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In This Issue—

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VOLUME XIX FORT WORTH, TEXAS, OCTOBER, 1962 NUMBER 6

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EDITORIAL PAGE

Proposition # 22

Proposiion # 22 will on the November 6 ballot in the State of California. Every osteopathic physician in Texas is urged to contact friends and relatives in California and attempt to defeat this Proposition. We are not particularly interested in those who brought about the dilemma, but we must be interested in letting the people of California know what an uninformed and careless vote will do to them. If Proposition # 22 is passed it will be a weapon used against our profession throughout the United States.

Inform your California friends of the following facts:

PROPOSITION #22 —

. . . Would *DENY* the voters any future right to make changes in this Osteopathic practice act.

. . . Would *PREVENT* out-of-state Osteopathic Physicians and Surgeons from being licensed in California.

. . . Would *STOP* all future licensing of Osteopaths in California.

. . . Would *DECREASE* the supply of hospitals and doctors in California.

. . . Would *INCREASE* the tax burden on the people to provide medical schools to maintain the present supply of doctors.

. . . Would *CREATE A MONOPOLY CONTROL* of physicians and surgeons in California by political medicine.

YOU MUST VOTE 'NO' ON PROPOSITION #22 —

IF you believe in *private enterprise* in all health fields . . .

IF you believe in the *right to choose* the type of doctor you want . . .

IF you believe it is immoral to *destroy a profession* that has served Californians well for 65 years . . .

IF you believe Osteopathic care should be *available to future generations* in California . . .

IF you *oppose monopoly* in any phase of American life and education . . .

. . . VOTE 'NO' on #22!

"Anoxemia and Resuscitation of the Newborn"

ELMER KELSO, D.O.*

I. *General Comments and Definitions.*

In the obstetrical section of a large hospital in the Eastern United States reads the following instructions, "Time is of utmost importance. Delay is damaging to the infant. Act promptly, accurately and gently."

This message is not limited to anyone hospital or group of hospitals. It must be practiced by all of us who are in positions of responsibility concerned with the delivery of infants.

The death of a fetus or infant is even yet taken as "an act of God," regrettable but unexplainable, and dismissed as unavoidable.

The time has now come for us to realize that each time a being is created it will continue to live unless its death is brought about by some specific cause.

The purpose of this paper is not simply to review or explain a mechanical process of infant resuscitation but also to review certain physiological mechanisms that lead to clinical entity necesitating the practice of this art.

Before progressing further, I now want to introduce and define a few terms important to this paper:

A. Apnea neonatorium.—The failure of respiration to be initiated.

B. Neonatal mortality. — Death of newborns. (If an infant has lived even one minute, then it is a neonatal death.)

C. Fetal mortality.—Death of infants before or during labor in pregnancies of 20 weeks or more.

D. Anoxemia. — An insufficient amount of oxygen in the blood.

Confusing terms such as asphyxia pallida and asphyxia livida have purposely been omitted due to their vague and confusing definitions.

Now by definition we can see that fetal mortality is not our concern but rather neonatal morbidity. We shall be dealing with living infants, trying to prevent neonatal mortality.

II. *Neonatal Mortality.*

The presence of apnea neonatorium may be stated to exist whenever the baby has failed to take a spontaneous respiration within 30 seconds of severing the cord. It has been shown that periods longer than 30 seconds of insufficient oxygenation of the blood by lack of respiration will tend to produce certain irreversible changes in the cerebral cortex.

In a review of neonatal mortality in the United States we see that more infants die during the first 3 days than at any other time during the year. The commonest cause of death in these infants is a hyaline-like membrane. Although this complication is seen in full term infants, it is characteristically a disease of premature babies. Aside from hyaline-like membrane disease and -or- prematurity the most common causes of neonatal death are, malformations, intra-uterine anoxia, and cerebral hemorrhage from trauma and infections.

III. *Anoxemia.*

A. Effects.

Lack of oxygen kills tissues as quickly as many active poisons. In anoxemia

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high levels of lactic acid are built up in the blood producing a low pH scarcely compatible with life. Now due to fixation of base by the lactic acid and poor diffusion of gases to the mother through the umbilical cord, the tension of carbon dioxide rises in levels far in excess of normal. However striking as the changes in lactic acid, pH, and carbon dioxide are, they are still of secondary importance to the reduced oxygen content of the infant's blood.

To demonstrate the rapidity of oxygen consumption from the blood stream, let us create a hypothetical case whereby some catastrophe develops preventing further uptake of oxygen by the blood. We will assume that there has been no physiological factors present to hinder the oxygen carrying capacity of the hemoglobin and we will also assume that the blood volumes are normal for the age of the patients.

Concentration of our minds will now be directed toward the seriousness of the matter from the standpoint of *time*. We will examine infants with hemoglobins of 18 grams (normal) and 15 grams (sub-normal). Now let us review the mathematics of this crisis which will reveal to us the period of time for the oxygen present in the blood to be consumed and the sequela, cardiac arrest to develop of oxygenation of the blood is not immediately resumed.

An infant's O^2 consumption is 6 cc O^2 / kilogram / minute. So an infant weighing 3 kilograms (6.6 lbs.) would consume 18 cc O^2 / minute. The normal human blood volumes are equal to 80 cc / kilogram.

Hemoglobin carries 1.3 cc of O^2 / 1 gram and 18 grams of hemoglobin per 100 cc whole blood will carry approximately 23.5 cc of O^2.

Its total blood volume would be 240 cc (3 kilo x 80 cc). Therefore its total oxygen carrying capacity would be 56.4 cc providing the infant had 18 grams of hemoglobin. (18 grams Hb./ 100 cc whole blood = 2.4 × 23.5 cc = 56.4 cc). We stated above that the infants O^2 consumption was 6 cc O^2 / kilogram or 18 cc / minute for a 3 kilogram infant with a normal Hb. and blood volume. It would therefore take 3.1 minutes for the O^2 to be consumed of no more entered the blood stream.

Now if the same infant should only have a Hb. of 15 grams / 100 cc of whole blood with a total O^2 carrying capacity of 48 cc O^2. (2.4 X 20 cc). Then oxygen would be consumed in 2.7 minutes. (48 cc / 18 cc min. = 2.7 min.)

The above mathematics demonstrate the critical need for immediate oxygenation of the blood. We can lose no time even if all factors are normal. If the patient should have a lowered hemoglobin or total blood volume then the available working time is drastically shortened.

Anoxemia produces a clear cut phenomenon which can be reduplicated in the laboratory at will. There is occurence in rapid succession of loss of consciousness, cessation of respiration, marked slowing of the heart, fall in blood pressure with the white cold skin of shock, and skeletal muscle collapse causing general flaccidity of the extremities together with relaxation of the sphincter ani.

B. Pathology.

Authors reviewing autopsies of infants have found anoxemia the cause of death in percentage ranging from 18 to 24. Before progressing into the clinical aspects we should first mention the pathological findings of anoxemia. These are few and varied. Edema of the brain, petechial hemorrhages of the lungs, brain and abdominal organs may be but are not necessarily present. Dr. Miller further states that pathological signs are further masked by sequale following artificial resuscitative attempts.

C. Clinical Factors Leading to Anoxemia.

It is very unusual for a single clinical factor to exist alone which produces anoxemia. The most common event is for several such clinical factors to occur in series, the ultimate sum of which is anoxemia. The clinical factors bringing on anoxemia may be divided into two groups:

First: Those Factors Exisiting Prior to the Time of Labor.

1. Age of mother.—The percentage of anoxemia of the infant rises sharply after the age of 35 of the mother.
2. Parity of mother.—As a general rule primiparous mothers deliver a greater percentage of anoxic babies than do multiparous mothers. This may be ascribed to the factors of longer labor, more analgetics, and more traumatic types of deliveries.
3. Pathological or disease conditions of the mother.—
   a) Profound anemia.—The existence of an anemia in the mother produces corresponding relative anemia in the infant, the inevitable physiological breakdown of red blood cells then aggravates the anemia and with such a large loss of oxygen carrying power, anoxemia results.
   b) Kidney disease.—The existence of even mild toxic products present in the blood stream are passed on to the baby with resultant generalized toxicity.
   c) Cardiac pathology with heart failure.—Any anoxia of the maternal blood stream is passed along directly to the infant with anoxia of the infant brain.
   d) Diabetes mellitus.—For some unknown reason these infants tend to have anoxemia.
   e) Chronic pulmonary disease.—Increased demand on the maternal metabolism is too much with resultant fetal anoxia.
   f) Syphilis.—Anoxemia is probably due to involvement of brain, heart and lungs and abdominal organ enlargement.
   g) Erythroblastosis foetalis.—The loss of oxygen carrying power by destruction of red blood cells is sufficient to cause the anoxia.
   h) Toxemias of pregnancy.—Regardless of cause or type, the toxic products are passed on the baby with resultant anoxemia.

Second: Factors Occurring at the Time of Delivery.

   a) Length of labor.—It is directly proportional to the degree of anoxia, the pathology produced being cerebral hemorrhage or edema.
   b) Type of delivery.—The method of delivering the patient is extremely important, the more traumatic the more apt to have cerebral injury.

D. Analgetics.

It is fallacy to blame analgetics as a major cause of neonatal anoxemia; theirs is actually a minor role. Morphine has long been most widely used in the past. It has recently been replaced somewhat by Demerol. Scopolamine is a frequent companion of both, but has only amnesic properties.

Barbiturates are also widely used for their hypnotic qualities. Their depression of the vital centers is probably greater than the narcotics, often causing a cyanosis of the extremities of the fetus, the so called sock and glove cyanosis.

E. Anesthetics.

In general it is felt that no anesthetic agent or technique influences infant mortality, providing that maternal circulation and respiratory depression is adequate.

IV. *Diagnosis of Anoxemia.*

The importance of watching for signs

of intra-uterine anoxia cannot be over emphasized. The most characteristic sign is afforded by change in the fetal heart rate. It can usually be assumed that a pulse rate of 100 or less for any great length of time is incompatible with life of the fetus and delivery should be immediate if this can be done without risk to the mother.

