

# Texas OSTEOPATHIC PHYSICIANS Journal

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# EDITORIAL PAGE

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## A Privilege

You association means much to the majority of the osteopathic physicians practicing in Texas. Proof of this fact is in the response to bills sent out for dues. One-half of last year's members responded by return mail; one-fourth paid within the month. They realized that to be a member of this association is a privilege and not a duty. The other one-fourth of the membership is delinquent in payment of dues. We have 72 physicians in that classification this year. Most of them will in time pay up but it will take effort and cost money and time to get them into the fold.

There are 127 osteopathic physicians who were non-members last year. Fifty of these have been tagged in our index with a yellow tag. They get no correspondence from your office; they are unworthy because they seek to ride on the coattails of the majority of the profession. They are too selfish to put any effort in the cause of preserving the rights and privileges enjoyed by the profession and they are unwilling to expand their educational knowledge that the public may be better served. It is a shame that they are able to practice in the State of Texas. Most of them should have their practice rights restricted or their licenses revoked for they cannot be good physicians unless they keep up with medical education and advancement in science such as is carried out by Association activity.

What about the 72 last year members who are slow and the other 75 who are non-members and were last year? We ask the question, whose fault is it?

Personally, we have the belief that the fault lies with our own membership—those who know and feel it is a privilege to belong to the Texas Association of Osteopathic Physicians and Surgeons.

Too many of them have failed to acquaint themselves in regard to legislation, public relations, education and our annual programs. They realize the value of them, educationally and financially, but they fail to impart this knowledge to the non-member and therefore they are unable to convince the slow paying member and the non-member of his duty to himself and the public which he serves.

Let us get wise to our own problem and sell it to the slow paying member and the non-member who is worthy of participation. Let's bring this organization up to a point where we can point with pride to it, that each of us will enjoy better prestige, the public better osteopathic physicians, and enjoy protection for us all.



# Texas Osteopathic Physicians' Journal

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## Dr. H. Dale Pearson, President of American Osteopathic Association Addresses the House of Delegates

### AS HE SPOKE IT

*Mr. Speaker and Members of the House of Delegates:*

As I said to you this morning, I hope that I may answer any questions that any individuals may possibly have in their minds regarding any of the activities of the American Osteopathic Association. I mean by that whether those activities pertain to policy, whether they pertain to circumstances in which we find ourselves, or whatever it is—in other words, the total picture.

I started out a year ago—if not a year ago, at my first convention after you people had given me the privilege of representing you as president of the American Osteopathic Association—by doing this very thing before Houses of Delegates. I had a good reason for it. The House of Delegates in any divisional society is the beginning and the basis of the policy-making group and the making of policy in the individual divisional society radiates itself into the national picture as the delegates from your states meet with those of other states wherever the national AOA convention might be. So I think that there should be no questions in the minds of you people who are acting as delegates in the divisional society regarding anything that has to do with the professional organization at any level. Un-

fortunately, this happens once in a while. We get rumors and those rumors do an awful lot of damage because they get ideas circulated that are false in their very premises; they are inaccurate, and the further the rumor goes the bigger it gets, like the proverbial snowball, and then we get into trouble.

I want to talk generally for not over ten minutes and then I shall be perfectly willing to stand up here, Mr. Speaker, and answer questions so long as you want me to answer them and as long as they are asked.

Perhaps I should warn you. On two occasions such as this, I answered questions for over three hours and they were all good questions. I want to tell you another thing, that in my visitation in one of the colleges—I have visited five and will complete the sixth one next week in Los Angeles—I found that the students in the osteopathic colleges are very, very much concerned with the details of the mechanism in the running of this profession. There could not be a healthier situation created, no matter what we did. I talked before a fraternity late one night in Des Moines when they told me I could talk for 20 minutes and I did that on the nose, then from students, mind you, I answered questions for 2 hours and 47 minutes



by the clock. There was not a bad question in the bunch. They want to know where this profession stands, they want to know where it is heading, and they want to know how it is going to get to where it is supposed to be when things are completed, if that ever happens, and of course it will not.

I want to talk a minute about the Central Office in Chicago. You people are employing at the present time approximately 50 people in the Central Office in Chicago and I think that you should be very definitely proud of the fact that you have that many employees, but you should be prouder of the kind of employees that you have. From the executive secretary, Dr. McCaughan, whom all of you know, there could not possibly be, and I say this with all the emphasis and enthusiasm that I can, there could not possibly be a more loyal group of people in the employment of any organization.

The activities of this profession have become so great and so varied that it is impossible to get things done in a business day and I could name you, individually, people—and they are not the paid officers of the association—who are spending 60 to 70 hours a week for you in the Central Office without over time pay. I could name them, tell you who they are, but I do not believe that is necessary. Your paid officers, your executive secretary, your executive assistant, your treasurer, your convention committee chairman, your business manager—those people are spending a tremendous number of hours that are not recorded on the books as time spent to make the machinery of this profession run and run smoothly.

We have a very definite handicap. We do not have an editor in the AOA. As you will recall, we lost Dr. Duffell after he had taken over for Dr. Hulbert, who had died. Dr. Duffell died and we have searched the country to find an editor and I am making this plea to you people here, if you know anyone,

whether they are in Texas or wherever they might be, that you think have qualifications for an editor, please let us know about it. We need someone; we need someone very badly. We have reached the stage in this profession of ours that we must provide understudies for a lot of people because no longer are the key positions unimportant. They are so important that we must protect them in the event of death or prolonged illness or something else that might take one out of circulation. I believe that you will agree that the caliber of the journal of the AOA has not changed very much in the past year and a half and the woman, who is doing the job as the acting editor, is doing a marvelous job, but she is not an editor and she is not a D.O. The policy of the American Osteopathic Association is that the editor shall be a D.O. So I am making a plea to you that if you know of anyone, we should like to have the information.

For many years, the department of public relations, headed by Dr. Chester D. Swope, has been in the position that if Dr. Swope should be taken from activity so far as the profession is concerned, we would be seriously impaired. The very type of thing that goes on in that department means that the rest of the committee members do not have the opportunity—it is impossible to have opportunity to allow themselves to become versed enough in the work of the department to take over in the event of Dr. Swope getting out of the picture. We want you people to know that we are in the process of providing an understudy for Dr. Swope, and I think you will see before the AOA convention closes in July in Chicago that you will have an understudy for Dr. Swope. I know that there has been a lot of concern about that with many of us. We do not want to lose Dr. Swope, we cannot afford to lose him, we cannot afford to put anyone else in his place, but, in the meantime, we cannot afford to be



unprotected in case the pressure under which he works might become too great. He is not sick either.

I want to talk a few minutes on policy of the AOA relative to health insurance. I do not know, Mr. Speaker, whether you are going to discuss that or do anything about it in this convention. I sincerely hope that you do, and that you do one thing. That is, go on record as supporting the policy of the American Osteopathic Association, I say that for one specific reason. I walked into a House of Delegates meeting, in a very large state, several months ago, late at night, after being delayed almost a day in getting there, to find that the House of Delegates of this state was going to take a vote which would have had the effect of refuting the policy of the American Osteopathic Association, this in spite of the fact that their delegates had been quite active in formulating this policy. There were reasons for it and this is something I am going to take a minute to talk about—I'm presuming you are in executive session. I am always very much concerned when one who has always hated me wants to give me something—always very much concerned—because I know that something has happened to change his heart and I do not believe it is because he suddenly loves me. It is because he thinks that by being nice to me, instead of batting my head over a wall or pushing me into something, he can get something himself. That is what is happening throughout this country with some professions. This has, to my personal knowledge, happened in 11 states within the last nine months. Not always the same pattern on the surface but the same pattern so far as the end results are concerned. We are fighting a situation right now in one of our states where the overture was made and made with such pressure that the state reacted too quickly to receive advice. The result has been several meetings of our people in this state. Each meeting called in an effort to

