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Texas OSTEOPATHIC PHYSICIANS Journal

Volume XVII

FORT WORTH, TEXAS, JULY, 1960

Number 3



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Texas Osteopathic Physicians' Journal

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TEXAS ASSOCIATION OF OSTEOPATHIC PHYSICIANS AND SURGEONS

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EDITORIAL PAGE

YOUR ORGANIZATION

The TAOP&S is a voluntary professional organization, the purpose of which is to promote the general welfare of its membership, to conduct educational programs in their behalf, to further osteopathy as a profession, and to work in behalf of better medical care for the public.

As a democratic organization, the membership controls the policies of the TAOP&S through its duly elected delegates from each of the 13 districts. Therefore it is required that the governing body abide by the decisions of these duly elected district representatives who speak for the membership.

It is the policy of the organization never to work a hardship on any of its members. YOUR DELEGATES increased the dues in the TAOP&S from \$100 to \$200 with instructions that \$100 of same was to be placed in a Professional Development Account.

YOUR DELEGATES passed upon the new Constitution and By-Laws which specifically state that dues are payable April 1 and delinquent July 1. Because the executive secretary was taking it upon himself to violate this provision by allowing certain members (who were able to assume their responsibility) to defer payments, the Board of Trustees instructed him and the Membership Committee to enforce the Constitution and By-Laws to the letter.

To alleviate any hardship on any individual member, regarding dues, the President of the TAOP&S recently took a mail vote from the Board which gives the Membership Committee the authority to use its judgment in arranging part payment plans for those unable to pay in full. However the Committee must first have a recommendation from the district that the member is deserving of this consideration.

It is our hope that the districts and the membership therein will assist the Membership Committee in fulfilling its obligations.

THE CHALLENGE

By M. A. CALABRESE, D.O.

"Doctor, what is an Osteopath?"
"Doctor, what does 'D.O.' mean behind your name?" "Doctor, what is the difference between D.O. and an M.D.?"

How many times have you been asked these questions by your patients? were you able to give a satisfactory answer to these questions? These same questions probably coursed through your minds while you were attending your Osteopathic College. I know they were questions I have asked many times of the clinicians and professors at my college. The answers at the time seemed vague, evasive, or incomplete. Now that I look back, I think it was, in part, the lack of foundation and understanding on my part, that dissatisfied me with the answers given.

When these questions were asked of me during the beginning years of practice, I found myself giving the same vague, evasive and incomplete answers. I began to feel that I was not worthy of the degree "D.O.," or perhaps I really was a back door "M.D." as some of us are accused. Obviously better reasons were needed for my existence as a D.O.

With these thoughts in mind I tried reading all the articles and editorials appearing in our Journals and publications seeking a sound answer for our existence as a profession.

In the A.O.A. Journal from October 1954 through April 1955 appeared a series of articles by the editor commenting on the publication, "The Development of Osteopathic Research and Education," by W. V. Cole, D.O. (2). These articles gave me a sense of glow and a feeling of pride! Many of my questions were answered. I suddenly realized that one had to span the total years of our existence and become mentally oriented to that time

in history when Osteopathy had its emergence. It was the time of the medical revolutions in Europe when such men as Pasteur, Koch, and Neisser were isolating bacteria as the causative organisms for disease; but the treatment of disease in America, especially on the American frontier was far behind. At the time the essence of treatment was 'purge, vomit, blister and bleed.' It was during this time that Osteopathy made its emergence.

Dr. Still's osteopathic basic concepts are just as true and basically sound today, if not more so, as they were in 1872: "(a) every portion of the body must have an adequate arterial supply and venous drainage; (b) within each individual there are normally present the chemical substances necessary to maintain an individual in a state of health; and (c) when the structure of a cell, tissue, or organ is altered, the function also is altered;" (1)

Compare this philosophy to the treatment of disease then in vogue; 'vomit, purge, blister and bleed.' It's no wonder that osteopathy flourished! Patients of the early osteopathic practitioners soon learned that they recovered as quickly or more quickly under these "drugless," or "different" kind of doctors, than under the orthodox doctor. (3)

Dr. R. P. Keesecker says, "that it (osteopathic concept) was actually revolutionary can be best appreciated only after a study of the medical practice of the early 1900's. That the Still philosophy remains revolutionary may come as a surprise, even to the osteopathic physician, who is apt to take his heritage as a matter of fact, thinking that osteopathy is incapable of producing a radical alteration in medical thinking today." (2)

Can you imagine the near miracu-

lous results these pioneers in osteopathy achieved applying the osteopathic concept with little or no drugs? I feel it was because of these clinical achievements that the profession flourished with phenomenal strides. Manipulation of course was the principal mode of treatment. Naturally through the years osteopathy and manipulation became synonymous in the eyes of laymen, who apparently did not realize nor did not care, that the osteopathic physician was trained in all phases of the healing arts as long as they were relieved of their complaints.

A note of interest from Dr. Page's article. "In 1904 the course of training was increased from two to three years. Although the general run of medical schools did not raise their requirements until 1910." This was brought about by the Flexner Report, which exposed the deplorable conditions in the many small medical institutions in the country. (3). We have come a long way in a few short years.

Dr. R. P. Keesecker has divided osteopathic history roughly into three phases—the phase of 'emergence,' extending from the profession's beginning to about 1915; the clinical phase from about 1915 to the 1940's; and the present period which he calls the phase of challenge "in which the profession is called upon by society to fill the role which is being rapidly created for it—leaders in a movement for the continuous reorientation of medicine." (2). Thus we have our task cut out for us. The seeds were planted by Dr. Still in the latter nineteenth century. The land was fertile and the roots grew deep and firm. Now it is up to us to keep these roots growing deeper and firmer so that those in need may share of its fruit and shade.

This challenge is greater now than ever before. Dr. G. L. Young, president of A.O.A., has so appropriately put it in a message, "As we go through the weeks, months and years, we will do so with pride merited by

our profession, by its accomplishments, and by individual contributions, we may make to the betterment of our patients, our community, and our nation."

Now when I am asked, "What kind of a doctor are you," I always reply with pride "an osteopathic physician" with emphasis on *osteopathic*.

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(1) Cole, W. V., D.O.: Development of Osteopathic Research and Education. These submitted in partial fulfillment of the requirements for the degree of Master of Arts, Northern Missouri State Teachers College, Kirksville, Mo., 1954.

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(3) Page, Leon, D.O., "Perspectives," The Forum of Osteopathy, Vol. 29, pp. 389-394 February 1956.

(4) Young, Galen S., D.O., "Message from the President" of A.O.A., J.A.O.A. Vol. 59, pp. 488-489 February 1960.

CORRECTION

In the Resume of the House of Delegates which appeared on page 9 of the June Journal, Dr. Loren R. Rohr and Dr. J. Paul Price were shown as being elected to a two-year term each on the Board of Trustees. This is an error. Please correct your copy as follows:

Dr. Loren R. Rohr was elected to a three-year term on the Board of Trustees.

Dr. J. Paul Price was nominated but not elected to the Board.

No elections were held for two-year terms on the Board.



From the Wednesday, June 15, 1960—DALLAS TIMES HERALD

Proposed 125-Bed Stevens Park Osteopathic Hospital

\$2 Million Expansion Program Set by Stevens Park Hospital

Stevens Park Osteopathic Hospital Wednesday announced plans for a two-million-dollar expansion and construction program at Hampton and Colorado in Oak Cliff.

The three-storied modern 125-bed hospital, the present hospital and an interns' residence will cover two and a half acres, the entire south block of Stevens Park Shopping Center.