Likewise increase in fetal heart rate above 160 indicates distress.

The appearance of meconium in vertex presentations is a sign of fetal anoxia and is due to relaxation of the sphincter and muscle induced by faulty oxygenation of the blood.

Apnea neonatorium due to cerebral hemorrhage presents an identical picture as the above, not only for the first few minutes of life but often for many hours or days.

V. *Technique of Resuscitation.*

In the presence of anoxia, apnea is resistant to all types of treatment except correction of the apnea itself. It is a simple logic that no infant can breath if a mechanical obstruction is present. Therefore aspiration of mucus should be carried out from the nose and pharnyx with a blub syringe while the infant is being delivered. Keep the baby below level of the perineum to prevent loss of blood from placenta. Clamp and cut the cord and immediately place infant in 15° Trendelenberg position.

If the infant is apneic, positive pressure must be immediately started, either with face mask and bag or mouth to resuscitube. If there is no expansion of the chest or no improvement of color, endotracheal intubation should be carried out within 30 seconds.

To do this the infant is placed in a supine position, at the end of a bassinet nearest the operator, with a small folded towel beneath his shoulders. The infant laryngoscope is held in the left hand at all times. The right thumb and the index finger separate the lips while the scope is introduced between the tongue and the palate, starting at the right angle of the mouth. The blade is advanced gently and the scope is lifted slightly toward the ceiling, whereupon the epiglottis comes into view. If no obstructing material is present, an endotracheal tube, held in the right hand, is advanced from the right corner of the mouth downward and through the cords. A short sharp puff while the operator watches the chest will assure him that the tube is in the trachea.

The following equipment is recom-

mended for the delivery room: 1. bassinet with shallow sides, 2. bulb syringe, 3. mucus trap with rubber catheter, 4. source of oxygen, 5. airways, 6. infant laryngoscope and 7. endotracheal tubes.

A brief statement is probably in order concerning mechanical devices. They enter into the resuscitation only after the more important preliminary steps have been performed. Major disadvantages of complicated machinery is the possibility of mechanical failure, faulty gauges, operators unfamiliarity with the machine, and the cost of apparatus.

There may be a place for high pressure inflation equipment such as the G.B.L. Inflator, in cases of collapsed alveoli as in absorption atelectasis. Pressures of 12 cm. of H_2O cannot expand such alveoli. Mouth to tube with added oxygen to operator's mouth is probably just as effective however.

Aspiration of gastric contents is indicated in every delivery after the infant is fully resuscitated. Measurement of the aspirated contents should be done and recorded on the chart.

VI. *After-Care of Infant.*

Close observation of an infant that has been anoxic at delivery is a prime necessity. Oxygen given to these infants should not exceed 35 to 40% concentration unless their condition is very serious and it should be measured in concentration of the inspired atmosphere and not simply in liters per minute. The least amount of oxygen possible should be used and the duration should also be as short as possible for the infant's welfare.

There is no evidence that excessive humidity is of any value to an infant with that has been anoxic. Antibiotics should be administered according to the weight of the infant.

The infants should be encouraged to cry to prevent atelectasis. If acute respiratory distress develops, endotracheal intubation must be re-instituted. Consultation with other physicians trained in managing the problems of apnea and resuscitation should always be carried out.

VII. *Effects of Anoxemia on Surviving Infants.*

The effect of anoxia suffered during fetal or neonatal life on an infant who survives is difficult to determine. In general, the fate of infants who survive a period of anoxia seems to depend on the severity and duration of the oxygen deprivation. If it is mild or brief no ill effects may be noticeable and develop-

Annual Seminar Set for Dallas, December 7-8

The seventh annual Post-Graduate Seminar, under the auspices of the Texas State Department of Health and the Texas Association of Osteopathic Physicians and Surgeons, will be held December 7-8 in the Baker Hotel, Dallas, Texas.

Program will include lectures by (1) John C. Ullery, M.D., Professor and Chairman of the Department of Gynecology, Ohio State Medical School; (2) Joseph T. Rogers, D.O., Internist, Wyandotte, Michigan; (3) C. J. Karibo, D.O., Chief of Department of Radiology, Detroit Osteopathic Hospital; and (4) William J. Monaghan, D.O., Certified Orthopedic Surgeon, Kansas City College of Osteopathy and Surgery.

Each of the speakers is outstanding in his field and should be well received.

See next months Journal for complete program!

ment may be normal. With somewhat more severe anoxia it seems that the infant may be hypertonic and all reflexes may be more active than normal. As the child grows, co-ordination of movements may be poor and mental development may be retarded. With complete or prolonged oxygen deprivation more severe brain damage is generally produced and the infant may appear almost decerebrate. It may not be able to talk or to walk.

VIII. *Summary.*

Some of the physiological mechanisms, pathological sequela and clinical factors leading to anoxemia have been discussed along with the clinical diagnosis of their effect on the fetus and neonatal infant.

A technique of resuscitation and after care of these infants has been described.

It has become quite evident that information concerning prevention and treatment of anoxemia must be organized and illustrated to practicing physicians, residents, interns, and students. Practical demonstrations of endotracheal intubation and supervised resuscitation efforts are a necessity.

With the knowledge of how to prevent and combat anoxemia, the physician then has an effective weapon to fight against death.

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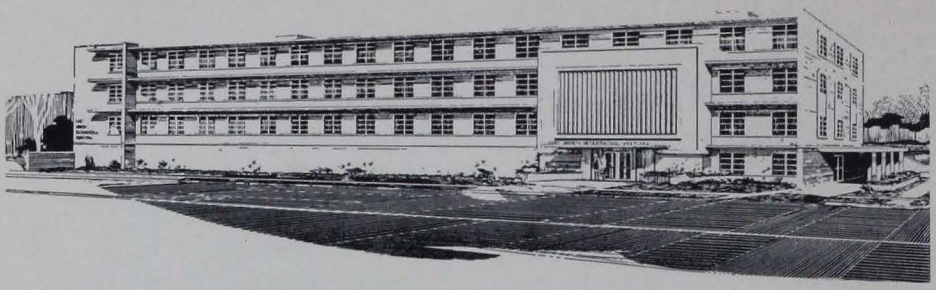
Hospital of the Month



Fort Worth Osteopathic Hospital 1000 Montgomery St., Fort Worth, Texas

The Texas Osteopathic Physicians Journal is proud to pay tribute to the FORT WORTH OSTEOPATHIC HOSPITAL, 1000 Montgomery St., Fort Worth, Texas as THE HOSPITAL OF THE MONTH. A charitable, non-profit institution, it is dedicated to "the welfare of the people of Fort Worth and Tarrant County." It is the largest osteopathic hospital in the State of Texas.

The Fort Worth Osteopathic Hospital is currently operating at a 90-bed capacity but its fourth floor, which has never been opened, is fully equipped and ready to accommodate an additional 50 beds.

It was built and equipped at a total cost of approximately $2,00,000 the greater portion of which was contributed through gifts and grants. Through the Greater Fort Worth Hospital Fund, the public contributed $250,000 toward the construction of this modern institution. Hill-Burton grants totalled $750,000. Personal gifts from the family of the late Amon G. Carter, Mr. Sid Richardson, Mrs. Zetta Carter and the Carter Foundation totalled $500,000.

The present Fort Worth Osteopathic Hospital had very humble beginnings. The original hospital was opened in 1946 in an old residence on Summit Avenue. It was a non-profit stock corporatiton to which the physicians subscribed a total of $5,000. Sponsored by Dr. Roy B. Fisher, the hospital opened with 10 beds in three rooms of the lower floor. Surgery, x-ray and laboratory rooms were in the basement. Dr. V. L. Jennings, was the first president of the corporation.

The excellent care and services provided by the hospital were brought to the attention of two prominent Fort Worth citizens—Mr. Amon G. Carter and Mr. Sid Richardson—by Dr. Phil Russell who explained the handicaps under which this hospital was operating. They were so impressed, that Mr. Carter agreed to lend money toward the construction of a new osteopathic hospital.

On February 28, 1950 the second home of the FWOH opened. A 25-bed modern hospital at 3705 Camp Bowie Blvd. Mr. Carter and Mr. Richardson furnished the new hospital.

Before long the hospital was operating beyond capacity and it was obvious that larger quarters were needed. So in 1954 plans were started toward the construction of a new osteopathic institution, large enough to handle anticipated growth. Thus the present FWOH opened its doors to the public on August 1, 1956.

The hospital is a teaching institution, approved for six interns and resident training in surgery. Each department is headed by certified specialists. Applications are pending for approved resident

training programs in radiology, internal medicine, and anesthesiology. The hospital has a daily bed capacity average of 75% of its 90 beds. It is hoped that more young doctors will move into the Fort Worth area so that the hospital can soon run at its full capacity of 150 beds. When this happens, the hospital will be expanded even further as plans are already in the making.

The rapid growth of this institution is indicative of the support given by the citizens of Fort Worth and Tarrant County and they are anxious for future osteopathic growth.

Fort Worth is a thriving city of 500,000 and offers excellent practice opportunities for ethical osteopathic physicians. If interested in locating in Fort Worth, contact Dr. P. R. Russell, 512 Bailey St., Fort Worth, Texas. Dr. Russell is Chairman of the FWOH Board.

GOOD LOCATION

WINNIE, TEXAS — (Chambers County) Prosperous town of 8,000 pop., serves large cattle-raising, farming and oil territories. Needs qualified physician. 25 miles from Doctors Osteopathic Hospital in Groves. This is an excellent opportunity. If interested, contact Mr. B. P. Bearden, Administrator, Doctors Hospital, 5500 39th St., Groves, Texas.

T.O.R.S Holds Bandera Meeting

The Texas Osteopathic Radiological Society met at the Mayan Dude Ranch in Bandera on September 22 and 23. An excellent program was presented by Dr. Donald Evans and Dr. Edward P. Small both of Detroit, Michigan. A panel discussion also included several members of the society. Besides the excellent program, social activities included a barbecue supper, cowboy breakfast and a registration party sponsored by Ansco.

