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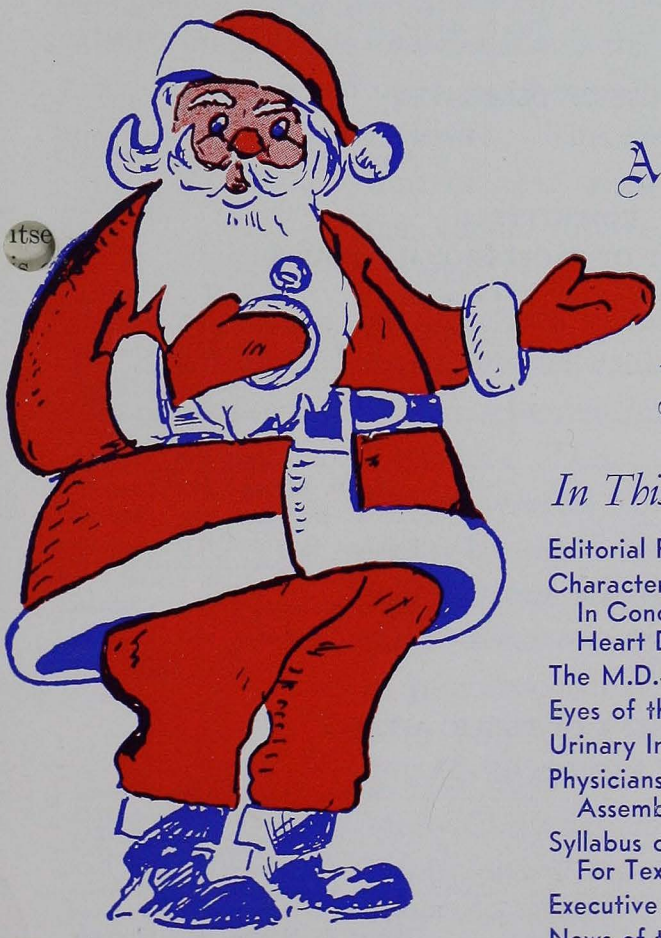

Wishing You
A Merry Christma
and
Happy New Year

In This Issue—

Texas Osteopathic Physicians' Journal

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TEXAS ASSOCIATION OF OSTEOPATHIC PHYSICIANS AND SURGEONS

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VOLUME XVIII FORT WORTH, TEXAS, DECEMBER, 1961 NUMBER 8

EDITORIAL PAGE

Greetings

The holiday season of the year is at hand. The Yuletide Season engenders good will and good fellowship. Joyous occasions will be prevalent throughout the land. This is the season when men forget their differences and band together to give reverence to the great Physician. This is the time of year when all men should forgive the mistakes of others, forget their own mistakes, and press onward to greater achievements of the future. ¶Let us all live today to its fullest! Yesterday and tomorrow will care for themselves. ¶May the officers of your Association and your employed staff wish all of you "A Very Merry Christmas and A Happy and Prosperous New Year!"

Characteristics of the Electrocardiograph In Conditions Other Than Heart Disease

MELVIN E. JOHNSON, D.O.*
Fort Worth, Texas

The component of the electrocardiogram in conditions other than heart disease most likely to be affected is the T-wave configuration. The sensitivity of the T-wave to body conditions is well known. Any factor which can alter physio-chemical biological processes may alter the T-wave, since the order of the repolarization process is extremely sensitive. However, the absence of T-wave changes, taken by itself, does not rule out a state of abnormality (no more so than such an electrocardiogram rules out a diagnosis of heart disease).

The electrocardiogram, at best, is a diagnostic adjunct and it is most valuable when read in conjunction with the entire clinical and laboratory findings of the case. There is a persistent tendency to regard the electrocardiogram as conclusive and furthermore to subject it to "pattern reading." The more medical knowledge grows, the more it is realized that electrocardiographic interpretation is fraught with complexities unsuspected in the early days of Einthoven's pioneering discoveries. Any method, such as "pattern reading" which holds out the promise of a quick and easy short-cut is bound to die a slow death.

The recognition of the limitations of the electrocardiogram increases the usefulness of the device to cardiology so that within known limitations, electrocardiographic findings become dependable. Sensenbach has listed four areas in which such dependability occurs: (1) Recognition of the arrhythmias and the determination of their details are important. (2) Recognition of myocardial infarction, and usually the localization of such areas, is a possibility. Also for the control of myocardial damage, serial tracings taken during the course of the disease are invaluable. (3) The electrocardiogram may be used as an indicator of the point (in time) of cardiac involvement, resulting from certain of the systemic cardiotropic diseases, such as rheumatic fever, trichinosis and diphtheria. (4) The electrocardiogram is a fairly reliable indicator of the presence in the body of certain drugs, particularly Digitalis.

The electrocardiogram cannot give any etiologic information. Such terms as "atherosclerosis" and "coronary insufficiency," therefore, are essentially meaningless if derived from the electrocardiogram alone. Also, both the anatomic and pathologic information to be obtained from the electrocardiogram is practically nil. Furthermore, there is little justification for attempting to derive functional and prognostic information from the electrocardiogram. It should also be borne in mind that the severity of myocardial involvement or damage is not proportional to the electrocardiographic deviations, for the most serious heart conditions occur when the deep muscle fibers are involved, while

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the electrocardiogram is most responsive to epicardial changes.

There are few exceptions to the generalization that the electrocardiogram is not definitive enough to be diagnostic of various conditions other than heart disease. Hypothyroidism and electrolyte imbalance fall into the exception category. Both of these conditions appear to give sufficiently consistent electrocardiographic indications that they might be used as additional diagnostic material, to be considered along with the clinical and laboratory evidence.

The interpretation of the electrocardiogram is as much as an art as a science in that it is highly dependent upon wide experience as well as the possession of factual knowledge. It is to a certain extent unteachable (excluding, of course, the fundamentals) except through the prolonged process of trial and error which is, in itself, synonymous with experience.

Despite the shortcomings, limitations and inconsistencies which have been charged against the electrocardiograph, it is still the only device of its kind that we possess.

The chemicals of the electrolytes, particularly that of potassium, sodium and calcium, is intimately connected with the depolarization and repolarization processes of the heart. With depolarization, there is a shift in the ionic content of the cells of the myocardial fibers; potassium leaves the cells and sodium enters them. This process is reversed during repolarization. Any imbalance in the body's normal electrolyte equilibrium immediately registers on this delicate bioelectric mechanism.

Hypocalcemia normally prolongs the electrical systole evidenced on the electrocardiograph by a prolongation of the QT interval. Effect of hypocalcemia is under dispute but Levine has suggested that here also the QT interval is lengthened as well as that of the QRS complex and that a concomitant depression of the RS-T segment may occur.

In anuria, from whatever cause, toxic accumulations of potassium may occur in the bloodstream. Because of the serious possibility of elevated serum potassium to paralyze the heart, this change may be a fatal complication of renal disease. Frequent electrocardiographs in anuric patients are essential, thus providing the signal for timely and appropriate therapy. Earliest change seen in the electrocardiograph is development of tall, pointed and narrow T-waves. Later the QT, QRS and P-R intervals become prolonged. At the same time, the P-waves become smaller, R-waves decrease, the S-waves increase in magnitude and RS-T segments become depressed. With further accumulation of potassium, the rhythm may become grossly irregular and on further disintegration of the ventricular complex, the electrocardiograph may show the base line to form a continuous sine wave. Ectopic rhythms such as ventricular tachycardia may develop at this time. The terminal mechanism may be ventricular standstill or ventricular fibrillation.

Disorders of the digestive tract, particularly in those organs located in the upper abdomen, frequently give rise to changes in the electrocardiograph similar to those seen in organic heart disease. The organs particularly liable to this type of involvement are the gall bladder, liver, pancrease and the duodenum.

Breitweiser reported on pre and post-operative electrocardiographs in cases of cholelithiasis and cholecystitis. All of the pre-operative electrocardiographs were abnormal. Following gall bladder surgery, 50% of the cases showed a return of the T-waves toward normal. It is that author's conclusion that T-wave changes alone, that is in the absence of other indications of severe heart disease, should not be considered a contraindication to operation in cases of chronic cholecystitis. Both bleeding and ruptured peptic ulcer, as well as pancrea-

titis, have been listed by Sensenbach as giving rise to electrocardiographic changes similar to those occurring in the presence of myocardial disease.

In metabolic disorders, rather consistent changes occur in the electrocardiograph. In obesity, there is observed a low amplitude of the QRS complex and of the T-wave similar to that seen in hypothyroidism, except that the changes are usually more marked in the hypothyroid state. Also in hypothyroidism, an occasional depression of the ST segment may occur. Following thyroid medication, there is a restoration of the amplitude of the QRST complex.

