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<u>EDITORIAL PAGE</u>

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100 Years Honored



JAMES L. HOLLOWAY, D.O. Dallas, Texas

Dr. James L. Holloway, 3817 Gillon Avenue, Dallas, Texas, who is the oldest living osteopathic physician, celebrated his 100th birthday anniversary, September 25. It is believed that Dr. Holloway has lived longer than any other known osteopathic physician. He was graduated from the American School of Osteopathy in 1904.

We, as a group, are extremely proud of his many contributions to the public through his application of the osteopathic concept of medicine. We only wish it was possible for every member of our profession to live such a life as he has—devoted to humanity, Christianity and his profession.

Dr. Holloway was honored by the members of the District 5 organization at a dinner, held in his honor, in the Industrial Club in Dallas on Thursday, September 15. A scroll was presented to him by the district ". . . in appreciation of his distinct contribution to the advancement of the science of Osteopathy. . . "

Dr. Holloway was also honored by the Central Christian Church in Dallas and by several civic organizations. October, 1960 Page 1

Reconstruction of Congenital Orthopedic Malformations



CHARLES M. HAWES, D.O. Dallas, Texas

Within the past decade many changes and remarkable advancements have been made in the procedures directed toward the correction of the abnormalities present in infants and children. The congenital anomalies encountered in the field of orthopedics continues to present a complex problem and a formidable challenge to the orthopedic surgeon. It is obvious that the treatment of a patient with congenital malformations is undertaken on the individual basis, and outlining the management of such a case depends largely upon the extent of the deformity and the associated anomalies involved.

At this time we shall consider the three congenital anomalies that are most common and of major importance to the orthopedic surgeon, which are:

I. The Cervical Rib,

II. The Congenital Club Foot, and,

III. The Congenital Dislocation of the Hip, and Anomalies of the Extremities.

I. THE CERVICAL RIB.

The cervical rib is a congenital over the development of the costal process of the seventh cervical vertebrae. The process may be bony, cartilagenous, or fiberous, and may exist without causing symptoms, or it may cause vascular and neurological disturbances in the upper extremity. The rib anomalie may be bilateral or unilateral, and the process may vary in size and shape. The rib is often present but asymptomatic, and when symptoms do occur they usually become evident during early adult life.

- A.—Symptoms: The patient complains of pain and paraesthesia in the forearm and hand, and this more frequently involves the medial side of the extremity. The motor symptoms include weakness, atrophy of muscle groups, and difficulty in performing the finer and more detailed movements of the hand. Vascular changes vary from diminished radical pulse, with dusky cyanosis of the forearm and hand, to even gangrene of the fingers.
- B.—Treatment: The treatment of the cervical rib depends upon the subjective and objective manifestations. In the mild cases, physiotherapy, manipulative therapy, and improvement of posture and muscle tone usually proves adequate. If neurological and vascular signs are paramount and become increasing in severity, the sclaneus anticus and medius muscles are divided, and when indicated, the abnormal rib removed.

II. THE CONGENITAL CLUB FOOT.

Talipes equino varus is a defect of foetal development with the soft tissues on the medial side of the foot being under developed and shorter than normal.

A.—Symptoms: The foot is adducted inverted at the subtalar, midtarsal, and the anterior tarsal joints, and is held in a planter-flexion attitude at the ankle. This anomalie is more

Page 2

prevalent in the male, and the involvement may be unilateral or bilateral.

B.—Treatment: Therapeutic measures should be instituted soon after birth, usually in about one week following delivery. The principles of treatment are:

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- To over-correct the deformity by repeatedly applying firm, manual pressure, with the procedure directed to correct the adduction and inversion deformity first, and finally the equinus position.
- 2. To maintain the corrected position of the deformity by the use of a Plaster-of-Paris cast or metal splints. It should be noted that the cast should extend from the toes to the upper thigh with the knee maintained at a right angle position. The cast should be checked regularly and it is advisable to change the cast at seven to fourteen day intervals. Corrective immobilization is usually necessary for a three to twelve month period of time.
- Surgical treatment of neglected or relapsed cases should be postponed until the child is about three years of age, and the procedure is directed toward restoring a plantigrade foot.
 - The operative procedure consists of:
 - (a.) Dividing the restricting soft tissue structures of the medial aspect of the foot, manual correction of the deformity, and immobilization in the over-corrected position approximately three months.
 - (b.) Transfer of the anterior or posterior t i b i a 1 tendons to the lateral side of the foot to supplement the action of the exterior muscles.
- (c.) Lengthening of the short Achilles tendon by tenoplasty.In children over the age of twelve October, 1960

years it becomes necessary to do a wedge osteotomy on the talus to correct the bony malformation that accompany the soft tissue contractures.

Taipes calcheo-valgus is a deformity opposite in appearance to the varus position, with the foot overted and in a dorsi-flexed position. The treatment for this anomalie is much less radical than for other deformities of the foot. Manual stretching of the foot with casting in an over-corrected position for one to three months is sufficient in the majority of cases.

III. THE CONGENITAL DISLOCA-TION OF THE HIP, AND AN-OMALIES OF THE EXTREM-ITIES.

Congenital Dislocation of the Hip: This anomalie is a spontaneous dislocation of the hip occurring either before birth or shortly thereafter, as a consequence of a dysplasia of the hip joint. The eitology is unknown.

- A.—Symptoms: The female is affected five times more often than the male, and the abnormality usually goes unnoticed until the child begins to ambulate. The clinical findings of importance are:
- Actual jumping of the femoral head into and out of sockets when the hips are brought into a "frog-leg position."
- 2. Obvious limitation of abduction particularly in unilateral cases. Walking is usually delayed, and there is a characteristic limp, or waddle gait, evident. There is shortening of the affected extremity and in unilateral cases abnormal gluteal folds are evident. In bilateral cases there is widening of the perineum. The extremity is abnormally mobile in its long axis with a "telescopic" like movement noted of the leg on the pelvis. The radiographic features of diagnostic importance are:

1. The classification center of the

femoral head is late in appearing and its development is retarded.

- 2. The bony acetabular roof has a pronounced upward slope, and,
- 3. The femoral head is displaced upward and lateralward from its normal relationship with the center of the acetabulum.

The earlier the dislocation is reduced the better the prognosis, but at the very best only fifty per cent of the patients remain free from trouble throughout life. Gradual dislocation is all too frequent, and pain from secondary degenerative changes often develops in the early adult period of life.

- B.—Treatment: The therapeutic measures to correct this deformity varies greatly and depends upon the age of the patient at the time treatment is undertaken.
- Neonatal—(within eight months of birth). Dr. Rudolf Liffman states "We have to stress that it could be demonstrated beyond any reasonable doubt that in certain cases with developmental anomalies of the hip region spontaneous recovery occurs."¹

Close observation is recommended, with periodic x-ray examination at six week interval until walking is attempted.

When obvious hip dysplasia is evident, manual reduction and casting in a "frog-leg position" is necessary and this position should be maintained for approximately one year.

- 2. Eight months to four years: Manipulative reduction is also the procedure of choice in this age group with the patient positioned with abduction of the hips and the position maintained by Plaster-of-Paris cast for one to one and one-half years. When the cast is removed and redislocation gradually develops a "shelf operation" of the acetabulum is recommended.
- 1. Dr. Rudolf Liffmann

3. Four to eight years: Operative treatment is the only means by which reduction can be accomplished and maintained. The acetabular "shelf" operation is performed with a corrective osteotomy also being performed on the femur. Walking is encouraged as soon as union of the osteotomy is evident.

4. Eight years to sixteen years: Patients in this age group are beyond the stage of restoring normal hip function, although the dislocation may be satisfactorily reduced. A hip arthoplasty, (Coonna type) procedure is advocated.

