

# Texas OSTEOPATHIC PHYSICIANS Journal

Volume XIX

FORT WORTH, TEXAS, AUGUST, 1962

Number 4

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# Texas Osteopathic Physicians' Journal

OFFICIAL PUBLICATION OF THE  
TEXAS ASSOCIATION OF OSTEOPATHIC PHYSICIANS AND SURGEONS

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FORT WORTH, TEXAS, AUGUST, 1962

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# EDITORIAL PAGE

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## The \$65 Osteopathic Question

Sixty-five dollars for what? To this there can be but two answers: (1) a phony and unearned M.D. Degree or, (2) a voluntary effort to protect your earned degree and the profession of which you are proud.

A few osteopathic physicians located in California are so confused, they feel paying \$65 for a phony and unearned degree will make them something they are not and never will be. They feel it will increase their social position and their income, but in time this will certainly reflect upon them professionally and ethically as all phony adventures do.

The American Osteopathic Association, at its last House of Delegates meeting, rescinded the \$75 assessment voted last year to attempt to protect you, your profession, and schools. It rescinded it because the tax laws do not permit them to expend sizable sums to influence legislators or voters. Therefore, the only procedure open to defend the profession is by voluntary efforts on the part of all loyal and ethical osteopathic physicians. This profession has given you much of which you are proud. By using the \$75 rescinded by the AOA, or at least \$65 of this money, in a voluntary effort, you can become an associate member of the Osteopathic Physicians and Surgeons of California and help them defend your profession.

The Board and House of Delegates responded to this 100%. We beseech each member of the TAOP&S to immediately send your check for \$65 (which is deductible from income tax as membership fees) to the Osteopathic Physicians and Surgeons of California, 2999 W. Sixth St., Los Angeles 5, California, and make application for associate membership of that association. An application blank will then be forwarded to you.

The Osteopathic Physicians and Surgeons of California will use this money in a public relations effort to defeat the referendum in California which will destroy the osteopathic profession in that state forever. The public of California does not recognize that Proposition #22 of this referendum will do just that and produce a medical monopoly, which if successful, will reflect upon all osteopathic physicians in every other state in the union.

We request each of you to write any and all friends in California and inform them of the facts and request them to vote "no" on Proposition #22 of this referendum. To do this will pay you great dividends and protect and preserve the degree which you have worked hard for and earned.

Let's move fast and do something for our own good before the November elections in California.

# **Reports of Delegates to A.O.A.**

## **Report of the Board of Trustees of the A. O. A.**



LOREN R. ROHR, D.O.  
Houston, Texas

The Board of Trustees is the administrative and executive body of the American Osteopathic Association. It consists of the President, President-Elect, the Past Presidents for the preceding two years, First Vice President, Second Vice President, Third Vice President and fifteen other members elected by the House of Delegates. The Board had three meetings during the last year, New York City in the fall, Las Vegas in the winter, and the annual meeting this summer in Chicago.

The Board met for the whole or part of eight days in Chicago. The reason for so much time in this meeting was the time spent in evaluation of our post-doctorate training programs and consideration of the hospital inspection program. We have continued year after year to up-grade our post-doctorate training programs and now many questions seem to present themselves. Have we gone too far or do we need to go further? Are residency programs superior to proceptorships in training the specialist? Are three years of residency necessary in all specialties or is it too long for some? Could we consider under certain conditions part time

training which would add up to 6,000 hours as adequate preparation for taking the certifying examination? These are a few of the many questions the Board had to consider.

We also spent a great deal of time considering the functions of the Bureau of Professional Education, Committee on Accreditation of Post Graduate Training and the Advisory Board for Osteopathic Specialists. Here is an area where three different groups of dedicated men are doing a tremendous job for the profession, but their activity is little appreciated or understood by the general profession.

Several hospitals were brought under close scrutiny because there seemed to be evidence that non-A. O. A. members were staff members. We must remember that only A. O. A. members may be staff members of Intern and Residency approved hospitals or Registered Hospitals.

The Board approved the action of the Executive Committee on March 25, 1962, namely, "That in Chapter II, Article I, Section 7-c and Section 7-d, of the Code of Ethics, the term "degree" be interpreted to mean a degree which is not earned during the actual attendance while the college is approved by a national professional association, and that any D. O. who seeks an unearned degree shall place his A. O. A. membership in jeopardy." The term "degree which is not earned" shall mean a degree which is granted without actual attendance for a period of time commensurate with that generally required of its regular students by the particular approved college for the awarding of an earned degree.

The Board granted the request of the



College of Physicians and Surgeons of Ontario, The Ontario Licensing Board, to inspect our osteopathic colleges, at their own expense, with the understanding that a representative or representatives of the Committee on Colleges will accompany the group on each inspection. We feel this will bring full recognition for our school of practice in Ontario.

The Board concurred with the view of the Executive Director that the name of the Division of Public and Professional Service be changed to Department of Public Relations. There has been a great deal of misunderstanding about the function of P. & P. S. and the new name does say what its true function is.

How does Texas fair as to offices in the A. O. A.? Dr. Elmer C. Baum was again appointed for a three year term to the Bureau of Public Education on Health. Dr. J. Warren McCorkle is a

member of the Committee of Disaster Medical Care. Dr. Robert E. Morgan is Chairman of the Committee on Veterans Affairs. Dr. Loren R. Rohr, Board of Trustees, Chairman of Bureau of Organizational Affairs, Committee on Distinguished Service Certificates, Chairman of Committee on A. T. Still Memorial Lecture, Committee on Co-ordination and A. T. Still Osteopathic Foundation and Research Institute.

The Board also voted unanimously to grant Associate Membership to John B. Rushing, M. D. of Houston, and Donald V. Plattner, M. D. of Dallas. The Board agreed that these two gentlemen have made a very important contribution to our profession.

Certainly, this does not give all the activities of the Board of Trustees, but in my opinion some of the most significant ones. If this report should bring up any questions about A. O. A. activity, feel free to call or write me.

## Bureau of Research and Bureau of Organizational Affairs



C. E. DICKEY, D.O.  
Fort Worth, Texas

### Bureau of Research

In 1961-62 the A.O.A. allotted \$78,000 to nine (9) specific research projects. The accomplishments of these research projects were critically reviewed by the Bureau of Research. This Bureau

has also reviewed sixteen applications for research grants in aid for 1962-63 and has recommended the approval of twelve projects with a total budgetary cost of \$90,000 for the coming year.

There was considerable sentiment for the immediate expansion of Osteopathic research with better correlation of all projects under the direction of a national Coordinator. The Life Magazine concluded its article last year on Osteopathy by saying "The Osteopathic Profession must prove its case or shut up."

### Bureau of Organizational Affairs

1. **Committee on Ethics:** The policy of the committee on ethics of the A.O.A. has been to defer action to the ethics committee of the divisional society unless the physician in question was not

a member of his divisional society or a proper solution could not be arrived at on a state level. This policy will no doubt continue with the advent of dual-membership on June 1, 1963.

It is appropriate to report the following items pertaining to ethics and membership:

A. Any D.O. who seeks an "unearned degree" shall place his A.O.A. membership in jeopardy. The term "unearned degree" shall mean a degree which is granted without actual attendance for a period of time commensurate with that generally required of its regular students by a particular college for the awarding of an earned degree.

B. The membership of any member of the association who, in the opinion of the Executive Committee of the Association, purposely and persistently violates the established policy of the Association or who seeks to undermine the unity of the Osteopathic profession or of any of its divisional societies or affiliated organizations may be revoked, suspended or placed on probation upon the recommendation of the committee on membership.

2. Committee on Membership: Dur-

ing 1961-62 there has been a net loss of 1419 members of the A.O.A. due to the turn of events in California. It is estimated that five or six years will be necessary to recover this loss through new graduates. As of July 1, 1962, 58.4% of A.O.A. memberships were paid in full, which is above average.

