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Texas Osteopathic Physicians' Journal

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VOLUME XVIII FORT WORTH, TEXAS, JANUARY, 1962 NUMBER 9

EDITORIAL PAGE

PROFESSIONAL RESPONSIBILITY

The new year brings to us a new program—Hospitalization, Medical and Surgical Program for Recipients of Old Age Assistance. It behooves every physician and hospital in the state to participate in this program.

Texas is the only state in the Union using private enterprise for this program. It has attracted wide publicity throughout the United States and has brought forth editorial comments in the larger newspapers and was written up in national publications including the Wall Street Journal.

We feel this is a trial run by the government to determine the ability of insurance organizations to handle hospitalization on a voluntary basis. If the program fails as it did with Medicare, we are likely to find ourselves faced with government controlled compulsory insurance and then, socialized medicine. The success or failure of this program rests squarely on the shoulders of licensed physicians. If it fails it will be because:

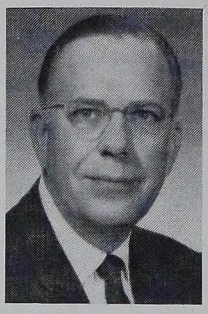
1. Patients were unnecessarily hospitalized.
2. Over-use of medication.
3. Unnecessary laboratory procedures.
4. Unnecessary prolonged hospital stay.

Physicians are prone to deny the responsibility is theirs but nevertheless those who have been in close contact with insurance programs know this to be a fact and can readily prove same. Our own group hospitalization policy has been cancelled and analysis of the facts proves it was brought about by the four points listed above.

We appeal to you as professional men and women whose avowed purpose it is to render good professional care, to do just that and cooperate to the fullest extent in making the voluntary system of hospitalization and health insurance a success. Otherwise, look out for government controlled compulsory health care.

Case Report: Malignant Neurilemmoma of Omentum With Massive Intestinal Hemorrhage

KENNETH WHITE, D.O.†
Fort Worth, Texas



CLIFFORD E. DICKEY, D.O.*
Fort Worth, Texas

This interesting clinical history is reported because it represents an intriguing diagnostic problem which required careful team work on the part of the admitting physician, radiologist, pathologist, three surgeons and the internist. The pathologic diagnosis represents a rare entity, and the clinical development of symptoms, both pre-and post-operative, represented a stern challenge to the diagnostic acumen of all participating physicians.

Mr. E. J. (F.W.O.H. #36759), a well-nourished, white male of 65 years was admitted on medical service to the Fort Worth Osteopathic Hospital on 7/22/61 with the chief complaint of severe chills, fever, nausea and vomiting of sudden onset that day.

He had had a recent previous admission to the same hospital for abdominal pain of undetermined origin and with evidence of gastrointestinal hemorrhage. Radiographic studies at that time revealed an apparent partial intestinal obstruction and a solitary stone in the gall bladder. Following whole blood transfusions, the patient was discharged at his insistence for further out-patient care. There had been no previous known cardiac, renal, pulmonary or metabolic disease.

PHYSICAL EXAMINATION revealed an arterial tension of 120/80. A regular apical rate of 112 beats/minute was heard. No cardiac murmurs were heard. The second aortic sound was equal in intensity to the second pulmonic sound. The apical impulse was not palpable. Both pulmonary fields ventilated well and presented no rales or other adventitious sounds. The abdomen was soft and non-tender and on palpation revealed a mass in the upper left quadrant, measuring approximately 4x6 cm. All peripheral pulses were thought to be adequate. The thyroid gland was not palpable. There was no significant lymphadenopathy. Rectal examination revealed normal sphincter tone with no evidence of masses or gross hemorrhage.

Admitting laboratory investigation revealed the following: R.B.C.'s 3.8 million with 11 gms.% hemoglobin and 35% hematocrit. W.B.C.'s 26,000 with 23 stabs, 69 polymorphonuclear neutro-

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†Intern, Fort Worth Osteopathic Hospital.

philic leucocytes, and 6 lymphocytes. The urine concentrated to normal limits and revealed no proteinuria, glycosuria or abnormal microscopic findings.

The patient was placed on symptomatic and supportive care and was given antibiotics parenterally.

Stomach and small bowel X-rays were performed on 7/24/61, employing barium as a contrast medium. These films demonstrated solitary calculus of the gall bladder, some degree of gastritis with slight prolapsing of the gastric mucosa but no evidence of active ulcer or malignancy in the upper gastrointestinal tract; a segment of the ileum demonstrated changes compatible with regional ileitis, probably involving the uppor loops of the ileum on the left.

Surgical consultation was obtained on the following day with the resultant opinion that surgical excision of the abdominal mass should be performed. Prior to the proposed surgery, the patient was transfused with three units of compatible whole blood.

The patient was taken to the surgical suite on 7/28/61, where the previously palpated abdominal mass was identified as a tumor of the omentum and was surgically excised. The mass was found to be firmly bound to the jejunum, ileum and transverse colon.

The pathologic specimen was carefully examined by the hospital pathologist who identified the mass as a *malignant neurilemmoma with cystic degeneration.*

The post-operative convalescence was essentially uneventful until the 7th post-operative day, when the patient passed a moderate amount of grossly hemorrhagic stool. On the following day, several "currant jelly" stools were passed. Intravenous hemostatic agents were given, but on the following day the patient experienced sudden signs and symptoms of shock, with a drop in arterial tension to 60/40. Multiple compatible whole blood transfusions and parenteral vasopressors served to correct the shock state, and repeated transfusions were given over the following 48 hours while the patient continued to have frequent bloody stools.

On the 9th post-operative day, 8/6/-61, the patient was returned to surgery, where laparotomy was performed to determine the site of hemorrhage. Adhesions from the immediate previous surgery were lysed and the small bowel explored. No specific site of origin of bleeding was noted, but a large amount of blood was found within the lumen of the bowel. These findings led to the suspicion that a coagulation defect might exist and might account for the persistent gastrointestinal hemorrhage. The incision was closed, and the patient was returned to his room in satisfactory condition.

The patient's subsequent second post-operative convalescence was satisfactory and without obvious recurrent intestinal bleeding until the second post-operative day when bleeding recurred. The patient's hematocrit had dropped to 23% and the arterial tension to 95/80. Signs

of shock began to reappear, necessitating repeated whole blood transfusion.

Medical consultation was obtained, and the internist suggested the following possible causes of this obscure intestinal hemorrhage: coagulation defect, gastrointestinal mucosal telangectasia, stress ulceration of the gastric mucosa with hemorrhage, mucosal arteritis. The recommended subsequent diagnostic procedures, including bone marrow aspiration and blood coagulation studies, were performed but failed to evidence any specific etiologic information.

A Miller-Abbott tube was introduced and under fluoroscopic control was advanced to the level of the jejunum. Wangensteen suction was applied at intervals along with installation of topical hemostatic agents through the tube. Despite these methods of conservative therapy, the patient continued to have numerous large bloody stools.

Whole blood and appropriate electrolyte solutions were given continuously through intravenous catheters and venipunctures as the condition of the veins would allow. The patient continued to deteriorate despite all attempts to control bleeding and maintain effective blood volume. The quantity of hemorrhage was evidenced by serial hematocrit levels as low as 15%. As deterioration progressed, the patient became semicomatose and disoriented, most probably due to toxic ammonia levels and to cerebral ischemia.

On the 8th post-operative day, the patient appeared immediately moribund with arterial tension levels of 40/0 and occasional intervals of complete absence of systolic blood pressure, despite continuing transfusion under pressure. At that time it was decided by the team of physicians that only a final attempt at surgical correction of the hemorrhage could provide any outlook for salvaging this patient.

Cardiopulmonary, renal and hematologic status of the patient was re-evaluated with continued transfusion of multiple units of whole blood under pressure. On the subsequent day, the patient was returned to surgery where the entire length of the intestinal tract was examined through a large incision. Immediately distal to the previous operative site was found a small necrotic area, 3 cm. in diameter, on the antimesenteric surface of the jejunum. A duodenojejunostomy was accomplished, by-passing the necrotic bowel segment. The necrotic segment was then excised and repaired, with resection of the remaining stump of omentum.

The pathologist's report on the submitted material was: Organizing fat necrosis in omentum and hemorrhagic infarction of jejunum; no evidence of tumor cells.

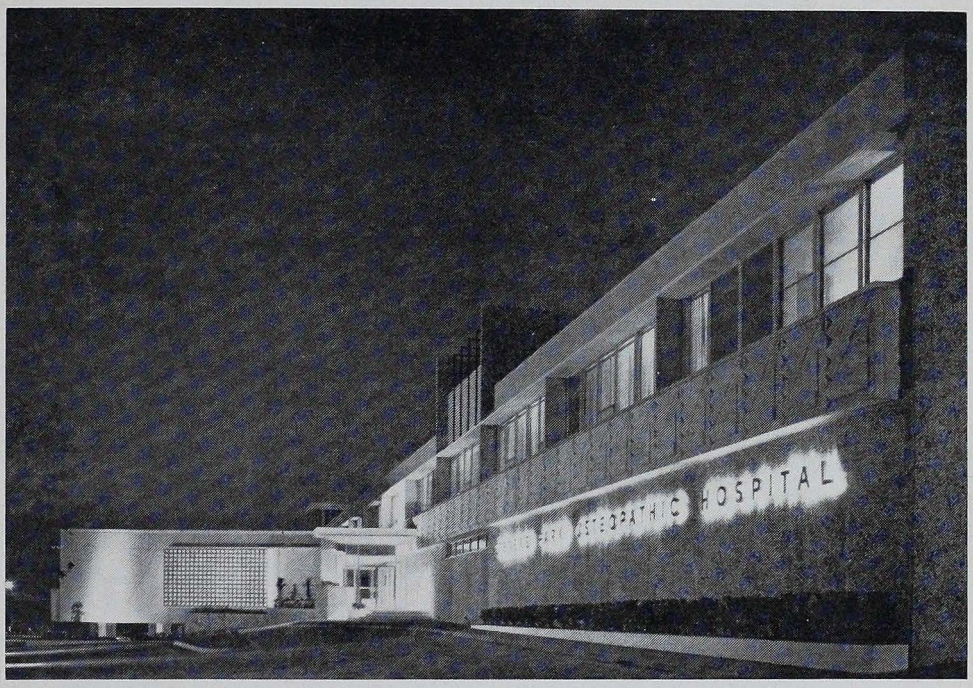
The immediate post-operative period demonstrated prompt improvement, and the patient's arterial tension levels were re-established at 130/80 with no subsequent episode of hemorrhage recurrence. By this time, the patient had received a total of 60 units of whole blood by transfusion.

Subsequent convalescence was gradual but progressive. Appropriate fluid and electrolyte therapy was maintained parenterally and ammonia antagonists were given parenterally to correct the toxic blood level of that substance. As the ammonia level fell to normal range, the patient's sensorium cleared, and he became progressively more rational. Thereafter, he showed gradual satisfactory improvement until the time of his discharge from the hospital on 9/3/61.

