Texas Osteopathic Physicians Journal

Volume XV FORT WORTH, TEXAS, JULY, 1958 Number 3

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EDITORIAL PAGE

The organized group, rather than the individual has become the working unit in American democracy. Organized group activity is everywhere because in group action, and nowhere else, are found the various ingredients that make it possible for voices of the membership to be heard.

Today there are over 12,000 trade associations, 5,000 professional, 4,000 Chambers of Commerce, 100,000 women's organizations and 15,000 service and luncheon clubs. There are 70,000 labor organizations. Nobody knows just how many non-profit organizations there are in the country, but they number in the hundreds of thousands.

It has been said that "democracy is what results when you have a state of tension in society that permits no one group to dare to bid for total power."

So groups with similar interests organize in order to survive and develop in an environment which is dominated by organized activity.

The function of an organized body is dependent upon its structure. Committees are the basic unit of organized activity. It is committee activity that makes and keeps an organized democratic and representative of the membership. The committee chairman is the chief executive of a committee. He is the spokesman for it, and members of a committee have no association authority not delegated to them by the Chairman, just as the committee has no association authority except as delegated by the president.

Constant emphasis must be placed on teamwork. There are many times when responsibilities of committees overlap, but this need not cause friction. It should instead be discussed and resolved.

A committee that doesn't function is worse than no committee because the total team is geared to include the activities of that committee. I suppose the ideal society would be one in which each member is willing to do a little more than his share for a little less than his share of glory.

It is difficult to design the structure of a standard district society. There are many factors which greatly influence such structures—size of group, character of location of the society, organizational experience and interest of the members. We have drawn up a sort of manual which we think best fits your needs.

Any organization should frequently look at its objectives because every activity is or should be an effort to carry out the objectives of the group. The objectives of your state association is, when boiled down, to perpetuate and promote osteopathy.

TRUE B. EVELETH, D.O.
Executive Secretary, A.O.A.

Texas Osteopathic Physicians' Journal

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TEXAS ASSOCIATION OF OSTEOPATHIC PHYSICIANS AND SURGEONS

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ADVERTISING RATES UPON REQUEST. ALL ADVERTISING CUTS TO BE SENT WITH COPY

VOLUME XV FORT WORTH, TEXAS, JULY, 1958 NUMBER 3

Hospital Personnel Management

RALPH I. McRAE, B.A., D.O., F.A.C.N.

The difficult problem of integrating, the diverse patterns of personality and individual motivations of those who work in hospitals, into an efficient team, is a constant challenge to any administrator. From the unqualified poorly trainable employee to the prima donna of the professional staff, lies a wide range of variable factors that must be molded, guided, and organized into a unified reasonably harmonious cooperative effort. The skilled administrator who knows how to identify to the values, motives and reactions of each of the groups of the personnel, and who can maintain a sound working relationship with each group, both independently and inter-dependently, must necessarily analyze and plan carefully and constantly. There can be no coasting in this phase of his work, because the dynamic flow of forces in hospital personnel are constantly in flux and may demand attention at any moment. Today we would like to analyze with you some of the problems and technics, on a practical level, that should be considered in dealing effectively with personnel, in the hospitals of our profession.

The Nursing Staff

Let us start with the nursing unit of the hospital. In present hospital practice, nursing personnel come to us with a wide and deep divergence of ability, training, prejudice, information, mis-information and nursing experience. In addition there is a common tendency for relatively rapid turnover in this unit of the hospital personnel. Effective management requires that there be as few nurses as the patient load permits. This always gives the nurse a feeling of being over-worked and of carrying too much responsibility, especially at peak loads. They also face the problem of being the humble servant of the wide range of physicians and their variable temperaments, the assistant to their immediate superior, and the victim of administrative and staff rules and changing regulations. When we add to this, the problem of their constant adaptation to the needs of sick patients, it is clear that they are the keystone of hospital service; that requires constant attention by the administrator. To effectively maintain morale and a smooth efficient service requires specific efforts to both keep informed, and to direct the temperament of each into effective channels. Meetings with them are very important. The right technic of praise, appreciation and special compliment for service beyond the call of duty should necessarily precede any discussion of personnel problems. The establishment of effective inter-communication so that there is a working relation

and cooperative interest on the part of each must be fostered on both as individual and group basis. Systems of rewards in the form of awards for low absenteeism, special study, or new proficiency are the stock in trade of personnel morale building in both small and large units. Providing patients with a place to drop notes of their opinion of nursing services, on leaving the hospital, will bring to light many patterns of work that will merit reward or corrective measures. Patients have strong feelings on this subject as they leave, and this index of good or bad will serve many purposes. We have to keep in mind that all people need a sense of loyalty, of being appreciated, to do a better job with satisfaction. It is equally true that people are more respectful and work together better when there is a firm, definite measure of handling discrepancies and errors, on an equitable basis. It is important too, to realize that people who are in the wrong, need to have their face saved in the presence of their companions. Effective discipline is necessarily best handled at the personal level on a private basis, not impulsively at the chart desk, or at group meetings.

It is usually best to call meetings of the entire nursing staff only on intermittent occasions, and then for happy reasons, as well as for the discussion of difficult problems. People are like dogs in that they should be happily received before effective training is instituted. It is of course imperative that the nursing staff be organized around a well defined and maintained channeling of authority. Both efficiency and a high level of morale will be insured if the channel of authority is smooth and well timed to meet sensitive problems.

The Kitchen and Maintenance Services

Of all the areas of the hospital, this is usually the most neglected, poorest equipped, and least integrated of all the services in the hospital. Hospital food is notorious for its lack of both caloric and nutritional adequacy. The average kitchen equipment is poorly designed, antiquated, and inadequate in both space and quality of service capacity. These factors are also reflected in the quality of the kitchen help who will work under such conditions with any degree of enthusiasm. It is of course, always amazing how well a good cook can get along with almost nothing to work with. Absenteeism and waste are very common in this service. These members also feel somewhat isolated from the rest of the personnel by reason of their isolated area of work at the back of the institution. They need to be made to feel a greater sense of belonging and of being appreciated, and should be brought out into the total recognition of the rest of the staff at intervals. Length of service, ideas of improving procedures of diet, management, or serving of food should be encouraged and rewarded by appropriate recognition. The folks in the kitchen should have their day in general personal recognition and appreciation; and an opportunity to ventilate problems and areas of resentment. Here as probably nowhere else in the hospital, appropriate uniforms for the chef, the assistants, etc., can be the best insurance of high morale, and a sense of much needed prestige.

