

Texas

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FORT WORTH, TEXAS, OCTOBER, 1961

Number 6



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

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NUMBER 6

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EDITORIAL PAGE

PUBLIC RELATIONS

An association may spread itself over the entire world. It may include a hundred thousand members, but the average person will usually form his judgment of it through his contact with one individual.

If this person is rude, or inefficient, it will take a lot of kindness and efficiency to overcome the bad impression.

Every member of an organization who, in any capacity, comes in contact with the public is a salesman and the impression he makes is an advertisement, good or bad.

Malignancy of the Rectosigmoid



N. G. PALMAROZZI, D.O.
Groves, Texas

It has been estimated that about 74,000 Americans will contract cancer of the rectum and colon this year and about 40,000 will die of the disease. However, the survival rate should be improved, because this is an accessible area, and diagnosis should be made earlier, with removal of the lesion as soon as possible. After all, this area can be palpated, it can be visualized, and it can be checked by many modalities, a few of which will be discussed in this paper.

The well-known symptoms of rectal bleeding, pain, and change in bowel habits should immediately arouse suspicion and warrant a thorough examination. In my own series, bleeding was the most common complaint for rectal cancers. Change in bowel habits particularly narrowing of the diameter of the stool, was most common for the rectosigmoid cancers and for lesions higher in the left colon.

In reference to diagnosis, I would like to review what can be done to improve the examination of the patient. In this category seven topics should be discussed:

1.) The well known digital examination may be improved by having the patient squat, and strain during the examination. If one prefers the lateral decubitus position, as I do, the patient

should strain again. With this maneuver, the examining finger may reach up to 7 cm or more from the anus.

2.) The sigmoidoscopic examination, which should be part of every proctological examination, can be improved by cleansing the bowel properly prior to sigmoidoscopic examination. Too often the examination is inconclusive, because feces accumulate in the scope and obscure vision.

3.) According to various reports exfoliative cytology, when performed properly, may diagnose cancer of the colon and rectum in as much as 92% of cases. This should be used when x-ray or sigmoidoscopic examinations are inconclusive. Again, the bowel must be well cleansed prior to the study. The best method is to place the patient on his left side in deep Trendelenburg position to avoid cramping, and then to irrigate with as many enemas as necessary to make the bowel free of stool. Then wait two hours before starting the examination. Place the patient in the knee-chest position, introduce the sigmoidoscope and examine. Then insert a colon tube thru the scope, remove the scope and instill one quart of normal saline solution thru the tube as rapidly as possible. Turn the patient on his back and gently massage the entire area of colon to exfoliate the cells. After a few minutes, siphon the saline solution thru the colon tube and a tea strainer into an iced container. Repeat the procedure. The diagnostic wash is then centrifuged for 5 minutes at 5,000 R.P.M. The sediment is placed on frosted slides and then placed in ether-alcohol solution or acetone-saline solution. The slides are then dried and stained with Papanicolaou stain using EA-36 instead of EA-50.

4.) Coloscopic examination with the abdomen open is recommended when operating for polyps. Catell of Boston

suggests doing this, because some series in his studies have revealed multiple polypoid lesions in as high as 25% of cases. To perform this examination, one must first sterilize the bowel well with either Neomycin or Sulfasuxidine. The former is given orally in dosage of Gm 1.0 hourly for five doses, followed by Gm 1.0 every six hours in four or more doses. Sulfasuxidine is given orally with Gm 4.0 as an initial loading dose, followed by Gm 1.0 four times daily. Sulfasuxidine enemas may be employed at intervals during the same preparation period. Neither of the oral preparations should be used longer than four days however, because of the danger of purulent enterocolitis.

5.) All partial gut resections for benign polyps should have end-to-end anastomoses. Catell has reported a case of side-to-side anastomosis, where a polyp was apparently left behind in the blind pouch and could not be visualized by sigmoidoscopic examination. When finally explored, the patient was found to be inoperable.

6.) The surgeon must explore all cases of so-called recurrence. Some may actually be another primary lesion instead of recurrence. Multiple lesions and multiple malignancies are more common in the colon and rectum than in the rest of the gastrointestinal tract. Catell reports 25%. Bacon reports 20% out of 171 cases.

7.) Finally, radiographic methods must be improved. Although it would seem superfluous to x-ray the colon for rectal lesions which can be palpated digitally, it is nevertheless important because of the incidence of multiple lesions higher in the colon. Lateral films may reveal lesions not evident in conventional postero-anterior films.

Until about 15 or 20 years ago, the Miles abdomino-perineal resection was the procedure of choice for cancers of the rectum, rectosigmoid and even the lower sigmoid. Since then, however, surgical treatment has undergone a sig-

nificant change. The original Miles procedure has become more radical and other procedures such as the anterior resection and "pull-through" operations have been introduced. I personally dislike the pull-through operation because as Mayo once said, it doesn't do anything for the patient except give him "wet pants." At any rate prior to planning a surgical procedure, the following points must be appreciated:

1.) The rectum should be divided anatomically into two sections.

2.) The area above the transverse plicae, or middle valve of Houston, drains into the lymphatics which follow the superior hemorrhoidal artery and anastomose with the lymphatics of the sigmoid.

3.) The area below the transverse plicae drain upward but also drain into the middle and lower groups of lymphatics.

4.) On rare occasions, cancer above the transverse plicae may drain inferiorly. This is contrary to what was taught in earlier days: namely, that these cancers drained upward, downward and laterally. It was through the survival of stubborn patients who refused colostomies that these anatomical points have been appreciated. Therefore, cancers above the transverse fold and the lower sigmoid can be treated by anterior resection, eliminating a permanent colostomy. Those below the transverse fold should be treated with abdomino-perineal resection.

Anterior resections may be satisfactory if the following criteria are met:

1.) The lower border of the lesion must be 10 cm above the anal orifice and must be situated above the peritoneal reflection.

2.) The resection must be *en bloc* and for at least 5 cm or more below the lower edge of the growth and include the sigmoid with the inferior mesenteric lymphatics.

3.) Anterior resection should not be

done unless the blood supply is adequate. In a small percentage of cases, the arcuate vessel in the arcade is absent—the so-called critical point.

In past years, between 15 and 16% recurrences have been estimated in the hands of experienced surgeons, and about 10% have been thought due to implantation of cancer cells along the suture line. It is a fact that desquamated cancer cells will not implant in the intact mucosa, but can do so only where there is such a break in the mucosa as a suture line. Therefore, De Oliveira suggests irrigating the colon and rectum with a 1:500 bichloride of mercury solution after obliteration of the lumen of the intestine above and below the lesion and before dividing the intestine. After resection, but before anastomosis is begun, the severed ends are again wiped with this solution.

Catell re-emphasizes the ligation of bowel proximal and distal to the lesion and warns against manipulation of the tumor. He states that cytologic studies have demonstrated the presence of cancer cells in the lumen of bowel in 64% of cases. In addition, he recommends early ligation of the inferior mesenteric artery at the aorta and the inferior mesenteric vein just below the body of the pancreas.

