

Texas OSTEOPATHIC PHYSICIANS Journal

Volume XIX

FORT WORTH, TEXAS, MARCH, 1963

Number 11



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Texas Osteopathic Physicians' Journal

OFFICIAL PUBLICATION OF THE
TEXAS ASSOCIATION OF OSTEOPATHIC PHYSICIANS AND SURGEONS

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

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VOLUME XIX

FORT WORTH, TEXAS, MARCH, 1963

NUMBER 11

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EDITORIAL PAGE

BRAG? DON'T!

Texas is the fifth largest state in osteopathic population. We in Texas have accomplished much for which we can be proud. But when we read the January report of the 1962 Christmas Seal Campaign, we should hang our heads and give credit to some 28 other states who beat Texas percentage-wise in raising money for research and student loans via the Christmas Seal Campaign.

When states such as Illinois, with only 301 D.O.'s can raise \$5,756.75 or 308% of its quota and New Jersey with only 529 D.O.'s can raise \$5,365.19 or 163% of its quota, and Louisiana with only 12 osteopathic physicians can raise \$613 or 828% of its quota, Texas osteopathic physicians have nothing to brag about. Our state, with an osteopathic population of 722 raised only \$2,537.50 or 57% of its goal. This is dead proof that we either do not understand the importance of the campaign or we are indifferent to it. We certainly failed to cooperate with the Auxiliary to the TAOP&S which undertook the handling of the Christmas Seal Campaign.

Last year, at a meeting of the Society of Divisional Secretaries your executive secretary bragged that Texas would move up percentage-wise in the '62 campaign. He certainly had to keep quiet during the recent SDS meeting in Miami when the Christmas Seal campaign was discussed. Now don't tell me that the patients of osteopathic physicians in Texas are less appreciative than those in Illinois, New Jersey, Louisiana or the other states that beat us. If they are, then its due to the services rendered them by us. Most likely it's a case of where our patients are not informed of our Christmas Seal Campaign and therefore not given the opportunity to express their appreciation through this worthwhile effort.

Let's make one of our objectives for this year to at least reach our quota in the '63 Christmas Seal Campaign. Our quota for the '62 Campaign was \$4,490.

Featured Speakers, Annual Convention

Shamrock Hilton Hotel, Houston, Texas

May 2, 3, 4, 1963



JOSEPH J. MUELLER, M.D.
Wauwatosa, Wisconsin

Medical Training Director of Medical-Hospital Division of Civil Defense in Milwaukee County; Assistant Clinical Professor in Surgery-July 1961 at Marquette University School of Medicine; Diplomate American Board of Surgery-1958; American College of Surgeons; Chairman First Aid and Disaster Committee of Milwaukee County Medical Society-1962; Member of M.E.N.D. Committee Marquette University School of Medicine; Private Medical Consultant to Office of Surgeon General, Washington, D.C., April 1961.

Dr. Mueller's subjects: "Emergency Examination of Severely Injured Patients", "Management of Shock and Burns of Mass Casualty Type," "Management of Soft Tissue Wounds and Fractures of a Mass Casualty Type".



CHARLES W. SAUTER II, D.O.
Gardner, Massachusetts

President of American Osteopathic Association; Chairman AOA Board of Trustees; Member Board of Governors of Academy of Applied Osteopathy; Member American College of General Practitioners in Osteopathic Medicine and Surgery; Member Massachusetts divisional society; Member of AOA House of Delegates since 1937. Named Vice Speaker in 1946 and served as Speaker of the House from 1951 until his election in July, 1961 as President Elect.

District Delegates to the 18th Annual Meeting of the House of Delegates

Shamrock-Hilton Hotel, Houston, Texas

Wednesday, May 1, 1963

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1. Donald E. Hackley, D.O.,
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Amarillo

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Leonard

VAGINAL HYSTERECTOMY

It's Indications, Contraindications, Advantages, Disadvantages and Variations of Surgical Technique

By EUGENE F. AUGTER, D.O.*

It is indeed a pleasure to submit this paper on Vaginal Hysterectomy to you at this time, taking into consideration the theme of Geriatrics and the different types of medical and surgical approaches to this age group of patients. I wish to clarify at this time that this paper is not presented with the intention of discussing Trans-Abdominal Hysterectomy versus that of Vaginal Hysterectomy.

