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VOLUME XXV FORT WORTH, TEXAS, SEPTEMBER, 1968 NUMBER 5

In This Issue —

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VOLUME XXV FORT WORTH, TEXAS, SEPTEMBER, 1968 NUMBER 5

The End Became The Beginning

GEORGE W. NORTHUP, D.O.,
Editor, American Osteopathic Association

GEORGE W. NORTHUP, D.O.

Announcement of the retirement of Dr. True B. Eveleth as AOA Executive Director was made at the opening session of the House of Delegates on July 21, 1968. For twelve years, Dr. Eveleth has supervised the affairs of this profession with wisdom and skill. Few will doubt that these years were the most turbulent in the history of osteopathic medicine. They required the leadership of a man who could rise above turbulence and bring reason to bear. Dr. Eveleth was such a man.

But as we, a grateful profession, rise to congratulate the outgoing Executive Director, we turn to salute his successor, Edward P. Crowell, D.O. Dr. Crowell, who was selected by Dr. Eveleth and has worked closely with him during the past 4½ years, is particularly well qualified for his crucial position. His appointment was approved by the unanimous vote of the AOA Board of Trustees and the profession looks forward to his leadership.

As Dr. Eveleth leaves the profession, it could well be judged that he has led us around the corner of crisis and headed us toward further professional advancement and stability. Although one would be naive to believe that the problems of osteopathic medicine are over, we must agree that through the guidance and tutelage of the retiring Executive Director's administration, we have learned a great deal about the way a profession should respond when placed under critical examination and the attack of powerful enemies. That we have prevailed is not only a compliment to the profession but to its leadership as well.

With the retirement of Dr. Eveleth, a 12-year era comes to an end. The "Eveleth era" of the AOA is now complete, but as its lengthening shadow falls on the future, a new period of challenge and opportunity for triumph lies before us. As Dr. Crowell takes over his office of AOA Executive Director, we should manifest with vigor our desire to support his efforts on behalf of the profession. If we do this, then certainly the end of an era of accomplishment can become a glorious beginning, the beginning of the most productive period in the history of osteopathic medicine.

L.S.D. Problems and Promise

Part I

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from: "Canada's Mental Health Supplement 'No. 57' "

It was Osler who said that "The desire to take medicine is perhaps the greatest feature which distinguishes man from animals." In itself perhaps this is not sinister, but what characterizes much of the modern approach to taking medicine is self-prescription for non-physical purposes. Many people are not merely content to take medicine for physical illnesses but they wish drugs to modify their feelings and emotions, their innermost thoughts, even their perceptions of the real world. One of the consequences of the great psychopharmacological revolution of the 1950's is the growing tendency of people to expect mood and perceptual modification from drugs. The newer drugs such as L.S.D. provide this in a most striking, almost terrifying manner. Their use has fewer medical than psychological implications — at least in the sense that L.S.D., at present, probably cannot be used to successfully treat any medical or psychiatric condition. What is most interesting about L.S.D. has to do with the people who use it and their motivations for doing so. This article will explore these motivations and examine some of the problems created by its use. L.S.D. also holds promise — albeit a limited one—but one plagued by the problems of its use and abuse, problems so great as to make it a drug of very questionable scientific worth.

Discovery of L.S.D.

The discovery of L.S.D. as a hallucinogen was made by Dr. Albert Hofmann and described in Stoll in 1947. Lysergic acid has been known as a constituent of ergot, a parasitic fungus which affects rye in extremely wet weather. Only when Hofmann added diethylamide did it become hallucinogenic. Although he did this in 1938, he did not discover the psychic effects until 1943. The entry in his notes reads, "Last Friday, the 16th of April, I had to leave my work in the laboratory and go home because I felt strangely restless and dizzy. Once there, I laid down and sank into a not unpleasant delirium which was marked by an extreme degree of fantasy. In a sort of trance with closed eyes (I found the daylight unpleasantly glaring) fantastic visions of extraordinary vividness accompanied by a Kalidoscopic play of intense coloration swirled around me. After two hours this condition subsided." Hofmann realized that his fantasy must have been due to accidental ingestion of L.S.D., later making studies to clarify its effects on himself. Having taken about 250 mcg, he experienced most of its acute effects.

L.S.D. is a drug which is extremely potent in small amounts — only 100 mcg is sufficient to produce a reaction in people who take it for the first time. When ingested, it is rapidly absorbed and passes quickly from the blood into the brain and other organs, and thence into the bile. Studies of the metabolism of L.S.D. show that half of it has left the body in 35 minutes; after two hours only traces can be found.

Acute Effects

The major effects of L.S.D. are variable, depending on the person's mood, expectations and his previous experiences with it. However, there are a few similarities that have been noted among almost all types of reactions. Probably the main effects are visual and emotional. Many people report a heightening of brightness and color perception

— colors seem absolutely saturated, intense and vivid. Bright objects appear brilliant, luminous or glowing. Objects are often fantastically distorted — either much too large or too small, or they are convoluted, wavy, distorted, or smashed up. Often there is the perception of movement in stationary objects. Some people report that walls pulse in and out, or undulate, and that stairs look like escalators and move continually. Frequently it is difficult to hear correctly after L.S.D. — people may seem to be shouting or whispering. Many feel that their attention becomes focused on some object during L.S.D. sessions. There are also difficulties in concentrating on intellectual tasks. People lose track of time and usually feel that it is passing more slowly than usual, although some find the opposite. Most people report that their bodies feel strange, particularly they feel numbness, tingling, chills, nausea, and physical weakness, especially in the earliest stages. Dissociation of the person from his body and a melting of the body into the background is also common.

On an emotional level, the changes are complex and highly variable. Many people feel that they have lost control of their emotions — some become angry, some tearful and depressed, and a few silly and immature. L.S.D. may get people to relive childhood experiences, or promote transcendental or mystical experiences. It is also said to create self-awareness, an increased self-acceptance, and does away with the need for psychological defence mechanisms. Anxiety, psychological pain and suffering are said to disappear. Through L.S.D., rapid personality change is said to follow the mystical, transcendental or visionary experience.

Therapeutic Use

L.S.D. appears to have no scientifically warranted use in the treatment of any disorder. Even its occasional playful use may lead to a variety of complications. And with respect to the cultural context in which L.S.D. is so often taken, i.e., the hippy sub-culture of people who have "dropped out," "tuned in" and "turned on," whether this really creates a problem or not is uncertain — no doubt most "straight" people (non-drug users) would consider that it does.

Few drugs have had so much research interest focused on them as L.S.D. For more than 20 years researchers have been trying to find a use for it — a use in understanding schizophrenia, or in treating neurotics and alcoholics. The early conception that L.S.L. could be used to study schizophrenia because it produced a model psychosis, has long been given up. The L.S.D. psychosis does not sufficiently resemble the schizophrenic psychosis to tell us anything new about schizophrenia. Nor is L.S.D. useful in the treatment of the mentally ill. Where it has been carefully compared with existing treatments, it was not found to be superior. L.S.D. only seems to be useful w h e r e it is compared with a control group treated in the same way, but not getting L.S.D. This is particularly true in the case of alchoholism; the Ontario Addiction Research Foundation has supported two studies which show that L.S.D. with psychotherapy is not better than psychotherapy without it. Another study by a committed proponent of L.S.D. has also found that its supposed value with alchoholics disappears when carefully controlled studies are made. L.S.D., then, is a drug which can be used only for "kicks", self-exploration or for religio-philosophical experiences but not for therapeutic purposes.