 Sixteen years and older: If secondary degenerative changes cause severe disabling pain an arthodesis is recommended for unilateral cases, and an abduction osteotomy (Schanz type) is advised for bilateral type cases in this age group.

Classification of abnormalities of the extremities are:

-The absence of a part.

-The defect of a part.

-The development of a supernumerary part.

Absence of a part—this abnormality may vary from absence of an entire extremity to the tips of the digits. Sometimes one element of an extremity alone is absent such as the fibula, radius, clavicle, upper half of the femur and etc.

Dr. William Arnold states "the fibula is the long bone absent most commonly and the syndrome of congenital absence of the fibula is not infrequent in centers treating orthopedic disorders."²

A.—Symptoms: There is an obvious deformity with gross shortening of the extremity, anterior tibia bowing, equino-varus, absence of metatarsal rays, and dimpling of the skin at the lower one-third of the leg. Deformities of the femur frequently accompany this anomalie, and when present bilaterally the patient resembles 2. Dr. William Arnold

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a dwarf in appearance.

B.—Treatment:

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- Excision of the tight fibrous band where the fibula should normally be found corrects the lateral bowing and equinus deformity.
- Tibial osteotomy may be necessary and when there is a femoral deformity also, a rotation osteoplasty of femur is necessary.
- Ankle and foot deformities are corrected by tendon transplants and shoe braces.
- In adolescent patients with a five to seven inch shortening of the extremity, a Syme lower leg amputation is performed and a prosthesis applied.
 —Annular Bands—
- -Tibia bands are the most common ab-
- normality of this type. These circumferential bands are dense fibrous tissue that must be excised immediately after birth by plastic repair to release the lymphatic and venous circulation of the leg.
- -Pseudo-arthrosis of the tibia: This deformity is usually associated with neuro-fibromatosis. The defect is more frequently found in the male and in ninety-five per cent of the cases, the involvement is unilateral.
- A.—Symptoms: The patient examined has a bowing or a sharp kink of the leg usually with an anterior convexity at the level of the lesion. The convexity increases with age and weight bearing. There is false motion in the shaft of the tibia, accompanied with shortening of the extremity.
- B.—Treatment: The treatment of this condition becomes complex because of the lack of bony healing power in the region of the defect, although the adjacent metaphyses and other bones are apparently normal.

—A congenital pseudarthrosis of the tibia is entirely different from a fracture seen in the normal bones and is characterized by absence of callus for-

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mation and persistent non-union. The results of surgical treatment have proved that repeated procedures are usually necessary and re-occurring fractures are not infrequent.

-The dual onlay bone graft procedure has afforded the best results. Correction is delayed until the patient is six years of age or older. If the patient reaches puberty and has had unsuccessful grafting operations, or has considerable shortening of the extremity, a below the knee amputation is recommended.

 A suitable prosthesis overcomes many disadvantages confronting the teen-ager who is disabled because of a lower extremity handicap and obvious deformity.

DEVELOPMENT OF A SUPERNU-MERARY PART.

This group of anomalies include the fairly common condition of supernumerary digits to the rare deformities in which a teratomatous mass, perhaps representing an ill-formed twin, is attached to the body (usually in the sacral area).

A .- Symptoms: Polydactylism is a common condition of a dominant hereditary anomaly often associated with syndactylism and brachydactylism. This condition consists of partial or complete reduplication of one or more digital rays.

B.-Treatment: Corrective measures consist of excision of the supernumerary digit, and plastic procedures to correct the fused oeases. The optimum time for repair is after three years of age, and the only exception is when the index and fifth fingers are involved. Because of the length discrepancy and therefore the asymmetry of the phalangeal joints, a deformity in the longitudinal development of the hand will result unless they are corrected as early as possible.

In the year 1741, a very scholarly French physician, Dr. Nicholas Andre,

published one of the original books dealing with orthopedics entitled "Orphopædia-or the Arts of Correcting and Preventing Deformities in Children."3 Since that date, the specialty of orthopedics has made extensive progress and development in the management of congenital mal-formations. In this paper we have presented a few of the major congenital orthopedic anomalies, and briefly reviewed the basic factors involved in the management of these problem cases.

3. Odphopædia-or the Arts of Correcting and Preventing Deformities in Children.

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Good Location

BRYAN, TEXAS — (Brazos County)-needs good osteopathic physician. This county seat has a population of 18,000 and is the center of agricultural, industrial, educational and military activities. Only physician retiring and nearest doctor now 45 miles away. If interested, contact H. G. Kenagy, Associate Professor, Agricultural and Mechanical College of Texas, College Station, Texas.

Executive Secretary's Travelogue



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The Honorable H. Roe Bartle, Mayor of Kansas City, Missouri and member of Board of Trustees of the Kansas City College of Osteopathy and Surgery.

You might wonder why the "Travelogue" is headed with a picture of the Mayor of Kansas City. There are several reasons for this. First, this manwhom many of you have heard speak -is an outstanding figure in the United States and a strong supporter of the os-Secondly, everyteopathic profession. one always raises "hades" about the executive secretary's size, so he is telling you now that he is no more sensitive about it than his good friend, H. Roe Bartle, who weighs 350 pounds and boasts that he is too big to be The executive secreshoved around. tary is now anxious to catch up with the mayor so he won't be shoved around so much.

The picture was made when His Honor entertained several of us at the 822 Club which is a dinner club in the Kansas City Club. At least the mayor is relaxed—a feeling the executive secretary would like to experience. He assures you however that while the membership charges the executive secretary with having unlimited endurance, His Honor can out-do him and even out-talk him. Hats off to the Mayor of Kansas City—The Honorable H. Roe Bartle!

You have all heard the expression "humdinger." Well, I don't know ex-

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actly what it means but I have an idea it means something I wouldn't put in print, but that is the kind of month the executive secretary has experienced. It's been rough! Aside from losing his hearing, his voice, and his balance, he is still in one piece.

The executive secretary left Fort Worth on September 4th for San Antonio to make final arrangements with the hotel for the 1961 annual convention, which will be held at the Granada Hotel (formerly the Hilton) May 4, 5, 6, 1961. He arrived in San Antonio late Sunday afternoon pretty well tired but he immediately contacted Dr. Everett Wilson who came to the hotel. They discussed problems facing the Public Health Committee, next year's annual meeting and general professional activities. Dr. Wilson brought some good buttermilk with him (not Exudate of Lactobacillus as K. E. Ross would have you believe) and it brought about relaxation. At 10:30 P.M., following a dinner with Dr. Wilson, the executive secretary "hit the hay" for some much needed sleep.

On Labor Day, Monday, September 5th, the executive secretary did just what the name implies-he labored! At 9:00 A.M. he met with Mr. Gerald I. Jacobs, business manager of the Granada Hotel and they discussed the entire set-up for the 1961 convention. Arrangements were made for the hotel to furnish us floor plans of 40 exhibit spaces and the general meeting room which will be located in the new convention auditorium of the hotel and well adapted for our convention. In addition, they discussed and assigned other hotel rooms for breakfast meetings, luncheons, specialty group meetings, etc. This means that the convention arrangements with the hotel are practically completed with the exception of setting up the local committee

which selects the menus. The menus have been submitted to the executive secretary and will be forwarded to the local committee as soon as it is set up. The executive secretary feels equally sure that Fun Night will be set at La-Valita as it has been in the past which will assure everyone an enjoyable evening at this old Mexican village.

At Noon the executive secretary went directly to the San Antonio Osteopathic Hospital where he met with the doctors: Gordon S. Beckwith, Everett Wilson, William J. Mosheim and Richard J. Tamez. He was entertained at lunch by doctors Gordon Beckwith and Everett Wilson and they continued their discussion until approxmately 8:30 P.M. when the executive secretary returned to the hotel, had dinner and prepared to leave early the next morning.

