

Texas OSTEOPATHIC PHYSICIANS Journal

VOLUME XX

FORT WORTH, TEXAS, FEBRUARY, 1964

Number 10

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Texas Osteopathic Physicians' Journal

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EDITOR . . . PHIL R. RUSSELL, D. O.

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VOLUME XX

FORT WORTH, TEXAS, FEBRUARY, 1964

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EDITORIAL PAGE

The Worm Turns

The California incident has finally resulted in a significant victory for our profession in the decision rendered on January 21, 1964 by the California Court of Appeals in the case of J. Frank Holt, Ira P. Fulmor, and Walter H. Boyd, *vs.* College of Osteopathic Physicians and Surgeons, now known as California College of Medicine, a California Corporation, et al.

This suit alleged that changing the objectives of the COP&S Charter violated a trust specifically set up for the purpose of conducting an osteopathic medical and surgical college and thousands of dollars had been contributed for this purpose.

When the suit was first filed, the Superior Court ruled that the plaintiffs had no case . . . that the only person who could file such a suit was the Attorney General of the State of California, who refused to become involved. This ruling was appealed and the California Court of Appeals reversed the decision of the lower court, stating that any interested parties had the right to challenge the legality of changing a charter established by public donors for a specific purpose.

The decision of the Appellate Court will result in one of three actions: (1) A re-hearing (which has already been requested) (2) An appeal to the Supreme Court, which court would likely uphold the decision of the Appellate Court (3) A trial in the Superior Court, based on the merits of the case.

This is the first real break the osteopathic profession has had since the beginning of this political effort to destroy the osteopathic profession and absorb its colleges. If this case is fought to a conclusion and won, it will certainly place the turn-coats in an awkward position.

Featured Speakers, Annual Convention

Hotel Adolphus — Dallas, Texas

April 30 - May 2, 1964



OTTERBEIN DRESSLER, D.O., M., Sc., D.Sc.
Southfield, Michigan

Pathologist, Garden City-Ridgewood Osteopathic Hospitals; Fellow American Osteopathic College of Pathologists-Noted lecturer and writer; Consulting Pathologist to 35 osteopathic hospitals; Founding Chairman, American Osteopathic Board of Pathology; Chairman, Conference Committee, American Osteopathic Assn.; Vice Chairman, Bureau of Research, AOA; Vice Chairman, Bureau of Professional Education, AOA; Member, National Board of Examiners for Osteopathic Physicians and Surgeons; From 1955-1960 Advisor to General Hershey and Selective Service Agency U. S. Government; Recipient of Distinguished Science Certificate from the State of Michigan and AOA.



PAUL E. KIMBERLY, D.O.
St. Petersburg, Florida

Staff member of Doctors Hospital, St. Petersburg, and Sun-Coast Osteopathic Hospital, Largo, Florida; Member of the Refresher Course Teaching Faculty of the Academy of Applied Osteopathy; Associate professor in Osteopathic Medicine and Chairman of the Clinic Operating Committee at COMS from 1938-1952; Member Osteopathic Cranial Association, Anthropometric Society of Medicine and Nutrition; Member of the Governing Board of Florida Academy; Member of College Assistance Committee, American Academy of Applied Osteopathy.



S. J. CALISE, D.O.
Largo, Florida

Chairman, Department of Medicine at the Sun Coast Osteopathic Hospital, Largo, Florida; Trained at the University of Michigan Medical Center for the diagnostic use of radioisotopes; Licensed by the Atomic Energy Commission.

Diabetes and Pregnancy

By JERRY D. HOUCHIN, D.D.*

Natural Course

The natural course of diabetes with pregnancy may be stated with a single word—"Destruction". The destructive tendency was very pronounced in the pre-insulin era. In this era, few women conceived and the ones who did rarely survived—usually succumbing, undelivered, to keto acidosis.

In the insulin era, the word "destruction" is still usable, but it is destruction only in part. Maternal survival may be assured, but only one in three diabetic pregnancies will terminate in live birth if a policy of non-protective and non-intervention is adhered to.

The main factors of concern are keto acidosis, hyperbetalipo-proteinemia, and hyperglycemia. At no time in a diabetic's life is she more susceptible to keto acidosis. The likelihood of intensification of diabetes is more likely if the patient is not a juvenile diabetic. It has been found that the latent diabetic and the diabetic whose disease had its onset above twenty years of age seem to be more prone to develop complications.

The betalipoprotein rises to a level three times above normal in the pregnant diabetic. The effect of this is erythrocyte coating with eventual destruction and clotting.

The effect of hyperglycemia is hard to evaluate. In a study by White, the blood sugars of mothers whose children survived and those whose children did not survive were compared. The average values of the former were 160 mg./% and of the latter 165 mg./%.

At one time it was thought that hyperglycemia was a cause of fetal mortality. My investigation of the literature revealed that it is the conclusion of most authors that if there is enough glycogen in the placenta to hold the pregnancy,

there is enough (along with the fetal liver glycogen) to protect the fetus if the condition is not prolonged.

Causes of Fetal Mortality

In the first trimester fetal mortality is usually caused by abnormal deposition of glycogen in the placenta and vascular changes in the placenta. For the ovum to be implanted and grow, there must be nourishment. This nourishment must come from glycogen stored in the placental tissue. With the abnormal sugar metabolism in diabetes, the glycogen may not be deposited in amounts sufficient to sustain the growing ovum and abortion occurs early. The same is true of the vascular changes which occur in the pelvic vessels. Frequently, there is narrowing of these vessels causing a reduction of blood flow, thus causing the death of the ovum.

In the second trimester, ketoacidosis carries a high fetal mortality. In the first and third trimesters this condition is resisted more satisfactorily.

One of the most perplexing problems is hormonal imbalance. The imbalance is seen in the abnormal rise in chorionic gonadotropin (above 200 r.u. per 100 cc. between the 24th and 36th weeks) and low levels of serum estrogen and pregnanediol. According to Smith and Smith there is an interrelationship between the placental sex hormones. Chorionic gonadotropin (which is produced by the Langhans' cells of the placenta) is used in the syncytial production of estrogen and progesterone.

The estrogen is broken down through oxidation and the metabolic cycle. The oxidative products act as a stimulus for the production of estrogen and progesterone.

Increasing quantities of estrogen and

*Resident, East Town Osteopathic Hospital, 7525 Scyene Rd., Dallas, Texas

progesterone are produced in early pregnancy. Therefore, more chorionic gonadotropin is utilized and its level falls. When progesterone is raised to a high level, the oxidative products tend to be inhibited. Eventually, the stimulating oxidative products fall to such low levels that estrogen and progesterone production can no longer be stimulated. Thus estrogen and progesterone levels fall and chorionic gonadotropin levels increase.

How does all of this bring about disruption of pregnancy? One of the functions of estrogen is to bring about the increase in vascularity of the pelvic organs. When estrogen is at low levels, there is a relative vascular insufficiency which causes decreased blood supply to the placenta. From this comes infarcts, premature separation, premature labor, and anoxia of fetus or embryo. It is also well known that withdrawal of these hormones predisposes to preeclampsia and eclampsia. There also is a relationship with diabetic vascular insufficiency and hormonal imbalance. When there is a great degree of narrowing of the pelvic vessels, the hormonal imbalance is increased.

Some remaining factors in fetal loss are fetal abnormalities and hydramnios.

Classification of Diabetes in Pregnancy

The classification used by the Boston Lying-In Hospital is very useful in out-

lining treatment. The classification is A to F.