The Physician Staff

The central determinant of "esprit de corps" and over-all hospital morale lies in the hands of the staff of doctors. Their attitude toward the hospital and its other personnel is the central factor in making or breaking the integrated over-all efficiency of the hospital team. As a rule he, individually, is not at all aware of this, and often is not aware of any other especial obligation to the hospital except the financial ones, and a general over-all idea that he supports the hos-

pital by bringing his patients to it. Those doctors who have made the hospital possible by their own blood, sweat, and tears, often have an exaggerated sense of identification to the hospital and may also be blind to certain factors of importance to other personnel because they may not be objective enough. The average physician is only vaguely aware of personnel problems and has the general ability to be critical and abusive rather than encouraging or instructive. His pre-eminent position in the operation of the institution gives him the peculiar privilege of working in it every day without any clear sense of what is involved in the whole team and it's integrated welfare. The better informed physician or those who have participated in administrative activities, may have a better sense of hospital problems, but on a professional basis still fail to maintain the attitude, and to perform, in terms of the hospital as a whole, and the personnel as a whole in particular.

In addition to this general professional amaurosis, there is the added problem that too often the professional staff does not act as a team, but rather as characters in a play, with too many prima donnas and a few bad boys, whom no one can do much about. Intra-professional relations, and harmony between the various groups of personnel are chronically bad under these circumstances and the overall esprit de corps is virtually nil.

Here again the problem of molding the staff into a self regulating, well organized team, is the task of the administrative personnel. Here again channels of information, of authority, of discipline and of rewards must be established on a reasonable and effective basis. There are two avenues of approach to the average professional staff, either by appeal to his prestige, or his pocketbook. He has a good sense of fairness, but usually will not apply it to himself unless he has to, and therefore can't exert authority over others unless he has to. It is essential to the over-all stability of the staff that it become organized into a well disciplined, smoothly organized body, which can be effectively integrated into the over-all hospital team on a sound rational basis.

To accomplish this it is almost essential to have a predominatly lay board of directors or legal controlling body with over-all authority. It is then essential that the by-laws of the staff be revised to channel the authority of it's executive committee from this board via an administrator, and not from the staff back to the staff. That is, let the professional staff executive committee and all other committee chairmen be selected by the board, and that all actions of the executive committee must be sanctioned by the Board of Directors, and the committee authority be derived only from the Board of Directors. There can be the safety valve proviso that any issue may be ruled on by the staff as a whole, over the Board of Directors, by a unanimous ballot. In this way, the physician is not a free lance agent using the hospital, but must become a disciplined, regulated part of the whole, on an integrated basis.

The Patient

The patient who enters the hospital in theory is no part of the hospital personnel. He comes in, relinquishes his valuables, his vestments, and virtually all authority over himself by signing releases on admission. He goes to bed and begins to experience the quality of the actual hospital team work. If he feels the team is on its toes, knows its business, and operates efficiently, the patient's morale is greatly benefited, anxiety allayed, and security established.

It takes the patient about 24 hours to discover the true status of the

hospital; he then begins to participate actively in either retaliation or co-operation, as the case may be. The patient becomes a member of the over-all team, an alumnae if you will, who has had an education in your institution and goes forth with a set of experiences and attitudes born of his contact with the hospital team. Certain definite things should greatly facilitate the participation of the patient in the over-all team. First a booklet of facts should be available to the patient and his family. It should contain a well worded welcome, brief history of the hospital and information as to the admission requirements, financial and insurance arrangements. It can contain many other bits of information, including humorous presentation of some information. There should be, as we indicated earlier, an opportunity for patients to annonymously or personally express their reactions in writing to the hospital in regard to their stay in such a way that the procedure is easy, natural and encouraged. The admission of a patient is greatly facilitated if one person can conduct the new patient through the aspects of getting settled into the hospital. This is particularly important in handling children patients. In view of the over-all load on the nursing staff, it may be advisable to encourage the patient's family to provide a private nurse for the first and second post-operative day. It is in this period that the surgical patient needs the heaviest nursing, and too often does not get effective, comfortable care at the time of greatest emotional and physical needs. The memory of the hospital stay will be brighter, and the good will of the hospital greatly enhanced by this simple proviso. This may be difficult to sell, but the welfare of the patient is about the only argument required or indicated. Sensi-

tive or poorly adjusted patients should be particularly protected from deficiency in the hospital team at this period.

Another hazard a patient faces in the hospital that is crucial is that of hearing his, and other cases discussed outside his door. This form of behavior on the part of both nurses and doctors is reprehensible and could easily become a source of legal embarrassment. The efficient hospital has its chart room removed from immediate ear shot of the patient's door, and discussion of cases is limited to orders and their execution. Pertinent details of the case should be read, not spoken, or discussed in humorous or ridiculous tones. In handling this problem it is best, to arrange the physical setup of the chart desk so that it is not so available to patients, and training can be set up to remind the staff and nurses of their obligation to the patients in this matter.

The Public

Public relations is a vital aspect of personnel management. This is a multi-dimensional problem of reciprocal interplay. First, the personnel has to be protected from the unnecessary instrusion of the public. Effective patient visiting rules greatly facilitate the patient care. The policy of intra-family nursing complicates this a great deal, and permits the general break down of visitors control, both night and day. Efforts to regulate family nursing should be of help in holding visitors time to visiting hours.

The ever-increasing volume of patients who become a particular part of our public should be a source of good will and assistance in our hour of need. They are our only ambassadors, our chief source of publicity. It is important to take steps while they are in the hospital, and after their dismissal, to make them conscious of their obligation to the hospital, and certain needs of the hospital in an appealing and significant manner. If a sound relationship is maintained with the alumnae of our hospitals, we can have resource for a living endowment, and many other benefits. People need to belong to groups and to be active in serving their hospital. It is as appealing as serving their church. Every hospital in our profession should develop a lay hospital guild to implement many needs of the hospital, as well as to gain that certain prestige that arises from an active public good will. The public who do not know of our services by personal experience, but who has a favorable attitude to our institutions and services, is an ever widening resource that is wondering why we do not call upon them for help. There are countless people of both high and low station who are so disgusted and angered by allopathic institutions and procedures that they would be eager to express their resentment by assisting our institutions materially. Other more meritorious motives are of course also accountable. It is essential that we build a bulwark of good will in all areas so that the inevitable small incidences of ill will can be absorbed quickly. In some areas the profession has paid large fees for fund raising organization services, to assist in expansion programs. If we maintained an active file of our friends, we would be able to start a campaign more effectively than they. Their chief function lies in their **confidence** in themselves to reach our friends. It eventually boils down to their confidence becoming contagious enough for us to call upon our friends, both known and those to be found in the community.

Dr. James T. Kidwell of Mt. Vernon, Texas, died on Monday,, June 23, 1958.

Secretary's Visitations

The executive secretary left Fort Worth the evening of June 3 for a most interesting visit in District 10, the object of this visit being to inspect the new Muleshoe Hospital at Muleshoe, Texas.

He arrived at Lubbock at 7:30 p. m. and was met by Dr. G. G. Porter and spent the night with him.

Dr. Robert H. Nobles, President of District 10 had informed the executive secretary that he would furnish him with an air conditioned station wagon to make the trip through the district. This he left at the Porter house early the next morning. However, the executive secretary was delayed in getting away because he thought the car would be left at the hospital and found out at 9 a.m. that it was out at Dr. Porter's place.

