. Unless the patient can calm his nerves down medical treatment usually cannot succeed. Sedatives or medicine which relax one are also prescribed. Doctors also give patients medicine which reduce the amount of acid the stomach forms. A bland diet is prescribed and medicine which neutralizes acid is also given. Milk each hour also helps to neutralize the acid. Thus one can see from the above that doctors treat three different links in the ulcer chain.

(1) Methods to allay the nervous tension.

(2) Medicines to reduce the amount of acid formed in the stomach.

(3) Diet and medicine to neutralize acid that escapes the above treatment.

Most patients with an ulcer will never have a complication, but some do. These complications are four in number.

First is bleeding. The patient will either vomit blood or will have a bowel movement as black as tar. It is black because the blood has passed through the small bowel and it is digested. Bleeding is treated by rest, and transfusions. The first hemorrhage is seldom fatal but subsequent hemorrhages are more likely to end in death. When the patient has recovered from the bleeding it is wise, in most cases, to operate.

The second complication is rupture of the ulcer. This causes extreme pain in the abdomen. An emergency operation is necessary to sew up the hole where this ulcer has eaten through.

The third complication is obstruction. This is a blockage of the outlet of the stomach by scar tissue. This only occurs in very old ulcers. These patients vomit their food. Surgery is necessary to prevent starvation.

The fourth complication is cancer. This does not occur in duodenal ulcers but only in ulcers actually in the stomach. The cancer is removed if it is discovered in time.

The surgical treatment of ulcers consists mainly of removing part of the stomach that produces acid. It results in a high per cent of cures. Most patients with a duodenal ulcer need only medical treatment. However, if they continue having pain or have any complications, then they usually have an operation. Those who have an ulcer in the stomach itself need surgery far more often than those with a duodenal ulcer. This is due to the danger of cancer developing in the stomach. Operation for ulcer is successful in the majority of cases and these patients usually can eat anything they desire.

NOTES ABOUT OUR DOCTORS



DR. J. VIRGIL SANDERS

Although he barely missed qualifying as a native of Big Spring, Jack Virgil Sanders is nevertheless one of the group of Big Spring physicians who returned home to practice.

He was born in Lockhart but moved here with his family when only a lad. Dr. Sanders was graduated from Big Spring High School and completed his pre-med work at the Texas College of Mines and Metallurgy, getting a BA degree in chemistry. Then he entered the University of Texas Medical School at Galveston and was graduated with his M. D. degree in 1942.

Dr. Sanders did his internship in Santa Rosa Hospital at San Antonio and his residency at Baltimore City Hospital in Baltimore, Md. Since entering practice here in 1945, he has participated in several post graduate clinics including the University of Texas post graduate junior clinic in 1949; clinics in cardiology, pediatrics, obstetrics and gynecology and general surgery during the past two years.

He has membership in the Permian Basin, the Texas Medical and the American Medical Association, the Southern Medical Association, the American Academy of General Practice, and the Texas Academy of General Practice.

In 1949 Dr. Sanders was president of the Six-County (Howard, Martin, Midland, Ector, Glasscock and Andrews) Medical Society. His church affiliation is Baptist, and when he has a chance to relax, he loves to farm.

A large percentage of childhood accidents are preventable. Education and constant vigilance of both adults and older children can save thousands of lives, prevent countless sufferings, morbidity, permanent injury, grief, worry, and huge amounts of needless expense. All parents should make a careful survey of any potential hazard which may surround the child in his daily living. Particularly would one urge that one make a meticulous search and appraisal of any hazard in the home or in the yard. "An ounce of prevention is worth a pound of cure."

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Webb Hospital Provides Big Variety Of Services

The base hospital at Webb Air Force Base is operated by the 3500th Medical Group.

Varying considerably from a civilian hospital, the Air Force unit operates not only the customary services generally expected of a hospital—such as dispensary (clinic), wards for treatment of persons confined, and surgery—but several additional functions.

These functions include a dental clinic, a distinctly separate division for aviation medicine, a physiological training unit, a pharmacy, plus a complete administrative unit to care for the doctors, nurses and airmen assigned duty in the medical group. The group also operates a complete dining hall service for assigned personnel and patients.