Since the time of his hospital discharge, the patient has gradually improved in strength, now tolerating ambulation and light activity well. He has had no recurrence of hemorrhage and has maintained satisfactory blood volume and cellular constituents.

(Dr. Dickey, 4021 E. Belknap St.)

New Hospital Dedicated



Stevens Park Osteopathic Hospital
Dallas, Texas

Stevens Park Osteopathic Hospital—Dallas' fifth largest general hospital and the state's second largest osteopathic hospital—opened for admission of patients, January 1, 1962.

The hospital was dedicated in impressive services December 1 with some 200 osteopathic physicians from over the state, civic leaders and the press as special guests. On December 3, the hospital staff played host to the general public with conducted tours through the beautiful three-story building. Souvenir brochures outlining the facilities of what will be the largest staff-financed osteopathic hospital in the Southwest were distributed by a team of six hostesses, all wives of staff members.

Dr. J. E. Peavy, Commissioner of Health for the State of Texas, spoke at the dedicatory services. He was introduced by Dallas Mayor Earle Cabell, who responded for the community. Dr. Charles Sauter of Gardner, Mass., President-Elect of the American Osteopathic Association, gave the response for the profession, and Dr. Richard B. Helfrey, head of Stevens Park's department of pediatrics, made the formal dedicatory statement. Dr. Charles D. Ogilvie, Chairman of the Department of Radiology and Nuclear Medicine, presided.

Among osteopathic dignitaries on hand from throughout the nation were Dr. Howard Baldwin, Tulsa, president of the American College of Osteopathic

Surgeons; Dr. William Guinand, Chicago, head of the Committee on Hospitals for the American Osteopathic Association; Dr. Joseph M. Peach, Kansas City, Mo., president of the Kansas City College of Osteopathy and Surgery; Dr. Elmer C. Baum of Austin, state osteopathic representative; Dr. G. W. Tompson, Houston and Dr. Phil R. Russell, Fort Worth, president and executive secretary, respectively, of the Texas Association of Osteopathic Physicians and Surgeons.

Also, Dr. Nelson D. King, Kirksville, Mo., president of the American College of Osteopathic Pediatricians; Dr. Harold L. Bruner, Philadelphia, professor of allergic diseases at Philadelphia College of Osteopathy; Dr. H. Miles Snyder of Detroit, president-elect of the American Osteopathic College of Radiology and Dr. Sauter. The latter four were in Dallas as members of a Seminar sponsored the week-end of the Stevens Park dedication and open house by the Texas State Department of Health.

The new hospital at Hampton Rd. and Colorado Blvd., is linked with the former combination clinic and hospital, founded 14 years ago by Dr. J. C. Calabria and Dr. C. W. Danoff, facing Hampton by a convenient vestibule, and the original unitl will be used entirely as a doctors building and pharmacy. Combined value of the two building complex exceeds $2 million.

The entire first floor of this ultramodern 300-foot-long edifice is confined to service departments. These include a surgical suite of four operating rooms, recovery rooms, urological room, an obstetrics unit with lying-in room and two delivery rooms, an intensive therapy unit, fracture room, autopsy facilities, central supply, central sterile and pharmacy, complete laundry facilities.

Also, a four room suite of labs including bacteriological, general clinical, tissue and necropsy labs and pathologist's office. The Department of Radiology and Nuclear Medicine contains facilities for diagnostic x-ray examinations, deep and superficial x-ray treatments, radium and Cobalt-60 therapy. Radioisotopes will be utilized both for diagnosis and treatment.

Second and third floors are devoted to patient rooms and administrative functions. Adult wards contain only four beds, and an eight-bed pediatrics ward is furnished with television and recreational facilities.

Hub of the convalescent area are two 50-foot thermopane glassed in solaria, one on the second and one on the third floors, overlooking rolling golf greens. Also included in this facility are an isolation nursery; stainless steel kitchen, staff dining room, chapel, interns' lounge, medical records library, staff library and administrative offices.

Other advanced features include electronically filtered air, sona-faced dust-free plaster walls, a piped-in oxygen system, non-allergical fireproof drapery fabric, closed-circuit TV in the surgical suite—a first in Dallas hospitals—and a pneumatic tube system for instant communications.

Stevens Park is licensed by the Texas State Department of Health and is approved for intern training by the American Osteopathic Association. It is licensed by the U.S. Atomic Energy Commission for use of radioactive materials.

Thirty-six osteopathic physicians from throughout Dallas County will comprise the active staff.

"Agin" It

"Paw," said the miner's boy, "I want to go to college and learn to be a doctor. I think I'll study obstetrics."

"Likely you'll be wastin' your time, son," replied the father. "Soon as you learn about obstetrics, somebody'll come along with a cure for it."

What's Your Diagnosis, Doctor?

By P. P. SAPERSTEIN, D.O.,* Fort Worth, Texas

(As an intriguing contribution to this month's Journal, *Dr. Saperstein offers this diagnostic exercise, based entirely upon his experience in managing this in-patient. The dialogue format enhances the diagnostic challenge.)*

DOCTOR A: Hello, Doctor! I have a most baffling diagnostic problem here in the hospital, and I'd certainly like to discuss this case with you.

DOCTOR B: Fine, Doctor. Give me a history, and let's see if we can arrive at a diagnostic approach.

DOCTOR A: Well, this patient is a sixty-three year old white female with a chief complaint of back pain. Like lots of other cases of back pain that I've seen, hers started with a lifting episode—she lifted a basket of fruit, and, according to her report, she experienced a sudden bout of excruciating pain in the low back. This happened two days ago. I couldn't manage her severe pain at home, so I entered her into the hospital. I ran some initial blood studies and a few X-rays which prompted me to put her in traction—and that's where she is now.

DOCTOR B: Good. Now let's review what's been done so far. But first, let me ask you this: are you certain that she's had no recent trauma which could have produced the sudden onset of such severe pain?

DOCTOR A: That's an easy one to answer, "No!" Here's her chart. Let me give you some of the lab. results to date: First, her blood count revealed an RBC level of 2.3 million with only 7gm% hemoglobin. The leucocyte count was 5,300 with a normal Schilling index. The V.D.R.L. was negative, and her random urinalysis was unremarkable.

DOCTOR B: Well, so far, we know that she's anemic, and we may assume that she's not losing blood through her kidneys. What about the X-rays?

DOCTOR A: I was just coming to them. The P-A chest film was reported as normal. I'm glad to see that the radiologist found no evidence of malignancy in the pulmonary fields.

DOCTOR B: Well, there's sufficient reason for the back pain! Obviously a pathologic fracture! What about the other vertebrae?

DOCTOR A: Yes, I agree about pathologic fracture here. The other vertebral bodies appeared normal, except for what the radiologist believes to be old compression fractures of the tenth and twelfth thoracic bodies.

DOCTOR B: This prompts my next question: did this woman report any history of previous back pain?

DOCTOR A: Yes, on closer questioning, she stated that she was diagnosed elsewhere six months ago as having a "rheumatoid state," for which she was treated. The treatment was of little value, because she had continued to have bouts of severe back pain during the intervening months until the present time. She says that the present episode of pain is the most severe she has ever experienced, however.

DOCTOR B: Now, let's go visit the patient and see what careful examination will disclose.

(Thirty minutes elapse)

DOCTOR A: Well, my friend, what do you think now?

DOCTOR B: Very interesting, indeed.

*Attending physician at Fort Worth Osteopathic Hospital.

We are confronted with a patient who has an apparent pathologic fracture productive of such severe pain that she cannot flex or extend her back the slightest bit. On top of this she exhibits a rather profound anemia which we are so far unable to explain. I certainly agree that she is a seriously ill woman, and, like you, I feel challenged by her problem. But let me suggest some further diagnostic procedures. Let's meet again tomorrow when these have been completed.

AT THIS POINT, IF YOU CAN ARRIVE AT THE PROPER FINAL DIAGNOSIS YOUR DIAGNOSTIC ACUMEN IS EXCELLENT.

DIAGNOSIS:_____

(A day elapses)

DOCTOR A: Hello, again Doctor B. I was just reviewing the reports on that additional laboratory work that you recommended on my patient. It has turned up some mighty interesting information.

DOCTOR B: Good. I had thought we would learn something there. What are the serum proteins?

DOCTOR A: The total serum protein level is elevated to 8.2gm%, and the electrophoretic pattern shows that this is mostly made of beta-globulin, which assumes a level of 4.0gm%—a marked elevation of that fraction!

DOCTOR B: I note that the patient's serum calcium level is likewise elevated. This gives me a pretty fair idea of what is troubling her. I think two other procedures would secure the diagnosis, though. How about it?

HERE'S ANOTHER CHANCE TO SEE IF YOUR DIAGNOSTIC ABILITY IS ABOVE PAR.

DIAGNOSIS:_____

(Another day elapses)

DOCTOR B: I beat you here today, Doctor A, because I found my curiosity so intense that I couldn't start my own work until I had seen the results on your patient.

DOCTOR A: I'm certainly glad to have your enthusiastic help. Let's see, the urine study for Bence-Jones protein was negative, eh? Well, that disposes of that possibility.

DOCTOR B: Probably, but a negative solitary Bence-Jones determination is a frequent finding in that disease. Now let's look at the pathologist's report on the bone marrow. Here we are.

DOCTOR A: Aha! The marrow slides show a marked infiltration with plasma cells. Let's call the radiologist and see if he has seen the skull films that were taken a short time ago.

DOCTOR B: I've beaten you to it. Just talked with him on the phone, and he says that the lateral films demonstrate the typical small "punched out" areas of radiolucency that we were looking for. Shall we go see for ourselves?

DOCTOR A: By all means, let's.

YOUR FINAL CHANCE AT DIAGNOSIS FOLLOWS THESE RECAPITULATED SALIENT DIAGNOSTIC FEATURES:

(1) Complain of severe low back pain of sudden onset following "lifting" experience.

(2) Unexplained anemia.

(3) Pathologic fracture of vertebrae.

(4) Hyperproteinemia, due largely to marked increase in beta-globulin fraction.

(5) Negative random urine test for Bence-Jones protein.

(6) Plasma cell infiltration in bone marrow.

(7) "Punched out" areas of radiolucency in bony calvarium.

FINAL DIAGNOSIS, PLEASE:_____

_____

See page 12 for confirmation of your diagnosis.

_____

"Doc, you remember you recommended that I go out with girls to get my mind off business?"

"That's right. How did it work?"

"Fine. But now can you recommend something to get my mind back on business?"

Surgical Society to Hold Second Geriatric Conference

The Second Geriatric Surgical Conference, sponsored by the Texas Society of Osteopathic Surgeons, will be held February 23, 24, 25, 1962 in the Western Hills Hotel, Fort Worth, Texas.

The Conference promises to be most interesting and good attendance is expected. The program will be presented at the level of the surgeon but the general practitioner will be welcome and the program should be of great educational value from the standpoint of diagnosis and pre- and post-operative management.

Registration fee is $20.00 which includes one ticket for the dinner dance. Extra tickets will be available for $7.00. Reservations should be made early in order to insure adequate facilities for everyone.