Thyrotoxicosis usually reveals a type of tachycardia, alteration of the RST transitions and the T-waves.

In alkalosis, produced either by overventilation or by ingestion of sodium bicarbonate, there is a reduction in amplitude of the T-waves, whereas in experimentally produced acidosis (by ingestion of ammonium chloride), the amplitude of the T-waves is increased. Diabetic acidosis produces a prolongation of the QT interval, a lowering of inversion of the T-waves and a depression of the ST segment. The administration of insulin to produce hypo-glycemia produces similar changes in the electrocardiograph.

In a study of a series of seventy-six anemic subjects by Jones, Wetzel and Block, it was reported that twenty-three of the total seventy-six showed some electrocardiographic changes, mostly flattening of the T-waves and, less frequently, depression of the ST segment.

In acute anemia, owing to sudden loss of blood, Scherf and Klotz reported T-wave changes, from lowering to inversion, depression of ST segments and occasionally a slight lowered amplitude of the QRS complexes.

In a study of seventy-four cases of bronchial asthma, Unger reported that only twenty-three cases (thirty-one percent) showed normal electrocardiographs, noting that asthma is a cardiotropic disorder. There was a high frequency of low R, and high R3 waves, owing to right heart strain and that the heart is on its way to right axis deviation.

In pulmonary embolism, there is a typical electrographic pattern accompanying cor pulmonale. This consists of right axis deviation; a prominent S-wave in lead 1, a depressed ST segment in lead 2, and often in lead 1; a Q wave and inverted T-wave in lead 3; and a diphasic or inverted T-wave in AVF.

There are many common conditions, apart from the electrographic findings, which superficially resemble heart disease. But when the electrocardiographic tracing also suggests heart disease, then such a diagnosis is plausible though not tenable. Hyperventilation coupled with anxiety neurosis, a not uncommon condition, is a good example. The case of the student who was the victim of the mixed-leads artifact is another example. This is why there must always be other supporting evidence of heart disease to warrant such a diagnosis on a conclusive basis; this is why the electrocardiographic tracing considered by itself is next to meaningless.

(1001 Montgomery St.)

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The M.D.-Plus Concept

GEORGE W. NORTHUP, D.O.

The last two meetings of the A.M.A.-A.O.A. Conference Committee brought out a curious paradox. Committee discussions revealed that organized medicine is concerned over the growing public concept of a D.O. as an M.D.-plus.

At a time when some osteopathic physicians are eager to give up their D.O. degree for an M.D. one, it is somewhat ironical that the same degree is disturbing organized medicine, even though from an entirely different point of view.

Although the American Osteopathic Association has not encouraged use of the term, M.D.-plus, members of the A.M.A. Conference Committee have accused it of doing so. So seriously did these leaders of medicine object to the phrase that they requested the A.O.A. Conference Committee members to ask their House of Delegates to deny having promoted its use! This the A.O.A. representatives refused to do, on the ground that for the A.O.A. House to approve the negation of a policy statement it had not made might seem somewhat ridiculous.

That a numerically minor group should fall into a sense of inferiority, even though a false one, is understandable. But to see a majority group fall victim to the same malady, as in this instance, is interesting indeed. This may, perhaps, explain the one and only change that was made last spring in an earlier agreement between the California Osteopathic Association and the California Medical Association. This was the change that rendered it illegal for a doctor of osteopathy who elected to become a doctor of medicine to continue to use his D.O. degree along with his new medical one.

In all of this, it must be remembered that it was the American Osteopathic Association that was the persistent advocate of an improved relationship between the two professional organizations. It must be remembered, too, that it was the American Osteopathic Association that changed the objects of its Constitution to provide better understanding of the profession by all segments of society. Certainly one of those segments was the American Medical Association.

The A.O.A. has continued to maintain its Conference Committee, despite the fact that the A.M.A. has twice discharged its committee. Organizationally, osteopathy has remained willing to confer on an equal basis with any agency of organized medicine. Osteopathic leaders have been most careful to approach medical leaders as equals meeting equals. Osteopathy has displayed neither a sense of superiority or of inferiority. Its spokesmen have consistently described osteopathic medicine just as it is.

In the face of this, it is thought-provoking that the objective evaluation of the principles and practice of osteopathic medicine, as made by representatives of the A.M.A., should result in an interpretation of a D.O. as an M.D.-plus.

Perhaps we should accept the interpretation.

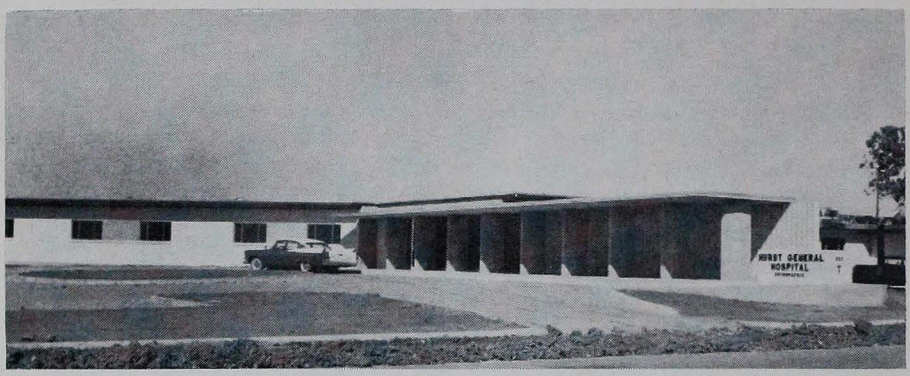
Death

Dr. C. W. Danoff, 37, of 1141 North Hampton Road, Dallas, Texas, died December 9 from a heart attack.

* * *

Dr. Paul E. Pinkston of 105 North Vine Street, Victoria, Texas, died in his sleep December 12.

Hurst General Hospital Dedication



Formal opening and dedication of the Hurst General Hospital, 837 Brown Trail, Hurst, Texas was held Sunday, November 26, 1961. Approximately 2,000 visitors inspected this new ultra-modern, $500,000 facility.

In a simple ceremony at 2 p.m. Dr. V. L. Jennings, Chairman of the hospital Board, made the dedication:

"The Hurst General Hospital (an osteopathic institution) is respectfully dedicated to Dr. Robert D. McCullough, Tulsa, Oklahoma.

"Dr. McCullough's achievements as a physician, church and community leader and as a servant of his country have made a record of which we are proud.

"It is a privilege to know and honor Dr. McCullough on this occasion. I know of no other individual who has contributed so much to youth decency and to the enrichment of human life. His valuable time has always been unselfishly given to assist the young, the aged and the infirm."

Also recognized at the dedication was Dr. Phil R. Russell, Executive Secretary of the Texas Association of Osteopathic Physicians and Surgeons.

The hospital, built by Dr. Jennings and Dr. Charles H. Bragg, Secretary, has an open staff policy and is open to all licensed physicians who meet the requirements of the hospital Board.

Located between Fort Worth and Dallas, this 40-bed fireproof hospital will serve residents of Hurst, Bedford, Euless and adjoining areas. The unusual Hub-Spoke design allows personnel at the nurses' station to have full view of the six major portions of the hospital at all times.

Interior features of the 20,000 square foot hospital include tarrazite flooring, gray glass windows to prevent glare, and year 'round air conditioning.

The patient rooms are equipped with radio, television, piped-in oxygen and nurses call system. Patients who are unable to sleep are soothed and sleep-conditioned by scientifically planned mood music and suggestive relaxing therapy, through the under pillow speakers.

The nursery unit, furnished by Dr. and Mrs. Hassell Bragg, parents of Dr. Charles H. Bragg, is designed to accommodate 10 newborn babies.

The hospital is equipped with two major surgeries, recovery room, orthopedic room, obstetrical suite, and emergency room. Conductive tile floors in these areas minimize fire and explosive hazards in the use of oxygen and anesthetics.

A complete laboratory is equipped to perform essential diagnostic procedures

and the well-equipped X-ray and radiology department includes a 300 miliamp, ceiling mounted X-ray unit.

The scientifically modern kitchen can serve the needs of 100 patients. A staff dining room adjoins the kitchen by means of an electrically heated serving counter.

The modestly beautiful Chapel, furnished by Mrs. Pearl K. Jennings, mother of Dr. V. L. Jennings, and Mrs. Helen Burt, mother of Mrs. Jennings, has a marble altar, with light shining on the open Bible, pointing the way to alleviation of grief or source of relief, as the occasion merits.

The hospital administration and nursing staffs are under the direction of Mr. Walter J. Dolbee, Jr., Administrator, and Mrs. Elaine Capers, Director of Nursing.

A well organized hospital Guild has been established under the leadership of Mrs. Frances Wolf. Secretary of the Guild is Mary Ann Scott.

The Fort Worth Star-Telegram, Fort Worth Press, Daily News Texan, and local radio and television stations, gave wide coverage to the opening of this new and modern institution.