In reviewing the literature, one finds an overall age incidence of vaginal hysterectomy has been applied in a greater percentage of incidences to those patients between 60 and 69 years of age. The percentage from a 20-30, 30-40 and 40-60 brackets increase in those persons whose ages range between 60 and 69 years of age and diminish after that age. It is of interest to note that there are 10 times as many vaginal hysterectomies performed on parous individuals as compared with nulliparous. Many surgeons feel that a vaginal hysterectomy is indicated only in those individuals in the older age group where a complete prolapse with procidentia, cystocele, rectocele and enterocele are present. It is the opinion of me and my colleagues, that it is to the advantage of the surgeon in many incidences to choose the vaginal approach on the younger age group as well as the older age group. In younger women the bladder, ligamentous support of the uterus, the ureters and the posterior cul-de-sac have not become distorted by multiple pregnancies or by previous operations. Many well-qualified general surgeons feel that this route of hysterectomy should be limited to the gynecologist or the gynecological surgeon, since he is more adapt-

ed to this approach. This is not necessarily true. In many instances, the approach of vaginal hysterectomy is not nearly so difficult a surgical procedure, nor is the morbidity as great in this approach as compared with that of the trans-abdominal approach. The repair of a high cystocele, urethrocele, enterocele and rectocele can be performed following a complete vaginal hysterectomy, with or without salpinge-oophorectomy at the same time and in a one stage operation. This is not true in other approaches to hysterectomy, since in many cases the condition of the patient does not warrant these multiple procedures, and time is of an essence.

Other indications include prolapse or incompetent vaginal support, with primary urinary incontinence or recurring incontinence, uterine fibroids, abnormal bleeding, certain types of dysmenorrhea (intractable dysmenorrhea), carcinoma, endometriosis, adenomatosis, or ovarian cysts of moderate size. This will include dermoid cysts, adnomas and simple cysts, such as retention cysts or par-ovarian cysts and massive, hypertrophied, lacerated, chronically-infected cervixes where complete prolapse is associated.

I would like to mention at this time that vaginal hysterectomy is not the most desirable approach to clinical endometriosis. This is usually a secondary finding associated with myofibromata of the uterus. The reasons for this somewhat contraindication to the vaginal approach is the massive scarring in the cul-de-sac, due to endometrial transplants.

The majority of gynecologists agree that carcinoma of the fundus should be treated abdominally as also should chron-

*1613 North James, Guymon, Oklahoma

ic inflammatory pelvic disease. We might mention at this time that previous suspension of the uterus may fall into this category unless the ligamentous structures become so relaxed that a certain amount of prolapse exists. Certainly it is not recommended that vaginal approach to hysterectomy replace that of the trans-abdominal approach, but many more patients would benefit extremely so should this approach be honestly evaluated and chosen. With the exception of the very few pathological entities mentioned, there seems to be few contraindications to this approach of hysterectomy.

The advantages of Vaginal Hysterectomy are:

1. Multiple surgical procedures can be performed with ease and in a reasonable length of time in addition to the hysterectomy.

2. The advantage to the patient in that their hospitalization and recovery periods are very much shortened and the morbidity is lessened.

3. The possibilities of infection are lessened, since there is not a large abdominal incision, and since adequate and natural drainage can be maintained more efficiently.

4. There is less trauma to the patient

under a general inhalation or spinal anesthesia. Therefore, the elderly individual can be operated more efficiently and more adequately. This is particularly true in cardio-vascular or cardiovascular-renal conditions of the elderly prior to surgery.

5. There is no ileus as a complication of hysterectomy because there is no handling of the bowel or exploratory done above the pelvic brim in the vaginal approach. Abdominal discomfort is not a factor in the post-operative period. There is very little pain associated with motion of the abdominal wall on respiration and therefore there is no splinting of the abdominal wall.

6. Obesity is not a contraindication to vaginal hysterectomy, as the technical difficulties of operation are not appreciably noticed.