PROGRAM

FRIDAY, FEBRUARY 23, 1962

8:00 a.m.—Executive Committee Meeting, Breakfast

9:00 a.m.—Business Meeting

10:00 to 10:40 a.m.—"Orthopedic Management of Femoral Fractures" ..... Dr. Wes Slater

—Coffee Break—

10:50 to 11:30 a.m.—"Gastrectomy" ..... Dr. Victor H. Zima

11:30 a.m. to 12:10 p.m.—"Vaginal Hysterectomy" ..... Dr. William Winslow

—Lunch—

1:30 to 2:10 p.m.—"Intestinal Obstruction" ..... Dr. Nicholas G. Palmarozzi

2:10 to 3:00 p.m.—"Prostatectomy" ..... Dr. A. A. Choquette

—Coffee Break—

3:10 to 3:40 p.m.—"Specific Laboratory Technique" .... Dr. William S. Walters

3:40 to 4:20 p.m.—"Internal Medical, Pre and Post Operatively" ..... Dr. C. Raymond Olson

4:20 to 5:00 p.m.—"Surgery of Hand and Upper Extremity" ..... Dr. Milton V. Gafney

6:00 to 7:00 p.m.—Cocktails

7:00 to 9:00 p.m.—Dinner

9:00 p.m. to 1:00 a.m.—Dancing

SATURDAY, FEBRUARY 24, 1962

9:00 to 10:00 a.m.—"Arteriography" ..... Dr. Charles D. Ogilvie

10:10 to 10:50 a.m.—"Arterial Graft" ..... Dr. George F. Pease

11:00 to 11:40 a.m.—"E.N.T. Surgery in Geriatrics" ..... Dr. J. C. Baker
Dr. R. M. Connell, Dr. Harold A. Beckwith

11:40 a.m. to 12:20 p.m.—"Vascular Surgery" ..... Dr. George F. Pease

—Lunch—

1:30 to 2:10 p.m.—"Hernia" ..... Dr. Jim Calabria

2:10 to 2:50 p.m.—"Anesthesia" ..... Dr. G. W. Tompson

—Coffee Break—

3:00 to 3:30 p.m.—"Malpractice Factors" ..... Dr. Elmer C. Baum

3:30 to 4:30 p.m.— ..... Mock Trial

Medical - Legal Panel

(1) Plaintiff, (2) Judge Harold Craik, 153rd District Court, (3) Defense

Saturday p.m.—Open for Private Parties

SUNDAY, FEBRUARY 25, 1962

9:00 to 10:30 a.m.—Panel Discussion ..... Dr. Milton V. Gafney and Specialists

11:00 to 12:00 a.m.—Business Meeting

NOTE: *Alternate or Stand-by Speakers for 1962 meeting:*

.....(Should these speakers not appear on the program for this year, they will participate in next year's program.)

Dr. Charles Hawes ..... "Fracture of the Upper Extremity"
Dr. Roy B. Fisher ..... "Malignancy of Lower G.I."
Dr. Henry Spivey ..... "Differential Surgical Diagnosis of Abdominal Pathology

For any additional information contact Dr. T. T. McGrath, Convention Chairman, 1001 Montgomery St., Fort Worth 7, Texas.

SYLLABUS OF CONTINUING EDUCATION FOR TEXAS PHYSICIANS

1962

FEBRUARY 17-18—TEXAS SOCIETY OF GENERAL PRACTITIONERS medico-legal seminar, *Houston, Texas.* Sec.: Robert P. Kelley, D.O., 3212 Tidwell, Houston 16, Texas.

19-22—AMERICAN COLLEGE OF OSTEOPATHIC OBSTETRICIANS AND GYNEGOLOGISTS and AMERICAN COLLEGE OF OSTEOPATHIC PEDIATRICIANS annual combined meeting, Americana Hotel, *Bal Harbour, Florida.* ACOOG Sec.: Arthur A. Speir, D.O., Box 66, Merrill, Michigan. ACOP Sec.: Martyn Richardson, D.O., 9553 Lackland Rd., St. Louis, Mo.

23-25—TEXAS OSTEOPATHIC SURGICAL SOCIETY annual meeting, Western Hills Hotel, *Fort Worth, Texas.* Sec.: T. T. McGrath, D.O., 1001 Montgomery St., Fort Worth, Texas.

MARCH 1-3 —SYMPOSIUM ON FUNDAMENTAL CANCER RESEARCH, 16th annual, topic: "Conceptual advances in immunology and oncology," University of Texas M. D. Anderson Hospital and Tumor Institute, *Houston, Texas.* Write: Texas Medical Center, Houston, Texas.

16-18—FORT WORTH CHILD HEALTH CLINIC and seminar, Texas Hotel, *Fort Worth, Texas.* Sec.: Virginia Ellis, D.O., 1001 Montgomery St., Fort Worth.

16-18—EASTERN STUDY CONFERENCE, 18th Annual (Division of American College Osteopathic Internists) Warwick Hotel, *Philadelphia, Pennsylvania.* Write, Ralph Tomei, D.O., 3533 Ryan Ave., Philadelphia 36, Pa.

30- —AMERICAN OSTEOPATHIC ACADEMY OF ORTHOPEDICS post-graduate seminar, Western Hills Inn, *Euless,*

APRIL 1 *Texas.* Sec.: J. Paul Leonard, D.O., 2673 W. Grand Blvd., Detroit 8, Mich.

16-18—NATIONAL OSTEOPATHIC CHILD HEALTH CONFERENCE annual meeting, Municipal Auditorium, *Kansas City, Mo.* Exec. Sec.: Stan J. Sulkowski, 409 Scarrett Arcade, 819 Walnut St., Kansas City, Mo.

MAY 3-5 —TEXAS ASSOCIATION OF OSTEOPATHIC PHYSICIANS AND SURGEONS annual meeting, Texas Hotel, *Fort Worth.* Sec.: Phil Russell, D.O., 512 Bailey St., Fort Worth.

5 —TEXAS ACADEMY OF APPLIED OSTEOPATHY semi-annual seminar, Texas Hotel, *Fort Worth.* Sec.: Catherine Carleton, D.O., 815 W. Magnolia, Fort Worth.

AUGUST 6-9 —MEMORIAL CARDIOVASCULAR FOUNDATION annual clinical assembly, Grove Park Inn, *Asheville, North Carolina.* Chmn.: George F. Pease, D.O., 1001 Montgomery St., Fort Worth 7, Texas.

SEPTEMBER —TEXAS OSTEOPATHIC RADIOLOGICAL SOCIETY annual meeting, *Dallas, Texas.* Sec.: Charles Ogilvie, D.O., 1141 N. Hampton Rd., Dallas 8, Texas.

28-29—TEXAS ACADEMY OF APPLIED OSTEOPATHY semi-annual meeting, Villa Capri Hotel, *Austin, Texas.* Sec.: Catherine Carleton, D.O., 815 Magnolia, Fort Worth.

OCTOBER 7-13—WORLD CONGRESS OF CARDIOLOGY annual meeting, Medical Center, *Mexico City, Mexico.* Write: I. Costero, M.D., Instituto N. De Cardiologia, Avenida Cuauhtemoc 300, Mexico 7, D.F.

A Surgical Decision

By GEORGE W. NORTHUP, D.O.

The American College of Osteopathic Surgeons recently completed a most successful meeting in Denver. The attendance was unusually large, and the program was outstanding.

Of prime interest to the entire profession were two proposals to amend ACOS by-laws. One would delete membership in the American Osteopathic Association as a prerequisite for membership in ACOS. The other would accept credentials other than A.O.A. membership. Both proposals were overwhelmingly rejected by ACOS members.

By this action, the American College of Osteopathic Surgeons rejects as members those osteopathic surgeons of California who refuse to join the new divisional organization, Osteopathic Physicians and Surgeons of California, and who, by this refusal, accept the agreement to merge osteopathy and medicine in California.

This decisive backing of the A.O.A. in its policy to maintain its unity is highly significant. Once again the College of Surgeons has demonstrated its support of osteopathic organization, and once again has placed the power of its leadership back of the principles and goals of osteopathic medicine.

In an address prior to the vote, Dr. John P. Schwartz, a distinguished osteopathic surgeon, made these pertinent statements:

"Those who find no prestige in their D.O. degree will bring none to this College by their membership therein. Nor will this College gain prestige by disassociating itself from its osteopathic foundation, the A.O.A. . . . Appeasement has been the device of the weak throughout history and has not solved any problems. To appease is to postpone, and to postpone will serve no more useful purpose here than elsewhere. Those who, through their actions or their unwillingness to take a stand, acceded to the plot to withdraw from osteopathy have no claims on this College or its future. Those who joined this College to better their own positions and now join with organized medicine for the same purpose have no claims on this College which would justify special consideration. We, as individual D.O.'s, as surgeons, or as a specialty college cannot improve or even maintain the status we now enjoy by denouncing or ignoring the principles and concepts of our heritage. To strike our colors now is to admit to a fraudulent past and a gross violation of a public trust.

"I think there is not one of us who does not regret that this situation exists. I think there are few, if any, of us here without the courage to meet our responsibilities. To compromise or equivocate now is to weaken all that we have worked so long and so determinedly to develop.

"Does this College comfort the forces which seek to destroy our profession, or do we maintain our long-standing position of leadership?"*

The action of the American College of Osteopathic Surgeons gave a positive and farsighted answer to Dr. Schwartz's question. The American College of Osteopathic Surgeons is maintaining, as it has in the past, its position of leadership.

*Dr. Schwartz's address will be published in its entirety in an early issue of THE JOURNAL of the A.O.A.

Answer to "What's Your Diagnosis, Doctor" On P. 8

Multiple Myeloma.

Test Yourself

(Answers on Page 20)

1) The most common cause by far of belching, abdominal distention and excessive flatus is:

a) Fermentation of gastric contents.

b) Excessive hydrochloric acid in the stomach.

c) Aerophagia, or air-swallowing.

2) Criteria for proper dosage of "antispasmodic" medication in benign gastrointestinal disorders are:

a) Production of dryness of mouth without visual blurring or urinary retention.

b) Suppression of abdominal pain without production of diarrhea.

c) Careful adherence to manufacturer's recommended dosage without financially embarrassing patient.

3) Principles of therapy in peptic ulcer are:

a) Diet, antacid, antispasmodic and sedative.

b) Rest, diet and adequate laxation.

c) Psychotherapy, gastric resection and diet.

4) Epigastric pain due to simultaneous gaseous distention of the stomach and the colon is called:

a) Plummer-Vinson syndrome.

b) Magenstrasse syndrome.

c) Magenblase syndrome.

5) The "biliary dyskinesia" test for intermittent biliary spasm consists of:

a) Giving the patient four ounces of cream during fluoroscopic cholangiography.

b) Giving the patient morphine and noting the response to cream and relief of any subsequent pain after atropine injection.

c) Giving the patient a high-fat meal the evening before conducting conventional cholecystography and noting the appearance of the ducts.

