Texas
OSTEOPATHIC PHYSICIANS
Journal

VOLUME XXI FORT WORTH, TEXAS, APRIL 1965 NUMBER 12

STATE CONVENTION

RANADA HOTEL SAN ANTONIO May 6 - 8

CONVENTION PROGRAM—Pages 2 and 3 AUXILIARY PROGRAM—Page 26

DON'T MISS THIS CONVENTION!

Texas Osteopathic Physicians' Journal

OFFICIAL PUBLICATION OF THE
TEXAS ASSOCIATION OF OSTEOPATHIC PHYSICIANS AND SURGEONS

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VOLUME XXI FORT WORTH, TEXAS, APRIL, 1965 NUMBET 12

Convention Speakers 1965

GRANADA HOTEL

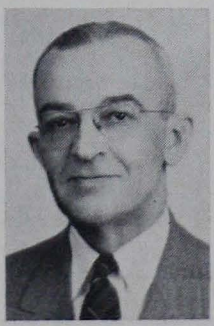
SAN ANTONIO, TEXAS

MAY 6, 7 & 8

COME - - SEE - - HEAR

CAMPBELL A. WARD, D.O.
President, AOA
Mount Clemens, Mich.

HAL K. CARTER, D.O.
Diplomate, American
Osteopathic Board of
Radiology
Ypsilanti, Mich.



ANGUS G. CATHIE, D.O.,
Professor and Chairman of
Department of Anatomy
Philadelphia, Pa.

STEVE H. SIMPSON, Assistant to the President, Southwest Research Institute, internation expert in the physical sciences and in communications. "Tomorrow Thru Research" topic for the Opening Day Luncheon.

Program GRANADA HOTEL, SAN ANTONIO, TEXAS

BUSINESS SESSIONS

Monday, May 3, 1965

9:00 A.M.—Board of Trustees, Parlor B ..... J. Warren McCorkle, D.O.
President, TAOP&S

5:00 P.M.—Press Party ..... Crystal Room

Tuesday, May 4, 1965

9:00 A.M.—Board of Trustees, Parlor B ..... J. Warren McCorkle, D.O.
President, TAOP&S

Wednesday, May 5, 1965

9:00 A.M.—House of Delegates, Crystal Ballroom ..... Wiley B. Rountree, D.O., Speaker
9:30 A.M.—Auxiliary Executive Board, Parlor C ..... Mrs. H. F. Elliot,
President, ATAOP&S

Thursday, May 6, 1965

2:00 P.M.—Auxiliary House of Delegates ..... Parlor B
Invocation ..... Mrs. George B. Clark, Past President, ATAOP&S
Welcoming Address ..... Mrs. Lige Edwards, President, District 7
Response ..... Mrs. M. P. Ollom, President-Elect ATAOP&S
Guest Speakers: Dr. J. W. McCorkle, President, TAOP&S
Dr. Campbell A. Ward, President, AOA
Mrs. William Baldwin, President, AAOA
Introduction of State President, Mrs. H. F. Elliot ..... Mrs. G.W.Tompson,
Vice President, ATAOP&S
Business Meeting ..... Mrs. H. F. Elliot, President, ATAOP&S

Saturday, May 8, 1965

9:00 A.M.—New Board of Trustees, Parlor B ..... New president to preside
9:00 A.M.—New Auxiliary Board, Parlor F ..... New president to preside

GENERAL SESSIONS

EXHIBITS— THE
EDUCATIONAL PROGRAMS— GRAND
PRESS ROOM— BALLROOM

(Appreciation is expressed to Eli Lilly & Co. for its grant of $250 toward the educational program and to E. R. Squibb & Sons for an educational grant of $500 available to us through the National Osteopathic Foundation.)

Thursday, May 6, 1965

8:00 A.M.—Registration ..... Grand Ballroom
8:30 A.M.—Visit the Exhibits
9:30 A.M.—Address by A.O.A. President ..... Campbell A. Ward, D.O.
Mount Clemens, Mich.
10:00 A.M.—"White Paper" on AOA-AMA Relationships ..... Edward P. Crowell, D.O.
Assistant Executive Director AOA, Chicago, Ill.
10:00 A.M.—Auxiliary "Get Acquainted Coffee" ..... Walnut Room
(Sponsored by: Stanley Supply Co.)
10:30 A.M.—Visit the Exhibits
11:00 A.M.—"Pulmonary Emphysema and Pulmonary Function Studies" ..... Dr. Joe F. DePetris (Internist)
Dallas, Texas

12:15 P.M.—Luncheon (Doctors, Auxiliary and Guests) ..... Roof Garden
Master of Ceremonies ..... Robert E. Modders, D.O.
President, District No. 7
Invocation ..... Rev. Guido A. Merkens
Concordia Lutheran Church
Welcome ..... Hon. Walter McAllister
Mayor, City of San Antonio
Response ..... John H. Burnett, D.O.
President-elect, TAOP&S
Address ..... Mr. Steve H. Simpson
Southwest Research Institute
Subject: "Tomorrow thru Research"

Afternoon program area — ESOPHAGUS.

1:30 P.M.—Visit the Exhibits
2:00 P.M.—Program address ..... Dr. Joe F. DePetris
2:45 P.M.—Visit the Exhibits
3:00 P.M.—Program address ..... Dr. Nick Palmarozzi (Surgeon)
Groves, Texas
3:45 P.M.—Program address ..... Dr. Hal K. Carter(Radiologist)
Ypslianti, Mich.
4:30 P.M.—Panel on this program area ..... Dr. Victor Zima, Moderator
Dr. DePetris
Dr. Palmarozzi
Dr. Carter
5:00 P.M.—Visit the Exhibits
7:30 P.M.—DIXIELAND PARTY. Dinner, dancing and entertainment ..... Roof Garden
Featuring the recording stars, Jim Cullum and his HAPPY JAZZ BAND

Friday, May 7, 1965

7:00 A.M.—SPECIALTY GROUP MEETINGS
General Practitioners Breakfast ..... Parlor B
Surgical Society Breakfast ..... Parlor C
8:00 A.M.—Visit the Exhibits
9:30 A.M.—Auxiliary President's Round Table ..... Mrs. H. F. Elliot, President
Parlor C ..... Mrs. M. P. Ollom, President-elect

Morning program area — STOMACH AND DUODENUM.

9:15 A.M.—Program address ..... Dr. Hal Carter
9:55 A.M.—Program address ..... Dr. Nick Palmarozzi
10:35 A.M.—Visit the Exhibits
10:50 A.M.—Program address ..... Dr. William Reed (Internist)
Dallas, Texas
11:30 A.M.—Panel on this program area ..... Dr. Victor Zima, Moderator
Dr. Carter
Dr. Palmarozzi
Dr. Reed
12:15 P.M.—College Luncheon (Doctors Only) ..... Roof Garden
Invocation ..... Rev. Henry B. Getz, Pastor
St. Luke's Episcopal Church
12:15 P.M.—Auxiliary Installation Luncheon ..... Casa Rio
(boats leave at 11:30 A.M.)
Invocation ..... Mrs. R. N. Rawls, 2nd Vice President, AAOA
Welcome and Introductions ..... Mrs. G. W. Tompson
Vice President ATAOP&S
Acknowledgements and
Introduction of Speaker ..... Mrs. Richard J. Tamez, Local Chairman
Subject: HemisFair Up-to-Date
Installation of Officers ..... Mrs. William Baldwin
President, AAOA

Afternoon program area—SMALL BOWEL AND COLON.

2:00 P.M.—Program Address ..... Dr. C. Raymond Olson (Internist)
Fort Worth, Texas

2:45 P.M.—Program address ..... Dr. Hal Carter

3:30 P.M.—Visit the Exhibits

3:45 P.M.—Program address ..... Dr. Nick Palmarozzi

4:30 P.M.—Panel on this program area ..... Dr. Victor Zima, Moderator
Dr. Olson
Dr. Carter
Dr. Palmarozzi

5:00 P.M.—Visit the Exhibits

7:00 P.M.—President's Reception ..... Roof Garden
(Doctors, Auxiliary and Guests)

8:00 P.M.—President's Banquet ..... Roof Garden
(Doctors, Auxiliary and Guests)

Invocation ..... Father Louis J. Blume, President
St. Mary's University of Texas

Toastmaster ..... John H. Boyd, D.O.
Louise, Texas

Saturday, May 8, 1965

7:30 A.M.—ALUMNI BREAKFASTS

Kirksville College of Osteopathy & Surgery ..... Walnut Room

Kansas City College of Osteopathy & Surgery ..... Parlor C

(8:00 A.M. meeting, only) College of
Osteopathic Medicine & Surgery ..... Parlor D

8:00 A.M.—Auxiliary Past Presidents' Breakfast ..... Granada Coffee Shop

8:00 A.M.—Visit the Exhibits

9:30 A.M.—"The Dynamics of the Thorax and its Importance in Health and Disease" ..... Grand Ballroom
Angus G. Cathie, D.O., FAAO,
Philadelphia, Pa.