- (A) Subclinical—Diagnosed by glucose tolerance test in non-pregnant state. The glucose tolerance varies very little from normal. Usually no insulin is required.
- (B) Adult diabetes under ten years duration. No vascular changes demonstrated.
- (C) Onset in adolescence. Duration between 10 and 19 years. Vascular changes may exist, but are latent.
- (D) Onset under 10 years of age. Duration for more than 20 years. Has retinopathies and calcification of the leg vessels.
- (E) Same as (D) except that the pelvic vessels are also calcified.
- (F) Onset at any time. Shows vascular and renal damages.

Class (A) can usually be managed by dietary regulation. The patient who falls into class (B) is the patient who has obstetrical difficulties. These patients are often more sensitive to the diabetogenic action of the placental hormones than any other group. These patients are not used to dealing with the more severe type of diabetes which is brought about by pregnancy and must be under constant medical management. It is in this group that the infant becomes excessively large and causes much difficulty in vaginal delivery. The head is usually delivered with ease, but the short neck and large shoulders make delivery very difficult.

Classes (D), (E), and (F) produce many intra-uterine deaths—most occur around 36 weeks. The infants in this group tend to be small. Complications in these groups are less because they have had severe diabetes for some time and know how to cope with the difficulties that arise.

Management

There are three types of management one may pursue:

- (1) Non-intervention—This consists of good treatment of the patient's dia-

NOTICE

The Dr. Kelley referred to on page 3 of the January Journal, "Resume-Minutes of TAOP&S Board of Trustees Midyear Meeting" is Dr. Robert P. Kelley of Houston.

betes and the obstetrical management does not change from normal.

- (2) Early delivery—Diabetic control and delivery around 36 weeks as indicated by physical and laboratory methods. The peak of fetal salvage is around 36 weeks.
- (3) Early timing of delivery plus female sex hormones—This combines the first two plus the use of the hormones. It is known that the female sex hormones reduce lipid content in the blood, vasodilation, and promotes normal growth of the endometrium. The results of the three types of management are:
Fetal loss

(1) 45% (2) 30% (3) 10%.

In management of the pregnant diabetic, the diet is of the utmost importance. It is recommended that a caloric prescription of 30 calories per kilogram of ideal body weight with 200 calories increase for the optimal weight gain during pregnancy.

The insulin must be regulated according to the patient's needs. It is recommended that long-acting insulin be discontinued 24 hours before delivery when patient is to be induced. If the labor is induced in the A.M., the recommendation is half the regular dose of long-acting insulin and then supplementary doses after delivery on an individual basis.

Diuretics are usually given as indicated. Many authors believe they should be given as a prophylactic to prevent hydramnios. Sodium, of course, should be restricted.

The hormone therapy may be regulated by weekly determination of chorionic gonadotropin and urinary pregnanediol. The chart shows a convenient dosage schedule.

Week of Pregnancy

	A	B	C	D	E	F
Milligrams of Each						
0-16	None	25	25	25	25	25
17-19		25	25	50	50	50
20-23		50	50	100	100	100
24-29		100	100	125	125	125
30-33		100	100	150	150	150
34-		125	125	200	200	200
					-250	-250

Dosage for Progesterone and Stilbestrol

The timing of delivery is very important. Class (A) to term. Classes (B) and (C) to 37 weeks if possible. (D), (E), and (F)—it is recommended to re-evaluate at 35 weeks. The type of delivery is dependent on the patient's condition and the size of the fetus.

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FORT WORTH, TEXAS

East Town Osteopathic Hospital Opens New Facility

Approximately 5,000 persons attended the Dedication Ceremony and formal opening of the new four-story addition to East Town Osteopathic Hospital, Sunday, January 26, 1964. A private showing and reception in the bomb shelter adjacent to the building, had been previously held, January 24, for the doctors in the area.

Many distinguished guests from out of state and distant points in Texas, attended the Dedication Ceremony which began at 2:00 P.M. Dr. T. Raymond Sharp, Chief of Staff for East Town Osteopathic Hospital, was Master of Ceremonies.

NOTICE OF BASIC SCIENCE EXAMINATIONS

The next examination of the Texas State Board of Examiners in the Basic Sciences has been set for Friday and Saturday, April 10-11, 1964 in Austin, Dallas, Galveston and Houston.

Details as to time and place may be obtained by writing to the Executive Secretary, Texas State Board of Examiners in the Basic Sciences, 201 East 14th St., Austin, Texas.

Applications for the April examination must be completed and in this office by March 13, 1964, and all necessary information and documents required by the Board of examinees must be completed and in the applicant's file by that date. Those interested in participating in this examination should act immediately.

The services opened with an Invocation by Rev. Wm. McElveney of St. Stephens Methodist Church, Mesquite, Texas. This was immediately followed by the introduction of honored guests, each of whom commented briefly on the significance of the occasion. These guests included: Members of the Hospital Board, Col. D. Harold Byrd, Mr. Vick Waters, Mr. George Christensen-Architect, Mr. H. R. Bergstrom-General Contractor, Mr. B. Phillips-Contractor; Civil Defense Representatives John Mayo and Boise B. Smith; Dr. Phil R. Russell, Executive Secretary of the Texas Association of Osteopathic Physicians and Surgeons; Representative Johnson; George Parkhouse, Members of City Council, etc.

The Honorable Earle Cabell, Mayor of the City of Dallas, read the Dedication Plaque and commented on its inscription. Dr. Elmer C. Baum of Austin, then introduced Lt. Governor Preston Smith who delivered the Salutatory Message.

The ceremony closed with a benediction by Rev. McElvany.

Formal opening and dedication of this new addition to East Town Osteopathic Hospital, which institution was saluted as the Hospital of the Month in the January issue of our Journal, resulted in a tremendous public relations activity. The hospital received pages of newspaper publicity and the event was televised by three major stations. The opening of this new and ultra modern facility increased the bed capacity to 150 beds which now ranks East Town Osteopathic Hospital as a major general hospital in the City of Dallas.

The following article from the Dallas Morning News is typical of the excellent news coverage given this event:

Hospital Addition Opens—A Very Special Milestone



—Dallas News Staff Photo by Doris Jacoby.

Dr. Sam and Dr. Marille Sparks: Shop talk is rationed.

By MARY BRINKERHOFF

Married couples have their special milestones: the one-bedroom house, then the two-bedroom house and maybe more. But few can trace their progress from a three-bed establishment to 140 beds and 18 bassinets.

Two who can — officially, they'll be able to on Sunday, Jan. 26—are Dr. Sam Sparks and Dr. Marille Sparks, osteopathic physicians and partners since 1925. On that momentous Sunday, they

will open an addition more than doubling the present capacity of their East Town Osteopathic Hospital, 7525 Scyene.

There will be a 2 p.m. dedication ceremony with a talk by Lt. Gov. Preston Smith. During open-house hours, from 10 a.m. until 5 p.m., visitors may inspect a four-story structure featuring every safeguard and convenience from a fall-out shelter to intensive-care facilities, from an automatic X-ray film developer

to push-button control panels in patients' rooms.

The two guiding spirits behind all this have come a long way from a pair of kids from rural Missouri. And they've traveled the whole road together.

Vigorous, sharp-eyed Dr. Marille sums up the story this way: "It's just been wonderful, really. We just can't see much wrong with it."

She and her husband, pioneers of osteopathic surgery in Texas, seem rather evenly matched in professional distinctions won along the route. Both have held the presidency of the Texas Osteopathic Association.

Dr. Sam, a general surgeon, heads the hospital's board of directors and serves as co-chairman of the department of surgery.

