

Texas

OSTEOPATHIC
PHYSICIANS

Journal

Volume XIX

FORT WORTH, TEXAS, JANUARY, 1963

Number 9



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Texas Osteopathic Physicians' Journal

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EDITORIAL PAGE

RECOGNIZE YOUR RESPONSIBILITY

When hospitalizing a patient, it is not only the responsibility of the physician to see that the patient receives proper medical and surgical care, but also to determine the financial status of the patient. He should determine whether the patient will be financially handicapped by a hospital confinement and if so, to what extent. If hospitalization will work an extreme financial hardship on the patient that the care rendered will be offset by severe mental strain, the patient should be considered for charitable services and the hospital so notified.

If a patient has adequate hospitalization insurance coverage, the physician will do well to review the policy, or have it reviewed, prior to the patient's admission to the hospital. It is embarrassing to the doctor, the hospital, and the patient to have a claim denied because the services are excluded by the policy. Recognize that most hospitalization policies do not provide coverage for *diagnostic procedures*. These policies are written to cover only the expenses in connection with medical and surgical treatment necessitating hospitalization. Therefore a positive diagnosis should be made, where possible, before a patient is admitted to the hospital.

An important policy clause often overlooked by the physician, and one which causes considerable embarrassment to all parties involved and which results in poor public relations, is "... will pay while continually confined in a hospital." This phrase means exactly that! If a physician permits a patient to leave the hospital for any purpose other than to be transported to another institution or physician for medical services not available in that hospital, the insurance coverage terminates as of that date. It is certainly embarrassing not only to the parties involved, but to your Hospitals & Insurance Committee when our doctors overlook this important fact.

Permitting patients to leave the hospital to see about the children, attend a ballgame, to vote, etc. often results in the hospital being forced to refund the insurance benefits collected from the date the patient was permitted to take a leave of absence to the date he was finally dismissed from the hospital.

Recognize also that when a patient leaves the hospital for some such purpose, he can only do so on the doctors orders, and the hospital must require the patient to sign a release of responsibility. *At this point, the patient should be warned that this action will terminate his insurance coverage*, and the doctor should certainly be aware of the fact that since the patient is leaving by his orders, he is responsible for whatever might happen to the patient while out of the hospital.

The Case for Excellence in Higher Education

By WALTER RICHTER, *Executive Secretary*

The Committee of the Governing Boards of State Colleges and Universities

All of us are acutely aware that this is a time of crisis internationally. From where we're sitting—almost literally on the edge of a powder keg—it is painfully obvious that chaos and even oblivion could be just around the corner.

What is not so obvious, but *is* of vital importance to Texas, is that our State today stands at the crossroads of economic progress. Either we take the high road to economic strength through more extensive industrialization or the low road to economic mediocrity.

In both instances—international survival and economic progress—one of the most important factors in achieving our goals of peace and prosperity is the level of quality of our educational institutions. As one leading educator has observed, the Armed Forces are our short-range defense; and in a very real sense, education, and particularly higher education, constitutes our long-range defense.

On the economic issue, an executive of one of our Nation's great companies has said, "High standards of education in Texas are most important to the continued industrial development in the state and in the Southwest."

Texans, like all good Americans, are prepared to contribute whatever effort is required, whatever sacrifice is indicated, to overcome the threat to our national security. We feel that Texans, once they understand what is at stake in the economic crisis at home, will also rise to meet *this* challenge.

At this point, I should inform you that this talk, like hundreds of similar ones which are being made throughout Texas, is being sponsored by the Committee of the Governing Boards of State Colleges and Universities. As its title implies, this Committee is made up of representatives from each of the ten

Boards of Regents of Texas senior colleges. In the tradition of such Boards, these are men of substance and stature, men of sound judgment and solid perspectives. They have the facts—and they are genuinely concerned about what is happening, or should I say *not* happening, in our state-supported institutions of higher learning to meet the challenges to our State and Nation.

Because we have had substantially increased legislative appropriations for education in recent years, many Texans may not be aware that we still have a problem. The fact remains that the lists of "leading" colleges and universities published from time-to-time during the past 25 years have *never* included a Texas institution of higher learning, private or public. They do not include one now. This doesn't mean we do not have some very good colleges or that some of the schools do not have some truly *excellent departments*. It does mean that despite substantial progress, particularly during the last six years, in *no* instance has a Texas college or university yet been termed equal to the best of its kind anywhere—or even close to that distinction.

In John Bainbridge's "The Super Americans," we find this paragraph: "According to a recent survey of 21 states comparable in population and income, Texas ranks next to the bottom in the average amount spent per student in state-supported institutions of higher learning."

One good indication of the comparative merits of regional educational facilities is in the awarding of 5,470 fellowships by the nation's top four fellowship programs this year. Only about 15 per cent went to students attending colleges and universities in the 15 Southern

states—of which Texas is regarded as one. Sixty-two per cent of these fellowship students from the South are attending "outside" universities whereas only two per cent of the students from other regions of the Nation have decided to use their fellowships in Southern schools.

The total number of fellowships awarded in the United States increased by about 300 between 1960 and 1961, but in the South, the number awarded declined by about 100.

We could go on. For example, in a listing of more than 50 Americans who have won Nobel Prizes in the sciences, there is not a single one connected with an institution in the South. Among 653 members of the National Academy of Sciences, less than three per cent are situated in the South. Today there are only two members of the National Academy still active on a full-time basis in our state-supported universities in Texas. Two out of 653 in the Nation! Of 50 awards made by the Council of Learned Societies for distinguished work in the humanities, only *one* went to a man in a Southern institution.

The salary pattern in our state-supported schools is the reason for this scarcity of top-flight faculty. A study by the Texas Commission on Higher Education of 153 out-of-state institutions across the country—good, bad, and average—reveals that the University of Texas, tops among Texas schools in salaries paid, ranks only 85th among the 153 on the basis of average salaries paid. The weighted salary average for all Texas institutions of higher learning falls 101st in the ranking of those 153 schools studied. According to 1961-62 figures released by the United States Department of Health, Education, and Welfare, the average Texas nine-months college salary paid is \$972.00 *less* than the *average* for the United States.

However, it is the businessmen rather than the professors who are actually getting hurt. After all, the competent teacher or researcher, if he wishes, can

always move away to take advantage of more attractive offers—and quite frequently this is what he does. Or, as Texas college administrators have found repeatedly, he doesn't *have* to come to Texas in the first place!

The real hurt to the businessman lies in the adverse effect that the lack of educational excellence is having on the Texas economy. And it is not only the urban areas that are hurt; the small towns and rural areas feel the pinch as well.

Time magazine, in a recent article, pointed out that the bulk of government contracts for defense and space research, development, testing, and evaluation were concentrated in three states—California with 41.3 per cent, New York with 12.1 per cent, and Massachusetts with 5.7 per cent. What is Texas' share? Around two per cent.

Defense Secretary Robert McNamara gave a simple explanation. "The Defense Department," he said, "seeks the best brains and goes where they are." He specifically singled out Michigan which had complained about the reduction of defense business. Michigan, Secretary McNamara said bluntly, has simply failed to continue to provide adequate support for its universities.

The economic implications of the quality of educational resources in our state are beyond speculation. Particularly is this true as we look to the future.

Dr. John R. Stockton, Director of the Bureau of Business Research at the University of Texas, has prepared an excellent appraisal which he has entitled "Texas—Present and Potential." While recognizing the continued importance to our economy of such major industries as agriculture, oil, natural gas, food processing, lumber products, petro-chemicals, tourism, and aircraft manufacturing, he declares that our best potential for dynamic industrial growth in the future lies in the new space-age developments.

