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INTERVIEW WITH
VIRGINIA ELLIS, D.O.

CONDUCTED BY RAY STOKES

Dr. Virginia Ellis is a 1936 graduate of the Kirksville College of Osteopathic Medicine and was a practicing pediatrician in Fort Worth for a number of years before she became interested in becoming identified with the Texas College of Osteopathic Medicine. Dr. Virginia was a member of the faculty, teaching the history of medicine. She was also one of the first members of the first Admissions Committee of the College. At this moment, she is now the Director of Community Services at TCOM.

Mr. Stokes: To begin with, Dr. Virginia, if you would kind of identify what your actual duties and chores are at the moment in the capacity of Director of Community Services.

Dr. Virginia: Thank you very much, Ray. It is a little hard to say what my position is, except, let me further my title. I'm Director of Community Services and a member of the newly formed department of Public Health and Preventive Medicine, as of this winter. As Director of Community Services, we have in our office, the challenge to expose student doctors to, I guess one would say, three purposes. One is to look at their own attitudes, because they are at the head of the helping professions and they need to know where they are coming from, relative to how they feel as medical students and, thereby, how they are going to feel as doctors, in dealing with in their practices, alcohol, drugs, the handicapped, the retarded, and geriatrics. Now, there are other areas in which have them look, but those happen to be my personal soapboxes. So that is how those were birthed. The second goal in Community Services to have a student doctor

go out into the community and become acquainted with the various agencies and services which are available to him as a physician and to his patients in allowing him to present complete care to his patients and so, hopefully, this will help him learn, as he receives his diploma at the end of his stay here, that he is part of a team and there are lots of people out there who are well trained to help him in the care of his patients. The third goal for the Community Services Program is for the student doctor to give of himself in the community in services for free. Such as screening clinics, health fairs, glaucoma screenings, services in the community for which there is monetary reimbursement. Hopefully, from lighter experience, the student will learn before he becomes a physician that community service, service for free, will make him part of a community and will be very rewarding to him. Those ^{are} are the three areas I guess I would say/under my office and is the area of Community Services.

Mr. Stokes: You mentioned that you have an additional involvement in a new department.

Dr. Virginia: Isn't that exciting? It has been--by the way, I must say, Ray Stokes, that this service which we do from our office relative to community service is the first time that this time of approach to student doctors has been made in a concerted effort by medical schools.

Mr. Stokes: Is that right?

Dr. Virginia: This is different. This is the first. I think it is going to be excellent. It is interesting that this new department

which has birthed itself under the direction of the College has, at its head, Dr. Steenkamp, who is an epidemiologist and many other things. But he has just been here a little while and I can't give you more than that except that he is obviously a dedicated man and will be excellent in guiding that department in its growth and development and, also, Dr. Campbell, who is a nutritionist, interested and dedicated in the role of & nutrition/allergies and the effect on the patient and I think this is going to be a very interesting department with which to be associated.

Mr. Stokes: Well, fine. Thank you, Dr. Virginia. Now that you have kind of "set the scene", so to speak in your association with TCOM and what your current function is, let's go back a few years and, briefly, can you just discuss a little bit about what your initial interest was--what brought it about--in being identified with TCOM. I know the first time I met you, you were a successful practicing pediatrician here in Fort Worth and had a very fine practice and I am sure you had done that for a number of years, but at the same time, the first time I met you was with Dr. Hardt. And I think he was discussing with you the possibilities of becoming involved in our Admissions Committee. So, I know before you said an "okay" to that, I know you had an interest in the forming of the foundation of the school. What you reflect about that subject?

Dr. Virginia: Well, I reflect a lot! Let me identify myself first in that I am the daughter of two osteopathic physicians. So, in my lifetime, I have known nothing else but this profession and so,

as such, my dedication is probably, well, like a stone wall, I guess, because I grew up on the principles of osteopathy and it was part of--and much of what is happening today in the new goals and so forth are what I was brought up on, Ray. This is very osteopathic.