The House of Delegates voted to institute dual membership as of June 1, 1963. The effect of this action on A.O.A. membership remains to be seen.

### Committee on Constitution and Bylaws:

Two minor changes were made in the constitution of the A.O.A. These had to do with phraseology and references to annual meetings and annual conventions.

Final action was approved by the House of Delegates to change the By-laws to implement dual memberships. Other by-laws changes dealt with clarifying the special dues rate for members serving fellowships or preceptorships and for a by mail vote of members of the Board of Trustees or the Executive committee on matters of urgency.

## Bureau of Professional Education Reports:



JOHN H. BURNETT, D.O.  
Dallas, Texas

### Report on Colleges

Annual report of the Committee on Colleges was heard by the A.O.A.

House of Delegates meeting in Chicago on July 15, 1962. Survey teams have been impressed with the tremendous educational program being carried on in the colleges. This committee has emphasized the teaching of the Osteopathic concept in all college courses and the integration of these teachings at clinical levels.

Dr. Dale Dodson, chairman, reported that the committee had utilized assistance of educational consultants in inspecting and evaluating our colleges. Dr. Ronald B. Thompson, executive dean of special services, Ohio State University, and Dr. Finla G. Crawford, educational consultant to the Middle



States Association of Colleges and Secondary Schools, made a valuable contribution to this program in assisting in evaluation of the Osteopathic Colleges.

It has been estimated that the profession must raise twenty million dollars in the next five years for buildings and staffs in order to maintain our colleges. In order to achieve this goal we must have the support of interested laymen. The Kansas City College has launched a \$1,500,000 public fund drive which they anticipate will be successfully completed this fall.

The Philadelphia College has received state funds in the amount of \$4,718,000 and will start a new campus. The Chicago College of Osteopathy is building a 75-bed addition to its teaching hospital. Pharmaceutical house grants during the year which benefited Osteopathic educational programs totaled \$32,750.

The Board of Trustees approved the following recommendations from the Bureau of Professional Education:

(1) That internships remain post-doctoral training programs and not be required for graduation from osteopathic colleges.

(2) That there be representation from the American Association of Os-

teopathic Colleges on the Bureau of Professional Education.

## Report on Hospitals

The Committee on Hospitals, under Dr. Robert D. McCullough, reported to the House that a renewed emphasis is being placed on the team inspection technic. These inspections will be on a one to three year interval as indicated in our 83 teaching hospitals. The 95 registered hospitals will be inspected by voluntary inspectors who have had experience and training in the routine. Residency training programs will continue to be inspected by specialists approved by the various specialty colleges. This plan has been praised by hospital administrators and staffs, and the results indicate a giant stride forward. Future inspection of the teaching hospitals associated with Osteopathic colleges will be conducted by this committee and in conjunction with the college inspection conducted by the committee on colleges.

Effective July 1, 1965, the minimum number of beds for intern and residency training shall be 45. This regulation will not effect those hospitals under 45 beds now approved for intern and/or residency training.

The Osteopathic Hospital Intern

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Matching Plan will be continued for the coming year. Also effective July 1, 1965, hospitals approved for intern and residency training must have an in-hospital pathology service rendered by a qualified pathologist.

### Report on Student Loans

In more than thirty years of operation, the Student Loan Fund has been the benefactor of 1,019 students in the amount of \$768,878. All loans granted from 1931 to 1950 have been repaid in full.

"The applicants for loans from the Association's Student Loan Fund are, on the whole, a fine group of well educated students who face a real need for financial help during the last one or two years of their professional course," reported Dr. Robert N. Evans, chairman.

During the twelve-month period ending May 31, 1962, one hundred and twenty-five loans were granted (including thirty-one second loans), for a total of \$90,050. The Treasurer estimated

that the amount available for loans in 1962-1963 will be approximately \$78,000.

The combined net worth of the A.O.A. Student Loan Fund and the Foundation Student Loan Fund totals \$437,970.86, compared to \$396,516.19 the previous year, an increase of \$41,454.67.

The committee continues to have more applicants than can be accommodated with funds on hand, according to Dr. Evans. The availability of the U.S. government loan fund under the National Defense Education Act has not appreciably reduced applications to the fund. In the event House Bill HR-4999, which contains a provision for loans to medical students, becomes law, it should greatly assist the profession's loan program. The committee is now asking that all applicants assure them that every effort has been made to secure a government loan before applying for a supplemental loan from the Student Loan Fund.

## Bureaus Under Department of Public Affairs



ELMER C. BAUM, D.O.  
Austin, Texas

### 1. Bureau of Public Education on Health

The Bureau of Public Education on Health duties are to study legislative

problems, analyze and digest state laws, study legislative programs, and endeavor to carry out the legislative policies of the Association. The Bureau is charged with the responsibility of seeking universal recognition of the unlimited nature of osteopathic practice and the universal availability to osteopathic physicians and surgeons of facilities necessary to make their practice effective. This is an overwhelming responsibility at this time.

The Bureau held its annual meeting on April 28-29, 1962. The first day of the meeting was devoted to a joint meeting with the Chairmen of the Bureaus of Public Education on health of the divisional societies in Arkansas,



Georgia, Idaho, Louisiana, Maryland, Minnesota, Mississippi, Montana, Nebraska, North Carolina, North Dakota, and South Carolina. In all, 18 representatives came to Chicago for this conference, and in addition A.O.A. officers and members of the central staff were present.

The program of the conference covered in detail the problems of the limited practice states and the trends or factors which appear to be influencing the achievement of an unlimited law in those states. The mutual exchange of information between the national and state societies was a healthy influence upon the thinking of all persons present. All those persons present were of the opinion that the following matters need to be considered:

- (1) It is an opportune time for all of the divisional societies to make a renewed effort to secure an unlimited practice act law.
- (2) The action of the American Medical Association House of Delegates in June 1961 and of state medical societies, as set forth in the A.O.A. Reference Documents dated April 1962, should serve as a basis for further discussions with medical societies regarding removal of the cultist designation and the enactment of a new practice act.
- (3) The divisional societies should send to leaders in their states copies of the publication "Health"; in certain instances, copies of "The Journal of the A.O.A."; and other publications or pamphlets of the A.O.A. which would help to keep such persons in their states informed concerning the contribution and services of the osteopathic profession.

### Current Legislative Activity

The General Counsel's report explains the laws which have been enacted in California directed at implementing

the COA-CMA merger agreements. Briefly stated, however, the merger agreement is being carried out, COPS is now known as California College of Medicine and is accredited by the Council on Medical Education and Hospitals of the AMA. M.D. degrees were issued to the June 1962 graduating class; M.D. degrees are expected to be issued to the merging D.O.'s in the near future, and in the November 6, 1962 election in California the voters will be asked to approve amendments to the Osteopathic Initiative Act which will, if approved, repeal the authority of the Board of Osteopathic Examiners to issue licenses to doctors of osteopathy.

In Minnesota the Governor's Liaison Committee between doctors of medicine and doctors of osteopathy, created at the 1961 Session of the State's Legislature, has been holding meetings with representatives of the Minnesota State Medical Association and the Minnesota

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Osteopathic Association. At this time it appears that agreement may be reached, through the efforts of this committee, to establish a new Composite Board Licensing Act in the State, which would provide for the unlimited licensing of D.O.'s. The Committee is to report back to the Governor with its accomplishments prior to the convening of the 1963 Session of the legislature.

In South Carolina a bill providing for unlimited practice rights for doctors of osteopathy was introduced at the 1962 Session of the Legislature, but no action was taken.