Unfavorable Reactions

The proponents of the therapeutic and psychedelic uses of L.S.D. have often said that it is relatively safe, but this lack of safety constitutes a most serious problem. Sometimes the dangers are made into a virtue, since Leary has

said that "it becomes necessary for us to go out of our minds in order for us to use our heads". Heard tells us that "the hallucinogens are less harmful than aspirin or alcohol, less dangerous than riding in a motor car". Despite these assurances, it now appears that a variety of serious complications can result from both the therapeutic and non-therapeutic uses of L.S.D. Reports of these complications have grown from only a few prior to 1960, to six reports in 1966 and early 1967 containing 158 cases.

The most serious complications include prolonged psychotic reactions, recurrent L.S.D. experiences, disturbed non-psychotic reactions, and less frequently, suicide, homicide and convulsions. It has also been suggested that the acute toxic effects of L.S.D. could lead to death. Without a clear demonstration, some persons have speculated that L.S.D. users could develop addiction or physical dependence and that they could be led to try drugs such as heroin or morphine. By June of 1967 there were 20 reports which contained the details of 225 adverse reactions to L.S.D.

Toxic Reactions

With any drug having such striking physical and behavioral effects as L.S.D. there is always the question of lethal toxicity. Toxic effects from L.S.D. appear to be of minor importance, provided the drug is relatively pure and the dose taken is small (100 to 300 mcg.) Poisonings from L.S.D. have not been reported in man except from morning glory seeds, and they contain a variety of substances in addition to L.S.D. The possibilities that ergotism (marked by vasoconstriction and peripheral coldness)can result from taking these seeds, have been described by Hoffer.

The lethal dose of L.S.D. for man is not known, since no human death from an overdose has been reported. Almost all studies of lethal doses in non-human species have used acute intravenous doses and this provides a useful analogy to the therapeutic and experimental uses, but L.S.D. taken in unsupervised settings is usually eaten or dissolved in a drink. The intravenous and ingestive lethal doses might be rather different, as with drugs such as morphine. What is clear from all available lethality studies on non-humans is that the acute lethal dose for man is probably many times the usual therapeutic or psychedelic dose of 100-300 mcg. However, studies of the accumulation of toxic effects over a long series of doses have not been made with humans.

L.S.D. has been found by a few investigators to produce convulsions. If these convulsions are a true toxic reaction rather than a peculiar response of certain individuals, it is surprising that the reports are so infrequent.

Recently, there have been studies of the genetic and fetal damage caused by

L.S.D. Studies reported in 1967 showed that a moderate amount of L.S.D. placed in tissue cultures of leucocytes created chromosome breaks during cell division. This occurred in 10 to 20 per cent of the cells treated with L.S.D. Chromosome breaks also occurred in a patient tested eight months after he had received 15 L.S.D. administrations. A later study showed that six out of eight L.S.D. users, compared to only one out of nine controls, had chromosome abnormalities. However, the latest in this series of studies found that chromosome breaks in users were not more frequent than those in non-users.

Studies have also been made of the fetal abnormalities resulting from L.S.D. use in pregnant females. A large variety of abnormalities such as spinal defects, brain hemorrhages, and edema in various body regions have been found. Three studies, done with rats, mice, and hamsters have found unusually high rates of abnormalities in animals born to L.S.D. treated mothers. However a recently published study found no effect of L.S.D. on the offspring of rats treated during pregnancy. As yet there are no extensive studies of these abnormalities in humans. In summary, the use of L.S.D. carries uncertain risks to chromosomes and offspring.

Prolonged Psychotic Reactions

There have been 138 cases of prolonged psychotic reactions to L.S.D., including those in therapeutic, experimental and unsupervised settings. The most typical symptoms seems to be paranoid delusions, schizophrenic-like hallucinations and overwhelming fear. The majority of these psychoses have required special tranquillizer medication or hospitalization lasting from a few days to several years. Psychiatrists in Los Angeles reported that 68% of their 70 cases required more than one month of hospitalization, but five to six months is not unusual in isolated cases. Psychiatrists at the Bellevue Hospital in New York found that 30 of 52 cases of prolonged psychosis became normal within 48 hours. A further 11 patients required two to seven days, and six more a longer period of time. Surprisingly, five of those six "had no psychiatric history or had previous psychiatric history but were adequately integrated." There can be no doubt that serious, prolonged psychoses may result from L.S.D. use.

It appears that some persons who experienced prolonged psychoses after illicit L.S.D. use had prior psychiatric diagnoses. Psychiatrists in Los Angeles found that 27 out of 70 persons with both mixed psychotic and non-psychotic reactions had previous psychiatric treatment; 25 (36%) had been diagnosed as psychotic before taking L.S.D. The Bellevue study contained only 12 out of 52 (23%) who were psychotic or schizoid personalities, and of these seven were "adequately integrated into society." It is clear that these rates of pre-L.S.D. psychoses are much higher than in the general population; however we are uncertain how many psychotics can take L.S.D. without a prolonged psychotic episode. A more important point is that L.S.D. is precipitating prolonged psychoses in many persons who cannot be diagnosed as psychotic, or who have only minor personality disturbances or none at all. In fact, about 77% of the prolonged psychoses from L.S.D. in the Bellevue study could not have been predicted from previous psychotic disturbances.

A further complication, for which there is no adequate explanation, is the spontaneous recurrence of parts of the L.S.D. experience. In at least 11 cases, frightening delusions or hallucinations have reappeared weeks or months after the last ingestion of L.S.D. and after an interval of normality.

The possible mechanisms for spontaneous recurrences are difficult to identify at present. There is a close connection between spontaneous recurrences

and the frequency with which L.S.D. has been taken. In six of the 11 cases noted above, exact doses were reported and these persons had taken L.S.D. (or similar hallucinogens) on 10 to 12, 200 to 300, 25, 9, 15 and over 200 occasions. This is much more frequent than that found for persons experiencing only prolonged psychoses, about half of whom have taken it only once or on a few occasions. The connection between frequent L.S.D. taking and recurrent experiences suggests that L.S.D. itself, or some of its effects, may persist or build up over repeated administrations sufficiently to cause a recurring experience, particularly under stress.

Prolonged Non-Psychotic Reactions

In addition to psychoses and recurrent experiences, L.S.D. has resulted in a variety of disturbed reactions which are difficult to classify. In all, 63 cases on non-psychotic prolonged reactions to L.S.D. have been described. These could be classified as 39 cases of acute panic or confused reactions, 17 cases marked by depression, five cases of anti-social psychopathic behavior, one case of a "motor — excitatory state," and one case of chronic anxiety. Virtually all of the non-psychotic reactions occurred in persons who took L.S.D. alone, or in unsupervised settings. The doses taken do not seem to be abnormally large, except for those who had psychopathic reactions. They tended to take large doses or to have taken it very frequently (up to 2,000 mcg. weekly for 3 years, in the case described by Cohen). Where the information is given most had previous personality disturbances.

Suicide

Depressions accompanied by suicide have often been reported as a complication from L.S.D. administration. The first study of such suicides was made by Cohen who queried 62 L.S.D. therapists about the complications seen. Only 44 replied; nonetheless, they had administered L.S.D. or mescaline to 5,000 persons. Five attempted suicides had resulted, but four of these occurred many months after the L.S.D. session.

Since Cohen's questionnaire study there have been reports of 14 attempted and six successful suicides, and nine persons with possible suicidal intent. The successful suicides were all males, two were college students and both had taken L.S.D. in an unprotected setting. Two of the successful suicides and four of the attempted suicides occurred during or soon after therapy with L.S.D.