The classical abdomino-perineal resection has undergone some modifications in the last few years in an effort to improve cure rates. The technique is well known. Therefore, I will discuss only the steps which comprise a departure from the conventional technique. It has been shown that the survival rate is better in cases which have had more mesenteric and lymphatic tissue removed. Thus, instead of dividing the circulation at the level of the superior hemorrhoidal, as done originally, it is now ligated at the aorta. The vein is ligated at the same level. This is done early to prevent venous spread from manipulation. Venograms have shown obstructions which later proved

to be cancerous obstructions in as many as 38% of cases studied. This is almost unbelievable! Therefore, emphasis must be placed on early ligation of the circulation and resection of a maximum amount of mesentery. One must keep in mind that ligation of the inferior mesenteric artery at the aorta usually includes the left colic artery and that this increases the magnitude of the operation. Therefore, careful judgment must be exercised especially in poor risk cases. Recently, John Stehlin, Jr., of M. D. Anderson Hospital in Houston, has included the posterior vagina in females and Denonvillier's fascia in males for anterior and lateral rectal cancers confined to the rectum. He and others feel that failures in and around the perineum are due to residual cancers. Therefore, the wider resections should be utilized. In my own series this procedure was not used unless the lesion had spread beyond the rectum, and then the resection was more extensive. I have some cases in this category to present which have been followed 6 to 8 years with no physical signs of local recurrence.

The Cancer Memorial Hospital group in New York advocate pre-operative radiation therapy. My own cases have not had such therapy, and I cannot, therefore, speak from personal experience. In the past, surgery following radiation was considered hazardous because of ill-defined cleavage planes and excessive bleeding. However, if operated within 4-6 weeks from time of radiation the cleavage planes are not lost and bleeding is not too troublesome. I have had this experience with breast and genitourinary surgery but not with rectal cancers. The bleeding is not much more than one encounters with ordinary cyclopropane anesthetics for routine surgery.

CONCLUSION:

- 1.) Since the population is now cancer-conscious, the physician must so be.
- 2.) More diligence is required in the

physical examination of the rectum and rectosigmoid.

3.) An intensive search for polyps should be made pre- and post-operatively.

4.) A policy of early ligation of circulation to bowel with wider resections of mesentery should be practiced.

5.) Institute the practice of early ligation of bowel above and below the tumor if possible.

6.) Consider the possibility of pre-op radiation therapy for rectal and rectosigmoidal cancers.

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Carla Fails to Daunt T.O.R.S. Meeting

A modest but enthusiastic attendance braved the aftermath of the Hurricane Carla and the Galveston Tornado to make the fall symposium on urology one of the most successful meetings ever sponsored by the Texas Osteopathic Radiological Society. The Jack Tar Hotel was in excellent condition for the three-day meeting. Aside from cancellation of the deep sea fishing and moving the beach party to poolside at the hotel, the recent weather had little effect on the affair.

The scientific program was particularly well received. For example, the Dutch Breakfast and round table originally scheduled as an hour-long event was prolonged to a three hour session by an enthusiastic discussion of untoward reactions to urological contrast media. Guest speakers for the meeting included two specialists in Urology: Dr. Dante E. Marinelli of Dallas and Dr. A. A. Choquette of Ft. Worth. Dr. R. K. Widney of Denver, Colorado was the participating radiologist. Participants in the urological film reading session included Dr. James H. Kritzler, Moderator and Dr. R. E. Modders of San Antonio as well as the guest speakers. A number of interesting cases were presented by the members and discussed by the panel.

At the business meeting of the society Dr. Edward J. Yurkon of Dallas was elected President for the coming year. Dr. James H. Kritzler of Houston was elected Vice President and Dr. Harlan Wright of Lubbock was re-elected Secretary-Treasurer. Invitations for the next meeting were received from Dallas, San Antonio and Austin.

A number of the registrants were accompanied by their families. The registrants were as follows:

AUSTIN

Dr. Joseph Love

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COOPER

Dr. Dean E. Wintermute

DALLAS

Dr. and Mrs. Raymond N. Dott
Mr. Joe Hambrick
Mr. and Mrs. R. P. Kincheloe, Jr.
Dr. Dante E. Marinelli
Dr. and Mrs. Chas. D. Ogilvie
Dr. and Mrs. Bruce Renner
Dr. Edward Yurkon
Dr. Peggy Yurkon

DELL CITY

Dr. and Mrs. Robert C. Greer

EL CAMPO

Dr. Allen J. Poage

FORT WORTH

Dr. and Mrs. J. Graham Bray
Dr. A. A. Choquette
Dr. Phil Russell

GALVESTON

Dr. and Mrs. Gilbert S. Rogers

HOUSTON

Dr. James H. Kritzler
Dr. Opal Robinson

LUBBOCK

Dr. Harlan O. L. Wright

ORANGE

Dr. and Mrs. Ralph C. Merwin

SAN ANTONIO

Dr. Robert E. Modders

TROUP

Dr. and Mrs. Carl List

TYLER

Dr. and Mrs. C. Bowden Beaty

OUT OF STATE

Dr. and Mrs. R. K. Widney, Denver, Colo.

Texas has a strong state organization, led by friendly and helpful people that will do their best to lend a helping hand to any Doctors wishing to locate in this state.

WHOM HAVE YOU TOLD?

October, 1961

Executive Secretary's Travelogue

Since the last "Travelogue," we have acquired additional help in the office. We now have a "Bratt" working for us. Yes, Miss Jeanie Bratt from Archer City, Texas. Apparently she has not become too acclimated to city ways as she seems to enjoy working and learning the procedures for conducting the business of this Association. Indeed, we are pleased to have her with us and it is hoped she does not plan matrimony in the near future.

This has been a very busy month but filled with some disappointments: (1) The President of our Association, Dr. G. W. Thompson, had to be operated and we had to cancel all of his official visitations to the districts which program had been set up. He would have completed all of his district visitations with the exception of one district. (2) President Morris Thompson of the Kirksville College of Osteopathy and Surgery wrote us that because of his health, the doctors will not permit him to do any extra work for at least three months or more. Therefore the vocational guidance dinners that had been set up will either have to be covered

by a substitute or else cancelled until Dr. Thompson is able to travel.

On September 8 the executive secretary, at the direction of the Public Health Committee, went to Mt. Pleasant, Texas. Remembering the last visitations he made to some of the doctor's offices, he decided to utilize two days and make some additional visitations to the doctors' offices in that area. Enroute, he stopped at Stevens Park Osteopathic Hospital and East Town Osteopathic Hospital in Dallas and at 1:30 P.M. was lunching in Terrell, Texas. He then proceeded to the Mineola General Hospital where he met with Dr. J. W. McCorkle and his brother, Dr. Carter McCorkle who now operates the Mineola General Hospital. Dr. B. W. Jones is no longer with them.

The executive secretary left Mineola at approximately 3:30 P.M. and arrived at the Coats-Brown Clinic and Hospital in Tyler at 4:40 P.M. where he spent some 25 minutes each with Drs. Joseph G. Brown, Brady K. Fleming, and C. Bowden Beaty. As he was leaving the hospital, about 6 P.M., he was caught by the administrator, Mrs. Golda

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Schuetz and enjoyed about 1½ hours' conversation with her. He then left, with every intention of driving on to Big Sandy to spend the night but instead stopped to eat and was then so exhausted he decided to spend the night there, which he did. He arose early the next morning and decided that before leaving Tyler he would visit Dr. Lester D. Lynch at his office. He was happy to find Dr. Lynch in. Dr. Lynch immediately called in Dr. Chambers who was formerly at Muleshoe, Texas and is now associated with him. The executive secretary enjoyed about an hour's visit with these two physicians, which threw him about an hour behind schedule but he reached Big Sandy Osteopathic Hospital a little before 10 a.m. where he went into session with Drs. Henry Hensley, K. E. Ross, and the administrator, Mr. W. H. Locke.

