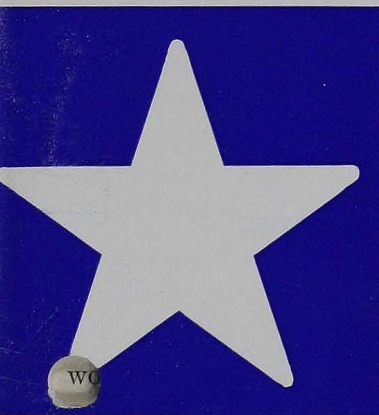


Texas OSTEOPATHIC PHYSICIANS Journal

VOLUME XX

FORT WORTH, TEXAS, SEPTEMBER, 1963

Number 5



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Texas Osteopathic Physicians' Journal

OFFICIAL PUBLICATION OF THE
TEXAS ASSOCIATION OF OSTEOPATHIC PHYSICIANS AND SURGEONS

PUBLICATION OFFICE: 512 BAILEY STREET, FORT WORTH 7, TEXAS

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

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EDITORIAL PAGE

Osteopathic Medicine is a philosophy, a science, and an art. Its major philosophical thesis embraces the concept of the unity of body structure and function in health and disease. Its science is developed through the integration of chemical, physical, and biological sciences related to the maintenance of health and the prevention, cure, and alleviation of disease. Its art is the application of this philosophy and these sciences in the practice of medicine and surgery in all of its branches and specialties.

The major propositions of osteopathic medicine are based on these premises:

(1) The body is a unit—regulated, integrated, and coordinated in all of its functions.

(2) The body possesses self-regulatory mechanisms for the production of immunity, regulation of vital functions, and repair of damaged tissues.

(3) The structure and the function of the body are interrelated. There must be normal structure in all parts of the organism to maintain maximum functional efficiency.

There are no contentions in osteopathic medicine which are in disagreement with established scientific data; there is no special osteopathic anatomy, physiology, biochemistry, or neurology. The difference between the practice and theories of the majority school of medicine and osteopathic medicine is a matter of emphasis on certain phenomena, rather than a dispute over scientific truth.

Lately the newspapers have been highlighting the F.D.A.'s action in regard to the banning of many drugs. If the investigation continues as it has been conducted in the past year, this certainly will establish for us much of the philosophy and concept of our profession. A special panel for the F.D.A. has concluded that—

"(2) There is no acceptable evidence that any antimicrobial agent is of any value in the treatment of the common cold or any other upper respiratory viral infection.

"(2) Antimicrobial agents are of no value in preventing bacterial complications in patients with common colds who are otherwise healthy, and therefore should not be used.

"(3) The antibiotic in a drug which includes analgesics, antihistamines, and possibly decongestants would have no effect on the cold itself, and there is insufficient clinical evidence to show that it would be of value in the prevention of complicating infections."

A Responsible Citizen

by R. M. HAWKINS

(A paper presented before the Texas Osteopathic Hospital Assn.)



During the past 15 years, I have spoken to many service groups, churches, college and university faculties and student bodies, public school faculties and student bodies, and to chambers of commerce in Texas and adjoining states on the subject of "America—A Land of Dreams And Their Fulfillment." Indeed, America is a land of dreams and their fulfillment. We, as American citizens, have always had the idea that any dream that we could dream could somehow in this great land of opportunity be fulfilled.

I have emphasized that we have a responsibility in developing a deep sense of appreciation for our democratic philosophy. I have said that we must love this nation with a devotion of true patriots, that we must cherish our democratic system of government, that we must defend it and advance it.

This is the greatest Christian nation on the face of the earth today. It has its foundation roots deep down upon the solid rock of Christian ethics. This nation, more than any other nation, stresses the value of (1) a human personality—the priceless dignity and worth of man, (2) individual responsibility, and (3) participation in local government. This is a great capitalistic system that we

have based on individual initiative and private enterprise. These are things that have made America great, these are things that keep America strong and these are the things that make America the hope of the world.

But, my friends, there are some danger spots in America today:

1. Since 1945, fear has overshadowed our lives and the tragedy is that we have not learned to live with it. Fear has so controlled us that it has almost become a national characteristic.
2. Our attitude toward sex has cheapened and deteriorated. There is a moral looseness in this nation today that is startling to the most sophisticated and blase.
3. We are unconcerned about the conservation of our natural resources, for we waste them and desecrate them. We, as so called leading citizens, carelessly destroy the natural beauty of this country.
4. Our personal devotion to national welfare has declined and a lack of sense of personal responsibility typifies the average citizen.
5. We give lip service to religion and fill our churches on Sunday with ever greater crowds. Yet too often our actions mock God. This is weakening America and we must become alerted to these danger signals.

So today, my friends, I want to talk to you about us! About you, about me and how you and I unknowingly, un-

thinkingly, unwittingly and unintentionally are weakening America.

We say that America is the land of the free and the home of the brave, and it is. But I ask you, my friends, are we accepting the responsibilities that come with freedom? Are we accepting the responsibilities of free men?

I should like to read you an article entitled "A Picture of One American" but before I read this article, I should like to say two things. In the first place, I am not against federal government programs as such. Most of the things that you and I get must be gotten through our own efforts or through cooperation between the community governments and the citizens of the various communities. Some things that are good for the citizens of the state can best be secured by the cooperative efforts between the state government and the citizens of the state. There are other things, however, that can best be made available through the cooperative efforts of the citizens of the nation and the federal government. So I repeat, I am not against federal programs as such. The second thing I want to say is as I read this article, I want you to search your heart and your soul as I will search mine and ask yourself, "Is this really a picture of me?"

"A young man lived with his parents in a public housing development. He attended public school, rode the free school bus, and participated in the free lunch program. He entered the army, then upon discharge retained his national service insurance. He then enrolled in the state university, working part time in the state capitol to supplement his GI education check.

"Upon graduation, he married a public health nurse and bought a farm with an FHA loan, and then obtained an RFC loan to go into business. A baby was born in the county hospital. He bought a ranch with the aid of the veterans land program and obtained emergency feed from the government.

"Later he put part of his land in the soil bank and the payments soon paid out his farm and ranch. His mother and father lived very comfortably on the ranch on their social security and old-age assistance checks. REA lines supplied electricity; the government helped clear his land.

"The county agent showed him how to terrace it; then the government built him a fish pond and stocked it with fish. The government guaranteed him a sale for his farm products at highest prices.

"Books from the public library were delivered to his door. He banked money which a government agency insured. His children grew up, entered public schools, ate free lunches, rode free school buses, played in public parks, swam in public pools, and joined the FFA. He owned an automobile so he favored the Federal highway program.

"He signed a petition seeking Federal assistance in developing an industrial project to help the economy of his area. He was a leader in obtaining the new post office and Federal building, and went to Washington with a group to ask the government to build a great dam costing millions so that area could get "cheap electricity."

"He petitioned the government to give the local air base to the county. He was also a leader in the movement to get his specific type of farming special tax write-offs and exemptions. Of course, he belonged to several farmers' organizations, but denied that they were pressure groups.

"Then, one day, he wrote to his Congressman: "I wish to protest these excessive governmental expenditures and attendant high taxes. I believe in rugged individualism. I think people should stand on their own two feet without expecting handouts.

"I am opposed to all socialistic trends and I demand a return to the principles of our Constitution and the policies of States Rights."

Do you happen to know this man?"

I ask you, is this a picture of you, of me?

You see, we talk so much of our Bill of Rights and so little of our Bill of Responsibilities. I do not want to seem to paraphrase the holy words of the Master Teacher, but I say to you that if we would really be disciples of democracy, we must learn to control ourselves, to take up the cross of individual responsibility and really follow the principles of democracy to which we give lip service.

This is the greatest nation on the face of the earth today; essentially sound in health, its wealth and its power unequalled and its greatest days lie ahead. But this nation and world democracy are besieged from within and from without and the freedom of the world is endangered. The danger to this nation from without is great, but the danger

**TEXAS STATE BOARD OF EXAMINERS
IN THE BASIC SCIENCES**

1021 SAM HOUSTON STATE OFFICE BUILDING
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AUSTIN, TEXAS

August 13, 1963

NOTICE OF EXAMINATION:

The next examination of the Texas State Board of Examiners in the Basic Sciences has been set for Monday and Tuesday, October 21-22, 1963 in Austin only.

Details as to time and place may be obtained by writing to the Executive Secretary at the above address.

