

Texas OSTEOPATHIC PHYSICIANS Journal

Volume XV

FORT WORTH, TEXAS, SEPTEMBER, 1958

Number 5



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EDITORIAL PAGE

The 1958-59 Fiscal year of the Texas Association of Osteopathic Physicians and Surgeons is half over. We have six months of the fiscal year left in which to catch up on organizational activities that have been neglected due to the summer months and vacations by so many doctors.

Each member of the Association and all osteopathic physicians should re-evaluate his activities and contributions to his profession. He should determine from his own conscience whether he is living in a selfish shell—whether he has prospered from his profession and is willing to fulfill his obligations to his family, his fellow man, and his alumni. He should know—or have an idea—whether his son or daughter expects to follow in his footsteps and become an osteopathic physician—whether this son or daughter is to go to an osteopathic college whose standards cannot be excelled by any medical school. These are questions that each individual osteopathic physician must answer himself.

To those unselfish members of the profession who are supporting their colleges through the Osteopathic Progress Fund, we say "Thanks!" Keep it up and do more according to your ability.

To those who do not support their colleges, we ask, "Why not?" Evaluate your own conscience and you will realize that you are shirking a responsibility.

The loyal supporters of the colleges have a duty beyond giving, namely—to convince others of their responsibilities. The O.P.F. Chairman can function only as you function. It is your job. Let us all recognize our responsibility and not only give, but secure givers to our colleges. You want your profession to gain—you want your colleges to be the best—you want more students in osteopathic colleges—you want someone to fill your shoes when you no longer function. So, it's just plain common sense to donate to your colleges.

—Raymond D. Fisher, D.O.
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Texas Osteopathic Physicians' Journal

OFFICIAL PUBLICATION OF THE
TEXAS ASSOCIATION OF OSTEOPATHIC PHYSICIANS AND SURGEONS

PUBLICATION OFFICE: 512 BAILEY STREET, FORT WORTH 7, TEXAS

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ASSOCIATE EDITORS: GEORGE J. LUIBEL, D. O., RALPH I. MCRAE, D. O.

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VOLUME XV

FORT WORTH, TEXAS, SEPTEMBER, 1958

NUMBER 5

Reporting the Surgical Repair of A Case of Syndactylism



J. NATCHER STEWART, D.O.
Dallas, Texas

Syndactylism, a congenital condition, is most common in the hand, and is frequently familial. Bagg found that it is from an arrest of development, starting with a fetal lesion of very minor degree¹⁻². It may occur bilaterally, as is the case in approximately half the cases, and may occur simultaneously in the toes. Arrested development may occur in the fingers and polydactylism may be present. Normal finger length ratio will usually take place after the webbing is separated surgically. However, brachydactylia or arrested development was present in the involved hand of this case report with alteration of the ossification centers in the phalanges of the second, fourth, and fifth fingers. This condition is not aided by surgery³. We are reporting this case because we corrected it surgically at an unusually early age, being of the opinion that development of the hand in the growing age is so important and digit growth is

greatly impeded in the presence of total web enclosure. If we elect to operate fingers in the young, scar tissue must be kept at a minimum, as longitudinal growth takes place to a greater extent than circumference growth. This fast longitudinal growth may later produce curvatures in the scars necessitating further plastic procedures. On the other hand, scar tissue is less likely to occur in infants and a split-thickness graft in the child encompasses more nearly the full thickness of the skin as the skin does not have the depth that it does in the adult⁴. This fact also diminishes the amount of scar tissue formed.

The following case is reported:

A male infant, aged eight months,



FIGURE 1

had a web enclosure of all five fingers of the left hand (Figure 1). There was no familial history of congenital defects on either side of the family. There was moderate webbing between the first and second fingers with complete webbing between the second, third, fourth, and fifth fingers and only a small cleft was found between the fingernails.

Roentgen study of the left hand revealed the following:

The left hand reveals an immature osseous architecture. Maldevelopment of the ossification centers of the phalanges is noted. Two centers of ossification are present in the fourth and fifth fingers, and three centers are noted in the second and third fingers. The soft tissues reveal evidence of union of all the fingers by a cutaneous web.

Impression:

Roentgen study of the left hand reveals evidence of maldevelopment of the ossification centers of the second, fourth, and fifth fingers as described. The fingers are jointed by a cutaneous web.

The patient was prepared for surgery and the technique was as follows: A dorsal and volar pointed skin flap was made with the base near the metacarpophalangeal joint and the apex extending on the webbed area between the phalanges. The web was then split through by incising the skin both in the dorsal and volar surface between the phalanges extending proximally to a point between the metacarpophalangeal joints. The volar and the dorsal flap was then crossed through the cleft and were sutured side by side, the plane being beveled to the dorsum. A .012 inch thickness skin graft was then taken from the right lateral surface of the thorax using a Reese Dermatomy. Skin was then shaped and applied to all raw surfaces of the adjacent sides of the finger, fixation being maintained by taking a few interrupted stitches using Silk 5-0 suture. Each finger was

then wrapped separately using vaseline gauze strips and each wrapped finger was attached to a specially made 5 pronged splint. The left hand, forearm, and arm was placed in a cast which included the splint. The donor site was protected by a shield after applying Vitamin E ointment.

The hand was not dressed until the fifth postoperative day, at which time the stitches were removed and the detached dermatape was removed. A high degree of graft-take was present and the hand was again fixed to the splint. The present result is presented in Figures 2 and 3, the pictures being taken six weeks following surgery.



FIGURE 2



FIGURE 3

It should be mentioned that we had not contemplated the correction of the webbing on all fingers prior to surgery as it is usually poor policy to correct both sides of a finger at the same operation. We proceeded, however, because minimal bleeding was encountered as we progressed and we felt that no important blood vessels had been sacrificed.

May we state in summary that this case had been reported because repair has been made at an exceptionally early age and because the total procedure was accomplished by one operation.

It should be emphasized that scarring of the fingers in the young child must be kept at a minimum because of greater longitudinal growth as related to circumference growth in the digit with cicatrix producing flexion fixation of the digits.

1. Bagg, H. J.: Etiology of Certain Congenital Structural Defects, *Amer. Jour. Obstet. and Gynecol.*, 8:131-141, Aug. 1924.

2. Bagg, H. J.: Hereditary Abnormalities of the Limbs; Their Origin and Transmission, *Amer. Jour., Anat.*, 43, 167-219, Mar., 1929.

3. Sachs, M. D.: Familial Brachyphalangy, *Radiology* 35: 622-626, Nov., 1940.

4. Boppe, M., and P. Faugeron: Treatment of Syndactylia by Total Free Skin Graft, *Paris med.*, 1: 522-527, June, 1939.

Warning!!!

There have been numerous instances whereby members of the Texas Association of Osteopathic Physicians and Surgeons have been guilty of employing unlicensed physicians at salaries, in a few instances, of as much as \$1,000.00 a month with the impression that these unlicensed physicians can work under them without a license, or can work as a preceptor without a license, or can work under fellowship without a license, or as an assistant without a license, or under tutorship without a license.