The executive secretary left San Antonio at 8:00 A.M. on September 6th. At 10:00 A.M. he was in Austin in the office of Mr. W. A. Penn of the Insurance Commission where they discussed several problems until noon. He had discussed these problems with Mr. Penn on a previous visit and the executive secretary was, of course, trying to pour just a little High Life on the department to get a little faster action.

At 12:30 P.M., following luncheon, he was at the state capitol to meet with the Sub-Committee on Health which is a part of the Governor's Committee on Aging. Dr. Everett E. Wilson and Dr. Ralph I. McRae were also present. The entire afternoon was spent discussing and reviewing the findings of the county reports. After a thorough discussion, the group met again at 7:00 P.M. to formulate tentative recommendations from the Sub-Committee on Health to be presented the following day at the general conference.

The Governor's Committee on Aging met at 9:00 A.M. on Wednesday, September 7th. Governor Price Daniel addressed the group and then each subcommittee chairman made his report and presented the tentative recommendations from his sub-committee.

In the afternoon, panel discussions were set up by each sub-committee for the benefit of all members of the Governor's Committee on Aging. Your executive secretary was extremely proud to be selected from the Sub Committee on Health, which consists of 21 members, to be moderator for one of these discussions. This was indeed quite an experience and it certainly required a great deal of ingenuity in order to control the discussion, by some 75 people, regarding the recommendations. The discussion leaders from the Sub Committee on Health were: Elizabeth C. Thomason, M.D.; Russell L. Deter, M.D. who is vice president of the T.M.A.; A. F. Kiel, M.D. and Phil R. Russell, D.O.

The greatest problem the executive secretary had during these four hours was a county judge who continually objected every time anything was mentioned in a recommendation that even hinted of any expense at the county level. This seemed to be an organized movement by a group of county judges as this same thing happened with every discussion group. Apparently this was a political move to defeat any recommendations, in connection with the problem of aging, that might cause the county to share in the expense of the program. These judges obviously have not learned that the cheapest program for the taxpayers is one that is supported at the local level. It is strange they cannot realize that it actually cost more to put on a program when it is paid by taxation at the state and national levels. Their object seemed to be to shunt all expenses to the federal government, which reminds me of the following story:

"A little boy wanted \$100.00 so he decided to pray to God for it, since everyone said He always granted one's wishes. He prayed and prayed every night for two weeks. Still no \$100.00,

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so he decided to write a letter to God. When the postal authorities received the letter, they decided to forward it to the President. After due course the President read the letter, he chuckled, then told his secretary to send the boy a check for \$5.00 since that would seem like a lot of money to a little boy. When the boy received the money he was delighted, and wrote God another letter thanking Him for his prompt reply, and added . . . "I noticed you routed your letter through Washington; as usual, those bastards deducted 95%."

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Maybe someday we will be like the little boy and learn that home rule is the cheapest in the long run and costs much less than a program paid by taxes at the state and federal levels.

At 7:00 P.M. that evening, the leaders of the discussion panels met and reviewed the discussions of the day and the recommendations and suggestions from the audience, and then re-wrote some of the recommendations. The executive secretary was responsible for the adoption of one recommendation in reference to nurses' training and the expense of same being shifted away from the hospitals whose primary purpose is patient care and not education. This was done in an effort to relieve the hospitals of an expense of approximately \$2,500.00 a year for educating a nurse. He feels the program of educating nurses is the responsibility of the educational system rather than that of the hospitals.

Indeed, the executive secretary was proud to have Dr. May Owen, President of the Texas Medical Association, in the group which he moderated.

On Thursday, September 8th there was an over all meeting of the Governor's Committee consisting of some 500 people who heard the final recommendations adopted by the state. These recommendations will be sent to the



White House Conference on Aging in January, at which conference Texas will have some 88 delegates. It is to be hoped that one of these 88 delegates will be an osteopathic physician.

The meeting adjourned at 1:00 P.M. and since the executive secretary had to be in El Paso on September 10th, he decided that rather than return to Fort Worth he would drive directly to El Paso from there. He left Austin at 1:30 P.M. and arrive in El Paso about 1:00 A.M. Needless to say, he rested after this hard drive of 600 miles.

On Friday, September 9th he met Dr. Glenn R. Scott, President of the TAOP&S, who arrived in El Paso and they conducted a hearing which lasted all day over the charges of unethical conduct which involved two members of the Association. Frankly, it was a difficult day for both Dr. Scott and the executive secretary. They made recordings of most of the complaints. At 1:00 P.M. they made a short trip over to Juarez for lunch and returned to El Paso at 2:15 and continued with the hearing until 5:00 P.M. when they were joined by past-president, Dr. M. G. Holcomb. Dr. Holcomb and the executive secretary then took Dr. Scott on a tour of all the osteopathic hospitals in the El Paso area, namely-Delgado Green Cross Hospital, Tigua General Hospital, Vowell Maternity Hospital and Park-Foothills Hospital. They ended the tour about 8:00 P.M. and met Dr. M. A. Calabrese in his new and modern office.

Dr. Holcomb then took the three into New Mexico and entertained them at a wonderful dinner. They returned to El Paso about 11:30 P.M. The executive secretary was tired and worn out so he decided to turn in. Dr. Holcomb took Dr. Scott to Juarez for a view of that city at Midnight on Saturday night. The executive secretary had been there so many times before, he preferred sleep to Juarez.

On September 11, the executive sec-

retary met with Doctors Glenn R. Scott, M. G. Holcomb, and M. A. Calabrese for a review of the findings of the previous day's hearings and at 1:00 P.M. attended a meeting of District No. 11 when Dr. Scott made his official visitation to this district. The executive secretary followed his usual procedure of never speaking in competition with the president. Dr. Scott made one of the best presentations on organized effort that the executive secretary has ever heard from a state president. The meeting lasted until 5:00 P.M. The meeting was well attended with only two members absent. The executive secretary waved, "Good-Bye" and headed for Fort Worth.

By the time he reached Midland, he was so tired that his eyes were almost closed. His body had taken just about all the punishment it could stand so he found a nice tourist court and remained there until 9:00 A.M. the following morning when he continued on to Fort Worth.

The executive secretary was back in the office at 2:00 P.M. on Monday, September 12. Needless to say there was considerable mail and detail work piled up in the office and for three days he stuck close to it.

On September 15 he went to Dallas over some insurance matters. Since his appointment there was not until 2:00 P.M., he stopped to view the new construction of the Stevens Park Osteopathic Hospital. They are now out of the ground and are preparing to lay the second floor slab. This will indeed be a tremendous addition to the osteopathic hospitals in Texas as when it is opened in July of next year, it will add another 125 beds to the total bed capacity of all the osteopathic hospitals in the state.

At 1:00 P.M. he met with officials of United American Insurance Company and at 2:30 P.M. held a meeting with the claims clerk of the American Casualty and Life Insurance Company. He finished there at 3:30 P.M. so he went

to East Town Osteopathic Hospital and then on to Dallas Osteopathic Hospital. At 7:30 P.M. he was at the Industrial Club for a meeting of the District No. 5 organization held in honor of Dr. J. L. Holloway who would observe his 100th birthday on September 25th. The executive secretary arrived back in Fort Worth about midnight.

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On Friday, September 16, he was in the office until noon when he went to the Western Hills Hotel to attend a Blue Cross district meeting at which time 10 invited guests from the city were honored. The luncheon adjourned at 2:00 P.M. and the executive secretary left immediately for Waco where he had an appointment with the chief claims clerk of American Bankers Insurance Company regarding a claim.

While in Waco, the executive secretary received a very disturbing long distance telephone call from Mr. Francis M. Walter, Assistant Dean and Registrar of the Kirksville College of Osteopathy and Surgery. Mr. Walter wanted to know if the executive secretary knew of the whereabouts of Mr. Bill Stevenson, to whom the TAOP&S had awarded a Freshman Scholarship. He stated that Mr. Stevenson attended classes two days and has not been heard from The executive secretary since. was shocked as this man had been carefully screened and was highly recommended. Upon his return to the office, the executive secretary called Mr. Stevenson's mother who stated Bill had left school because he was "unhappy."