Significantly, Dr. Stockton goes on to state, and again we quote: "One of the

chief factors in taking advantage of the opportunities offered by these new industries will be the quality of the educational and research facilities of the state. Texas has many locational advantages for an industrial operation," he continues, "but technical education and research have become *very* important ones. Providing the right kind of support of this nature may be the determining factor in attracting industrial activities of the space age."

The Texas Industrial Commission, which has been quite effective in helping stimulate the state's industrial development, has prepared a 15-year projection of industrial growth in Texas. By 1977 the number of plants could and should grow from today's 13,776 to 21,000, according to this study. Jobs should nearly double — from 488,000 to 808,000.

"This projection," says Bill Cobb of

the Industrial Commission, "is all based on the premise that Texas is going to upgrade its education." The space-oriented industries are seeking brainpower, Cobb said, and they will go *anywhere* to get it.

Harry W. Clark, executive director of the Commission, echoed his associate's words. He said that the technological demands of the space age make it mandatory that Texas provide the very best in educational opportunities if we expect to maintain and improve our industrial progress.

Clark also told of interviewing several big industrialists in New England who said they were ready to move to Texas—if Texas could only fill their research and educational needs.

Cobb reported receiving a recent telephone call from an executive representing—and I quote—"a tremendous aerospace outfit" wanting to locate in Texas. Repeatedly during this lengthy call this man stressed that a prime factor would be the ability to locate near a first-class college or university.

The West Coast is one area which demonstrated graphically what can happen to the economy when education and business form a partnership. Near San Diego, where the University of California has a branch, a new city of more than 100,000 population has developed because the school provided the brainpower and research resources needed by a single operation.

More than 200 electronics firms have set up plants in the peninsular suburbs of college-rich San Francisco alone.

We know that in New England a giant industrial complex has sprung up around Harvard, MIT, and the other superior schools in the area. The once-sleepy little city of Princeton, New Jersey, is the center of mushrooming industry because Princeton University is located there.

We must not overlook the fact that the attraction of plants is not the only

NOTICE OF EXAMINATION

The next meeting of the Texas State Board of Medical Examiners when examinations will be given and reciprocity applications considered is scheduled for June 24, 25, 26, 1963, at the Hotel Texas, Fort Worth, Texas.

Completed examination applications for graduates from United States medical schools must be filed with their office thirty days prior to the meeting date. 1714 Medical Arts Bldg., Fort Worth 2, Texas.

Completed examination applications for graduates of foreign medical schools must be filed sixty days prior to the meeting date.

Completed reciprocity applications must be filed sixty days prior to the meeting date to be given consideration.

positive benefit of education to our economy. There are others.

For example, Texas agriculture, faced with the threat of obsolescence and changing market conditions, has been able to survive and progress because of institutional programs of experimentation and research.

Another benefit lies in the positive effect that education has on personal spending. Frank Abrams, Chairman of the Board, Standard Oil Company, said recently, "Education has done more to create markets for business than any other force in America."

It is a simple fact of economic life that the better education a man or woman has, the more money he or she will earn—and spend. The United States Bureau of Census reports that the average college graduate earns over \$175,000 in his lifetime than a high school graduate.

A few years ago, the United States Chamber of Commerce made a study to determine whether or not education affected retail sales in a community. Here is what was found:

In Dallas, the average citizen has the equivalent of a 12th grade, or high school education, whereas in New Orleans the average citizen has only an eighth or ninth grade education. In New Orleans, the average person purchased \$917 worth of retail goods and services in a year while in Dallas, retail sales averaged \$1,000 per capita. The study concluded that New Orleans could, by simply raising the educational level of

its citizens to that of Dallas, increase its annual retail sales by more than \$30 million. Yes, brainpower today also means buying power—and in its buying power lies the economic future of Texas.

Also, all of us should recognize that economic considerations are not the only—nor even the most important—ones in the education picture. American higher education is charged with the vital responsibility of safeguarding and nourishing our free institutions and ideals. It is a fact that the Soviet Union, in its relentless pursuit of goals which are hostile to a free society, is spending about three per cent of its gross national product on education compared to about 1.4 per cent for the United States.

The *political* significance of education is demonstrated on many levels. If any American is going to act wisely for himself, his community, his State and his Nation, he must be educated to compare issues, to estimate possibilities, and to judge results.

The *cultural* benefits deriving from higher education, of course, are obvious.

So, on all counts, it is graphically clear that the future of Texas, economically, politically, and culturally, is tied to its institutions of higher learning. We have the natural resources. We have the human resources. The catalyst needed to transform this into one of the most prosperous areas on earth is obviously higher education of the finest quality. To achieve such quality will require a dynamic partnership of business, industry, higher education, and government.

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FORT WORTH, TEXAS

Let us not mince words: It will require substantially more money than we are now spending.

What *are* the realities of the market price of higher education in Texas? A significant portion of the cost, of course, relates to the matter of simply keeping pace with a rapidly growing enrollment.

Already, our fall, 1962, college and university enrollments have exceeded our estimations of a year ago. The total is just two short of 110,000 in state senior colleges, a whopping nine per cent increase over last year. Next year, if we increase at the same rate, which we can certainly expect to, and after the University of Houston becomes a part of the state system, our total enrollment will climb to about 135,000. By 1970 we are almost certain to have doubled the 1960 enrollment of 91,690.

While it is important that we meet our growth requirements, it is more important, even vital, that we close the gap which separates us from the Nation's best colleges and universities. This will require more than an ordinary effort. For example, average teaching salaries across the country are improving approximately six per cent a year. Only to the extent that increases provided Texas schools *exceed* this figure do we improve our competitive position and begin assuring Texas the brainpower which she *must* have if we are to enjoy fully the fruits of the fabulous space age.

The Texas Commission on Higher Education, which is charged with evaluating the financial requirements of Texas' institutions of higher learning, is recommending a substantial increase in general revenue support during the next biennium. This recommendation has had the close scrutiny of experts on the Commission staff. It is realistic. True, it won't do the *whole* job, but it will represent a significant catch-up.

Can we afford dollar-wise to make this investment? According to the Bureau of Business Research at the Univer-

sity of Texas, our state in 1961 ranked 41st among the states in tax revenue as per cent of personal income. Presumably our rank, because of the sales tax, is now higher. However, the Bureau reports that, assuming all other states did not increase their tax revenues at all over 1961, the people of Texas in 1962 are still paying less taxes than our fellow-Americans in 31 other states.

This sounds real good to us Texas taxpayers. But, how good is it if, as a consequence, we miss out on the greatest opportunity we have *ever* had for tremendous future growth and development?

Colgate W. Darden, Chairman of the Commission on Goals for Higher Education in the South, summed it up this way: "Nothing is more costly to a people than inferior education. No economy is dearer than the economy which is achieved by paring the cost of first-rate instruction, because by so doing we diminish—and diminish substantially—the opportunities of those generations which will come after us."

Now, what can you and I do about all this? We can, ourselves, recognize the relationship between the quality of our educational institutions on the one hand and both the economic health of our State and the security of our Nation on the other.

As individuals, we can inform and remind our friends and acquaintances of the important contribution higher education *can* make to the industrial development of Texas.

As individuals, we can support with our voices and our votes the concept that in education as in business, *quality* is a necessary ingredient for success.

Finally, and of most immediate importance, we *must* tell our Legislators that we are willing to pay the taxes to finance the kind of educational institutions necessary to provide the brainpower which Texas *must* have. To do less is to sell ourselves and our future short.

CHANGE IN BENEFITS OLD AGE ASSISTANCE INPATIENT HOSPITAL CARE PROGRAM

Effective January 1, 1963

Article II - B - (2) is changed to read:

" , except that the allowance for bed, board (including special diets), and nursing services shall be limited to six dollars (\$6.00) per day, maximum, rather than one-half of ten dollars (\$10.00) per day, maximum."