Applications for the October examinations must be complete and in this office by September 30, 1963 and all necessary information and documents required by the Board of examinees must be completed and in the applicant's file by that date. Those interested in participating in this examination should act immediately.

from within is greater. I am not so afraid of what Russia, with its great power for destruction can do to us as I am afraid of what we can and are doing to ourselves by apathy, by complacency and by indifference.

The world today is in a state of change and state of flux and civilization itself is balanced on the thin knife edge of possible destruction. Grave are the dangers that threaten us from without, but no power on earth can defeat us through military might. But, my friends, we can defeat ourselves. We are committing great crimes against our nation and ourselves now by apathy, complacency, indifference, selfishness and greed—by a lack of a sense of personal responsibility.

I repeat—I am more afraid of what we can and are doing to ourselves than I am afraid of what the Russians can do.

I am afraid of Americans who have become indifferent to the decay of national ideals; who have become so accustomed and indifferent to every form of political chicanery, graft, greed and corruption that these are accepted with little or no protest as a normal part of our way of life.

I am afraid of Americans to the extreme left, but I am just as afraid of Americans to the extreme right.

I am afraid of Americans who have become apathetic and unconcerned about the tender loving care with which our courts, from the Supreme Court on down, treat the reds, the pinks, other traitors and subversive elements in our midst.

I am afraid of Americans who have become so hardened to all types of crime, including murder, that the chief offense is no longer the crime itself but dumbness in having been caught.

I am afraid of Americans who have become indifferent to the use of the ballot; who won't vote on election day on the theory that one vote more or less does not count. Yet, I would remind you that by one vote a governor was elected in Massachusetts and by eightythree

votes, a United States Senator was elected in Texas. By late returns from one district in New York that state went Democratic and Cleveland was elected President. Charles Evans Hughes went to bed thinking that he had been elected President, but late returns from one small district in California put that state in the Democratic column and Wilson was elected President. I am not saying these are bad things, for that decision must be made within the minds of each of us, but I am saying that your vote and my vote are all important and we must use them. You see, whatever happens politically, too many of us put the blame on the politicians. We talk much about "they" but what we should talk about is "we". Political action is something you create—by your action or inaction—no matter where you live in this country. Voting is a great and sacred privilege, but we must come to realize that it is also an awesome responsibility.

I am afraid of Americans, who ought to and do know better, who give lip service to the fight against inflation and then for selfish financial profit do all in their power to promote inflation.

I am afraid of Americans, who also

know better but, who succumb to the siren call of policies of fiscal idiocy and sell the economic future of their children down the river.

I am afraid of Americans who are unconcerned that more than four out of ten boys called up for military service are unfit, mentally, morally and physically to serve in the armed forces of this nation.

I am afraid of Americans who put first things last and last things first; who underpay their teachers and ministers and who, if a depression were to come would first economize by decreasing their contributions to churches, schools and hospitals and then later economize on their liquor and luxury bills.

I am afraid of Americans who have given away to the corrosive forces of luxury, who put their complete trust in material things and ignore completely things of the soul and the heart. I would remind you that no one on the earth really owns anything. We are all stewards of those things we seem to possess. We cannot take them with us. Therefore, God calls on us to use our Godgiven talents in this atmosphere of free enterprise and individual initiative to secure

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and use things for the strength of this nation, the ultimate benefit of humanity and to the glory of God.

No nation in history has survived that has turned its back on the great moral and spiritual values that were responsible for the greatness it attained. We would do well to remember this basic historical fact. We could do well to remember that the price of liberty is eternal vigilance. We would do well to remember that we shall be "The land of the free only so long as we are the home of the brave." Since recorded history began, there have been twenty-one great civilizations that have blossomed on this earth and then disappeared into the pages of history. I would remind you that only *two* of the *twenty-one* were destroyed from without. Nineteen of these great civilizations decayed from

within. We would do well to remember this basic historical fact.

Therefore, we in America must return to the things that are permanent, to the things that are real—before it is too late. These permanent and real things are:

- (1) Reverence for God—this is our strength.
- (2) The dignity of work — this is fundamental.
- (3) The glory of self-reliance—this is America as brought forth by our forefathers.
- (4) The priceless heritage of our freedom.

These are the fundamentals by which we in America must live and move and have our being.

Yes, America is the land of the free and the home of the brave—it is the hope of the world. But to keep it that way, we must, we can go back to that eternal faith in God, that confidence in our fellowman, that dedication to personal honor and integrity that guided, inspired and directed our forefathers in establishing this nation under God.

It is this faith—it is this confidence—it is this dedication—it is this fidelity that must begin within you and it must begin within me and it must begin here and it must begin now. Time is short, time is almost running out. Yes, God Bless America and keep her great in your heart and in mine—in your actions and in mine.

But now is the time, this is the place, we are the people who must bring America back to the fundamentals of our Constitution, to the acceptance of responsibility in local government, to an appreciation of our free enterprise system, to loyalty to God and our way of life. Time is short, time is almost running out. The hope of the world is in America—the hope of America is in you and in me. If you and I give the right answers to this challenge, then, my friends, America and the world will be blessed.

NOTICE OF EXAMINATION

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

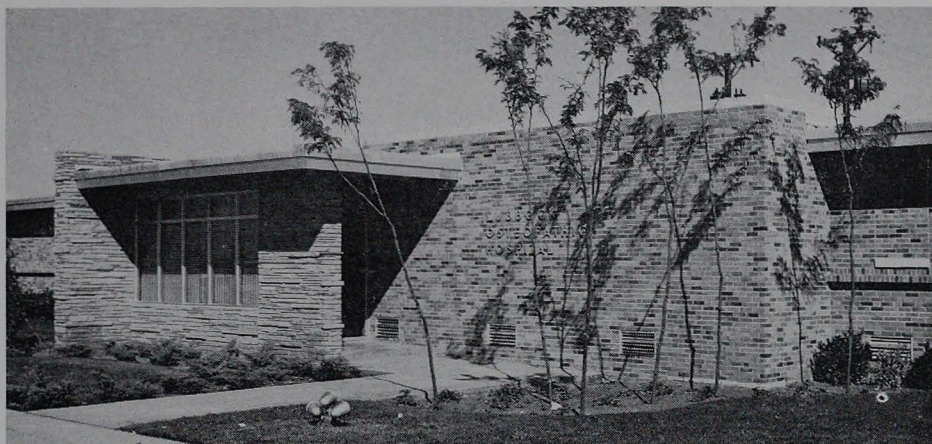
Completed examination applications for graduates from United States medical schools must be filed with the Medical Board thirty days prior to the meeting date.

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

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

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

Hospital of the Month



Lubbock Osteopathic Hospital

5301 College Ave.

Lubbock, Texas

The Texas Osteopathic Physicians' Journal is proud to salute the LUBBOCK OSTEOPATHIC HOSPITAL as the Hospital of the Month.

Lubbock Osteopathic Hospital was originally founded in 1948 as a partnership of Doctors Horace A. Emery and Henry A. Spivey. At that time it had a bed complement of seven. In 1950, Dr. E. S. Davidson purchased Dr. Spivey's interest and the partnership continued until 1958.

In May 1958 Lubbock Osteopathic Hospital, Inc. was opened for operation as a charitable, non-profit, tax exempt organization. It is under the direction of a Board of Trustees consisting of both lay and professional members. This newly constructed brick building was opened with 23 adult beds and 8 bassinets and a staff of seven doctors. The continuing growth of the area has increased the staff doctors to a present number of 15, not including the services of osteopathic radiology and pathology.

The growth of the area, as well as

the increase in staff membership, has placed such a strain upon present hospital facilities that an expansion program of 23,500 square feet is being embarked upon with the next 90 days. The addition of space will increase the bed capacity to 53 beds as well as providing greater space for all other services. The present building is to be remodeled into greater surgical, obstetrical, laboratory x-ray and business office areas. The new structure will house primarily the patient beds, nursery and medical records library. The total cost of this expansion program will be an estimated \$500,000.00, this amount having been arranged for through private financing.

This area has grown tremendously in the past few years and offers unusual opportunities for the development of practices both in the city of Lubbock as well as surrounding towns. Further information regarding practice opportunities may be obtained by writing the administrator of the Lubbock Osteopathic Hospital, Mr. Lee Baker.

