Texas Osteopathic Physicians Journal

Volume XVI FORT WORTH, TEXAS, NOVEMBER, 1959 Number 7

In This Issue—

	Page
Editorial Page	1
Feature Speakers—State Department of Health Seminar	2
Epidural Anesthesia In Major Pelvic Surgery	3
Texas Society On Aging Meets	4
You'll Be Using Older Workers	6
Executive Secretary's Travelogue	8
Important to Physicians	12
Important to Hospitals	13
Texas Represented	17
Heart Disease Shield Forecast	18
Christmas Seal Campaign Background	19
AHA Listing Requirements	20
Washington News Letter	23
Auxiliary News	23
News of the Districts	24

TEXAS ASSOCIATION OF OSTEOPATHIC PHYSICIANS AND SURGEONS

OFFICERS

Raymond D. Fisher, D.O., President
Fort Worth, Texas

M. G. Holcomb, D.O., Immediate Past President
El Paso, Texas

Glenn R. Scott, D.O., President Elect
Amarillo, Texas

Richard L. Stratton, D.O., Vice President
Cuero, Texas

Phil R. Russell, D.O., Executive Secretary
Fort Worth, Texas

BOARD OF TRUSTEES

Harlon O. L. Wright, D.O., Sundown, Texas
J. Natcher Stewart, D.O., Grand Prairie, Texas
L. G. Ballard, D.O., Fort Worth, Texas
Thomas M. Bailey, D.O., Corpus Christi, Texas
Tyra A. Morgan, D.O., Vidor, Texas
G. W. Tompson, D.O., Houston, Texas
Gordon S. Beckwith, D.O., San Antonio, Texas
Carl O. Haymes, D.O., Dallas, Texas
J. Ralph Cunningham, D.O., Houston, Texas
Robert F. Lutz, D.O., Dallas, Texas
Michael A. Calabrese, D.O., El Paso, Texas
J. Warren McCorkle, D.O., Mineola, Texas

HOUSE OF DELEGATES

Charles C. Rahm, D.O., Speaker
Brownsboro, Texas

Samuel B. Ganz, D.O., Vice Speaker
Corpus Christi, Texas

COMMITTEES

DEPARTMENT OF PROFESSIONAL AFFAIRS

L. G. Ballard, D.O., Chairman

1. Professional Education and Meetings ..... J. Natcher Stewart, D.O., Chairman
   J. Warren McCorkle, D.O.
2. Ethics, Censorship, and Public Grievance ..... Loren R. Lohr, D.O., Chairman
3. Annual Program ..... Roy B. Fisher, D.O., Chairman
4. Facilities and Exhibitors ..... Phil R. Russell, D.O., Chairman
5. Selective Service ..... Roy D. Kirkland, D.O., Chairman
6. Statistics and Locations ..... Charles D. Ogilvie, D.O., Chairman
7. Membership ..... Elbert P. Carlton, D.O., Chairman
8. Constitution, By-Laws and Charters ..... Richard L. Stratton, D.O., Chairman
9. Editorial Policy and Journal Publication ..... Phil R. Russell, D.O., Chairman
   George J. Luibel, D.O.
   Charles C. Rahm, D.O.

DEPARTMENT OF PUBLIC AFFAIRS

Richard L. Stratton, D.O., Chairman

1. Public Health ..... Elmer C. Baum, D.O., Chairman
   Everett W. Wilson, D.O.
   Phil R. Russell, D.O.
   Stanley E. Hess, D.O.
   Samuel F. Sparks, D.O.
   Daniel D. Beyer, D.O.
2. Public and Professional Service ..... Charles H. Bragg, D.O., Chairman
   M. G. Holcomb, D.O.
3. Osteopathic Progress Fund ..... L. G. Ballard, D.O., Chairman
4. Veterans Affairs ..... L. N. McAnally, D.O., Chairman
5. Hospitals and Insurance ..... G. W. Tompson, D.O., Chairman
   Gordon S. Beckwith, D.O.
   John W. Drew, D.O.

EDITORIAL PAGE

AN OBLIGATION

For years the House of Delegates, the Board of Trustees and the members of the Texas Association of Osteopathic Physicians and Surgeons have instructed the Public Health Committee to secure additional post-graduate opportunities for the profession. For six years the State Department of Health has responded to the request of the Public Health Committee for post-graduate training by conducting a two-day seminar.

Again this year the State Department of Health has set up an educational seminar to be held at the Baker Hotel, Dallas, Texas, December 11-12, 1959. They have responded again with a most unusual program, copies of which will be mailed to every osteopathic physician in the state.

You cannot afford to miss the opportunity for further enlightenment in medical care for your patients. These seminars have attracted a registration of only 200 osteopathic physicians which is approximately 1/3 the osteopathic population in Texas. There should be better representation by our profession. We wonder if your demands for post-graduate work are just lip talk or are you sincere in your requests for such opportunities? The State Department of Health cannot afford to put on these seminars unless there is sufficient attendance by osteopathic physicians to justify the cost and effort involved.

Review the program as published and you will realize that if you are to keep up with the latest information available, you cannot afford to miss this year's Seminar at the Baker Hotel in Dallas, December 11-12, 1959.

Send in your reservation now! Set aside the dates December 11-12, 1959! Remember the place — The Baker Hotel, Dallas, Texas.

Texas Osteopathic Physicians' Journal

OFFICIAL PUBLICATION OF THE
TEXAS ASSOCIATION OF OSTEOPATHIC PHYSICIANS AND SURGEONS

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

EDITOR - - - PHIL R. RUSSELL, D. O.
ASSOCIATE EDITORS: GEORGE J. LUIBEL, D. O., RALPH I. McRAE, D. O.

ADVERTISING RATES UPON REQUEST. ALL ADVERTISING CUTS TO BE SENT WITH COPY

VOLUME XVI FORT WORTH, TEXAS, NOVEMBER, 1959 NUMBER 7

FEATURE SPEAKERS

State Department of Health Seminar

The Baker Hotel, Dallas, Texas, December 11-12, 1959

LEWIS C. ROBBINS, M.D.
Washington, D. C.
Chief, Cancer Control Program
Bureau of States Services
United States Public Health Service

JOHN N. CASHMAN, M.D.
Washington, D. C.
Acting Chief, Program Services
Cancer Control Program
Bureau of State Services
United States Public Health Service

FRANK E. GRUBER, D.O., F.A.C.O.O.G.
Philadelphia, Pennsylvania
Chairman of Department of Obstetrics and Gynecology, Philadelphia College Hospital; Professor of Obstetrics and Gynecology, Philadelphia College of Osteopathy and Surgery.

JOHN W. GOFMAN, A.G., Ph.D., M.D., F.A.A.A.S.
Berkeley, California
Professor of Medical Physics and Medicine, University of California; Fellow, A.A.A. S. and American College of Cardiology.

PROGRAM will include lectures in Cancer, Cardiology, Obstetrics and Gynecology.

Epidural Anesthesia in Major Pelvic Surgery

by STEVON KEBABJIAN, D.O.

The epidural space can be defined as that space between the dural sheath and the ligamentum flavum, extending from the foramen magnum to the sacral hiatus. The space is filled with areolar tissue, fat and a venous plexus.

The site of action of epidural analgesics has not been definitely established. Some authors believe the drugs act directly on dural covered nerve roots in the epidural space. Others think the nerves are acted upon distel to the dural sheath after leaving the intervertebral foramina. Still others believe that epidural analgesia is caused by a diffusion of the local anesthetic drug across the dura mater into the subarachnoid space and cerebro-spinal fluid.

It is the purpose of this paper to discuss a series of twenty-five spinal epidural anesthetics given over a period of one year, for major surgical procedures.

Epidural anesthesia was used only in selected cases and the selection was based on the type of surgery, the estimated duration of surgery, the weight, height and the condition of the patient. The selection was limited purposely to major pelvic surgery. Our series included five cases of total hysterectomy and twenty cases of uterine suspension, together with one or more of the following procedures: appendectomy, presacral neurectomy, salpingoopherectomy, perineorrophy, ovarian resection, lysis of adhesions, dilation and curettage, cervical conization, and tubal ligation.

The following technique was used: The patient was placed in the lateral decubitus position with the back flexed. A skin wheal is made, usually between lumbar 3 and 4 or lumbar 2 and 3, using a mixture of procaine and ephedrine. A 22 gauge Pitkin needle is advanced slowly in the midline, through each ligamentous layer of resistance. When the point of the needle reaches ligamentum flavum, the stylet is removed, and a 3cc syringe filled with local anesthetic solution is attached. The needle is then advanced slowly with the left hand, while the right thumb keeps constant pressure on the plunger of the syringe. When the ligamentum flavum has been pierced, there is a sudden release of resistance and the epidural space has been entered. The anesthetic solution can be easily injected. Aspiration of cerebrospinal fluid is attempted to be sure that the needle has not pierced the dura. When it is definitely established that the needle is in the epidural space, 5 to 10cc of Gyclaine 1%, is injected as a test dose. After five minutes, the patient is asked to move his legs as further evidence of correct epidural puncture. Then the remainder of the local anesthetic solution is injected, using a 10 or 20cc syringe. The patient may experience a cramping in the legs or thighs while the injection is being carried out. This is further evidence that the needle is in the epidural space and is called the "sciatic sign."

The total amount of anesthetic solution ranged from 20 to 35cc with an average volume of 27.5cc. The patient is then placed in the supine position and the table placed in slight Trendelenberg. The onset of anesthesia and relaxation using Cyclaine 1% is from ten to fifteen minutes.

An intravenous infusion 0.2% Pentothal in normal saline is started and the patient put to sleep with 5 to 8cc of 2.5% Pentothal. After the patient is asleep, a 50-50 Nitrous oxide-oxygen mixture is administered, using a circle absorption semi-closed system, with an 8 to 10 liter volume flow.

