

Texas OSTEOPATHIC PHYSICIANS Journal

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JAMES J. CHOATE, D. O.

First Vice-President

HOUSTON, TEXAS

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AUSTIN, TEXAS, JUNE, 1948

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Osteopathic Responsibilities

JAMES J. CHOATE, D. O.

First Vice-President

HOUSTON, TEXAS

Electing to become a physician is synonymous with electing to assume responsibilities. Electing to become an osteopathic physician is adding to the responsibilities of a physician the burden of being set apart and having the burdens of a specialized art and profession added to the already heavy weight of the physician's load.

Many times this wonderful profession is entered into inadvisably, and often becomes a heavy burden because of the failure of the individual to be entirely acquainted with his job, or chosen place in life.

It is not my intention to describe the entire scope of responsibilities of an osteopathic physician, but merely outline the path of least burden where a man can be more content in his atmosphere and more complete for his being a part of its elements.

Among the outstanding responsibilities of an osteopathic physician are:

1. His responsibilities to himself.
2. His family.
3. His community.
4. His faith.
5. His profession.

Himself

Selfish, though it may seem, I feel it only just for a man to consider himself first in his responsibilities. He must satisfy himself that this is his chosen profession because here, in osteopathy, he can do more for the world which has done so much for him and his own.

He must use the judgment of Solomon in the choosing of a wife for the responsibilities of a physician's wife are heavy, and often thankless. Her happiness and peace of mind is one of his heavier responsibilities.

The community in which he places himself is to be picked carefully and thoughtfully. True, he is going there to practice his arts, use his talents, and do deeds of human value, but he is also

going there to find happiness in the contributions the community can make to him such as friendship, wealth, culture, a background for his family of the future, and a theater upon whose stage he can play the part for which he has so carefully prepared. This choice of community also fills a category to displace another man who would have settled there had he not already accepted the responsibility. In choosing from a selfish standpoint, a man must more completely be in a community of his own liking in order to more properly accept the responsibilities of his chosen place in life.

His responsibility to himself should surely include the peace of mind which goes with the responsibility of not accepting a job for which he is not capably equipped to handle with a satisfaction to his employer, and the inner feeling a craftsman feels that of justifiable pride in a job well done.

The responsibility of accepting in its full philosophy, that the only worthwhile gifts in life are gotten through giving, is the physician's greatest challenge for here and only here can the honest physician reap the true harvest of his efforts.

His Family

A physician's responsibility to his family is manifold in the complexity of its ramifications, but the most gratifying of all.

When he has accepted his place in life he must see that his family is not headed by a stranger, but by a father. His is a home of the community, and must function completely. Volumes could be written upon the responsibilities of a father, a husband, a neighbor, a leader in his community affairs, his church, and his hobbies, but before he can fulfill his responsibility to his family, he must see that he is all they would have of him in these various respects. Greatest of all to a family is truly knowing each member by allowing enough

time from active practice to, at all times, be more acquainted with them than anyone else in the world.

The responsible physician must care for his family well, plan with them, council with them, and work with them on joint projects.

When a man's family is happy, healthy, and constructive in the workings, then and only then can he, as a physician and a cogwheel in his community function with efficiency.

His Community

By displacing another who would have had his place in a community, each physician automatically accepts the responsibilities of a part of the workings of that community.

First, he not only must treat the ills of the community, but must contribute freely of his time, talents, and money to prevent disease. Often unwanted, he must still demand of the government the best of public health laws regulating hygienic, sanitation and epidemic requirements for the community. Often these demands are met by governmental agencies. He must abide by them, encourage others to abide by them, and at all times see that they are adequate by discarding the useless and demanding that they be kept up to date.

Service Clubs and community group's activities are direct responsibilities of every physician. Here he can become acquainted and work with the leaders of his community. Knowing them as workmates, he is less reluctant to call upon them when he has a matter of personal, professional, or public health which needs support, and incidentally they are far less reluctant to support him. "Yuh gives and Yuh gits."

To his community the physician must accept the responsibility to being available at all times, or arranging for someone to be there in his place. If he expects to be there when they are toasting the leaders of the community at a banquet, he must equally expect to miss

that same banquet to deliver a baby, often for free.

Now comes the responsibility so often overlooked by the physician, that of voting in every election. He not only must vote, but indirectly guide votes, for bless their hearts, there are so many of his patients who look to him for guidance. Here the responsibility is heavy for we do not feel too badly if we, from time to time, are in error in the placing of our own vote, but it is hard to feel the weight of having given poor advice where it was accepted wholeheartedly. With this responsibility too, if we are to demand of the government good public health legislation, we must accept the responsibility of examining the qualifications of each candidate, and the merits of each measure brought to the face of the ballot in order to properly vote and advise others in their voting.

Briefly, but of great weight I mention the cultural responsibility. The true physician is at a great advantage when he is dealing with an intelligent subject. Either selfish, or philanthropic he must contribute to the cultural background of his community, for with it comes education, art, literature, a broadening of the minds and a happier and more content community in which to practice.

To his community "The Doctor" must be healer of the ill, father, a confessor to those heavy of heart, a slave driver to the lazy, a pillar of faith to the faithless, a benefactor of the poor, a comrade in worthy crusades, a father, a husband, a neighbor, and a citizen. He must always be to the multitude just "Doc."

Above all to his community he must radiate a joy to be a part of it, and grateful for his place in its various integral parts.

His Faith

Of all impressions to be gained of a physician by a patient that of *faith* in

him must be paramount. True, there are many instances where the doctors' work is going to benefit regardless of how much or how little faith the patient has, but when there is just one more element to sway the balance, faith in his ability and sincerity, by the patient, will often be the deciding factor. His responsibility is to radiate an atmosphere which nourishes faith. Before doing this however, he must himself feel the element of faith within him.

At all times remembering to do good, but do no harm, he must have the faith of his conviction that this is the procedure of choice for his patient. Of his own ability he must have faith.

The attitude of the patient often changes the therapeutic response. Therefore, he must have faith in the abilities of the patient.

Last but not least, he must feel that his faith in his God is not ill-placed. No one knows better than the doctor that there is a physician greater than the doctor, that there is a physician greater than any mortal who often intervenes his strange and wondrous miracles.

His Profession

The physician and his profession are one and a part of each other. He is responsible for his profession, and his profession is responsible for him. When his profession is well spoken of, he reflects its glory. When it is in shame then it is his cause to champion. His responsibility is to at no time represent a weak link in a strengthening chain, but reflect a strengthening factor.

To all the afore mentioned his is the responsibility of an ambassador, or representative. He stands in his community as a living reflection of his profession.

Justifiable pride in his profession should always be reflected. He should at all times grasp for an opportunity, and then accept the responsibility of adhering to the accepted concepts to give living proofs of their merit.

So long as the sun does shine may we be nourished by the element of its rays. So long as the progress of osteopathy is forward may we feel the protection of its stability. We must at all times support with our time, talents, and money the profession—our profession—us. We must support ourselves. *Free riders* are miserable people. They fool no one. Eventually their attitudes narrow them into a state of strict isolationism. It must be a pretty shaky feeling to be a free rider. Who can deny that there is an inner glow of happiness when we are a part of a good thing?

To date in osteopathy there are several good suggestions:

1. Contribute regularly to the building of better and finer schools, and a better background for your profession through research by contributing to the *Osteopathic Progress Fund*, yes, *O.P.F.* It's just like buying a part of your future today. Just like the man from West Virginia, President Thomas of the A.O.A. that is, said, "We asked for it, now we must pay for it." Yes, a profession never stands still on its merits. It either goes forward, or races backward. *Kick in brother, let's push osteopathy forward.* It's a good feeling to buy a part of a good thing.

If you have a bit of the gambling spirit, and you have faith in yourself, place a good bet on your future by supporting the O.P.F.

2. Give a few days, or hours of your time to the workings of your district, state and national groups. This time given is like bread cast upon the water.

3. Preach the concepts of osteopathy to your friends, neighbors, patients, lawmakers, educators, and never be in too great a hurry to properly follow these concepts.

4. Feel a justifiable pride in being a part of a beautiful truth in medicine, through osteopathy.

If you have read this far and feel that the responsibilities of an osteopathic physician are light, I will argue, *they just ain't*, but they are a pleasure to a real doctor. If you feel that you haven't shouldered your responsibilities as you should have, well maybe I do too, we can always try to do better and better with each successive day.

I don't know whether you want my support, but I want yours. I try to accept you as my responsibility. Please accept me by accepting my profession.