12:00 Noon—Luncheon—Texas Academy of Applied Osteopathy ..... Roof Garden

Business Meeting ..... Catherine K. Carlton, D.O., President

Teaching Session ..... Angus G. Cathie, D.O.,
Philadelphia, Pa.

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The Major and The Minor

By George Northup, D.O., *A.O.A. Editor*

AOA Editorial

In a recent address before a meeting of Legal Counsel to State Boards of Medical Examiners, in Chicago, the chairman of the AMA Committee on Osteopathy and Medicine complained to that organization concerning their opposition to the AMA-supported program of offering substandard M.D. degrees as political barter to osteopathic physicians.

The address will be commented on in more detail in AOA publications. However, a curious rationale was proposed to those M.D.'s who have "become unduly alarmed, excited and lose the calmness of their emotions and judiciousness of their tongues on this subject." The AMA committee chairman pleaded with his audience to give his committee "the benefit of the doubt" that their intentions are really for "the better medical care and health of the American public." Quite amazingly, he openly stated that "I grant most certainly the right of critics to look upon the California and Washington merger as a dilution of the prestige of the M. D. degree. To me, if this is true, it is but temporory . . .".

Has medical morality reached such a point that we now distinguish between sin and temporary sin? Perhaps we should completely lower restrictions and allow all citizens one murder apiece on a temporary basis.

The AMA Committee on Osteopathy and Medicine admitted that all of the opposition from within the confines of medicine itself and from the osteopathic profession "hurts its intentions."

It is encouraging to note the rising resentment within the halls of medicine to the political devices being used in an effort to establish a "one-party system" for medicine.

Monopoly in medicine is no less an evil than monopoly in government. It is a breath of fresh air to discover that political leaders within organized medicine are having to "explain themselves" to an increasingly alert medical citizenry.

The position of osteopathic medicine remains strong. It will not be undermined by political subterfuge.

Psychopharmocological Therapy As presented to the St. Louis Osteopathic Society in April, 1964

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

For over a decade the impact of the vast array of psychopharmacological therapeutic drugs, which are designed to alter the emotional reactions, has tended to distort, confuse and expand the scope of the general practitioner, and to greatly modify our specialty practice. The long time recognized fact that the general practice patient load consisted of at least 60% of neurotic problems makes it logical that the rapid rise of psychopharmacological drugs would greatly facilitate the management in the office and in the hospital. Psychopharmacology is a new, young and quite immature part of the stream of of this large segment of patients, both in the office and in the hospital. Psychopharmacology is a new, young and quite immature part of the stream of medical knowledge. Much is emperic, much is theoretical and much is either falacious and/or dangerous.

It is therefore to be expected that with the wealth of new tools that there would be disappointments, short term success and occasional unpredictable catastrophies, associated with the use of these new synthetic chemical compounds which not only alter the function of the central nervous system, but may also impair function and organic integrity of the viscerosomatic structure throughout the body. At the present stage of knowledge a few facts are emerging as to the specificity of the effects that can be produced in the functional organisms by changes at different positions of the carbon ring; and how the addition of a different radical can alter the action of the substance on an organism. Testing of these new compounds on lower vertebrate animals under "controlled" or totally artifical conditions to measure lethal toxicity and some functional alterations for which the test situation is set up, does not give us an adequate picture of the wide range of reactions that the more complex structure and variations of the human nervous system will have to the new drug.

It therefore requires a long period of clinical testing under the infinitely variable pattern of medical practice to really determine the total effect of these new compounds. Enough time has not elapsed for some of these drugs to be evaluated. We are still operating on a trial and error basis, patient by patient, and day by day.

As clinical reports have unfolded and the Pure Food and Drug Administration has begun to police this new field, the testing of pathological side effects becomes more defined.

Just as we learned to have respect for the older neuroleptic drugs — the bromides, barbiturates, amphetamines, scopalomine, and morphine, so we must come to respect and be properly orient-

*Dr. McRae conducts private practice in Neuropsychiatry in Dallas, Texas.

ed in the pharmacology and clinical effects of these new, even more potent therapeutic drugs.

The Physician's Orientation

There is a farily characteristic pattern in the manner by which these drugs are introduced to us in our offices. At the first presentations the miraculous power of this new drug is emphasized and the achievement of the genius of the drug research team is dramatized. Then in a few months we are advised that even better results are to be obtained by increasing the dosage, sometimes four times the preceding initial dosage. During this phase of clinical experiment a wide spread rash of side effects and pathological reactions develop. In the third round the detail man centers his presentation around the comparison of the advantages of his particular product against the field, usually laying out copies of articles commonly arising from research projects in large hospitals.

Finally we begin to receive letters from the medical director of the pharmaceutical house in somewhat sophisticated and authoritative tone, advising us that certain new side effects and pathological reactions have come up in regard to clinical trials,and that they should be watched for, particular in regard to the use of this particular drug in mixture with certain other drugs or certain foods. Occasionally the Pure Food and Drug Administration steps in to stop the production or sale of certain drugs.

Therefore, there is logically a good deal of transition in this field. There is also a great deal of benefit to be derived from the effective use of these compounds, when the patient is under the effective, exclusive supervision of an observing and alert clinician.

History

Let us quickly review the history of the development of this phase of modern medicine. In 1952, one of the phenothiazines which was being used as a vermifuge, gave rise to the search for a related drug that would have antiprotozoan effects. Among the various compounds developed, Phenergan (Promethazine) was created, and its antihistamine effects discovered.

Another compound in the same phenothiazine group was synthesized, and became known as Thorazine (Chlorpromazine). It was found to have several interesting functions. First, it has a mild nausea depressant, second, it lowers blood pressure, third, it potentiates anesthetics and sedatives, and fourth, it calms acutely agitated schizophrenics.

It was this fourth significant effect that brought it to world-wide attention, and its introduction alone resulted in a marked alteration in the operation and clinical management of large mental hospital populations. By 1953, it often was one of the large budget items of State Hospital operating expenses.

At about the same time independent

groups achieved extraction and purification of the important alkaloid of the Rauwalfia plant of India in the form of Reserpine (Serpasil). By 1954, Reserpine was being compared favorably with Thorazine in the control of the emotionally disturbed, and/or therapeutic benefit to the mentally ill. A great deal of literature originated from the international press, even including the psychoanalytic therapeutic group, describing the use of Reserpine in schizophrenic patients with complete remission after withdrawal of the drug. Recent developments in this field have not supported this use of Reserpine.

However, Thorazine and Reserpine continue to be of benefit for the long term maintenence care of chronic schizophrenics, particularly in the hospital setting. Both of these drugs act on several levels of the nervous system, affecting . . . .

A. The tegmental system and its connections
B. The limbic system (the rhinencephalon)
C. The hypothalamus
D. The basal ganglia
E. The autonomic nervous system

They were found to have strong sedative effects, marked autonomic side effects, a tendency to produce hyperkenetic dystonic or Parkinsonian symptoms, with large dosage and were useful in long term control of schizophrenic patients.

By the mid fifties and thereafter, a group of new drugs came on the market characterized as tranquilizers. They tended to have less serious effect on the nervous system, were relatively milder, but had a definitive use in the management of neurotic patients. These include Miltown/Equanil (Meprobamate), Frenquel (Azacyclonol, Suavitil (Benactyzine), Ultran (Phenaglycodol), Librium (Methaminodiazopoxide), P.R.N. (Phenyltolamine) and Atarax (Hydroxcyzine, etc. During 1957, some drugs which had been used for treatment of tuberculosis came into prominence, namely, Isoniazid and Iproniazid (Marsalid). It was discovered in their therapeutic work with tuberculosis patients that these drugs increased the general mood and well-being of these patients, and modified forms of these drugs then came on the market under the general clinical designation as Monoamneoxidase inhibitors. The degree of MAOI action did not correlate with the effectiveness in the psychological area.