prove to themselves that what the other profession wants to do for them is a favor. It is not. It is a favor, but not for the osteopathic profession; it will be for the other profession, and the reason is because the chiropractors slipped in and suddenly became powerful. They (the chiropractors) figure that as long as they can keep the major school and the osteopath school of medicine fighting, they will get what they want. And they did. They have established four colleges in the state (if you can call them that)—possibly I should have said schools for chiropractors. I think that it behooves every state organization, particularly at the level of the House of Delegates, to completely evaluate their situation with two ideas in mind; first, from a protective standpoint for themselves in their own state; second, to evaluate from a protective standpoint of the other 47 states, because there is not anything that happens in Texas that does not affect Pennsylvania. There is not anything that can happen in Connecticut that does not affect California. The effect may be a long time in coming but it will come, so we must think in terms of our individual status, but also in terms of our collective status. As I said, I do not know whether what you are going to do or whether you are going to do anything about this health insurance program. We have been successful. I shall make you a statement and prove it. We have been successful in convincing more people with less propaganda and no damn lies than any other organization in the country. We have not spent three million dollars for propaganda organization, we have not spent three million dollars to get an organization to get out and put words in our representatives' mouths to tell people. We have not done that but where we have been called upon through the press—and that is an important place to make expressions—our expressions have been of an honest and sincere effort to do one thing. That is to render a service



to people. Anyone that wants to do anything else is not going to do too well. Don't let the large numbers of those who are being influenced by any kind of thinking and do not let the large amount of money that is being spent frighten you. I am telling you, and I think that I can prove that the osteopathic profession is in better standing with the people of this country than any other profession, and there are only 12,000 of us. Now let's not forget that; let's not forget it when we start to evaluate ourselves and begin to be confused with an inferiority complex that I think Dr. Russell mentioned in his report this morning. We have every reason to be anything but inferior. Do you know, and again I repeat, that when the American Osteopathic Association Bureau of Colleges was accepted in the National Council of Education, there was one large organization of doctors which withdrew from that National Council of Education. That happened; they are not back yet. I do not know who is worrying about them, but they are not back yet. When you begin that kind of impression remember that the American Council of Education is the highest authority of evaluation of any body in this country—and we are in. In because the evaluation of our colleges prove that we are teaching a sound type of thing to people that would make those people able to go out and take care of any situation. That

is why we are in. There is nothing political back of it.

I have heard it around this country for the past nine months that our colleges are in a hell of a shape and *they are not*. You people, you people back in the states said to the osteopathic colleges, and you said it very quickly and very emphatically, that you have to raise your standards of teaching and your standards of education so that we can be inspected by an inspecting agency, no matter who they might be, and that you could stand up under that inspection. That is what you told the colleges and yet you did not give them the wherewithal to do it. The profession almost closed the doors of six osteopathic colleges—all we have—because we had said we had this in our colleges and we did not have it. We had to run back and get it so if someone came to see if we had it or not, it would be there. The college did it, they did a beautiful job in spite of the fact that a seven million dollar campaign of the OPF, the projected seven million dollars assigned to that campaign, will be over in July and we have raised, and I do not like to say this, only 60 per cent, something less than 60 per cent. Yet the thing to be proud of is that what was raised, by far the majority of it came from ourselves. We should be proud of that but the time has come now when we have to reevaluate the OPF program. We have to do something about it in July. I think

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that one of the things you people here in the House of Delegates should seriously consider is what you think should be done with the Osteopathic Progress Fund. It is going to be up to the House of Delegates of the AOA to decide. The Board of Trustees, yes, will make recommendations to the House. Frankly, I do not know what it will be for the reason that the OPF committee, of which I am a member—by virtue of my position—will meet all day and probably two days in Chicago, May 17 and 18, to discuss this thing and come up with a recommendation from the committee to the Board of Trustees and then to the House. So you had better think about it. It is a very serious thing; you can not stop, that is for sure, but how and when and if we are going ahead, that is what we have to decide. I tell you very frankly that we must not stop. When I took this job you people gave me, I thought it was going to be

fun. I had not had this job a week until I got so I could not tell a story and found that I had myself messed up in a lot of trouble—it was serious. Ever since I have been here, I have had a lot of questions asked and out of those questions, there was not a one that I considered a bad question and I have not answered them too well—WHY? Because they are good questions and if they are good questions, they concern everybody in Texas. So to some of those people who have asked questions in the last 48 hours, they thought that they did not get an adequate answer, I shall tell you now why you did not get them. I considered it the business of everyone in this room. Now if you will ask them now again, then I shall try to answer them. I am not saying that I do not like to talk to you as individuals, I love that, but when we have something that has to do with the policy of this group, let's bring it out in the open and let us not be afraid to say if things are wrong. You people here can do something about it, you can take action here because you can put it on the agenda and recommend that the House of Delegates of the AOA take action. Now as I told you yesterday, or this morning I guess it was, that if I could not give you the answer, I would get it for you and I will. I know where to go if I want to know something about the colleges. I do not ask some person that is biased in his opinion as to what he thinks and I do not ask some person who does not know for sure where the six colleges are located. I am not asking some person who has not been in touch with our colleges for sixteen years. I go direct to the Bureau of Professional Education of Colleges. That is where I ask my questions and that is where you ought to ask your questions, not from the person on the street because he does not know. The Bureau of Professional Education of Colleges knows, and if you want to know what is going on in Washington, do not ask

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someone that is mad because he did not get to be a major in the Medical Corps in the last war and would not have known what to do with it if he had got it. But ask the people who are doing the job for you in Washington; they are the ones who know. If you want to know about osteopathic progress, why don't you ask someone in the osteopathic profession. I wish, if I do not do anything else during this year—if I could get the osteopathic profession to go to the right places with their questions, I should certainly consider the year well spent.

What are your questions, if you have any, and I shall try to answer them:

Q 1. (from the floor) How and why do we maintain our national office in Illinois, one of the few states that limit our practice rights?

Dr. Pearson replied: This has been rather regrettable yet the law in itself is not bad as they have a right to grant osteopathic physicians unlimited prac-

tice rights as they take the same medical board as the allopath, yet the board has consistently refused to grant a limited license to the osteopathic physicians. In other words, it has been an administrative problem that has probably been approached incorrectly and they have now adopted a new approach to this problem. The governor of Illinois has said, so far as the standing of the osteopathic physician is concerned, it should be cleared up and that it ought to be cleared up quickly. They recently, as recent as six weeks ago, had an inspection of the Chicago college, which was made by a committee composed of the American Medical Association, the chairman of the Bureau of Education of the American Medical Association, one other medical officer, a member of the department of education of Illinois. There were seven, I believe, altogether. Inspection of the college was made to see whether the college could stand up in comparison, not as to size but as to

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teachers, with a medical college of the accepted variety, the idea being if it could, there would be legislation of the administrative type introduced which would clear up the situation. The report of that committee has not yet been made. I know what you are thinking, that it is going to be a bad report. From other inspections that have been made by the Indiana board and with those with whom I have talked feel that it may be a good one. We feel that the college is up to standard of an accredited medical school as far as teaching is concerned and there is no reason why this report should not be good. If it is not, it will be because the prejudice has existed over a period of years, and if it is not good, there is a dissenting vote they must make an explanation as to why. That is the status of the law governing the osteopathic physician's practice in Illinois. Of course, we prefer that the home office be in a state in which the practice rights would be unquestionable. We realize that has under the present ruling been used against us. We assure you that steps are being taken as rapidly as can be taken to correct the administrative law governing the practice of osteopathy in Illinois.

Q 2. (from the floor) How long can our schools continue to operate if the profession fails to give through the OPF, and how long will the profession be required to give? We should like to know how long we may expect to keep it up, and if the profession fails to give, will the schools close their doors?

Dr. Pearson replied: That is a good question and I wish I might answer specifically in both instances. I can state some simple arithmetic in a reply that will come close to answering the question without putting a limitation as to when. The present cost today of educating a student in an osteopathic college is somewhat in excess of \$1200.