New Organization Launched In Fort Worth

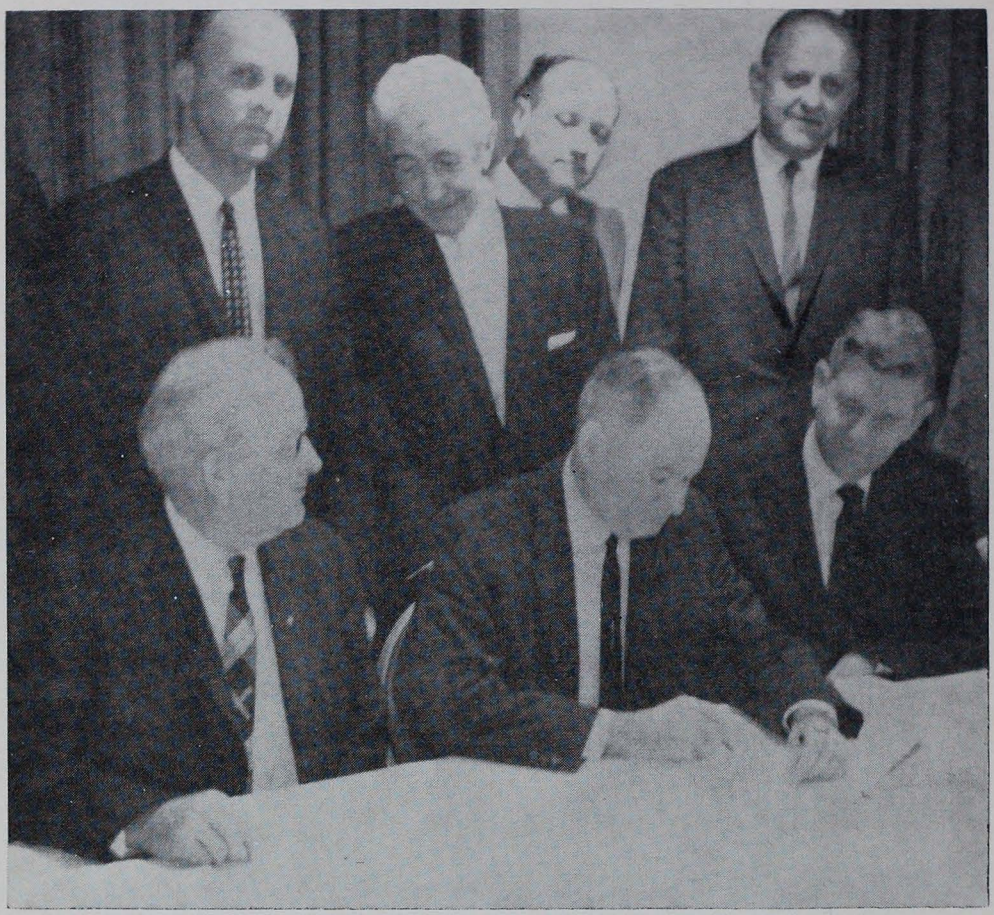
A new organization, the Society of Osteopathic Physicians Assistants, has been launched this year in Fort Worth, it has been announced by former TAOP&S president, Raymond D. Fisher, D.O.

Primary goals of the S.O.P.A. are to promote its members educationally, professionally and culturally to better serve the public and more ably assist the physicians for whom they are employed.

The new society has just begun a study course in medical terminology. Recently, members prepared a Thanksgiving food basket for a needy family. Future plans include a Christmas cocktail party at the Hilton Hotel on December 16th for members, their husbands, employers and their wives.

Osteopathic assistants in the area are invited to join the new group. For information, call Betty Garretson, president, at WA 4-6117.

Eyes of the Nation Are On Texas



Seated, left to right: Burton G. Hackney, Brownfield, Chairman of the Board, State Department of Public Welfare; John H. Winters, Austin, Commissioner, State Department of Public Welfare; Senator Crawford Martin, Hillsboro.

Standing, left to right: Representative Jim Markgraf, Scurry; W. R. McBee, Executive Director, Blue Cross-Blue Shield of Texas; G. W. Tompson, D.O., President, Texas Association of Osteopathic Physicians and Surgeons; Harvey Renger, M.D., Hallettsville, President, Texas Medical Association.

The above picture is the signing of the contract between the Texas State Department of Welfare and Blue Cross of Texas on November 15, 1961, which will provide hospitalization benefits beginning January 1 to the more than 200,000 needy persons on the state's old-age assistance rolls. This represents the largest single policy ever written. Texas is the first and only state in the nation to use private enterprise for the insuring of these people.

The Texas Association of Osteopathic Physicians and Surgeons is proud that both the State Department of Health and Blue Cross requested its participation and that of the Texas Osteopathic Hospital Association in the signing of this history-making contract. Other participating organizations were the Texas

Medical Association and the Texas Hospital Association. Representing the osteopathic profession were Dr. G. W. Tompson, TAOP&S president, Dr. Phil R. Russell, executive secretary, Dr. Elmer Baum, Chairman Public Health Committee and Mr. Lee Davis, president-elect of the TOHA. At a press conference each of the presidents of these organizations was asked to comment and we can be proud of our state president, Dr. Tompson, who made very positive statements in reference to the program and pointed out the need for careful implementation of the program.

This is a trial program and failure of the doctors, hospitals, and the public to properly protect the program will undoubtedly result in the government taking over all health programs in this country and hence socialized medicine. Medicare failed as a general program because of abuse. This must not happen again.

There will be no red tape involved in the Blue Cross program. Mr. John W. Winters, Commissioner of the state welfare department said "when an old-age assistance recipient receives his check each month from the state, he will also receive a hospitalization certificate that he is on the old-age assistance rolls. If a doctor (M.D. or osteopathic licensed under Texas law) decides that a recipient needs hospitalization, all the recipient must do is go to the hospital and show the certificate. If the recipient does not have the certificate and immediate hospitalization is necessary, all the doctor or hospital must do is to check the local office of the State Department of Public Welfare for certification. There is a welfare office in every county in Texas."

The contract specifies that 90 days must elapse after a patient leaves a hospital before he can return with the full benefit of the first 15 days. The contract does provide, however, that if a patient leaves a hospital and must return before the 90 day period is up, he

will be entitled to the benefits in effect after the original 15-day period.

Here Are Maximum Benefits Elderly Patients Will Get

Maximum benefits to the elderly patient will be paid by Blue Cross for the first 15 days as follows:

Room and board—$10 a day.

Ancillary services (laboratory, etc.)—All costs except for blood and plasma.

Surgery—Payments of up to $200 to doctors for different types.

Where no surgery is involved—$3 a day for a doctor's room visit.

After the first 15 days, the room and board allowance will be cut to $5 a day and the daily doctor's visit fee to $1.50.

"The eyes of the nation are on Texas." This is borne out by the following reprint from the November 17 Wall Street Journal, and points up the necessity for the successful implementation and operation of this program.

Blue Cross to Insure Aged On Texas Assistance Rolls

AUSTIN—The Texas Department of Public Welfare contracted with Blue Cross of Texas to provide hospitalization and medical insurance for recipients of state old age assistance funds. Texas is the first state to have such a program underwritten by an independent agency, they said.

The initial program will run 20 months, starting Jan. 1, 1962. Of the $31 million annual cost of the medical care program, the state will pay about one-fourth and the Federal Government three-fourths.

Blue Cross will be paid $8.68 a month for each of the 220,000 persons on Texas old age assistance rolls, making an annual premium of about $23 million. Another $8 million will pay for nursing home care, under state management.

Texas voters approved a constitutional amendment authorizing such an old age health program in 1958. Most insurance companies were reluctant at first to provide such insurance, officials say, but now they have acquired more experience in health insurance for the aged.

The Blue Cross plan was selected on the basis of proposals by three insurers.

Good Locations

EARTH, TEXAS, 52 miles northwest of Lubbock. Excellent opportunity for one or two young physicians. Completely furnished clinic available either for sale, lease, or rent. For full details contact Casey Jones, PhG., Box 16, Earth, Texas.

CALVERT, TEXAS (Pop. 2,548). This thriving community, 50 miles southeast of Waco, has recently lost its only physician through death and they are greatly in need of a physician to fill this void. Possibility of aid in acquiring and furnishing new office facilities if d e s i r e d. Competent nurse-bookkeeper-receptionist, familiar with both the people and existing accounts is available. For further information contact H. K. Jones, Jones Drug Store, Box 333, Calvert, Texas. Phone EM 4-2850.

REFUGIO, TEXAS. This city of 4,666 35 miles north of Corpus Christi, provides an excellent opportunity for any practitioner starting out in practice or seeking a new location. A modern office building, located in the population center of town, can be purchased. For additional information contact Floyd H. Weber, O.D., Box 768, Seguin, Texas. Phone FR 9-3016.