EDUCATIONAL OPPORTUNITIES

AOA 68th Annual Convention and Scientific Seminar

The American Osteopathic Association, at its annual meeting to be held September 30-October 3, 1963, in the Jung Hotel, New Orleans, La., offers an excellent opportunity for postgraduate education. Since changing the format of these programs the annual sessions are devoted to topics of interest to the entire profession. The afternoon sessions are geared for specialty groups. The following specialty groups will hold teaching sessions each afternoon:

- Osteopathic College of Ophthalmology and Otorhinolaryngology
- Academy of Applied Osteopathy
- American Osteopathic College of Dermatology
- American College of General Practitioners in Osteopathic Medicine and Surgery
- American College of Osteopathic Pediatricians
- American Osteopathic College of Pathologists
- American Osteopathic College of Physical Medicine and Rehabilitation
- American Osteopathic College of Proctology

36th Annual Clinical Assembly

The American College of Osteopathic Surgeons will hold its 36th Annual Clinical Assembly at the Chase-Park Plaza Hotel, St. Louis, Missouri, October 27-30, 1963. The program offers excellent postgraduate training to members of the following participating groups:

- American Osteopathic Hospital Association
- American Osteopathic College of Radiology
- American Osteopathic Academy of Orthopedics
- American Osteopathic College of Anesthesiologists
- American College of Osteopathic Hospital Administrators
- Urological Section of the American College of Osteopathic Surgeons
- Missouri Association of Osteopathic Physicians and Surgeons

Each and every member of this profession has received detailed information in reference to these two educational meetings. They are both within easy reach and proximity to members of the profession in Texas. Therefore we urge every member in the State of Texas to attend first, the A.O.A. meeting, and secondly, the Clinical Assembly of the College of Surgeons.

TOHA MEETS

The Texas Osteopathic Hospital Association held its annual meeting August 3-4 in the El Tropicana Motel, San Antonio, Texas. Approximately 70 persons, representing 25 osteopathic hospitals, were in attendance. The program was well presented, the feature attraction being a workshop conducted by Blue Cross representatives. Blue Cross of Texas also sponsored the opening day luncheon.

Mr. Lee Davis, administrator of Community Hospital Foundation, Inc. of Houston, Texas, presented a paper on "Hospital Problems — Administrative and Staff." Dr. G. W. Tompson, of the same hospital, then gave a talk on "The Viewpoint of the Hospital Staff." Mr. Rex Lynch of the Ames Company presented an interesting paper on "Early Detection of Phenylketanuria."

During the business meeting, immediately following the program, the following officers were elected and will take office on April 1, 1964:

Selden E. Smith, D.O. President
Mr. Lee Baker President Elect
R. J. Shields, D.O. Vice President
Mrs. Mary B. Hayes Secretary-Treasurer
Glenn R. Scott, D.O. Trustee
J. C. Calabria, D.O. Trustee

Those in attendance at the meeting were:

TYLER:

Golda Schultz, Doctors Hospital
Robert E. Slye, D.O., Coats-Brown Osteo. Hospital
Mrs. Blossom Slye, Coats-Brown Osteo. Hospital
Iva Benham, Coats-Brown Osteo. Hospital

AMARILLO:

Dr. Glenn R. Scott, Amarillo Osteo. Hosp.
W. L. Davis Jr., Amarillo Osteo. Hospital

HURST:

Walter Dolbee, Hurst Gen. Hospital

EULESS:

Dr. Earnest J. Sachse, Park Center Hospital

BONHAM:

Helen Steelman, S.B. Allen Memorial Hospital

CORPUS CHRISTI:

Dave Gassiot, Corpus Christi Osteo. Hosp.

EL PASO:

E. F. Cox, Tigua General Hospital

GONZALES:

Sidney L. Gustafson, Crews Hospital

MT. PLEASANT

Thelma Landers, Curry Clinic & Hosp.
L. E. Moore, Curry Clinic & Hospital

DENTON:

Marvin T. McDonald, Elm Street Hospital
Olie E. Cline, Elm Street Hospital

DALLAS:

John Isbell, Stevens Park Osteo. Hospital

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FORT WORTH:

Thelma Prater, Fort Worth Osteo. Hosp.
 Dorothy Sullivan, Fort Worth Osteo. Hosp.
 Jane Siniard, Fort Worth Osteo. Hosp.
 Phil R. Russell, D.O., Fort Worth Osteo.
 Hospital

MESQUITE:

G. R. L. Lambert, Mesquite General Hosp.
 R. R. Gillum, Mesquite General Hosp.
 Mary Baldwin, Mesquite General Hosp.
 Herman Knight, Mesquite Gen. Hosp.

WHITE SETTLEMENT:

G. A. Fuller, White Settlement Hosp.

GARLAND:

Tina Petroff, Garland General Hosp.
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Dean E. Wintermute, D.O. Wintermute
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 Mrs. H. R. Hicks, Wintermute Mem. Hosp.

LADONIA:

Mrs. Mary Hayes, Marcom Hospital
 Gordon A. Marcom, D.O. Marcom Hosp.
 Mrs. Gordon A. Marcom, Marcom Hosp.

WOLFE CITY:

S. E. Smith, D.O., Wolfe City Hospital
 Mrs. S. E. Smith, Wolfe City Hosp.
 Mrs. Audrey Williams, Wolfe City Hosp.

COMMANCHE:

Virginia Turner, Commanche Hosp., Inc.
 Joan Creek, Commanche Hosp., Inc.
 Roy D. Mims, D.O., Memorial Osteo.
 Jack D. Parker, Mims Memorial Hosp.
 Mrs. Gayle Rippital, Mims Mem. Hosp.
 Mrs. Roy D. Mims, Mims Mem. Hosp.
 Betty J. Parker, Mims Mem. Hosp.

MINEOLA:

Geliska Armour, Mineola Gen. Hosp.

HOUSTON:

Lee Davis, Community Hosp.
 Dr. G. W. Tompson, Community Hosp.
 Mrs. G. W. Tompson, Community Hosp.
 Mrs. Lee Davis, Community Hosp.
 Mary Stukey, Houston Gen. Hosp.

RISING STAR:

Dr. A. D. Schmitt, Rising Star Hosp.
 Mrs. A. D. Schmitt, Rising Star Hosp.

SAN ANTONIO:

Leora Dean, San Antonio Osteo. Hosp.
 Viola Jenkins, San Antonio Osteo. Hosp.
 Everett Wilson, D.O., San Antonio Osteo.
 Hospital

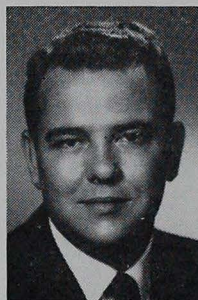
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 W. R. Dorsey, Porter Clinic & Hosp.
 Lee Baker, Lubbock Osteo. Hosp.

Medical Self-Help Program at NTSU



ROBERT H. NOBLES, D.O.
 Denton, Texas

At the request of the Texas State Department of Health Dr. Robert H. Nobles addressed classes composed of advanced in-service teachers during the summer session at North Texas State University. His presentations were in connection with the Medical Self-help Program. Dr. Nobles reports that these teachers were most enthusiastic about the Medical Self-help Program and evidenced the great need for dissemination of the information contained within the Medical Self-help Program.

It is possible that the Medical Self-help Program will be included as a regular part of the first aid curricula at the North Texas State University next semester.

Third Party Medicine Report

(EDITORS NOTE: *The foregoing article was basically a release from the Mich. Association, but has been adapted for Texas.*

To the Members of the Texas Association of Osteopathic Physicians & Surgeons, Inc.

Dear Colleague:

Everyone involved with health care services must be actively concerned with the rising tide of pressure for more public controls over the costs of these services. We know that many of the increased cost come from (1) better services, (2) improved techniques and equipment, (3) increased wages and salaries to non-medical staffs, and (4) a multitude of other factors, such as inflation, etc.

Many of the people believe that much of the increased costs come from overuse of health care facilities, from overcharging, and from other abuses. We believe this is very minor and really affects the overall cost of health care only very slightly, but this is very difficult to prove.

To the extent that the public and its organized groups believe that the increased costs come from abuses, the public will press for increased governmental and lay controls. This is happening in this state and in many others. The pending hospital licensing law is one example.

The King Anderson Bill is another. Some of these have been defeated, but

you may be assured that endeavors in the same direction will continue.

We can all assist in preserving our present system of the practice of health care by making certain that we are doing our very best to exercise our internal professional controls. To the extent that we police ourselves, we are living up to the highest standards of our profession, our responsibility to the public and we are, at the same time, protecting and preserving the private system of health care.