6) Proper treatment of post-gastrectomy "dumping syndrome" consists of:

a) Frequent feedings, high protein diet and adequate atropinization.

b) Careful surgical reconstruction of the gastrojejunostomy as soon as the patient is able to withstand a second operation.

c) Restriction of all oral feedings, substituting parenteral feedings with adequate atropinization.

7) Acute perforation of a c t i v e peptic ulcer occurs approximately:

a) Three times more often in men than in women.

b) Fifty times more often in men than in women.

c) As often in men as in women.

8) Bowel obstruction is r a r e l y observed in carcinoma of the right colon as compared with the left because:

a) The stool is more liquid, colon is larger and the tumors softer.

b) Carcinoma of the right colon is relatively rare.

c) Malignancies of the right colon are almost always discovered and resected before obstruction can occur.

9) Meckel's diverticulum occurs as:

a) A pulsion diverticulum of the ileum, due to high residue diet.

b) A congenital defect, usually associated with maternal infection with ECHO virus during the second trimester of gestation.

c) The result of incomplete obliteration of the omphalomesenteric duct.

10) Acute enteritis with diarrhea occurring suddenly during oral antibiotic therapy is best treated by:

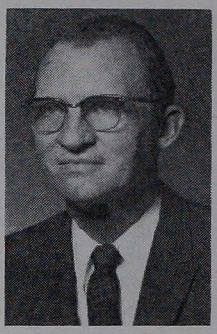
a) Carefully searching the gastrointestinal tract by X-ray for evidence of ulcerative lesions which develop commonly with oral antibiotics.

b) Adding *lactobacillus acidophilus* (tablet form or as buttermilk) to the regimen and withdrawing oral antibiotics.

c) Doubling the dose of oral antibiotic to combat the overgrowth of resistant bacteria in the bowel.

By IATROS

State Commissioner of Health At Dedication



J. E. PEAVY, M.D.

Dr. J. E. Peavy, Commissioner of Health for the State of Texas, spoke at the new Stevens Park Osteopathic Hospital dedication in Dallas, Texas, December 1, 1961.

Medical Board to Meet

The next meeting of the Texas State Board of Medical Examiners when examinations will be given and reciprocity applications considered is scheduled for June 18, 19, 20, 1962, at the Texas Hotel, Fort Worth, Texas.

Completed examination applications must be filed with the Board thirty days prior to the meeting date.

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

Featured Speaker, Annual Convention

May 3, 4, 5,, 1962
Fort Worth, Texas

L. RAYMOND HALL, D.O., F.A.C.O.S.
Kansas City, Missouri

Coordinator of Cancer Teaching, Kansas City College of Osteopathy and Surgery under Cancer Training Grant of U.S. Public Health Service; Professor of Surgery, Kansas City College; Member, Society of Nuclear Medicine; Member, Pan American Cancer Cytology Society; Fellow, American College of Osteopathic Surgeons.

Dr. Hall will speak on "Cancer of the Male Genitourinary System"; "Cancer of the Breast" and "Bronchogenic Carcinoma."

Executive Secretary's Travelogue

One may wonder why the Travelogue is immediately preceded by a picture and biography of one of the speakers at our forthcoming annual convention to be held at the Hotel Texas, Fort Worth, May 3-5, 1962. It appears here chiefly because the guy that does the traveling is the guy that feels we need all the education possible that this profession may better serve the public. We plan to run a picture of a featured speaker each month that you may be better acquainted with the program.

Thursday afternoon, November 30, the executive secretary left for Dallas to attend the annual Postgraduate Seminar held at the Baker Hotel December 1-2, 1961. Enroute, he stopped at the airport where he met Dr. Glenn R. Scott, immediate past president of the TAOP&S and Drs. Earle H. Mann, E. W. Cain and J. Paul Price, all from District No. 1. The evening was spent with Dr. Scott who is also Chairman of the TAOP&S Hospitals and Insurance Committee, discussing committee activities.

The executive secretary was not able to sit in on much of the Seminar program as he was kept extremely busy conferring with members of the profession and committee chairmen over mat-

ters of vital importance to the profession.

At Noon, December 1st, the executive secretary took AOA president-elect Dr. Charles H. Sauter II to lunch at the Golden Pheasant where they had better than a two-hour conference discussing matters pertaining to association activities at the national and state levels.

That evening he and Dr. H. William Guinand, the AOA Hospital Inspector, attended the formal dedication of the beautiful new Stevens Park Osteopathic Hospital in Dallas. Following the ceremony he had dinner with Dr. Guinand and other invited guests at Town & Country.

The morning of December 2nd was devoted almost entirely to conferences with President Dr. G. W. Tompson and other officials and committee chairmen regarding the midyear meeting of the Board of Trustees which went into session at 2 p.m. Saturday, December 2nd and lasted through until Sunday, December 3rd.

The executive secretary was indeed taken by surprise during the Board meeting on Saturday when just before dinner he was presented with a very useful award, handsomely engraved: "Compliments of the Live Oak Ranch." Those who do not know the history of this presentation should surely get it from someone. The executive secretary carries the award in the back of his car at all times, primarily for protection. However if anyone has any need for it, for the purpose it was presented, he will be happy to lend it to them for a small fee. If it works, the fee will be increased considerably.

Following the Board meeting the executive secretary enjoyed a nice rest, compliments of the Baker Hotel and returned to his office on Monday to immediately prepare the minutes of the Board of Trustees for early distribution.

On Tuesday, December 5, the executive secretary met Dr. Guinand at the airport and they went to the Elm Street Hospital in Denton. They were entertained at lunch by Drs. Robert H. Nobles and Marvin McDonald and at 4 p.m. left for Denison. After driving through rain for some two hours, they checked into a motel in Denison, had a wonderful dinner and retired for a good night's rest.

Early the next morning, December 6th, they were surprised to see in the motel dining room Dr. J. Ralph Cunningham of Houston, a member of the TAOP&S Board of Trustees, and his wife and sister. They were just returning home from a trip to Kansas and Missouri where they had been called to the bedside of Dr. Cunningham's sister who was ill.

At 8:15 a.m. the executive secretary and Dr. Guinand were at the Denison Hospital where they remained until 1 p.m. Dr. Stephen Kubala entertained the executive secretary, Dr. Guinand, Dr. Marion A. Groff, Jr., and Dr. Ward Huetson at a wonderful lunch. A staff meeting was held at this time and many matters of interest were discussed.

At 2:30 p.m. the executive secretary and Dr. Guinand left Denison—destination—Marcom Hospital in Wolfe City. Enroute they stopped at the S. B. Allen Memorial Hospital in Bonham but could not stay long enough to see the doctors. They arrived at the Marcom Hospital at 4 p.m. and started work immediately. At 7:30 p.m. they were through and had dinner at the "Marcom Hotel." What a hotel! There aren't many women in the world who can turn their home into a top-flight hotel on short notice and be as gracious as Mrs. Marcom was. She had 18 people for dinner—wonderful t-bone steaks for each and every one.

The executive secretary and Dr. Guinand insisted on leaving at 10:30 p.m. although they were urged to spend the night, because they recognized that if they stayed Dr. Marcom would stay

up half the night and would then get up to see them off at 6 a.m. which would not be good for his health. So they slipped away and proceeded to Commerce where they spent the night in a nice tourist court.

The following morning, December 7th, they were up at 6 a.m. and returned to Wolfe City. At 8:30 a.m. they were on the job with Dr. Selden E. Smith at Wolfe City Hospital. They left there at 12:30 p.m. and made a fast drive to Dallas arriving there in time for Dr. Guinand to catch an early plane to Tuscon. The executive secretary remained in Dallas overnight for a good night's rest.

On Friday, December 8, he visited the Blue Cross offices for some two hours and then attended the Texas Osteopathic - Insurance Liaison (TOIL) Committee meeting. At 11 a.m. he met with Dr. G. W. Tompson, President of the TAOP&S and Mr. Lee Davis of Houston, President-Elect of the Texas Osteopathic Hospital Association, at the Sheraton Hotel for a one-hour conference regarding the combined program of the State Welfare Department and Blue Cross in making plans to disseminate information regarding the new insurance program for recipients of welfare assistance.

At 12 Noon the TOIL meeting went into session with all members present. It was a most interesting open meeting and several high officials from major insurance companies were present.

The executive secretary returned home that evening and spent Saturday and Sunday mornings at his desk in the state office.

At 2:30 p.m. Sunday, December 10, the executive secretary left for Dallas to meet Dr. Guinand who was due to arrive from Tuscon at 4:30 p.m. Upon his arrival at the airport, the executive secretary was paged by American Airlines and informed that Dr. Guinand had missed the plane and would arrive on the 10:40 flight that evening. With nothing to do, he had dinner at A Little Bit of Italy and then returned to the Admirals Club at the airport where he made a nuisance of himself until it closed at 10 p.m. He then learned that the 10:40 plan had been delayed and would not arrive until Midnight. So he loafed at the airport until it finally arrived and then he and Dr. Guinand were off by car for Athens, Texas where they had made motel reservations in advance.

They arrived in Athens at 2 a.m. weary and exhausted after traveling through sleet, fog and ice-warnings on every bridge. It was a foolish drive but a lucky one for at 8 a.m. that morning (December 11) the fog was so thick you couldn't cut it. Had they waited until that morning to leave for Athens, they would not have arrived until late in the day. Following a delicious breakfast they visited the Wolfe-Du-

phorne Hospital and had a very busy morning at that institution. At 1 p.m. they were taken to lunch by Drs. Albert M. Duphorne, Dan A. Wolfe and Robert E. Slye.

They completed their work in Athens at 2 p.m. and the executive secretary took time out to visit the grave of his old friend, Sid Richardson, and then they proceeded to Tyler, stopping first at Brownsboro to say hello to Dr. and Mrs. Charles C. Rahm.

They arrived in Tyler about 3:45 p.m. and went immediately to work at the Coats-Brown Hospital. At 7 p.m. they were entertained at a lovely dinner at the Tyler Club as the guests of Drs. Joseph G. Brown, Brady K. Fleming and C. Bowden Beaty. They enjoyed a wonderful evening.

At 8 a.m. the following morning they were back at the Coats-Brown Hospital and by 10:30 a.m. had completed their work and left immediately for Mt. Pleasant.

At 11:45 a.m. December 12, the executive secretary and Dr. Guinand were at the Mt. Pleasant Hospital to begin their work there. They had an enjoyable luncheon with Dr. G. W. Taylor following which they resumed their duties at the hospital and at 6 P.M. met with Drs. Garry W. Taylor, John S. Kennedy and Murrell L. Cline.

At 6:30 p.m. the executive secretary and Dr. Guinand were taken to Dr. Taylor's farm immediately out of Mt. Pleasant where they viewed his wonderful short-horn prize cattle and incidentally, one $100,000 bull. Some bull! Dr. Taylor and his associates have some very beautiful cattle. Later, they enjoyed a wonderful dinner with Dr. Taylor at the hotel and then the executive secretary and Dr. Guinand returned to their tourist court for a good night's sleep.

