Texas
OSTEOPATHIC PHYSICIANS Journal

VOLUME XX FORT WORTH, TEXAS, NOVEMBER, 1963 Number 7

In This Issue—

Texas Osteopathic Physicians' Journal

OFFICIAL PUBLICATION OF THE
TEXAS ASSOCIATION OF OSTEOPATHIC PHYSICIANS AND SURGEONS

PUBLICATION OFFICE: 512 BAILEY AVE., FORT WORTH, TEXAS 76107

EDITOR . . . PHIL R. RUSSELL, D. O.

ADVERTISING RATES UPON REQUEST, ALL ADVERTISING CUTS TO BE SENT WITH COPY.
SUBSCRIPTION RATE $2.50 PER YEAR

VOLUME XX FORT WORTH, TEXAS, NOVEMBER, 1963 NUMBER 7

EDITORIAL PAGE

PRINCIPLE — Webster defines this word as "a source of origin; the primary source from which anything proceeds; a general truth; uprightness; a fundamental law on which other laws are founded".

POLICY, on the other hand, is identified as being "the art or manner of governing; the line of conduct which leaders adopt on particular questions; dexterity in management".

THE DISTINCTION is basic and profound. Policies necessarily change from time to time. Principles do not. The purpose of policies should be to carry out principles.

When Lincoln said, "My policy is to have no policy", he most certainly did not mean to imply a lack of principle. Quite the contrary. He simply was determined to maintain sufficient flexibility of policy to pursue whatever course seemed necessary to serve principle. Emerson, when saying that "a foolish consistency is the hobgoblin of little minds", spoke not of principle but of policy. A principle must be consistently followed; else it ceases to be a principle.

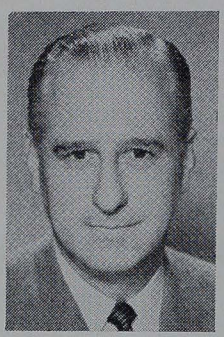
It is important that in these trying times the osteopathic profession, through its leaders and its membership, recognizes the principles upon which this profession was founded and that we, in setting policies, adhere to these principles. A failure to do so would certainly destroy our profession.

State Department of Health Annual Postgraduate Seminar

Cabana Motor Hotel, Dallas, Texas

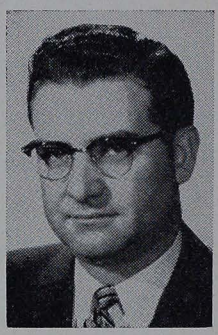
December 6-7, 1963

GUEST SPEAKERS



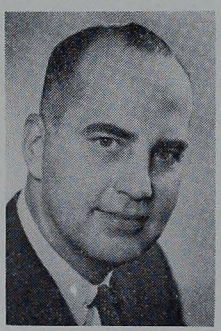
J. Donald Sheets, D.O.
Detroit, Michigan

Senior Surgeon, Department of Surgery, Detroit Osteopathic Hospital. Fellow, American College of Osteopathic Surgeons.



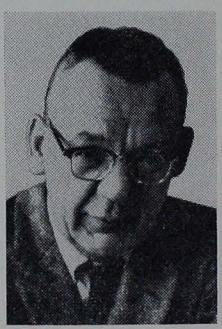
Neil R. Kitchen, D.O.
Detroit, Michigan

Clinical Professor of Internal Medicine, Chicago College of Osteopathic Physicians and Surgeons.



John C. Ullery, M.D.
Columbus, Ohio

Professor and Chairman, Dept. of Obstetrics & Gynecology, College of Medicine, Ohio State University.



Ian MacDonald, M.D.
Los Angeles, California

Clinical Professor of Surgery, School of Medicine, University of Southern California.

Pseudo-Spontaneous Rupture of the Spleen

By E. F. GONYAW, D.O.*

General Physiology and Anatomy of the Spleen:

The spleen is one of the most interesting and least understood structures within the body. Early in embryonic life it has a function in forming new red blood cells, but this function is not retained in adult life, except in the case stress or hypo-function of the other blood forming centers. In adults, rather than the blood forming function it has the function of blood destruction as in all reticuloendothelial tissue, of which it is formed. The spleen has also a storage function for blood, which it can release by contraction in case of stress, when an increase of blood supply is needed by the body rapidly. Some authorities believe the spleen has functions other than those mentioned above. Such as regulatory action on red cell fragility, an active part in defense mechanism by formation of antibodies. Some believe it to have an endrocrinologic function regulating the bone marrow in its emission of its various elements; also the secretion of a vasodilator, has been theorized.

The spleen is located in the upper left quadrant of the abdomen and beneath the ninth, tenth and eleventh rib, bounded by the stomach, pancrease and the left kidney. And anteriorly by transverse colon. It is rarely palpable unless enlarged, and when it is palpable some underlying pathology should be suspected. At the time of enlargement the spleen is more susceptible to traumatic rupture. The so called spontaneous rupture of the spleen perhaps takes place during the course of one of the following diseases: Malaria, Typhoid, Boecks Sarcoid Infectious Mononucleosis, and the lymphomas, to name a few.

Secondary rupture of the spleen is one of its peculiarities of this structure, after a traumatic force has injured the spleen it may bleed sub-capsularly for a period of one to thirty days or more. The blood under presure beneath the capsule, in the enlarging traumatized organ my cause spontaneous rupture. At which time the patient may faint and have a sudden relief of symptoms.

With these facts in mind, the basis for cases of spontaneous rupture without trauma in a theoretically normal spleen may be examined. Subcapsular hemorrhage may be diagnosed pathologically by inspection of the splenic surface for evidence of organized thrombus formation.

The usual treatment for splenic rupture is splenectomy and some authorities state it is the only treatment. Although some cases of repair of splenic wounds has been reported using "Gel Foam" or surgical covering to injured areas.

Diagnosis of splenic rupture can possibly be found by essentially eliciting a history of some type of trauma to the upper left quadrant. Perhaps a blow to the left side or an injury to the upper left back area may be the cause. Many times the patient cannot recall a specific incident of trauma without help of a few direct questions by the physician which may clarify the cause of these symptoms such as a fall he may have had within the last two months, possibly a minor auto accident in which he may have hit the steering wheel of his car. A past history of fainting spells from some other cause in which he may have in-

*Surgical Resident, Dallas Osteopathic Hospital, Dallas, Texas

jured himself. An episode in which the individual may have been fighting with some foe, friend or relative. Even a minor accident such as bumping into the edge of a table at home or a bench at work may be sufficient to initiate bleeding subcapsularly.

When the patient is seen on admission he may have some of the following symptoms, pain in the upper right quadrant, a feeling of bloating of his abdomen, on slight difficulty in breathing. Pain may be accentuated by deep inhalation. The patient may be shocky when seen and have a very pale appearance. Generalized weakness is one of the most constant findings. Rebound tenderness is common and may be more noticeable than tenderness to palpation; radiation of pain to left shoulder has been recorded in three fourths of the cases reported. Palpable tenderness and fixed dullness in the left flank (Ballance Sign) or there may be shifting dullness due to free blood in the abdominal cavity.

Relatives and friends may also be questioned to elicit a trauma history. On admission the patient's CBC may be essentially normal except for possible Leukocytosis with a white count over 12,000. The slight change WBC may be more important than early anemia, for rapid loss of blood may not change the hemaglobin or RBC, due to the onset of hemoconcentration. Abdominal X-ray may be of use showing displacement of adjacent structures such as the diaphragm, colon, and stomach; or the absence of normal signs such as the Psoas muscle and Renal outlines.

A peritoneal tap may show sign of active intraperitoneal bleeding but this also may be negative even with massive hemorrhage which may be localized and the tap is not at the sight of hemorrhage. With splenic rupture it must be kept in mind, that there may be other areas that may have been injured also in the same accident, therefore even after the diagnosis has been made the physician should make sure that there are no other serious injuries to the head, chest, other areas of the abdomen, or to the extremities.

When splenic rupture is the only significant pathology incurred, the mortality is low. The morbidity is equally very low. The treatment is generally surgical removal. An illustrative case of splenic ruptures ocurred at D.O.H.

At noon of May 28, 1963, a thirty year old male patient entered Dallas Osteopathic Hospital with the chief complaint of generalized abdominal pain, more severe in the upper left quadrant. The patient stated he had a bloated feeling in his stomach along with the abdominal pain. His complexion was very pale with a slight bluish tinge on examination. The abdomen appeared very distended and was tympanic to percussion. Rebound tenderness was pronounced over the upper left quadrant. Blood pressure on admission was 162/110. Temperature 98.6. Pulse 96.

NOTICE OF EXAMINATION

The next meeting of the Texas State Board of Medical Examiners when examinations will be given and reciprocity applications considered is scheduled for December 5, 6, 7, 1963 at the Blackstone Hotel, Fort Worth, Texas.

Completed examination applications for graduates from United States medical schools must be filed with the Medical Board thirty days prior to the meeting date.

Completed examination applications for graduates of foreign medical schools must be filed sixty days prior to the meeting date.

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

(Texas State Board of Medical Examiners, 1714 Medical Arts Bldg., Fort Worth 2, Texas)

Respiration 22. The patient also had depression of depth of respiration.