The average duration of the one shot epidural anesthesia was about one hour and twenty minutes, ranging from one

hour to two hours and thirty minutes. The patients ages ranged from 19 years to 49 years, and their weights ranged from 98 to 156 pounds.

In 85% of the cases in our series, the anesthetic results were excellent. By this, we mean that relaxation was excellent throughout the surgery and no supplemental anesthesia, such as d-tubocurare, succinykiholine or cyclopropane was required. In 12% of the series, supplemental anesthesia in the form of a muscle relaxant (sussinylcholine) was required in order for the surgeon to close the peritoneum. This was usually due to a lengthy procedure and the epidural anesthesia had begun to wear off. In 8% of the series (2 cases), the epidural block was unsuccessful, due to some unknown reason, and supplemental anesthesia (Cyclopropane and Succinylcholine) was required to give the surgeon proper working conditions.

There was no significant blood pressure drop in any of the cases in our series. There were only drops of 5 to 8mm systolic and this did not warrant the use of vasopressor drugs.

Postoperatively, the results were excellent. There were no cases of headache or backache; nausea and vomiting were minimal, and the patients all seemed to be very satisfied with their anesthetics.

CONCLUSION: Excellent results were obtained from epidural anesthesia in the selected major surgical cases. There were no anesthetic complications; the surgeons were satisfied with their post-anesthetic course.

We believe that epidural anesthesia is a valuable addition to the armamentarium of the anesthesiologist.

Bibliography

1. Moore, Daniel, Regional Black, pp 301-311.
2. Bromage, P. R., Spinal Epidural Anesthesia.
3. Epidural Anesthesia in General Surgery, Lund, Cwik, Magazines, Journal of Anesthesiology, July, August, 1956 Volume 17 — No. 4.

Texas Society on Aging Meets

RALPH I. MCRAE, B.A., D.O., F.A.C.N.
Dallas, Texas

This young, but timely and potentially powerful organization derives its membership from a wide range of professional disciplines, and interested laymen. In a very real sense it is a spontaneous development to meet the present emergency situation in our society relative to meeting the needs and managing the problems of the increasing volume of aged people. Among its membership are representatives from the social welfare fields, the A.F.L.-C.I.O., the allopathic and osteopathic professions, religious groups, the insurance industry, and others whose services and activities relate to the problems of the aging.

The Texas Society on Aging is affiliated with the National Gerontological Society, which has medical and associate types of memberships, on an individual basis and affiliate status for related groups. The third annual meeting of the Texas Society on Aging was held in Dallas, October 16-17. There was an attendance of over two hundred people, most of whom were leaders representing their respective organizations.

The excellent program represented a wide cross section of attitudes, values,

and objectives of many groups in the State who are dealing with the elderly citizens. Many ideas expressed were in superficial conflict, but it was clear that they were not mutually exclusive attitudes, but that they were in need of re-stating in more explicit terms to determine their common ground rather then merely to emphasize their differences.

For instance, the "right to Work" proponents were not happy with the Labor Movements program for earlier retirements. A careful analysis of both sides of the problem would reveal that their area of conflict could be reduced to a reasonable working agreement.

The present objectives of the organization are three fold. First: To promote a State Commission on Aging to implement and integrate the ferment of activity relative to this field at the state level. This commission would compare to the "Employment Commission" and others which administer the laws relative to their fields. It is evident that this will require several years, but its over-all significance should not be over-looked. Second: To provide a planned evaluation of the entire problem of aging and to classify the wide range of facilities and services now available for the care of the aged.

Third: To develop an over-all program that is to be projected toward future goals, as a part of the preparation for the White House Conference on Aging to be held in Washington in 1961. The present approach to the problem is to try to work out the problem at the grass roots level, each community working at the problem in its own particular way. A wide range of experiments are being promoted by various towns and cities in Texas. The study and evaluation of all of these should prove rewarding to all other communities.

In view of the fact that all members of our professions are active in the treatment of elderly people, and the added fact that medical expenses are often the largest and most debated factors in the budget of the aged, it behooves each member of the osteopathic profession to assume leadership in the promotion of projects and activities in the local community to assist in the over-all management of problems of the aging population. Until we become familiar with the thinking of social and civic planning groups we cannot participate or be in the proper role to contribute our share of experience, judgement and assistance. In this relationship it is very important to recognize early that the best management of local problems should be local management, but that if this is not effective, the program will be derived from the Authority of the State on a relatively arbitrary basis, often dictated by pressure groups or on a statistical basis of judgement. It is time that more members of our profession learn how to work with other groups in the community, we are needed, but far too often we remain an unknown quantity.

MATTERN X-RAY APPARATUS

ALSO ULTRA VIOLET & INFRA RED LAMPS—EKG SHORTWAVE DIATHERMIES AND GALVANIC MACHINES—X-RAY FILMS AND SUPPLIES

"Service when you need it"

SOUTHWEST & JOHNSON X-RAY CO.

2615 OAK LAWN AVE. Telephone JU 2056 DALLAS 4, TEXAS

L.B. O'Neill

You'll Be Using Older Workers — Here's Why

MAURICE ACERS
Texas Employment Commission
Austin, Texas

"The old truism—the future belongs to those who plan for it—was never truer than it is today," said Maurice Acers, speaking of the manpower outlook for the next decade. Acers is the Employer Representative of the Texas Employment Commission.

Scientific and technical advancement, the industrial boom, and the short supply of workers in the choice age group —25 to 34—are forcing us to take a new look at our manpower resources.

In 1960 Texas will have 778,000 workers in the 25 to 34 age range. In 1965 the number will be the same, roughly 19% of the total labor force. This means that *for every 5 workers only one will be in the "ideal" age range* by today's standards! While 32% of the labor force will be *over* 45 years of age! An increase in numbers of 103,000.

The Texas employment forecast to 1965, based on national projections published by the U. S. Department of Labor, indicates a total net increase of 319,000 in all age groups. This is 81,000 short of the estimated labor need!

"It is clear from this," the Commissioner pointed out, "we are going to have to squeeze out the last drop of our manpower potential." How do we do it? What must Texas employers consider? How must they plan?

It is obvious from the labor forecast above that a primary consideration must be the revision by employers of their attitude and their thinking about older workers—from the standpoint of both hiring and retiring them. Age must be viewed by mental-physical health factors as they affect the worker's ability to do a job *rather than mere chronology!*

Social insurance and retirement provisions will have to be re-examined and made more flexible or else they will become too burdensome to survive. We must recognize that increased life span presupposes extended productive energy and that retirement based on age is wasteful in a dynamic economy such as ours.

Careful selection of the older worker to be sure they are filling right jobs is a major answer. Employers will have to study their jobs and staffing problems more carefully to assure that they are making full use of the potential labor supply in each community. Unrealistic job requirements can price a man out of the manpower market, Acers said.

A good many Texas employers are already aware of the trend, Acers believes. Texas Employment Commission local offices report consistent gains in the placement of older workers. Last year 94,740 or 18.1% of the total 517,304 non-agricultural placements made were in the over 45 age group and 16.2% of the job seekers were over 45. These workers were placed across the board in managerial jobs, sales and service jobs, technical jobs and skilled, semi-skilled and unskilled jobs.

One department store manager who uses older workers put it this way — "My business is selling. It takes a special attitude which some people have and some don't Age has nothing to do with it. Sales people can sell as long

as they have a product and a customer."

A successful manufacturer of fishing flies said it always made him sad to see old men whittling their lives away, so when the development of Central Texas lakes made fishing popular he hit upon the idea of making flies and capitalizing on the skill of some of his old friends. Needless to say, the old friends are also profiting.

A restaurant man who is noted for excellent service in his establishment has been using older women as waitresses for several years. "I have pretty specific hiring requirements," he said. "My waitresses have to be attractive, alert, courteous and expert in the art of serving food to my clients. I think you'll agree that they are. Another thing—they have to be regular in attendance. I find that my more mature waitresses have fewer outside distractions. They are used to life's emergencies and take them more calmly. They appreciate their jobs and do them well." When asked if he required previous waitress experience he said, "No . . . I train my waitresses in my own methods—previous experience is not necessary—just the ability to learn to do the job the way I want them to do it. For the most part, they catch on fast."

We are putting too much emphasis on youth training and not enough on the productive potential of our mature workers group — perhaps we need to do a morale job on the older worker and not pull him out of the game while he is still able to run with the ball. Older workers don't need or want coddling if they're qualified and placed in the right job.

Good Location

TURKEY, TEXAS—in need of good osteopathic physician. Nearest doctor is 28 miles away. Good trade territory. A suitable building for a nice clinic and small hospital is available with quite a lot of equipment. If interested, contact Mr. Drew Holcomb, Turkey, Texas. Phone 2341 or 2761.

THE AMERICAN SAVINGS

LIFE INSURANCE COMPANY

511 WEST ALABAMA • HOUSTON 6, TEXAS

•

Designed to Benefit Professional Education

•

BUY TO BUILD—FROM THE COMPANY WITH A PURPOSE

a Division of the

MEDICAL FOUNDATION INVESTMENT CORPORATION

Executive Secretary's Travelogue

At the last report of the executive secretary, written in the hospital, we were starting on at least a week's travel in the interest of the recovery of the executive secretary.

He was dismissed from the Fort Worth Osteopathic Hospital at 10 a.m. on Tuesday, September 29 and was taken immediately to Meacham Field where one of the executive planes of Mr. Sid W. Richardson was awaiting him. To his happy surprise Mr. Richardson himself was there stating he was going to accompany the executive secretary to the island and would remain with him wherever they journeyed, until he was fully recovered.