Stevenson came into the office and told us how sorry he was for what had happened and that he still intended to get a D.O. degree if it was the last thing he did in his life. The problem was this-His mother had agreed to care for his wife until he could find a place in Kirksville for her. His wife is pregnant and due to deliver early in November. He no more than arrived in Kirksville when his mother said he would have to come and get his wife -that she could not take care of her. Mr. Stevenson said that for two days he drove around with an insurance man in Kirksville, attempting to find a place anywhere within a radius of 20 miles but was unsuccessful so he had to come back to care for his wife here until the baby is born.

The executive secretary remained in Waco until 10:00 P.M. when he proceeded to Austin where he found a room and went to bed.

On September 16 he stayed in bed until 10:30 A.M. and then went to Villa Capri for a meeting of the Texas Academy. The Academy of Applied Osteopathy was sponsoring an advanced course in osteopathic therapy for two days. There were 16 members of the Texas profession in attendance and of course the executive secretary was happy for the opportunity to talk with them. He discussed many problems with them.

At 6:00 P.M. the members of the Academy, members of the Texas OB&-Gyn group and the members of the Tex Radiological Society held a cock-

Just after dictating the above, Mr.

Mattern X-Ray Equipment and X-Ray Supplies

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October, 1960

tail party and buffet dinner, following which they went on to the football game. Since the executive secretary had been on a buttermilk diet and was thoroughly exhausted, he used his head and decided to retire rather than attend this function. He knew if he indulged in cocktails, he would wind up at the football game and then probably spend half the night in a bull session, so he just skipped the whole thing and after a nice dinner he went to bed.

On Sunday, September 18 he attended the combined meeting of the OB & Gyn and Radiological societies. The facts are he did not attend many of the lectures but spent his time in conference with various members in attendance, some conferences lasting better than two hours over problems they had failed to write the office about but regarding which they needed help and direction.

The executive secretary was back in the office on Monday, September 19 where once again he had to catch up on the mail that had accumulated.

He left early the morning of September 20 to attend the Democratic convention in Dallas, where he saw the following D.O.'s in attendance: Dr. Elmer C. Baum, the Doctors William R. and Constance I. Jenkins, Dr. Howard Coats, Dr. and Mrs. J. O. Carr, and Dr. Daniel D. Beyer. It is certainly too bad that we do not have more delegates attending these conventions.

The convention adjourned at 4:30 in the afternoon and at 7:00 P.M. he was back in Fort Worth attended a District No. 2 meeting. Following the district meeting he was in conference with several members of the profession, over a local problem, for some two hours.

On September 21-22 the executive secretary was very busy in the office but on Friday, September 23rd he went to Denison over an insurance problem at the Denison Hospital, against which an insurance company had insinuated

fraud. The executive secretary had requested all of the doctors and hospital personnel to be present at this meeting at the hospital. They were all present and the charts in reference to the complaint were thoroughly inspected. Following an interview with all of the doctors and clerks concerned and with one of the patients involved, it was determined that there certainly was no fraud involved. However the investigation proved conclusively that all hospitals must be more careful in filling out insurance forms and to be certain that the final diagnosis is included in the form rather than the admittance diagnosis.

The executive secretary was certainly glad to clear up this matter as the new Denison Osteopathic Hospital is one we can all be proud of. The meeting, which began at 7:00 P.M., ended at 11:30 P.M. and the executive secretary attempted to return home. However he was caught in a downpour with a broken windshield wiper, so he had to pull up to the first motel and bed down for the night. He returned to the office at 11:00 A.M. on Saturday.

He assures you that for the first time in many months, he was thoroughly exhausted from all the tension. He went to bed at 3:00 P.M. that day and did not get up until 6 o'clock the next morning.

On Sunday, September 25th, the executive secretary was in Dallas at 8:00 A.M. for a called meeting of the Public Health Committee which was the first meeting of the year for this committee. Present were Drs. Elmer C. Baum, M. G. Holcomb, Sam F. Sparks and Dr. Russell, the executive secretary. Dr. Everett Wilson was in North Carolina and unable to attend. The membership may rest assured that the committee did a lot of work and did not stop until 4:00 P.M. when they had dinner and adjourned. The executive secretary then returned home for another night's rest.

Page 12

On Monday, September 26 he left the office at 10:00 A.M. for Love Field in Dallas where he met Dr. G. W. Tompson of Houston who is Chairman of our Insurance Committee. Together, they went on to the offices of the Travelers Insurance Company in the Adolphus Tower Bldg. in Dallas for a meeting with Mr. George Hempel, Claims Manager; Mr. Roy C. Albin, General Claims Manager of Hardware Mutuals Insurance and Mr. S. R. Baltour, Resident Claim Manager of Liberty Mutual Insurance Company. The object of the meeting was to attempt to establish a liaison committee between this profession and the insurance companies in the state that deal primarily in compensation insurance.

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The meeting was highly successful and a general understanding of the problem was reached. It is hoped this committee will be set up and functioning within the near future. Mr. Hempel of Travelers Insurance entertained the group at a luncheon in the club of the Dallas Bar Association at the Adolphus Hotel.

At 3:15 P.M. the executive secretary saw Dr. Tompson off for Houston at Love Field. Dr. Tompson hurried to get back to Houston in order to be present at the District No. 6 meeting that night as Dr. Glenn R. Scott, our state President was making his official visitation to that district.

The executive secretary returned home and spent the balance of the week in the office attempting to prepare the Journal in time for the October 1st deadline and attempting to get the directory to press before leaving on Saturday, October 1st for a meeting in Houston of the Texas Society on Aging, which he assures you, he is becoming very enthusiastic about because of his own age.

See you next month!

October, 1960

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Hypnosis Program For GP Seminar

The Texas State Society of the American College of General Practitioners in Osteopathic Medicine and Surgery will conduct a hypnosis seminar on October 29 and 30 in Dallas at Hotel Baker.

Dr. James L. Rowland, a nationally recognized authority on hypnosis, will conduct the meeting. The program beginning Saturday morning in the Terrace Room will be as follows:

- 8:45 A.M. to 10:15 A.M.—Introduction and background concerning the use of Medical Hypnosis with group demonstration.
- 10:30 A.M. to 12:00 Noon—Suggestibility tests and induction of trance state; proper and complete termination of trance.

Dr. Sid Hamilton, Professor of Psychology, North Texas State Teachers College, will speak at the noon luncheon.

1:15 P.M. to 2:45 P.M.—Practical application of Hypnosis for the General Practitioner, Analgesia and Anesthesia Obstetrics Hypnosis in Children

3:00 P.M. to 4:30 P.M.—Hypnotherapy in the Psychoneurosis. Uncovering technics Automatic writing LeCron's Pendulum Finger signals Desensitization On Sunday. October 30, the accorda

On Sunday, October 30, the agenda will be as follows:

- 8:45 A.M. to 10:15 A.M.—Dangers of Hypnosis, Medical and Legal Aspects.
- 10:30 A.M. to 12:00 Noon—How to handle your patients and your own emotions in Hypnotherapy. Questions and Answers.

Dr. Loren Rohr, President of the Texas State Society of General Practi-

tioners, will address the luncheon. The seminar will conclude with registrants boarding a chartered bus at 1:30 P.M. for a football game between the Dallas Cowboys and Baltimore Colts.

G.P.'s to Meet

The American College of General Practitioners in Osteopathic Medicine and Surgery announces its Mid-Year Clinical Conference to be held in Detroit, Michigan, November 18-20, 1960, at the Sheraton Cadillac Hotel. Featured in the program will be the following:

HYPNOSIS: A session on hypnosis will be divided into beginner and advanced courses, under the guidance of Dr. Marvin Ford.