That's the actual cost of educating an osteopathic student for a year, while the tuition in these schools is approximately \$500 a year. Now this simply means that there must be some place from which money can be obtained to take up the slack in the difference between \$500 and \$1200. The clinical facilities of the colleges provide a certain amount of this money. My own opinion—and this is my own opinion—is that this is what is going to happen. The profession is going to have to continue to give and pay to the colleges until such time as we have made much more of an impact upon the people of the country, speaking of lay people, until we can get some of their money loosened up and in endowments to make up part of this deficiency. This does not necessarily mean that it has to be a private agency or an individual. We are in a process where we hope that we will get considerable money given to our colleges by large foundations.

We know that there are a good many of these large donors who are becoming interested in our educational program. We know too that there are many sources of philanthropy. We hope that we too will get some government subsidy for our colleges. We hope that will happen; we do not know. However, I would say this, that if the profession expects to continue and to continue our unlimited practice rights, and I am not sure that those words are good, the profession is going to have to continue to a great degree to support the colleges financially, and they should.

Q 3. (from the floor) How much money will we have to supply?

Dr. Pearson replied: The answer is simple. The deficiency must be made up from some source. It must come from philanthropic organization, clinical facilities, government subsidies, and the profession. Not only the deficiency in educating an individual student, but in



sufficient amounts to add to the physical facility of the institution, it being realized that practically all of the money that has been given has been used in increasing the teaching and instruction in the colleges and they are badly in need of improvement in their physical plants.

Q 4. (from the floor) Will our colleges ever be converted into allopathic schools and grant the M.D. degree?

Dr. Pearson replied: The question you are really asking is "will our colleges be turned into allopathic colleges?" The answer is NO. Why do I say so? In the first place, I do not think that the medical profession wants our colleges, and I do not think they could afford to take over our colleges and turn them into allopathic colleges. The reason I say that, and I am not talking about whether they could afford it from a financial standpoint, but the question is whether they could afford to do it from a standpoint of what the public reaction would be. They are very careful at the present time and will continue to be for some time in maintaining better public relations than they ever maintained before. WHY? Because they have themselves on the spot in this health insurance matter. They

would like to get off the spot and they are not going to accentuate the bad position they have put themselves in by doing something that will offend a good many hundred thousands of people. Now whether our colleges would be taken over by some other school of therapy? That might be a good question. If we would just leave the buildings standing there and close the doors, someone will take them up and use them for some other purpose, but as far as the allopathic profession moving in and taking them over, I think that is impossible. The statement was clarified as to stating that the question was asked because the question had been asked by a former president of the American Medical profession and a leader in their affairs, why we did not just join the ranks of the allopathic profession and teach the same courses with the chair of osteopathy and granting them an MD degree. He says also that the leader said that they would be willing to sponsor a bill to put a chair of osteopathy in the medical school in Texas. Dr. Pearson replied he would bet a hundred to one against because if you would recommend to the House of Delegates some such action, you would just be turned down. In other words, the allopathic profession has put

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up to you the question of whether you would sell your birthrights.

Q. 5. (from the floor) Will you please explain the compulsory health program policy of the AOA?

Dr. Pearson replied: I shall be glad to try. We set up a resolution that had eight definite points and I think you ought to know the complete background from which this resolution and those eight definite points came. These points came from a composite committee from representatives of the Board of the AOA and the House of Delegates of the AOA with the House of Delegates members dominating the committee. It included Dr. Chester D. Swope, head of the Department of Public Relations of the AOA, and the heads of the two other departments, the department of professional affairs of the AOA, and the department of Public Affairs. It took several hours of discussion, and at times rather heated discussion, to come up with the statement that we now make as our policy. Now this statement was interpreted in many ways. One of the most interesting ones that I have heard was that of a reporter on a prominent newspaper last September, who, when handed the statement said, "WHAT IS THE POLICY OF THE AOA IN REGARD TO HEALTH INSURANCE?" After he had read it the second time, he folded it up and put it in his pocket and said, "I'm going to look at this later because I don't know what it does say, but I'll tell you what it does do, it doesn't make headlines, and that's what I am looking for." It did not make headlines because it was vague on two things. It was not in support of another policy that had been rather widely disseminated, nor was it in violent opposition to another policy. If it had been either one of these, it would have been a headline story. That was last September. This is the way the picture is changing. Now the interpretation of our policy does make

practical headlines. When we say and I do not care how many times you read that statement, we say that the AOA favors any plan which will give adequate health care to all those people that need it so long as it does not disturb the patient-doctor relationship. That is all that it does say. It does have words in there covering the supervision, and those words have been picked and isolated above everything else and we have been accused of saying, "you want federal controlled medicine." We do not say any such a thing. We continue to say that we favor any plan that will do these things that ought to be done. Now there are some in our own profession and some of our friends who do not like that interpretation; they want to isolate those words "government supervision." The reason they want to isolate is selfish motivation so that they can get what they want in their state and to hell with every other state.

Q 6. (from the floor) If we should get government subsidy, how long before the government would take over the schools?

Dr. Pearson replied: I do not know that I can answer that one, but I suppose it would be like anything else. The way it is set up now the subsidy of colleges does not mean their control. It does mean that certain requirements must be met before you can get money and it does not say that the government would supervise the policy. It says that they shall meet standards at the educational level set up. Whether that will resolve itself into control, I do not know. I have reasons to believe that we should not be too careful at the present time. What will happen five or ten years from now, I do not know. The people at Washington are doing their level best, and I am not speaking of a Democratic party. They are trying to get themselves into a position to say they are doing their level best to help people. Whether they are doing



it right or not, that is where the political argument comes in. Basically that is right. I do not believe that the government subsidy of schools predicate that they should take the institutions over. I do not believe it.

Q 7. (from the floor) If there is a federally controlled program, how will we as a profession stand and will we participate?

Dr. Pearson replied: I think there is only one way to even attempt to answer that question, and that would be to go back and see what has happened—what has happened to us at the federal level in the past ten years. I think I shall tell you what happened in one state, and this may help you to answer your question. They had a high political power in another field of practice appear before their executive committee, and he appeared for two reasons. First, because the DO's were asked by this other organization if they could send a speaker to speak on socialized medicine at an osteopathic convention. They agreed to this, provided that he would make his speech before the executive council first so they would know what he was going to say. So he came over—a fine, intelligent looking man, a good speaker with a wonderful flow of words—and he made his speech, which he admitted he had made some 50 times before to service clubs and other organizations, and it was a mer-

velous speech. His phraseology, his diction, his manner, and his presentation left nothing to be desired. Yet there were so many inaccurate statements. He had learned that speech because it had been written for him. When he commenced to answer questions, he got lost, and this is what happened. He had with him a public relations man. During the course of the discussions, the public relations man said, "Doctor, I think I have sensed your point. You have a fear that if you are going to be left out on this program, and I am going to ask you which would you rather have, an insurance program under the direction of a doctor of medicine who understands your problem, or would you rather have your program in the hands of a politician. The president of the state association said, "That I can only answer from past experience. In the light of our past experience, we will take the politician everytime." That made his face just a little bit red. He went on to say that we ought to recognize the fact that 41 out of 43 countries who had socialized medicine were bankrupt and he made it an emphatic statement. One of our doctors asked the speaker, "Are you saying that socialized medicine bankrupt these countries?" and his answer was, "That they are bankrupt and they do have socialized medicine". Our answer was, "Yes, they have had

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two wars that might have had something to do with it". Then he said that he had with him a bill that was not sponsored by the American Medical Association, but which originated in their offices, which provided for the kind of things we were talking about. He said that this bill would not interfere with the rights of osteopathic physicians who participate in the program. Then someone said, "What about down in the second part of the bill, where it says, 'all services shall be rendered by a doctor of medicine'?" We asked him if he interprets that as being discriminatory and the answer was, "I suppose that will have to be changed." Then he made the statement, "that we misunderstood the intent of their pro-

gram. They want to support good education. The very fact that we would be in favor of the government giving your colleges financial support ought to mean something to you." He was told it would except for page 95 in the Educational number of the Journal of the American Medical Association. The excerpt reads as follows:

"The Medical Association should violently oppose any subsidation of medical schools because it includes colleges of osteopathy and by subsidizing you would be supporting quackery",

and with that the gentleman left, and a few weeks later we received a letter that they did not have a speaker available for us at the convention.