At the annual business meeting, the membership re-elected the present officers for another year. They are as follows: President, Dr. Edward J. Yurkon; Vice President, Dr. James H. Kritzler; Secretary-Treasurer, Dr. Harlan O. L. Wright; Program Chairman, Dr. Charles D. Ogilvie.

Osteopathic physicians registered were: Dr. Joseph L. Love, Austin; Dr. Robert E. Modders, San Antonio; Dr. Joseph J. Schultz, Corpus Christi; Dr. Carl F. List, Troup; Dr. Willy B. Rountree, San Angelo; Dr. Harlan O. L. Wright, Lubbock; Dr. Richard M. Mayer, Lubbock; Dr. Robert H. Nobles, Denton; Dr. Edward J. Yurkon, Dallas; Dr. Raymond N. Dott, Dallas; Dr. W. N. Hesse, Dallas; Dr. Charles D. Ogilvie, Dallas; Dr. Henry Hensley, Big Sandy; Dr. Alan J. Poage, El Campo; Dr. Robert T. Sharp, Mesquite.

A number of the doctors families accompanied them and thoroughly enjoyed the activities and facilities of the Ranch.

It's Up To You

by GEORGE W. NORTHUP, D.O.

Over a year ago, the Auxiliary to the American Osteopathic Association was asked to take over the direction of the profession's annual Christmas seal program. Auxiliary leaders realized the tremendous responsibility they were being asked to assume. Typically, they accepted it willingly.

Because of the extent of this volunteer help and of the low campaign overhead in AOA Central Office, the cost of conducting the osteopathic Christmas seal campaign is far lower than that of any other national campaign of its type. Dollar for dollar, more money goes to fulfill this program's purposes than in any other national campaign. Its purposes are to help support the profession's student loan and research funds. Proceeds from the 1962 campaign will be divided equally between the two funds.

The campaign goal for 1962 is $75,000. The Auxiliary and its affiliate, the National Osteopathic Guild Association, and the AOA Central Office seal staff are dedicated to reaching that goal. But their work will bear fruit only if you, as osteopathic physicians, are also dedicated to reaching it. You are the first and the indispensable link with the public. Each year the campaign demonstrates the willingness of the public to respond—if they are asked.

Seventy-five thousand dollars is not a lot of money for a national seal campaign to raise. Almost any state of average D.O. population could, if it would, meet this goal singlehandedly. Doctors who have distributed seals have been amazed at the response they receive. If the program elicited the same support from the profession that it does from the public, it could easily double its returns.

This is an important year for the osteopathic profession. Through its state and national publications, it is better known and better understood than at any time in its history. Today a larger percentage of the public realizes, to a greater degree than ever before, the comprehensiveness of osteopathic medical care. When people are informed, they are responsive.

Too few osteopathic physicians realize the tremendous public relations benefits to be achieved through the Christmas seal campaign. Patients are grateful for an opportunity to express appreciation for the services of osteopathic medicine as you have made it available to them.

Last year, a number of D.O.s each sent in more than $500 received from patients in response to the Christmas seal appeal. Think what would happen if 1,000 of you were to get returns like that. You could! Auxiliary members throughout the country are ready to help you and your secretary order and mail seal supplies. For you the effort can be minimal.

Osteopathic student loans and osteopathich research are integral parts of osteopathic advancement. Your own contribution and the contributions of your public are integral parts of the student loan and research programs. The slogan for this year's campaign is "Partnership in Health." The public has demonstrated its willingness to assume its responsibility in this partnership. Certainly you can do no less than assume yours.

The Christmas Seal Campaign is an investment in health. It is also an investment in *your* professional future.

Osteopath Cites Schools

Texas Will Start Fitness Program

From—Fort Worth Star-Telegram Wednesday Evening, September 19, 1962

By Blair Justice
Star-Telegram Science Writer

A group of osteopathic physicians were told here Tuesday night that something is going to be done about improving the physical fitness of the soft and flabby American youth.

Texas has a program that is going to focus on intensifying and "beefing up" physical exercises in schools.

This was the word coming from Dr. L. G. Ballard of Fort Worth, president of the Texas Association for Osteopathic Physicians and Surgeons, who made it plain he was talking about physically "average" youths—"not our top athletes, who are already in good shape."

Dr. Ballard made an official visitation Tuesday night to the TAOPS's District 2, which includes Fort Worth osteopathic doctors.

The doctor said action for improving the fitness of youth in Texas is going to come from the executive committee of the State Council on Youth Physical Fitness, of which he is a member. This is a committee appointed by Gov. Price Daniel after President Kennedy set up machinery for improving youth fitness on a national scale.

Deficiencies Listed

In an interview Wednesday, Dr. Ballard pointed to these deficiencies as reasons why programs must be started on youth fitness:

"One out of every three persons brought up for military service is rejected for reasons of unfitness. Some of this is due to higher psychiatrics standards. But much is due to the fact that too many of our youths are physically unfit."

"In England," Dr. Ballard continued, "there was a test of physical endurance given students on a grade school and high school level. The same test was given to the same age youngsters in the United States and only 13 per cent of our youth measured up to the standards or norms achieved by the English children.

"And England," the doctor added, "has never been looked upon as a nation of particularly high physical or dietary standards."

Poor Exercises

Dr. Ballard said it is his observation that many physical education classes in public schools fail to give students exercises that harden bodies and improve fitness.

"One of the big causes of military service rejection," the doctor said, "is overweight — just an excess of flab and softness."

Dr. Ballard said that in some physical education classes, rock-and-roll music is given the students instead of "intense physical exercise."

The state committee on improving youth fitness now is being co-ordinated with a subcommittee that will set up local organizations. The local organizations, Dr. Ballard said, will try to improve physical fitness programs through the schools.

"The physical exercise programs are in the schools. The problem is they are not getting to the students the way they should."

As a doctor, the osteopathic president said he sees patients having trouble in later age because they neglected physical fitness in their youth.

Dr. Ballard also reviewed progress of the osteopathic profession at the meeting Tuesday night at Western Hills Hotel.

Consultant's Corner

The JOURNAL welcomes questions concerning clinical problems from all physicians. If you have a perplexing question, address it to the Consultant's Corner, % Texas Osteopathic Physicians Journal, 512 Bailey St., Fort Worth. Your question will be submitted to an appropriate consultant for answer and the reply published as soon as possible.

QUESTION: A. *What is the cause of "easy fatigue" which persists in many post-hepatitis patients?*

B. *What is the best therapy for* this fatigue?

ANSWER: No specific cause for the post-hepatitis fatigue syndrome exists to my knowledge.

Chronic persistance of hepatitis must be ruled out as the cause for the fatigue which may be the patient's only symptom. This persistance, as it is usually anicetric, may be due to a chronic viral infection. The only manifestation may be elevation of serum transaminase or serum vitamin B-12 levels. Occassionally, only liver biopsy will demonstrate the changes of continued viral activity. Autoimmunization, with autodestructive reaction termed "autoclasia", may occur following acute viral hepatitis. This is though to be due to the development of an immune reactivity to the patient's own damaged hepatic tissue. A so-called "lupoid hepatitis" may develop, producing an active chronic hepatitis with evidence on liver biopsy of hepatitis. In such cases, a positive LE cell test, as well as elevated transaminase levels and hypergammaglobulinemia may be demonstrated. These particular cases respond to cortisone therapy but may require months or years of therapy. Post-necrotic cirrhosis following hepatitis must be considered as a cause of the fatigue.

If there is no clinical, laboratory or biopsy evidence of continuing hepatic damage, a diet of adequate calories, high in protein (125 to 150 gms), high in carbohydrates (200 to 250 gms), low in fats is prescribed with periodic physical rest periods each day to relieve fatigue. Vitamins and lypotropic agents are of limited value.

J.F.D.

New Corpus Christi Osteopathic Hospital Will Open November 4

The formal opening of the new Corpus Christi Osteopathic hospital will be held Sunday, November 4.

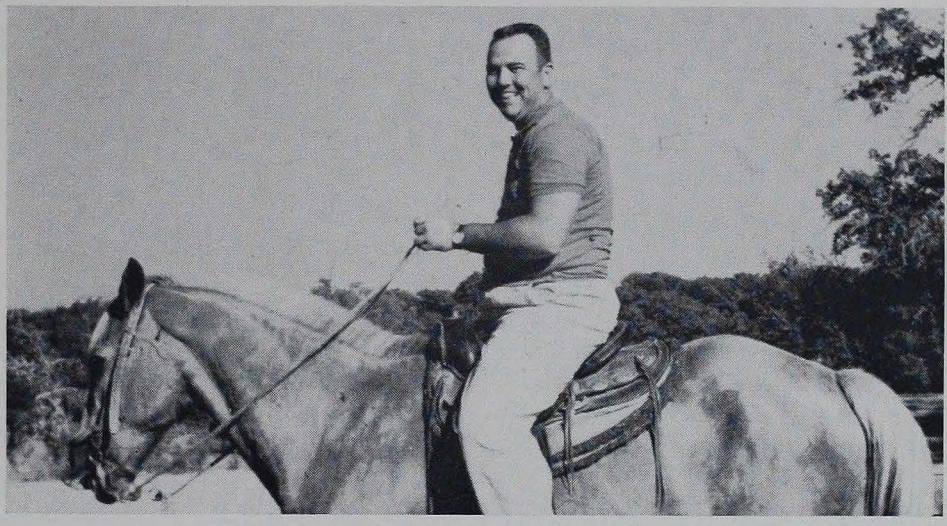
The new 50-bed hospital represents an investment of $750,000 and is designed to expand to 120 beds by the addition of two 35-bed wings without expanding the ancillary facilities. The new building is located approximately 1½ miles from the present hospital which has served the osteopathic profession since 1944. It is adjacent to a municipal recreation area which includes a new half-million dollar tennis center and swimming pool, with nearby shopping center.

The hospital is the culmination of eight years of planning and financial support on the part of the staff which now numbers 17, and has been granted $300,000 from Hill-Burton federal funds.