The executive secretary proceeded from there to Abernathy, Texas, and visited with a non member, Dr. Harry E. Williams. From there he went to Plainview where he had better than an hour's visit with another non-member, Dr. Gale Seigler. He then went to visit a member, Dr. N. L. Tedford, whose office he found locked. We presume he was on a vacation.

From here, the executive secretary went to Olton, Texas and spent some two hours with Dr. Ben J. Souders who has almost completed a new six bed hospital there in connection with his clinic which will be opened some time late in July. It was not sufficiently advanced that the executive secretary could pass judgment upon it at this time.

He then visited with Dr. Lynn Fite, who is building a new clinic for himself, not a hospital, and he informed the executive secretary that the Olton Memorial Hospital had been permanently closed and that Dr. Jim Fite had moved to Muleshoe with Dr. Chambers.

The executive secretary arrived at Muleshoe about 3 p.m. and spent approximately two hours there talking with Dr. Jim Fite and Dr. George Chambers and inspecting this new institution which meets all the qualifications for registration.

Dr. Harlon O. L. Wright, a member of the Board of Trustees, flew to Muleshoe to meet the executive secretary. He left Muleshoe 30 minutes ahead of the executive secretary because of the weather and again met the executive secretary at Levelland where he entertained him at dinner.

From there, the executive secretary went to Sundown and visited the new clinic of Dr. Wright which is a well

arranged clinic of three beds and delivery room.

The executive secretary then spent the night at Dr. Wright's home and had a nice long visit with Dr. Wright and Mrs. Wright.

The following morning, the executive secretary left early for Brownfield, Texas, where first he attempted to contact Dr. Elmer O. Nelson, a member of the Association and found he was in Europe. From there he tried to contact Dr. Earl C. Davis, another member, and found his office locked and he was gone. He met success though, when he visited the offices of Drs. Burns and Mott, who have a very beautiful clinic and are doing extensive business in this growing community. The executive secretary spent two hours with these young practitioners, gaining lots of information and had a most enjoyable visit with them.

He returned to Lubbock at 2 p.m. after a most wonderful trip through a garden spot of the world, at this particular time, beautiful country and wonderful crops. Most of the country being irrigated and from the homes on these farms you could tell it is a prosperous and thriving community.

In the afternoon at Lubbock, the executive secretary was able to contact Dr. James A. Fannin, Dr. Lawrence J. Lauf, and the Drs. Ed Davidson, G. G. Porter, F. O. Harrold, Horace Emery and Sam Hitch. That evening he met with the staff of the Porter Hospital and Clinic until 11 p.m.

The following morning the executive secretary went to the new Lubbock Osteopathic Hospital where he had a long conference with Dr. Stettner and Dr. Emery and the administrator, Mr. Parks. He also saw, at the hospital and was able to interview them but only a minute or two, the doctors: R. Z. Abell, Stuart McKenzie, and Max Stettner. He did not have a chance to visit these doctors at their offices. He was also unable to get to the offices of Dr. F. W. Zachary and did not get to see him. The executive secretary extends his apologies to these doctors whom he did not get to see while on this visitation.

The executive secretary left the hospital around 3:30 p.m. that afternoon and proceeded to the office of Dr. William H. Brown at Idalou, Texas, and also attempted to visit with Dr. Robert O. McCorkle, who was away on a vacation.

From there, the secretary proceeded to the office of Dr. Robert H. Nobles at Lorenzo, Texas, for a visitation with the President of the district. Just as he and Dr. Nobles were getting ready to leave for Ralls, Texas, Dr. Brown joined them and the three of them proceeded to Ralls for a nice visit with Dr. Maurice F. Priddy at his office and then they were enter-

tained at dinner in Ralls by Dr. Brown.

The executive secretary reached Dr. Porter's home about midnight and again spent the night with the Porters. He spent the entire Sunday morning at the new and beautiful Lubbock Osteopathic Hospital, again talking with doctors and the administrator until 1 p.m. He was also introduced to a prominent medical doctor who did discuss some problems of ethics with the executive secretary.

Following this, the executive secretary was entertained at dinner at Dr. Porter's at 1 p.m. and then caught a 3:30 p.m. plane to Fort Worth.

It was a very profitable and informative trip that the executive secretary feels will bring about some results in this district.

On July 1, the executive secretary left by car for Houston, where he worked for two days over a serious problem confronting the profession in reference to excessive charges in certain insurance cases. The executive secretary, on this trip, visited with the administrators of the three larger hospitals in Houston and met individually with the Executive Committee of the Harris County Association and in addition spent considerable time with the doctors involved. He feels that the results of the visitation will bear good fruit from a public relations angle.

Houston is an extremely hard place in which to get around and in two day's time the executive secretary covered 60 miles in the city itself making the necessary contacts.

July 4-5, the executive secretary took off for a couple of days holiday and returned to Fort Worth on Sunday to prepare to leave for Washington, D. C., on July 9th.

Examinees Entertained

The following graduates of osteopathic colleges who were examined by the Texas State Board of Medical Examiners for Texas licenses, June 23, 24, and 25, were entertained at a dinner given by the Texas Association of Osteopathic Physicians and Surgeons as is the usual procedure of the Association in welcoming these physicians to Texas: Raymond Eugene Liverman, D. O. (KCCOS); Charles Arthur Myers, D. O. (PCO); Alexander James Keller, D. O. (PCO); Kenneth Day Lange, D. O. (CCO); and Henry William Nicholas Turner, D. O. (KCOS). Dr. Raymond D. Fisher, President Elect and Dr. P. R. Russell, executive Secretary, acted as hosts for the Association.

Reciprocity

The following osteopathic physicians were granted Texas licenses by reciprocity by the Texas State Board of Medical Examiners at their meeting at the Hotel Texas, June 23, 24, and 25: Gerald P. Flanagan, Alfred R. Haight, William H. Houser, Donald L. Kennedy, Myron G. Skinner, and Robert E. Springer.

GOOD LOCATION

MOULTON, TEXAS—A thriving community with no hospital. Nice clinic and house for rent. Rent reasonable. Property can be bought. If interested, contact either Arnold Freytag, Moulton, Texas, or W. H. Pundt, Secretary Moulton Chamber of Commerce, Moulton, Texas.

'Matter of Time' For Joint Staffs

CHICAGO (AOA)—The retiring president of the Kansas State Medical Society predicted that admission of D. O.s to staffs of hospitals approved by the medical joint commission on accreditation would be "a matter of time."

Dr. Barrett A. Nelson of Manhattan said at the organization's convention that relations between D. O.s and M. D.s have been good in Kansas since the enactment of a single licensing law. D. O.s now serve on the staffs of hospitals without commission approval.

Requests that the commission revise its rules to admit qualified D. O.s "likely will be made" at the convention of the American Medical Association in June at San Francisco, in the opinion of Dr. Thomas O. Butcher of Emporia, new president of the group.