On questioning the patient he stated he has had intermittent gastric and abdominal complaints for the past three or four years. No immediate history of trauma could be elicited from the patient. At this time he stated that he couldn't remember any injury, however slight, to his upper left quadrant or left side. Patient stated that two weeks ago symptoms became very acute after lifting a washing machine but the flank pain disappeared after one day. A similar pain recurred approximately one week ago and again it disappeared after a short period. Yesterday the pain started once again with some nausea and vomiting and abdominal bloating became much worse. Today the pain became very severe and patient entered D.O.H. for treatment.

On June 5 (post surgically) patient was again interviewed concerning previous history with the object in mind of finding some other clue to the cause of his splenic problem. It was at this time that the following history was elicited: patient stated that he has been bothered with abdominal bloating for a period of four years which he stated began with intestinal flu. The patient had previously been admitted to hospital one month ago for a possible duodenal ulcer. An elective circumcision was performed during this hospital stay. The abdominal X-rays were negative at this time. He had some complaints of a burning sensation in his stomach and a feeling of inability of food to leave the top of his stomach. "It felt like it just wouldn't go down." A history was also elicited, that he had been doing daily exercise for the past couple of months to reduce size of abdomen. When asked again if he could now think of any abdominal injury the answer was still no; but relatives (wife and mother) recalled an episode approximately a month and a half ago that patient was wrestling with brother, and while in a position of holding brother from behind he sustained multiple blows to the abdomen from his brothers elbows.

Initial laboratory studies were as follows: RBC 4.6 ml., WBC 9630, 14.2 gm. ht., Diff 5 stabs, 76 segs, 19 lymph. Serum analysis 60K.A.U. Glucose 111 mg%. When the patient was taken to the X-ray department for abdominal studies a fainting episode occurred. Laboratory recheck later the same day showed: a WBC increase to 19,000 with a left shift. The RBC was rechecked a few hours later and showed a drop to 3.93 million, WBC at this time was 14,330 Hb had diminished to 11.3 gm.

Physical examination of patient after admission to room the following abnormal findings were noted:

SKIN	pale with bluish tinge very moist and cool to touch.

MOUTH & THROAT — dry coated tongue and Buccal mucosa, Throat slightly inflamed.

CHEST — decreased breath sounds in left base with increased hilar bronchial tones.

ABDOMEN — distended and tympanic to percussion, a notable fluid wave on left side which was absent on the right; rebound tenderness in upper left quadrant more severe than pain on deep palpation. Lloyds sign positive on left, negative on right.

NEUROLOGIC — general reflexes were slightly hypertonic on left side.

IMPRESSION AT THE TIME

1. Ruptured renal vessel
2. Ruptured spleen
3. Ruptured duodenal ulcer

When later asked about the period of time when patient was taken to X-ray department for recheck, where the fainting spell occurred, he stated that after a brief period of time following his fainting he felt a little better with some relief of pressure which soon returned along with the abdominal pain.

Lab studies following day, May 29, revealed decrease in RBC and increased WBC. Total blood volume was estimated at 3771 cc. Normal being 5293-5680 cc. X-ray studies revealed chest splinting of hemidiaphragm and suggested pneumonitis or pleurisy at the base of left lung. In the abdominal X-ray some obliteration of the psoas shadow and suggested splenic enlargement was noted. Successive films of abdomen on May 30 showed displacement of stomach elevation of left hemidiaphragm caudad displacement of the kidney and hepatic flexure of the colon, with gross enlargement of spleen. A paracentisis was done in low abdominal area, negative evidence of free blood in abdomen noted.

In pre operative treatment, the patient was given a combination pack cells, whole blood, other IV fluids an dantibiotics. Patient was placed in fairly good physical condition for surgery on May 31, 1963.

Surgical procedure:

Patient was prepared for surgery and a transverse abdominal incision was made at the left costal margin. Upon opening the abdominal cavity approximately a liter of clotted blood was noted and removed. The spleen appeared approximately twice the normal size. A splenectomy was performed and the incision was closed. During the procedure the patient was given IV fluids consisting of lactated Ringers Solution 2000 cc. and one unit of packed cells on returning to room.

Post Operative period:

The patient had a slight temperature elevation which didn't exceed 103°, general condition was fair and discomfort was minimal, abdomen was soft and pain restricted to incisional area. Most complaints were concerning the levine tube which was removed after three days. Patient was ambulatory five days after surgery. Blood studies were fairly normal with slight elevation of WBC approximate 11,000.

On June 9, patient had begun complaining of some difficult respiration. A chest X-ray revealed evidence of a hydrothorax developing and a thoracentesis was performed with removal of 400 cc. of fluid. Cultures of the withdrawn fluid revealed presence of staphlococcus aurus. Patient was placed on appropriate antibiotic therapy. Another thoracentesis was performed on June 11 and 50 cc. of thick purulent material was aspirated containing staphlococcus aureus.

From this period onward patient progressed satisfactorily and was dismissed

on June 22 in an improved condition to be followed by physician in office visits.

On gross and microscopic examination of the spleen the following was found:

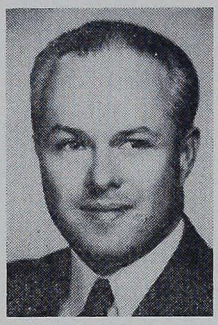
The total spleen and a large number of masses of what appeared to be clotted blood and fibrin were examined. The total spleen weighed 250 gms. The capsule was not identifiable over one surface. The periphery of the spleen exhibits localized areas in which there appears evidence of subcapsular hemorrhage. No evidence of pancreatic tissue was noted in specimen. Microscopic sections reveal the surface of the spleen to exhibit extensive subcapsular hemorrhage with the superficial aspects of adjacent splenic stroma exhibiting some focal necrosis and portions which show evidence of organization. Main substance of specimen exhibited well preserved follicular architecture.

Pathologic diagnosis; Subcapsular Hemorrhage of Spleen:

In the above reported case of splenic rupture a traumatic history was very difficult to elicit and only after eliciting information from family was history of trauma found. The patient responded well to surgery and post surgical treatment even with the complication of pulmonary effusion.

The diagnosis of spontaneous splenic rupture probably some traumatic experience could be elicited, thus changing the diagnosis to traumatic rupture of the spleen.

AOCPr. Life Membership Granted Dr. Tavel



Dr. Lester I. Tavel, 4809 Austin St., Houston, Texas, was granted Life Membership to the American Osteopathic College of Proctology, at its annual meeting, September 30-October 3, New Orleans, La. This signal honor was conferred in appreciation of his accomplishments and contributions to the field of proctology and to the College. At this same meeting, Dr. Tavel was re-elected a director of the AOCPr. for a three-year term.

In addition, the American Osteopathic Board of Proctology re-elected Dr. Tavel to the office of presidency.

Dr. Tavel is a past-president of the Texas Association of Osteopathic Physicians and Surgeons and was recently elected Secretary to the Harris County Society of Osteopathic Medicine, District VI.

Serving the Needs of the Medical Profession:

BUILDING -:- FINANCING -:-: LEASING

CLINICAL DEVELOPMENT CO.

5511 W. ROSEDALE -:- P. O. BOX 561
FORT WORTH, TEXAS 76101

C. B. SMITH, PRESIDENT
J. A. HOUGHTON, SALES MGR.

PAUL BENDER, VICE-PRES.
OFFICE: PE 2-3395

Dear Doctor

Would you like to own your clinic on a tax sheltered basis? We can help you do just that by the proven business principle of purchase — leaseback. At the end of the lease period the clinic can be yours and with substantial cash in pocket tax savings.

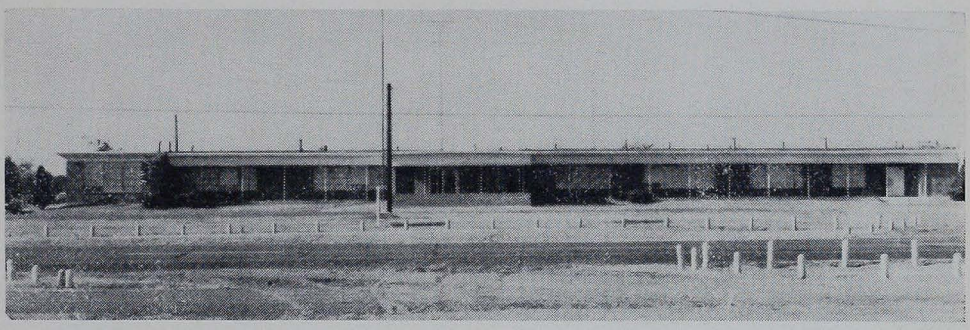
We are in the business of building, financing and leasing clinics, pharmacies, and rest homes, for the medical profession. We can assist you with plans and all other services necessary and at a savings to you in time and money.

For a personalized program tailored to fit your needs please write or phone us stating your most convenient time for our representative to call upon you.

Sincerely yours,

PAUL BENDER
Exec. Vice-President

Hospital of the Month



Wintermute Memorial Hospital — Klondike, Texas

An Osteopathic Institution

The Texas Osteopathic Physicians' Journal is proud to salute WINTERMUTE MEMORIAL HOSPITAL (formerly Reed Memorial Hospital of Cooper) as the Hospital of the Month.