7. There is no ventral hernia as a complication of surgery, and there is considerably less loss of blood in this approach.

Now arises the question of a considerable disadvantage to the surgeon with the vaginal procedure, due to the fact that he cannot palpate the gall bladder and explore the stomach, small bowel or kidneys. In the majority of instances, with the advantage of clinical findings,

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laboratory methods, and that of adequately interpreted X-Ray findings, that this should not be a definite contraindication to a vaginal hysterectomy. The pelvis can be explored quite nicely after entering the posterior cul-de-sac and if one wishes, there is no contraindication of examining the cecum and ileum, lower sigmoid Colon and reproductive organs.

This type of hysterectomy should not be chosen should the surgeon find the uterine fundus to be enlarged greater than that of 4 to 5 inches or to approximately a four months' pregnancy. We must also consider the presence of large ovarian masses which could not be drained or removed through a vaginal route.

NOTICE OF EXAMINATION:

The next examination of the Texas State Board of Examiners in the Basic Sciences has been set for Friday and Saturday, April 5-6, 1963 in Austin, Dallas, Galveston and Houston.

Details as to time and place may be obtained by writing to the Executive Secretary, Texas State Board of Examiners in the Basic Sciences, 201 East 14th St., Austin, Texas.

Applications for the April examinations must be completed and in this office by March 18, 1963, and all necessary information and documents required by the Board of examinees must be completed and in the applicant's file by that date. Those interested in participating in this examination should act immediately.

Our technique of vaginal hysterectomy closely approximates that of Heaney. The instruments that are most advantageous are those of Heaney; such as needle holders, retractors, and hemostats that are designed for vaginal hysterectomy and the paired Glenner clamps, one for the right and one for the left uterine artery. It is the opinion of several writers that they prefer to close the peritoneum as a separate layer, at which time they dissect the peritoneum of the cul-de-sac away from the posterior vaginal wall and include this slack in the peritoneal closure. This obviates the future development of an enterocele. If an anterior colporrhaphy is needed, it is performed after the peritoneal closure. Should a uretocele or rectocele repair be needed, they also are performed following the closure of the peritoneum. One of the most important factors in vaginal hysterectomy, in my opinion, is that should the surgeon encounter a reason to remove the tubes or ovaries on either side due to a relatively large mass, then he may easily bisect the uterus sagittally before clamping the broad ligaments on either side, thereby giving him at least two and possibly three inches more operating space. This is one of the most important points to remember in vaginal hysterectomy, and the surgeon need not fear relatively large masses within the uterus or ovaries should he keep this in mind. Bleeding can be controlled by clamping the uterine vessels just prior to this sagittal bisection. After bisecting the uterus sagittally, the infundibulo-pelvic ligament is clamped, cut and ligated, and then the lower portion of the broad ligament is divided by clamping and cutting. By using this method, chronically infected tubes and chocolate cysts of the ovaries can be removed with very little difficulty.

A circular incision is made about the cervix with a knife where the vaginal plications and the vaginal mucosa merge with the cervix. A cleavage plane is

then established, and the bladder is gently reflected upward by the use of a dry gauze over the surgeon's finger. The bladder is reflected upward and protected by the use of a small gauze and soft blade retractor. The posterior cul-de-sac is then entered from below with the scissor in the mid-line, hugging the cervix all the way. The utero-sacral ligaments are then identified, clamped, and ligated with the ligatures left long for identification and future use. At this time, the exploration of the pelvic viscera can be carried out quite adequately to determine whether the tubes and/or ovaries should be removed with the uterus and cervix. In the eversion of the fundus of the uterus, if adhesions are not present, the uterus, may be everted posteriorly or anteriorly, and the peritoneal cavity may be entered from either direction. This is accomplished by use of a tenaculum or by stay sutures. It is not necessary to bisect the uterus to remove tubes and ovaries each time. This is only when more operating space is needed for larger masses found in the adnexal regions. An avascular window is made in the broad ligament and the surgeon may elect to incorporate the round with the broad ligament or he may elect to double-clamp, divide, and tie the round ligament separately before clamping the broad ligament medial or lateral to the tube and ovary on either side. This procedure is carried out fully on one side before the other side is at-