DIDACTIC: These programs include a symposium on Hypertension and Disaster Medicine. There will be sessions on Physiology, Pharmacology, Clinical Use of Diuretics, Advances in Cortical Steroids, Anti-Convulsive Drugs and Uses, Pulmonary Diseases and Mood Ameliorating Drugs. There will be a moderated panel and discussion of Space Medicine, conducted by the United States Air Force under the direction of Col. Stapp.

ATHLETIC SESSION: Includes a program on Athletic Injuries, moderated by Dr. Donald Sheets. The Annual Wayne County Athletic Banquet will be held in conjunction with the Mid-Year Clinical Conference.

Mark your calendar for this outstanding refresher course.

Medical Examiner

Dr. William R. Jenkins of Granbury, Texas has been appointed as a medical examiner for private pilots by the Federal Aviation Agency.

Dr. Jenkins is the first osteopathic physician in Texas to receive this appointment.

"It's Numbers That Count"

Is this statement true or false? This old slogan has some truth in it but when applied to some things, such as the number of physicians who are members of the A.O.A. and/or members of the State organization, it can be questionable. There is another slogan, "there is safety in numbers" but is it true that we are safe from everything because we have a lot of members, some of whom may not even be desirable?

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Napoleon had few soldiers or let us say, not as many as the opposition but he usually came out on top. Russia was beaten by the superior German forces due to training, against mob distribution-that is until the U.S.A. came in and helped turn the tide.

All this leads up to what? Just this -an osteopathic physician should prove himself in his community and in his state before he should be permitted to belong to the A.O.A. or affiliated os-He should teopathic organizations. come up through the district and state societies and prove himself first at those levels, before he is recognized at the national level. A Physician should not expect his professional organizations to recognize him strictly from a paternal standpoint, as a relative would do by taking him into the family firm without proper credentials and training but simply because they owe it to him and he expects it. The world does not owe a physician a living. He must work for it.

Therefore, Mr. A.O.A., let's turn over a new leaf and really get down to the fact that as a great profession, we can only hope to succeed to greater heights by building a more firm foundation. We can begin by accepting for membership only those who are worthy of acceptance, having been judged at the basic operation and approved there and recommended for advancement to the utmost or A.O.A. -and not take in members by droves just to say we have so many members, just look, a million members"-but what have we got? How many put forth the little extra that will advance the osteopathic profession? It's not the "Numbers" that count . . . It's the quality that counts.

> RAYMOND D. FISHER, D.O. Membership Chairman, TAOP&S

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Take Advantage of Your Membership in Your State Association by Enrolling in one or all of these Special Plans

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October, 1960

Back When the Seal Began . .



. . . during the early years of the Great Depression, the Osteopathic Christmas Seal Program was initiated to support the AOA's new Student Loan Fund. The need for aid to senior students was urgent. Some \$2,000 was raised from the distribution of 12,000 sheets of seals within the profession.

The National Osteopathic Foundation, the philanthropic affiliate of the Association, directs the Osteopathic Progress Fund and the annual Christmas Seal Campaign. Monies received through the Progress Fund, whose support is mainly from within the profession, is used for upkeep, maintenance, and expansion of our colleges. The annual Seal drive has now become primarily a public program, and is the only nationwide campaign conducted by the profession.

In 1949, the osteopathic research fund became a co-recipient of the annual Seal campaign returns, and a public campaign was envisioned. In 1951, the Packet Plan method of distributing Seals was introduced, providing the best way for members to open the door for public contributions. During this campaign over 22 per cent of the returns were from the public. Since then, the campaign has steadily grown through the combined efforts of the profession, auxiliary, guild, students and students' wives, college and hospital personnel to where today—145,000 sheets of seals are distributed to the public and an additional 30,000 sheets are used by members. Today, the Seal Campaign is a \$65,000-plus business, with 68 per cent of the returns realized from osteopathic patients and friends. The 1959 Campaign provided for 42 \$750 loans.

The distribution of Christmas Seals is a natural way to introduce the public to osteopathic heatlh care; to garner some of osteopathy's rightful share in public philanthropy, and to prepare the ground for more substantial support.

The STUDENT LOAN FUND is available for loans to junior and senior students in osteopathic colleges who meet the qualifications set forth as to need, aptitude, scholarship, personality and character. The fund's working capital comes from the repayment of loans, personal contributions and gifts, but most important-from the proceeds of the annual Christmas Seal Campaign. The 1959-60 Campaign raised \$31,-652.81 for financial aid to students. During the past year, 136 loans totalling \$89,975 were granted by the Student Loan Fund Committee. This was a 36 per cent increase over the total amount loaned during 1958-59. Since 1931, one in every thirteen graduates has received financial aid to complete his education. At the present time, 60 per cent of all money collected is allocated to Student Loans, 40 per cent for osteopathic research.

The RESEARCH PROGRAM of the Association is also dependent upon the Christmas Seal drive for a considerable portion of its funds. This year, grants have been approved for four colleges —Chicago, Los Angeles, Kansas City and Kirksville. Support is also received from the Federal Government, dues income of the Association, foundations, gifts, and bequests.

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NICHOLAS H. WOLFF Beaumont, Texas

Mr. Nicholas H. Wolff of 4355 University Drive, Beaumont, Texas, is the recipient of the second Freshman Scholarship offered by the Texas Association of Osteopathic Physicians and Surgeons.

Mr. Wolff is a student at the Kansas City College of Osteopathy and Surgery.

Texas Academy Holds Seminar

The second teaching seminar, sponsored by the Texas Academy of Applied Osteopathy was held at the Villa Capri Motel in Austin, September 16-17, 1960.

The instructors were Dr. David Heilig, P.C.O. '44, of Drexel Hill, Pennsylvania; Dr. Andrew H. Berry, K.C.-O.S. '55 of Commerce, Michigan; and Dr. Dale Dodson, D.M.S. '51 of Northfield, Minnesota.

This Seminar on Referred Pain was sponsored by the Graduate Instruction Committee of the Academy of Applied Osteopathy. These instructors were especially trained at the expense of the Academy. The doctors spent many hours in Kirksville studying anatomy, physiology and neurology, in preparation for their coming.

Texas was the first state to receive the benefits of this graduate course and the Academy is standing the expense as the registration did not begin to cover the expenses of the three instructors.

Dr. Heilig's lectures covered "The Anatomy of Pain" and "Common Denominator of Painful Syndromes." Lectures presented by Dr. Dodson were "Histological Background of Referred Pain" and "The Psychology of Pain." Dr. Berry spoke on "Practical Basis for a Knowledge of Referred Pain" and "Review of Current Research on Referred Pain."

In attendance at the meeting were Doctors Joe Love, Frank Wortham, John Donovan, and Katherine G. Paterson, all of Austin; Doctor Laura A. Lowell of Dallas; Doctors George J. Luibel, C. E. Dickey, and Elbert P. Carlton, all of Fort Worth; Dr. Gilbert S. Rogers of Galveston; Dr. Ralph H. Moore of Harlingen; Doctors J. R. Alexaner, Frank A. McLamb and Reginald Platt, all of Houston; Dr. J. V. Money of Schulenberg; Dr. H. G. Grainger of Tyler and Dr. Leon Anderson of Jenks, Oklahoma.

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FORT WORTH, TEXAS

October, 1960

Combined Austin Meeting Great Success

The combined meeting of the Texas Osteopathic Radiological Society, Texas Osteopathic Obstetrical and Gynecological Society and the Southwestern Society of Osteopathic Pediatricians held at the Villa Capri in Austin on September 17-18, was one of the most successful undertaken by these affiliated organizations.