The Reed Memorial Osteopathic Hospital, located at Cooper, Texas, was organized by Dr. Dean Wintermute, owner, March 6, 1959, in an old medical hospital that had been closed for years. At the opening of this hospital Dr. Wintermute had 6 beds and an office. The building was later completely renovated and the total number of beds was increased to 14.

Dr. Wintermute realized that this institution could never be built into a modern hospital as the building was some 40 or 50 years old. He began making plans for a completely new institution. Early in 1962 he purchased the property of the former West Delta School, located some 6 miles from Cooper and 8 miles from Commerce at Klondike. In October, 1962 he was able to use the west wing of this completely renovated school building as a nursing home.

He began to make provisions to turn the entire institution into a new hospital which he did, and an open house was held Sunday, November 4. The hospital at the present time is by far one of the finest equipped and best built institutions in the State. While its ultimate capacity is 34 beds with 3 bassinets, the institution is operating at the present time with 28 beds and 3 bassinets. Each room in the institution is equipped with private telephones, piped-in oxygen and suction, an electronic nurse-call system, and television. Double rooms have connecting baths, and private rooms have private baths. The kitchen and dining room is well equipped and modern.

This institution has a very modern and up-to-date operating room, delivery room, emergency room, a well equipped laboratory, and modern x-ray facilities. The building itself consists of over 10,000 square feet, is fully licensed by the State, and has registration pending by the AOA.

The active staff consists of Dean E. Wintermute, D.O., Kenneth G. White, D.O., and Patrick Martin, D.O. Dr. Wintermute is located at Cooper, and Dr. White and Dr. Martin are located at Commerce in Klondike. They have a very active consulting staff of some 10 men from Dallas and Fort Worth.

Anyone interested in locating in this area is asked to please contact Dean E. Wintermute, D.O. at the Wintermute Memorial Hospital in Klondike, Texas.

Noted Specialist To Participate In Academy Program

HAROLD I. MAGOUN, SR., D.O.
Denver, Colorado

A nationally known faculty member of the Sutherland Cranial Teaching Foundation will lecture at the forthcoming Seminar, sponsored by the Texas Academy of Applied Osteopathy, at the Villa Capri Motel, Austin, Texas, February 1-2, 1964. He is Dr. Harold I. Magoun, Sr. of Denver, Colorado.

Dr. Magoun, noted author of many articles and educational brochures, compiled and edited "Ostepothy in the Cranial Field". A Fellow in the Academy of Applied Osteopathy, he has been a faculty member of the Southerland Cranial Teaching Foundation for 18 years and is presently serving in the capacity of Executive Vice President, a position he has held for ten years. He has been a member of the Board of Trustees of the Kirksville College for the past eight years, a faculty member of the Denver Polyclinic & Postgraduate College for 10 years, and is past president of both the Nebraska and Colorado Osteopathic Associations. He is a veteran of World War I, having received the Croix de Guerre and Purple Heart.

Dr. Magoun will lecture on the following subjects, during the two day Seminar: "The Concept of a Complete Osteopathy", "Whiplash Injuries and Total Body Mechanics", "Applied Anatomy of the Nasal Sinuses", and "The Paired Sinuses". In adition, he will participate in the scheduled practice sessions.

Appearing with him on the program will be Rollin E. Becker, D.O., of Dallas.

Reservations may be made by writing to Dr. Catherine K. Carlton, Secretary, 815 West Magnolia, Fort Worth, Texas.

Surgical Group Plans Meeting

The Texas Osteopathic Surgical Society is rapidly finalizing the plans for its annual mid year Clinical Seminar.

Dr. N. Palmarozzi, President, of Groves, Texas has announced that the 1964 meeting will be held in Austin, Texas, February 21-23, at the Commodore Perry Hotel.

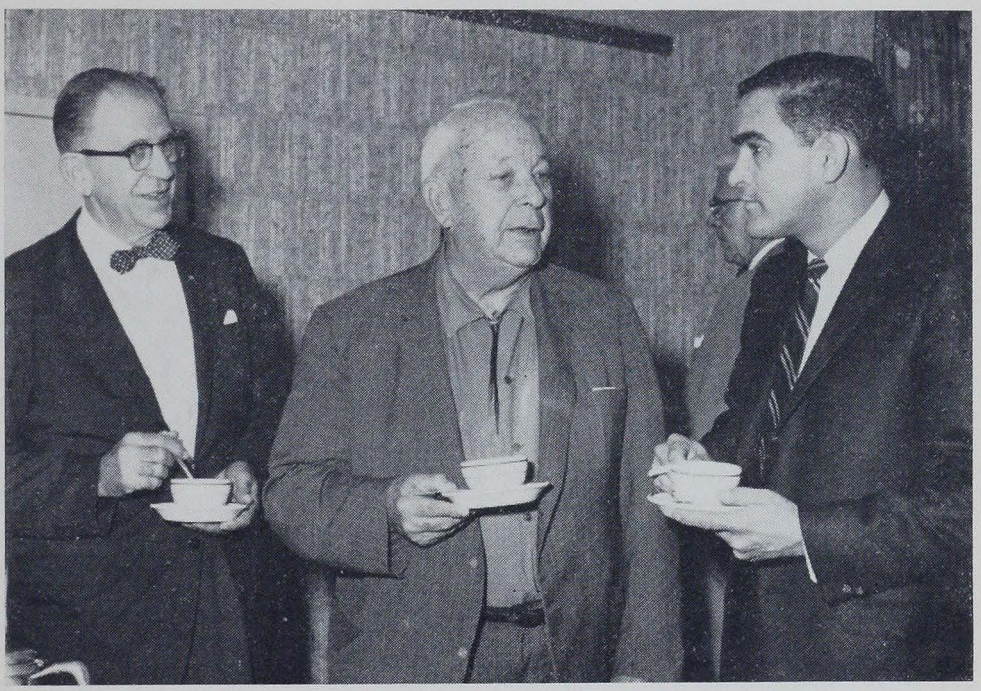
Dr. Earl Mann of Amarillo is Program Chairman and Dr. Elmer Baum of Austin, Chairman of Local Arrangements.

The theme of the "64" meeting will be "Athletic Injuries and Trauma", with the program being arranged to attract both the surgical specialists and the general surgeons. A complete format of the program will be outlined at a later date.

All members of the Osteopathic Profession are invited to attend this meeting; particularly those members of the Texas Osteopathic Surgical Society are requested to make note of the above dates and plan to attend.

"Post Graduate Training
Get More in 64."

A.O.A. and Allied Organizations Convention



Dr. V. L. Wharton (left), Secretary of the Louisiana Assosciation of Osteopathic Physicians; Dr. Phil R. Russell, Executive Secretary of the Texas Association of Osteopathic Physicians and Surgeons; and Mr. John J. Bernardo, Executive Director of the Pennsylvania Osteopathic Association, enjoy an informal chat during the annual meeting of the Society of Divisional Secretaries. The gentleman in the background is Mr. Lawrence W. Mills, Director, Office of Education, AOA. The S.D.A. meeting was held September 27-29 in the Jung Hotel, New Orleans, in conjunction with the 68th Annual AOA Convention and Scientific Seminar.

The 68th Annual AOA Convention and Scientific Seminar, held September 30-October 3, 1963 in New Orleans, Louisiana, was unusually well attended and well received. The combined annual meetings of so many specialty groups with the A.O.A., in an over-all educational program, has extreme merit in the promotion of the osteopathic profession and its affiliated organizations. It is regrettable that there still remain certain organizations that have not joined in this move.

Our profession must recognize that it is rapidly advancing but still, we are not sufficiently large in numbers to divide our forces. We must recognize that the parent organization is the responsible party for the existence of all specialty groups and affiliated organizations, and without the parent organization we would be hopelessly lost.

The only difficulty with this particular meeting was that the functions were divided between too many hotels, which created a problem in that it was not conducive to closeness between participating groups. However, this situation was unavoidable due to a strike which delayed the completion of the necessary facilities at the Jung Hotel.

Texas was well represented by 70 physicians in attendance, many of whom

brought their wives. Texas physicians in attendance were:

AMARILLO
L. V. Cradit, D.O.
Lester J. Vick, D.O.

ARANSAS PASS
Allen M. Fisher, D.O.
Sue K. Fisher, D.O.
M. Glen Kumm, D.O.

ARLINGTON
Bobby G. Smith, D.O.

AUSTIN
Elmer C. Baum, D.O.
John B. Donovan, D.O.
Joseph L. Love, D.O.
Katherine G. Paterson, D.O.

BEEVILLE
Evalyn Hall, D.O.

CHICO
Dan B. Whitehead, D.O.

COOPER
Dean E. Wintermute, D.O.

CORPUS CHRISTI
Richard W. Pullum, D.O.

DALLAS
Agustin Acosta, D.O.
William R. Boone, D.O.
Edward C. Brann, D.O.
John H. Burnett, D.O.
Ralph M. Connell, D.O.
Robert B. Finch, D.O.
Mary Lou Logan, D.O.
Ralph I. McRae, D.O.
George E. Miller, D.O.
Hartley Polasky, D.O.
Fred B. Thomas, D.O.
W. H. Van de Grift, D.O.
William S. Walters, D.O.

DENTON
Marvin T. McDonald, D.O.

