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In This Issue—

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INFLATION

By Dr. A. A. Smith
Vice-President and Economist First National Bank in Dallas

The real meaning of inflation is now impressing itself upon the vast majority of American people. It has begun to hit the family budget some hard blows—quite sensitive blows. A recent survey by a very reputable national research organization indicates that over four-fifths of the people are worried about inflation and about where prices will go from here.

Most sensational expression of concern is the spreading of spontaneous demonstrations by groups of housewives protesting high food prices. *In one respect these demonstrations serve a useful purpose; namely, they show genuine alarm about inflation* and call dramatic attention to the fact that inflation is not popular after all—a fact that should be meaningful to our political leaders. On the other hand, the *demonstrations are unfortunate in that they are aimed at the food retailer,* as if he were responsible, when, in truth, inflation is not confined to food alone. With few exceptions (utilities being most noticeable) prices of all items bought and sold are reflecting inflation —and even utilities services would be much lower if the utility companies were not bearing so much higher operating costs—wages and materials prices particularly. So it really is true that *inflation has affected all prices,* but in varying degrees.

That the demonstrations should be pointed at the food retailer is understandable in the sense that food items are the most frequently bought by the family; rank second only to housing costs as the largest segment of the average family budget; and have gone up in price impressively in the last few months. Of course, the housewife is usually the purchasing agent. But the ladies could just as well vent their wrath on the clothing retailer, or the furniture dealer, or the hospital, or many others, because none has escaped inflation.

It is rather ironical, however, that they chose one of the most efficient, most narrow-margined, and most competitive components of our entire retailing system to revolt against. So narrow is the margin of profit in food retailing that a cut of a mere one-and-a-half cents on each dollar of prices would eventually drive many food retailers out of business, if their cost of merchandise and their operating costs could not be reduced. The average food retailer depends greatly upon volume (inventory turnover) to keep in business—and this is especially true of the large chain concerns.

It is difficult to see how the housewives' revolt directly will roll-back food prices at the retail level, except for some temporary reductions to appease the boycotters of a few stores. Until the real cause of inflation is eliminated—the real source of the poison—we can expect the general level of prices to continue to trend upward, as it has for at least a quarter of a century. *Inflation is inherent in the economic and political philosophy that dominates official and popular thinking in this country.* The people themselves, wittingly or unwittingly, have bought the theory that controlled inflation is good (even necessary and essential to reduce unemployment and promote growth of the economy) without examining carefully the long-run validity of the idea or pausing to consider how inflation can be controlled under our political system. Indirectly, however, the housewives rebellion might arouse the general public sufficiently that the latter will demand a halt to governmental monetary and fiscal policies which generate inflation.

If so, it will have served the national interest and been a good thing.

Much can be written about inflation; its causes and effects; its snares, delusions, and insidious functioning. Economists have been inclined to confuse and befuddle more than clarify and reveal in their treatment of the subject, often unnecessarily moving it to a theoretical level beyond popular comprehension, when to the average person there is nothing theoretical about inflation—it is a very real problem for him. Occasionally one finds a scholar who views inflation in its proper light; such as, Gottfried Haberler who defines it succinctly as "a condition of rising prices"—not a condition causing a rise in a particular price (the price of any one thing) or even in a few prices, but rather a condition which raises the general level of prices.

History teaches us some valuable lessons about inflation, if we would only learn. Dr. Haberler in his recent book "Inflation: Its Causes and Cures — With a New Look at Inflation in 1966" points directly to one historical fact that should be noted foremost:

> " . . . there is no record in the economic history of the whole world, anywhere or at any time, of a serious and prolonged inflation which has not been accompanied and made possible, if not directly caused, by a large increase in the quantity of money."

From this we can draw a valid inference: *Serious inflation is always a man-made condition resulting from decisions of monetary authorities to create excessive amounts of money and credit.* And since monetary powers are sovereign government powers, government must be held responsible for inflation, and in a republic (representative democracy) the people, because they are responsible for the government.

If we look just at our own nation's experience with serious inflation in the course of our history, we find verification of this. We have had four outstanding bouts with inflation, each associated with a war: (1) The period of the Revolution; (2) the Civil War period; (3) World War I; and (4) World War II. It should be mentioned also that the colonies in the colonial period had their troubles with inflation.

(1) The Continental Congress, having no power to tax sufficiently to finance the Revolutionary War, resorted to printing presses and issued paper money in amounts quite large for those times. *This Continental currency, as it was called, brought on inflation,* as all prices rose sharply with more and more emissions. Ultimately, the paper money became practically worthless, giving rise to an expression which one still hears on occasion: "Not worth a Continental."

So unsavory had been their experience during the colonial and Revolutionary periods with fiat paper money and with the destructive inflation it caused, that framers of the Constitution forbade the states in Section 10 to "coin Money; emit Bills of Credit; make any Thing but gold and silver Coin a Tender in Payment of Debts . . . "; and in Section 8, among the general powers of Congress conferred upon the latter the power "To coin Money, regulate the Value thereof . . . " When the Coinage Act of 1792 set up our first money system, Congress made gold and silver the standard and made no provision for emitting paper money. In fact, it was generally believed for more than 70 years that the Constitution forbade the Federal Government to issue paper money, since no such power was delegated to Congress, and the states were denied the power in unmistakable language.

(2) The United States Government did not issue paper money until 1862 when the printing presses began to turn out legal tender "greenbacks" to help finance the Civil War. Incidentally, the Confederate States also resorted to use of paper money, but in vastly greater quantities than the Federal Government did. *Prices went up sharply in the North*

as specie payments were suspended and paper money became almost the sole medium of exchange, even down to fractional parts of a dollar, when the Treasury actually issued and put into circulation paper denominations of 3 cents, 5 cents, 10 cents, 15 cents, 25 cents, and 50 cents. At the worst in the North, the value of greenbacks in terms of gold fell to about 39%. In the South prices in terms of Confederate paper currency skyrocketed, and ultimately, when the South's cause was lost, the paper became worthless.