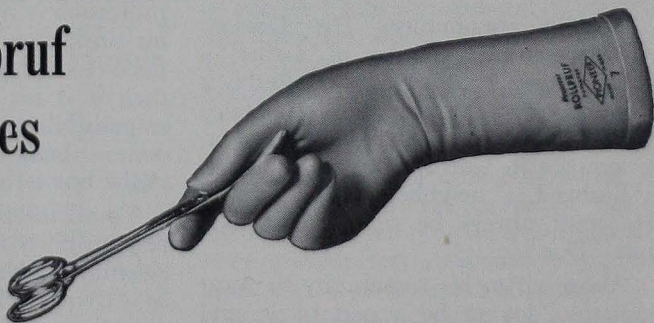
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EARLY MANIFESTATIONS OF AND THE PUBLIC HEALTH PROBLEMS OF ENDEMIC AND EPIDEMIC POLIOMEYLITIS

FRED K. LAURENTZ, M. D.

Director Public Health

HOUSTON, TEXAS

The modern history of poliomyelitis begins with the description given by Heinie in 1840 and later by Medin in 1896 who recorded the features of an outbreak in Sweden. Epidemics of the disease became increasingly prevalent from that time on. It became evident largely by the work of Flexnir and his colleagues in America that the pathogenic agent was a filterable virus. In spite of forty years of active research, it is still uncertain how this agent is spread from patient to patient.

It is now known that the poliomyelitis group of viruses is composed of various strains. The most common ones are, (1) strains of human origin that are pathogenic to monkeys; (2) strains of presumed human origin that are pathogenic to mice; (3) an encephalomyelitis disease of pigs which is characterized by flaccid paralysis. Histologically, there is a marked resemblance in all three strains.

The work of Fairbrothers and Hurst conclusively showed that the primary attack of the virus is on the neuron itself and not on the supportive structures. Howe and Bodian have pointed out that the virus is not only neurotropic in the sense of having a predilection for nerve tissue, but also neurotropic having a selective affinity for and being dependent in its growth upon living nerve cells of certain types. For some reason, which is obscure, the virus shows a special tendency to attack anterior horn cells and to a lesser extent neurons in the cerebrum and mid-brain.

Clinically, the disease presents a varied picture. The incubation period is believed to be from three to twenty-one days with an average of twelve days. The most common type of illness is probably the well-known "dromedary" type, the first febrile "hump" being an illness of infection usually caused by the virus itself, but which may be due to

other infectious agents, and the second "hump" denoting the end of the incubation period and the beginning of the invasion. Two types of poliomyelitis are generally recognized, the non-paralytic or abortive type and the paralytic type. Diagnosis of poliomyelitis in the pre-paralytic stage or non-paralytic type is difficult, especially in non-epidemic periods. The symptoms vary in many ways. Mild fever is usually present from one to four days and catarrhal symptoms are common, with sore throat, tonsillitis and nasopharyngitis. Frontal headache is frequent. In some cases the onset is with gastro-intestinal symptoms, sweating, vomiting and abdominal pains. Pain in the head, neck, back and limbs is common. Stiffness in the neck and back are very common. Muscular tremors often occur and usually herald the site of forthcoming paralysis. There may be hyperesthetic areas in the skin and vasomotor disturbances, such as flushing and sweating. In the acute bulbar type there may be apathy and stupor with paralysis of the cranial nerves, chiefly the facial nerve. In the dromedary type at the time of exposure the patient may have one or two days of symptoms, possibly no more than a slight cold from which he recovers and appears well from four to seven days when fever returns and paralysis may supervene. Unless the symptoms are rather severe, poliomyelitis may not be considered as a diagnosis until paralysis occurs. I have had this occur several times in my own practice.

Laboratory procedure in polio are of not too much diagnostic value. Most important and of greatest significance is the examination of the spinal fluid. The two tests of most value are the cell count and the total protein. The cell count, mostly lymphocytes, seldom goes over 100 cells per ccm, although higher figures have been recorded. The total protein becomes increased, becoming highest in the third week. A total protein of 45 or over is commonly found. Changes in the blood are of not much

importance. The commonest findings is a leucocytosis in the paralytic stage with an increase in the polynuclears. Mortality or the case fatality is varied in different epidemics and localities. An average figure is 20% with limits from 5% to 50%.

The control of poliomyelitis presents many public health problems. The lack of specific knowledge as to the transmission of the virus is a big obstacle. We know that the virus is present for at least the first three days of illness in the nasopharynx. It is usually difficult or impossible to isolate the virus from this site after the first three days of illness. This would seem to indicate that transmission by direct contact from droplet infections is improbable after three or four days of illness. The virus has also been demonstrated in the stool of both sick and exposed persons without symptoms. Virus has been found in the stool as long as twelve weeks after illness or exposure and it is certain that in practically every case of polio, either abortive or paralytic, the virus is excreted in the feces for at least a brief period. There have been few cases to my knowledge in which transmission was proved to be from the stool, but certainly presence of the virus therein must always be remembered and measures taken for the proper care of the body excreta.

The occurrence of carriers is another public health problem. It is not thought that true convalescent carriers are common, as the virus is only present in nasopharyngitis for a few days and in the stools for a few weeks, however, a small percentage of persons may excrete the virus intermittently over a long period of time. It is quite clear that the virus becomes widely distributed in the environment of cases of the disease. Thus, virus has been recovered from the nasopharynx of intimate contacts, especially members of the immediate family and playmates. Some of these contacts develop abortive, and a

few paralytic, polio, but the majority remain in apparently good health and can be regarded as hearty carriers. These persons probably carry the virus for the same length of time as patients who actually suffer from the disease. Children are known to carry the virus oftener and longer than adults. The virus is also rarely found in the excreta of persons with no known contact to a case. The consensus of the opinion studied seems to indicate that the majority of cases are contacted through the nasopharynx. Other portals of entry are the tracheobronchial tree, the stomach and the intestines. The pharynx appears to be a favorable site for the primary penetration of the virus. It is indicated that sites in the body where superficially situated nerves are present are the most likely portals of entry. Tonsillectomy, teeth extraction or other mouth and nose survey serve to bring nerve ends to the surface and may be a factor in infection.

The value of quarantine in polio is problematical. It is our present policy in Houston to quarantine cases and contacts below sixteen years of age for a period of ten days. This period could probably safely be reduced to four days providing adequate facilities were available for proper disposal of body waste. Concurrent disinfection of the nose, throat and bowel discharges and articles soiled therein should be carried out.

Another big public health problem is the missed case. It is my opinion that for every diagnosed case of polio we have at least twenty undiagnosed and unaparlyzed cases. These cases serve as the source of nearly all of our diagnosed cases as it is the uncommon thing to have a case of polio that has been exposed to another known case.

Until some method, possibly a laboratory technique, is worked out to make a specific diagnosis in these missed cases, I belive that polio will always be a serious public health problem.

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Osteopathy has given us all a lot of good things and if we don't feed and tend the source of all these good things, it will dry up. If those who preceded us in the practice of osteopathy had not been willing to make greater sacrifices of time and money than we've ever been called upon to make, none of us would even be practicing osteopathy. The very least any of us can do is add our bit to keep things going.

It's too bad there are many laggards with us and they DO miss a lot by not assisting. However, despite their neglect, Osteopathy will forge ahead and take its rightful place in the sun.

GLADYS F. PETTIT, D. O.

Dallas, Texas

Co-Chairman, Membership Committee.

SALUTE

PROGRESS NOTE ON THE TEXAS MEMBERSHIP DRIVE

It is with a great deal of pleasure that I am able, at this time, to extend a congratulatory salute to our friend and colleague, DR. ALAN J. ROAGE, of El Campo. He has reached his 100% mark in his membership division for this year.

Runners up include: Dr. Archie C. Garrison of Port Arthur with 90%. Dr. J. R. Alexander of Houston with 88.63%, Dr. Robert W. Norwood of Mineral Wells with 85%. In two of these divisions there remains only one non-member and it is thought possible that they will be on the membership list before publication of the Directory.

Some of the other division chairmen that are on their toes working for high rate completions are Dr. William Paul Roberts of Panhandle, Dr. Russell Martin of Mount Pleasant, Dr. Carl Stratton of Cuero, Dr. William Tinnerman of Aransas Pass and Dr. Merle Griffin of Corpus Christi. All of these divisions have more than 73% at this time.

Our percentage of membership last year in October was only 67.23% and now as compiled on the 14th day of June, 1948 our percentage is 69.08%. SO FAR SO GOOD BUT LET'S WORK A LITTLE HARDER AND TOP THE 80% MARK BEFORE DIRECTORY TIME.

W. H. VAN DE GRIFT, D. O.

Chairman, Membership Committee.

Our Honorary Life Members

BIOGRAPHICAL SKETCH

BY

SAM L. SCOTHORN, D. O.