No July Issue For Bulletin

The News Bulletin will not be produced for July. Concentration by P&PS on AOA convention coverage and other demands suggest the alternative of furnishing this large issue and a special convention issue to be released immediately after the Washington meeting.

Good Public Relations

From the Star-Telegram, Monday, June 23, 1958

Hypnosis Used Here In Dental Surgery

By BLAIR JUSTICE

Unable to undergo gum-cutting dental surgery because of an allergy to anesthetics, a 50-year-old Polytechnic man was hypnotized for the operation and Monday entered his fifth day without pain.

The man's dentist said a check indicated that this the first time in Fort Worth that such a procedure had been completed using hypnosis exclusively.

T. E. Baker of 3628 Killian underwent the surgical treatment for pyorrhea last Wednesday at Fort Worth Osteopathic Hospital. An osteopathic physician, a member of the Fort Worth Society for Clinical Hypnosis, put Baker into a hypnotic pain-free state.

The treatment required infected and inflammed gum tissue to be cut away from Baker's teeth up to a quarter of an inch in depth. The dentist then smoothed the bone around the teeth.

The physician-hypnotist said that mild bleeding was stopped at one time by hypnosis. The patient said that swelling after the operation was stopped by hypnotic suggestion.

"I was a big doubter of hypnosis until it worked on me," Baker said.

He agreed to undergo hypnosis only after he found that it was imperative that he have dental surgery done for treatment of what dentist call peridontoclasia. Physicians felt the disease was aggravating a kidney infection Baker has.

"I already knew," he said, "that I was allergic to all drugs and anesthetics. I couldn't have the surgery without anesthetics, yet if I received anesthetics I knew I would have severe reaction."

His osteopathic physician referred him to the doctor who did the hypnosis. It took two visits before Baker was convinced that hypnosis could preclude pain.

"On the second visit the doctor said I would feel no pain in my hand even if I was stuck with something sharp. I went home and stuck the back of my hand with a knife and found out he was right."

In what the doctor called "glove anesthesia," the physician had Baker transfer the pain-free state in his hand to his face and mouth. This was done simply by having Baker touch his face with his hand. He then tested the pain-free state by sticking a sharp instrument into Baker's gums. The man felt no pain.

By the time Baker was to undergo

the dental work, the physician had worked out a system whereby the patient could go into a deep state of hypnosis simply by hearing the doctor count from 1 to 20 and by envisioning a restful scene.

"I had him picture a beautiful valley with a cool stream and plenty of shade," the physician said. "I told him that when he wanted to he could close his eyes and picture himself by the stream and he would feel no pain."

Baker said that for the first half of the dental surgery he kept his eyes closed but during the second half "I was braver and I kept my eyes opened."

The procedure—called a gingivectomy with alveoloplasty—was completed in an hour and 10 minutes. The dentist said that normally only one fourth of the mouth is done at a time.

Surgical packing was put around Baker's teeth and requires his going back to the dentist There will be no pain, however, since the physician gave him a post-hypnotic suggestion—every time Baker goes to the dentist and opens his mouth he is to feel no pain.

House Hears Views on Teaching Subsidy

CHICAGO (AOA)—The federal House of Representatives began action in April on pending bills to provide government subsidies for medical teaching.

Representative John Bell Williams of Mississippi, chairman of the House commerce sub-committee on health and science conducted two-day hearings in which medical organizations submitted supplementary statements. The bills would provide for construction of teaching facilities on a matching funds basis and provide support for special programs.

The American Medical Association statement voiced approval of the legislation provided schools of osteopathy are eliminated from the list of eligible institutions. "Osteopathy is not a part of medicine, but rather is a cult the tenets of which are based on unscientific principles. We are, therefore, opposed to use of federal funds to aid schools which teach an unscientific and inferior system of health care," the AMA statement asserted.

Dr. Chester D. Swope, chairman of the AOA Department of Public Relations, represented the osteopathic profession and presented information about the current status of its six colleges for inclusion in the record.

"The AMA statement is the same objection they raised unsuccessfully against medical service commissions for D. O.s," said Dr. True B. Eveleth, AOA executive secretary. "It is not based on facts or even on the advice of their own experts on medical education. We trust that this opposition will be as ineffective as it was before."

The American Veterinary Medical Association, the American Nurse's Association and the American Podiatry Association each protested the exclusion of its specialty from the provisions for support to schools of medicine, dentistry, osteopathy and public health.

Osteopaths and Chiropractors are not the Same

Even among their millions of regular patients, there are many misconceptions about these practitioners. The confusion probably occurs because, in treating patients, both use manipulation, that is, adjustment —usually by hand—of joints and muscles. But there is a vast difference between them in training, theory, licensing requirements, practice, and what they may legally do in treating ailments and diseases.

What's an Osteopath?

In general, the doctor of osteopathy (D. O.) is an unlimited practitioner in much the same sense as a doctor of medicine (M. D.). Most of the nation's 13,000 osteopaths enjoy the same legal status as an M. D. They may diagnose and treat any ailment, using drugs and performing surgery (except in eight states, where they can't do one or both). Osteopathy leaders point out it is not a medical specialty but a separate school of medicine, not because of its use of manipulation, but because of its philosophical approach (known as the "osteopathic concept") toward caring for and treating the ill. Osteopaths believe that a sick person is ill all over and must be treated as a whole individual and not just for one ailment.

An osteopath's special skill is giving manipulative treatment. However, osteopaths now generally use manipulation far less than when the profession was in its formative years (about 1890 to 1915). Today many osteopaths use manipulation infrequently and their techniques of practice—so far as the public may discern—are the same as many M. D.'s.

In time and, to a large extent, in curricula, the training to become an osteopath is considered comparable to that for M. D.'s. At least three years of preprofessional college education are necessary to qualify for admission to one of the six four-year osteopathic colleges that have been approved by the American Osteopathic Association. (Most osteopathic students have a B. A. degree before starting study for their D. O.) In addition, osteopaths usually serve a one-year internship in an osteopathic hospital before beginning private practice. If an osteopath wants to become a specialist—there are osteopathic specialist in surgery, obstetrics and gynecology, pediatrics, psychiatry, internal medicine, and radiology, among others — three to five more years of study are required, besides at least two years of practice of the specialty.

What's a Chiropractor?

Unlike an osteopath, he's a **limited** practitioner, who is not required to

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BOYLE & COMPANY

Los Angeles 54, California

"... but I don't

want your

sympathy...

I need help...

do you understand

-H-E-L-P!"

clay female figurines/Tlatilco culture—Mexico/approx. 1500 B.C./courtesy of Meyer & Franklin Gallery

have nearly so extensive a training as a D.O. A doctor of chiropractic (D.-C.) may not legally prescribe drugs or operate. Chiropractic (which means "efficient hands") is a method of healing based on the theory that disease is caused by or contributes to the abnormal functioning of the nervous system. To eliminate the abnormal functioning, chiropractors rely mainly on manipulation by hand, usually of the spinal column. Chiropractors today are also trained in various methods of diagnosis and may use, in addition to manipulation, such techniques as clinical nutrition, physiotherapy, and psychotherapy.