In summary, suicide attempts are an important complication from L.S.D. administration. Some of them occur in persons who take L.S.D. in non-medical settings, although seven successful and 12 unsuccessful suicides have occurred as a result of therapy. There is, of course, a difficulty in attributing all of these suicides to L.S.D. therapy, since it is typically given to disturbed persons already prone to suicide. Probably no more than half of the suicides would be directly attributed to L.S.D. by the therapists involved.

It is difficult to specify further the conditions leading to L.S.D. — related suicides. The dosage likely to lead to attempted suicide cannot be specified, but it may be as low as 40 mcg. for severely disturbed persons. Almost nothing is known about suicide rates among persons who take L.S.D. in unprotected settings, although rates for those given L.S.D. in therapy are low, if they have not been under-reported.

(Part II Continued in October)

Executive Director of Academy of Applied Osteopathy Dies In Fort Worth

MR. DAVID J. RODGERS

On September 23, 1968, Mr. David J. Rodgers died in Fort Worth, Texas, following a brief illness. He had been a patient at the Fort Worth Osteopathic Hospital. Advanced coronary sclerosis with complications was the cause of his death.

Recently from Sacramento, California, Mr. Rodgers came to Fort Worth as the newly employed Executive Director of the Academy of Applied Osteopathy and moved the office from Carmel, California to its new quarters at 508 Bailey Avenue in the middle of August.

Since coming to Fort Worth, Mr. and Mrs. Rodgers had made contact with Trinity Episcopal Church and found the rector, Father Rodgers, a devoted friend during this critical period. Cremation took place on September 25 and inurnment will follow at a later date.

Survivors include his wife, Helen, a son John D. of Fort Worth, a son Mark D. of Carmichael, California and a brother, Wayne Rodgers of S. Pasadena, California.

Until June 1968, Mr. Rodgers had been for seven years the Executive Secretary of the Osteopathic Physicians and Surgeons of California and for some years previously had been associated with and worked with osteopathic institutions and organizations.

As Mr. Robert Chapman, Secretary of the Society of Divisional Secretaries, said, "He has been one of our great leaders. He worked so hard and did so much under almost impossible circumstances, and accomplished so much — he will certainly be missed.

The $100,000 Practice And How To Build It

by ROBERT P. LEVOY

Published by Prentice-Hall, Inc., Englewood Cliffs, New Jersey, 1966, 185 pp., $15.00.

The title of this book does not apply to association executives, but is intended for the executives of professional organizations who may want to direct the book to their members as a service. The contents, however, are relevant for all professional practitioners. Mr. Levoy is director of Professional Practice Consultants, Inc. and has conducted in the past ten years more than 5,000 Professional Practice Surveys for physicians, dentists, attorneys, optometrists, veterinarians and other professionals who either needed a prescription to cure a sick practice or a tonic to enhance a healthy one.

The title of the book, which seems to equate successful practice with money-making, is intended to shock the reader. It is Mr. Levoy's way of attacking professionals who suffer from ITA, Ivory Tower Attitude. He maintains that the ivory tower professional is the victim of a fast-paced society, of outworn and outmoded traditions and of his own science and technology, which have robbed him of the human touch. Most of all, ITA is the result of the professional's feeling that he ought to be completely disinterested in money matters.

Mr. Levoy offers symptoms to diagnose a sick practice. These include: Do you feel you are a different type of person from the one who comes to you for your services? Do you feel that this "apartness" makes you more respected? Do you feel *entitled* to a good practice because you regard yourself as a special class of person? Are you more technically-oriented than people-oriented? Does your aloofness foster the image you are trying to avoid—that you are impersonal and interested only in money? Do you fight "salesmanship," perfectly ethical and legitimate methods of persuasion and motivation to see that your suggestions are accepted and acted upon?

In the area of humanizing the professional's relations with P/C's (patients/clients), Mr. Levoy offers these suggestions: Don't make P/C's wait in your office without an explanation. Personally meet and greet each P/C. Give the P/C your undivided attention. Make the P/C's revelation of his troubles a dialog. Comment as he relates his case. When referring P/C's to other practitioners, make the appointment yourself. Learn enough about the P/C's personal life to enhance your knowledge of his total needs.

In the area of "salesmanship," the author urges professionals to use fee slips which state all the services he renders. Thus P/C's will not go to another professional, thinking that his present one does not offer a certain service. Another suggestion is not to sell your service, but sell what your service will do. Nobody wants, for instance, to go to the dentist, but it is to the patient's benefit to become aware of his needs, and that is the professional's duty.

The $100,000 Practice and How to Build it provides many other suggestion lists besides the ones related here. Mr. Levoy also offers "Seven Ways to Put Yourself Across—Instantly," Eleven

Clues to Your P/C's Total Needs," "The Only Two Ways P/C's Become Aware of Needs," "Four Tested Ways for Handling Objections," "Nine Ways to Use a Fee Slip to Build Your Practice," etc.

Executives of professional associations could very well recommend this book to their members, but don't advise them to leave it as reading matter in their reception rooms. The only problem that may arise is when a lawyer visits the dentist and both have read the book.

Reprint from: "Association Management"

Dallas' Top Youth Volunteers Named

Thirty-two reasons for faith in the future were honored Monday, August 26 in Dallas, while two of them, Carol Polakoff and Willie Mason Jr., won the Youth Volunteer Service Awards.

The girl and boy judged tops in this summer's crop of teen-age volunteer workers received bronze plaques from Mayor Erik Jonsson at a City Council meeting. Carol and Willie, both 17, were nominated respectively by St. Paul Hospital and Children's Medical Center.

The Junior League of Dallas, which originated the annual awards in 1961 and still sponsors them, honored the 32 nominees at a luncheon in the Gold Room of the Statler Hilton. The featured speaker was the Rev. James Frensley of St. Matthias Episcopal Church.

The nominees, each of whom received a certificate for service to the community, and their hostesses then attended the City Council session.

Winner Carol logged 32 hours a week in the intensive care unit at St. Paul. She helped feed patients, assisted them with correspondence, ran errands, distributed supplies, called in relatives at visiting hours.

Her co-winner, Willie Mason, is well into a back-breaking schedule which he hopes will eventually take him all the way through medical school.

The Crozier Technical High School senior, son of Mrs. Ruby Dell Ford has given 14 hours weekly to Children's Medical Center while holding down a 40-hour-week job at Dallas Osteopathic Hospital.

He hopes to continue both paid and volunteer jobs, finish high school in evening classes, become a registered nurse and work his way through medical school.

The awards program is endorsed by the Community Council of Greater Dallas, which assists with recruiting of teen-age volunteers for summer duty.

Texas College of Osteopathic Medicine Post Graduate Seminar

The Texas College of Osteopathic Medicine is sponsoring their first Postgraduate Seminar on November 9 and 10, 1968 — at the Worth Hotel in Fort Worth, Texas.

The program will be an indepth discussion of anemia. The specialties contributing to the program will be the following:

Internal Medicine

Pediatrics

Pathology

Hematology

Notices of the program will be sent within the next couple of weeks.

For further information — contact: Joel Alter, D.O., Program Chairman, 1312 Clover Lane, Fort Worth, Texas 76107.

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Dr. James Fite Heads Osteopathic Surgeons

JAMES E. FITE, D.O.

James E. Fite, Bonham osteopathic physician, will be installed as president of the American Academy of Osteopathic Surgeons during the annual surgical seminar of the organization to be held in Albuquerque, New Mexico.

Dr. Fite, practicing physician and surgeon in Bonham since 1961, joined the American Academy of Osteopathic Surgeons in 1962 and was elected to the board in 1964. He was elected vice president in 1966 and became president-elect in 1967.