Mr. Stokes: In other words, the osteopathic profession is returning to the principles of osteopathy.

Dr. Virginia: Yes. This is just right up what I cut my teeth on. My early memories of the school, aside from the initial rumble, and I ^{in the world} wondered how/those three doctors could have the time and the energy and the enthusiasm and the political clout to birth a school and I tip my hat to them. We had a luncheon one day and it was probably in the winter of 1970, along at the beginning of the year (and that is flying off the top of my hat when I say that), but we were asked to come to a luncheon at the hospital, and it was about the college, and before the luncheon was over a piece of paper was passed around. We were asked to consider what we would be willing to teach and I sat next to George Luibel and I whispered to him "I don't want to teach pediatrics" and what could I do? ^{said I} I/could be a "dean of women" if you had a school big enough and he laughed and said to me "Why don't you sign up for the history of medicine, that's always a good one". And I did. And that's what I started in this school was the history of medicine. I was not a medical historian. I was not even a historian. But I tell you, it has enlarged my library, with delight, and I am fascinated

by medical history and am most appreciative of that opportunity. Dr. Hardt did ask me if I / ^{would serve} on the Admissions Committee and I was very grateful for that opportunity. I felt very humble. As the years went by in my serving on that committee, I recognized that I was not adept from the standpoint of highly refined educational procedures, but I really would stand up and go to bat for gut feelings and I couldn't get beyond the gut feelings very well, but I have been appreciative of my service on that committee and I was also appreciative to be able to get off because it was ^{a very} difficult committee to serve on because, you know, you are making some terrifically big decisions.

I just have to go back to that business about my saying I'd like to be Dean of Women. I put that back in my mind and thought no more about it, but within a week or so, I had a dream--everybody dreams, but this one stayed with me and I laughed afterwards. I dreamed that I met Dr. Luibel in the hospital corridor one day and he said to me, seriously, "Virginia, I've checked into that Dean of Women job that you wanted. I tell you, since we're just starting, we couldn't pay you--you'd have to pay us a \$1.87 a month. Now, we could go from there." I laughed, and the dream ended. But the next time I saw George I told him if he was worrying about my being Dean of Women, it had nothing to do with the size of the class, what it was really adding up to, according to my dream, was, would my New England background allow me to pay to have that

kind of a position for \$1.87 a month? I wanted to add that as a little bit of humor because, all along in my service at this college, things come to me like that dream. Sometimes things come to me that really have a great deal of input on what I am doing here, but every once in a while there is a chuckle like this and I just wanted to share it with you.

Mr. Stokes:

Thank you, Dr. Virginia. You know, in that vein of the ^{that} various contributions/you have made during the decade that we have been open now and in business, since 1970, I know that you have made a number of contributions, some of which have been published and are certainly known throughout the community. But I know two of the things that you have done that are probably shared by just a few persons. And that is the great help and support you gave, particularly to the first class, and possibly even to the second class--the first class comprised of some 20 students and the second class a little over 30. But the first class, particularly, I happen to know that you gave not only of your talent and your concern, but you gave of something that would have cost them a great deal if they had gone out to get the kind of health care that you gave not only to the students and student wives, but also, I know you said in the beginning that you didn't want to have anything to do with pediatrics, but you certainly did that, because you did take care of a number of the students' children in the very beginning. Which leads me into asking this question. Could you share some of the first steps that were employed in the creation of the baby clinic for Fort Worth's underprivileged children? You were

involved in that from the beginning and, I think, later it was sort of related to the workings of TCOM.

Dr. Virginia: There are a couple of baby clinics with which we participate. I think that you are thinking of the ones with which we are related.

Mr. Stokes: Right.