He left Big Sandy about 11 a.m. as he had a 12 Noon appointment at the Mt. Pleasant Hospital. He telephoned ahead that he might be a little late, but he reached there just minutes after Noon. He spent some 45 minutes with the hospital administrator, Mrs. Nelda Dale, as the doctors were in surgery. As soon as the surgery was over, Dr. G. W. Taylor, Dr. John S. Kennedy and the executive secretary proceeded to the hotel for lunch and a discussion of the problem that had provoked the trip. By 3:30 p.m. he was finished with his business there and proceeded to the Currey Clinic and Hospital where he found Dr. Currey was out for the afternoon as it was his regular afternoon off. But he did discover something he had not known—that Dr. Charles P. Barbaree is no longer associated with Dr. Currey in the hospital. So the executive secretary proceeded to Dr. Barbaree's office only to find it was also his afternoon off.

On these trips, the executive secretary has learned that many of our doctors take one or two afternoons a week out

of the office and therefore he misses them on these visitations. He has about made up his mind to go back into active practice so he can at least get Saturday and Sunday or maybe one afternoon or evening off each week. The executive secretary has a job that keeps him on the move about 18 hours a day, seven days a week. However, he has no objections. As everyone knows, he loves his work and the profession. Therefore he does not begrudge his time.

The executive secretary then left Mt. Pleasant to return to Fort Worth for some much needed rest, but he suddenly remembered we had a doctor at Mt. Vernon, Texas whom he had never seen, Dr. Neil H. Kidwell, so he arrived there at 5:30 p.m. and enjoyed a wonderful visit with this fine physician. Dr. Kidwell enjoys a good practice and is a physician of whom we should be very proud.

We sometimes wonder if those of us in metropolitan areas fully recognize the hardships that some of our men in the smaller areas undergo. They have no personal contacts with other members of the profession as we in the metropolitan areas do, and at times they no doubt feel somewhat neglected. Therefore, we print the following letter received from another of these doctors, following the executive secretary's visitation to his office:

"Dear Dr. Russell,

I wish that I could take off about 30 days and just drive your car for you and be of service to you because with just the short time you were here with me in my office you inspired me tremendously. I could hardly wait on people after you left, due to the happiness I experienced. I have talked about it for days and naturally will always cherish that feeling in my heart. You are exactly the inspiration I have credited you with being to old and young alike. I could express myself in many ways, Dr. Russell, but there is one memory I want you to always have that I

feel sincerely. I do appreciate your thoughtfulness in coming to see me. Please do it again and naturally I would consider it a privilege to have you spend several days. I love to fish and hunt and would enjoy taking you.

Judge ——— in the Federal district in Waco, Austin, and San Antonio comes to see me every year and we are real pals. We spend about three-four days together and there isn't anything we miss. He drops the Federal Judge atmosphere and we get down to earth on our fishing. I would like to vacation with you that way sometime.

Dr. Russell, I didn't go to the district meeting recently because I couldn't at the time. I will become a better member in time, especially because I know it will benefit me so much. I am working my rear-end off but I do appreciate my practice so much. I have lots of friends here and my business is very good. I hope to improve myself as I get older.

Again, please accept my sincere thanks for your visit. I am looking forward to seeing you again. Please convey my sincere wishes to your family.

Sincerely your friend,
/s/—————

The executive secretary reached Greenville about 8:30 p.m., his eyes about closed. He was afraid to attempt to drive on any further so he got a good night's rest and arrived back in Fort Worth at 9 o'clock the following morning.

On September 12, the executive secretary spent most of the day in the office meeting with Mr. Pizer and Mr. Hiatt of Reserve Life Insurance Company, over a problem claim from Houston. After reviewing the charts on this same case, from our hospital and two medical hospitals, it was concluded that the claim was just and they agreed to pay same. They had an excellent lunch together and the executive secretary enjoyed their lengthy visit with them.

On September 14, the executive sec-

retary left on a much belated trip to Dallas over some insurance problems. He stopped first at Mid-Cities Memorial Hospital in Grand Prairie where he conferred with the administrator, Dr. Harriette Stewart. From there he went directly to States General Life Insurance Company in Dallas where he spent an hour or so with their chief claim adjustor, Mr. F. C. Buchanan.

From there, he went to the Blue Cross office, arriving there about 11:30 a.m. He had lunch in the new Blue Cross dining room with Mr. Ralph Webb and Mr. Robert Hawthorne of Blue Cross, at which time mutual problems were discussed at length.

The executive secretary then went to Commercial Union Insurance Company where he had a most interesting meeting for some two hours with their claims adjustor and with the Medical Director of this company.

At 4:30 p.m. he was at Dallas Osteopathic Hospital where he met with Mr.

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Mann, the administrator. There was considerable discussion over matters concerning the profession. Then, with the architect, they reviewed the plans for the new expansion of the hospital which will be announced within the next few weeks.

On Sunday, September 17 the executive secretary returned to Tyler for the District No. 3 meeting, filling in for President, Dr. G. W. Tompson who was unable to be present because of illness. The executive secretary had been requested to fill in and address the group, by the District No. 3 program chairman, Dr. Carl List of Troup. This was an exceptionally good meeting with the largest attendance in a year. The executive secretary made a complete report on the profession in general and covered the activities of each of the state association's committees. The group seemed eager for information and the executive secretary talked for an hour and a half.

An interesting sidelight to this was that the executive secretary was so obviously exhausted from the previous week's activities, that President-Elect, Dr. L. G. Ballard, used his car and chauffeured the executive secretary to Tyler. The executive secretary felt highly complimented to have the president-elect act as his chauffeur. Dr. Ballard did an excellent job in getting the executive secretary safely there and then back to Fort Worth in time to

meet the AOA hospital inspector, Dr. William H. Guinand. The executive secretary took Dr. Guinand out for a late dinner at 9:30 p.m., following which they talked until after midnight.

On Monday, September 18, the executive secretary spent the entire day at Mid-Cities Memorial Hospital in Grand Prairie. It was wonderful to review the activities of this fine modern hospital which was recently approved for intern training. He was entertained at dinner that evening by Doctors Harriette and J. Natcher Stewart, following which he sat in on their staff meeting. He arrived back in Fort Worth about 11:30 p.m.

The executive secretary spent about 11½ hours in the office the morning of Tuesday, September 19 and then went to the Fort Worth Osteopathic Hospital for the rest of the day. That night he attended the District No. 2 meeting and enjoyed an excellent program. A local M.D., Dr. Stout, spoke to the group on Civilian Defense. Following the district meeting, there was a staff meeting of the Fort Worth Osteopathic Hospital at which time Dr. Guinand gave a report on his inspection of that institution. The executive secretary arrived home about midnight.

On Wednesday, September 20, he was up at 6 a.m. and moved immediately to Dallas where he remained for the balance of the week. At 8:30 that morning he was at the Stevens Park

MEDICAL BOARD TO MEET

The next meeting of the Texas State Board of Medical Examiners when examinations will be given and reciprocity applications considered is scheduled for November 30th, December 1st and 2nd, 1961, at the Hilton Hotel, Fort Worth, Texas.

Completed examination applications must be filed with their office thirty days prior to the meeting date.

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

Osteopathic Hospital. However there was a slight delay caused by the unexpected admittance of the first patient to the incomplected new hospital, a polecat. This poor creature had got himself wedged in a drain pipe. The workmen, of course, refused to work and an emergency team was called in. Again, the executive secretary viewed an unusual happening. An unauthorized member of the hospital staff, namely, Mr. Weatherly, administered an anesthetic to this unfortunate animal. We do not believe Mr. Weatherly will be charged for practicing without a license because of his adept manner in getting chloroform to this unwelcome "patient." The poor creature was then lifted out of the drain pipe and placed in a box. It was found he was perfectly harmless. He rallied and was later released to scamper away across the golf course. Undoubtedly, he was someone's pet.

