

Texas **OSTEOPATHIC PHYSICIANS** *Journal*

VOLUME XXV FORT WORTH, TEXAS, OCTOBER-NOVEMBER, 1968 NUMBER 6



**STUDENT LOANS
RESEARCH**



**NATIONAL
OSTEOPATHIC FOUNDATION**

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VOLUME XXV FORT WORTH, TEXAS, OCTOBER-NOVEMBER, 1968 NUMBER 6

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DOCARE Needs You



MYRON G. SKINNER, D.O.

Baborigame was just another mountain village in the southern section of the Mexican State of Chihuahua until it became a center for DOCARE activities in May of 1966. It was then that Dr. Harvey Smith of El Paso, Texas carried out the first medical mission to this village.

Baborigame lies about 190 air miles south of Chihuahua City, Mexico, in the heart of the Sierra Madre. It was founded in the sixteenth century and for years has served as a trade and government center for the Tepehuan Indians. This is the large canyon country of Mexico with many isolated villages lying in small valleys and almost completely isolated by the forbidding terrain of lofty mountains and deep canyons. Roads are almost impossible to construct in this area so transportation is by horseback, on foot and by air if a strip is available. In the area of Baborigame live about 300 native Mexicans and 3000 Tepehuan Indians. Before the coming of DOCARE, most of these people had never laid eyes on a physician. Such a simple thing as aspirin was almost impossible to obtain. A trip to this village was like riding a time machine for 200 years back into history.

On that first trip in May of 1966, Dr. Smith took only a few boxes of drugs and diagnostic instruments. He was so astounded by what he saw that

it seemed like a dream when he returned to his practice in El Paso. To prove that it did exist he returned the following weekend and sure enough it was for real. He was soon joined by other DOCARE members and the "clinic" began to grow and the number of patients increased rapidly.

Dr. Ira Ainsworth, an El Paso dentist, started the dental phase of the program. Dr. Vance Broussard, a veterinarian from Fort Worth, went down in June of 1967 to start a program of veterinary medicine. Both of these phases of the program have been expanded as other dentists and veterinarians have joined the work.

From this humble beginning, the work of DOCARE has expanded until now people come seven and eight days by horseback to the clinic. Instead of the few simple rooms in an old house in the village, there is now a fine new hospital and clinic building near the airstrip with facilities for surgery and dormitory space for the visiting DOCARE members.

Recently the village and hospital were visited by Governor Duran of the State of Chihuahua and Dr. Cerda the head of the public health service for the state. They lauded the work done there and arrangements are being made to place a full time Federal physician in the village. A pharmacy has been stocked with over \$40,000.00 in drugs.

What happened in Baborigame came about through the hard work and financial support of only a handful of men.

There are "Baborigames" all over this area of Mexico. Thousands of people need the services of DOCARE. The Mexican government officials approve of our work and want to cooperate with us in every way. In order to do this, DOCARE needs both members and contributions of drugs and money.

None of the funds collected are spent for travel expenses of DOCARE missions. Each mission participant pays his own way.

For ten dollars a year you can become a member of DOCARE. You will be able to participate in the missions of mercy. Even if you are unable to go yourself, your funds will go toward the purchase of items such as generators for

electricity, drugs that we cannot get donated, instruments, etc.

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DOCARE INTERNATIONAL
JAMES R. KRUG, D.O., *Secy.*
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Denver, Colorado 80222

Openings for Osteopathic Physicians

(For information write to Dr. D. D. Beyer, Chairman, Statistics and Locations Committee, 1800 Vaughn Blvd., Fort Worth, Texas 76105)

Friona, Texas—30 miles northwest of Muleshoe, and 90 miles from Lubbock. Population—2500 people with drawing capacity of about 500. Only three physicians in town. A good prospect for a doctor just getting out of internship. Contact: R. M. Mayer, D.O., 3728-34th St., Lubbock, Texas.

* * *

Abernathy, Texas—Doctor looking for associate. 15 miles north of Lubbock. Population, 3,500 with trading territory of 8,500. Practice established for eight years. Contact Kenneth Gregory, D.O., Abernathy, Texas.

* * *

Collinsville, Texas—Clinic now available. Waiting room, X-ray and lab rooms, 3 examination rooms. Next door to 47 bed nursing home E.C.F. Rent \$80.00 monthly. Will give first two months rent free. Contact: Lois Walker, Box 23, Collinsville, Texas, Telephone No. 429-6426.

* * *

Alamo, Texas—On the Texas-Mexico Border, population of 5,000. Only doctor passed away nine months ago, —all residents go to neighboring towns for treatment. Doctor's office space in drug store and also an apartment available — both rent free. Contact: William Huang, Pharmacist, c/o Magic Valley Drugs, Main at Eight Sts., Alamo, Texas.

Idalou, Texas—located ten miles east of Lubbock, offers an excellent opportunity for any physician desiring to locate in West Texas. Contact: George Lowe, Western Drug Company, Idalou.

* * *

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* * *

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* * *

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* * *

Pleasant Valley, Amarillo, Texas—D.O. General Practitioner wanted. Office with 1,500 square feet floor space, central heat, air conditioning, etc. Rent free for the first 2 years then on lease. For further information write or contact Gerard Nash, D.O., Southwest Osteopathic Hospital, Amarillo, Texas.

The Physician's Duty

GEORGE W. NORTHUP, D.O.,
Editor, American Osteopathic Association



GEORGE W. NORTHUP, D.O.

A physician has many responsibilities. He has responsibility to his patients, to his profession, and to his society.

Physicians of America have many opportunities for service and development which are denied in other parts of the world. Regardless of the amount of governmental participation in medicine, the American physician is still essentially a free agent. Despite its problems and even its failures, America stands for freedom, and freedom is part of our heritage as Americans.

One of the freedoms of America shared by physicians is free election, expressed in the right to vote. We should never convert the concerns and frustrations of modern life into a dis-

regard for our freedom or our opportunity to exercise it.

Next month a free people go to the polls to express a free choice of leadership. It is too often said, "My vote doesn't count." It doesn't count only if your freedom doesn't count. And if it doesn't count for individuals, even freedom can be lost.

It is the right and duty of every citizen to exercise that right next month. As citizens, the right to vote, the freedom enjoyed by physicians, should be expressed by their presence at the polls. Whether you vote Republican or Democratic or for other candidates is not so important as the fact of voting. Exercise your freedom next month—vote!

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Enrolling in one or all of these Special Plans

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- Each Plan Approved by the Texas Association of Osteopathic Physicians and Surgeons for its members.

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F O R

MUTUAL LIFE OF NEW YORK

L.S.D. Problems and Promise

Part II

REGINALD G. SMART, PH.D.

Homicide and Assault

Some persons have been found to react to L.S.D. with increased emotionality and aggressiveness. In at least four cases this has led to homicidal attempts or threats, and in one case to a completed homicide.

Only one case of successful homicide has occurred after treatment with L.S.D. Knudsen described a 25-year-old woman who murdered her boy friend two days after the last of five L.S.D. sessions. The murder was not committed during the acute effects of L.S.D. but a close connection is apparent, since the desire to kill the boy friend was expressed during at least one L.S.D. session. In this patient, L.S.D. appeared to release aggressive drives and weaken self-control. She had been diagnosed as a psychopathic personality with chronic alcoholism, and prior disturbances may have contributed to her lack of control after L.S.D.