Hospital Administrator J. D. Weatherly said construction will begin within days and a target date for occupancy of July 1, 1961, has been set.

Under planning for two years, the osteopathic hospital in Texas, and the largest such institution built entirely by private funds in the Southwest.

The contemporary 300-foot building includes electronically filtered air, acoustical dust-free tile in patient rooms, dust-free walls, self-contained laundry, oxygen pipes to each bed and a pneumatic tube system for rapid communication.

The hospital will include extensive radiological facilities, including a department of nuclear medicine.

Designed to give a split level effect, the hospital's facade will feature a two-storied sculptured statue of Hygiea, goddess of health.

The present 25-bed clinic and hospital was built 12 years ago by the founders, Dr. J. C. Salabria and Dr. C. W. Danoff, both general osteopathic physicians.

The present clinic will serve as offices for the 32 doctors and 60 nurses who will staff the new center upon its completion.

Stevens Park is approved for teaching by the Texas Dept. of Health and the Bureau of Hospitals for the American Osteopathic Assn. It also is approved for internships and residency in surgery.

Architect for the new center is Joe Earl Smith and Harry Jansen and Associates are general contractors.

EXECUTIVE SECRETARY'S TRAVELOGUE

June has been an extremely interesting and busy month so far as this office and the executive secretary are concerned. The office problem has been in connection with membership dues. So many of the members have failed to realize that the Board of Trustees instructed the executive secretary and the Membership Committee that the provisions of the Constitution and By-Laws regarding dues must be carried out to the letter and this has required a great deal of correspondence and explanation. It has not been unusual to find that the members, themselves, do not know what our Constitution and By-Laws provide.

On June 4, the Membership Committee held a meeting in the state office at which time numerous applications for membership in the TAOP&S were passed upon. It was a good day for the meeting as Dr. J. Warren McCorkle, a member of the Committee, was on his way to Alameda, California, to represent the TAOP&S at the Public Health and Civil Defense meeting. The Membership Committee adjourned its meeting at 5 p.m. and the executive secretary took Dr. McCorkle to Love Field in Dallas, where he caught his plane to San Francisco.

So, the first six days of the month found the executive secretary in the office handling routine matters. He is happy to report that the Executive Committee made the first appropriation of funds to our osteopathic colleges, as follows:

Kirksville College of Osteopathy and Surgery	\$19,500.00
Kansas City College of Osteopathy and Surgery	\$12,400.00
College of Osteopathic Medicine and Surgery	\$ 2,500.00
Philadelphia College of Osteopathy	\$ 1,200.00

Chicago College of Osteopathy

\$ 900.00

TOTAL

\$36,500.00

It is possible that the Executive Committee will not make another appropriation to the Colleges until the first of August. If the balance of the members pay up as they should, there should be another substantial gift to each of our educational institutions at that time.

On the night of June 7, the executive secretary attended the annual meeting of the Fort Worth Club, which was extremely interesting as it enabled him to renew his contacts with leading citizens of this city.

The executive secretary spent the entire afternoon of June 8 with City Attorney Jondroe and Mr. Price, over the tax situation regarding the state office. This had to come to a head. Mr. Jondroe presented sufficient evidence to this office to prove that by state law they were not required to recognize this association as a non-profit, charitable organization and they refuse to do so. In addition, the city assessor had put a \$15,000.00 valuation on the equipment and furnishings in the office, making the personal property tax higher than the tax on the building. This, of course, was ridiculous and the ensuing discussion lasted several hours and ended with an agreement that Mr. Carr, head man in the tax assessor's office, would come out to the state office to re-evaluate (with the executive secretary) the equipment and furnishings. The executive secretary had made his own private evaluation of \$1,050.00.

On June 9, Mr. Carr came to the office and following considerable discussion, gave an evaluation of \$1,100.00 which the executive secretary accepted rather than continue the arguments any longer. The executive secretary then paid up all back taxes on the property, less the penalty, which was the figure

agreed upon and will be so recommended to the City Council by the city attorney, for acceptance.

On June 12, the executive secretary left for Austin, arriving there in sufficient time to get some rest before facing the next two days of hard work. On the morning of the 13th he met with Mr. A. W. Penn and Mr. Bob McAnally of the State Insurance Department, the object being to discuss two insurance problems which affect the osteopathic profession and the public, namely (1) a bracero policy which is illegal and unconstitutional (2) a Banker's Life policy which wording is so vague that no one can determine the amount of the payments provided by same. After a thorough discussion, Mr. Penn agreed to go to the Insurance Commission with both problems and see that same is corrected. Dr. Baum had set up this appointment for the executive secretary and was with him for an hour of this three and one-half hour conference.

That afternoon the executive secretary attended several sessions of the Democratic Committee meetings and visited in the local headquarters of the Tarrant County Association.

That evening he attended the "Johnson For President" dinner which enabled him to renew a great many political contacts which for several years had been lost. This dinner was indeed a surprise affair. A great many of those who paid \$50.00 for their tickets and who were to receive a 16 oz. Kansas City sirloin steak were very disappointed as the number in attendance was twice that expected, which caused them to run out of food. They had to raid every supply place in Austin to get something to serve. The executive secretary arrived at the dinner at 7 p.m. and at 9:45 p.m. was served a small piece of hamburger steak. Needless to say, he was quite hungry when he left at 11:00 p.m.

On the following day, June 14, the

executive secretary attended the State Democratic Convention, an account of which each of you have read, I am sure. He was a delegate from Tarrant County. Several other D.O.'s were delegates to the convention also, but there were not enough to make it as representative of the osteopathic profession as we would have liked. Dr. Baum, of course, was a delegate. Dr. Jenkins of Granbury was a delegate and we understand Dr. Clark Wagner was a delegate, although we failed to see him. Possibly there were other D.O.'s there. We cannot say.

At the convention the executive secretary was able to meet and talk with many of his old political friends whom he had not seen in some time, all in the interest of the profession. An unusual incident occurred which impressed him a great deal. Senator L. B. Johnson and Speaker Sam Rayburn both spoke at great length on the precarious condition our country is in, from an economic standpoint and from a foreign relations standpoint and both stated that this country was never closer to catastrophe than now. During the intermission which followed, the executive secretary was walking in the rotunda when a rather elderly gentleman (whom the executive secretary did not recognize) called out, "Dr. Phil." He then stated, "I have attended these conventions for better than 40 years and on each occasion I have heard these same statements."

The executive secretary was later able to visit with the Governor, Speaker Rayburn and Senator Johnson, for a brief time. The convention ended at 5:00 p.m., by which time the executive secretary was ready for some much needed rest. He "hit the hay" at 8:00 p.m.

On the morning of June 15 he left for Houston, arriving there about noon and at 2:00 p.m. was at the Blue Cross office for a meeting over the new federal insurance program for civil service employees. He then visited at

Houston Osteopathic Hospital and Doctor's Hospital.

That evening he met with the Executive Committee of District No. 6 to discuss problems of (1) Membership (2) a dinner for Vocational Guidance High School teachers which the district agreed to hold in October or November of this year, in cooperation with the TAOP&S. The meeting adjourned at 11:00 p.m. and the executive secretary met with Dr. J. Ralph Cunningham, a member of the Board of Trustees, until 2:00 a.m. over problems he was particularly interested in.

Needless to say, the executive secretary tried to sleep late Thursday morning, June 16, but was awakened at 6:30 a.m. and proceeded to Community Hospital where he met Dr. Thompson. He and Dr. Thompson went immediately to the Homestead Road Hospital and Clinic to inspect that institution at the request of the Nettleship Company.