### Hospitals

The actions of some state medical societies have recognized the right of D.O.s and M.D.s to associate together in professional affairs, pursuant to the action of the AMA House of Delegates in June 1961. As a result, a further increase in some states has occurred in the joint use of hospitals by D.O.s and M.D.s. At the time of the preparation of this report, the states in which osteopathy is no longer impeded by the cultism problem are Colorado, Missouri, Ohio, New Jersey, New York, South Carolina and West Virginia.

These actions of state medical societies, following the actions of previous years taken by the American Hospital Association, permitting D.O.s to serve on the staffs of Listed Hospitals and by the Joint Commission on Accreditation

of Hospitals authorizing similar appointments of D.O.s to the staffs of accredited hospitals, has resulted in a situation wherein it's probable that D.O.s and M.D.s are serving jointly on the staffs of probably from 300 to 500 hospitals in the country. Definite statistics are not available, largely because neither the above named organization nor the A.O.A. has any way of keeping up to date with such appointments. The hospitals involved are both public and voluntary in character.

### 2. Committee on Medical Care Plans

Health Insurance has had a phenomenal growth. According to the statistics of the Health Insurance Council and the U.S. Department of Health, Education and Welfare, Social Security Administration, less than 10% of the population in 1940 had health insurance. In 1960, 73% of the civilian population had health insurance. Thus, this system even now offers no coverage for approximately 27% of the civilian population, or approximately forty-eight million people. It has been said that this group is comprised of the aged, the disabled, the low income workers and the unemployed.

Health insurance has given Americans more and better medical care than ever before in our history. Scientific and technological progress has been spectacular in medicine in this Twentieth Century. Just in the past twenty years,

## OB-GYN FALL SEMINAR

The Texas Association of Osteopathic Obstetricians and Gynecologists has announced its Fall Seminar will be held Saturday and Sunday, October 6-7, 1962 in the Holiday Inn Central, Dallas. Registration will begin at 1:00 p.m. Saturday.

Dr. Roy L. Fischer, Program Chairman, announces an interesting program is planned featuring Dr. Richard Eby of Pomona, California.

See next month's Journal for detailed program!



we have under control infectious diseases which perhaps were the greatest killers, i.e., pneumonia, osteomyelitis, etc.

On July 7-8, 1961, this Committee sponsored the "Conference on Health Insurance and Medical Care Plans" in Chicago. Approximately 150 persons attended one or more of the parts of this conference. The purpose of the conference was to provide current information by leading authorities regarding the status of health insurance and medical care plans. It furnished a forum and climate for the discussion of mutual objectives, problems, and developments of health insurance and medical care plans.

This conference stated that in the case of the osteopathic physicians in their relationship to Blue Cross there seems to be no difficulty as ordinarily osteopathic hospitals accredited by the American Osteopathic Association are accepted in the same manner as are hospitals accredited by the Joint Commission of Accreditation participating in Blue Cross.

One of the most important committee recommendations is that communities set up hospital planning agencies with a governing board composed of community leaders including lay persons as well as those knowledgeable in medical care. Such an agency would help the community to maintain and improve quality of care as economically as possible; correct deficiencies in existing facilities and services; stimulate the construction of needed facilities, including

those for educational purposes; discourage construction not conforming to community needs, and assure more effective use of community funds by avoiding unnecessary duplication of highly specialized, infrequently used, expensive facilities.

In reviewing the hospital problems now facing many communities, the committee called special attention to rising operating costs, imbalance of facilities, obsolescence, and limited financial aid for medical facilities.

Noting that general hospital costs per patient-day have increased approximately 111 percent in the past decade while the consumer price index rose about 22 percent, the report observed that necessary steps should be taken to forestall any cost increases which might result from inefficient or uneconomical use of the hospital plant and from mal distribution of facilities.

### 3. Bureau of Disaster Medical Care

The Bureau of Disaster Medical Care was created in July, 1960 as an ad hoc committee by the Board of Trustees. In January 1961, it was made a bureau and placed in the Department of Public Affairs.

**PURPOSE:** The Bureau's responsibilities are: (1) to prepare members of the profession to cope effectively with casualty care problems arising from any nuclear attack or natural disaster that might occur in the United States, (2) to work actively in acquainting and training the nation's civilian population with the means of survival for them-

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selves and their families during such disasters, (3) to prepare the profession to coordinate its activities in such disasters with other allied health groups.

At the Bureau's inception, osteopathic hospitals and doctors were already actively participating in casualty care programs at the local level. Through the close cooperation of the United States Public Health Service, the Office of Civil and Defense Mobilization, and now the Office of Emergency Planning, the Bureau was able to aid these local programs as well as interest other hospitals and doctors to enter into, or initiate similar programs. This was done through distribution of federal training materials and arranging admission to Federal Baseline courses and seminars for those who wished to attend.

This active participation indicates positively to the public that osteopathy is not only aware of the importance of casualty care training for the profession and the civilian population, but is doing

something about it. In some instances the bureau's casualty care activities have given some publics their first insight into the concepts and objectives of the osteopathic profession.

Objectives of this committee are:

- A. Appointment of active casualty care committees by all state societies.
- B. Incorporation of casualty care training in postgraduate teaching programs of state societies.
- C. Preparation of disaster and evacuation plans for all osteopathic hospitals.
- D. Incorporation of casualty care training in undergraduate surgery courses in osteopathic colleges throughout the country.
- E. The profession's participation in the "Medical Self-Help" program.

In the main, this covers functions and activities of the Bureaus in this Department.

## Financial and Business Activities and Council of Federal Health Programs



SAMUEL B. GANZ, D.O.  
Corpus Christi, Texas

The financial position of the American Osteopathic Association as reviewed in detail at the annual convention continues very strong. The American Osteopathic Association will start out the

1962-63 fiscal year with \$83,900.54 surplus cash and a reserve of \$351,008.18 in stocks and bonds for a total of \$434,908.72. The total income amounted to \$1,601,336.16 (a decrease of \$188,600.07) and the total expense amounted to \$1,633,856.12 (a decrease of \$136,192.64).

The Board of Trustees of the American Osteopathic Association decided not to levy the \$75.00 assessment on the membership which was passed last year. This decision was based on a consensus of opinion throughout the country, that it was unwise to force the members to contribute money to fight the amalgamation movement in California and more specifically to defeat amendment # 22 which would remove the osteo-



pathic practice act in that state. It was thought to be more democratic to solicit voluntary contributions to this end, in hope that the response of the members would adequately supply sufficient funds to gain the essential victory in California. It was reiterated that this money will be used in California to fight a battle that involves our entire profession. If amendment # 22 passes on November 6th, no osteopathic physician will ever again be given the privilege of obtaining a California license. This could set a legal precedent and implement the destruction of our profession state by state.

With these facts in mind, the House unanimously passed the recommendation of the Board that an all-out effort be expended by each member of the osteopathic profession to acquire the \$65.00 associate membership of the Osteopathic Physicians and Surgeons of California. This associate membership can be deducted as "membership fees," and will be used for the fight against amendment # 22 in California. As an example to the profession, all members of the AOA Board of Trustees acquired the OP&SC membership. Later, the House of Delegates rescinded the \$75.00 assessment passed last year, thus assuring the profession that no further

assessments will be levied for the California fight. It was the hope of your delegation that the membership of the TAOP&S will respond to this solicitation for funds in their usual excellent manner. Application blanks will be made available in the near future.

I was also requested to report to you on the Council of Federal Health Programs which is chairmaned by Dr. Carl E. Morrison. This is one of the most important committees of the American Osteopathic Association, and the controversy in Washington over health care for the aged has given the committee increased stature. Dr. Morrison read the statement of our profession concerning this problem, in which we assured the federal government that we would, "employ our best efforts to provide and safeguard quality care and to pursue our traditional role of co-operation in the public interest."

Dr. Morrison made it clear that our proper concern is to protect the voluntary recourse of the people to our services without prejudice, come what may. Dr. Morrison's report was well received by the House of Delegates, and our profession can rest assured that our interests in the field of Federal Health Programs are being adequately safeguarded.