The Texas State Board of Medical Examiners have refused several physicians a license because they had been guilty of practicing medicine without a license, thinking that they did not have to have a license as long as they were practicing under a licensed physician or as a preceptor, or as an assistant or under fellowship or tutorship.

Please remember—it is a violation of the Law for an unlicensed physician to practice medicine in Texas, regardless of the category or work. Such practice will seriously jeopardize his chances of later obtaining a license.

Please communicate with the Secretary's office before taking on any assistant to practice medicine to determine whether or not this assistant is eligible to obtain a license.

Please remember that you also are

guilty of violating the Medical Practice Act and you can be called before the Board under Section 12, Article 4505 of the Medical Practice Act of Texas for permitting another to use your license to practice medicine.

Divisional Secretaries Honor Veteran D.O.s

Two osteopathic veterans were given honorary life memberships in the Society of Divisional Secretaries to mark their retirement as secretaries of their state organizations.

Dr. E. J. Elton of Wauwatosa, Wisconsin, and Dr. Guy E. Morris of Clarksburg, West Virginia, both retired in May. Dr. Elton had served the Wisconsin Association of Osteopathic Physicians and Surgeons 57 years. Dr. Morris has been secretary of the West Virginia Society of Osteopathic Medicine nearly 41 years.

ABSTRACTS

The Effect of Acetazoleamide, an Inhibitor of Carbonic Anhydrase, on Gastric Secretion

L. Poller. *British Journal of Pharmacology and Chemotherapy* (Brit. J. Pharmacol.) 11, 263-266, Sept., 1956. 3 figs., 15 refs.

In this paper from the Chemical Defence Experimental Establishment, Porton, Wiltshire, a study is reported of the effect of acetazolamide, a derivative of sulphanilamide and an inhibitor of carbonic anhydrase, on gastric secretion. The drug was given to 12 healthy adults receiving a fixed weighed diet. It was found that 250 or 500 mg. of acetazolamide by mouth had no significant effect in reducing gastric secretion of hydrochloric acid or depressing gastric motility. Marked diuresis and increased sodium and potassium excretion were observed in all the subjects in the first 24 hours after administration of the drug.

Executive Secretary Reports

The executive secretary has had a very busy and unusual month. Work in the office has been exceedingly difficult this month, and in addition on July 31, he went to Dallas to meet with the Divisional Manager of the Veterans Administration at the Veterans Hospital in reference to negotiating a new contract with the Veterans Administration.

This was a rather enlightening visit and besides doing some public relations work with the doctors involved, a conclusion was reached that we should not renew our contract with the Veterans Administration as it would be 1960 before we could secure an increase in fees, and if we did not renew our contract, the same rules would apply to us that apply to the allopathic profession in Texas and we would receive the same remuneration they receive which is higher than our contract allowed. Some two and one-half hours were spent here and much information was gained and given.

That afternoon was spent in the general offices of Reserve Life Insurance Company over considerable difficulty in reference to insurance problems. This was a very productive meeting and certain conclusions were reached by both the insurance com-

pany and your executive secretary that will in the end, be productive for the Association.

Following this, your executive secretary went to the East Town Osteopathic Hospital to check over several problems with this institution. He arrived back in Fort Worth at midnight, after a very productive day.

On August 7, the executive secretary returned to Dallas to confer with the Nettleship attorneys in reference to some unjustified claims filed against our physicians, and discussed procedures in the handling of these claims.

In addition to this, he was in conference at the Plattner Clinic and Hospital in Grand Prairie, the Stevens Park Osteopathic Hospital in Dallas, the Dallas Osteopathic Hospital, and with Dr. Robert Lorenz over the same problems. Much information was gained and it was a productive trip.

On August 21, the executive secretary drove to Houston, Texas where on the morning of the 22nd he met with the managers of the Rice Hotel and discussed the physical layout and exhibit space for the 1959 convention.

The afternoon of the 22nd was spent with the Cravens, Dargan and Company insurance people who had writ-

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ten this office and desired certain information. The executive secretary spent practically the entire afternoon with them.

On August 23, at the Ben Milam Hotel, the executive secretary opened a meeting of the Texas Osteopathic Hospital Association in which Blue Cross took up the entire first day in a workshop program. This is written up elsewhere in the Journal.

At four o'clock, he started a meeting with the Insurance Committee of this Association which was holding a session in reference to certain claims and certain decisions which had to be made.

On August 24, the executive secretary was present at the Texas Osteopathic Hospital Association meeting until two o'clock when he again met with the Insurance Committee at which time they were able to wind up the problem cases involving insurance. The committee adjourned at 7:00 P.M. and the executive secretary reached Fort Worth at 1:00 A.M. on August 25th.

On August 28, the executive secretary again returned to Dallas to attend a meeting of the National Glandular Society to which he spoke at a noon day luncheon and attended the meeting throughout the 29th. He returned to Fort Worth at Midnight. Information in reference to this meeting is written elsewhere in this Journal.

The executive secretary will leave Fort Worth September 5 for Austin and San Antonio in reference to the 1961 meeting of the Association. On September 8 he will meet with insurance people in San Antonio and on the 9th he will attend the State Democratic Convention as a delegate. On September 10 he will visit with doctors in San Antonio and return to Fort Worth by Thursday, September 11.

Radiologists and Obstetricians to Feature Cruise At Austin Meeting

In addition to an outstanding educational program, the Texas Osteopathic Radiological Society and the Texas Association of Osteopathic Obstetricians and Gynecologists will feature a gala moonlight cruise on Lake Austin aboard the river boat Commodore. The registrants and their guests will attend a barbecue at Green Shores preceding the Saturday night cruise.

The program, which is open to all Texas D.O.'s, is as follows:

SATURDAY, SEPTEMBER 27, 1958

5:00 P.M., *Advance* Registration, Sheraton Terrace Motor Hotel.

6:30 P.M., Departure from Sheraton Terrace Motor Hotel for Green Shores. (Transportation will be provided for those requiring it.)

7:00 P.M., Barbecue Supper—Green Shores.

8:30 P.M., Moonlight Cruise on Lake Austin. Riverboat Commodore. (Liquid refreshments courtesy of Eastman Kodak Company)

SUNDAY, SEPTEMBER 28, 1958

9:00 A.M., Registration, Sheraton Terrace Motor Hotel.

9:30 A.M., *Localization of the Placenta*. An informal panel discussion. Charles C. Rahm, D.O., Moderator. Wesley V. Boudette, D.O., Dayton, Ohio. W. Ober Reynolds, D.O., Albuquerque, New Mexico.

10:00 A.M., *Observations on Cervical Cancer*. Wesley V. Boudette, D.O., Dayton, Ohio.

11:00 A.M., *Causes of Dystocia*, W.



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12:00 Noon, Luncheon for Registrants and their Guests. Mr. Tom Reavley, Speaker, Austin, Texas.

1:30 P.M., Business Meetings of the Participating Organizations.

2:00 P.M., *The Diagnosis and Treatment of Sterility in the Female Patient.* A Panel Discussion. Chas. D. Ogilvie, D.O., Moderator. Wesley V. Boudette, D.O., W. Ober Reynolds, D.O., Joseph L. Love, D.O., Jerry O. Carr, D.O.