At 8 a.m. Wednesday, December 13, the executive secretary and Dr. Guinand were at the Currey Hospital. After four hours work they were entertained at luncheon in the hospital by Dr. Currey. It was the type lunch the executive secretary always enjoys, particularly the turnip greens and corn bread. It is well worth a 150 mile drive to get this kind of lunch and the executive secretary hopes to return soon for more of the same.

At 1 p.m. the executive secretary and Dr. Guinand proceeded to Talco where they spent the afternoon at the Talco Hospital with Dr. Ellis F. Miller. From there they drove to Dallas where they immediately went to bed. The following morning Dr. Guinand left for Tuscon and the executive secretary returned to the office in Fort Worth.

From December 14 until Christmas Eve, the executive secretary was kept busy with office procedures, with the exception of Tuesday night, December 19 when he acted as moderator in Dallas for the Blue Cross-State Department of Welfare Interpretation Program. On this same day he visited at the Hurst General Hospital, visited Dr. Joseph W. Burke's office in Euless but found him out for the day, and then visited the Dallas Osteopathic Hospital. He was the dinner guest of Mr. H. G. Mann, Administrator of the Dallas Osteopathic Hospital. In addition, he had conferences with Drs. Walters Russell, Ralph M. Connell and Lester T. Cannon.

On Wednesday, December 20 the executive secretary moderated a similar type meeting in Fort Worth.

A number of things of unusual interest to the profession took place in the State Office during that week:

Mr. Lee Gallagher of the Murray Agency, accompanied by a representative of Continental Casualty Co., visited the office to discuss at length with the executive secretary our Association's group hospitalization plan. Even since the rate increase, the loss ratio was 172% not including any commissions. Therefore each policy holder will re-

ceive a notice January 1st advising that the group program will be cancelled within 60 days or at the earliest premium date, whichever date is first. Mr. Galligher has gone East to attempt to get another program to replace this. However, no program of this character can possibly succeed without the full cooperation of the doctors and hospitals and the realization that any program of this type will die if it is milked to death.

The executive secretary was happy to be visited by Mr. Jim Andrews of Reserve Life Insurance Company and his assistant. He was entertained by them at lunch and then presented with a Christmas present—a beautiful fruit cake and spirits to wash it down. This was much appreciated by the executive secretary as Reserve Life has had no complaints during the past year regarding claims filed by our doctors and hospitals, nor have we had any complaints against Reserve Life.

The executive secretary was also visited by representatives of Mr. C. G. Brown, Vice-President and Director of Claims, American Casualty and Life Insurance Company, who came by to also wish the executive secretary and the Association Christmas Cheer.

In addition, the executive secretary interviewed two prospective students for our colleges.

Then Mr. F. H. Lowe of Dallas, district manager of the Eli Lilly Co., visited the executive secretary in the office, took him to lunch and informed him that in lieu of a booth at our 1962 convention the company would like to underwrite our convention program to the tune of $250.00. The executive secretary certainly accepted the offer. Our Association and its members should be most appreciative of this, particularly that Eli Lilly recognizes that postgraduate education is the greatest need for any doctor.

The Christmas holidays were good to the executive secretary. He attended a few open-house parties and the party for the employed staff of the Fort Worth Osteopathic Hospital and he enjoyed a delicious Christmas dinner at the hospital.

On December 26, he left for Houston to meet Dr. G. W. Tompson, our state association president. Early the next morning, following a good night's rest, he and Dr. Tompson left by plane for Corpus Christi, Texas arriving there at Noon. Following lunch they went directly to the Corpus Christi Osteopathic Hospital to attempt to give the officers and staff of the hospital some information of vital importance to them. In addition to this, they contacted the Sid Murray Agency regarding the cancellation of our group hospitalization plan. Mr. Murray advised he is doing everything in his power to get our group a new insurance carrier.

Regarding the cancellation of our

tain that no insurance company can carry a group at a distinct loss. Continual abuse of this type of plan, by the policyholders, will only cause another plan to fail. We must take note of the following fact—With 228 members and employees insured, we find that 79 of the 228 policies were issued to employees of individual members of the Association. 149 policies were issued to members and their dependents. Between March 1, 1961 and December 22, 1961, Continental Casualty Insurance Company paid out a total of $38,685.79. It is interesting to note that 34 employees and dependents were paid $19,236.92 of this and 48 members and their dependents were paid $19,448.87. Please note that 50% of the claims were paid to employees and dependents who represented about 1/3 of those insured. It is therefore obvious that the employee group has had a greater loss ratio than the doctors and their dependents, which makes us wonder if our doctors have not been a little careless in their hospitalization of some of these employees. It also makes us wonder whether, in a new plan, we should consider taking employees into the group. The overall loss ratio was 172% and it is clear that no company can continue business with such a loss ratio.

The executive secretary and Dr. Tompson returned to Houston and the executive secretary spent Friday, December 29, visiting in the Blue Cross Offices in Houston, Houston General Hospital, Tavel Clinic and Hospital and Houston Osteopathic Hospital.

On Saturday, December 30, he was in contact with our attorneys in Houston over matters which will come up for discussion at his January meeting in California with the American Physicians' Defense Bureau. He returned to Fort Worth New Years Day, January 1, 1962 for a busy week in the office before leaving for California.

See you next month!

Exhibitors Annual Convention

Hotel Texas, Fort Worth, Texas
May 3, 4, 5, 1962

	BOOTH
Warren-Teed Products Co.	1
Savage Laboratories, Inc.	2
Dome Chemicals, Inc.	3
Pfizer Laboratories	4
Lanpar Company	5
Roche Laboratories	6
U. S. Vitamin & Pharmaceutical Corp.	7
Inland Pharmacal Company	8
The Spinalator Company	9
Dorsey Laboratories	10
Mead-Johnson Laboratories	11
Sid Murray "Pays in a Hurry"	12
Merck, Sharp & Dohme	13
Mission Pharmacal Co.	14
J. A. Majors Company	16
Professional Foods	17
Stanley Supply Co.	18
The William A. Webster Co.	19
Testagar & Co., Inc.	20
Riker Laboratories, Inc.	21
A. H. Robins Company, Inc.	26
Smith, Kline & French Laboratories	27
Owen Laboratories, Division	28
E. Fougera and Company, Inc.	29
Emerson Laboratories	30
Medco Products Co., Inc.	31
The National Drug Co.	32
Ciba Pharmaceutical Products, Inc.	33
Kay Pharmacal Company	34
Merit Pharmaceutical Company, Inc.	35
Baker Laboratories, Inc.	36
Smith, Miller & Patch	37
A. S. Aloe Company	38
X-Ray Sales and Service	39
The Cary-Taylor Company	40

Answers to "Test Yourself" Questions On Page 13

1)—c	6)—a
2)—a	7)—b
3)—a	8)—a
4)—c	9)—c
5)—b	10)—b

Consultants' Corner

If you would like the answer to a challenging question, submit your question to CONSULTANTS' CORNER, Texas Journal, 512 Bailey St., Fort Worth 7, Texas. Replies are obtained from qualified consultants in the various fields.

QUESTION: *What are the causes of post-operative anal stenosis following ano-rectal surgery? What can be done to lessen the occurrence of this complication?*

ANSWER: Causes of post-operative anal stenosis are: removal of all perianal skin during surgery; failure to keep the crypt edges apart after surgery; infections in the crypts causing scar tissue formation; slough from "pooling" of long-acting anesthetic agents; failure to dilate regularly after surgery; and failure to perform pectentomy and posterior sphincterotomy. In addition, the cautery should be kept out of the anal canal. Post-operative use of such enzymatic substances as Chymoral (tabs i q.i.d.) helps to prevent stenosis by reducing edema in the perianal tissues.

R.B.B.

QUESTION: *What is the most efficacious treatment of endometriosis of the bladder with severe urinary complaints during and following menstruation?*

ANSWER: Endometriosis of the bladder was first described by Judd in 1921. The motive of transmission is somewhat disputed. Some believe the invasion of the bladder is by direct extension, others by the way of the lymphatics and blood vessels.

Diagnosis is usually established by recognition of cyclical episodes of painful urination, urgency, frequency and hematuria and other symptoms of pelvic endomeotriosis. Cystoscopic appearance is not that of tumor, but of a slightly elevated bluish cystic area that is covered by vesical mucosa.

The treatment is principally a gynecological problem often requiring castration. Segmental resection of the involved portion of the bladder usually controls the vesical complication if castration is not feasible.

A.A.C.

Postgraduate Seminar

The sixth annual Postgraduate Seminar, under the auspices of the Texas State Department of Health and the Texas Association of Osteopathic Physicians and Surgeons was held December 1-2, 1961 at the Baker Hotel, Dallas, Texas.

These seminars are held annually in the interest of keeping all licensed physicians in the state currently informed with new developments in diagnosis and therapy. Therefore attendance is not limited to members of any society. The program is available to all practicing D.O.'s in the state.

This program was conceived by the Texas Association of Osteopathic Physicians and Surgeons and through its efforts succeeded in having the program sponsored by the State Department of Health. The program is arranged by the osteopathic member of the Texas State Board of Health, Dr. Elmer C. Baum of Austin.

This year's Seminar was outstanding and the program unique. 174 members of the TAOP&S attended plus 7 out of state physicians and 8 Texas physicians who are non-members of the TAOP&S, making a total attendance of 189 Physicians.

Participants in the program and their topics were as follows: The Address of Welcome by Dr. G. W. Tompson of Houston, President of the TAOP&S.

Dr. Charles W. Sauter II, of Gardner, Massachusetts, President-Elect of the American Osteopathic Association, spoke on "Management of Cardiovascular Problems by the Osteopathic General Practitioner," "Office Procedures and Techniques in Physician's Office" and "Management of Neuromuscular Diseases by the General Practitioner."

Dr. Harold L. Bruner, D.O. of Philadelphia, Pennsylvania spoke on "Pulmonary Diseases—(1) Emphysema (2) Bronchial Asthma," "Opisiphylactic Treatment of Allergic Diseases" and "Cardiovascular and Gastrointestinal Allergies."

Dr. H. Miles Snyder of Detroit, Michigan, appeared on the program twice, his topics being "Recent Advances in Radiological Diagnosis" and "Radiological Diagnosis of Upper Respiratory Tract."

Dr. Nelson D. King of Kirksville, Missouri spoke on "Pediatric Drug Therapy—Office and Home," "The Art and Practice of Pediatrics," and "Doctor Save My Child."

Joseph R. Schaeffer, M.D. of San Antonio, Texas who is Consultant to U.S. Public Health Services and office of civil and defense mobilization, gave the following talks: "Problems Facing the Medical Disciplines in Disaster" and "A New Challenge to the Medical Profession in the Management of Mass Casualties."

Following each session there was a 30-minute question and answer period which added much to the program.

The following physicians were in attendance:

ALVARADO, TEXAS
John F. Falk, D.O.

AMARILLO, TEXAS
J. Francis Brown, D.O.
Ersal W. Cain, D.O.
Maurice D. Mann, D.O.
Ben W. Rodamar, D.O.
Glenn R. Scott, D.O.