Urinary Infection During Pregnancy

By A. A. CHOQUETTE, D.O.
Fort Worth, Texas

Probably the most frequent complication of pregnancy is the urinary infection triad: pyelitis, pyelonphritis, and pyelonephrosis. All too frequently they are encountered in the same patient.

We so frequently speak of non-specific infections of the kidneys as "pyelitis." In reality *pyelitis* implies that the infection is limited to the pelvis of the kidney. It remains as a pyelitis for only twelve to twenty-four hours, after which it involves renal parenchyma and proceeds to the *pyelonephritis* stage, representing a much more serious problem. *Pyonephrosis* represents the end result of an untreated or unresponsive pyelonephritis and refers to the destruction of some or all of the parenchymal substance of the kidney. Mode of infection in kidneys is usually through the blood stream, the lymphatics and by direct extention from the lower urinary tract.

The most frequent infecting organism is *colibacillus* and, therefore, the intestinal tract becomes a very common focus of infection. The intestinal tract herein used refers to the teeth, tonsils and gallbladder as well as the intestinal tract itself.

An adage in urology that has stood the test of time is: that infection will not remain within the kidney if the kidney has adequate drainage and sufficient fluids. Herein lies the basis for much of the therapy in urinary infection.

Grabtree, the foremost peri-natal urologist in the United States has this to say relative to the intestinal tract, "The condition of the bowel itself in pregnancy is second in importance to intraluminal stasis as a disposing factor in infection of the urinary tract." He further states that the lymphatics of the bowel are more directly connected with the right kidney than with the left and hence the predominance of right-sided infections during pregnancy.

Other predisposing causes of infections are congenital and acquired maladies of the excretory apparatus as well as renal mal-position, faulty drainage from any cause and silent calculus.

According to the latest reports from Massachusetts General Hospital, the incident of urinary tract infection in pregnancy is between 3½% and 5%. This

does not include the bacteriurias of pregnancy which are so frequently present.

Data from the Boston Lying-in Hospital in 1958 showed the morbidity of infections of the urinary tract as accounting for 7.7% of hospital admissions.

Trout reported an overall mortality rate of 3% occurring in the serious pyelonephritis group. A mortality of 3% is higher than the death rate from acute unruptured appendicitis or from supracervical hysterectomy.

The morbidity rate is expressed in the chronicity of infection after delivery: the hydronephrosis and the impaired renal function which are so often noted in the postpartum patient. It has been estimated that 50% of patients having had pyelitis in pregnancy have suffered permanent damage to the urinary organs. This is a serious pathologic sequel.

The diagnosis of urinary infection is usually established readily on three or four early signs and symptoms:

1. Alterations in the act of urination. Frequently, dysuria and pyuria (in excess of 5 WBC's/HPF in the centrifuged sediment of freshly-voided urine).
2. Slight temperature elevation.
3. Costovertebral angle discomfort and/or pain.

All too frequently the patient is told to bring in a urine specimen. It is voided into an unclean vessel, transferred to an unclean bottle and allowed to stand for a number of hours before it is taken to the doctor's office for examination. Years ago, I discontinued the practice of having any patient bring in a specimen of urine. With regard to the collection of urine samples, I prefer to obtain a mid-stream urine in a sterile bottle in my office, after the patient has been instructed to wash herself thoroughly before voiding. This is the only specimen that one should take time to study.

If a number of pus cells are visualized on the field from a specimen obtained in this manner, it is quite reasonable to suspect that the patient has a urinary infection. Another specimen should be obtained the following day. If a like number of pus cells are again observed, the patient should be placed on the examining table and a sterile specimen obtained under aseptic technique for culture and sensitivity test. Only in this manner may one be reasonably certain of proper approach to therapy. In some areas it is difficult to secure culture and sensitivity tests, and I think that one is perfectly justified under such circumstances to administer urinary antibiotics without benefit of culture.

A degree or two of fever in suspicious cases is very informative. With the fever the patient will often complain of chills.

The additional finding of costovertebral tenderness or pain will usually secure the diagnosis. In the presence of such findings, one certainly is justified in placing the patient on appropriate antibiotic therapy.

I personally am still very fond of the sulfonamides, especially in combination with pyridum in a bivalent bacteriostatic-anesthetic therapy in urinary infections.

If the patient makes an uneventful recovery and if there is no apparent recurrence, I feel that further investigation at the time is probably unwarranted. If, however, after a period of quiescence there is another acute exacerbation of the symptoms, further investigation is mandatory.

In such case, proper investigation must include culture and may include intravenous pyelograms, ureteral catheterization with retrograde pyelograms, the placement of indwelling ureteral catheters for drainage and even surgery. Cystoscopy and catheterization during pregnancy are not difficult in the hands of a competent urologist and certainly will not induce abortion. This has been

demonstrated repeatedly. Hence, these urologic problems can be stipped of the mysticism with which they have heretofore been shrouded, in order that they may be studied scientifically *during* pregnancy just as they would be under other circumstances.

The commonest end-results of untreated or poorly treated urinary infections are mechanical stasis, stricture formation, hydronephrosis, hydroureter, and persistent pyuria. These lead inevitably to renal decompensation and uremia.

The degree of permanent damage done by the pyelitis is directly proportional to the severity of the infection and the length of time that it remains untreated. Hence concerted and aggressive treatment of any urinary infection is absolutely mandatory.

Trout states that the immediate institution of active chemotherapy not only shortens the febrile course, but also obviates much permanent renal parenchymal damage.

From the information available to us at this time, it is clear that patients with pyelitis during pregnancy must be followed for months after delivery. Catheterized specimens of urine and cultures should be taken under aseptic technique at monthly intervals after delivery. If infection is present, active chemotherapy should be promptly instituted.
(1001 Montgomery St.)

East Town Hospital Receives Gov't. Grant

Notification of a $400,000 Hill-Burton federal grant to East Town Osteopathic Hospital Corporation was announced at a staff meeting on Nov. 13 by Dr. Marille Sparks, administrator.

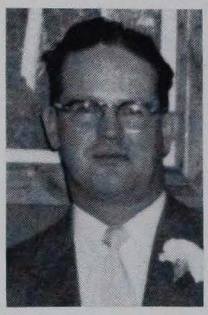
This expansion program will provide a four-story addition with a new obstetrical and pediatric department, increased X-ray and laboratory facilities, an enlarged out-patient service, and an addition of orthopedic and urological equipment. As in the existing facilities, oxygen will be piped to the rooms, and many innovations are to be utilized in the new construction.

Dr. Sam Sparks, hospital founder and president, announced a nuclear fallout shelter would be incorporated in the building. This addition will accommodate over 150 persons and serve also as a lecture and staff room.

To match this grant, the hospital will provide equal funds. The building program will more than double the size of the institution, increasing bed capacity from 62 to 130.

East Town Osteopathic Hospital began receiving patients in December, 1957, and after two years its rapid growth and overtaxed facilities resulted in plans for expansion.

Physicians Honored At Clinical Assembly, Denver, Colorado



T. T. McGrath, D.O.
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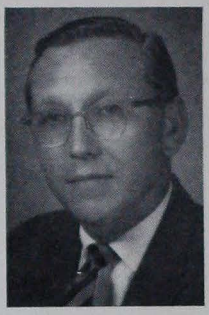

Victor H. Zima, D.O.
Houston, Texas

The Thirty-Fourth Annual Clinical Assembly of the American College of Osteopathic Surgeons was held in the Denver Hilton Hotel, Denver, Colorado, October 29 to November 2, 1961. Participating organizations were: American Osteopathic Hospital Association, American Osteopathic College of Radiology, American Osteopathic Academy of Orthopedics, American Osteopathic College of Anesthesiologists and American College of Osteopathic Hospital Administrators.

Texas was indeed proud to see two of its physicians, Dr. T. T. McGrath of Ft. Worth and Dr. Victor H. Zima of Houston, presented with Fellowships. In addition, Drs. Elmer G. Beckstrom and Henry A. Spivey, both of Dallas, were accepted as members in the College of Surgeons.

This Assembly was possibly one of the best that has ever been sponsored and held by the above styled organizations. It was well attended, particularly from the State of Texas which had 57 representatives, not including wives. The highlight of the meeting was the action taken by the American College of Surgeons, which is the oldest specialty college in the osteopathic profession, when it took an almost unanimous stand and voted to reject motions to dis-associate the College from the A.O.A. and to give special membership status to those who do not meet the membership requirements of the A.C.O.S. and the A.O.A. This action was consummated by A.C.O.S. without pressure or assistance from A.O.A. All agree that the action is an important event in this unprecedented period during which decisions of lasting consequences must be made. We have been advised that the Colleges of Radiology, and of Ophthalmology and Otorhinolaryngology have taken similar actions. The College of Internal Medicine gave their ineligible colleagues association membership while otherwise maintaining their alliance with A.O.A.