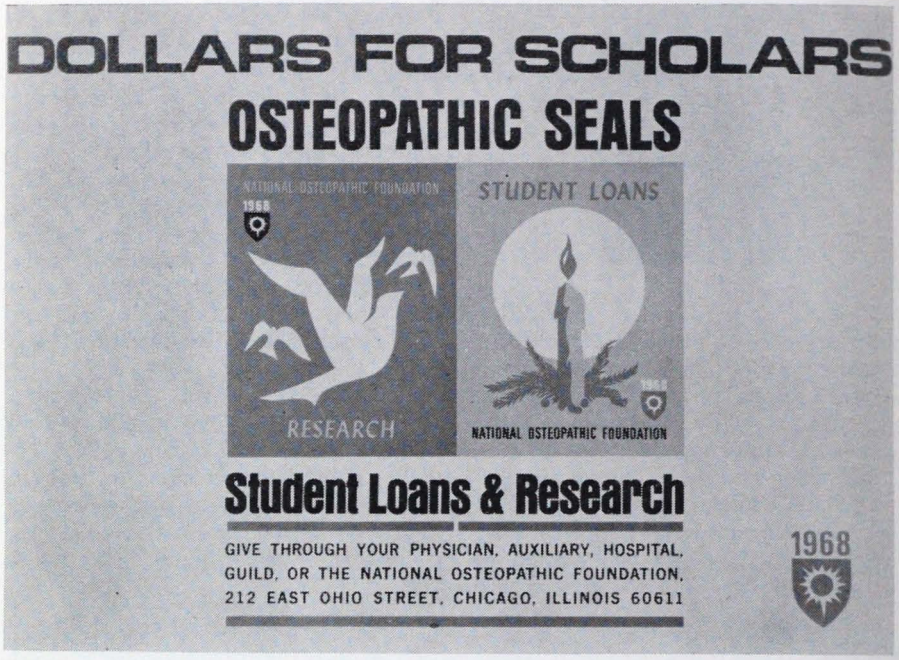
He will be installed at the final meeting of the seminar.

The title of "Fellow of the American Academy of Osteopathic Surgeons" was conferred upon him in 1966.

Dr. Lynn F. Fite, brother of Dr. James Fite, will also attend the Albuquerque seminar and will become an associate member of the academy in the field of proctology. He recently moved here from Olton, Texas, to join the staff of the S. B. Allen Memorial Hospital.

As president of the academy, Dr. Fite will be responsible for the surgical seminar to be conducted in 1969. He plans to hold this seminar in Hawaii, it being the practice of the academy to hold its annual seminar outside the continental United States every other year.

Depression Gives Birth to Osteopathic Seals



The annual osteopathic seal appeal—which last year brought in nearly $150,000 for student loans and research grants—couldn't have had a more dismal beginning if the whole thing had been staged for dramatic effect!

The reality of the Great Depression, which ultimately paralyzed and nearly destroyed the nation—to say nothing of many professional organizations—had just begun to set in when the late Dr. Ernest R. Proctor asked the AOA Board of Trustees to authorize a loan fund for needy osteopathic students.

Facing an understandably reluctant Board, Dr. Proctor argued that the Depression itself—far from being an obstacle—made the fund more necessary than ever.

In 1931, Dr. Proctor again pressed his case and, in August the board created a special committee to handle the student loan fund and conduct distribution of 12,000 sheets of seals among the 8,200 osteopathic physicians then in practice.

The first committee report noted that, despite the hard times, collections that year came to $2,000—enough to grant loans to one senior student at each of the six osteopathic colleges then in operation.

Over the next twenty years, the seal program kept steady pace with the growth and acceptance of the osteopathic profession itself. By 1949, the proceeds had grown to the point where research projects were made co-recipients of the funds raised through the program.

That same year the Auxiliary to the American Osteopathic Association officially took over direction of the Seal Campaign.

Within the next few years, the con-

certed effort of the profession and its auxiliaries raised over $100,000 in added funds by encouraging the involvement of more D.O.s and members of allied professions.

Working as volunteers, the state auxiliaries established mail clerk services to order, address and post seal packets to lists of patients, friends and business associates provided by the doctors.

By means of this "packet plan", the seal drive raised more than 70 percent of its funds from the public, with the remainder coming from the profession itself.

To stimulate annual returns by fostering competition among the doctors themselves, the AOA Society of Divisional Secretaries annually offers rotating trophies to the divisional society whose average dollar contribution is the highest in each of four categories—(1) societies of less than 50 members; (2) societies of 51 to 200 members; (3) societies of 201 to 500 members and (4) societies of over 500 members.

Since its inception 37 years ago, the Seal drive has provided financial assistance to one out of every ten Doctors of Osteopathy now in practice. Over the 18 years since Osteopathic research became a co-recipient of funds collected through the Seal campaign, it has been given over half a million dollars.

In recent years, the seal campaign has enjoyed an almost phenomenal growth. In 1962-63, for example, a seemingly impossible $75,000 goal was reached and—by 1967—nearly doubled! This year's campaign goal, incidentally, has been upped to $175,000.

Much of the seal drive's recent growth is due to the fact that the osteopathic profession—once compelled by circumstances to devote most of its organizational energies and resources to mere survival—is now able to concentrate more on raising funds for student loans and research, according to Mrs. James E. Dunham, chairman of the Seal Committee of the AOA.

In urging still greater D.O. participation in the seal appeal, she noted that the profession became great in the face of incredible odds only because its members have unstintingly met the needs of the past.

She added that while much of the clerical work of the campaign is done by auxiliary volunteers, the seal drive itself is still an annual project to be conducted "of, by and for the osteopathic profession."

Polio Alert!

Sixteen confirmed cases of paralytic polio from nine counties in Texas had been reported by mid-summer. None of the stricken children had previously received polio vaccine. All but one of the reported cases had been of the epidemic type I Poliovirus. Nine of the 16 cases (56%) occurred in infants under one year of age. Fifteen of the 16 cases (94%) occurred in children under 5 years of age. As of mid-summer, only 29 cases of paralytic polio had been reported for all of the U.S.A. with 16 of this total occurring in Texas.

Immediate immunization of all persons up to 21 years of age, especially infants and young children, is recommended and urged. The peak seasonal incidence for polio in Texas continues through the early autumn.

Doctor: I've brought you a Red Cross nurse.

Patient: Well take her back and bring me a blonde, cheerful one.

For A.C.G.P.O.M.S.

Texan Plans Miami, Caribbean Osteopathic Seminar Programs

T. R. SHARP, D.O.

Complementing the AOA Convention theme: "HEALTH CARE TODAY — EVALUATION OR REVOLUTION," in Miami this year, general practitioners will have the additional opportunity and privilege of attending seminars which will follow in San Juan and St. Thomas. Dr. T. Robert Sharp, of Mesquite, is program chairman for the combined sessions which will be co-sponsored by the A.O.A. and the American College of General Practitioners in Osteopathic Medicine and Surgery, and joined with the Florida Osteopathic Medical Association.

Summarizations of topics and speakers are listed below for reference, details having been presented in the various national Osteopathic news media:

Monday, 14 Oct. 68

Keynote Address

"Pathophysiology of the Death Process —"

General Practice Considerations of the Death Process
T. R. Sharp, D.O., F.A.C.G.P.

Pathological Considerations
Gerald Bennett, D.O. Pathologist and Medical Director

Determining the Terminal Condition
Morton Terry, D.O., F.A.C.O.I.

Surgical Considerations of Calamity or Inoperable Cases
J. Dudley Chapman, D.O., F.A.C.O.O.G.