The executive plane took off at 11 a.m. on the beautiful flight to St. Jo Island. Needless to say, all the services available on any airplane were available here.

They landed on beautiful St. Jo Island at 1 p.m. and were taken immediately to Mr. Richardson's fabulous home. They had lunch and the usual afternoon siesta.

At 7 p.m. Mr. Richardson, his manager, Mr. Diffie, and the executive secretary indulged in the usual pre-dinner cocktails. Mr. Diffie was informed by Mr. Richardson that the executive secretary of the TAOP&S was now under the employ of Sid Richardson—that under no circumstances was he to be taken from the island by any of his planes or boats without his sanction—that the executive secretary was to occupy the house and have full charge until he had fully recovered to Mr. Richardson's satisfaction.

After dinner, around 10 p.m., they retired. The executive secretary did not realize at that time what a tremendous shock was due him. He arose early the next morning and had breakfast alone. Mr. Richardson had informed him that he would be down at 9 a.m. or if the executive secretary had had breakfast, he would have his breakfast sent up to the pent-house.

At 10 a.m. when there still had been no word from Mr. Richardson, one of the servants went up to the pent-house to look in on him. He reported back that Mr. Richardson was still sleeping but he did not like his color. The executive secretary immediately went up and found Mr. Richardson had died in his sleep, possibly some time early in the morning. Needless to say, this was a tremendous shock to the executive secretary who emotionally was not able to take such a shock as the loss of this close, personal friend.

Eevrything started humming terribly fast after that. Mr. Richardson's nephew and attorney were immediately contacted by radio. They discovered the executive secretary had been pretty well knocked out and issued orders to place Mr. Richardson's body on the plane and return with it to Fort Worth immediately, but under no circumstances was the executive secretary to leave the island.

The executive secretary reports it did not take long for the employed staff on the island to take charge and each and every one of the four house servants were continually with the executive secretary, as well as most of the other 22 employees. They kept him so busy that they soon pulled him out of his emotional disturbances and he settled down to living the "life of Riley" in one of the most beautiful homes he has ever had the privilege of being in, with four servants nursing him, cooking for him, and waiting on him every moment.

One would have to see this island—27 miles long and four miles wide—to realize this is a paradise, with some 1,300 registered Santa Gertrudis cattle, a fine herd of Quarter horses and Mexican ponies, its ocean going yacht, its own gas wells, generating plants, water

works, etc. To look from one's bedroom in the morning and count seven deer in the backyard, two droves of wild turkey and three covey of quail—all within 100 yards of the house, is conclusive proof that Mr. Richardson had dreamed of and created a real paradise, all of which was at the disposal of the executive secretary, for which he will always be grateful to the memory of one of his closest friends.

One week later, one of Mr. Richardson's planes landed on the island and the executive secretary felt it necessary to leave even against the protests of Mr. Richardson's nephew and attorney and those on the island. He felt that since he had lost Mr. Richardson, he could no longer stay and that he should return to watch closely the affairs of the Association.

He returned to Fort Worth on Wednesday, October 7 and went immediately to the hospital from where he conducted most of the affairs of the Association until October 13 when he returned to the office.

On October 11 the executive secretary went to the dedication and ground breaking ceremony of the new Children's Hospital in Fort Worth.

On the afternoon of October 13 he proceeded to Grand Paririe, Texas, to to Mid-Cities Memorial Hospital and to the Plattner Clinic and Osteopathic Hospital over a much delayed insurance problem which was worked out to the satisfaction of everyone concerned.

On October 14 the executive secretary went to Temple, Texas, for a visit at Scott and White Clinic where he took Dr. Rodarte and Dr. Pettigrew out for dinner, discussing with them a problem concerning one of our members involved in a suit. The executive secretary wishes to report complete cooperation from these staff members of Scott and White Clinic.

On October 15 the executive secretary went to Florence, Texas, to inspect the Florence Clinic and Hospital for the Insurance Committee. This institution had been taken over by Dr. Bernard A. Burton. He found this to be a very lovely little country hospital, owned by the people of Florence who are exceedingly happy to have Dr. Burton there.

On Saturday, October 17, the executive secretary attended the meeting of the Society on Aging at the Baker Hotel in Dallas. This Society is one that each and every osteopathic physician should become interested in, in his own community.

The executive secretary left Fort

SPECIALIZED BIOCHEMICAL PROCEDURES

PROTEIN BOUND IODINE **BUTANOL EXTRACTABLE IODINE**
17 KETO STEROID **17 HYDROXYL-CORTICOSTEROIDS**
LIPO PROTEIN **CATECHOLAMINES** **TOXICOLOGY**

7 Day A Week Service Available

Ph.D. Directed

Write for Free Physicians Reference Card and Mailing Containers.

Complete Clinical Laboratory

P. O. BOX 6329 DALLAS 22, TEXAS

Worth on October 21 for Midland, Texas, where he attended a meeting of District No. 4. The following members were present: Drs. V. Mae and Norman Leopold; Drs. F. L. Harmon, Leland B. Nelson, B. B. Jaggers, Wiley B. Rountree. This accounted for all of the District No. 4 membership with the exception of Dr. Peterson of San Angelo who because of an injury could not travel and Dr. Jack Wilhelm who was unavoidably detained.

The meeting lasted until midnight and so far as the executive secretary knows, this was the best meeting ever held in District No. 4.

The executive secretary also visited Physicians Hospital and Clinic at Stanton, Texas, which is a beautiful county hospital of 30 beds run by Drs. Nelson and Harmon.

He left there on Thursday afternoon for El Paso, Texas, to meet with District No. 11 that night. It was a most successful meeting in which every member of District No. 11 was present with the exception of Dr. Rene J. Noren, Dr. Ira Pomeroy, Dr. William F. Hall and Dr. M. G. Holcomb who is in Los Angeles, California.

The executive secretary spent a day and a half visiting the offices of the following doctors: M. A. Calabrese, John G. Henery, John E. and M. G. Holcomb, Leroy Lyon, Rene Noren, Harvey D. Smith, R. C. Valdivia, Owen Vowell, Ira L. Pomeroy, Loy N. Sanders, and Daniel Leong, a new physician in this district. He apologizes that he was unable to visit Dr. William F. Hall's office.

In addition to this, the executive secretary spent a good deal of time with the Nettleship attorney in El Paso over a pending case in this district.

He left El Paso Saturday for Los Angeles, California, where he attended the meeting of the College of Surgeons and the American Osteopathic Hospital Association through Wednesday, October 28. The meetings were well attended. The programs were excellent and Texas was well represented.

On Thursday, October 29, the executive secretary spent the day at the Nettleship company office discussing problems concerning the profession in Texas in reference to malpractice claims.

The executive secretary spent the week-end leisurely and was back in the office in Fort Worth on Monday, November 2nd, where he found considerable work awaiting him.

General Practitioners Plan Midyear Meeting in Ft. Worth

The Texas Society of the American College of General Practitioners in Osteopathic Medicine and Surgery is making plans for a two day Educational Seminar on January 23 and 24, 1960.

With the cooperation and aid of the Texas Star Bar Association and its members in Tarrant and Dallas Counties, a program concerning medical and legal problems is being arranged. A preliminary meeting with the representatives of the legal profession and the officers of the Texas Society of General Practitioners was held in October, 1959. Other meetings are to follow.

The Seminar will be held in Fort Worth and accommodations have been arranged with Hotel Texas.

Some of the subjects under consideration are:

"Definitions of Medical and Legal Terms"

"The Physician As A Medical Witness"

"The Malpractice Trial" followed by a panel discussion

"The Public Liability Trial"—followed by a panel discussion

"The Doctor-Lawyer Relationship."

Further announcements will be made when the program is completed.

Good Public Relations

The Fort Worth Star-Telegram carried a rather lengthy article entitled, "Five Osteopathic Physicians To Begin Careers," showing pictures and biographies of the five interns at the Fort Worth Osteopathic Hospital.

* * *

The Odessa American, on October 2, 1959 gave the Leopold Osteopathic Clinic a good deal of publicity. The paper carried a picture and story of Mrs. E. O. Bierley, 23, and Mrs. Robert W. Barker, 15, who are sisters who gave birth to baby girls on the same day in Leopold Osteopathic Clinic. Mrs. Bierley gave birth to her child at 7:15 a.m. and the Barker child arrived at 1:45 p.m. Dr. V. Mae Leopold said, "This is the first time in 25 years of delivering babies that I have delivered children from sisters in the same day."

* * *

The Tarrant County Osteopathic Physicians received considerable publicity in reference to the United Fund Drive. For the fourth consecutive year, the Tarrant County Osteopathic Society presented to United Fund, at the first report of the Committee, a check for its total subscription for all its members. Each year this group is the only group that has reported over-subscription and paid the subscription for the entire membership at the first report of the United Fund Drive Committee.

* * *

The El Paso newspaper carried a picture of the Executive Secretary and a ¼ column write-up on his visitation to District No. 11.

* * *

The Paul Revere Life Insurance Company, in its monthly publication "Forward," paid a full page Salute, with picture and biography, to Dr. Galen S. Young, President of the American Osteopathic Association.

Sold Direct To Doctors Only

OMALOIDS

and

GARCELS

Specialties for

the Treatment of

OBESITY

Inquiries Invited

THE GARLAND CO., Inc.

Box 546

South Bend 24, Indiana

Important to Physicians

By Elmer C. Baum, D.O.
Chairman, Public Health Committee

The legislature of the State of Texas enacted a measure to regulate and control the handling, sale and distribution of "dangerous drugs." Each and every physician should thoroughly familiarize himself with this Act to avoid prosecution.

The "Dangerous Drug Act"—House Bill 556—was passed by the Legislature during the regular session and such statutory enactment became effective August 11, 1959. As this legislation affects the handling, sale and distribution of all drugs defined as "dangerous drugs," the physicians of Texas have need to become aware of certain provisions of this Act which will play an essential role in the physicians' use of these so-called "dangerous drugs."