FORT WORTH
John C. Baker, D.O.
Catherine K. Carlton, D.O.
Elbert P. Carlton, D.O.
Edgar D. Conrad, D.O.
Clifford E. Dickey, D.O.
Virginia P. Ellis, D.O.
Carl E. Everett, D.O.
George J. Luibel, D.O.
Phil R. Russell, D.O.
William Snow, D.O.

GALENA PARK
James T. Lyons, D.O.

GARLAND
C. J. Martin, D.O.

GRANBURY
Robert N. Rawls, D.O.

GRAND PRAIRIE
George L. Kelso, D.O.
Roy R. Moore, D.O.
Herman H. Plattner, D.O.

GROVES
Kenneth R. Watkins, D.O.

HOUSTON
Stanley E. Burman, D.O.
J. Ralph Cunningham, D.O.
Edward S. Gardiner, D.O.
Reginald Platt, D.O.
Loren R. Rohr, D.O.
Lester I. Tavel, D.O.
J. Edward Vinn, D.O.

IRVING
Robert G. Haman, D.O.

LOUISE
John H. Boyd, D.O.

LUBBOCK
Horace A. Emery, D.O.

MABANK
Robert L. Hamilton, D.O.

MESQUITE
Robert L. Moore, D.O.

MINEOLA
J. Warren McCorkle, D.O.

ROCKWALL
Sherman Sparks, D.O.

SAN ANGELO
Wiley B. Rountree, D.O.

SAN ANTONIO
Harold A. Beckwith, D.O.
F. Marion Crawford, D.O.
Hal H. Edwards, D.O.
Waldemar D. Schaefer, D.O.

SEAGOVILLE
Kenneth D. Lange, D.O.

TYLER
Joseph G. Brown, D.O.

WACO
V. A. Kelley, D.O.

WESLACO
Mabel F. Martin, D.O.

WHARTON
Henry Halz, D.O.

WICHITA FALLS
R. H. Peterson, D.O.

Austin Physician Receives Degree

Dr. Joseph L. Love (center) of Austin, Texas, receives the degree of Fellow in the Academy of Applied Osteopathy from Academy President, Dr. John W. Mulford. Dr. George J. Luibel of Fort Worth, Texas looks on. The award, conferred for outstanding proficiency in the application of osteopathic principles in treatment of bodily ills, was presented during the Academy's annual meeting, September 26-October 30, in the Jung Hotel, New Orleans, La.

a new formula for nutrition/elimination problems

GEVRITE®

VITAMIN-MINERAL SUPPLEMENT LEDERLE

adds nutrients to the diet

plus DSS to help soften stools

Whenever diet and elimination problems must be considered together ...and especially when straining at stool should be avoided, recommend GEVRITE Tablets. Formulated for rapid absorption of nutritional elements, without unpleasant aftertaste, GEVRITE is economical. As a dietary supplement, a single tablet daily usually provides the full daily allowance of vitamins and iron recommended for people over 45 by the Food and Nutrition Board, National Research Council—plus the advantages of DSS.

actual size of small, easy-to-swallow tablet.

dosage: 1 tablet daily.

supplied: In decorative "reminder" jar of 60 tablets.

Each tablet contains:

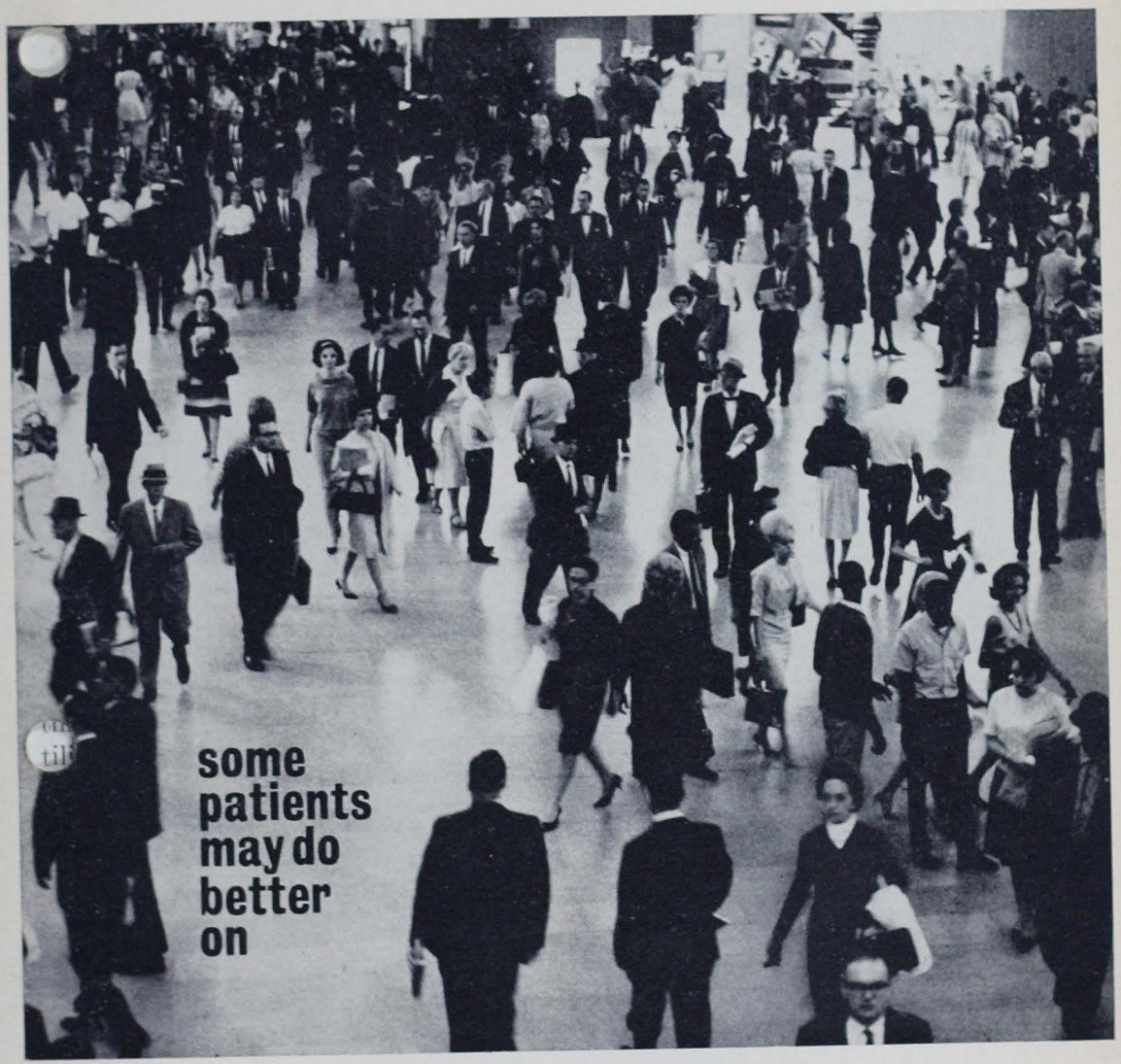
Vitamin A Acetate	5,000 U.S.P. Units	Niacinamide	18 mg.
Vitamin B_1 (as Thiamine Mononitrate)	1.3 mg.	Calcium (from Calcium Carbonate)	230 mg.
Vitamin B_2 (Riboflavin)	1.8 mg.	Elemental Iron (as Ferrous Fumarate)	10 mg.
Vitamin B_6 (Pyridoxine Hydrochloride)	0.5 mg.	AEROSOL® OT Surfactant Dioctyl Sodium Sulfosuccinate NF	100 mg.
Vitamin C (Ascorbic Acid)	75 mg.		

FOR PROFESSIONAL RECOMMENDATION ONLY

LEDERLE LABORATORIES, A Division of AMERICAN CYANAMID COMPANY, Pearl River, New York

6896-3

Lederle



ACHROCIDIN®

TETRACYCLINE HCl-ANTIHISTAMINE-ANALGESIC COMPOUND

Each Tablet contains:			
ACHROMYCIN® Tetracycline HCl	125 mg.	Caffeine	30 mg.
Acetophenetidin (Phenacetin)	120 mg.	Salicylamide	150 mg.
		Chlorothen Citrate	25 mg.

Effective in controlling tetracycline-sensitive bacterial infection and providing symptomatic relief in allergic diseases of the upper respiratory tract. Possible side effects are drowsiness, slight gastric distress, overgrowth of nonsusceptible organisms, tooth discoloration. The last named may occur only if the drug is given during tooth formation (late pregnancy, the neonatal period, early childhood). Average Adult Dosage: 2 Tablets four times daily.

LEDERLE LABORATORIES, A Division of AMERICAN CYANAMID COMPANY, Pearl River, N. Y.

Lederle

7142-3

Dr. C. C. Rahm Certified As Registered Parliamentarian

Dr. Charles C. Rahm, Speaker of the House of Delegates, TAOP&S, for the past seven years, was recently certified as a Registered Parliamentarian by the National Association of Parliamentarians. Dr. Rahm is the first D.O. ever to be registered by the N.A.P., and the first man from the State of Texas to be registered. Announcement of his successful completion of the required examinations was made during the Biannual Convention of the N.A.P. in Dallas, October 17, 1963.

The National Association of Parliamentarians is comprised of more than 4,000 members, less than 15% of whom are registered. Many states including Texas, have State Associations. There are approximately 150 members in the Texas organization.

Dr. Rahm conducts a general practice in his offices at 5103-A 34th Street, Lubbock, Texas.