After the Civil War the United States faced the problem of retiring the war-created debt including the greenbacks and returning to a metallic standard. Cheap-money interests called the "Greenbackers" opposed retirement of the greenbacks, and actually in the "Ohio idea," as it was called, proposed that more greenbacks be issued to pay the funded debt of the Treasury. The sound-money forces won out, and in 1879 the Government resumed specie payments but under a compromise arrangement that prevented full retirement of all the greenbacks — *so that even today we still have in circulation $347 million worth of paper money from the Civil War.*

(3) We next experienced inflation (not too serious) during World War I and shortly thereafter when, instead of using printing press money, *the Government utilized the credit-creating powers of the relatively new Federal Reserve System.* Changes in banking and exchange in time had brought deposit credit into common use, by checks, as a medium of exchange to serve as money —so by the time of World War I there was no need to print paper money to help finance the war. Instead, Uncle Sam could sell his IOU's to the Federal Reserve System, including commercial banks, in exchange for created or expanded credit. The war did not last long for us (April, 1917, to November, 1918) and the total Federal debt reached a peak of only $25 billion. Once more the Government set about to retire the credit that had been created, and by 1930 had reduced the debt to $16 billion.

(4) World War II was largely financed in the same manner as was World War I, except in greater magnitude, both absolutely and relatively. Over 60% of the costs of World War II were met with credit, and the Federal debt reached a peak of $270 billion in 1946.

Unlike what happened after the Civil War and after World War I, *there has been no concerted, sustained effort on the part of the Government to retire the debt which now stands at $325 billion,* a part of which has become monetized. Why not? Principally because we now operate under a far different economic and political philosophy from that which prevailed after the preceding two inflation experiences. This philosophy does not countenance such things as balanced budgets and debt retirement. It holds in its typical *hocus pocus* rationalizing that "it makes no difference about the size of the debt, we owe it to ourselves." But it has brought inflation— and no *hocus pocus* rationalizing can deny the fact that the American dollar has lost about 60% of its buying power since 1940—and appears destined to lose more.

Ladies can rebel, protest, demonstrate, picket, and boycott the grocery stores—Government leaders can order investigations—but *the real culprit is old man inflation.* Who is going to stop him?

About the best answer is nobody until inflation scares enough people into realizing that they have a vested stake in price stability because they cannot increase their incomes fast enough to offset higher prices. Here are some folks (rather large in number) who ought to be very concerned:

(a) Over 120 million life insurance policyholders owning in excess of $800 billion in life insurance.

(b) Over 20 million persons drawing Federal old-age, survivors, and disability insurance payments (Social Security).

(c) About 30 million workers covered by private retirement plans.

(d) An undetermined number of millions of workers; such as, school teachers and other public employees whose wages and salaries tend to lag behind rising prices.

(e) Also an undetermined number of thrifty people who have saved for retirement and invested in fixed-income obligations, including Uncle Sam's savings bonds — only to see inflation eat away year after year at the real value of their savings.

Of course, *everyone is not convinced that inflation is a bad thing.* They are (1) the debtors who expect to pay in cheaper dollars; (2) property and security owners who expect not just to hedge against, but to profit out of, inflation; and (3) that uncertain number who have been duped into believing that inflation is necessary to keep the economy always moving ahead.

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DOs and Doctor Draft

For the first time, the Department of Defense has placed a call with Selective Service for doctors of osteopathy. Turn page for DOD News Release of January 30, 1967.

One hundred and eleven (111) DOs will be drafted and allocated as follows: Army, 76; Navy, 35. They will be called to active duty after July 1, 1967. The figure, 111, follows the proportion of DO and MD graduates in 1966 or 5 to 95.

It is expected that the full increment can be obtained from current interns (1966-67). They may expect reclassification by their local boards within the next month or so. Any appeal should be taken promptly upon receipt of 1-A classification, and should be accompanied by request for transfer of the appeal to the appeal board having jurisdiction over the place where the DO is employed. Dependency is not a ground for deferment, neither is a 1967-68 first year residency. Extreme hardship may be. Veterans are exempt.

When an induction order is received, the D.O. will be given opportunity to apply for a commission in the medical corps. The majority will have received a commission from the military Service to which allocated within 30 days. Unlike volunteer applicants, he will not have choice of Service, but may indicate a preference between the Army and Navy. Volunteer applications are frozen during the doctor draft.

The DO, as in the case of the MD similarly situated, will enter on active duty with the rank of Captain in the Army, or the equivalent rank of Lieutenant in the Navy.

DOs called in this draft should keep this office currently advised of developments in their individual cases.

Child Health Clinic Valuable To All

Fort Worth's Annual Child Health Clinic and Spring Educational Seminar, a worthwhile service project, is also an outstanding educational opportunity for participating general practitioners. It offers formal hours of postgraduate credit, and provides invaluable practical experience in the routine examinations of children as well as the unusual "problem" pediatric case. The busy general practitioner well knows the difficulty of keeping up in all areas of medicine, yet he knows, too, that children, healthy and unwell, are a major segment of his practice and that he must keep current on the latest trends in pediatric care. Child Health Clinic offers just such valuable opportunity for revitalizing pediatric techniques, for comparing notes with other physicians, and for taking part in a satisfying service project.

MR. LOUIE THROGMORTON
Guest Speaker at Luncheon

LEO C. WAGNER, D.O.
Pediatric Coordinator

DANIEL F. DOWNING, M.D.
Consultant in Pediatric Cardiology

HARRY B. ELMETS, D.O.
Consultant in Dermatology

(Program on Page Six)

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March 30, 31, April 1, April 2, 1967

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Thursday, March 30, 1967

8:00-12:00 Child Health Clinic Examinations ..... Town Hall
1:00- 5:00 Child Health Clinic Examinations ..... Town Hall
(Staff Members of area hospitals and visiting physicians to participate.)

Friday, March 31, 1967

8:00-12:00 Child Health Clinic Examinations ..... Town Hall
1:00- 5:00 Child Health Clinic Examinations ..... Town Hall
(Staff Members of area hospitals and visiting physicians to participate.)

Saturday, April 1, 1967

8:00-12:00 Child Health Clinic Examinations ..... Town Hall
(Staff Members of area hospitals and visiting physicians to participate.)
2:00- 5:00 Problem Case Workshop ..... Tarrant Trinity Room, Town Hall
7:00 Cocktail Party ..... Grand Hall of Green Oaks Inn
8:00 Dinner ..... Duke Room of Green Oaks Inn

Sunday, April 2, 1967

8:00 Registration for Annual Educational Seminar Texas Society of General Practitioners in Osteopathic Medicine and Surgery ..... Lobby of Green Oaks Inn

9:00 Invocation ..... Marque Room, Green Oaks Inn

9:05 Call to Order and Greetings ..... T. R. Sharp, D.O., President, Dallas, Texas

9:15 *"Pyelonephritis"* ..... Leo C. Wagner, D.O., Grand Rapids, Michigan

10:00 Coffee

10:10 Clinical Case Presentation ..... M. E. Johnson, D.O., Fort Worth, Texas

10:45 "The General Practitioner and Congenital Cardiac Effects" ..... Daniel F. Downing, M.D., Philadelphia, Pennsylvania

11:45 *"Teen Age Acne"* ..... Harry B. Elmets, D.O., Des Moines, Iowa

12:30 Luncheon ..... Duke and Earl Room, Green Oaks Inn
GUEST SPEAKER—Louie E. Throgmorton, nationally known humorist, formerly Director of Public Service and Vice President of Republic National Life Insurance Company of Dallas, Texas.