His wife fills what is usually considered the full-time job of hospital administrator but still finds time to head the department and practice surgery in her special field, proctology.

She is a past president and a fellow of the national Osteopathic College of Proctology.

And she apparently harbors no regrets for the teaching career she ditched to share her husband's work.

Dr. Marille's father was a teacher, and she took a degree from Northeast Missouri State Teachers College before tackling another four years at Kirksville (Mo.) School of Osteopathy and Surgery.

She got one term of teaching under her belt and, while studying osteopathy,

continued to pick up papergrading jobs and to substitute in classrooms.

Marille and Sam, Kirksville classmates, practiced in Wewoka, Okla., and came to Dallas in 1931. They opened the city's first osteopathic hospital, a three-bed outfit on Forest Avenue.

They later launched—on Ross Avenue—the first Dallas hospital to be air-conditioned throughout.

Otherwise, except for a four-year rest the Sparkses took on a ranch they owned near Waco, their story is one of doubled and redoubled hospital capacity, two moves and a grant under the Hill-Burton Act.

Dr. Sam and Dr. Marille may have set a record by attending 16 consecutive national osteopathic conventions together. Says she of the effort to stay abreast of knowledge: "It's a real busy life... If you can't keep up, there's just no place for you."

Somehow she contrives to mingle the pursuit and practice of ever-changing professional developments with the hard-headed logistics and human challenges every hospital administrator must handle.

Dr. Marille says of the expanding staff, "They don't come to me with all their problems, but many times they do, and I try to consider and advise them to the very best of my ability."

She and Dr. Sam endeavor not to lug worries to their home next door. "We refrain from talking shop at the end of the day. But at the breakfast table, then it's a new day, and we begin to approach the problems."

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Sincerely Yours,

C. B. Smith

President

Hospital of the Month



Big Sandy Clinic-Hospital

An Osteopathic Institution

Big Sandy, Texas

The Texas Osteopathic Physicians' Journal is proud to salute BIG SANDY CLINIC-HOSPITAL as the Hospital of the Month.

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 22, 23, 24, 1964, at the Hotel Texas, Fort Worth, Texas.

Completed examination applications for graduates from United States medical schools must be filed with the Board thirty days prior to the meeting date.

Completed examination applications for graduate 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.

TEXAS STATE BOARD OF MEDICAL EXAMINERS
1714 MEDICAL ARTS BUILDING
FORT WORTH 2, TEXAS

This hospital was originally built in 1949 by Dr. Charles H. Bragg, now of Hurst, Texas. His unusual success led to the addition of a new wing in 1951. When Dr. Bragg left Big Sandy for specialty training, the hospital was purchased by Dr. Henry Hensley who operated the hospital until his untimely death in January of 1963. On January 28 of the same year, Dr. G. LeRoy Howe purchased the institution.

The physical structure houses thirteen adult beds and three bassinets, plus clinic and business offices. In May of 1963 the hospital was expanded and completely renovated, and now provides excellent laboratory and x-ray facilities.

In July 1963 Dr. Alton Clanton opened a clinic in Hawkins, Texas, five miles west of Big Sandy. He and Dr. Howe are the two active staff members of the Big Sandy Hospital, which provides health care to an area of approximately 1,000 square miles. Work is now beginning on a new intensive care unit and recovery room. A new wing to the hospital is in the planning stage.

East Texas offers unlimited practice opportunities for qualified osteopathic physicians. If interested in this locale, contact Dr. G. LeRoy Howe, Big Sandy Clinic-Hospital, Big Sandy, Texas.

Texas Academy Holds Seminar in Austin

The Texas Academy of Applied Osteopathy held a two day Seminar February 1-2, 1964, in the Villa Capri Motor Hotel, Austin. The program was presented by the Sutherland Cranial Teaching Foundation, and included lectures on whiplash injuries, applied anatomy of the nasal and midline sinuses, and diagnosis and treatment of the lumbosacral region. Instructors were Doctors HAROLD MAGOUN, Denver, Colorado; ROLLIN BECKER, Dallas; and REGINALD PLATT, Houston.

Other physicians in attendance were:

AMARILLO

Lewis N. Pittman, Jr., D.O.

AUSTIN

John B. Donovan, D.O.

Joseph Love, D. O.

Katherine Paterson, D.O.

R. E. Farnsworth, D.O.

BEAUMONT

Auldine Hammond, D.O.

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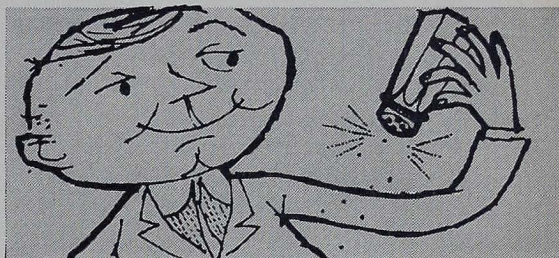
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"Could You Qualify?" or "How Ya' Gonna Treat 'Em, Down on the Farm?"

By G. LE ROY HOWE, D.O., Big Sandy, Texas

Certainly there is a general trend among young physicians and among older physicians who are constantly aware of their need to educate themselves to compete with these younger men. This trend is toward more and more qualifications in their fields. Why?

These men are all faced with enlarging hospital staffs, increasing subspecialization, increased self-policing by hospital staffs, increasing consciousness of the public toward the increased need of specialization, and protection of their own specialty toward encroachment by other physicians.

Let me tell each of you young men about a challenging but rewarding opportunity. The reward is directly proportionate the amount of challenge you accept. But don't think for a moment that the satisfaction of this challenge is glorious—or simple.

The challenge is the small town-rural area. The satisfaction of the challenge is hard and sustained labor. The reward is two-fold, economic, and spiritual.

There is an old bromide which almost everyone admits to be true. "Every change has its advantages and disadvantages." Men considering a new location cite against a small town location some of the following disadvantages.

EXCELLENT LOCATIONS FORT WORTH VICINITY

The Locations Committee of the Fort Worth Osteopathic Hospital announces four locations ready for immediate occupancy. Adaptable for solo or partnership practice. If interested contact Dr. C. E. Dickey, 4021 E. Belknap, Fort Worth, Texas, Telephone TE 4-1947.

Disadvantages

Isolation is perhaps the greatest single complaint. Let us examine it. With the increased ease and speed of travel modes of this age, there is hardly an isolated spot left! Practically the only reasons small town people decry their location is for shopping or entertainment. Highways are better than ever. Most small towns are near an Interstate Highway, freeway, or expressway toward Metropolitan areas. Automobiles are more comfortable and dependable than ever. Texas has increased its speed limit from 60 m.p.h. to 70 m.p.h. You may not have realized it, but the ease of transportation has also brought more goods to small towns. The greatest communication and public entertainment media ever are also causing small town people to demand as many of the latest products to them as do city people. Consequently—the need to go to a large city is now substantially less than it used to be five to ten years ago. Similar changes have occurred in entertainment for small town inhabitants. Better entertainment is at or near their front door steps, and travel to a nearby city is very easy.

Our town is 25 minutes from Longview, Texas, 30 minutes from Tyler, Texas, where almost all the latest fashions and products are available, as well as fine entertainment of all varieties. For that very occasional necessary trip to a big city, Dallas, Texas, is two hours away by four-lane highway, and Shreveport, La., is one and a half hours distant.