Registration Fee: Doctors — \$10.00 (luncheon included). Wives and Guests — \$3.50 (luncheon included). Barbecue and Cruise — \$4.00 per person.

Notice: Reservations for the Barbecue-Cruise and the Sunday Luncheon

must be made in advance with Dr. Joseph L. Love, P. O. Box No. 1, Capitol Station, Austin 11, Texas. All Texas D.O.'s Welcome.

To Address Austin Meeting



The Honorable Tom Reavley, former Texas Secretary of State and noted attorney, will address the Texas Osteopathic Radiological Society and the Texas Association of Osteopathic Obstetricians and Gynecologists and their guests at their convention luncheon on Sunday, September 28. His subject will be "The Moral Impact of Modern Society."

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August 6, 1958

The next examination of the Texas State Board of Examiners in the Basic Sciences has been set for October 13 and 14, 1958 in Austin, Texas.

Details as to time and place, and other related information, may be obtained by writing to the Chief Clerk at the above address.

All arrangements should be completed one week before examination time, and those interested should act immediately.

Very truly yours,
Henry B. Hardt, Ph.D.
President

New Hospital



TAVEL CLINIC AND HOSPITAL
Houston, Texas

The Tavel Clinic and Hospital recently opened at 4809 Austin Street, Houston, Texas. It is a new type medical institution. The clinic and hospital has approximately 7000 square feet of floor space and is the only hospital of its kind in Texas devoted especially to the study and treatment of diseases of the anus, rectum and colon. The clinic unit consists of seven treatment rooms, two consultation rooms, two reception rooms—one white and one colored, X-Ray department, laboratory

and the business office. The hospital unit has complete surgical facilities and bed space for eighteen patients. The second floor consists of five rooms. One for meetings, showing of medical films and colored slides. One for doctor's lounge. One for nurses dressing room. Two record rooms.

Dr. Lester I. Tavel is the owner and Dr. Howard Weinstock is associated. There are nineteen Physicians and Surgeons, D.O., on the staff.

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Winners and Their Reward—Champions of the Tee-Par-Tee Golf Tournament at Lubbock Country Club chat with tournament chairman Larry Lott, center, during presentation of prizes. The champs are Dr. Bob Beyer of Fort Worth, left, and Dr. R. Z. Abell of Lubbock.

D.O.'s vs M.D.'s

Dr. Robert B. Beyer of Fort Worth and Dr. R. Z. Abell of Lubbock won the T-Par-T golf tournament at the Lubbock Country Club August 3, 1958 and gained considerable publicity for their proficiency in golf.

Those finishing in the second position were W. D. Watkins, M.D. of Lubbock and Charles Thompson, M.D. of San Angelo.

Dr. Beyer and Dr. Abell were each

awarded a silver service set. We congratulate these men, as representatives of the osteopathic profession.

(EDITOR'S NOTE: *This is a funny world. According to the AMA Code of Ethics, it is unethical for an M.D. to consult with a D.O. in any manner in the care of a critically ill patient or any patient, to save a life, but apparently it is considered very ethical to play golf with them for a prize.*)

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Hospital Association Meets

The Texas Osteopathic Hospital Association held its annual meeting in Houston, August 23-24. This proved to be the first real hospital meeting in which there was proper representation of osteopathic hospitals and doctors.

August 23 was turned over to Blue Cross and Blue Shield as a workshop. The program was entirely put on by them. They gave a coffee at 8:30 A.M. and started the program at 9:00 A.M.

The executive secretary of the Texas Association of Osteopathic Physicians and Surgeons gave a history of the osteopathic profession and its connection with Blue Cross, explaining the history of the difficulties in gaining admission to these groups and the success after the admission of the osteopathic profession to membership in

Blue Cross and the amount of yearly and total payments received by osteopathic hospitals and physicians.

The meeting was then taken over by Mr. Robert S. Hawthorne of Blue Cross in which he devoted 30 minutes in a very definite explanation of Blue Cross and Blue Shield and its objectives.

Immediately following Mr. Hawthorne's talk, those in attendance were divided into two sections (1) doctors and administrators (2) insurance clerks. The program for the doctors and administrators was devoted to administrative procedures, financial discussion and a full explanation of the administrative workings of Blue Cross and Blue Shield. The procedure was extremely successful in that the hospital administrators and doctors received a

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thorough understanding as to the workings of Group hospital Service Inc. (Blue Cross and Blue Shield). The entire group was then a guest of Blue Cross for luncheon and the meeting continued in the two sections until 4:00 P.M.

On August 24, the Texas Osteopathic Hospital Association went into its own program as follows—Panel discussion "Nursing Problems and Solutions From Three Viewpoints." Moderator was Mrs. Jane Siniard, R.N. The panelists were Mr. James T. Roberts, a hospital administrator; Mrs. Betty Lanier R.N., a Director of nurses; and Mrs. Gloria Bailey, R.N., Director of a nursing school.

A discussion of credit and collections was then held by Mr. Odin Thomas of Houston, followed by a discussion led by Mr. Hal Coker, a hospital administrator, on "Food Services in Small Hospitals."

Following the program, a business meeting was held at which time officers were elected and a discussion of a new constitution and by-laws was held. The meeting adjourned at 2:00 P.M.

Newly elected officers of the Texas Osteopathic Hospital Association are: Louis Taylor, Administrator, Dallas Osteopathic Hospital, President; Mrs. Jane Siniard, Administrator, Fort Worth Osteopathic Hospital, President-Elect; Dr. Gordon Marcom, owner Marcom Hospital & Clinic, Vice President; W. L. Davis Jr., Administrator, Amarillo Osteopathic Hospital, Secretary-Treasurer. Trustees are Dr. P. R. Russell, Ft. Worth Osteopathic Hospital and Dr. G. W. Tompson, Community Hospital Inc., Houston.

Representatives of 37 osteopathic hospitals were in attendance, as follows:

Amarillo Osteopathic Hospital; Dr. Maurice D. Mann, Chief of Staff; W. L. Davis, Jr., Administrator.



Aransas Hospital (Aransas Pass): Mr. John Gilmore, Administrator; Dr. W. N. Tinnerman.

Bellevue Hospital (Houston): Mrs. June Brennan, Administrator; Dr. Richard O. Brennan, Owner.

Big Sandy Hospital & Clinic: Dr. Henry Hensley, Staff member; Mr. E. W. Lock, Administrator.

Blackwood-Mims Clinic & Hospital (Comanche): Mr. James T. Roberts, Administrator.

Coats-Brown Clinic & Hospital (Tyler): Dr. E. H. Owen, staff member; Mr. W. K. Rhinesmith, Administrator; Dr. J. G. Brown, owner.

Community Hospital (Houston): Audrey Moffett, insurance clerk; Mary Hightower, insurance clerk; Phyllis Babbitt, secretary; Betty Lanier, Director of Nurses; Charlotte Long, insurance clerk; Mr. Lee Davis, Adminis-

trator; Dr. G. W. Thompson, owner; Mrs. Gloria Bailey, Director of Nursing School; Kathryn Howard, Medical record librarian.