Addiction and Dependence

Addiction and dependence on L.S.D. have been mentioned as possible complications, with few indications that they actually occur. Farnsworth has also stated that "until we know otherwise, it is prudent for us to assume . . . that regular use of the hallucinogens will prepare individuals to 'move up' to other and more powerful drugs such as morphine or diacetylmorphine (heroin)." However, there is no evidence yet that L.S.D. users move up to heroin.

Addiction can be understood as a state of physical dependence marked by increased tolerance and physiological withdrawal symptoms. Tolerance to L.S.D. develops rapidly, but it also dissipates rapidly. Many volunteers for L.S.D. studies do not wish to take the drug again, particularly if it is not giv-

en as a therapeutic agent. Consequently, few would have the chance to develop tolerance to it. No studies of human L.S.D. use have studied tolerance over a long period of time (e.g., several years), but there are many reports of persons taking L.S.D. numerous times. So far, there are no reported cases of pharmacological addiction to L.S.D.

Questions have also been raised about long-term dependence on L.S.D. and about the creation of psychological or social damage (via personality changes, damage to employability, family relationships, moral and ethical controls, etc.) Again, clear cases of dependency over a long period of time have rarely been reported. Perhaps the only such case involved a woman who took L.S.D. 200 to 300 times a year; she developed psychological dependence on it, but no withdrawal symptoms were described. No studies have been made of the psychological or social damage resulting from long-term use.

The Basis for Unfavorable Reactions

The reported cases may appear to reflect a striking social problem to the observer, but it is uncertain what proportion of the total L.S.D. sessions result in adverse reactions. Several conditions are associated with unfavorable reactions. Most of the reactions in every category described occur most frequently in persons taking L.S.D. in unprotected settings — alone, with friends, or with other L.S.D. takers. About 17 per cent of the prolonged psychotic and virtually all of the nonpsychotic reactions, were outside therapeutic and experimental use. Only three out of 11 recurrences came after therapeutic use. However, almost two-thirds of the suicidal attempts, and the only successful homicide, occurred in carefully pro-

tected settings; this poses an enigma for L.S.D. therapists. There have not been sufficiently detailed follow-up studies to be certain that L.S.D. therapy is as safe as reported earlier, particularly with regard to the precipitation of suicidal thoughts and behavior.

Although many of those with prolonged psychotic reactions had previous personality disturbances, the proportion may be as low as 23 per cent. Spontaneous recurrences and psychopathic reactions appear almost exclusively in very heavy users, but many of the other reactions appear after a single, relatively moderate dose. Judging from the reactions reported so far, no one is able to guarantee a safe dosage, a safe series of doses, or a personality which is certain to create no unfavorable reaction to L.S.D. Many cases have been reported in which a single, moderate dose of L.S.D. led to a profoundly adverse reaction in otherwise normal persons, especially where that dose has been taken in an unprotected situation. Even where other persons have been with the L.S.D. taker, *supposedly* protecting him, suicide and psychotic reactions have occurred. As yet, we are uncertain about the dose being taken in unprotected settings — it could be similar to the therapeutic doses or much larger, depending on the quality control exercised by the supplier.

The users with adverse effects appear to be a young population of students, former students and college graduates. The majority are in their early 20's. Most of them are males — 132 out of 180 for whom sex is stated. At least half of the persons with adverse L.S.D. reactions are college students or former students. Unfortunately, we know very little of the motivations of these persons for taking L.S.D., or other details about their social class, life problems or coping mechanisms.

At present, illicit L.S.D. use is an urban phenomenon. All studies of unfavorable reactions have come from

large cities — Los Angeles, New York, Boston — with the exception of a single report from a small university city, Chapel Hill. It cannot be assumed that L.S.D. is being used only in these cities but its connection with urbanism and university facilities is probably not an artifact of the reporting done so far.

Much research on the adverse effects of L.S.D. remains to be done. More studies of the long-term effects are needed — studies of both the effects of long L.S.D. series, and of the development and progress of unfavorable reactions. It is also important to understand something of the attraction of L.S.D. for the male college population. Currently, we know very little of the reasons for taking L.S.D., nor do we know the personality and social needs which are served by the hallucinogens in general.

The Hippy Sub-Cultures

Current concern, even alarm, is focused in the sub-culture in which L.S.D. is most frequently used. In Toronto, for example, this is the hippy sub-culture of the Yorkville area. Does this sub-culture in itself create a problem? In a sense, every deviant sub-culture evokes scorn and disapproval within the larger society. Such sub-cultures tend to threaten and undermine the values, customs and morals of the larger society. They provide a place to break away to for young people and a forum for social criticism and social action against the larger society. Perhaps this is particularly true with Yorkville. Judging from "letter to editors," "man in the street interviews" and the like, many people would like to see the area razed and its inhabitants dispersed into the army, work camps, etc., after having been washed, shaved and appropriately dressed. There is the assumption that the hippies are merely lazy, dirty and socially delinquent.

But far broader questions than of mere delinquency are raised by York-

ville. One of these has to do with the social and cultural needs filled by hippy sub-cultures. Why do people go there? How did the sub-culture develop? Why should there be a need for Yorkville if all is well with society? What are the reasons for the extensive use of L.S.D. and other hallucinogens? Are present social realities so unpleasant for some as to require total withdrawal from society, even on the perceptual level?

For some of these questions the answers are only beginning to appear. Yorkville is a place where non-political social rebellion occurs. Perhaps it is true that hippies are reacting to the artificiality and dishonesty inherent in much of modern social life. What information we have now suggests that the Yorkville hippies are highly intelligent — near the average college freshman. But they are under — achievers — very few have been to college and most have left high school in grade 10 or 11. We could ask what it is about high school life that these persons find so aversive? Perhaps their psychological problems are too great for them to continue in school; but perhaps too, the high schools are not making sufficient effort to hold such people. Also, we know that the Yorkville population is a young one — with the majority between 15 and 23. Most of the hippies have a limited stay in their sub-culture and leave within a few years. What happens to older hippies is anyone's guess but probably many rejoin society and resume conventional middle-class values. Whether the hippy experience makes them more productive and more comfortable in that society, cannot be answered at present. Perhaps the hippy sub-culture provides a place for monastic withdrawal, with an emphasis not on theology but on self-understanding and social philosophy.

What is most disturbing is the hippy emphasis on drug-taking. "Dropping out," particularly when so much of it

is temporary, seems much less dangerous than "turning on." One of the chief "turn-on" drugs is L.S.D., followed closely by marijuana. However, amphetamines and barbiturates are also frequently used, with or without L.S.D. Lately, a new hallucinogen — STP — became available in Yorkville and it is reported to produce a four to five day "high" which is difficult to terminate with tranquilizers. This drug was available on the black market and adverse reactions had occurred even before the Food and Drug Administration in Washington could give the chemical formula for it. At the time of writing, not a single scientific study has been made of its effects, but it can be bought in Yorkville. Prolonged adverse reactions from STP have occurred in Toronto, and at least one of them has lasted for several months. It is obvious that hippies are calling for stronger wine and louder music. In reality, they

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have merely scratched the surface when it comes to the stronger wine of novel drug experiences. There are reports now of new hallucinogens with 12 day "highs," of amphetamine and L.S.D. combinations, of marijuana impregnated with L.S.D. or DMT, and of ether swallowing on the West Coast of the U.S.A. The tendency to readily accept new drug experiences is one of the unique characteristics of the present hippy sub-culture.