Doctor Genevieve Laughlin who lives at 3814 Hall Street, Dallas, graduated at the Kirksville College of Osteopathy in 1900. For seven years she practiced in Chillicothe, Missouri, and New York City, coming to Texas in 1907. When I first met Dr. Laughlin in 1909 she was a dashing red-haired "widow woman" as some Texans would say. She might have been a little younger then than now, but she was not any smarter, more sarcastic, or more witty than she is right now. Dr Laughlin is now, and always has been, a tonic to me, even though she always gets the last word and the best of any argument.

It is a genuine pleasure for me to write of a few of the wonderful services Dr. Laughlin has rendered to our profession. She was one of the five organizers of the Dallas County Osteopathic Association in 1912; she served two years as president of this group. In 1914, she helped to organize the North Texas District Osteopathic Association, the first of its kind. A small group from Fort Worth and Dallas met to organize a Dallas-Fort Worth Association, but decided to invite Norwood, Mineral Wells, Ray of Cleburne, Bell Lowery of Ennis, John Crawford, then of Denton, and to call the group the North Texas District Osteopathic Association.

In 1922, Dr. Laughlin was elected president of the State Association, the first woman to hold such an office in



DR. GENEVIEVE LAUGHLIN

Texas and one of the first to hold a like office throughout the nation. During her term in this office she organized the first Women's Auxiliary group in the State of Texas.

As state president she was always fair, but most exacting, in the execution of her executive duties. Her loyalty to and belief in osteopathic therapy have been inspirational to all who have had the privilege of knowing her through the years.

DIRECTORY LISTINGS

WILL SOON CLOSE

ARE YOU A MEMBER?

COMPLETE COVERAGE

KENNETH E. ROSS, D. O.

TYLER, TEXAS

From the time the first insurance policy was written, physicians have been placed "on the spot" in every instance wherein the patient was of the opinion that the cost of his accident or illness would be paid for in full by the insurance company for, indeed the term "Complete Coverage" is most euphonic and reassuring.

During our college years most of us were compelled to dissect at least one-half of one cadaver, generally with small relish, and completed solely in the hope that this would lead to better things, content to discover the gross anatomical features and reserve the anomalies for future study in practice as these might turn up. With this in mind, why not dissect just one insurance policy, a procedure far less untidy and probably drier . . . but to avoid the common and multiple gripes on the subject . . . such anatomizing is truly mandatory.

Let us first investigate the exterior of the envelope. Most policies come attired in a tailor-made, manila jacket which may furnish very useful information, as the back of this jacket frequently bears the rubber-stamped name and address of the nearest company representative. This information is essential, yet many anomalies may exist in the exact location; the most important of which is the frequent total absence. Then it is well to determine whether there is actually any insurance or not. The date of the last premium payment must be determined; otherwise our lesson would end at this point, as to be effective the policy must be in force. Having determined these two important points, further exploration is in order. We carefully remove the policy from its integument and glance briefly

at its face. About one-third of the way down we look carefully to see if this particular policy demands hospitalization before it will pay. We usually skip lightly over the paragraph entitled "Standard Provisions," as this is generally in large print and relatively harmless. The next organ on the agenda is worthy of a thorough examination, which may not seem exactly in order. This will be found buried deeply, generally in fine print on the last page or thereabouts, and in most specimens, simply identified by the obscure label "Exemptions and Limitations." The physiology of this little organ will merit the most careful inspection, and herein may be found the explanation of the quip "The large print gives it to you, the small print takes it away."

The "Exemption and Limitation" paragraph demands careful histological examination. The most frequent pathology is as follows: "Coverage void because of Sex, Pregnancy, Venereal Disease, Hernia, Patient not hospitalized. Disability not due to the exclusive agency of any accident. X-ray not made in the hospital. X-ray was not for TREATMENT, as specified elsewhere in the policy, etc., etc." The only notable variation in this particular paragraph is that it may, at times, be labeled in some other manner, e.g.—the term "RESTRICTIONS" may be used. The importance of this paragraph is so great that it may be well to consult it first . . . it will frequently save time in any given case for the reason that this section can in a very few words completely eliminate the possibility of making a claim.

The last but not least important organ to be examined is the appendage, which I usually refer to as the "menu." This consists of a list of operations, ill

and, sometimes, accident results for which a specific amount of cash is indicated. Broadly speaking the fees will be found to average about 30% to 50% of the actual current charges. Perusal of this list is frequently wont to cause hypertensive oscillations, unless we return to reality and recall that this list is not intended to indicate, nor to dictate what the charge should actually be. Furthermore, it is well to remember that the policy is a contract exclusively between the patient and the company. No one can deny that such a list produces a distinctly distorted sense of values in the patients that read it, and as this is about the only portion of the policy that the patient actually examines, it is another item that the doctor must explain to the satisfaction of the patient. This is a matter of self-defense and the patient must be educated. Such lists will also be used in advertising for policies and serve admirably to educate the public to a set of distorted values however it is only the purchaser of the policy that finds, sometimes, that the advertising literature doesn't always mean what his policy says.

Having thus far and, admittedly, rather sketchily dissected the average insurance policy, we may note in summary that most policies have only about four essential features. As was pointed out in a previous article in the *Journal* by Mr. Nettleship, physicians frequently overlook the necessity for educating their patients on certain points. It is pertinent, perhaps, to again stress some of the ideas previously mentioned by Mr. Nettleship. We are consulted by a patient who needs attention and who states that he has an insurance policy that he thinks covers his trouble. The physician accepts the case without further regard to the details of the insurance. This summarizes the prime mistake on his part, as he is now obliged to carry on with the case; having assumed the responsibility for furnishing services as may be required. At the

same time, he has less understanding with the patient in regard to finances than he might have even with the vague deadbeat that says "He will do what he can when he can."

It is obvious then that the physician must stop right then and there and tell the patient to bring in his policy before it can be assumed to be of any financial assistance whatsoever. The securing of the policy, in most instances, will require a considerable period of time. Then the physician must be familiar with enough policy anatomy to evaluate the policy. The patient will not do it for himself, and I have yet to find an accessible "Policy analyst" at hand to do this task. Much might be written in regard to troubles regarding insurance forms, and probably should, but such is not within the scope of this article.

SUMMARY

Remember in a case of industrial insurance the report of your findings goes to the insurance company, not to the patient, and the patient is given only a verbal report.

In any insurance case the policy must first be secured before the patient is allowed to develop the idea that he has no personal financial liability to the physician. If the policy is found to be in effect, if the accident or illness is not excluded in the "Exemptions and Limitations" paragraph; if the patient is located in a hospital for care or surgery according to the dictates of the policy, and if the physician has spotted all the loopholes and avoided them, he is then ready to assume the responsibility of the case with some degree of confidence that all will be well when the time arrives to send his final report and statement. Even at that late date should some detail have been overlooked that might invalidate a claim, the only ill effect will be that the patient will know more about the next policy he purchases and the physician will not be left holding the bag.

O. P. F. REPORT

J. L. LOVE, D. O.

AUSTIN, TEXAS

As chairman of the OPF, I am proud to report that this concentrated campaign in Texas has more than doubled the pledges of the previous two years. The total pledge amount is \$175,741.00, or 65% of the quota. At the beginning of the campaign we had only 30% of our quota. The 65% makes Texas second among the states in the percent pledged, being surpassed only by Arizona by 112%. This places Texas ahead of Missouri, Oregon, Iowa, Washington, and other states which have conducted intensive campaigns.

Dr. Wiley Rountree of San Angelo, a member of the Board of Trustees of the Texas Association, is assuming the chairmanship of OPF and with your help will soon be able to reach 100% of the quota.

I am unable to continue as chairman because I am a candidate for the Legislature and will not have time to devote to the campaign. At this time I wish to thank the district chairman and their many workers, without whose help the campaign could not have been as successful as it has been. I also wish to thank Mr. Morris Thompson, of Kirksville College, Dr. G. N. Gillum, of Kansas City College, and Mr. Lewis Chapman of the OPF committee for their help in the campaign.

Dr. Edwin F. Peters of the Des Moines Still College also helped very materially in the first district to reach the 100% — the Panhandle District. Dr. Earl Mann of District Number 1 did an excellent job and his district now stands at 112%.

Of course we should all be thankful for the help given by Bob Starks, National Chairman of the OPF, without whose dynamic help the intensive cam-

paign would never have been started. Listed below are the Texas members of the \$1,000 Club—these contributions are those made in the present campaign of 1946-1948.