First, let us consider those drugs contained within the definition of "dangerous drugs." and thereby controlled and regulated by the provisions of this Act. While there are numerous drugs such as aminopyrine, ergot, cinchophen and others specially set forth in the definition of "dangerous drugs," of particular interest and importance are the inclusion of any barbiturates or other hypnotic drugs — amphetamines, desoxyephedrines or compounds or mixtures thereof (with the exception of preparations for use in the nose and unfit for internal use)—and any drug which bears the legend: "Caution: Federal law prohibits dispensing without prescription" (so-called legend drugs). The inclusion of the latter class of drugs—legend drugs—is of extreme importance in that numerous new drugs appearing on the market in the future will automatically be covered by the provisions of this Act if such drug bears the caution legend.

For the most part, the enactment of the Dangerous Drug Act merely resulted in a repeal of the Texas Barbiturate Law and then its reenactment to include in addition to barbiturates all of those drugs contained in the definition of "dangerous drugs." Consequently, the regulations previously applied to the sale, distribution and handling of barbiturates by physicians and other individuals will now, for the most part, apply to all "dangerous drugs."

Henceforth, a pharmacist will be unable to deliver a "dangerous drug" to an individual *except upon an original prescription.* As was true under the previous Texas Barbiturate Law, a "prescription" is defined as a " . . . written order, and in cases of emergency, a telephonic order . . . " Also, it will be illegal for a pharmacist to refill a prescription for a "dangerous drug" *unless the prescription authorizes such refilling* or unless the pharmacist obtains authorization from the physician at the time of the refilling.

Insofar as the dispensing or delivering of a "dangerous drug" by a physician to a patient is concerned, the physician must follow the same requirements which were previously applicable only to barbiturates—namely, that it must be delivered by the physician in the normal course of his practice, and the container for such drugs must contain a label which specifies the directions for the use of such drug, the name and address of the physician and the name and address of the patient.

A *word of caution* should be made at this point upon the effect of this provision as to the use made by some physicians of certain "dangerous drugs" obtained by them as samples from "detail men" and pharmaceutical manufacturers or wholesalers. While there is no objection to these samples being given to patients by a physician, if such samples are not first labeled as set forth above, by the physician, then from

a legal standpoint there has been at least a *technical violation* of the law by both the physician and the patient—the physician for illegal delivery of the "dangerous drug" and the patient for illegal possession as the drugs would be in his possession without the required label attached to the container.

Inofar as the keeping of records are concerned, all physicians must make an inventory of all *barbiturates* or other *hypnotic drugs* and all *amphetamines, desoxyephedrines* or *compounds* or *mixtures thereof,* (with the exception of preparations for use in the nose and unfit for internal use) on hand at the present time and retain such inventory for a period of two years. No subsequent inventories are reuqired and such inventory applies *only* to those "dangerous drugs" specified and underlined above. In addition, physicians will be required to keep for a period of two years all commercial or other records normally kept in regard to those "dangerous drugs" specified and underlined above. Provisions for the initial inventory and the subsequent keeping of records apply *only* to barbiturate and other hypnotics, amphetamines and desoxyephedrines.

If the following drugs, barbiturates and other hypnotic drugs, amphetamines and desoxyephedrines are *obtained* from *out* of *state,* you must send a *copy* of the invoice or order to the Texas State Board of Pharmacy, 914 Littlefield Bldg., Austin, Texas.

Important to Hospitals

By Elmer C. Baum, D.O.
Chairman, Public Health Committee

The Legislature of the State of Texas enacted a measure to regulate and control the handling, sale and distribution of "dangerous drugs." Each and every hospital administrator should familiarize himself with this Act to avoid prosecution.

The "Dangerous Drug Act," H. B. 556, was passed by the legislature during the regular session and such statutory enactment became effective August 11, 1959. As this legislation affects the handling, sale and distribution of all drugs defined as "dangerous drugs," the hospitals of Texas have need to become aware of certain provisions of this act which will play an essential role in the hospital's use of these so-called "dangerous drugs."

First, let use consider those drugs contained within the definition of "dangerous drugs," and thereby controlled and regulated by the provisions of this act. While there are numerous drugs such as aminopyrine, ergot, cinchophen, and others specifically set forth in the definition of "dangerous drugs," of particular interest and importance are the inclusion of any barbiturates or other hypnotic drugs, amphetamines*, de-

X-Ray Equipment & Supplies

X-RAY SALES & SERVICE CO.

2800 THANNISCH ST.

C. A. McGEE FORT WORTH, TEXAS

soxyephedrines*, or combinations or mixtures thereof*; and, any drug which bears the legend: "Caution; Federal Law prohibits dispensing without prescription" (so-called "legend drugs"). The inclusion of the latter class of drugs, "legend drugs," is of extreme importance in that numerous new drugs appearing on the market in the future will automatically be covered by the provisions of this act if such drug bears the caution legend.

For the most part, the enactment of the "dangerous drug act" merely resulted in a repeal of the Texas Barbiturate Law, and then its re-enactment to include in addition to barbiturates all of those drugs contained in the definition of "dangerous drugs." Consequently, the regulations previously applied to the sale, distribution, and handling of barbiturates by hospitals, physicians, and other individuals will now, for the most part, apply to all "dangerous drugs."

Insofar as the keeping of records are concerned, all hospitals must make an inventory of all *barbiturates* or other *hypnotic drugs,* and all *amphetamines, desoxyephedrines,* or *compounds* or *mixtures thereof,* with the exception of preparations for use in the nose and unfit for internal use, on hand at the present time and retain such inventory for a period of two (2) years. No subsequent inventories are required and such inventory applies *only* to those "dangerous drugs" specified and italicized above. In addition, hospitals will be required to keep, for a period of two (2) years, all commercial or other records normally kept in regard to those "dangerous drugs" specified and underlined above. Provisions for the initial inventory and the subsequent keeping of records apply only to barbiturates and other hypnotics, and amphetamines and desoxyphedrines.

In the following drugs, barbiturates and other hypnotic drugs, amphetamines and desoxyephedrines are *obtained* from *out* of *state,* you must send a *copy* of the invoice or order to the Texas State Board of Pharmacy, 914 Littlefield Bldg., Austin, Texas.

As was true under the previous Texas Barbiturate Law, hospitals are legally entitled to the possession of "dangerous drugs." Such possession is legal for those "dangerous drugs" procured by the hospital for subsequent lawful administration by practitioners. A good "yardstick" for the hospitals of Texas to use in the future to insure compliance with this act in regard to the handling, use, sale and distribution of these "dangerous drugs" is to remember that the previous regulations pertaining to barbiturates now apply to all so-called "dangerous drugs."

There is, however, one area which the hospitals will have to give considerable attention to insure that the provisions of this act are complied with. This area encompasses the dispensing of "dangerous drugs" or the filling of prescriptions for "dangerous drugs" for out patients. The hospital will be unable to deliver a "dangerous drug" to an individual except upon an original prescription. As was true under the previous Texas Barbiturate Law, a prescription is defined as ". . . written order, and in cases of emergency a telephonic order . . .". Also, it will be illegal for the hospital to refill a prescription for a "dangerous drug" unless the prescription authorizes such refilling, or unless the hospital obtains authorization from the physician at the time of the refilling.

Also, it should be mentioned that any such "dangerous drugs" dispensed to outpatients must have upon the container for such drugs a label which specifies the directions for the use of such drugs, the name and address of the physician and the name and address of the patient. Without such label upon the container, the hospital would be dispensing such "dangerous drugs" to the patient illegally and in addition,

IN MEMORIAM
HARRY M. DAHL
OCTOBER 1910
SEPTEMBER 1959

HIS FRIENDS AND ASSOCIATES AT THE BAKER LABORATORIES

the patient would be in illegal possession of such "dangerous drugs," unless such a label is affixed to the container.

As can be seen by the above comments, the enactment of the "dangerous drug act" does not involve a radical or complicated departure from existing Federal statutes already controlling the majority of the drugs affected by this act. As was mentioned previously, a good "yardstick" for the hospitals of Texas to use is to remember that the previous regulations pertaining to barbiturates now apply, for the most part to all so-called "dangerous drugs."

Texas Students

65 students from Texas are enrolled in five of our osteopathic colleges this year.

KANSAS CITY COLLEGE OF OSTEOPATHY AND SURGERY is in the lead with 37 Texas students—*Freshmen:* Kenneth Ballard, Jack H. Dawksins, Raymond S. DeLeon, David J. Levy, John A. Taylor, James Kin, John P. Methner, James E. Swann, Robert L. Hardy, Dewey M. Fulgham, Neal F. Herron, Jr., Wallace H. Ingram. *Sophomores:* David Leopold, James L. Hill, Wayne Ramsey, J. Kenneth Slaton, John Walton, James F. White, William Ryan, Joel A. Berry, Alton Clanton, Jack Guy. *Juniors:* Eugene Brown, John Cegelski, Basil Pappas, Kenneth White, Charles Clay, Bradford Cobb, Jess J. Diaz, William Kelly, Roy Mathews, Benjamin Young. *Seniors:* Thomas DeWitt, Cover McClure, Baxter Greer, Max Weaver, William E. Moore.

KIRKSVILLE COLLEGE OF OSTEOPATHY AND SURGERY has an enrollment of 17 Texas students — *Freshmen:* Joe B. Brown, Amarillo; Gilbert W. Clay, Irving; James W. Hanks, New Baden; Lozano Porfirio, Jr., El Paso. *Sophomores:* James L. Adams, Mt. Pleasant; David Lee Bruce, Corpus Christi; Jack C. Cotton, Irving; James C. Davis, Dallas; Richard M. Hall, Groom; Raymond A. Murphy, Groves; Bobby G. Smith, Iowa Park. *Juniors:* Ronald H. Owens, Dallas. *Seniors:* John C. Fredericks, Schulenburg; William H. Hanna, Jasper; Arthur W. Johnson, Houston; Glenn D. Rice, Port Arthur; Clark D. Tisdale, Edinburg.