2:00 *"Acute Upper-respiratory Disease in Children"* ..... Leo C. Wagner, D.O., Grand Rapids, Michigan

3:00 Coffee
Clinical Case Presentation ..... M. E. Johnson, D.O., Fort Worth, Texas

3:30 *"Surgery of Congenital Defects"* ..... Daniel F. Downing, M.D., Philadelphia, Pennsylvania

4:30 Question and Answer Period ..... T. R. Sharp, D.O., Moderator
Adjourn

The Case of the Disappearing Measles

The number of cases of measles reported for the first 26 weeks of 1966 was 178,559. This is the lowest 20-week total in 20 years.

In 1965, six million doses of measles vaccine were administered. These two facts are related and are important.

According to Surgeon General William H. Stewart, 1967 can be the year that measles is eradicated in the United States. To accomplish this will require the full cooperation of every practicing physician in a combined program of education and immunization.

Dr. Stewart says, "We have had a licensed measles vaccine for 3½ years. There is no excuse for needlessly prolonging the fight against this disease which for centuries has attacked virtually all children and left many of them mentally retarded." Dr. Stewart is right, and the professions of medicine must accept his challenge. Measles can be eradicated, and we must do our part.

The American Osteopathic Association, the American College of General Practitioners in Osteopathic Medicine and Surgery, the American College of Osteopathic Pediatricians, and the American College of Osteopathic Internists have all pledged their support and approval of the four-point program for eradication of measles as outlined by Surgeon General Stewart. The four points are:

1. Immunization of all infants at one year of age.
2. Immunization of all children on school entry who were not immunized in infancy and have escaped the natural disease.
3. Surveillance or an intensive effort by all federal, state, and local health officials to see that all measles cases are reported by name, address, and onset of illness.
4. Epidemic control. This would mean immediate steps to verify the diagnosis, trace the source of infection of even a single case, detect other unreported cases, and determine what susceptible children had been exposed. From this information a plan for "containment" of the outbreak could be promptly executed. This plan would include administration of immune globulin to susceptible children known to be exposed, and measles vaccine to all other susceptibles in the area.

The Surgeon General said that the effective use of measles vaccine during the winter and spring measles-epidemic season could achieve the eradication of measles from the United States in 1967. The American Osteopathic Association and its three most involved agencies have pledged support. But the commitment of each physician is needed to achieve the desired goal. The profession looks forward to your wholehearted cooperation.

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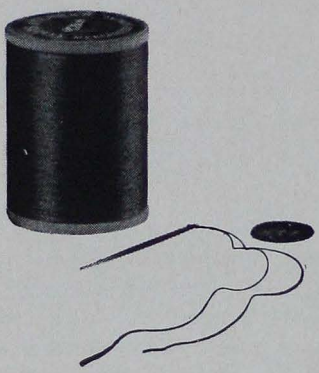

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Dextro-amphetamine sulfate: Use by unstable individuals may result in psychological dependence.

Meprobamate: Careful supervision of dose and amounts prescribed is advised; especially for patients with known propensity for taking excessive quantities of drugs. Excessive and prolonged use in susceptible persons, e.g. alcoholics, former addicts, and other severe psychoneurotics, has been reported to result in dependence. Where excessive dosage has continued for weeks or months, reduce dosage gradually. Sudden withdrawal may precipitate recurrence of pre-existing symptoms such as anxiety, anorexia, or insomnia; or withdrawal reactions such as vomiting, ataxia, tremors, muscle twitching and, rarely, epileptiform seizures. Should meprobamate cause drowsiness or visual disturbances, reduce dose—operation of motor vehicles, machinery or other activity requiring alertness should be avoided. Effects of excessive alcohol consumption may be increased by meprobamate. Appropriate caution is recommended with patients prone to excessive drinking. In patients prone to both petit and grand mal epilepsy meprobamate may precipitate grand mal attacks. Prescribe cautiously and in small quantities to patients with suicidal tendencies.

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Dextro-amphetamine sulfate: Insomnia, excitability, and increased motor activity are common and ordinarily mild side effects. Confusion, anxiety, aggressiveness, increased libido, and hallucinations have also been observed, especially in mentally ill patients. Rebound fatigue and depression may follow central stimulation. Other effects may include dry mouth, anorexia, nausea, vomiting, diarrhea, and increased cardiovascular reactivity.

Meprobamate: Drowsiness may occur and can be associated with ataxia, the symptom can usually be controlled by decreasing the dose, or by concomitant administration of central stimulants. Allergic or idiosyncratic reactions: maculopapular rash, acute nonthrombocytopenic purpura with petechiae, ecchymoses, peripheral edema and fever, transient leukopenia. A case of fatal bullous dermatitis, following administration of meprobamate and prednisolone, has been reported. Hypersensitivity has produced fever, fainting spells, angioneurotic edema, bronchial spasms, hypotensive crises (1 fatal case), anuria, stomatitis, proctitis (1 case), anaphylaxis, agranulocytosis and thrombocytopenic purpura, and a fatal instance of aplastic anemia, but only when other drugs known to elicit these conditions were given concomitantly. Fast EEG activity, usually after excessive dosage. Impairment of visual accommodation. Massive overdosage may produce drowsiness, lethargy, stupor, ataxia, coma, shock, vasomotor, and respiratory collapse.

Books For Brazil

In instances of international relationships, people often succeed on a personal level when organized diplomacy fails. Such would seem to be the case in Kirksville, Missouri on February 3 when three-quarter ton of books bound for Brazil were delivered to United States Post Office 63501 by a determined group of students from the Kirksville College of Osteopathy and Surgery.

Particularly impressed with the difficulties of international exchange are junior students Philip Dunlap of San Diego, Texas and Earl Freeman of Kennebunkport, Maine, co-chairmen of the "Books for Brazil" project. The project was the result of a visit by Dunlap to a Brazilian medical college during the past summer. The inadequate library facilities of the Faculdade da Medicina do Universidade do Estado Espirito Santo in Vitoria, Estado Espirito Santo, Brazil so aroused his concern that he returned to Kirksville with a desire to enlarge the library offerings and began to share his experience with his friends.