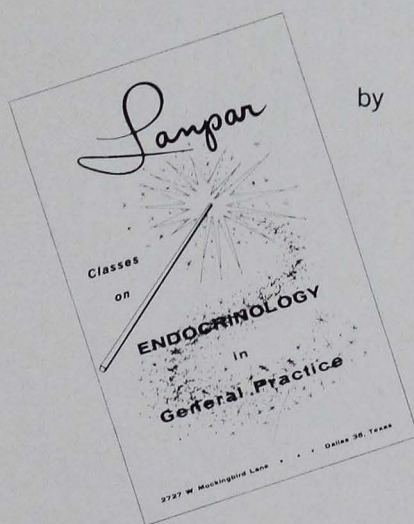
The executive secretary then stumped the hospital administration by requesting information as to how to code "skunk-itis"!

A busy day followed. That evening the executive secretary was entertained at dinner at the new Bowling Center—the largest in the world, by several members of the hospital staff and the hospital administrator. This was an interesting day indeed!

On Thursday, September 21, he was at Dallas Osteopathic Hospital until 5:30 p.m. He then met with the executive committee of the staff and was entertained at dinner at the Cattleman's Cafe by Mr. Mann, the hospital administrator. Following dinner he went to the District No. 5 meeting where the program was devoted to Civilian Defense. Following the meeting, he spent some two hours visiting with members of the hospital staff in his room.

At 8 a.m. on Friday, September 22, the executive secretary was at East Town Osteopathic Hospital where he spent the entire day. That evening he, Dr. DePetrus and Dr. Guinand were entertained at dinner at McArthurs Cafe by Doctors Marille and Sam Sparks. Following dinner, Dr. Guinand was im-

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mediately taken to the airport where he caught his plane for Tucson, Arizona. The executive secretary headed South for Galveston to attend the meeting of the Texas Radiological Society at the Jack Tar Hotel.

The executive secretary arrived in Galveston on Saturday morning, September 23, and attended the Radiological meeting. He met a good many doctors and was able to disseminate information concerning the profession.

The next morning, he returned to the meeting and in the afternoon enjoyed a most welcome rest. But at 10 p.m. he was at the Houston Air Port to again meet Dr. Guinand.

On Monday, September 25, the executive secretary was at Community Hospital where he had a most interesting day. He was happy to see President G. W. Tompson up and about and feeling much better. Dr. Tompson spent some three hours at the hospital but had to spend the rest of the day resting. That evening the executive secretary and Dr. Guinand were entertained at dinner by the hospital. They were accompanied by Mr. Lee Davis, the administrator; and Doctors Victor Zima, S. S. Runyon, and Joseph Wolpmann. Dr. Tompson was resting for the staff meeting to be held that night so he could not be with them for dinner. Needless to say, he was greatly missed.

The staff meeting was indeed interesting and the executive secretary was able to talk with many of the staff members. He arrived back in his hotel about 12 Midnight.

On Tuesday, September 26, he and Dr. Guinand were up at 5:30 a.m. to catch a 7 a.m. plane for Corpus Christi. They arrived at the airport in time, but had to wait 1½ hours for the take-off because of heavy fog. They arrived in Corpus Christi at 10 a.m. and were met at the airport by Dr. Lyle E. Elsea, Chief of Staff of the Corpus Christi Osteopathic Hospital, who took them immediately to the hospital. This was a very

busy day indeed and the executive secretary was able to visit with most of the members of the staff. At 6:30 p.m. they were taken to the Town Club by Doctors Fred E. Logan and Samuel B. Ganz for a wonderful dinner and then to the airport for their return flight to Houston.

Again, on September 27 the executive secretary and Dr. Guinand were up at 5:30 a.m. for a 100 mile drive to Groves where they spent the day at Doctors Hospital. This was another busy and interesting day and the executive secretary held many conferences with various members of the hospital staff. They were successful in finishing at this hospital in sufficient time to get Dr. Guinand to the airport for his flight to Tucson, Arizona.

That night, the executive secretary went to bed and slept all through Thursday, September 28. He never left his room, having his meals sent in. He was so exhausted he tried to catch up on all the sleep he had missed the past 10 days.

On Friday, September 29, the executive secretary was back in Houston and he returned to Fort Worth the following day.

This was an exceptionally hard two-weeks trip but very interesting and enlightening to anyone whose business it is to keep up with the progress of this profession. The executive secretary is happy to report that to his knowledge Hurricane Carla did not do much damage to any of our hospitals with the exception of the Bayview Hospital at Rockport which we understand had two feet of water in it.

See you next month!

Geriactive

When I invited a 94-year-old lady to mount the examination table, she jumped up with ease. When I indicated surprise and pleasure at her agility, she responded: "I'm still old."—S.B.M.

Legislative Procedure

By WAGGONER CARR of Lubbock



Limited familiarity with practical details can be harmful, Waggoner Carr warns, as he discusses the role of a lawyer representing a client before the Legislature.

During my ten years service in the Texas House of Representatives as a member and as Speaker, I have observed many of our fellow lawyers as they have represented clients on important matters of legislation pending before the Legislature. The purpose of this article is to assist those who wish to appear before legislative committees and to bring about a better understanding of the role of a lawyer representing a client before the Legislature.

Most important bills involve the considerations of complex problems, which can be solved only on the basis of long practical experience and careful research. The analysis and discussion of a proposed law, if it is to amount to anything more than guesswork, normally requires weeks or months of intensive preparation. Many capable courtroom lawyers have fallen down before legislative committees when searching questions reveal their limited familiarity with practical details either about the subject matter or with the special complexities of legislative procedure.

It is axiomatic that to be a good salesman a person must not only know his product but also he must know as much

as possible about his prospective buyer. Persuading a legislator or a legislative committee is no exception. It is very desirable, therefore, that the lawyer know legislative procedure and the general problems facing a legislator as he goes about his daily duties.

There are 150 members of the House and 31 of the Senate. It is important to remember that these men and women come from many walks of life. They have a variety of business, social, religious, and political interests and affiliations; widely different educational horizons; and are very definitely committed basically through inherent geographic ties, to further the interests of their respective districts. Such commitment, however, does not mean that the broader interests of the State become of secondary importance.

Who are the men and women making up the membership of the Texas Legislature and what are their backgrounds? Among the professions, lawyers are most heavily represented. This has been true for many years. It is interesting to note that the membership of the 56th Legislature is distributed occupationwise as follows: In the House of Representatives—lawyers—69, farmers—25, teacher—7, law students—7, and miscellaneous business and other—42; in the Senate—lawyers—20, teachers—1, and miscellaneous business and other—10. This occupational distribution is typical of recent legislatures.

The Texas Legislature meets once every two years for a period of 120 days unless a special session is called by the Governor. The members of that Legislature, in this brief period, must express a supposedly well-considered opinion on subjects ranging from bull frogs in Fayette County to city regulations in Dallas. They must reach decisions on bills providing for regula-

tion of insurance companies, taxation of corporations, regulation of professions and a host of other equally diversified and highly complex subjects. Obviously no one legislator is informed on all these items; it is indeed rare to find one fully informed on any one of them. He must, therefore, seek aid and guidance from lawyers appearing before committees.

General Legislative Procedure

The Texas Legislature is the board of directors of the biggest business in Texas—state government. It has a current operating budget of more than one and one-half billion dollars annually. As in most big business organizations today, the committee system is utilized. Actually, legislation is developed largely in committees rather than on the floor. There are forty-three standing committees in the House and twenty-four in the Senate. They are appointed by the Speaker and the Lieutenant Governor, respectively, as are also the members of the numerous special or interim committees.