They have continued to be useful drugs with the exception of Marsalid and Parnate, which were taken off the market in this country because of toxic reactions. Parnate, of course, has been reinstated on a restricted basis. The most important of these are Nardil (Phenelzine) and Niamid (Nialamide). In 1957 an important anti-depressant drug came on the market in the phenothiazine group, with a structure something like Thorazine, which became known as Tofranil (Inipramine). In 1962 the very important antidepressant drug Elavil (Amitriptyline) was approved.

During the mid fifties an important type of drug came into research prominence known as the psycholytic drugs, the leader being commonly known as the lysergic-acid-diathylamide, commonly known as LSD/25. Later Mescaline and Psilocybin and Sernyl phenayclidine were included in this

group. These drugs produced psychotic types of reactions in those who took them, and gave a basis for research as well as therapeutic investigation of certain types of psychotic problems. It is interesting to note, particularly in regard to LSD and Mescaline, that toxic reactions in these drugs can be neutralized by the intravenous introduction of Thorazine 2½% very slowly, with a careful observation of the blood pressure as shock may develop. These psycholytic drugs must be used only with great care, inasmuch as they effect the emotion, conation, cognition and moral judgement. Only carefully controlled and serious emotional problems warrant their use; preferably in control of an experienced team rather than in private office therapy.

The rapid succession and often concurrently evolved derivatives of the basic phenathiazine structure has fulminated during the past eight years in a rather rich development of new and increasingly useful compounds. The collateral development with different chemical basic structures and their derivatives have added to the volume of neuropharmocological products in the last five years.

Another major development often facilitated by this rich pharmaceutical research has been the expansion of knowledge of the neurophysiology and the function of the various brain structures as these different drugs predominately affect them.

Neurophysiological Components

The brain can be divided for practical purposes of this discussion into five major structural formations on a functional basis. They are . . .

A. The cerebral cortex, the center for conscious perception, integration and voluntary reaction, or judgement directed action.

B. The hypothalamus, the autonomic vital function center.

C. The limbic system, rhinencephalon or visceral brain which is rostral to the hypothalmus; an emotionally responsive circuit and activating center for emotional motivation of instincts, drives and visioauditory perception, tieing them all together.

D. The reticular formation in both the tegmentum and the brain stem which controls wakefulness and sleep, and the activating centers to integrate sub-cortical structures.

E. The basal ganglion; the chief function consists of coordination of motor function or involuntary motor functions of extra pyramidal origin.

Action of Different Classes of Drugs on Function

CLASS	EXAMPLE	CORTEX	HYPOTHALAMUS	LIMBIC SYSTEM	RETICULAR FORMATION	BASAL GANGLIA
Phenothiazines	Chlorpormazine	Unaffected	Stimulated	Low dose unaffected High dose stimulated	Depressed	Release Dyskinesia
Rauwalfia	Serpasil	Unaffected	Stimulated	Stimulated	Slight Depression with high dosage	Some release at high dosage
Diaphenalmethane	Benactyzine (Suavitil) (Azocylonal) (Frequel) (Hydroxyzine) (Atarax)	Slightly depressed	Stimulated	Unaffected	Depressed slightly	Unaffected
Substituted Propaendials	Meprobamate (Miltown)	Unaffected	Unaffected	Depressed	Unaffected or slight stimulation	Unaffected
Substituted Amides	Barbiturates	Depressed	Unaffected	Depressed	Depressed	Unaffected

It is not possible to go into a detailed analysis of the wide range of drugs available as to their pharmocological reaction or structure synthesis pattern. We are more concerned with arriving at a rational use of these drugs compatible with sound clinical judgement. Knowledge of the drug, its action, limitation, and side effects are basic to any therapeutic effort. Patterson has outlined some pertinent considerations of these problems. Due to the basic nature of the neurotic, the schizoid or the depressive patient, we often see the "placebo" effect to any medication effectively prescribed for his problem. The need to be pleased and to please the physician may at first make the response to any new drug a positive and apparently therapeutic one only to fail later on. And this beneficial effect usually occurs before the true effect of the drug could normally develop.

The second factor that is often disarming is the "milieu effect", that is, the group response of patients in the waiting room and to others on the same medication at the office or factory and in the hospital population which re-enforces their need to react similarly. Third, the fundamental factor in many therapeutic efforts, and in psychotherapeutic problems particularly, is based on the inter-relationship existing between the patient and the doctor. The inter-active pattern may render an effective medication useless or a mild ineffective medication a miraculous cure. Those clinicians who have an interested concern and confident attitude will gain greater benefit from most any of these drugs during the early phase at low dosage.

The first essential factor is the knowledge of the specific effect of the drug. It is well to remember in this regard that the reaction of the various phenothizines, halozines, and MAOI drugs have vastly different effects at high dosage levels on deteriorated psychotic patients in a State Hospital as against a dosage given to a mildly depressed neurotic patient in the office. Unfortunately, most of the literature centers around research in institutions and must be re-integrated and interpreted at the level of the average office practice. It often is helpful when giving a new drug on a non-controlled basis in our

offices, or at the hospital to let the patient keep a running record of their own symptomatic response day by day. Rating scales can be produced in varying forms to suit the patient and the level of their cooperation. Finally, in the effective use of these products, become familiar with the literature as completely as possible, take the time to know what you are prescribing beyond the detail man's statements and the literature he leaves. There is an increasing literature available on the toxic aspects of these drugs which should have a sobering affect and provide the judgement necessary to effective therapy. To wit: the following are a few established reactions.

Mellaril, given over 600 mg., may result in retinopathy. Phenothiazines act better on women than men, but can cause Parkinsonian in high degrees.

Librium in large doses increases capillary permeability, causing motor instability, ataxia and visual motor changes which are reversible after withdrawal.

The common error of giving a drug below its threshold of effectiveness may give only placebo effect. Some drugs give reverse effects of turbulance in light dosage but are sedative in threshold dosage, such as the Rauwalfia and Piperazines.

Meprobamate can give angioneurotic edema and is habituating. Chlorpormazine has given rise to collapse, offset by Nikethamide (Coramine) I. V.

Reserpine can give rise to ulcers, gut perforation and hyperperistalsis.

Doriden might impair foetus formation as it has the same chemical ring at Thalidamide.

Paraldehyde should not be given in plastic syringes as it forms a toxic substance with plastics.

Imipramines (Tofranil & Pertofrane) achieve some of their effects through anti-cholenergic reaction.

Patient Pressure

Another major problem the physician faces in regard to this phase of drugs is the manner in which the patient expects the doctor to produce, out of this great new world of miracles, just the drug for their problem. The patient is more and more prone to feel he should not have to suffer any discomfort or disturbing emotional state because there is a drug for all of these symptoms. This is particularly the case of the neurotic patient while being hospitalized who expects to have no pain or discomfort. Too often the hospital chart reveals a massive range of therapy, all symptomatic in their effects and all prescribed on a defensive basis by the physician. We thereby lose some control over our therapeutic role.

The haphazard use of depressants, stimulants, ataractics, tranquilizers, analgesics, sedatives and hypnotics may only leave the patient in a toxic psychotic state or may lead to unexpected convulsive reactions. As the new

drugs have materially increased the loss of control of the patient by his physician in many cases, a disjointed poorly conceived program of care can develop.

Drug Resistance

As is to be expected, the nervous system has learned to adapt to many of the new neurotropic drugs, or has developed a poor tolerance for them, so that an increasing number of patients report "I can't take tranquilizers", or "I'm allergic to all of them", or "That one won't do me any good".

Individual variations in the patient may render any patient highly sensitive to a mild or strong psychotherapeutic drug.Complete collapse in shock has been reported after small dosage of many of these drugs.

In closing, try to use the following guide lines . . . .

1. Ask what they are taking, even to emptying out their purses.
2. Ask the number of physicians prescribing for their case in the past six months.
3. Keep samples of all types on hand to help the patient orient you in regard to the drugs they have taken in the past.