At the medical school he saw students standing in line and sharing books in an effort to complete their assignments. A formidable waiting list frequently confronted the would-be medical students, for frequently, only one copy of a particular book was available. The existing library was composed of a few short rows of shelves with books in a variety of languages. The students, of course, were necessarily multi-lingual. Books in the various areas of study were very limited, with library resources on a specific subject frequently numbering only two or three.

Dunlap's concern proved contagious, and soon several individuals and organizations at the Kirksville College launched a crusade to collect books for the Brazilian school. In the beginning, the idea was simple enough — merely collect books and send them to Brazil as a gesture of friendship and good will; the road ahead for Philip Dunlap

and Earl Freeman and their associates, however, was not abundant in its simplicity!

Administrative sanction was secured from college officials. Contributions were sought from faculty and staff, friends, students, book publishers, and pharmaceutical companies. Everyone responded to the appeal with enthusiasm as well as books—entire library shelves were donated. The old lab selected as a storage depot was overflowing! Alpha Phi Omega and several individual students volunteered both books and services contacting instructors, packing, providing materials; the Student Wives Auxiliary contributed to the packing effort to get all in readiness by the original target date, January 26. The success was almost frightening! The Student Council had agreed to provide funds for shipping the books, but who would have suspected that there would be so many? The result was appropriation of a portion of the Atlas Club treasury. Yet, the KCOS College Store was still receiving offers of books from benevolent people — more books were coming in every day. Dunlap and Freeman scratched their heads and wondered if enough man power and finances were available to send three-quarter ton of books to Brazil packed in eleven-pound packages to the satisfaction of the U.S. Postal Department. The details of the project, including appropriate recognition of contributors, bookplates, handling, storage, preparation for shipment, and financing were magnified by the generosity of everyone and the large number of books collected. In addition, there loomed the responsibility of books shipped directly to Brazil by commercial companies—confirming the arrangement and recognizing the generous effort.

Finally, on February 3, slightly past the target date, a determined group of students assailed the storage depot and loaded the books into Freeman's van. Armed with every available dollar, they approached the post office. Each package was weighed individually, and the postage recorded. Everyone held his breath. Total postage: $91.69. Exhalation was simultaneous and complete; happiness reigned supreme. The chief financial officer announced with studied gravity and appreciable relief that the "Books for Brazil" treasury now revealed a debit balance of 31 cents! Mission accomplished! Meeting adjourned.

The end of the story, of course, takes place in Brazil. The magnitude of the project, certainly, is not great compared with billion-dollar projects. But, the sincerity of the effort—entirely student conceived, initiated, and implemented—is not without magnitude. An act of service and concern is never without merit. A small group of students in Missouri have succeeded in significantly enlarging the scope of library resources available to fellow students on a sister continent; perhaps made a contribution to international understanding; and doubtless have acquired a great deal of personal understanding which will continue to their professional lives as osteopathic physicians.

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3. G. W. Taylor, D.O., Mt. Pleasant	3. Earle P. Stuart, D.O., Winnsboro
District 4	
1. V. Mae Leopold, D.O., Odessa	1. Allen M. Fisher, D.O., Stanton
2. Norman Leopold, D.O., Odessa	2. John I. Latham, D.O., Del Rio
District 5	
1. David B. Greene, D.O., Dallas	1. Charles L. Bamford, D.O., Dallas

Delegates	Alternates
2. Patrick J. Kirlin, D.O., Dallas	2. Jack W. Rice, D.O., Mesquite
3. Frank J. Bradley, D.O., Dallas	3. John A. Walton, D.O., Dallas
4. A. Roland Young, D.O., Dallas	4. W. N. Hesse, D.O., Dallas
5. Randolph R. Gillum, D.O., Mesquite	5. Donald Bernstein, D.O., Farmers Branch
6. Robert G. Haman, D.O., Irving	6. W. L. Welsh, D.O., Dallas
7. Ronald H. Owens, D.O., Dallas	7. David J. O'Mara, D.O., Mesquite
8. Don R. Peterson, D.O., Dallas	8. Ed J. Yurkon, D.O., Dallas
9. Walters R. Russell, D.O., Dallas	9. Joseph M. Dubin, D.O., Dallas
10. T. Robert Sharp, D.O., Mesquite	10. Dan J. Slevin, D.O., Dallas
11. Robert L. Lambert, D.O., Mesquite	11. Dean A. Wierman, D.O., Mesquite
12. John H. Burnett, D.O., Dallas	12. Dale P. Bondurant, D.O., Dallas
13. T. Eugene Zachary, D.O., Richardson	13. Richard A. Lane, D.O., Dallas

District 6

1. Morris F. Bennett, D.O., Houston	1. Lester I. Tavel, D.O., Houston
2. Edward P. Kehoe, D.O., Houston	2. William R. Masters, D.O., Houston
3. Billy J. Sealey, D.O., Deer Park	3. Arthur H. Hardy, D.O., Houston
4. Jerry W. Smith, D.O., Houston	4. David Armbruster, D.O., Pearland
5. Joe S. Carpenter, D.O., Houston	5. Robert P. Kelley, D.O., Houston
6. Julian E. Berry, D.O., Houston	6. D. Y. Campbell, D.O., Houston
7. Gordon McClimans, D.O., Houston	7. Vic H. Zima, D.O., Houston
8. Joe E. Wolpmann, D.O., Houston	8. George H. Johnson, D.O., Houston

District 7

1. Elmer C. Baum, D.O., Austin	1. A. T. Mendicino, Jr., D.O., San Antonio
2. William J. Mosheim, D.O., San Antonio	2. E. W. Wilson, D.O., San Antonio
3. Waldemar Schaefer, D.O., San Antonio	3. G. S. Beckwith, D.O., San Antonio

District 8

1. Leland C. Long, D.O., Portland	1. Claude H. Lewis, D.O., Ingleside
2. James W. Lively, D.O., Corpus Christi	2. Lyle C. Olson, D.O., Portland
3. Jack H. Dawkins, D.O., Corpus Christi	3. D. H. Hause, D.O., Corpus Christi

(Continued on Page 17)

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1967-68

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President
Powers

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Thompson

P.C.O.S.
President
Barth

SPECIALTY MEETINGS

T.O.S.S.
Dr. T. M. Bailey

T.O.S.O. & O.
Dr. John C. Baker

T.A.A.O.
Dr. Catherine K. Carlton

T.S.G.P.O.M.S.
Dr. T. Robert Sharp

Saturday
6 May, 7:30 A.M.