All bills are referred by the Speaker or Lieutenant Governor, as the case may be, to the appropriate committee according to the subject matter of the bill. At the time of the committee hearing, public witnesses are heard for and against the bill. This is the only time witnesses have an opportunity to debate the merits of the bill unless, of course, the bill is sent to a sub-committee for

the purpose of further hearing. If the bill is reported out of committee for floor action, all debate is limited to members at that time. Therefore, all persons, other than members, interested in a bill must depend upon contacts with individual members except when giving testimony before a committee or sub-committee.

Appearances Before Committees

There are several other important facts which should be thoroughly understood by all persons appearing before committees to advocate favorable or unfavorable reports on measures pending before them.

(1) Under Texas law, persons appearing before committees to lobby for or against pending measures must first register under the Lobby Control Act. The Chief Clerk of the House, under the law, serves as the registering official for both House and Senate. Those unfamiliar with this Act should read it carefully. Also, in the House, but not in the Senate, committee witnesses (persons appearing for or against legislation) are required to testify under oath.

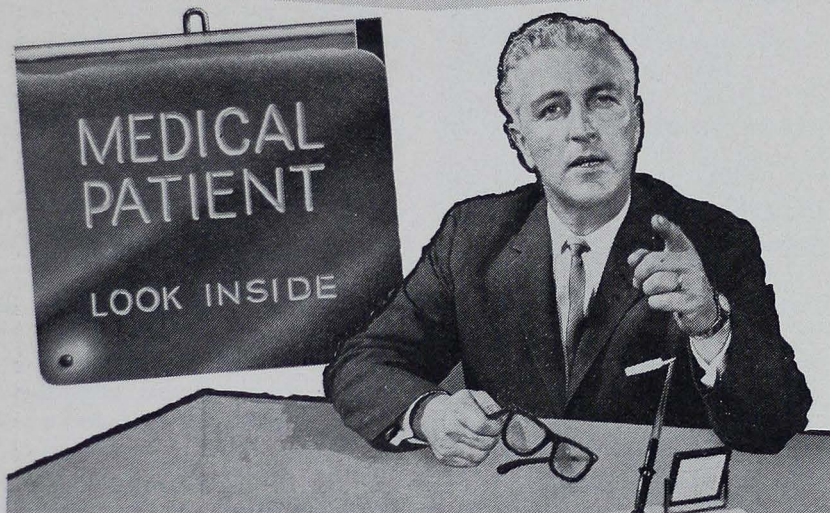
(2) It should prove helpful to list several suggestions relating to committee contacts and appearances, though some of these suggestions might appear obvious.

(a) Early contact with your local Senator and Representative, enlisting

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their support whether or not they are on the committee, is important.

(b) Contact the committee chairman personally so he can know in advance your position regarding the specific bill. Under the rules of the two houses, committee chairmen play a major role in the legislative process. If favorable to your position, the chairman can help in securing earlier consideration of the bill you advocate or, conversely, may retard its consideration in case you are opposed to the proposal. Many of the committees give their chairman the right to determine the committee order of business.

(c) Be thoroughly prepared for the committee hearing. Without sacrificing the persuasiveness of your argument, make your presentation short and to the point. Outline your presentation in advance or prepare your formal statement for reading to the committee. Often it is a good attention-holder and point-maker to have graphs or pictures to illustrate your arguments. Be prepared to answer questions by committee members. These questions should always be answered truthfully, accurately and candidly. Remember there is no substitute for "knowing your lesson." You should be prepared to leave with the committee any information you believe will be helpful such as prepared data, proposed amendments, and the like.

Under no circumstances appear to underestimate the knowledge of committee members regarding the bill under consideration, or question in any manner the sincerity or motives of committee members or witnesses who appear in opposition to your position. Remember that committee members hear many witnesses on numerous subjects and can quickly spot a "fake" or "bluff."

(d) Since public committee hearings are posted, usually well in advance, and copies of bills are usually available through official or commercial sources, a request for a postponement on the

ground that you need more time for study will likely prove ineffective. Of course, if a substitute proposal is offered at the committee hearing, such a request is valid and will usually be possible through normal committee procedure.

(e) Substantially the same committee handling can be expected in the opposite house, so profit by your experience in the committee in the house where the bill was first heard. Contact the Senator or Representative, as the case may be, who will sponsor or lead opposition to the bill, again giving all the assistance and information possible. Also carefully check all members of the committee.

(f) If the bill passes both houses, but goes to a conference committee because of differences between the two houses, the conferees should be contacted promptly. Prior contact with the two presiding officers will also prove helpful. Conference committees, consisting of five members of each house appointed by the respective presiding officers, do not hold open hearings or hear witnesses formally. These conferees adjust the differences and frequently report a new, but germane bill.

(g) Individual committee members should be contacted well in advance of the committee hearing in which the bill is to be considered, furnishing them with all pertinent information. If it is possible to do so, identify the committee member or members leading the fight for your position, or willing to support it, and give them all information and assistance possible. In this process leading citizens in the members' home districts can help, especially their top supporters.

Conclusion

The Sioux Indians had a wise prayer: "Great Spirit, help me never judge another until I have first walked two weeks in his moccasins."

He who would persuade a legislator

would do well to first become acquainted with the unusual problems of a legislator. He lives a life little understood by those outside public office. He is hurried, which causes him to sacrifice study and research. He must depend upon others to supply him with facts and figures. He must often make far-reaching decisions on complex questions—questions which are many times unrelated to his business or individual experience. He is pressured, pushed, pulled and often criticized unjustly. He is frequently abused by political threats. His sincerity is too often slandered by those who disagree with his decisions.

But through it all he acquires a better understanding of democracy and the way of Texas. His understanding of human nature runs deeper and he acquires a broad knowledge of modern governmental problems as he serves his fellow men.

The lawyer should never become so blinded by the details of his immediate task that he fails to grasp the fact that his role is an important part of a great and noble experiment—"government of, by and for the people" and that the lawyer in this role is a direct benefit both to the Legislature and the State of Texas.

Waggoner Carr has been in the active practice of law for 14 years. He is a member of the firm of Key, Carr, Carr & Clark of Lubbock. He is now ending his second term as Speaker of the Texas House of Representatives, being the third man in Texas history to be elected to this office for two consecutive terms.

Mr. Carr is a native of Fairlie, Hunt County, and received his LL.B. degree from the University of Texas. He is a former county attorney of Lubbock County.

Specialist Needed

A new patient walked into my waiting room. My receptionist noted the woman exhibited none of the physical signs that indicate the need of orthopedic consultation and inquired as to the nature of the difficulty.

"I've got to see a bone specialist immediately," the woman explained. "I swallowed a fishbone."—M.H.



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Dr. Jennings Addresses KCCOS Students At Annual Convocation



Dr. V. L. Jennings, of Fort Worth, was one of the featured speakers at the annual convocation for students of the Kansas City College of Osteopathy and Surgery held Monday, September 11, at the First Congregational Church in Kansas City, Missouri.

Dr. Jennings is President of the KCCOS Alumni Association.

Other speakers were Rev. John Fischer, of the church, Eugene B. Sayles, president of the College Board of Trustees, Dr. Joseph Peach, president of the college and Dean Kenneth Davis also of the college. Nearly all of the 385 students attended.

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BRYSON, TEXAS—In need of qualified physician to take over well equipped seven-bed hospital. Fifteen rooms in hospital: reception, office emergency, X-ray, nursery, laboratory, nurses' office, kitchen, operating room. It also has a \$3,000 Gilbert X-ray machine. Living quarters for doctor in the hospital. Bryson is located approximately 75 miles from Fort Worth with a town population of 545 and a population of 15,000 in the immediate trade area. For details write City Office, Bryson, Texas.