Following the inspection, they returned to Community Hospital and the executive secretary visited with several of the doctors in that institution, before returning to the hotel. Following dinner, he "hit the hay" again and tried to catch up on his sleep.

Early Friday morning, June 17, the executive secretary proceeded to the residence of Dr. G. W. Thompson for a meeting of the TOIL Committee which began at 10 a.m. and lasted until approximately 4:00 p.m. He then went to Community Hospital for a meeting with Dr. Loren Rohr, Chairman of the TAOP&S Ethics Committee.

His meeting with Dr. Rohr began at 6:00 p.m. There were two serious violations of the Code of Ethics in the Houston area, which were discussed at length. They then reviewed the problems confronting the delegation to

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the A.O.A. Convention. The executive secretary returned to his hotel room at 9:30 p.m., had dinner, and went to bed as he had to leave Houston early the next morning.

The executive secretary left Houston at 6:00 a.m. and drove back to Fort Worth for a dinner meeting with members of the Texas State Board of Medical Examiners and their wives. The dinner was given by Doctors Howard Coats and R. H. Peterson at the Fort Worth Club. Special guests were Dr. Glenn R. Scott, President of the TAOP&S, and Mrs. Scott; Dr. May Owen, President of the TMA; Mr. Morgan, a local attorney for the Board; and the executive secretary and Mrs. Russell. Needless to say, it was a wonderful public relations move that brought together the heads of the TAOP&S and the TMA. There was considerable good will and fellowship at the meeting.

A letter to the executive secretary has since been received, from a member of the Medical Board, the length of which prohibits publishing it in full. The following are excerpts from his letter:

"When I became a member of the Board, I, as many other allopathic physicians, did not have as good an opinion of the osteopathic as I should have had. I might as well be honest and admit it because it is true."

* * *

"In the past six years I have learned to appreciate the training that the osteopathic physician has. I have observed that they do as well on the state board examinations in general as the allopathic physicians."

* * *

"I have had a chance to observe and associate with the osteopaths on the Board whom I consider to be top-notch men both from the standpoint of training and character. I do not believe you could be better represented on the Board."

"I am thoroughly convinced that you gentlemen do a superb job in policing your own organization and clearing out those who are unworthy and unfit to practice medicine."

* * *

"I wish that every allopath in the state of Texas could have the advantage of serving on the Board and learning what the osteopathic physician is doing and what he stands for."

* * *

"I feel that such meetings as we had at the Fort Worth Club bring the two organizations closer together and helps to iron out difficulties that have existed throughout the years."

* * *

"I especially enjoyed 'your words of wisdom' and the experience that you had as a Board member along with Doctors Connally and Brown."

* * *

"It was very nice to meet Mrs. Russell. Please give her my regards."

* * *

Our profession should say "THANKS" to Doctors Coats and Peterson for holding this dinner.

On June 20 the executive secretary was surprised to learn we had seven osteopathic physicians taking the Board. Hurriedly he arranged a dinner at the Fort Worth Club for these examinees. For the first time in the history of the Texas Board, there were four graduates from the California school taking the examination.

On June 21 the executive secretary attended the District No. 2 meeting and brought to that society's attention two problems — (1) membership (2) Vocational Guidance Dinner which the District agreed to hold One in October or November, in cooperation with the state organization.

On June 23 the executive secretary went to Dallas to speak at the groundbreaking ceremony for the new Stevens Park Osteopathic Hospital, a story of

which is carried elsewhere in the Journal.

At 7:30 p.m. he met with the Executive Committee of District No. 5 to discuss two problems—(1) membership (2) Vocational Guidance Dinner. This district also agreed to hold a dinner in October or November, in cooperation with the TAOP&S.

We are now pleased to report that three of the large districts (No. 2, No. 5, No. 6) have agreed to put on these dinners for High School Vocational Guidance teachers in their area. The dinners will be set up in consecutive order as soon as arrangements can be made and we have a definite date set by the guest speaker.

On June 24 the executive secretary went to Azle to inspect the Azle Clinic and Hospital for the Insurance Committee. This hospital was recently purchased by Dr. Eugene Augter of Amarillo. Dr. Raymond Beck, also of Amarillo, will be associated with Dr. Augter in the operation of this institution. Open House was held Sunday, June 26, but the executive secretary was unable to attend because of previous commitments.

At noon on June 25, the executive secretary met with the Executive Committee of the Texas Hospital Association to make arrangements for the annual meeting of that organization in August and to set up the program for same.

At 5:00 p.m. he left Fort Worth to

attend the annual dinner for the graduating interns of Stevens Park Osteopathic Hospital and Dallas Osteopathic Hospital, a story of which is carried elsewhere in the Journal.

On June 29 the executive secretary attended a dinner for the graduating interns of the Fort Worth Osteopathic Hospital, where he presented the certificates to the interns.

This concludes his report of a very active and very busy month, and as far as the executive secretary can see—there is no relief in sight.

See you next month!

Medical Board to Meet

The next meeting of the Texas State Board of Medical Examiners will be held on December 1, 2, 3, 1960, at the Hilton Hotel, Fort Worth, for the purpose of giving examinations and considering applications for license by reciprocity.

Completed applications for the December examination must be filed with this office thirty days prior to the December meeting date.

Completed applications for reciprocity to be considered at the December meeting must be filed sixty days prior to the December meeting date.

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IMPORTANT

It is the opinion of the editor that every member of the profession should read the following article entitled "Court Opinion Regarding Support Through Dues." To read the opinion of this judge regarding our responsibil-

ity to our educational institutions, is certainly enlightening and inspiring; and it is proof that the Texas House of Delegates acted wisely in revising its membership dues.

Court Opinion Regarding Support Thru Dues

STATE OF MICHIGAN
IN THE CIRCUIT COURT FOR THE COUNTY OF ST. CLAIR

JUDGMENT

At a session of said court contained and held at the Court House, in the City of Port Huron, said County and State, this 2nd day of July, 1957.

PRESENT: Hon. EDWARD T. KANE, Circuit Judge.

This cause having come on to be heard upon the pleadings and upon proofs taken in open court, and after arguments of respective counsel it appearing to the Court that the allegations charged in the Petition for Writ of Mandamus have not been sustained by the plaintiff,

Now Therefore, IT IS ORDERED and ADJUDGED that the said Petition for Writ of Mandamus be, and the same is hereby dismissed with costs to the defendants to be taxed and that defendants have execution therefor.

/s/ Edward T. Kane
Circuit Judge

Benedict and DePuy, Attorneys at Law
407 Michigan Nat'l. Bank Building
Port Huron, Michigan

(Opinion of the Court given at the conclusion of proofs and arguments)

THE COURT: Gentlemen, concerning the matter of argument as to whether or not mandamus would or would not lie in this case, if the court were to consider this as a petition for the court's writ of injunction to prohibit the Eastern Michigan Osteopathic Association and the several defendants

therein named, I would be very happy to do so because the petition, regardless of its name, in effect asks that the court become a part of the internal affairs of the Eastern Michigan Osteopathic Association and by doing so make certain directions which would be reaching farther than the Association itself, whether it be a voluntary or whether it be an unincorporated or an incorporated Association and as to the direction of the several defendants therein named.