Dr. Virginia: Let me say something about taking care of the students children. You see, you have to remember, Ray, where I come from. And some of the things stand out like a sore thumb, but I hope it doesn't look sore. But I am highly opinionated. My white hair is me. I grew up at a time when all doctors took care of other doctors families. We are the advent of third party pay, where things are shifted around a bit and not all doctors are that inclined now. But it's a basic sharing which goes on in this profession and I did take care of a good number of those freshman and sophomore, first and second year students' children. It was a real privilege and, indeed, an opportunity. And I appreciate that. It also made me close. You know, when you give to someone in this world, part of you is part of their lives. And it's just the same way when they do somethings for you, part of their lives belong to you. And, hopefully, if it's good, neat stuff, then it's all very pleasant and it ties friendships. The county Well Baby Clinic I started attending before there were--no about the time there were students. I was asked by the nursing division if I would bring students over there. So, by the time that first class got to be in clinics--which would be third year--that clinic was

available. I supervised--and still do--and students come and check the children. The other one is a Headstart clinic. Now that Headstart clinic on Thursday mornings, I have been doing that, I don't know how many years, but I'll bet it's about fourteen or fifteen. That's a real freebie. I don't get paid for it and nobody gets paid. The students now are involved and have been every since the classes got old enough. But, at the very beginning, that was a community action clinic and they needed this clinic on the east side of town and I was asked if I would supervise it. Dr. Pressley came to my rescue because Thursday morning after Thursday morning after Thursday morning gets a little difficult when you're just giving a couple hours of your time. Dr. Pressley, who practices on the west side of Fort Worth now, gave of his time. And so, we alternated for a long time.

Mr. Stokes: Is that the Dr. Pressley that bought out Dr. Everett and is now practicing in Dr. Everett's old clinic.

Dr. Virginia: Yes. Dr. Pressley believed in community service, about which I feel so strongly, and everybody knows that. But he believes in it, too. And, so, he gave of his time to that original clinic. Eventually, that clinic grew into the Headstart program. Our good friend, Fontainette White, was the nurse director of that Headstart program and that's where I first met her. She is a good friend of our profession and, currently, Executive Director of the Sickle Cell Foundation of the State of Texas, in Fort Worth.

Mr. Stokes: In the same vein, as far as the contributions that you have

been involved in as far as community health services are concerned, you were instrumental, in part, at least, in making it possible for TCOM to offer what was a first, I guess for Tarrant County and Fort Worth. We set up a service known as the TCOM Mobile Clinic. That was also a part of the CAA function but you were in on the beginning of that. Do you have some thoughts you would like to share about the initial days and stages that made it possible?

Dr. Virginia: I'd be delighted. That mobile unit and I started at the same time. In fact, when I came down and asked Dr. Newell if they could use me here . . .

Mr. Stokes: Dr. Newell was the Dean at that time.

Dr. Virginia: Right. Let me just pause and say I owe so much to him because he was my teacher, my initiator, and guider in what has to do with academia and the educational system, which I had never looked at. All I'd done since I went to college was post-graduate and that had nothing to do with real education. But, he guided me. That mobile unit was equipped with a treatment table in the middle and first aid bare essentials, first aid procedure equipment. And we went on appointed time, to eventually five community action agency centers over the community for two and half to three hours. They made the appointments, we saw the patients. And, I learned from Dr. Newell that really could not be an ongoing treatment basis, because we were only at a center every so often. I haven't always been practical. I don't think I'm very practical today, but somebody eased my mind the other day and said, "We've got

to have dreamers", so I guess I'm one of those. But, I could see that great big, enormous bus--mobile unit--now, the students drove that. Every year, I sent out a little quip at the beginning of the year--or questionnaire--saying this was available at minimum wage to drive this, if they took instruction. We cleared this all. At the bottom I had three little things, so they only had to check one place and return it. One said, "I'd be happy to drive the Mobile Unit". Another said, "I would, but I'd rather not" and the third one said "No way!". So, that was how I found my drivers. It was exciting and it served, I think a wedge into the community, because, believe me, I learned more about how to get around in Fort Worth than one usually would conceive I/would in my position. We really went out into the boondocks.

Mr. Stokes: If the conditions are in the proper setting today, is it feasible to continue with that program?