Maj. Guy W. Dean Jr. serves as commanding officer of the 3500th Medical Group. Under Major Dean's supervision, Capt. Erich W. Schwartze, base flight surgeon, operates the aviation medicine division. The dental clinic is under supervision of Maj. Vincent P. Best, and Capt. Truman Parker operates the physiological training unit.

Physiological Training Unit exists primarily to indoctrinate cadets and flight instructors upon the effects of speed, gravity forces, and altitude upon the human body. The unit includes a special iron tank from which air may be exhausted to simulate the actual atmospheric conditions at high altitude. Cadets, wearing full high-altitude equipment, enter the tank and are able to experience the exact feelings of staying, for example, at 40,000 feet altitude for thirty minutes.

Another unusual piece of equipment operated by this unit is a complete mockup of the explosion-ejection seat used by pilots in jet planes when they are forced in emergency to "ball out" of the plane. Cadets get a "ride" on the ejection seat to prepare them for actual use of the real thing if the occasion ever should demand.

Primary mission of the medical group is aviation medicine, or that branch of medicine which concerns

itself with the special problems of the human as related to frequent and regular aerial flights. Frequent physical examinations of all flight personnel are required, and in addition, flight personnel who contract various ailments must be specially treated by the flight surgeon's office. For example, there are many drugs or medicines normally used in treatment which require that a man be "grounded" from flying until the effects of the medicine wear off.

The dispensary division of the

hospital treats non-flying personnel at the base, as well as civilian workers who might become injured on the job. As time and facilities permit, and always in varying degree, dependents of military personnel may also get limited medical care through the dispensary.

Webb has its own staff of Air Force nurses, headed by Maj. Maria D. Hernandez.

The Webb hospital is housed in the same group of buildings which were erected for the hospital of the old Big Spring Army Airfield in World War II. Later used by Howard County Junior College, the buildings were again leased by the government when Webb AFB was activated. Except for modernization and small extensions, the buildings are practically the same as during World War II.

We Pay An Honest Tribute

To all of the doctors, nurses and hospitals in the Permian Basin Medical Society

We take great pride in our town's medical facilities. It is a privilege to be a part of this fine community.

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WE ACCLAIM

. . . the Permian Basin Medical Society, the local hospitals and clinics on this memorable occasion . . . the 100th anniversary of organized medicine in Texas. We salute the doctors and nurses whose knowledge and skill make Big Spring one of West Texas' great medical centers.

IN HARMONY WITH THE MEDICAL PROFESSION

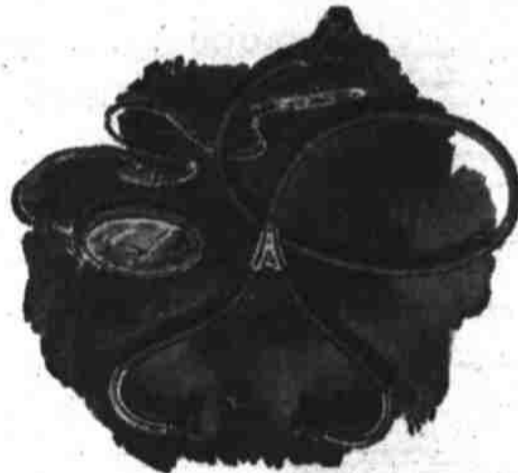
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Precautions Can Be Taken Against Rheumatic Fever

By T. J. WILLIAMSON, M. D.
Heart disease in general is so common that an overall discussion would be meaningless. I feel that it is timely to discuss heart disease in its relationship to our children, to the teacher, and her class room.

Occurring most frequently in children are two conditions, namely, congenital and rheumatic heart disease. Some few children are born with defective hearts (congenital hearts). Some are trivial. However, some impose sharp restrictions in activity. Rheumatic fever and the sometimes resulting rheumatic heart disease is responsible for about two-thirds of all heart disease in children, and so it is here that the parent and teacher are most often concerned.

The exact cause is unknown. However, it is felt that in a susceptible individual "strep" infections, the most common of which are sore throat and scarlet fever, often supply the spark that ignites the disease process. Teacher and parent should be alert to prevent colds and sore throats, and since these are contagious, to segregate early and treat these infections.

