Texas Osteopathic Physicians Journal

Volume XVII FORT WORTH, TEXAS, MAY, 1960 Number 1

In This Issue—

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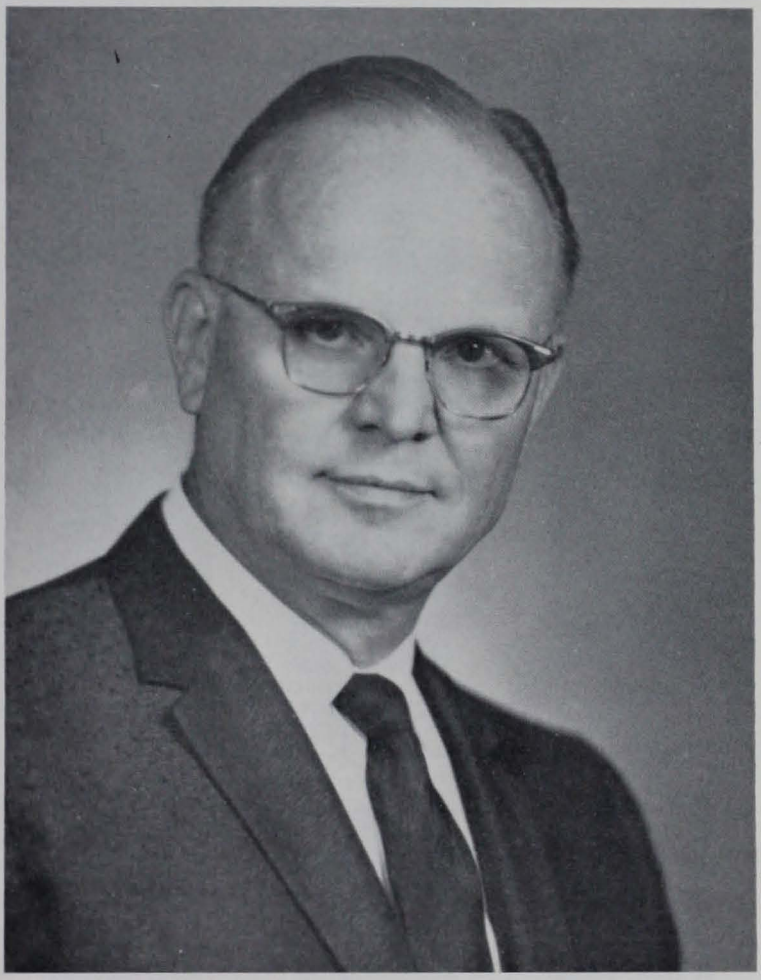

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Texas Osteopathic Physicians' Journal

OFFICIAL PUBLICATION OF THE
TEXAS ASSOCIATION OF OSTEOPATHIC PHYSICIANS AND SURGEONS

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VOLUME XVII FORT WORTH, TEXAS, MAY, 1960 NUMBER 1

Retiring President's Address

RAYMOND D. FISHER, D.O., Fort Worth, Texas

I am very happy to be with you—doctors, Auxiliary, wives, and friends. This is the time of year when we change horses. It is our custom to elect a new set of officers, which we have done.

We do this, not because the old officers who have served so well and faithfully for the past year are unsatisfactory, our purpose is to give everyone a chance to have a more active part in our organization and also for our group to benefit from the introduction of new leadership.

We need new and different ideas. Such ideas are not always better than those which preceded them, but because they are new they help us to achieve progress. Progress is made up of change. At this time of the year when we have new officers, we who are members must assume new responsibilities. For our new officers this is the honeymoon period in their term of service. This honeymoon period recalls the story about the newlyweds who were honeymooning at the seashore. As they walked arm in arm along the beach, the young groom looked poetically out to sea and eloquently cried out, "roll on, thou deep and dark blue ocean—roll."

His bride gazed at the water for a moment, then in hushed tones gasped "Oh, Grant, you wonderful man! It's doing it."

Like this bride, I believe that all of us should look upon this honeymoon period, as men capable of doing miracles for our organization, we expect a great deal from them and I am sure that they will not disappoint us. In return we will be loyal and faithful and helpful in every endeavor which they seek to undertake. In this way we can be sure of a successful year ahead.

Each year Texas osteopathic physicians are given an opportunity to meet in a convention. Some take advantage of this opportunity for specific reasons: one reason is to become better physicians. By learning from each other about new forms of diagnosis and treatment, technics of applying new treatment, and general advancement in therapy in osteopathic medicine. The educational program of this convention is another good one, and those who apply themselves will go home better equipped to give better service to their patients.

Another good reason for attending is to enjoy fellowship of old and new friends who are in the same field of endeavor.

My goal this year was to help D.O.'s in any way I could to aid the Osteopathic School of Medicine. There were many plans of action, through O.P.F., Xmas Seals, liaison committee to better relationship between all D.O.'s and specialty groups, scholarship fund, and

child health clinics. From all reports we have done a better job than in other years and we should—as time goes on, we have a better opportunity to do more good and know more about what we are doing and doing it for.

I have visited every district, enjoying myself immensely. It would be nice if we would get along with each other, in the same manner that we get along at these meetings. . . . It is at the district level, from whence the start or beginning. Say—changing the subject a minute—do you know that they played baseball in the Bible? I did not know this until I started reading the first chapter of Genesis, it says "In the beginning (big inning). It's the district organization that either makes or breaks the whole osteopathic organization. When we as districts make progress, such as O.P.F. and Xmas Seals, vocational guidance meetings, etc., we help others while helping ourselves. When we have a lot of mal-practice suits we are disrupting progress. Maybe this coming meeting of the presidents and secretaries of each district, tomorrow morning, will help all of us to understand what is needed to make each district—progress. What we need is development, not alone in politics, but in the development of the osteopathic profession. So—districts—let's sow good seeds and get good results, which is the natural way of life.

Specifically—what progress has been made—more and better hospitals with better rules and regulations, which should cut down on all these malpractice cases. Toil committee working with doctors and the insurance companies.

There are liaison committees working between, Auxiliary and D.O.s; between Texas M.D.s and D.O.s; between Texas lawyers and D.O.'s; and between the Texas specialty groups. We are trying to make all these committees function so that we will have better working conditions with everyone.

We have six D.O.'s in Texas who have been recently appointed to prominent places in our governmental organization by Gov. Daniel.

Dr. Virignia Ellis is on the White House Conference Committee on Youth and Children along with Dr. M. G. Holcomb. This type of work is a hobby for Virginia and she really does a good job. She attended a White House conference in Washington, D.C., in March of this year.

Dr. Richard Stratton was appointed to the Advisory Committee on Hospital Licensing Law by Gov. Daniel.