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The 5 Bs of aging: Baldness, Bifocals, Bridges, Bulges and Bunions!

* * *

"Despite missiles, rockets, and jets," says Walter Winchell, "they haven't yet come up with anything that goes faster than a buck."

* * *

Even after completing a physical examination, I still wasn't certain whether the patient was pregnant, so I suggested a laboratory test.

"Oh, no," she said quickly. "I don't want any more of those. I have 3 little negatives running around the house now!"—H.W.

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Cytologic Smears for Detection Of Uterine Cancer

By WILLIAM WALTERS, D.O.

Principles:

The use of cytologic smears for early cancer detection is dependent upon three basic characteristics of malignant neoplasms.

1. In the life cycle of malignant tumors, there is a pre-invasive or in situ phase.

2. Malignant cells even in their incipient stages exhibit subtle nuclear alterations.

3. Malignant cells undergo a loss of cellular cohesiveness which allows for their exfoliation and detection in fluids far removed from the tumor site.

Application to Vaginal and Cervical Secretions:

Cytologic smears in screening programs for uterine cancer offer several distinct advantages over other types of screening programs, including inspection and the Schiller iodine test. This program requires no special skills on the part of the examiner, and allows the

office of one specialist and his laboratory to serve as a cancer detection center to a large number of patients. In addition, this procedure is complimentary to both inspection and the Schiller iodine programs.

Equipment Needed:

1. Speculum
2. Clean glass microslides.
3. One of the following fixing solutions:
 - a) 95% ethyl alcohol—or
 - b) Equal parts 95% alcohol and ether—or
 - c) Equal parts 95% alcohol and ether with 5% polyethylene glycol added.
4. Ayre sticks or split tongue depressor for obtaining smear material.
5. Mailing carton.
6. History sheet.

Instructions to patient:

Instruct patient not to douche for 24 hours prior to collection of material.

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Technique for Obtaining Smears:

1. Use speculum moistened with water. Avoid lubricant.
2. Obtain smear material on Ayre stick from cervical os and posterior fornix.
3. Smear material thinly over surface of slide and fix immediately. *Do not allow smear to dry.*
4. Fix smears for one (1) hour or more in alcohol or alcohol-ether solution. (If fixative with polyethylene glycol is used, smears need only to be flooded and allowed to dry.)
5. Wrap slides carefully and mail to pathologist with history slip.
6. History slip should indicate:
Name and age of patient, menstrual history, source of material and other pertinent facts such as previous smears, hormone therapy, pregnancy, previous irradiation, etc.

The degree of usefulness of cytologic smears is directly proportional to the care in which the material is obtained. Avoid lubricants and excessive bleeding. Do not take smears during menses, active bleeding or after cautery.

M.D.s and D.O.s Meet In New York

One of the stipulations of the \$500,000 grant of the Rockefeller Brothers Fund to osteopathy last year was that the osteopathic profession "open new avenues of cooperation with colleagues in other branches of medicine."

One of these new avenues was opened in February of this year in an interprofessional seminar in New York City. The seminary was sponsored by the Foundation For Research of the New York Academy of Applied Osteopathy. Seven doctors of medicine and nine osteopathic physicians sat together in private for two days to talk about ways to bring about a better relationship between the two professions. Dr. MacBain, President of the Chicago Osteopathic Center, was one of the osteopathic panel members.

The purpose of the meeting was to promote mutual respect through mutual understanding between two groups who are both serving the public health. It was agreed that this goal could best be accomplished through discussions in the scientific and educational fields rather than in the political realm where old attitudes and prejudices would have more influence. The persistence of the

.. NOTICE ..

STATE BOARD OF HEALTH AMENDS CARE OF THE EYES OF THE NEWBORN

At the last meeting of the Texas State Board of Health, a change was made in reference to the Care of the Eyes of the Newborn, as follows:

"In accordance with Article 4441, Vernon's Texas Civil Statutes, the State Board of Health, at its regular quarterly meeting, on September 11, 1961, authorized physicians licensed by the Texas State Board of Medical Examiners, to use either a 1% silver nitrate solution, or a suitable antibiotic of the physician's choice, as a prophylaxis to prevent ophthalmia neonatorum."

American Medical Association in designating osteopathy as a cult is one of the great obstacles in the way of full cooperation between the professions. The conferees agreed that "The very existence of the word 'cult' is a sign of the ill-ease and lack of communication between the two disciplines.

Both the medical and osteopathic physicians could work toward better relationships if the osteopath would try harder to explain his method of practice in terms which medical doctors can understand. At the same time, medical physicians should listen more attentively to what their osteopathic colleagues have to say.

As long as medical organizations prevent their members from working with osteopathic physicians, there is no way in which the two groups can share experience and properly evaluate what the osteopathic method can accomplish. On the other hand, osteopathic teaching and training institutions should welcome medical observation and study of their methods.

All the participants wanted to see the "cold war" between the two professions broken in the interest of the public. Among the recommendations adopted to accomplish this were:

1. More funds for osteopathic literature
2. Osteopathic participation in national meetings
3. Exchange of teachers and research men in schools of the two professions
4. More meetings of this kind for friendly discussion with enlarged representation from both professions.

How those things that are most valuable to the osteopathic patient can be made more readily available to a larger part of the public was discussed but no recommendations made at this meeting. This question will continue to be included in the agenda of future meetings, two more of which are to be held this year.

It is estimated that more than 4000 physicians and surgeons either retire or die each year. It is also estimated that approximately 7300 physicians graduate from the 83 recognized colleges each year. Based on the above estimates, and with the increase in population, it may be assumed that by 1975 there will be a shortage of over 50,000 physicians in the United States.

* * *

About seven per cent of the osteopathic physicians in practice today are women.

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CARL E. MORRISON, D.O.

Chairman: Council on Federal Health Programs

1757 K. Street, N.W.

Washington, D. C.

September 5, 1961

Washington News Letter

"Physician, osteopath"

Use of the words "physician" and "osteopath" as distinguishing terms was scotched by the Senate last week. The terms appeared in series—"physician, osteopath,"—in S.2321, a bill authorizing tissue banks in the District of Columbia. The Senate District Committee struck the word "osteopath," and in Senate Report No. 824 on the bill explained: "The amendment to strike the word 'osteopath' is for the reason that the term 'physician' is as applicable to doctors of osteopathy as it is to doctors of medicine duly licensed under the laws of the District of Columbia." The amendment and the bill were adopted by the Senate without objection on September 1.

H. R. 10

The Senate Finance Committee has approved a modified version of the Keogh bill, H.R. 10. (For description of House-passed version, see WNL May 24, 1961). The Committee version would let a self-employed individual set aside annually toward his own retirement either (1) \$2500 or (2) 10 percent of earnings—whichever is less. His maximum deduction would be \$1750—that is, 100 percent of the first \$1000 and 50 percent of the remaining \$1500. A self-employed person setting up a plan for himself would have to provide fully vested coverage for ALL full-time employees with more than three years' service. The prospective

loss of revenue is the roadblock to Senate passage.

Community Health Care of the Aged

An omnibus community health services and facilities bill aimed primarily at improvement of health care for the aged and the chronically ill outside of hospitals, H.R. 4998, passed the Senate with amendments on September 1. The bill increases authorization for grants to assist States in development of public health programs to provide out-of-hospital health services to the aged and chronically ill; provides for project grants to develop new or improved methods of providing health services outside of hospitals, particularly for the chronically ill and aged; authorizes grants of up to two-thirds of experimental construction costs of hospital and other medical facilities for research projects related to the effective utilization and development of hospitals and other medical facilities; extends the Health Research Facilities Act for an additional three years; and raises from \$10 million to \$20 million the annual authorization for matching grants to construct nonprofit nursing homes.