BIBLIOGRAPHY

1. Arnold, A.H.: Hift, S. & Hoff, K., Role of Psychotropic Drugs in Current Psychiatric Therapy, Comp. Psychty., Vol 3, No 6, Dec., 1962, P 330-341
2. Keith, D.C., Some Aspects of the Mode of Action of Imipramine, J. Neupsty, Vol 4, No 4, Apr., 1963, P 224-231
3. Kraines, S.H., Evaluation of Psychotropic Drugs in Private Practice
4. Featherstone, R.M., & Simon, A., A Pharmocologic Approach to the Study of the Mind, Charles C. Thomas, Springfield, Ill. 1959, A symposium
5. Paterson, A.S., Electral & Drug Treatments in Psychiatry, Elsevier Pub Co, London, 1963
6. Pennes, H.H. & Heuber, A., Psychopharmocology, Harper, N.Y. 1958, Symposium Michrochemical, Biochemical Approach
7. Remmer, E. Cohen, S., Delman, K.S., Frantz, J.R., Psychochemotherapy, Western Medical Publication, L.A., 1962

Two Texas Reporters Win A.O.A. Award

Texas newspaper reporters, James Koethe of the Dallas Times Herald and Jerry Flemmons of the Fort Worth Star Telegram, have won two of the three 1964 American Osteopathic Association Journalism Awards for their reporting of the DOCARE missions to the Tarahumara Indians.

Koethe and Flemmons flew to Chihuahua, Mexico, last year with several Fort Worth and Dallas D.O.'s on mercy missions to the Stone Age cave dwellers.

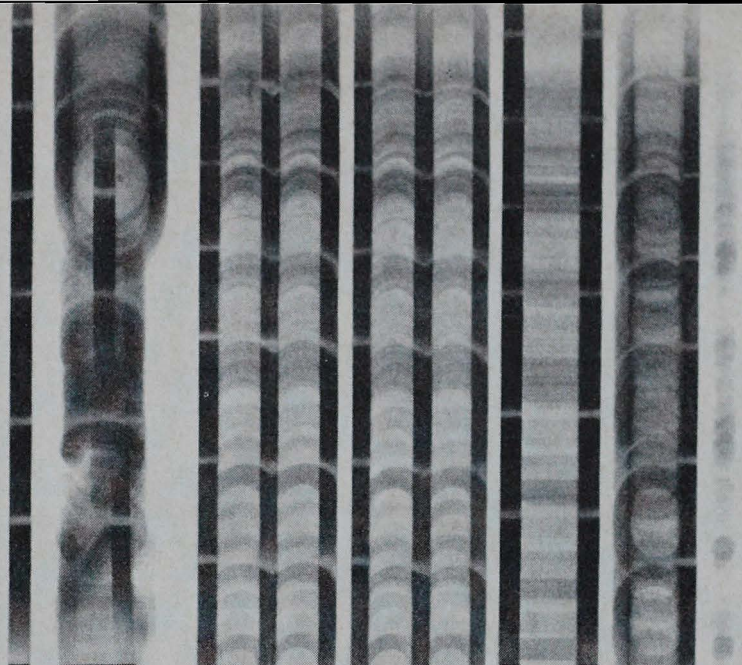
Koethe, who was killed last September, was presented the award for his cover story in the Sunday Magazine last August. The posthumous writing award was accepted by Koethe's mother, Mrs. David Wirz, of Seymour. Dr. John Burnett, acting on behalf of the American Osteopathic Association, presented the plaque for "Outstanding reporting of osteopathic medicine", and a $100 check at the Times Herald offices March 29.

Koethe, experiencing the same hardships as the doctors who treated the Indians, recounted the incident with numerous photographs as well as words in his first-place story.

Also on hand for the presentation were Mrs. Wirz' husband and Mrs. L. D. Verner, Koethe's aunt.

The second award will be presented to Flemmons by J. W. McCorkle, D.O., President, TAOP&S, at a special meeting in the near future.

Flemmons' story, carried in the Star-Telegram in serial form last July, was judged outstanding in terms of reader interest, accuracy, content, and objectivity.



AVERAGE DIASTOLIC DROP*

*has been reported after use of HYDROMOX Quinethazone in recent studies of patients with various hypertensive diseases, including essential hypertension and hypertension associated with arteriosclerotic heart disease, obesity, and renal disease.[1,2] The treatment period in one study was eight weeks[1] and in the other, twelve.[2] The lack of serious disturbances in serum electrolyte levels, particularly of potassium, was noteworthy and was considered a sufficiently important factor in treatment value to give the drug a preferential status.[2] One to two 50 mg. tablets once daily is usually sufficient.

ANTIHYPERTENSIVE DIURETIC **HYDROMOX®**
QUINETHAZONE·TABLETS

1. Schwartz, M.: Office Evaluation of a New Diuretic in Patients with Hypertensive Diseases. Scientific Exhibit Presented at the Clinical Meeting of the American Medical Association, Los Angeles, Calif., Nov. 25-28, 1962. **2.** Steigmann, F., and Griffin, R.: Evaluation of Quinethazone, a New Diuretic. *J. Amer. Geriat. Soc.* 11:945 (Oct.) 1963.

INDICATED in hypertension with or without edema, and in all types of edema involving salt retention. May be helpful in some cases of lymphedema, idiopathic edema and edema due to venous obstruction.

SIDE EFFECTS: Skin rash (rare), gastrointestinal disturbances, weakness and dizziness, seldom so severe that drug should be stopped. Generally, the adverse effects, sometimes associated with the thiazide diuretics are possible. Pre-existing electrolyte abnormalities may be aggravated.

CONTRAINDICATION: Anuria.

LEDERLE LABORATORIES, A Division of AMERICAN CYANAMID COMPANY, Pearl River, N.Y. Lederle
7547-4

NEWSLETTER
Texas Society of Osteopathic Surgeons

T. T. McGRATH, D.O., F.A.C.O.S.
President, T.S.O.S.

In the last Newsletter, comment was made regarding the Convention held in Austin, reviewing some of the highlights of the Educational Program and a review of the Medical-Legal Panel. This presented a rather interesting topic and it will be of some assistance to us in our practices by helping to reconcile the different views of disability evaluation that exist between the medical and legal professions.

As Physicians, dealing with medical disability evaluations, its our purpose to make a complete and thorough study of the patient and his problems and to translate this into writing which will be a report that will be utilized by third persons for monetary evaluation of the particular disability. The secondary function of the physician is to be able to present his findings and opinion before a Court in a complete and thorough manner so that the disability evaluation is understood by all parties involved whereas the attorney's purpose is to completely and thoroughly understand the medical disability and to be able to translate into simple terms so that all those involved in the hearing or trial can understand. His secondary function is to thoroughly describe the rules of the law and the procedure to the doctor so that he in turn may understand them and present his evidence according to the rules. In order to make this possible the lawyer and the doctor must each understand the natural differences between law and medicine. Medicine can be called an Art based on scientific data concerning itself with the prevention of illness and restoration and preservation of health by surgical, medical and therapeutic means. Law, on the other hand, comprises the study of a body of rules prescribed by authority which a state, community or society recognizes as binding upon its constituents. Hence the science of law deals with the study, recognition and interpretation of these rules and principles.

There is a great deal more that could be said in regard to disability evaluation and for those of us that deal with personal injuries, we should have one of the several textbooks on the subject available for quick reference and proper terminology. As an introduction to this aspect of our Public Relations Program, I have selected a number of terms that will be utilized in almost every trial or hearing and they are as follows:

Disability: The inability to perform a

work capacity, either complete or partially, as a result of disease or injury.

Work Capacity: The individual's ability to perform his prior activities in relation to his economic, hygienic and social existence in the community in which he resides. This diminution of work capacity is either partial, permanent or complete. It should cover the existence of a social, hygienic or economic capacity.

Permanent: Recognizes that the condition of ill-being will exist for a protracted number of years and an irreversible condition of a state of ill-being will be present.

Partial Permanent: The condition in which a partial incapacitation of an individual's endeavors for work capacity exists. This condition is for a limited period of time rather than for a protracted period of time.

Temporary Partial Permanent: Covers the period from the time of injury to the date the injured person returns to his full time employment.

Ill-Being: A condition that incapacitates a person.

Injury: An abnormal state of the body caused by an accident or disease.