Doctors Who Have Pledged \$1,000 or More

Dr. John Francis Brown	\$2,000
Dr. Lee V. Cradit	1,700
Dr. Edwin S. Davidson	1,000
Dr. Horace Emery	1,000
Dr. Harold Mearl Gorrie	1,000
Dr. Donald E. Hackley	1,020
Dr. Norman M. Harriss	1,040
Dr. James H. Kritzler	1,000
Dr. John V. London	1,000
Dr. J. J. Longhagen	1,000
Dr. Keith S. Lowell	1,250
Dr. Laura A. Lowell	1,250
Mr. John L. McCarty	1,000
Dr. Mary Leona McNeff	1,000
Dr. L. N. Pittman	1,200
Dr. John Paul Price	1,000
Dr. Wm. P. Roberts	1,000
Dr. John Gordon Stewart	1,000
Dr. E. D. Thompson	1,000
Dr. Lester J. Vick	5,000
Dr. Robert Lee Vick	1,000
Dr. John L. Witt	1,000
Dr. Ted C. Alexander	1,100
Dr. Lars Ole Anderson	1,000
Dr. Hugh L. Betzner	1,050
Dr. Julius C. Calabria	1,000
Dr. J. Clyde Chapman	1,000
Dr. Robert E. Dean	1,000
Dr. Alfred De Bard	1,210
Dr. John L. Drew	1,020
Dr. Noel G. Ellis	1,000
Dr. B. B. Goldman	1,000
Dr. Chas. Hawes	1,000
Dr. D. C. Hazzard	1,000
Dr. Ward L. Huetson	1,000
Dr. James L. Holloway	1,255

Dr. W. H. Locke	1,000	Dr. Harry M. Grice	1,500
Dr. Robert H Lorenz	1,950	Dr. Wm. F. Hall	1,500
Dr. R. F. Lutz	1,000	Dr. Audine C. Hammond	1,000
Dr. Amos C. Petermeyer	1,000	Dr. Claude J. Hammond	1,000
Dr. R. H. Peterson	1,300	Dr. Lloyd C. Hammond	1,000
Dr. Patrick D. Philben	1,000	Dr. David Jaffe	1,500
Dr. Emil P. Plattner	1,000	Dr. R. M. Knapp	1,200
Dr. Joseph V. Money	1,100	Dr. Tyra A. Morgan	1,000
Dr. Frederick H Summers	1,000	Dr. Ester M. Roehr	1,500
Dr. A. F. Rowson	1,000	Dr. Walter H. Sorenson	1,000
Dr. Dan B. Whitehead	1,000	Dr. Wayne M. Stevenson	1,200
Dr. N. B. Gafford	2,500	Dr. G. W. Thompson	1,000
Dr. H. G. Grainger	1,050	Dr. Joseph Edward Vinn	1,200
Dr. James T. Hagan	1,000	Dr. Elmer C. Baum	1,005
Dr. Earl G. Kinzie	1,500	Dr. Gordon S. Beckwith	1,200
Dr. Russell Martin	1,000	Dr. Harold Beckwith	1,200
Dr. Ernest P. Schwaiger	1,000	Dr. Albert L. Deveney	1,000
Dr. Earl P. Stuart	1,000	Dr. J. L. Love	6,320
Dr. John S. Turner	1,000	Dr. W. G. Millington	1,000
Dr. Murphy Webb	1,000	Dr. Lloyd W. Davis	1,000
Dr. Wiley B. Rountree	4,000	Dr. Merle Griffin	1,000
Dr. B. B. Jagers	1,050	Dr. Boyd D. Henry	1,500
Dr. J. R. Alexander	1,600	Dr. Mable F. Martin	1,000
Dr. James L. Choate	1,500	Dr. Willis L. Crews	1,000
Dr. Edward S. Gardner	1,210	Dr. Jas. M. Tyree	1,000
Dr. Archie L. Garrison	1,200		
Dr. Wm. S. Gribble, Jr.	3,000		

These 89 men have contributed 65%
of the total amount pledged.

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Public and Professional Welfare

J. B. FORBES, D. O.

*Director, Division of Public and Professional Welfare
American Osteopathic Association*

CHICAGO, ILLINOIS

The Division of Public and Professional Welfare of the American Osteopathic Association is the medium by which an organized public relations program for the osteopathic profession is conducted on a national basis. The potential service of this division is unlimited in its value to the profession and, we think, a vital necessity for future progress. The work is limited only by funds to operate with.

At present our staff consists of six employees. The director; Miss Lenore Healy, manager of the News Bureau and news writer; Miss Marie Jett, feature and special events writer; Miss Louise Peckham, radio writer; Miss Loretta Brady, secretary; and a typist and copy girl.

One of the chief functions of the division is that of publicizing the various activities of individuals and organizations within the profession. When we provide full coverage for a meeting we follow this pattern: (1) we prepare an advance release which goes out to the press about a week preceding the meeting. In the case of state societies we send this to all papers in the entire state. (2) We try and obtain resumes of the various program lectures and prepare individual news releases from them. These are handed to the local press on the day of presentation and, often times, we send such releases to the home town papers of the speakers. (3) We try and arrange for special

interviews or stories and furnish mats or photos of speakers when possible. All this material is prepared by our staff, typed or mimeographed, and mailed from Chicago, either directly to the papers or to the local chairman, without charge.

Some societies have public relations directors and in such cases we are pleased to cooperate with the local program by preparing scientific releases for the speakers and other special material as requested.

Supplementing the above is our department of radio. For conventions and special meetings we provide scripts from our library or create special radio material upon request. All this is provided without charge.

It has been our experience that organizations cooperating with us in this program secure valuable and widespread press coverage. Our professional writers know what the papers and radio stations want and will use.

Several organizations within the profession make further use of our news service by having us cover their meetings in person. When this is done our procedure is to have a representative of P. & P. W. make one or two pre-convention trips to the host city in order to line up radio time and contact the newspapers. When the convention opens we send one or two members of our staff and open a fully equipped

news room which is operated throughout the convention. P. & P. W. furnishes everything except typewriters and the only charge made is for expenses of personnel—such as transportation, hotel, meals and tips, no charge being made for material used. We have enjoyed magnificent success with this program and have secured the most widespread press and radio publicity the profession has ever enjoyed. The following are making annual use of this service: American Osteopathic Association; American College of Osteopathic Surgeons; Osteopathic College of Ophthalmology and Otorhinolaryngology; Kansas City Child Health Conference; Missouri Society of Osteopathic Physicians and Surgeons; and the Illinois Osteopathic Association.

Our radio department is worthy of considerable mention. Aside from providing radio material for use at conventions we have a constantly increasing demand for material for independent broadcasts. Our catalogue now numbers more than 100 professionally prepared scripts on subjects of interest to the public and new ones are being added at the rate of one each week. Old scripts are being constantly revised in an effort to keep our material current. Stations regularly broadcasting our scripts are listed monthly in the Osteopathic Magazine and at present Iowa leads the parade with four stations broadcasting weekly programs. In addition our writers are always glad to prepare special material upon request.

Another function of the division is the preparation of source material for use of osteopathic organizations and individuals. In this field we have written a series of publicity manuals which we distribute, the titles including the following: "Publicity for Auxiliary Organizations;" "Publicity Manual for Osteopathic Hospitals;" "Publicity for Divisional Societies;" "Methods of Securing Radio Time;" and "Publicity for Osteopathic Colleges."

A series of outlines for talks have been prepared for use of doctors and others who wish to speak to service clubs, colleges, high schools or other groups on subjects pertaining to osteopathy or public health. In connection with this I might mention that we are always glad to advise or prepare speeches or speech material on special subjects upon request. There is no charge for the prepared material or special work—all is a service of the department. Also vast amounts of educational and informative literature are constantly being mailed nation wide.

The above represents largely what we are accomplishing at present. The demands upon the division for help in preparing publicity material for conventions and other meetings, together with the necessity of keeping our radio scripts, speech material, manuals and other publications up to date, keeps the staff busy and fully uses up the entire amount of our budget.

I, as director, full well realize that we are but scratching the surface of the service we could give to the profession. Some of the things we dream of doing and hope to do some day include the creation of a library of electrical transcriptions of health talks for use on radio which could be sent to stations all over the nation.

We have valuable contacts with some of the leading magazines and periodicals and feel that we could have articles published from time to time if we but had the opportunity to follow up the contacts we have made. Our feature writer, Miss Jett, could well do this but under present circumstances we must have her write news material and do hack writing instead.

We feel that we could secure excellent results in a public relations way if we had the opportunity to contact motion picture producers and commercial publications. In fact we are now negotiating with Paramount Pictures in an attempt to have their special events

department film the hobby collection of match covers belonging to Dr. Le-land S. Larimore of Kansas City. We hope to succeed in this but the drawback is that we lack the time and personnel, as well as money, to make a concerted effort along this line and to follow up whatever advantage we might have. In this same field are the hobby magazines, and such, with which we should be in contact at all times.