Education is said to be poorer in small towns. However, increased communications and easier travel make it possible for a greater demand for good education and more teachers who are better qualified. Consolidation has also

proved the answer to the question of how to provide a "city-quality" education to "country children." It is no longer easy to watch a large crowd and to pick out the people from rural areas at a glance.

Social disadvantages are present. Some doctors state that it is difficult to find anyone of his "social or mental level" with which to talk or associate. There are two possibilities. First, he may be surprised that this is not so, as I did, or he may be merely forgetting that these people around him are the hands that feed him! You may be a social climber, or you may be married to one. If so, find a city in which to practice.

A psychologic disadvantage occasionally arises. This is what prompted me to tell distant people I was from Tyler, Texas, rather than Big Sandy. Since, however, I have discovered that I can be proud of this hamlet for many reasons. I am proud to call Big Sandy my home.

Advantages

Economic points rise high in the mind of any young doctor who is finishing his education with a large load of debts to repay for it. There is an unbelievable shortage of doctors in a small-town-rural area. You are guaranteed a host of patients who will start seeing you immediately. It is up to you. You can have almost all of these as lifetime patients. With any skill at all in the art of practice, you will almost immediately be op-

erating on the black side of the ledger. (I do concede that there are such physicians who will never be able to hold patients in any location.)

The cost of living is low. No, the custom of the farmers bringing in a small amount of produce, meat, fish, and game is not gone forever! Remember, if they bring it to you, you can spend that money elsewhere. As an example of low cost of living, our home is five years old, is well insulated and wood panelled throughout. The entire kitchen is covered up with cupboards. It is air-conditioned, has three bedrooms and a carport. This home, including a full house of moderately-priced furnishings cost a total of just under \$10,000!

Professionally, a small town offers much. The pathology seen, and its subchallenge, is utterly unbelievable. I cannot describe in this space the amount of pathology, the rarities that are astonishingly frequent, and the advancement that many of these conditions attain! Accident cases will be at your door in amazing numbers and severity! An example to explode the myth that the country doctor has vanished is a call I recently received at 4:15 A.M. with a blizzard in progress and two to three inches of snow already on the ground. We travelled 17 miles through the storm to deliver a baby because the family transportation could not get the expectant mother to the hospital.

(Con't. on Page 16)

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actual size of small,
easy-to-swallow tablet.
dosage: 1 tablet daily.
supplied: In decorative
"reminder" jar
of 60 tablets.

Each tablet contains:

Vitamin A Acetate	5,000 U.S.P. Units	Niacinamide	18 mg.
Vitamin B ₁ (as Thiamine Mononitrate)	1.3 mg.	Calcium (from Calcium Carbonate)	230 mg.
Vitamin B ₂ (Riboflavin)	1.8 mg.	Elemental Iron (as Ferrous Fumarate)	10 mg.
Vitamin B ₆ (Pyridoxine Hydrochloride)	0.5 mg.	AEROSOL® OT Surfactant	
Vitamin C (Ascorbic Acid)	75 mg.	Dioctyl Sodium Sulfosuccinate NF..	100 mg.





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Acetophenetidin (Phenacetin)	120 mg.
Caffeine	30 mg.
Salicylamide	150 mg.
Chlorothen Citrate	25 mg.

Each (5 cc.) Teaspoonful of Syrup (lemon-lime flavored) contains:

ACHROMYCIN [®] Tetracycline	
equivalent to Tetracycline HCl .	125 mg.
Acetophenetidin (Phenacetin) ...	120 mg.
Salicylamide	150 mg.
Ascorbic Acid (C)	25 mg.
Pyrimilamine Maleate	15 mg.
Methylparaben 4 mg.; Propylparaben	1 mg.

Effective in controlling tetracycline-sensitive bacterial infection and providing symptomatic relief in allergic diseases of the upper respiratory tract. Possible side effects are drowsiness, slight gastric distress, overgrowth of nonsusceptible organisms, tooth discoloration. The last named may occur only if the drug is given during tooth formation (late pregnancy, the neonatal period, early childhood). Average Adult Dosage: 2 Tablets or 2 Teaspoonfuls of Syrup four times daily. The total average daily dosage for children, determined by the tetracycline content, is 10 to 20 mg. per pound body weight, divided into four equal doses.

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7143-3



(Con't. from Page 13)

Socially, the moment you arrive in town you will be the pivot-point of society of that town. You will no doubt become the health officer immediately. You won't have to prove you are "high class", as that will only hurt you. When you arrive, the degree of D. O. (or M. D.) will automatically place you at the top in the minds of the people. A normal amount of graciousness, friendliness, humility, and discretion will keep you at the top.

Suggestions For the Trip

Certainly any knowledge you have ever gained will help you to meet the challenge of a small town practice. You will need every bit of education, because when your telephone rings, anything can be at the other end of the line. This is the greatest portion of the challenge! If you are near a hospital, use it wisely and try to develop skills the other members of the staff do not possess. This has been the secret of the almost perfect association I have with a D. O. five miles away. I perform surgery, and he gives anesthesia. I am in charge of X-ray, he is in charge of the laboratory. He reads electrocardiograms, and that has cut out my midnight grand prix to Dallas, with police escort through the towns!

If you should be as rash as I was and accept the responsibility for an entire small hospital, surgical training is a must! You cannot do all the procedures you will be forced to do without it. A

completed surgical residency has been my salvation in this regard. (In anticipation to your next question, before Dr. Clanton arrived to practice nearby, a nurse anesthetist from another nearby town gave my anesthesia.)

The secret to keeping your practice is the same as in the city. Work hard, be as available as is humanly possible, charge respectably, and make your patients understand you and your orders. Be compassionate enough to realize that when you are not available, they have no one on which they can call for their health care. This makes people panic, and good automobiles and easy traffic will work against you. They may drive many miles past your office to a physician who is dependable.

Keep your attitudes toward the town and its people high. If you have to force yourself (as I did at first!), you will soon find you really do care for their problems and you will appreciate them.

Many physicians feel that to establish a small-town practice is a "come down." Many young doctors don't realize that small towns are available by the score in Texas. Many young doctors think that everyone can practice in a small town if they fail in a city.

I say it takes as much training as is possible to pack into one man, insight and stamina to call yourself "Doctor" in a small town.

Your question should not be, "Will I be relegated to a hick town?" but rather, "Am I a good enough doctor to accept the great challenge of a small town?"

IDEAL PRACTICE LOCATION

Location and Practice, Amarillo, Texas. Office 1500 sq. ft., 11½ years old. 3 years on present lease. Practice \$50,000 gross yearly. Available in June. Reply Box 3, c/o Texas Osteopathic Physicians Journal, 512 Bailey Ave., Fort Worth, Texas.

Calendar of Events

February 21-23—TEXAS SOCIETY OF OSTEOPATHIC SURGEONS, Annual Meeting, Commodore Perry Hotel, Austin, Texas. Secretary, Thomas M. Bailey, D.O., 1001 Santa Fe, Corpus Christi, Texas.

March 13-15—AMERICAN COLLEGE OF OSTEOPATHIC INTERNISTS, EASTERN STUDY CONFERENCE, Marriott Motor Hotel, Philadelphia. Executive Secy., Ralph J. Tomei, D.O., 3533 Ryan Ave., Philadelphia 36, Pa.

March 20-22—TWELFTH ANNUAL CHILD HEALTH CLINIC AND GENERAL PRACTITIONERS PEDIATRIC SEMINAR, Hotel Texas, Fort Worth. Virginia Ellis, D.O., 1001 Montgomery St., Fort Worth 7, Texas.