Pain: Abnormal sensation produced by a stimulus causing a sensory reaction.

Civil Action: An action which is instituted to recover for the infraction of a private or civil right and in most instances recovery is based upon the compensation for the breach of the right. Any action which is not criminal is said to be a civil action.

Plaintiff: The party bringing the lawsuit.

Defendant: The party being sued.

Complaint or Declaration: The document filed in court at the beginning of a lawsuit, containing the charges against the defendant. The complaint notifies the defendant of the wrongs alleged to have been committed by him and also notifies him of the amount of damages he is asked to pay.

Answer: The document filed by the defendant in answer to the charges in the complaint, in which he admits or denies the allegations.

Summons: The official notice served upon the defendant notifying him of the lawsuit. A summons must be served before the defendant is "legally" before the court.

Evidence: All testimony adduced from witnesses on the witness stand, which is not stricken from the record by the judge. It also includes all documents, papers, photographs and x-rays which the judge allows to be considered.

Witness: The party testifying on the witness stand.

Direct Examination: The sequence of questions asked of a witness by the attorney who has called him to the witness stand for his side of the case.

Cross-Examination: The sequence of questions asked the witness by the op-

posing attorney, after direct examination has been completed.

Redirect Examination: The sequence of questions that follows cross-examination, asked by the attorney who questioned on direct examination. This is to elaborate or clarify answers made by the witness during cross-examination.

Recross-Examination: The sequence of questions following redirect examination, asked by the attorney who questioned on cross-examination. This concerns information brought out during redirect examination.

Objection: The expression used by an attorney to the judge to express his opinion that a rule of evidence has been infracted by the opposing side.

Objection Sustained: The expression used by the judge to indicate that the objection made was good, and that the judge has ruled with the party making the objection.

Objection Overruled: The expression used by the judge to signify that the objection is without legal basis.

Deposition for Discovery Purposes: A procedure permitted in most states whereby an opposing attorney has the right to question any witness under oath, before a notary public or other officer of the court, for the purpose of giving the opposing side information desired from the witness. Questions are asked by the opposing attorney as though the witness were on the witness stand and under cross-examination. This procedure is conducted before trial and aids the parties to the lawsuit in giving them a better understanding of the claims of the opposing side.

Evidence Deposition or Deposition to Perpetuate Testimony: A right given any party to the lawsuit to take the testimony of any witness with the same effect as though the witness were in court and testifying from the witness stand. This procedure is permitted only in cases in which the witness lives outside the boundaries of the court's power, or the witness is too ill to come to court. Testimony is usually taken before trial starts. The witness is asked questions by both counsels as though he were in court. The testimony is recorded and read at the trial. This testimony has the same weight and value as any other evidence presented. Practically speaking, such testimony should be avoided when possible, as it is more effective for the jury and court to see and hear the witness.

Impeachment: A technique of questioning by the opposing attorney during cross-examination to discredit testimony by demonstrating that the witness has made previous oral or written statements contradictory to a major part of his testimony on the witness stand.

Subpoena: An order issued by the court requiring a person to attend court at a particular time and place as witness.

Subpoena Duces Tecum: An order by

NOTICE OF EXAMINATION

The next meeting of the Texas State Board of Medical Examiners when examinations will be given and reciprocity applications considered is scheduled for June 21, 22, 23, 1965, at the Hotel Texas, Fort Worth, Texas.

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

Completed examination applications for graduates of foreign medical schools must be filed sixty days prior to the meeting date.

Completed reciprocity applications must be filed sixty days prior to the meeting date to be given consideration.

TEXAS STATE BOARD OF MEDICAL EXAMINERS
1714 MEDICAL ARTS BUILDING
FORT WORTH, TEXAS 76102

the court requiring a person or corporation to bring specified records to court at a particular time and place, for use during a case on trial.

Tort Action: A civil action for the breach of a private or civil wrong or injury other than a contract.

Contract Action: This is based upon the recovery of a breach of an oral or written contract.

Burden of Proof: Is that degree of proof necessary to prove the issues in civil or criminal proceedings. In civil cases the burden of proof is to prove the issue by preponderance or greater weight of evidence. In a criminal action the state is required to prove their case beyond a reasonable doubt.

Admission: It is the confession or voluntary acknowledgment made by a party to a civil action either orally, in writing, or by his action, as to the existence of truth of certain facts.

Each of us should have a working knowledge and understanding of these terms in order to create a better relationship between our profession and the various agencies involved in these personal injury cases.

Nicaraguan Notable Enjoys Stay In Osteopathic Hospital

The wife of the General of the Armies of Nicaragua was a patient in East Town Osteopathic Hospital during the week of March 22, 1965. She is Angelina Montiel Donna.

This was her first visit to this country. Senora Montiel had favorable comments about the United States and her care at East Town Hospital. A diagnostic work up was performed during her hospital stay.

Dr. Gus Mancuso was her attending physician. He is acquainted with Senora Montiel's niece at whose home she is staying in Dallas.

The general has been in daily conversation with the representative of Nicaragua in Dallas who in turn called Dr. Mancuso to learn of the progress of the general's wife.

Calendar of Events:

The 1965 Convention

May 3-4—BOARD OF TRUSTEES, TEXAS ASSOCIATION OF OSTEOPATHIC PHYSICIANS AND SURGEONS, annual meeting, Granada Hotel, San Antonio, Texas. President, J. Warren McCorkle, D.O., P.O. Box 248, Mineola, Texas.

May 5—HOUSE OF DELEGATES, TEXAS ASSOCIATION OF OSTEOPATHIC PHYSICIANS AND SURGEONS, annual meeting, Granada Hotel, San Antonio, Texas. Speaker of the House, Wiley B. Rountree, D.O., 19 North Irving. San Angelo, Texas.

May 6-8—TEXAS ASSOCIATION OF OSTEOPATHIC PHYSICIANS AND SURGEONS, ANNUAL CONVENTION. Granada Hotel, San Antonio, Texas. Program Chairman, Edward J. Yurkon, D.O., East Town Osteopathic Hospital, 7525 Scyene Road, Dallas, Texas. Executive Secretary, Mr. R. B. Price, 512 Bailey Ave., Fort Worth, Texas.

Plan to Attend

May 21-22 — VIRGINIA OSTEOPATHIC MEDICAL SOCIETY annual spring meeting at Historical Williamsburg, Virginia, with the District of Columbia and Maryland Osteopathic Societies. Convention Chairman, Dr. Vincent Ober, 1806 Hampton Blvd., Norfolk, Virginia.

June 7-19—POSTGRADUATE COURSE IN SURGICAL ANATOMY, KCOS, *Kirksville*, Missouri. C. L. Ballinger, D.O., Coral Gables, Florida.

July 17-18—TEXAS ASSOCIATION OF OSTEOPATHIC PHYSICIANS ASSISTANTS, annual meeting, Ridgewood Motor Hotel, Beaumont, Texas. Secretary, Mrs. Betty Woodall, 3908 Rachel Ave., Port Arthur, Texas.

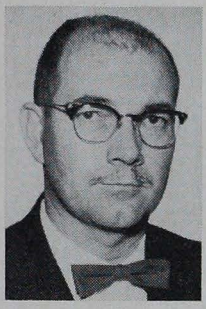
September 20-23 — 70th ANNUAL CONVENTION, AMERICAN OSTEOPATHIC ASSOCIATION, Philadelphia, Pennsylvania, F. D. Swope, D.O., Program Chairman, 1028 Connecticut Ave., N. W., Washington, D.C. 20036

October 2-3 — TEXAS OSTEOPATHIC OBSTETRICAL AND GYNECOLOGICAL SOCIETY, Dallas, Texas.

Oct. 31-Nov. 4—38th ANNUAL CLINICAL ASSEMBLY, Shamrock Hilton Hotel, Houston, Texas. C. L. Ballinger, D.O., Convention Manager, P. O. Box 40, Coral Gables, Florida 33134

March 5-10, 1966 — THE INTERNATIONAL ACADEMY OF PROCTOLOGY, Miami Beach, Florida.

County Health Officer, Dr. John H. Boyd Aids Charity at Nightengale Clinic



J. H. Boyd, D.O.

Dr. John H. Boyd, Vice speaker of the TAOP&S House of Delegates, also serves as the County Health Officer for Wharton County, Texas. In this capacity he can probably be found every Monday and Thursday morning at the Wharton County outpatient clinic of Nightengale Hospital in El Campo, Texas.