tempted. If bisection is necessary, the uterine vessels must be ligated before this procedure. The utero-ovarian or the infundibulo-pelvic ligaments are now triple-clamped, divided and transfixed twice with #1 chromic suture, and sutures left long. The uterine vessels and cardinal ligaments are triple-clamped, divided, and transfixed twice in the same manner. The same procedure is carried out on the opposite side, and the uterus and adnexae are removed in toto. The closure of the vaginal vault is most important to give good support by the ligamentous structures remaining, to prevent prolapse and hinder any bladder, urethral, or enterocele repair that may be anticipated. The peritoneum is sutured in the midline and attached to the posterior vaginal cuff. The utero-sacral and cardinal ligaments are sutured to the angles of the cuff with a "figure-of-eight" suture; the pedicles of the tubes, utero-ovarian and round ligaments are drawn to the angles of the cuff. The bladder peritoneum and round ligaments are sutured to the posterior cul-de-sac; and one or two sutures attach the bladder peritoneum to the cul-de-sac. This type of closure allows drainage of serum, blood and any possible infection at the apex. Any of the plastic procedures mentioned may be carried out now. Should the surgeon need more room for his operative field, an adequate episiotomy may be performed with ease. The Foley catheter remains *in situ*

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for adequate drainage until there is approximately 30cc of residual urine remaining. It is not necessary to pack the vaginal vault unless there is some bleeding present, and this can be controlled by the use of an Oxycel sponge against the operative site.

The post-operative care of this patient depends upon her age and existing conditions prior to surgery. Transfusion of whole blood is rarely necessary; ileus is not probable; the care is directed to the protection of the operative site from infection in which the catheter will aid. A soothing antibiotic vaginal cream should be instilled twice daily. The patient is allowed out of bed on her first post-operative day, and dietary control is the same as that of a patient with transabdominal approach.

Antibiotics may be used by the intramuscular route for five days post-operatively. The patient is given specific instruction when leaving the hospital as to exercise. Douching is not allowed for six weeks, and no intercourse is allowed for the same period of time. The patient is seen at two, six and twelve week intervals, and a final pelvic examination is done in six months for follow up care and attention.

SUMMARY:

A discussion of Vaginal Hysterectomy, its indications, contraindications, advantages, disadvantages and variations of surgical technique and post operative care has been presented for your consideration. I find that the advantages far exceed the disadvantages, and the indications exceed the contraindications for this type of hysterectomy. The patient's post-operative period is quite different from that of the transabdominal approach in that the complications are fewer, the likelihood of paralytic ileus is lessened, hemorrhage is lessened and therefore transfusions are not usually necessary; the possibilities of infection are less; and multiple plastic surgical procedures can be performed at the same time. I feel that more hys-

terectomies should be performed by the vaginal route.

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Texas G.P.'s Honored At AOA Convention

Five Texas general practitioners were awarded the degree of fellow on January 28 at the annual clinical assembly of the American College of General Practitioners in Osteopathic Medicine and Surgery at Miami Beach, Florida.

Receiving the presentation from G.P. President George S. Cozma were Drs. Dan D. Beyer and Clifford E. Dickey, Fort Worth, John H. Burnett, Dallas, Loren R. Rohr, Houston and Robert G. Haman, Irving.

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Death in an alcoholic may be the result of intravenous administration of as little as 100 mgm of sodium amytal because of the synergistic toxic action of alcohol and the barbiturates (Some of you may recall the sudden death of a male film star not many years ago immediately following administration of a barbiturate intravenously).