Community Hospital (Olton): B. J. Souders, D.O., owner.

Corpus Christi Osteopathic Hospital: Mary J. Boston, Acting Administrator.

Crews Hospital & Clinic (Gonzales): Sidney L. Gustafson, Administrator; Dr. T. D. Crews, Co-owner.

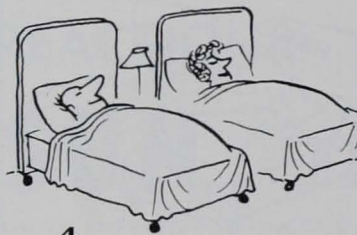
Currey Clinic & Hospital (Mt. Pleasant): Dr. Palmore Currey, owner and Administrator; Mrs. Palmore Currey, assistant Administrator.

Dallas Osteopathic Hospital: Mr. Louis S. Taylor, Administrator; George Miller, D.O., Pathologist; Mrs. Dorothy Taylor.

Doctors Hospital (Houston): Mrs. Ruth Edwards, Secretary; Dorothy Harris, insurance clerk; John Goyes, Ac-



3



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count Clerk; Mr. G. M. Barziza, Administrator; Mrs. Betty Ann Barziza.

Doctors Hospital (Groves): Shirley R. Guidry, secretary; Lorraine Breaux, insurance clerk; Mr. Homer L. Fulkerson, Administrator, Etta Lou Goates, bookkeeper.

Elliot-Hughes Hospital (Rockport): Dr. H. F. Elliott, owner; S. J. Thompson, Business Manager.

Elm Street Hospital (Denton): Mrs. Mary B. Ellis, Business Manager; Dr. Marvin T. McDonald, owner.

Fort Worth Osteopathic Hospital: Mrs. Jane Siniard, Administrator; Mrs. Dorothy Sullivan, insurance clerk; Dr. Phil R. Russell, Chairman of the Board; and Executive Secretary of the TAO-P&S.

Groom Osteopathic Hospital: Dr. John L. Witt, Owner.

Homestead Road Hospital & Clinic (Houston): Mrs. Peggy Reader, Supervisor; Jo Ann Miller, receptionist;

Martha E. Starr, nurse; Mrs. Miriam Lobland, insurance and bookkeeping; Dr. R. W. Schoettle, owner.

Houston Osteopathic Hospital: Mr. Hal Coker, Administrator; Bob K. Lindsey, clerk.

Industrial Hospital (Houston): Dr. H. A. Hall, Administrator.

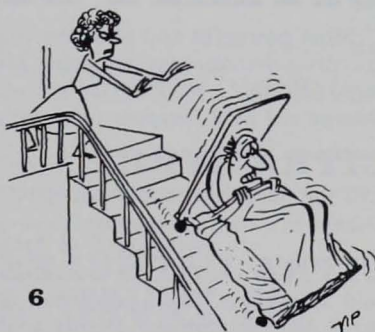
Lake Worth Osteopathic Hospital (Ft. Worth): J. E. Kirkpatrick, Administrator; Dr. H. B. Stilwell, owner; Mrs. H. B. Stilwell.

Lubbock Osteopathic Hospital: Lee Baker, Administrator; Dr. Max M. Stettner, Chief of Staff.

Marcom Hospital & Clinic (Ladonia): Mrs. Mary Hayes, Business Manager; Dr. Gordon A. Marcom, owner; Mrs. Gordon A. Marcom; Martha Marcom; Marlene Marcom; Robert G. Hayes; Susie Hayes.

Mineola General Hospital: Dr. B. W. Jones, Senior partner.

Mt. Pleasant Hospital: Mrs. Nelda



Dale, Business Manager; Dr. G. W. Taylor, Staff Member.

Muleshoe Hospital and Clinic: E. L. Troutt, Administrator; Dr. James E. Fite, owner.

Porter Clinic & Hospital (Lubbock): Mr. J. N. Porter, Administrator; Mrs. J. N. Porter, Bookkeeping.

San Antonio Osteopathic Hospital: Mrs. Nevada Wright, insurance clerk; Mr. William L. Baker, Administrator; Dr. Gordon S. Beckwith, Owner.

Stevens Park Osteopathic Hospital (Dallas): Mr. J. D. Weatherly, Administrator; Virginia Rumph, insurance clerk; Mrs. Willie Chambers, insurance clerk.

Stratton Hospital (Cuero): Dr. Richard L. Stratton, Administrator and Owner; Mrs. Merna Stratton.

Tavel Hospital & Clinic (Houston): Dr. Lester I. Tavel, Owner; Mrs. Agnes Nelson, secretary.

Tedford Hospital (Plainview): Dr. N. L. Tedford, Owner.

Tigua General Hospital (El Paso): M. G. Holcomb, D. O., Owner.

Wolfe City Hospital: Dr. S. E. Smith, Administrator; Steven Smith.

Wolfe-Duphorne Hospital (Athens): Dr. A. Duphorne, Co-owner.

Yale Clinic & Hospital (Houston): Dr. A. W. Vila, Administrator; Mrs. June Patton, Insurance clerk.

Blue Cross representatives in attendance were Tom Stark, Rex L. Tidwell, Mr. Roy Wilmesmeier, Gene Aune, Mrs. Hazel Gibson, Leroy Wilson, W. B. Felton, and Robert W. Ducker, all of Houston and Harley B. West and Tom Beauchamp of Dallas.

Also present were Mr. Odin Thomas and Elinore B. Reed of the Drs. and Dentists Credit Bureau in Houston.

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...Most powerful and effective cough suppressant available! (5.0 mg. dihydrocodeinone per tsp. plus multiple antihistamines and expectorant). Prompt—prolonged—yet economical cough therapy.

Dosage = 1 or 2 teaspoonfuls every 3-4 hours.

CITRA SYRUP...For relief of minor coughs (contains 1.67 mg. dihydrocodeinone/teaspoon).

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CITRA CAPSULES...For immediate relief from most cold symptoms. Most powerful, orally effective Decongestant...plus three Antihistamines...helps bring immediate relief from cold symptoms with minimum side effects.

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Care of Veterans

The Texas Association of Osteopathic Physicians and Surgeons has cancelled its contract with the Veterans Administration.

From this day hence osteopathic physicians will receive higher pay for care of veterans, understanding of course that they must make application for any care granted to the out patient department of the Veterans Administration in Dallas, Texas before rendering such services. At that time, the

Veterans Administration will send you a complete set up of the method and procedure of handling these cases and a guide for charges for medical and ancillary services.

Reprinted below are the allowances for visits and examinations in general, which is only a part of the Guide for Charges. We advise you to work closely with the Veterans Administration and to cooperate in every way possible.