Drs. Phil Russell, Everett Wilson and Ralph McRae were appointed on the Governors' Advisory Committee on Aged.

In Fort Worth Dr. William Griffith is co-chairman of Committee of Health of Tarrant County Committee for Children and Youth. This committee was set up under the White House Conference Committee on Child Welfare.

I would like to take a few more minutes to talk about the future. One thing that will have a bearing on all of us is medical care for the aged. Everyone has been reading published articles in the news and in medical journals, I also have said a few words about it in my talks to the districts. No one seems to take it to heart just let "George" do it for us. Maybe it is up to the leaders to tell you these things, but we cannot do everything alone, and you wouldn't let us if we could. You do expect us to advise—but is not the affairs of district, state and nation your affair too? Do you just go along for the free ride and expect others to help you while you do nothing to help yourself—but make money? So—let's get with it. Read all you can about what is happening to us; you may have some good ideas that can help us and help solve these problems. One thing brought up is the increase of social security taxes. They propose to give more assistance by increased federal payments for public assistance for the aged. In fact

Washington is trying a few ideas with the hope that one will work and not cause a hardship on anyone.

You have read the article printed in the Forum—which started out like this —"Time is running out for private practice, unless we act to halt this trend, and the government will move in to fill the void." Herewith a part—"We must be constantly aware that the voluntary system includes all parties affected by private practice. We must learn enough of the problems of the other parties to be able to rise above our self interest. We must recognize that there is strength in change—in experiments for better results. But we cannot let changes confuse the issue. The principles have stood the test of time. Our challenge is to adapt them to our present needs. This requires working together just as hard as we work for our own individual goals."

Private practice and voluntary health insurance are playing the game of double or nothing right now. We who are closest to the system as participants must educate ourselves to demonstrate clearly that we mean private practice is for the public and not for ourselves. Nobody can do this for us and keep it private. If we believe in private practice, now is the time to prove it—before it becomes a thing of the past.

Another thing we should be interested in is the way we treat our own doctors, are we compatible in our own group? Much has been said and written of osteopathy in the next ten years. What about the future? Here are a few things we have to do—and it behooves everyone to help, remember, it is the D.O. himself who figures in the accomplishments of the top or A.O.A. So to each one of you goes the challenge.

1. Support to colleges through O.P.F.
2. Better understanding of osteopathy through patients to public.
3. Through better and more schools.
4. Better teaching facilities and teachers.
5. Approaching monied foundations for help in our proven treatment.
6. Many of you are leaders but you do not think you can put forth the time and effort to help, the Golden Rule is "Help one another," so let's do things in a big way and accomplish more this next year and every year.

Finally—this past year has been a wonderful experience for me. I thought I fully recognized the fact that this was a growing, responsible organization: now I realize how much more this job as president required, than I anticipated. Thus—I thank you.

Edwin Markham wrote this—"there is a destiny which makes us brothers, none goes his way alone." Meaning that we were supposed to link our unimportant life up to other lives and in that new union of brotherhood there is strength.

So back to the ranks I come. I'm grateful for the honor and I'll be loyal in the ranks.

Now, Dr. Scott, by provision of the constitution you are designated as the president and official representative of our association for the coming year, an honor you should regard highly. You must preside at all sessions of TAOPS, and guard the interests of our association against all persons, giving leadership in promoting the affairs of TAOPS.

On behalf of the board of trustees, the officers and members of this association, I present you with this brief case to carry the official papers of this organization. May you always be faithful in the discharge of your duties as president, as I know you will be. Herewith also the gavel, which represents the authority of the president—thank you and congratulations.

Dr. Raymond D. Fisher of Fort Worth, right, outgoing president of the Texas Association of Osteopathic Physicians and Surgeons, installs his successor, Dr. Glenn R. Scott of Amarillo.

President's Acceptance Speech

GLENN R. SCOTT, D.O., Amarillo, Texas

To accept the responsibility as president of the TAOP&S is the acceptance of a real challenge for service. In accepting this position, it is an honor to be associated with the many responsible men that make up the official family that conducts the business of the association. I am of course referring to the board of trustees, the house of delegates, and its leadership, together with the able right hand of our executive secretary. And of this team, I hope to be a worthy member.

It is my hope that we of the team will handle the business and problems intelligently, and maintain the dignity and effectiveness of the profession in the future, as it has in the past.

In looking at our past, I think of the uphill climb that the profession has made through some 80 years.

One man, armed with a new philosophy and a burning faith in what he knew was right, began drawing around him new members. Through the years more and more were added. Each decade found the profession and its philosophy growing and moving steadily forward and finally achieving the recognition it justly deserved.

The road was not easy and demanded the utmost of courage and perseverance to carry this new philosophy forward to its present acceptance as a proven fact. Today we stand some 15,000 strong and still dedicated to this philosophy of medical improvement for all the people, in all its phases of general practice and the specialties. It should make us extremely proud to be counted in its membership, as I know you are, each and every one of you.

It is a parody on justice that for a new idea, history is filled with men who gave their all, those brave souls that gave the world so much and then

received so little for their efforts. It seems that to be ahead of one's time will surely mark one for doubt and suspicion.

You remember Von Leuwenhoek, a Dutch linen merchant, the first to manufacture lenses and microscopes, who at first was unable to get the scientists of his day to view the small animalculae in a drop of pond water. He was declared mentally reranged. Years later he was acclaimed as a great benefactor of mankind.

Early anesthesia was blocked from use by Scottish clergy because as they said: "In sorrow and pain thou shalt bring forth children," a quote from scripture. A certain Dr. James Simpson of Scotland, an obstetrician, finally solved this impasse by also quoting from scripture. Quote: "When Eve was born God cast Adam into a deep sleep" before the costalectomy.

Today, 1960, is no different from the past. We are awed somewhat and wondering what will take place in the immediate future, let us say 6 months or 1 year.

For instance we have lived through two decades in which we dared not mention heredity as a factor in disease. All mention of heredity as a contributing factor to disease was kept under a bushel. We have been too busy with the environment angle. But in 1959 we read of the great work being done in the *chemistry* of human genetics. A Nobel prize was won in this field in 1959, and now synthesis of two complicated chemicals of the cell nucleus has been accomplished.

In the research on cancer, its cancer cells virus versus nutritional defects versus cell chemistry versus the newer research on heredity, the same can be said of heredity in the fields of cardiology, gastroenterology, diseases of the respiratory system, etc.,—and last but certainly not least, the diseases of the nervous system. Might we say that our whole concept of the approach to disease and its treatment will be altered through this research.

The immediate future will unfold great new discoveries based on the age old philosophy and scientific research of Devries, Mendel, Lamark and C. Darwin.