Psychological Aspect of the Death Process
Erle W. Fitz, D.O.C-P, C.F.

Pastoral View of the Death Process
Father David G. Russell, Pastor and journalist

Panel, answering each other and the audience

Tuesday, 15 Oct., A.M.

"New Horizons —"

The Computer Age and its Affect of the G. P.
George W. Northup, D.O., Editor

You and the Health Insurance World of Tomorrow
Mr. Arthur M. Browning, Vice President, New York Life

Guidelines for Organ Transplant Patient Selection
Dr. Bennett

"General Practitioner — Counselor —" P.M.

Counseling the Unwed Mother
Dr. Fitz

Premartial Counseling Responsibility
Dr. Chapman

Counseling the Menopausal Female
Mary M. Snedeker, D.O.

Moral and Ethical Considerations of the Single Organ Transplant
Dr. Bennett, moderator, and Panel

Wednesday, 16 Oct., P.M.

"Government, Your Business Partner —"

Reflections on Medicaid/Medicare Carrier Role
Mr. J. D. Knebel, Vice President, National Blue Shield

Understanding Your Privileged Status Under the Keogh Act
Hon. Eugene Keogh, attorney and legislator

Friday, 18 Oct., (Reconvene, San Juan, P.R.) A.M. only programmed

Opening and Mail Home Quiz — *"Sizing Up Your Practice"*
Your Economic Skeleton, or What a New *Medical Economics* Survey Reveals About Your Practice
Mr. C. V. Dowden, Managing Editor, *Medical Economics* magazine
Your Paper Caricature (Utilization Profiles)
Mr. Knebel
The Doctor as a Manager
Reed M. Powell, Ph.D., Associate Dean & Director of Research (Ohio State University)
The Stethoscope is on You, Doctor
Mr. Browning
Building Good Medical Management
Dr. Powell
The Economics of Seeing More Patients
Mr. Dowden
Panel: Where is Private Office Practice Headed? Ouiz the experts.
All lecturers

Saturday, 19 Oct., A.M. Only programmed, San Juan

"Bases for Charge —"
The Physician, His Contribution and Return
Dr. Powell
You are Under the Computer's X-ray
Mr. Browning
Regional Variations in Fees
Mr. Dowden
Computers and the Physician
Dr. Powell
Physicians Fees — A New Political Football
Mr. Dowden
Free Reviews (How community profile is determined)
Mr. Knebel
Panel: What are Usual and Customary Fair Charges? Quiz the experts
All lecturers

Sunday, 20 Oct., A.M. Only programmed, San Juan

"My Collection Record —"
Establishing a Positive Approach to Medical Service
Dr. Powell
New Facts About Collections
Mr. Dowden
The Paper Jungle (Easing Reporting)
Mr. Knebel
Systems Can Save You Money
Mr. Robert C. Hansel, Assoc. Arthur Anderson & Co., Tampa
How to Teach Your Wife to Be a Widow
Eugene DeKieffer, Vice President & Trust Officer, Dallas
Panel: The Philosophy, Art & Science of the Business of Practice
All lecturers. Quiz the experts
Transfer to St. Thomas, Virgin Islands

Monday, 21 Oct., A.M. Only programmed, St. Thomas

Your Financial Metamorphosis —"
Planning Your Financial Change of Life
Mr. DeKieffer
Estate Planning for Physicians
Mr. Gerald Randall, Direct of Estate Planning, Connecticut Mutual Life Insurance Company
How to Bring Investments Into Focus
Mr. Ken Holmes, National Institutional Sales Manager; Merrill, Lynch, Pierce, Fenner and Smith, New York
Tax Avoidance — Not Evasion
Mr. DeKieffer
Maturation of a Good Estate Program
Mr. Randall
Panel: Three "D's" of Estate Planning — Death, Disability & Dotage
All lecturers. Quiz the experts

Tuesday, 22 Oct., A.M.
Only programmed, St. Thomas
"Developing Our Estate Planning Team—"
Advantages of a Corporate Trustee
Mr. DeKieffer
Planning the Mature Estate
Mr. Randall
Develop Your Changing Portfolio
Mr. Holmes
Panel: KEOGH ACT
Keogh-Bank as Trustee,
Mr. DeKieffer
Keogh-Insurance and Annuities,
Mr. Randall
Keogh-Mutual Funds, Mr. Holmes

Three Texans Comprise Educational Faculty

DR. GEORGE LUIBEL

DR. JOSEPH LOVE

DR. REGINALD PLATT

The Academy of Applied Osteopathy educational faculty of "Segmental Syndromes: Signs and Symptoms" includes three prominent Osteopathic Physicians from Texas.

They are: George J. Luibel, D.O., F.A.A.O., who is Faculty Chairman; he is assisted by Joseph L. Love, D.O., F.A.A.O. and Reginald Platt, D.O.

The Educational Seminars which are presented will provide opportunities for physicians in various areas to have a review of osteopathic reflexes and diagnostic criteria based on the segmental relationship of somatic and visceral structures. Treatment of conditions by different reflex methods is also included in these seminar presentations.

Dr. Luibel practices in Fort Worth, Dr. Love is of Austin and Dr. Platt practices in Houston, Texas.

Factors Pertinent to the Osteopathic Concept

From THE LOG BOOK, C.O.M.S.
by BYRON E. LAYCOCK, D.O.

Byron E. Laycock, D.O., Professor of Osteopathic Principles and Practice and Chairman of the Department, joined COMS in December, 1939. He has had a part in the education and philosophical development of almost 2,000 osteopathic physicians. Certified by the American Osteopathic Board of Physical Medicine and Rehabilitation, he is sometimes called "Mr. Osteopathy".

We will celebrate a new year on January 1, 1969 and, with a bit of reflection over 1968, it is obviously good that a new year presents itself. January first will add another cause for celebration and reflection for the writer, marking the beginning of his 33rd year, the 30th here at COMS, of teaching basic Osteopathic Principles & Practice Procedures. Since one must be over 21 to be graduated, simple addition will establish the fact that we have exceeded, slightly, Jack Benny's chimerical "39" and, along with such approaching senility its concomitant indulgence in moralization and circumlocutory verbosity. It becomes less easy to dash off in "25 words or less" a definition of Osteopathy, or, in any way to do more than generalize, even in a book, on all the ramifications and facets of an interpretation of the Osteopathic concept. To attempt to do so is definitely "taking a sandwich to the banquet" and then eating only the sandwich . . . if all of that even. In all the eons of time no two people have ever seen the moon from the same identical spot, instant, and angle; but no one will deny its existence, its effects, and its increasing space significance (the latter for every tax payer, at least).

We shall attempt to outline the multivalent points of views and expressions thereof, of a number of individuals, rather than one, concerning Osteopathic Principles and Practice.

It is essential for comprehensiveness to re-iterate the four "LAWS" of a previous paper[1].

1. "The body is a unit." Any fault, therefore, has both a local and a general effect.

2. "The body posseses self-regulatory mechanisms." These maintain health and homeostasis by control of vital functions, also produce and dictate reaction to alternation and repair, with the expense of continued compensation paid for such reaction. Without the above, the development of man would never have evolved, nor could he, or anything living exist.

3. "Structure and function are reciprocally inter-related." We are so wired together by the 14 billion nerve cells that there is potential reflex relation between all cells of the body. We are wired for cerebration, motion, vasomotion, sensation, secretion, trophism, and, I regret to say, for Sound. The extent and implication of the interrelationships of all the above by those billions of nerve cells alone, may not be completely understood until we grow a few more. Yet the nervous aspect is only one of the triad of facets whose reflections controls every cell. Hormones, other internal secretions, and by-products are a second consideration. The cell's ionic equilibrium, under normal and abnormal situations, is the third. Even these three are inter-related inextricably and no single factor is autonomous.