Another crying need is for travel funds. If the director or other members of the P. & P. W. staff could do extensive travelling the following could be accomplished: (1) a close liaison with divisional and other societies, their secretaries and public relations chairmen; (2) speaking engagements before service clubs, women's organizations, civic clubs, etc.; (3) personal contacts with health agencies, publishers, national organizations such as Boy Scouts, American Cancer Society, Poliomyelitis

Foundation, etc. In this respect we feel that a great deal could be accomplished toward obtaining osteopathic recognition by these organizations if personal contact could be made and followed up.

The field is limitless and it seems apparent to me that our profession must embark on an ever widening program of public relations if it is to expand. The public must be educated as to the completeness of osteopathic education and the scope of osteopathic practice if we are to secure the rights to which we are entitled.

It is not the purpose of P. & P. W. to set up arbitrary programs but rather to cooperate with and be guided by those in the profession who are striving to attain the same goal.

As director of the division, I earnestly beg the cooperation of all and pledge that we of P. & P. W. will strive at all times to carry out this program.

P. & P. W. IN DISTRICT NO. 6

Dr. G. W. Thompson, Houston, recently appeared on Station KATL's program "Today's Guest." The program was an unrehearsed question and answer one on the subject of polio.

Dr. Thompson also appeared on the program of the East End Optimist Club speaking on the same subject.

Drs. Reginald Platt and James J. Choate broadcast over Station KNUZ on June 2 on the subject of polio.

MID-YEAR T. A. O. P. S. MEETING

Dr. Lige Edwards, Program Chairman, announces that the mid-year convention of the Association will be held in Corpus Christi on October 1 and 2, 1948. Dr. Merle Griffin of Corpus Christi has been appointed Associate Program Chairman.

A. O. A. Convention

The fifty-second annual convention of the American Osteopathic Association is about one month away, July 19-23, 1948. Osteopathic forces will rally once again, after a period of 30 years, in Boston, "The Birthplace of the American Nation."

While the doctor attends meetings, his family will want to visit Boston's many historical shrines.

The May issue of the Journal of the American Osteopathic Association carries the entire program which promises to be both instructive and entertaining.

Lawrence W. Mills, A. O. A. Vocational Director, announces that the vocational guidance conference at the national convention will be held in the House of Delegates room from 8:00 to 10:00 on Tuesday morning, July 20.

OUR FIRST VICE-PRESIDENT

Dr. James J. Choate was born in Beaumont, Texas, on July 20, 1909 but moved to Houston and attended the public schools of that city. He graduated from San Jacinto High School in 1928. After taking his pre-medical work, he entered Kirksville Osteopathic College.

Upon graduating in 1940, "Jimmy" received the Sigma Sigma Phi honorary award. He was a member of the Sigma Sigma Phi and the Iota Tau Sigma fraternities, the Student Council and the Inter-fraternity Council.

Dr. Choate served a year's internship at the Adair County Hospital in Kirksville, Missouri. He is now a member of the Staff and the Board of Trustees of the Houston Osteopathic Hospital serving throughout the years as chairman of its various departments. Dr. Choate is now chairman of the Department of Obstetrics.

In 1941, Dr. Choate married Lois Marie Harrison and has three children, Karl M. or "Bubba," Dorothy Jacquelyn or "Lyn," and Penelope Lois or "The mighty Penny."

Dr. Choate has been very active in the work of organized osteopathy. Besides his work with the Houston Osteopathic Hospital, he served as secretary of the District No. 6 Association for three years. In the State Association, Dr. Choate served as a member of the Legislature Committee from 1944 to 1946, was elected to the Board of Trustees in 1946 for a three year term and was Bureau of Conventions chairman in 1947-48. And now, "Jimmy" has been honored by his State Association and made its First Vice-President for the year 1948-49.

Dr. James J. Choate has recently been elected chairman of the newly formed Houston Lion Clubs Board of Presidents. This is an organization of presidents, immediate and past, for the coordination of the efforts of the nine Lions Clubs of Houston.

Dr. Choate was also elected chairman of P. & P. W. for District No. 6 at their meeting on June 6.

Dr. H. M. Grice of Houston attended the recent Democratic State Convention held in Brownwood.



There was a dashshund, once so long
He hadn't any notion
How long it took to notify
His tail of his emotion;
And so it happened, while his eyes
Were filled with woe and sadness,
His little tail went wagging on
Because of previous gladness.

"There seems to be some complication concerning your heart action," said the doctor, applying the stethoscope again. "You've had some trouble with angina pectoris, haven't you?"

"Well, yes, in a way," replied the young man sheepishly. "Only that isn't her name."

KIRKSVILLE NEWS

ALUMNI TO MEET IN BOSTON

The Kirksville Osteopathic Alumni Association meeting will be held at the time of the meeting of the American Osteopathic Association in Boston in July.

The House of Delegates will meet in room 419, Statler Hotel, July 20 and 21, between the hours of 8:00 and 10:00 a.m., and the Alumni Banquet will be held at 6:00 p.m. on the night of July 21.

A GIFT

A gift of \$10,000 to the Kirksville College of Osteopathy and Surgery was announced by President Morris Thomp-

son at a meeting of the faculty recently. The gift is to the operating fund of the college by an eastern patron who prefers to remain anonymous and is in consideration of the work being done in the teaching of osteopathic principles and technique.

BOOKS TO LONDON

The College library has recently contributed a substantial gift of textbooks from its surplus to the British College of Osteopathy in London after a request from the London college through Dr. Perrin T. Wilson, member of the Kirksville College of Osteopathy and Surgery Board of Trustees.

Dr. Wilson went to London to lecture at the college during the last week of May and the first week of June.

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WASHINGTON REPORT

CHESTER D. SWOPE, D. O.

*Department of Public Relations
American Osteopathic Association*

WASHINGTON, D. C.

April 8, House Committee on Interstate and Foreign Commerce, HR. 5644—to assist States in development and maintenance of local Public Health units.

Osteopathic Testimony:

It is our understanding that regulations setting criteria for types of full-time professional personnel and types of health services are not authorized under this legislation to include, at the Federal level, the prescription of professional qualifications or professional procedures, such matters being determinable exclusively at the State and local levels. It is likewise our understanding in common with other witnesses before this committee that this legislation does not involve the provision of medical care and treatment.

Section 5 (b) (4) authorizes the Surgeon General to prescribe the 'types' of health services which shall be considered "basic public-health services." It would seem desirable that the definition of basic public health services can be written into the legislation, relieving the Surgeon General of the responsibility for delineating the types of health services included.

The growing tendency to make local health offices into social welfare administrations must not be permitted to obscure the primary objectives of public health units.

* * *

April 9, Senate Committee on Labor and Public Welfare, S. 2215—to provide for research and control relating to diseases of the heart and circulation.

Osteopathy Testimony:

All osteopathic colleges carry on some clinical and laboratory research in heart diseases. Independent osteopathic investigators have also been at work on these problems. It has been found that certain persistent vertebral strain produces fibrous areas in the heart which is conducive to high blood pressure which in turn is an important factor in the causation of diseases of the heart and blood vessels. This is a field of research suggesting a new approach to the study of arterial sclerosis. Limited research has indicated that vertebral joint lesions have a definite place in the causation of cardiac disorders in patients suffering from pyogenic (pus producing) infection.

There is a great need for trained investigators and funds to support research projects.

* * *

April 15, Senate Committee on Labor and Public Welfare, S. 678—to provide assistance to the States in furnishing certain medical aid to needy and other individuals. The avowed purpose of the Bill is to make expensive drugs available to persons otherwise unable to afford them.

Osteopathic Testimony:

In our opinion, the measure will serve to encourage and maintain high prices for diagnostic services and therapeutic agents. There will be no incentive for reducing the price of a service or drug if by so doing they would be dropped from the free list. Furthermore, the price of inexpensive drugs would be raised to get them on the free list. It is a strange formula that establishes a

Government market conditioned on the maintenance of high prices.

In our opinion, this Bill if enacted into law will logically lead the Government into the drug business, and formalize the practice of the healing art.

* * *

April 23, House Committee on Armed Services, HR. 6274—a Bill to revive Selective Service.

Osteopathic Testimony:

During World War II, doctors of osteopathy and a number of dentists and some doctors of medicine were drafted as privates.

It took seven years beyond high school to train them as doctors, yet *not a single osteopathic physician was commissioned and utilized as a doctor*. They served as privates or petty officers.