Article III - B is changed to read:

"When rendered by an anesthetist other than the operating surgeon, the anesthetic allowance shall be five dollars (\$5.00) plus up to fifteen per cent (15%) of the applicable surgical benefit."

This extends the anesthetic benefit to "nurse" anesthetists merely by changing the word "physician" to "anesthetist," which term is defined in a medical dictionary as "an expert in administering anesthetics."

Article III - E is changed to read:

"Subject to the limitations and exclusions recited elsewhere in this contract, when a recipient is confined to a hospital, receiving benefits for bed-patient care provided under Article V, the Plan will pay to his attending physician as an 'inhospital benefit':

- (1) During the first fifteen (15) days of each period of hospital confinement:

Seven dollars (\$7.00) the first day,

Five dollars (\$5.00) the second day, and

Three dollars (\$3.00) each succeeding day; and

- (2) During the remainder of any period of hospital confinement, one dollar and fifty cents (\$1.50) per day

for each day on which the attending physician personally visits the patient; provided, however, that no benefits shall accrue under this Section B if, during the same period of hospital confinement, any benefits accrue under Section A or Section C of this Article VI on account of services rendered by the same physician; and provided further that in no event shall the benefits paid to physician exceed his actual charges for the professional services invoking such benefits."

This does three things: it raises the inhospital medical benefit to \$7.00 and \$5.00 for the first two days, respectively, it provides for concurrent surgical (or radiation) and inhospital medical benefits unless both the surgical or radiological and medical services rendered unless both the surgical or radiological and medical services are rendered by the same physician; and it limits payments to the doctor's actual charges.

EXHIBITORS ANNUAL CONVENTION

Shamrock Hilton Hotel,

Houston, Texas

May 2, 3, 4, 1963

BOOTH

Miller Pharmacal Company	1
Savage Laboratories, Inc.	2
Parke Davis & Company	3
The Rhinopto Company, Inc.	4
The Baker Laboratories, Inc.	5
J. A. Majors Company	6
Smith, Miller & Patch, Inc.	7
Smith Kline & French Laboratories	8
Emerson Laboratories	9
Organon Inc.	10
A. E. Magill & Co.	11
Kay Pharmacal Company	12
Warren-Teed Products Company	13
Warner Chilcott Laboratories	14
The Upjohn Company	15
Sid Murray "Pays in a hurry"	16
Pfizer Laboratories	17
Professional Foods	18
A. S. Aloe Company	19
W. A. Kyle Company	20
Merit Pharmaceutical Company, Inc.	21
Bentex Pharmaceutical Company	22
Mercury Pharmacal	23
Merck, Sharp & Dohme, Inc.	24
Hill Laboratories Company	25
Gerber Products Company	26
A. H. Robins Company, Inc.	27
Pharmafac, Inc.	28
X-Ray Sales & Service Co.	29
.....	30
Mead Johnson Laboratories	31
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Rudmose Associates Inc.	33
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Sandoz Pharmaceuticals	38
Lanpar Company	39
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U. S. Vitamin & Pharmaceutical Corp.	42
Medco Products Co., Inc.	43
.....	45
.....	47
.....	49
.....	51
E. R. Squibb & Sons	53
Roche Laboratories	55
Eli Lilly Company—\$250 Grant	

COMS to Sponsor Mexico City Postdoctoral Course

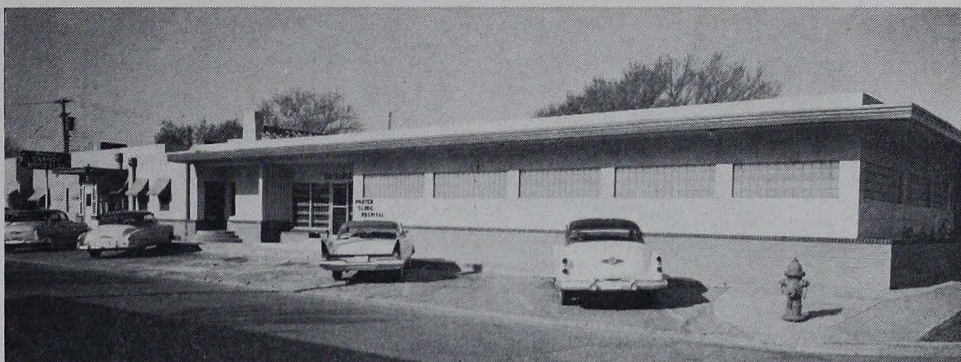
DES MOINES, IOWA, Dec. 31—
Postdoctoral education at the College of
Osteopathic Medicine and Surgery for
1963 will be highlighted by the Mexican
Symposium, a postdoctoral course held
in Mexico City, Mar. 18-22.

The College will grant 20 clock
hours of postdoctoral credit for the
Mexican Symposium which will feature
staff members of the Spanish Hospital
of Mexico, the National Institute of
Cardiology, the Nutrition Hospital, the
General Hospital of Mexico and the
National University of Mexico, COMS
Dean Ora E. Niffenegger announced.

Verne J. Wilson, D.O., Chairman of
the Mexican Postdoctoral Symposium
Committee, made a trip to Mexico City
to plan the symposium and reserve ac-
commodations for participants. He said
that by working directly with Mexican
physicians, he has been able to plan a
program which will be of interest to
general practitioners and specialists.

Symposium sessions will all be held
in the morning so afternoons will be
free for independent study with other
Mexican physicians.

HOSPITAL OF THE MONTH



Porter Clinic-Hospital

201—19th St., Lubbock, Texas

The Texas Osteopathic Physicians' Journal is proud to salute the PORTER CLINIC-HOSPITAL, 19th Street and Avenue X, as the Hospital of the Month.

It originated, through necessity, in 1939 when Dr. G. G. Porter moved to Lubbock and found there were no hospitals available to osteopathic physicians. Recognizing the need for a place to hospitalize the people of the community who preferred osteopathic care, he purchased an old residence, where the present clinic-hospital is located, and added three beds for deliveries, tonsillectomies, and minor surgical cases.

In 1948 operating and delivery rooms were added and the total bed capacity increased to ten, to accommodate patients of other osteopathic physicians in the area.

In 1950 the Porter Clinic-Hospital was completely renovated and enlarged to its present size of 30 beds, six bassinets, modern operating room, delivery room, and complete laboratory and x-ray facilities. The present structure, including equipment, has an approximate value of \$300,000.

The Porter Clinic-Hospital has been registered with the American Osteopathic Association since 1949 and has continually maintained its high standards. It has rendered a valuable service to the community and has enjoyed an enviable record. Since 1941 there have

been 7,970 deliveries, a total of 2,300 major surgeries, and approximately 10,000 medical and minor surgical cases. It is a proprietary institution, owned by Porter Land & Investment Co., Inc. and leased to the Porter Clinic-Hospital group.

On the active staff are J. W. Axtell, D.O., Internal Medicine and Surgery; F. O. Harrold, D.O., Obstetrics and General Practice; Harlan O. L. Wright, D.O., General Practice and Obstetrics; G. G. Porter, D.O., General Practice and Proctology. Hospital privileges are also enjoyed by other osteopathic physicians in the area.

The business office is staffed by eight persons under the capable direction of Mr. J. N. Porter, Administrator.

Lubbock, a growing metropolis of more than 100,000 persons, is situated in the Texas Panhandle. It is an industrial center supported by oil, cattle and rich farming communities. The city provides excellent educational and recreational facilities. It is the home of Texas Technological College, one of the outstanding colleges in the nation.

Opportunities in Lubbock and surrounding area are limitless for good, ethical osteopathic physicians. If interested in locating in this area, contact either the TAOP&S State Office, 512 Bailey St., Fort Worth, Texas, or any of the physicians in the Lubbock area.