Dr. Virginia: No, and I bow to Dr. Newell, who said all along, "Virginia, this isn't going to be ongoing care. You can't do enough episodic care to really be a good teaching program and, you know that's what we're about first--teaching. It took me a while to learn, but God had a hand here. The CAA ran out of money. So, we had to stand up and say "This doesn't work". It looked beautiful to the public.

Mr. Stokes: Yes, it did--from a PR point of view, it certainly did.

Dr. Virginia: But to really teach the student doctors, it/^{really}wasn't quite fair.

Mr. Stokes: The alternative became the outpatient clinic, scattered throughout the Metroplex.

Dr. Virginia: This is really what it's about--what student training is really all about. That is good. But, anyway, it was an interesting project and I think it came at the right time for us. The first day that we went out was my first day at work here and we took it to the Stop Six area and Dr. Newell was as excited about it as I was and he drove out. And then somebody came and got him and took him back. I never did drive that bus.

Mr. Stokes: Well, I was a little involved in that. I was handling the PR for the school and I was there, also.

Dr. Virginia: I know, Ray, through the years, I've seen you behind every desk.

Mr. Stokes: I've worn a lot of hats, Dr. Virginia!

Dr. Virginia: We are sort of sister and brother in here, because, would you believe . . . you do know that when something has to be done, and let me just a little nostalgic here. I can remember walking into Dr. Libby Harris' office, when it was up on the fifth floor, one day and there she was sitting behind her desk with old, great big fat textbooks all over the place, writing notes furiously. I said, "Libby, what in the world are you doing?" "Well, I've got to teach a class in" (and I don't remember what it was, but it wasn't Microbiology, it was something else) the next day. She said "We need this class taught and there isn't anybody to do it, so I'm going to."

Mr. Stokes: That would either be in late 1970 or early 1971.

Dr. Virginia: Right at the start. And, by the same token, I have supervised

clinics . . .

Mr. Stokes: Yes, in that vein, Dr. Virginia, our first out-patient clinic that I have a fondness for because my wife Edna, you know, was the first so-called "physician's attendant" or what not. She kept books--a little different from the procedure that they now have, but she had gone out of the Business Office to open the first one in July 1, 1973. That's when we opened first out on East Rosedale. You were involved in that. Can you think of anything? Give us a little of your thoughts on that.

Dr. Virginia: I sure will. It was so exciting. It was just open in the afternoons, wasn't it?

Mr. Stokes: Yes, in the beginning.

Dr. Virginia: Dr. Griffith was director and such a dedicated man. He just was really neat. The students liked him and he liked his work. I supervised--he had to have a day off. And it came my role to find physicians to cover, because not only did we have to have students to see patients, we have to have licensed coverage. Which, let me say, to pay a tribute to licensed coverage. You know, from the Bible, man is not without honor except in his own whatever--house--or whatever, and I learned this--again, I've learned it before. But I learned it again. I could find licensed physicians much more readily to cover our clinics and our various activities in which we had to have a licensed physician in Dallas than I could here.

Mr. Stokes: I noticed we had a number from Dallas . . . I can think of . . .

Dr. Virginia: Dr. ^{Polaski} Kalasky. . . I can't name them. Somebody's that on board now is Dr. Peterson. But, that was a \$25 an hour stint. They

would come over even to go out in that mobile van. They would come to cover Rosedale.

Mr. Stokes: I would imagine that Dr. Peterson, that you referred to, who was practicing over in Irving, I believe in the District V area--he would probably credit that association he had with you in the outpatient clinics in beginning, to the extent, that caused him to become a full-time faculty professor.