4. "Rational therapy is based upon an understanding of body unity, self regulatory mechanisms, and the interrelationship of structure and function."

This general LAW combines the previous three and reveals the musculoskeletal lesion as an integral part of the total abnormal process. This component may be one of the predisposing or one of the exciting factors in the disease. It may also be a reflex result of the pathological status and, therefore, *is a component of all disease states* and contributes its deleterious effect upon the causative area. The lesion becomes, then, a maintaining influence adding resistance, then, a maintaining influence adding resistance to repair and remains, unless corrected, an overt invitation to recurrence as well.

Osteopathic Medicine is a combination of science, philosophy, and art, as is every branch or practice of healing. The essence of the above mentioned four general principles or LAWS was enunciated by Still in 1874. While practically every other concept or practice in medicine existent *then* has been proved false, or abandoned, these four have become accepted by the literati of all schools of medicine knowingly or not.

"Osteopathy is qualitatively different from allopathy in more than one way. *Historically,* Osteopathy represents the intellectual as opposed to the empiric tradition. *Philosophically,* Osteopathy is holistic, systematic, comprehensive, and materialistic; allopathy represents a deviation and degeneration toward compartmentalization, desystematization, piecemeal treatment, and mysticism (the *"disease entity"* concept)."[2] "In the *terms of the approach to the individual,* Osteopathy is the profession that offers health; allopathy offers treatment of disease."[2] "And in terms of *politics and economics,* organized allopathy offers monopoly and statism in medicine, while Osteopathy offers private enterprise, competition in Medicine, and true choice of physicians".[2]

The above statements are made by a man not professionally bound to either Osteopathy or allopathy but who has taught in both schools, and an outstanding mind in physiology and pharmacology. They express observations of twenty years' development that are part of the Osteopathic movement. Their accuracy is glaring apparent.

Our failure to incorporate in treatment the osteopathic lesion complex with the *rest of the disease;* our neglect of the patient in not *facilitating return circulation and obtaining free mobility in all tissues visceral and somatic* to resist the gravitational system with which we all live is not fault with the *knowledge that the tissues require such,* but due to our own mental nonchalance and clinical insolence.

Osteopathy is the clinical application of all that is known to date of the anatomy, neurology, chemistry, and physiological function of the human being to the person or patient, at hand, at the present instant. This obviously varies with the person, the patient, the disease, the time in the disease and can never be regimented to the empirical. Other schools can, and are, absorbing these facts but their omniscience must be *learned,* not *"Merged",* like factories. For Osteopathy to merge its 13,000 men into 250,000 allopaths politically is just as insensible as for the A.M.A. to "merge" with the massive millions of men, dollars, and domination of the teamsters union of the AFL-CIO. For the principles of Osteopathy to be diluated and incarcerated by a political force would be as effective an impedence to patient care as "burning the books" or Galen's political 1000 year

stalemate and its resultant "dark age" of medicine.

It requires massive or long accumulated insult to overcome the rythmical function of a tissue having a normal blood and nerve supply and synergistic musculo-skeletal-visceral relationships.

All tissues have acquired also the "tendency toward the normal" and will resist insult in proportion to its potency; the body and its tissues have developed and possess the characteristics and ability to overcome all its curable diseases. This result will obtain unless inhibited by some congenial or acquired abnormality; the latter may comprise anything from a neurosis of the nerve supply to a tissue to improper or inhibiting aspects of treatment. We may so alter the manner of a response to the point that there will be no response. We may alter and suppress the human animal's inherent reaction to disease to the point that he can *resist no disease* nor over come *any disease.* Without appreciation of the above factors described as principles of Osteopathic Medicine inadequacies of management and treatment can result slowly and inexorably in the self destruction of man, not as quickly as "the Bomb" but more universally complete.

SOURCES

1. Kirksville College of Osteopathy and Surgery "Interpretation".

2. William F. Hewitt, Ph.D. "Image of Osteopathy".

3. Dr. Glenn Bigsby, Assistant Professor of Osteopathic Principles & Practice, COMS.

4. "Clinical Anatomy and Neurophysiology" Manter, Gata.

5. Students, Miracle and Shaw.

Calendar of Events

September 21-22, 1968 — ANNUAL CONVENTION OF RHODE ISLAND SOCIETY OF OSTEOPATHIC PHYSICIANS AND SURGEONS. Viking Hotel, Newport, Rhode Island. For further information contact: Dr. J. Jerry Rodos, 1660 Broad Street, Cranston, Rhode Island 02905.

October 14-17, 1968 — AMERICAN OSTEOPATHIC ASSOCIATION, 73RD ANNUAL CONVENTION AND SCIENTIFIC SEMINAR. Americana, Beau Rivage and Balmoral Hotels, Bal Harbour, Miami Beach, Florida. Program Chairman, Harmon L. Myers, D.O., 750 South Craycroft Rd., Tucson, Arizona 85711. True B. Eveleth, D.O., Chairman, Mr. Walter A. Suberg, Vice Chairman, Bureau of Conventions.

October 27-31, 1968—FORTY-FIRST ANNUAL CLINICAL ASSEMBLY OF THE AMERICAN COLLEGE OF OSTEOPATHIC SURGEONS, Denver Hilton Hotel in Denver, Colorado. For further information and registration materials, write Dr. Charles O. Ballinger at 1550 S. Dixie Highway, Coral Gables, Florida 33146.

March 28-30, 1969 — GRADUATE CENTER SEMINAR by Academy of Applied Osteopathy at the Worth Hotel, Fort Worth, Texas. Featured speakers include Drs. Cathie, Koor and Beilke plus local Texas D.O.'s on a practical program of basic osteopathy. For details write to Dr. Margaret W. Barnes, Executive Director, 508 Bailey Ave., Fort Worth, Texas 76107.

Openings for Osteopathic Physicians

(For information write to Dr. D. D. Beyer, Chairman, Statistics and Locations Committee, 1800 Vaughn Blvd., Fort Worth, Texas 76105)

Friona, Texas—30 miles northwest of Muleshoe, and 90 miles from Lubbock. Population—2500 people with drawing capacity of about 500. Only three physicians in town. A good prospect for a doctor just getting out of internship. Contact: R. M. Mayer, D.O., 3728-34th St., Lubbock, Texas.

* * *

Abernathy, Texas—Doctor looking for associate. 15 miles north of Lubbock. Population, 3,500 with trading territory of 8,500. Practice established for eight years. Contact Kenneth Gregory, D.O., Abernathy, Texas.

* * *

Collinsville, Texas—Clinic now available. Waiting room, X-ray and lab rooms, 3 examination rooms. Next door to 47 bed nursing home E.C.F. Rent $80.00 monthly. Will give first two months rent free. Contact: Lois Walker, Box 23, Collinsville, Texas, Telephone No. 429-6426.

* * *

Alamo, Texas—On the Texas-Mexico Border, population of 5,000. Only doctor passed away nine months ago, —all residents go to neighboring towns for treatment. Doctor's office space in drug store and also an apartment available — both rent free. Contact: William Huang, Pharmacist, c/o Magic Valley Drugs, Main at Eight Sts., Alamo, Texas.

Idalou, Texas—located ten miles east of Lubbock, offers an excellent opportunity for any physician desiring to locate in West Texas. Contact: George Lowe, Western Drug Company, Idalou.

* * *

UNUSUAL OPPORTUNITY — for active, licensed D.O. to provide night covereage, 8 — 8, $1,500 salary to start, possibility of partnership. Telephone or write Dr. Jerry W. Smith, 510 W. Tidwell Rd., Houston 77018.