Now the right of an individual to be heard in the form as we have for the past several days is one of the traditionally American rights which will never be abridged, we trust, and when I listened to the testimony I just wondered, the responsibility of a profession is to the future as well as to the present. It calls for more than smugness in life, more than monetary gain; your oath is evident. You can look, gentlemen, to the professional life of the other learned professions and view the responsibilities which they have taken. No one is required to join either the State or the Eastern Michigan Association in order to practice his or her profession. You can provide for your own practice and proceed in the same manner as a doctor if you do not agree with the principles of the other members of your profession. It is your right. These organizations, which are based upon the closeness of men in a

learn-profession, differ from a labor union, from a fraternal organization and from a social or service club. This society or organization or whatever title you wish to call it brings together men who have a responsibility, a responsibility to their profession, to their community and to those who will follow in the profession.

It is evident from the testimony that there are no State or tax supported institutions to further the research and the education of those who seek; there are no available State institutions for that purpose, but the advancement of the profession and all of the research must come from the schools which are maintained for the purposes of educating those who seek the professional status which you men have. Your sick, your lame, your suffering, who are your patients, call to you for the progress which must be yours and they can only look to you and to those who follow you for relief from the same. The best interest of the health of your community is your responsibility. And in organization, you gentlemen think you are in difficult shape concerning membership but the legal profession far out does anything which has been ordained by the U.A.W.-C.I.O. or the A.F. of L. because the members of the legal pro-

fession in the State of Michigan, unless they pay their dues to the State Bar of Michigan, cannot practice law. A member of a labor union, if he doesn't want to subscribe to the principles of a labor union and go out and pay his dues and become a member in order to work under circumstances where the closed shop exists, may go and find himself a place where it is not required. He can as a tool and die maker, as a machine operator or a truck driver go out and maintain himself and his livelihood. The members of the legal profession of this State cannot practice whatsoever and this restriction upon the payment of dues in the matter before us today is based wholly on the principle and it is whether or not the scale has been graduated for the period of time and practice and the thought in mind of taking care of the newer members in the profession in those days in which hunger became a partner at many times and inconvenience in the practice and as in our profession we refer to those who are first starting off as knights in shining blue serge suits. And your difference has been a matter of public acceptance and you gentlemen who are carrying on in the association have made tremendous advances and inroads in progress.

WHY NOT

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It would be nice if in the practice of a profession that instead of the various things that are conducted that if one would keep foremost in his mind the oath that he takes at the beginning upon being found qualified to practice the healing art in which you are engaged. This matter of this one hundred dollars has no more to do with Dr. Scully's practice of his profession because he is free today to practice as he sees fit. He does not have to subscribe to an association, he doesn't have to belong to the State organization. He has been admitted to practice and it is evident to me that the doctor is eminently qualified in his practice, as indicated to me from the testimony here, and in addition to being indicated to me from the testimony here, and in addition to being eligible to practice osteopathy in the State of Michigan he is as well in the State of Maine and the State of Texas and carries with it a broad capability in so far as his profession is concerned.

There has been, as a result of the action of the Eastern Michigan Osteopathic Association, no semblance of wrongdoing in dedicating dues money in any manner that the majority wishes and as long as we live in a democracy and organizations are operated on those principles and if the reverse were true, if one man could tell the majority what is for the best interest of their future, of their practice, it would be a rather awkward arrangement.

The matter as to how the distribution of dues is made, as long as they are not wrongfully appropriated or used and as long as the refusal does not deprive the man of his right to practice his profession as such, I can have no quarrel with it.

The application and petition for a writ of mandamus or injunction, restraining the Eastern Michigan Osteopathic Association and the several defendants named from interfering with Dr. Scully in the entrance into the hospitals that are so sponsored, including

the Mount Clemens General Hospital, is and the same is hereby denied with costs to the defendants in their behalf sustained.

BREAKING GROUND



Breaking ground for the new Stevens Park Osteopathic Hospital, Dallas, are, l. to r. Joe Earl Smith, architect; Dr. J. C. Calabria, osteopathic physician, and Harry E. Janson, general contractor.

Two hundred citizens, physicians, and nurses attended the ground breaking ceremony for the new Stevens Park Osteopathic Hospital on Thursday, June 23.

Participants included Dr. Charles D. Ogilvie, chairman of the department of radiological services, who gave the dedication; Dr. R. A. Self, Dallas City Council member, who gave the response for the community; and Dr. Phil R. Russell of Fort Worth, executive secretary of the Texas Association of Osteopathic Physicians and Surgeons, who gave the response for the profession.

HONORED



From June 30—FORT WORTH STAR TELEGRAM

Dr. P. R. Russell, right, chairman of the board of Fort Worth Osteopathic Hospital congratulates one-year internes at the hospital who received certificates Wednesday night at Colonial Country Club. The internes are, left to right, Dr. Ernest J. Sachse, Dr. Henry H. Beck Jr., Dr. Raymond R. Hughes, Dr. W. W. Bailes and Dr. Lawrence A. Wills.

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Intern Certificates Awarded



AOA past president, Dr. Robert D. McCullough of Tulsa, Oklahoma, addresses the finishing interns of Dallas Osteopathic Hospital and Stevens Parks Osteopathic Hospital.

The combined staff of the DALLAS OSTEOPATHIC HOSPITAL and STEVENS PARK OSTEOPATHIC HOSPITAL held a reception, dinner and dance in honor of the graduating interns and residents of these two institutions on June 29 at the Baker Hotel in Dallas.

Dr. Paul A. Stern was Master of Ceremonies. The invocation was given by Pastor Martin Luther Yontz, following which a wonderful dinner was served to approximately 200 physicians, wives and lay guests.

The program opened with a congratulatory message by Dr. Glenn R. Scott, President of the TAOP&S. Dr. Robert D. McCullough of Tulsa, Oklahoma, then delivered the feature address of the evening.

Presentation of certificates was made by Doctors Charles D. Ogilvie and Raymond N. Dott, chairmen of the intern committees of the respective hos-

pitals. Receiving certificates were Marcus Alalouf, D.O.; Kenneth M. Bess, D.O.; Frank J. Bradley, D.O.; Donald L. Peterson, D.O.; Ben W. Rodamar, D.O.; Ted E. Zachary, D.O.

First-year certificates in surgery were presented to the following residents: David B. Green, D.O. and G. Leroy Howe, D.O.

This was indeed a wonderful event, from a public relations standpoint.

* * *

The Staff of the FORT WORTH OSTEOPATHIC HOSPITAL held a reception, dinner and dance in honor of its finishing interns, on June 29 at the Colonial Country Club in Fort Worth. Master of Ceremonies was Dr. George J. Luibel. The invocation was given by Dr. Robert B. Beyer, a member of the profession.

Dr. M. E. Sadler, chancellor of Texas Christian University, delivered an address that brought the audience to its feet.

Presentation of certificates was made by Dr. Phil R. Russell, Chairman of the Board of Directors, assisted by Dr. William A. Flannery, Chairman of the Intern Committee.

Certificates were presented to Ernest J. Sachse, D.O.; Henry H. Beck, D.O.; Raymond R. Hughes, D.O.; W. W. Bailes, D.O.; and Lawrence A. Wills, D.O.

One hundred ten physicians and wives and the following honored guests were present: Dr. Forsythe, representing the pre-med committee of Texas Christian University; Dr. W. E. Ward, Chairman of Division of Sciences of Texas Wesleyan College; Dr. G. V. Bradshaw, Director City Health Department; Dr. Henry B. Hardt, President Texas State Board of Examiners in the Basic Sciences; Dr. M. H. Crabb, Secretary Texas State Board of Medical Examiners and Mr. Walter Claer and Mrs. Katrine Deakins, lay members of the Board of Directors of

the Fort Worth Osteopathic Hospital.