These controls should have two purposes: (1) to make certain that every patient receives the very best health care available, and (2) to eliminate all instances of abuse of every kind. The Texas Association of Osteopathic Physicians and Surgeons, Inc., therefore, recommends and urges that all osteopathic hospitals examine their staff structure, making certain that the committees exist to exercise this internal professional control and that these committees function effectively.

There should be committees examining admissions, long stays, the possible overuse of medications and laboratory facilities, and the possible overuse of surgical facilities. It is self-explanatory that the proper functioning of these committees will limit the practice of overutilization of diagnostic facilities, laboratory tests, medications and generally will actively fight to bolt down hospital and health care service costs. These committees should not be formed

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as a committee of policemen or disciplinary group. They should be formed as a full understanding cooperative group of physicians anxious to practice good sound medicine. This will result in the policing of hospital costs if you wish to call it that, by the hospitals themselves. This is the only way it can be done effectively.

This need to control can be better understood if we consider what is happening in terms of the payment of hospital care charges. Over 80% of the people of Texas utilize some form of health care insurance. Blue Cross and Blue Shield is one of the largest underwriters of health care insurance.

If every patient for which Blue Cross paid the hospital charges, remained in the hospital one extra day, the total increased costs would have been over \$7,500,000 in a single year. Someone has to pay this and if it were divided among all the contract holders, it would have increased our annual premiums by over \$10.00 each. If only one in ten of the patients remained in the hospital an extra day, the total bill would still be over \$750,000 and this would increase our yearly premiums by approximately \$1.00.

The same thing can be said about the medical services. If each of these patients had an extra day of medication or laboratory tests, and these were to average \$11.00 per day, the total cost would be nearly \$2,000,000 and this would increase the individual premium by approximately \$2.60.

Each little item, when you are dealing with hundreds of thousands of people, adds up. We cannot say to ourselves, "What's the difference, the insurance is paying the bill." In the end, the subscriber pays and all of us are subscribers. If the cost of health care insurance increases to the point where the public cannot afford it, the public very likely will demand government medical services.

The cost of health care is likely to increase but we, as physicians, must be

sure that abuse of health care services is not a cause. If the physicians knew how important this was and just how serious is the threat to our American way of practice, I am sure they would need no further urging to see the need for these committees and the purpose of these groups. The proper formation and use of these committees is mandatory.

I feel that each hospital should conduct a program for the enlightenment of all staff members as to the reason for these committees. The proper formation and use of such committees can do nothing but improve the quality of medical practice in each hospital and prove to the public and all those concerned, that the osteopathic profession is anxious to do its part in maintaining good sound medical practice.

If you care to, we would like to know how these committees are working out in your hospital. Frankly, the only use of such letters would be to (1) let us know what is happening in our hospitals, and (2) support our public statements that this profession is making full use of such committees to assist in controlling the costs of health care insurance.



J. WARREN MCCORKLE, D.O.
Mineola, Texas

Dr. J. Warren McCorkle of Mineola, Texas has been appointed to the Advisory Council on Medical Aspects of Civil Defense. The appointment was made by Dr. J. E. Peavy, Commissioner of Health for the State of Texas.

Texas 65 Plan

Friday, August 23, 1963 will go down as an important day in the lives of 755,000 Texans 65 years of age and past. It was on this date that legislation passed by the 58th Texas Legislature authorizing an association through which these Texans may purchase health insurance became effective.

Enabling legislation establishing the Texas 65 Health Insurance Association was passed by the legislature without a single dissenting vote and was signed by Governor John Connally a few days after passage.

At the time he signed the Texas 65 bill Governor Connally said he felt the plan was another sound step forward in this state's continuing effort to care for its own people.

The unique health insurance program will offer Texas' senior citizens two plans.

The basic plan will pay a maximum of \$12 per day for a hospital room up to 31 days, part of the costs of doctor's hospital visits, surgical fees up to \$200 and miscellaneous hospital charges up to \$125.

Monthly premiums for this basic plan will be \$9.

The major medical plan will pay hospital expenses up to \$5,000 during any calendar year, or about 80 per cent of all hospital, surgical and nursing home expenses after the first \$75.

Monthly premiums for the latter plan will be \$10.

The first enrollment period for the new health insurance plan will be October 1-31.

During the month of October all Texans who are 65 years of age and past will be eligible to purchase the health insurance with no questions asked and regardless of physical condition.

It is expected additional enrollment periods will follow about every eight months.

The plan will be available through

any insurance agent licensed by the State of Texas.

H. Lewis Rietz, of Houston, chairman of the Texas 65 steering committee, and vice president of one of the several insurance companies underwriting the program, has called the plan an insurance industry effort to attempt to make available insurance coverage to a generation of people that did not have a chance to buy health insurance during their working careers and can't now because they are over 65.

Rietz believes Texas 65 will do much toward ending the predicament faced by many senior citizens and their children. A future filled with not only fear of serious illness but fear of financial inability to cope with the health hazards that follow old age.

Rietz states that about 13 per cent of the Texas population is made up of citi-

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zens 65 and past. That's about 755,000 senior citizens he says.

Sons and daughters may enroll their parents in Texas 65 without the parents having to sign the enrollment form. In fact anyone may enroll any eligible person in the program.

To be eligible one must reside in Texas and be 65 years of age or past. If one person 65 or over is enrolled in a family then the spouse, regardless of age, may be enrolled also.

An intensive advertising and educational program is to begin immediately to familiarize Texans with the plan before the October enrollment period.

Texas 65 is patterned after similar successful plans already established by the states of Massachusetts, Connecticut and New York.

The Texas plan has the backing of several state associations and organizations including the Texas Medical Association, Texas Hospital Association, Texas Association of Osteopathic Physicians and Surgeons, Texas Life Convention, Texas Legal Reserve Officials Association, Texas Association of Life Underwriters, Texas Association of Mutual Insurance Agents and others.

Offices of the Texas 65 Health Insurance Association have been established in the Southland Life Insurance Building in Dallas.

Charles M. Barry is administrator for the program.

DEATH

Pauline J. Dietrich, age 82, 203 East Quill Drive, San Antonio, Texas, died Saturday, August 17, in a local hospital. Dr. Dietrich was awarded an Honorary Life Membership in the T.A.O.P.&S. in 1948.

She was a member of the First Presbyterian Church and active in the Delphians.

New Denton Hospital Under Construction

The Elm Street Hospital and Clinic announces the commencement of construction of a combination hospital clinic on a five acre tract on Highway 24 West, Denton, Texas. The new facilities will be known as the Denton Osteopathic Hospital and Clinic. The hospital will be owned and operated by Dr. Marvin T. McDonald, Dr. Robert H. Nobles, and Dr. Gerald P. Flanagan. The building will be a twenty-five bed general hospital and a ten room clinic with ancillary facilities to allow for expansion to fifty beds.

TODAY'S HUMOR

... Perusal of a new issue of a California phonebook reveals an ex-D.O. thus: "Phys. and Surg., M.D., Dr. _____, Specializing in Manipulations." Could be the stock market, of course.

Good Locations

SUNRAY, TEXAS — Needs well-qualified physician. This town is located 17 miles northwest of Dumas, Texas, in Moore County and has a population of over 2,000. It is supported by industry, agriculture, and cattle. Good payrolls and large farm income due to irrigation. Sunray is a growing town with fine schools, churches, and civic organizations. If interested contact W. Holt Barber, Box 1276, Pampa, Texas. Phone MOhawk 5-3307.

FLORENCE, TEXAS — (Williamson County) Excellent practice opportunity, 50 miles north of Austin, for qualified physician. Prosperous agricultural community in large trade area of 3,000 population. Ten-bed partially equipped hospital available. Nearest doctor 18 miles. If interested contact Oran T. Gray, Secretary, Florence Clinic, Inc., Florence, Texas.

Back Home Again

By GEORGE W. NORTHUP, D.O.

By the time this editorial is read, your delegates to the American Osteopathic Association's meeting in Chicago will have returned home. Another meeting of the A.O.A. Board of Trustees and House of Delegates will have become history. The osteopathic profession will have planned for the coming year, and it will again become the responsibility of every divisional society member to study the reports of his delegation.

The amount of mis-information that arises because members only half listen to and half read reports from their national association is amazing. This is understandable in busy professional lives. But during these times *no* physician can afford to be less than fully informed on the programs and actions of *his profession*. In Chicago in July, each of us was represented by someone from our own state. Decision were arrived at through the will of the majority. Actions were taken in our behalf. It is our obligation to know about them.