Death

Mr. James T. McCorkle of Saratoga, Ark. died Sept. 29, 1962. He was the father of Dr. J. Warren McCorkle and Dr. Carter W. McCorkle of Mineola General Hospital, Mineola, Texas. Funeral services were held at 4:00 P. M. Sept. 30, 1962 at Saratoga.

Executive Secretary's Travelogue



The Travelogue opens with a picture of Dr. Robert H. Nobles, riding a horse at the Mayan Dude Ranch, Bandera, Texas, during the Texas Radiological meeting. It certainly proves that this member of the Board of Trustees, Chairman of P & PS, and member of the Insurance Committee as well as Program Chairman, can direct a horse as well as professional activities.

The title of this particular Journal feature is very appropriate this issue, as we really traveled last month and the old "Junior Lincoln" can testify to that. that.

On September 2nd the executive secretary went to Dallas to attend a hearing conducted by the sub-committee of the TAOP&S Public Health Committee. The hearing began at 9 a.m. in the Sheraton Hotel. Present for the hearing were: Mr. Joel Westbrook, Attorney for American Physicians Defense Bureau; Dr. Gordon S. Beckwith; Dr. L. G. Ballard, TAOP&S President; Dr. John H. Burnett, Member TAOP&S Board of Trustees; Drs. T. T. McGrath, Charles M. Hawes, and Samuel F. Sparks, Consultants for the Hearing; Mr. Bill Kemper, Jr., attorney from Houston; and Drs. Elmer C. Baum and P. R. Russell, members of the Sub-Committee.

Two cases were discussed — the one for which the hearing was held and the other, a review of a new and unexpected development in an old case still pending.

The meeting adjourned at 3 p.m., following which Dr. Baum and the executive secretary reviewed the findings of the committee and discussed the action to be taken in these cases.

On Wednesday, September 5th, the executive secretary left the state office at 4 p.m. and drove to Denton, Texas for a meeting with Dr. Robert H. Nobles, a member of the Board of Trustees and the Hospitals and Insurance Committee and Chairman of the Committee on Public and Professional Service. He arrived in Denton about 5 p.m. and Dr. Nobles took the executive secretary to view the property which he and Dr. McDonald have purchased for the site of a new clinic and hospital which they plan to build.

They then went to Dr. Nobles' home for some delicious charcoal broiled steaks. The executive secretary discovered that Dr. Nobles is not only adept in

Association work but can certainly prepare charcoal broiled steaks. Of course we can't swear that the steaks were entirely prepared by Dr. Nobles for his good wife was responsible for the fine dinner.

Immediately following dinner, the executive secretary and Dr. Nobles began to discuss matters in connection with P&PS and the Insurance Committee. Truthfully, neither of them thought the conversation would ever end, but time takes its toll and finally, at 2 a.m. they had to give up and the executive secretary returned to Ft. Worth, arriving home at 3 a.m.

This was a very valuable and interesting meeting from which the association will profit tremendously.

On Saturday, September 8, the executive secretary accompanied President L. G. Ballard on a trip to Denison, Texas. Dr. Ballard was making his official visitation to District No. 13. They arrived in Denison about 5 p.m. and at 7 p.m. met with the district. The attendance was fair. Dr. Kubala was out of town and Drs. Chambers and Groff were unable to attend. President Ballard made an excellent presentation to the District No. 13 membership, and the executive secretary made final arrangements with the district for setting up its forthcoming vocational guidance dinner which will be held in Commerce, Texas in November. This was the object of the executive secretary's visit to the district at this time.

The next 10 days were spent in the office, helping to prepare the 1962-63 annual directory for publication, with the exception of one morning during which the executive secretary attended a Coffee in honor of John Connolly, Democratic nominee for Governor of the State of Texas. The executive secretary was able to renew acquaintances with not only John Connolly, but with other leaders of the Democratic party in this area.

On Friday, September 14, the executive secretary's travels really began — 2,193 miles of it. He left Fort Worth at 10 a.m. for Austin, arriving there about 5 p.m., suffering somewhat from heat exhaustion. Realizing the strenuous week ahead of him, he went to bed until 8 p.m., had dinner and then returned to bed for more slumber.

At 9 a.m. Saturday morning, he was in the Senate Chamber for a general meeting of the Governor's Committee on Aging. This was a meeting of all the Sub-Committees for the purpose of making final recommendations to be passed on to the Texas Legislature. Unfortunately, space does not permit the publication of all the recommendations made. However, the executive secretary is proud of those made by the Sub-Committee of which he is a member — Sub-Committee on Health Services, and they are herewith published.

SUBCOMMITTEE ON HEALTH SERVICES
RECOMMENDATIONS

The final recommendations of the Committee are as follows:

1. That the Committee on Aging be continued indefinitely as a referral and information center.

2. That the Texas Dental Association be requested to study the problem of dental needs of the aged.

3. That further study be made of the nursing recruitment problem and financing of nurses education.

4. That legislation be endorsed which would make possible a constitutional amendment to provide medical assistance with adequate financing to the indigent aged.

5. That counties without the services of full-time public health departments take steps to establish such units at the earliest possible date. Multi-county units are recommended for sparsely populated counties, where feasible.

6. That tax-supported general hospitals, and where feasible private non-tax supported general hospitals, provide long-term care wings or sections in their hospitals, and that new hospitals include such long-term care sections in their plans.

7. That the importance of nursing homes which care for elderly persons must be recognized by the setting up of improved standards and by certification of other factors in addition to safety and sanitation. Local standards may be raised by city ordinance above the standards of the state law; standard four-level or similar nomenclature should be used (1) nursing assistance and rehabilitation, (2) custodial or maintenance, (3) residential facilities, and (4) nonmedical.

8. That rehabilitation programs be instituted in local city-county general hospitals, non-tax supported general hospitals, and out-patient treatment centers, and other officially approved health agencies in the major urban communities of the State; and that the state agencies provide consultant assistance to hospitals establishing such programs. These rehabilitation services should be available to indigent, semi-indigent, and non-indigent.

9. That rural and urban communities work toward home care programs by professional nurses for the acutely ill, long-term illness and aged persons through existing public health services on establishing visiting nurse associations. Information on procedure and financing is available through Texas State Department of Health.

10. That there be established additional regional, neuropsychiatric outpatient clinics, with results obtained in these outpatient clinics to be widely publicized locally to the public and to the medical profession; that outpatient clinics also furnish consulting services

to surrounding rural areas. General Hospitals in local communities should be urged to provide early, total care of the mentally disturbed aged at the time of the early acute phase of the illness.

11. That urban areas establish committees of men and women with administrative and executive abilities to study opportunities and the problems of the aged. These committees to be composed of men and women with some members from the older age group.

12. That intensive health education be continued and emphasized in elementary school, and that it continue throughout life.

13. That an organized nutrition education based on facts be incorporated into a health program for the prevention of disease, the promotion of physical and mental efficiency, and the prolongation of life. That consideration be given to finding newer methods of fact-finding regarding food habits; that homemaker service be utilized for those needing home assistance in food buying and preparation; and that these homemakers be given basic training in sound nutritional principles — food selection and preparation.

14. That, since voluntary health insurance in an effective mechanism for financing health care costs, coverage should be extended to as many as practicable and possible. Special health insurance and pre-payment policies which are tailored to meet the needs of the aged should continue to be developed and promoted. In addition, in order to achieve the long-term objective of extensive coverage, all individuals in younger years who are gainfully employed should be encouraged to purchase voluntary health insurance which will carry over beyond retirement, either on a paid-up basis or by permitting individuals to continue coverage following their retirement.

Six other sub-committees made equally wonderful recommendations. However, as physicians, you would be more interested in those concerning the health phase. Dr. Ralph I. McRae of Dallas and Dr. Everett Wilson of San Antonio were both in attendance at this meeting. All of the recommendations from the sub-committees were adopted by the general assembly and only a few were amended prior to adoption.

This was indeed an interesting meeting. If you attended these meetings as your executive secretary has, (including the White House Conference on Aging), you could better recognize the problem of geriatrics and the necessity for action to provide care for those who have contributed much to the worth of this country and are now in their unproductive later years of life.

At 1:30 p.m. the executive secretary had lunch with Dr. Everett Wilson and at 2:30 p.m. he left Austin, via Hwy. 290, destination — El Paso, Texas, a distance of 604 miles.

After driving 350 miles through

Notice of Examination

The next meeting of the Texas State Board of Medical Examiners when examinations will be given and reciprocity applications considered is scheduled for December 6, 7, 8, 1962, at the Blackstone Hotel, Fort Worth, Texas.

Completed examination applications must be filed with their office thirty days prior to the meeting date—1714 Medical Arts Bldg., Fort Worth 2, Texas.

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

beautifully scenic country, he stopped at Fort Stockton for a night's rest. Incidentally, 30 miles west of Ozona, Texas is one of the most breathtaking descents, from the top of a high plateau down 2,000 ft. to the most beautiful valley below which he has ever seen. The view is unequalled anywhere in the country.

At 8 p.m. Sunday, September 16, he took to his old "flivver" again and at 12 Noon arrived in El Paso. He devoted most of that afternoon talking with officials of the Democratic party and renewing acquaintances with them in the Hilton and Del Norte Hotels. He was certainly glad to get to bed that night at a reasonable hour. In fact he was so tired, he could not be talked into going to Juarez for some buttermilk. Instead, he decided that El Paso's gyp water was just as tasty. So, he "hit the hay" early.

Early Monday morning, September 17, he began his visitations to the doctors offices in the El Paso Area. His first stop was at the office of Dr. Charles Taylor Hall where he was refreshed with hot coffee, served by Dr. Hall's secretary. Dr. Hall was away and the executive secretary enjoyed a 30-minute visit with his secretary.

From there, he went to the office of Dr. Rene Joan Noren at the Park-Foothills Clinic and Hospital where he enjoyed a 45-minute visit with Dr. Noren.

His next stop was about a mile away, the office of Dr. M. A. Galabrese. The executive secretary had a good visit with Dr. Calabrese who is the former Chairman of P&PS.