It is on Monday and Thursday morning of each week that those who are ill but in financial distress are treated. Through the clinic, all of Wharton County's citizens are cared for regardless of financial status, religion, or color.

Most of the clinic cases come from Wharton and areas east of the Colorado River, but indigent from the surrounding area are also helped.

Dr. Boyd can call on any of the doctors on the staff of Nightengale Hospital for operations or anything else necessary to the patients at the clinic.

Several advantages come not only to the patients, but to the whole county as a result of the clinic. The clinic takes a big load off the main hospital and off the physicians in El Campo, Wharton and the rest of the county. Also, patients with contagious diseases are discovered ahead of time and other patients in the hospital are protected.

The outpatient clinic makes no charge for the treatment of veneral disease thus helping to stamp it out as quickly as possible. The clinic also makes tests of water to send to the state health department for analysis. Water has been found the source of the disease of some patients thus pointing the way to the physicians in curing them.

This service is being carried out without any increase in county taxes.

"Wharton county in this regard has already done for its citizens, what many counties are still waiting for the federal government to do for them," Dr. Boyd commented.

Diocese of Malawi

(formerly Diocese of Nyasaland)

A. W. JOHNSON, D.O., D.M.O.

March 5, 1965

Dear Readers:

Sorry that we had to miss a month's correspondence. As you possibly know from your news media, Malawi has been in a state of emergency for some time, which means that the mail service is not always up to par. Although we are in the midst of the troubled area, let us be quick to say that we are in absolutely no danger. Both political factions have ordered "Hands Off" all whites, and proof-positive that this policy is being strictly carried out, is the fact that we go and come throughout the battle areas with nothing but the greatest courtesy and respect shown to both of us. We have five hospitals in the center of the rebel territory, and we are allowed to attend our jobs regularly although we are searched thoroughly at all check points. This is a mild inconvenience, however, compared to how things could be.

Nkhota-Kota, a village where we have our Mid-Wifery Training School and Hospital ano two other medical outposts, is some 300 miles from Likwenu on the northern lake shore. The roads, impassable during much of the rainy season, have made regular monthly visits to these stations impossible, but we made our third visit there about two weeks ago. Daily rains while we were enroute made the muddy dirt road more dangerous than ever. The washouts were sometimes feet deep, and the slippery roads were so narrow that there was no room for passing over many of the mountain passes. All travelers are warned to be off the forest roads after dark because of the many wild animals, especially elephants, which are hazards on the roads after 5:30 p.m.

Extra hospital work in Likwenu gave us a much later start than we had anticipated. We drove in a downpour of torrential rain all the way, and we literally drove through clouds on the mountain tops when we could barely see the headlights of our car. All this teamed together to give us about three and one-half hours on these roads after nightfall. Miraculously, not a single animal crossed the roads during our painful trip through the dense forest. The return trip was an entirely different story, but we had fairer weather and better vision so we were able to steer clear of danger. At one time we were within yards of four huge elephants whose great ivory tusks could have easily made a junk heap of us all. Also in evidence were wildcats, leopards, hyena, lions, fox, etc., and at the river and lake, many hippo. Too little light made good photographs impossible. In the Game Preserve, which we passed through, are also giraffe, rhinos, zebra, and the usual African animals. We did not see any of these, much to our delight and sorrow—delight because it is much more romantic to read about meeting wild beasts unprotected than it is to meet them face-to-face in their natural surroundings. These Game Preserves have no fences

and are not tourist attractions as such. They are just what they claim to be—a place where the animals can roam at will under the protection of the government. They ruin crops at times, but most of the Africans are wise to their ways and live accordingly.

Just as exciting as the wild life is the medical work here. Every step forward, rather than backward, is a reason to celebrate. You can't imagine how great was our elation when we persuaded one mother of a starving infant to also feed the baby with one of our bottles and canned milk, which they had never seen before. You have to understand these mothers—the only thing a primitive mother knows to do for her child to show love or to comfort it, is to nurse it, whether she is producing any milk or not. Until recently (and indeed still) it was the witch doctor's job to use herbs, or drive away the evil spirits, so the poor ignorant mother is left helpless and the breast is all she has to offer to show her concern. Say the word "vitamines" and even the educated will give you a blank stare.

You might be interested to know that all medical studies, even for orderlies, have to be taught in English for one outstanding reason—there are no medical terms in the native language, nothing even near medical terminology. They do have a word for medicine, but this is absolutely as far as one can translate in this field!

Today the mail brought the Journal and all the news from dear Texans. How wonderful not only to hear about so many friends, but to see the generous coverage you gave our work over here! God bless each one of you and especially our bereaving friends in District 6.

May comfort come with the realization of humanity's benefit through a life well spent to the glory of God and his fellow man!

Dr. A. W. Johnson, D.O., D.M.O.

Activities of the Texas State Board of Medical Examiners for the year 1964

	Jan.-Dec. 1964
Total Number of Complaints	509
Total Number of Investigations Made	805
Total Number Cases Filed in Courts	23
Total Number Cases Filed with the Board	8
Total Number of Convictions by Courts	7
Total Number of Convictions by Board	8
Total Number Injunctions	21
License Cancelled by Board:	
Prescribing drugs promiscuously	1
Narcotic addiction	2
License Cancelled—Placed on Probation:	
Prescribing drugs promiscuously	2
Allowing Layman to use license	1
Fondling	1
Cited—Dismissed:	
Improper treatment of patient	1
Felony—Income Tax	1
Cited—No Action Taken:	
Prescribing drugs promiscuously	1
Narcotic Permits Suspended:	
Addiction	4
Prescribing drugs promiscuously	1

Urgent Communication: Committee of Aging

Because time often prevents consideration of items like this in District meetings, we are printing this article for your information.

Dear Doctor:

This letter is being sent to the President and the Secretary of each district. It is almost identical to one being sent by the President of the Texas Osteopathic Hospital Association to each of their members, resulting from information given to their Executive Committee when I appeared before them as the Chairman of the Committee on Aging of TAOP&S.

It is of vital importance and the Committee on Aging hopes that each District will read this letter at their next meeting and discuss it.

As you know, the national and state legislative bodies are very active in certain types of legislation which could come very close towards socialization, at least in the handling of those problems relating to the elderly and their dependents. In addition, many voluntary groups are active along those same lines and they often have a great deal of influence on governmental activity. To promote the Osteopathic physicians and to protect them, the following recommendations are made which we feel to be absolutely in the interest of the profession:

1. It is of vital importance that you participate in the local Committee on Aging which is now being organized near you by your local County Agent, an employee of the Extension Division of Texas A.&M. University, and he is directed by Governor Connally to assume the responsibility for organizing this voluntary local group which we strongly urge you to participate in and cooperate with.

Contact the County Agent for information as to his activity in your specific locality. We call your attention also to the fact that each senatorial district has two appointees on the Governor's Committee on Aging. We advise you to find out from the agent who these appointees are and to contact them and offer your services.

2. The Texas Social Welfare Association is a voluntary non-profit group that has as its membership 1,500 voluntary organizations in the State of Texas. The program of that association participates in all social welfare areas of interest. It offers two types of membership: organizational membership which is $25 per year; or individual, which is $5 per year. We strongly recommend that you get into this program, too, which we feel you certainly will want to and certainly should. It is better for your organization to appoint a committee of two members on Aging or Social Welfare. Then you can take the full organizational membership which gives you two individual members and allows you at least two votes as an organizational member. The individual membership does not permit you to vote at the state meetings. Either membership of the TSWA at the state level, automatically entitles you to membership without further fee in the local chapter of same.

This is of particular importance to physicians in Amarillo, Angleton, Austin, Beaumont, Corpus Christi, Dallas, El Paso, Fort Worth, Galveston, Houston, Lubbock, Nacogdoches, Port Arthur, Rio Grande Valley, San Angelo, San Antonio, Tyler and Waco. Contact your local chapter for information if you wish; or write directly to Texas Social Welfare Association, 910 Perry-Brooks Building, Austin, Texas 78701.

3. If you know of any D.O.'s connected with rest homes, we advise you to immediately suggest that they get membership and become active in the state organizations of nursing homes.