GOOD LOCATION

CUSHING, TEXAS — Nacogdoches County, (pop. 388). Large trade area with a predominantly geriatric populace. Arrangements can be made to defray cost of living and working space. If interested, contact Mr. Richard D. Gutzman, Richlou Pharmacy, 205 7th St., Cushing, Texas. Phone DA 6-2621.

Calendar of Events

November 2-3 — TEXAS OSTEOPATHIC OBSTETRICAL AND GYNECOLOGICAL SOCIETY, Annual Meeting, Cabana Motor Hotel, Dallas, Texas. Secretary, J. O. Carr, D.O., 2175 Hemphill, Fort Worth 10, Texas.

November 14-16 — NATIONAL OSTEOPATHIC GUILD ASSOCIATION, annual meeting, Drake Hotel, Chicago. Convention Chairman, Mrs. John L. Cameron, 3044 Mackland, N.E., Albuquerque, New Mexico.

December 6-7 — POSTGRADUATE SEMINAR, under auspices of Texas State Department of Health and TAOP&S, Cabana Motor Hotel, Dallas, Texas. Program Chairman, Elmer C. Baum, D.O., 901 Nueces St., Austin, Texas.

December 7-8—MIDYEAR MEETING BOARD OF TRUSTEES, Texas Association of Osteopathic Physicians and Surgeons, Cabana Motor Hotel, Dallas, Texas. President, Loren R. Rohr, D.O., 7112 Lyons Ave., Houston 20, Texas.

February 1-2, 1964—TEXAS ACADEMY OF APPLIED OSTEOPATHY, Annual Seminar, Villa Capri Motel, Austin, Texas. Secretary, Catherine K. Carlton, D.O., 815 West Magnolia, Fort Worth, Texas.

February 21-23—TEXAS SOCIETY OF OSTEOPATHIC SURGEONS, Annual Meeting, Commodore Perry Hotel, Austin, Texas. Secretary, Thomas M. Bailey, D.O., 1001 Santa Fe, Corpus Christi, Texas.

March 19-22—TWELFTH ANNUAL CHILD HEALTH CLINIC AND GENERAL PRACTITIONERS PEDIATRIC SEMINAR, Hotel Texas, Fort Worth. Virginia Ellis, D.O., 1001 Montgomery St., Fort Worth 7, Texas.

April 30-May 2—ANNUAL CONVENTION, TEXAS ASSOCIATION OF OSTEOPATHIC PHYSICIANS & SURGEONS, Adolphus Hotel, Dallas Texas. Executive Secretary, P. R. Russell, D.O., 512 Bailey Avenue, Fort Worth, 7, Texas.

Osteopathic Student Seeks Student Loan

CHICAGO—I am an osteopathic student. You may know me. I could be the young man down the block whom you first interested in the profession. I could be that married father of four whom you met at the faculty tea last week. Originally I may be a Virginian, a New Yorker, Pennsylvanian or a Chicagoan. I, and othres like me, are the lifeblood of this profession.

I have applied for a student loan to finish my schooling. I am a well-qualified candidate as the Student Loan Fund Committee of the American Osteopathic Association will attest.

Without financial aid I will not be able to enter my junior year in osteopathic college. I have the uanimous recommendation of my college advisory committee. I am of legal age.

Scholastically I have shown a definite aptitude for the osteopathic profession. Others have claimed, and I hope it is true, that I am endowed with the essential elements of success—initiative, good appearance, and likeable personality. Again, I hope what they say is true.

Yes, I have all the prerequisites. There is only one drawback; my application may be postponed for lack of funds.

Each year Student Loans are distributed from funds collected through Osteopathic Christmas Seal campaigns and old loans that have been paid back. This money does not come from an unending source. By the time my application is reviewed, the funds may have been depleted for the year.

I can afford to put off my education for another year. But, a longer wait might mean the end of my hopes to be an osteopathic physician.

Is there any answer to the problem? More contributions from doctors would help. So would more contributions from osteopathic patients and friends. Outside contributions from these sources make up 60 per cent of the money received through the sale of Christmas Seals. Many such sources gave last year. But, many more still have not been approached. Doctors don't have to do a high pressured selling job. Their patients know the value of osteopathic care. All they need is a worthwhile cause to give to. If doctors do not have time to care for the paper work involved, the Auxiliary Mail Clerk Service will handle the distribution and sale of Seal packets to a doctor's patients and friends. All that is required of the doctors is to supply the Mail Clerk Service in their areas with lists of their patients.

What about the Auxiliary? They can continue their excellent efforts in future seal campaigns, by following the instructions contained in the Seal campaign kits distributed by National Auxiliary Headquarters. The kits contain positive suggestions for getting more businesses, industries, clubs, associations and DO's themselves to contribute.

All these things will help make sure that there will be a loan for me and other students when the time comes.

They will also help provide money needed by the Osteopathic Research Fund which also benefits from the sale of Osteopathic Christmas Seals.

Whether it is to further osteopathic education or research, won't you as a doctor, auxiliary member, or an osteopathic patient, give a little more and work a little harder during this next campaign to reach the annual $100,000 goal?

What better cause than the furtherance of your profession?

Audio-Visual Aids Available Through TAOP&S State Office

FILMS

DOCTORS TO THE STONE AGE—A 16 mm. motion picture — 28 minutes. Black and white, sound. This is the story of a primitive people and the year-round medical missions flown by physician-pilots of DOCARE (Doctors of Osteopathy Care). The film shows how osteopathic physicians are aiding the cave-dwelling Tarahumaras who live in the mountains of northern Mexico. The startling existence of these Indians, their superstitions and customs are memorably documented by the camera. Filmed at the Indian settlement of Sisoguichi in Chihuahua, Mexico. Presented by the American Osteopathic Association in recognition of the humane services performed by its member physicians.

THE FITNESS CHALLENGE — A 16 mm. motion picture — 28 minutes. Color and sound. This film, made in support of and with the cooperation of the President's Council on Physical Fitness, stresses that the chief aim of adult fitness is developing increased heart and lung capacity through proper diet, exercise and physical recreation. Muscle-building is not the goal. The film also points out the need for a physician's advice before undertaking any kind of fitness program. "The Fitness Challenge" is a challenge to better physical health and mental alertness. It opens with remarks by President John F. Kennedy and closes with comments by Clarence "Bud" Wilkinson, head football coach at University of Oklahoma and Special Consultant to the President's Council.

PHYSICIAN AND SURGEON, D.O. — A 16 mm. motion picture — 14 minutes. Color and sound. This film, recommended for use by state osteopathic associations, begins with an explanation of the letters which follow the doctor's name and the signinficance of the degree D.O. The film moves swiftly into a visualization of the education of an osteopathic physician, beginning with his pre-osteopathic college training and following through until graduation, internship, and practice in the community. "Physician and Surgeon, D.O." is designed particularly for vocational guidance in schools or college; for vocational programs of service clubs and for other special groups.

AMERICAN DOCTOR—A 16 mm. motion picture — 28½ minutes. Color and sound. This film tells the story of the birth, growth, and future goals of osteopathic medicine. It traces the growth of medicine through the centuries and establishes osteopathic medicine as a part of the continuing development of the healing arts. Flash-backs depict the contributions of such great men as Hippocrates, Andreas Vesalius and Thomas Sydenham. Before taking up the profession as it is today, "American Doctor" utilizes the live action screenplay technique to tell the story of Dr. Still's boyhood, his study of medicine under his father and the founding of the first osteopathic college. This is considered one of the best public relations tools currently available to tell the story of osteopathy to the general public.

FOR A BETTER TOMORROW — A 16 mm. motion picture. 22 minutes. Color and sound. This is the story of one of America's most controversial problems, the doctor shortage. The film highlights the inadequate number of students in training to be doctors as a major cause of the shortage and uses the educational program in osteopathic colleges to illustrate that the training of a physician is the longest, costliest, and most complex educational program in America. "For a

Better Tomorrow" is an excellent presentation on the training, requirements and opportunities for the osteopathic physician. It is recommended for showings before lay groups, career-day programs, and pre-osteopathic students.

SYMPTOMS OF OUR TIME — A series of six 16 mm. films, Black and white, sound. Each 14½ minutes:

(1) DRUG ADDICT — Teen agers "hooked by the habit" and their effect on society.

(2) ACCIDENT PLAGUE — Examples with impact. See accidents which happen at home, play, and work — which could have been prevented.

(3) MEDICAL EMERGENCY — A girl — appendicitis — an operation — shows why no one need fear surgery.

(4) ARTHRITIS — Aptly termed the "king of misery", this is the story of a man afflicted with the oldest disease known.

(5) ALCOHOLISM—A man "takes to drink" to escape pressures of today's living and finds alcohol cannot be used as a crutch.

(6) THE DEMOCRATIC COLD—Humorous "do's and don'ts" of home remedies for colds. . . . America's most common ailment.

Produced as a Public Service by the American Osteopathic Association, these films are utilized mostly for teaching of health programs in the high schools. They are highly in demand.

RADIO TAPES

EMPHASIS ON HEALTH — Produced by the American Osteopathic Association in cooperation with the U.S. Public Health Service. Two tapes I PS Speed 7½ minutes each:

Tape # 1 — Programs # 1-#7

(1) Heart Disease (2) Cancer (3) Accidents (4) Pneumonia (5) Diabetes (6) Common Cold (7) Old Age.