ARLINGTON, TEXAS
Armin L. Karbach, D.O.

ATHENS, TEXAS
Dan A. Wolfe, D.O.

AUSTIN, TEXAS
Elmer C. Baum, D.O.
John B. Donovan, D.O.
Ralph E. Farnsworth, D.O.
Katherine G. Paterson, D.O.

BRIDGE CITY, TEXAS
Jack E. Barnett, D.O.

BROWNSBORO, TEXAS
Charles C. Rahm, D.O.

CANTON, TEXAS
John S. Turner, D.O.

CELINA, TEXAS
Mark W. Graham, D.O.

CHICO, TEXAS
Dan B. Whitehead, D.O.

CORPUS CHRISTI, TEXAS
Dwight H. Hause, D.O.
Fred E. Logan, D.O.

CROSS PLAINS, TEXAS
Carl J. Sohns, D.O.

CUERO, TEXAS
Richard L. Stratton, D.O.

DALLAS, TEXAS
Nelson W. Alexander, D.O.
Elmer G. Beckstrom, D.O.
Harriett P. Beckstrom, D.O.
Hugh L. Betzner, D.O.
Edward C. Brann, D.O.
Charles R. Buell, D.O.
John H. Burnett, D.O.
Julius C. Calabria, D.O.
S. J. Candas, D.O.
Lester T. Cannon, D.O.
Ross M. Carmichael, D.O.
Herbert L. Chambers, D.O.
Ralph M. Connell, D.O.
Joseph F. DePetris, D.O.
Raymond N. Dott, D.O.
Joseph M. Dubin, D.O.
Roy L. Fischer, D.O.
Franklin F. Freeland, D.O.
Milton V. Gafney, D.O.
John H. Harakal, D.O.
Willard N. Hesse, D.O.
Samuel P. Jones, D.O.
Stevon S. Kebabjian, D.O.
George Kotsch, D.O.
Arthur W. Kratz, D.O.
Joseph L. LaManna, D.O.
Mary Lou Logan, D.O.
Laura A. Lowell, D.O.
Robert F. Lutz, D.O.
Ralph I. McRae, D.O.
Roman J. Madziar, D.O.
Dante E. Marinelli, D.O.
Myra S. Michael, D.O.
George E. Miller, D.O.
Robert E. Morgan, D.O.
Charles D. Ogilvie, D.O.
Hartley Polasky, D.O.
Marille E. Sparks, D.O.
Samuel F. Sparks, D.O.
Paul A. Stern, D.O.
L. L. Sullivan, D.O.
William H. Van de Grift, D.O.
William S. Walters, D.O.
Martha V. Winkler, D.O.
A. Roland Young, D.O.
Edward J. Yurkon, D.O.
Peggy Yurkon, D.O.

DAROUZETT, TEXAS
Alfred A. Redwine, D.O.

DENISON, TEXAS
Stephen F. Kubala, D.O.

DENTON, TEXAS
Robert H. Nobles, D.O.
Henry E. Roberts, D.O.

DUMAS, TEXAS
J. Paul Price, Jr., D.O.

EL PASO, TEXAS
Michael A. Calabrese, D.O.
Mickie G. Holcomb, D.O.

FLATONIA, TEXAS
Robert L. Morehead, D.O.

FORT WORTH, TEXAS
L. G. Ballard, D.O.
Henry H. Beck, D.O.
Robert B. Beyer, D.O.
Richard W. Briscoe, D.O.
Howard G. Buxton, D.O.
Catherine K. Carlton, D.O.
Elbert P. Carlton, D.O.
Bradford E. Cobb, D.O.
Edgar D. Conrad, D.O.
Clifford E. Dickey, D.O.
Virginia P. Ellis, D.O.
Raymond D. Fisher, D.O.
Jack H. Gramer, D.O.
Melvin E. Johnson, D.O.
John C. Kemplin, D.O.
Edward LaCroix, D.O.
James R. Leach, D.O.
George J. Luibel, D.O.
Patrick Martin, D.O.
Jeron W. Meeks, D.O.
Marvin S. Miller, D.O.
Phil R. Russell, D.O.
Ernest J. Sachse, D.O.
Kenneth G. White, D.O.

GALENA PARK, TEXAS
James T. Lyons, D.O.

GALVESTON, TEXAS
Gilbert S. Rogers, D.O.

GRAND PRAIRIE, TEXAS
John J. Cegelski, D.O.
Neil L. Griswold, D.O.
Charles L. Perry, D.O.
Albert L. Plattner, D.O.
Emil P. Plattner, D.O.
Herman H. Plattner, D.O.

GRAPEVINE, TEXAS
James H. Miles, D.O.

HAPPY, TEXAS
Glen L. Robinson, D.O.

HONEY GROVE, TEXAS
David D. Matthews, D.O.

HOUSTON, TEXAS
William H. Badger, D.O.
Richard O. Brennan, D.O.
George G. Clark, D.O.
Jess J. Diaz, D.O.
Edward S. Gardiner, D.O.
Harry M. Grice, D.O.
Clifford W. Hammond, Jr., D.O.
George H. Johnson, D.O.
Edward P. Kehoe, D.O.
Robert P. Kelley, D.O.
Gordon A. McClimans, D.O.
Frank A. McLamb, D.O.
Opal L. Robinson, D.O.
Esther M. Roehr, D.O.
Loren R. Rohr, D.O.
Steve Semeniuk, D.O.
Jerry W. Smith, D.O.
G. W. Tompson, D.O.
Paul E. Trawick, D.O.
H. Murphy Webb, D.O.

INGLESIDE, TEXAS
Gladys Hahn Auten, D.O.
John M. Auten, D.O.

KERRVILLE, TEXAS
William E. Gorrell, D.O.

LADONIA, TEXAS
Gordon A. Marcom, D.O.

LaPORTE, TEXAS
Nelson E. Dunn, D.O.

LEONARD, TEXAS
Robert D. Van Schoick, D.O.

LINDALE, TEXAS
Earl C. Kinzie, D.O.

LOUISE, TEXAS
John H. Boyd, D.O.

LUBBOCK, TEXAS
Harlan O. L. Wright, D.O.

McLEAN, TEXAS
Joe Suderman, D.O.

MESQUITE, TEXAS
Randolph R. Gillum, D.O.
Robert L. Lambert, D.O.
Robert L. Moore, D.O.
Leonard C. Nystrom, D.O.
T. Robert Sharp, D.O.
Winton L. Welsh, D.O.

MIAMI, TEXAS
S. J. Montgomery, D.O.

MIDLAND, TEXAS
B. B. Jaggers, D.O.

MINEOLA, TEXAS
J. Warren McCorkle, D.O.

NEW BRAUNFELS, TEXAS
Marvin P. Ollom, D.O.

NIXON, TEXAS
Wilfred G. Millington, D.O.

ODESSA, TEXAS
Norman B. Leopold, D.O.
V. Mae Leopold, D.O.

PORT ARTHUR, TEXAS
John R. Ruffle, D.O.

PORT NECHES, TEXAS
John B. Eitel, D.O.

QUITMAN, TEXAS
Burr Lacey, D.O.

RICHARDSON, TEXAS
Frank J. Bradley, D.O.
Ted E. Zachary, D.O.

SAN ANGELO, TEXAS
Wiley B. Rountree, D.O.

SAN ANTONIO, TEXAS
F. Marion Crawford, D.O.
Hal H. Edwards, Jr., D.O.
Leland L. Lindblom, D.O.
Waldemar D. Schaefer, D.O.

SAN DIEGO, TEXAS
Emmet E. Dunlap, D.O.

SEAGOVILLE, TEXAS
Kenneth D. Lange, D.O.

TEXARKANA, TEXAS
A. Ross McKinney, D.O.

TROUP, TEXAS
Carl F. List, D.O.

TYLER, TEXAS
Brady K. Fleming, D.O.
Lester D. Lynch, D.O.
Kenneth E. Ross, D.O.

WHITEHOUSE, TEXAS
William H. Clark, D.O.

WICHITA FALLS, TEXAS
R. H. Peterson, D.O.

WOLFE CITY, TEXAS
Selden E. Smith, D.O.

OUT OF STATE
H. L. Bruner, D.O., Philadelphia, Pennsylvania
Ernest C. Conrad, D.O., Antlers, Oklahoma
Nelson D. King, D.O., Kirksville, Missouri
Paul W. Lecky, D.O., El Dorado, Arkansas
J. M. Peach, D.O., Kansas City, Missouri
Charles W. Sauter, D.O., Gardner, Massachusetts
H. Miles Snyder, D.O., Detroit, Michigan

NON MEMBERS
Maylon C. Atkins, D.O.
Vernon C. Bassett, D.O.
Joseph P. Conti, D.O.
Louis H. Logan, D.O.
Celia M. McDowell, D.O.
Robert W. Norwood, D.O.
Alice Riley, D.O.
Justin Usher Smith, D.O.

THANKS!

The Texas Association of Osteopathic Physicians and Surgeons, Texas Osteopathic Hospital Association, State Department of Welfare, and Blue Cross-Blue Shield of Texas extend their thanks and appreciation to the doctors and hospital representatives for their cooperation in attending the special called meetings in Houston, El Paso, Dallas and Fort Worth. The meetings were called for the purpose of clarifying the new program, Hospitalization Medical and Surgical Program for Recipients of Old Age Assistance, that every hospital and doctor might understand this new and worthy program which went into effect January 1, 1962.

The success or failure of this program depends entirely upon the cooperation of the hospitals, doctors, Blue Cross and the State Department of Health.

The following is a list of the hospitals represented at these meetings and the doctors in attendance:

HOUSTON MEETING

Shamrock-Hilton Hotel
December 18, 1961

ARANSAS HOSPITAL (Aransas Pass)
W. N. Tinnerman, D.O.
John Gilmore, Administrator

BELLEVUE HOSPITAL & CLINIC (Houston)
Richard O. Brennan, D.O.