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The tasteless, extremely well tolerated *Ferrous Fumarate* in PERITINIC is higher in elemental iron content (33%) than other forms of medicinal iron such as *Ferrous Sulfate* (20%) or *Ferrous Gluconate* (12%). The smaller amount of iron salt needed for therapy further reduces the likelihood of gastric upset. The DSS (Dioctyl Sodium Sulfosuccinate) in each PERITINIC tablet facilitates elimination and helps offset constipation.

Each tablet contains: Elemental Iron (as Ferrous Fumarate) 100 mg., AEROSOL® OT Surfactant Dioctyl Sodium Sulfosuccinate NF (to counteract constipating effect of iron) 100 mg., Vitamin B_1 (as Thiamine Mononitrate) 7.5 mg. ($7\frac{1}{2}$ MDR), Vitamin B_2 (Riboflavin) 7.5 mg. ($6\frac{1}{4}$ MDR), Vitamin B_6 (Pyridoxine Hydrochloride) 7.5 mg., Vitamin B_{12} as present in concentrated extractives from streptomyces fermentation 50 mcgm., Vitamin C (Ascorbic Acid) 200 mg. ($6\frac{2}{3}$ MDR), Niacinamide 30 mg. (3 MDR), Folic Acid 0.05 mg., Pantothenic Acid (As D-Pantothenyl Alcohol) 15 mg. MDR—Adult Minimum Daily Requirement.

LEDERLE LABORATORIES, A Division of AMERICAN CYANAMID COMPANY, Pearl River, N. Y.

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They are holding meetings in every area at the present time.

URGENT: We are advised that the bill to provide the Governor's Committee on Aging (permanent organizational and administrative unit)has passed the state senate and will undoubtedly clear thru the house without difficulty. This provides for a seven-man permanent committee and the type of person appointed is extremely important to us. If you will join the local committee being formed by your county agent, and if you will join and support the state T.S.W.A., it will help insure cooperative representation on that committee.

Your Committee on Aging firmly believes that every physician will materially advance himself and will strengthen the profession in Texas by becoming active at this time with the local committee and with the Texas State Welfare Association. Personally, may I ask that each of you give this matter his serious consideration and do not hesitate to write directly to me for further information on this matter.

Fraternally,

P. R. RUSSELL, D.O.
Chairman, Committee on Aging,
TAOP&S

Texas 65 to Reopen Enrollment Opportunity

Texas citizens 65 years of age and over will have an opportunity to again purchase Texas 65 Health Insurance during the last two weeks of April, according to an announcement by H. Lewis Rietz, president of the Texas 65 Health Insurance Association.

Texas 65 was organized in 1963 by 64 of the leading insurance companies in the state to offer low cost health coverage to senior citizens of Texas who had previously been unable to purchase health insurance because of age or physical condition.

The program is available only during open enrollment periods to any Texas resident 65 years of age and over, regardless of physical condition, and without the necessity of completing a lengthy medical questionnaire.

Husbands and wives of those past 65 who purchase the insurance may also qualify for Texas 65 though they have not attained the age of 65. Coverage may also be purchased by sons and daughters in behalf of parents or relatives without the necessity of the insured's signature.

"That Texas 65 is filling the need we hoped it would is evidenced by the fact that over $4 million dollars has been paid in claims by the Texas 65 Health Insurance Association since the program was started on November 1, 1963," Rietz stated.

Rietz explained that the unique health insurance program offers three plans of coverage for the senior citizen.

The basic plan pays a maximum of $12 per day for a hospital room up to 31 days, part of the costs of doctor's hospital visits, surgical fees up to $200 and miscellaneous charges up to $125. Monthly premiums for this plan are $9.

The major medical plan costs $10 per month and covers hospital expenses up to $5,000 during any calendar year, or about 80 per cent of all hospital, surgical and nursing home expenses after the first $75. This plan is designed for those who have some basic coverage, such as the basic Texas 65 plan, or who are financially able to meet the costs of basic coverage.

The third Texas 65 plan is a combination of both the basic and major medical plans and costs $19 per month.

The basic or major medical plan may be purchased separately or in combination under plan three.

Texas was the fourth state in the nation to offer a 65 health insurance program for its senior citizens. There are now seven such plans in operation in the United States.

William F. Hall, D.O., Expires

Dr. William F. Hall, 233 Franklin Ave., Des Moines, Iowa, expired at the Wilden Hospital in Des Moines March 25, 1965, of peritonitis. He had been in declining health for several years from a heart ailment and diabetes.

A 1935 graduate of Des Moines Still College of Osteopathic Physicians and Surgeons, he practiced for 25 years in Houston, San Angelo, and El Paso.

Dr. Hall is survived by his wife, Anna L. Hall of Des Moines; a daughter, Mrs. Richard Bray of Lubbock, Texas; and a granddaughter. Also surviving him are a brother, Ted Hall of Des Moines and a sister, Mrs. Wilma Randolph of Davenport, Iowa.

Burial was in Downey, Iowa.

Eli Lilly and E. R. Squibb Make Program Grants

The Texas Association of Osteopathic Physicians and Surgeons expresses its appreciation to these two pharmaceutical companies for support of the educational programs at the annual convention sessions:

Eli Lilly & Co. — $250

E. R. Squibb & Sons — $500

(The E. R. Squibb Grant is made available to us through the National Osteopathic Foundation)

AUXILIARY NEWS

AUXILIARY PROGRAM

Annual Convention of Texas Association of Osteopathic Physicians and Surgeons

Granada Hotel—San Antonio, Texas

Wednesday, May 5, 1965

9:30 A.M.—Pre-convention Executive Board Meeting, Parlor C ..... Mrs. H. F. Elliot, President, ATAOP&S

Thursday, May 6, 1965

10:00 A.M.—"Get Acquainted Coffee" (Courtesy Stanley Supply Co., sponsor) ..... Walnut Room

12:15 P.M.—Opening Luncheon ..... Roof Garden

2:00 P.M.—Auxiliary House of Delegates ..... Parlor B
- Invocation ..... Mrs. George B. Clark, Past President, ATAOP&S
- Welcoming Address ..... Mrs. Lige Edwards, President, District 7
- Response ..... Mrs. M. P. Ollom, President-Elect, ATAOP&S
- Guest Speakers ..... Dr. J. W. McCorkle, President TAOP&S; Dr. Campbell A. Ward, President, AOA; Mrs. William Baldwin, President, AAOA
- Introduction of State President ..... Mrs. G. W. Tompson, Vice President, ATAOP&S
- Business Meeting ..... Mrs. H. F. Elliot, President, ATAOP&S

7:30 P.M.—Dinner, Dancing and Entertainment ..... Roof Garden

Friday, May 7, 1965

9:30 A.M.—President's Round Table for all Auxiliarians ..... Parlor C
Mrs. H. F. Elliot, Pres. and Mrs. M. P. Ollom, Pres. Elect

12:15 P.M.—Installation Luncheon ..... Casa Rio
- Invocation ..... Mrs. R. N. Rawls, 2nd Vice President, AAOA
- Welcoming address and Introductions ..... Mrs. G. W. Tompson, Vice President, ATAOP&S
- Acknowledgements and Introduction of Speaker ..... Mrs. Richard J. Tamez, Local Chairman
- Guest Speaker ..... Mrs. Louis Parkhouse (HemisFair 1968)
- Installation of Officers ..... Mrs. William Baldwin, President AAOA

7:00 P.M.—President's Reception ..... Roof Garden

8:00 P.M.—President's Banquet ..... Roof Garden

Saturday, May 8, 1965

8:00 A.M.—Past President's Breakfast ..... Coffee Shop

9:00 A.M.—New Auxiliary Board Meeting, Parlor F ..... New President to Preside

Report From Mrs. Tom W. Whittle, Auxiliary Chairman, Child Health Clinic

The Thirteenth Annual Child Health Clinic, sponsored by the Auxiliary to District II, TAOP&S, was held March 25-27, 1965, at the Hotel Texas Exhibit Hall.

During the two and one half day clinic, 351 children were examined. Of this number five sets of twins were present. A significant number of children came from outside the Fort Worth area.

Many volunteer organizations were represented this year. Included were: Fort Worth Osteopathic Hospital Guild, Mid Cities Osteopathic Hospital Guild, Red Cross Nurses, Red Cross Gray Ladies, and, of course, District II Auxiliary was out in force. A total of 89 volunteer workers participated in the clinic.