Tape # 2 — Programs # 8-#13

(8) Cirrhosis of the Liver (9) Arthritis (10) Tuberculosis (11) Ulcer (12) Overweight (13) Childhood Diseases.

PAMPHLETS

THE OSTEOPATHIC PHYSICIAN AND SURGEON TODAY — Outlines how he is trained and how he serves the people. Excellent public relations material for use in the physician's office, hospital waiting room, and for distribution at vocational guidance programs, career days, etc. Available at a cost of 1½¢ each, plus postage.

Wins Recognition

From EL PASO HERALD-POST, Sept. 27, 1963

Dr. R. J. Noren of Park Foothills Hospital, has been included in the latest publication, "Who's Who of American Women." Dr. Noren lives at 3232 Mesa Verde Lane.

Resume Of A Few Selected Cases Handled By The Toil Committee

1) Complaint was filed by an insurance company concerning the charges made by a Doctor of Osteopathy for the administration of a sclerosing solution. The doctor's report showed that he administered the sclerosing solution for a back condition on three occasion and the total charge was $450.00. The case was assigned to Dr. Russell for further investigation and handling with the doctor, and after discussion, the doctor agreed to accept $75.00 in full and final payment for his services.

2) Complaint was filed by a hospital against an insurance company because the company had been ignoring assignments and had been paying benefits directly to the policyholders. The policyholders in turn had refused to pay the hospital, and the hospital had not been able to get any satisfaction out of the insurance company. The claim was assigned to one of the insurance company representatives on the committee and after correspondence with the company, the assignments were made good. The company advised that the assignment had been overlooked through error and they would take steps to avoid this in the future.

3) A complaint was filed by an osteopathic hospital that an out-of-state insurance company had refused to recognize the hospital and had refused to pay a claim for confinement for maternity. The file was referred to one of the insurance company representatives on the committee for further correspondence with the out-of-state company. A complete study was made of the licensing law governing the osteopathic profession, an Attorney General's opinion was requested and when this additional information was conveyed to the company, they reconsidered their position and paid the claim. They advised further that in view of the law in Texas they would change their previous practice so as to recognize osteopathic hospitals and osteopathic physicians the same as medical hospitals and medical doctors were recognized.

4) Complaint was filed by one of the osteopathic hospitals that when the policyholders of a certain company sought admission to the hospital and they contacted the company for status and coverage information, that the company refused to tell them anything except that the policy was in force. This file was referred to one of the insurance company representatives on the committe for correspondence with the offending company, and after it was explained to the company that hospitalization insurance lost its value when it could not be used in order to gain admission to the hospital and in lieu of a cash payment, the company reconsidered their position and agreed to confirm coverage and grant approval in those cases where they could safely do so. It was explained to the hospital that they should furnish the insurance company with the policy number, the name of the policyholder, the date of admission to the hospital, the diagnosis, and the date of onset. With this information the company could grant approval in most cases. If it could not, the company agreed that they would answer the hospital in such a definite way that the hospital would know exactly where they stood. In those cases where approval could not be granted, they would simply say—Policy in force, suggest that claim be submitted on a reimbursement basis.

5) Complaint was filed by an insurance company against an osteopathic hospital and an osteopathic physician for the hospitalization of their policyholder

from April 3 to May 9 with lumbo sacral strain and June 7 to July 11 for bilateral inguinal hernia and ventral hernia. It appeared to the company that the periods of confinement and charges were excessive and their investigation also revealed that the policyholder-patient had been given leaves of absence from the hospital to go home for a weekend, to go shopping and to go to vote. The company had through correspondence done their best to get the hospital and the doctor to reduce the charges and settle for a fair and reasonable length of confinement, but the doctor had refused and under the threat of litigation, the company paid the claims. The committee was glad to entertain the claim but suggested to the company that if anything happened like this in the future that the matter be referred to the committee before any payment was made. This entire matter was referred to the insurance committee of the Texas Association of Osteopathic Physicians and Surgeons for investigation and evaluation, which committee appointed Drs. Tompson and Russell and requested that they proceed to the offending hospital for an on the spot investigation and to meet with the Board of Directors of the hospital and the doctor involved. Their investigation revealed various and sundry violations of the rules of the hospital and the osteopathic profession. Drs. Tompson and Russell recommended that the hospital take affirmative action to prevent further abuses of the nature found in their investigation. They also recommended that a penalty be imposed on the doctor. The committee was later advised that the doctor was censored by the Board of Directors of the hospital and the doctor's staff membership was suspended for an indefinite period of time.

Dr. Emery Named ACOPr. President

Dr. Horace A. Emery, 2901 Avenue Q., Lubbock, Texas, advanced to assume the presidency of the American Osteopathic College of Proctology, which met for postgraduate and business sessions, September 30-October 3, in New Orleans, La., in conjunction with the 68th Annual Convention of the American Osteopathic Association.

Dr. Emery is a member of the Board of Trustees of the Texas Association of Osteopathic Physicians and Surgeons and is President of the District X Society of the TAOP&S.

MEIGS' SYNDROME

By JOE D. WHITTEMORE, D.O.*

In the American Journal of Obstetrics and Gynecology in 1937[2], Meigs and Cass had a paper published on fibroma of the ovary with ascites and hydrothorax, cured by the removal of the fibroma. This report was the first on this syndrome since 1900, when Demans presented a discussion. Demons[2] of Bourdeaux, France in 1887 reported that 9 out of 50 patients with ovarian cysts were cured of their ascites and hydrothorax by removal of the cyst. Spiegelberg[4] in 1866 reported a patient dying who complained of abdominal swelling, fluid waves and showing at autopsy to have had pleural effusion. There have been many others who have reported cases of patients with ovarian cyst, ascites and hydrothorax, but it was not until 1879 when Cullingworth[3] reported the first real case of this syndrome in a patient who died. Even though many others had reported on these conditions, none ever reported on this syndrome completely nor emphasized its importance until Meigs and Cass awakened the importance of chest fluid and ascites in benign ovarian fibromas. This syndrome was named Meigs' Syndrome by Rhoads and Terrill[5] in a report they gave in The Journal of the American Medical Association in 1937.

Not all cases of ovarian tumors fall into the Meig Syndrome so Meig[1] in his paper of 1937 gave this precise definition. ONE, the tumor must be a benign and solid tumor with the gross appearance of a fibroma. TWO. this tumor must be acompanied by asictes. THREE, there must be fluid in the chest. FOURTH, the removal of the ovarian tumor must relieve the patient of her ascites and hydrothorax and not recur. Some of the tumors that must be ruled out as the yalso have ascites and fluid in the chest area, benign cyst of ovary, leiomayomas, malignant lesion of ovary, cysts, traumatic injuries and cancer of the pancreas. There are other diseases that produce ascites and fluid in the chest but they do not disappear on removal of the ovarian fibroma.

In diagnosing Meigs' Syndrome, clinical examination and X-ray are your most important assets. Laboratory work up will substantiate your clinical findings only. The subjective and objective signs are all typical but not all present in one individual, necessarily. One should suspect a Meigs' Syndrome if an individual complains of weight loss, chest pain, abdominal swelling, dyspnea, swelling of legs and show signs of fluid in their chest which can be confirmed by X-ray. This fluid is found in the right side more often than in the left, which has been explained by the larger number of lymph channels found in the diaphragm on this side. Sweet [10] states that a possible channel for the fluid to go from the abdomen into the chest, is thru the sinus of Bochdalek. In a few cases Meigs[6] found it to be bilateral. Rubin[7] in a report on ovarian fibromas and thecal cell tumors suggested that the ascites is produced like that in hepatic cirrhosis, that is, obstruction of the hepatic veins causes increased capillary filtration and lymph formation in the liver causing an excess of lymph which overloads the hepatic lymph channels. This causes the liver to weep fluid into the peritoneal cavity which is in excess of what the peritoneum can absorb giving a net gain of fluid in the cavity.

The chief route of evacuation of protein or colloid containing fluids from the peritoneal cavity is through the diaphragm, aided by breathing movements, chiefly through the retrosternal lymphat-

*Surgical Resident, East Town Osteopathic Hospital, Dallas, Texas.

ics. Pleural effusion appears when this mechanism is overloaded. Since the lymphatics of the right diaphragm normally carry a larger share of the load, right pleural effusion is somewhat more common than left.[8]

The ovary has peculiarities that could cause asictes. The vascular pedicle are narrowed and the small intrensic spiral arteries appear to be a special mechanism associated with ovulation[9]. It is conceivable that the ascites and hydrothorax in Meigs' Syndrome could be produced by a similar mechanism as does the ascites in hepatic cirrhosis.

The fluid in the abdomen and chest are very similar, nearly always clear, yellow, citron, and amber; rarely is there a truly bloody fluid[6]. The laboratory findings are for the most part on the negative side.

There has been many theories advanced as to the cause of the ascites and hydrothorax but on a whole they have been discounted. One of the theories that possibly carries merit is that mechanical pressure on the ovarian pedicle, its arteries, veins and lymphatics causes an overloading of the ovary and fibroma causing a leaking or weeping of fluid thru the surface lymphatics that are beneath the single-layered cuboidal epithelium covering the tumor, into the abdominal cavity.