## Annual Meetings and Clinical Assemblies



GEORGE J. LUIBEL, D.O.  
Fort Worth, Texas

The 42nd House of Delegates of the American Osteopathic Association did not accept in its entirety the recommendations that had been prepared for consideration concerning the annual meeting of the House itself or some of the proposals concerning clinical presentations. In fact this was one of the first controversial items on the agenda and the House reiterated its authority as the policy making body of our national association.

For the past several years there has

been a growing sentiment within the leadership of the profession to separate the clinical and legislative sessions of our annual gatherings and this had its beginning in the Miami meeting in January 1961 with the House meeting the following July in Chicago. This proved more successful than the skeptics had predicted but still lacked the public impact that was desired. In order to induce the various affiliated specialty groups to again meet with the A.O.A. we will continue to separate the clinical and business sessions of the national organizations. However in 1963 the meeting time will shift from January to October and thus to accomplish this we will convene in Miami in January and then the following October another clinical session will be held in New Orleans since the fall scheduling is more satisfactory with the various allied groups. The fall schedule will also be more practical weather-wise in moving the meeting to various areas of the country. With this in mind the House adopted the recommendations of the Bureau of Conventions that the annual clinical assembly be held in 1964 in Portland, Oregon and in 1965 in Philadelphia, Penn. However a mild controversy developed over the Bureau's

recommendation that the 1963 meeting of the House of Delegates be shifted to Denver, and the proposal lost by the narrow margin of two votes.

Dr. George Cozma of Cleveland is program chairman for 1963 and he reported that excellent progress has been made to date for the 67th Annual Scientific Seminar to be held at Hotel Fontainebleau and The Barcelon at Miami Beach January 28-31.

Dr. Cozma said "the format of this meeting will differ radically from past seminars of the A.O.A. There will be only one morning of the general sessions, which is the official opening of the convention on Monday, January 28, followed by the keynote address and one scientific speaker. After that, the entire attendance will be in session only at the President's Luncheon on Monday January 28, the Andrew Taylor Still Memorial lecture and luncheon on Tuesday, January 29 and the Luau on Tuesday evening, January 29." Otherwise the various specialty and affiliated groups will be meeting concurrently beginning Monday afternoon and presenting their scientific programs. Thus the registrants will have a wide choice of subject matter at their disposal since all general convention attendants may attend whichever presentation interests them most.

Incidentally, Dr. Cozma reported that 450 Doctors attended the opening session in Las Vegas which was a new record for this affair.

At this writing, programs for the Miami meeting have been completed by the American College of Neuropsychiatrists, American College of Osteopathic Pediatricians, American Osteopathic College of Dermatology, American Osteopathic College of Pathology, American College of General Practitioners in Osteopathic Medicine and Surgery, American Osteopathic College of Physical Medicine and Rehabilitation and the Academy of Applied Osteopathy.

## 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 December 6, 7, 8, 1962, at the Blackstone Hotel, Fort Worth, Texas.

Completed examination applications must be filed with their office thirty days prior to the meeting date—1714 Medical Arts Bldg., Fort Worth 2, Texas.

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



# Resume of Action Taken



A. ROLAND YOUNG, D.O.  
Dallas, Texas

The 1962 session of the House of Delegates of the A.O.A. was held in Chicago, Ill. at the Drake Hotel.

The Texas delegation of seven representatives, fifth largest state in osteopathic physician population was present and seated at opening of session. Reports were voluminous but informative and the following actions were the salient features of the meeting.

In reference to changing the Objects of the Constitution the House disapproved the Maine Osteopathic Association's proposal which was only a point of clarification but thought inadvisable at this time.

Dual membership of A.O.A. and divisional society was passed last year; however, its implementation was delayed due to possible loss of significant number of osteopathic physicians in areas with minimal hospitals.

The House of Delegates *rescinded* its action of last year levying of a \$75.00 assessment per member.

The House of Delegates approved and recommended that an all-out effort be expended by each member of the osteopathic profession to acquire the \$65.00 associate membership of O.P.S.C. (These last two actions were to accomplish a similar effect for helping the California situation and up-coming referendum to the people which may soon-

er or later affect us without changing the status of the A.O.A. with the Internal Revenue Service.

Under Committee on Hospitals the House of Delegates approved the following:

1. That effective July 1, 1965, for hospitals considered for approval at that time, the minimum number of beds for intern and residency training shall be 45, this regulation not to affect those hospitals under 45 beds *now* approved for intern and/or residency training

2. That effective July 1, 1965 hospitals approved for intern and residency training must have an in-hospital pathology service rendered by a qualified pathologist.

3. That continued approval of the Osteopathic Hospital Intern Matching Plan be granted for the coming year.

Under Bureau of Conventions the following was approved:

1. That the October, 1964 clinical assembly be held in Portland, Oregon.

2. That the October, 1965 clinical assembly be held in Philadelphia, Pa.

The recommendation that a mid-year clinical session be held in conjunction with the House of Delegates meeting was defeated.

It was passed that the name of the Division of Public and Professional Service be changed to Department of Public Relations.

The House recommended and passed that all divisional societies be urged to appoint insurance review committees.

The House passed the following referable to Dept. Public Relations:

1. That the Dept. give primary consideration during the coming year to improving AOA membership relations.

2. That a budget of \$17,000 be allocated to cover the purchase of 100 additional prints of "American Doctor"

@ \$94.72 each and distribution costs for 2500 bookings @ \$3 to reach special non-TV audiences.

3. That a new brochure and other supporting materials be prepared to assist the Central Office Fund Raising Committee of the National Osteopathic Foundation in reaching medically-oriented foundations, special publics and the profession for the purpose of obtaining financial support for the NOF and its programs.

The controversial New Jersey Resolution for a careful study to be made of the advisability of granting a dual degree D.O.-M.D. to be issued by the osteopathic colleges was defeated (By a narrow margin.)

It was passed that an acceptable consultant, assigned by the President of A.O.A. shall be present at any meeting of a Divisional Society of the A.O.A. with a corresponding authorized representative of component Medical Society. Should any violation of Article II, Section 1 of A.O.A. By-Laws occur it becomes mandatory for the divisional society to institute appropriate action.

In reference to post graduate training the House passed that there be no more preceptorship programs started in General Surgery, Obstetrics-Gynecology, Internal Medicine, Orthopedic Surgery, Anesthesiology and Radiology, after

July 1, 1967, and that they must be completed by July 1, 1972.

Following is list of Officers and new Trustees elected for 1962-1963.

President—Charles W. Sauter II.

President-Elect—Wallace M. Pearson.

First Vice-President — James H. McCormick.

Second Vice-President — Marion E. Coy.

Third Vice-President — William Baldwin Jr.

Newly elected Board of Trustees

J. Scott Heatherington

J. Edward Sommers

W. S. Horn

Wesley B. Larsen

Roy S. Young

## Hospital Communications

The Fort Worth Osteopathic Hospital has just completed installation of a two-way radio system, which will enable the hospital to contact its staff physicians in their automobiles. This is the first osteopathic institution to comply with the request for this installation in all hospitals, made by the Emergency Disaster Committee.

The radio system will be used for emergency communication in the event of a natural disaster or civil defense emergency. The Fort Worth Osteopathic Hospital will have direct radio contact with the other five major hospitals in the Fort Worth area, as well as Carter Blood Center.

The hospital's radio station consists of a Bendix 50 watt remote controlled base station, operating on the Special Emergency Frequency of 155.220 MC. A 60 foot steel tower with a high gain antenna is located on the roof of the four story hospital building. The antenna is approximately 135 feet above ground level which gives about 30 miles base to mobile unit coverage. The control dispatch unit is located at the hospital switch board and all calls are handled by the operator.