* * *

The auxiliary of COMMUNITY HOSPITAL, INC. in Houston gave a dinner dance for its finishing interns, on May 14 at Lake Forrest Country Club.

Twenty-five couples were in attendance and honored guests included Dr. and Mrs. Wayne Smith of Jacksonville.

The finishing interns are shown with their wives, in the photo below:



L. to R.: Dr. and Mrs. Billy Sealey, Dr. and Mrs. Roy Bobbitt, Dr. and Mrs. Jerry Smith.

* * *

The staff of the CORPUS CHRISTI OSTEOPATHIC HOSPITAL honored its finishing interns with a dinner at the Holiday Inn Motel on June 25.

The function was well attended and certificates were presented to Dale Williams, D.O. and Ralph Landsberg, D.O.

ACADEMY COURSE

An Applied Academy course will be given in Austin, September 16 and 17 at the Villa Capri.

The topic is to be "Referred Pain" and is to be given by an expertly trained team made up of Drs. David Heilig, Dale Dodson, and Andrew Berry.

The Academy of Applied Osteopathy has gone to great expense to develop a strengthened graduate instruction program.

Texas will be the first local Academy to be offered this program.

Registration fee \$25 may be sent to Catherine Kenney Carlton, D.O., 815 W. Magnolia Ave., Fort Worth 4.

THREE GOOD LOCATIONS

McKenzie Village, Lubbock, with a population of about five thousand in its vicinity, is without a physician. Moderate office space is available for approximately \$175 per month.

Another location at Lubbock is in the Family Shopping center, and another is located on Thirty-fourth Street.

These locations should insure a patient average of 25 to 30 patients per day, reports Dr. R. M. Mayer.

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Pediatricians, Obstetricians and Radiologists Combine for September Meetings

The Villa Capri Motor Hotel in Austin will be the scene of a combined meeting of the Texas state pediatric, obstetrical and radiological societies on September 17 and 18. The event will follow the fall meeting of the Texas Academy of Applied Osteopathy which will also be held at the Villa Capri.

Participating in the conference will be nationally known lecturers from the three specialties represented. Subjects of interest to general practitioners as well as the participating specialists have been especially included. Some of the topics of discussion are: "Problems of the Newborn Related to Parturition," "Present-Day Status of X-Ray Diagnosis in Obstetrical and Neonatal Patients," and "The Role of the Obstetrical-Radiological Team in Placental Abnormalities." Also included is a panel discussion, "Fetal Distress and Death." Dr. Joe Love, local arrangements chairman, has emphasized that all members of the state association are cordially invited to attend the meeting.

In addition to the outstanding educa-

tional program that is planned, each of the participating organizations will hold business sessions. On Sunday noon, September 18, a luncheon for the registrants and guests will be served. Dr. Charles Ogilvie, who is program chairman for the radiological society, has also announced that a problem film conference will be conducted immediately following the meeting on Sunday afternoon.

Plans also call for a gala buffet supper on Saturday night, the 17th, immediately prior to the Texas-Nebraska football game. Reservations for the pre-game buffet must be made in advance with Doctor Love. Football tickets can be obtained through the University of Texas, Football Ticket Manager, Box 8027, Austin. Make your checks (\$4.00 per seat) payable to the University of Texas. The Villa Capri is within walking distance of the stadium and all registrants are urged to make their motor hotel reservations well in advance to assure accommodations.

"Minimum Standards Approved by Licensing Agency As Specified in Texas Hospital Licensing Law"

CHAPTER 1 SAFETY

Section 1.

(a). The hospital shall be so located as to promote at all times the treatment, comfort and safety of the patient admitted to the hospital.

(b). X-ray and Radioactive Isotope Protection. Adequate protection against x-ray and/or radioactive isotope radiation shall conform to the Regulations on Radiation Exposure, effective September 1, 1956, and all amendments as adopted by the Texas State Board of Health.

(c). All hospitals shall comply with all local standards and codes or ordinances applicable or pertinent to their construction.

Section 2. *Submission of Plans and Specifications*

(a). Before construction is begun, plans and specifications, covering the construction of new buildings, additions to or material alterations to existing buildings, shall be submitted to the Licensing Agency for review and approval. This submission shall be made in two stages: preliminary and final.

(b). All plans shall be drawn to

scale with the title and date shown thereon. Approval of preliminary plans and specifications shall be obtained from the Licensing Agency prior to starting final working drawings and specifications.

(c). The final working drawings and specifications shall be submitted to the Licensing Agency for review and approval prior to letting contracts. Any contract modifications which affect or change the function, design, or purpose of a facility shall be submitted to the Licensing Agency for approval prior to authorization of the modifications.

(d). Minor alterations or remodeling changes (a) which do not affect the structural integrity of the building, (b) which do not change functional operation, (c) which do not affect fire safety, and (d) which do not add beds or facilities over those for which the hospital is licensed need not be submitted for approval.

(e). No system of water supply, plumbing, sewage, garbage or refuse disposal shall be installed, nor any such existing systems materially altered or extended until complete plans and specifications for the installation, alteration, or extension have been submitted to the Licensing Agency for review and approval.

Section 3. *Existing Buildings*

No existing building may be converted for use as a licensed hospital which, because of its location, physical condition, state of repair, or arrangement of facilities would be hazardous to the health and safety of the patient who would be housed in such a building.

Section 4. *Heating*

All direct-fired heating units shall be designed so as to permit the discharge of the products of combustion into a flue or vent and, in addition, all such units shall be properly vented to a vertical flue or chimney leading to the outer air above the high point of the roof. Direct-fired heating units shall not be permitted in any operating

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room, or in any other room where combustible vapors may be present.

Section 5. *Lighting*

(a). In hospitals having operating rooms and/or delivery rooms, there shall be adequate illumination of the operative field as well as general illumination. All hallways, stairways, inclines, ramps and entrances shall be well lighted in order to prevent accidents; every room, including store-rooms and attic shall have sufficient artificial lighting facilities so that all parts shall be clearly visible under such artificial lighting.

(b). Emergency lighting facilities shall be provided and distributed so as to be readily available to personnel on duty.

(c). Operating and Delivery Rooms. Battery operated lamps shall be in readiness at all times for use in delivery rooms and operating rooms. At no time may open flame type of light be used in these rooms.

(d). In an institution of 50 or more beds begun after promulgation of these regulations, emergency power and lighting systems shall be provided to serve the following areas: Surgery and delivery suites, emergency rooms, boilers, corridors and exits. Emergency lighting shall meet the safety requirements of local fire marshals and State Director of Fire Prevention.

Section 6. *Stairways*

All stairways shall be well lighted and provided with handrails. All open stairwells shall be protected with guard rails. Treads shall be of non-slippery material.

CHAPTER 2 SANITATION

Section 1. *Water Supply*

(a). Quality. When a municipal water supply is not available to the hospital, the water shall be tested at monthly intervals in accordance with the standards promulgated by the State Health Department.

(b). Existing Institution. The wat-

er supply and plumbing shall be checked for cross connections and back siphonage.

(c). Temperature. There shall be facilities for furnishing both hot and cold water in sufficient amounts for all purposes.

(d). Clean sanitary drinking water shall be available and accessible in adequate amounts for patients, employees and visitors.

(e). Drinking fountains. Drinking fountains shall be of an approved angle-jet type. Every water-glass filling device shall be constructed so as to prevent contact of the upper one-third of the glass with the device and in addition so that no portion of the device extends into the glass.