Friday
5 May, 7:00 A.M.

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	District 9
1. H. F. Elliott, D.O., Rockport	1. C. D. Tisdale, D.O., Victoria
2. N. W. Todd, D.O., Gonzales	2. Richard L. Stratton, D.O., Cuero
	District 10
1. Roy L. Bobbitt, D.O., Lubbock	1. Garland G. Porter, D.O., Lubbock
2. H. Eugene Brown, D.O., Lubbock	2. Lynn F. Fite, D.O., Olton
3. Charles C. Rahm, D.O., Lubbock	3. John L. McMillion, D.O., Lubbock
	District 11
1. Porfirio Lozano, Jr., D.O., El Paso	1. Mickie G. Holcomb, D.O., El Paso
2. Michael A. Calabrese, D.O., El Paso	2. Luz A. Candelaria, D.O., El Paso
	District 12
1. Ralph C. Merwin, D.O., Orange	1. John R. Ruffle, D.O., Port Arthur
2. Robert Bowling, D.O., Port Arthur	2. Jack Barnett, D.O., Bridge City
	District 13
1. James E. Fite, D.O., Bonham	1. Dean E. Wintermute, D.O., Klondike
2. R. D. Van Schoick, D.O., Leonard	2. Ralph A. Marcom, D.O., Ladonia
	District 14
1. Mabel Martin, D.O., Weslaco	1. E. L. Suderman, D.O., Pharr
2. Joe Suderman, D.O., Pharr	2. Ralph H. Moore, D.O., McAllen

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FOR

MUTUAL LIFE OF NEW YORK

Cassandra Looks At 1984

Medical practice of the near future is expected to be radically different from that of today. The solo practitioner as known and existing today will probably be an anachroism. Doctors will be practicing in groups (The Federal Government has gone on record as favoring this method of practice). These groups will operate as clinics that will be extensions of the emergency rooms of hospitals that will function on a 24 hour day, seven day week basis. When ill, the patient will go there directly. Home visits will not be made by physicians, but rather by Public Health Nurses.

When the typical patient arrives at the Clinic, he will be met by a cheerful, charming receptionist who will greet him by saying, "Good day, sir. I am Miss Pretty. You must be No. 151-16-1355." (Everyone will have a number, identical with their Social Security and taxpayers' identification number). "And how are you feeling today?" she will inquire. "Not well? That's too bad. What seems to be ailing you? Why don't you sit down there in the corner and fill out this form. Remember, fill in all the items and don't leave anything out or else we won't know to which doctor we shall send you. Now, when you have finished the form, you can join that line over there. Fortunately, you have come early so the line is not too long yet. Our clerk, Miss Memm, (she *is* a high school graduate, you know) will then decide where to send you."

Our story continues a short time later. No. 151-16-1355 has completed his questionnaire and it is being checked for completeness by the clerk, Miss Ida B. Memm. "Well sir," she says, "everything seems to be in order. I think you should be seen by Dr. Donald Osborne in Room No. 1. He will examine you."

The typical patient is now examined in a rather cursory fashion by Dr. Osborne and then, as the doctor will do with all his patients that he will see that day, our patient will be referred to a specialist in the field of practice referable to the patient's complaint. No. 151-16-1355 who had a cold was attended by Dr. Mason Deaver, the well-known rhinologist.

"The "family physicians" on the duty roster that day besides Dr. Osborne, were Drs. David Otis, Dennis Obermaier and Drew Oswald. The specialists on duty in addition to Dr. Deaver, were Drs. Matthew Dugan, Melvin Dunn, and Michael Dixon.

Some authoritative sources believe that medicine in 1984 will be computerized. At regionally located centers, computers will be programmed with all the symptoms of disease. Doctors in various parts of the country will submit their patient's symptoms to the computer and with a few revolutions of the tape reels, a diagnosis will be available in a few seconds. Electrocardiographers will not be necessary as the pertinent measurable factors along with a photoscan of the electrocardiograph will be submitted to the computer for a diagnosis.

Anesthesiologists, in this computer age, will perhaps just perform the anesthetic induction of their patients. From then on, aided by continuously analyzed blood samples, the machine will take over during surgical operations.

Are all of these innovations good for the patient's welfare? The practice of medicine has increasingly come under bureaucratic control. With no foreseeable change, and in fact with the almost inescapable progressive increase in this bureaucracy, impersonal computerized medicine will become the accepted method of the future.

For as long as the Federal Government pays for medical care, that long will they control it. As has been shown, if medical care is free, the public appetite for medical attention is insatiable.

"foodoholic"?

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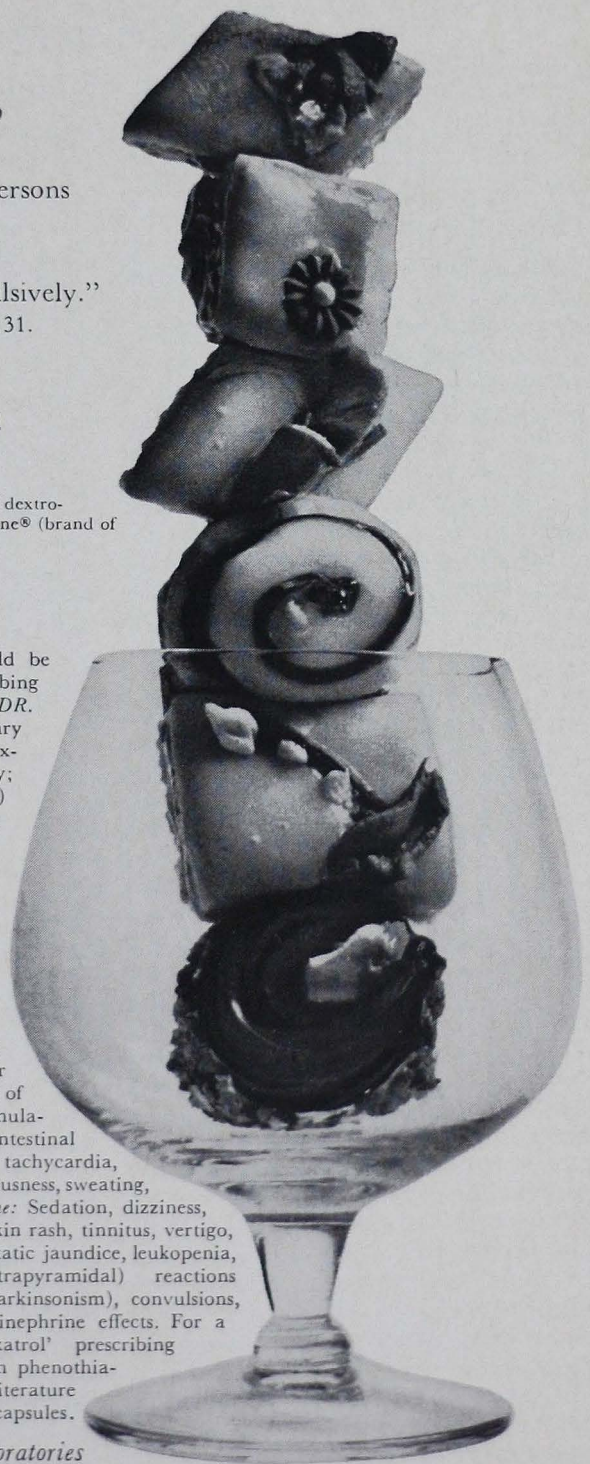