We in Texas congratulate the College of Surgeons for its sound thinking. We are informed there were only two negative votes.

The program for each of the participating organizations was exceedingly good. One of the outstanding speakers of the Surgeons program was Jorg Bohler, M.D., of Linz, Austria. This man demonstrated, in his talk, that he had a good fundamental knowledge and be-

lief in the philosophy of the osteopathic profession.

Texas furnished the following speakers for the Assembly:

Dr. J. W. Axtell ..... Anesthesiologists
Dr. Raymond N. Dott ..... Radiologist
Dr. Milton V. Gafney ..... A.C.O.S.
Dr. Charles M. Hawes ..... A.O.A.
Dr. Charles D. Ogilvie ..... Radiologist
Dr. Sidney S. Runyon ..... Orthopedist
Dr. J. Natcher Stewart ..... A.C.O.S.
Dr. Thomas R. Turner ..... A.O.A.

Dr. Francis S. Wheeler was program chairman for the Anesthesiologists.

The executive secretary was particularly pleased to note a change in the philosophy of the American Osteopathic Hospital Association in that there seemed to be a better understanding on the part of the membership as to the true function of this Association and its recognition of the fact that the A.O.-H.A. is a *hospital* organization.

Indeed we are proud to report the following Texas representation:

AMARILLO
Earle H. Mann, D.O.
Glenn R. Scott, D.O.

COMANCHE
W. D. Blackwood, D.O.

COOPER
Dean E. Wintermute, D.O.

CORPUS CHRISTI
T. M. Bailey, D.O.

DALLAS
Harriett Beckstrom, D.O.
Elmer G. Beckstrom, D.O.
J. T. Calabria, D.O.
Raymond N. Dott, D.O.
Milton V. Gafney, D.O.
Charles M. Hawes, D.O.
G. LeRoy Howe, D.O.
Hyman Kahn, D.O.
Charles D. Ogilvie, D.O.
Walters R. Russell, D.O.
Malcolm E. Snell, D.O.
Marille E. Sparks, D.O.
Samuel F. Sparks, D.O.
Henry A. Spivey, D.O.
Paul A. Stern, D.O.
Fred B. Thomas, D.O.
William E. Winslow, D.O.
Mr. H. G. Mann, Administrator, Dallas Osteopathic Hospital

DENTON
Marvin T. McDonald, D.O.
Mrs. Mary B. Ellis, Business Mgr., Elm Street Hospital and Clinic

EL PASO
M. G. Holcomb, D.O.

FORT WORTH
Edgar D. Conrad, D.O.
Charles L. Curry, D.O.
Roy B. Fisher, D.O.
William R. Jenkins, D.O.
T. T. McGrath, D.O.
P. R. Russell, D.O.
Thomas R. Turner, D.O.
Francis S. Wheeler, D.O.
Mr. J. E. Kirkpatrick, Administrator, Lake Worth Osteopathic Hospital

GRAND PRAIRIE
Elmer L. Kelso, D.O.
J. Natcher Stewart, D.O.
Marriette M. Stewart, D.O.

GROOM
John L. Witt, D.O.
Mrs. Bonnie King, Administrator, Groom Memorial Hospital

GROVES
Nicholas G. Palmarozzi, D.O.

HOUSTON
William S. Gribble, Jr., D.O.
Jack P. Leach, D.O.
Sidney S. Runyon, D.O.
Victor H. Zima, D.O.
W. P. Zipperer, D.O.

HURST
Charles H. Bragg, D.O.

LUBBOCK
J. W. Axtell, D.O.
Raymond E. Mann, D.O.
Mr. S. Lee Baker, Administrator, Lubbock Osteopathic Hospital

MINEOLA
B. W. Jones, D.O.

MT. PLEASANT
Palmore Currey, D.O.

SAN ANTONIO
Gordon S. Beckwith, D.O.
H. H. Edwards, D.O.
Richard J. Tamez, D.O.

STANTON
James M. Shy, D.O.

TYLER
Brady K. Fleming, D.O.

New Journal Features

The Editorial Policy Committee of the *Texas Journal* is pleased to present three new items in this month's *Journal.* (Count 'em!)

First, the readers will note the new *CONSULTANT'S CORNER* on this page. In this regular monthly feature will be published answers to knotty clinical problems or questions which are sent to the editor. The editor solicits all Texas physicians to send in any question(s) they would like answered. The questions are submitted to a Board of Consultants and the replies published.

Second, the reader will find a monthly quiz prepared by a practicing internist. Match your skill by filling in the answers—then check the correct answers published on a separate page. You will find this a monthly challenge to your ability.

Third, a list of educational events of special interest to Texas physicians will be published in rotating manner each month. This will give the reader a "quick glance" summary of coming events which will be available to him in his continuing education. It is hoped that the reader will attend as many of the sessions as possible.

Future *Journal* issues will carry other new features which we know will be of interest. *Watch carefully!*

Consultants' Corner

QUESTION: *How strict should be the isolation technique in the treatment of infectious hepatitis in a hospitalized patient?*

ANSWER: Because the pathways in person-to-person contact include the intestinal-oral circuit as well as the droplet or mouth-to-mouth route, enteric isolation is sufficient. There is little support of any kind of a respiratory type of spread. Enteric isolation consists of proper isolation and disposal of excreta as well as separate use of utensils and dishes (preferably disposable) and isolation/sterilization of all materials coming in contact with the patient. The stage at which the virus disappears from the intestinal tract is unclear, although persistence of the virus in the stools for long periods has been observed. Isolation is most important in the early stage of the disease.

M.E.J.

QUESTION: *When should the patient with infectious hepatitis be returned to normal physical activity?*

ANSWER: The patient may return to normal activity when free from symptoms and when tests of liver function show the following: serum transaminase less than 40 units; serum bilirubin less than 1.5mg%; BSP retention less than 10% 45 minutes after injection. It has been shown that patients who are permitted the freedom of the room or ward, except for a post-prandial rest period of one hour, do well and are ready and able to return to work at the end of the illness. This is especially true for healthy young and vigorous middle-aged adults. A more conservative program is desirable for older patients and especially for those debilitated by other diseases, regardless of age.

M.E.J.

QUESTION: *What is the value of the so-called "gelatin film test" for trypsin in the stool? What is the X-ray film procedure in these tests?*

ANSWER: It is a rapid and useful screening test for the presence or absence of trypsin, the presence of which militates against a diagnosis of fibrocystic disease of the pancreas. Because other factors, e.g., bacteria, may alter tryptic activity, the test would not be regarded as a definitive diagnostic measure. In the procedure, a piece of X-ray film, cut to the size of a Petri dish, is placed

in the dish with the gelatin side up. A few drops of diluted stool (1:60, 1:120 and 1:180), prepared from a 1:6 dilution, are applied to the film; water is used as a control. After incubation for one hour the film is studied for digestion of the gelatin on the film. Dilutions of 1:120 minimize the likelihood of false-positive reactions due to bacterial gelatinase.

V.E.

QUESTION: *What are the main points of laboratory differentiation between celiac disease and fibrocystic disease of the pancreas (mucoviscidosis)?*

ANSWER:

Laboratory Findings	Celiac Disease	Mucoviscidosis
1. Duodenal fluid		
Volume	Increased	Decreased
Viscosity	Normal	90% increased
Enzymes (amylase, lipase, enterase, trypsin, etc.)	Normal	Absent or very low
2. Stools		
Trypsin	Present	Absent in 85%
Nitrogen	Not increased	Increased
Fat	Steatorrhea	Steatorrhea
3. Glucose tolerance		
Curve (oral)	Flattened (under 30 mg % rise)	80% Normal
4. Fasting plasma		
Vitamin A	Low normal	Below normal
5. Roentgenogram		
Chest	Negative	Emphysema - atelectasis
Small intestine	Barium flocculation	Present or absent
6. Sweat test	Normal	Elevated Na and Cl
PROGNOSIS	Good	Poor

V.E.

TEST YOURSELF

(Answers on page 28)

1) The cause of acute myocardial infarction is:

a) Usually congestive heart failure due to old rheumatic fever.

b) Inadequate coronary artery blood supply, due usually to atherosclerosis.

c) Overwhelming angina pectoris.

2) Greatest reduction in mortality in acute myocardial infarction during past 30 years is due to:

a) Better treatment of shock; better nursing care; avoidance of nitroglycerine during acute attack.

b) Use of anticoagulants; greater availability of oxygen; better coronary vasodilators.

c) More precise knowledge of electrocardiography; use of anti-coagulants; more purified forms of nitroglycerine available.