## Board of Trustees Meet

A called meeting of the Board of Trustees was held in room 356, Hotel Texas, June 18, 1950.

The meeting was called to order at 9:20 a.m. and adjourned at 5:00 p.m.

Those present were: Dr. George J. Luibel, president and presided; Dr. Wiley B. Rountree, Dr. Merle Griffin, Dr. Elmer C. Baum, Dr. Earle H. Mann, Dr. J. T. Hagan, Dr. J. R. Alexander, Dr. R. H. Peterson, and Dr. Wayne M. Smith; Dr. Lige C. Edwards, immediate past president and Dr. Robert E. Morgan, AOA trustee.

The first order of the meeting was the seating of a new trustee, Dr. Elmer C. Baum, who was appointed by the Board to fill the unexpired term of a trustee that had been dropped from the rolls.

The minutes of the previous meeting of the Board were presented to the Board and accepted as read.

The following agenda was carried through:

1. *Instruction of Delegates to the National Convention*

### *Recommendations*

- (1) A change in the policy of the AOA that will insist that professional insurance of the Nettleship Company be issued only to members of the AOA who are also members of their divisional society.
- (2) Texas be in favor of a move to award a life membership to all past presidents of the AOA.
- (3) Midyear conference, if continued, should be under the direct control of the officers of the American Osteopathic Association and be a two days session and at all times presided over by a member of the official family and the program arranged be preferably by the Bureau of Education on Public Health.
- (4) It was also suggested that there be no change in the constitution of the National Board of Examiners unless advised by legal counsel.



2. *Appointment of a Delegate to the Professional Insurance Conference July 9, Stevens Hotel.*

Dr. Peterson was formally instructed to make a report of this meeting to the Board of Trustees.

Drs. Robert E. Morgan, R. H. Peterson, Lige C. Edwards and P. R. Russell will be at the meeting.

3. *The Promotion of District Activity with Regard to Governmental Problems in Particular.*

This brought forth considerable discussion, due to the apparent lack of interest on the part of district societies at the present time.

4. *Discussion of the Midyear Meeting to Be Held in Amarillo in October, 1950.*

The dates were formally set for October 8, 9 and 10, 1950. It was also voted to have surgical clinics between 7 and 9 o'clock in the mornings.

5. *Discussion of the Site and Handling of the Annual Convention to Be Held in Houston, April, 1950, with Regard to Site, Publicity, Delegation of Local Authority, Program Committee, Out of State Guests, etc.*

Dr. J. R. Alexander was appointed as local chairman to handle the facilities of the convention for the Board. An allowance of a maximum of \$150 was allowed the local convention committee for preconvention promotion, all material to be subject to the approval of the president and the executive secretary.

A decision was made to charge a flat rate for any one registering at either the midyear or regular convention, whether he arrived the first day or the last day; that admittance to all functions be by registration badge and no tickets sold.

Seven hundred fifty (\$750.00) dollars was allowed for professional program expense for the 1951 convention.

The Board decided to again ask P&PW of the national association to furnish a member of its staff for handling the publicity.

6. *1952 Meeting at Adolphus Hotel, Dallas, Texas*

The 1952 meeting was set for May 1, 2 and 3, 1952 at the Adolphus Hotel, Dallas.

7. *Discussion of Women's Activities and Their Place in the Annual Program.*

It was decided that the program chairman must include in the official program of the Texas Association all women's activities.

8. *Report from the Secretary*

The secretary reported upon the activities of the organization since the April convention and reviewed the financial situation.

9. *Veterans Affairs and Our Relationship with the Veterans Administration*

It was decided that the chairman of the Veterans Committee should contact each divisional society president, with

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the suggestion that they pass on to their membership instructions as to the importance regarding case histories and methods for applying for treatment for a veteran.

10. *Report of the Committee on Public Health*

Dr. Elmer Baum reported on the activities of the Public Health Committee for Dr. Everett Wilson, chairman. He presented a picture of the problem of the coming legislature and called attention to the fact that his office was unable to secure sufficient correspondence in regard to the activities of the divisional societies in connection with the candidates for the legislature and State offices.

11. *Scope of Activity of P. & P. W.*

Many problems concerning public relations were discussed.

Dr. Grainger was congratulated upon his efforts in attempting to arouse the divisional societies in regard to publicity of a type that interests the public, particularly news releases.

The question of distribution of literature concerning osteopathic education was discussed at considerable length. The Board requested Dr. Grainger to promote the distribution by individual members in district societies of literature concerning the educational requirements of our osteopathic colleges and the scope of practice.

12. *Activities of the Various Alumni Associations in Conjunction with the Annual Conventions*

Considerable discussion resulted over the fact that these alumni meetings had been entirely too informal, that they had not been conducted in such a manner as to produce the best result.

It was the agreement of those present of the alumni associations that they would promote one alumni dinner at each annual convention, after which they would break up into the alumni of the different colleges and conduct a formal business meeting.

13. *Discussion of O. P. F.*

The fact was brought out that this committee had not put out its best efforts since its last drive; that while we had raised a large percentage of our quota, other states were fast climbing ahead of Texas in percentage rank of completing their quota. It was thought that the time was ripe to again revive O.P.F. in Texas.

14. *Review of the Hospital Situation Within the State*

The Board discussed this problem at considerable length and felt that the Hospital Association should be given encouragement, possibly by the Association, that it might perfect its organization to a point that our hospitals would enhance their standing to the extent that we may have more approved and registered hospitals among the institutions in the State.

15. *Resolution by the Board to Change the Charter of the Association to Move Home Office to Fort Worth From Austin*

This required a resolution from the Board in order to get this completed.

16. *Discussion of the Constitution and By-Laws of District One*

District One wanted to be known as the Panhandle District as well as District One. It has always been recognized as the Panhandle District, yet it took a formal action of the Board in order to clarify its position.

17. *Correspondence From Dr. R. C. McCaughan Relative to the Mid-Year Conference*

18. *Dr. Charlotte Strum for Life Membership in the AOA*

The Board recommended to the Osteopathic Association that Dr. Charlotte Strum be granted a life membership in the American Osteopathic Association.

19. *Resignation of Dr. Ben Hayman*

Dr. Ben Hayman of Galveston, Texas has submitted his resignation to the Texas Association. This was declared



not acceptable to the Board because of the fact that Dr. Hayman had not paid this year's dues and therefore was not formally a member of the Association.

20. *Membership of Dr. Charles C. Rahm*

Dr. Rahm, who has been in active practice a number of years is now doing an internship with Dr. Gafney, and he was extended a residency rate of \$25.00.

21. *Correspondence from District Ten in Regard to Briscoe and Dickens Counties*

The Board decided that Briscoe and Dickens Counties should be considered as part of District 10.

22. *Membership Delinquents*

A complete list of those who have failed to pay this year's dues was presented to the Board. The Board recommended that a concerted effort be made by the membership committee and by the Board of Trustees to get these men to complete their financial arrangements with the Association immediately.

23. *Formation of Finance Committee*

A finance committee was set up to consist of the president, past president, president elect, and the secretary by office rather than name.

(Continued on Page 21)

## Dr. Griffin Heads Osteopath Hospital

CORPUS CHRISTI TIMES  
Thursday, July 6, 1950

Dr. Merle Griffin was chosen chief of staff for Corpus Christi Osteopathic Hospital last night at the annual election of staff officers. Dr. Paul I. Needham was named secretary and treasurer.

Heads of departments elected were Dr. F. T. Summers of surgery, Dr. T. M. Bailey of obstetrics and gynecology, and Dr. James M. Tyree of osteopathic medicine.

Dr. R. J. Brune gave a technical paper on emergency treatment of poisonous snake bites. The meeting was held at the new Bailey-Schultz clinic on Santa Fe.