April 27-29—NATIONAL OSTEOPATHIC CHILD HEALTH CONFERENCE, ANNUAL MEETING. Exhibition Hall of Municipal Auditorium, Kansas City, Mo. Executive Secy. San J. Sulkowski, D.O., 409 Scarrit Arcade, 819 Walnut St., Kansas City 6, Mo.

April 30-May 2—ANNUAL CONVENTION, TEXAS ASSOCIATION OF OSTEOPATHIC PHYSICIANS & SURGEONS, Adolphus Hotel, Dallas, Texas. Executive Secretary, P. R. Russell, D.O., 512 Bailey Avenue, Fort Worth, 7, Texas.

June 4-July 8—WESTERN STATES OSTEOPATHIC SOCIETY OF PROCTOLOGY, ANNUAL CONVENTION, EUROPEAN TOUR OF HOSPITALS AND CLINICS. Secretary, Marcus S. Gerlach, D.O., 2015 State St., Santa Barbara, Calif.

June 22-24—AMERICAN OSTEOPATHIC ACADEMY OF SCLEROTHERAPY, ANNUAL MEETING, Commodore Hotel,

New York City. Program Chairman, D.D. Olsen, D.O., 308 Iowa Theatre Bldg., Cedar Rapids, Iowa.

October 5-8—ACADEMY OF APPLIED OSTEOPATHY, Annual Meeting, Las Vegas Convention Center, Las Vegas, Nev. Secretary, Dr. Margaret W. Barnes, P. O. Bin 1050, Carmel, California.

October 5-8—AMERICAN COLLEGE OF GENERAL PRACTITIONERS IN OSTEOPATHIC MEDICINE AND SURGERY, Annual Meeting, Las Vegas Convention Center, Las Vegas, Nev. Executive Secretary, Mr. Jack Hank, 13942 S. Clark St., Riverdale, Ill.

Please make a special effort to attend some of these meetings in 1964.

A-C-A

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Dr. Sander Jansen

Mr. William Lennon, an experienced and professionally trained hospital administrator, came to the Highland General Hospital two years ago.

He set out to improve the hospital's reputation in the community and had made good progress thus far. Operating costs had been sharply reduced, many operating procedures improved, and a community Building Fund gotten underway. There were many protests and disagreements over some of these changes, but by and large Lennon had not had too much trouble. His biggest headache is Dr. Sander Jansen, an outstanding Internist, who is Chief of Medicine within the hospital.

He represents a thorny problem. The situation, as outlined by Lennon, shapes up like this:

Dr. Holt recommended Jansen to the Board because he knew something about him from college days. "Sandy" as he called him, "had been top man in his class in Medical School, full of drive and originality!"

Jansen had already more than justified himself by his record of accomplishment. He had begun to attract other good doctors to the staff, and by his reputation, personality, and driving energy helped to raise funds Lennon needed. Also, he is easily the top medical man in the hospital—his service ranks with the best in the area. Could you ask for anything better than that?

Here is where the rub comes in. Jansen is the sort of fellow who has absolutely no respect for organization. He will get a special patient, for example, and raise hell until that patient gets "immediate attention." It doesn't make any difference to him that he has kicked our nursing and laboratory schedules to pieces. He is only concerned with getting his patients taken care of without delay. This does gain a good reputation for him and his service, but it has made

running this hospital a constant headache. The nurses and the laboratory people are not the only ones who have felt the impact of Jansen on their operations. He gets mixed up with the Dietary Department and has even made himself unpopular with Purchasing by demanding special and expensive equipment.

You can just imagine how the rest of the organization feels about Jansen. He is the most unpopular man we have. The other doctors hate his guts because they feel their patients are pushed aside—and probably they're a little jealous of his success as a doctor, too. They feel helpless to improve the situation because of Jansen's importance and his friendship with Holt. The nurses, the technicians, the purchasing agent, and others have constantly complained to me about how Jansen gets into their hair. Now the funny thing is that everybody admits his professional ability and admires him for it, but they just can't work with him in the organization.

In particular, the nurses resent the way Jansen orders them around. Last week two head nurses quit, saying they couldn't take any more of Jansen.

Just this morning, he blew up at Mrs. Naylor, the receptionist, and gave her a terrible bawling out in front of a dozen people. This is characteristic of Jansen.

On various occasions, I have talked with Dr. Holt about these problems. I pointed out to him the difficulties that Jansen was causing. Holt admitted that Jansen was not the easiest man to work with and had even gone so far as to counsel him. Jansen's reaction on these occasions was that he had to act that way to get things done. I realize that Jansen's methods did bring about some necessary reforms, but at what cost!

IF YOU WERE THE HOSPITAL ADMINISTRATOR, WHAT WOULD YOU DO?

Annual Convention Exhibitors

Hotel Adolphus

Dallas, Texas

April 30 - May 2, 1964

	Booth		
Professional Foods	1	Smith, Miller & Patch, Inc.	29
The Emko Company	2	J. A. Majors Co.	30
Merck Sharp & Dohme	3	X-Ray Sales & Service	31
Sandoz Pharmaceuticals	4	Merit Pharmaceutical, Inc.	32
Mills Pharmaceuticals, Inc.	5	Parke, Davis & Co.	33
Emerson Laboratories	6	Brunswick Laboratories Inc.	34
Organon Inc.	7	35
Kay Pharmacal Company	8	Mead Johnson Laboratories	36
Vitamin Products Company		37
of Texas	9	38
Ross Laboratories	10	39
Bentex Pharmaceutical Company	11	Ayerst Laboratories	40
Hill Laboratories Co.	12	U. S. Vitamin & Pharmaceutical	41
Warren Teed Products Co.	13	Cary-Taylor Corp.	42
Medco Products, Inc.	14	Baker Laboratories, Inc.	43
Brooke Laboratories	15	E. R. Squibb & Sons	44
George C. Tong Co.	16	Pfizer Laboratories	45
A. H. Robins Company, Inc.	17	Ciba Pharmaceutical Co.	46
Savage Laboratories, Inc.	18	Gerber Products Co.	47
Aloe Medical	19	Eli Lilly Company—\$250 Grant	
		20
		The Upjohn Co.	21
		22
		First Texas Pharmaceuticals	23
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		28

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FILMS

DOCTORS TO THE STONE AGE

—A 16 mm. motion picture—28 minutes. Black and white, sound. This is the story of a primitive people and the year-round medical missions flown by physician-pilots of DOCARE (Doctors of Osteopathy Care). The film shows how osteopathic physicians are aiding the cave-dwelling Tarahumaras who live in the mountains of northern Mexico. The startling existence of these Indians, their superstitions and customs are memorably documented by the camera. Filmed at the Indian settlement of Sisoguichi in Chihuahua, Mexico. Presented by the American Osteopathic Association in recognition of the humane services performed by its member physicians.

THE FITNESS CHALLENGE — A 16 mm. motion picture — 28 minutes. Color and sound. This film, made in support of and with the cooperation of the President's Council on Physical Fitness, stresses that the chief aim of adult fitness is developing increased heart and lung capacity through proper diet, exercise and physical recreation. Muscle-building is not the goal. The film also points out the need for a physician's advice before undertaking any kind of fitness program. "The Fitness Challenge" is a challenge to better physical health and mental alertness. It opens with remarks by President John F. Kennedy and closes with comments by Clarence "Bud" Wilkinson, head football coach at University of Oklahoma and Special Consultant to the President's Council.