* * *

CLINIC PREMISES — new, very attractive, very effecient suit available in clinic with active specialist. Has great potential for dynamic young generalist to lease. Telephone or write Dr. Richard W. Tamex, 323 N.W. 24th St., San Antonio 78207.

* * *

Houston, Texas—Superior opportunity for energetic, capable generalist on staff of active, existing clinic-hospital group. Contact: Mrs. Grover Stuckey, 2715 Jensen Dr., Houston, Texas 77026.

* * *

Pleasant Valley, Amarillo, Texas—D.O. General Practitioner wanted. Office with 1,500 square feet floor space, central heat, air conditioning, etc. Rent free for the first 2 years then on lease. For further information write or contact Gerard Nash, D.O., Southwest Osteopathic Hospital, Amarillo, Texas.

Miami —
Site of AOA Convention

The American Osteopathic Association will hold its 73rd Annual Convention and Scientific Seminar in Bal Harbour, Miami Beach. Florida, on October 14th-17th, 1968.

This ideal location offers innumerable opportunities for everyone attending the convention.

The Americana, Beau Rivage and Balmore Hotels in Bal Harbour are minutes away from so many "fun spots" in the Miami area. Even the mysterious Everglades are only an hour's drive away.

To the west of Bal Harbour are the Bay Harbor Islands, which operates the Broad Cause-Way, the shortest link between Miami Beach and the Mainland.

At the Americana, one of the convention hotels, an art gallery displays American and European paintings. To the north, the Harbour House Gallery features a show by local painters.

North of the Americana is Haulover Marina, where sightseeing boats are berthed. Tours may be taken through Biscayne Bay, up canals and rivers for viewing palatial estates on the man-made islands, Indian villages and tropical jungles. Some of the boats feature moonlight cruises with dancing, and some of the boats have glass bottoms for a close-up view of underwater life, sea gardens, fish and plants on the offshore reefs. Boats may also be chartered for big game fishing in the Gulf Stream or bottom fishing on the ocean reefs.

Drift fishing boats accomodating from 25 to 50 persons also are available at a nominal sum of about $3.75 per person on a half-day basis. There is also the opportunity to fish from sea walls nad municipal piers free of charge.

Nearby attractions for those who are spectator sports enthusiasts, short drives from the Americana will take them to big-time greyhound racing, horse racing, the University of Miami, and Miami Dolphin (American Professional Football League) football games. For music lovers, the Miami Philharmonic Orchestra will be performing.

Then there are the Miami Art Center and Miami Beach's Bass Art Museum. Just south of Miami Beach is the Marine Stadium, the newest addition to Miami's recreational spectator facilities that offers a variety of water sports competitions, the seaquarium, and Crandon Park with its coconut trees and zoo.

With all of the recreational areas and innumerable sightseeing attractions, it's a sure bet that there will be a good time for all who attend the convention!

The program Chairman for the Annual Meeting is Dr. Harmon L. Meyers of 750 South Craycroft Rd., Tucson, Arizona 85711.

Dr. E. C. Baum Appointed State Chairman for Preston Smith

ELMER C. BAUM, D.O.

Prominent osteopathic physician — Dr. Elmer C. Baum of Austin, Texas, has recently been selected as the new state democratic chairman for Preston Smith, Democratic nominee for governor.

The outgoing chairman, Austin attorney Will D. Davis, is winding up three years with the committee which has worked with Gov. John Connally. Davis succeeded W. Marvin Watson, now postmaster general.

"My main concern will be to elect Preston Smith and Democratic nominees," said Dr. Baum — adding, "Our main concern will be the state ticket."

Dr. Baum has been a member of the Texas Association of Osteopathic Physicians and Surgeons since 1949. Since that time — he has served as President of TAOP&S, has presided as Chairman of the Public Health Committee and Interprofessional Relations Committee of the State Association for many years, served as a Delegate from Texas to the American Osteopathic Association. Dr. Baum has also served as a member of the Bureau of Insurance for the A.O.A., and a member of the A.O.A. Council on Federal Health Programs.

Dr. Baum, the state chairman has been an active party worker for many years, including 20 years as precinct chairman in Austin. He has been a member of the state board of health for 17 years, appointed successively by Governors Allan Shivers, Price Daniel and John Connally.

Six years ago, he became active in Smith's first campaign for lieutenant governor. The two men are close friends.

The common idea that success spoils people by making them vain, egotistic and self-complacent is erroneous. On the contrary, it makes them, for the most part, humble, tolerant and kind. *Failure* makes people cruel and bitter.

—*Somerset Maugham*

The Committee Chairman

From: "Association Management"

A firm and fully-briefed chairman is a must. He should start by repeating the answers to the two basic questions —What are we trying to accomplish?, and What results do we hope for?— and be resolved to stick to these in the face of any and all provocation. It is assumed that the facts called for in advance of the meeting were pertinent to these questions, and have all been gathered. The chairman would do well to summarize such facts so that there is no question about the ground rules on which the discussion is to proceed.

Seven Points

Once the meeting is under way, a chairman's leadership ability is put to one of the sternest tests found in American business. Bert Auger, of the 3M Company, in an excellent new book titled "How to Run More Effective Business Meetings,' 'offers chairmen a seven-point program to keep meetings going:

"1. Stimulate discussion; don't let it lag.

"2. Balance the discussion; don't let any single point of view predominate when others are to be heard.

"3. Keep the discussion on track; don't let people digress.

"4. Break up hot controversies; they'll tear the meeting apart.

"5. Keep the meeting lively; don't let people day-dream.

"6. Watch your timetable; finish on schedule.

"7. Make sure there is a conclusion and some positive action initiated.

Tips for Participants

And since a meeting, to be successful, must be a two-way proposition between chairman and attendees, he offers these tips to participants:

"1. Never enter a conference room without having done your homework.

"2. Approach the meeting with an open mind.

"3. Don't shuffle papers or engage in side conversations.

"4. Your meeting manners should be at least as good as when you entertain in your own home or are a guest in the home of others.

"5. Speak up when you have something to say on which you are knowledgeable.

"6. Listen to what others say. Listen actively.

"7. Take lots of notes.

"8. Don't surprise your own boss with a new proposal you make in a meeting.

"9. Don't provoke controversy with other participants in a meeting if this can be avoided."

Most important of all these points is No. 7 for the committee chairman: "Make sure there is a conclusion and some positive action initiated."

Without the follow-through implied here, the best-intentioned of conferences is doomed to wind up as an exercise in futility.

THE TEXAS STATE BOARD OF EXAMINERS
IN
THE BASIC SCIENCES
1012 STATE OFFICE BUILDING
AUSTIN, TEXAS 78701

NOTICE OF EXAMINATION

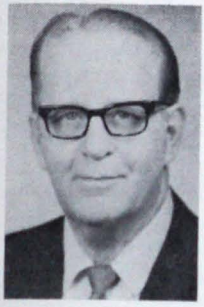
The next examination of the Texas Board of Examiners in the Basic Sciences has been set for Monday and Tuesday, October 14-15, 1968 in Austin.

Details as to time and place may be obtained by writing to the Executive Secretary at the above address.

Applications for the October examination must be complete and in this office by September 13, 1968 and all necessary information and documents required of examinees by the Board must be completed and in the applicant's file by that date. Those interested in participating in this examination should act immediately.