The doctor of osteopathy is trained in drug therapy and major surgery. In a number of States he passes the same State Board examination in those subjects, and receives the same license to practice, as do the medical graduates. But he is especially schooled in body mechanics, and skilled in manipulative treatment restoring the proper relationship between the structure and function of the body, and it is in this phase of practice that the members of the Armed Services need him most.

Any director of aviation training would agree with Capt. Tom Hamilton, Director of Naval Aviation Training during World War II, that *aviation trainees need osteopathic care*.

Assuming that aviation trainees ought to have osteopathic care, no so-called "policy" should be permitted to deprive them of it. There is pending before Congress a measure for greatly expanding the Air Force, which will require many thousands of trainees—a compelling reason that this legislation require medical commissions for osteopathic physicians selected upon the Act, in order that their professional services can be made available, particularly in the air training centers.

The House Draft Bill, HR. 6274 (see Washington's News Letter, April 30, 1948) was revised by the House Armed Services Committee and given a new number, HR. 6401 on April 30. On May 7, the Committee favorably reported the bill to the House. The House Rules Committee is expected to permit the bill to come up in the House some time next week.

HR. 6401 as reported to the House includes the following provisions:

"Sec 4. (c) (1) * * * the President is authorized, pursuant to requisitions submitted by the armed forces, to require special registration of and to make special calls for members of the medical, dental, osteopathic, veterinary, pharmacy, and optometric professions, who have not yet reached the age of forty-five at the time of such call, in such professional categories as he shall determine, and persons called hereunder shall be liable for induction for not to exceed twenty-four months of service in the armed forces: Provided, That during the life of this Act there shall be, in the Army, including the Air Force, and in the Navy, including the Marine Corps, a ratio to total active strength of not to exceed five doctors of medicine and two dentists per one thousand men, one osteopath per five thousand men, one veterinarian per two thousand men, and one pharmacist and one optometrist per three thousand men."

The original bill, HR. 6274 contained an induction ratio for M.D.'s of three per one thousand. The AOA Department of Public Relations suggested inclusion of the osteopathic profession with an osteopathic ratio of one per five thousand and the Committee finally accepted that recommendation.

An independent medical publication entitled "Washington Report on the Medical Sciences" in its May 3rd issue commented on the above provision as follows:

"The remodeled bill does not guarantee any of these professionals, when

called up for induction, to be offered commissions but it may safely be assumed that all would be thus accommodated."

It is difficult to predict whether the above medical and osteopathic and allied provisions will weather the legislative storm which has been and will continue growing in connection with draft legislation. Whether or not osteopathic inclusion is retained in the draft bill, the deferment sections are the same as were included in the draft law of 1940 and precedents set under the 1940 law should go a long way toward determining policies under a new law.

The doctor's new secretary, a conscientious girl, was puzzled by an entry in the doctor's notes on an emergency case: "Shot in the lumbar region," it read. After a moment she brightened and, in the interest of clarity, typed into the record: "Shot in the woods."—*Neal O'Hara, McNaught Syndicate.*

Lawyer, reading client's last will and testament to circle of expectant relatives: "'And so, being of sound mind, I spent every damn cent I had before I died.'"—*Bill Kind, This Week.*

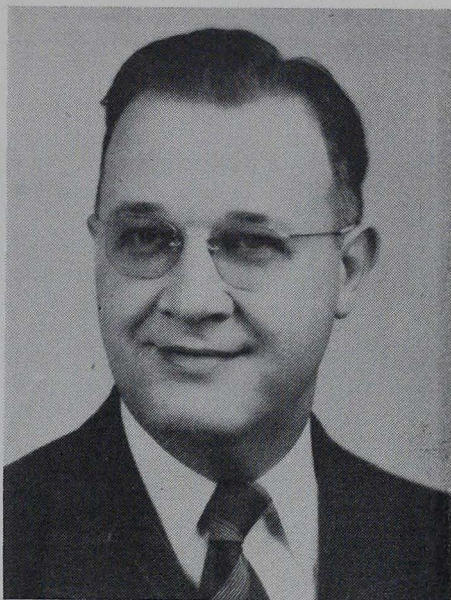


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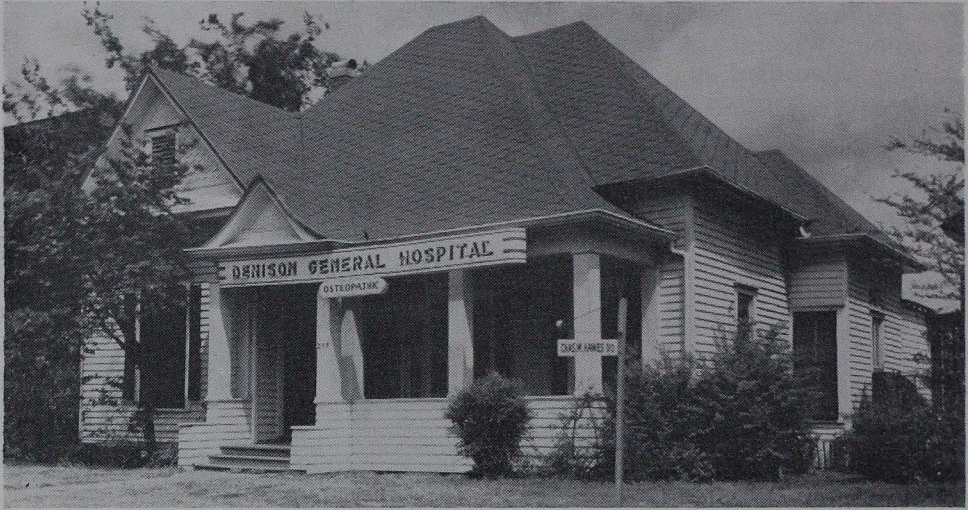
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Texas Osteopathic Hospitals



DENISON GENERAL HOSPITAL

The Hawes-Spivey Hospital and Clinic was opened at Denison, Texas, on February 10, 1945 by Dr. Charles M. Hawes and Dr. Henry A. Spivey. In May, 1946 these two energetic young osteopathic physicians were joined by Dr. Thomas H. Hoard, Jr., and in November of the same year, the hospital was reincorporated and named the Denison General Hospital.

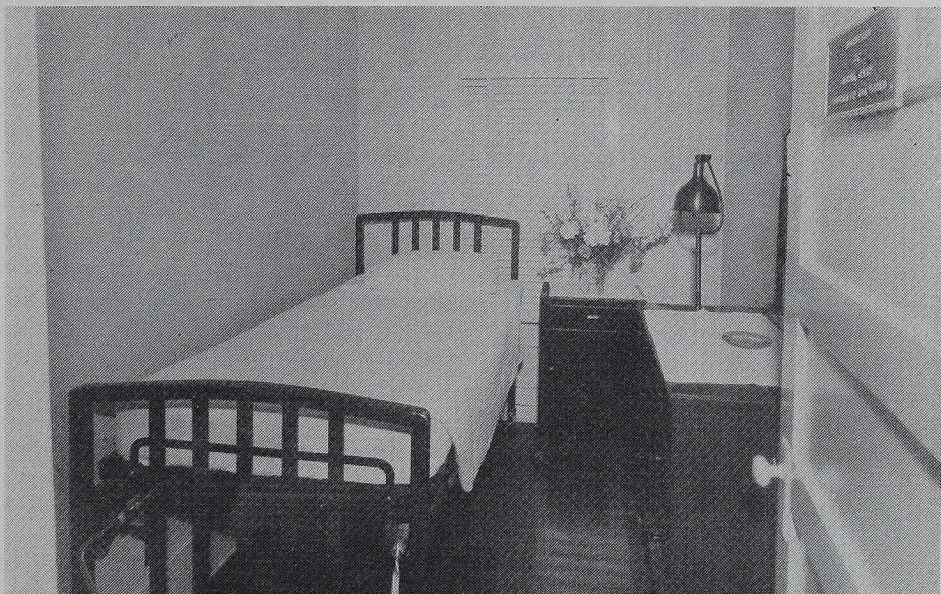
Hospital facilities are open to all osteopathic physicians who are members of the Texas Association of Osteopathic Physicians and Surgeons. General hospital care is available with four-

teen beds and four bassinets, facilities for X-ray, major and minor surgery, obstetrical and general medical type of cases.