Licensing requirements for chiropractors vary widely. In two states they are not permitted to call themselves "doctors," and in four (New York, Massachusetts, Louisiana, and Mississippi) they are not licensed at all, enabling anyone to open an office as a chiropractor and treat people as long as he does nothing that can be legally construed as practicing medicine. Professional chiropractic groups, led by the National Chiropractic Association, long have urged licensing laws for those four states, to protect the public from quacks and incompetent practitioners.

Although two states allow persons with only two years of professional schooling to be licensed as chiropractors, all others (except the four mentioned) require four years' training. The National Chiropractic Association recommends a minimum of two years of preprofessional college work and four years at an accredited (by the NCA) chiropractic school be required. Twenty-two states now have those standards.

D.O. Delivers Airborne Baby

CHICAGO (AOA) — A transoceanic airliner was an emergency delivery room in April for an infant who couldn't wait to be born in France with his mother's family around him.

Dr. and Mrs. Leo Conley of Columbus, Ohio helped Mrs. Lillian Shaw of Kansas City, Kansas, deliver a healthy baby high over Ireland. With the aid of the plane's stewardesses and the solicitous attention of other passengers, mother and child were doing nicely by the time the plane landed. Mrs. Shaw was flying to visit her family when the birth occurred.

Philadelphia D.O.'s Denied City Hospital

CHICAGO (AOA)— Philadelphia D.O.'s were rejected in their appeal for admission to the staff of Philadelphia General Hospital in April.

Dr. David Shuman, president of the Philadelphia County Osteopathic Society, had written Mayor Richardson Dilworth that the hospital "being a tax-supported hospital, is a public and not a private hospital and must therefore, in all fairness, be run for the people and not a select group of colleges and physicians."

The mayor's rejection of the petition was on the grounds that the hospital would loose its approval by the joint commission on accreditation of hospitals.

At approximately the same time, the Philadelphia Department of Health elected to make the University of Pennsylvania and Temple University Medical Schools solely responsible for training at the hospital. This action barred three other schools, Jefferson Medical College, Hahnemann Medical College and Women's Medical College from further participation.

Book Reviews

Orthopedics For The General Practitioner

by
WILLIAM E. KENNEY M. D.
and
CARROLL B. LARSON, M. D.,
F. A. C. S.

William E. Kenney, Orthopedic Surgeon, Truesdale Hospital Medical Director, Cerebral Palsy Training Center, Fall River Mass.: formerly Instructor of Orthopedic Surgery, Yale University School of Medicine, New Haven, Conn. Carroll B. Larson, M. D., F. A. C. S. Professor of Orthopedic Surgery and Chairman of Department of Orthopedic Surgery, State University of Iowa City, Iowa. 180 Illustrations, page 413, Price $11.50. Copyright September 1957. The C. V. Mosby Company.

Few books in orthopedics have been written so that the general practitioner could easily identify pathology without the aid of a specialist. This book certainly fills a long wanted source of information in that the authors deal with regional problems. The likely diagnoses in accordance with the chief complaint is listed and then by index, a more detailed discussion of the problem may be located. For example, if the chief complaint were pain in the long arch of the foot, the book lists Kohler's disease (Osteochondritis of the Tarsal Scaphoid) as the most likely diagnosis. If the complaint is painful metatarsal arch, then the most likely diagnosis is listed as Freiberg's Infraction (Osteochondritis of the Second Metatarsal Head). Should the complaint be extra fold in an infant's buttocks, the most likely diagnosis is cogential dislocation of the hip either unilateral or bilateral, etc. The first chapter which deals with diseases or affections in childhood is excellent. Although brief, every region of the body is included in addition to unusual diseases of the bone and tumors involving bone. Most orthopedic text books or brochures are written for the specialist and therefore usually beyond the scope of the general practitioner. However, this particular book is outstanding in its format, because the physician may immediately refer to

the chapter or chapters dealing with the chief complaint and the anatomical location of this complaint presented by the patient. The book is highly recommended for general practitioners.

Clinical Urology for General Practice

by

JUSTIN P. CORDONNIER, M. D., F. A. C. S.

CLINICAL UROLOGY FOR GENERAL PRACTICE by Justin J. Cordonnier, M. D., F. A. C. S. Professor of Urology, Washington University School of Medicine, St. Louis, Missouri; Chief of the Department of Urology, Barnes, St Louis. Children's and Allied Hospitals; Chief of Urology, Washington Uuiversity Clinics: Consultant in Urology, U. S. Veterans Hospital, St. Louis, Missouri. Page 252, Price $6.75. Copyright 1956 by The C. V. Mosby Company.

The book consist of eleven chapters dealing with steps for Urological Diagnosis, Obstructive Uropathy, Neoplasms of the Genitourinary Tract, Infections of the Genitourinary Tract, Renal Failure, Urinary Calculi, Neurogenic Bladder Dysfunction, Senescence, Fertility, and Impotence in the Male, Injuries to the Genitourinary Tract, Female Urology, and Congential Anomalies. The features stressed mostly in this book are diagnosis and therapy. An abundance of knowledge is packed into a consise text and only the more common subjects are covered After reading a book of this fashion, one can readily realize the problems which should be referred to the specialist and those which the general practitioner is capable of handling.

Challenge Made On Hospital Rules

CHICAGO (AOA) — The right of a public hospital under Michigan law to make rules and regulations governing the professional activities of licensed doctors is at stake in the action of Neil H. Sullenberger, M.D., for damages and reinstatement to the staff of Pontiac General Hospital.

In his suit, the stormy surgeon charges that the hospital has no authority to make rules which interfere with his privileges as specified in his Michigan license to practice medicine.

Dr. Sullenberger's expulsion from the general hospital in 1957 and subsequent loss of guest privileges at Pontiac Osteopathic Hospital resulted from highly controversial and highly publicized charges made against him by the public hospital's board of trustees.

If Dr. Sullenberger's suit is sustained, observers predicted the establishment of a precedent which would threaten the authority of any professional or public group to regulate medical practice in Michigan other than as specified by the state in granting a medical license.

Dr. Hamilton Gets Mead Johnson Grant

CHICAGO (AOA—The AOA Committee on Mead Johnson Grants has announced that a Mead Johnson award for post-graduate study will go to Dr. Jane V. Hamilton of Los Angeles.

Dr. Hamilton was a 1957 recipient of a Mead Johnson grant and had been designated as an alternate for the 1958 awards. She will continue a project begun last year at the College of Osteopathic Physicians and Surgeons.

The other five grants were announced earlier.

American Osteopathic Association
Office of
CHESTER D. SWOPE, D. O.
Chairman: Department of Public Relations
Farragut Medical Bldg.
Washington 6, D. C.

May 28, 1958

WASHINGTON NEWS LETTER

Persons Injured — A new report by the Public Health Service's U. S. National Health Survey (Public Health Service Publication No. 584-B-3) indicated that about 25 million persons were injured enough to require medical attention or to limit their activities for at least a day during the last six months of 1957. In defining the term Medically attended Injury, the report states: "For the purposes of this definition the term 'physician' includes doctors of medicine and osteopathic physicians."