Before prescribing, the physician should be familiar with the complete prescribing information in SK&F literature or *PDR*. The following is a brief precautionary statement. *Contraindications:* Hyperexcitability, undue restlessness, anxiety; hyperthyroidism; lactating (nursing) mothers. Do not use in patients taking MAO inhibitors. *Precautions:* Use in pregnant patients only when deemed essential for the welfare of the patient. Phenothiazines may potentiate central nervous system depressants. Use with caution in hypertension and coronary artery disease. Excessive use of amphetamines by unstable individuals may result in a psychological dependence. *Side Effects:* The following are unwanted reactions reported or considered possible with the components of 'Eskatrol'. *Dextroamphetamine:* Overstimulation, restlessness, insomnia, gastrointestinal disturbance, diarrhea, palpitation, tachycardia, elevation of blood pressure, tremor, nervousness, sweating, impotence and headache. *Prochlorperazine:* Sedation, dizziness, hypotension, tachycardia, dry mouth, skin rash, tinnitus, vertigo, nasal congestion, miosis, lethargy, cholestatic jaundice, leukopenia, agranulocytosis, neuromuscular (extrapyramidal) reactions (motor restlessness, dystonias, pseudo-parkinsonism), convulsions, catatonic-like reactions, reversal of epinephrine effects. For a comprehensive presentation of 'Eskatrol' prescribing information and side effects reported with phenothiazine derivatives, please refer to SK&F literature or *PDR*. *How Supplied:* Bottles of 50 capsules.

Smith Kline & French Laboratories

We Are Grateful

Diocese of Malawi

Likwenu—P. O. Kasupe
Malawi—Central Africa
January 26, 1967

Dearest Friends:

It's awfully late in the month to get out that promised monthly bit of news! I have often heard that the road to hell is paved with good intentions, so am afraid we are paving far too much of a very fine highway to that awful place, if this be true. No matter how much we try, we never seem able to fulfill all the necessary tasks in a given period of time.

For the past two months, we have been compelled to face living examples of World War II Concentration Camp victims . . . . some the result of the "hungry season", others, refugees from Portuguese East Africa. At the moment, some 16 emaciated, skin-covered little skeletons, lie in our wards, suffering from starvation, diarrhea, malaria, dehydration, bilharzia, hookworm and severe anemia. With all these diseases, one child also adds meningitis to his list; another has meningismus, and so on down the line. (In all our time in Malawi, we have yet to admit a single patient suffering from only one disease!) Each of these children has some medicine, treatment, tube feeding etc. every hour around the clock, and needs constant nursing care just to stay alive. There is no trained African for intensive care, to help bear the burden of so many critically ill patients, and only two of us "imported" nurses. Both Jackie and I just happen to be here because of our husbands. It is, therefore very difficult for us to find a spare moment for letters under such circumstances. Through the Grace of God all of these on the critical list are still surviving at the hour of writing and only five remain on the really doubtful list, and we have some hope of their survival, as they seem better today. Because of this, Jackie, the RN volunteer . . . wife of our agriculturist . . . is able to take over for a few minutes while I waste no spare time in letting you know how much we thank you for your letters, gifts and prayers! This statement seems so flat on paper . . . it must be a little like facing death . . . only those who have experienced it can know a depth of understanding . . . so it is with mere words when we say "Thank You". I personally think that you would have to come over here and see the difference your contributions make in our small efforts to save lives before you could truly understand the depth of meaning in these two simple words which we say over and over again to all of you!

Besides the 16 children the Female Wards, Male Wards, the OB Ward, Isolation Wards are overflowing, and we even have X-ray, Lecture room and porch overflowing with patients. This being Malawi, you will find only those in dire need of medical care in the hospital. We have everything from cancer to T.B., from bilharzia to tropical ulcers, from surgicals to mushroom poisoning, from a 1½ pound newborn to a 60 pound middle-aged man. From a hospital staff of 2 trained and 5 untrained people, we must somehow care for these 53 patients twenty-four hours a day; from three pennies per day we must furnish many dollars worth of medical care, and for the starving we must somehow supply nourishment without a supply of food! I wish I could entertain you with all the lovely romantic stories of Africa . . . but these are the day to day stories we know about. Thank God, many of them have happy endings, but there are those who do not. Take for example, the little boy brought in gasping for breath, too weak to open his eyes, his wasted little

body had lacked food for such a long time. As the weeks rolled by, we were able to remove the tubes, the needles, and the artificial parts which kept his body nourished, and little Shieubu gained strength and learned to smile again. Finally the great day came when he could actually sit up in bed. A few days later he was strong enough to take a few faltering steps. Soon afterwards he was able to walk about the room. So elated were his parents that they allowed him to follow his mother to the outdoor cooking shed. Jackie Filkins, the other RN, saw the child out in the sun and called out a warning to his parents to bring him back to bed immediately. Alas, the warning came too late, for our little one had been in the sun for almost ten minutes. Less than five minutes after he was brought back into his bed, little Shieubu breathed his last breath . . . his brave little heart, his weakened little body, were no longer strong enough to fight any more shocks.