3) Relative morbidity of acute myocardial infarction is:

a) Six times greater in men than in women.

b) About equal between men and women.

c) Slightly higher in women than in men.

4) The most common complications of myocardial infarctions are:

a) Arrhythmia, congestive heart failure and shock.

b) Pericarditis, pericardial effusion and arrhythmia.

c) Cardiac rupture, hemopericardium and shock.

5) Nitroglycerine *should not be used* in a patient with suspected developing myocardial infarction because:

a) It tends to aggravate cardiac arrhythmia.

b) It causes peripheral vasodilation which may reduce coronary blood flow.

c) It dilates the coronary arteries and may allow the intracoronary clot to wedge itself tighter in a smaller branch.

6) The most reliable clinical features to distinguish myocardial infarction from ischemia without infarction are:

a) Infarcting patient often is apprehensive with high blood pressure and rapid cardiac rate.

b) Infarcting patient often has diaphoresis, nausea and pain lasting longer than 15 minutes.

c) Infarcting patient often has facial rubor, pain lasting less than 10 minutes, and high blood pressure.

7) According to reliable autopsy evidence, healing of myocardial infarct with good scar formation takes approximately:

a) 4 months.

b) 6 weeks.

c) 10 - 12 months.

8) The most frequent (in order) cardiac arrhythmias complicating myocardial infarction are:

a) Ventricular fibrillation, ventricular tachycardia, A-V block.

b) Atrial fibrillation, cardiac arrest, supraventricular tachycardia.

c) Premature contraction, atrial fibrillation, varying degrees of A-V block.

9) If low-grade fever persists 3 days after myocardial infarction has occurred, one should be alert for:

a) Bronchopneumonia or pericarditis.

b) Bacterial endocarditis or pyelonephritis.

c) Acute rheumatic fever or SBE.

10. Contraindications for anticoagulant therapy in myocardial infarctions are:

a) Congestive heart failure; cardiogenic shock.

b) Bronchopneumonia; continued chest pain; age under 40.

c) Blood dyscrasia; known ulcerative G.I. lesion; liver disease.

By IATROS

SYLLABUS OF CONTINUING EDUCATION FOR TEXAS PHYSICIANS

1962

JANUARY 15-18—AMERICAN OSTEOPATHIC ASSOCIATION annual meeting, Dunes Hotel and Flamingo Hotel, *Las Vegas, Nevada.* See national publications for reservation forms and program.

18-19—ACADEMY OF APPLIED OSTEOPATHY 25th annual meeting, *Las Vegas, Nevada.* Sec.: Margaret W. Barnes, D.O., P.O. Bin 1050, Carmel, California.

FEBRUARY 17-18—TEXAS SOCIETY OF GENERAL PRACTITIONERS medico-legal seminar, *Houston, Texas.* Sec.: Robert P. Kelley, D.O., 3212 Tidwell, Houston 16, Texas.

19-22—AMERICAN COLLEGE OF OSTEOPATHIC OBSTETRICIANS AND GYNEGOLOGISTS and AMERICAN COLLEGE OF OSTEOPATHIC PEDIATRICIANS annual combined meeting, Americana Hotel, *Bal Harbour, Florida.* ACOOG Sec.: Arthur A. Speir, D.O., Box 66, Merrill, Michigan. ACOP Sec.: Martyn Richardson, D.O., 9553 Lackland Rd., St. Louis, Mo.

23-25—TEXAS OSTEOPATHIC SURGICAL SOCIETY annual meeting, Western Hills Hotel, *Fort Worth, Texas.* Sec.: T. T. McGrath, D.O., 1001 Montgomery St., Fort Worth, Texas.

MARCH 1-3 —SYMPOSIUM ON FUNDAMENTAL CANCER RESEARCH, 16th annual, topic: "Conceptual advances in immunology and oncology," University of Texas M. D. Anderson Hospital and Tumor Institute, *Houston, Texas.* Write: Texas Medical Center, Houston, Texas.

16-18—FORT WORTH CHILD HEALTH CLINIC and seminar, Texas Hotel, *Fort Worth, Texas.* Sec.: Virginia Ellis, D.O., 1001 Montgomery St., Fort Worth.

30- —AMERICAN OSTEOPATHIC ACADEMY OF ORTHOPEDICS post-graduate seminar, Western Hills Inn, *Euless,*

APRIL 1 *Texas.* Sec.: J. Paul Leonard, D.O., 2673 W. Grand Blvd., Detroit 8, Mich.

16-18—NATIONAL OSTEOPATHIC CHILD HEALTH CONFERENCE annual meeting, Municipal Auditorium, *Kansas City, Mo.* Exec. Sec.: Stan J. Sulkowski, 409 Scarrett Arcade, 819 Walnut St., Kansas City, Mo.

MAY 3-5 —TEXAS ASSOCIATION OF OSTEOPATHIC PHYSICIANS AND SURGEONS annual meeting, Texas Hotel, *Fort Worth.* Sec.: Phil Russell, D.O., 512 Bailey St., Fort Worth.

5 —TEXAS ACADEMY OF APPLIED OSTEOPATHY semi-annual seminar, Texas Hotel, *Fort Worth.* Sec.: Catherine Carleton, D.O., 815 W. Magnolia, Fort Worth.

AUGUST 6-9 —MEMORIAL CARDIOVASCULAR FOUNDATION annual clinical assembly, Grove Park Inn, *Asheville, North Carolina.* Chmn.: George F. Pease, D.O., 1001 Montgomery St., Fort Worth 7, Texas.

SEPTEMBER —TEXAS OSTEOPATHIC RADIOLOGICAL SOCIETY annual meeting, *Dallas, Texas.* Sec.: Charles Ogilvie, D.O., 1141 N. Hampton Rd., Dallas 8, Texas.

28-29—TEXAS ACADEMY OF APPLIED OSTEOPATHY semi-annual meeting, Villa Capri Hotel, *Austin, Texas.* Sec.: Catherine Carleton, D.O., 815 Magnolia, Fort Worth.

OCTOBER 7-13—WORLD CONGRESS OF CARDIOLOGY annual meeting, Medical Center, *Mexico City, Mexico.* Write: I. Costero, M.D., Instituto N. De Cardiologia, Avenida Cuauhtemoc 300, Mexico 7, D.F.

Executive Secretary's Travelogue

Left to right: Robert D. McCullough, D.O., Tulsa, Oklahoma, Past President of A.O.A., to whom the new Hurst General Hospital was dedicated and V. L. Jennings, D.O., Fort Worth, Chairman of the hospital Board.

The executive secretary left Fort Worth on Saturday, October 28 for Denver, Colorado to attend the Annual Clinical Assembly of the American Osteopathic College of Surgeons. He is appreciative of the fact that the trip to Denver turned out much better than it started. He was scheduled to leave Dallas by jet at 11:15 but on arrival at the airport was informed that there would be a slight delay due to the fact that the runways in Denver were closed for one hour in order to clean the ice and sleet off. Finally, at 12:30 he boarded the plane and as the plane neared the end of the runway, it was announced that #2 inboard engine on the left side was in reverse and they could not make it go forward. So the plane had to return to the airport where there was another delay while the mechanics got the engine reversed. The passengers were kept aboard the plane and served a lunch.

At approximately 3:30, with all engines working in good shape, the plane took off for Denver. When they arrived in Denver, they were appreciative of the fact that all engines would work in reverse, for believe me, the pilot had to reverse them. The Denver runway was slick and the brakes would not work too well on the ice, so the pilot gunned the engines to full capa-

city and managed to stop the plane some 50 feet from the end of the runway.

The executive secretary arrived at the Denver-Hilton Hotel just in time to be invited out to dinner by Dr. C. R. Patterson, President of the Colorado Osteopathic Association.

During his five-day stay in Denver, the executive secretary was extremely busy in conferences with many officials of the American Osteopathic Association, College of Surgeons, hospital administrators and people who were thinking in terms of Texas for practice locations. What little of the meetings he saw or heard, the executive secretary considered unusually good. Most of his attendance was at the American Osteopathic Hospital Association meeting and he was indeed happy to observe a progressive change in attitudes in this particular organization.

On November 6th, the executive secretary was back in the State Office and was pleased to find on his desk a copy of the new 1961-62 Annual Directory of the TAOP&S which had just been mailed out to the membership. This directory has many good uses for the profession and therefore each member should look it over closely. It contains much information—the new Constitution and By-Laws, the Manual of Procedure, requirements for admission to an osteopathic college, plus a listing of the presidents and secretaries of the state specialty groups.

On November 11th, the executive secretary left Fort Worth at Noon for Dallas. Enroute, he stopped at the Hurst General Hospital to observe the progress being made on this new institution. It was found they are pushing hard to meet the dedication date—November 26th but everything is in order.