Dr. Virginia: These people who came over from Dallas--you must look up their names--I'll give them to you, because you should have those for your records. They all would like to work for TCOM. They love teaching students and they could envision--again, they were dreamers, I'm a dreamer--and they could see different aspects of it. That Rosedale Clinic--I had to assist at that time with real strange decisions, like how do you make out a list of supplies in the office? Of course, Dr. Griffith was really superb and so meticulous and careful about what he was doing. So he did very well there and I just kind of looked at the list and was impressed and probably didn't add very much. But then, when he and I had to sit down and figure out the kind of charts and the kinds of record keeping--that was a real biggy. Because, I don't know about Dr. Griffith, but I'd used the same charts that my husband started me out with, because I used what he had started with and I'd never changed. And, you know, this had to be more up-to-date than that. And, so that was difficult. I was hard to make up our minds on some of those decisions--a real challenge. We met periodically to discuss our problems. And I remember Edna, who really was

so entrenched in the Business Office here, it was really hard for her to go out there and, bless her heart, she was a shining light out there and the one who kept it all together. I've said before, I come from way back, but I recognize very strongly the importance of the doctor's nurse and the continuity of the office. Well, Edna was everything.

Mr. Stokes: She had no formal training, but with a little practical experience . . .

Dr. Virginia: And she could learn and we didn't have any money to pay for any more. So that was it. And between Edna and Dr. Griffith and then along came some other help. But during that time, we covered Edna there all the time and then Dr. Griffith and on his--today, they call them "think days"--that was his day off, I would get people from Dallas mostly and occasionally I got caught behind the eight ball and I had to come. I remember saying to Dr. Newell "You know I'm a pediatrician and I don't know anything about adults." And he said "Well, you know enough to keep everything clean." I said "Yes, I do." And that's what we tried to do. I could call him anytime. I really had a home coverage, which Dr. Newell was doing. I didn't assume that I knew the whole thing. I didn't. And, I was the first to recognize it. Okay, how about that?

Mr. Stokes: I believe that covers it and I certainly get a little nostalgic when we talk about the beginning of the outpatient clinics and certainly being close to Edna, who did work for the school for about seven years and then retired back in 1976 and I got 2725 or 2527 . . . I'm not even certain of the number of the

first clinic out on Rosedale, but I can certainly find it blindfolded! In that respect, with the help and work that the student doctors were becoming involved in and as the class grew and you had to find more sources to give them training in the clinical relationships of their studies in the clinical sciences, I noticed one time I kept hearing about "Let's go to the Rehab Farm", "The Rehab Farm", and I wasn't too familiar with that, but I did a little investigating and found that we had some sort of working relationship with the Rehab Farm located out on Lake Worth and we were related to some health service that we cared for the patients that they had there. Would you share your thoughts about the Rehab Farm with us?

Dr. Virginia: Yes, I'd be glad to. Let me say that the Rehab Farm has been a rehabilitation farm called, in the past, and still today by some, the "goat farm". It's a farm they always seem to have goats on. But this is a rehabilitation farm for alcohol addiction and this is where the drunks that get picked up, the court system and so forth, send patients out there or send people out there who need to be put somewhere. It is the intent of the farm is for alcoholic rehabilitation. The farm is run by--was originally and started by--Rev. Henry Cooper, who had a, I guess you used to called them "flop houses"--downtown in sort of the slum area that was cleared out for the . . .

Mr. Stokes: The Water Garden downtown. . .

Dr. Virginia: And Rev. Henry Cooper rents that farm from the City of Fort Worth for \$1 a year or some sum like that with the ^{financial} support that comes from various and sundry places. They have, and

have had for a number of years, about 75 to 100 men there-- some behind the walls, so to speak--some who are committed by the courts and the free side. The men on the free side work in various jobs. I believe that the Rehab. Farm does some cooking in their kitchen for the jails. But, let me go back and say, from our standpoint, that osteopathic physicians every since Dr. Clench--Dr. Clench you may or may not remember . . .

Mr. Stokes: Yes, I remember his son, Chuck Clench. Charles Clench is now out at Gallup, New Mexico, in public health.