A Factual Revelation

By GEORGE W. NORTHUP, D.O.

For too many months the osteopathic profession has been preoccupied with the distressing events in California. Yet there is evidence that there are those in the profession, particularly in the states of Washington and Pennsylvania, who fail to understand the results of the California merger.

Emotions have run high at a time when emotional judgment is disastrous to objectivity. The minority groups within our profession who favor merger have failed to understand that they, more than any other group, are placing their personal security on the auction block.

A recent issue of *The Journal of the American Medical Association* had this to say concerning the status of the new M.D.'s who received their degrees from the California College of Medicine:

"It should be pointed out that the *secretaries of each state board of medical licensure* and the secretaries of each American specialty board have been informed of the status of physicians graduating from the California College of Medicine. In order to make this action of the Council on Medical Education and Hospitals *crystal clear*, the state boards of medical licensure and the American medical specialty boards were told that, 'As a result of this action, the current fourth-year class of the California College of Medicine, which will graduate in June, 1962, will be recognized as graduates of an accredited medical school. Graduates of that institution prior to February 15, 1962, are *not affected and should not be recog-*

nized as graduates of an accredited school.'" (Italics ours.)

To those who missed the significance of this statement, it is pointed out that this is a ruling of the Council on Medical Education and Hospitals of the American Medical Association. It is therefore the policy of the A.M.A. Being a graduate from an accredited school is a major requirement of many hospitals, many medical organizations, and all medical specialties. It also becomes a factor in medical legal decisions and in public and governmental recognition.

Such "recognition" comes as the result of fifteen years of skilled negotiation in the state of California. And it is naive to believe that any lesser group in any other state of the country could achieve a "better deal."

Headlong pursuit for recognition has resulted in no recognition at all. As we enter a new year, this ruling of the American Medical Association should be an object lesson to the osteopathic profession throughout the nation. It should now and forever be realized that the issue is not merely the survival of osteopathic medicine, but rather the professional survival of each and every osteopathic physician.

First Salesman: "I noticed you talking to a strange woman?"

Second Salesman: "Is there any other kind?"

Doctor, "Why do you have that A5967 tattooed on your back?"

Patient, "That's not tattooed. That's where my wife ran into me while I was opening the garage door."

You're getting old, pardner, when you don't care where your wife goes, just so you don't have to go along.

NOTICE

State Office has new telephone
number: EDison 6-0549

Postgraduate Seminar

The seventh annual Postgraduate Seminar, under the auspices of the Texas State Department of Health and the Texas Association of Osteopathic Physicians and Surgeons was held December 7-8, 1962 at the Baker Hotel, Dallas, Texas.

The program, available to all practicing osteopathic physicians, was attended by the following:

ABERNATHY

Maurice Priddy, D.O.

ALVARADO

John F. Falk, D.O.

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Maurice D. Mann, D.O.
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John B. Donovan, D.O.
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Joseph L. Love, D.O.
Katherine G. Paterson, D.O.

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Myron Renner, D.O.
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Lee J. Walker, D.O.

GROOM

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John R. Ruffle, D.O.

PORT NECHES

John B. Eitel, D.O.

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WICHITA FALLS

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Executive Secretary's Travelogue

Office procedures were certainly heavy during the first four days of December, preparing for the midyear meeting of the Board of Trustees.

Thursday, December 6, the executive secretary left for Dallas where from six o'clock that evening until 1:30 a.m. the following day he was in a continuous meeting of the Hospitals & Insurance Committee. All members of the Committee were present and Dr. L. G. Ballard, TAOP&S President sat in on the meeting for a short time. The Committee meeting was very complicated with three cases taking up the entire time.

The Insurance Committee was again called into Session Friday, December 7 at 10:30 a.m. even though the Post Graduate Seminar had begun that morning. The Committee spent 1½ hours reviewing information requested from an insurance company so that it might conclude one of the cases reviewed the previous evening. Needless to say prior to the Committee meeting the executive secretary was busy interviewing physicians who had requested specific information from him.

That afternoon was devoted to conferences with other members of the profession. By 8 p.m. your "hired hand" was so exhausted that he had dinner and retired for the night.

Saturday, December 8, the executive secretary had an early breakfast and was then busy making final arrangements with the hotel for the midyear meeting of the Board of Trustees, an Auxiliary meeting, and a meeting of the TAOP&S Ethics Committee. This took up the entire morning and the executive secretary was unable to attend any of the Seminar sessions.

At 2 p.m. the Board of Trustees went into session and remained in session until 1 a.m. the following day. The

Board recessed only for an hour to have dinner in an adjoining room.

Sunday, December 9, the Board of Trustees was back in session at 9 a.m. and remained at work (without lunch) until 4 p.m. The activities of your organization were by far heavier than in the past and this Board meeting was possibly more productive than any previous midyear meeting.

The executive secretary was back in the office on Monday, December 10, catching up on back correspondence.

Tuesday, December 11, he attended the Amon G. Carter Memorial which is held annually at the Academy of Medicine. Your executive secretary always feels honored to attend these functions because of the fact his invitation is directly from the Tarrant County Medical Association. The Memorial lasted for approximately 1½ hours, following which he returned to the office until 2:30 that afternoon when he departed for Austin.

The executive secretary spent Wednesday visiting doctors in Austin. His first visitation was in the office of Dr. B. C. Richards where he enjoyed a conference with him. Next stop was the new office of Dr. Ralph E. Farnsworth which the executive secretary has never visited. Dr. Farnsworth was not in but was contacted and the executive secretary talked with him over the telephone for some time.

The executive secretary then proceeded to the office of Dr. R. E. Lingenfelter, but unfortunately it was Wednesday afternoon and Dr. Lingenfelter was out. From there he went to the offices of Dr. Katherine G. Paterson and had a good hour's visit with her.

His next stop was the office of Dr. John B. Donovan where he enjoyed a visitation with him for approximately

an hour. Dr. Elmer Baum's office, located next door is closed on Wednesday afternoons, but just as the executive secretary went into Dr. Donovan's office he noticed Dr. Baum and the new Lt. Governor, Preston Smith, getting out of an automobile. He waved to them and they came into Dr. Donovan's office where we had a few moments together. The executive secretary enjoyed seeing Lt. Governor Smith very much as he had not seen him since the Democratic convention.

From Dr. Donovan's office the executive secretary stepped down the street and visited with a non-member of the TAOP&S, Dr. Robert L. Peters. He then visited the offices of another non-member, Dr. H. V. Broadbent. Unfortunately Dr. Broadbent was out for the afternoon, so the executive secretary returned to the hotel for an hour's rest.

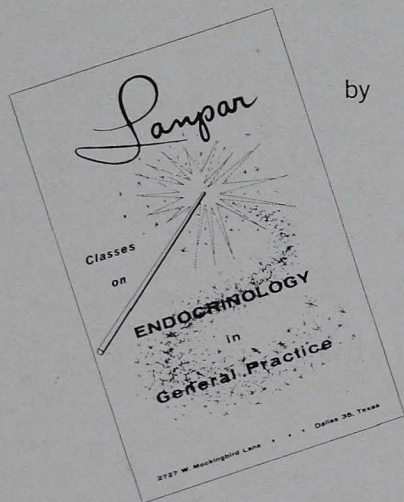
That evening he attended the dinner honoring Governor Price Daniel which he was delighted to attend. The executive secretary was listed as one of the

sponsors and was happy to serve as such. It was indeed a pleasure to honor a man who has been extremely fair and just to the osteopathic profession during all of his political career.

While in Austin the executive secretary failed to see Drs. Roy D. Kirkland and Joseph Love. He feels sure Dr. Love preferred not to be interrupted during his busy day, but to Dr. Kirkland he expresses his regrets for being unable to visit him. Time just did not permit.