COLLEGE OF OSTEOPATHIC MEDICINE AND SURGERY, Des Moines, Iowa, has six Texas students —*Freshmen:* Oscar Gutierrez. *Sophomore:* Rex E. Ollom. *Juniors:* Chris Karides, James Leach, Richard Leech, Cleophas Barnett. There are no seniors from Texas.

Four students from Texas enrolled in the COLLEGE OF OSTEOPATHIC PHYSICIANS AND SURGEONS, Los Angeles, California are: *Freshman:* Ronald Davis. *Sophomores:* Ben B. Martin, John R. Crear, Jr. *Senior:* Forrest D. Giles.

The only student from Texas enrolled in the CHICAGO COLLEGE OF OSTEOPATHY is Arthur Tripp.

There are no students from Texas in the PHILADELPHIA COLLEGE OF OSTEOPATHY.

Kresge Foundation Gives $20,000 to Kirksville College

KIRKSVILLE—A gift of $20,000 from the Kresge Foundation of Detroit, Michigan, for development and improvement of the Rural Extension Clinic program was announced this summer by Dr. Morris Thompson, president of Kirksville College of Osteopathy and Surgery.

The college must raise $60,000 in matching funds to fulfill the conditions of the gift, President Thompson explained. He expressed confidence that the amount could be raised because of the interest of other foundations, alumni and friends in the program and the proven cooperation of communities and individuals in Northeast Missouri.

TEXAS REPRESENTED

At a highly successful meeting of the American College of Osteopathic Surgeons, Radiologists, Anesthesiologists and at the American Osteopathic Hospital Association meeting held in Los Angeles, California, October 25-29, 1959, Texas as usual had a wonderful representation.

The programs were exceedingly good and attendance from over the nation was high.

The following doctors and hospital administrators from Texas were present:

AMARILLO: Dr. and Mrs. Eugene F. Augter; Dr. Glenn R. Scott; Dr. and Mrs. Earle H. Mann.

CORPUS CHRISTI: Dr. Thomas M. Bailey; Mr. W. Delmar Brown, administrator, Corpus Christi Osteopathic Hospital.

DALLAS: Dr. J. T. Calabria; Dr. C. D. Ogilvie; Dr. Steven S. Kebabjian; Dr. Raymond N. Dott; Dr. Milton V. Gafney; Dr. Charles M. Hawes; Dr. Hayman Kahn; Dr. Leon R. Lind; Dr. Fred B. Thomas; Dr. Paul A. Stern; Mr. Louis S. Taylor, Administrator, Dallas Osteopathic Hospital; Mr. J. D. Weatherly, Administrator, Stevens Park Osteopathic Hospital.

EL PASO: Dr. M. G. Holcomb.

FORT WORTH: Dr. L. G. Ballard; Dr. William A. Flannery; Dr. Thomas T. McGrath; Dr. George F. Pease; Dr. Phil R. Russell; Dr. Francis S. Wheeler; Dr. Paul A. Wood; Mrs. Jane Siniard, Administrator, Fort Worth Osteopathic Hospital.

GRANBURY: Dr. William R. Jenkins.

GRAND PRAIRIE: Drs. Harriette M., and J. Natcher Stewart.

HOUSTON: Dr. William V. Durden; Dr. Jack P. Leach; Dr. Opal L. Robinson; Mr. Hal Coker, Administrator, Doctors Hospital.

LUBBOCK: Dr. Raymond E. Mann.

MINEOLA: Dr. Bernard W. Jones.

SAN ANTONIO: Dr. and Mrs. Gordon S. Beckwith.

OPF Head of '58 Figures

CHICAGO (AOA) — The Osteopathic Progress Fund received $186,060 thru August in the first three months of its current campaign. The total includes $161,292 from professional sources and $24,768 from outside givers.

Professional contributions a year ago totalled $169,834 and others had donated $9,268 for a cumulative amount of $179,102.

OPF officials pointed out that as more states enter a "support-thru-dues" plan that contributions will be bunched at the times of state conventions when annual dues are paid. Sixteen states now participate in the plan.

PROFESSIONAL LIABILITY INSURANCE

Serving the Profession Nation-Wide Since 1925

EXCLUSIVELY ENDORSED BY THE A.O.A. SINCE 1934

Experienced claims handling protects the doctor's professional reputation; broad policy provisions backed by millions in assets protect his financial position—present and future.

THE NETTLESHIP COMPANY

1212 Wilshire Blvd. Los Angeles 17, Calif.

Good Public Relations

Heart Disease Shield Forecast

By BLAIR JUSTICE
Star-Telegram Science Writer

DALLAS, Sept. 25—An osteopathic physician said here Friday he forsees the day when susceptibility to heart disease may be a thing of the past.

It's a question, said Dr. Neil R. Kitchen of Detroit, of changing the inherited factors that make a person vulnerable to heart ailments.

* * *

Already, he said, science has learned that genes—the inherited factors—can be altered by radiation, certain chemical agents and some viruses.

The problem now is to find a way that science can bring about beneficial changes in a controlled and predictable manner.

"I think it is conceivable that this can be done," he said.

Dr. Kitchen, professor of internal medicine of the Chicago College of Osteopathy and Surgery, is a speaker at the three-day American College of Osteopathic Internists.

Dr. Kitchens believes genetic errors are responsible for making individuals susceptible to a host of leading diseases —heart disease, diabetics, high blood pressure, gout.

* * *

At present, he said, the most promising approach to combating these problems is through eliminating or changing the environmental-influences that give rise to them.

Ultimately however, he believes the problem can be attacked through changing the inherited factors that predispose a person to the diseases.

Once the change had been made, the person would then no longer pass on faulty genes to his offspring. The offspring would thus avoid predisposition to the diseases through genetic errors he inherited.

Another speaker Friday, an M.D., told the osteopathic physicians that surgery now holds much promise for people who get heart valve problems from rheumatic fever.

Dr. Joseph F. Uricchio of Philadelphia said 74 per cent of persons with leaky valves between the two left heart chambers have a history of rheumatic fever. Rheumatic fever is a hypersensitivity to certain streptococcus infections.

* * *

Dr. Uricchio said surgery is now being performed that satisfactorily repairs the leaky mitral valve. Before operations were done on the valve, persons with such conditions were faced with premature death.

The doctor, a cardiologist, said more rheumatic fever seems to be occurring that is hard to detect. In its overt form rheumatic fever causes such things as sore joints and rashes.

Dr. Uricchio is an assistant professor of medicine at Hahnemann Medical College in Philadelphia.

Florida to Aid Students

TALLAHASSEE, Florida — Florida became the first state to pass legislation providing for an osteopathic scholarship when the legislature passed a bill which will allow the state to offer one scholarship to an osteopathic college student.

The same bill authorized the state to provide nine similar scholarships for medical students.

Each scholarship will provide $1,000 a year for four years. As yet none of them has been awarded.

Christmas Seal Campaign Background

The Osteopathic Christmas Seal Program, a product of the Great Depression, was initiated in 1931 to support the AOA's new Student Loan Fund.

The Osteopathic Foundation is the philanthropic affiliate of the Association. Monies received through the Progress Fund, whose support is mainly from within the osteopathic profession, is used for upkeep, maintenance, and expansion of our colleges. The annual Christmas Seal drive is the only nationwide campaign in which the doctors and the public are jointly invited to support an osteopathic cause.

In 1949 the osteopathic research fund became a co-recipient of the annual seal campaign returns, and a public campaign was envisioned. In 1951, the Packet Plan was introduced, providing the way for members of the osteopathic family to open the door for public contributions. At the present time, 60 per cent of all money collected is allocated to Student Loans, 40 per cent for osteopathic Research.

Last year, the mechanics of the seal program became the responsibility of Central Office, with the Executive Secretary as chief administrative officer. This change in administration has resulted in a greater net, which in turn has allowed more money for Student Loans and Research.

The campaign has steadily grown through the efforts of the entire osteopathic family to where it is today—120,000 sheets of seals distributed to the public and an additional 30,000 used by members. More than half of the returns are realized from osteopathic patients and friends. Today, the seal campaign is a $60,000-plus business!

Each member is well aware of the ever-increasing need for more doctors and further osteopathic research. The distribution of Christmas Seals is a natural way to introduce the public to osteopathic health care; to garner some of osteopathy's rightful share in public philanthropy, and to prepare the ground for more substantial support.

The STUDENT LOAN FUND is available for loans to junior and senior students in osteopathic colleges who meet the qualifications set forth as to need, aptitude, scholarship, personality, and character. The Fund's working capital comes from the repayment of loans, personal contributions, and gifts, and most important, the proceeds of the annual Christmas Seal Campaign. The 1958 campaign raised $29,564.20 for financial aid to students.

The RESEARCH PROGRAM of the Association is also dependent upon the Christmas Seal drive for a considerable portion of its funds for grants to osteopathic institutions. Support is also received from the Federal Government, dues income of the Association, foundations, gifts, and bequests. During the 1958 campaign, $19,709.47 was raised in support of vital research projects. This program needs and deserves this support.

WANTED

Experienced general practitioner with approved internship desires position in association with active practitioner or small hospital, or will run office during your post-graduate course. Capable anaesthetist. Sober, reliable, industrious. Age thirty-eight, 1943 Chicago graduate, Protestant, married (one child). Texas license. Available immediately. Contact Dr. H. F. Dobson, P. O. Box 1418, Wichita, Kansas.