The executive secretary then picked up Dr. Elmer C. Baum at the airport and together they went directly to the Baker Hotel in Dallas where there was some confusion and a mix-up in connection with the rooms assigned for the

Postgraduate Seminar to be held there in December. By 4 p.m. the situation was straightened out and the executive secretary thinks they arrived at some new ideas regarding future Seminars.

At 7:30 p.m. Dr. Baum and the executive secretary were at the Dallas Osteopathic Hospital for a meeting with a Committee which had been set up for the purpose of discussing a rather unusual case which the hospital had handled. Present at the meeting were: Drs. Milton V. Gafney, A. V. Manskey, J. Natcher Stewart; Mr. Mann, Administrator of the Dallas Osteopathic Hospital; Mr. Pinkney Grissom, attorney for the Nettleship Company, and Dr. Baum and the executive secretary.

This was a most interesting and unusual meeting in that it brought out much information of an educational nature that will help us better serve the public. The meeting lasted until approximately 1 a.m.

The executive secretary was back in the office by Noon the next day, having elected to rest following the previous night's activities.

From Thursday, November 9 through Monday, November 13, the executive secretary was busy in the office preparing himself and accumulating information to be presented to the Executive Committee of the Board of Trustees which was scheduled to meet in the State Office on Saturday and Sunday, November 18-19.

On Monday, November 13 the executive secretary spent some 2½ hours with Dr. G. LeRoy Howe who is completing his residency in surgery at the Dallas Osteopathic Hospital in June. The discussion centered around finding him a good location in Texas. This man is a brilliant young doctor. He has received good training and would welcome suggestions as to locations.

At 2 p.m., November 14, Mr. Walter J. Dolbee, Jr., Administrator of the new modern Hurst General Hospital which will open its doors on November 26, was in the office to discuss problems in reference to the hospital's opening.

This same day, President G. W. Tompson arrived in the office, following his official visitations to Districts #3 and #13. The afternoon was devoted to conferences with him over the problems of the profession.

That evening, Dr. Tompson spoke before the District #2 organization. The executive secretary was disturbed over the small attendance at the official visitation of the State President. Dr. Tompson delivered a most wonderful and instructive talk.

On Wednesday, November 16, President Tompson and the executive secretary were rudely awakened by the ringing of the telephone at 4:30 a.m. It was a notice to get up and get moving. They were dressed and on the way to Austin by 5:30 a.m. and needless to say, without stopping first to have coffee or breakfast. It is interesting to note that the President chauffeured the janitor, which was much appreciated.

They arrived in Austin at 9:10 a.m. to attend a meeting of the State Department of Public Welfare and Blue Cross-Blue Shield of Texas to participate in the signing of the largest individual hospital contract ever entered into in the world. Blue Cross signed to accept 220,000 policies for those on Old Age Assistance, the premiums to be paid by the State Welfare Department. Present for the signing were the Director of the State Department of Public Welfare and other members of the Board, Blue Cross officials and the presidents and secretaries of the Texas Association of Osteopathic Physicians and Surgeons, Texas Medical Association, Texas Osteopathic Hospital Association, Texas Hospital Association. Each of the Presidents from the medical organizations were called upon for open comments at the press conference which followed. Texans never brag, but the executive secretary does brag and he must state

that your President made the most outstanding remarks of a positive nature.

Before returning to Fort Worth, the executive secretary had some business to conduct with Mr. Conley, head of the Department of Vital Statistics of the State Board of Health. While there, the executive secretary was surprised to have Mr. Conley produce the minutes of a State Department of Health meeting held in 1926 in which your executive secretary was a participant as a member of that Board. In fact your executive secretary was the first D.O. to ever be appointed to this state board. At that time, he was very proud of his membership on the Board, but he certainly recognizes that the duties and accomplishments of the Board then were extremely minor. We can only congratulate the State Department of Health on the progress that has been made in the last 35 years.

President Tompson and the executive secretary arrived back in Fort Worth at 5:30 p.m. They were surprised the next morning to find a letter in the office from J. Weldon Watson, Assistant to the Commissioner of the State Department of Public Welfare, expressing his appreciation for their participation in their program.

On Thursday, November 16, the executive secretary and President Tompson were at Mid-Cities Memorial Hospital in Grand Prairie over a matter of concern to that institution.

Friday evening, November 17, President G. W. Tompson and the executive secretary met at the state office until midnight with Mr. William Kemper, Jr., an attorney from Houston who represents the profession in that area. They arrived at some conclusions which will be of great benefit to the profession.

From 9 a.m. the following day until Noon Sunday, November 19, the Executive Committee of the Board of Trustees of the TAOP&S met in the state office in Fort Worth to review the accomplishments of the year and to formulate recommendations to the Board of Trustees at its December meeting. This was one of the most enlightening meetings ever held in that the activities of all of the committees were studied and reviewed and considerable discussion was held regarding the formulation and implementation of new objectives. It was apparent that a small group of men, who receive copies of all the correspondence throughout the year, make a more workable group that can visualize and accomplish much more in a shorter time. The following were present: Dr. G. W. Tompson, President; Dr. L. G. Ballard, President-Elect; Dr. Glenn R. Scott, Immediate Past President; Dr. Loren R. Rohr, Chairman Department of Professional Affairs; Dr. Phil R. Russell, Executive Secretary and Mrs. Rita E. Neal, Executive Assistant.

At 2 p.m. Sunday, November 19, the executive secretary left by car for Amarillo where on the following day he had

business with the Amarillo Osteopathic Hospital. The 20th was indeed an unusually busy day in which much was accomplished. The executive secretary and Dr. William H. Guinand were entertained at lunch by Past-President Dr. Glenn R. Scott and Mr. W. L. Davis, Jr., Administrator of the Amarillo Osteopathic Hospital. At 5:30 p.m. the executive secretary attended the hospital staff meeting at which all members were present and he was able to make contacts with many members of the profession and to personally meet two new members of the Amarillo Osteopathic Hospital staff — Dr. Richard Wetzel, Radiologist and Dr. Andrew Martimick, a new surgeon in the area.

At 8 p.m. Dr. Guinand and the executive secretary were entertained at dinner by Drs.: Glenn R. Scott, J. Francis Brown, Ersal W. Cain and Mr. Davis. This proved to be a most wonderful meeting.

On November 21 the exceutive secretary went to the new Groom Memorial Hospital in Groom, Texas where he enjoyed a wonderful visit in this new and beautiful hospital which serves this small community. He is happy to report the hospital has been running to capacity and expansion plans are now in the making. He greatly enjoyed a visit with Doctors John L. Witt, John V. London and Robert E. Clayton.

The following day, November 22, the executive secretary was at the Achor Clinic-Hospital. It has seven beds and we predict that in time this institution will be one of our successful and approved hospitals. Dr. Achor expressed appreciation for the visit and help given.

November 23rd was Thanksgiving Day and of course there was no opportunity to do any work. The executive secretary drove Dr. Guinand to Roswell, New Mexico where they had dinner and the following morning they visited the hospital there. Dr. Guinand then left for Tucson by plane and the executive secretary drove directly to Odessa.

Saturday, November 25, he visited Doctors V. Mae and Norman Leopold in their clinic and then drove to Midland where he had an enjoyable visit with Dr. Francis L. Harmon and Dr. Ted B. Thompson who is a non-member of our organization. Dr. B. B. Jaggers could not be located and the executive secretary later heard he was out fishing.

He then proceeded to Stanton where he visited with Doctors James M. Shy and Leland B. Nelson who operate the Physicians Hospital and Clinic. He had a wonderful visit and is happy to report that this is an extremely busy institution. The Physicians Hospital and Clinic is a county hospital operated by these two physicians.

On Sunday, November 26, the executive secretary attended the opening of the new Hurst General Hospital in Hurst, Texas, where he spoke at the dedication ceremony. A story of this opening appears elsewhere in the Journal. At 10 p.m. he met Dr. Guinand at the airport and brought him in to Fort Worth.

The following day, November 27, the executive secretary left Fort Worth with Dr. Guinand for Comanche where they spent most of the day at the Comanche Hospital Inc. which is operated by Doctors W. D. Blackwood and W. A. Flannery. He also saw Dr. Robert O. McCorkle who is a new staff member of the hospital. They were entertained at lunch by Doctors Blackwood and Flannery.

That afternoon the executive secretary visited the Memorial Hospital in Comanche which is a new 12-bed institution operated by Dr. Roy D. Mims and a new arrival to the state, Dr. C. B. Wright. Dr. Wright moved here from Florida after having practiced in Georgia and at one time in Corpus Christi, Texas before taking up a residency in

surgery. The executive secretary at this time made an official inspection of the institution for our State Association. He returned to Fort Worth that evening.