SECTION I—MEDICAL SERVICES

Visits and Examinations—General

0005—Complete general routine physical examination including routine urinalysis (chemical)—this item may be authorized for first office visit or first home visit when applicable	10.00
0010—Detention with patient in critical condition at home or hospital, per hour (day 8 a.m. to 7 p.m.)	10.00
0015—Detention with patient in critical condition at home or hospital, per hour (night 7 p.m. to 8 a.m.)	15.00
0020—Examination to determine need for aid and attendance, in home	8.50
0025—Examination to determine need for aid and attendance, in office	7.50
0030—Examination to determine need for hospitalization, in home (day 8 a.m. to 7 p.m.)	5.00
0035—Examination to determine need for hospitalization, in home (night 7 p.m. to 8 a.m.)	8.00
0040—Examination to determine need of hospitalization, in office	4.00
0045—Home visit (day 8 a.m. to 7 p.m.)	5.00
0050—Home visit (night 7 p.m. to 8 a.m.)	8.00
0055—Hospital visit (day 8 a.m. to 7 p.m.)	5.00
0060—Hospital visit (night 7 p.m. to 8 a.m.)	8.00
0065—Mileage one way for day or night visit outside city limits (in addition to appropriate fee)	0.75
0070—Office visit	4.00

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FORT WORTH, TEXAS

Gala Event to Climax Dedication Celebration for New Osteopathic Unit of Los Angeles County General Hospital

The Los Angeles County Osteopathic Society will host a dedication dinner on Wednesday evening, December 3rd, climaxing the all-day dedication celebration of the new Osteopathic Unit of the Los Angeles County General Hospital, according to an announcement by Loron N. McGillis, D.O., North Hollywood, society president.

Leading civic officials and members of the osteopathic profession will attend the black tie affair to commemorate LA County's new multi-million dollar osteopathic facility. Keynote speaker and setting for the gala event will be announced at a later date, Dr. McGillis revealed.

The LA County Board of Supervisors will take part in dedication cere-

monies during the morning with John Anson Ford, retired Supervisor, serving as master of ceremonies. A civic luncheon is slated to follow the formal opening.

Construction of the new 500-bed Osteopathic Unit of the LA County General Hospital was authorized by the Board of Supervisors following a voter-approved \$9,200,000 bond issue in 1954.

The supervisors appointed Glen D. Cayler, D.O., director, COA Bureau of Public Affairs; Lawrence B. O'Meara, D.O., director, Osteopathic Unit, LA County General Hospital; and Milton S. Futterman, D.O., COA trustee, to serve as a committee of executive advisors throughout the construction of the new hospital.

In addition to Dr. McGillis, the dedication dinner committee includes Chairman Jordan M. Phillips, D.O., Downey; Joseph P. Bean, D.O., Los Angeles, reservations; Charles D. Kransdorf, D.O., North Hollywood; Arthur E. Miller, D.O., Los Angeles; Edwin H. Riedell, D.O., Whittier; and Dale Smith, COA administrative assistant, Los Angeles.

Serving on the advisory committee for the dinner are Drs. Cayler, O'Meara, Futterman, Maxwell R. Brothers and Messrs. Thomas C. Schumacher, COA executive secretary; David J. Rodgers, assistant COA executive secretary; and Robert M. Garrick, COA public relations counsellor, all of Los Angeles.

Reservations Chairman Bean, 3178 Los Feliz Blvd., urged all members of the profession to reserve the December 3rd date and plan to attend. He said that out of town guests would be welcome to bring distinguished guests.

SAN ANTONIO OSTEOPATHIC HOSPITAL



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Classification of States According to Types of Licenses to Which Doctors of Osteopathy are Eligible in 1958

UNLIMITED		UNLIMITED		UNLIMITED	
State		State		State	
A Arizona *	#	A Maine #		B Pennsylvania #	
A California #		C Massachusetts		B Rhode Island * #	
C Colorado *	#	A Michigan *		C South Dakota * #	
C District of Columbia *	#	A Missouri		A Tennessee *	
D Delaware #		A Nevada *		C Texas *	
A Florida *	#	D New Hampshire		A Utah #	
A Hawaii #		C New Jersey #		A Vermont #	
D Illinois		A New Mexico * #		C Virginia	
C Indiana		C New York		A Washington * #	
A Iowa * #		C Ohio		A West Virginia #	
C Kansas * #		A Oklahoma * #		C Wisconsin * #	
C Kentucky #		C Oregon * #		C Wyoming #	

Unlimited, Special Examination		Limited Use of Drugs and/or Minor Surgery May be Permitted; No Major Surgery	
State		State	
A, D Connecticut *		D Alabama	
A, D Nebraska *		A Arkansas *	
		A Georgia	
		A Idaho	

State		State	
A Louisiana		A Montana	
A Maryland		A North Carolina	
A Minnesota		A North Dakota	
D Mississippi		A South Carolina	

CODE

- A indicates Osteopathic Licensing Board (only D.O.'s).
 B indicates Composite Osteopathic-Medical Licensing Board (D.O.'s and M.D.'s) with a majority of members D.O.
 C indicates Composite Medical-Osteopathic Licensing Board (M.D.'s and D.O.'s) with a majority of members M.D.
 D indicates Medical Licensing Board (only M.D.'s).
 * indicates state has Basic Science Law.
 # indicates state requires an internship or equivalent training of one year or more for the unlimited license.

SPECIAL NOTES

All licensing boards accept only graduates of American Osteopathic Association approved colleges. A.O.A. approved colleges require a high school education, minimum of 3 years preprofessional college training and 4 years professional medical and surgical education of all students.

In Connecticut and Nebraska there are 2 licensing boards regulating osteopathic practice. In Connecticut and Nebraska the unlimited license is issued by a medical board.

In Illinois graduates of the Chicago College of Osteopathy since April 12, 1950 are eligible to take the examination for an unlimited license.

Revised April 1, 1958.

RALPH I. McRAE, D. O.

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National Glandular Society Meets

The National Glandular Society met at the Hilton Hotel in Dallas, Texas, August 27-30. The executive secretary attended and spoke at the luncheon on the first day. Mr. Louis Throgmorton spoke at the second day luncheon.

This was indeed a very interesting meeting and the executive secretary gained considerable information from the group. We found one national speaker on this program, Dr. D. E. Sheer a research man with a Ph.D. degree who spoke with a good deal of authority several times and whose philosophy came close to that of Andrew Taylor Still.

Dr. McClymonds of Denver was also a speaker on this program and other out of state speakers were Dr. H. D. Smith and Dr. Leonard Tobin.

Texas speakers were Dr. Jack Wilhelm, the Drs. Alexander, Dr. Jaggers, Dr. Candas and Dr. Zachary.

One of the most interesting features of this program, to the executive secretary, was the talk by Mr. Ralph Horton who handles the malpractice insurance for this group. Considerable information was gained.

This program was not too crowded . . . only two hours in the morning and two hours in the afternoon . . . and the entertainment features were exceedingly good.

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ABSTRACTS

Lymphocytic Meningo - encephalitis with Myalgia and Rash. A New Exanthem?