PHYSICIAN AND SURGEON, D.O. — A 16 mm. motion picture — 14 minutes. Color and sound. This film, recommended for use by state osteopathic associations, begins with an ex-

planation of the letters which follow the doctor's name and the significance of the degree D.O. The film moves swiftly into a visualization of the education of an osteopathic physician, beginning with his pre-osteopathic college training and following through until graduation, internship, and practice in the community. "Physician and Surgeon, D.O." is designed particularly for vocational guidance in schools or college; for vocational programs of service clubs and for other special groups.

AMERICAN DOCTOR—A 16 mm. motion picture — 28½ minutes. Color and sound. This film tells the story of the birth, growth, and future goals of osteopathic medicine. It traces the growth of medicine through the centuries and establishes osteopathic medicine as a part of the continuing development of the healing arts. Flash-backs depict the contributions of such great men as Hippocrates, Andreas Vesalius and Thomas Sydenham. Before taking up the profession as it is today, "American Doctor" utilizes the live action screenplay technique to tell the story of Dr. Still's boyhood, his study of medicine under his father and the founding of the first osteopathic college. This is considered one of the best public relations tools currently available to tell the story of osteopathy to the general public.

FOR A BETTER TOMORROW — A 16 mm. motion picture. 22 minutes. Color and sound. This is the story of one of America's most controversial problems, the doctor shortage. The film highlights the inadequate number of students in training to be doctors as a major cause of the shortage and uses the educational program in osteopathic colleges to illus-

trate that the training of a physician is the longest, costliest, and most complex educational program in America. "For a Better Tomorrow" is an excellent presentation on the training, requirements and opportunities for the osteopathic physician. It is recommended for showings before lay groups, career-day programs, and pre-osteopathic students.

SYMPTOMS OF OUR TIME—A series of six 16 mm. films. Black and white, sound. Each 14½ minutes:

- (1) **DRUG ADDICT** — Teen agers "hooked by the habit" and their effect on society.
- (2) **ACCIDENT PLAGUE** — Examples with impact. See accidents which happen at home, play, and work — which could have been prevented.
- (3) **MEDICAL EMERGENCY** — A girl — appendicitis — an operation — shows why no one need fear surgery.
- (4) **ARTHRITIS** — Aptly termed the "king of misery," this is the story of a man afflicted with the oldest disease known.
- (5) **ALCOHOLISM**—A man "takes to drink" to escape pressures of today's living and finds alcohol cannot be used as a crutch.
- (6) **THE DEMOCRATIC COLD**—Humorous "do's and don'ts" of home remedies for colds . . . America's most common ailment.

Produced as a Public Service by the American Osteopathic Association, these films are utilized mostly for teaching of health programs in the high schools. They are highly in demand.

RADIO TAPES

EMPHASIS ON HEALTH — Produced by the American Osteopathic Association in cooperation with the U.S. Public Health Service. Two tapes I PS Speed 7½ minutes each:

Tape #1 — Programs #1-#7

- (1) Heart Disease (2) Cancer (3) Accidents (4) Pneumonia (5) Diabetes (6) Common Cold (7) Old Age.

Tape #2 — Programs #8-#13

- (8) Cirrhosis of the Liver (9) Arthritis (10) Tuberculosis (11) Ulcer (12) Overweight (13) Childhood Diseases.

PAMPHLETS

THE OSTEOPATHIC PHYSICIAN AND SURGEON TODAY — Outlines how he is trained and how he serves the people. Excellent public relations material for use in the physician's office, hospital waiting room, and for distribution at vocational guidance programs, career days, etc. Available at a cost of 1½¢ each, plus postage.

DR. L. G. MANCUSO, 3703 Hatcher Street, Dallas, Texas, has been appointed an Aviation Medical Examiner by the Federal Aviation Agency.

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Unique Program Planned for Annual Child Health Conference

March 20-22, 1964

You are invited to attend and participate in this 1964 Child Health Clinic sponsored by the District No. 2 Auxiliary to the Texas Association of Osteopathic Physicians and Surgeons and in the Spring Educational Conference of the Texas Society of General Practitioners in Osteopathic Medicine & Surgery. The three day program will be held March 20-22 in the Hotel Texas, Fort Worth.

New innovations will be found on the Saturday schedule: Discussions on the Clinic floor during the examinations will be available in the morning, with specialists in E.E.N.T., Proctology, Internal Medicine, Surgery, Gynecology, Surgery, Osteopathic Manipulation, and Orthopedics. Not only will this enhance the Clinic's service to the children, but

it will offer an added educational opportunity for the physicians who are examining in the booths.

The Saturday Luncheon will provide a pleasant setting for an informal exchange of "What's New" ideas.

The Problem Case Workshop proved its worth last year—and has now been set for Saturday afternoon so that more physicians can avail themselves of this stimulating session.

The General Practitioners are bringing in outstanding speakers to serve along with top clinic personnel, to make the Sunday Seminar a "You-can't-afford-to-miss" day. You all know Dr. Williamson well, when you associate him with the publication, *Practice*. The same is true for Chester Lauck—"Lum" of "Lum an' Abner" in radio.

PROGRAM

Twelfth Annual Child Health Clinic and Educational Conference

March 20-22, 1964

Hotel Texas, Fort Worth, Texas

Friday, March 20, 1964

8:00-12:00	Clinical Examinations	Exhibit Hall
1:00- 5:00	Clinical Examinations	Exhibit Hall

Saturday, March 21, 1964

8:00-12:00	Clinical Examinations and Special Program Discussions on the Clinic floor	Exhibit Hall
12:30	Luncheon, Round Table Discussions	Executive Room
3:00- 5:00	Problem Case Workshop	Santa Gertrudis Room
Evening	Social, Dinner	Jr. Ballroom

Sunday, March 22, 1964

ANNUAL EDUCATIONAL SEMINAR		Jr. Ballroom
Texas Society of General Practitioners in Osteopathic Medicine & Surgery		
9:00	Call to Order	John H. Burnett, D.O., President, Dallas, Texas
9:20	"Anabolic Steroids, Use and Precautions"	Nelson D. King, D.O. Tampa, Florida
10:00-10:15	Coffee	
10:15-11:15	"Gems in General Practice"	Paul Williamson, M.D. New Orleans, La.
11:15-12:15	"The Skin Manifestations of Acute Infectious Diseases: Case Presentation"	Earl L. Parker, D.O. Tulsa, Oklahoma
12:30- 2:00	Luncheon Speaker: Chester Lauck (Public Relations Dept., Continental Oil Co.)	
2:00- 3:00	Seminar	
3:00- 4:00	"Common Ear Infections"	H. Vard Nelson, D.O. Moberly, Missouri
4:00	Coffee	
4:30- 5:00	"AMDOC"	Paul Williamson, M.D. (Publisher of "Practice")
Problem Case Chairman		M. E. Johnson, D.O. 1001 Montgomery St., Ft. Worth; PErsching 7-3155
Accreditation Hours: 22 by American College of General Practitioners in Osteopathic Medicine and Surgery and American College of Osteopathic Pediatricians.		

Progress Report

A year and a half after the issuance of the \$65 m.d. degrees, despite attempts to gain recognition in several of the 50 states, New York is the only state giving any semblance of recognition. In that state the licensing board, when requested, is inscribing "M.D." on the licenses of D.O. holders of the degree—though the license to practice is still granted on the basis of the earned D.O. degree.

HURST, Texas — Walter J. Dolbee, Jr., administrator of Hurst General Hospital, announced the complete reorganization of the hospital corporation. At the first stockholders meeting, Bert Heyl was elected president of the corporation and Dolbee secretary-treasurer. Dolbee said that the primary purpose for the reorganization was to give practicing physicians a greater voice in the operation of the hospital.