During the coming months, AOA publications will report to you on these actions and their implications. Within them lies the future of your profession. It is important to *you* to understand them.

Another phenomenon which occurs yearly but too often goes unnoticed is

the yearly change of leadership. During the past year, the osteopathic profession has been blessed by the courageous and dedicated leadership of Dr. Charles W. Sauter, II. Our profession is grateful to him for his services as president. Now it is to move forward under the guidance of a new president, Dr. Wallace M. Pearson. Few people in the profession have been as well known to so many. He merits our support and understanding.

As new programs, new actions, and new leaders propel osteopathic medicine to its ultimate destiny, each meeting of the AOA House of Delegates constitutes a rebirth of organized osteopathy. Each year becomes a new page in our heritage. Those of you who have served as delegates have become a part of that heritage. The value of your service, however, will be predicated on the informed support of your people "back home." With that no problem is too great. Without it all things are problems.

SO TRUE:

... It is said that a newcomer at the Pearly Gates was assured anything he might request for the folks back home. "Wonderful," he exclaimed. "Give them Peace, Prosperity, and Freedom". "Sorry", said the angel. "We are not a fruit store. We only send seeds."

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Calendar of Events

September 30-Oct. 3 — AMERICAN OSTEOPATHIC ASSOCIATION, 68th Annual Convention and Scientific Seminar, Jung Hotel, New Orleans, La., Program Chairman, W. Clemens Andreen, D.O., 1475 Ford Avenue, Wyandotte, Michigan.

September 30-Oct. 3 — Specialty Group meetings, Jung Hotel and the Royal Orleans Hotel, New Orleans, Louisiana:

OSTEOPATHIC COLLEGE OF OPHTHALMOLOGY AND OTORHINOLARYNGOLOGY. Program Chairman, Ralph M. Connell, D.O., 5101 Ross Avenue, Dallas 6, Texas.

ACADEMY OF APPLIED OSTEOPATHY, annual meeting. Secretary Margaret W. Barnes, D.O., P.O. Box 1050, Carmel, California.

AMERICAN OSTEOPATHIC COLLEGE OF DERMATOLOGY, annual meeting. Secretary, Daniel Koprince, D.O., 713 N. Main St., Royal Oak, Michigan.

AMERICAN COLLEGE OF GENERAL PRACTITIONERS IN OSTEOPATHIC MEDICINE AND SURGERY, annual meeting. Secretary, Mr. Jack Hank, 13942 So. Clark, Riverdale, Michigan.

AMERICAN COLLEGE OF OSTEOPATHIC PEDIATRICIANS, annual meeting. Secretary, Myron S. Magen, D.O., 1475 Ford Ave., Wyandotte, Mich.

AMERICAN OSTEOPATHIC COLLEGE OF PATHOLOGISTS, annual meeting. Secretary, George E. Himes, D.O., 3921 Beecher Rd., Flint 4, Michigan.

AMERICAN OSTEOPATHIC COLLEGE OF PHYSICAL MEDICINE AND REHABILITATION, annual meeting. Secretary, Joseph C. Snyder, D.O., 2225 Spring Garden Street, Philadelphia 30, Pennsylvania.

AMERICAN OSTEOPATHIC COLLEGE OF PROCTOLOGY, annual meeting. Secretary, Earle F. Waters, D.O., 24 M St., Salt Lake City 3, Utah.

October 11 — TEXAS OSTEOPATHIC

INSURANCE LIAISON (TOIL) COMMITTEE meeting, Fort Worth, Texas. Mr. John V. Borden, Secretary, Box 2341, San Antonio, Texas.

October 24-26, 1963 — AMERICAN COLLEGE OF OSTEOPATHIC INTERNISTS, annual meeting, Statler-Hilton Hotel, St. Louis, Mo., Secretary, Stuart F. Harkness, D.O., 1626 63rd St., Des Moines 22, Iowa.

October 27-30 — AMERICAN COLLEGE OF OSTEOPATHIC SURGEONS, 36th Annual Clinical Assembly, in cooperation with American Osteopathic Hospital Association, American Osteopathic College of Anesthesiologists, American Osteopathic College of Radiology, American Osteopathic Academy of Orthopedics and American College of Hospital Administrators.—Chase Park Plaza Hotel, St. Louis, Missouri. Convention Executive, Charles L. Ballinger, D.O., Box 40, Coral Gables 34, Florida.

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

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

Dr. Flanagan Joins Elm Street Hospital Staff

Dr. Marvin T. McDonald and Dr. Robert H. Nobles are happy to announce the association of Dr. Gerald P. Flanagan for the practice of osteopathic medicine and surgery starting September 1, 1963.

Clinical Study of Anesthetic Agents

A nation-wide cooperative clinical study of anesthetic agents in wide use in this country will be conducted by the National Academy of Sciences—National Research Council, it was announced today by Surgeon General Luther L. Terry of the Public Health Service, and Dr. Frederick Seitz, President of the Academy-NRC.

The two-year project is being supported by a \$1,650,000 research contract from the Public Health Service's National Institute of General Medical Sciences, National Institutes of Health, Bethesda, Maryland. The project will be carried out in approximately 20 hospitals, to be selected by the Academy-NRC, in various parts of the country.

The study is expected to provide comparative scientific data on the widely used drug, halothane, which was introduced in 1956 following extensive animal and human studies. It is estimated that more than half of the operations in this country are performed under this anesthetic and that about ten million patients have received it to date.

The Surgeon General pointed out that halothane has been associated with an extraordinary record of safety, and is considered one of the safest, if not the safest, of the anesthetics in general use. Only since its advent has it been possible to do the successful heart surgery that is being accomplished today. However, earlier this year several deaths due to liver damage were reported in patients who had received halothane.

Dr. Terry emphasized that it was not possible to determine whether any of these deaths was related to the anesthetic. Death may have been due to coincidental infectious hepatitis, a viral disease, which affects the liver; or to other new drugs some of which are also suspected of causing liver damage, and which were received by some of the patients.

It was pointed out that authoritative answers to the questions raised in recent months require a large-scale, carefully controlled scientific study. Plans for the national project were developed by the Academy-NRC's Committee on Anesthesia after its members first recognized and identified the problem.

Collaborating with the committee and its chairman, Dr. Emanuel Papper, Professor and Chairman of the Department of Anesthesiology, Columbia University, have been outstanding authorities in biostatistics and internal medicine. The study will incorporate the most advanced principles of experimental design, data-processing, and statistical analysis.

It's easy to tell a well-informed man. His views are the same as yours.

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COMS Receives Grant for Graduate School

DES MOINES, IOWA, July 16, 1963 — The College of Osteopathic Medicine and Surgery (COMS), has received a \$72,000 grant from the National Heart Institute for the establishment of a Graduate School which will offer master of science degrees in the basic medical sciences.

The grant, which will meet expenses for the initiation of the new program this fall, was announced by Dr. Ora E. Niffenegger, dean of the College.

The need for a graduate school in the basic medical sciences is obvious when the number of teachers graduated does not even replace those who retire or accept positions in other fields, Dr. Niffenegger explained. With five to ten new medical colleges planned in the next ten years and existing departments expanding, the need will grow even more, he added. "We hope," he said, "some of our graduates will return to COMS to teach."

The Graduate School of the College of Osteopathic Medicine and Surgery, the first in any osteopathic medical college, has been developed to help meet the medical professions' need for more qualified career teachers and researchers, Dr. Niffenegger pointed out.

Donald F. M. Bunce, II, Ph.D., Research Professor of Physiology, will head the graduate school.

The Graduate School of the College of Osteopathic Medicine and Surgery represents a new approach to graduate medical education because the first students will have completed their medical educations and have clinical experience before beginning their research and specialty training.

Initially the Graduate School will accept two recent medical graduates. Since they will have completed their basic science courses, they will begin the second or research and specialty phase of the program.