Now let us change our focus for just a moment to another direction—to a problem of real magnitude confronting all doctors in the United States of America today. I will not discuss it, time will not permit, but it is worth your time to do real study on it. The problem is threefold:

1. What will be the effect on doctors if the Forand Bill is adopted by Congress?

2. How will we be affected if compulsory national health insurance is adopted?

3. How will we be affected if socialized medicine is finally adopted?

Think on these three as a single three-phase project.

In closing, let us think for a moment of one problem that needs to be solved before we leave this convention. This problem is to have the membership of the Texas association to *feel* and to *know* without any shadow of doubt, that the very life blood of this association is found in the strength of good organization. The most important area of this organization is the district.

Gentlemen, don't accept this as just another hollow pronouncement. We have fallen *far* short of our *potential* for good district organization. With each individual feeling his responsibility and displaying a loyalty to the profession, the districts cannot fail. If the district succeeds, it can mean but one thing—a stronger state association. With a stronger state association, it goes without saying that our parent, the A.O.A. will also be stronger.

The answer to this problem is yours. As you work to build strength in your district, the results will be very convincing. With this kind of strength, the progress of our profession will be

tenfold. We need this organization and cooperation as never before in our history.

Let us hope that as we meet together in 1961 in San Antonio, at our state convention, that we can look back on a very fruitful and successful year.

Thank you.

Honored

R. H. PETERSON, D.O.
Wichita Falls, Texas

On Friday, April 29, at a banquet held at the Baker Hotel, Dallas, Texas, during the annual convention of the Texas Association of Osteopathic Physicians and Surgeons, Dr. R. H. Peterson was named "General Practitioner of the Year" by the Texas Society of the American College of General Practitioners in Osteopathic Medicine and Surgery. He was awarded a plaque inscribed, "For Distinguished Community Service for the Year 1960."

Dr. Peterson has been a member of the Board of Trustees of the Texas Association of Osteopathic Physicians and Surgeons and is a Past President of same. He served, for many years, on the Public Health Committee of the TAOP&S and as a delegate to our House of Delegates.

In addition, Dr. Peterson was a member of the House of Delegates of the American Osteopathic Association, for years and also served as a member of the AOA Board of Trustees.

He has been appointed to the Texas State Board of Medical Examiners by three governors of the State of Texas and is now a member and Vice-President of that Board.

It is noteworthy that in his forty years of active practice in Texas, Dr. Peterson has missed only one annual convention meeting of our state association.

AOA-AMA To Meet

CHICAGO (AOA)—A meeting of the AOA and the AMA conference committees has been scheduled for May 1, 1960, at the Drake Hotel in Chicago, it was announced April 12 by Dr. Carl E. Morrison of St. Cloud, Minnesota, chairman of the AOA committee.

Following action in 1959 by each organization's house of delegates, the two committees were appointed to meet and consider problems of common concern.

Physicians Honored

LESTER J. VICK, D.O.
Amarillo, Texas

On March 31, during the banquet of the American Osteopathic College of Proctology's 34th annual convention at Tulsa, Oklahoma, Dr. Lester J. Vick of 819 West 9th St., Amarillo, Texas, was installed as President of that society.

LESTER I. TAVEL, D.O.
Houston, Texas

Dr. Lester I. Tavel of Houston, Texas, was elected chairman of the American Osteopathic Board of Proctology, a national certifying body, at the board's meeting held in Tulsa, Oklahoma in conjunction with the American Osteopathic College of Proctology convention.

IMPORTANT

Notice of Drug Recall

IMFERON® has been withdrawn from the market. If you have it, do not use it!

Editor Dies

RAYMOND P. KEESECKER, D.O.
Chicago, Illinois

Dr. Raymond P. Keesecker, Editor of the JOURNAL and other A.O.A. publications since 1951, died Sunday, April 17, in a Chicago hospital, following a cerebral thrombosis about a month before his death.

Dr. Keesecker received his professional degree from the Andrew T. Still College of Osteopathy and Surgery in 1923 and after completing an internship at the Laughlin Hospital in Kirksville, established his practice in Cleveland, Ohio, where he practiced for 27 years as a general practitioner and then as a specialist in anesthesia and radiology.

He was one of the founders of the Cleveland Osteopathic Clinic in 1926, and served in various capacities at the Cleveland Osteopathic Hospital. He was a member of the AOA, Past President and Honorary Life Member of the American Osteopathic College of Radiology, Honorary Life Member of the American College of General Practitioners in Osteopathic Medicine and Surgery and an Honorary Life Associate Member of the American College of Osteopathic Surgeons.

Dr. Keesecker was cited for distinguished service to his profession by Psi Sigma Alpha and received an honorary degree of Doctor of Science in osteopathy from the Kirksville College of Osteopathy and Surgery. He was a contributing member of the American Medical Writers Association.

General J. Watt Page—Patriot-Citizen-Soldier—Honored

General Page receives plaque from Dr. P. R. Russell, Executive Secretary.

At the midyear meeting, the Board of Trustees of the Texas Association of Osteopathic Physicians and Surgeons instructed the Public Health Committee to present, annually, a distinguished service award to an outstanding citizen of Texas for service rendered in behalf of the public.

General J. Watt Page was the first to receive this award which was presented to him on April 28 at the opening day luncheon of the annual convention of the TAOP&S, held at the Baker Hotel, Dallas, Texas.

It was the unanimous opinion of the Public Health Committee that General Page should receive this award for his long and continuous service as a citizen, a patriot and a soldier.

Executive Secretary's Travelogue

The Travelogue, this month, will not reveal so much travel upon the part of the executive secretary. Rather it will reveal the great amount of detail, which was very time consuming, that required the constant attention of the executive secretary.

The executive secretary returned from Chicago on Monday, April 4th, and immediately had to catch up with

the considerable correspondence which had accumulated after a 10-days absence on college visitations. In addition, he had to make further preparations for the state convention.

At noon on April 6th, the executive secretary went to Dallas to attend the funeral of Dr. Wilber W. Baldwin who was killed in an unusual automobile accident on April 2nd. Following the funeral services, the executive secretary went to the office of Dr. Milton V. Gafney to meet with him regarding an insurance problem which was causing us considerable difficulty. After some two hours, an amiable solution was worked out.

On Friday, April 8th, the executive secretary met with the TOIL Committee at the Fort Worth Club in Fort Worth. It was an open meeting beginning at 9:30 a.m. and continuing until 3:30 in the afternoon.

All of the week of April 11-16 was a continual drive in an effort to make final arrangements and wind up the many details of the annual convention. Even with all the care that was taken, an unfortunate incident occurred, in which this office had no part. The printers had advised us they would mail out the annual reports on Wednesday night, April 13 and they picked up the addressed envelopes from the office.