What makes drug-taking so prevalent among young people today? Some have suggested that it is part of a search of meaning — a search for meaningful answers to the questions Who am I? What is my purpose in life? Where is the world going? How can I fit into it or change it? In typically North American fashion many people want to discover the answers to these questions very quickly. Some have argued that in a world with so much emphasis on achievement, on getting ahead and getting things done, there is little time to ask these questions and none to answer them adequately. The L.S.D. user does not want to discover answers to his questions slowly, over half a lifetime. He wants them now. If there is a value to the hallucinogenic drugs, then perhaps this is it — they might allow certain kinds of experiments with life styles, with the asking and answering of existential questions. These are experiments which have become difficult to do within the present social system. However, much of the current use of L.S.D. is of a mindless, senseless sort, about which nothing is being investigated, no important questions being asked.

Its Promise

What is the promise for L.S.D.? There are several areas of research which indicate that it could have a limited value. It may be that it will prove to be useful in developing or fostering creativity. The perceptual effects of L.S.D. might allow people to

approach aesthetic problems with fresh and unique attitudes. Because of its visual effects, it might be thought that visual or plastic creativity might be especially enhanced. Both negative and positive results have been found, the latter in studies not as well controlled as desirable. A study by Zegans, Pollard and Brown found no effect of L.S.D. on psychological tests of creative abilities when persons getting it were compared with those getting a placebo. In the study with positive findings, subjects worked on actual creative problems in their own environment, and many reported finding post — L.S.D. solutions. But more closely controlled research is needed for, at present, we have no technology for producing creativity. Even in our technologically developed world, nobody can tell you how to get a good idea.

Another rather novel suggestion for L.S.D. research concerns its use with terminally ill patients. Kast has argued that many terminal cancer patients become depressed and isolated in their last few weeks of life and that L.S.D. might give them some sort of training in preparing for death. In one of his studies, 80 patients who knew that they had only weeks or months to live volunteered for L.S.D., after having had an explanation of its effects. Kast reported that 72 of the patients gained insight, lucidity and the capacity for greater communication with the observer and with other patients. Explicit pain was considerably reduced and a happy, oceanic feeling was usually obtained. L.S.D. also improved the relationship between patients and their families, and created elevated moods and improved outlooks on death. These studies are interesting and worthy of more carefully controlled replications.

The future for L.S.D. appears black to me — there are far more problems than promise. The problems of adverse effects and lack of validated usefulness, appear to outweigh any promises. It

may be useful in creativity and in certain cases of terminal illness, but it still appears a bad bargain for the user. It would be well if L.S.D. helped to create and promote a productive lifestyle for the hippies or, at least helped

to solve some problems or other for them. Yet this is only a hope — and the risks they take in using L.S.D. seems very great, particularly if they obtain only a few hours of hallucination and illusions from it.

Team Doctor

An afternoon drive past any high school athletic field these autumn days reveals fifty or more young men busy with football practice. After the long practice session the athletes take so many "laps" around the field. All this activity is to prepare them for the actual games.

The team physician is not a conspicuous part of the scene, but he is in the game from the first day when physical examination begins. And he is part of the scene throughout the season, unnoticed unless an injured player needs medical attention.

He gets no cheer. But he gets much satisfaction out of his close relationship with young athletes.

DOs serve as team physicians in many school districts. We are sought after because of our special training in the musculo-skeletal system. The skill in manipulative therapy is an asset in helping reduce injury.

In the field of sports the osteopathic philosophy has long been recognized; health is a total condition of the body. The whole man must be treated to keep an athlete in peak condition. And thus in the autumn of 1968 we return to precepts that were set forth in the last century by Andrew Taylor Still.

(Taken from "New Jersey Assn. of Osteopathic Physicians and Surgeons JOURNAL")

GERALD D. BENNETT, D.O.
PATHOLOGIST

Fort Worth Osteopathic Hospital

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Fort Worth, Texas 76107

Tyler's Doctors Memorial Hospital Becomes Non-Profit Institution

Doctors Memorial Hospital, 615 S. Broadway, Tyler, Texas, after several months of negotiation, has become a non-profit hospital as of October 1, 1968. The newly incorporated institution represents a merger of the professional staff and facilities of Broadway Memorial Hospital with those of Doctors Osteopathic Hospital which was located on the outskirts of the city, and is now leased as a nursing home.

The six physicians now serving on the hospital board of directors are: Dr. Earl Kinzie, President; Dr. Bowden Beaty, Vice President; Dr. Richard E. Cordes, Secretary-Treasurer and Dr. William H. Clark, Dr. Carl List and Dr. Robert E. Slye. Lay members are yet to be named. Mr. Olie Clem, who had been administrator of Broadway Memorial continues as administrator of the new institution.

Sixteen osteopathic physicians from Tyler and outlying communities are on the active staff. The thirty bed facility employs some fifty paramedical and maintenance personnel.

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National Osteopathic Seal Campaign

An Open Letter From Mrs. James E. Dunham, National Seal Chairman

In less than a century, the osteopathic profession has firmly established itself as one of the nation's two complete schools of medical practice.

Everyone familiar with this profession has, of course, heard time and time again how the struggle for this stature was tirelessly waged and won in the country's courtrooms, hospitals, sick-rooms and legislatures.

Yet, although the osteopathic physician today enjoys more widespread acceptance than ever before, the profession must still prove itself in the laboratory if it is to remain truly secure in a research-oriented era such as ours.

Osteopathic research—often eclipsed in the past by the profession's battle on other fronts for its very existence—has now become a vital tool in meeting a new, different, but no less urgent challenge.

Today's medical knowledge, impressive as it may seem at first glance, is grossly inadequate. For every shred of new information unearthed by painstaking investigation, there arises a host of new and baffling questions vital to the proper care of the patient.

This search for new knowledge, however, costs money—and a large part of this money must be raised through the profession's annual seal campaign.

Of the nearly \$150,000 raised in last year's drive, exactly half went to the AOA Bureau of Research to finance various projects and pay the salaries of scientific investigative personnel.

True, funds are provided by other sources such as the National Institutes of Health, but the importance of the seal drive and other special money-raising efforts is that only the AOA provides project support for specifically

"osteopathic questions."

Faced with the problem of allocating limited funds for seemingly limitless, yet worthwhile, project proposals, the AOA Bureau of Research applies what relatively few funds are available to distinctively "osteopathic" investigation and the support of promising projects for which no specific hypothesis has yet been developed.

This is the kind of research that does not duplicate work being done in MD oriented laboratories, and which many funding agencies outside this profession are reluctant to back.

Because of the osteopathic profession's unique emphasis on the interdependence of the body's various systems and the concept of health as complete physical, mental and social well-being rather than merely the absence of disease—the profession is well qualified to search out answers to scientific questions not likely to be asked as pointedly in an allopathic setting.

"What is the role of the muscle-nerve complex in health and disease?"

"How and why does osteopathic manipulation work?"

"What, for that matter, makes the muscles and nerves work?"

"And what are the effects of manipulation on other organ systems?"