## Going to Chicago

CORPUS CHRISTI TIMES  
Thursday, July 6, 1950

Dr. Robert J. Brune, osteopathic physician and surgeon, will leave Saturday for Chicago, where he will address the teaching session of the 76th annual convention of the American Osteopathic Association on the medical aspects of atomic warfare. He will return July 15.

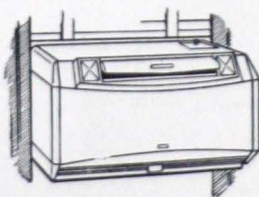
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## New Members Entertained

At the last meeting of the Board of Trustees, the executive secretary was instructed to entertain all D.O. applicants for licenses in Texas with a dinner, that they might become better acquainted with us and we with them.

The first of these dinners was given at the Stephen F. Austin Hotel in Austin at the conclusion of the June 19, 20 and 21 medical examination. Dr. Elmer C. Baum presided over the meeting, and Dr. J. R. Alexander of Houston and your executive secretary spoke to the group regarding communities in need of physicians, professional ethics, and reported on organizational activities, pointing out the necessity for cooperation in all association affairs.

Those in attendance seemed much impressed and, after listening to speeches for 1½ hours, remained and asked questions for another hour. It is to be hoped that at the next affair of this kind, that there will be at least as many practicing physicians present to welcome these men as there are applicants for licenses in Texas.

Let us give all the incoming osteopathic physicians a hearty welcome. Let's get them started off on the right foot and save trouble later. These newly licensed osteopathic physicians are highly educated, have had an internship, and they will be a credit to the profession. If we welcome them in the spirit of cooperation and show them that we need them and that they need us, I feel certain that we will have within our ranks men worthy of the profession they represent.

The following is a list of those in attendance at the dinner, and we are told that they represent a majority of those who took the Board in June:

NAME	COLLEGE	INTERNSHIP	LOCATION
Young, Donald C. ....	KCCOS	Houston Osteopathic Hospital .....	Houston, Texas
Fulton, Robert J. ....	KCOS	Laughlin Hospital ..... P. O. Box 264,	Kirksville, Mo.
Shedlock, Arthur G. ....	KCCOS	(residency) ..... 1120 N. Louise,	Glendale, Calif.
Marcom, Gordon A. ....	KCCOS	Lubbock Osteo. Hospital, 2503 Amherst,	Lubbock, Texas
Calabria, James T. ....	KCOS	Oklahoma Osteopathic Hospital .....	Tulsa, Oklahoma
Lind, L. R. ....	KCOS	Wilshire Hospital—2 years.....	Los Angeles, Calif.
		Can be reached at present Houston Osteo Hospital	
Rawls, Robert N., Jr. ....	KCOS	Tavel Clinic & Hospital .....	Franklin, Texas
Rawls, Frank Wm. ....	KCOS	Present mailing address, Box 90, Mineral Wells,	Texas
Boyd, Thomas F. ....	KCOS	Heart of the Hills Clinic .....	Kerrville, Texas
Epperson, John C., Jr. ....	KCOS	.....	San Angelo, Texas
Duncan, John W. ....	KCOS	..... 3219 N. 1st Avenue,	Tucson, Ariz.
Whittemore, Joe D. ....	KCOS	..... 2339 Pershing,	Davenport, Iowa
Moore, Roy R. ....	KCCOS	Dallas General Hospital .....	Dallas, Texas
Youngs, L. S. ....	KCCOS	L. A. County Hospital .....	Los Angeles, Calif.
DiSantis, Warren ....	KCCOS	Dallas General Hospital .....	Dallas, Texas
Nichols, Arthur E. ....	KCCOS	Osteopathic Hospital, K. C., Mo.	
		..... 3620 Monroe,	Kansas City, 3, Mo.
Baldwin, Earl Z., Jr. ....	KCCOS	Osteopathic Hospital, K. C., Mo.	
		..... 1615 Admiral Blvd.,	Kansas City 6, Mo.
Williams, Wallace S. ....	KCCOS	Blackwood Clinic Hospital .....	Comanche, Texas
Edwards, Edward B. M. ....	KCCOS	C. C. Osteo. Hosp., 1202 Third St.,	Corpus Christi, Texas
Cooper, William T. ....	KCCOS	.....	Sedalia, Ky.
Luby, Lucian L. ....	KCCOS	.....	Kansas City, Mo.
Haymes, Carl O. ....	KCCOS	N. E. Osteopathic Hospital, Kansas City 1, Mo.	
		..... 2202½ Lexington,	Kansas City 1, Mo.



## DEATHS

Dr. Frederick William Mitchell, 41, of 146 Santa Fe Drive, Garden Villas, Houston, Texas died at 10:55 a.m. Sunday, June 25, of a heart attack in Waco.

Dr. Mitchell had gone to Waco with his family to enter and pilot a boat in a state outboard motorboat racing meet. He was well known in Houston as a racer, and had won a number of prizes.

A native of Valparaiso, Ind., Dr. Mitchell attended school in Cleveland, Ohio, and was graduated from Wittenburg College in Springfield, Ohio and the Chicago College of Osteopathy.

He came to Houston in 1938, and in 1939 became associated with the late Dr. Chester L. Farquharson. In recent years he maintained offices in the Niels Esperson Building.

He was a member of the local and state osteopathic organizations, the Chamber of Commerce and the Bayshore Boat Club.

Besides his hobby of motorboat racing, Dr. Mitchell was a hunter and fisherman and had many friends among outdoorsmen on the Texas Gulf Coast.

Survivors include his wife, Mrs. Mary Alvern Mitchell; a daughter, Barbara Lee Mitchell of Houston; a son, Frederick William (Bill) Mitchell, Jr. of Houston; three sisters, Mrs. Nona Elizabeth Hart of New York City; Mrs. Margaret Heffron and Mrs. Kathryn Schindler, both of Cleveland, Ohio.

Funeral services were held at 4:30 p.m. June 27 in the drawing room of Settegast-Kopf Company, with Rev. V. O. Titterud officiating. Burial was in Forest Park cemetery.

## Coin-Operated Radio for Missouri Hospital

Installation of coin-operated radio receiving sets was recently completed in July, 1950

patient's rooms at the Cape Osteopathic Hospital in Cape Girardeau, Missouri. One such set was placed on the head of each bed, the speaker being located underneath the pillow so that the programs can be heard only by the individual patient.

Each set has an "upside down" dial and a receptacle in which a dime is placed when it is desired to use the radio, both of which are easily reached by a bed fast patient.

## CLASSIFIED AD

**EXCELLENT OPPORTUNITY** — Lucrative genito-urinary and rectal practice for sale in town of 20,000. Entire second floor of building converted into clinic with four hospital beds, operating, laboratory, x-ray, physiotherapy, treatment and consultation rooms. Priced right. Financial arrangements to suit your convenience. Reason for selling—retirement. A. Lewis Kline, D. O., 201-2 Del Rio Loan Building, 701 South Main Street, Del Rio, Texas.

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# Shortage of Physicians in Rural and Suburban Districts

By D. D. BEYER, D. O.

The Dallas Morning News carried headline stories for a period of one week pointing out communities in need of physicians, calling attention to the fact that some of the smaller communities had offered to build clinics for doctors who would locate in their town or county.

The statement was made that 125,000 people in Texas did not have access to a physician. The News spoke highly of the Physicians Relocation Committee of the Medical Association, stating that they attempted to get all recent graduates of medical schools to locate in these smaller communities for at least two or three years and do a general practice before attempting to enter into specialty training.

The allopathic profession is to be congratulated upon this move for the simple reason that no physician should specialize before having had the experience of at least several years of general practice. No physician can become a good specialist until he has had experience in general practice. They must become proficient in recognizing and treating a sick patient before they can become competent in treating any particular part of the human body.

Again we congratulate the allopathic physicians in setting up a Relocation Committee to see that the 125,000 people in Texas that do not have access to

a physician, get adequate health care by supplying them with a recent graduate.