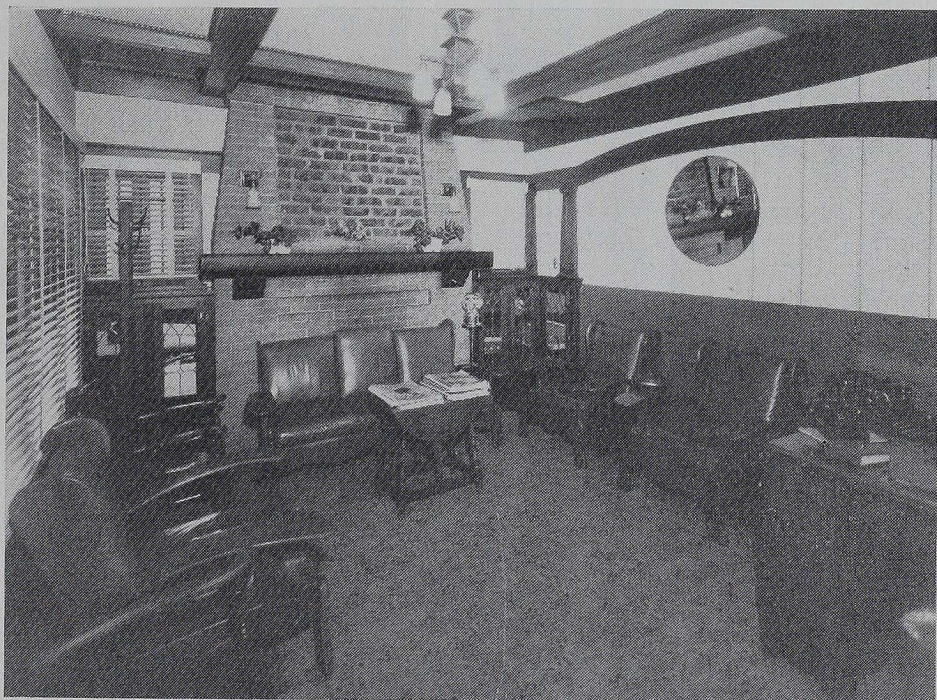
The resident hospital staff consists of Drs. Hawes, Spivey and Hoard and is operated with a staff of eight nurses, a business manager and a laboratory technician.

The visiting staff includes Dr. George Fisher, Dr. Mark Wallace Graham, and Dr. R. Noble.

The Denison General Hospital is approved by the American Osteopathic Association and a member of the Texas Osteopathic Association.



PATIENT'S ROOM



HOSPITAL RECEPTION ROOM

AUXILIARY NEWS

AUXILIARY REPORT

MRS. G. N. GILLUM

President A. A. O. A.

During this auxiliary year, 1947-1948, as president of the A. A. O. A., I have made two trips to Texas,—one early in the fall to your mid-year meeting at Tyler, and again this spring to the state convention in Houston. Despite an accident which put me in the Gribble Hospital in Houston during the state convention, I learned much about auxiliary activities in Texas this year.

The A. A. O. A. is proud of the progress you have made. At the beginning of the year a ten-point program was set up by the A. A. O. A., and now that the year is coming to a close, your achievements for the year are very gratifying, showing that you have carried out an ambitious program in a highly successful way. The ten-point A. A. O. A. program for this year included the following:

1. An increase of 20% in membership—Texas has almost *doubled* this quota!

2. 100% District Organization in the state—Texas has *three* new district auxiliaries, and will achieve *complete* statewide organization in the near future.

3. A permanent file of the names and home address of *every* "wife"—Texas has been working on this list and I'm sure it is or soon will be complete.

4. Revision of the State Auxiliary By-Laws—The Texas Auxiliary By-Laws are revised and in fine shape, conforming in every way to the A.A.O.A.

5. A History Book, a Year Book, and an Auxiliary page in the State Journal. I'm sure the Texas State History Book will be on display in Boston; that by

next year, at least, you will have a fine state Year Book; and the Texas Journal, which I receive regularly, carries news of your active auxiliaries.

6. Promotion of at least one Ways and Means project. From the support given to A.A.O.A. this year—it is evident that the State Auxiliary treasury is prospering.

7. Contributions to one or more of the four A.A.O.A. projects—Texas auxiliaries have generously contributed to these funds in loyal support of the A. A.O.A.

8. At least *one* public relations project during the year—The Panhandle Auxiliary has a long-standing custom of entertaining the "lay" women of their district at a lovely "Coffee" during convention time; and I'm sure other Texas districts have done likewise or will plan such important public relations programs soon.

9. The purchase and use of the A.A. O.A. Hand Book.—I do not know of any state who has taken the Hand Book more seriously, or bought more copies, or used the suggestions therein more conscientiously in promoting their auxiliary work.

10. The promotion of a Hospital Guild wherever an Osteopathic Hospital exists without one—Texas probably has *more* new Osteopathic Hospitals organized within the last few years than almost any other state, and the wives are on their toes, organizing active Guilds in increasing number for these professional institutions.

So the A.A.O.A. has every reason to congratulate Texas auxiliary women this

year, and to be proud of their significant step forward, their marked progress in auxiliary work, their long-standing loyalty to A.A.O.A., their splendid cooperation with the A.A.O.A. program, and the outstanding auxiliary leaders which they have developed, and which they have shared with the A.A.O.A. in a variety of national chairmanships held in the national auxiliary by Texas women.

In the June A.A.O.A. Record, and in the President's Annual Report for 1947-48 there are a number of suggestions for carrying forward an ever increasing program of auxiliary work. I am sure the Texas auxiliaries, district and state, will be among the leaders in translating

this program into action.

It is highly gratifying to a national president to work with such a progressive group of women. My many friends "in Texas," their enthusiastic support of the National program, and their many personal courtesies to me, have added greatly to the success of this year, and have brought rich compensation to whatever effort I have made during my year of service as A. A.O.A. president. So I do thank you all, wish your continued and ever-increasing success, and bid you, reluctantly and affectionately "Goodbye," as you transfer your loyalty to the capable leaders who follow.



AUXILIARY OF THE DALLAS COUNTY OSTEOPATHIC PHYSICIANS

Seated: Madams Lewis Logan, J. L. Porter, Sam Scothorn and Emil Plattner.

Standing: Madams Albert Plattner, Charles Still, George Pease, Keith L. Hull, J. C. Calabria, Jack Crawford, Frank Moon, Claude Logan, Nelson W. Alexander, L. K. Wilson, Robert E. Morgan, George Hurt, Vernon Bassett and Bob Lutz.

NEWS OF THE DISTRICTS

DISTRICT No. 1

Dr. Lester J. Vick was chosen president of the Western States Proctology Association at the annual convention in Denver on May 31 and June 1. And with his election goes to Amarillo the privilege and honor of entertaining the next annual convention of the association.

Dr. and Mrs. Vick and George Bob attended the convention and burned out their car on the way home.

The meeting of the Panhandle Society of Osteopathic Proctologists was held Tuesday evening in the lecture room of the Amarillo Osteopathic Hospital. After the business session, Dr. L. J. Vick reported on the plans for bringing the annual convention of the Western States Osteopathic Proctological Society to Amarillo in 1948.

Out-of-town doctors attending the Vick Post-Graduate Clinic were introduced as guests of the Panhandle Society by Dr. Don Hackley of Dumas.

The meeting was concluded by the showing of colored motion pictures of proctological surgery by Dr. Vick.

Dr. and Mrs. G. W. Gress visited in Portales in June.

Dr. and Mrs. Ralph M. Soper and daughter, Sherrie Lynn, spent two weeks in mid-May with relatives in Independence, Missouri.

While he was in Missouri, Dr. Soper attended the 16th Annual Child Health Conference in Kansas City.

Dr. L. V. Cardit will have his annual Nose and Throat Clinic at the Ama-

rillo Osteopathic Hospital June 21 to July 3. Patients demanded that the clinic be continued. It will be held at the hospital each morning.

Dr. John London of Groom, will spend the month of July in Los Angeles continuing his study in X-ray and radium therapy which he began last summer. The tutor is Dr. Bill Robinson. Dr. London's associate, Dr. John L. Witt, will take a later month of the summer for post-graduate work.

Osteopathic physicians and surgeons from six states enrolled for Dr. Vick's clinic, which started June 7 for a two weeks period.

Faculty members assisting are Dr. L. J. Costello, Los Angeles; Dr. E. E. Ludwig, Rochester, Michigan; Dr. M. M. Vick of Loveland, Colorado; Dr. Keith Lowell of Clarendon; Dr. Ben Haymen of Galveston, and Dr. John L. Witt of Groom.

The Panhandle had a sizeable delegation at the New Mexico State Osteopathic convention in Raton, May 27, 28 and 29. Hosts were Dr. and Mrs. Harold E. Donovan and the Donovan Hospital staff in Raton. It was a great convention from every standpoint. Attending from District One were: Dr. and Mrs. J. H. Chandler, Dr. and Mrs. J. Francis Brown, Dr. and Mrs. Lester J. Vick and George Bob Vick; Dr. and Mrs. Lewis N. Pittman, Jr., Borger; your Public Relations Counsel and the members of his family.