Participating out - of - state speakers were: F. L. Reed, pediatrician of Tulsa, Oklahoma; D. W. Hendrickson, radiologist of Wichita, Kansas; W. O. Reynolds, obstetrician of Albuquerque, New Mexico. Subjects discussed by these outstanding specialists included problems of the newborn, x-ray diagnosis of pregnant and newborn patients and the diagnosis and treatment of placental abnormalities. Texas physicians participating in the program were: C. D. Ogilvie of Dallas, John Madziar of Irving, Bruce Renner of Grand Prairie, T. M. Bailey of Corpus Christi, L. W. Swift of Fort Worth and Edward Yurkon of Dallas. Also included in the program was a panel discussion, "Fetal Distress and Death" and an x-ray film reading conference.

The meeting was also well received from the social standpoint. A delicious buffet dinner was served in the Dresden Room of the Villa Capri prior to the Texas-Nebraska football game. On Sunday noon a luncheon was served the registrants and guests. Dr. Joe Love of Austin was the local arrangements chairman. Program Chairmen included the following: T. M. Bailey, Obstetricians and Gynecologists; Robert Moore, Pediatricians; C. D. Ogilvie, Radiologists. Each society held a separate business meeting on the 18th.

The Texas Osteopathic Radiological Society announced that its next meeting will be held in Dallas in late January. The next fall meeting will be held in Galveston at the Jack Tar on September 22, 23 and 24, 1961.

Those in attendance were: ARANSAS PASS William N. Tinnerman AUSTIN Elmer C. Baum, D.O. Joseph L. Love, D.O. Katherine G. Paterson, D.O. BROWNSBORO Charles C. Rahm, D.O. CORPUS CHRISTI Thomas M. Bailey, D.O. Joseph Schultz, D.O. DALLAS James E. Galliher, D.O. Charles D. Ogilvie, D.O. James A. Vaughan, Jr., D.O. Edward J. Yurkon, D.O. FORT WORTH Jerry O. Carr, D.O. Clifford E. Dickey, D.O. P. R. Russell, D.O. Luther W. Swift, D.O. GALVESTON Gilbert S. Rogers, D.O. GRAND PRAIRIE Albert L. Plattner, D.O. Emil P. Plattner, D.O. Myron B. Renner, D.O. HOUSTON Emery R. Knight, Jr., D.O. Opal L. Robinson, D.O. Esther M. Roehr, D.O. INGLESIDE John M. Auten, D.O. IRVING Augustus V. Manskey, D.O. LINDALE Earl C. Kinzie, D.O. LORENZO M. L. Wisby, D.O. LUBBOCK Joseph W. Axtell, D.O. Harlan O. L. Wright, D.O. MABANK Hamilton, D.O. Robert L MESQUITE Robert L. Moore, D.O. Winton L. Welsh, D.O. MT. PLEASANT Murrell L. Cline, D.O. SAN ANTONIO Louis L. Dullye, D.O. William J. Mosheim, D.O. Waldemar D. Schaefer, D.O. TROUP Carl F. List, D.O. TYLER C. Bowden Beaty, D.O. WEIMAR Harry L. Tannen, D.O.

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New Internist



GEORGE KOTSCH, D.O.

Dr. George Kotsch, formerly of Phoenix, Arizona, has joined the staff of the Stevens Park Clinic and Hospital in Dallas. He will head the Department of Internal Medicine.

Dr. Kotsch is a 1952 graduate of the Philadelphia College of Osteopathy and a Phi Sigma Gamma. He interned at Grand Rapids Osteopathic Hospital and completed his Residency in Internal Medicine at Doctors Hospital, Columbus, Ohio, in 1958.

DePelchin Faith Home

The DePelchin Faith Home and Children's Bureau, 100 Sandman Street, Houston, Texas has advised the Texas Association that in the future they will accept the medical services of physicians holding a D.O. degree on a par with those holding the M.D. degree. This action was taken after a visit to their offices by the executive secretary who protested their discriminatory action of turning down examinations signed by D.O.'s. This institution is a recipient of monies from the United Fund in Houston.

We urge all osteopathic physicians to protest any discrimination shown by an organization which receives money from U n i t e d Fund or other public funds to which D.O.'s are requested to contribute.

Most D.O.s Serve Small Communities

Practicing in U. S. communities of 50,000 population or less are 57.5 percent of all osteopathic physicians and surgeons.

The American Osteopathic Association reports this tally as of December 31, 1959, through its Department of Information and Statistics headed by Josephine L. Seyl. Of the 14,204 doctors in the United States, those in active practice number 12,930.

In Canada, of 122 Doctors of Osteopathy there are 100 in active practice, and of 96 in other foreign countries, 79 are active.

In all locations, there are 4,956 D.O.s who are retired, of a world total of 18,065.

FOR SALE

Due to health reasons, must dispose of home and office combination located in the lower Rio Grande Valley of Texas. Beautiful ranch style brick building 5 years old. Central heat, air conditioned. Practice grossing \$40,000.00 yearly with no O. B. or surgery. Could gross more. Potential unlimited. Terms to reliable party. Also lots adjoining for expansion if interested. Write Box No. 411 c/o Journal.

October, 1960

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American Osteopathic Association

Office of CHESTER D. SWOPE, D. O. Chairman: Department of Public Relations Farragut Medical Bldg. Washington 6, D. C.

September 6, 1960

Washington News Letters

When the Social Security Amendments Bill, H.R.12580, passed the House June 23, 1960, it contained a separate Title XVI for Federal-State assistance for the medically indigent aged, in the course of which it delineated the categories of medical services contemplated and it defined each category.

As finally passed by Congress on August 29, the program was coupled with old age assistance under Title I. In the transition, the category definitions were dropped. Their limitations would have been incongruous with the existing overall definition of old age assistance in Title I.

In 1950 Congress defined "Old Age Assistance" in Title I to mean "money payments to, or medical care in behalf of or any type of remedial care recognized under State law in behalf of, for purposes of Title I adds the following definition: "-the term 'medical assistance for the aged' means payment of part or all of the cost of the following care and services furnished for individuals 65 years of age or older who are not recipients of old age assistance but whose income and resources are insufficient to meet all of such cost-(1) inpatient hospital services; (2) skilled nursing-home services; (3) physicians' services; (4) outpatient hospital or clinic services; (5) home health care services; (6) private duty nursing services; (7) physical therapy and related services; (8) dental services; (9) laboratory and X-ray services; (10)

prescribed drugs, eye glasses, dentures, and prosthetic devices; (11) diagnostice, screening and preventive services; and (12) any other medical care or remedial care recognized under State law; except that such term does not include any such payments with respect to—(A) care or services for any individual who is an inmate of a public institution (except as a patient in a medical institution) or any individual who is a patient in an institution for tuberculosis or mental disease; or (B)

PORTER CLINIC HOSPITAL LUBBOCK, TEXAS

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COMPLETE HOSPITAL AND CLINICAL SERVICE

An Osteopathic Institution

October, 1960

by

all

Editorial

Some Deprived Use of Hospital But City Forces Them to Pay Up

There was more to the matter of three councilmen objecting to an outright gift of city cash to the proposed Memorial Hospital of Garland than met the eye.

Opposing councilmen acknowledge need of the hospital but objections stemmed largely from the practice of donating city dollars at the expense of taxpayers.

They forwarded a forceful argument that many citizens of Garland perhaps did not wish to contribute to the construction of the hospital reasoning the city had no right to do it for them. This, in our opinion, was sound deduction.

Some citizens will be deprived use of the hospital. Some of Garland's finest physicians will not be permitted to take advantage of the fine modern instruments of life saving planned for the new hospital.

These are the Doctors of Osteopathy, medical trained practitioners, skilled in all of the arts of healing, who will be banned because of American Medical Association rules.

In addition to Doctors of Osteopathy, there are also privately owned hospitals, contributing to the city's income by taxes and utility service, which find themselves in the position of indirectly financing their competition.