COMMUNITY HOSPITAL, INC. (Houston)
G. W. Tompson, D.O.
Lee Davis, Administrator
Eula M. Hales
Kay Howard
Audrey Moffett

CORPUS CHRISTI OSTEOPATHIC HOSPITAL (Corpus Christi)
Fred E. Logan, D.O.
Dave Gassit, Administrator

CREWS HOSPITAL (Gonzales)
Sidney L. Gustafson, Administrator

DOCTORS HOSPITAL (Groves)
B. P. Bearden, Administrator
Lorraine Marks

DOCTORS HOSPITAL (Houston)
J. H. Kritzler, D.O.
Donald F. McKay, D.O.
Hal H. Coker, Administrator
Elaine Henderson
Lottie Lyles
Melva Payne
Pearl Stevens
John D. Jones
Marguerite Henning
Mrs. B. Wilson
Ruth Edwards

HOUSTON GENERAL HOSPITAL (Houston)
Grover Stukey, D.O.
M. Stukey
Jane Mills
Eunice Vosburg
Melba Gutierrey

HOUSTON OSTEOPATHIC HOSPITAL (Houston)
Donald C. Young, D.O.
W. K. Rhinesmith, Administrator

SAN ANTONIO OSTEOPATHIC HOSPITAL (San Antonio)
Gordon S. Beckwith, D.O.
Everett W. Wilson, D.O., Administrator

TAVEL CLINIC & HOSPITAL (Houston)
Lester I. Tavel, D.O.
Agnes Nelson
LaVaughan Daniel

YALE HOSPITAL (Houston)
A. W. Vila, D.O.
Joyce A. Steinback
Jo Anne Miller

DALLAS MEETING

Statler Hilton Hotel
December 19, 1961

BIG SANDY CLINIC & HOSPITAL (Big Sandy)
Henry Hensley, D.O.
E. W. Locke, Administrator

DALLAS OSTEOPATHIC HOSPITAL (Dallas)
H. G. Mann, Administrator
Jack Johnson

DENISON HOSPITAL & CLINIC (Denison)
Stephen F. Kubala, D.O.
Paul W. Hoffman

EAST TOWN OSTEOPATHIC HOSPITAL (Dallas)
Samuel F. Sparks, D.O.
Marille E. Sparks, D.O., Administrator
Grace D. Harris

FLORENCE HOSPITAL (Florence)
A. W. Johnson, D.O.
Nan Johnson
Mrs. Morris C. Price
Mrs. Polly Priest

MARCOM OSTEOPATHIC HOSPITAL (Ladonia)
Gordon A. Marcom, D.O.
Mary Hayes, Business Manager
Theona Cantrell

MINEOLA GENERAL HOSPITAL (Mineola)
J. Warren McCorkle, D.O.

MT. PLEASANT HOSPITAL & CLINIC (Mt. Pleasant)
G. W. Taylor D.O.
Mrs. Nelda Dale, Business Mgr.

PLATTNER HOSPITAL (Grand Prairie)
Albert Plattner, D.O.
Emil P. Plattner, D.O.

REED MEMORIAL HOSPITAL (Cooper)
Dean E. Wintermute, D.O.
Mrs. Dean E. Wintermute
Eloise Longley, Administrator

STEVENS PARK OSTEOPATHIC HOSPITAL (Dallas)
Hyman Kahn, D.O.
J. D. Weatherly, Administrator
Pat Whitwell

WOLFE CITY HOSPITAL (Wolfe City)
Selden E. Smith, D.O.

WOLFE-DUPHORNE HOSPITAL (Athens)
A. M. Duphorne, D.O.
Essie Mae Fryer, Insurance Clerk

FORT WORTH MEETING

Hotel Texas
December 20, 1961

ALLEN MEMORIAL HOSPITAL (Bonham)
Jack R. Vinson, D.O.
Virginia Chaney

AMARILLO OSTEOPATHIC HOSPITAL (Amarillo)
E. W. Cain, D.O.
W. L. Davis, Jr., Administrator

COMANCHE HOSPITAL, INC. (Comanche)
W. D. Blackwood, D.O.
Virginia Turner, Administrator

ELM STREET HOSPITAL & CLINIC (Denton)
Robert H. Nobles, D.O.
Mary B. Ellis, Business Manager

FORT WORTH OSTEOPATHIC HOSPITAL (Ft. Worth)
John F. Falk, D.O.
Jane Siniard, R. N., Administrator
Emma Bennett
Chris Burns
Mary Hinerman
Ann Jones
Thelma Prater

GROOM MEMORIAL HOSPITAL (Groom)
James B. King, Assistant Administrator

HURST GENERAL HOSPITAL (Hurst)
V. L. Jennings, D.O.
Walter J. Dolbee, Jr., Administrator

LAKE WORTH OSTEOPATHIC HOSPITAL (Ft. Worth)
H. B. Stilwell, D.O.
J. E. Kirkpatrick, Administrator

LUBBOCK OSTEOPATHIC HOSPITAL (Lubbock)
E. S. Davidson, D.O.
Lee Baker, Administrator

MEMORIAL OSTEOPATHIC HOSPITAL (Comanche)
C. B. Wright, D.O.
Gwen B. Moore, Insurance Clerk

MEMORIAL HOSPITAL (Morton)
Mrs. Homer Thompson

MID-CITIES MEMORIAL HOSPITAL (Grand Prairie)
J. Natcher Stewart, D.O.
Harriette M. Stewart, D.O., Administrator
Margaret La Cour
Juanice Lee

PHYSICIANS HOSPITAL & CLINIC (Stanton)
Leland B. Nelson, D.O.
Mrs. Bobbie Snodgrass, Administrator
Mrs. Nancy Baugh

PORTER CLINIC & HOSPITAL (Lubbock)
Harlan O. L. Wright, D.O.
W. R. Dorsey

RISING STAR HOSPITAL (Rising Star)
A. D. Schmitt, D.O., Administrator
Wanda Smith
Ollie Winfrey

WHITE SETTLEMENT HOSPITAL (Fort Worth)
Joe W. Rhoades, D.O.

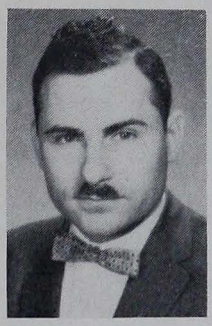
EL PASO MEETING

Hotel Paso del Norte
December 20, 1961

DELGADO GREEN CROSS HOSPITAL (El Paso)
Roger R. Delgado, D.O.
Daniel Leong
Hospital Insurance Clerk

TIGUA GENERAL HOSPITAL (El Paso)
Mr. John Holcomb, Business Manager

Case Report: Endometriosis of Appendix With Neurologic Symptoms



DEAN E. WINTERMUTE, D.O.*
Cooper, Texas

The patient, a single white female, aged 16 years, entered the office with a chief complaint of numbness and paresthesia of the lower left extremity. The patient had been similarly affected intermittantly during the past four months. The condition was only present during menstruation and perhaps one day prior to the initiation of the menstrual flow. No other symptoms were present. Other history was satisfactory and thought to be non-contributory.

Menarche occurred at age 9; her periods had been regular, and only slight pain was present. The patient had a 28-29 day cycle with menses lasting 4-6 days. No alteration in menses had occurred at the time of examination.

Upon physical examination the patient was found to weigh 116 lbs. No abnormalities were noted except for the following: the lower left extremity exhibited decreased sensation to both light and deep pressure as well as to dull and sharp stimuli. The loss of sensation was more pronounced over the dorsum of the foot with almost complete anesthesia being present. There was some tenderness upon palpation over the lower left abdominal quadrant and slight pain upon deep pressure over McBurney's point. Rectal examination revealed the uterus to be of normal size but displaced to the left of the midline about 1-2 cm. The uterus exhibited moderate restriction to passive motion. The adnexae were not palpable.

Urinalysis was negative. Blood count revealed a normal hemogram.

The patient was re-evaluated two weeks later, and the above findings were essentially unchanged, except that normal sensation had returned to the lower left extremity.

Intravenous pyelography and barium contrast study of the colon failed to

*Attending physician, Reed Memorial Hospital.

reveal any abnormality. No extrinsic encroachment on any of the intestinal or urinary structures was noted.

An exploratory laporotomy was elected after surgical consultation. The preoperative diagnosis was: (1) possible left ovarian cyst; (2) unknown abnormality.

A midline infraumbilical incision was made, and laparotomy was carried out. The omentum was located primarily in the lower right quadrant. An elongated and enlarged vermiform appendix was located under a mass of omentum in the inferior portion of the lower right quadrant and was removed. A small Hydatid of Morgagni was located on the left Fallopian tube and was removed. After removal of the appendix the uterus returned to the midline and appeared to be in a normal position. No further abnormalities were found, and the abdomen was closed.

Pathological examination revealed the following findings: Usual type Hydatid of Morgagni, 15 mm in diameter. The appendix was 65 mm in length and 8-10 mm in diameter. The surface was smooth and gray-white in color. The lumen was patent and contained soft greenish fecal material. Microscopic examination revealed the lumen of the appendix to contain amorphous material and focal collections of acute inflammatory cells. The wall was of average thickness. The serosal surface contained *endometrial implants.* A generalized inflammatory infiltrate was not identified.

Pathologic diagnosis:

Endometriosis of Appendix

Focal Acute Appendicitis

Hydatid of Morgagni

The patient made an uneventful postoperative recovery. A great deal of consideration was given to the advisability of instituting progesterone therapy. Since the extent of pelvic and abdominal endometriosis was unknown, although no other such lesions had been observed at surgery, it was decided to observe her carefully for several months. The patient has been observed since surgery on 6/12/60 and she has had normal menses with no recurrence of the symptoms to date.

This case is unusual in respect to the presenting symptoms, location of involvement and subsequent recovery.

201 S.E. First St.

Hospital Shelter Planned

From THE DALLAS TIMES HERALD, December 7, 1961, Front Page.

East Town Osteopathic Hospital will have the first underground hospital fallout shelter in Dallas, The Times Herald learned Thursday.

Dr. Marrille E. Sparks, East Town administrator, said the sturdy, underground facilities will be completed "within 75 days." Excavation was under way this week for the shelter which will house 200 people "comfortably for two weeks under the most trying of nuclear-bomb conditions."

The hospital is expected to begin construction of a new above-ground wing within 90 days, at a cost of nearly $1 million. East Town will then rank as a major general hospital in the North Texas area with 130 beds.

Dr. Sparks said a 25-foot-long tunnel will connect the shelter with the ground floor of the new 34,000-square-foot wing.

East Town is at 7525 Scyene. The site of the shelter is in the side of a hill directly b e h i n d the hospital

The shelter roof is expected to contain a solid inch of concrete and be four inches below ground level. Dr. Sparks said ventilation, a water tank, food and medicines—"enough to house 200 people for two weeks, cut off from the rest of the world"—will be installed this winter.

American Osteopathic Association

Office of
CARL E. MORRISON, D.O.
Chairman: Council on Federal Health Programs
1757 K. Street, N.W.
Washington, D. C.

November 7, 1961

Washington News Letters

Reservists In Osteopathic Colleges Get Deferment

The recently inaugurated call-up of Reservists immediately began to take its toll of students at medical, dental and osteopathic colleges. PCO has 16 students in the Active Reserve and 48 students in the Inactive Reserve. It is believed the other schools are similarly situated. Two osteopathic students were put on Active duty by the Army and one by the Air Force, and several others received orders to report. It was our contention that the public interest would best be served by deferring these students. On October 30, 1961 the Army sent the following official communication to its several commands: *"Unclassified Message DA 578893* — Reservists who are students in recognized schools of osteopathy may be granted delays in entering on involuntary active duty under the provisions of 5b AR 601-25. Reservists in this category who have entered on active duty may be released if the school they are attending at the time of involuntary entry on active duty will accept them for re-entry subsequent to release. A statement to this effect from a school official must accompany the request for release. Authority for release from active duty will be this message and paragraph 2 AR 635-205, SPN 21."

The Air Force is following a similar policy. We know of no Naval Reservists in our colleges.