Or take our lovely Mrs. Mchakoma, wife of the beloved African Priest here at Malosa. One of our own, she lay convulsing for days from a brain abscess, and we had to stand helplessly by unable to do more than keep her comfortable until death mercifully claimed her Christmas afternoon . . . and now Father George is left with five small children to care for, including a tiny baby. Here I would like to relate a side story. Early Christmas morning, Father George had to go through his own private torment for he had to go miles away to hold three different Christmas Masses, knowing that anything could happen before he returned to his wife's bedside. He had no choice, there were no other Priests to fill in for him, and certainly the Christians in the three little villages expected to celebrate Christ's birth on this great day all Christians look forward to all year. So he had to leave his wife in critical condition about 5 a.m. and go off to serve his people. So far was his journey that it was night before he returned to Malosa . . . his wife died at 1 p.m.

I am so sorry—I hadn't meant to write of so much trouble in one letter, for there are so many silver linings every day . . . the sound of a blue-eyed blonde speaking Nyanja to the patients; the sight of a curly haired, dark-skinned 14 month old singing Pat-A-Cake in English, the wonderful perfume of the 4 o'clocks and Jasmines in the evening air; the sound of rain after the long dry season, the precious light of appreciation in an old woman's eyes; the wonderful joy one knows when he looks out at the beautiful mountain-scape from a ward where every patient survived the night. How marvelous too the fields of tall corn, vegetable and fruits soon to bless the very households where starvation now reins. The crops are much larger and more varied this year, and the people a little more educated in farming methods. So we greet the New Year with hope, and wish for all our friends the very best life has to offer.

I promise to be more specific in the

PORTER CLINIC HOSPITAL
LUBBOCK, TEXAS

•

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L. J. LAUF, D.O.
J. W. AXTELL, D.O.
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•

COMPLETE HOSPITAL AND CLINICAL SERVICE

An Osteopathic Institution

medical activities next month, and will try to write when I'm rested enough to think in a lighter vein.

The big, bright star in our plans this year is the promised visit in May of many of our friends. We know all things take a great deal of time, but are most anxious to have some definite word from you as to the exact date of arrival etc.

Until my next letter, lots of love and all good wishes.

/signed/ Art, Nan and the children

In an effort to help Nan Johnson with her correspondence, I have offered to make copies of a monthly letter from her, to send to her mailing list. This is the first of her letters. She intends to write another in February which I shall copy and send on to you as soon as I receive it.

To introduce myself, my husband and I met the Johnsons in the summer of 1965 when we visited our son who is Chaplain and teacher at Malosa school. We were most impressed with the monumental task the Johnsons have undertaken and with the amazing amount they have accomplished.

Mrs. George F. Schiffmayer
28 North Porter Avenue
Elgin, Illinois 60120

S.O.P.A. NEWS

District No. Twelve

The February meeting was held at Doctors Hospital. Roscoe Fincher, Jr. of Warner-Chilcott laboratories presented the film "Zamani." This film attempts to capture some of modern medicine's strange and frightening adventures along its road to acceptance in the savage outposts of ancient civilization.

After the film showing, a business meeting was held whereby the following new officers were elected:

President: Katie Holstead, *Employee of:* Doctors Hospital

Vice-President: Jo Ann Hunter, Doctors Hospital

Secretary: Betty Latimer, Doctors Hospital

Treasurer: Betty Woodall, Dr. R. J. Shields

The following new members were welcomed to the organization: Rvay Arnold, Jo Ann Hunter, Sandy Mason, and Maxine Allemore.

Reporter — BETTY LATIMER

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 June 19, 20, 21, 1967, at Hotel Texas, Fort Worth.

Completed examination applications for graduates from United States medical schools must be filed with this office 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.

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Proposed Amendments To TAOP&S By-Laws

On the agenda for the House of Delegates meeting of May 3, 1967.

Article II, Section 8. Amend the first sentence, line 79, so that it will read as follows: Student Membership. Student membership status may be granted to interns or residents in approved Osteopathic Hospitals within the State of Texas, to any physician holding a valid Texas license who is in a training program while serving our armed forces, or to full-time preceptees within the State of Texas for the period of a recognized training program.

Further amend *Article II, Section 8,* by adding to the end of the present section the following: Any osteopathic physician in a full-time, recognized training program can qualify for no type of membership status other than student. If the physician has been a regular or sustaining member in good standing of this Association, student membership in such instances is automatic and requires no action by the membership committee other than a mechanical one. The physician may request, upon his return to practice, that the membership committee grant him either a regular or sustaining membership without a probationary period. Action upon such request shall be wholly at the discretion of the membership committee.

Amend *Article II, Section 9,* beginning at the end of line 97 by deleting the last four words on that line and rewriting the end of this section as follows: Following approval for regular membership by the membership committee the applicant becomes a regular member on probationary status for one year plus the time interval required to wait from the end of said year until the next regular meeting of the Board of Trustees where the Board may take definitive action. No formal action on that membership will also be definitive, as it will automatically remove the probationary status. The Board of Trustees will notify the Executive Secretary of any member on probation whose membership is rejected.

An exception to probationary status for a regular membership or a sustaining membership is cited in preceding Article II, Section 8, relative to re-establishment of regular or sustaining membership following student membership classification.

The Board of Trustees has the power to place any sustaining, regular, associate, or student member on probation at any time for disciplinary reason.

Elections to membership under Sections 4, 5, 6, and 7 of this Article shall be by the Board of Trustees. At his election by written notice to the Executive Secretary any sustaining member may return to regular membership status.

Amend *Article III, Section 11,* so that it will read as follows: A member in good standing who is actively engaged in the service of our country or who, due to hardship or due to physical disability, maintains a limited practice or no practice, or has retired may have his dues reduced or remitted upon recommendation of the membership committee and approved by the Board of Trustees or its Executive Committee.

Article VI, Section 1, end of line 284 and beginning of line 285, amend phrase so that it will read as follows: . . . subject to examination by the President or the Board of Trustees.

Amend *Article VI, Section 12,* so that it will read as follows: The Executive Secretary at the end of his employment shall deliver to his successor all monies, books, papers, and other property of this Association.

Article VIII. Advance present Section 3 to become Section 4, and add a new Section 3 to read as follows: The Executive Committee is empowered to authorize necessary expenditures, but any amount in excess of $5,000.00 will require affirmation by mail vote of the Board of Trustees.

Calendar of Events

March 30-April 2—Fifteenth Annual Child Health Clinic and Educational Conference, Town Hall, Seminary South Shopping Center, Fort Worth. Virginia Ellis, D.O., Secretary, Doctor's Committee, 1001 Montgomery, Fort Worth, Texas.