The executive secretary returned to the hotel, following the dinner for Governor Daniel and soon a story began to take form. He became ill with a most unusual pain in his abdomen. He was up most of the night. At 8 a.m. he got up with every intention of proceeding to San Antonio for his visitations with the doctors in that city and to attend a meeting of the Texas Osteopathic-Insurance Liaison (TOIL) Committee. He ate a light breakfast and as he started back to his room he had a chill that lasted some 40 minutes. As hard-headed as he

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is though, he was determined to get on to San Antonio even though he was in some type of shock. He felt that if he was to become really ill he wanted to be in an osteopathic hospital.

Fortunately a party in the hotel was leaving for San Antonio that morning and volunteered to drive him there. So by 9 a.m. Thursday, December 13, he was on his way. By the time they arrived in San Antonio he smelled and looked like he had had a Turkish Bath. He had perspired through all of his clothes, even through his suit. He was immediately taken to the San Antonio Osteopathic Hospital and at 11 a.m. entered the emergency room.

The executive secretary assures you that he received all the attention anyone could possibly have: laboratory tests, x-rays, EKG's, and whatnot, all of which apparently turned out negative. There was a suspicion of acute pancreatitis, cardiac attack or possibly the small intestines caught up in an old hernia from a former operation. However the final conclusion was—food poisoning. His blood pressure had dropped to 105/85.

After being cleared of any serious difficulty, the executive secretary was able to make it to his hotel by 4:30 p.m. where he followed the advice of the doctors—that rest was the best thing for him. He went to bed at 4:30 and slept until 8 o'clock the following morning.

Friday, December 14, he wakened early and felt fairly well; but he was so weak he could hardly stand. However, after breakfast he started out to make his office visitations. He took the offices closest to him and stopped first at the office of Dr. Hal Edwards. Unfortunately Dr. Edwards was not in, so he visited with his secretary awhile in order to catch his breath. He then proceeded to the offices of Doctors Lige Edwards and R. E. Modders where he spent some 40 minutes in conference with these physicians.

The executive secretary then proceeded to the Downtown Club for the TOIL Committee meeting which had been called for 11:30 a.m. It was an extremely interesting meeting in spite of the fact that four members of the Committee were not present. Much was accomplished and the meeting adjourned at 3 p.m.

Immediately following the TOIL Committee Meeting, the executive secretary proceeded directly to the offices of Dr. Calvin T. Vardaman where he had a 30 minute conference with him. He then went to the offices of a new arrival in San Antonio, Dr. Jess Diaz. In this visitation the executive secretary was extremely disappointed because Dr. Diaz was at the hospital doing emergency surgery.

Following a visit at the office of Dr. R. E. Springer, the executive secretary returned to his hotel where he was met by Dr. Everett Wilson at 7:00 p.m. and taken out to dinner. This was an interesting opportunity for the "Janitor" to confer with a loyal member of the profession. Dr. Wilson is a past-president of the TAOP&S and has devoted his life to our organization. The executive secretary received much information from Dr. Wilson. At 10 p.m. he returned to the hotel and was asleep early.

Saturday morning, December 16, the executive secretary found himself pretty weak but he was determined to carry out his objectives. So he started out for the offices of Dr. W. D. Schaefer, and ending up driving half-way to Laredo—getting lost four or five times. The executive secretary drove across the southern part of San Antonio about three times and finally stopped at a filling station for directions to 510 West Hamilton. He was told to go about 15 blocks right straight down the road. The executive secretary drove to the end of the street (some 12 blocks) and soon recognized something was wrong. He turned around and went back the same

12 blocks and found Dr. Schaefer's office right back of the filling station where he had received directions. Possibly the executive secretary does not understand Spanish.

The executive secretary spent some 30 minutes with Dr. Schaefer and then visited the office of Dr. F. M. Crawford which is in the same neighborhood. From there he visited the offices of Dr. Louis L. Dullye and later, the offices of Dr. John J. Cegelski. The executive secretary truly enjoyed talking to all of these doctors. At Dr. Cegelski's office he found a doctor who was looking for a location in Texas and he was able to give him considerable help and advice.

By this time it was late Saturday afternoon and the executive secretary felt he should start his return to Fort Worth rather than making any further visitations. In the San Antonio Osteopathic Hospital he had seen Dr. Wilson and Doctors Gordon S. and Harold A. Beckwith, Dr. Richard Tamez and Dr. Modders, all of whom participated in his care. He also was able to visit with Dr. William J. Mosheim for a few moments. So, all in all, the executive secretary pretty well covered his visitations with the doctors in San Antonio. He apologizes to those whom he did not see who are members of this organization. If he had not lost one full day, due to his illness, the executive secretary would have contacted all of the physicians in that city.

At 5 p.m. he left San Antonio for Fort Worth. However, he was too weak to make the entire drive. So he stopped at Temple, Texas for the night and arrived back in Fort Worth on Sunday about Noon—weak as a kitten and a nervous wreck. On Friday, while in San Antonio, he had received a long-distance call from his son, Col. Roy D. Russell informing him of the serious illness of his granddaughter who has never before been sick a day in her life.

Due to the fact that the executive secretary has not had a vacation in some

seven years, he decided (after a conference with the President) he should take some time off and go to Los Angeles to direct the care of his 16-year-old granddaughter. He left Fort Worth for Los Angeles on December 20. He was there exactly one week, during which time he spent most of his efforts digesting the facts in reference to this child's sickness and on December 26 he spent some three hours at the University of California Medical Center with Dr. William N. Valentine, a hemotologist. Dr. Valentine was extremely courteous and very generous with his time. He checked all of her medical records from the Fort McArthur Hospital and did additional lab studies. The resulting diagnosis was "hypoplastic anemia" with a recommendation that a surgical biopsy be done as all marrow specimens were taken via the needle route. Frankly, your executive secretary is not concerned with names. He is only concerned about the cause of her difficulty which to date they have been unable to determine.

While in Los Angeles he contacted Mr. Allen, President of the Nettleship Company and had a 45 minute conversation with him over the phone in reference to our professional liability insurance program. Mr. Allen requested a conference with the executive secretary in Miami and was assured one would be held. The executive secretary reports that again we have lost our insurance carrier—The Zurich Co. They withdrew because of increased loss ratio which they feel does not justify their continuing the program even in the face of an almost double increase in premium rates. Fortunately our agent, the Nettleship Co., was able to get a new carrier for us—Pacific Indemnity Company.

The executive secretary was back in the state office, January 2nd. If it had not been for the nervous tension he was under regarding his grand-daughter's illness, the "vacation" would have done him much good.

See you next month!

Resume - Minutes of TAOP&S Board of Trustees Midyear Meeting

Baker Hotel — Dallas, Texas

December 8-9, 1962

Call to Order: 2:00 p.m. Saturday, December 8, by President L. G. Ballard, D.O.

Roll Call: L. G. Ballard, D.O., President; Loren R. Rohr, D.O., President-Elect; G. W. Tompson, D.O., Immediate Past President; John H. Burnett, D.O.; Richard L. Stratton, D.O.; M. G. Holcomb, D.O.; Glenn R. Scott, D.O.; J. Paul Price, D.O.; A. Roland Young, D.O.; Fred E. Logan, D.O.; J. Warren McCorkle, D.O.; Gordon S. Beckwith, D.O.; Charles H. Bragg, D.O.; Charles C. Rahm, D.O.; Speaker House of Delegates; P. R. Russell, D.O., Executive Secretary; Mrs. Rita E. Neal, Executive Assistant.

Absent: Board Member Tyra A. Morgan, D.O.; Vice-President Harlan O. L. Wright, D.O.; Vice-Speaker House of Delegates, Samuel B. Ganz, D.O.

Visitors: H. G. Grainger, D.O., Tyler; John H. Boyd, D.O., Louise.