PRACTICE FOR SALE

Leaving for specialty training. All equipment, lease, and patient records available. Nine-year established general practice. For details write Donald L. Eakin, D.O., 4400 S. Washington, Amarillo, Texas 79110.

American Osteopathic Association

Office of

CARL E. MORRISON, D.O.

Chairman: Council on Federal Health Programs

1757 K. Street, N.W.

Washington, D.C.

January 17, 1964

Washington News Letters

Health Insurance for Aged. Hearings on the King-Anderson Bill, H.R. 3920, which were suspended November 22nd, will be resumed on Monday, January 20th. In his State of the Union Message to Congress on January 8th, President Lyndon B. Johnson said: "We must provide health insurance for our older citizens, financed by every worker and his employer under Social Security contributing no more than \$1 a month during the employee's working career to protect him in his old age in a dignified manner, without cost to the Treasury, against the devastating hardship of prolonged or repeated illness."

Yesterday, 6 Senators introduced S. 2431, based on the recommendations of the National Committee on Health Care of the Aged, which was established in 1962 at the suggestion of Senator Javits and which reported to President Kennedy on November 14th, 1963. The authors of the bill are Senators Jacob K. Javits and Kenneth B. Keating of New York, Clifford P. Case of New Jersey, John S. Cooper of Kentucky, Thomas H. Kuchel of California, and Margaret Chase Smith of Maine. The bill would use *Social Security financing* for 45 days of hospital care, up to 100 days of skilled nursing home care, or 200 days of home health care following treatment in a hospital for a person 65 or over . . . Inpatient hospital services exclude medical or surgical services provided by a physician, resident, or intern, EXCEPT that services provided in the field of pathology, radiology, psychiatry, or an-

esthesiology would be INCLUDED. INCLUDED also would be "services provided in the hospital by an intern or a resident-in-training under a teaching program approved by the Council of Medical Education and Hospitals of the American Medical Association (or, in the case of an osteopathic hospital, approved by the *Bureau of Professional Education, Committee on Hospitals of the American Osteopathic Association*)".

The bill also provides for *complementary private health insurance* by authorizing a National Association of Carriers To Provide Health Insurance for Individuals Aged Sixty-five or Over, which would devise and offer through its members a "standard policy." This policy WOULD include payment of part or all of a physician's services whether performed at his office or other place, payment for or toward costs of surgery performed in or out of a hospital, payment of not less than first \$15 for consultation with physician-specialist, payment of fees for or toward charges for diagnostic care, and laboratory and X-ray services. The policy COULD include other health services not covered under Social Security financing.

Smoking and Health. The Public Health Service is mailing to every D.O. (13,000) a copy of the 387 page Report of the Advisory Committee to the Surgeon General entitled "Smoking and Health," released January 13th.

Conferences. Miss Josephine Seyl was AOA representative at the Conference

on *Physician Statistics* called by the Health Resources Advisory Committee, Executive Office of the President, Washington, December 12th. Dr. T. F. Clasen, member of the *Surgeon General's Advisory Committee* on the U. S. National Health Survey met with the Committee on January 13th.

Greater Lansing Area to Get New Osteopathic University

The Michigan University of Osteopathic Medicine will be located in the Greater Lansing area. The announcement was made January 30, 1964 by the Michigan Association of Osteopathic Physicians and Surgeons.

DEATH

MRS. JENNIE A. BEYER, mother of Doctors Robert B. and Daniel D. Beyer, died Wednesday, January 15, 1964, in the Pella Convalescent Home, Pella, Iowa. Funeral services were held January 18 in the First Reform Church. Burial was in Pella.

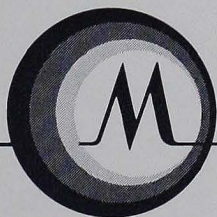
EPILEPSY may be overlooked in children, warns Dr. Armen Marouk, osteopathic neurologist from Tulsa, Okla., especially when the epileptic seizures that occur are not the full-blown and obvious *grand mal* variety. Restless, defiant children with short attention spans may be showing signs of epilepsy. There are a variety of seizures connected with this disorder, in addition to the *grand mal* type, and some of them are difficult to detect. Children who show passing lapses of consciousness or who have staring spells, however, may actually be experiencing mild seizures, Dr. Marouk said. Fleeting loss of muscular control, frequent stumbling and falling, and repeated muscle twitching may be diagnostic signs.

The D.O. emphasized that a diagnosis of epilepsy does not mean that the child's intellect is subnormal. "Some parents worry more about their children being stupid than about the illness itself," Dr. Marouk said. "The minor seizures indicated by these signs are as significant as the more obvious *grand mal* seizures. Early, careful attention to these uncommon signs may prevent the development of more serious conditions."

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S. O. P. A. News

State News

We are happy to announce that a Liaison Committee has been appointed by the T.A.O.P.&S. to assist our organization. The committee is comprised of Dr. L. G. Ballard of Fort Worth and Dr. Richard L. Stratton of Cuero. Representatives of our organization will meet with Drs. Ballard and Stratton, February 23, 1964 at Western Hills Inn, Fort Worth. We feel sure this meeting will result in many benefits to our association.

State pins for all members are now available and local membership pins will be discontinued. We hope that more assistants in Texas will take pride in joining this growing organization.

Start making plans now for our Annual Convention to be held July 18-19, 1964 in Dallas, Texas. Time and place will be announced later.

PORTER CLINIC HOSPITAL

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REMINDER — To All State Members: Please send in your dues of \$10.00 to Mrs. Margot Synnett, 5837 Tracyne Dr., Fort Worth.

MARY ANN WAHOFF
State Reporter

The Nurses

From—AMARILLO CITIZEN, Tuesday, Jan. 7, 1964

Amarillo police have expressed praise and admiration for the courage of the nurses from the Amarillo Osteopathic Hospital who took it upon themselves to investigate what sounded like a shot early on New Year's Day. Two nurses carrying a flashlight went to the house at 1007 Adams and discovered slain Patrolman Jerry Cawthon inside. In doing so, they acted without thought of danger to themselves. A statement by one of these nurses (read Elise Chisholm's interview in this issue) that the hospital nurses have known many city policemen and their wives and think so highly of them, speaks well for a police department that has won the respect of the majority of our citizens.

Without the spunk of the Osteopathic nurses, the young officer's murder could have been an unsolved one at this time. Detectives learned later that one man present at the shooting scene had suggested the blood be cleaned up and the body moved. "If this had happened, it could have resulted in a mystery that would have been a tough one to break," one homicide man said.

Thanks to three nurses, this didn't happen.

ATTEND YOUR STATE CONVENTION

April 30—May 2, 1964

HOTEL ADOLPHUS
DALLAS, TEXAS

NEWS OF THE DISTRICTS

District No. Two

Dr. and Mrs. D. D. Beyer and family spent the Christmas holidays in Mexico City, Mexico.

The annual Press Party, sponsored by District 2 was held January 16th in the Fort Worth Press Club. The meeting was well attended in spite of our record snowfall. Everyone had an enjoyable time and the local press seemed pleased that we have continued this custom.

Our sincere condolences to Doctors Robert B. and D. D. Beyer, in the loss of their mother, Mrs. Jennie A. Beyer of Pella, Iowa, who died January 15th. Mrs. Beyer would have been 90 years old on May 19th.

District No. Three

Dr. B. K. Fleming, Tyler, was named president-elect of District III at the January 19 meeting of the district, held in Tyler's Holiday Inn. Dr. B. K. Hamilton, Mabank, was named vice-president, and Dr. John S. Turner was installed president for the fiscal year.