By 1965, the Graduate School will

begin to admit outstanding people who have earned B.S. degrees in the biological or physical sciences or engineering, and add an introductory basic science phase to the curriculum which will by that time be divided in the three following sections:

1. The first year will be devoted to courses in the basic medical sciences, which include physiology, biochemistry, gross anatomy, histology, neuro-anatomy, history of medicine and biostatistics.
2. The second year will include advanced training in those areas of particular interest to the student's research, individual research on a cardiovascular problem, practice teaching as laboratory assistants and lecturers, and preparation and defense of a thesis based on their research. Other requirements for the master of science degree will include passing a reading examination in scientific French, German, or Russian, and passing comprehensive written and oral examinations in the field of the student's major interest. During the second phase of the program internationally known experts in various fields of research will be invited to the school for lectures and seminars. In the event the student is interested in highly specialized course work and research areas which are not offered at COMS, he will be sent to other graduate medical schools for graduate level courses in those areas. Students who successfully complete this phase of the program will receive their M.S. degree in one year.
3. After the graduate students receive their master of science degree, they will be sent to a co-operating graduate medical school to complete work on their Ph.D.

degree in anatomy, physiology, or biochemistry.

When the College moves to the Fort Des Moines campus, the Graduate School will be expanded to include about thirty-five students among the various basic science departments.

Also at this time the masters degree program will be expanded to three years. The graduate students will spend their second year at the Karolinska Institutet in Stockholm where they will work with internationally known researchers and teachers.

Each trainee will receive a stipend of \$5,000 per year, plus \$500 for each dependent, travel expenses for attending scientific meetings, and free tuition at the Graduate School.

Dr. Bunce said he plans to begin accepting applications immediately for admission to the Graduate School in September.

Physicians who are interested in careers in research and academic medicine are invited to contact Dr. Bunce at 722 Sixth Avenue, Des Moines, Iowa, for additional information about the Graduate School.

(State Department of Health Gives Heart Equipment to COMS)

DES MOINES, IOWA, July 16 — The Iowa State Department of Health gave a Universal Scopemaster Fluoroscope and a Cambridge Versa-Scribe

Electrocardiograph to the College of Osteopathic Medicine and Surgery (COMS), Dr. Stuart F. Harkness, chairman of the Department of Medicine announced.

The fluoroscope and electrocardiograph, valued at \$2,400, were given to COMS at the suggestion of Dr. Jason B. Lipkind, of the State Department of Health, after he visited the heart station in College Clinic.

The fluoroscope is a device which permits physicians to see the organs inside the body without making more expensive and time consuming x-rays. The electrocardiograph is used to provide very accurate printed graphs of the electrical impulses of the heart.

Both instruments are used in the heart station in College Clinic to examine the hearts of patients in whom previous examination has shown abnormalities.

PROGRESS REPORT

... (From California sources) reveals that the cry of "traitor" was silenced when Gov. Brown finally appointed (ex-COA) Schumacher to the Department of Professional and Vocational Standards (of which he had apparently been promised the directorship). A week or so previously, the Board of Osteopathic Examiners had been transferred under this Department's control. Purpose? Apparently to subject the Osteopathic Board to continued merger-minded control regardless of any future D.O. membership in it.

ANNOUNCEMENT

The Elm Street Hospital and Clinic, Denton, Texas announces the association of Gerald P. Flanagan, D.O. for the practice of osteopathic medicine and surgery.

American Osteopathic Association

Office of

CARL E. MORRISON, D.O.

Chairman: Council on Federal Health Programs

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Washington, D. C.

July 18, 1963

Washington News Letters

FAA. As of June 1963, there were 162 doctors of osteopathy serving as Aviation Medical Examiners, distributed in 29 States, as follows:

Arizona	8	New York	6
California	8	Oklahoma	7
Colorado	7	Ohio	25
Florida	8	Oregon	5
Georgia	1	Pennsylvania ..	9
Illinois	1	Rhode Island ..	1
Indiana	3	South Dakota ..	1
Iowa	5	Texas	7
Kansas	2	Utah	2
Maine	2	Washington	3
Michigan	19	West Virginia ..	2
Missouri	10	Wisconsin	1
Nebraska	1	Wyoming	1
Nevada	1
New Jersey	6		
New Mexico	10	TOTAL	162

A "Guide to Drug Hazards in Aviation Medicine", intended primarily for the use of Aviation Medical Examiners in counseling pilots and other airmen on the use of drugs which can be incompatible with safe flying, has just been issued by the Federal Aviation Agency.

Child Abuse. The Children's Bureau has sent to the States suggested language for State legislation calling for mandatory reporting by physicians and institutions of certain physical abuse of children. Section 2 of the proposed law reads as follows:

"2. Reports by Physicians and Institutions

Any physician, including any licensed doctor of medicine, licensed osteopathic physician, intern and resident, having reason-

able cause to suspect that a child under the age of _____ (it is recommended that the maximum age of Juvenile Court jurisdiction in the State be used) brought to him or coming before him for examination, care or treatment has had serious physical injury or injuries inflicted upon him other than by accidental means by a parent or other person responsible for his care, shall report or cause reports to be made in accordance with the provisions of this Act; provided that when the attendance of a physician with respect to a child is pursuant to the performance of services as a member of the staff of a hospital or similar institution he shall notify the person in charge of the institution or his designated delegate who shall report or cause reports to be made in accordance with the provisions of this Act."

Civil Defense. Vernon J. Reagles, D.O. and Robert F. Kromer, D.O. are members, principal and alternate respectively, of the newly-formed Surgeon General's Professional Advisory Committee for Emergency Health Preparedness. A meeting of the Committee is planned for late August or early September. Carl E. Morrison, D.O. and Raymond W. Hanna, D.O. continue as Special Consultants to the Public Health Service, including this area.

July 31, 1963

National Health Survey. Theodore F. Classen, D.O., has been appointed to

the Surgeon General's Advisory Committee on U.S. National Health Survey. He succeeds J. S. Denslow, D.O., who has served from the beginning of the program in 1957 and was ineligible for reappointment.

FDA. Regarding the use of experts for pre-marketing demonstration or drug safety and efficacy as required under the Drug Amendments Act of 1962 (a similar pre-marketing demonstration of therapeutic device safety and efficacy would be required by H.R. 6788, introduced June 1, 1963), FDA Commissioner, George Larrick, has written us as follows:

As you know, individuals who perform basic research on safety and effectiveness of drugs to be used in connection with new drug applications should be bona fide experts qualified by training and experience to plan, conduct and evaluate such studies. Certainly we recognize that these experts are not restricted to any one branch of science or medicine and we are aware that osteopaths with proper training and experience are quite competent to perform the studies.

Taking a dim view of the Government's role in drug evaluation, Dr. Theodore G. Klumpp, President of Winthrop Laboratories, and former FDA drug division chief, told the Conference of Professional and Scientific Societies in Chicago last month:

History teaches that authoritarian bodies have often been guardians of orthodoxy, rather than champions of progress. Medical experts rejected Jen-

ner's smallpox vaccine, Pasteur's anthrax vaccine, Lister's theory of antiseptics, and Semmelweis' discovery of the cause of childbed fever. Cod liver oil was rejected as worthless by the AMA's Council on Pharmacy and Chemistry. When Prontosil, the first sulfa drug, was introduced in the U.S., it was greeted as a quack remedy by an outstanding authority on infectious diseases. The same authority dismissed early English reports on penicillin as incredible, and refused to employ for clinical testing a culture of penicillium that had been brought to him . . . The reaction of experts to any new drug offered for the treatment of these diseases will inevitably be conditioned by the school of thought to which they adhere. By whose advice is the FDA to be guided, in evaluating a new drug for these conditions? Real progress comes only through controversy freely pursued, risk, experiment, honest effort and opportunity for reward.

Medical Education Aid. The Senate Committee on Labor and Public Welfare has scheduled hearings August 22 and 23 on H.R. 12, which passed the House April 24, and the Senate counterpart S. 911. These bills would provide a Federal contribution of up to 2/3 of the cost of new medical, dental or osteopathic schools, and up to 50 percent for certain expansion or rehabilitation of existing such schools. In addition, the legislation makes special provision for student loans to medical, dental or osteopathic students having need therefor.

On August 14 the House passed a

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higher education facilities bill, H.R. 6143, which provides for Federal contribution of up to 1/3 the cost of construction of facilities for higher education under State plan allotments and priorities or for long term low interest construction loans where not less than 1/4 the cost is financed from non-Federal sources.

Mental Health Legislation. S. 1576, the bill for mental retardation facilities and community mental health centers construction which passed the Senate on May 27 was cleared by the House Commerce Committee on August 14 at a drastically reduced scale. The provisions for Federal assistance in initial staffing of mental health centers which constituted the largest single item in the bill as it passed the Senate, \$427 million, was entirely eliminated. The Federal contribution for construction of mental health centers was reduced from \$230 million to \$115 million. The Senate amounts for mental retardation research centers, and facilities, and for training grants and research and demonstrations for teachers of the handicapped were retained.