Researchers in all our colleges and at least two teaching hospitals are at work on these very questions. The answers, of course, come slowly — bit by bit — but they are coming!

To press the search for these and other answers, however, requires not only skilled scientists and dedicated physicians, but the unstinting and sustaining of interest of the entire profession and its friends.

Dr. Kline Appointed Medical Director

Dr. Charles A. Kline, Chairman of the Department of Pediatrics at the Kirksville College of Osteopathy and Surgery, has been appointed as Medical Director of the Kirksville Regional Diagnostic Clinic, a 40-bed pediatric unit. The Kirksville clinic is the eighth to be constructed in the state and is under the direction and supervision of the Division of Mental Diseases of the State of Missouri. The clinic serves a 13-county area of the state and is responsible for some patients from St. Louis and Kansas City areas.

In commenting on the Kirksville Regional Diagnostic Clinic, Dr. Kline stated that it is a multi-disciplinary clinic. He added that the Kirksville clinic and others in the state were made possible by appropriation of \$3,600,000 by the 73rd General Assembly to the Missouri Division of Mental Diseases. Administration of the total program is under George A. Ulett, M.D., Director of the Division of Mental Diseases, and Harold P. Robb, M.D., Associate Director of the Division of Mental Diseases, is responsible for the administration and operation of all clinics.

Dr. Kline noted that residency training in pediatrics and psychiatry at the KCOS will be integrated in to the regional diagnostic clinic program. Senior students at the KCOS will also serve a portion of their pediatric training at the clinic. Student appointment to training at the clinic is expected to be made primarily for those students specifically interested in pediatrics.

Dr. Kline is a certified pediatrician and a senior member and a member of the Board of Governors of the American College of Osteopathic Pediatricians. He is also a Diplomate of the American Osteopathic Board of Pedi-

atrics. He is a 1960 graduate of the KCOS, interning at Fort Worth (Texas) Osteopathic Hospital and serving his residency in pediatrics at the KCOS. In 1963 and 1964 he served as attending pediatrician at Fort Worth Osteopathic Hospital, White Settlement Osteopathic Hospital, Hurst General Hospital, and Park Center Osteopathic Hospital. He is a former professional relations coordinator of the Annual Child Health Clinic in Fort Worth. He joined the KCOS faculty and staff in 1964 and assumed the chairmanship of the Department of Pediatrics in 1967.

Three other KCOS faculty and staff members have been named to the clinic staff, which includes representation from other local osteopathic and medical institutions. Dr. Max T. Gutensohn, F.A.C.O.I. has been named as consultant in neurology at the regional diagnostic center. He is a certified internist and a Fellow of the American Osteopathic College of Internists. He also serves as Medical Director of Hospitals and Clinics and as Chairman of the Department of Osteopathic Medicine at the KCOS.

Dr. Margaret Dennis will serve as consultant in clinical psychology at the new clinic. She is Chairman of the Department of Educational Psychology at the KCOS and currently serves as a member of the Board of Directors of the Missouri Association for Mental Health.

Dr. W. Hadley Hoyt will serve the clinic as consultant in physical medicine and rehabilitation. Dr. Hoyt is certified in physical medicine and rehabilitation and is a member and secretary-treasurer of the American Osteopathic College of Physical Medicine and Rehabilitation.

From Your Interim Editor

If you have noticed any little differences this month in the makeup of your favorite JOURNAL, they are harbingers of other changes to be made that are due to culminate in a "regular" size *Texas Osteopathic Physicians JOURNAL* beginning with the January issue. Such changes are due to the considered thought of your Editorial Policy and Journal Publications Committee, which perforce became rather activated with the abrupt loss of Secretary-Editor Bob Price.

Perhaps before this reaches your hand our Association will have found a new Secretary-Editor, for several are at this writing being considered — but until that good day (and may it come soon) your Editorial Policy and Journal Publications Committee Chairman, who is this writer, has of necessity been named to act as the publication's titular head.

The real head, however, is a charming, and 'til now faceless, little workhorse you employ at the State Office named Sara Metcalf. (She put out that fine September issue all by herself). No longer shall Miss Metcalf remain faceless, for your Acting Editor (with the blessing of the Committee) elevates her to the position of Associate Editor and requests that a picture of her fair countenance accompany this announcement.

If you are at a loss as to the October-November dating on the cover and the pages, that is because the Committee has hiked up the publication date so that you will get the December issue on the first of the month instead of the last, and henceforth ad infinitum.

October-November, 1968

Now it takes more than an ostensible Editor and an Associate Editor and an Editorial Policy and Journal Publications Committee to make your Texas JOURNAL TOPS. We would like to



see an avalanche of technical articles and a flood of human interest pieces from you, dear readers all; and to see a bunch of District Reporters who will ferret out and then mail in news and tid-bits for the ailing "News of the District" section. The State Office is working on some big advertisers for the time when we become expansive two months hence, but how about a few more personal, i.e., professional cards from you fellows and gals and your fine institutions? The venture will cost something, (The printer is raising his prices anyway).

What do you say, boys and girls?

DR. H. GEORGE GRAINGER,
Acting Editor

Texas Osteopathic Hospital Association State Convention Proves Successful

The annual educational sessions of the Texas Osteopathic Hospital Association proved to be most successful this year. The program which was held in San Antonio, Texas — August 22-24, 1968, at the Sheraton Hotel was one of the most gratifying — in attendance as well as the stimulating discussion contributed by those in attendance. Included among the keynote speakers were: Dr. Robert H. Nobles, President of TAOP&S, Denton, Texas; Mr. Carroll Gregory, Director of the Division of Certification and Consultation, Medical Care Administration Services Section, Texas State Department of Health; Dr. Elmer C. Baum, of Austin, Texas; Mr. John R. Guemple, Assistant Commissioner for Vocational and Adult Education, Texas Education Agency;

Mr. H. B. Nunn of San Antonio and Mr. Harry Miller, President, Private Clinics and Hospitals Association of Texas. Program Chairman for the Convention was Mr. Tom G. Leach, Administrator of Fort Worth Osteopathic Hospital.

Officers elected for the subsequent year, to take office in May, 1969, were as follows:

President — Mr. Bennie Bearden

President-Elect — Mr. Olie Clem

Vice President — Mr. John B. Isbell

Secretary-Treasurer — Marilyn Mobley

Trustees — Dr. C. H. Hause and Dr. Glenn R. Scott.