Garland's city council contributed money owned by these physicians, \$5,000 of it.

Perhaps a majority of councilmen did not consider this aspect of the maiter when they made the contribution from the contingencyfund of the cityFrom "The Garland Daily News"-August 7, 1960

owned electric utility.

Proponents of the proposition vowed the electric plant should be considered as an industry. "Other Garland industry contributed to the hospital, so why shouldn't the city?" was their attitude.

Garland's electric plant is and ought to be considered one of the prize industries of the community . . . but it must be remembered it is owned by the people of Garland.

Profits, available for any cause, should be reflected in reduction of utility bills or taxes no matter how small the amount.

Medical Board to Meet

The next meeting of the Texas State Board of Medical Examiners will be held on December 1, 2, 3, 1960, at the Hilton Hotel, Fort Worth, for the purpose of giving examinations and considering applications for license by reciprocity.

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

Completed applications for reciprocity to be considered at the December meeting must be filed sixty days prior to the December meeting date.

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care or services for any individual, who is a patient in a medical institution as a result of a diagnosis of tuberculosis or psychosis, with respect to any period after the individual has been a patient in such an institution, as a result of such diagnosis, for forty-two days."

The States may authorize all or any part of those services, just as they could do under existing law relating to old age assistance, but the existing as well as the new program is made more attractive to the States because of higher percentages of Federal contributions which the States may advantage under new State plans as early as October 1, 1960. See enclosed chart for operation of current plan in your State and other States. 12.5 million people could participate in the program, including OAA. The State plans will define both eligibility of recipients and services to be supplied. The States may make payments to Blue Cross, Blue Shield, or group practice prepayment plans, if they so desire. HELP REVISE YOUR STATE'S PLAN.

September 15, 1960

The Social Security Act Amendments of 1960 bill, H.R. 12580, was signed September 13. It is Public Law 86-778. Please enter that information at the top of the chart furnished you with my Washington News Letter of September 6.

As a further aid to you for helping your State public assistance agency to promptly implement the additional Federal aid under this new law for medical care of the aged who are on old age assistance (OAA) and also those aged who though not on OAA still are unable to pay their medical bills, I am enclosing an authoritative description of the Colorado plan currently in operation, as submitted April 5 to Senate Subcommittee.

In particular, not the following ex-Page 22 cerpts from the prepared statement of the Colorado State Director:

Page 3. "Eighty-five hospitals or all the general hospitals in the State, participated in the program."

According to COA Secretary, Dr. C. Robert Starks, all ten osteopathic hospitals in Colorado participate.

Page 4. ''1,448 physicians participated in the program during the last fiscal year. This included 1,319 M.D.s and 129 osteopaths.''

Page 5. "Beginning July 1, 1959, the Medical Care Program was expanded to provide for a limited number of home and office calls for pensioners by medical or osteopathic physicians."

Bear in mind, that once the eligibility of the new group of aged is established by the State, the program is expected to be handled in the same manner for the new group as for those with reference to whom eligibility is now established under OAA.

Bear in mind also that the 1960 amendment refers to "physicians' services" and "hospital services" in categories separate from "any other medical care or remedial care recognized under State law." See definition of "medical assistance for the aged," in paragraph 3 of my WNL of September 6.

BIG SAVINGS

On "Returned to New" surplus medical equipment. For sale or trade. Reconditioned, refinished, and guaranteed. Xray, examining tables, autoclaves, ultrasonics, diathermies, operating tables, lights, and more. Largest stock in the Southwest. Call for M. Roth, TeX-RAY Co., 3305 Bryan, Dallas, TA 4-8565.

AUXILIARY NEWS

What Is An Auxiliary?

An aid, a help, an assistant, a subsidiary—these are the definitions Webster gives for the word "auxiliary." How do we as members of an Auxiliary to Osteopathic Physicians and Surgeons define ourselves?

Let us say we are a group of women with a common purpose; that purpose being to serve, to the best of our ability, our parent organization, the TAOP&S.

We are a service group, all working for the best interests of public health, ever mindful that public relations is an aid and asset to the profession.

One of the important fundamentals of an auxiliary is to work in harmony in all three phases of organization; district, state and national. One cannot survive without the other; the greatest responsibility falling on each individual district. Without organization we would become a social club of a sort, perhaps lowering our aims and purposes.

Another basic fundamental of an auxiliary is good leadership. Our officers and chairmen in all three levels of organization must be interested and sincere persons, working for the advancement of the profession. Insincere leadership is one of the most deadly enemis of good public relations.

We must be capable of standing alone. Although we are a subsidiary, we are expected to carry on our phase of work with strength and forethought. Good liaison with our parent organization is very important but we must be capable of carrying out our obligations.

Let us pause and constructively criticize ourselves. Are we in harmony? How about our leadership? Are we dependable?

October, 1960

Webster must define "auxiliary" in a few words but we, the members, are required to search in more detail that we may fulfill all the requirements. To do less is to repudiate the very purpose and objectives of the Auxiliary, for it is essentially an organization with its corollary—service.

> GERRY RAWLS (MRS. R. N.) President, Aux.-T.A.O.P.S.

DISTRICT SIX

On Monday, September 26, the District VI Auxiliary joined their husbands in honoring the State Association President, Dr. Glenn R. Scott, at a cocktail party and dinner at the Normandie Club in Houston. Dr. Scott's report of activities at the National level as discussed at the July convention in Kansas City included many subjects of timely interest and was interesting and informative.

The Auxiliary is working closely with the District Association in planning programs and selecting new and interesting locations for our dinner meetings for the year.

It was voted to continue providing birthday entertainment for the children at the Bayland Burnet Home for Dependent Children; at the same time a study is to be made of the feasibility of inaugurating a similar program for our senior citizens residing in Homes in this area.

A luncheon will be held early in October to honor wives of interns and of doctors who are newcomers in the District.

> MRS. J. EDWARD VINN, Chairman Public Relations Committee

NEWS OF THE DISTRICTS

DISTRICT THREE

The regular meeting of District No. 3 was held at 2:30 P.M. Sunday, September 25 at The Holiday Inn Motel in Tyler. In attendance were Drs. J. W. McCorkle, Charles C. Rahm, Kenneth E. Ross, Sue K. Fisher, Allen M. Fisher, Joseph G. Brown, Howard R. Coats, C. Bowden Beaty, Charles P. Barbaree, Palmore Currey, Robert E. Slye and Dr. Seaborn E. Jones of Big Sandy, Texas.

Plans were laid for a vocational guidance dinner to be held at the Alps Cafe in Mt. Pleasant, Texas on November 14 at 7:30 P.M. Morris Thompson, President of the Kirksville College of Osteopathy and Surgery and a member of President Eisenhower's Committee on Health Eduaction, will be the principal speaker. All high school vocational guidance professors and their wives will be invited to this function which promises to be the highlight of the season for District No. 3. Although District No. 3 and the state association will sponsor the meeting, accent will be on the importance of joint effort to provide more doctors, nurses, and technicians to meet the rising tide of population and its health needs. The interest in this educational meeting is national in scope and we hope each individual doctor in District No. 3 will make himself responsible to see that every high school in his town is represented at the dinner, preferably by its vocational guidance counsellor and his wife.

Dr. Howard Coats brought a report from the Texas State Board of Medical Examiners on a proposed law which will require all hospital residents to be licensed in our state. This is to protect the public from the influx of doctors from foreign countries and will have little or no direct effect upon the osteopathic profession.

Dr. Jack McCorkle, president of District No. 3, also made an interesting and informative report on disaster medicine and how the OCDM (office of civilian disaster medicine) is being organized to handle public disasters and the possibility of bacterial, chemical or radiation warfare. It was interesting to hear about the apparent cooperation between the allopathic and osteopathic professions at the national level in the face of a common peril. It almost reminds one of brothers who fight with each other most of the time but who instinctively team up to fight any outsider who threatens the family circle. Congratulations, Jack, on your fine job of representing osteopathy in this new field of endeavor!