At Noon he was at the office of Dr. Owen Vowell who owns and operates the C. B. Vowell Memorial Hospital. The executive secretary visited with Dr. Vowell and then inspected the hospital for Blue Cross Membership. The Hospitals and Insurance Committee has now recommended this institution to Blue Cross for membership.

The executive secretary's next stop was at the office of Dr. R. C. Valdivia. He was disappointed to find that Dr. Valdivia was out and would not return

for several hours. However he toured Dr. Valdivia's office and could not keep from commenting on the tremendously wonderful improvements Dr. Valdivia has made in his office since the executive secretary's last visit. In addition, he had a nice visit with Dr. Valdiva's charming Spanish secretary. Thank God she speaks English well as the executive secretary does not speak Spanish!

He then drove 10 miles to the Delgado Green Cross Hospital, arriving there at 3 p.m., where he received a warm welcome from all of the doctors. He had a wonderful visit with Drs. Daniel Leong, Richard A. Smith and finally with Roger Delgado who turned over all his work to the other two doctors and took the rest of the afternoon off for a long visit with the executive secretary.

Dr. Delgado insisted on taking the executive secretary across the bridge, just outside of Ysleta and there in Old Mexico, they refreshed themselves with some famous "Margueritas" which of course is cactus juice. It's a refreshing beverage alright, but the executive secretary likes the name better than the taste.

If you have ever driven all over El Paso, visiting all of the doctors offices, you recognize that he drove about 50 miles that day. By evening, the executive secretary was ready to retire and had no desire to attend the Democratic Banquet. However, he did stop by the hotels to say hello to a number of his old political friends.

At 8 a.m. the next morning (Tuesday, September 18), the executive secretary was at the Tiqua General Hospital where he visited with Drs. William F. Hall, John E. Holcomb and M. G. Holcomb — a member of our Board of Trustees and Ethics Committee.

His next stop was at the office of Dr. Max H. Weaver, a comparatively new arrival in El Paso, where he enjoyed a nice visit with Dr. and Mrs. Weaver.

This completed the executive secretary's visitations to all of the doctors offices in the El Paso area. He missed seeing Dr. Loy N. Sanders who just recently moved from El Paso and is now located at the Coats-Brown Clinic and Hospital in Tyler, Texas.

The executive secretary then went directly to the Democratic Convention which had opened at 10 o'clock that morning. He was a little late for the opening, but so far as he is concerned, he might as well have not attended. This was the shortest Democratic Convention he has ever been privileged to attend. Everything was cut and dried. Outside of a few short speeches, there was nothing of interest and the convention ended at 3 p.m.

In all his rush the executive secretary had missed seeing Dr. Elmer C. Baum who was there from Austin. So as soon as the Convention ended, he returned to the Ramada Inn only to learn that Dr. Baum had just checked out.

After a few hours rest, the executive secretary went to the Hotel del Norte to attend a reception given in honor of Waggoner Carr, Democratic nominee for Attorney General. The reception was sponsored by a group from Lubbock and El Paso. The executive secretary had received a personal invitation to attend and he was glad he did because he made many good contacts and enjoyed the evening very much.

At 8 p.m. he crossed the border into Juarez for dinner and at 10 p.m. retired for the night. He was thoroughly exhausted and glad to get to bed early.

At 7:30 a.m. Wednesday, September 19, the executive secretary was at District No. 11's Breakfast Meeting. All members of the district were present with the exception of Drs. Rene Joan Noren and Richard A. Smith. It was an enjoyable affair during which the executive secretary spoke to the group for some 45 minutes.

Following District No. 11's Breakfast Meeting, the executive secretary left the big City of El Paso for a quick, hard drive to Morton, Texas — some 350 miles away. The trip had to be made hurriedly as it had not been included in the executive secretary's itinerary and he had other commitments which had to be met. He left El Paso at 11 a.m. and at 1 p.m. stopped at White City (147 miles from El Paso) for a brief rest. 50% of this was mountain driving, so you can recognize that it was a quick trip.

The executive secretary arrived in Morton at 4 p.m. The object of the trip was to inspect the Medical and Surgical Clinic and Hospital, which is owned and operated by Dr. Gerald P. Flanagan, for membership in Blue Cross. This is a beautiful small hospital and if Blue Cross approves it for membership, Dr. Flanagan plans to enlarge it.

Dr. Flanagan previously operated the County Hospital in Morton and has represented our profession well in that city. He has gained the support of most of the people in that area and is generally very well liked.

After inspecting the hospital and an enjoyable dinner with Dr. Flanagan, the executive secretary left Morton at 10 p.m. — Destination: Midland and Odessa.

Although it has been the executive secretary's rule not to drive at night, he felt he had to make this effort because of the time element. However, at Midnight he did stop at Seminole, Texas. His eyes were too "blinkey" to go any further.

On Thursday morning, September 20, he resumed his travels and arrived in Odessa at 10 a.m. He stopped by the offices of Drs. V. Mae and Norman Leopold just long enough to say, "hello" and that he would see them that night. Both of these doctors were completely snowed under with patients in the office.

The executive secretary then proceeded to Midland, Texas where he checked into a tourist court and then went to the offices of Dr. B. B. Jaggers. He enjoyed a wonderful visit with Dr. and Mrs. Jaggers for some 1½ hours in their home. They then took the executive secretary to lunch at a Chinese Restaurant, and upon walking in he was shocked to have the owner say, "Hello Dr. Phil. Long time no see!" The owner was Joe, who formerly operated a Chinese restaurant in Fort Worth, some 13 years ago. The executive secretary

wishes he had the memory of these Chinese people.

Immediately following lunch, he visited with Dr. Francis L. Harmon. He was sorry to have missed a visit to Dr. Ted B. Thompson's office.

At 6:30 that evening, the executive secretary was at the Physicians Hospital and Clinic in Stanton for the District No. 4 meeting. This is a county hospital, operated by Drs. Leland B. Nelson and James M. Shy, who hosted the district. It was a wonderful affair, complete with printed programs.

Following a delicious dinner, the executive secretary gave a one-hour talk to the District No. 4 membership, all of whom were present with the exception of Drs. Wiley B. Rountree, Jack Wilhelm and Ted B. Thompson. The executive secretary had previously arranged to meet with Drs. Rountree and Wilhelm the following day, in San Angelo, some 100 miles from Stanton. The district meeting ended and he arrived back in Midland at Midnight.

At 9 a.m. Friday, September 21, the executive secretary left Midland for San Angelo, arriving there at 11 a.m. He went directly to the office of Dr. Wiley B. Rountree where he had about an hour and 15-minutes visit with him, in between patients and deliveries. Due to the fact Dr. Rountree had another delivery coming up, he could not go to lunch with the executive secretary, so Dr. Jack Wilhelm took him to lunch for one of the best Mexican dinners he has ever eaten. Following lunch, the executive secretary enjoyed a wonderful visit with Dr. and Mrs. Wilhelm in their home.

At 3 p.m. he returned to Dr. Rountree's office and visited with Dr. and Mrs. Rountree for another hour, following which he left San Angelo for Bandera, Texas to attend the Radiological Meeting at the Mayan Dude Ranch.

Enroute to Bandera, the executive secretary stopped at Kerrville, Texas for the night. He checked into a nice motel and turned on the television for some relaxation before dinner. He then wished he had not turned it on because the news broadcast concerned a physician in Austin, Texas (thank God he is not a member of our Association) who had charges preferred against him. Although not a member of our organization, it was a terrible thing to happen in our state capitol and particularly the night before the Council of the Texas Medical Association was scheduled to meet. One man's actions can damage an entire profession.

On Saturday morning, September 22, the executive secretary arose rather late and after a hearty breakfast went to visit Dr. William E. Gorrell in his office. Unfortunately, Dr. Gorrell was in El Paso, but the executive secretary had a nice visit with Dr. Gorrell's secretary, before proceeding to Bandera.

When the executive secretary arrived in Bandera he checked into a small hotel, as he had not made reservations at the Dude Ranch, and arrived at the Radiological Society Meeting at 3:30

p.m. There were some 20-30 doctors in attendance but by the time the Executive Secretary arrived, most of them were mounting horses for a ride into the City of Bandera for refreshments made from malt.

The executive secretary felt sorry for the poor horses having to carry this bunch of D.O.'s and their wives through the hills. He also recognized that none of the horses would be able to carry his weight so he stayed behind at the Dude Ranch and visited with several other doctors who felt as he did.

At 6:30 p.m. they had a hay ride to a barbeque some 1½ miles away. The executive secretary did not feel he could stand the ride on a wagon, over the rough hills, so he appropriated Dr. Carl List's wife and she accompanied the executive secretary to the Barbeque in his old flivver.

Following the Barbeque, they returned to the camp for an hour and then proceeded to the big City of Bandera — the name of the city suggests just about what the executive secretary believes it used to be. This trip was to a cabaret about 200' square in which were crowded some 300-400 persons in western wear, except we noticed only three dresses in the crowd. Until you have witnessed the dancing in Bandera, you haven't seen anything yet. Some 30 of the Radiological crowd rode horses into the city. That night it was easy to recognize where the term "horse sense" arose, because except for "horse sense" I doubt they would ever have reached camp again.