Those who were in attendance at the meeting are as follows:

James A. Caldwell
S. B. Allen Memorial Hosp.
Mrs. James A. Caldwell
S. B. Allen Memorial Hosp.
Olie E. Clem
Broadway Memorial Hospital
Carolyn C. Smith
Comanche Hospital
Sue P. Ormsby
Comanche Hospital
C. A. Housman
Corpus Christi Osteo. Hosp.
D. H. Hause, D.O.
Corpus Christi Osteo. Hosp.
Dr. & Mrs. Palmore Currey
Currey Clinic Hospital and Nursing Home
Mr. & Mrs. Franklin E. Wells
Dallas Osteopathic Hospital
Ed Aycock
Doctors Hospital — Houston
Mr. & Mrs. C. E. Foster
Eastway General Hospital
T. G. Leach
Ft. Worth Osteo. Hosp., Inc.
Dr. Phil R. Russell
Ft. Worth, Osteo. Hosp., Inc.
Dorothy Cumming
Granbury General Hospital
Wm. R. Harris, D.O.
Doctors Hospital — Kennedale

J. C. Hildebrand
Doctors Hospital — Kennedale
J. M. Brooks
Groom Memorial Hospital
Walter J. Dolbee, Jr.
Hurst General Hospital
Betty Grisham
Lauf Clinic Hosp. — Lubbock
Lee & Nancy Baker
Lubbock Osteopathic Hosp.
Mr. & Mrs. H. L. Turner
Mims Memorial Osteo. Hosp., Inc.
Dr. & Mrs. Roy D. Mims, Jr.
Mims Memorial Osteo. Hosp., Inc.
W. S. Gribble, Jr. D.O.
Mims Memorial Osteo. Hosp., Inc.
R. G. Cochran
Mt. Pleasant Hosp. & Clinic, Inc.
Everett W. Wilson, D.O.
San Antonio Osteo. Hospital
W. L. "Dub" Davis & wife
Southwest Osteopathic Hospital
Dr. Glenn R. Scott
Southwest Osteopathic Hospital
Mr. & Mrs. John B. Isbell
Stevens Park Osteopathic Hosp.
G. A. Fuller, Jr.
White Settlement Hospital
G. A. Fuller, III
White Settlement Hospital

Dr. & Mrs. S. E. Smith
 Wolfe City Hospital
 Janie Morgan
 Physicians Hospital — Stanton
 Jack H. Woodrow, D.O.
 Physicians Hospital — Stanton
 Ed Leonard
 Bureau of A.O.H.A. Health Ins.
 Ed Link
 Bureau of A.O.H.A. Health Ins.
 D. G. Hudson
 Social Security

B. P. Bearden
 Doctors Hospital — Groves
 Betty Latimer
 Doctors Hospital — Groves
 Marilyn Mobley
 Doctors Hospital — Groves
 Jo Ann Hunter
 Doctors Hospital — Groves
 Dr. Robert H. Nobles
 President — TAOP&S
 Denton

Here and There

Dr. Glenn R. Scott of Amarillo, Texas is Co-Chairman for the program for 1969 for the American Osteopathic College of Anesthesiologists.

Dr. Phil Russell of Fort Worth, Texas, was a recent visitor to the Journal Department at KCOS, doing some research in the many old volumes of the *Journal of Osteopathy*. Always interested in the progress of his Alma Mater, "Dr. Phil" has made many return visits to the college. Dr. Russell has also been elected to the Board of Directors of the Texas Social Welfare Association.

Dr. Joseph L. Love of Austin, representing the Academy of Applied Osteopathy, combined forces with Dr. How-

ard E. Gross of Kirksville to present the program for the Louisiana Association of Osteopathic Physicians and Surgeons, in Baton Rouge.

Dr. T. R. Sharp of Mesquite, Texas, will serve as program chairman of the 74th Annual Convention and Scientific Seminar of the American Osteopathic Association to be held in New York City.

Dr. Nicholas G. Palmarozzi of Groves, Texas, spoke on "Metabolic Care of the Surgical Patient" during the early sessions of the American College of Osteopathic Surgeons annual postgraduate course, at Columbia, Ohio.

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 L. T. Cannon, D.O.

Röntgenology &
 Nuclear Medicine
 R. N. Dott, D.O.

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 Pediatrics
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 Andrew C. Viscardi, D.O.

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Direct inquiries to: Paul A. Stern, D.O., Medical Director

American College of Osteopathic Internists

Statler Hilton, Dallas, Texas

NOVEMBER 7, 1968

9:15—9:45 A.M. MEMORIAL LECTURE
Theodore Weinberg, D.O.

9:45—12:15 P.M. DIABETES MELLITUS

- 1) The Concept of Pre-Diabetes
Harold L. Dobson, M.D.
- 2) New Concepts in Early Diagnosis
of Diabetes Mellitus
Marvin D. Siperstein, M.D.
- 3) Oral Treatment of Diabetes Mellitus
Leo P. Krall, M.D.
- 4) Complications of Diabetes Mellitus
Max Ellenberg, M.D.

PANEL DISCUSSION

Moderator: Neil R. Kitchen, D.O.

Panelists: H. L. Dobson, M.D.
Marvin D. Siperstein, M.D.
Leo P. Krall, M.D.
Max Ellenberg, M.D.

12:15—1:30 P.M. LUNCHEON

1:30—2:00 P.M. SURGICAL CORRECTION

OF HIATUS HERNIA AND

REFLUX ESOPHAGITIS

Charles D. Farrow, Jr., D.O.

2:00—2:30 P.M. THE ROLE OF THE

INTERNIST IN THE COMPREHENSIVE

TREATMENT OF ALCOHOLISM

Alvin Rosen, D.O.

2:30—3:00 P.M. THE LUNG SCAN IN

PULMONARY DISEASE

John A. Bronikowski, D.O.

3:00—3:30 P.M. DIAGNOSTIC APPROACH

TO UPPER G.I. HEMORRHAGE

Eugene A. Oliver, D.O.

3:30—4:00 P.M. NEUROLOGICAL

COMPLICATIONS OF

COMMONLY USED DRUGS

John W. Nelson, D.O.

4:00—4:30 P.M.

6:30 P.M.

8:30 P.M.

NOVEMBER 8, 1968

9:00—11:00 A.M.

Moderator: Ralph F. L.

Panelists: D. B. Baker

D. H. Brink

D. E. Carr

M. H. Col

W. R. Dis

M. T. Gut

C. R. Olse

W. E. Per

A. Price,

R. E. Purd

H. J. Smith

W. B. Stro

E. P. Crow

Director

11:00—12:00 Noon

12:00—1:30 P.M.

1:30—2:00 P.M.

2:00—2:30 P.M.

2:30—3:15 P.M.

3:15—4:00 P.M.

4:00 P.M.

Annual Convention and Scientific Sessions

November 7, 8, 9

TRENDS IN THE
TREATMENT OF RENAL
INSUFFICIENCY
Anthony J. Malcoun, D.O.
EDUCATION DINNER
EDUCATION ADDRESS
Joseph T. English, M.D.

1968

The Physician's Role
in Community Health Planning

Indianapolis, Oklahoma
Dayton, Ohio
Lansing, Michigan
Phoenix, Arizona
Cleveland, Ohio
Kirksville, Missouri
Worth, Texas
Chicago, Illinois
Hill, N. J.
Columbus, Ohio
Westminster, Colorado
New York, N. Y.
AOA Assoc. Exec.

PRESENT STATUS
OF CHEMOTHERAPY
Clifton D. Howe, M.D.
LUNCHEON
ANGIOGRAPHY
C. D. Brashier, D.O.
ACUTE BACTERIAL
ENDOCARDITIS
William Migden, D.O.
DENTISTRIC MEDICINE
A. Carson Todd, D.O.
SECRETARY'S REPORT
Stuart F. Harkness, D.O.
BUSINESS MEETING

NOVEMBER 9, 1968

9:15—9:45 A.M. A REVIEW OF ONE-
YEARS EXPERIENCE IN A
CORONARY CARE UNIT
Richard C. Staab, D.O.