The treatment for Meigs' Syndrome is removal of the fibroma from the ovary.

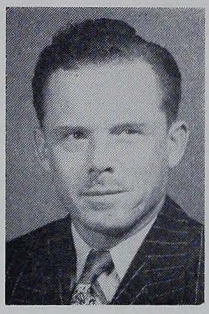
SUMMARY:

A review of literature of fibroma of ovary causing a hydrothorax, ascites and being cured by removal of the ovary.

1. Meigs, J.V., and Cass, J.W.; American Journal of Obstetrics and Gynecology, 33: 249, 1937.
2. Demons, A.: Bull. et Me'M. Soc. Da Chir. de Paris 3: 711, 1887.
3. Cullingworth, C. J.: Tr. Obst. Soc. London 21: 276, 1879.
4. Spiegelberg, O.: Monetschr. F. Geburtsh, 28: 415, 1866.
5. Rhoads, J. E., and Terrell, Alexander W.: J. A. M. A. 109: 1684, 1937.
6. Meigs, J. V., American Journal of Obstetrics and Gynecology 67:962, 1954.
7. Rubin, I. C., Novak, J., and Squire, J. J.: American Journal of Obstetrics and Gynecology 48: 601, 1944.
8. Yoffey, J.M., and Courtice, F.C.: Cambridge, Harvard, 1956, pp. 176-189, 205, and 446-447.
9. Delson, B., Lubin, S., and Reynolds, S. R. M.; American Journal of Obstetrics and Gynecology 57: 842, 1949.
10. Sweet, R. H.: Thorasic Surgery, Philadelphia, 1950, W. B. Saunders Company, pp. 21 and 317.

Current list of Medical Literature
Quarterly Cumulative Index
Index Medicus

Dr. Blackwood, Local Surgeon For Railroad and Hwy. Dept.



W. D. Blackwood, D.O., 201 East Grand Avenue, Comanche, Texas was recently appointed local surgeon for the Texas Highway Department and local surgeon for the Santa Fe Railroad.

Dr. Blackwood is the owner and administrator of Comanche Hospital Inc., a 25 bed institution in Comanche.

HEALTH NOTES

HOSPITAL INFECTIONS are still a dangerous puzzle. Some hospitals report great reductions in infections as a result of disinfecting critical areas, such as the operating rooms, and, in fact, disinfecting the hospital at large. Measures taken include applying strong germicides to all surfaces and exercising the ultimate in good housekeeping.

Some say that hospital-acquired infections are caused by the same germs that used to live inside human beings peacefully but that the internal environment has changed because of new drugs, new foods, etc., and the same germs are now dangerous. Others say that the germs themselves have changed as a result of new drugs and have become drug-resistant and infective. Still others say hospitals have relaxed their policies on meticulous cleanliness because antibiotics were expected to take care of all germs effectively. No matter what the cause, hospital infections are a problem that must be solved.

From THE GROOM NEWS, Sept. 5, 1963

How do I know that my youth is
all spent?
Because my "get-up and go" has
got up and went.
But in spite of all that; I am able to grin
When I think where my "get-up
and go" has been.
Old age is golden, I've heard it said,
But sometimes I wonder as I go to bed
With my ears in a drawer, my
teeth in a cup,
My eyes on a table until I wake up.
As sleep dims my eyes, I say to myself
Is there anything else I could lay
on the shelf?
But I'm happy to say as I close
my door
My friends are the same as they
were before.
When I was young, my slippers
were red;
I could kick up my heels right over
my head,
When I grew older my slippers
were blue . . .
I still felt there was nothing that
I couldn't do.
Now I am old and my slippers are
black,
I walk to the corner and puff my
way back.
The reason I know that my youth
is all spent,
My "get-up and go" has got up
and went.
I don't really mind, when I think
with a grin
Of all the places my "get-up" has
been;
For since I've retired from life's
competition
I busy myself with complete
repetition.
I get up each morning and dust
off my wits,
Pick up my paper and read the "obits."
If my name is missing, I surely
won't shirk
So I'll eat a good breakfast and
go back to work.

S.O.P.A. News

NOTICE!

To All Members and Non Members — The Texas Association of Osteopathic Physicians Assistants will hold its next Convention in Dallas, Texas, July 18-19, 1964.

Keep this date in mind and make plans to attend! We urge all Assistants in Texas to take part in this association. Let's get together and make the T.O.A.P.A. something we will be proud of. Our new president, Mrs. Betty Woodall of Port Arthur, is a wonderful leader and there is no reason we cannot reach our goals this coming year.

(Tarrant County)

It was a pleasure to have Mrs. Robert N. Rawls of Granbury, Texas meet with us at our November 5 meeting. We sincerely appreciate her interest and we are grateful for the information she supplied us regarding the Michigan State Assistants Association. This society will long remember her message and words of encouragement as a real contribution to the success and future of our district organization.

It is regrettable that more assistants in this district do not recognize the benefits enjoyed through membership in our organization. It is really disappointing that with so many fine osteopathic physicians in this district, that the Assistants organization in Tarrant County is lagging far behind the other societies in Texas.

Congratulations to San Antonio Osteopathic Assistants for organizing our fourth S.O.P.A. in Texas. We want to extend our best wishes to our new State member, Mrs. Eva Childress. She is to be commended for organizing this new society.

* * *

The Texas Association of Osteopathic Physicians Assistants is happy to announce that Dr. Howard G. Buxton, Fort Worth, Texas is one of the three osteopathic physicians selected to be on our State Advisory Board.

NEWS OF THE DISTRICTS

District No. One

With most vacations behind us routines have almost become re-established. Of course, we still have the fishermen, such as Dr. Cain and our hunters, Drs. Brad Cobb, Ed Rossman, and our hospital administrator "Dub" Davis. Those lockers should be bulging before long.

Dr. and Mrs. L. J. Vick reported a wonderful convention at New Orleans as did Dr. and Mrs. L. V. Cradit. The Cradits made several side trips before returning home. Dr. and Mrs. E. H. Mann will attend the surgeons conclave in St. Louis Oct. 26-30. They will meet and be with their son and daughter-in-law, Dr. and Mrs. Ray Mann of Lubbock.

Dr. Bill Ballard has just left for his vacation which was originally scheduled for July.

Dr. Lewis N. Pittman spent a wonderful and enlightening week in Kansas City, Missouri attending the annual conference of the Sutherland Cranial Teaching Foundation. It was very educational.

Last week we were happy to spend a few minutes with Dr. John Prendergast from Panhandle.

Dr. Glenn Scott was down state Oct. 11th attending a meeting of the State Association's Hospitals and Insurance Committee.

It was nice to see Dr. R. L. Vick from Duncan, Oklahoma who was visiting with his brother this week-end.

LEWIS N. PITTMAN, JR., D.O.
Reporter

District No. Two

Dr. Paul D. Graham, Fort Worth, has been chosen team physician for the Cleveland Browns football team, when they play in Dallas.

Dr. William R. Harris, Kennedale, has recently started on the long road of a residency in surgery at Fort Worth Osteopathic Hospital. His brother, Dr. Sidney W. Harris, has taken over his office practice in Kennedale.

By the way, Dr. W. R. (Russ) Jenkins will start lining up for his unemployment checks starting January 1, 1964, for he will then be through with his surgical residency in Fort Worth.

The past months Dr. George F. Pease has been busily buying all sorts of toys for his expected grandson, but evidently the stork didn't get the message, as his daughter Judith Ann gave birth to a 7 pound 7 ounce girl on October 26, at Fort Worth Osteopathic Hospital. That mean old stork even waited until Dr. Pease got on the plane for the A.C.O.S. Convention in St. Louis to deliver his bundle.

Dr. Robert B. Beyer and his wife Dorothy, have just moved into their recently completed low ranch style home, located at 2600 Mockingbird Street in Fort Worth. Here's wishing them many, many pleasant and happy years in their new home.

Over the Top again! Dr. Elbert P. Carlton, ably assisted by Dr. M. G. Skinner, Dr. H. I. Benner and Dr. A. L. Karbach is glad to announce that this District, for the sixth consecutive year, has met its United Fund quota. This year our quota was raised from $2300.00 to $2800.00, and Dr. Carlton wants to thank everybody for the splendid spirit of cooperation which put us over the top again.

S.P.A.S.M., an informal gathering of anesthesiologists for the Fort Worth-Dallas area held a meeting at Dallas Osteopathic Hospital on October 16, with Dr. Halden, Director, Carter Blood Center in Fort Worth talking about "Transfusion Reactions in a Patient

under General Anesthesia." Among those present were Dr. Paul Stern, Steve Kebabjian, Hy Kahn and Ted Lind from Dallas. Dr. Elmer Kelso, Grand Prairie and Dr. Frank Wheeler, Fort Worth.

F. S. WHEELER, D.O.
Reporter

District No. Three

Dr. K. E. Ross visited Europe the early part of October.

Dr. Bowden Beaty has a new lake-house. No telephone.

Dr. Joe Brown represented Tyler at the New Orleans convention. He brought back some interesting stories.

Dr. Ross is getting a new roof on his office building. The old one leaked.

Dr. Earle Kinzie had his picture in the paper. It showed him looking over plans for the new eighty-thousand dollar Lindale Old Folks Home he is building.