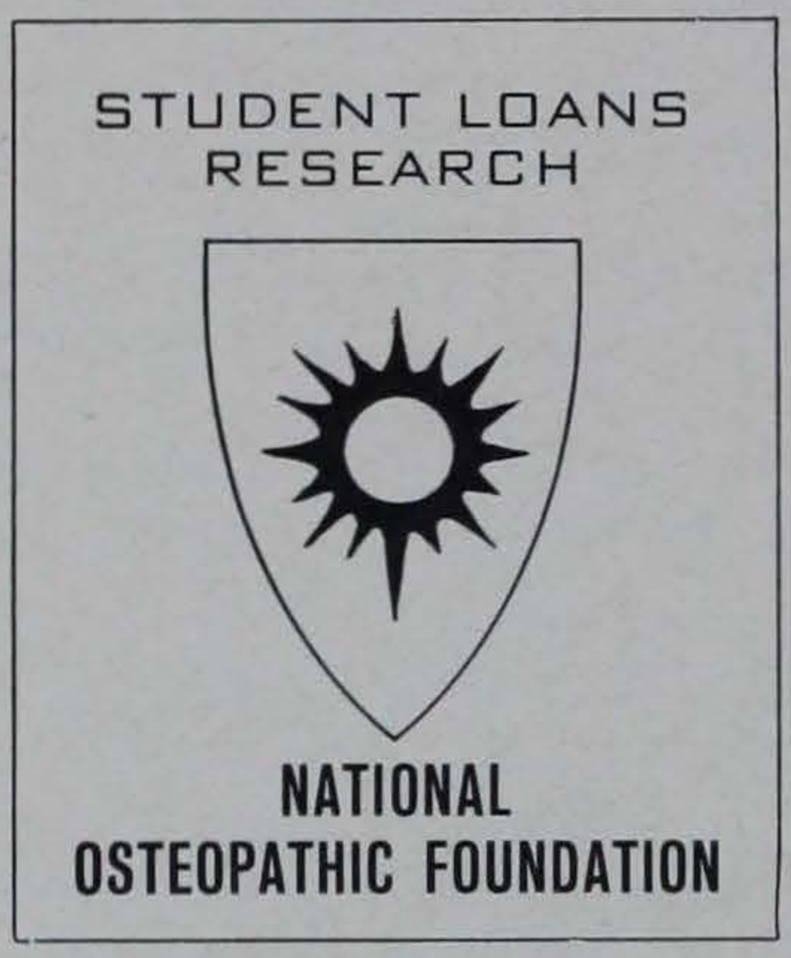
The executive secretary was back at the Dude Ranch the next morning (Sunday, September 23) for about an hour. He did not stay long and instead, began his weary drive back to Fort Worth. He was back in the office on Monday morning, September 24.

On Thursday, September 27, the executive secretary was visited in the office by Mr. Smith Pettigrew of Employers Casualty Co. in Dallas. They had a rather lengthy discussion over a complaint regarding excessive charges made by a D.O. When the executive secretary informed Mr. Pettigrew that this physician was not a member of the TAOP&S, Mr. Pettigrew replied that his company would then adjust the claim to what they felt was fair rather than burden our Insurance Committee with it. This certainly proves that the larger insurance companies do listen to your Committee, primarily because the Committee strives to be impartial in adjudicating all claims sent to them.

In the afternoon, Drs. V. L. Jennings and Charles H. Bragg and Mr. Dolbee, Administrator of the Hurst General Hospital came to the state office for a conference with the executive secretary regarding their hospital's affairs.

The executive secretary leaves again on September 29th for Houston. If he survives the trip, he will report to you next month. See you then!

(Why D.O.'s Should Contribute, and Call on Patients to Participate in the Christmas Seal Campaign)



CHICAGO)—The overall maturity of the students at the nation's five osteopathic colleges is largely due to the fact that a great percentage of them are married and have families.

Rather than feeling tied down, many of these students and their wives looked on marriage as a dividend toward their future careers in osteopathy. The students feel marriage gives them the determination to make good in their chosen field. Their wives find the four years a good prep course in the art of being a doctor's wife.

The only drawback, of course, is the financial strain which family and school expenses put upon them. Most students and wives have to work part time. Yet even this is not enough.

However, thanks to the Student Loan Fund, many future doctors and their families are making do until they can step into practice.

It is unlikely these youngsters will ever forget that annual osteopathic Christmas Seal campaigns make these student loans possible. And because of their strong belief in osteopathy, it is also unlikely that as D.O.'s they will neglect to tell patients that the use of Osteopathic Christmas Seals in the past has brought them the opportunity of receiving osteopathic care.

Yes, in terms of personal contributions from these future doctors and their patients, the outlook is bright for future osteopathic Christmas seal campaigns.

But what about today? This year's seal campaign?

Last year's campaign garnered almost $67,000 for student loans and osteopathic research. Those who participated should be complimented. However, they and other osteopathic physicians, as well as auxiliary members, still face a growing obligation to the profession and the nation.

Osteopathic education improves with every scientific advance. It also becomes more costly. To continue providing the best health care possible, osteopathic physicians will have to call upon themselves and their friends and patients to help foot the bill that enables the best qualified students to enter osteopathic colleges.

How can doctors be assured that their efforts bear the biggest fruit in terms of Seals, not only with individual contributions, but more important, with contributions from patients through the use of Osteopathic Christmas Seal packets?

When it comes to Seals, the doctors who are most successful in raising funds, are the ones who receive contributions from their patients.

In the past, 70 per cent of the contributions to Christmas Seals have come through the use of seal packets by the public.

Doctors who do not send seal packets to friends and patients close perhaps the most important avenue of campaign

funds. The tragic thing about it is that the packets themselves are only the "clinchers," so to speak, in assuring the use of Seals. The doctor, himself, has laid the groundwork long before each Seal drive. Through his efforts and professional ability, he has sold the value of osteopathic care to his patients and friends. Seals provide them with the reason or cause to repay such care by participating.

"Mailing of packet plans" puts no undue strain on the osteopathic physician. The auxiliary Mail Clerk Service in his area—often handled by his wife—takes care of the book work, by sending the packets to his patients. All the doctor does is supply names and addresses.

Yes, Packet Plans and the Mail Clerk Service make the job simple for the D.O. when it comes to Osteopathic Christmas Seals. They also provide him with the satisfaction of doing more than just making a personal contribution so that a deserving student finishes college.

We are sure today's students won't forget the value of Seals when it comes time for them to enter the profession. We are just as sure that today's doctors will answer the current challenge during the upcoming Osteopathic Christmas Seal Campaign to provide more deserving students with careers in osteopathy, and doctors with funds for further osteopathic research.

Good Nurse Qualities

—To be able to talk wisely and well, the ability to arrange and interpret facts is very important to good nursing . . . Information when given, should be correct and kindly and—when possible—should be encouragement to patient and family.

—To be a good listener is a valuable asset to any nurse . . . A smile is a silent speech, by means of a smile a message is passed from one person to another . . . Patients watch intently the faces of doctors an dnurses, trying to read some indication as to their condition. It is worth remembering that the "kind" reactions are the ones that "heal."

—The personal appearance of a nurse is most important and a pleasing appearance is a valuable asset to every nurse. A neatly dressed, well groomed nurse looks and feels efficient. Patients are very receptive to the appearance of a nurse.

—It has often been said, "Sailors and farmers are deeply religious men." So, too, with the nurse . . . She lives too close to the mysteries of Divine Providence to neglect God in her own life. No nurse should dream of starting a day without asking God for His help, nor should she end it without thanking Him and recommending her patients to His care. (From an article by Helen Rogers, appearing in "The McLaughlin Osteopathic Hospital News.")

What's Your Score?

Correct answers appear on page 29

1) For emergency treatment of hemorrhagic shock, the best blood product while waiting for proper type and cross-match is:

a) Whole blood of Type O-Rh negative ("universal donor")

b) Fresh frozen human plasma

c) Any blood available, regardless of type

2) Anemia due to nutritional iron deficiency is best treated by intravenous iron rather than by blood transfusion because:

a) All transfusions subject patient to risk of serum hepatitis and "minor incompatibilities".

b) More rapid results are noted

c) Although intravenous iron products are more expensive, they are easier to administer

3) Patients with idiopathic thrombocytopenic purpura are not routinely given platelet-rich transfusions because:

a) The life span of transfused platelets is very short

b) Platelet-rich transfusions do not give even a transitory rise in patient's platelet count

c) Platelet-rich transfusions remain too expensive for clinical use and are reserved only for experimental trial

4) Severly anemic patients should not be transfused, except where lifesaving, until:

a) Serial blood counts demonstrate a progressive fall in erythrocyte mass

b) Hazards of transfusion therapy are discussed with the patient and his family

c) All appropriate diagnostic blood and/or marrow studies are complete

5) Bank-stored plasma would not be given to uremic patients because:

a) It is extremely rich in potassium ions and aggravates the hyperkalemia already present in uremia

b) It is rich in nephrotoxic antibodies of the Kell variety

c) It is usually contaminated with *beta-hemolytic Streptococci* and may provoke acute glomerulonephritis

6) Aged anemic persons requiring transfusion derive better results from packed red cells than from whole blood because:

a) Packed red cells have a longer life span

b) Whole blood transfusions produce twenty times as many cases of serum hepatitis as packed red cells

c) The circulatory system of the aged patient is easily overlooked with the plasma content of whole blood

7) Fresh-frozen, type-specific plasma is excellent for restoration of plasma deficts in cachectic persons because:

a) Protein fractions have not deteriorated as in usual bank-stored plasma

b) Cooling (hypothermic) effect of frozen plasma promotes liver synthesis of protein

c) Non-frozen, bank-stored plasma is rich in anti-protein antibodies

8) Addition of steroids or antihistamine substances routinely to blood units during transfusion is discouraged because:

a) Steroids and antihistamines provoke immunologic hemolysis in many recipients

b) They do not protect the patient from "transfusion reactions," and their addition increases the likelihood of contamination

c) They raise the cost of transfusion enormously

9) Blood and plasma are less effective than balanced salt solutions in the emergency treatment of burns because:

a) They may provoke serious transfusion reactions which further aggravate care of the patient

b) They do not readily enter the insterstitial and intracellular compartments where volume is needed

c) They are non-electrolyte solutions which may further embarras existing electrolyte deficits

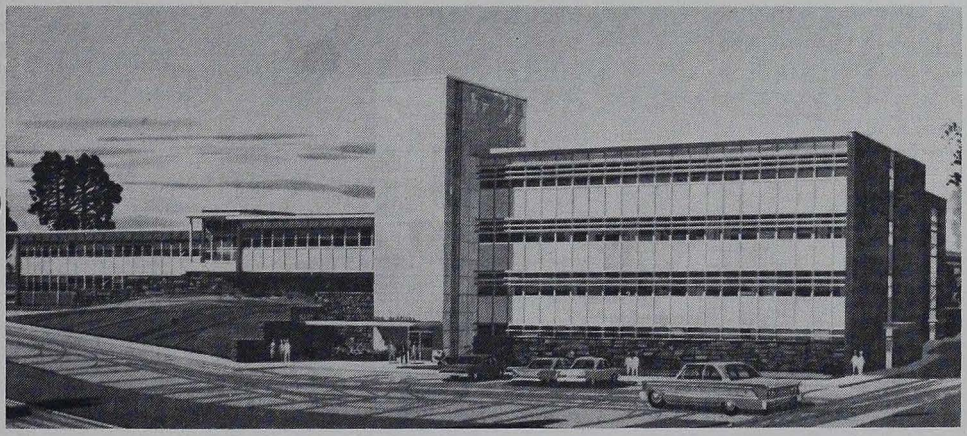
10) The best "rule of thumb" in prescribing blood componant therapy is:

a) Transfuse only when transfusion cannot be avoided

b) Transfuse at once any patient whose blood count is below 2/3 average normal count

c) Transfuse only when the origin of the anemia is uncertain

Dedication and Ground Breaking Ceremony East Town Osteopathic Hospital



(Architect's drawing of completed structure.)