9:45—10:30 A.M. ACUTE RESPIRATORY
FAILURE
William F. Miller, M.D.

10:30—11:15 A.M. THE LONG TERM
MANAGEMENT OF THE
PATIENT WITH CHRONIC
OBSTRUCTIVE PULMONARY DISEASE
William E. Ruth, M.D.

11:15—12:00 Noon SURGICAL LIGATION OF
EMPHYSEMATOUS BULLAE — A Preferred
Surgical Technique
Milton V. Davis, M.D.

12:00—1:30 P.M. LUNCHEON

1:30—3:00 P.M. PANEL DISCUSSION ON
PULMONARY DISEASE

Moderator: Paul Barsky, D.O.
Panelists: William F. Miller, M.D.
Edwin Levine, M.D.
Milton V. Davis, M.D.

3:00—3:30 P.M. THE IMMOBILE PATIENT
B. B. Baker, D.O.

3:30—4:30 P.M. RESIDENT'S PAPERS

6:30—7:00 P.M. PRESIDENT'S RECEPTION

7:30 P.M. ANNUAL BANQUET

INSTALLATION OF NEW MEMBERS

For further information contact:

Dr. Stuart F. Harkness,
Secretary-Treasurer
Detroit Osteopathic Hospital
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A Letter From Vietnam

(Written to Dr. Morris Thompson, President of KCOS)

Dear President Thompson,

I received your recent letter. You stated that there is an interest in the activities of the Kirksville Alumni who are now serving in the military service. I will write a brief summary of my experiences to date which you may use to keep interested persons informed of the experiences of osteopathic physicians in the service.

I was drafted into the Army shortly after the completion of my internship in the spring of 1967. The first phase of training was undertaken at Fort Sam Houston, which is located in San Antonio, Texas. The basic training lasted for a period of five weeks and consisted mostly of instruction designed to acquaint us with the organization and history of the Army medical corps. We were also taught the fundamentals of military customs and leadership. Along the strictly medical line, a great deal of emphasis was placed on tropical diseases, gas and biological warfare, preventive medicine, and public health and sanitation.

Following this phase of training I was sent to Fort Rucker, Alabama for a concentrated five-week course in aviation medicine. Here I was trained to care for the people directly involved in Army aviation. They present special problems in health care which do not arise in ground troops. The course of instruction was excellent. The subjects stressed were ophthalmology, ENT, psychiatric aspects of flying, pulmonary and cardiac physiology, and the effects of drugs and flying. Physical standards for flight, and the medical aspects of aircraft by safety and accident investigation were also covered thoroughly. At the completion of the course I was given the designation of Aviation Medical Officer, and placed on flight status which entitles me for flight pay. We

must fly a minimum of four hours each month.

My first duty assignment was in Vietnam with the 1st Air Cavalry Division. This is the Army's only airmobile division. We have approximately three hundred aircraft, most of which are helicopters. These are utilized for cargo, troop transport, medical air ambulances, gunships and aerial rocket ships. I worked for two months in the office of the Division Flight Surgeon, doing mostly administrative work.

In February I transferred to the 2/20th Aerial Rocket Artillery Battalion. This job is much more satisfying than my first assignment. In addition to being the aviation medical officer, I am also the battalion surgeon for the unit. We have a small dispensary and are capable of handling the majority of cases which arise, in addition to the flight physical examinations. At the present time there are ten medics working for me. Our Battalion is split up into three firing batteries which are located in different locations. In order to provide adequate coverage we have set up aid stations at each location. The aid stations are staffed by medics. Once each week I visit each aid station to consult on the more difficult cases, and

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to help with any other medical problems in the base camp. The variety of cases seen are about the same as would be treated in a general practice in the states. We average about five hundred calls a month at the dispensary. I have been utilizing my OMT training to a large extent, as there are many cases of musculo-skeletal problems.

Another important duty that I have is in the area of preventive medicine. This is probably one of my most important duties. Under field conditions it is very important to prevent communicable diseases, because once it takes hold it seems to spread very rapidly among the troops. We inspect the mess halls and latrines, check the water supply and the living areas. Special emphasis is placed on the prevention of malaria which is very prevalent in Vietnam. Chloroquine-Primaquine tablets and Dapsone tablets are taken for chemical prophylaxis. In addition each man must sleep under a mosquito net and use insect repellent to lower the incidence of mosquito bites. We also have an intensive immunization program to maintain a high level of immunity against many of the communicable diseases common to this area of the world.

The Civic Action program which is sponsored by the division is an important activity in which we participate. This is an effort by the soldiers to help the civilians. Our responsibility is a program called Med-Cap. We go to the village three times weekly and hold a sick call. Physicians are scarce in Vietnam, so the people really turn out when the doctor comes. The number of patients seen may vary from fifty to a hundred on a single morning. As you can imagine there are some pretty challenging cases. Our main interest has been with an orphanage and refugee camps. In addition to medical care we also distribute soap, toothpaste and toothbrushes. One of the big obstacles to overcome in this country is the lack of a good level of sanitation.

Since arriving in South Vietnam, I have had an opportunity to travel to many parts of the country. Our present location is in the northern sector of the country, about midway between the cities of Hue and Quang Tre. Some of the significant actions we've participated in were the battle of the Hue, the operation at Khe Sanh, and at present an operation to clear the A Shau Valley, which is an enemy stronghold located west of the city of Hue.

All of the osteopathic physicians have been very well accepted by the service to the best of my knowledge. Assignments are based on the level of individual experience, and not on the basis of the college attended. I believe that my two years of experience in the Army medical service will continue to be informative and educational and will undoubtedly be of benefit to me when I begin my civilian practice in 1969.

Sincerely,

Donald F. Bills, Cpt. MC AMO
KCOS '66

(Taken from The Journal of KCOS)

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THE CRITERIA OF EMOTIONAL MATURITY

HAVING the ability to deal constructively with reality

HAVING the capacity to adapt to change

HAVING a relative freedom from symptoms that are produced by tensions and anxieties

HAVING the capacity to find more satisfaction in giving than receiving

HAVING the capacity to relate to other people in a consistent manner with mutual satisfaction and helpfulness

HAVING the capacity to sublimate, to direct one's instinctive hostile energy into creative and constructive outlets

HAVING the capacity to love.

William C. Menninger, M.D.
1899-1966

106 Freshmen Enter KCOS This Fall

One-hundred and six first-year students have been enrolled at the Kirksville College of Osteopathy and Surgery for the 1968-69 academic year. Dean of Students, F. M. Walter reported that the new KCOS class is scholastically the finest class admitted to the college. He stated that the incoming class was selected from 613 applicants, adding that this reflected a 507 increase in number of applications over last year. When asked for possible explanation of the increase, Dean Walter pointed out that the number of 22-year olds, the average age of students entering the college, in the United States is the highest in recent years, though numerous

minor factors undoubtedly contributed to the increase.

Twenty-four states and 74 colleges and universities are represented in the Class of 1972. Leading in state representation is Missouri with 16 followed by Michigan and Ohio with 14 each. Twenty-one members of the first-year class received their pre-professional preparation at the Northeast Missouri State College in Kirksville. Approximately 85% of the class have earned an undergraduate degree.

There are three feminine members of the new class. Thirty-three members of the class are married, a significantly lower figure than in recent years.