Following the President's opening remarks to the Board, the minutes of the two previous meetings were called for and approved as printed. The executive secretary made an oral report and the minutes of the Executive Committee Meeting were approved as printed.

The following action was taken by the Board during its two-day meeting.

"... moved and seconded that this Board advise the Committee on Ethics

and Grievance matters that it is the opinion of this Board that any member of this association who has received the degree M.D. from the California College of Medicine and who held a license to practice in California as an osteopathic physician and surgeon prior to February 15, 1962, is not in violation of our Code of Ethics provided he has not practiced in this state under the degree M.D. nor professed or advertised in any manner the fact that he held the degree M.D. If however, after having received such a degree, he then renounced or disclaimed his D.O. degree or/and osteopathic affiliation, openly displayed such certificate of degree or advertised himself to be an M.D. in any manner whatsoever he shall be held to have violated the Code of Ethics of this association and shall be called before the Ethics Committee of this association to determine the seriousness and extent of the violation or violations. The Committee shall then recommend to this Board such action as it deems justified in each case." (This action subject to position taken by A.O.A. by which we must abide)

* * *

"... moved and seconded that a letter be written to the Texas Pharmaceutical Association stating that their letter regarding the possible establishment of a drug store in the Mt. Pleasant Hospital and their letter of an earlier date regarding the ethics involved in physician ownership of drug stores has been brought to the attention of the Board. It is the opinion of this Board that physician ownership of a drug store does not

DEATH

Henry Hensley, D.O., 41, of Big Sandy, Texas, died January 10, 1963, while sailboating in East Texas.

constitute a violation of the Code of Ethics of the TAOP&S."

* * *

"... moved and seconded that a list of the physicians who hold the unearned California M.D. degree be furnished to the Board of Trustees."

* * *

"... moved and seconded that a list of the physicians who hold the California M.D. degree be sent to the secretary of each district society of the TAOP&S as a matter of information."

* * *

"... moved and seconded that the program for the 1963 state convention, as presented by the Program Committee, be approved."

* * *

"... moved and seconded that the Board of Trustees approve the executive secretary's recommendation that the 1963 convention registration fee, as set in accordance with the provisions of the Convention Manual of Procedure."

* * *

"... moved and seconded that the information regarding the Robert Driscoll Hotel in Corpus Christi be presented to the 1963 House of Delegates as the House requested that the facilities in this hotel be approved."

* * *

"... moved and seconded that the Board confirm the appointment of Dr. Elmer C. Baum as Chairman of the Selective Service Committee, to replace Dr. Kirkland."

"... moved and seconded that Dr. William S. Walters be granted Sustaining Membership in the TAOP &S."

* * *

"... moved and seconded that the Board of Trustees approve the recommendation of the Membership regarding the remission of dues as outlined."

* * *

"... moved and seconded that the Board of Trustees accept the Constitution and Bylaws of District # 2 as submitted to the Committee on Constitution, Bylaws & Charters on October 18, 1962, and that it be placed on file in the state office as representative of the document of internal government of that district."

* * *

"... moved and seconded that the Auxiliary to the TAOP&S be permitted to amend its Bylaws as requested."

* * *

"... moved and seconded that since we are now in possession of a copy of the Constitution and Bylaws of the Texas Society of Osteopathic Obstetricians and Gynecologists that this Board declare they are now a full fledged affiliate group of the TAOP &S."

* * *

"... moved and seconded that the proposed amendments to the Constitution and Bylaws be approved and printed with the exception of those

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tabled or deleted by action of the Board."

* * *

"That the Board establish definite policies under which the Journal must operate." (Committee recommendation)

* * *

"... moved and seconded that the problem of the editorial policy of the Journal be submitted to the Executive Committee for study and recommendations to the Board of Trustees."

* * *

"... moved and seconded that the Board of Trustees approve the appropriation of \$2300 to the Chicago College of Osteopathy for educational advancement."

* * *

"... moved and seconded that the Board of Trustees approve the appropriation of \$1900 to the Philadelphia College of Osteopathy for educational advancement."

* * *

"... moved and seconded that the Board of Trustees approve the appropriation of \$4,000 to the College of Osteopathic Medicine and Surgery for educational advancement."

* * *

"... moved and seconded that the Board of Trustees approve the appropriation of \$17,000 to the Kansas City College of Osteopathy and Surgery for educational advancement."

* * *

"... moved and seconded that the Board of Trustees approve the appro-

priation of \$25,000 to the Kirksville College of Osteopathy and Surgery for educational advancement."

* * *

"... moved and seconded that the Board of Trustees confirm the appointment of Dr. Richard L. Stratton as Chairman of the Committee to Revise the Convention Manual of Procedure and as Chairman to Revise the TAOP&S Manual of Procedure."

* * *

"... moved and seconded that the new form prepared by the Scholarship Committee for the purpose of obtaining recommendations of applicants from the pre-med advisors, be approved by the Board and hereafter used."

* * *

Board directs Executive Secretary to immediately notify our hospitals that applications for AOA registration must be filed by February 1963."

* * *

"... moved and seconded that we direct our delegates to the A.O.A. House of Delegates and a representative of the AOA Board of Trustees to bring about a classification of registered hospitals."

* * *

In addition to this, the Board denied two applications for membership in the TAOP&S and voted to deny regular membership to three physicians now on probationary status.

The following action was taken in EXECUTIVE SESSION—

"... moved and seconded that the proposed executive secretary be hired effective December 1, 1963 to serve as an assistant to the executive secretary until such time as the executive secretary's contract expires at which time he will assume the duties as executive secretary of the TAOP&S."

* * *

"... moved and seconded that the Executive Committee, with the Com-

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mittee on Constitution, Bylaws and Charters, review the entire Article VI of the Bylaws ref.: Executive Secretary and make recommendations to the Board of Trustees of proposed needed changes."

* * *

The Budget was reviewed and the following action taken:

"... moved and seconded that \$5,000 of the general fund be placed in a Savings Account at the First National Bank of Fort Worth."

* * *

"... moved and seconded that \$500 of the money budgeted to P&PS for the 1962-63 fiscal year be held in reserve to help defray the expense of compiling and publishing the Texas Album."

* * *

"... moved and seconded that the Public Health Committee's budget be increased by \$1500."

* * *

and The Board recommended that a second telephone line be installed in the state office, which the executive secretary promised to do within the month. The Board also approved the executive secretary's recommendation that the interior of the state office be painted.

A special item of business was the appearance of the 15 TAOP&S members who hold the California M.D. degree, before the Board at which time they were apprised of the policy of this Board with respect to the holding of the California M.D. degree. No charges had been filed.

BOARD ADJOURNED AT 3:40 p.m. Sunday, December 9, 1962.

Doctor, "I've examined you thoroughly and I think all you need is a good rest."

Woman Patient, "But I feel I need some medicine. Why don't you look at my tongue?"

Doctor, "That needs a rest too!"

A Scoutmaster, noticing that one of his Scouts was having difficulty on his first cook-out asked if he had forgotten any essential equipment. "Yes," the boy replied, "my mother."

"Mother, what is a second-story man?"

"Junior, that's your father: If I don't believe his first story, he always has a second story ready."

Everyone can give pleasure in some way. One person may do it by coming into a room, and another by going out.

Modern Man: One who drives a mortgaged car over a bond-financed highway with gas bought on a credit card.

An optimist is a person who drops a quarter in the collection plate and expects a \$5 sermon.