The Raton convention is always tops. This year was no exception.

News of the Districts - (Continued)

Dr. W. H. Ballew enjoyed a week's vacation May 29-June 5, at Pecos River Lodge, Pecos, New Mexico. He reports the fishing was not so good, because of floods.

The meeting of the Amarillo Osteopathic Hospital staff will be held 8:00 Tuesday night, June 15, at King's Cottage, to hear the famous national figure in your profession. Dr. R. T. Lustig will spend most of the week in the Panhandle.

DISTRICT No. 2

Dr. and Mrs. Robert Morgan are proud grandparents. A little girl, Duanna Kay, was born June 12 to Mr. and Mrs. Robert E. Morgan, Jr.

DISTRICT No. 3

Regular meeting of the District No. 3 Association was held May 16 in the Van Zandt County Court Room in Canton. Dr. Francis Harmon of the Gafney Clinic, Tyler, spoke on modern electrocardiography and this was followed by a round table discussion.

Officers for the year 1948-49 were elected as follows:

Dr. Ross A. McKinney, Tyler, President.

Dr. Milton V. Gafney, Tyler, President-Elect.

Dr. Wm. H. Brown, Naples, Secretary-Treasurer.

Following the business meeting the visiting physicians were entertained at the home of Dr. and Mrs. John S. Turner of Canton.

During the evening a banquet was held at the Canton Hotel at which time the Hon. Morgan Sanders, former con-

gressman, spoke on the necessity of supporting our country.

Dr. Wayne Smith of Jacksonville, Dr. Ross McKinney, Jr., of Texarkana and Drs. P. Alan Filkill and Howard R. Coats of Tyler were in Galveston the latter part of May for some deep sea fishing.

DISTRICT No. 6

Dr. Lester M. Farquharson presided over the regular quarterly meeting of the District No. 6 Association held at the Galvez Hotel in Galveston on June 6.

Dr. H. George Grainger, President, was the principal speaker and discussed the public health aspects of polio. Dr. W. V. Durden, Program Chairman, led the round table discussion of polio. Dr. Grainger also talked on the workings of the association and the responsibilities of its members.

Officers for the ensuing year were elected:

Dr. W. H. Sorenson, Port Arthur, President.

Dr. Ben Souders, Galveston, Vice-President.

Dr. Gilbert Rogers, Galveston, Secretary-Treasurer.

Dr. James J. Choate, Houston, P. & P. W. Chairman.

The next meeting will be held in Port Arthur on September 5.

Dr. and Mrs. J. R. Alexander of Houston were recent visitors to the State Office. They brought their daughter, Dorothy, to Austin for a week's training in good government. The Alexanders drove on to New Braunfels for the remainder of the week.

News of the Districts - (Continued)

DISTRICT No. 7

Dr. W. E. Gorrell, formerly of Corpus Christi, announces his return to practice at 316 Sidney Baker Street, Kerrville, Texas.

DISTRICT No. 8

On Tuesday, May 18, the annual elections were held for the Board of Trustees of the Corpus Christi Osteopathic Hospital with the following results:

Dr. Merle Griffin, President.

Dr. T. M. Bailey, Secretary-Treasurer.

Mr. E. B. Schellengerger, Vice-President.

Dr. T. M. Bailey, 3-year Trustee.

Mr. J. B. Kinney, 3-year Trustee.

Dr. Laura Auwers and Dr. C. B. Wright are operating the Cade Clinic Building, Third Street, Corpus Christi.

Dr. E. C. Beckstrom is now associated with Dr. Frederick Summers of Corpus Christi.

Dr. H. Freeman Elliott is now interning at the Corpus Christi Osteopathic Hospital. Dr. Elliott plans to open his practice in Rockport upon the completion of his internship.

DISTRICT No. 9

The monthly meeting of the Ninth District was held in Gonzales in the middle of June. The principal speaker was President-elect Dr. Lige Edwards from San Antonio, who discussed the problems of the profession and organization in Texas.

A delicious chicken dinner was served by Mrs. T. D. and Mrs. W. L. Crews at the residence of Dr. T. D. Crews.

Mrs. Lige C. Edwards and Mrs. Gordon Beckwith have laid the plans for organizing a Ladies' Auxiliary of the Ninth District.

Dr. J. V. Money has finally given up his old Ford for a new Kaiser car. Dr. Carl Stratton has recently acquired a new Chrysler.

Dr. Don Mills and family had a very enjoyable trip through the midwestern states and enjoyed a visit with Dr. Mills' family in South Dakota.

Dr. Lena B. McCrary of Beeville has been ill and unable to practice for over three months.

Dr. Evelyn McCrary Hall of Beeville is now located at 201 East Cleveland Street.

Dr. Paul R. Koogler, Surgeon-in-Chief at the Kirksville College of Osteopathy and Surgery Hospital and Clinics, recently underwent neurosurgery at Missouri Baptist Hospital in St. Louis. Dr. Koogler has returned to complete his convalescence at the K. C. O. S. Hospital.

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EDITOR'S PAGE

OUR ADVERTISERS

If it were not for advertisers this Journal would not be possible. We trust that you will do business entirely with the men who advertise in the Journal.

Regardless of the appeal that has been made to a number of companies, they continue to ignore our suggestion that they advertise in the Journal. We think it is unfair for the drug companies and other supply houses to take your money and then not spent any with the Association. We trust that hereafter that when some drug or supply salesman calls on you, you will ascertain whether his company advertises in the Journal. If he does not, we do hope that you will tell him that you feel that if he wants business from the osteopathic profession, he should do business with the osteopathic profession. This Journal is your Journal—it belongs to the Association. Won't you help to see that the advertisers needed are secured each month? You can help get these advertisements and we do hope you will not buy any merchandise from those who refuse to put an ad in the Journal.—Journal of the Oklahoma Osteopathic Association, Inc.

EDITOR'S NOTE: We could use this sort of thing in the Texas Association.

NICE GOING

In the December 1947 issue of the Journal, Dr. H. George Grainger wrote a stirring article entitled "The Gravy Train." We thought it was good.

Now, we KNOW it is good. This same article, "The Gravy Train" was lifted in its entirety and published in the May 1948 issue of *Clinical Osteopathy*, the Journal of the California Osteopathic Association.

Nice going, President Grainger!

After a male baby has grown out of long clothes and triangles and has acquired pants, freckles, and so much dirt that relatives do not dare to kiss it between meals, it becomes BOY. A boy is Nature's answer to that false belief that there is no such thing as perpetual motion. A boy can swim like a fish, run like a deer, climb like a squirrel, balk like a mule, bellow like a bull, eat like a pig or act like a jackass, according to climatic conditions.

He is a piece of skin stretched over an appetite. A noise covered with smudges. He is called a tornado and leaves everything a wreck behind him. He is a growing animal of superlative promise, to be fed, watered and kept warm; a job forever, a periodic nuisance, the problem of our times, the hope of a nation. Every boy born is evidence that God is not yet discouraged with man.

Were it not for boys, the newspapers would go unread and a thousand picture shows would go bankrupt. Boys are useful in running errands, with the aid of five or six adults. The zest with which a boy does an errand is only equalled by the speed of a turtle on a July day. The boy is a natural spectator. He watches parades, fires, fights, ball games, automobiles, boats and airplanes with equal fervor, but will not watch the clock. The man who invents a clock that will stand on its head and sing a song when it strikes will win the undying gratitude of millions of families whose boys are forever coming to dinner about supper time.

Boys faithfully imitate their dads—in spite of all efforts to teach them good manners. A boy, if not washed too often, and if kept in a cool, quiet place after each accident, will survive broken bones, hornets, swimming holes, fights and nine helpings of pie.—*The Forman*.

♦ ♦ ♦ LOCATIONS AND REMOVALS ♦ ♦ ♦

Dr. Robert B. Beyers, formerly of Port Arthur, is now located at 4916 E. Belknap, Fort Worth, Texas.

Dr. Keith L. Hull now located at the Sparks Hospital and Clinic in Dal-

las, formerly practiced in Frederickstown, Mo.

Dr. James M. Shy has moved to Texas from Oklahoma and is located in Quitaque.

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Two eminently successful psychoanalysts occupied offices in the same building. One was 40 years old, the

other over 70. At the end of an unbearably hot, sticky day they rode down on the elevator together. The older man was fresh as a daisy. "I don't understand," the younger marveled, "How you can listen to drooling patients from morning to night on a day like this and still look so spry."

The older analyst shrugged his shoulders and said, "Who listens?"—*Excerpts from Bennett Cerf's.*

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