AHA Listing Requirements

(Listed below are the requirements for accepting hospitals for listing by the American Hospital Association, as approved by the AHA board of trustees, August 26, 1959. Words in capital letters are additions to the previous requirements. Words in italic have been deleted from the previous requirements.)

The primary aim of the Program of Accepting Hospitals for Listing is to provide a census of hospitals. Listing is not intended to be a measure of quality of care.

Any institution which can be classified as a hospital, according to the requirements, may be listed if it so desires. Membership in the American Hospital Association is not a prerequisite.

1. The hospital shall have at least six beds for the care of patients who are nonrelated, who are sick and who stay on the average in excess of 24 hours per admission.

2. The hospital shall be licensed in those states and provinces having licensing laws.

3. Only doctors of medicine OR DOCTORS OF OSTEOPATHY shall practice in hospitals listed by the American Hospital Association. (This requirement is not intended to eliminate dental and similar services from the hospital. Patients admitted for such services, however, must have an admission history and a physical examination done by a physician on the *medical* staff of the hospital, and a physician on the *medical* staff of the hospital shall be responsible for the patient's medical care throughout his stay.)

4. Duly authorized bylaws for the *medical staff* STAFF OF PHYSICIANS shall be adopted by the hospital.

5. *The hospital shall submit evidence of regular medical supervision of patients.* THE HOSPITAL SHALL SUBMIT EVIDENCE OF REGULAR CARE OF THE PATIENT BY THE ATTENDING PHYSICIAN AND OF GENERAL SUPERVISION OF THE CLINICAL WORK BY DOCTORS OF MEDICINE.

6. Records of clinical work shall be maintained by the hospital on all patients and shall be available for reference.

7. Registered nurse supervision and such other nursing service as is necessary to provide patient care around the clock shall be available at the hospital.

8. The hospital shall offer services more intensive than those required merely for room, board, personal services, and general nursing care.

9. Minimal surgical or obstetrical facilities (including operating or delivery room), or relatively complete diagnostic facilities and treatment facilities for medical patients, shall be available at the hospital.

10. Diagnostic x-ray services shall be regularly and conveniently available.

11. Clinical laboratory services shall be regularly and conveniently available.

The American Hospital Association may, at the sole discretion of its Board of Trustees, grant, deny or withdraw the listing of any hospital.

BARGAINS

in medical equipment, instruments, X-ray. Largest stock of good used medical devices in the Southwest. Reconditioned and guaranteed. We buy, sell, trade, repair, refinish. Tell us about your equipment problems. TeX-RAY Co., opposite St. Paul's Hospital, 3305 Bryan, Dallas.

American Osteopathic Association

Office of

CHESTER D. SWOPE, D. O.

Chairman: Department of Public Relations

Farragut Medical Bldg.

Washington 6, D. C.

September 25, 1959

Washington News Letter

Housing Act of 1959. After vetoing the first two omnibus housing bills (S. 57 and S. 2539), the President signed the third version (S. 2654) into law on September 23, 1959, Public Law 86-372. The mortgage insurance for proprietary nursing homes, described in my WASHINGTON NEWS LETTER of June 23, 1959, survived all three versions. The Hill-Burton agency of the State would have to have certified the need for the nursing home, and also that there are reasonable standards of licensure and methods of operation required to be maintained. Note the definition of "nursing home," which requires that skilled nursing care and related services be prescribed by, or performed under the general direction of, persons licensed by state law to provide it. Keep in mind that this applies to proprietary, as distinguished from nonprofit, nursing homes. Nonprofit nursing homes are eligible for Federal matching grants for construction purposes under the Hill-Burton program.

The Housing Act also increases the current loan reservation for intern housing from $25 million to $50 million.

Accidental Injury Report. Enclosed is Accidental Injury Report form developed by the Public Health Service in its Accident Prevention Program. As of September 1, 1959 Dr. Paul Joliet became head of the Program, assuming the post left vacant by Dr. James L. Goddard, now Civil Air Surgeon of FAA. On September 12, 1959 Congressman Kenneth A. Roberts of Alabama, Chairman of the House Subcommittee on Health and Safety introduced H.R. 9243 to amend the Public Health Service Act to establish a National Accident Prevention Center in PHS. Among other things, the Center would make grants in aid to hospitals and other public or private agencies and institutions for research projects relating to causes and methods of prevention of accidents.

Air Pollution Control Act. On September 22, 1959 the President signed

SOUTHWESTERN CLINIC OF BONE & JOINT DISEASES

1001 Montgomery St. Suite 103-04
Fort Worth 7, Texas Phone: PE 2-2835

Practice limited to Orthopedic and Traumatic Surgery, Medical Rehabilitation, and Physical Therapy.

Monthly Seminar on orthopedics on 4th Tuesday at 7:30 P.M. at this Clinic. Members of our profession are invited.

T. T. McGrath, B.S., D.O. T. R. Turner, B.S., D.O. Myron L. Glickfeld, B.A., D.O.

into law H.R. 7476, now Public Law 86-365, to extend for another four years the air pollution control act which would have expired June 30, 1960. The Act provides for research and technical assistance, including grants in aid by HEW to public and private agencies and institutions and individuals for research, training, and demonstration projects.

Medicare. Although the press has carried news items indicating reinstatement of Medicare benefits as they existed prior to the changes which became effective October 1, 1958, there has been no final or definitive action as to whether or when the reestablishment would take place. Probabilities are that the suspended benefits will be restored about January 1, 1960. However, the Medicare Permit System which requires optimum use of government medical facilities and is applicable to dependents residing with their sponsors will be retained.

November 6, 1959

Physicians for a Growing America. The Surgeon General's Consultant Group on Medical Education, composed of 21 national leaders in medicine, education and public affairs, including Morris Thompson, Sc. D., President of Kirksville College of Osteopathy and Surgery, has just issued an epoch making report entitled, "Physicians for a Growing America" — otherwise known as Public Health Service Publication No. 709 obtainable from the Superintendent of Documents, U. S. Government Printing Office, Washington 25, D. C.—Price 60 cents. The report follows the format of reference to physicians as doctors of medicine and doctors of osteopathy as employed in the Health Manpower Source Book developed in connection with the study (see my WASHINGTON NEWS LETTER of September 22, 1959). The report is due to have enormous impact and is expected to serve as catalyst for public and private giving in support of medical including osteopathic education. Recommendations include a ten-year program of Federal matching grants for construction of teaching facilities, and the institution of student scholarships and liberalization of student loans to attract medical students. The transmittal letter to the Surgeon General contains the following paragraph:

"The Consultant Group considers the maintenance of the present ratio of physicians to population a minimum essential to protect the health of the people of the United States. To achieve this, the number of physicians graduated annually by schools of medicine and osteopathy must be increased from the present 7,400 a year to some 11,000 by 1975—an increase of 3,600 graduates."

Health Research Facilities. The Chicago College of Osteopathy and the College of Osteopathic Physicians and Surgeons at Los Angeles are among the 72 institutions recently awarded grants by the National Institutes of Health to help build and equip health research facilities, according to announcement made today by the Surgeon General of the Public Health Service. A grant of $5,548 is awarded to CCO for equipment of a science research building, and a grant of $99,750 is awarded COPS for a medical research building. These awards represent the first osteopathic participation in this program.

National Health Survey. The advisory Committee to the U. S. National Health Survey, including J. S. Denslow, D. O., met in Washington November 2, 1959. Today the Survey released a report entitled "Children and Youth' Selected Health Characteristics, United States, July 1957—June 1958" otherwise known as Public Health Service Publication No. 584 - C 1, available from the Superintendent of Documents, as above, price 35 cents.

AUXILIARY NEWS

PRESIDENT SPEAKS

"GREETINGS:" came to be known as a "call to arms" during the draft for the recent world war. So it is used at this midway mark in the Auxiliary year to call each Osteopathic Wife to shoulder the weapons available for the support of her husband's chosen profession: PUBLIC RELATIONS—Be the Osteopathic Profession's best representative in the field where you are "on parade" every day. SCHOLARSHIP, STUDENT LOAN AND RESEARCH AND OSTEOPATHIC PROGRESS FUNDS—Support of these funds is your assurance of the continued growth of the profession. RIGHT TO VOTE—Obtain your poll tax; be prepared to protect your rights as a citizen and the rights of the profession in Texas if necessary.

United we stand! Your membership in the Auxiliary is the means of working together toward our mutual objectives."

Catherine Vinn, (Mrs. J. Edw.,
President
Auxiliary, T.A.O.P.S.

National Institutes of Health Get More Research Funds

WASHINGTON — Increased funds for research will be available to the National Institutes of Health during fiscal 1960, according to Arthur S. Flemming, U. S. secretary of Health, Education and Welfare.

President Eisenhower signed the HEW appropriations bill despite the fact that the record $400 million appropriation for NIH was 36 percent more than the administration's recommendation. In 1954, the comparable figure was $71 million and in 1959 it was $294 million.

The appropriations provide the following amounts for the component institutes in NIH: cancer, $91.2 million; mental health, $68.1 million; heart, $62.2 million; arthritis and metabolic diseases, $46.9 million; general research, $45.9 million; neurological diseases and blindness, $41.5 million; allergy and infectious diseases, $34.1 million; and dental, $10 million.

WHY NOT

Take Advantage of Your Membership in Your State Association by Enrolling in one or all of these Special Plans

- $10,000 Comprehensive Hospital, Medical, Nurses Plan
- Up to $1,000 Monthly Indemnity Disability Income Plan Lifetime Accident—Five and Seven Year Sickness
- Life Insurance at low, low premiums
- $100,000 Accident Policy—Death-Dismemberment-Total Disablement

Each Plan Approved by the Texas Association of Osteopathic Physicians and Surgeons for its members.