On April 18, desiring to review the printed reports, we learned they had not been delivered. In checking with the printer, we were assured that the reports had been mailed to the membership and he could not understand why we did not have our supply. However that afternoon, while visiting the Ft. Worth Osteopathic Hospital, I noticed a printed report and found that the printer had delivered ALL of the reports to the hospital—even those that were to be mailed—and the hospital assumed the reports had been sent to them for distribution.

The printers were immediately contacted and it was learned that a new delivery boy had picked all of the reports up and taken them to the hospital. The reports were picked up from the hospital by the printer and put in the mail April 20—just one week late. We hope this will explain to the members of the House of Delegates and to the membership just why they received the annual reports so late.

On Monday, April 18, the executive secretary attended a Zonta Club dinner honoring a local woman for her outstanding civic work in Fort Worth. This association played a small part in the selection of this honoree.

On April 20, Dr. Elmer C. Baum and the executive secretary met with Mr. Russell Baker of Dallas, Mr. Homa Hill of Fort Worth and Mr. Howard Barker also of Fort Worth — all of whom are attorneys representing the Texas State Bar Association, at the Fort Worth Club, in an effort to smooth out a Code of Ethics to be adopted between the TAOP&S and the Bar Association. This was a highly successful meeting and the House of Delegates of the TAOP&S, at its meeting in Dallas, approved the printed Code which will be submitted to the House of Delegates of the Bar Association at its next meeting.

On April 21st, the executive secretary attended a press party given by the Fort Worth Association at the

Town Club, from 4:30 p.m. to 7:30 p.m. This is an annual affair sponsored by the Fort Worth Association. The press party was well attended by representatives of the press and their wives. Yet there was not too good an attendance by the members of the Fort Worth Osteopathic Association.

The executive secretary left Fort Worth on Sunday morning, April 24th, for Dallas where he checked in at the Baker Hotel for the annual convention. That afternoon he met with the local convention committees in an effort to wind up the loose ends in connection with the local committees' activities.

That night he met with the executive committee of the TAOP&S to discuss the problems confronting the profession.

Needless to say the Board of Trustees started its regular meeting on Monday morning April 25th and continued through Tuesday, April 26th — both meetings lasting until the wee hours of the morning.

On April 27th, the House of Delegates met and continued in session until approximately 2:30 a.m. April 28th. Of course we are sure everyone realizes that the executive secretary had nothing to do but sleep during these sessions.

The general convention opened April 28 extending through noon on April 30th, during which time the executive secretary was unable to attend any portion of the program due to the constant demands upon his time. Even though the meeting continued until noon on Saturday, the new Board of Trustees met at 9:00 a.m. that day and continued its meeting until 12:30 at which time the Board recessed to meet with the Presidents and Secretaries of the district societies for a 2½ hour discussion of the problems concerning this profession.

The Board reconvened immediately following this meeting and adjourned about 4:30 p.m. on Saturday. This adjournment was very welcome, so far as the executive secretary was concerned, as he had only averaged about three hours sleep a night during the entire week and he was glad to have dinner at 5:30 p.m.—go back to his room—get into bed—and rest for 14 hours before returning to Fort Worth at noon on Sunday, May 1st.

We hope we will have a more interesting travelogue in the next issue.

See you next month!

Officers Elected

Election of officers was held by the various groups which met during the TAOP&S annual convention at the Baker Hotel, Dallas, Texas.

The Texas Chapter of the Kirksville Osteopathic Alumni Association held a breakfast meeting on Saturday morning, April 30, at which time the following officers were elected:

President: Dr. Lige C. Edwards of San Antonio; Vice President: Dr. Lynn F. Fite of Olton; Secretary Treasurer: Dr. Catherine K. Carlton of Fort Worth.

The Texas Chapter of the Academy of Applied Osteopathy held a breakfast meeting on Friday, April 29. Officers elected were: President: Dr. J. Ralph Cunningham of Houston; Vice President; Dr. Joseph L. Love of Austin; Secretary Treasurer: Dr. Catherine K. Carlton of Fort Worth.

The Texas Osteopathic Women's Association held a noon luncheon on Friday, April 29. Election of officers followed the luncheon. Newly elected were: President: Dr. Beatrice B. Stinnett of Brenham; Vice President: Dr. Laura A. Lowell of Dallas; Secretary Treasurer: Dr. Opal L. Robinson of Houston.

D.O.s Present Papers To Biology Meeting

CHICAGO—More than 12,000 scientists gathered here in April for the annual convention of the Federation of American Societies for Experimental Biology.

Papers were presented by faculty members of several osteopathic colleges, including Drs. G. E. Price, Phil Tuan and R. H. Beutner of the College of Osteopathic Medicine and Surgery of Des Moines; Dr. John N. Eble of the Kirksville College of Osteopathy and Surgery; and Dr. Albert F. Kelso of the Chicago College of Osteopathy.

Income-Fee Survey Slated for Profession

CHICAGO (AOA)—A survey correlating income and fees with population and practice information will be made among osteopathic doctors in May, according to Miss Josephine Seyl of Chicago. The survey will be conducted by the AOA Department of Information and Statistics.

Questionnaires will be mailed to all D.O.s in full-time private practice on May 15, 1960. Doctors are being asked to provide information on location and type of practice, fees charged and income and expenses. The questionnaires are to be returned unsigned.

Results of the report will be made available to the profession and to agencies concerned with vocational guidance. It will be the first such survey conducted by the AOA. The last survey of D.O. incomes was conducted by the U.S. Department of Commerce in 1937.

Denslow On U.S. Group

WASHINGTON — Dr. J. S. Denslow of Kirksville, Missouri, has been reappointed to a full three-year term on the U. S. Surgeon General's advisory committee on the U. S. national health survey.

The survey is a continuing program in which the Public Health Service studies the extent of illness and disability in the United States. Dr. Denslow is an original member of the 24-man advisory committee.

Death

Dr. Robert S. Winegarner, 43, of Industrial Hospital and Clinic, 2715 Jensen Drive, Houston, Texas, died Sunday, April 24, 1960.

An Evaluation of Ilopan* As A Postoperative Therapy In Prevention of Distention and Retention of Flatus and Feces

JAMES M. SHY, D.O.

A successful procedure on the operating table is only part of the criteria to be considered in a successful surgical case history. A faultless operation may become a failure as far as the patient is concerned if he suffers any of the wide range of symptoms of postoperative retention of flatus and/or feces. These may vary from painful abdominal distention to paralytic ileus with vomiting and circulatory collapse.

In recent years advances and improvements in surgical techniques and postoperative care have somewhat reduced the severity of these complications. It seems, however, the treatments have been mostly in the physical and mechanical field, e.g. early ambulation and various types of stomach tubes with suction and lavage. While these measures help in some instances, their overall value is questionable.