A capacity crowd of visitors enjoyed the ceremony of dedication and Groundbreaking for the new addition to East Town Osteopathic Hospital, 7525 Scyene Road, Dallas, Texas, Sunday, September 30, 1962. The participants on the program were varied and represented quite a cosmopolitan group numbering among them Col. D. Harold Byrd, Dallas, Texas who was the principal speaker. Col. Byrd is a Director of the Des Moines College and was typified as "Mr. Texas" because of his many and varied contributions to Texas in aviation, oil well operations, investments and contributions of time to worth philanthropic ventures. His statement of basic policy for the continuation of the worthy Osteopathic stand caused him to bend his efforts in the way he knew best to maintain these principals and pledged his effort to the end that it remain a seperate and distinct contribution to the health need of the nation.

Many friends of Osteopathy and particularly of East Town Osteopathic Hospital were honored by their contribu-

tion of time and influence in helping to change the priority that Dallas and particularly Dallas East area had at the State Board of Health, and staging the condition which allowed it to be considered for Hill-Burton support in aid. These many persons, lay persons, Board members, state representatives and representatives of the Hill-Burton Department of Hospital services, together with the A.O.A. representatives and many doctors of the Dallas area were honored. This future was outlined by the Chief-of-staff, Dr. Joe DePetris as being a staging for the anticipated training programs which will be incorporated into the new addition. These programs are: A Free Clinic for indigent of the Eastern Dallas area, wherein Medical, surgical and obstetrical services would be offered to the needy conducted by the staff members, who will be assigned regular supervisory capacity and the program would be run by the doctors in training at the institution. A program of Nurses training would be anticipated for supplying trained practical nurses to the area. An enlargement of the present burdened corridors by the increase in the bed capacity of an additional 70 beds, together with approximately 30 nursery beds. The laboratory and x-ray departments will be enlarged to handle the influx of additional capacity. These obvious facilities are in addition to offering to the Fallout and Bomb Shelter capacity for the dual purpose of providing an area for the training of Civil Defense and the actual provision of facilities of shelter should the need arise.

Dr. Ray Hanna, who is Chairman of the A.O.A. Committee on Disaster Medicine, a division of the U.S. Department of Public Health, examined the facilities and commented in his speech upon the completeness of this structure which has the present capacity of housing 250 persons for the two week period that would be necessary for fall out to become decreased enough to allow the occupants to venture forth. He explained how most facilities provide a "fall-out" shelter, whereas this structure qualifies as a "Bomb-Proof" shelter as well. The difference being that the structure is located bedded into a hillside of solid rock, and in itself has foot thick reinforced concrete walls, with 3 feet of ground fill where the solid rock hillside does not cover. This virtual underground facility is airconditioned, and has its own 2 week supply of water, that is replaced by fresh water every 2 weeks. It has manual powered air-vent provisions required for adequate circulation of air. An auxiliary power system is being contemplated to "switch over to direct current" if that is necessary. Storage space is provided for storage of long-life food parcels and supplies that would be needed. He was proud of its builders and stated so in glowing terms to the assembled crowd.

Col. John Mayo, Chairman of the Commission on Civil Defense, and an appointee of the County Judge and Mayor of Dallas, was present and spoke in dedication of the facility and how it fulfilled the criteria of an adequate Bomb and Fall-out shelter. He was accompanied by the Director of Civil Defense and Disaster Commission, Col. Boise B. Smith, Representative, as well as Perry Travis, the Educational Director for this area. Mr. Wm. R. Pergande of Austin, Texas represented the Educational Agency of the Civil Defense and Disaster Commission from the state level. These facilities present were highly regarded and the facilities were offered to the department for their use in the transmission of whatever educational facilities or programs that would support the Civil Defense program.

The program further made note of the many letters of congratulations and support including these from the Executive Secretary, the President of the TAOP&S and others including wires from those unable to attend. News media were present and a Channel 8

TV newscamera man was on hand to note the speech by Col. Byrd, and to take pictures of the structure. Dr. Elmer C. Baum, member of the Texas State Board of Health, and member of the committee who approved the plans for the additional facilities as qualifying and getting 450,000 dollars public funds through the Hill-Burton facility spoke of the inception of the original structure and of the long and thoughtful planning by its originators. He gave sincere appreciation on behalf of the board for the many public spirited people, many of whom were present at the ceremony who informed the committee in Austin in such an effective way on the need that was present in the Eastern part of Dallas County for further hospital facilities, to meet the ever growing needs of that burgeoning community. Dr. Baum's summary of the planning and execution of the agreed need for this type of service showed the deep concern that the commission has for appeals from the grass-roots level and how thoroughly they search for the information by which they make their decisions. Dr. Baum's contribution of concerned time and interest and his appearance on the program were highly regarded by the participants and visitors alike.

The meeting was fittingly ended by statements from the Chief of Staff, Dr. DePetris regarding the unselfish contributions of time and effort, not to mention the financial lift that the Osteopathic climate of Dallas and the whole state would and were feeling by the pioneering work of their beloved friends Dr. Sam and Dr. Marille Sparks. Their courage and selfless devotion of their time and determination to keep and maintain good and growing Osteopathic care in the Dallas area and in the North Texas area, was unquestioned and unchallenged. Their many friends of the Hospital staff and Employees purchased portraits of them and they were unveiled on this joyful occasion.

The ceremony of actual ground breaking was adjourned from the newly appointed staff room, built immediately over the bomb shelter, and to the "on site" grounds area, where the notables were pictured in the "spade turning" which finalized the program.

T. R. Sharp, D. O.,
Program Chairman and
Master of Ceremonies

Texas Academy Holds Seminar In Austin

The Texas Academy of Applied Osteopathy held a two day Seminar in the Villa Capri Motor Hotel, Austin, on September 29 and 30.

Dr. Angus Cathie of the Philadelphia College of Osteopathy presented three complete lectures, as instructor for the Seminar. They were: (1) Tissue Changes in the Aging Process, (2) Sinobronchial Syndrome Related to Segmental Problems, (3) The Shoulder — Its Anatomy — Its Treatment When Motion is Restricted.

The lectures were well received by the following Texas physicians in attendance:

AUSTIN: John B. Donovan, D.O.
Joseph Love, D.O.
Katherine Paterson, D.O.
BEAUMONT: Auldine Hammond, D.O.
DALLAS: Mary Lou Logan, D. O.
FORT WORTH: Catherine Carlton, D.O.
Edward LaCroix, D.O.
George Luibel, D.O.
HOUSTON: J. R. Alexander, D.O.
Frank A. McLamb, D.O.
Reginald Platt, D.O.
SAN ANGELO: Wiley B. Rountree, D.O.
SCHULENBERG: J. V. Money, D.O.
TYLER: H. G. Grainger, D.O.

Dr. Joe Love was the local arrangements chairman. President of the Texas Academy is Dr. Wiley B. Rountree of San Angelo.

American Osteopathic Association
Office of
CARL E. MORRISON, D.O.
Chairman: Council on Federal Health Programs
1757 K. Street, N.W.
Washington, D. C.

September 7, 1962

Washington News Letters

Self-Employment Retirement Plans. The Keogh bill, H.R. 10, perennially before Congress for 15 years and approved in principle by the AOA, overwhelmingly passed the Senate for the first time today, but in a much restricted form. As passed the House, the bill permitted contribution and tax deduction of as much as $2500, annually, and required participants to set up employee plans only in case of four or more employees. The Senate version allows up to $2500 contribution annually but permits tax deduction of only one-half the contribution or a maximum of $1250, and requires participants to establish similar plans for *all* employees. The House will probably send the bill to Conference.

World Forum on Syphilis. Dr. Vernon H. Casner is attending the World Forum on Syphilis and other Treponematoses September 4-8 in Washington. The Forum is sponsored by the American Social Health Association, the American Venereal Diseases Association, and the U. S. Public Health Service, with the cooperation of the World Health Association and the International Union Against the Venereal Diseases. Dr. Casner represents the Missouri Division of Health, and is the delegate of the AOA Council on Federal Health Programs. He also represents the Kirksville College and his state osteopathic association. Among those participating are Dr. C. A. Smith, Chief of the Communicable Disease Center, PHS, and his successor Dr. J. L. Goddard, erstwhile FAA Civil Air Surgeon. Delegates from 30 foreign countries have presented scientific papers. The Communicable Disease Center, PHS, reported on their recent developments in serologic testing, including a Rapid Plasma Reagin (RPR) Card Test for mass screening. Syphilis has been on the increase in the United States since 1957.

ARA. A new proprietary osteopathic hospital in Moundsville, West Virginia and 50 direct new jobs for hospital personnel will result from a $175,000 commercial loan recently approved by the Area Redevelopment Administration, U.S. Department of Commerce. The ARA loan will run for 25 years and will bear an annual interest rate of 4 percent. Total cost of the project will be $269,500. ARA loans are authorized (Public Law 87-28 approved May 1, 1961) in areas designated as eligible because of persistent and substantial unemployment.