NDEA

The National Defense Education Act was extended for another two years by Public Law 87-344, approved October 3, 1961. This is the program under which the Federal government puts up nine parts and the college puts up one part of the loan to college students. Until last year, five of the osteopathic colleges were participating. This year COPS was added.

NIH

Research grants announced by NIH

during the past few months included $61,870 for The Vascular-Neurologic Clinical Research Center at KCOS, J. S. Denslow principal investigator, and $8,537 for Seminal Lipoproteins and Lipolytic Activity, and Cholesterol-Binding Capacity of Sera at COPS, R. L. Searcy principal investigator.

Medical Quackery

At the invitation of the Commissioner of Food and Drugs, George P. Larrick, AOA was represented by Dr. J. S. Denslow at the National Congress on Medical Quackery held in Washington, October 6-7, 1961. Calling upon local and State authorities to exercise their enforcement powers, the Assistant General Counsel for Food and Drugs, William W. Goodrich, said in part: "There are some cases that we have prosecuted which might better have been the concern of licensing boards or other appropriate state authority. I refer to the prosecution of Thomas Guy Brown, M.D., Dumas, Texas, Samuel J. DeFreese, M.D., Monroe, Georgia, and Ezra Leroy Callahan, M.D., De Queen, Arkansas. These physicians were supplying amphetamines for sale through truck stops, outside the scope of their medical practice."

The Chairman of the Federal Trade Commission, Paul Rand Dixon, stressed the need for an amendment to the Federal Trade Commission Act to give the Commission authority to issue temporary orders to cease-and-desist in food, drug and cosmetic cases as well as in all other cases in which it can issue permanent orders. Bills for the purpose are pending in Congress. He referred to the endless flow of new arthritis nostrums to the market, many of which are merely mixtures of aspirin, and products advertised as effective in treatment of baldness, and to a wide variety of allegedly appetite depressant drugs and food supplements for weight reduction.

Federal Aviation Agency

Lowell M. Hardy, D.O., Aviation Medical Examiner of Portland, Maine was among the certified internists attending the FAA sponsored course of lectures by the celebrated cardiologist, Demetrio Sodi-Pallares, Director of the National Institute of Cardiology of Mexico, Mexico City, October 31—November 3, 1961 at Washington, D.C.

FAA is adding to its mailing list to receive current rosters of Aviation Medical Examiners all those State osteopathic associations in which DOs holding AME appointments are located. Other regularly receiving the list printed every other month include: Public Use Airports, State Aviation Officials, Airline Medical Directors, State Medical Societies, County Medical Societies, Approved Airman Agency Flying and Ground Schools, FAA Flight Service Stations, FAA General Aviation District Offices, FAA Air Carrier District Offices, FAA Aircraft Engineering District Offices, CAB Accident Investigators.

Hill-Burton

Hill-Burton allocations to the States

for fiscal year ending June 30, 1962, and the Federal share percentages assigned by the States are shown on the enclosed chart. The funds are provided under the Health, Education and Welfare Appropriation Act, 1961, Public Law 87-290, approved September 22, 1961.

The Hill-Burton program approved from 1946 to date includes: 5,688 projects; 238,946 beds (general—188,029, mental — 16,252, tuberculosis — 7,142, chronic disease—11,109, nursing homes —16,414); 1,596 health units; $4.93 billion total costs; $1.55 billion Federal share; $3.38 billion State and local funds. During the 15 years of the Hill-Burton program, voluntary nonprofit projects have represented 47.1% of all projects and 55.8% of all Federal funds.

December 12, 1961

Selective Service

In mid-September, 1961 AOA President, Dr. Charles L. Naylor, wrote Dr. Frank B. Berry, Deputy Assistant Secretary of Defense (Health and Medical) pledging AOA cooperation for activating appointments of osteopathic graduates in the Medical Corps of the three Military Services. The AOA Council on Federal Health Programs, the profession's official contact with the Government, is in frequent contact with Dr. Berry and others on the subject. The subject is live and progressing.

In view of the critical shortage of osteopathic manpower, certified by the Labor Department in its List of Critical Occupations currently issued as a guide to Selective Service for occupational deferment purposes (Selective Service Operations Bulletin 18), and in view of AOA sponsored legislation enacted in 1956 expressly authorizing use of the professional skills of osteopathic graduates as commissioned medical officers in the three Military Services, it is the practice of Selective Service not to induct osteopathic graduates unless and until the Services make use of their professional services pursuant to the legislation.

This practice of Selective Service is not self-executing. It is applied only where the DO is engaged in fulltime professional activity and where he complies with regular procedural requirements. In order to simplify the latter, applicable procedure is outlined in our enclosed advice entitled, "Practitioners and Selective Service." The advice is based on the Regulations and our experience. Strict adherence is indicated.

Enclosed also are our Selective Service advices relating to osteopathic students, interns and residents.

NEWS OF THE DISTRICTS

DISTRICT TWO

Drs. Frank S. Wheeler and Tom W. Whittle went to Detroit in December to study the methods of the obstetrical department of the Detroit Osteopathic Hospital. This was done so that they might improve their own department.

Congratulations to Phillip, son of Dr. and Mrs. C. Raymond Olson, born December 11.

Beverly Ann, daughter of Dr. and Mrs. John R. Thompson of Fort Worth, was married to Roy Savage on December 16.

Carol LoRaine, daughter of Dr. and Mrs. Charles L. Curry of Fort Worth, was married to Larry Edwin Small on December 29.

VIRGINIA ELLIS, D.O.
Reporter

DISTRICT ~~EIGHT~~ THIRTEEN

District Eight held its December meeting, as a Christmas party, at the home of Dr. and Mrs. Jack Vinson, in Bonham. The wives served a delicious meal and a good time was had by all.

Dr. and Mrs. Goldberg are new to the District. We are certainly glad to have them in Texas, and especially in District ~~Eight~~ Thirteen.

Dr. Dean E. Wintermute, Cooper, has purchased a building and plans to convert it to a modern hospital in the immediate future.

Mrs. G. H. Chambers, Commerce, has been elected auxiliary delegate to the National Convention in January.

GEORGE H. CHAMBERS, D.O.
Reporter

DISTRICT TEN

Dr. Melvin Wisby of Lorenzo, Texas left for Oklahoma City Dec. 18th to undergo ear surgery. Dr. Wisby has always been a valued and respected member of this district and his many friends wish him much success.

Dr. G. G. Porter attended the December meeting of the Texas State Board of Medical Examiners Nov. 28 thru Dec. 2. He reports that 21 D.O.s were granted license by reciprocity at this meeting.

Dr. Harlan Wright reports attending the recent Texas State Board of Health Seminar for D.O.s. He reports one of the best programs ever put on at this Seminar and comments were the same from most of the other doctors.

District Ten had its annual Christmas party on Dec. 15th at the home of Dr. and Mrs. Raymond Mann.

HARLAN O. L. WRIGHT, D.O.
Reporter

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

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Dr. Maurice D. Mann, Amarillo ..... President
Dr. William R. Ballard, Jr., Amarillo ..... President-Elect
Dr. J. Francis Brown, Amarillo ..... Vice-President
Dr. BenW. Rodamar, Amarillo ..... Secretary-Treasurer

DISTRICT 2

Dr. Jack H. Gramer, Fort Worth ..... President
Dr. M. G. Skinner, Fort Worth ..... President-Elect
Dr. William A. Griffith, Fort Worth ..... Vice-President
Dr. C. Raymond Olson, Fort Worth ..... Secretary-Treasurer

DISTRICT 3

Dr. C. Bowden Beaty, Tyler ..... President
Dr. Carl F. List, Troup ..... President-Elect
Dr. Russell B. Bunn, Mt. Enterprise ..... Vice-President
Dr. Henry Hensley, Big Sandy ..... Secretary-Treasurer

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Dr. Ted B. Thompson, Midland ..... President
Dr. F. Leighton Harmon, Stanton ..... Vice-President
Dr. Wiley B. Rountree, San Angelo ..... Secretary-Treasurer

DISTRICT 5

Dr. John H. Burnett, Dallas ..... President
Dr. Robert G. Haman, Irving ..... President-Elect
Dr. Raymond E. Liverman, Duncanville ..... Secretary
Dr. Frank K. Bradley, Richardson ..... Treasurer

DISTRICT 6

Dr. J. Edward Vinn, Houston ..... President
Dr. Robert R. Ling, Galena Park ..... President-Elect
Dr. Robert L. Peters, Jr., Pasadena ..... Secretary
Dr. J. Ralph Cunningham, Houston ..... Treasurer

DISTRICT 7

Dr. Marvin P. Ollom, New Braunfels ..... President
Dr. Joseph L. Love, Austin ..... Vice-President
Dr. Waldemar D. Schaefer, San Antonio ..... Secretary-Treasurer

DISTRICT 8

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Dr. Thomas M. Bailey, Corpus Christi ..... President-Elect
Dr. Thomas M. Rowlett, Jr., Corpus Christi ..... Vice-President
Dr. Dwight H. Hause, Corpus Christi ..... Secretary-Treasurer

DISTRICT 9

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Dr. Melvin L. Wisby, Lorenzo ..... President-Elect
Dr. Roy L. Bobbit, Lubbock ..... Secretary-Treasurer

DISTRICT 11

Dr. Mickie G. Holcomb, El Paso ..... President
Dr. Michael A. Calabrese, El Paso ..... Vice-President
Dr. John E. Holcomb, El Paso ..... Secretary-Treasurer

DISTRICT 12

Dr. Paul D. Siefkes, Groves ..... President
Dr. Ralph C. Merwin, West Orange ..... Secretary-Treasurer

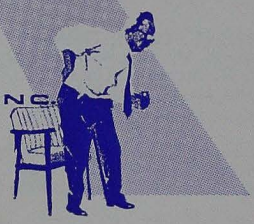
DISTRICT 13

Dr. David D. Matthews, Honey Grove ..... President
Dr. Henry B. Peters, Royse City ..... President-Elect
Dr. Jack R. Vinson, Bonham ..... Secretary
Dr. James E. Fite, Bonham ..... Treasurer

DAY _____ DATE _____

Perisorb for the Pain!

TIME	NAME	CONDITION:
9:00	[illegible] Erickson	Cervical strain
9:30	T[illegible] Martin	Chronic lumbo sacral pain
10:00	Ra[illegible] Butler	Myositis of capsule R. knee
10:30	Har[illegible] Nelson	Chronic muscle spasm of general spine
11:00	Elme[illegible]ff	Back pain
11:30	Ed Dur[illegible]	Torticollis
12:00	P.M.	
1:30	James T[illegible]	Shoulder tension, bilateral
2:00	Allen Jac[illegible]	Arthritis – chronic neck (traumatic)
2:30	Edith Ram[illegible]	Chronic arthritic back
3:00	Rita Wilbou[illegible]	Sacro iliac pain – low back
3:30	Jess Sweem	Non-specific vague muscular pain
4:00	Myrtle Halley	Fifth Lumbar disc compression
4:30	Adolph Lanci	Low back pain and stiffness
5:00	Mildred Casteel	Sacro iliac sprain



Glendale 1, California

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