The osteopathic profession, though small in numbers, for years has had a Relocation Committee to help establish physicians in rural and small communities. They have also insisted upon general practice before specialization. We have, with our small number, done a swell job in locating our profession in smaller communities for a general practice thru the Relocation Committee. We shall continue to try to supply adequate health care where it is needed most.

The Dallas News lists the following towns that are badly in need of a practitioner:

**FLORENCE, TEXAS:** 800 people in a trade territory of 1500. Will build a clinic for the right doctor.

**BUFFALO, TEXAS:** 1000 people with 400 people in the community to be served. Large brick home for use of physician if he would locate there.

**EMORY, TEXAS:** County seat of Rains County. 1000 people, 9000 in the county. A county that has no doctor; 20 miles to a doctor at the present time. Offers clinic for a doctor.

**CADDO MILLS, TEXAS:** 500 citizens with 2000 people to be served is willing to build small clinic.

**TRENTON, TEXAS:** Will cooperate to get a physician.

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LADONIA, TEXAS: 1500 population.  
Good trade territory. Needs physician.

ROARING SPRINGS, TEXAS: 1000  
population needs doctor badly. 9  
miles to nearest physician.

BRYSON, TEXAS: 500 population;  
good trade territory. Has built small  
hospital; looking for a doctor to oper-  
ate same. 15 miles to nearest physi-  
cian.

LEAKY, TEXAS: 3000 people in area.  
Nearest doctor 40 miles.

NEW ULM, TEXAS: Growing with  
oil development. 7 to 25 miles to  
nearest doctor; one needed badly.

CUSCOLA, TEXAS:

LAWN, TEXAS:

BRADSHAW, TEXAS: Combined  
population of these towns is 4000;  
nearest doctor 20 miles.

## Kansas City College Receives Memorial

As a memorial to Sgt. John W. Ken-  
nedy, former instructor who died in  
1947, new lighting fixtures were in-  
stalled in a classroom at the Kansas  
City College of Osteopathy and Sur-  
gery. Mrs. Beth Wingrove, sister of  
Sgt. Kennedy, made the presentation.  
A commemorative plaque was installed  
on a wall of the classroom.

## New 11-Room Hospital Rises at Tigua

EL PASO HERALD POST 5/30/50

Dr. Harvey D. Smith is owner of a  
new hospital under construction at 7722  
North Loop road near Tigua.

The building will be ready for occu-  
pancy approximately July 1, according  
to Contractor J. A. Wagner.

The hospital will have 11 rooms, in-  
cluding four for patients, and offices  
and laboratories for Doctor Smith. It  
will be devoted primarily to maternity  
and minor surgery cases.

July, 1950

Cost of the construction is \$23,000.  
It is the only hospital of its type in the  
Lower Valley.

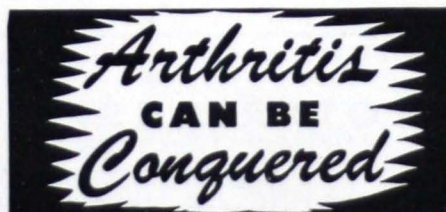
Dr. Smith opened his practice in  
Tigua Aug. 8, 1949.

He formerly had an office at Lometa,  
Texas.

He plans to take in a partner after  
the opening of the hospital.

## Osteopathy in McPherson College Vocational Booklet

"Vocations," a vocational guidance  
booklet issued by McPherson College,  
McPherson, Kansas, contains a page  
devoted to osteopathy as a career. The  
article is informative, well written, and  
illustrated with a photo of Dr. Earl C.  
Kinzie, Lindale, Texas, examining a  
child. Dr. Kinzie is an alumnus of  
McPherson College.



## OSTEOPATHIC DIAGNOSIS

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ARTHRITIS SANATORIUM AND  
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OF OTTAWA, ILLINOIS

*A Registered Osteopathic Hospital*

Page 19



## Medical Terminology

By JOSEPH L. LOVE, M.A., D.O.

This column will be devoted to the improvement and enlargement of the reader's vocabulary. There will be a section on meaning of terms and a section on pronunciation. Suggestions or questions are welcomed.

### Pronunciation

1. Morgagni (mor-gan'yee)
2. paresis (pa-re'sis or par'e-sis)
3. flaccid (flak'sid)
4. trichomonas vaginalis or hominis (trik-om'o-nas)
5. trophozoite (trof'o-zo'ite)
6. trophoblast (trof'o-blast)  
trophic (trof'ik)
6. tropism (tro'pism)
7. tsetse (tset'see)
8. chrysarobin (kris-ar-o'bin)

### Meaning

1. erythrasma (G. *erythros* red)  
Reddish brown eruption in patches in the axillae and groins caused by a fungus.
2. melena (G. *melaina* black or black bile) Evacuations resembling tar because of action of intestinal juices on blood.
3. sequela (sekwe'la or sekwell'a) (L. *sequi* to follow) A condition following and resulting from a disease.
4. anisocytosis (G. *anisos* unequal + *kytos* cell + *osis* condition) Inequality in size of cells especially erythrocytes.
5. poikilocytosis (G. *poikilos* spotted + *kytos* cell *osis* condition) Variation in shape of red blood corpuscles.
6. hypochromic (G. *hypo* under +

## ROTARIANS, KIWANIANs, Etc.

ARE YOU LOOKING FOR TALENT FOR THAT  
NEXT PROGRAM YOU HAVE CHARGE OF?

### DIVISIONAL SOCIETY PROGRAM CHAIRMEN

ARE YOU AT A LOSS TO KNOW WHO  
TO GET FOR YOUR NEXT TECHNICAL PROGRAM?

Call or write State P&PW Chairman

GEORGE GRAINGER, Tyler

or

State Speaker's Bureau Chairman

BILL SORENSON, Port Arthur

**You Furnish the Audience, We Furnish the Speaker**



*chroma* color) Said of a condition in which the pallor of the centers of red corpuscles is increased.

7. hyperchromic—The reverse of hypochromic.
8. polychromatophilia (*G. polys* many + *chroma* color + *philein* to love) The quality of being stainable with more than one stain usually used in reference to erythrocytes.
9. spherocyte (*G. sphairo* ball + *kytos* cell) An erythrocyte which is spherical in form rather than biconcave.
10. reticulocyte (*L. reticula* net + *G. kytos* cell) An immature red blood cell characterized by a granular or filamentous network.

Sources: *Dorland*, "American Illustrated Medical Dictionary", *Skinner*, "The Origin of Medical Terms", *Funk & Wagnall's*, "Practical Standard Dictionary", *Webster's*, "New International Dictionary", "New Gould Medical Dictionary", *The Blakeston Co.*, 1949.

## Board of Directors Meet

(Continued from Page 15)

### 24. Formation of Budget Committee

A budget committee was set up to consist of the president, president elect, secretary, P&PW Chairman, and the Public Health Chairman.

### 25. Telephone Listing

Considerable discussion revolved around the problem of listing in the yellow sheets of the telephone directory due to the action taken by the House in voting that this should be changed.

### 26. Change in the Constitution in Regard to Honorary Life Memberships

The Board decided to request the House Committee on constitutional amendment in regard to this problem to formulate a change in their constitution and submit it to the Board at its next meeting.

27. Dr. George Luibel presented the following men as members of the Program Committee for the 1951 convention: Dr. H. G. Grainger, chairman; Dr. Stanley E. Hess, Jr., co-chairman; Dr. R. B. Beyer, and Dr. J. R. Alexander.

The Board recommended to the Program Committee that it design its program from the standpoint of the osteopathic concept; that it be a teaching type of program.

28. The Board instructed that arrangements be made for a suitable reception for all graduates taking the State Board of Medical Examiners who contemplate locating in the State of Texas.

29. A motion was made that a Grievance Committee be appointed to serve as a clearing house for insurance complaints and that every insurance company be notified of this committee and told that they will act upon any bill that is apparently out of line. The committee set up was Dr. Robert E. Morgan, Dr. Earle H. Mann and Dr. Elmer C. Baum.