Rheumatic fever tends to run in families so only here can we be forewarned and have our guard up. Following the initial or "spark" infection, there will probably be a lapse of two or three weeks in which recovery seems accomplished, before the acute phase begins. Here the teacher may notice the child seems not his usual self, under par, slight fever, irritable, restless or tired, maybe complaining of pains in his joints. If the doctor diagnoses rheumatic fever, the child will probably be put to bed and salicylates, such as aspirin, be given for comfort or some other prescribed drugs, as the doctor sees fit. After the acute phase management will be prescribed by the doctor. Some will recover with no heart involvement, while others may have heart damage of varying degree. It must be remembered that subsequent attacks can occur, and each of these increases chances of damage to the heart. Plenty of rest in a private bedroom, adequate diet, and prompt consultation with your doctor is paramount. Our teacher or school nurse may help here by watching for failure to gain, pallor, poor appetite, nose bleeds, colds and sore throats, restlessness, personality changes, pains in arms, legs or joints, twitching or jerky motions, and finally decrease

accomplishments. When the child, sustaining some damage to the heart, returns to activity and to school, the doctor's directions should be explained to parent, teacher and school nurse. It is important to follow these instructions as they may vary from none to fairly rigid limitations or restrictions. Parents, teacher and doctor should discuss and plan a program based on the child's ambitions and past accomplishments, home and community environment, and emotional and social requirements. Every effort should be made to make the child conform to this plan without his or her being cognizant that a plan is being followed or that they are any different from other children. We are not to make a mental cripple of this physically handicapped child by obvious over-protection or by any comparative actions or words which may kindle an inferiority complex.

I would like to say a few words on adult heart disease, concerning the popular and controversial subject of diet and stress and strain. The heart muscle derives its nourishment from vessels flowing through its substance similar to, say a muscle in your arm, and not from the blood in its chamber which is there to be pumped over the body. Disease of these vessels causes so-called heart pain and untimely deaths in a lot of our middle aged. Some feel that is an inherited inability of some to completely burn fats, and for some reason or other they are deposited in the walls of these heart vessels. So possibly to live long we should choose our parents. From the lady press. The Readers Digest, apparently if you do not eat eggs, ice cream or butter, you will not get this so-called coronary disease. There is also much in our medical literature today on a material called cholesterol which forms part of the fatty deposits often found in walls of blood vessels of people with heart disease. I do not feel that definite conclusions have been reached, and since restricting fats cuts down on whole milk, meat and eggs, which are important for good nutrition, this should be left for your doctor to advise. There is a popular belief that a person with high blood pressure should not eat meat. I have read of two explorers who lived on meat exclusively for two years and at intervals were subjected to exhaustive medical check-ups, and at the end the only

change demonstrated was that one had diarrhea and the other was constipated. Present mortality statistics present convincing evidence of the adverse effects of excessive weight on life expectancy. For this reason a major effort should be aimed at the prevention of obesity and the removal of excess weight will offer you the possibility of being less vulnerable to heart disease. Finally, I feel that this diet proposition is an individual set-up and demands the study of your physician before you are handed out a typewritten diet. As to stress and strain, or as to whether long hours of nervous tension has anything to do with you and your heart, evidence is not conclusive. However, it is certainly a good plan to eliminate stress and strain as much as possible, so with this in mind let's all have more vacations.

Medical Advice Helps Remedy Sterility Cases

By GEORGE M. PEACOCK, M.D.

The process of becoming pregnant is nine times out of ten, purely mechanical. The tenth case, that is unable to become pregnant, is on an emotional basis. In checking a couple who desire to see why they are not reproducing the race, there are three main factors involved.

First, can the husband get the spouse pregnant? Thirty to forty per cent of the sterile couples is the fault of the male. The main thing we want to know about the male is whether or not the sperm is normal. This takes just a few minutes for instruction, but men are peculiar animals, and it sometimes takes a few days to weeks, to convince him that he also is a partner in this check up. We consider that one normal sperm specimen eliminates the male, however, it takes two abnormal specimens

to stimulate us to do further checking on the male, and further checking means a complete physical and urological check up.

Second, we must determine if the passages that the sperm travels in the female, are open; in other words, is the mouth of the womb (cervix) clean, and open, and are the tubes open. The mouth of the womb can be checked just by inspection and looking at it. The tubes, however, must be checked by a special instrument called an insufflator. With this instrument it is very simple and almost painless to put carbon dioxide into the womb and by the girations on the instrument, we can tell whether or not the tubes are open.