Also, 15 Exhibiting Companies were represented by 35 employees, 70 D.O.'s participated or observed, and the optometric profession was represented by 7 O.D.'s. Also present were 9 dentists and 2 speech therapists from the Crippled Children and Adults Rehabilitation Center. A total of 211 workers were required for the Clinic to function this year.

Mr. Vernon Freeman of Baker Laboratories was busy each day photographing the clinic. Baker Laboratories furnished the film and Mr. Freeman donated his time to record the Clinic. This film should be available for District programs and public viewing after the National Convention in September.

It is indeed hard to look back on this Child Health Clinic and attempt to report what happened. The most that can be said is that each committee functioned better than ever before. Obstacles that presented themselves were overcome with greater ease than expected, and I can once more say: "This was the best Child Health Clinic yet."

Doctors Serving 13th Annual Child Health Clinic—1965

The following is a list of doctors attending the Annual Child Health Clinic held March 25, 26 and 27, 1965:

AMARILLO, TEXAS
Dr. B. E. Cobb, D.O.

ARLINGTON, TEXAS
Dr. A. L. Karbach, D.O.
Dr. Weldon Gabier, D.O.
Dr. H. F. Pearson, D.O.
Dr. Roy Mims, D.O.

AUSTIN, TEXAS
Dr. Joe Love, D.O.

BEAUMONT, TEXAS
Dr. Larry A. Giffin, D.O.

CORPUS CHRISTI, TEXAS
Dr. J. J. Schultz, D.O.

DALLAS, TEXAS
Dr. Patrick Philben, D.O.
Dr. Ralph McRae, D.O.
Dr. James Branch, Jr., D.O.
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April 2, 1965

Washington News Letter

MEDICARE FOR AGED. On March 24th, the House Committee on Ways and Means incorporated most of the provisions of the King-Anderson bill, H. R. 1, as a part of a new and expanded bill H. R. 6675, and promptly reported the new bill without amendment, House Report 213. The bill consists of 296 pages. The House Report has 264 pages. Copies of both the bill and report have been forwarded to the Secretary of each of the Divisional Societies. It is expected the House will pass the bill next week.

The King-Anderson basic plan and a voluntarily supplementary plan, constitute a new title XVIII of the Social Security Act. See attached House Committee Summary.

The description of inpatient hospital services includes services of interns and residents under training programs approved by the"Committee on Hospitals of the Bureau of Professional Education of the American Osteopathic Association". (Page 64) H. R. 1 included inpatient hospital services of radiologists, pathologists, physiatrists and anesthetists. That provision was dropped. Their services would be available under the supplementary plan. This is a controversial issue.

With respect to accreditation of participating hospitals, extended care facilities, or home health agencies, the bill provides: "In addition, if the Secretary finds that accreditation of an institution or agency by the American Osteopathic Association or any other national accreditation body provides reasonable assurance that any or all of the conditions, (prescribed in the bill) are met, he may, to the extent he deems it appropriate treat such institution or agency as meeting the condition or conditions with respect to which he made such findings". (Page 92)

Title XVIII provides: "The term 'physician', when used in connection with the performance of any function or action, means an individual legally authorized to practice medicine and surgery within the meaning of section 1101 (a) (7))." This thereby includes licensees to practice osteopathy and surgery.

A new title XIX improves and extends the Kerr-Mills program also to needy individuals on the dependent children, blind, and permanently and

totally disabled programs. Another part of the bill authorizes project grants to medical schools and affiliated teaching hospitals for comprehensive health care for school and preschool children of low-income families. Childrens' Bureau funds would be augmented.

Drug Abuse Bill. The House passed the Amphetamine-Barbiturate bill, H. R. 2 by a vote of 402 to 0 on March 10th. Amendments adopted extended criminal provisions for sales from age 18 to 21, and brought practitioners who regularly dispense drugs at a profit under the bill's record keeping and inspection provisions. Since a similar bill passed the Senate last Congress, likelihood is that the Senate will act on the bill without further hearings.

Health Hearings. Regarding the Health Research Facility bill, H. R. 2984, only 1 (2 counting COPS) of the osteopathic colleges participated under the program. We indicated support for the bill. We also expressed support for the Community Health Services Extension bill, H.R. 2896, which adds measles to the programs already included under the Vaccination Assistance Act. Both killed and live virus vaccines against measles (rubeola) were licensed in 1963. Development of a vaccine against German measles (rubella) is under study, according to NIH. A companion bill, S. 510, passed the Senate March 11th. Regarding Federal subsidy for initial staffing of community mental health centers as provided in H. R. 2985, we expressed sympathetic concern. A timely session of the National Leadership Conference on Mental Health legislation held here March 18-19, was attended by 2 very effective osteopathic emissaries from the AAOA, Mrs. Campbell A. Ward, Chairman of Allied Organizations, AAOA, and Mrs. Philip Greenman, Public Health Chairman, AAOA. Principal purpose of the conference was promotion of H. R. 2985. The group practice facility construction mortgage insurance bill, H. R. 2987, contains language requiring clarification for full osteopathic participation, as evidenced in our statement. Turn page for Senate and House Committees handling these bills.

Appalachia. The Appalachian Regional Development Act of 1965, S. 3, was signed by the President on March 19, 1965, Public Law 89-4. The bill includes certain counties in 11 States along the Appalachian Mountains. Funds are authorized for the construction, equipment and operation of multi-county demonstration health facilities, including hospitals, regional health centers for diagnostic treatment centers and other facilities necessary for health. Federal share of construction grants can equal 80%. Federal funds could be used to defray 100% of the cost of operation during the first 2 years and 50% for the next 3 years. State Osteopathic Associations involved have been furnished copies of the law and the committee reports.

NEWS OF THE DISTRICTS

District No. One

Our influenza season has about passed, we think. With spring just around the corner, we find Ole Man Winter has not expired as yet.

Our administrator, Dub Davis, spent some few days in Georgia, but his errand was not what many have gone for —he was there on hospital business.

We enjoyed seeing Dr. Ray Mann from Lubbock the other day. We seldom have the opportunity of visiting with this member of the Mann family.

Sorry to hear about Dr. Don Hackley of Spearman being in the hospital for a few days following a cardiac involvement. We understand, however, that he is doing very well now—be careful Don.

Dr. Paul Price was up the other day and was a very proud father as his son was one of the principal players in the recent basketball tournament.

My news this month has a tendency to be scarce, but one has to be a good snooper to get news and my snooping time has been scarce also.

LEWIS N. PITTMAN, JR., D.O.

District No. Thirteen

The regular meeting was held March 13 at the Holiday Inn, Greenville, Texas, with 20 members and wives and four guests.

Dr. George Chambers, Mt. Pleasant, was guest speaker with an interesting discussion on obstetrical techniques. He is a former district member and everyone enjoyed having him and his wife as guests.

Dr. Gordon Marcom introduced his guests. Rodney Marcom, Bobby Turrentine and Michael McCaffery, all students at the Kansas City College of Osteopathic Physicians and Surgeons.

The District voted to give the Auxiliary $100.00 for use on student loans and to have the Auxiliary as Chairman for the publicity committee.

R. D. VAN SCHOICK, D.O., *Reporter*

Remember, NEWS from your district for the Journal must be in this office by the 20th of preceding month. Please give us your cooperation. THANKS!

S.O.P.A. NEWS

District No. Twelve

District Twelve was presented a most important and informative program at the March meeting. Dr. John Ruffle, D.O., was guest speaker. His presentation was in regards to the letter received in all D.O.'s offices concerning the methods and supervision of giving injections. This was thought to be one of the best programs that we have had.

Four new members were welcomed to our group. They were: Willie Mae Willy and Mickey Stanton from Dr. Ralph Merwin's office, Jimmie Atkins from Dr. John Eitel's office, and Lillian Johnson from Dr. Archie L. Garrison's office.

Following the program, a business meeting was held and plans were made for a Bar-B-Que to be held to raise money for our forthcoming convention. Details were discussed and approved by the membership.

The meeting was held in the office of Dr. Paul Seifkes. Refreshments were served by Ruth Stone. Dorothy Welch, President, presided at the meeting.

BETTY WOODALL, *Reporter*

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