Tuesday, November 28, the executive secretary was at the Granbury Hospital for the day. He had an enjoyable visit with Doctors Roy L. Brock and Robert N. Rawls and was entertained at lunch by them. He returned to Fort Worth in time for an 8 p.m. meeting of the Committee on Editorial Policy and Journal Publication held in the state office.

The following morning, November 29, the executive secretary and Dr. Guinand were at the Plattner Hospital and Clinic in Grand Prairie. This was one of his most enjoyable hospital visits. In reviewing the records of the hospital, it was found they were almost perfect and it is interesting to note that of all the hospitals there was more attention given in this hospital to the osteopathic philosophy—more OMT's ordered and given and less drugs. The four Doctors Plattner are to be congratulated. Many of our larger institutions could learn a valuable lesson by the type of visits made by the executive secretary.

That evening the executive secretary entertained the osteopathic members of the Texas State Board of Medical Examiners and their wives at the Fort Worth Club.

On Thursday, November 30, he was at the Lake Worth Osteopathic Hospital which is one of the small hospitals in the Fort Worth area. During what time he could spare, the executive secretary was extremely busy in the office preparing for the postgraduate Seminar to be held December 2-3 at the Baker Hotel in Dallas and for the midyear meeting of the Board of Trustees which immediately follows the Seminar.

The executive secretary regrets there was no more activity to report this month. He hopes there will be more next month, if he lives to write it.

See you next month!

NEWS OF THE DISTRICTS

DISTRICT TWO

Congratulations to the Hurst Hospital which opened on November 26. Dr. Keith Peterson is the house physician there.

Doctors William A. Griffith, Phillip Saperstein, and Tom W. Whittle of Fort Worth opened the Seminary Drive Medical Center on December 4.

The Child Health Committee meeting was held on November 20. The dates for the 1962 Annual Child Health Clinic were set for March 16 and 17, with the Sunday meeting of the G.P.s on the 18th. The number of patients to be handled will be limited to 300.

VIRGINIA ELLIS, D.O.
Reporter

GOING TO THE LAS VEGAS CONVENTION IN JANUARY?

Transportation arrangements are available through the Southwest Travel Service, Continental Bank Building, Fort Worth, Texas — Phone ED 2-3127. Roundtrip air fare from Fort Worth or Dallas is $118.80 (tourist) or $153.50 (first class) plus tax. Schedules and full details may be obtained by writing or calling the above authorized agency. If sufficient numbers indicate an interest in going, charter rates will be quoted.

DISTRICT THREE

On Sunday, November 12, 1961, the district held its monthly meeting in Tyler. State President, G. W. Tompson from Houston was present and spoke on the situation in California and the pilot program between Blue Cross-Blue Shield and the State of Texas for those on the old age assistance program, to be instituted January 1, 1962.

Dr. George Chambers who is practicing in Tyler has recently moved to Commerce, Texas.

Dr. B. K. Fleming has just returned from the ACOS meeting in Denver. We understand he also went deer hunting prior to the meeting and was quite successful. He stated the snow was heavy and the party was isolated and delayed for one day.

Dr. Joseph G. Brown recently returned from a proctology meeting in Honolulu where he was a guest speaker.

Dr. James R. Reid has recently purchased the home and office of Dr. Kenneth Speak in Mabank. We understand Dr. Speak is entering a group practice in the Pleasant Grove area of Dallas.

Merry Christmas to all.

R. E. SLYE, D.O.
Reporter

DISTRICT FIVE

Dr. and Mrs. G. W. Tompson were guests at the November 16 district dinner meeting held at the Marriott Motel. Dr. Tompson gave an excellent talk on Organization Procedures.

In reviewing the progress of our pro-

fession in Texas, the speaker made the audience aware of the prominent role played by the association's insurance and hospital committees.

A total of $3,549.25 was pledged by the district to the Dallas County United Fund Drive for 1962, according to Dr. Richard Helfrey, chairman. Campaign workers were Drs. Hesse, Carmichael, Burnett, Ogilvie, Yurkon, and Heaberlin.

East Town Hospital is readying to launch a 34,000 square-foot addition. A $400,000 Hill-Burton grant has been approved and plans for construction are underway.

The dedication of the new 125-bed Stevens Park Hospital on December 1 was a huge success with many D.O.s from throughout the state attending.

Dr. Joe DePetris is now associated with the Winslow Clinic at 1711 North Garrett.

JOHN H. BURNETT, D.O.
Secretary

Dr. Jim Calabria returned from a post graduate course on traumatic orthopedic surgery given in Los Angeles via Denver where he was caught in their snowy weather.

Dr. C. W. Danoff has been appointed team physician for the professional bowling team of Dallas. He will also serve as physician for the visiting teams.

Dr. Charles Ogilvie spent three days touring the schools at Des Moines and Kirksville. Dr. Ogilvie spoke to the Polk County Society of Osteopathic Physicians and the Sophomore class of the College of Osteopathic Medicine and Surgery in Des Moines; his subject was "Biologic Responsibility of the Healing Arts."

Other convention "goers" have been Dr. Bob Lorenz basking at the Hawaiian meeting and Dr. George Kotsch attending the College of Internists meeting at San Francisco.

R. B. HELFREY, D.O.
Reporter

DISTRICT EIGHT

The regular fall meeting of District Eight was held in Aransas Pass on November 5, 1961. The meeting was well attended and the group heard informative reports from members who had recently attended the state Obstetrical and Gynecological meeting and the American College of Osteopathic Surgeons Convention.

District Eight members in the Corpus Christi area held a dinner meeting with the Insurance Claims Adjustors on November 17, 1961. This annual affair has been an excellent means of meeting the claimsmen, with whom we work in the settlement of accident and sickness insurance cases throughout the year.

Corpus Christi Osteopathic Hospital has a new administrator, who has been employed in the field of hospital management for several years in Missouri. He is Mr. Dave Gassiat, and he is already hard at work, now that bidding construction of the hospital building is underway. Ground breaking should occur in January and with an expected ten months construction period, the new hospital should be ready for occupancy by next Thanksgiving.

D. H. HAUSE, D.O.
Secretary

DISTRICT ELEVEN

The monthly meeting of district eleven which is normally held on the second Wednesday of each month was postponed until November 29th because of the unexpected death of Dr. John Henery. Dr. Henery's death came as a great shock to all of us. Although he did not practice while residing here in El Paso he was a great inspiration and a fountain of information and knowledge to all of us. We shall miss him greatly.

The district meeting, November 29th, was held at the home of Dr. and Mrs. H. D. Smith. The local Auxiliary was host to the doctors and the State Auxiliary President, Mrs. John (May) Burnett of Dallas. As this was the Auxiliary's night, an educational program for the doctors was planned.

The film "The American Doctor" was shown in one of the local high schools (Austin) as a follow-up of the vocational guidance dinner. The film was well received and plans are being made for it to be shown at other high schools. Also the film was shown on KELP television between 11:30 and 12:00 A.M. on November 25, 1961.

Dr. and Mrs. Fred E. Logan and Dr. and Mrs. Dwight Hause of Corpus Christi visited El Paso during the week of November 26th. They were greatly impressed by our fair city and we almost had them convinced to stay here to practice. They said it was the weather they enjoyed most, but they didn't make this remark or any other complimentary ones until after they spent an afternoon at the races.

M. A. CALABRESE, D.O.
Reporter

Answers to "Test Yourself" Questions On Page 18

1)—b	6)—b
2)—a	7)—a
3)—a	8)—c
4)—a	9)—a
5)—b	10)—c

PROFESSIONAL CARD DIRECTORY

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TEXAS ASSOCIATION OF OSTEOPATHIC PHYSICIANS AND SURGEONS, INC.

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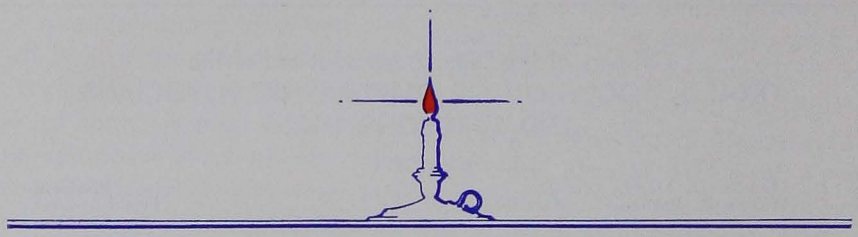

The Shining Light of Christmas

The star that guided the Wise Men of the East on the first of all Christmases is symbolized by the Christmas Candle. The mellow rays of this Christmas symbol help to dispel the darkness of despair, the gloom of doubt, the murk of uncertainty, and it becomes a beacon of joy and hope for all within the circle of its cheerful radiance.

To all our Doctor friends, it is our heart-felt wish that the radiance of your Christmas candle will glow merrily upon a scene of Christmas happiness and that it will foretell for you a new year of good health, contentment and prosperity.