### GOOD LOCATION

**CUSHING, TEXAS** — Needs well-qualified physician. Although a small town in Nacogdoches County (Pop. 479) it is the center of a large trade area including more than a dozen small towns and communities. No other physician within a radius of 25 miles. If interested contact Richard D. Gutzman, RichLou Pharmacy, Cushing, Texas.



# Organizational Cannibalism

By GEORGE W. NORTHUP, D.O.

From time to time, organizations seem to engage in a form of cannibalism which undermines their integrity and their strength. One of the tools used by these organizational cannibals is gossip. Their rumors, completely devoid of foundation, are used to devour such positive human reactions as faith, confidence, and truth. During periods of organizational crisis, this kind of cannibalism undermines and devitalizes programs of professional development.

Like all organizations, the osteopathic profession has its rumor-mongers. They fill the cup of gossip with their tales of foreboding. In recent months, the profession has been jeopardized by over-talkative, over-active busybodies who go about with such questions as:

Do you know that Doctor Blank is an amalgamationist? Have you heard that the Blank College of Osteopathic Medicine is about to become a medical school? Have you heard that A.O.A. leaders are reactionaries suffering from intellectual malnutrition? These and other sickening prattlings are mothered by non-thinkers who, though they do not know it, are followers of Epimetheus of Greek mythology.

Epimetheus was duped by the gods

into marrying the beautiful and seductive Pandora, whom the gods had equipped with their choicest gifts of mind and body. They had also given her her celebrated Pandora's Box. After she had married Epimetheus, she opened it, and all manner of evil and misery flew out over the earth.

We are not unlike Epimetheus. Our Pandora's box is opening, and out of it are pouring troubles and discomfitures to plague the professional world in which we move. As we meet our crisis and the controversies it provokes, we have no room for the gossip and his tales or for the tattler and his waggings. These are times for fact, not for tales without foundation.

For us to engage in intellectual cannibalism now is to risk the very foundations upon which clear and decisive judgments must rest. The reprehensible rumors that have been interjected by the few can deter the proper functioning of national and state organizations.

Rumor, however, cannot thrive in the face of truth. The truth can make us free. Let us make up our minds now that fact, not fiction, is to determine the decisions we make as we follow our destiny.

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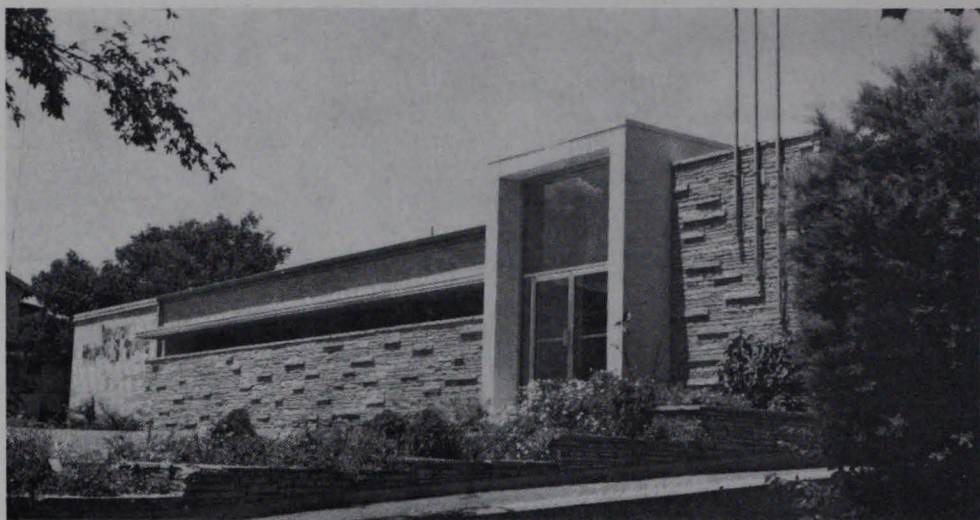
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# Hospital of the Month



Denison Hospital and Clinic

331 West Morton Street

This month the *Texas Journal* is happy to salute as the HOSPITAL OF THE MONTH, the Denison Hospital and Clinic, 331 West Morton Street, Denison, Texas. This hospital is owned by Dr. Stephen F. Kubala and administered by Mr. Paul Hoffman, assisted by Mrs. Kubala. This new and modern hospital, built in 1960 has 18 beds, 4 bassinets, major surgery and delivery room. There are five doctors on the staff and 17 full-time employees.

The name Denison Osteopathic Hospital dates back to February, 1946 when it was originally opened in a small residence by Drs. Charles Hall and Henry Spivey. When these doctors left for specialty training, it was sold to Dr. Hoarde who operated it about 12 months and then bought an old medical hospital on Woodward Street. At the death of Dr. Hoarde, the hospital was purchased by Dr. Kubala. In 1949 Dr. Kubala started construction on the new Denison hospital and it was opened in 1960.

Denison, Texas is a thriving community. It is an industrial and railroad city located on the shores of Lake Texoma, also making it an outstanding recreational area. Denison has a population of 25,000 plus a trade territory of approximately 50,000 persons.

The history of the growth and success of this hospital is indicative of the great need and the necessity for additional ethical and qualified osteopathic physicians in this area. If interested, contact Stephen F. Kubala, D.O., 331 West Morton Street, Denison, Texas.

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A teacher noticed that one little boy was drawing everything in black crayon. He drew black horses, black cows, and black barns. Disturbed about what was going on in his mind, she called a meeting of the little boy's parents, the principal of the school, and a psychiatrist.

They finally got to the root of the matter — it was the only crayon he had.



# Outstanding Detroit Specialist to Participate in T.O.R.S. Chest Symposium

Two nationally known members of the staff of the Detroit Osteopathic Hospital will lecture at the forthcoming symposium on chest diseases to be held by the Texas Osteopathic Radiological Society at Bandera on September 21, 22 and 23. They are Dr. Donald J. Evans, Thoracic Surgeon, and Dr. Edward P. Small, Radiologist.

Doctor Evans is Associate Professor of Surgery, Chicago College of Osteopathy. He has done extensive postgraduate training in Thoracic Surgery including a year in Germany under a grant from the National Institutes of Health. He is a diplomat of the American Osteopathic Board of Surgery and a member of the American College of Osteopathic Surgeons.

Doctor Small has been associated with the Department of Radiology of the Detroit Osteopathic Hospital since 1944. He is a Past-President of the American Osteopathic College of Radiology and is certified in Radiology by the American Osteopathic Board of Radiology. He has done special work in angiography in European clinics and is a Fellow of the American Osteopathic College of Surgeons.

Doctors Evans and Small will participate in an informal roundtable luncheon on the "Coin Lesion Problem" on Saturday, September 22. On Sunday both will give formal lecture presentations on chest problems and in addition will join several Texas specialists in a panel discussion "Bronchogenic Carcinoma — Toward a Better Prognosis."

Site of the September Symposium will be the Mayan Dude Ranch, Bandera, Texas. Registration and Cocktail hour will begin at 7:00 P.M. on the outdoor patio on Friday, September 21. The Ansco Company will again be our host. Highlight of the professional program

on Saturday will be the roundtable luncheon. A full program of lectures will begin at 9:30 A.M. Sunday, the 23rd., ending about 3:00 P.M. A luncheon for registrants, families and guests will be held on Sunday noon followed by a business meeting of the T.O.R.S. Social events planned by the Staff of the Mayan Dude Ranch include: hayride and weiner roast for children, cowboy breakfast and a barbecue and dance on the river patio on Saturday night.

Program Chairman, Charles Ogilvie has urged that members of the Texas Association of Osteopathic Physicians and Surgeons planning to attend make their reservations at once to avoid disappointment. A \$10.00 deposit is required and reservations should be made direct with the Mayan Dude Ranch. Rates are \$15.00 per day per person (including lodging, meals, rides and activities). Registration fee for the meeting is \$10.00. Because of the limited space available, you are urged to make your reservations early. Remember to include the wife and kids — this is a "once-in-a-lifetime convention"!!