Third, is the female laying an egg? The easiest way to find this out is to have the patient take her temperature under the same conditions every morning for 3 months, and by the temperature chart we can tell whether or not her ovulation is taking place, and when she is most fertile.

If the male is sterile we can sometimes help him by giving hormone, antibiotic, etc. but a competent urologist should have charge of this procedure.

If the female is sterile, it is according to what the difficulty is,

whether or not she can be helped.

If the mouth of the womb is at fault it can easily be cleared up with a minor operation called a conization. If the tubes are blocked, this may be a problem of a different sort. Sometimes they can be unblocked by repeated insufflations and local pelvic treatment. Sometimes major surgery is resorted to, but the percentage of cure with major surgery is small, even with using new plastic techniques and new plastic tubing. If the female is not ovulating, she can be made to produce eggs by hormone therapy.

Suppose we find a couple in whom we find nothing apparently wrong. We then resort to sedation, psychotherapy and insemination. With this type of insemination, where the male sperm is normal, we take the sperm and put it into the womb at the time of ovulation, which has been previously determined by temperature charts.

The checking of a sterile couple is not a complicated process, but is time consuming, for both the patients and the doctor, and neither one should ever become discouraged until a final answer is obtained. The cost of a complete sterility check up, until an answer to

Pharmacist Is Important Man On The Medical Team

The pharmacist is an invaluable middle-man in the treatment of patients.

Where the doctor prescribes, the druggist—and he must be licensed by the state to pursue his trade—compounds the concoctions.

Ten pharmaceutical houses (or drug stores) which give employment to 18 registered pharmacists help secure Big Spring's position as a medical center in this area. In all, an estimated 125,000 medical prescriptions are filled in Big Spring annually, and the figure is growing every year.

To keep up with the demands,

the cause is found, is usually very nominal and should never be over fifty dollars. The cost of treatment, however, is a different matter and will vary according to what has to be done.

It is estimated that about 63 per cent of sterile couples will be made to perform the process of reproduction within two years of first seeking medical advice.

the pharmacist sometimes must work around the clock. He is subject to call at any time of the night or day, just as is the doctor who invariably must call upon him in assist in treatment of his patient.

Before becoming eligible for a license as a pharmacist, the individual must now complete four years of college work on such subjects as posology, toxicology, biology, botany; dosage, administrations, etc.

After he has received his college degree in his chosen work, he still must pass a written, oral and practical test before the Texas Board of Pharmacy.

No small amount of the business handled by local pharmacists are for out-of-town patients, persons who have consulted local doctors.

Big Spring's oldest practicing pharmacist, from the standpoint of experience, is Shine Philips, who has operated a drug store here since 1913. He also has served many years as a member of the Texas Board of Pharmacy.

'Family Doctor' Is Also Close Friend

By M. H. BENNETT, M. D.
The term, Family Doctor, as we know it today, usually is applied to the General Practitioner of Medicine and he is usually located in the smaller communities. His position in this particular communit-

ty is determined somewhat by the number of years he has had in practice. This is due to the fact that only by years of contact and association with his patients does he develop that bond and tie that far overreaches the Doctor-Patient relationship.

His duties to his patients are multiple. First, of course, is the general medical care, which includes everything from chickenpox to removing Junior's appendix, to say nothing of a broken arm and a coronary on the Papa. And in these modern times when everyone, particularly women, are cancer conscious, it is his duty to give educational data and regular examinations for the early detection of cancer.

Then there is the preventive medicine that must be practiced, such as the immunization of the youngsters and the general sanitation measures about the home and in the community.

That is all in a day's work but the field of service of the Family Doctor that cannot be filled by any other medical man is that of a confidant and confessor. This is as important a part, and, frequently, more important, than giving the pills and doing surgery. This position of sociologist and psychologist is a service that cannot be filled by anyone else. His understanding of the family and personal problems has preserved and kept intact many homes.

The Family Doctor occupies another unique position in the community and that is that of a civic worker. Although his free time is practically nil, he will always be found participating in civic organizations and as a worker in the money-making campaigns which are a necessary part of every community.