Dr. Virginia: Well, it's Chuck's father who used to go out there once a week and they had a little clinic at that time--at little room--where he would see patients for free. This is where some of your community service comes in. Then after Art Clench, Dr. Griffith used to go out there. So, osteopathic physicians have been helping out there for free for a good number of years. So, when our college came along, this was an area in which we felt student doctors could see some of the pathology that happens with alcoholism--prolonged alcoholism. So, the clinic was enlarged and we have been going out there two afternoons a week with students and licensed physician supervisors, every since our students were ready to go into clinics, which would be that first class, two years after they came, when they went into clinic rotations. I used to make up schedules for all the students and like, when we only had a half a day at Rosedale, why they needed to be doing something else on that rotation. And

so I got a little overboard and we went to the mobile unit and the Rehab. Farm and to these clinics that I still supervise and we kept using the clinic doctors until we had enough clinics out in the community that they shouldn't go out. And so we've kinda had to scramble for some of our clinic coverage because when student doctors go into clinics now they are to learn to play office doctor and hospital doctor and not to work in the community. And that's one of the real reasons why selectives was born. Let me say a little bit more about the Rehab. Farm. I dream about that. It has great potential as a training place for student doctors. Today, in its present state, it is only supplying the tail-end of alcohol and drug addiction--physical results. What our new goals says is that we should be training student doctors for ^{preventive} preventive medicine. I can envision, and that is a big, fat dream that maybe is as impractical as all get-out, but I can envision that Rehabilitation Farm as being a ^{really} place where prevention can/be part of the game, and the name of the game. Where young people can go and "get away from it all", where they can learn to find themselves through all the adjuncts which are available for the treatment of alcoholism. North Texas State is interested in doing some work there and I am hoping that other department at the College and we are developing an area, a nucleus, of interest among faculty here at TCOM now who are vitally interested in ^{addiction} drug and alcohol/and I can see in the future that can be a big spot, along with the whole program of alcoholism that I

see for the school. Because I think we can go places with this problem and I won't beleaguer the fact of how prevalent the need--I think everybody realizes that. I would like to say that Rev. Henry Cooper is a very dedicated man and he has retired recently and his son, Henry Cooper, Jr., has accepted the job of that institution. The doctors who have served so much out there have been Dr. Garmon, who now practices in Weatherford, and she was director of Rosedale Clinic out there and then Dr. Nancy Faigin has been/for a good while.

Both Nancy Faigin and Dr. Garmon have been able to see great possibilities for the student doctors out there as well as the fact that this is a humanitarian thing which we have been doing. There is growth ahead and growth is never easy--at least in my life it hasn't been--I don't know about yours. I remember someone saying at age 16 "Who in the hell wants to be developed in this world?" You know, when the girly time came along, it would shocked me no end because that word wasn't allowed in my house, but that was my sister who said that and it has stayed with me. We are going to grow with this alcohol and drug education. It is a natural. It is much needed and the student doctors need it and so do the alcohol and drug addicts and we are going to grow. It is a real privilege--Dr. Nancy Faigin and I happen to serve on the Board out there at the Rehab. Farm. That's not easy either.

Mr. Stokes: For the record, we are referring to Dr. Garmon. What is her given name?

Dr. Virginia: It wouldn't come to me is why I didn't say it! Anesia Garmon.

Mr. Stokes: And her husband is practicing here in Fort Worth.

Dr. Virginia: He is the pulmonary medicine specialist and is doing such a fine piece of work here.

Mr. Stokes: Well, Dr. Virginia, we are certainly grateful for your sharing your memoirs since day one, so to speak, about your association with TCOM and grateful for this information. This is Ray Stokes in the Oral History Section of the TCOM Library concluding an interview with Dr. Virginia Ellis, the Director of Community Services and, of course, she has worn other hats and continues to wear some during the first decade of TCOM's history and she has been an integral part of making TCOM as successful as it has become and is well known among community services that are rendered here in Tarrant County. We thank you very much, Dr. Virginia.

Dr. Virginia: I thank you. You know, this really wasn't half bad and it took me so long to get around to it. Thank you for your patience.

Mr. Stokes: You are more than welcome.