W. H. Lyle. *Lancet* (*Lancet*) 2, 1042-1043, Nov. 17, 1956. 4 refs.

Several cases of a disease somewhat resembling poliomyelitis have recently been reported, and the name "benign myalgic encephalomyelitis" has been suggested. In most of these cases the cerebrospinal fluid (C.S.F.) showed no change. The present author has observed a number of clinically similar cases in Newton-le-Willows, Lancashire, since July, 1956, but the C.S.F. was abnormal in each of the 5 cases in which it was examined. Other distinguishing features of this out-break were an apparently higher incidence of rash "than in benign myalgic encephalomyelitis," a high morbidity rate among families, and a preponderance of cases of minor illness, which could be recognized only if there was a case of the more florid type of the disease in the family. In one patient with the fully-developed syndrome the C.S.F. findings were as follows: pressure, 200mm. water; cells, mostly mononuclear leucocytes, 860 per c.mm., and protein concentration 70mg. per 100 ml.; The patient made a rapid recovery.

The author states that isolation of a casual agent from faeces and throat washings is being attempted but the work is not yet completed. Examination of paired sera for the presence of antibodies to influenza A and B viruses, *Leptospira*, and the viruses of lymphocytic choriomeningitis, Q fever, psittacosis, and mumps proved negative in each case; the results of the Paul-Bunnell test were also consistently negative. The author emphasizes that patients with the less severe form of the disease are as infectious as those more seriously ill; he considers it likely that eventually the whole community will be affected.

Artificial Hibernation Anesthesia

J. W. Axtell, D.O.

Since my recent article, on this topic in the January 1958 issue of the Journal of the Texas Association of Osteopathic Physicians and Surgeons, I have continued using this type of anesthesia on nearly all types of major surgery. The results have been more than pleasing.

My findings, as depicted in the January Journal, have again been corroborated. Particularly interesting, has been the decrease or absence of shock as noted in emergency surgery cases with massive bleeding such as splenectomy for traumatic rupture of spleen; severe hemorrhage from neglected case of ectopic gestation, etc. It has been particularly advantageous in those cases in which you would be expecting to use three or four pints of blood. Merely replacing the blood lost has satisfied our requirements and so the economic factor, expense of blood and cross matching etc., is greatly decreased.

I believe that it was some British surgeon, perhaps Lord Moynihan, who said, "The clock should be behind the Surgeon and in front of the Preacher." So, with this anesthesia, I have proved that operating time is not so much of a factor in cases such as a Wertheim Pelvic Exenteration, Colectomy, and certain time consuming Gastrectomies. It seems that the condition of the patient remains good and morbidity is markedly lessened. Space will not permit a detailed discussion of the serious surgeries upon which this anesthesia has been used.

It might be well to note that each case is an entity and different from all others. Some have required more supplementary pentothol to obliterate cortical activity. More muscle relaxant is required in some cases where added exposure is needed. In some large and rugged individuals a repeat of the hibernation mixture has been necessary.

Laryngeal spasm has been conspicuously absent in all cases.

The writer has been interested in this anesthesia for several years and has used it on hundreds of cases with no fatalities to date. The great advantage of this anesthesia has been that one is able to confidently undertake the anesthetic care of patients who previously would have caused great anxiety, or would have been considered unfit to withstand major surgical intervention.

I repeat, when I say that I hope that others are already interested and will help to evaluate this life saving method of anesthesia.

February 24, 1957

Dear Dr. Jim: (Dr. Jim Martin—Garland, Texas)

I haven't decided whether enclosed tribute to a pill that I said I would send you is profound, profane, or just nonsense.

As poetry it isn't. It's stanzas don't match, the diction is punk—I've just 'bout decided the whole thing is junk.

The rhymes don't rhyme. The meter is bent.

But think of the pill—where it *went* when it went!

Its odor is putrid—a horrible scent—But consider the pill—where it went when it went.

The poor little pill? Its strength was all spent

And it *couldn't* come back from where it went when it went.

What a down sloping line!

Must be a downward trend of mind!

Thank you so very much Doctor, for all you have done for me. Wouldn't trade you for all the M.D.'s put together. May you live long! So many people need you.

*Sincerely and gratefully,
Mary Ethel*

LA County Society's Hospital Dedication Dinner Booked At Statler

The dedication dinner, scheduled by the Los Angeles County Osteopathic Society to commemorate the opening of the new Osteopathic Unit of the Los Angeles County General Hospital next December 3rd, will be held in the Pacific Ballroom of Los Angeles' Hotel Statler. The announcement was made jointly by Society President Loron N. McGillis, D.O., North Hollywood, and by Dedication Dinner, Chairman Jordan M. Phillips, D.O., Downey.

The black tie affair will begin at 6:30 p.m., with cocktails in the Sierra Room. Dinner has been scheduled for 7:30. Reservations Chairman Joseph P. Bean said that tickets will be sold for \$10 each. Arrangements to attend may be made by writing or calling Dr. Bean either at his office, 3178 Los Feliz Blvd., Los Angeles 39, NOrmandy 1-8052; or at the California Osteopathic Association, 4775 Santa Monica Blvd., Los Angeles 29, NOrmandy 5-5766.

The dedication dinner will climax an all-day dedication celebration beginning with ribbon cutting ceremonies in the morning. Among those scheduled to take part in the morning activities are the members of the LA County Board of Supervisors which body authorized construction of the new facility following a voter-approved \$9,200,000 bond issue in 1954.

Drs. McGillis, Phillips and Bean urged members of the profession to attend the gala affair and to invite distinguished guests and civic officials from their communities.

Three committees are actively involved in preparations for the dedica-

tion dinner: (1) The three-member team of executive advisors appointed by the supervisors which includes Glen D. Cayler, D.O., director, COA Bureau of Public Affairs; Lawrence B. O'Meara, D.O., director, Osteopathic Unit, LA County General Hospital; and Milton S. Futterman, D.O., COA trustee. (2) The dedication dinner committee comprised of Drs. McGillis, Phillips and Bean and Charles D. Kransdorf, D.O., North Hollywood; Arthur E. Miller, D.O., Los Angeles; Edwin H. Riedell, D.O., Whittier; and Dale Smith, COA administrative assistant, Los Angeles. (3) The dedication dinner advisory committee made up of Drs. Cayler, O'Meara, Futterman, Maxwell R. Brothers and Messrs. Thomas C. Schumacher, COA executive secretary; David J. Rodgers, assistant COA executive secretary; and Robert M. Garrick COA public relations counsellor, all of Los Angeles.

DEATH

Dr. Charlotte Strum, 91, of San Antonio, Texas, died August 11, 1958. Funeral services were held at the Alamo Chapel on Wednesday, August 13.

Dr. Strum was an Honorary member of the Texas Association of Osteopathic Physicians and Surgeons and a truly great character. She graduated from the American School of Osteopathy in 1906 and had practiced in San Antonio since her graduation.

American Osteopathic Association

Office of

CHESTER D. SWOPE, D. O.

Chairman: Department of Public Relations

Farragut Medical Bldg.

Washington 6, D. C.

September 6, 1958

WASHINGTON NEWS LETTER

IMPORTANT

Changes in Medicare

In our attempt to persuade the Senate and the House Conferees to delete from the military appropriation Act (H. R. 12738; now Public Law 85-724, approved August 22, 1958) the language setting an arbitrary limit for Medicare, we pointed out that curtailing that program by withholding necessary funds would destroy the morale factor which was responsible for Medicare in the first place.