Section 2. *Sewage Disposal*

All sewage and liquid wastes shall be disposed of in a municipal sewerage system where such facilities are available. If such is not available, septic tanks shall conform to the sizes and features as required by the State Department of Health.

Section 3. *Plumbing*

(a). Cross Connections. Cross connections in plumbing between safe and potentially unsafe water supplies are prohibited.

(b). Drainage. The plumbing and drainage or other arrangements for the disposal of excreta and infectious discharges and household wastes shall be in accordance with the best sanitary practice and the regulations of the State Health Department.

Section 4. *Handwashing Facilities*

(a). There shall be handwashing facilities, with soap or other detergent, running water, and a supply of towels, in connection with: delivery and labor rooms, surgery, in the nursery, in main and diet kitchens, formula room, utility and other service rooms, in toilet rooms, in rooms used for isolation of patients, and in treatment and examination rooms.

(b). Toilet and Lavatories. Bathroom and lavatory facilities shall be

provided in number ample for use according to number of patients of both sexes and personnel. A minimum requirement is one (1) toilet and lavatory for every seven (7) patients, and additional facilities may be required where deemed necessary by the Licensing Agency.

Section 5. Food Service

(a). Kitchen. A kitchen for the proper preparation and serving of food shall be maintained in a room or rooms separated from the dining room. It shall be used for no other purpose than activities connected with the dietary service and the washing and storage of dishes and utensils.

(b). Dishwashing. The following methods shall be employed in dishwashing and sterilization in order to comply with the State Sterilization Law:

(1) Dishwashing

(a) No patient or resident shall be furnished with any dish, receptacle, or utensil used in eating, drinking, or conveying food unless such dish, receptacle or utensil has been washed after each service until clean to the sight and touch in warm water containing soap or alkali cleanser.

(2) Sterilization

(a) After washing, all glasses, dishes, silverware, and other receptacles and utensils shall be immersed in clear water heated to a minimum temperature of 170 degrees Fahrenheit for at least three (3) minutes or two (2) minutes at 180 degrees Fahrenheit; or

(b) be immersed for at least two minutes in a luke warm chlorine bath containing at least 50 ppm of available chlorine if hypochlorites are used, or a concentration of equal bactericidal strength if chloramines are used; or

(c) sterilized by any other chemical method approved by the State Commissioner of Health.

(3) In order to protect the clean dishes and the utensils from contamination, proper storage space shall be provided.

(c). Food Storage and Refrigeration.

The provisions for food storage shall include clean and well-ventilated storerooms and adequate refrigeration. Stored food shall be protected from dust, flies, rodents, vermin, unnecessary handling, droplet infection, overhead leakage or other sources of contamination. Perishable food must be kept at a temperature below 50° F. Each refrigerator shall be equipped with a thermometer.

(d). Food Transportation. Every effort shall be made to protect food from contamination and temperature changes during transportation from the main kitchen to the patient.

(e). Milk. Only fluid milk and dry milk conforming to local ordinances and State regulations shall be used. Milk intended for direct consumption by patients or personnel shall be served in the original and individual containers or from approved bulk milk dispensers.

(f). Ice. Ice for human consumption shall be kept separate from ice used for therapeutic purposes. Ice used for human consumption shall be obtained from a source approved by local or State Health Department and shall be handled and stored in a sanitary manner. It shall be stored in a closed, corrosive resistant, impervious chest provided with a suitable drain and shall be dispensed only by use of a scoop or similar device. All automatic ice machines and dispensing equipment shall be approved by the local and State Health Department.

Section 6. Garbage

(a). Storage and Disposal. All garbage shall be stored and disposed of in a manner that will not permit the transmission of a contagious disease, create a nuisance, or provide a breeding place for flies. All containers for garbage used in or outside the building shall be a suitable water tight container, have tight fitting covers, and be rodent proof.

(b). Disposal of infectious material shall be on the premise. Other waste

and garbage shall be disposed of by suitable means, and if city garbage collection is available, shall be disposed of through that collection system.

(c). Disposal of garbage and waste shall be approved by the Texas State Department of Health and the local authorities.

(d). Immediately after emptying of garbage, containers shall be properly cleansed.

(e). Liquid Wastes. Liquid wastes resulting from the cleaning of utensils, floors, toilets, and lavatories shall be disposed of in a public sewer, or in the absence of a public sewer, by a method approved by the local and State Health Department. Grease traps are recommended where such grease is discharged.

(f). Surgical wastes, infectious and other similar materials shall be disposed of by incineration.

Section 7. *Insect and Rodent Control*

(a). All rooms, particularly those where food is stored, prepared, cooked, or served, and those used for washing and/or storage of dishes and utensils shall be free from insects, rodents, or other vermin.

(b). Any chemical substance of a poisonous nature used to control or eliminate various types of vermin shall be properly labeled to identify it as a poison. Identification and storage shall be in accordance with local, State and Federal regulations. Such substances shall not be stored with or near any food or food preparation utensils or equipment. Extreme care shall be taken during use to prevent any such poisons from contaminating any food or food product.

Section 8. *Plant Maintenance*

(a). The hospital structure, its component parts and facilities shall be kept in good repair and maintained with consideration for the safety of the occupants of the building. Mechanical and electrical equipment shall be maintained in good repair and operating condition at all times.

Section 9. *Laundry*

(a). Hospitals maintaining and operating laundries shall provide ventilation for the elimination of steam and odors.

(b). The receiving and sorting area for soiled linen shall be physically separated from the areas for handling washed and clean linen in the laundry. As an alternative, the linen may be washed before sorting.

(c). The receiving area shall be so ventilated as to safely carry off dust.

(d). Laundry workers shall be instructed against unnecessary shaking of soiled linen.

(e). Workers who handle soiled linen shall not handle clean linen unless they observe proper techniques and precautions.

(f). Linen from isolated areas shall be in closed bags and shall go through one preliminary washing at 180 degrees

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Fahrenheit before being sorted. Isolated linen shall be washed last.

CHAPTER 3 FIRE PROTECTION

Section 1.

Fire protection shall be provided in accordance with the requirements of the State Director of Fire Prevention Approval by the State Director of Fire Prevention or his local representative of the fire protection of an institution shall be prerequisite for licensure.

Section 2. *Explosion Proof Installations*

(a). All electrical lighting fixtures and convenience outlets located below a level of five feet from the surgery floor shall be of the explosive proof type as approved by the Underwriters' Laboratory for use in hazardous locations. The hazardous area may be considered as extending for a height of five feet above the floor.

(b). Open gas flame, electrical heating elements, portable electrical heaters, and similar devices not of the type approved for use in hazardous locations shall not be used in rooms subjected to combustible anesthetics or other hazardous locations.

(c). Inside and outside storage rooms for anesthetic gases and oxygen shall be properly vented from the bottom by means of a fixed opening near the floor and another sufficiently above the floor level to promote good circulation, and the storage rooms shall not be heated. Since these storage rooms are hazardous areas, they shall not be heated or used for storing flammable liquids and gases.

(d). Flammable liquids. The storage of flammable liquids including gasoline, paints, oils, etc., is prohibited in hospital buildings unless stored in approved metal cabinets well ventilated at top, at bottom, or in fire resistive rooms.

(e). Basements, Storerooms, Attics. When basements, storerooms, or attics are used for storage, they shall be kept free of all highly combustible materials. Such storage space shall be kept clean and orderly at all times. Mattresses shall be stored in a small pile with sufficient access space to all sides. In new institutions sprinkler heads supplied by domestic water lines shall be installed in these areas.