Hill-Burton—In our May 16, 1958, statement for the record of the Hill-Burton hearings before the House Subcommittee on Health and Science, we requested extension of the Act and further stated in part as follows:

Ninety of our hospitals containing 40 percent of the beds are located in cities of over one-hundred thousand population. A substantial number of these need to replace obsolete beds, but they are prevented from Hill-Burton participation for the purpose due to the operation of a priority system that has become unrealistic in this respect.

We understand from recent testimony by the Acting Secretary of the Department of Health, Education, and Welfare during these hearings before your Health and Science Subcommittee that sufficient legal authority may already exist to support a revision of the priority regulations to permit modernization of hospitals located in the metropolitan districts. We hope the Committee will resolve any legal doubts in the matter and assure that the necessary revision of the priority regulations can and will be accomplished.

On May 22, 1958, the Subcommittee approved H.R. 12628 which would extend the Hill-Burton program for three years beyond the cur-

rent expiration date of June 30, 1959.

It is our understanding the HEW is working on a change in the priority regulations to permit modernization of hospitals in metropolitan districts.

Loans for Higher Education Facilities — On Monday of this week the Senate Subcommittee on Housing agreed to write a clean bill which will substantially increase the loan limits for college housing including dormitories and auxiliary facilities such as infirmaries, central heating facilities, and expansion of power plants, and which will authorize $250 million in loans for construction or remodeling of classrooms and laboratories, and which would increase the loan limits to hospitals for student nurse and intern housing, and which would permit loans to proprietary nursing homes.

Public Facility Loans — In my Washington News Letter of April 17, 1958, I reported that the Senate had passed a $1 billion public facilities loan bill, S. 3479, under which nonprofit hospitals were named among the facilities eligible for 50-year low interest rate loans for construction, repair or improvement, but in case of any resultant increase in number of beds eligibility would depend on certification of conformity with the applicable State Hill-Burton plan. Yesterday the House Committee agreed to retain the nonprofit hospital loan provision of the Senate bill and ordered the bill favorably reported to the House. However, the House Committee added another $1 billion to the program, which is believed to insure a Presidential veto unless the amount is pared down before final enactment. The House Committee also amended the bill so as to expressly include public nursing homes and public convalescent homes.

Medicare—When the House Committee on Appropriations on May 28, 1958, reported the Department of Defense appropriation bill for the fiscal year ending June 30, 1959, it included a provision that not more than $60 million may be obligated under the Act for the Medicare program. Inasmuch as the probabilities are that Medicare would run around $90 million during the next fiscal year the limitation would emasculate the program. The actual purpose of the Committee in setting the limitation was to force the Defense Department to require dependents living in or near the military bases to use available military medical facilities. Enclosed is copy of May 29, 1958, OD-MC Letter No. 13-58 regarding policy on furnishing of drugs.

Social Security—Hearings on all Titles of the Social Security Act are scheduled before the House Ways and Means Committee to run from June 16 to June 27, 1958. Some 400 bills on the subject are pending. Under the Old-Age and Survivors Insurance Title, there are bills to increase the general level of old-age and survivors insurance benefits, bills to amend the disability-insurance provisions and the disability freeze provisions, bills to liberalize the earnings limitation, bills to reduce the retirement age, and bills to provide hospitalization and medical benefits. Most prominent in the last category mentioned is the Forand bill, H.R. 9467. This bill would provide for surgery by persons certified by the American Board of Surgery or members of the American College of Surgeons and 100 days of hospital and nursing home care annually for OASI beneficiaries, at the same time the bill would raise the OASI payroll taxes by ½% for employer and employee and ¾ of 1% for selfemployed and raise the wage base to be taxed from the first $4,200 of income to $6,000.

Article Attacks D. O. Discrimination

'Hospital Management' Cites Unfairness

CHICAGO (AOA) — The unfairness of organized medicine's program to accept foreign medical school graduates on hospital staffs while continuing to bar doctors of osteopathy is condemned in an article in HOSPITAL MANAGEMENT magazine.

The April and May 1958 issues of the magazine contain a two-part article in which Dr. C. U. Letourneau asks "must hospitals continue to aid and abet the emotional vendetta of some doctors against the osteopaths?" Dr. Letourneau, of Winnetka, Illinois, is editorial director of the magazine.

The situation he cites is caused by the establishment of an Educational Council for Foreign Medical Graduates. The organization is sponsored by the American Medical Association, American Hospital Association, Association of American Medical Colleges and Federation of State Medical Boards of the United States with financial support from the Kellogg Foundation.

According to its statement of purpose as quoted by Dr. Letourneau, the ECFMG is to "certify the credentials, the medical knowledge and the command of English of those graduates of foreign medical schools who are going to care for patients in American hospitals. . . It will not attempt to evaluate the teaching program or inspect or approve any foreign medical school. Its program is based not upon evaluating the school from the candidate graduates but upon evaluating the professional competence of the individual."

The basic superiority of American medical schools is not seriously disputed, Dr. Letourneau writes. But considerable effort is spent on recruiting foreign doctors because of a shortage of physicians in this country.

"The incongruous aspect of this whole situation is that foreign medical graduates of doubtful background are being accepted without question, while graduates of ostepathic medical schools whose background is certain and precisely ascertainable are being rejected. Indeed, sanctions might be visited upon hospitals who permit osteopaths to care for the health and welfare of the American public on their premises," the article states.

"The graduates of these (foreign) schools are accepted by hospitals upon passing an examination while the graduates of osteopathic schools are rejected summarily and are not even asked to submit to an examination. . . As far as hospitals are concerned, any institution wishing to remain in favor with organized health associations must shun practitioners who bear only the degree of doctor of osteopathy.

Whether or not these practitioners have any abilities or qualifications to diagnose, prescribe and treat matters but little. If they are osteopaths that is enough to condemn them and the hospital, physicians, nurses and all of the health professions who are associated with them."

Dr. Letourneau reviewed the actions of the AMA's Cline committee and outlined the AMA rejection of its findings. He cited the training and legal acceptance of osteopathic physicians by states and federal government.

Mentioning the comparable scores of medical and osteopathic graduates on state board examinations and cancer knowledge tests, the article concludes that "all of this leads to the impression that graduates of osteopathic schools cannot be very far below the quality of graduates of medical schools.

. . . At the time, then, when it is claimed that there is such a shortage of doctors in the United States and Canada, might it not be the course of wisdom to spend our money to help osteopaths to acquire the status of physicians instead of looking to foreign countries to import a product inferior to what we are producing at home?

". . . The schools of osteopathy are unapproved by organized medicine but recognized by the laws of certain states and by some federal statutes. Even so, we know what they teach."