The limitation was removed from the bill, but the Conferees in reporting the action directed that choice between available military and civilian medical facilities and personnel be discontinued, and that cost of the program be reduced. As a result, the Defense Department presented a tentative program of cutbacks in Medicare to an all day conference of interested parties including representation of the American Osteopathic Association at the Pentagon on August 8, 1958.

The program of cutbacks has now been firmed-up and distributed in the form of ODMC Letter No. 16-58, a complete copy of which is enclosed for your careful attention.

The changes become effective October 1, 1958. Thereafter, all procedures not clearly specified in the law will be banned, including pre- and post-hospitalization tests, elective surgery, termination visits (referring physician), well-baby visits, and non-hos-

pital treatment of injuries and of acute emotional disorders.

Dependents *not* living with their service sponsors would continue to have free choice between available military and civilian medical facilities and personnel. *But*, dependents who *are* living with their service sponsors will have to use military medical facilities and personnel, unless they obtain military certification that none are available. In cases of maternity patients, those in their second or third trimester can continue under civilian care, if such care began on or before Oct. 1.

The First Annual Report of the Office for Dependents' Medical Care, dated June 1, 1958, expressly acknowledges that the participation of osteopathic physicians and hospitals has materially contributed to the conduct of the program.

As of September 1, 1958, Colonel Floyd L. Wergeland became Executive Director of the Office for Dependents' Medical Care, succeeding Major General Paul I. Robinson.

August 20, 1958

Congressional Grist

Senator Charles E. Potter of Michigan made an unsuccessful attempt to bypass the Senate Finance Committee and tack the Jenkins-Keogh Restricted Retirement Fund Bill H. R. 10 onto an Internal Revenue Technical Amendments Bill H. R. 8381 during Senate debate on August 12. The Jenkins-Keogh Bill will reappear next Congress.

Senator Wayne Morse of Oregon tried unsuccessfully to make the Forand

Bill H. R. 9467 a part of the Social Security Amendments Act of 1958 H. R. 13549 during Senate consideration August 16. The Forand Bill will be revived next year, and special study groups are planned. The Social Security Bill cleared Congress yesterday in essentially the same form as reported in my Washington News Letter of July 29.

The proposal enabling grants for construction of facilities used both for research and teaching was stripped from the Health Research Facilities Bill H. R. 12876 before it cleared Congress on August 18. As finally passed, the Bill simply extends for another three years the present program of offering Federal grants to osteopathic institutions, among others, on a 50-50 matching basis for construction of research facilities.

The Housing Bill S. 4035 providing among other things, for loans for non-profit college classrooms construction and loans for construction of proprietary nursing homes was rejected by the House on August 18.

H. R. 9822 providing for a White House Conference on Aging to be called by the President in January 1961 Cleared Congress yesterday.

H. R. 12628, extending the Hill-Burton Act for an additional five years was signed by the President on August 14, and is now Public Law 85-664.

H. R. 7125, cited as the Excise Tax Technical Changes Act, which permits tax-free alcohol to laboratories making tests for hospitals and sanitariums, and which exempts non-profit educational institutions from retailers' and manufacturers' excise taxes and excises on transportation and communications, was cleared for the President on August 15.

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

ABSTRACTS

Shoulder-Hand Syndrome following Myocardial Infarction with Special Reference to Prognosis

J. Edeiken. *Circulation* (Circulation) 16, 14-19, July, 1957. 2 figs., 22 refs.

The post - myocardial -infarction shoulder-hand syndrome is stated to occur in from 10 to 15% of patients who have survived coronary arterial occlusion. The author has studied the condition in 42 patients at the Hospital of the University of Pennsylvania with special reference to prognosis. The syndrome developed from one to 14 months (in the majority of cases within 4 months) after the myocardial infarction. Relief was obtained in most of the author's cases in 8 months or less by the use of simple measures such as local application of heat, analgesics, and exercise. Immobilization of the shoulder and fingers after the onset of the syndrome should be avoided since it appears to aggravate the disability. Only one instance of "claw-hand" was observed in the series. The extent of the myocardial infarction has no apparent bearing on the severity or the duration of the shoulder-hand syndrome. Administration of cortisone, sympathetic block, and sympathectomy have all been advocated in the past but, as the results in this series show, the simpler measures here described have proved just as effective—and in any case, the syndrome is usually self-limiting. The importance of recognizing this condition lies in the fact that, since the patient often assumes that the onset of the syndrome indicates the occurrence of further coronary arterial damage, he can safely be reassured.

(The term shoulder-hand syndrome is to be preferred to periarthritis of the shoulder-joint, because the aetiology of the condition is uncertain and also because it may involve the back, arm, and fingers on one or both sides as well as the shoulder)

AUXILIARY NEWS

FOR MEN ONLY!

Do you know where your wife is tonight? Did you leave her at home watching television? Is she alone?

At the dinner preceding your District meeting, seated on your right is Dr. Jones' wife. Go on, ask her what keeps her among the very special 50%. Yes, it's true, only 50% of the wives of Osteopathic Physicians in Texas are members of the State Auxiliary. Mrs. Jones will tell you, "I want to be an active part of my husband's life and share with him his devotion to his chosen profession. I can best do this through the organized efforts of the Auxiliary, whose primary objective is the improvement of public health through service to the Osteopathic profession plus the promotion of a spirit of unity and fellowship among its members."

Doctor, ask your wife to join those united in the interest of Osteopathy, and let's be 100% strong.

Mrs. J. Edward (Catherine) Vinn
Membership Chairman
Aux.—T.A.O.P.S.

ABSTRACTS

Dextran Sulphate: Use as an Anticoagulant, and Action in Lowering Serum Cholesterol.

H. Cohen and G. R. Tudhope. *British Medical Journal* (Brit. med.J.) 2, 1023-1027, Nov. 3, 1956. 6 figs., 37 refs.

From the Royal Infirmary, Sheffield, the author's report the effect of single and repeated intravenous injections of dextran sulphate ("dexulate") and the use of this drug in thromboembolic disease. A single intravenous injection of 7,500 units was given to each of

6 volunteers and the clotting time measured for the next 8 hours. The clotting time was prolonged in all, in 4 of them to more than twice the control value for 6 hours. Repeated injections of dextran sulphate were given 11 patients with thromboembolic disease, the dose being 5,000 units injected with a frequency depending on the clotting time, which was measured at intervals during each day. An attempt was made to maintain the clotting time above twice the control level. Injections were required 8-hourly during the first 24 hours, decreasing in frequency until, after 48 hours, once every 12 hours was sufficient. From the 11th day of treatment a single injection every 24 hours was enough. On completion of treatment the clotting time returned to normal in 3 to 4 days.

In 9 cases the total serum cholesterol was measured before and at intervals during treatment. It reached 50 to 60% of its control value after 6 to 12 days of continuous therapy, but tended to return to previous levels if treatment were continued for more than 14 days. This reduction persisted only when the daily dosage was 10,000 to 15,000 units. A patient with familial hypercholesterolaemia also sustained a fall in serum total cholesterol level following 2 courses of dextran sulphate. Weekly intravenous injections of 5,000 units failed to prevent the return of the cholesterol to its original levels within 28 days. Mild alopecia was observed in 3 of the male patients after 2 to 3 weeks of continuous therapy. Overdosage in 2 cases resulted in the passage of blood in the stools. The authors conclude that dextran sulphate is a suitable substitute for heparin in the initial stages of anticoagulant therapy.