Office of Emergency Planning

The Office of Civil and Defense Mobilization (OCDM) is being redesignated the Office of Emergency Planning (OEP). Fallout shelters, public warning, emergency communications, and national radiological monitoring and de-

tection are among the civil defense responsibilities recently assigned to Defense. HEW has civil defense responsibility for stockpiling medical supplies and equipment, among others. OEP will advise the President on over-all non-military defense plans including civil defense.

\$40,998.68

\$40,998.68 more was given for osteopathic college support in the first quarter of 1961-62 than in the first quarter of 1960-61, which in itself was a record-breaking year for O.P.F.

This is wonderful news *BUT* when we analyze our report we find that a great part of this increase is due to the fact that Ohio's support-through-dues by-law has become operative. A great deal of money contributed by doctors in that state came in at one time where heretofore it has come in over a span of a complete year.

O.P.F. giving in California was over \$200,000 last year. This year, while many dedicated doctors in that state have pledged to support the colleges and thereby the profession, the total sum to be realized from California will only be a small percentage of that figure. There is an answer to the question of providing adequate support for the colleges, so that they and the profession which is dependent upon them for its very existence, can continue to provide mankind with the top quality health care which it has come to expect

from osteopathic physicians and surgeons.

The answer is for you and me, who understand the need, to see that every single osteopathic physician and surgeon realizes that the only way his profession can exist is for his colleges to remain solvent. The only way they can remain solvent is for **EVERY MEMBER** of the profession to provide his share to meet the deficit necessarily incurred by his colleges in meeting the high standards we expect of them.

EARL K. LYONS, D.O., *Chairman*
Osteopathic Progress Fund Committee
American Osteopathic Association

Annual AOA Seal Drive Goal Set At \$75,000

CHICAGO (AOA)—The 31st annual Christmas seal drive for student loan and osteopathic research funds will open October 1, it was announced by Mrs. George W. Northup, Madison, New Jersey, chairman of the AOA auxiliary seal drive activities.

The fund goal is \$75,000. Last year's drive raised an all-time \$71,125 and provided \$34,023 for student loans and \$22,682 for osteopathic research.

"The annual seal drive is primarily a public program, and is the only nationwide campaign conducted by the osteopathic profession," explained Dr. True B. Eveleth, Chicago, AOA executive director and honorary national seal committee chairman.

This year returns will be split 50-50 between student loans and research.

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FORT WORTH, TEXAS

AUXILIARY NEWS

EL PASO HERALD-POST, Friday, September 8, 1961

Geologist Instructs At TWC, Serves Church, Civic Groups

Mrs. Owen Vowell of 700 Baltimore Drive is one of the busiest women in El Paso. She has been an instructor in the Geology Department at Texas Western College for the past six years after receiving her degree in geology from Texas Western and the University of Oklahoma.

As a geologist, Mrs. Vowell is a member of a number of professional organizations in that field, such as the American Assn. of Petroleum Geologists, American Institute of Mining, Metallurgical and Petroleum Engineers, Society of Economic Paleontologists and Mineralogists and the American Assn. of Geographers.

Sponsors Council

At Texas Western she is faculty sponsor of the Interfaith Council, a group of students representing each of the religious organizations on campus. This group, with Mrs. Vowell's supervision, sponsors on campus each year a "Religion in Life" week for students of all faiths.

At the college she also is active in the American Assn. of Geology Teachers, the American Assn. of University Professors and the Faculty Women's Club.

Mrs. Vowell's interests do not stop with her work at the college. She is a member of the Order of Eastern Star and teaches a Bible class at Mt. View Baptist Church. This Bible class takes up a great deal of her time—each week she visits the members in their homes.

Heads Auxiliary

Mrs. Vowell's husband is an osteo-

pathic physician, and Mrs. Vowell is president of the auxiliary to District XI Assn. of Osteopathic Physicians and Surgeons. In this job lies one of her main interests. This group under her leadership holds the State Assn.'s Membership Trophy. It is active in promoting public understanding of the osteopathic profession, and with Mrs. Vowell's guidance has become one of the leading district auxiliaries in the state. One of its projects in the near future, Mrs. Vowell says, is a sponsored trip to the zoo for a group from one of the orphanages.

Teaches Photography

Mrs. Vowell's auxiliary work extends to the state level. As state historian for the past term, a state history scrapbook of the auxiliary is entered in a national contest in January. She is now acting as state funds chairman.

One of Mrs. Vowell's hobbies is interior design. When her sister, Mable McDaniel, opened a gift shop on Montana avenue, Mrs. Vowell designed the show cases, racks and tables. Her interest in antiques helped here.

Mrs. Vowell says "my summers are generally spent in sightseeing in one of our national parks or in designing and sewing my own clothes, suits, coats and so on. However, some time this summer was spent in teaching aerial photography to the geologists with the Peace Corps at TWC and I thoroughly enjoyed it."

(EDITOR'S NOTE: *The foregoing article was written by Miss Sandra Holcomb, daughter of Dr. and Mrs. M. G. Holcomb*).

NEWS OF THE DISTRICTS

DISTRICT TWO

Cardiovascular Clinic

A "Fall Clinic" and Seminar was held at the Fort Worth Osteopathic Hospital September 11th to 14th inclusive. It was sponsored jointly by the hospital and the Susan Baker Memorial Cardiovascular Foundation.

Examinations of problem cardiac and vascular cases were made daily. Vascular and cardiac surgery cases were a highlight of the meeting.

Daily lectures on related subjects were attended well by the men in the field. Guest speakers were Houck Bolton, M.D. of Chicago, Illinois, W. Donald Baker, D.O. of Los Angeles, California, and Daniel F. Downing, M.D. of Philadelphia, Pennsylvania.

Similar Clinics have been held at the hospital on numerous occasions during the past five years. The interest of the profession in cardiac and vascular disease has been growing steadily as evidenced by the increasing numbers of attending doctors from over the state.

Dr. C. Raymond Olson of Fort Worth spent the week of September 3rd to 8th at the Hahnemann Medical College in Philadelphia studying pediatric cardiology. Daniel F. Downing, M.D. is an instructor in pediatric cardiology at the College, and is chief pediatric cardiologist at the Hahnemann Hospital.

Dr. R. B. Beyer— "Round-the-World Trip"

Dr. and Mrs. R. B. Beyer were among the 33 members of the Porter Randal Tour which left Los Angeles on July 17. Porter Randal is the outstanding news commentator of KFJZ radio. The group flew by Jap Airlines to Hawaii where they spent several days in Honolulu sightseeing. From Honolulu they flew to Tokyo, Japan and from there to

Hong Kong where they spent 3 days. They next flew to Bangkok, Thailand where they visited the temples of that city.

Their next stop was Singapore and then Maylaya where they were entertained with a luncheon by the Sultan of Johore. From Maylaya, the group went to Calcutta, India and then on to New Delhi. While in India they saw the Taj Mahal.

Other stops were made at Carachi, Pakistan; Cairo, Egypt; Istanbul, Turkey; Athens, Greece, and Rome, Italy. From Italy, Dr. Beyer flew to Madrid to tour Spain while Mrs. Beyer and Mrs. Porter Randal remained in Italy to tour that country. Mrs. Beyer and Mrs. Randal flew from Italy to London where they spent a few days with Dr. Johnson, a classmate of Dr. Boyer's. Mrs. Beyer and Mrs. Randal joined Dr. Beyer in Madrid and from there they flew to Paris and then to New York. Dr. Beyer returned to Fort Worth on August 23rd. Mrs. Beyer returned September 7th. They covered approximately 33,000 miles in 33 days.