A bill, H.R. 7544, authorizing a new Title XVII of the Social Security Act, Grants for Planning Comprehensive Action to Combat Mental Retardation, was reported by the Ways and Means Committee on August 5. The bill also doubles (over a 5 year period) the appropriation to the Children's Bureau for maternal and child health services and for crippled children's services, authorizes research grants, and provides for special project grants for maternity and infant care. The special project grants would be made to State and local health agencies to pay up to 75 percent of the cost of provision of necessary health care to prospective mothers (including after childbirth, health care to mothers and their infants) who have or are likely to have conditions associated with childbearing which increase the health hazards of the mothers or their infants (including those which may cause physical

or mental defects in the infants) and whom the State or local health agency determines will not otherwise receive necessary health care because of low income or for other reasons beyond their control.

Krebiozen. Numerous Congressional resolutions have been introduced to lift the current ban on interstate shipment of Krebiozen, pending evaluation by the National Cancer Institute. This week a 22-man ad hoc committee of the Institute began studying reports of some 508 cases of treatment by the drug.

STARTLING LANGUAGE

... In California Senate Bill #1514, introduced April 25th states: ... "(a) In the exercise of the POLICE POWER OF THE STATE to protect public health, to promote the WELFARE OF THE STATE, and to provide an adequate PUBLIC AGENCY to act as a DISCIPLINARY BODY for the members of the medical profession . . ." (Capitals ours). Promoters of bill claim that the legislature, rather than the profession, has the inherent obligation to police doctors. Bill is aimed at M.D.'s, will omit D.O.'s according to the author. Comment: Remember last year in Saskatchewan when the Canadian authorities predicted socialized medicine for California by 1966?

FINAL TALLY ON JUNE GRADUATES

... Reveals a total of 366 "survivors" out of the original freshman classes of 435. Thus, 13% dropped out for reasons of grades, health, finance, or other causes (mostly in the first two years). Only 55 of those freshmen had no academic degree (71% had graduated from one of 199 undergraduate colleges.)

Retiring SOPA President's Address

by MRS. EDDIE LINVILLE

(Editor's Note: The following speech, given by the Immediate Past President of the Texas Society of Osteopathic Physicians' Assistants at their annual convention August 3-4 in the Shearton-Lincoln Hotel, Houston, is printed in full so that all osteopathic physicians may better understand the objectives of this new organization.)

Friends, Members, and Guests . . .

We now come to the close of the first year since the organization of our Texas Association of Osteopathic Physicians' Assistants. It has been a very significant year in the determination and guidance of programs relating to reaching our objectives. It also has been a year fraught with many challenging problems.

The work load and the responsibilities of the officers of this association have placed tremendous burdens on their time and energy. We have been especially fortunate to have had such capable members willing to sacrifice themselves for the welfare of this association. Some of our most basic programs are just now getting off the ground such as, instituting certified courses throughout all of our local societies in Texas. Without the undivided cooperation and support of the entire membership, such rate of growth and progress could not long continue.

On numerous occasions we have been confronted by persons who do not understand the true nature or purpose of this association. This is to be expected since our organization is something new to the osteopathic profession. Therefore I wish to talk to you for a short time about our organization.

At this time we have three local societies organized in Texas and there is progress being made toward organizing more. We have a tremendous respect for the osteopathic profession and the doctors who comprise it, which gave us the

necessary encouragement to start this organization. I am humble and thankful for the part that I have had in the formulation and guidance of this association. Our main objectives are to set up programs to improve its members educationally, professionally and culturally; to better assist the physician by whom we are employed. All assistants who sincerely wish to further their education in all phases of requirements, for employment in a doctor's office, should be anxious to join one of our local societies. We are also striving to start a scholarship fund to be used by worthy students in colleges of osteopathy. This can be and will be accomplished by a plan now under consideration by our association. We have no doubts as to its fulfillment.

It has been stated or implied, on numerous occasions, that this organization was originated and is maintained for the purpose of forming a union; that it is only a gossip session. This is definitely not true. Even though there are some in the profession at this time who do not believe our efforts are worth while, I have a deep sincere feeling that in the near future they will have to give credit where credit is due.

So many times the question has been asked, "What does your organization stand for?" That is very simple to answer. It is like any other profession: if you neglect opportunities to further your education, you become a very dull person mentally and physically. In this day and time there is so much progress being made—in all professions, that you have to keep up with new ideas and techniques in order to apply yourself to the best of your ability. This is the reason this association was formed. All of our programs are set up exclusively toward self improvement in all phases of an assistant's work in a doctor's office, which includes receptionists, bookkeep-

ing, nursing, laboratory, and insurance. In this manner, everyone concerned reaps benefits—the doctor, his assistant, and the patient.

There are really no disagreeable tasks in our association, but there are certain efforts which require time and energy. No member should feel that he must do it all. There should be a spirit of sharing the difficult tasks so that each and every one of us can lighten the load for others.

There are a multitude of things to be worked out to improve this association, and I very humbly confess we need guidance and advice on how to keep this association going in the right direction to be most beneficial to all members and to the doctors of osteopathy.

I have no fear or uneasiness as to the growth and character of this association. It is composed of intelligent, educated women, and if they are ambitious, there is no question that they will reach their goal.

Regular attendance for members is a responsibility. Members are asked to make an effort to be present at every meeting, to maintain the association spirit and to renew their acquaintance with the objects and aims of our organization. It is only through regular attendance that a member becomes a part of the organization. That enthusiasm is built up for association activity. I cannot urge each and everyone of you too strongly to give serious thought to this matter of attendance, and make every effort to be present at every meeting. This is one of your obligations which should not be neglected.

There are many other obligations, which through the course of the year will be stressed and explained. It is the purpose of our meetings to educate our members to the aims and objectives of our organization, and none of us is so well acquainted with our association's ideals and objectives that we can not learn something new.

Now, I would like to ask a question.

Is there any reason why any assistant would not feel honored to be a member of the Texas Association of Osteopathic Physicians' Assistant's and why any osteopathic doctor in Texas would not feel proud of this association? It should be obvious to the osteopathic physicians that their assistants are striving for self improvement and in turn will be helping them.

It has been a great experience and an honor to serve as your president: an opportunity to perform a useful service in maintaining the duties of this office for which I shall always be grateful and proud. I want to thank the officer's who served with me the past year. Your cooperation was surely appreciated.

I am especially proud of the officer's who have been selected to be in charge of the affairs of our association for the coming year. They need every member's help and support to live up to their responsibilities. They cannot, they must not fail. It gives me great pleasure to introduce our new slate of officer's for the coming year.

President—

Mrs. Leslie (Betty) Woodall, Port Arthur, Texas.

President Elect—

Mrs. Bernie (Mary Ann) Wahoff, Fort Worth, Texas

Vice President—

Miss Emma Jo Smith, Port Arthur, Texas

Treasurer—

Mrs. Stephen (Margot) Synnett, Fort Worth, Texas

Secretary—

Mrs. V. R. (Eddie) Linville, Fort Worth, Texas.

Last but not least, I would like to say that my boss, Dr. Raymond D. Fisher is one of the best doctor's in Texas and the best boss. We feel indebted to him for the encouragement and advice he has given us to help build this Texas association.

SOPA President Announces Committee Appointments

Mrs. Leslie Woodall, President of the Texas Society of Osteopathic Physicians Assistants, has announced her committee appointments for the coming year:

Constitution &

Bylaws	Mary Ann Wahoff
Convention	Eddie Linville
Convention Program	Kay Vance
Publicity	Mary Ann Wahoff
Scholarship Fund	Oletta Warren
Year Book	Lou Hays
Convention Manual	Mary Ann Wahoff
Manual of Procedure	Joyce Wages
Credentials	Elva Childree
Historian	Dorothy Welch
Parliamentarian	Eddie Linville
Recording Secretary	Jean Pope

* * * * *

Jefferson County

Bernice Ayo has been appointed Chairman of the Committee on Constitution and Bylaws for the Port Arthur, Texas Society of Osteopathic Physicians Assistants.