April 2—Texas State Society of the American College of General Practitioners in Osteopathic Medicine and Surgery, 15th Annual Educational Seminar. Green Oaks Inn, Fort Worth. President, T. Robert Sharp, D.O., 4224 Gus Thomasson Road, Mesquite, Texas.

May 1-2 — Board of Trustees, Texas Association of Osteopathic Physicians and Surgeons, annual meeting, Hotel Texas, Fort Worth. Fred Logan, D.O., President, 3902 Highway 9, Corpus Christi, Texas.

May 3 — House of Delegates, Texas Association of Osteopathic Physicians and Surgeons, annual meeting, Hotel Texas, Fort Worth. Samuel B. Ganz, D.O., Speaker of the House, 3902 Highway 9, Corpus Christi, Texas.

May 4-6—Texas Association of Osteopathic Physicians and Surgeons, Annual Convention. Hotel Texas, Fort Worth, Texas. R. B. Price, Executive Secretary, 512 Bailey, Fort Worth, Texas.

May 22-24—Southwestern Osteopathic Association, Fifth Annual Convention. Sheraton-Western Skies Hotel, Albuquerque, New Mexico.

June 17-18—Texas Association of Osteopathic Physicians' Assistants, Sixth Annual Convention. Western Hills Hotel, Fort Worth, Texas. Betty Latimer, Secretary, 5500 39th Street, Groves, Texas 77619.

O. R. Lepere Long-Time Member Dies

Dr. Oscar R. LePere of Houston died February 13, 1967. The Texas Association of Osteopathic Physicians and Surgeons sent a check to the Kirksville College of Osteopathy and Surgery to be used in a permanent revolving fund as a lasting memorial to Dr. LePere.

Dr. LePere, a World War I veteran, was a member of West University Baptist Church in Houston, Lindale Civic Club, Rotary Club and Lions Club.

He is survived by his wife, Mrs. Vesta Lorene LePere; three sons, Dr. Robert H. LePere of San Antonio, Dr. Donald LePere of Houston, and the Reverend Gerald LePere of Nacogdoches; three sisters; a brother; and eight grandchildren.

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Contact: O. F. Thomas, D. C., 5239 North Freeway, Houston, Texas 77022

NEWS OF THE DISTRICTS

District No. Three

H. G. GRAINGER, D.O.

New Officers Are Named By Medical Group

Dr. Robert E. Slye of Tyler has been named president-elect of the District III society of the Texas Association of Osteopathic Physicians and Surgeons.

Dr. R. E. Hamilton of Mabank was elected vice-president; Dr. Ben J. Beall of Mineola, secretary-treasurer; and Dr. George Grainger of Tyler, state journal reporter. Dr. Gary Taylor of Mt. Pleasant, Dr. L. D. Lynch of Tyler, Dr. Hamilton and Dr. Beall were named delegates to the state convention to be held in Fort Worth in May.

Dr. Dean Wintermute of Klondike spoke to the group on "Computer Methods in a Country Practice" at the meeting here this weekend.

District III comprises 27 counties in northeast Texas. Thirty-six doctors and wives attended.

H. G. GRAINGER D.O., *Reporter*

Remember . . .

N E W S

From your district for the Journal must be in this office by the 20th of preceding month.

Please give us your cooperation.
THANKS!

District No. Four

ALLEN M. FISHER, D.O.

A meeting was held January 29, 1967, at The Log Cabin Inn in San Angelo, Texas, for District IV of the TOA. A good steak dinner was enjoyed by all, from 12:30 p.m. to 1:30 p.m., and after the dinner a business meeting was held.

The following new officers were elected for 1967: Jack Wilhelm, D.O. —*President;* Norman Leopold, DO.— *Vice-President;* Allen M. Fisher, D.O.— *Secretary-Treasurer.*

Delegates to the 1967 State Convention are:

1. V. Mae Leopold, D.O.
2. Norman Leopold, D.O.

Alternates:

1. Allen M. Fisher, D.O.
2. John Lathan, D.O.

After the meeting an informal discussion was held with a local representative of Medicare. From all the questions and answers, much of an informative nature was gleaned.

It was decided to have the next meeting on March 12, 1967, in Del Rio, Texas, which is the home of Drs. John Lathan and A. Lewis Kline, who are new members of District IV.

ALLEN M. FISHER, D.O.
Reporter

District No. Thirteen

R. D. VAN SCHOICK, D.O.

The following were elected Officers of District No. 13 for year 1967-68:

President: Dr. Ken White, Commerce, Texas

Pres.-Elect: Dr. Roy Mathews, Wolfe City, Texas

Vice-Pres.: Dr. Max Ayer, Bonham, Texas

Sec.-Treas.: Dr. R. D. Van Schoick, Leonard, Texas

Elected Delegates to the State Convention May 3, 1967 were Dr. James Fite and R. D. Van Schoick.

Elected Alternates: Dr. Dean Wintermute and Ralph Marcom.

All plans are complete for Career Day at East Texas State University by Dr. Pat Martin. The District felt that this would be more effective this year than the usual Public Relations Dinner.

Wages and Hours laws are having a way of changing things but all Hospital Administrators have the situation under control.

Drs. Smith and Banfield are still rehashing the District Title in Basketball in their District. It seems that Wolfe City won handily.

We are striving for better attendance at District Meetings and hope that March will prove to be better than January and February.

R. D. VAN SCHOICK D.O., *Reporter*

District No. Five

D. D. BEYER, D.O., F.C.G.P.

My nephew, David Beyer is a student at K.C.O.S. My golf playing brother, Dr. Bob Beyer, is his father. He was recently re-elected Vice President of his Sr. class after serving in this capacity his Jr. year, and was secretary of his class while a Sophomore. He was also Vice President of the Atlas Club and Secretary of Alphi Phi Omega. He served as Master of Ceremonies at his Jr. class banquet and received at that banquet the title of "gentleman's gentleman." He recently sat in with President Thompson, Dr. Denslow, the deans, and all members of the educational policy committee to see what improvements could be made in the curriculum of the Junior and Senior year at K.C.-O.S. I hope when David starts practicing in Texas, you will not get any bruises from this activity.

Dr. Lee Walker was passed for certification in the American College of Osteopathic Obstetricians and Gynecologists, and then was elected to the Board of the same organization, recently at their meeting in Las Vegas.

Mary Luibel went to Rockport to visit District 9 on the week end of the 11th and 12th. She was accompanied by her husband, Dr. George Luibel. They were the house guests of Dr. and Mrs. Eliott.

Plan Now to Attend the State Convention

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