Pantothenic acid was isolated in 1933 by R. J. Williams[1] and synthetized by R. Kuhn and T. Wielandt[2] in 1940. It is an oily, dense, unstable product—a derivative of beta-alanine, or leucine. That pantothenic acid played a fundamental role in corbohydrate metabolism was early recognized[3] but not until 10 years later was the mechanism of its function clarified.[4,5,6] The vitamin is now recognized as an essential part of the coenzyme—A molecule, which in turn mediates the reaction involving acetic acid derivatives. Among these reactions are known to be the acetylation of choline, sulfanilamide[7], aromatic amino acids[8], the condensation of acetate and oxalacetate to form citrate [9,10], the dismutation of pyruvate[11], and pyruvate reactions involving acetic acid, but the evidence for the requirements of coenzyme-A in these has not been conclusive.[12]

No well characterized disease of man has been attributed with certainty to a pantothenic acid deficiency. Since low blood levels of pantothenic acid are frequently observed in such diseases as beriberi and pellegra, it is thought that a deficiency of this vitamin may be a contributory factor. Cases of paralytic ileus, peripheral neuritis, Korsakoff's syndrome and delerium tremens have responded to pantothenic acid therapy when other B vitamins failed to produce any noticeable change.[13,14,15]

In experimental animals such symptoms as dermatitis, keratitis, adrenal hemorrhage, atrophy, cortical fat depletion, blood-caked whiskers, depigmen-

tation of hair and feathers, fatty deposits in the liver, spinal cord lesions and death following sudden convulsions have been observed in controlled diets resulting in pantothenic acid deficiencies.[16] In 1943, Bly et al[17], found that in controlling the diet of dogs so that a deficiency of pantothenic acid was produced, hypomobility up to 50% and decrease in absorption and digestion resulted.

There is little doubt that a close relationship exists between pantothenic acid and the proper functioning of the adrenal gland, and research is now being done in this field.[18] The compound is usually administered as pantothenol, the alcohol corresponding to pantothenic acid, as the organism transforms it to pantothenic acid. In our practice we use 2cc. doses of Ilopan*, each containing 500 mgm. of the active ingredient, d-pantothenyl alcohol. The first injection is given as soon as the patient is returned from the operating room. The second injeciton is given 2 hours later, followed by injections every 6 hours until a total of 6 doses are given. Only in rare instances is this schedule altered.

For control purposes we used 17 patients in 4 surgical categories—Gynecological, Appendectomy, a combination of the first two mentioned, and General surgery, who did not receive Ilopan*. The findings will be presented with the breakdown of each of these 4 groups.

I. GYNECOLOGICAL

Control—4 patients who received no Ilopan*	14 patients receiving Ilopan*
Age range 23 years to 43 years.	Age range 23 years to 47 years.
2 patients required only colon tube and routine postoperative enema on the day of ambulation.	13 patients had no complaints of flatus or constipation, requiring only colon tube and routine postoperative enema on the day of ambulation—ranging from the 2nd to the 4th postoperative day, depending on the case.
2 patients had severe complaints of distention and pain, required colon tube and repeated enema as long as the 4th postoperative day.	1 patient (44 years, panhysterectomy) complained of pain from flatus. She required only a repeat of the postoperative enema on the day after ambulation.

II APPENDECTOMY

Control—5 patients who received no Ilopan*	30 patients receiving Ilopan*
Age range 6 years to 49 years	Age range 7 years to 56 years
3 Female and 2 Male	18 Female and 12 Male
6 year old and 18 year old patients had no complaints	29 patients had no complaints of flatus or constipation, requiring only routine enema with colon tube on the day of ambulation—ranging from the 1st to 3rd postoperative day, depending on the case.
3 patients required colon tube and got only moderate relief from the routine postoperative enema on the day of ambulation.	1 patient required a reinsertion of the colon tube the day after ambulation.

III. COMBINATION GYNECOLOGICAL AND APPENDECTOMY

Control—2 patients who received no Ilopan*	20 patients receiving Ilopan*
1 patient, 28 years, having minor hysteropexy and appendectomy was ambulated on the 1st postoperative day with no complaints.	Age range 23 years to 44 years
1 patient, 13 years, having right oophrectomy and appendectomy required enema and colon tube on the 2nd and 3rd postoperative day. Ambulation followed on 3rd and 4th postoperative day.	13 patients had no complaints of flatus or constipation requiring only routine enema with colon tube on the day of ambulation, 1st to 3rd postoperative day, depending on the case.
	3 patients requiring repeat on the colon tube on the 2nd day of ambulation.
	3 patients required repeat of the enema on the 2nd day of ambulation.
	1 patient required repeat on enema on the 3rd day of ambulation.

IV. GENERAL SURGERY

Control—6 patients who received no Ilopan*	2 patients receiving Ilopan*
1 30 year female, removal of Thyroid tumor, and 3 Herniorrhaphies, 4 years to 31 years, had no complaints.	1 42 year male, Inguinal Herniorrhaphy, required only routine enema, no colon tube.
1 83 year female, Open Reduction of the Hip, required daily colon tube and enema through the 10th postoperative day.	1 44 year female, Repair of Evisceration following Gallbladder surgery, began limited ambulation on the 7th postoperative day. She had enemata on the 2nd, 6th, and 9th postoperative days, but no complaints of flatus or passing hard stools.
1 34 year female, Exploratory Laporotomy, requiring colon tube and enema on the 2nd and 3rd postoperative day, with ambulation on the 3rd day.	

CONCLUSION

In no cases where Ilopan* was given was adjunctive parenteral or oral medication needed for alleviation of flatus or feces. Neither were any mechanical devices such as stomach tubes with suction or lavage necessitated.

It seems that, both with and without Ilopan*, the younger the patient, the less complications he has with postoperative distention and retention of flatus or feces. These patients usually begin limited ambulation from 15 to 24 hours after surgery.

From our observations of both the literature[19,20,21], and our own clinical applications, we consider Ilopan* the most favorable therapy in the control of postoperative abdominal distention and retention of flatus and feces to be introduced in the last decade.

*Ilopan, trade name of d-pantothenyl alcohol, made by The Warren-Teed Products Company, 582 West Goodale St., Columbus 8, Ohio.

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Hill-Burton Support Totals $8.5 Million

WASHINGTON — Grants to osteopathic hospitals under the Hill-Burton act totaled more than $8.5 million from its inception thru 1959. The funds went toward hospital construction in 14 states.

Michigan led all states in funds received with a total of $2,978,086. The largest individual grant went to Oklahoma Osteopathic Hospital in Tulsa, Oklahoma, which received $895,783. This was the only grant made to Oklahoma.