Pointing out that the medical groups have no knowledge of the foreign schools and that those schools have no recognition in American law, he asks, "Since the minimum requirements for foreign graduates is the passing of an examination, may we not also offer this opportunity to osteopaths and measure them also by the yardstick that we use for the graduates of foreign medical schools?"

Reprints of the article by Dr. Letourneau are available from HOSPITAL MANAGEMENT magazine at a charge of 10 cents each. Orders should be sent to the reprint editor at 105 West Adams Street, Chicago.

Quarter Million Left College In Trust for Research and Clinic Memorializing Alumnus

A fund which may amount to as much as a quarter million dollars has been left in trust for the Kirksville College of Osteopathy and Surgery, ". . . for the purpose of establishing and maintaining an osteopathic research department and clinic for the osteopathic hospitalization of needy children. . . ."

This fund is provided in the trusts created by the wills of the late George S. Rees and Eugenia Farr Rees, his wife, and is given as a memorial to the late Dr. Ralph W. Rice of Los Angeles. Doctor Rice was a graduate of the Kirksville College in 1917. He died in 1948. Both Mr. and Mrs. Rees died in the early 1950's and both provided for the support of the work in which Doctor Rice was interested in appreciation for the osteopathic health care which he had provided during their lives. The trusts are being managed by The Beverly Hills National Bank and Trust Company in California.

Dr. Rice was born in Laurel, Nebraska, in 1893 but spent the greater part of his life in California. He was graduated from the American School of Osteopathy in 1917 and in the same year married Miss Ola Miller of Kirksville. Following a year in the Army in World War I., he established practice in Los Angeles and spent the remainder of his life there. He was a trustee of the Los Angeles College of Osteopathic Physicians and Surgeons and an occasional lecturer there.

Two individual beneficiaries under the will are receiving monthly benefits from the trusts and the principal of the trusts will not be distributed until the expiration of those benefits.

Certain other individual and institutional beneficiaries are also provided for in the wills. However, the Kirksville College is the residual and major beneficiary. On the basis of the management of the trusts to date, it now appears that earnings from the principal will be more than adequate to meet the monthly benefits provided for the individuals and other expenses. The benefit of the College ultimately will be not less than $175,000.00 and could reach $275,000.00 or more.

Doctor Rice was an outstanding osteopathic physician. Among many contributions to the development of his profession, he is well-remembered for pioneering work in producing teaching and research films. He also was actively interested in the work of the late Dr. Louisa Burns and of the research group in Kirksville. The special application of the osteopathic concept in health maintenance and treatment of diseases in children was one of his strong interests and it is this field to which the Rees benefaction in his memory will be particularly devoted when received.

Six Doctors To Get Mead Johnson Grants

CHICAGO (AOA) — Six D.O.s have been named as recipients of the third series of Mead Johnson grants of $1000 for graduate study in osteopathic colleges.

Their selection was made in April by the AOA Committee on Mead Johnson Grants, according to its chairman, Dr. John W. Mulford of Cincinnati, Ohio.

The pharamceutical company began its program with three awards each in 1956 and 1957. The first grants were all in general practice. Two of the six 1958 grants are in pediatrics.

The pediatrics award goes to Donald G. Pelino of Chicago for work at the Chicago College of Osteopathy.

Two of the general practice grants were made to staff members of the Kirksville College of Osteopathy and Surgery, Dr. Calvin H. Van O'Linda and George H. Scheurer. The other general practice fellowships are awarded to Dr. William D. Mitchell of Philadelphia for a PCO project and to Dr. David J. Simon of Los Angeles and the College of Osteopathic Physicians and Surgeons for research there.

The sixth winner will be announced later.

D. O. S. Must Give OPF $100 Yearly

CHICAGO (AOA) — Osteopathic physicians must average a yearly contribution of $100 to osteopathic education to meet the goal set by the AOA Osteopathic Progress Fund committee at its April meeting in Chicago.

A million dollars a year is the minimum amount needed by the six colleges as "basic budget support" to close the gap between operating expenses and tuition and other income. "It is the responsibility of the osteopathic profession to supply this," the committee stated.

Figures compiled by the Osteopathic Foundation in 1957 showed that D.O.'s led all alumni groups with an individual average of $55 a year. This will have to be almost doubled if the colleges are to have sufficient funds for continued operation, the report emphasized.

The OPF campaign for $100 a person should be regarded as the fundamental program but not as sufficient for all needs. The group urged the colleges to coordinate their alumni relations programs and to continue seeking funds within and outside the profession for research and expansion.

While accepting support of the colleges as an AOA obligation, the committee recommended that the divisional societies assume the direct task

of collecting contributions. State quotas are to be revised on a basis of doctor population to determine a more realistic proportion of funds to be sought by each. Within the state organizations, the committee urged that each doctor be given the prerogative of marking his donations for the school or fund of his particular choice.

For the first time, the OPF committee recommended the use of "support-thru-dues" plans of organized giving. The plan should be adopted whenever other methods are unsuccessful. The yearly amount should be fixed at $100 or more, the report said.

OPF and Osteopathic Foundation Director G. Willard King pointed out that dues assessments for support of education are tax-deductible as regular business expenses. He said that additional contributions to osteopathic education then might be listed as charitable contributions. King reminded the state societies that the full resources and staff of the national OPF committee were available to any state group.

Cut Expected In 'Medicare'

CHICAGO (AOA) — Federal action of health issues during May indicated a probable change in the "medicare" arrangements for dependents of members of the armed forces.

The program cost $69.2 million during its first year of service. Expenditures for the two-and-a-half million persons eligible were divided about evenly between doctors and hospitals.

The House of Representatives received a recommendation of services from its Appropriations Committee. The committee asserted that the average cost per patient day during 1957 was $45 and that it now is at $50. By contrast, the report stated that the same care in navy hospitals cost the government $16 a day in 1957. Army and Air Force hospitals were reported to require $24 a day.

The committee report recommended that dependents be restricted from seeking pricate care when government facilities are available in the area. "That existing military medical facilities are not being used to their optimum economic capacity is obvious," it said.

No new military facilities would be required but optimum use could cut patient costs to about $10 a day in the military hospitals and still provide adequate service. The committee recommended a limit of $60 million for continuation of the "medicare program.

In other action, the House passed a bill authorizing the U.S. Public Health Service to distribute $1 million annually to 11 schools of public health. Its intent was to help the schools defray costs of training students for government agencies.

Also during May, additional members of Congress endorsed the Forand bill (HR 9467) to provide medical benefits to social security beneficiaries. Additional hearings are scheduled for June 16.

Representative Aime Forand, Rhode Island Democrat who sponsored the bill, protested attacks on it by the American Medical Association and requested its publications to carry his rebuttal to statements by Dr. David Allman of Atlantic City, AMA president.

At the same time, the Social Security Administration announced that it spent $28 million in vendor payments for medical care to recipients of public assistance in March of this year. Nearly half, or $13.6 million, was spent on recipients of old-age assistance. The rest went for aid to dependent children, the blind, totally disabled and general assistance.