Representative of TAOP&S Attends Training Course Sponsored by U.S. Dept. of Health, Education and Welfare



J. WARREN McCORKLE, B.S., D.O.

The course was given at the Western Instructor Training Center located at Alameda, California, June 5-10, 1960.

July, 1960

There were approximately one hundred students attending the course including eight Doctors of Osteopathy, forty-one Doctors of Medicine, and three Doctors of Dental Surgery. The faculty was composed of Public Health Service members, faculty members of the Army Medical Service School at San Antonio, and some members of the AMA Council on national defense.

Monday was spent in giving basic orientation to public health aspects of national defense, and explaining our national defense plans. The scope of activities in the health and medical services field was described, and the re-

relationships the M.D., D.O., D.D.S., D.V.M., and para-medical personnel would have in our national defense plan. This is well outlined in a handbook published by the AMA on their national defense plan.

The agenda on Tuesday included biological, chemical, and nuclear warfare. In each of these categories the subject was broken down into agents and effects, detection and identification, protection, prevention and treatment.

The Public Health Department set up field demonstrations of emergency water supply, waste disposal, food contamination, and decontamination on Wednesday.

Thursday's program was by the Medical Corps Officers from San Antonio. The topics discussed were mass casualty care, hospital disaster planning, the program of the AMA, and the activities of the Army Medical Service.

The "Buddy Care" Training kit developed by the Air Force was demonstrated. This kit will soon be available for use in teaching first aid in secondary schools, and it would be advisable to contact schools in your areas when this kit becomes available for their use. The "Buddy Care" kit is designed for use by non-medical personnel and does not require any medi-

cal training for the instructors, everything being self explanatory.

On Friday we had a demonstration by the staff of the San Francisco Public Health Service Hospital. They set up a Civil Defense Emergency Hospital (200 beds) in one hour with 69 members of the staff. In the afternoon we had a field exercise in mock operation of the C.D.E.H. followed by a critique session.

Dr. and Mrs. Byron Comstock from Wasco, California, came up Friday night and I enjoyed a week-end of California hospitality at Carmel and Santa Barbara.

I would urge every osteopathic physician and surgeon to volunteer his services to the local civil defense organization and work with them as needed.

Come Cheaper in Large Sizes?

ATOPS NEWSLETTER on June 1 carries this amazing bit of news from District 10:

"A new baby, for Dr. and Mrs. G. L. Howe, a girl, Candace Lee, born May 19, weighing 7 1/2 lbs., 6 oz. Dr. and Mrs. Howe had the unusual experience of being patients in the hospital at the same time." We wonder whether Dr. Howe was admitted before or after the arrival of Candace Lee and also who was the attending physician?

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June 7, 1960

Washington News Letters

Federal Aid for Medical Research and for Training of Physicians

House Subcommittee Hearings. The House Interstate Commerce Subcommittee on Health and Safety today concluded its two-day hearings on the For- garty (R.I.) bills H.R. 6906 and H.R. 10255 for a 10-year program of Federal aid for construction of medical including osteopathic teaching facilities, and for scholarships, respectively; on the Halpern (N.Y.) bill H.R. 11651, for Federal aid for scholarships and for low interest loans to interns; and the Administration bill H.R. 10341 for institutional research grants. Among the witnesses were representatives of the American Osteopathic Association, the Association of American Medical Colleges, the School of Public Health at Johns Hopkins, the American Dental Association, the American Pharmaceutical Association, Optometry and Podiatry. Copy of the Osteopathic testimony presented by Dr. George W. Northup is enclosed. HEW Secretary Flemming supported H.R. 10341, and outlined the Administration's omnibus bill, H.R. 12518, copies of which were not previously available.

Administrations Omnibus Bill. H.R. 12518, cited as "Health Facilities and Training Act of 1960," is comprised of four titles which would (1) revise Title VI of the Public Health Service Act (Hill-Burton program) to eliminate executed provisions and permit the states to extend priority for hospital modernization; (2) amend Title VII of that Act to authorize a 5-year program of construction grants for teaching facilities to expand the training

capacity of schools of medicine, dentistry, osteopathy and public health; (3) authorize a 5-year program of project grants to schools of public health; and (4) authorize a 5-year program of Federal credit assistance in the construction of group practice facilities, with the Federal Government guaranteeing payment of the debt service on obligations issued to finance such construction.

Senate Subcommittee Consultant's Report. Last October the Chairman of the Senate Subcommittee on HEW appropriations appointed a Committee of

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July, 1960

Page 23

Consultants on Medical Research to determine whether the funds provided by the Government for research in dread diseases are sufficient and efficiently spent. The Committee of Consultants, headed by Boisfeuillet Jones, Vice-President and Administrator of Health Services at Emory University of Atlanta, made its report Federal Support of Medical Research the end of last month. The report advocates a large increase in the appropriations for research and it supports the Bane Report for Federal aid for construction of teaching facilities, and extension of the Health Research Facilities Act.

State secretaries in states represented on the House Subcommittee should promptly write their member at House Office Bldg., Washington 25, D.C., supporting the AOA testimony. Send me copies.

* * * *

June 15, 1960

Medical Services for Aged

A substitute for the Forand bill for old age health services is a part of an omnibus social security bill, H.R. 12580, introduced June 9, and reported by the Committee without amendment on June 13. The bill cited as the Social Security Amendments for 1960 adds to the Social Security Act a new Title XVI—Medical Services for the Aged, copy enclosed.

The Council of State Chambers of Commerce calls these provisions "the least compulsory, the least costly and the least political" of the six major proposals Congress has received for medical care for the aged.

The program as outlined in the proposed new Title XVI would be limited to low-income aged persons unable to

meet substantial medical expenses but not so needy as to be on public assistance rolls. It would be set up and administered by the States. Eligibility requirements and benefits would be determined mainly by the States, with the Federal Government participating financially under a matching formula.

Note the definition of the term "physician" on page 165 as shown in the enclosed extract. The Committee Report (House Report 1799) which explains the bill, refers to this definition as follows:

Physicians' services: These are defined in subsection (e) as services provided in the exercise of his profession in any State by a physician (including a surgeon) who is licensed in the State. Under section 1101(a)(7) of the Social Security Act the term "physician" includes osteopathic practitioners within the scope of their practice as defined by State law.

Another part of the bill removes the age-50 eligibility requirement in the Disability Insurance Program. Another part brings MDs under OASI coverage. Another part extends OASI coverage to interns.

BIG SAVINGS

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NEWS OF THE DISTRICTS

DISTRICT ONE

Dr. Alfred A. Redwine of Darrouzett presented a very interesting program at the last meeting of the District 1 society which was held May 22 at the Herring Hotel in Amarillo. His report on a case of Addison's disease was most informative.

Dr. John L. Witt assumed his duties as President of the District, moving up from the Vice Presidency in the absence of Dr. Eugene F. Augter, who moved to Azle, Texas, where he opened a 20-bed hospital and clinic along with Dr. Raymond Beck, who is also moving to Azle.

Construction of the new Groom Memorial Hospital is progressing rapidly. Plans are being made for operation to begin in September.

David Ley, a sophomore this coming year at K.C.C.O.S., visited friends and relatives in Amarillo during the month of June.

ROBERT E. CLAYTON, D.O., *Reporter*

DISTRICT THREE

Dr. E. H. Owen moved to Ashland, Missouri, February 1, 1960.

Dr. Carl List of Troup, reports a two week visit to his father in Baltimore, Maryland. Vonceil and the newly-chosen baby girl are both doing fine in spite of a little night duty for Vonceil.