The smallest grant went to St. John's Community Hospital in St. John's, Arizona. The $11,510 in assistance was the only aid received by Arizona hospitals.

Other states participating and the total amount received by each were: Texas, $922,137; Maine, $785,000; Missouri, $659,328; California, $623,-751; Ohio, $507,681; New Mexico, $310,249; New Jersey, $303,889; Pennsylvania, $303,759; Oregon, $222,842; South Dakota, $163,971; and Rhode Island, $75,000.

The total for all 14 states was $8,-762,986.

Sabin Studies Cancer

CINCINNATI — Dr. Albert B. Sabin of Cincinnati, developer of the live-virus polio vaccine, will turn to cancer research in 1961.

A federal grant of $611,800 will finance six years of study in which he will try to determine if viruses are a cause of cancer.

D.O.s Join in National Forum on Aged

Positive Approach Stressed at Meeting

MIAMI BEACH—The aging process is a natural result of life, not a disease, concluded more than 600 health authorities who attended the 1960 National Health Forum held here in March.

"Positive health of older people" was the theme of the meeting sponsored by the more than 60 member agencies of the National Health Council.

The forum is an annual event conducted by the NHC. The AOA, a council member, was represented by its president, Dr. Galen S. Young of Chester, Pennsylvania, and nine other persons.

"With what is now known in the medical and social sciences, the extent of illness and disability at all ages and the degree of dependence created thereby can be significantly reduced," said Dr. Edward L. Bortz of Philadelphia, chairman of the forum. "Thus more positive health can be assured for the increasing numbers of people who will attain longer life in years to come."

Among the positive approaches to health of the aged must be measures to insure that they can maintain adequate incomes and that they can find useful activities after retirement. Some form of health payment insurance must be made available to older persons whose needs for health services are known to rise at the same time that their financial resources dwindle, forum speakers and panels pointed out.

"For the most part, older people—as workers, in the labor market, as retired persons seeking useful activity, as consumers, as taxpayers, as patients in hospitals and as voting citizens—are poorly understood," said Professor John W. McConnell of Ithaca, New York, dean of the New York State School of Industrial and Labor Relations at Cornell University.

"As long as we think about planning retirement income in traditional and conservative terms, we will fail to provide adequate income," he said, "because these terms make no provision for inflation, for unexpectedly high expenditures such as for medical care for hospitalization, for changes in living standards or for increases in productivity or gross national product."

Costs of medical care and hospitalization are a special hazard to retired persons with fixed, limited incomes, Dean McConnell said. Despite the increased coverage of public and private pension plans, the annual income of persons over 65 in the U. S. is $6 to $10 billion below what is needed for "decent living at minimum levels."

Health insurance companies are prepared to provide "whatever coverage is desired" for older people, according to J. F. Follmann, Jr., of New York, director of information and research of the Health Insurance Association of America.

By the end of 1960, some 65 percent of the aged "who need and want health insurance protection" will be covered by private companies, Follman said. He predicted that the figure could rise

to 80 percent by 1965 and possibly to 90 per cent by 1970. About 70 percent of the aged population are beneficiaries of government old age benefits programs, he said.

The decisions concerning the kinds of health insurance programs available rest with employers and labor groups to set up programs and with individuals to decide what coverage is desired, rather than with the insurance companies, he said.

Health costs for aged indigent can be expected to remain high despite a decrease in the number of persons seeking medical care as indigents at government expense, said Dr. I. Jay Brightman, executive director of the New York State Interdepartmental Health Resources Board.

"The indigent aged have greater medical needs than the non-indigent," he said. "We must remember that better medical care is keeping patients alive longer and this increased life span is often dependent upon even more expensive medical care."

There will always be some persons among the older population who must seek public health care. However, pressure for economies should not be allowed to lower standards for medical care. "In the long run, good medical care is the least expensive form of medical care, regardless of social group," he said.

Dr. James E. Perkins of New York, managing director of the National Tuberculosis Association, succeeded Dr. Ruth B. Freeman of Baltimore, associate professor of health education at Johns Hopkins University, as NHC president. Dr. James H. Sterner of Rochester, N.Y., medical director of the Eastman Kodak Company, was named president-elect.

In addition to Dr. Young, AOA representatives were its executive secretary, Dr. True B. Eveleth of Chicago; past presidents, Dr. Vincent P. Carroll of Laguna Beach, California, Dr. George W. Northup of Morristown, New Jersey, and Dr. Robert D. McCullough of Tulsa, Oklahoma; Dr. Charles W. Sauter, II, of Gardner, Massachusetts, speaker of the AOA House of Delegates; Dr. Robert D. Anderson of Philadelphia; Dr. Alexander Levitt of Brooklyn; Dr. Joseph H. Huff of Burlington, N.C.; and Robert A. Klobnak of Chicago, director of the AOA Division of Public and Professional Service.

Pfizer Adds to Grant

CHICAGO (AOA) — An additional $1000 scholarship grant has been received from the Pfizer Foundation to accompany the five such awards for undergraduates in osteopathic colleges which were announced last month, according to Dr. Roy J. Harvey of Midland, Michigan, chairman of the AOA Council on Development's committee on firms and corporations.

A letter from J. F. Duffy, president of the foundation, stated that "the officers of the Pfizer Foundation have reconsidered our proposed contribution and have decided to increase it to $6000 in order that each of the six colleges of osteopathy can receive a $1000 scholarship."

New Hospital Construction Pushes Capacity Over 14,000 Bed Mark

There were 394 osteopathic hospitals with 13,008 adult beds and 2637 bassinets in the United States as of February 1, 1959, according to Dr. John P. Schwartz of Des Moines, Iowa, a member of the AOA committee on hospitals.

The doctor's report estimated that 1040 beds had been added to the 13,008 by December 31, 1959. He also reported that an estimated $15,342,500 of new hospital construction is planned for 1960.

Demonstrating this continued growth of osteopathic hospital facilities was the dedication last month of the $1 million Shenango Valley Osteopathic Hospital in Farrell, Pennsylvania. An open house was held at the new 50-bed structure.

Another newly dedicated structure is the Davenport Osteopathic Hospital in Davenport, Iowa. The new, 70-bed, $1 million facility was open to the public early this month.

In Des Moines, Iowa, ground was broken for the new $1,150,000 Doctors Hospital which is to provide 100 beds. Opening is scheduled for late fall.

Construction of a 64-bed, $700,000 osteopathic hospital in Riverside, California, will begin within three to six months, according to Fred Hardy, hospital administrator. Ground-breaking for the new Richmond Heights General Hospital at Cleveland, Ohio, is scheduled for mid-May. Plans have been expanded to provide 70 beds at a cost of $1,250,000.