AUXILIARY NEWS

All of us have again an opportunity to measure up to the responsibility of citizenship in the coming election.

The first Democratic Primary will be held July 26th. We have some extremely important public offices that will be decided in this first primary. In possibly a few of the contested races a run-off election will be required in the latter part of August. Of great importance will be the following races:

In the Governor's race Price Daniel is running for re-election, opposed by W. Lee O'Daniel, Henry B. Gonzales and Joe A. Irwin.

In the Lieutenant-governor's race the incumbent Ben Ramsey is opposed by George Nokes.

In the Attorney-General's race Will Wilson is unopposed.

There are 4 Supreme Court Judgeships that will have to be filled. Only two of the places will be contested. Judge Joe Greenhill is the present incumbent and is opposed by Sarah Hughes. In the other race there are three candidates: Hunt, Hamilton and Smith.

The United States Senate race is between William A. Blakley and Ralph Yarbrough.

In the legislative races — In the Senate, out of the 31 members, 21 are either carry-overs or unopposed. This leaves 10 contested seats. It will be of value to know the area in which these Senate seats are being contested. They are in Districts 3, 5, 6, 7, and 4.

In the House of Representatives we have 150 representatives and almost every race is being contested.

All of us should be vitally concerned in this coming election due to the proposed legislation in the ensuing session of the Legislature that will effect Medicine and Public Health. The following are a few of the proposed bills that will be introduced: Hospital Licensing Bill, Medical Examiners' Bill, Psychologists' Bill, State Medical Education, Food and Drug, Occupational Safety, Compensation Measures, Mental Health Bills and numerous other measures.

In view of the proposed legislation is becomes increasingly important that we should take an active part in this election and also attend the Precinct meeting which will be held immediately following the closing of the polls on Election Day.

Virginia Baum, Legislative Chairman, Auxiliary T.A.O.P.& S.

NEWS OF THE DISTRICTS

DISTRICT SIX NEWS

Judge Clem McCullough gave a most interesting and instructive talk to District meeting in June. His talk: "Where there is a will, there is a way," contained enough valuable information to get one started on the proper handling of his estate. His delivery and sense of humor were outstanding and entertaining.

Dr. and Mrs. Joe Carpenter are proud parents of a new daughter born at Community Hospital.

Dr. Warren DiSantis is at home again recuperating from his third episode with major surgery.

Dr. James Mallon and family left for South Bend, Indiana where he will start, July 15, on a three year residency in Radiology.

Dr. William Masters is now associated with Dr. Loren Rohr in general practice at 7212 Lyons Avenue.

Dr. James Lyons is now associated with Dr. Warren DiSantis, with offices on Holland Ave., in Galena Park.

Dr. Kenneth Riggle is attending international convention of Jehovah's Witnesses in New York, expects 2,000 delegates from all parts of the world.

Houston Osteopathic Hospital held graduation exercises for intern class of 1958 at Plaza Hotel. Dinner served in main dining room was well attended by the staff and their wives. Drs. Ted Thompson and Don Kennedy received their internship certificates.

Dr. Lester Tavel was in Washington, D. C., for the National Convention of A.O.A., and on Saturday, July 12, served in his capacity as one of the examiners for the American Osteopathic Board of Proctology. This is the examination for certification in proctology.

Dr. Loren Rohr returned from Anderson, Indiana, where he presented the budget to General Ministerial Conference. He also held conferences with lay people on pre-marital problems and the Christian aspect of psychosomatic problems. Dr. Rohr is the first layman to cast an official ballot in the General Ministerial Assembly of this national church organization.

Dr. Helen Gams is still on an extended visit to New York.

Doctors Hospital is perfecting plans for expansion of X-ray and service facilities. This is part of an overall master plan for growth and expansion.

DISTRICT NINE

Dr. Wm. Hughes was host to District IX when we met in Rockport, Texas, on June 15, 1958. Dr. Paul Pinkston presided at the business meeting. Dr. R. L. Stratton presented a very complete report of the activities of your House of Delegates and Board of Trustees at the recent state convention in Fort Worth. This report had been recorded on tape and Dr. R. L.'s careful editing gave us a concise up-to-date view of professional affairs and organizational problems.

Dr. J. V. Money is our new OPF chairman for District IX, and everyone is urged to help Dr. Money and to support this "must" program. Dr. Goldman, Rockport dentist, gave an

interesting discussion of the uses of hypnosis in dental practice. After this Messrs. Polakoff and Putman of the Medical Foundation told about the Medical Foundation (Osteopathic) Insurance Plan and their scholarships for osteopathic students. Drs. J. V. Money, W. L. Crews, Alan J. Poage, Wm. Hughes, R. L. Stratton, Paul Pinkston, and H. F. Elliot answered roll call.

The Auxiliary met with Mrs. W. S. Hughes. Dr. and Mrs. Hughes served an outstanding sea food dinner after the meeting.

For the foregoing report of June meeting we are indebted to Dr. W. L. Crews, as the secretary was not able to be present. Thank you, Willis.

DISTRICT TEN

Dr. Phil Russell, Executive Secretary, spent the 13th and 14th of June in the district, visiting the many Doctors in Lubbock and surrounding areas. The primary purpose of his visit was for inspection of Dr. Chambers hospital in Muleshoe, Texas, which is very nice and a credit to the profession.

The Lubbock Osteopathic Hospital is getting into the swing of hospital routine and running at near capacity. It is a beautiful building, located at 52nd Street and College Avenue. Any physician from the state visiting the area should visit the Institution.

District 10 held their final meeting of the summer the 24th of June, with a round table chat of current ethical standards and acceptable- practices, on the ways and means of drawing the Doctors of the district closer together socially and professionally for the improvement of patient care, was discussed.

Dr. Garland Porter of Porter Hospital and Clinic of Lubbock has been in Fort Worth giving examinations for the Texas State Board of Medical Examiners, and doing a very able job representing our profession with this group.

DISTRICT ELEVEN

A meeting of the 11th District of Osteopathic Physicians was held at the office of Dr. Taylor Hall on Airport Road in El Paso. An Attorney Marshall from El Paso lectured on Medical Legal Affairs and at the same time two movies were shown on Medical Legal.

Dr. R. C. Valdivia traveled to Fort Lauderdale, Florida to attend the Annual Convention of the American Osteopathic College of Proctology. The convention was held on April 19, 20, and 21, 1958.

Dr. Leroy Lyons traveled to the Kirksville Osteopathic Hospital in Kirksville, Missouri, to take a Post-Graduate course in Electrocardiology. The course was held the week of June 2, 1958.

Dr. M. G. Holcomb spent three days in Galveston, Texas taking a Post-Graduate course this last month.

Drs. John Henery and John Holcomb spent the Memorial Day Weekend in Lake Boquilla fishing for bass.

Dr. Taylor Hall traveled to Houston, Texas to attend the Graduation exercises of his son.

On June 11, 1958, the Park Foothills Hospital and Clinic received its approval from Blue Cross which makes this hospital approved by all insurance companies.

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