Antibiotics. On August 27 the Food and Drug Administration proposed that investigational use of the five certifiable antibiotics (penicillin, streptomycin, chlortetracycline, chloramphenicol and bacitracin) become subject to the same conditions as those recently proposed for new drugs. See WNL August 9. Investigational use of other antibiotics would be covered under the proposed new drug regulations.

Aged Slated for More Tax Breaks—States Grant Antitrust Exemption to Insurance Pools for Eldercare. The Revenue bill, H.R. 10650, now in Senate-House Conference contains two provisions aimed at aiding the aged. The Senate added an amendment to the Kerr-Mills Act so that States "may provide that any statement required of a claimant for medical assistance for the aged, if made in writing and signed by the claimant, shall, insofar as such statement relates to the financial status of such claimant, be presumed by such State agency to be factually correct for purposes of determining his eligibility for such assistance." Another Senate amendment allows persons who are 65 or over to sell their homes (which they have owned for five or more years) free of capital-gains tax if the selling price is no more than $30,000. If the sales price exceeds $30,000, partial relief is granted.—Employers who, in addition to qualified pension plans, either have or desire to have plans for sickness, accident, hospitalization and medical expense benefits for their retired employees and their families may combine them under House-passed bill, H.R. 10117. At present, such plans must be separate. This will cut administrative costs and encourage more retirement medical expense plans.—Another House-passed bill, H.R. 10620, increases the maximum limitation on tax deductions for medical, etc. expenses for all taxpayers. If taxpayer or spouse is 65 and disabled the limit is raised from $15,000 to $20,000. If both are 65 and disabled, the limit is raised from $30,000 to $40,000.—Several States have passed laws allowing insurance companies to pool their resources to offer old age medical insurance. Connecticut passed an enabling Act effective in May, 1961, and a few months later the Connecticut 65 Extended Health Insurance Policy providing major medical or major medical plus basic hospital and surgical expense benefits was offered by Associated Connecticut Health Insurance Companies. The Enrollment Booklet, which describes the Plan, under Definitions states: "A 'Doctor' means ONLY a Doctor of Medicine or a Doctor of Osteopathy; and, for covered dental work or oral surgery only, a licensed dentist operating within the scope of his license." On August 16, 1962, under authority of a New York law effective in March, 1962, a health insurance plan for New York residents aged 65, known as New York 65 Health Insurance Association was announced. Massachusetts and Mississippi are reported to have passed enabling Acts, and other States are expected to follow suit.

Blood, and Tissue Banks. The Federal Trade Commission canceled a September 11 hearing, after denying motions to dismiss, on its Complaint against certain Kansas City groups, and hospitals and pathologists, including the Osteopathic Hospital and named pathologists, charging them with boycotting Midwest and World Blood Bank, Inc.—The 1962 Directory of Blood Transfusion Facilities and Services includes the only known national listings of tissue storage banks, including eye, artery, bone, skin, and mother's milk.

Answers to "What's Your Score" Questions

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

NEWS OF THE DISTRICTS

District 3 News

Dr. L. N. Sanders, native Tylerite, is a recent professional acquisition of District 3. He has been associated with Coats-Brown Hospital since September 1 and is engaged principally in obstetrics. Dr. Sanders practiced, going on 4 years, in El Paso before moving to Tyler.

* * *

Also new in the District are Drs. Clyde Gallehugh and John D. Carponter ("o"-repeat-"o"). Dr. Gallenhugh has been practicing in Athens since July 1 in association with the Wolfe-Duphorne group. Dr. Carponter took over the practice of Dr. Sue Fisher at Ore City, July 15. He practiced in Everett, Washington before moving to East Texas.

* * *

"Capt." Ellis Miller of Talco, famous for his absences from District 3 meetings, won third place in sloop racing on Eagle Mountain Lake, Fort Worth, Labor Day. His son, Doug, was first mate and crew. The Millers do most of their sailing, however, on close by Lone Star Lake. Dr. Henry Hensley was invited to do some night-slooping with Dr. Miller a few days ago. Henry says it was a starry night, with a nice wind to fill out the sails, but it was too darn dark for comfort. Asked if they navigated by the North Star, Hensley replied, "No, Lone Star."

* * *

Dr. L. D. Lynch, 53, last July became grandfather for the thirteenth time.

* * *

Dr. J. W. McCorkle, Mineola, Chairman of District 3 Professional Affairs Committee, is Director of the Sabin Oral Vaccine Program for Wood County. Director McCorkle decided to postpone the first, Type One, mass deglutition September 15, scheduled for the next day, after the big Canadian scare.

* * *

Dr. George Grainger, Tyler, will have talked to interns of the combined osteopathic hospitals of Dallas by the time this is read. It will have been held at East Town Osteopathic Hospital. Subject: "The Body Wall—What It Can Tell You." Date was Sept. 25.

* * *

Dr. Henry Hensley, Big Sandy Hospital operator, has the distinction of owning the only registered antique automobile in Upsher County. But, bear in mind, Henry, Texas has 252 other counties.

* * *

Dr. Howard R. Coats, State Medical Board member, reports that few physicians of either of the dominant schools of medicine are bothering to take the State Board exams these days. Reciprocity's the big thing, he says. Also, he says there have been a good many Cuban refugees applying for Texas licensure.

* * *

Dr. Bowden Beaty took a sabbatical leave from hospital responsibilities early August to enjoy a "busman's holiday" at Dallas Osteopathic Hospital, 100 miles west. Beaty, who is confining his practice to anesthesiology, spent a week learning how it was done in "BIG-D." Well, at least on Ross Avenue, 5000 block.

* * *

Dr. Robert Slye, who took over the practice of Dr. Charles Rahm in Brownsboro, August 15, was on September 15th

appointed City Health Officer. Dr. Slye reports his work load has been heavy from the first. Prior to going into private practice, Slye was associated with Wolfe-Duphorne and later Coats-Brown. Congratulations on your accepting this new position of responsibility, Bob.

* * *

District 3 is helping repopulate the osteopathic profession with at least two new osteopathic students this year:

Bill Sanders, Tyler, younger brother of Dr. L. N. Sanders, now of Tyler, has matriculated at Kansas City College. Bill holds a B.S. degree from East Texas State, is 27, married, and has two children.

Lane Bowden, Bryan, is cousin of Dr. Bowden Beaty of Tyler. He was a science teacher at Allen Academy before entering Kirksville College this September. Bowden holds a B.S. Degree from Texas A&M. His wife, Betsy, is employed on the staff of the Kirksville Daily Express. They have three children.

* * *

President L. G. Ballard, Fort Worth, was honored guest and principal speaker at the first Fall meeting of District 3, in Tyler Sunday September 16. Dr. Ballard brought the fifteen or so members present up to date on State and National goings on. The osteopathic profession (and Dr. Ballard) got excellent news coverage in three editions of the Tyler newspapers. His statement to the group relative to the President's National Fitness Program that, compared to English youth, American kids are softies, rated front page in the Tyler Morning Telegraph. District 3 voted unanimously to actively support the program in our local communities whenever it begins.

* * *

Dr. Earle Kinzie is the Sabin Oral Man To See in Lindale. Kinzie is cooperating with the Smith County Medical Society in the program, and they are cooperating with him.

District 5 News

Dr. George Grainger, Tyler, presented the monthly intern lecture program of the Osteopathic Hospitals of Dallas, September 25. Dr. Grainger's unique, interesting lecture and demonstration on "What the Body Wall Can Tell You" was given in the Staff room of East Town Osteopathic Hospital.

District 8 News

As the summer comes to a close and all our families return home from vacation trips, we are looking forward to the increase of social and professional functions which will bring us together again.

However the past two months haven't been entirely free of activity. The auxiliary of the Corpus Christi Osteopathic Hospital had a barbeque at the home of Ruth and Larry Taylor in August to put the treasury back in the black. The Taylors have a new home in the country and is usually very quiet out there. The next day Dr. Taylor was told by a neighbor who lives a mile away that the noise kept him awake until 3:00 A. M.

The activity which has occupied most of our spare time the past two months has been watching with pride the progress made on the new Corpus Christi Osteopathic Hospital. We are all anxiously waiting for the formal opening in November and the opportunity to show the newest hospital in the city to our patients and friends.

Remember:

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

Thanks

PROFESSIONAL CARD DIRECTORY

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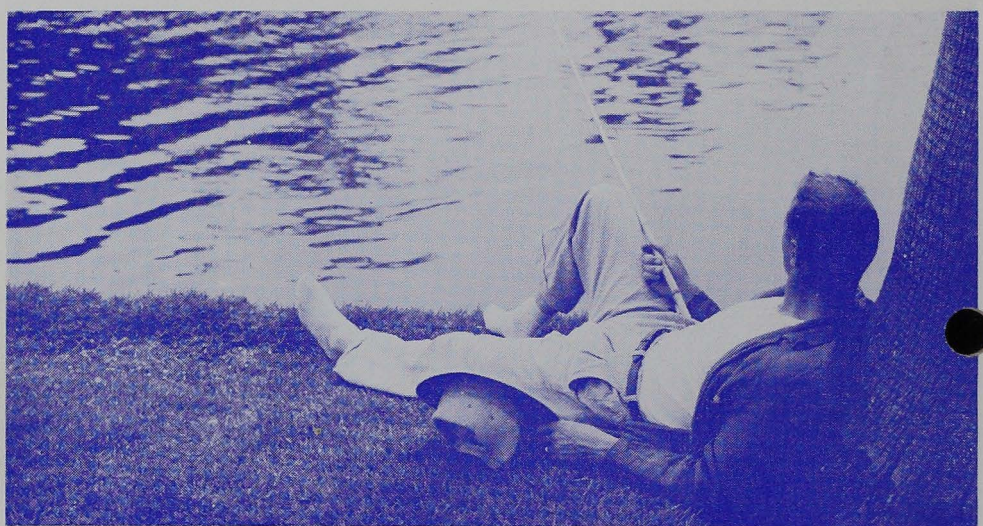

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