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HISTORY OF OSTEOPATHY

Phil R. Russell, D.O., Chrm.
Wendell V. Gabier, D.O.

George's Journal Jottings

(Submitted by Dr. H. George Grainger, Acting Editor and Chief)

I had treated Jim, one of my social friends, in times past for an occasional crick in the neck. It was one of those one-visit-every-three-to-five-year deals.

This time he had a case of shingles, something he figured was, well, maybe out of my line. But, he said, he just had to get some relief, and the doctor who was treating him was gone.

About a week later Jim and I met at a party. "Say, George", he exclaimed, "that treatment you gave me for my shingles sure helped." I was basking in the glow of his warm endorsement when he added, "Fact is, I haven't had to go back to the doctor since."

* * *

I had given Greg, my young asthma patient a little plastic whistle as a little token of his visit to me. That was several months ago and I had not seen him since.

This afternoon the phone rang; and it was his grandmother, who is raising him. "You know that little whistle you gave Gregory to blow?" (I had forgotten all about it.) "Well," she said, "he loaned it to another boy at school and he can't get it back. Can you give him another whistle? Since he's been blowing on it, it's sure kept his asthma away."

* * *

As she was leaving after her checkup, my elderly patient picked up one of these little "family planning" booklets put out by one of those manufacturers of the Pill.

"Say, Mrs. Jones, you're on Medicare!" I said, "What do you want with that?"

"Oh," she said, "I just like to keep up with what the young people are doing."

Miss Lissom, a shy and attractive young lady, came in with a problem in gynecology. Both embarrassed and fearful of the examination about to begin she instinctively sought out my nurse's hand.

I had just begun to explore the introitus when the patient apprehensively exclaimed, "I hope I don't squeeze your fingers off."

"Well, —har-r-umph," I cleared my throat, "That'll certainly be an interesting experience for me!"

There was a moment of dead silence. My nurse, her face a bright crimson, looked me severely in the eye.

"Doctor," she admonished, Miss Lissom was talking to *me*."

* * *

Because she sleeps closer to the telephone, I let my wife answer it after we are bedded down for the night.

Last winter I was scheduled to get up at a rather early hour, so before retiring I set the alarm and placed the clock by the telephone on the bedside table, then crawled into my side of the bed.

At daybreak when the alarm went off I awakened to watch her reach over and turn it off. Then, with a sleepy flourish, she handed the clock over to me.

"Honey," she sighed, "it's for you."

* * *

Mr. Barker was a patient of long standing whom I had been seeing regularly once or twice a week. Though my office records showed him to be 89, he was still active in his real estate business, driving to and from his office every day.

One day I was making a house call on foot, a few blocks away, when the

old gentleman drove alongside me and offered me a lift.. Acknowledging his thoughtful gesture, I hopped in, tossing my bag on the seat between us. After he had shifted gears and the old car had gained momentum, Mr. Barker glanced down at the bag between us, then turned to me.

"Whatcha selling?", he asked.

* * *

The patient was convalescing nicely from some minor surgery and we both were in a voluble mood. He had been employed for several years as a clerk in a large chain food store, and the conversation got around to shoplifting. "Last month," he said, "a woman almost walked away with a forty-five pound ham."

"How in the world did she hide it?", I asked.

"Well, she must've weighed about 300 pounds. She just slipped it down in her panties and started out with it between her legs. You couldn't tell the difference, she was so fat."

"How did you find it out?", I inquired.

"Oh, I saw her slip it under her skirt."

"Well, what happened to her?", I queried.

"She went to jail."

"What happened to the ham?"

He shifted in bed and spat in the cardboard container. "We sold it," he nonchalantly replied.

* * *

To impress on the nursing home employees the importance of being patient-oriented the new head nurse had tacked up at the nurses' station a hand made sign:

NOTICE!
Think Patient!
Do Patient!
B. C.

Dropping by the nurses' station about a week later, my eyes were drawn to a terse addendum, scrawled in a different hand. It now read,

NOTICE!
Think Patient!
Do Patient!
Be Patient!
B. C.

* * *

While writing out his check, Clarence, my old friend and patient, just had to let out with a few observations on economics and the human condition.

"It's rough these days," he lamented, "just making ends meet." He went down the usual litany: groceries, insurance, car payments, city taxes, county taxes, school taxes, state taxes, and finally and particularly, Uncle Sam.

"Y e s," I rejoined sympathetically, picking up the check, "It's getting almost impossible for a fellow to pay his honest debts."

"—Let alone his doctor bill," he added laconically.

* * *

The patient, an attractive divorcee, was radiantly happy. I had met her new suitor, and could tell the reason.

"We're going to be married in January," she confided. Then she reflected "—if nothing happens."

"That's six months off," I said. What if something happens?"

"Oh," she exclaimed, "then we'll get married sooner."

The editors of the
Texas Osteopathic
Physicians JOURNAL
always welcome story
contributions.

Calendar of Events

October 27-31, 1968—FORTY-FIRST ANNUAL CLINICAL ASSEMBLY OF THE AMERICAN COLLEGE OF OSTEOPATHIC SURGEONS, Denver Hilton Hotel in Denver, Colorado. For further information and registration materials, write Dr. Charles O. Ballinger at 1550 S. Dixie Highway, Coral Gables, Florida 33146.

November 7-9, 1968 — AMERICAN COLLEGE OF OSTEOPATHIC INTERNISTS ANNUAL CONVENTION AND SCIENTIFIC SESSIONS—Statler Hilton Hotel, Dallas, Texas. For further information contact: Dr. Stuart F. Harkness, Secretary-Treasurer, Detroit Osteopathic Hospital, 125-23 Third Avenue, Detroit, Michigan 48203.

November 9-10, 1968—TEXAS COLLEGE OF OSTEOPATHIC MEDICINE POST GRADUATE SEMINAR, Worth Hotel, Fort Worth, Texas. The Texas College of Osteopathic Medicine is sponsoring their first Postgraduate Seminar. Program will consist of an indepth discussion of anemia. For further information, contact: Joel Alter, D.O., Program Chairman, 1312 Clover Lane, Fort Worth, Texas 76107.

March 28-30, 1969 — GRADUATE CENTER SEMINAR by Academy of Applied Osteopathy at the Worth Hotel, Fort Worth, Texas. Featured speakers include Drs. Cathie, Koor and Beilke plus local Texas D.O.'s on a practical program of basic osteopathy. For details write to Dr. Margaret W. Barnes, Executive Director, 508 Bailey Ave., Fort Worth, Texas 76107.

A good way to keep your mind clean is to change it occasionally.

REMEMBER — NOVEMBER 5 IS VOTING DAY — EXERCISE YOUR RIGHT!

October-November, 1968

One Vote

Jim Farley, when at the zenith of his power, was asked by a brash interviewer, "How many votes do you control, General?" Without hesitation this experienced politician, Postmaster General, and influential citizen of the most populous state, replied, "Just one".

That puts us all on the same basis politically, as indeed it should in a democracy. The question is "Are you going to vote on November 5?"

Every citizen is urged to vote! But first, are you registered to vote in this fall's general election? If not, check the location of your local registration office and register now.

Actually you can exercise much wider influence in your nation's future between elections than you can on election day. Although the demands on your time are great it would be unfortunate if medical men did not give expression to political opinion. The practice of medicine brings one in contact with the broad spectrum of "we the people". Physicians know much about the health and other needs of their communities. It is time that physicians help select the nation's leaders.