Dr. Kenneth E. Ross of Tyler and Dr. Bernard W. Jones of Mineola each made a vacation trip to the West, at the same time, this past summer. They were in Spokane, Washington and Yellowstone National Park at the same time and yet never saw each other. Sounds almost as though somebody was avoiding somebody. How about it, fellows?

A little birdie told us that Dr. Jones fell in the bath tub, fracturing several ribs and also his dignity. He will be breathing shallow for the next few months.

Dr. Allen M. Fisher returned home from a fishing trip in Amarillo with a fishy story not involving any fish. It seems he inadvertantly allowed a car to run over his ankle while helping to attach trailer chains at an Amarillo gas station. Miraculously enough, no bones were broken and only a small amount of hide was lost from the ankle which still is quite painful. Dr. Lester Vick of Amarillo very kindly examined the

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ankle and dressed it for Dr. Fisher's return trip home. Again, we owe something to West Texas hospitality. Many thanks to Dr. Vick and the Amarillo Osteopathic Hospital.

To the doctors in District No. 3: Please *do not* wait for me to beg for news. Send it to me as it happens, by dropping me a card.

ALLEN M. FISHER, D.O. Reporter

DISTRICT FIVE

Dr. L. G. Mancuso, recently returned from a three months' study program in Germany, showed slides of his trip and described the structure of socialized medicine as it is seen on the European continent at the weekly clinical study program in the Mancuso Clinic on September 8th.

Since its inception last winter this program has afforded the participating doctors an opportunity to view fortyfive (45) different 16 mm color-sound medical movies on a wide range of professional subjects, as well as precupitating many worth-while discussions on same.

Dr. Herbert L. Chambers, who recently opened offices at 1831 Singleton Boulevard in Dallas, was appointed program chairman of the group for the ensuing year.

On Sept. 15, 1960, Dr. James L. Holloway, ASO '04 was honored by the members of District V. The honorable doctor is celebrating his 100th birthday this month. It was wonderful to stand and applaud a great pioneer in our profession who retired from practice twenty-three years ago.

We are also pleased to welcome the wonderful program in post graduate education that will be provided for us here in Dallas during the first week of November. The annual meeting of the College of Surgeons, Anæsthesi-

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ologists and A.O.H.A. presents the program.

The new Stevens Park Osteopathic Hospital is well under way. The first and second floors are partially completed and steel structure of 3rd floor can already be seen. We're all proud of the 125 bed addition to Dallas. The hospital will contain 2 major surgery and 2 minor surgery suites, a large recovery room, fracture room and etc. The old hospital and clinic will be restored for doctors offices and other personnel.

Dr. Ross Carmichael is back to work and well after a protracted illness as of Sept. 1, 1960.

Our entire membership and Dallas will greatly miss the late Dr. Edgar Haymes, whom as you all know was a devoted practitioner, Christian and man to his profession.

This past July the three osteopathic hospitals in Dallas have started a com-

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bined Intern training program. They meet once a month alternating their programs at the various hospitals.

The district pledged a record \$3,-348.00 to this year's drive for the Community Chest of Dallas County. This represents 110 percent of the district's quota. Chest campaigners who donated considerable time to the county's largest civic effort of the year were Drs. Carmichael, Dubin, Finch, Burnett and Hesse.

LEONARD C. NYSTROM, D.O. Reporter

DISTRICT SEVEN

Elmer Baum will have a busy October as he will attend the Louisiana midyear meeting at Shreveport and the Arkansas mid-year meeting in Hot Springs to speak on legislative matters. He will also slip in a little elk hunting at Alpine.

Seen at the Democratic State Convention: Howard Coats, Jerry Carr, Danny Beyer, Phil Russell, Wm. Jenkins and Elmer Baum.

Frank Wortham, Joe Love, Katherine Paterson and John Donovan registered for the seminar on referred pain conducted recently at Austin by the Academy of Applied Osteopathy. Another seminar is planned in Austin next fall. J. V. Money of Schulenbury was also present.

Katherine Paterson, Elmer Baum, Hal Edwards and Joe Love were seen at the X-ray meeting last month in Austin.

Joe Love was recently appointed a Aviation Medical examiner.

JOE LOVE, D.O. Reporter

DISTRICT ELEVEN

On the weekend of September 9-11, this district was honored with the prescnce of our state President, Dr. Glenn R. Scott of Amarillo. Accompanying him from Fort Worth, was Dr. Phil Russell, our executive secretary. Doctors Scott and Russell enjoyed El Paso's sunny weather on Saturday, while visiting most of the doctors in the area.

On Sunday afternoon, September 11, a district meeting was held in honor of President Scott, at which time he gave a very inspiring and informative talk on the state activities and an illuminating summary of the National Convention in Kansas City. The group was most grateful for his fine presentation and "down-to-earth" talk.

Of course no visit to El Paso is complete without an excursion to its fine sister city—Juarez, Mexico, to impress on our illustrious visitors the high morals and the more aesthetic qualities of the weaker sex. Dr. Scott was quite thrilled in seeing his first bull fight. A very humble admission on my part after 10 years in El Paso, it was my first also.

The following week, on September 15, the executive committee of District 11 met to plan the programs for the Fall and Winter months. Another boon to the osteopathic physicians in the El Paso area occurred this week when all of the doctors in El Paso County (16) contributed to the United Funda, making a 118% of the goal established. Ours was the first professional group in El Paso County to fulfill its quota with 100% participation in the first report to Untied Fund. Dr. M. G. Holcomb was chairman for the D.O.s in this area and he did a most commendable job.

P.S.—For those of you who have already been to Juarez and feel we have nothing more to offer, I should like to remind you that the second racing season opened September 30 at Sunland Park, a mere 10 minute drive from downtown El Paso. The track is open every Friday, Saturday and Sunday until after the New Year. Come on down and try your luck with the ponies!

M. A. CALABRESE, D.O. Reporter

October, 1960

DISTRICT THIRTEEN

Dr. and Mrs. David D. Matthews were host for the August meeting of the District 13 which was held at Lake Crockett Lodge.

Having just returned from a hypnosis seminar, Dr. Matthews played some taped highlights of the meeting and then demonstrated his skill in hyptosis on a very willing subject, Mrs. Selden E, Smith.

Dr. and Mrs. J. W. McCorkle of Mineola, were guests at the district meeting.

The district is sending a subscription of the AOA Journal to the David Graham Hall Foundation at Monkstown, Texas.

Dr. John C. Knox, Jr. and his charming wife were welcomed into our district, which is large in square miles but small in number of doctors. Dr. Knox is associated with Dr. Dean E. Wintermute of Cooper, Texas.

Plans were made to hold a Vocational Guidance meeting early in the Spring.

The September meeting of District 13 was held in the home of Dr. and Mrs. Selden E. Smith of Wolfe City,

Texas. The education portion was presented in the Wolfe City Hospital. Dr. Smith discussed legal and insurance angles in reference to violent death. The problem of geriatrics were renewed by Dr. D. D. Matthews, with special emphasis on the fact that over dosage is common in this age group because a large number of geriatrics patients do not read directions carefully. Using e.c.g.'s and x-rays, Dr. Henry B. Peters presented an actual clinical case of Post Myocardial Sydrone. This condition is conisdered rare but once something is identified as a specific entity, the frequency of future recognition to increase is assured.

H. B. PETERS, D.O. Reporter

Honored

Recently Dr. Waldemar D. Schaefer of San Antonio, Texas, was named "Lion of the Week" by the Espinola, New Mexico Lions Club for the outstanding service he has rendered his community and for his efforts in behalf of the youth of the community.

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October, 1960

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