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# AUXILIARY NEWS

## AUXILIARY DISTRICT ONE

The Amarillo Osteopathic Hospital Auxiliary held its monthly meeting Wednesday evening, June 21, at the Cradit Clinic.

Dr. W. H. Ballew of Amarillo talked to the group on "Osteopathic Manipulative Treatment of Children." He said that in his practice he had found, among others, that such diseases as poliomyelitis, whooping cough, flu, pneumonia, St. Vitus dance, and allergies, particularly, responded to osteopathic manipulative treatment. He said, "Structural derangement is often the cause of diseases and disabilities, and better understanding of body structure and body posture promotes good health." Dr. Ballew gave a very excellent talk on osteopathy, and what it can do for children and for adults.

Mrs. E. W. Cain, president, presided for the business meeting. The *Osteopathic Magazine* is to be sent as a gift subscription to the Amarillo Public Library, the libraries of the Amarillo College, and Amarillo Center of West Texas State College, Amarillo High School, and to the libraries of the towns where osteopathic physicians are practicing in the Panhandle of Texas.

Mrs. Hubert Gant was a guest. The next meeting will be a dinner on the evening of July 19.

Members present were Mrs. E. W. Cain; Mrs. J. Francis Brown, Mrs. L. V. Cradit; Mrs. Harold Gorrie; Mrs. Ed Rossman; Mrs. L. J. Vick; and Mrs. Glenn Scott, all of Amarillo, and Mrs. R. E. Lingenfelter of Hereford, Texas.

By MRS. J. H. CHANDLER

## AUXILIARY DISTRICT SEVEN

On June 25 the regular district meeting was held in San Antonio. Beginning

at 10 o'clock in the morning the doctors held their meeting in Dr. Rex Aten's new clinic, and the wives gathered at the home of Mrs. Harold Beckwith. Reports were made on the rummage sale held recently by the auxiliary in Austin, also one we had here, the latest money-making project for both groups.

After our business meeting, we joined the doctors for an informal social hour followed by a luncheon at the Gunter Hotel.

We were happy to have our state president, Dr. George Luibel and Mrs. Luibel with us, and enjoyed the talk made by Dr. Luibel, who was making his official visit to our district.

Our auxiliary here in San Antonio is now sewing one day each month at the hospital instead of in the various homes, as we have done in the past. We get a lot of visiting done as well as sewing and mending, and we are served lunch at noon.

The Austin group had a Bar-B-Q supper in the back yard at the home of Dr. and Mrs. E. C. Baum, honoring Dr. and Mrs. Wm. H. Van de Grift, who have recently moved to Dallas. There were only six couples there to enjoy the occasion but there was enough food and fun for six times that many. We miss having Dr. and Mrs. Van de Grift in our district but wish them well in their new location.

Dr. and Mrs. Frank J. Gasperich of Tulsa spent several days recently on the coast with Drs. Hal and Lige Edwards and their wives. They report a good time but bad weather—more fun than fish.

Dr. and Mrs. Harold Beckwith and family, together with Dr. and Mrs. Gordon Beckwith and family, have taken a cottage at Ashtabula, Ohio, on Lake Erie for the month of July.

By MRS. REX ATEN



# NEWS OF THE DISTRICTS

## DISTRICT TWO

Dr. Robert E. Morgan of Dallas, Texas, physician for the Southern Methodist University Athletic Department, attended the annual National Trainers Clinic in Kansas City, Missouri June 24-25.

This clinic was attended by 250 trainers from all parts of the United States. He reports that the program was good and very interesting. He was most impressed by the fact that their program started on time and that 95 per cent of the people in attendance were there from the opening of the program to the end.

The National Trainers Association was organized at Kansas City and will hold annual meetings and clinics for trainers of athletic teams throughout the United States.

## DISTRICT THREE

Dr. Chas. Bragg of Big Sandy recently resumed practice after attending the course in Basic Electrocardiography by Dr. Hetzler at the Kirksville College.

Drs. E. C. Kinzie, Chas. Ogilvie, and Wm. Coats were among those that attended the Child Health Conference at Kansas City, Missouri. Dr. Kinzie was forced to ride in one of them "durn flying" machines on his recent trip in Kansas. It seems the train was unable to cope with some of the flood water that occurs (between drouths) in Kansas. His flight was uneventful. Dr. Kinzie said the only thing worrying him was how they might proceed to fix a flat, should it occur while in flight.

Dr. Chas. D. Ogilvie of Quitman, Texas attended the postgraduate course in gastroenterology and sessions of the

Eastern study group of the American College of Internists in May.

The fishing trip that Howard Coats and A. Ross McKinney planned last month was made. The bites?—None whatsoever, not even mosquito.

The more somber news items this month include the death of Dr. E. C. Kinzie's grandfather. Dr. Duphorne of Athens recently visited his father in Brookfield, Missouri, who had a heart attack. J. A. Ross, father of Dr. K. E. Ross, sustained an attack of coronary thrombosis but is improving.

Dr. H. R. Coats recently entertained most of the Texas group at a barbecue—steaks, and were they drooly!—in his back yard garden. General increase in the paunch size of those attending was easily noted.

By KENNETH E. ROSS, D.O.

LINDALE, Texas: FLASH! Earl C. Kinzie, the Blackberry King, has harvested a bumper crop. The labor shortage has been so acute that he has been drafting children of his professional associations, particularly from Tyler. On direct interview concerning this year's crop Dr. Kinzie says, "This year I am happy".

Our congratulations to Dr. Kinzie also on his recent election to the school board of Lindale.

WINNSBORO: Bill Coats has established a bass catching record during the past two weeks. His numerous catches range from 4½ to 2 pounds—anything less than that goes in the minnow bucket.

Earl Stuart and family are on an extended vacation and hunting trip in Montana. Rumor has it that Earl was so busy packing his guns that he almost went off without Bruce and Sandra.

Congratulations to Ralph Kull, who moves into his nice new office this



week. It is a dandy, Ralph, and our best wishes to you in your new "spot".

**BIG SANDY:** Took the day off on the 4th to drive over to Big Sandy to view progress on Dr. Bragg's new hospital, which is well under construction. This beautiful building with 4,000 ft. floor space and every convenience will be a great addition to the osteopathic facilities in this section and a credit to the profession. Charlie expects to occupy the building by July 20.

**MT. PLEASANT:** Dr. R. L. Martin attended the meeting of the State Board of Medical Examiners at Austin on June 19, 20 and 21. Russell reports a good examination session in which numerous D.O.s took the board. Accompanied by his son, Russell, the doctor followed the business with some pleasure in the form of fishing on the Gulf and just relaxing at a ranch in the "hill country".

**FLASH!** Dr. John Kennedy won the championship flight of the holiday golf matches at Paris, Texas. We do not have his exact score but as well as we know the doctor, we will vouch that it was in the low 70's. What do you say, Doc?

**TALCO:** Dr. Ellis Miller and family left the old grind at the Talco Clinic

long enough to have a fine vacation in Colorado. Ellis is back on the job now wishing for some of those Colorado breezes.

**DeKALB:** Ernie Schwaiger is sporting a nice new Buick. Business must be good in the Red River country, Ernie.

CHAS. D. OGILVIE, D.O.

## DISTRICT SIX

Drs. Poage and Grice were exposed to more X-ray diagnosis and therapy via Dr. Tedrick's at Denver, Colorado. What a salubrious summer climate in Colorado; not so much like dutch love as our Texas effort at oxygenation of the human race.

Dr. Wm. Durden is remodeling his offices on Richmond Road. He is installing modern air conditioning and bath room facilities for the children patients—every effort to prevent accidents, even the infant scales prevent the babies from falling off, etc. The doctor states he likes children. I must tell him where he can get six children to adopt; their ages are from three to nine years. None appears to care much for modern bath room equipment.