NEWS OF THE DISTRICTS

DISTRICT TWO

Dr. and Mrs. D. D. Beyer attended the Tarrant County Democratic Convention, in Fort Worth, August 11. On September 9th, they attended the State Democratic Convention in San Antonio.

The Buxtons have returned from a vacation to Yellowstone, the Great Northwest and Dakotas.

Drs. Dan D., and Bob Beyer will go to Iowa City, Iowa, on Sept. 27, to see T. C. U. beat the University of Iowa. They are taking even bets on this football game.

Dr. Tom T. McGrath has located at 1001 Montgomery, to practice his specialty of orthopedics.

The Dr. Wm. A. Griffiths have moved to a new home at 3701 Winslow.

Dr. Gene Augter of Amarillo, was a recent visitor to Ft. Worth.

District 2, resumes its usual monthly meetings, beginning September 16, 1958. Members will be notified as to time and place.

Dr. L. G. Ballard leaves on September 26, for Madrid, Spain. He will spend three months furthering his urological studies under Dr. Alfonso de la Pena at the University of Madrid Medical School.

Please send your news items in, or call PE 7-4338.

Wallace S. Williams, D.O.

DISTRICT ELEVEN

The first meeting of District Number 11 of the Texas Associations of Osteopathic Physicians and Surgeons, was held on July 31, 1958 at Luigi's Restaurant in El Paso, Texas. This was a meeting and dinner attended by members and guests. Dr. Helen Hen-

ery, wife of Dr. John Henery, became a member of the Auxiliary.

At this meeting, Dr. M. A. Calabrese was appointed Chairman of the Executive Committee program to perpetuate Public Relations. Members of the committee are: Dr. John Holcomb, Dr. M. A. Calabrese, Dr. R. C. Valdivia, Dr. M. G. Holcomb, and Dr. Rene Joan Noren.

The members that attended this meeting and dinner were: Dr. R. J. Noren, Dr. M. G. Holcomb, Dr. Valdivia, Dr. Rodriguez, Dr. John Holcomb, Dr. Harvey Smith, Dr. John Henery, Dr. Helen Henery, Dr. William Hall, Dr. Calabrese, Dr. Leroy Lyon, and Dr. Owen Vowell.

Dr. William A. Weathers, D.O., formerly of Lipan, Texas, is now located in Dell City, Texas.

On August 12, 1958, a meeting was called by Dr. Calabrese, who is the Counselman appointed by the State Association, as he is an Office between the District and the state to perpetuate Public Relations. Members of this Public Relations Committee are: Drs. John E. Holcomb, Harvey Smith, Rudy Valdivia, Mickey Holcomb, and Dr. Rene J. Noren.

On September 4, 1958, the Executive Committee as listed above met at Dr. John Holcomb's house and outlined a tentative program. A tentative program to consist of speaking before the Pre-Medical and Pre-Nursing students of the local high schools. The program will consist of a film, a three Doctor panel to answer questions, and a guest lecturer to try to get students acquainted with the Osteopathic Profession.

Dr. Rudy Valdivia has appointed Dr. John Henery to the Public Relations

Committee. Dr. Valdivia is chairman of Public Relations.

On September 7, 1958, there was a meeting in Amarillo, Texas, of District Number 1. Dr. M. G. Holcomb of El Paso was the guest speaker. Dr. Holcomb is the president of the Texas Association of Osteopathic Physicians and Surgeons.

*Sincerely,
Rene Joan Noren, D. O.
Secretary-Treasurer*

DISTRICT THIRTEEN

August 9 was a memorable day for the physicians in the new Northeast Texas District 13. Having officially organized, the following officers were elected at a meeting held in Bonham: president, Dr. R. D. Van Schoick of Leonard; president-elect, Dr. S. F. Kubala, of Denison; secretary, Dr. David D. Matthews of Honey Grove; treasurer, Dr. S. E. Smith of Wolfe City.

The members and their wives were treated to a wonderful chicken dinner by Dr. and Mrs. Fred Boling. Dr. Boling had difficulty in keeping the chicken fat off of his newly grown mustachio.

Our new President, Dr. R. D. Van Schoick of Leonard was surprised to learn that at least one member was color blind. This member from Denison, Dr. M. A. Groff, was invited to produce his drivers license to a local policeman for failing to recognize a red light as he came thru Bonham. It could be that the view from his new MG sports car was not adequate.

Speaking of Sports Cars I overheard Dr. Gordon Marcom inquire of Dr. D. E. Wintermute as to whether his new Isetta sports car came with a lawn mower attachment. Dr. Wintermute, as many of you know, recently moved to Ladonia from Amarillo and is associated with Dr. Marcom.

When Dr. S. E. Smith of Wolfe City was elected Treasurer he was sternly reminded by all members that it would not be necessary for him to conduct District No. 13 Treasury matters from his new Cessna airplane. But then I guess our district can truly say that our money flies. Since we have so little in the treasury Dr. Smith carries the change in his pants pocket.

Following the regular meeting Dr. S. F. Kubala and Dr. Ward Huetson were discussing the possibility of our having 100% membership in the District. I suspect that a membership drive will be in order shortly.

Dr. and Mrs. M. A. Groff will act as hosts for the meeting in September at Denison.

*David D. Matthews, D. O.
Secretary, District No. 13*

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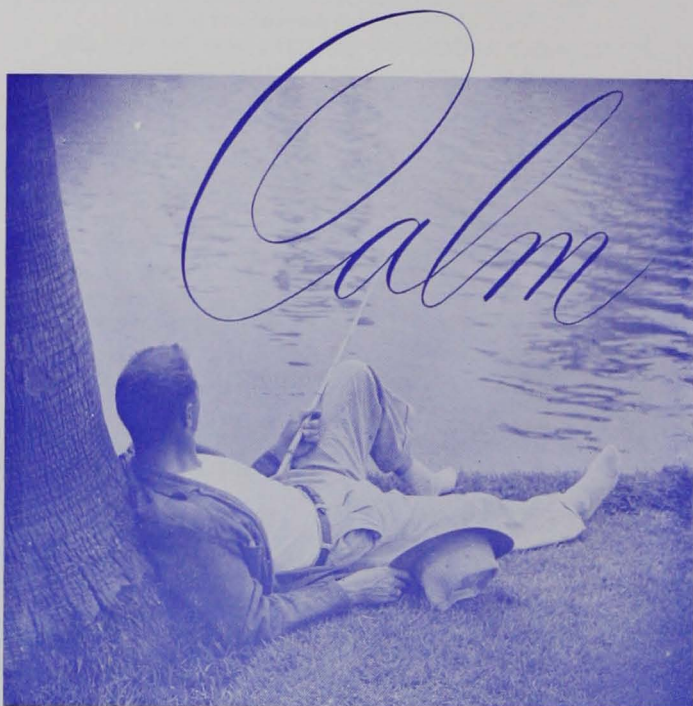
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