Delegates named were Drs. Turner, Slye, Fleming and List. Their alternates are Drs. Taylor, Miller, Bunn and Hamilton.

Dr. Taylor was the scheduled speaker, but an OB case threw him off schedule. Business, therefore, took up the slack in the program.

* * *

Dr. George Grainger has practically recovered from herniated lumbar disk surgery, performed during the holidays. Was back at work in the office within a week.

* * *

Dr. William M. Wagner, recently of Tyler, had a good paper on medical treatment of pancreatitis, in the December *Osteopathic Profession*.

A very readable article, one which even this reporter could get a gist of. So

naturally, then, it's recommended reading. Page 80, it begins.

* * *

We see by the Des Moines *College Journal* that Dr. J. Warren McCorkle, Mineola, participated in a panel presentation on Disaster Medical Care at the recent AOA convention in New Orleans.

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

Correspondent

District No. Ten

The winter dust has been blowing somewhat on the flat plains around district 10, but there are no objections from our members who treat allergies and sinus trouble. No flu epidemics so far, just the usual winter illnesses. Business has been brisk, and Wayne Ramsey reports a marked increase, whereas Charlie Rahm reports a slight January slump.

Dr. J. W. Axtell continues to improve and recover from his recent heart attack, and went home from the hospital to finish recuperating at home. He expects to be away from work for another month.

Mrs. R. B. Still, mother of Mrs. G. G. Porter, passed away January 17 at Porter Hospital.

Dr. G. G. Porter attended the winter "clean-up" meeting of the Texas Medical Board in Houston Jan. 24, 25, and 26th, and left February 7th to attend the annual meeting of the Federation of State Medical Boards in Chicago.

Dr. and Mrs. Harlan Wright are proud parents of an 8-lb. 15-oz. boy born at Porter Clinic January 25.

The new wing of the Porter Clinic & Hospital has been finished, and ground has been broken and work well under way on the addition of Lubbock Osteopathic Hospital. Osteopathic hospital facilities in Lubbock will have been increased by nearly 50 beds when both projects are finished.

Bill and Dorothy Castle report that

they have no news to report, but invited the reporter to come by for coffee sometime so that it might be included in the news next month. Although Bill takes everything in a calm and cool manner, we think that his being elected President-Elect of district X is news, so we are reporting it! Dr. Richard Mayer was re-elected Secretary, and Dr. Max Stettner will take over as President.

Dr. L. B. Nelson, KC '56, who moved to Lubbock recently from Stanton, was elected to membership at the regular meeting held January 28. Welcome to district X and to Lubbock, Le-land!

Dr. Max Stettner and family vacationed in Tucson and Phoenix during December, visited a Dude Ranch, but no horse-back riding for Max, he says.

Horace Emery finished out the quail season in good spirits, and reports that this season was excellent, and his dogs were in rare form.

The regular meeting of District X was held January 28, with the officers listed above being elected. In addition, Drs. G. G. Porter, H. Eugene Brown, and Ed. Davidson were elected delegates to the state convention. During the meeting, Charlie Rahm, reputed to be an authority on By-Laws and other things, was caught in a glaring error by Max Stettner, who says he is not going

to let Charlie forget about it for a long time. First time Charlie was caught speechless in quite some time.

Dr. L. J. Lauf now lays claim to the title "World's Champion Obstetrician," having delivered 1405 babies in 1963. As most of you know, Dr. Lauf lives in an apartment adjoining the clinic, and is on duty 24 hours a day, 365 days a year. He also carries on a regular general practice.

Dr. Jim Mott and family took their first winter vacation during January and first part of February, traveling East and South. Meanwhile, his associate Dr. Roy Robbitt is going in all directions at once trying to take care of two busy practices at the same time. However, he still found time to get a little exercise, because he and Mary were seen riding their bicycles several Sunday afternoons lately. Roy says this strengthens the leg muscles, plus all other muscles.

Bob Burns, the genial G.P. from Brownfield seldom has anything to say, but reports a busy winter so far.

Dr. Dick Mayer reports that his work in Gastric Hypothermia has been very interesting and results have been excellent. He attended the annual meeting of the American College of Osteopathic Obstetricians and Gynecologists in Detroit February 17 to 19, and reports a most excellent program and meeting.

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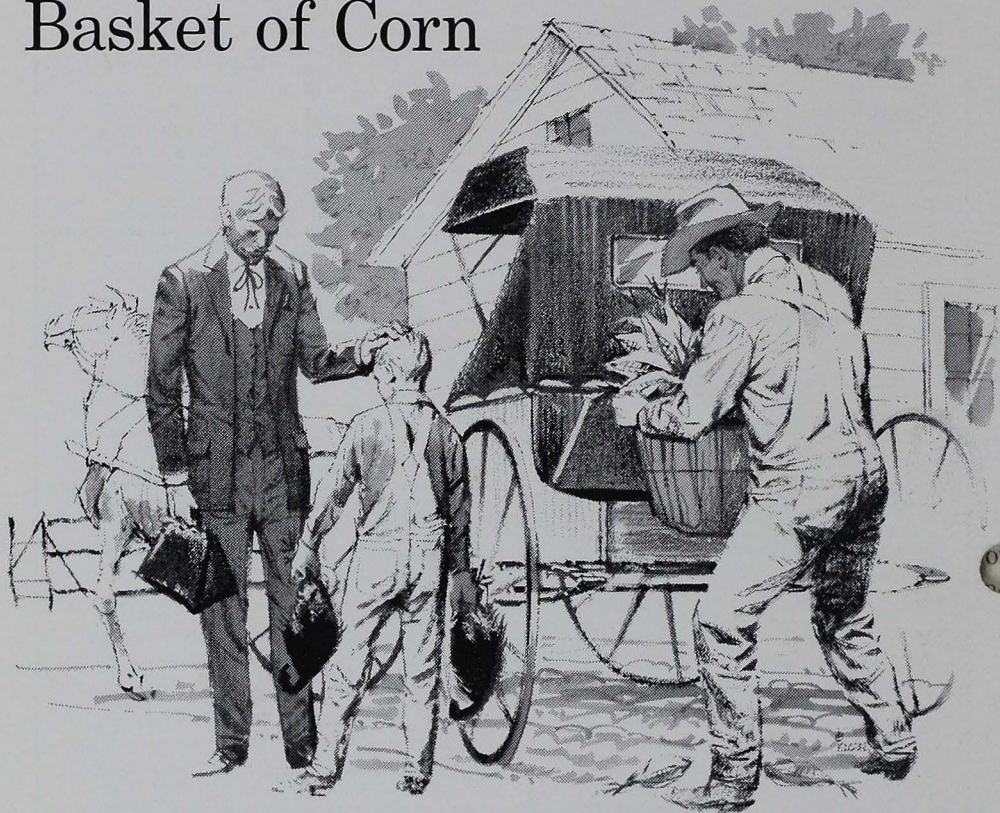
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Two Chickens and a Basket of Corn



It wasn't too long ago, that many a family paid the doctor with two chickens and a basket of corn.

It wasn't too long ago, that babies were delivered in the front bedroom; surgery for appendicitis often performed on the kitchen table; and pneumonia was a terrible word.

Nobody wants the good old days.

Today, the tremendous blessings of modern medicine and surgery, practiced in a modern, professionally staffed, well-equipped hospital, can't be exchanged for produce of the farm. But with the good new days when we *save* lives,

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