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Dr. Zima has gone in for air conditioned hospital suits. He is like the farmer's blind mule, "Just don't care a .....". Our surgical department has been over busy for the past two or three months.

A most interesting case of paroxysmal tachycardia presented herself for study at the hospital. An E.C.G. was done while the patient was under oxygen and semi-reclining in the Sitz bath apparatus. Try it some time. Inconveniences are just ignored. If you are successful in doing what you attempt, that separates the men from the boys. (a la Dr. Thompson).

Saddle block anesthesia is being used more frequently in the O.B. department. The patient's gratitude is boundless.

Dr. Cunningham had a good meeting via osteopathic nomenclature and hospital records. Dr. E. Roehr was ill and could not report for her subject, Cholelithiasis, cholecystitis or what-have-you, at the X-ray meeting last Tuesday of June. Never heard of her being incapacitated in the past eight years. Maybe there is something to that advertising slogan, "After 35 you need .....".

The interest shown in the X-ray department is genuine and mounting. No doubt we have further to go to approach the efficiency of the other hospital departments.

Dr. Reed is getting aboard his legislative duties. His understanding is an accumulation of 30 years' effort. Let us all cooperate when he makes a request to see "so and so" candidate. It is all in our own behalf. Right and left wing Democrats and Republicans please step one pace forward. This is not a volunteer mission; some may not come back, and we can't afford to be taken alive.

Dr. L. Rohr reports they've acquired a new house sans roaches; all in preparation for another blessed event. Dr. R. says he uses the Ballard technique

in his practice. Some of us are not hep. There are several new babies in the Gulf area that haven't been unwrapped at a district meeting. Bring them in for the September meeting.

Dr. and Mrs. Brennan are chesty over a new girl baby, just arrived at the Houston Osteopathic Hospital July 4. Father and baby doing nicely.

Dr. Adams has failed to improve the sartorial habits and technique of the remnant of the Hall-Jaffe combination.

Teenie reports that Alec is not feeling too well. Hope it is nothing serious and that it may be more climatic than—acteric.

We have word from Drs. Hall and Summers that they are in the throes of deciding on the purchase of an X-ray machine. Everyone tells them to get "Not what I have."

Dr. C. A. Tedrick, radiologist of Denver, will no doubt be in our midst again September 24 to 30. We'll either learn something about X-ray or bust a

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ham string! If exposure or vaccination will do any good, the Houston group will get it.

This thing of adding a signature to the news items is somewhat like the fatherless child that was born on an island in the Rio Grande—neither U. S. nor Mexico wants to claim responsibility or ownership.

Our sympathy goes to the Mitchell family in the passing of Dr. Fred Mitchell on Sunday, June 24, 1950.

Mrs. Sally Choate, mother of Dr. James J. Choate, died Sunday, July 2, 1950, at the Houston Osteopathic Hospital.

Dr. Ed Gardiner has just returned from a vacation in Canada.

Dr. L. Farquharson's daughter is assisting in the clinic.

Dr. Platt is in Chicago at A.O.A. convention.

#### DISTRICT SEVEN

District 7 of Osteopathic Physicians and Surgeons of Texas will hold its meeting at the Aten Clinic, 3814 Broadway, San Antonio, Texas on June 25, 1950 at 9:30 a.m. There will be a luncheon at 1:00 p.m.

The Ladies' Auxiliary will also have their meeting.

B. G. SCHOCH, D.O.  
*Secretary-Treasurer*

#### DISTRICT EIGHT

The new Bailey-Schultz Clinic opened ahead of schedule with an open house on Sunday, June 25. This building is very modernistic and one of which the osteopathic profession in Corpus Christi, in fact in all of South Texas, can be proud. Congratulations are in order to these boys for this splendid addition and advancement for our profession.

The regular executive board meeting of the Corpus Christi Osteopathic Hospital was held at the Bailey-Schultz

Clinic on Tuesday, June 27 as was the regular monthly staff meeting, which was held July 5 this month due to the regular Tuesday being July 4 and a legal holiday.

Dr. James M. Tyree is at last a grandfather. His daughter, Nancy, presented him with an 8 lb. 9 oz. grandson the first week in July. Her husband is stationed in Wichita, Kansas, a member of the Regular Navy of the United States of America. The grandson was born in Wichita, Kansas.

#### DISTRICT NINE

President Harry Tannen of Weimar presided over District 9 June meeting held in the Weimar Hospital and Clinic.

We had the pleasure of having Dr. George Grainger of Tyler, who is the new state chairman of the P&PW committee.

George had some transportation difficulties—leaving Tyler by plane, encountering a taxicab strike at Houston, and very poor bus connections to his destination. After talking to George, I am of the opinion that he will start early and travel by foot the next time he makes a country district meeting.

Dr. Grainger gave a very interesting discussion on the plans for the P&PW. He is very interested to see that news items of district meetings get local newspaper publication.

Radio, hospital, speaker programs, parent-teacher associations, and civic clubs are to be stressed by the new committee.

Doctors Gremm, Crews, and Tannen volunteered to become speakers at other district meetings.

The health column suggestion offered by the P&PW was well received. Most all present expressed interest in having it published in their local papers.

While Dr. T. D. Crews was momentarily absent from the room, Dr. J. V. Money nominated and Dr. Robert Morehead seconded, so our friend T. D. was



elected chairman of the P&PW committee for District 9. I am pleased to report that the Weimar meeting has already hit the local newspaper through this district.

Dr. Tannen had prepared a program on general therapy.

There will be no July meeting.

RICHARD L. STRATTON, D.O.  
*Secretary-Treasurer*

### DISTRICT TEN

The South Plains Osteopathic Society has been made into a new District 10. There was a meeting of the doctors of the area on May 29 at the Lubbock Osteopathic Hospital and officers elected were: Dr. Joe P. Alexander, Spur, president; Dr. Harry E. Williams, Abernathy, vice president; Dr. Henry A. Spivey, Lubbock, secretary-treasurer; Dr. Richard M. Mayer, Lubbock, public relations officer. The meeting was preceded by an open dish supper at the party house at McKinsey Park.

Dr. Stuart MacKenzie will begin practice soon in Lubbock, Texas and have his offices in Modern Manors at 4224 Boston. He is a graduate from Kirksville of the class of '40 and just recently finished a fellowship in E.E.N.T. in Kansas City under Dr. Crites.

Dr. W. D. Danks has added new furniture to his office and reception room and took a fishing trip to Dallas the middle of May.

Dr. Henry A. Spivey will be on the anemic list for a while as his wife is out of town on a vacation.

Dr. G. G. Porter and wife took a four day trip to Austin to visit their daughter.

R. M. MAYER, D.O.

\* \* \*

District 10 of the State Osteopathic Association met Monday evening, June 26, 1950, at the city health office.

Mr. Gerald Jarvis, who is assistant  
July, 1950

director of the city-county health unit, was in charge of the program. He ushered us through the building, showing us the facilities which were available to us to help the betterment of the public health in Lubbock and Lubbock County. Various health measures were discussed and he offered his fullest cooperation with us in any health problem.

We had a very good attendance of the doctors of the district.

After the meeting we were shown some very inspiring films by Dr. Joe Alexander, our president.

Our next regular meeting will be on Sunday, July 30. The place where it will be held will be announced later, but it will be in Lubbock. We will have a luncheon followed by an afternoon business meeting.

It is hoped that our state president, Dr. George Luibel, and executive secretary, Dr. Phil Russell, will be present.

HENRY A. SPIVEY, D.O.

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## Osteopathic Sponsorship Of Bob Hope Show

The Bob Hope Show will be given in the Allentown high school stadium, Allentown, Pennsylvania, Wednesday, September 6 at 8:30 p.m. It is being sponsored by the Allentown Osteopathic Hospital. An organization meeting for

workers was held recently by the Allentown Osteopathic Guild. The campaign for the show was launched June 5. General chairman of the show is Morton White, a member of the hospital board. The president of the guild is Mrs. H. C. S. Samuels, and the secretary is Mrs. Ethel Glickman, who will do secretarial work for the project.



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