The SOPA—District 12—met Tuesday, August 13 at 7:30 P.M., at Doctors Hospital for its regular monthly meeting. Dr. John Ruffle gave a very informative lecture and demonstration on proper EKG technique. Betty LeBlanc, X-Ray technician for Doctors Hospital gave detailed instructions on x-ray positions and

techniques. Both presentations were excellent.

We had a very good turn out with almost all the girls from our county being present. We hope these girls will soon become members of our society for there is much that could be accomplished and it would be of benefit to them.

Assistants attending the state convention from District #13 were Emma Jo Smith, Betty Latimer, Marilyn Mobley, Betty Woodall, Hattie Jones, Bernice Ayo. We all enjoyed it tremendously but were sorry more of our girls did not attend. The convention was lots of fun plus educational.

MRS. BETTY WOODALL
Reporter

* * * * *

Tarrant County

The Texas Association of Osteopathic Physicians' Assistants' convention, held in Houston August 3, 4, 1963 in the Sheraton-Lincoln Hotel, was a true example of the cooperation and progress that this organization is promoting. Being well organized, the convention naturally brought forth success. The Houston assistants are to be congratulated for the excellent manner in which they set up the convention arrangements. It was a tremendous job, considering all of the obstacles that had to be overcome.

With the help of our guest speaker,

FOR SALE: Modern 10 room brick clinic (3 yrs. old) located in the fastest growing town in Texas — in Dallas suburbs. Owned by two doctors with an established practice in the same town for eight years, both doctors leaving for residencies. Asking \$12,000 and buyer assumes \$19,000 mortgage. Office equipment and 100 MA X-ray machine for sale if desired. Grossed \$50,000 last year. Box 214, c/o Journal, 512 Bailey Ave., Fort Worth 7, Texas.

Dr. Esther M. Roehr and our toastmaster, Dr. Joseph S. Carpenter, the banquet was complete and enjoyable.

Mrs. George G. Clark's presence as speaker for our Luncheon was certainly an honor and a pleasure. Our organization cannot fail if we continue to have such wonderful people among us, giving us constructive advice and criticism, which is invaluable to the growth of any organization. Thanks again to a lovely lady—Mrs. George G. Clark, President of the Auxiliary to the Texas Association of Osteopathic Physicians and Surgeons.

The program presented by the Houston Chapter of the American Red Cross was very educational and informative. All who attended gave only praise. The two films, so graciously furnished by the A. H. Robins Company, were enjoyed by

all and contributed immeasurably to our educational program.

If every member of this Association continues to learn and benefit from what has been offered and from what will be offered in the future, there is no limit to what we can accomplish in behalf of the osteopathic profession, ourselves, and the public. This is truly a wonderful way in which to make your work and life more worthwhile.

The Texas Association of Osteopathic Physicians' Assistants' is pleased to announce that plans are already underway for our 1964 convention to be held in Dallas, Texas.

WE FIND

by GEORGE W. NORTHUP, D.O.

It is hoped that the significance of the revision of the United States Civil Service Commission to recognize physicians, D.O., as qualified for Federal Medical Officer positions has not escaped the attention of the profession.

The AOA Council on Federal Health Programs and its predecessor, the Department of Public Relations, has achieved a triumph in recognition for which it has worked many years. The United States Civil Service Commission's findings of fact bring to the osteopathic profession an unparalleled acceptance of the training and capability of osteopathic physicians and surgeons. In epitomized form, the findings of the Commission state:

"We find that the training in schools of osteopathy approved by the American Osteopathic Association is, and long has been, equal in length to that required by medical schools approved by the Ameri-

can Medical Association. The comparability of training is attested by the success, in a number of states, of physicians, D.O., in passing the same licensure examinations required of physicians, M.D.

"We find that the great majority of states and the District of Columbia give physicians, D.O., the same unlimited license to practice medicine and surgery as is given to physicians, M.D.

"We find that the Congress, in various legislation, has placed the degree of Doctor of Osteopathy on an equal footing with the degree of Doctor of Medicine."

And we find, editorially speaking, that osteopathic medicine has once again clearly demonstrated that when the facts are appreciated representative public agencies recognize the services rendered by an independent osteopathic profession.

NEWS OF THE DISTRICTS

District No. One

Dr. E. W. Cain and Dr. Ben Rodamar spent last week at the Cardio-VASCULAR seminar in Colorado held under the auspices of the National Cardiovascular Foundation. These men report a very informative seminar, and the calibre of the speakers and program were great.

Dr. and Mrs. Lester Vick and son George have returned from Mexico, where they spent their summer vacation.

W. L. Davis, Jr., Administrator, and Dr. Glenn R. Scott, our staff representative, spent the week end in San Antonio attending the Annual Convention of the Texas Osteopathic Hospital Association meeting. They report the Workshop conducted by the Blue Cross and Blue Shield of Texas a real contribution to the better understanding of insurance processing, and the whys and wherefores concerning accurate and complete histories.

Dr. Robert Bennett of the Gulf Coast area was a visitor last week. Dr. Bob was attending a Class Reunion of his Alma Mata, Amarillo High School, and visiting relatives and friends.

Dr. William R. Jenkins of Fort Worth was in Amarillo on a visit, and met a lot of his old friends, and I might say a lot of young ones too.

Dr. John Kemplin and family were visiting relatives and friends in Groom and Amarillo and surrounding territory. Dr. Kemplin says we will have "innard color movies" any day now. There are just a few minor details to work out.

District No. 1 will have their regular meeting at the Hackley Ranch on September 15th. Dr. and Mrs. Hackley have invited the entire district and wives for an all day outing at their ranch with

everything available for a good time, ie: barbecue, horses, hiking, antelope, etc. etc. EXPLANATION: We will ride the horses not eat one. We are looking forward to a real meeting.

If I don't break my neck from horse back riding or get butted by an antelope, WE will have more news next month. So long YOUALL!

LEWIS N. PITTMAN, D.D.
News Secretary

District No. Three

Coats-Brown Hospital was given its annual inspection August 7. Hospital inspector, surgeon Alfred A. Ferris of Saginaw, had some nice things to say about the institution. He said it was quite unusual to find a hospital of that size in such good shape. He was referring, he said, to the charts, personnel, service and equipment.

Coats-Brown has been doing a lot of improvements over the past several months, now, some of which are completed and others in process. This will be reported on in a later issue. Coats-Brown is a 22 bed hospital.

* * * * *

We got Dr. William Hanna's offspring all mixed up last time. We said Dan was 17. He's not. He's Billy and 12. Likewise about Sandra, who is Margaret, 17. How is that for lucid reporting?

* * * * *

Mr. Tom Pritchard, a Baylor graduate in Business Administration, has recently been employed as business administrator at Coats-Brown Hospital. Mr. Pritchard, recently of Kilgore, started his new job August 26.

GEORGE GRAINGER, D.O.

MOST REVOLTING USA SOCIAL PROBLEM

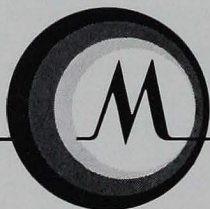
. . . Is *child abuse*. Unbelievable are statistics revealing *beatings, starvation, chainings, inhumane punishments* and the like meted out on little children by their parents or guardians. One can only shudder in the face of a situation which forces our national lawmen to take a hand this year. Legislation has

been introduced in Washington* to make it a *misdemeanor if a doctor fails* to report any case of child abuse coming to his attention. Already reported last year in medical literature as a major cause of infant and child trauma, unbridled wrath continues to distort the personalities of numberless citizens of tomorrow. *(Was suggested by the Children's Bureau.)

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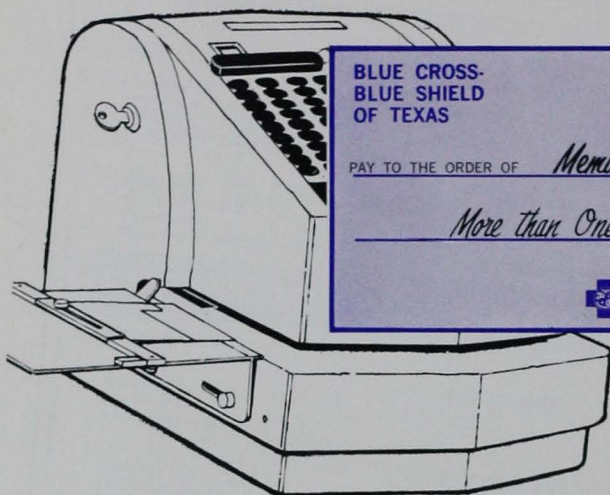
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