SID MURRAY *"Pays In A Hurry"*

FOR

Continental Casualty Company
Mutual Life of New York
Commercial Insurance Co. of Newark
Ocean Accident and Guarantee Corp., Ltd.

1733 Brownlee Blvd. Corpus Christi, Texas

NEWS OF THE DISTRICTS

DISTRICT ONE

Drs. E. F. Augter, Earle H. Mann and Glenn R. Scott and their respective wives attended the meeting of the American College of Surgeons in Los Angeles.

Dr. Ed Mayer has just returned from the Las Vegas and Arizona territory.

Dr. Cain, Dr. Brown, Dr. Rossman and Administrator Davis went deer hunting. Overheard someone giving "Dub" Davis a hard time because he shot "does."

Dr. and Mrs. L. J. Vick recently attended Western States Osteopathic Society of Proctology at Las Vegas.

Dr. and Mrs. L. V. Cradit visited in Taos and Sante Fe, New Mexico, in October and called on Dr. Joe Dominguez in Taos and Dr. Larry Boatman in Sante Fe. Both were busy with patients and state affairs. Dr. Cradit will be in Lubbock in November to take part in Shrine initiation ceremonies..

Ricky Price, son of Dr. and Mrs. J. Paul Price, Jr., received his First Class Scout Badge on October 26, at Scout Court of Honor, in Dumas. Beth Price is a Brownie leader—this is her third year at this position.

Darryl Eakin recently refractured his left arm. He had been out of cast about 3-4 weeks from the previous calamity.

Happy to have Dr. John Witt back on the job again and glad to hear Dr. London is recuperating well. I guess Dr. Clayton is even happier to have Dr. Witt back to work.

• • •

DISTRICT TWO

Those attending the convention for the Osteopathic Physicians and Surgeons in Los Angeles the last of October included: Dr. and Mrs. Frank Wheeler, Dr. and Mrs. George Pease, Dr. and Mrs. T. T. McGrath, Dr. and Mrs. Paul Wood, Dr. Wm. Flannery, Dr. Phil Russell, Dr. L. G. Ballard and Mrs. Jane Siniard. Mrs. Siniard stayed on to visit relatives in Santa Monica and San Francisco, while Dr. and Mrs. Wood visited relatives in Bellflower and Sacramento. The smog arrived on the heels of the convention, but the hardy souls from Texas took it in their stride.

New arrivals this past month include: David Allan, son of Dr. and Mrs. Tom Whittle; Robert John, son of Dr. and Mrs. Paul Graham, and Debra Lynne, daughter of Dr. and Mrs. Beck. Dr. Beck is an intern at the Fort Worth Osteopathic Hospital. Dr. and Mrs. Paul Sapperstein welcomed George Jeffery in September.

• • •

DISTRICT THREE

Drs. Sue and Mike Fisher and Dr. Dan A. Wolfe plan to attend the Public Health Seminar in Dallas on December 11-12.

Dr. Jack McCorkle atatended the national convention of the College of Internists in Dallas, September 24-26. He also has been elected zone chairman for District 2-x-2 of Lion's Club International. It has also been reported that Mineola General Hospital (Drs. McCorkle and Jones) has had an unusual amount of auto accident cases in recent weeks. The aforementioned Dr. B. W. Jones attended a College of Surgeons meeting in Los Angeles.

Dr. Henry Hensley of Big Sandy visited in Kirksville, Missouri, and Dr.

Seymour Jones watched over the hospital in his absence.

Dr. K. E. Ross returned last month from a trip to South Dakota and reported that Mt. Rushmore is still there. It is one place where the faces are not constantly changing.

Dr. Ross McKinney of Texarkana reports his first hole-in-one made with a three iron on the 160-yard sixth hole at the Texarkana country club. We will expect him at the next meeting so he can "bend a few ears."

Dr. Robert Hamilton has been spending Saturdays in Dallas taking Scottish Rites. He also reports the gift from a patient of a large, mural oil painting depicting a panorama of Texas. Some patients do show gratitude, don't they, Bob? Of course, we might suggest an oil well instead of an oil painting next time!

Dr. W. K. Bowden has left Cushing, Texas, and moved to Rockport, Texas. No details as yet, let us hear from you, Dr. Bowden.

Dr. "Farley" (oops, sorry), George Grainger of Tyler reports that his son, Dick, who graduated from University of Texas Law School last May, is now at Fort Leonard Wood, Mo., where he is at present studying as clerk-typist in the Army Reserve. After a six-month stint at this he will return to Tyler to engage in the practice of law. I reckon he feels that life is just one darned thing after another—from lawyer-student to clerk-typist to lawyer in one year.

Dr. Carl List, erstwhile fisherman-doctor from Troup, writes that the fish haven't been big enough to brag about. For a fisherman, that must be powerfully small! Dr. List and his beautiful assistant (incidentally, she's also his wife), are being kept busy with patients and also with visiting relatives.

Dr. Sue and Mike Fisher enjoyed a motor trip of the Ozarks several weeks ago and the only regret (for Dr. Mike) was that there was not time enough to wet a hook! The Drs. Fisher expect to host the next District 3 meeting in Ore City in November. Come and help to partake of this business meeting and also a church supper type evening meal.

• • •

DISTRICT FOUR

Dr. Phil Russell gave a facts-figures-and 'filosophy-packed two hour program to members of the district on October 21 at the home of Dr. and Mrs. F. L. Harmon in Midland. The meeting followed an enjoyable dinner at Midland's Blue Star Restaurant. All but one of the district members were present. Phil was in rare form, and we were all glad to see him doing so well following his surgery.

Starting his encyclopedic discourse at 9:30 p.m. with every minute interesting and informative, he stopped two

PORTER CLINIC HOSPITAL

LUBBOCK, TEXAS

•

G. G. PORTER, D.O.
L. J. LAUF, D.O.
J. W. AXTELL, D.O.
HARLON O. L. WRIGHT, D.O.
F. O. HARROLD, D.O.
ROBERT C. BURNS, D.O.
JAMES B. MOTT, D.O.
WILLIAM H. BROWN, D.O.
ROBERT H. NOBLES, D.O.
MAURICE F. PRIDDY, D.O.

•

COMPLETE HOSPITAL AND CLINICAL SERVICE

An Osteopathic Institution

hours later—not because he had to but simply out of courtesy to the members who had 110 miles to get home. After we left, there is no telling how long he encored. What I want to know is: Did Dr. Don Sheets implant some kind of new ATOMIC ENERGY COPSULE in our secretary, or has he been filled with the Holy Ghost since his recent flirtation with the angels?

At any rate, we had a stimulating briefing in professional affairs, service, and relations as only Phil can give it as he discussed the new dangerous drugs bill, the hospital licensing bill, the importance of participation in community affairs, third party medicine, the seriousness of proper insurance form signatures, public relations in general, and particularly the importance of our membership realizing the strength and unity of our association as it represents us all and each of us better usually than any one of us can represent ourselves. The importance of clearing problems of professional service and relations through the association office and committees was stressed with examples given to show how good reults can be obtained by concerted group action instead of the sometimes poor results and strained relations sometimes resulting because of misinformed or ill-motivated action on individual action.

Come back anytime, Phil!

• • •

DISTRICT FIVE

Mr. B. B. Smith, director of the Dallas City - County Civil Defense and District Commission, was principal speaker at the district meeting on November 19. The Industrial Club dinner meeting also featured a fifty-minute film "A Day Called X." Dr. Roland Young presided.

In attendance at the American College of General Practitioners' Convention in Des Moines were Dr. W. N. Hesse and Dr. Robert Lutz.

Dr. Ralph Connell, president-elect of the American College of Opthalmology and Otorhinolaryngology, will be installed in September at the 1960 meeting in Denver.

New practitioners in the district are Dr. Robert Vance and Dr. Herman Still. Dr. Vance, who interned at Bay City, Michigan, is engaged in general practice and pediatrics at 1711 North Garrett. Dr. Still, a dermatologist formerly associated with the Kirksville College, is located in the Ross Professional Building.

Representing Texas as wing medical officer of Civil Air Patrol, Dr. James Vaughn attended a recent meeting of the Southwest Regional Conference in New Orleans. Dr. Vaughn has had the distinction of serving in this capacity for five years.

• • •

DISTRICT NINE

The September meeting was held on the 13th at Schulenburg. The new schedule of meetings was approved as presented. Dr. William Castle of Corpus Christi presented an excellent discussion on "Clinical Laboratory Procedures". His talk was well received and an "old home week" was held afterwards, while Drs. Castle, Booher and Boyd discussed remembrances of their adventures while all were at KCOS.

The money's certainly preserved and heightened their reputation as outstanding hosts.

Our October meeting was with the Tannen's at Weimar. The business meeting was concerned with proposed constitutional changes and Dr. R. L. Stratton's excellent and thorough study of the problem was well appreciated by all of us. The more so because he did it, and we didn't have to. There was some discussion of the stand for separateness, and all registered strong approval. I wonder if those of us with friends in practice in the dissenting states should not renew contacts and see

if these lost sheep can't be brought back into the fold.

• • •

DISTRICT ELEVEN

District Eleven had the pleasure of hosting Dr. P. R. Russell, state executive secretary, at the Cabarello Motel on 23 October, 1959.

Dr. Russell looked extremely well considering the difficult time he had from his recent gall bladder surgery. One would never know he had had any surgery, the way he whizzed through the doctors offices making his personal visitations. Dr. Russell gave a very interesting report on the state activities.

Dr. Norene is proud to report that she is adding an additional 26 beds to the Park Foothills Hospital, bringing it to a total of 43 beds. Included in the new addition is a new administration office, a new kitchen and a three room doctors office for outpatients.