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With the value of the dollar constantly dropping, it becomes less and less worthwhile to marry for money.

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The young mother had just given birth to her first child. I showed her the baby and said he was a fine, healthy boy. She grinned excitedly and said: "Oh, how wonderful! What's his name?"

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A letter I'd dictated to a substitute stenographer came to me for signature reading this way: "Dear Sir: All our internes are obtained through the National Interne Mating Plan."

# Executive Secretary's Travelogue

The month of July has caused considerable concern to the state office due to the number of physicians who had to be automatically suspended from membership on July 1st for failing to pay their 1962-'63 membership dues in full. Again, we are still concerned that at this late date (July 23) there are still eight physicians who have not paid on their dues whatsoever and four physicians who have not completed payment of their dues, which means that on August 1 (unless their dues are paid in full) they must be permanently dropped from membership, in accordance with the provisions of our Constitution and Bylaws. Letters from the Membership Committee and the State Office have failed to get replies from those who have not paid on their dues, which is pretty indicative they will not pay before the deadline. Several of those in this group are physicians whom we feel should not drop out of the Association and if they are dropped, it will be considered a loss to us and certainly a tremendous loss to them.

On July 4, the executive secretary left for Austin to appear at a hearing before the Insurance Commission the following day (July 5) regarding the cancellation of an insurance policy which had been formerly approved by the Commission. This association has fought over this policy for some four years as it was a policy issued to braceros in the El Paso area and it limited participation to only those physicians named on a list attached to the policy. We do not know how many M.D.'s this policy affected, but we do know it cut out one medical hospital and two osteopathic hospitals and some five or six osteopathic physicians. The position of our Public Health Committee, before the Insurance Commission, was (1) that such a policy was not in the best interests of the public and (2) That the Texas

State Board of Medical Examiners qualified physicians to practice medicine and surgery in Texas . . . and that this duty is assigned to them by law. Therefore, no other state agency should be permitted to qualify physicians in any manner either by inclusion or exclusion.

The hearing took up practically the entire day. It was exceedingly interesting and we feel that we made a favorable impression in our arguments to the Commission. Dr. Elmer C. Baum presented our case and was supported by statements from your executive secretary. Also present for the hearing was Dr. L. G. Ballard of Ft. Worth, President of our association.

*The executive secretary was back in the state office July 6, for one day's service. He left again for Austin on July 8 to appear before the Commission on Higher Education on July 9 to present arguments to this Commission showing why they should recommend to the Texas Legislature that funds be appropriated to pay the tuition for Texas students in our osteopathic colleges. The Legislature has provided funds for negro medical students who have to go out of state for their education, for women students of veterinary medicine and for students entering training in forestry. The Texas Medical Schools have not accepted negro students. A & M College which offers the only course in veterinary medicine in Texas is a boys school and does not accept women students, and there is no school in Texas offering the study of forestry.*

Dr. G. W. Tompson, Immediate Past President of the TAOP&S, made the presentation to the Commission on Higher Education. Dr. Baum and the executive secretary were also present. If we do not secure this appropriation, we still feel a tremendous public relations job has been accomplished, particularly since there were some 20 state college



presidents attending the hearing. Copies of our presentation were distributed to every member of the Commission and the presentation was read in its entirety. It covered the following points regarding our profession: (1) legal status (2) educational status (3) public responsibility (4) out-put vs. in-put (5) osteopathic profession meets its responsibilities (6) osteopathic contributions to health service (7) osteopathic educational facilities in Texas and (8) a request for reasonable consideration.

Because the executive secretary is of the opinion that the membership itself does not recognize fully the contributions made by our profession to health services in Texas, he quotes here the following two sections of the presentation:

### "Osteopathic Contribution To Health Service"

I will take this opportunity to call your attention to some of the great benefits derived by the people of Texas from this effort. It has been estimated that 10% to 15% of the total health care of the people of the State of Texas is rendered by Osteopathic Physicians. There are sixteen (16) Osteopathic Physicians who serve their home counties as County Health Officers. Forty-one (41) city health officers in the State of Texas are Osteopathic Physicians. There are seventy-three (73) cities or towns in the State of Texas in which a D.O. is the only doctor in that city. There are eight counties and twenty-six cities in the State of Texas in which an Osteopathic Hospital is the only hospital available in that county or city. Some other areas in which exemplary service is rendered by Osteopathic Physicians are the Texas State Board of Medical Examiners, the Texas State Board of Health, the Texas State Board of Vocational Nursing, the Board of Advisors for Texas Hospital Licensing Law, the White House Conference on Aging,

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Pyridoxine HCl (B <sub>6</sub> )	3 mg.
Vitamin B <sub>12</sub>	3 mcg.
Niacinamide	25 mg.
d, Calcium Pantothenate	5 mg.
Menadione (K)	1 mg.
Vitamin E	1 Int. Unit
Magnesium	3 mg.
Manganese	1 mg.
Copper	1 mg.
Zinc	0.1 mg.
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and the White House Conference on Child Health.

### **Osteopathic Educational Facilities in Texas**

As mentioned previously in my opening statement, the Government of the State of Texas is responsible to all citizens alike. The Constitution decrees that no preference shall be shown to any school of the Healing Arts. Persons wishing to pursue Osteopathic Education must, of necessity, go outside the boundaries of the State of Texas to receive education and training. Even post graduate study in fields of special training, as provided by the University of Texas and its branches, is not available to members of the Osteopathic Profession. Persons wishing to pursue training in Osteopathic Medicine have not received and do not receive at this time any aid whatsoever from the State of Texas. The only Osteopathic Education available in Texas is intern training, supported entirely by the hospitals, and a two-day seminar put on by the State Board of Health. There are other fields of special training which do receive state aid. If I may mention a few: 1. Members of the Negro race pursuing an M.D. degree; 2. Female persons studying Veterinary Science; 3. Training toward a degree in Forestry."

The Commission on Higher Education, which consists of 15 members, immediately referred the matter to a reference committee for study. They complimented us on our presentation.

*Immediately following the hearing,* Doctors G. W. Thompson and Elmer Baum met with the executive secretary for a conference and reviewed the presentation, commenting upon its possible effect. Following this, Dr. Thompson and your executive secretary retired for a further conference on matters before our Hospitals & Insurance Committee.

*On Thursday, July 12, the executive secretary arrived in Chicago and that evening entertained our old friend and benefactress, Mrs. Zetta Carter, and Dr. Morris Thompson, President of the Kirksville College, at dinner.*

*The following morning, July 13, he was extremely busy attending the Society of Divisional Secretaries meeting which was excellent. He gained considerable information that will be of value to your organization. Mr. William S. Konold, Secretary of the Ohio Association, gave a talk entitled: "Closer Relationship of M.D.'s and D.O.'s and How To Bring It About." This was one of the finest presentations your executive secretary has ever heard.*

That evening he and President Morris Thompson again entertained Mrs. Carter at dinner.

*Saturday morning, July 14, the executive secretary attended the business session of the Society of Divisional Secretaries and successfully put over a motion to keep from holding a meeting in conflict with the Annual Conference—Health Insurance and Hospital Planning and Utilization which was scheduled to begin that day.*

*At Noon the executive secretary attended the opening luncheon of the Conference on Health Insurance, at which time he heard a wonderful talk by the medical examiner for Equitable Assurance Association who capably presented the insurance problem in such a manner that anyone present could readily recognize that abuse of our voluntary system of insurance, by the doctors and hospitals, was fast pushing us into socialized medicine.*

The afternoon session was equally as interesting and productive.