CITRICOL

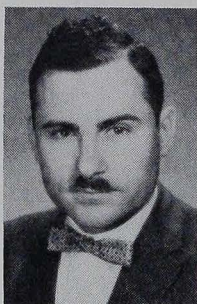
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CASE REPORT



DEAN E. WINTERMUTE, D.O.*

Rupture of an ectopic pregnancy is listed as a cause of hemorrhage which frequently becomes severe enough to be classed as a medical emergency. The condition occurs only in females of child-bearing age. This is a case history of such a patient. Some physicians have felt that the method of handling this was somewhat unusual and therefore should be reported. This is the type of thing that is occasionally necessary in the country. Such a case can be instrumental in making a physician desire to change the location of his practice. For the wary and insecure, a change to the "protective atmosphere and unlimited facilities" in the city. To the foolhardy, the unsatisfied, overly-ambitious, mildly insane, or those who are overly-endowed with Guardian Angels; a move, from the city with its ever present "rules and regulations for all situations," its "usual and customary standard of practice," its inevitable threat of malpractice suit, the ready availability of specialists in all fields, as well as the ultimate in medical equipment and hospital facilities; to the country.

The patient involved was a colored female, age 27, who consulted me after a day of "boll pulling" because she had a "belly ache" (*poema abdominalis*). The patient had difficulty understanding my questions and was unable to give any history of any description and upon

examination, to know whether she hurt, pained, was "goosy," sore, or "touch-eous." An unusual area was thought to be felt in the lower left quadrant of the abdomen, but this was very unreliable because the patient kept putting her legs together during the attempted bimanual examination and would scream when any further attempt at examination was made. Thus, we had a patient who couldn't tell us anything, wouldn't let us examine her, but who according to her husband, had "a belly ache."

The patient was hospitalized. Admitting laboratory work showed a 24% V. P. C., 8.35 gm. % hemoglobin, and a 13,900 W. B. C. leukocyte count with normal differential. Urinalysis was normal. Admitting blood pressure 100/80; temperature 97.4; pulse 60; and respiration 18. The patient was given 1,000,000 units Penicillin, and was put to bed with nothing by mouth. Since it was 10:00 p.m., and I didn't know what was the matter with the patient and since I apparently couldn't find out, I decided to observe her for a while. Repeated C. B. C. next morning revealed V. P. C. 11%; hemoglobin 4.25 gm. %; W. B. C., 18,500. Now I thought, "This diagnosis is getting easier!"

Blood pressure after 500 cc. infusion of isotonic saline was 60/0. Dextran was started due to the poor condition of patient, and the husband was given instructions to go to the blood bank twenty-two miles away and get several pints of blood. Instead of getting blood, he got his "bossman" who had to come in and see me, and who informed me that he "wasn't going to be out no big expense on this man." The "bossman" finally agreed to loan the patient's husband enough money for the laboratory fee on the blood, and the husband was started off again for the blood bank.

Meanwhile, the patient's condition

*Attending Physician, Reed Memorial Hospital, Cooper, Texas

continued to deteriorate rapidly. Finally at 9 a.m., the patient was taken to surgery where an abdominal trochar for paracentesis was inserted. Free blood was returned. The patient's husband had not returned with blood at that time and only God knew if he ever would! A piece of sterile tubing was attached to the abdominal trochar, and this was attached to the terminal end of a blood administration set which was in turn attached to a sterile, used, I. V. bottle. Suction was then applied to this bottle, and strained, free blood was consequently aspirated into it. Heparin, 10,000 U. (100 mg.), was added to this aspirate. This bottle was then placed in the customary position with a new blood administration set attached and the heparinized aspirate was then infused into the one poor venipuncture which we had been able to obtain. *Aspiration of blood from the abdominal cavity with heparinization and subsequent intravenous administration was continued for approximately two hours.* Approximately one hour after starting the above regime, the patient's blood pressure had improved to 70/0. At this time Spinal Anesthetic was given using "heavy" Nupercaine. The patient's pressure, of course, dropped to 0/0, and Dextran was administered as rapidly as possible with the abdominal aspirate. By this time the room began to look like we had been killing hogs for a week because each time we connected and disconnected any of our apparatus we got blood all over everything. The patient was not sweating too profusely and was continuing to breathe voluntarily, every one in a while. Our venipuncture was giving us all sorts of hell, and it was impossible to find any other. *Adrenosem* and vasopressor drugs were given during this period of time but had no apparent effect.

Everyone necessary had scrubbed in preparation for surgery, but with the patient's pressure at 0/0, we felt that this was not necessarily an opportune time to operate. After some time had

elapsed, and it became apparent that we were not going to find a venipuncture, I asked the "anesthetist," who was trying to do his best at the "head end," if he thought I should try a cut-down procedure. He said he thought we should wait just a little bit longer. This last routine was repeated frequently as time marched on. Blood pressure continued to be 0/0. Approximately one hour and fifteen minutes after the spinal anesthetic was given, the patient's husband arrived with 1500 cc. of blood.

This along with our aspirate was administered as best as we could into the one lousy venipuncture. Approximately ten minutes later the anesthetic started to wear off, and the patient's blood pressure became audible. I asked the "anesthetist" if I could operate, knowing full well that time was running out rapidly for the anesthetic. He asked me to wait a couple of minutes, which we did, and the patient's pressure improved to 70/0.

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Well, we were still in the buggy with a pressure like this, and surgery was started. The left tube and ruptured ectopic pregnancy were removed in what I hoped was a "customary manner." The patient was complaining of pain by now, and I knew that we needed to be the hell out of this belly ten minutes ago. Large curved needles had been prepared, and four stitches of #8 doubled cotton suture were used in a through-and-through manner to close the abdomen. Total surgery time from initial incision until the skin was closed was seventeen minutes.

We continued to administer blood, and the patient's pressure gradually returned to normal. The third pint finished at 11 p.m. at which time the patient's pressure was 112/70. Antibiotics and customary post-operative medications were administered during the convalescence of the patient.

The patient was given 500 cc. of whole blood on the fourth post-operative day and 500 cc. on the eighth post-operative. The patient then slipped by the nurse on the fourteenth post-operative day, walked down the stairs and went home. She has never been seen since, but neighbors have said that a midwife delivered a baby for her approximately a year later.

In the last two years we have collected \$12.00 for the hospital bill and professional services. The Red Cross reimbursed the "bossman" for the deposit on the blood. The "bossman" generously refused to let the patient's husband work out any portion of the bill during any of the time he was idle.

In summary, I think this case proves that some patients are "extra tough" and can withstand almost anything; such as a probable poor choice of anesthetic; an unfortunate delay in diagnosis; extreme delay in obtaining blood for replacement; working with improvised equipment in a surgery room without conductive flooring or a forced exhaust system; with only one L. V. N., no

R. N.'s, only one other physician; and just a G. P., (who had had very limited surgical experience except several circumcisions) as the operating surgeon.

When confronted with this case, I faintly remembered that some professor in obstetrics somewhere had mentioned the feasibility of transfusing blood recovered from the abdominal cavity. I wonder if he had ever done it.

Summary: Apparently the Good Lord must look after old folks, little children, country doctors, and most colored folks. Some colored folks have sorry S.O.B.'s for bosses. Blood from a hemoperitoneum can be used for transfusion.

Confusion—one woman plus one left turn. Excitement—two women plus one secret. Bedlam—three women plus one bargain. Chaos—four women plus one luncheon check.

Shivering wife in rowboat to duck-hunting husband: "Tell me again how much fun we're having—I keep forgetting."

Dinner guest: Will you pass the nuts, professor?

Preoccupied professor: I suppose so, but I should flunk most of them.

A little boy came home from Sunday School and told his mother that he was the best looking boy in Sunday School. His mother said, "Who said so?" He said, "Nobody needed to say so. I just looked around for myself."

A floorwalker, tired of his job, gave up and joined the police force. Several months later, a friend asked him how he liked being a policeman.

"Well," he replied, "the pay and the hours are only fair, but one thing I like is the customer is always wrong."