Dr. Valdevia left this past weekend for Post Graduate work in Proctology and will be gone all week.

We are all glad to see Dr. Holcomb back from his long tour of study this last month at Los Angeles.

For those of you who don't already know, there is a new Race Track which has opened in New Mexico, only ten minutes drive from El Paso. This information is being given purposely to entice some of the specialists who would like to come out this way to empart some of their knowledge and skills to members of this district. We can't guarantee that you will make expenses at the Race Track, but we can sure show you a good time.

Civil Service Posts Available to Doctors

WASHINGTON — Doctors who would like a make a cereer in government-civilian medicine are sought by the Civil Service Commission.

Posts are open in the National Institutes of Health, U.S. Public Health Service, Indian Service hospitals, Food and Drug Administration, U.S. Children's Bureau, St. Elizabeth Hospital in Washington, and the civilian service of the army, navy, and air force.

Doctors will be designated medical officers but do not serve in uniform and are not subject to military discipline.

Doctors of osteopathy are eligible to fill all of the governmental positions listed.

Hospital Helps Students

LANCASTER, Pennsylvania—Seven Lancaster high school girls will enter Pennsylvania nursing schools this fall on scholarships awarded by the Lancaster Osteopathic Hospital.

The three-year grants cover all expenses at nursing schools selected by the girls, announced Dr. Harold H. Finkel, scholarship chairman.

MOTHERAL . . a name to recall when ordering:

★ PHYSICAL EXAMINATION CARDS
★ PHYSICAL EXAMINATION PADS
★ PHONE MESSAGE PADS

and the other forms you use

QUICK DELIVERY
REASONABLE PRICES

F. L. Motheral Co.

512 S. Main • ED 5-1481 • FT. WORTH, TEX.

Hand Rocking the Cradle Should Go Up and Down

Crying babies can be soothed faster by an up-and-down motion than by the traditional cradle-rocking methods, according to an Australian doctor.

Writing in *The Medical Journal of Australia,* Dr. Frederick Knowles, a surgeon, reports that experiments indicate that "perpendicular reciprocation" was found to be more powerfully hypnotic than other forms of motion.

The ideal up-and-down movement is about 90 oscillations a minute, according to Dr. Knowles. He said that the recommended motion is the same as that imparted by many native peoples who carry their babies in bags hung from a parent's head and slung over the back, thus producing a rhythmic motion at each step taken.

GOOD LOCATION

Bonham, Fannin County, Texas; needs osteopathic physician, there being none there at the present time. Town of over 9000.

Have Osteopathic Clinic and Hospital, air conditioned and central heated.

If interested contact Mrs. Ella M. Brannon, JU 3-2440 or JU 3-9933.

Ingram Grants Awarded

FLINT, Michigan—Two osteopathic students from Michigan have been awarded G. A. Ingram scholarships for 1959-60. They are Verne W. Walczak of Flint, who is attending Chicago College of Osteopathy, and Larry K. Schanz of Ypsilanti, a student at the Kirksville College of Osteopathy and Surgery.

PROFESSIONAL CARD DIRECTORY

GEORGE E. MILLER, D.O.
Pathologist

WILLIAM S. WALTERS, D.O.
Pathologist

1717 North Garrett -:- TA 4-0445

DALLAS, TEXAS

G. STUKEY, D.O.
111 MAXEY ROAD
HOUSTON 15, TEXAS
Phones GL 3-2192 or OR 2-2501
THORACIC
and
CARDIOVASCULAR SURGERY

WANTED IMMEDIATELY

D.O. to serve as House Physician. Top opportunity for person who wishes to advance his knowledge in the Healing Arts. Hospital at present is registered with fifty-four beds. Application has been made for Intern Approval. We have a full time certified surgeon and radiologist. Also, specialists in other fields of medicine. An expansion program is contemplated in the near future. This coastal town, which is located in the suburb of Port Arthur, Texas, has unlimited opportunities. Contact L. R. Colley, Doctors Hospital, Inc., 5500 39th Street, Groves, Texas.

Officers of the District Associations of the
TEXAS ASSOCIATION OF OSTEOPATHIC PHYSICIANS AND SURGEONS, Inc.

DISTRICT 1

Dr. Glen L. Robinson, Happy	President
Dr. Eugene F. Augter, Amarillo	President-Elect
Dr. Raymond E. Beck, Amarillo	Vice-President
Dr. Robert E. Clayton, Amarillo	Secretary-Treasurer

DISTRICT 2

Dr. Richard W. Briscoe, Fort Worth	President
Dr. Elbert P. Carlton, Fort Worth	President-Elect
Dr. William M. Snow, Fort Worth	Vice-President
Dr. Jack H. Gramer, Fort Worth	Secretary-Treasurer

DISTRICT 3

Dr. Sue K. Fisher, Ore City	President
Dr. J. Warren McCorkle, Mineola	President-Elect
Dr. Carl F. List, Troup	Vice-President
Dr. Charles C. Rahm, Brownsboro	Secretary-Treasurer

DISTRICT 4

Dr. F. L. Harmon, Midland	President
Dr. Norman B. Leopold, Odessa	Vice-President
Dr. Wiley B. Rountree, San Angelo	Secretary-Treasurer

DISTRICT 5

Dr. A. Roland Young, Dallas	President
Dr. James C. Williamson, Seagoville	President-Elect
Dr. Leonard C. Nystrom, Mesquite	Secretary
Dr. Joseph L. LaManna, Dallas	Treasurer

DISTRICT 6

Dr. Lloyd D. Hammond, Houston	President
Dr. George G. Clark, Houston	President-Elect
Dr. Pattie J. Bricker, Houston	Secretary
Dr. J. Ralph Cunningham, Houston	Treasurer

DISTRICT 7

Dr. John B. Donovan, Austin	President
Dr. F. Marion Crawford, San Antonio	Vice-President
Dr. Waldemar D. Schaefer, San Antonio	Secretary-Treasurer

DISTRICT 8

Dr. Fred E. Logan, Corpus Christi	President
Dr. Joseph Schultz, Corpus Christi	President-Elect
Dr. Mabel F. Martin, Weslaco	Vice-President
Dr. S. J. Calise, Corpus Christi	Secretary-Treasurer

DISTRICT 9

Dr. Clarence L. Booher, Bloomington	President
Dr. H. Freeman Elliot, Rockport	President-Elect
Dr. Willis L. Crews, Gonzales	Vice-President
Dr. John H. Boyd, Louise	Secretary-Treasurer

DISTRICT 10

Dr. James B. Mott, Lubbock	President
Dr. Raymond E. Mann, Lubbock	President-Elect
Dr. Melvin L. Wisby, Lorenzo	Secretary-Treasurer

DISTRICT 11

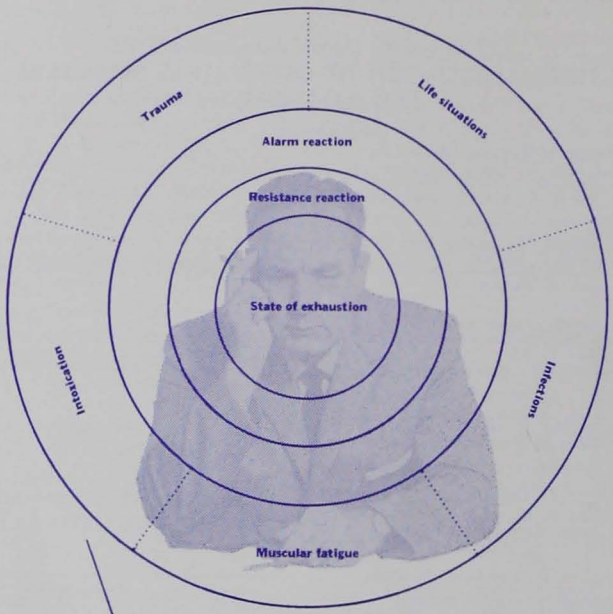
Dr. Harvey D. Smith, El Paso	President
Dr. R. C. Valdivia, El Paso	Vice-President
Dr. John E. Holcomb, El Paso	Secretary-Treasurer

DISTRICT 12

Dr. Jack E. Barnett, Bridge City	President
Dr. John B. Eitel, Port Neches	President-Elect
Dr. Auldine C. Hammond, Beaumont	Secretary-Treasurer

DISTRICT 13

Dr. S. F. Kubala, Denison	President
Dr. Selden E. Smith, Wolfe City	President-Elect
Dr. Marion A. Groff, Jr., Denison	Treasurer
Dr. D. E. Wintermute, Cooper	Secretary



VM No. 39...an answer to Stress!

ONE OUT OF EVERY FIVE PATIENTS under your care, Doctor, suffers from stress. Stress is either the causative or the accompanying factor in fifty of the most common complaints you see every day. The continual stress factor which your patients face — unless properly combatted – can defeat even the most effective treatment.

● Now, from the laboratories of Vitaminerals comes the first truly effective specific formula designed to meet the special nutritional needs of the patient suffering from stress . . . a formula designed to combat the organic destruction caused by your patients' resistance reaction to unremitting strain. You have no patient to whom specialized nutritional care is so important as this one. The answer—the new VM. No. 39. Specific for stress—specific for your practice.

GLENDALE, CALIFORNIA
VITAMINERALS INC.

Bottles of 100 tablets* $4.50

** This new VM formula is especially compounded as a soft chewable tablet with a delicious fruity flavor. They literally "melt in your mouth."*

PERSONAL SERVICE BY:

DENNIS & SMITH:
1905 S. EDGEFIELD ST., DALLAS • WH 8-6318

RAYMOND S. INGERSOLL:
367 REXFORD DRIVE, SAN ANTONIO 10 • TA 6-1444

WILSON WOMACK:
3930 PURDUE, HOUSTON • MA 3-9911