*At 5:30 P.M. July 14 the executive secretary attended (upon invitation) a reception held by the Philadelphia College of Osteopathy, honoring Dean Schumacher of the College of Osteopathic Medicine and Surgery who is re-*



tiring on August 1st. Invited guests were members of the associated colleges, past presidents of the A.O.A. and present officers of the A.O.A.

*At 9:00 that night*, he attended an informal gathering of presidents and secretaries of the divisional societies for a discussion of the objectives of the A.O.A. and results. Approximately 125 persons attended. This meeting, called over the signature of several state societies, was completely out of organizational procedure and should never have been called. However, it was important to attend the meeting in order to determine the thinking of those who called the meeting and to steer it into proper organizational channels. Such meetings as this, ultimately destroy any organization. Our organization is democratic and there are channels through which those who are dissatisfied may present their complaints or suggestions for the betterment of the profession. The executive secretary sat for some two hours listening to this meeting and when the time was right, he spoke before the group for some 30 minutes. He received many compliments on his talk the following day. The meeting ended at midnight.

*July 15, 16, and 17 were devoted entirely to the House of Delegates meeting.* On several occasions the executive secretary met with the Texas delegation.

*On the evening of the 16th*, he attended a reception held in honor of incoming A.O.A. President, Dr. Charles

Sauter, held by the Massachusetts Association.

*At Noon, July 17* the executive secretary decided his services were no longer needed and he attempted to return home. The Jet plane he boarded decided differently. Over the city of Springfield, Missouri one engine went out and they were forced to head for the nearest airport which was St. Louis. On landing, three tires blew out, but fortunately they made it. The executive secretary arrived in Ft. Worth the morning of July 18.

*Saturday, July 28*, began as a disappointing day for the executive secretary. He walked into the state office that morning to find the air conditioner had broken down and the office was as hot as an oven. The worst of it, was that a meeting of the Hospitals and Insurance Committee had been called to begin that day in the state office. Thank Heavens we had a refuge. The meeting began at 4 P.M. in the Board of Trustees conference room of the Ft. Worth Osteopathic Hospital.

*The Hospitals and Insurance Committee meeting* was truly a wonderful two-day session. On Saturday, they were in session until Midnight with only one hour off for dinner. They resumed the meeting at 8 a.m. Sunday, July 29 and never left the conference room until adjournment at 4 P.M. The hospital was good enough to send in lunch so the Committee could continue its work without recessing. The agenda was tremendously long. Several hours were spent discussing policy and then thir-

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teen (13) cases were presented for review, evaluation and conclusions. To thoroughly consider this many complaints and examine all the records, correspondence and hospital charts and arrive at an equitable solution, within this length of time was indeed a difficult task, but an excellent job was done. Present for the meeting were Dr. R. L. Stratton, Chairman of the Department of Public Affairs; Dr. G. W. Tompson, Chairman of the Committee; Doctors Glenn R. Scott and Robert H. Nobles, committee members; and your executive secretary, Dr. P. R. Russell.

Immediately following the meeting the executive secretary took Drs. Tompson and Scott to Dallas to catch their planes home.

*The Committee on Editorial Policy* and Journal Publication met in the State Office at 8 p.m. Wednesday, July 25. It was an excellent meeting. Present were Dr. George J. Luibel, Chairman; Doctors: C. Raymond Olson, P. R. Russell and TAOP&S President, Dr. L. G. Ballard.

It was noted that there were only five scientific papers ready for publication which is not sufficient for more than two issues. Methods of obtaining more articles were discussed and it was concluded that the best articles are complete case reports, short and concise, which enable the physicians to gain information and knowledge without having to do much lengthy reading. The feature, "Hospital of the Month" has been assumed by your Journal Editor and the state office. The Committee further decided efforts should be made to obtain articles from osteopathic physicians who conduct solo practices in the rural areas as some of their experiences would be interesting and educational.

*Thursday afternoon, July 26*, the executive secretary visited the Hurst General Hospital where he had a lengthy discussion with the administrator and with Doctors Charles H. Bragg, Myron B. Renner, Keith D. Peterson, V. L. Jennings and Howard Gault.

These contacts were of considerable value. The executive secretary also inspected the new office building, across from the Hurst General Hospital, which will be occupied primarily by Doctors Gault and Bragg.

If we catch up on all the work the committees left with us to be done, we will see you next month!

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## From "Watchem" Column

The Houston Chronicle

July 24, 1962

**ANONYMOUS:** "Do osteopathic doctors and regular M.D.s have different national associations? Are they accepted in the American Medical Assn., and if not, why? What are the differences in osteopathic qualifications for licenses in Texas, and how does the training differ?"

*WATCHEM: Pre-medical requirements are the same for both. College medical studies are practically the same, some instructors use the same books as the orthodox colleges. Osteopathic medical students take from 500 to 700 additional hours on the structural and functional integrity and beneficial manipulation of the body. Both osteopaths and regular M.D.s must pass the same Texas State Board exams. The State Board is composed of both types. While the conventional doctors belong to the American Medical Assn., osteopathic physicians are members of the American Osteopathic Assn. The aims of both are the same.*

---

During the height of an Iowa blizzard last winter, a Des Moines doctor got a call from a man whose wife needed medical attention.

"I'll be glad to come, but I have no transportation," the doctor said. "You'll have to come and get me."

"What?" exploded the caller, "In this weather?"



# American Osteopathic Association

Office of

CARL E. MORRISON, D.O.

*Chairman: Council on Federal Health Programs*

1757 K. Street, N.W.

Washington, D. C.

July 26, 1962

## Washington News Letters

### Old Age Medicare.

Yesterday, Senators Anderson of New Mexico and Javits of New York introduced S. 3565, a clean bill showing the final form of the compromise old age medicare amendment at the time it was voted down in the Senate 52 to 48 on July 17. Its definition of "inpatient hospital services" excludes medical or surgical services EXCEPT "services provided in the field of pathology, radiology, physiatry, or anesthesiology, and except services provided in the hospital by an intern or a resident-in-training under a teaching program approved by the Council on Medical Education and Hospitals of the American Medical Association (or, in the case of an osteopathic hospital, approved by a recognized body approved for the purpose by the Secretary) . . ."

Representative Halpern of New York introduced a companion bill, H.R. 12695. Representative Byrnes of Wisconsin introduced H.R. 12693 to allow a credit against the individual income tax for a portion of any amounts paid for accident or health insurance.

### Kefauver Drug Control Bill.

An amended version of the Kefauver bill, S. 1552, has finally emerged from the Senate Judiciary Committee. As reported by the Committee on July 19, the bill provides for registration of every establishment in which drugs are manufactured or otherwise processed (except pharmacies, offices of profes-

sional practitioners, and research and teaching facilities); requires a pre-marketing showing that all new drugs meet an additional test of "effectiveness" in addition to the existing test of "safety," and permits prompt removal from the market of such drugs when new evidence shows the drug should not have been cleared originally; authorizes the Secretary of HEW to designate an official name for any drug if he de-

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#### LA Dean.

The Veterans Administration announced on July 13 that Dr. Benjamin B. Wells, VA assistant chief medical director for research and education and former dean of the University of Arkansas, has become dean of the "newly organized California College of Medicine," formerly COPS.

#### DHM.

Dr. G. P. Ferrazzano succeeds Dr.

C. J. Wagner as Chief, PHS Division of Health Mobilization on August 1.

## Like Father, Like Son

Both Thomas L. Northup, father, and George W. Northup, son, have recently been the recipients of awards from public organizations or institutions for their outstanding services in their chosen profession. Late in 1961 the Rotary Service Award was presented to Thomas L. Northup "in deserved recognition and appreciation of distinguished service above self." This spring the Alumni Association of Brothers College presented its Achievement Award to George W. Northup in recognition of his professional accomplishments, his outstanding character and his continued loyalty to Drew University and the ideals for which it stands. We congratulate the two Doctors Northup.