A Texan was dictating his will: "To my son I leave three million dollars—and he's lucky I didn't cut him off entirely."

NEWS OF THE DISTRICTS

DISTRICT NO. 1

Dr. Earl Mann and Dr. Glenn R. Scott report a wonderful program at the Miami convention in November.

Dr. Earl Mann and Harriett accompanied by Raymond Mann and Joe took the pleasure trip to Nassau and report a great vacation.

Dr. Raymond Mann was made a member of American Osteopathic College of Surgeons.

Dr. Glenn R. Scott was made a member of the American College of Osteopathic Anesthesiology.

and Incidentally the Miamians were completely unafraid and a little disgusted at the Cuban affair. They were of the opinion that 72 hours was plenty to clean up the whole affair if they only wanted to. "Politics comes first." Anyway we were less apprehensive.

E. W. Cain hunter and fisherman and some of his fellow sportsmen put on a wild game dinner for the Staff and friends. Turkey, pheasant, quail, Venison and Elk, wild rice and trimmins.

Boy this was grand stag affair.

GLENN R. SCOTT, D.O.

News—District No. 1.

DISTRICT NO. 3

District 3 had a fairly good turnout at the Post Graduate Seminar in Dallas, December 7-8. Your correspondent counted nine East Texas noses. They belonged to Drs. Ross McKinney, Burr Lacey, John Turner, J. W. McCorkle, Bob Slye, L. D. Lynch, Bowden Beaty, Kenneth Ross and George Grainger.

Dr. Elmer Baum, a member of the State Department of Health is to be congratulated for the fine program he arranged.

Coats-Brown Hospital, Tyler, entertained area visiting staff members with a Christmas Season party December 19. Held at Briarwood Country Club, the group was served a buffet dinner featuring tender, Texas flavor roast beef.

Prior to the dinner bell the convivial atmosphere was enhanced by adequate

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libations. Among the menfolks, the general tenor of discussion dealt with the lighter side of practice. (This was in rather marked contrast to that of the Christmas party of last year when the stock market was a favored topic.) Among the ladies, children was the general theme; however, the grandchildren theme at times dominated the glowing, over-the-table discussion.

It was good to see again the Old Pro, Dr. Howard Coats and his wife, Margaret having a good time with old friends. Others present were: Dr. and Mrs. J. G. Brown, Dr. and Mrs. Bowden Beaty, Dr. and Mrs. Loy Sanders, Dr. and Mrs. B. K. Fleming, Dr. and Mrs. Wayne Smith, Dr. and Mrs. R. A. Lester, Dr. and Mrs. John Turner, Dr. and Mrs. George Grainger, Dr. and Mrs. Robert Slye, Dr. and Mrs. Carter McCorkle, Dr. and Mrs. Burr Lacey.

Dr. L. D. Lynch invaded Mormon Territory during deer season. Dr. Lynch says the trip was worth three bucks.

Dr. Earle Kinzie sends out to many of his friends, each year, a little homespun resume of the goings-on within the ever-widening Kinzie household. After giving us the Season's Greetings, the Doctor and His Missus reminisce about the—

But here, let's let them tell it to you themselves:

December 1962

"Dear Friends:

"Greetings and best wishes from the Kinzie family of Lindale, Texas! Here is our story for the year. We are anxious to hear about you, your families and interests.

"Ellen, our eighteen year old is 'living it up' as an exchangee to Germany. She is at Friedrichshafen, which is at the extreme south of Germany at Lake Bodensee, across from Switzerland in the Alps country. Her glowing letters tell us of her exciting experiences with her new family, new language, new school and trips into adjacent European coun-

tries. She left July 6 and will return August 1. Her school honors here last spring included State Finalist in tennis singles at Austin and Salutatorian of her high school class.

"We want to introduce you to our lovely new daughter, Gisela Porsch of West Berlin, Germany, an exchangee who is making many warm friends as a high school senior here. She is a joy in our home, active in our church and community and is beginning to make interesting talks to church and civic groups. She will return to Berlin about August 1.

"Bill Kinzie has finished his internship and is now a medical officer in the Air Force. He with Mary Ann and their three year old Scott are at Payne Air Force Base, Everett, Washington.

"June and her husband, Bill Gibson, are in Houston, where he is a Geologist with an engineering company and June is with Tennessee Gas Transmission Company. They are active in Bering Memorial Methodist Church.

"Margaret's mother passed away November 20 after a short illness. Her father is in fairly good health and our family is planning to have him spend some time with us in Lindale.

Please accept our wishes for a delightful holiday season.

The Kinzies"

DISTRICT NO. 8

The past few weeks have been important ones to the members of District 8 for they brought the opening of the new C.C.O.H. and the holding of a very successful Vocational Guidance Program.

On Sunday afternoon November 11, more than two thousand people attended the opening of the new Hospital building. Among the dignitaries present for the occasion were Dr. Ballard and Dr. Russell. The following Tuesday patients were transferred into the new building and within a week all the beds were full.

On November 15, the district held a Vocational Guidance dinner in Corpus

Christi. We were pleased with the response from the thirty-six councilors who attended and we know that contacts of great value to our profession were made. We want to thank Dr. Russell and Mr. Chapman for the presentations made.

We are happy to welcome Dr. Claude Lewis into our district. Dr. Lewis has recently moved from Rockport to Ingle-side where he is assuming the practice of Dr. John Auten who is retiring.

The C.C.O.H. has announced that Dr. Richard Pullum will arrive the first of January from Miami, Florida to become the hospital radiologist. Dr. Pullum will be a valuable addition to the hospital and our district.

D. H. HAUSE, D.O.
Secretary

DISTRICT NO. 10

Dr. and Mrs. Charles C. Rahm attended "opening night" of the Dallas Civic Opera Friday night, Nov. 30th. Their guests were Dr. and Mrs. John Burnett, of Dallas. Dr. Rahm is Regional Director in Lubbock of the Dallas Civic Opera Guild, and as such was invited to attend the special "Ball" held

after the opera Friday night, to meet the performing artists. It was a gala affair. John was in high cotten.

Dr. Ed Davidson and Dr. Ben Young have moved from Lubbock to practice in Oklahoma. Dr. Davidson was President of Dist. No. 10 and his vacancy is being filled by President Elect Horace Emery. Dr. Davidson and Muffie have been around Lubbock so long that it won't seem like home without them. They are wonderful people and we shall miss them greatly. Dr. Young had just set up his practice in Lubbock in July of this year. We surely wish them all success and happiness in their new location.

Dr. Ben Souders, Dr. Maurice Priddy and Dr. Charles Rahm attended the State Health Dept. Seminar in Dallas last week and reported a very good meeting. Dr. Rahm attended the TA OP&S Board of Trustees meeting afterwards.

Dr. G. G. Porter was in Fort Worth last week attending the December meeting of the Texas State Board of Medical Examiners of which he is one of our osteopathic members.

The Auxiliary of District No. 10 had a very successful Christmas party for the doctors and wives at the home of Dr. and Mrs. Richard Mayer. The Mayers are beautifying their back yard with a waterfall and running river and a beautiful patio. A good time was had by all.

Mrs. Harlan Wright has been in the hospital for the past 10 days and her many friends wish her a rapid and successful recovery.

Dr. and Mrs. J. W. Axtell are planning a trip to California over the Christmas holidays.

Mrs. Raymond Mann is getting around very nicely on her crippled leg and it is good to see her so successfully recovering from her fracture.

HARLON O. L. WRIGHT, D. O.
Reporter

REMEMBER ... NEWS

From your district for the Journal
must be in this office by the 20th
of preceding month.

Please give us your cooperation.

Thanks!

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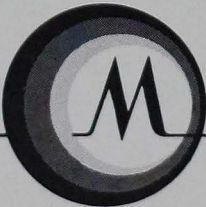
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