Finally, when we are really sick, we are scared and lonely. Then we need more than the professional care of our Family Doctor. We need him for a friend, and that is what the Family Doctor really is—a friend.

Caution Urged On Ultrasonic Therapy

A warning that treatment by high frequency sound waves may be dangerous was issued by the Council on Physical Medicine and Rehabilitation of the American Medical Association.

"Although many hundreds of patients have been treated with ultrasound, particularly in Europe, apparently without harmful effects, it is believed that physicians should await further cautious study of ultrasonic therapy before using it indiscriminately in clinical practice," the council's report stressed.

Ultrasonic treatment consists of the use of sound waves of approximately 800,000 cycles per second, which is far beyond the 15,000 frequency limit of the human ear.

NOTES ABOUT OUR DOCTORS



DR. ARCH D. CARSON

After he had completed his college work and had come to Big Spring in a business capacity, Arch D. Carson made the difficult step of taking up medical training.

He not only succeeded in the face of some warnings against trying, but when he completed his work he returned here to practice in 1949.

Dr. Carson was born in Floydada and received his public school education in Brownwood where he was graduated from high school. Then he attended Howard Payne College and Abilene Christian College. He had put in approximately a score of years in business before entering Southwestern Medical School at Dallas. He earned his M. D. degree there in 1948.

His internship was done at the Denver General Hospital in Denver, Colo., and post graduate work followed at Cook County Hospital in Chicago. Other post-graduate work was at Baylor University College of Medicine in Houston.

Dr. Carson served as secretary-treasurer of the 2nd District Medical Society during the past year. He is a member of the Permian Basin, the Second District, the Texas Medical and the American Medical Associations.

Mrs. Carson is the former Celeste Moore and they have one child. Their home, is at 110 Cedar Road. In church affiliation he is Baptist and he is a member of the board of directors of the United Fund.

A Tribute to Our Nurses

The spirit of Florence Nightingale lives on today in countless homes and hospitals throughout the community. Our nurses deserve a big compliment for the long, hard hours of duty they perform. A blessed comfort . . . constantly at the bedside . . . ready to do anything to aid the sick with her wonderful ability to soothe. She is a practitioner of love and indispensable to the medical fraternity.



A Tribute to Our Druggists

How little do we appreciate the professional knowledge . . . the experience . . . and the integrity of our pharmacists. The men who fill the prescriptions ordered by your doctor. As carefully as the specialist diagnoses an ailment, these wizards of chemistry bring relief out of bottles. Your neighborhood druggist is infinitely more than a purveyor of commodities . . . he deals, too, in the merchandise of life and he stands ready to serve you only second to your doctor.

We join with the Permian Basin Medical Society in observance of this, the 100th Anniversary of Organized Medicine in West Texas.

The wonderful art of healing the sick . . . and taking care of the well folks by protection against the illness of man . . . is something that we all take for granted!

It is time we pause to pay tribute to the Medical Profession in all of the many branches . . . the doctors, the nurses, the

hospitals, the health clinics . . . and, of course the pharmacists who compound the life-saving prescriptions and dispense those "wonder-drugs" with which our physicians today combat disease.

We would like to add our bit . . . of praise . . . and encouragement . . . to the entire medical world . . . and we would like to say . . . we're glad to live today . . . when medical skill and "know-how" have been developed into the wonderful thing it is!

A Tribute to Our Doctors

Perhaps we all do not realize the vital role these sincere, every-ready-to-serve men play in our lives, indeed in the life of the entire community! Your doctor is your friend, your counsellor, your health adviser. When you need him . . . he's at your call . . . day or night! Tireless, devoted to his duty . . . constantly on guard to protect you and your family from serious illness.



A Tribute to Our Hospitals

Someone once said that all well people should visit a hospital occasionally to see how fortunate they are. When a friend or loved one is being tenderly cared for in one of our hospitals then we understand the great importance of these institutions. Staffed by doctors, nurses, interns and all manner of life-saving equipment, the hospital is a mercy headquarter in time of suffering. Ever-ready . . . always on the job . . . what would we do without these havens of healing?

In Big Spring
605 E. 2nd Dial 4-5481

T & T

INC.

In Colorado City
347 Pine St. Phone 460

WELDING SUPPLY

SUPPLIERS OF LINDE THERAPY OXYGEN AND PURITAN MEDICAL GASSES