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# The Office Management of Scarlet Fever

R. J. MADZIAR, D.O.

Scarlet fever is a disease which is seen with more frequency than realized and which presents some problems in diagnosis. The purpose of this paper is to present the methods used in the diagnosis and treatment of this disease as it is seen in pediatric practice.

Scarlet fever is an acute infectious disease, caused by a member of the beta-hemolytic *Streptococcus* family. It is characterized clinically by a sudden onset of fever, sore throat, and vomiting, followed by the appearance of an erythematous rash and desquamation.

Any or all of the erythrogenic-toxin-producing strains of beta-hemolytic *Streptococcus* can and do produce scarlet fever. These are usually of group A, beta-hemolytic *Streptococci*, although there are also some members of groups C and G which are known to elaborate the toxin.

The organisms of group A produce soluble substances, such as erythrogenic-toxin, streptolysin O and S, streptokinase, leucocidin, and hyaluronidase which are important in pathogenesis.

Spread of this disease is usually by direct contact and air-borne transmission. Both are important factors in epidemiologic control and treatment. Scarlet fever is usually seasonal in nature, occurring primarily in the late fall, winter and early spring, with a marked preference for the temperate climate zone. Negroes, Eskimos and the yellow-skinned races seem to have a natural immunity. The age group from 2 through 8 years show the peak incidences of scarlet fever. There is also a marked familial predisposition.

The incubation period of scarlet fever is short, comprising a period of from 2 to 5 days. Longer periods have been reported. In our series of cases, onset of

symptoms is rather abrupt and pursues the following pattern:

**TYPICAL HISTORY:** "I sent Johnny to school today, and he was perfectly well. When he came home from school, he took a little nap. Then, when he awakened from sleep, he felt feverish, vomited, and said he had a headache and sore throat."

**USUAL CHIEF COMPLAINTS:** Cephalalgia, fever, vomiting, and sore throat, usually abrupt in onset.

**USUAL PHYSICAL FINDINGS:** The patient is young, of average build and in satisfactory nutritional state, presenting a flushed face and appearing quite ill. The temperature is elevated, often to 103 deg. F. Respirations are usually increased, and the skin is warm and appears flushed. The eyes, ears and nose do not appear remarkable. The mouth, soft palate, tonsils and posterior pharynx usually demonstrate a marked hyperemia, with the typical scarlet coloration. Anterior cervical and submandibular lymphadenopathy are usually found. There may be a slight resistance in nuchal flexion. Auscultation of the pulmonary fields is usually unremarkable, except for the increase in respiratory rate. The cardiac rate is likewise increased, but other cardiac auscultatory signs are not in evidence. The abdomen frequently demonstrates slight tenderness in the epigastrium.

Examination of the skin will reveal the erythematous, punctate rash, scattered over the lower abdomen with a "French panty" distribution. The lower extremities are within normal physiologic limits as are the deep tendon and superficial reflexes.

**USUAL LABORATORY FINDINGS:** The urine is ordinarily unre-

markable except for the frequent finding of proteinuria. The hemogram ordinarily demonstrates mild to moderate leucocytosis with a shift in the Schilling index to the left.

**TREATMENT:** Our treatment has consisted of 600,000 units of aqueous penicillin, administered intramuscularly daily for a period of 3 days. Oral penicillin (suspension) is usually prescribed and given at 6 hour intervals. The parents are instructed to keep the child in bed and to encourage oral fluids. Salicylates are given at 4 hour intervals as needed for elevation of temperature over 101 deg. F. Approximately 10 days after the rash has disappeared and all symptoms have subsided, the patient is instructed to return to the office for a complete physical examination, which includes complete blood count and urinalysis.

**DISCUSSION:** The diagnosis of scarlet fever is made on the basis of clinical symptoms and physical examination. The treatment is intensive with the use of high doses of antibiotics and bed rest, along with the adequate administration of oral fluids. The diet requires no restriction. From the standpoint of antibiotics, treatment is con-

tinued for at least 3 weeks of oral administration or at least 10 days of parenteral administration, or until evidence of activity has disappeared. We lay particular emphasis on the return visit 10 days following disappearance of rash in order to guard against the sequellae of scarlet fever.

Following this regime, we have been fortunate in not encountering any of the secondary manifestations or sequellae.

In our experience, we have found that penicillin is the drug of choice, although on occasion we do use the sulfonamides and some of the other antibiotics, usually in those patients who are known to be allergic to penicillin.

Desquamation and other sequellae have been kept to an absolute minimum in those patients who are seen and placed upon the therapeutic regimen within a 24-hour period, following the onset of the disease.

**SUMMARY:** The signs and symptoms of scarlet fever as seen in the office practice of pediatrics have been discussed, and the therapeutic regimen employed by us has been outlined.

**BIBLIOGRAPHY:** Available upon request.

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# NEWS OF THE DISTRICTS

## DISTRICT 3

Deep sea fishing on the Gulf was a popular week-end pastime among East Texas DO. anglers this July. Drs. L. D. Lynch, Tyler; and Carl List, Troup, tried their luck at landing red snapper, July 6-7-8. Drs. Brady Fleming, Tyler; and Anton Lester; Frankston, went on the 5th and 6th. They reported that the signs didn't turn out too well for red snapper fishing.

Dr. Henry Hensley, Big Sandy, was recently made a member of the Big Sandy Independent School District's Board of Trustees.

Dr. Carl List was elected in May as President of the Methodist Men—a lay group of Troup's First Methodist Church.

Congratulations, Commissioner Hensley and President List for engaging in such worthwhile community activities.

ati District 3 will sorely miss the engaging Dr. C. C. Rahm with the facile tongue and razor-keen mind. Dr. Rahm is due to move to Lubbock about mid-August, where a new clinic is being set up for him. Good luck, Chuck.

Dr. Robert E. Slye, now with the Coats-Brown Hospital group, will take over Dr. Rahm's practice. The Brownboro Clinic is one of the best designed and neatly appointed physician's office setups in the state.

## DISTRICT 10

More than 1300 Lorenzo area residents turned out July 21 to take the new Sabin oral polio vaccine at the Jaycee-sponsored mass immunization program. The program, first in the South Plains area, was hailed a success by M. L. Wisby, D.O., public health officer who played a major role in launching the program.

Vaccine-laden sugar cubes were ad-

ministered by Dr. Wisby and his staff and Jaycees, assisted by three Latin-American girls who handled registration.

Dr. Wisby reports that Lorenzo was also one of the first communities to carry out a free Salk Vaccine Clinic in the South Plains area.

## DISTRICT 11

Because of the slow summer months bringing on vacation time and with so many doctors away, District 11 did not hold its regular meeting during the month of July. This, however, did not limit the activities of our very active auxiliary. Under the direction of Mrs. Emily Vowell and the chairmanship of Mrs. Max Weaver, the auxiliary played host to a very pleasant evening at the Hacienda where the group was entertained by a melodrama and a Mexican dinner. Those who did make the outing were greatly pleased and well entertained.

Dr. Delgado and son, Roger, took off for the west coast and world's fair last month and have not returned yet.

Dr. and Mrs. M. A. Calabrese and family vacationed to Erie, Penn. and Niagara Falls for a belated honeymoon.

Dr. and Mrs. H. D. Smith and family (Shirley, Danny, and Bonnie) toured the northwest to Denver, Las Vegas, San Francisco, and back to El Paso for their vacation. Harvey said he was a "tired old dog" when he got back, but was ready to do it again.

This district was host to Dr. and Mrs. J. J. Cahill of Phoenix, Ariz. Dr. and Mrs. Cahill visited this area to look about for a possible location. Dr. Cahill was greatly impressed and commented very enthusiastically about the potential of El Paso. We hope he decides to join us soon.

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