The Kansas City, Missouri, board of zoning adjustment approved plans for a new 70-bed osteopathic hospital in the northern sector of Kansas City. Estimated cost for the building is $1,300,000.

Diagnosis of Traumatic Injuries of the Abdomen

M. G. Holcomb, B.S., D.O.

Most cases of abdominal injury that present symptoms of a serious nature are usually referred to the surgeon. However, there is a vast number of cases in which, though serious injury has resulted from the trauma, the symptoms are not obvious and indeed may remain quiet for a few hours. Therefore it is well to summarize the main points in diagnosis.

I will limit this discussion to those injuries of the abdomen in which there is no open wound of the parietes. When a stab or penetrating wound of the abdominal wall exist, there should be no question that the treatment is surgical.

The increasing number of motor vehicle accidents, which often account for these injuries, makes them a problem. They are, not uncommonly, associated with other more obvious injuries which tend to distract attention from the abdomen. In these circumstances the correct method of procedure is to treat the shock and to re-examine the patient at frequent intervals while this treatment is in progress.

The solid viscera of the abdomen (liver, spleen, pancreas, kidneys) are situated high up in the abdomen largely under cover of the ribs; the hollow tubes (intestines, bladder, ureter and stomach) are more exposed to injury. It is well to consider that injury to solid viscera causes hemorrhage; injury to the hollow viscera usually causes peritonitis, while both types are accompanied by shock.

Shock is manifested by pallor, sweating, slow shallow respiration, cold extremities and drop in blood pressure but unless there is some serious lesion, the symptoms soon subside. If shock lasts longer and does not coincide with the evidence of intra-abdominal injury, examination by x-ray may reveal a pneumothorax or other chest lesion. When the symptoms of shock do not pass off within five to seven hours, hemorrhage or peritonitis is almost always present.

Hemorrhage usually follows a torn liver, spleen, pancreas or kidney. When the spleen or liver is severely torn, the symptoms of shock and hemorrhage are extreme and death may soon follow. In lesser degrees of injury of the solid viscera, evidence of bleeding is gradually revealed. Progressive pallor of the lips and fingernails, a rising pulse-rate and the demonstration of a movable dullness in the flanks are sufficiently indicative. Occasionally, the symptom of hemorrhage may stop for a day or two and then suddenly bound up to a rapid rate. Evidently, the increase in rate takes place when the compensating mechanism of the cardio-vascular system fails.

Peritonitis is usually dependent on rupture of the hollow viscera. The bladder, intestines and stomach are most commonly injured. Sometimes these organs are only bruised. If the stomach is so injured, the result is vomiting and hematemesis; if the colon be bruised, the passage of blood per anus and diarrhea due to traumatic colitis may follow. Bruising of the bladder may cause slight hematuria.

The most common cause of peritonitis, after abdominal injury, is the rupture of the intestine. It is a condition causing almost certain death if not diagnosed early, yet the signs and symptoms are often delayed for some hours. Generally the tear only involves a portion of the circumference of the gut. When the intestine is injured, its peristaltic movements stop due to reflex or direct paresis of its walls. If the rupture is small, it may seal off and the symptom may be relieved and give the patient a false sense of security.

After a few hours, the patients thinks his stomach is all right and begins to eat. This will then stimulate peristaltic action which in turn will cause the gut to become unsealed. Peritonitis then begins and develops at a rate depending upon the size of the opening in the intestine.

Peritonitis in the early stages presents the following signs: pain, local tenderness, local muscular rigidity, vomiting and shallow abdominal respiration. Later symptoms of peritoneal infection are: elevation of pulse and temperature, increasing distension, tenderness of pelvic peritoneum and movable dullness in the flanks.

A plain scout x-ray of the abdomen may be useful by showing free gas localized near a ruptured portion of gut or under the diaphragm.

There is one sign of great value in ruptured intestine and that is the pointing test. Ask the patient to point with one finger to where the pain is most acute. In most cases this will locate accurately the site of the perforation.

If injuries to the chest and renal trauma can be excluded, you are probably dealing with a case of ruptured intestine in the following conditions: (1) If sever abdominal pain persists for more than five hours after an injury; if the pain be accompanied by either vomiting, especially bilious vomiting, or a pulse gradually rising from normal; or persistent local rigidity tending to extend; or deep local tenderness with shallow respiration. (2) When abdominal pain is absent or very slight, and anemia is not increasing, but the pulse rises steadily hour by hour, and the patient is very restless or listless.

The prognosis in case of ruptured intetine is very bad unless diagnosis is made and operation undertaken soon after the injury.

If there are signs of free fluid in the abdomen or rectal examination shows the pelvic peritoneum to be very tender, the indication for operation would be imperative. Surgeons agree that, except in utter smashes and perforation by fragments of bone, no rupture of the bladder is possible unless the bladder is full. Rupture of the bladder may be intraperitoneal, extra peritoneal or both.

In the case of an intraperitoneal rupture there may be no physical signs until general peritonitis supervenes. So it is evident that no examination of a patient who has had an injury to the trunk is complete until one has observed that urine has been voided or until a sertile catheter has been passed with withdrawal of a quantity of normal urine consistant with the history. If, after the passage of a catheter, doubt as to the integrity of the bladder exists, the introduction of a measured quantity of sterile saline solution into the bladder, with the patient in Fowler's position (to prevent dissemination to the upper abdomen if a tear exists), should be undertaken, whenever possible in the operating room.

Extra peritoneal rupture tends to extravasation of urine and consequent cellulitis in the suprapubic and perineal regions.

Rupture of the stomach quickly lends to symptoms of general peritonitis. It is generally accompanied by some other lesion such as injury to the spleen or liver. The part of the stomach likely to be ruptured by injury is the area which is seldom the site of ruptured ulcer, that is, the greater curvature. The gas which escapes may for a time be localized and form an area of superficial tympanitic resonance on percussion.

Injury to the pancreas is very difficult to diagnose. A pseudo pancreatic cyst (a large collection of fluid in the lesser sac) may be the first intimation that the pancreas has been injured. This collection of fluid usually gives rise to a swelling above the umbilicus and best

seen when viewed laterally with the patient on his back.

In conclusion I will say that it is essential in diagnosis to estimate the different proportions which shock, hemorrhage and peritonitis take in the production of the observed symptoms and to judge from this the viscus involved and the nature of the injury. If your judgment is based on complete examination and corolation of symptoms early, you stand a lot better chance of saving the patient's life.

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Giving to U.S. Colleges Rises; OPF Continues Trend

WASHINGTON — Voluntary support for American colleges and universities increased nearly 21 percent in 1958-59 over the 1956-57 figure, according to a report by the American Council on Education.