Increasingly tax dollars at all levels of government are being distributed towards health problems. Your taxes and your practice are affected by these decisions.

You have one vote. Cast it.

(Taken from "New Jersey Assn. of Osteopathic Physicians and Surgeons JOURNAL")

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An Alarming Increase

A "disease" from which there is no recovery is increasing with alarming proportions in this country — especially among the young people.

Suicide is claiming more and more people each year, especially the young, and the attempts outnumber the completed acts of self-destruction by eight to 10 times, experts report.

Last year, according to the U. S. Department of Health, Education and Welfare *Bulletin of Suicidology* there were some 20,000 to 22,000 cases of known suicides. Dr. Louis I. Dublin said in a paper delivered at the University of Florida, that 25,000 suicides is much closer to the truth.

"Suicide has been for some time one of the first 10 causes of death by number, and at the younger ages it is second or third in order of importance," said Dr. Dublin.

"Nor is this all," he continued. "In addition to these completed suicides there are from eight to 10 times as many uncompleted attempts. This means more than 200,000 such attempts each year."

Dr. Edwin S. Shneidman, with the National Institute of Mental Health, said that even though statistics place the number of deaths at around 22,000 there are those in the field who believe that "a more accurate figure lies between two and three times this number." He contends that physicians and other certifying officials are loath to label a death a suicide. "The onus, anathema, stigma and taboo surrounding the topic of suicide are not to be underestimated," writes Dr. Shneidman, who cited several cases where persons took their own lives but where the deaths were recorded differently.

Dr. Shneidman said that in 10 to 15 per cent of deaths the causes are unclear. "In only one place in the world that I know of, the County of Los Angeles, are these equivocal deaths sys-

tematically investigated and scientifically evaluated," he said.

Writing in the *New York Times*, Dr. Howard A. Rusk points to the advance warning of would-be suicides. "Of the numerous myths concerning suicide the most prevalent and most dangerous are the fables that people who talk about suicide don't commit suicide and that suicide happens without warning. Of any 10 persons who kill themselves, eight have given definite warnings of their suicidal intentions," he writes.

Dr. Mathew Ross of Harvard Medical School said the pattern of an approaching suicide attempt is so recognizable and predictable that many suicides could be prevented by appropriate interventions. He said that in three out of four cases the emotional ills that precede suicide are depression or alcoholism.

These observations also were reported in Dr. Rusk's article:

Dr. Jerome A. Motto of the University of California found in a study of attempted and completed suicides in San Francisco that one out of every 25 cases saw a physician on the same day he chose self-destruction.

Dr. Robert E. Litman of Los Angeles Suicide Prevention Center reports that 50 per cent saw a physician during the last month of their lives.

Help is available in many places for the would-be suicide. During the last few years emphasis has been given to Suicide Prevention Centers. At the start of the year there were 40 such centers in 17 states and the District of Columbia — most of them manned for the most part by volunteers.

Texas has centers operating in Corpus Christi, Fort Worth, Beaumont, Abilene and The University of Texas (for counseling on other problems also) and one in the formative stages in Dallas, according to the Texas Association of Mental Health.

NEWS OF THE DISTRICTS



D. D. BEYER, D.O., F.A.C.G.P.

District No. Two

Correction! In the September JOURNAL I mentioned that Nancy Karren Giles was the daughter of Dr. and Mrs. Forrest D. Giles. Instead — she is a sister to Dr. Forrest Giles and a twin sister to William T. Giles, D.O., an intern at Fort Worth Osteopathic Hospital. Nancy is a freshman at Kansas City College of Osteopathy and Surgery.

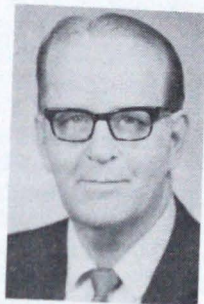
Mr. D. L. Rader, Director of Public Relations and Personnel at the Fort Worth Osteopathic Hospital presented a program for the Nursing Service Administrators Section, District III of The Texas Nurses Association. The program was held on October 9, 1968, at All Saints Hospital in Fort Worth, Texas. The lecture session consisted of concepts of nursing supervision in hospitals.

Before Mr. Rader became affiliated with the F.W.O.H., he was in the Military Service where he was with the Public Relations section.

Dr. George Luibel attended a monthly meeting in Lubbock, Texas — District 10, last month.

Your reporter attended a meeting last month of the Tarrant County Nurses Association at the Academy of Medicine, in Fort Worth. One of our State Representatives, Joe Shannon Jr., discussed the Nurses Medical Practice Act of Texas.

October-November, 1968



H. GEORGE GRAINGER, D.O., F.A.A.O.

District No. Three

Here are some comings, goings and doings of East Texas DO's and their families, mainly during the summer, but including late spring and early fall.

Nancy and Ben Beall have a little baby, named Starr Ellen (ain't that cute?) born last April. Congratulations! Nancy is also Treasurer of the State Auxiliary.

Sharon Coldsnow (Miss Pittsburg—1968) the Coldsnow's eldest daughter, entered Texas Christian University at Fort Worth, in September.

And Lisa, least one of the Mt. Pleasants, G. W. Taylors', had her tonsils out in late September. She's five.

The Bowden Beatys' — little girl, Margaret got her RN at Austin's Brackenridge in August. She is now in Surgery there.

And the George Chambers of Mt. Pleasant are right proud of their recent grandfather clock acquisition.

Dr. Kenneth Ross hasn't smoked a cigarette (or nothing) since April last. He says, though, he's had asthma ever since.

The Carter McCorkles spent a week in August exploring Mexico City with little Sue.

And Bob and Loretta Hamilton enjoyed separate vacations together. He traveled all over Texas tearing up the

states choicest golf greens while Loretta visited relatives.

And Dr. Bill Sanders has moved from Big Tyler, to Big Sandy—to carry on in the tradition of good old osteopathy. They've bought a house there.

Also, big brother Loy Sanders spent his vacation watching his cows multiply.

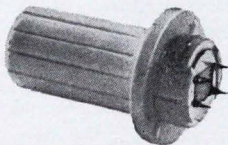
District III had its first Fall meeting on September 21, at the Blackstone in Tyler, with charming Carolyn Haman (wife of Dr. Bob) president of the Texas Auxiliary, the honored guest. Carolyn (who by the way is a Registered Medical Technician) spoke to the whole group of doctors and wives on Vocational Guidance and ways and means of implementing the Christmas Seal Campaign. Then—like the Pied Piper, she led all the ladies off somewhere to some little nook where she gave them, I suppose, some hard core advice on how to handle their men.

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William H. Stewart, M.D.
Surgeon General, U.S.P.H.S.

CORPUS CHRISTI, TEXAS — The new medical and surgical wing going up at Corpus Christi Osteopathic Hospital is nearing completion, according to C. A. Houseman, administrator. The new structure will add 30 beds to the existing 50 beds. Featured in the construction are eight "V.I.P." private rooms with carpeting and color-coordinated furnishings as well as 12 semi-private rooms. An enlarged nurses station will be centrally located between two wings overlooking a large patient solarium with adjacent patio.

October-November, 1968

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