It should be noted that the certificate which is acquired by examination is the only one which is valid for reciprocity with other state basic science boards. The Texas Basic Science Board has reciprocity with the following states: Alabama, Alaska, Arizona, Arkansas, Colorado, Iowa, Kansas, Michigan, Minnesota, Nebraska, Nevada, New Mexico, Oklahoma, Oregon, Rhode Island, South Dakota, Tennessee, Washington and Wisconsin.

NEWS OF THE DISTRICTS



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

District No. Three

Dr. Robert Slye has been named a member representing the profession, of the Advisory Committee of the bourgeoning Home Health Assistance, Incorporated. This is a Texas organization that really works with the doctor to take medicare to the old people at home.

Dr. Slye, by the way, took a whole busload of musical school kids to Florida last June—Pensacola, I think it was—and brought them all back with First Prize. Don't that just beat the band?

Dr. Kenneth Ross doesn't much like to wear the helmet the government makes people on motorbikes wear. After all, in his recent little accident with a big truck, it wasn't his skull, but his shoulder that gave. Better luck next time, Kenneth.

Dr. R. E. Cordes, Sportsman-surgeon, went to the wilds of Wyoming in August to fish. Fish? Maybe it was hunt. Anyway, when some of us thought we needed him he was pretty darned incommunicado.

D. D. BEYER, D.O., F.A.C.G.P.

District No. Two

The new construction on the Fort Worth Osteopathic Hospital is running about two weeks ahead of schedule.

The professional staff has supplied the interim financing for the addition of three floors to the construction already in progress, which will make this hospital a 220 bed hospital by adding 100 beds to the present bed total. I believe when completed, this will be the largest Osteopathic Hospital in the State.

Nancy Karren Giles, daughter of Dr. and Mrs. Forrest D. Giles of Fort Worth, Texas and Brian D. Ranelle, son of Dr. and Mrs. Hugo Ranelle, also of Fort Worth, registered as freshmen at Kansas City College of Osteopathy and Surgery, Kansas City, Missouri, this fall.

Mr. Tom G. Leach, Administrator, Fort Worth Osteopathic Hospital, Dr. Aaron Zeldin, Director of Medical Education and Dr. Tom Whittle, Chief of Staff spent an afternoon at John Peter Smith Hospital reviewing the emergency department, with a view to expanding the emergency department at F.W.O.H.

The Tarrant County Hospital Coordinating Committee has been formed and members are representatives of all of the non-profit general hospitals in Tarrant County.

Fort Worth Osteopathic Hospital has been included as a major institution serving health needs of the population in Tarrant County. Those who attended the meeting were: Mr. T. G. Leach, Dr. Tom Whittle and Dr. Phil R. Russell, Chairman of the Board of Trustees at Fort Worth Osteopathic Hospital.

A new arrival at F.W.O.H. is Dr. Donald Eakin who specializes in internal medicine with particular interest in Hematology.

Dr. Elmer C. Baum's picture appeared in the morning Fort Worth Star Telegram on September 12 with the following comment: "Dr. E. C. Baum, an Austin Osteopath, is Lt Governor Preston Smith's choice for State Democratic Chairman, an informed source said Wednesday. A Smith spokesman said Smith's choice had not been announced. Baum refused to comment on the matter." Congratulations Elmer!

The Osteopathic Profession in our state should support Preston Smith, because he is a good friend of our profession.

Anyone having any District news, please phone it in to your reporter at JE 5-3234 or mail it to him at 1800 Vaughn Blvd., Fort Worth, Texas; or The State Office, 512 Bailey Avenue, Fort Worth, Texas 76107.

Remember . . .

N E W S

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

Please give us your cooperation.
THANKS!

The new jet age: breakfast in London, lunch in New York, dinner in San Francisco, luggage in Buenos Aires.

Malaria In Texas

Malaria in Texas is on the rise, but the increase in the incidence of the disease is attributed to malaria brought into Texas — primarily by servicemen returning from overseas.

The Texas trend is mirrored across the nation. Texas has had no malaria originating within the state, but in 1966 there were 15 cases originating outside the United States. That figure jumped to 348 in 1967, and for the first six months of 1968 the case total was 118.

Dr. Hans O. Lobel, of the National Communicable Disease Center in Atlanta said malaria has risen "dramatically" in this country in the past three years. Number of cases spurted from 154 in 1965 to 2,808 in 1967.

He said the rise is due to the return of infected troops and, to a lesser extent, to "expanded international travel by American citizens and foreigners." Military cases accounted for 93 percent of the cases in the past two years.

Because of these developments, renewed attention has been focused on the possibility of malaria transmission in this country, said Dr. Lobel at a meeting of the American Medical Association in San Francisco.

Dr. Lobel, chief of NCDC's malaria surveillance unit, said the "last known indigenous cases" were reported in this country in 1956 .

Cases declined gradually following the turn of the century, but servicemen returning from overseas duty during World War II and the Korean conflict temporarily reversed this decline, he said.

Alert to the changing pattern in malaria, the State Health Department in April was host to a five-day course in laboratory identification of malaria parasites and in the preparation and staining of blood films for examination.

A.A.O. Summer Study Session

Pictured left to right, top row: Drs. B. B. Jaggers, Midland, Texas; George J. Luibel, Fort Worth, Texas; Dr. Joseph Love, Austin, Texas; Jack Wilhelm, San Angelo, Texas; John Donovan, Austin, Texas; John Falk, Alvarado, Texas; Alan J. Poage, El Campo, Texas; Ralph Cunningham, Houston, Texas; and Victor M. Bove of Lancaster, Pa. Bottom row — left to right: Drs. Ralph Farnsworth, Austin, Texas; Auldine C. Hammond, Beaumont, Texas; George Grainger, Tyler, Texas; Laura Lowell, Dallas, Texas; Katherine G. Paterson, Austin, Texas.

The Texas Academy of Applied Osteopathy met at the Gondalier Motel in Austin, Texas, on July 27-28, 1968, for a study session.

Lecturers for this two day meeting included: Dr. Laura Lowell of Dallas; Dr. H. George Grainger, Tyler; and Dr. John Donovan of Austin.

This was the third successive year in which the Texas group has convened for an intensive refresher course put on by it's own members.

30 Ways to Avoid a Decision

1. We tried that before. 2. We've never done it before. 3. I know a fellow who tried it. 4. We've always done it this way. 5. It's too radical a change. 6. Why change it? It's still working okay. 7. We did all right without it. 8. It's too much trouble to change.

9. Our place is different. 10. We lack authority to change. 11. Top management wouldn't go for it. 12. The men will never buy it. 13. The union will scream. 14. Customers won't like it. 15. We don't have the time. 16. Not enough help. 17. It costs too much. 18. It would run up the overhead. 19. It isn't in the budget.

20. We're not ready for that. 21. Let's put it in writing. 22. We should test it first. 23. A committee should study it. 24. Let's give it more thought. 25. Let's all sleep on it. 26. Shelve it for the time being.

27. You're right, but . . . 28. Good thought, but impractical. 29. It can't be done. 30. It's impossible.

Alibis We All Encounter

By special arrangement with "Alibi Ike," we present this summary of reasons why almost anything takes longer today than it used to: 1. I didn't know you were in a hurry for it. 2. That's not in my department. 3. Nobody told me to go ahead. 4. I'm waiting for an O.K. 5. That's really up to him, not me. 6. How could I know this was different? 7. When the boss comes back we'll have to ask him. 8. I really didn't think it was *that* important. 9. Things are piling up so, I couldn't get around to it. 10. It wasn't on my schedule. 11. Didn't I tell you? 12. I forgot.

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

DISTRICT 1

Dr. Bradford E. Cobb, Amarillo ..... President
Dr. Richard Hall, Groom ..... President-Elect
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