A minor brush fire on South Loop 323 near the Doctors Hospital brought one unit from fire station No. 2.

H. G. GRAINGER, D.O., F.A.A.O.
Reporter

District No. Ten

District X held its regular meeting Sept. 24, with excellent attendance by 23 members and about 15 wives. Four applications for memberships were received to be processed by the membership committee. Those applying were Drs. V. Wayne Ramsey, who located in Lubbock July 1963; Ed Davidson and Ben Young, who previously practiced in Lubbock and later moved to Oklahoma, and have now returned, and Alfred Redwine, formerly from White Deer, who has become associated with the Porter Clinic & Hospital.

It was announced that construction would begin soon on the Lubbock Osteopathic Hospital, expanding from 23 beds to a total of 53 beds.

Simultaneously, announcement was made that the Porter Land & Investment Company, owners of the Porter Clinic & Hospital, had purchased a tract of land adjoining the present clinic, which will be used in an expansion program by the hospital, enlarging the hospital facilities to 35 beds, and enlarging the clinic facilities also. As mentioned above, Dr. Redwine is a new addition to the resident staff of the clinic, making a total of 5 physicians practicing in the clinic-hospital. Those 5 are Drs. G. G. Porter, J. W. Axtell, F. O. Harrold, Harlan O. L. Wright, and Alfred Redwine.

The September 21 edition of the Lubbock Avalanche Journal carried a story and pictures about a 12 lb. 6 oz. boy who was delivered by cesarean section at the Porter Clinic Sept. 20. Well deserved favorable publicity, to say the least.

Dr. Richard Mayer recently visited the Mayo Clinic and the University of Minnesota, where he observed technics for gastric hypothermia. Dr. Mayer has been studying and practicing this form of therapy for quite some time, having installed the necessary equipment in the Lubbock Osteopathic Hospital. Many cases have been treated, and results have been excellent. Dr. Mayer has been accepting referred cases from various cities in this area, being the only physician in Lubbock who is doing this work.

Dr. Horace Emery was installed as President of the American Osteopathic College of Proctologists during the group's annual meeting.

Drs. Wright and Porter flew to Austin recently to register the plans for the hospital addition, and have decided to purchase a new plane, although they report that the present one has been functioning quite well. However, it is rumored that after his experience in flying with Dr. Porter and Wright to the annual TAOPS convention this past spring, Charlie Rahm has refused to fly with them again until they have a plane which never encounters any rain, thunder, or wind.

Dr. and Mrs. Bill Castle have been pleased to have a great deal of surprise

company lately. Recent visitors have been Dr. and Mrs. Everett Gibson and sons of Tucson, Dr. Bill Hughes of Kirbyville, Texas, who was on his way to a Colorado hunting trip, and Dr. and Mrs. Richard Wright of Standish, Maine, and Dr. Donald Till of Garden City, Michigan.

Dr. Bill Castle was guest speaker at an area meeting at Turkey, Texas, in October; subject was Atherscleros is.

Dr. Harlan Wright served as pilot for a number of distinguished members of District X when he flew his new plane to the OB and Gyn meeting in Dallas Nov. 2nd. Among those who trusted their futures to Harlan were Dr. and Mrs. Dick Mayer, Dr. Charlie Rahm, and Dr. G. G. Porter.

Several doctors in this area have donated one day a week for a month of their time to providing medical care to Mexican transient farm workers, the program being sponsored by local churches.

Dr. Marvin Goldberg, of Lorenzo, has recently moved into his new 11 room clinic, consisting of 1800 square feet of floor space, with facilities for obstetrics and minor surgery in addition to several examination and treatment rooms.

The regular meeting of District X was held October 29th, with better than average attendance.

PROFESSIONAL CARD DIRECTORY

Officers of the District Associations of the

TEXAS ASSOCIATION OF OSTEOPATHIC PHYSICIANS AND SURGEONS, INC.

DISTRICT 1

Dr. J. Francis Brown, Amarillo ..... President
Dr. Benjamin W. Rodamar, Amarillo ..... President-Elect
Dr. Robert E. Clayton, Groom ..... Vice President
Dr. Richard E. Wetzel, Amarillo ..... Secretary-Treasurer

DISTRICT 2

Dr. George F. Pease, Fort Worth ..... President
Dr. Harris F. Pearson, Jr., Grand Prairie ..... Vice President
Dr. Jerry O. Carr, Fort Worth ..... Secretary
Dr. James R. Leach, Fort Worth ..... Treasurer

DISTRICT 3

Dr. Robert E. Slye, Brownsboro ..... President
Dr. John S. Turner, Canton ..... President-Elect
Dr. R. Anton Lester, Jr., Frankston ..... Vice President
Dr. Kenneth E. Ross, Tyler ..... Secretary-Treasurer

DISTRICT 4

Dr. James M. Shy, Stanton ..... President
Dr. J. D. Bone, Stanton ..... Secretary-Treasurer

DISTRICT 5

Dr. R. Eugene Liverman, Dallas ..... President
Dr. T. Eugene Zachary, Richardson ..... President-Elect
Dr. David B. Greene, Dallas ..... Secretary
Dr. Frank J. Bradley, Dallas ..... Treasurer

DISTRICT 6

Dr. Esther M. Roehr, Houston ..... President
Dr. Gordon A. McClimans, Houston ..... President-Elect
Dr. Robert Lee Peters, Pasadena ..... Vice President
Dr. Lester I. Tavel, Houston ..... Acting Secretary
Dr. John R. Horan, Houston ..... Treasurer

DISTRICT 7

Dr. Richard J. Tamez, San Antonio ..... President
Dr. Jess J. Diaz, San Antonio ..... Vice President
Dr. W. D. Schaefer, San Antonio ..... Secretary-Treasurer

DISTRICT 8

Dr. Dale L. Williams, Corpus Christi ..... President
Dr. M. Glenn Kumm, Aransas Pass ..... Vice President
Dr. Dwight H. Hause, Corpus Christi ..... Secretary-Treasurer

DISTRICT 9

Dr. A. J. Poage, El Campo ..... President
Dr. Clark D. Tisdale, Moulton ..... President-Elect
Dr. John C. Fredericks, Schulenburg ..... Vice-President
Dr. John H. Boyd, Louise ..... Secretary-Treasurer

DISTRICT 10

Dr. Horace A. Emery, Lubbock ..... President
Dr. Max M. Stettner, Lubbock ..... President-Elect
Dr. Richard M. Mayer, Lubbock ..... Secretary-Treasurer

DISTRICT 11

Dr. John E. Holcomb, El Paso ..... President
Dr. Daniel Leong, El Paso ..... Vice President
Dr. R. C. Valdivia, El Paso ..... Secretary-Treasurer

DISTRICT 12

Dr. A. L. Garrison, Port Arthur ..... President
Dr. Auldine Hammond, Beaumont ..... President-Elect
Dr. Paul D. Siefkes, Groves ..... Secretary-Treasurer

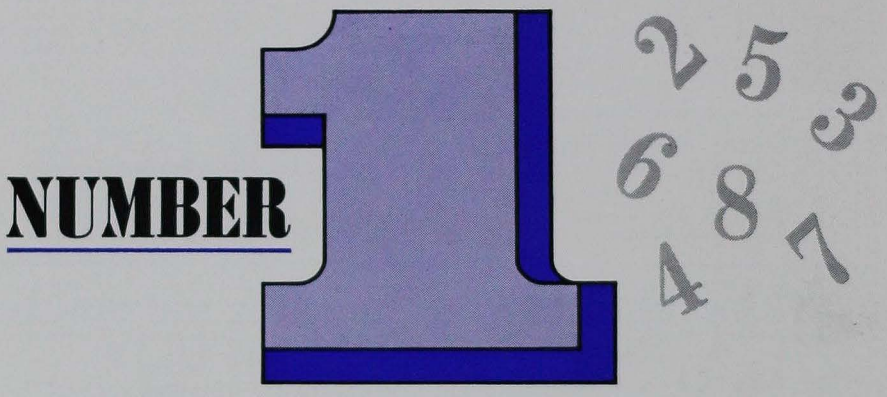
DISTRICT 13

Dr. James E. Fite, Bonham ..... President
Dr. Selden E. Smith, Wolfe City ..... Vice President
Dr. Roy C. Mathews, Wolfe City ..... Secretary
Dr. Jack R. Vinson, Bonham ..... Treasurer

DISTRICT 14

Dr. Mabel F. Martin, Weslaco ..... President
Dr. George W. Diver, Elsa ..... Vice President
Dr. Joe Suderman, Pharr ..... Secretary-Treasurer

WORDS Didn't Make Blue Cross-Blue Shield



We are measured not by words, but by deeds. Not by promises, but by the abundance of needed services every Blue Cross-Blue Shield patient has at his command. And we have grown, not by what we say, but by what our members have told others, about these deeds.

Professional people who observe the perfect peace of mind of the Blue Cross-Blue Shield patient, also understand and are often in position to help someone else know.

When you think what unhappiness some family can avoid, just because you handed them a Blue Cross-Blue Shield folder, it's worth the trouble, isn't it?

Blue Cross®-Blue Shield®

GROUP HOSPITAL SERVICE, INC. GROUP MEDICAL & SURGICAL SERVICE

MAIN AT NORTH CENTRAL EXPRESSWAY • DALLAS 22, TEXAS