May 18, 1981
Dr. Virginia Ellis
Mr. Stokes' Office
Conducted by Ray Stokes

Mr. Stokes: This is Ray Stokes again. On May 18, 1981, in another conversation with Dr. Virginia Ellis, who has had some additional thoughts on the original interview back several weeks ago and she wants to give us a little "P.S.", so to speak on some thoughts that have occurred to her. So, we'd like to hear from you at this time, Dr. Virginia.

Dr. Virginia: Thank you Ray. I just wanted to say a little something for this record about my feeling about osteopathic medicine. The reason I do is because I cut my teeth on manipulation and that is the thing that makes us look so "odd-ball" sometimes and it really isn't. And I want to say something about the various ways of treating. Now, on sixth floor, where my office is now, I am between the Family Practice Department and the OPP&P Department, so I see the students going back and forth and learn about their "hands-on" techniques and if I could say anything to student doctors about manipulation therapy, I would say to find what works for them and use it. Don't rip it off as the inconsequential unless they try it. In the years of my growing up, there were no medications, after all, in my lifetime I have seen the advent of sulphur drugs first and then antibiotics and before, in my childhood, we didn't have any of those things. And so, when I became ill or my brother or sisters, why Daddy and Mother would put their hands on us and that was their diagnostic tool. And today

we've got all the fancy laboratories and the third party medicine. And so, we don't lean on that diagnostic expertise which is in every one of our pairs of hands and we can use it. But medicine has progressed generally--we don't do the same things today that we did when my mother and father had their office and I was treated when we were sick because we didn't have any medicine. It was just simplistic care that was prevalent at that time. Now, I ^{have a} /brother, who is Dr. Alan Poole in Fall River, Massachusetts, who has had a very successful practice all these years and he is what we used call a "ten-fingered osteopath" and does a neat, neat job. Now, when he goes to take his post-graduate work, it sometimes is of concern to him because the technique of treating which he has learned is different than what anybody else uses because this works for Alan. Now, Alan doesn't use the same technique that my daddy used, for instance, on my mother, but they learned as they went along what worked for them with patients and how they could help patients. So, Alan had noticed that what they are teaching today is not what he had developed or what he had learned at school, as far as that goes, but this is what worked for him. Well, what I would say to Alan and any other doctor out in the field or any student doctors who is learning--don't be alarmed--there are lots of ways to do this. Dr. Harakal has one technique which works beautifully for him and the students say "Hey, I want some of that 'Kirksville Crunch'", which is another technique. It's kinda like the grass in the next pasture. Sometimes it's greener. Well, it's really not when you get there.

It's all got the same number of weeds. Just recently, I had a treatment down at another area of the school by Dr. Peckham and helpers and I was just amazed about their new technique and it worked! And I thought while they were treating me "Well, here is another new approach" and it all is osteopathic manipulation. That's the thing I want to say, Ray.

Mr. Stokes: I'm glad you did.

Dr. Virginia: I really think it's important. As a child I learned some of my parents techniques and I think techniques are for anybody and I taught my parents to use like inhibited pressure on the sacrum for children's diarrhea and how to lift ribs. Parents can treat. Nobody has a corner on this market. I was in Jackson College, where I went to school before I went to Kirksville, when aspirin didn't work for cramps among people in the school, they'd come for "a Jenny" because I put pressure on the sacrum and helped those girls with their cramps. There wasn't anything really biggy about that, but that was a technique that I had learned before I started osteopathy. So, it's open to everybody, but the thing that I really want to say to the student doctors is do not be alarmed if something does not work. You've got to work with it and then you will find your own technique and that will really work. But you've got to try it. That was the really big thing I wanted to say.

Mr. Stokes: We certainly appreciate your thoughts on the matter, Dr.

Virginia. Dr. Virginia Ellis has give some additional discussion and interview we've been having on the subject of osteopathic philosophy, principles, and practices. We call it

"the three P's" and as she indicated earlier, it's known by other names, so to speak. The same principles and practices, but different techniques, all with osteopathic manipulative principles and we are delighted that you thought about this as an afterthought and getting it all incorporated together into one interview is appreciated very much.

Dr. Virginia: Thank you Ray.