Dr. and Mrs. Burr Lacey of Quitman enjoyed a three-week vacation touring Florida and the Southeastern seaboard with a one week stopover for some ranch life at Hot Springs, Arkansas. Dr. Henry W. Turner took care of Dr. Lacey's practice during their absence.

The Lacey's are proud owners of several dogs, one of which is a Collie that

is being trained by them as a "seeing eye dog."

Dr. George Grainger of Tyler attended the Eighth Annual ball and banquet in Dallas, honoring the graduating interns and residents of Dallas Osteopathic Hospital and Stevens Park Osteopathic Hospital.

Dr. Grainger also reports winning a contest for naming a new column in the Tyler Star newspapers. Good work, George!

Dr. Brady K. Fleming will arrive around July 1 to head the department of surgery at the Coats-Brown Hospital in Tyler. Dr. Fleming, a graduate of Kirksville College, 1951, has a brilliant educational background and has spent his time, since graduation, preparing for this specialty. Welcome to East Texas, Dr. Fleming!

ALLEN M. FISHER, D.O.

DISTRICT FIVE

The eighth annual intern-resident graduation banquet was held at the Baker Hotel on June 25.

Graduating interns from the Dallas Osteopathic Hospital were Drs. Frank J. Bradley, Jr., Donald M. Peterson, Ben W. Rodamar, and T. Eugene Zachary; and Dr. LeRoy Howe, first-year certificate in surgery.

Graduating interns from Stevens Park Hospital were Drs. Marc Alalouf and Kenneth Bess, and Dr. David Green, first-year certificate in surgery.

New interns and for the first time at East Town Hospital are Drs. Roland B. Lancaster of Kirksville College and Randolph R. Gillum and Robert L. Lambert of Kansas City College.

At the Dallas Osteopathic Hospital the new interns are Drs. Albert R. Miller, Kansas City College; Keith D.

Peterson, Kirksville College; Robert E. Slocum, Des Moines College; and Joe David Wittemore, "1947" Kirksville.

New intern at Stevens Park Hospital is Dr. Carl Lafoon of Kansas City College.

The Dallas Osteopathic Hospital's Department of Radiology has recently added a deep X-ray therapy unit and radiosotope laboratory. Dr. Raymond Dott, radiologist, is pleased to report.

Dr. Robert L. Moore, head of the department of pediatrics at the Dallas Osteopathic Hospital, and Dr. Leonard C. Nystrom are now occupying a new and modern clinic in Mesquite, second fastest growing city in Texas.

Dr. R. M. Carmichael, who has been at Stevens Park Hospital with a gastrointestinal hemorrhage, is reported better. Our sincere sympathy, Ross, and hope you'll be back at work soon.

Dr. Jim Williamson, new president of District V, was elected to serve on the Seagoville School Board beginning in May. Dr. Williamson is pleased to announce that Dr. S. E. Daniels recently from Columbus, Ohio, has become associated with him in his clinic at Seagoville.

A two-day hypnosis seminar, featuring nationally known lecturers will be sponsored by the Texas State Society of the American College of General Practitioners on October 29-30 at Hotel Baker.

Registrants will be guests at a Saturday afternoon professional football game between the Dallas Cowboys and Baltimore Colts. Reservations for the seminar and game may be made by contacting Dr. W. N. Hesse, local arrangements chairman.

LEONARD C. NYSTROM, D.O.

DISTRICT SEVEN

Our first district meeting since the state convention was held in the sum-

mer home of Doctors Harold and Gordon Beckwith at Lake McQueeney. The entire meeting was devoted to reports on the action taken by the Board of Trustees and the House of Delegates at our annual meeting. All of the new directives were presented and discussed and I must say this was one of the best organizational meetings we have had in District No. 7 in many years. The meeting was well attended by doctors from San Antonio, Austin and Nixon. We feel we have a very active and well informed district organization. Dr. and Mrs. Willis Crews of Gonzales from District No. 9 also attended our meeting.

Dr. Mosheim and family were on an extended trip to New York to visit with Mrs. Mosheim's parents. They went by way of Florida and were going as far north as Bar Harbor, Maine. Dr. Mosheim is a brave man to take such a trip with six children.

There are plenty of opportunities and good locations for doctors in San Antonio. We have one of the nicest, well-equipped hospitals anywhere. Anyone interested in more about San Antonio should contact Dr. Harold Beckwith, 120 West Ashby Place, San Antonio, Texas.

WALDEMAR D. SCHAEFER, D.O.

DISTRICT EIGHT

July the Corpus Christi Osteopathic Hospital graduated two interns, and two others took up their duties for the coming year. Dr. Dale Williams and Dr. Ralph Landsberg were the graduating interns. Their positions were filled by Dr. Harry Homas and Dr. Arthur Johnson, both graduates of Kirksville.

A dinner in honor of the outgoing interns was held at the Holiday Inn

motel on June 25 and was well attended.

Dr. Williams is planning to open his office in Corpus Christi, and Dr. Landsberg is opening a general practice in Hebronville.

—C. A. Myers, D.O.

DISTRICT NINE

Our last meeting before the summer recess was held in Cuero with Dick and Merna Stratton as host and hostess.

The Vocational Guidance Committee met before the regular meeting to discuss plans and locations for one or more dinners following the El Paso Pattern. After thorough study a report was presented to the membership and the committee was instructed to proceed with the plans and arrangements.

Discussion of the functions of the membership committee brought out some lively criticism of policies of the state association and gave us a good opportunity to point out to some of the membership that the policies in question actually represented actions supported by our elected delegates.

The meeting continued overtime on this tone until hunger got the best of us and all retired to stuff on Merna's excellent food.

JOHN H. BOYD, D.O., *Reporter*

DISTRICT TEN

An informative and educational talk on hypnosis was given at District 10's dinner meeting at Holiday Inn by Lawrence C. Boatman of Santa Fe, N. M. He explained that the purpose of his talk was to interest doctors in studying hypnosis to become proficient in its use for the public welfare.

Dr. Dareld Morris, who finished his internship in Denver, Colorado, in May, is now associated in practice with Dr. R. M. Mayer.

General progress for the past two years has been excellent in the district. Both the Lubbock Osteopathic Hospital and Porter Hospital and Clinic are running a heavy daily census of patients. All of the doctors' practices have grown and hospital reports for surgery, deliveries, and medical cases have increased. The Lubbock Osteopathic Hospital, in all probability, will have to increase its bed capacity within another year or so.

Dr. Lawrence Lauf is planning to expand his hospital and clinic with the addition of new treatment rooms, delivery room, and nursery. The building has had a general painting and other improvements. Our congratulations! Also, our hats off to you on delivering over 1200 babies last year.

R. M. MAYER, D.O.

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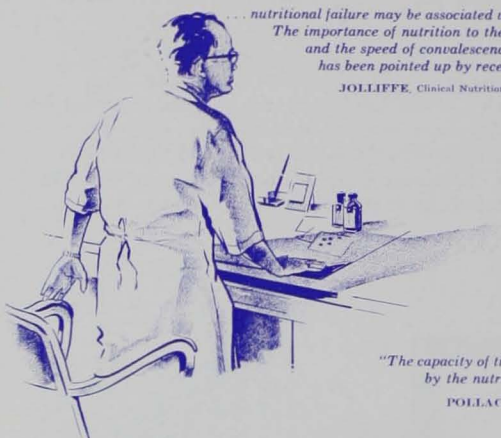
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