A total of $751,405,590 in voluntary gifts was reported by 1071 colleges and universities for 1958-59. This compares with $617,378,000 for 1956-57 (exclusive of $200,000,000 in nonrecurring faculty salary endowments made by the Ford Foundation).

Accurate year to year comparisons are hindered by the fact that each biennial survey includes more responding colleges. The council indicated, however, that among the 517 colleges which have participated in all three surveys made so far, voluntary giving had increased 94 percent over a five year span.

Total giving to the Osteopathic Progress Fund continued to stay ahead of the 1959 pace thru the end of March, according to OPF Director Robert Bennett of Chicago.

Doctors added $65,495 to the fund during March to bring the total professional giving to $549,075. This is $45,324 more than last year's figure at this time.

Public giving totaled $87,239 at the end of March, an increase of $21,230 over 1959. Combined public and professional giving this year amounts to $636,314.

Public Health Dinner, D.O. Efforts Praised

DES MOINES—More than 200 people including the Iowa governor and the state commissioner of health, attended a public health banquet here April 4 as guests of the College of Osteopathic Medicine and Surgery and the Polk County Osteopathic Society.

Governor Herschel C. Loveless praised the osteopathic profession for helping to call the public's attention to community health needs. Dr. Edmund G. Zimmerer, state health commissioner, thanked the D.O.s for their cooperation and their help in the state's small communities.

Other guests included Reinhold Carlson, mayor of Des Moines; Dr. Galen S. Young of Chester, Pennsylvania, AOA president; Dr. True B. Eveleth of Chicago, AOA executive secretary; and Dr. Morris Thompson, president of the Kirksville College of Osteopathy and Surgery, who gave the main address.

American Osteopathic Association

Office of

CHESTER D. SWOPE, D. O.

Chairman: Department of Public Relations

Farragut Medical Bldg.

Washington 6, D. C.

April 4, 1960

Washington News Letter

Aging

On March 31 the House Ways and Means Committee rejected a motion to take up the Forand Bill for medical care for OASI eligibles by a vote of 17 to 8, but the Committee is still considering Social Security Act amendments and may recommend some variation of the bill. In the meantime, Mr. Forand has filed a discharge petition to by-pass the Committee by taking the bill directly to the floor. It would take 219 signatures to by-pass the Committee. On the Senate side, the Sub-committee on Aging headed by Senator McNamara yesterday closed its series of hearings on the health problems of the aged, and the Subcommittee may recommend legislation within about two weeks. HEW Secretary Flemming told the McNamara Subcommittee on April 6 that he hoped to come up with a plan for consideration by the Administration two weeks from that date. On April 7, Senator Javits of New York and seven other Senators joined in the introduction of Bill S.3350 to accomplish the objective by Federal and State assistance for the costs of voluntary insurance. Several Congressmen have introduced companion bills in the House.

Occupational Outlook for Osteopathic Physicians

With our cooperation, the Bureau of Labor Statistics of the U. S. Department of Labor has included the occupation of osteopathic physicians in editions of the "Occupational Outlook Handbook" since 1951. The most recent revision was in 1959. Enclosed is a Government reprint of the osteopathic section from the "1959 Occupational Outlook Handbook. The "Occupational Outlook Handbook" is the bible of school and vocational counselors.

Training Course — Health Services Aspects of Health Mobilization

Chairmen of State Committees on Emergency Medical Services or Civil Defense will find enclosed (1) Prospectus descriptive of the OCDM Training Course on health services aspects of health mobilization to be conducted at Battle Creek, Michigan, May 8-13 and at Alameda, California, June 5-10; (2) Application forms for both courses (you would apply for the nearest school, particularly if you expect reimbursement), and (3) Request for expense reimbursement form. Note that the closing date for application for Battle Creek is April 26 and for Alameda the deadline is May 24. Your application must be approved by your State civil defense director. You recall that the National Health Plan we sent you on March 22 requested our cooperation. If possible, I hope you can attend one of these training courses.

AUXILIARY NEWS

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NEWS OF THE DISTRICTS

DISTRICT TWO

Dr. V. L. Jennings was in Kansas City on April 24 and 25. He is President-elect of the Alumni of the Kansas City College of Osteopathy and Surgery.

Dr. and Mrs. Paul Wood are on a combined business and vacation trip to Cincinnati, Ohio. Dr. Wood will be associated with the new Epp Memorial Hospital in Cincinnati after July 11.

Dr. and Mrs. Walter Wehmeyer, Chaffee, Missouri, were guests of Dr. and Mrs. Paul Wood during the state convention in Dallas. Dr. Wehmeyer attended the lectures at the convention.

Dr. Herebert Locke is in his office part time again, after several weeks in the hospital.

Dr. Bruce Petermeyer had an emergency appendectomy, but is back at work and feeling fine.

Dr. and Mrs. Lawrence Greif became the parents of a 7-pound 13-oz. baby girl, Rose Venus, on April 9.

Dr. William Walters was in Detroit May 6 through May 9, taking the written part of the examination for Certification in Pathology.

Many Industries and Services Kept Going by Clinic

In an effort to discover what Chicago industries and services benefit from health care given at the Chicago Osteopathic Clinic at 5250 South Ellis Avenue, a survey of patients has been conducted to learn sources of family income.

In less than three months, new patients reported family-head employment as follows:

Federal Gov't. 117; Board of Educ. 26; Police & Fire 17; C.T.A. 17; Cook County 5; Factory 245; Domestic Service 38; Self-employed 28; Unemployed 67; State Empl. Office 3; Cleaners & Dyers 18; Construction 14; Steel 33; Dept. Store 56; Meat Packing 25; Publishing 22; Service 105; Hospital 20; Hotel 20; Railroad 39; Beauty Shop 10; Food Handler 17; Moving 4; Miscellaneous 23.

Although the data have characteristics of a random sample, the statistics tend to show that the low-cost health care at the clinic helps to maintain healthy employees and reduce absenteeism in many important Chicago industries.

A campaign for funds to increase treatment facilities to meet continuously growing community demand for more health care service by this nonprofit clinic institution is about to start.

Seal Campaign Tops '58 Returns

CHICAGO (AOA)—Returns from the osteopathic Christmas seal campaign passed the figure of last year's entire campaign this month. As of April 5, $64,886 has been contributed which is $1147 ahead of last year's figure at this date and $183 ahead of last year's final total of $64,703.

With six weeks remaining before the books close, there is a possibility of topping the all-time high of $66,003 set in 1957, according to Mrs. Alyce Balfour of Chicago, campaign secretary.

More than 63 percent of this year's returns came from public giving, an increase of 5 percent over last year's drive.

New Jersey became the 13th state to set a local record this year. Other firsts were Pennsylvania's finishing with the highest returns and Massachusetts' position among the top ten states.

PROFESSIONAL CARD DIRECTORY

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