Estimated opening date of the Hurst Hospital has been set for October 15.

Dr. V. L. Jennings of Fort Worth went to Kansas City on September 11. As President of the Alumni Association of the Kansas City College of Osteopathy and Surgery, he gave the convocation speech on the opening day of school. The title of his speech was "Loyalty to People and to the Profession." Dr. Jennings said that there are 103 new freshman students at the College this year.

Dr. E. D. Conrad of the White Settlement Hospital took a trip to Hawaii in August.

Dr. Joe W. Rhoades, also of the

White Settlement Hospital, has returned from the Mayo Clinic following surgery. He is recovering nicely and will soon be back in his office.

Dr. Luther Swift of Fort Worth has opened his new offices at the White Settlement Hospital and Clinic.

VIRGINIA ELLIS, D.O.

DISTRICT FIVE

Mr. Gaines F. West, Southwest regional director for the office of Civil Defense, spoke on "Personal Defense" to District V at the September 21 dinner meeting at the Marriott Motel.

New district members are Drs. Francis DeSio, Dante Marinelli, Randolph Gillum, Robert Lambert, Robert Slocum, Carl Laffoon and Roland Lancaster.

DISTRICT SEVEN

District Seven held its last meeting at Landa Park, New Braunfels, September 7th. Dr. and Mrs. Marvin P. Ollom were hosts. Three-fourths of the district's doctors and their wives attended.

We regret that Dr. G. W. Tompson, our State President, was unable to be with us and we wish him a speedy recovery.

The meeting was devoted to a review of the actions of the House of Delegates of the State Association.

Dr. A. W. Johnson of Florence was accepted as a member of District Seven.

Both he and his wife were welcomed to the group. We wish them well in their small Hospital and Clinic.

After a delicious Bar-B-Que Supper, there was a lengthy discussion of the actions of the A.O.A. and the future of Osteopathy. This was indeed a very important organizational meeting and much benefit was derived from it.

Dr. and Mrs. H. H. Edwards and Dr. and Mrs. L. C. Edwards attended the National Glandular Society meeting in Las Vegas.

Dr. and Mrs. Harold Beckwith will attend the Fall convention of E.E.N.T. College in Florida and will remain in Florida for a much needed rest.

Dr. William Mosheim attended the Executive Board of General Practitioners at the Osteopathic Hospital in Fort Worth on September 17th.

W. D. SCHAEFER, D.O.
Secretary

DISTRICT EIGHT

The last meeting of District Eight was held in McAllen on Sunday afternoon, August 27, 1961.

We were honored to have President and Mrs. G. W. Tompson and Dr. and Mrs. J. Ralph Cunningham from Houston attend the meeting. Several of our members and their wives joined the visitors for an evening of social activities across the border in Reynosa.

District Eight is making plans to hold

WANTED:

House physician to do general practice in the Rising Star Hospital. Salary starting at \$500.00 per month. Possible partnership after one year if indicated by the doctor's ability, willingness to work, etc. Contact A. D. Schmitt, D.O. at 413 W. College St. in Rising Star, Texas.

a Vocational Guidance Dinner at Corpus Christi on November 16, 1961.

The Corpus Christi Osteopathic Hospital sponsored a nurses soft ball team this summer. After a slow start, the girls won their last six games in a row and finished in second place in both the city league and city tournament which followed. They then challenged the doctors to a game. The challenge was promptly accepted and the game was a close one all the way, with the doctors defeating the nurses by a score of twenty-two to twenty-one.

The personnel of Corpus Christi Osteopathic Hospital performed efficiently during the recent emergency, caused by hurricane Carla. In the earliest stage of the storm, the local radio and television stations were notified that the hospital was prepared to receive emergency patients with doctors available around the clock. The hospital at Port Aransas was evacuated by sending the patients to the Corpus Christi Osteopathic Hospital. Several other residents requiring hospital care were accommodated throughout the storm.

The next meeting of District Eight will be held on November 5, 1961 at

Aransas Pass with Dr. Kumm in charge of the accommodations.

D. H. HAUSE, D.O.
Secretary

DISTRICT ELEVEN

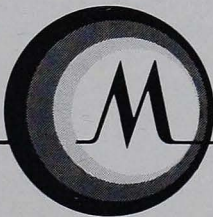
The district was sad to hear of President Thompson's illness but is pleased to learn of his rapid recovery. As was true in many of the other districts, Dr. Thompson was planning his visitation to this district during the last week of September. We are anxiously looking forward to another date that he may be able to honor our district by his presence.

Word had been received that Dr. Morris Thompson of Kirksville College will be unable to attend the Vocational Guidance Dinners as guest speaker in districts VI, VIII, XIII in November as had been planned. Dr. Thompson informs us that his doctors strictly forbid him to undertake such a rigid and grueling schedule as he has done in the past. We regret he will not be with these districts this Fall and we wish him a speedy recovery. As a word of encouragement to these (if this column is read by anyone else besides my receptionist, the editor and those in my

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district) I urge you to follow through with your vocational guidance dinners.

On the 12th July 1961 Dr. and Mrs. Loy Sanders were blessed with an addition of a little girl to their family. She was christened Susan Lynn. On the 22nd August 1961 Dr. and Mrs. J. E. Holcomb couldn't be out done and had a little girl of their own. She's called Dawn Elizabeth.

Dr. and Mrs. Max H. Weaver are presently visiting our fair city for a possible location. Dr. Weaver is from San Angelo, Texas. He is a graduate of Kansas City College of Osteopathy and Surgery and interned in the Tucson Osteopathic Hospital. The lovely Mrs. Weaver is a native Arizonian and is rapidly becoming an avid Texas rooter. We hope that they are able to find a place and stay to join our group. We will be proud to take them into our fold.

Dr. Owen Vowell took a week off last month to Temple, Texas for a check up. I don't know all the details but from the looks of this converted Texan "Okie" he is good for another 50 years. Mrs. Vowell, who has be-

come one of El Paso's celebrities, received another tribute in one of the local newspapers. She has been active in many of the local organizations associated with Texas Western College. You can read more about her under the "Auxiliary News" in this issue of the Journal.

On 28th September 1961, District XI had its monthly meeting at the home of Dr. and Mrs. M. A. Calabrese. Generally a film is shown to the group for its professional and educational program. Unfortunately the film did not arrive in time, so Dr. M. G. Holcomb "pinch hit" for us and presented a very fine topic, valuable to all, entitled "Differential Diagnosis of Testicular Swellings." Plans were discussed in setting up a format to present the film "The American Doctor" to various vocational guidance groups. Dr. Weaver, mentioned above, has decided to stay with us in El Paso and already has found a location. We're proud to have him.

Today the ponies start to run!

M. A. CALABRESE, D.O.
Reporter

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DATE _____

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TIME	NAME	CONDITION:
9:00	Frank Erickson	Cervical strain
9:30	Thos Martin	Chronic lumbo sacral pain
10:00	Ray Butler	Myositis of capsule R. knee
10:30	Harold Nelson	Chronic muscle spasm of general spine
11:00	Elmer Hoff	Back pain
11:30	Ed Dur	Torticollis
12:00	P.M.	
1:30	James T	Shoulder tension, bilateral
2:00	Allen Jac	Arthritis - chronic neck (traumatic)
2:30	Edith Ramo	Chronic arthritic back
3:00	Rita Wilbou	Sacro iliac pain - low back
3:30	Jess Sweem	Non-specific vague muscular pain
4:00	Myrtle Halley	Fifth Lumbar disc compression
4:30	Adolph Lanci	Low back pain and stiffness
5:00	Mildred Casteel	Sacro iliac sprain



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