EXHIBITORS ANNUAL CONVENTION

Shamrock Hilton Hotel,

Houston, Texas

May 2, 3, 4, 1963

BOOTH

Miller Pharmacal Company	1	Bentex Pharmaceutical Company	22
Savage Laboratories, Inc.	2	Mercury Pharmacal	23
Parke Davis & Company	3	Merck, Sharp & Dohme, Inc.	24
The Rhinopto Company, Inc.	4	Hill Laboratories Company	25
The Baker Laboratories, Inc.	5	Gerber Products Company	26
J. A. Majors Company	6	A. H. Robins Company, Inc.	27
Smith, Miller & Patch, Inc.	7	Pharmafac, Inc.	28
Smith Kline & French Laboratories ...	8	X-Ray Sales & Service Co.	29
Emerson Laboratories	9	First Texas Pharmaceuticals, Inc.	30
Organon Inc.	10	Mead Johnson Laboratories	31
A. E. Magill & Co.	11	32
Kay Pharmacal Company	12	Rudmose Associates Inc.	33
Warren-Teed Products Company	13	34
Warner Chilcott Laboratories	14	Chicago Pharmacal Co.	35
The Upjohn Company	15	36
Sid Murray "Pays in a hurry"	16	37
Pfizer Laboratories	17	Sandoz Pharmaceuticals	38
Professional Foods	18	Lanpar Company	39
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		Eli Lilly Company—\$250 Grant	

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FORT WORTH, TEXAS

Child Health Conference Participants

Hotel Texas, Fort Worth

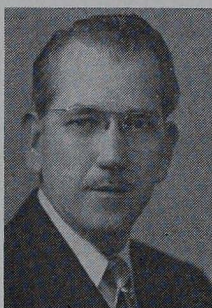
March 21-24, 1963



F. L. REED, D.O.
Tulsa, Oklahoma
Pediatric Coordinator



ROBERT L. MOORE, D.O.
Mesquite, Texas
Assistant Pediatric Coordinator



RALPH I. MCRAE, D.O.
Dallas, Texas
Consultant in Neuropsychiatry



H. VARD NELSON, D.O.
Kansas City, Missouri
Consultant in E.E.N.T.



E. H. GABRIEL, D.O.
Tulsa, Oklahoma
Consultant in Dermatology



MR. DOUGLAS MORRIS
Fort Worth, Texas
Luncheon Speaker

Annual Child Health Clinic and Osteopathic Educational Conference

Sponsor: Auxiliary to District 2 Texas Association of Osteopathic Physicians and Surgeons

ANNUAL PEDIATRIC SEMINAR

Sponsor: Texas Society of General Practitioners in Osteopathic Medicine and Surgery

Hotel Texas — Fort Worth

Thursday and Friday, March 21st and 22nd

8 a.m. to 4 p.m. Annual Clinic Examinations, Hotel Exhibits Hall

All physicians are welcome to observe and participate in this service. Registration is open to the public as in previous years, and will serve the so-called normal child as well as the child-with-a-problem.

Saturday, March 23rd

9 a.m. Problem Case Workshop, Hotel Exhibits Hall

The cases examined by visiting specialists will be restricted in number and will consist of problem cases, either pre-registered by the doctors in the area, or picked up in the Clinic proper. This is a new feature of the Clinic this year, set-up not only to enable a more complete evaluation of problem cases, but also to provide the doctors who observe, an educational opportunity. All interested doctors are invited to attend.

2 p.m. Round Table Discussion, Santa Gertrudis Room

Visiting Specialists, plus:

Dentist — *"Dental Health in the Child"*

Optometrist — *"Developmental Vision"*

Speech Therapist — *"Early Signs of Speech Problems"*

7 p.m. Special Hour and Dinner Honoring Visiting Specialists, Hotel Exhibits Hall

\$3.75 per person. Advance reservations requested.

Contact Mrs. T. W. Whittle, 4425 Ida Way, JE 6-1472

Sunday, March 24th

8 a.m. to 5 p.m. Annual Pediatric Seminar — Junior Ballroom

8:00 Registration

9:00 Invocation

9:05 Call to Order

9:10 Greetings

9:15 *"The Sick Child"* — Dr. F. L. Reed

10:00 Case Presentations — Panel

11:00 Slides on Common Dermatologic Problems — Dr. E. H. Gabriel

12:30 Luncheon — Guest Speaker: Douglas Morris, Regional Director,
National Conference of Christians and Jews, West Texas

2:00 *"Physical Fitness Testing"* — Dr. Maybelle Tinkle

2:15 *"Tonsil and Adenoid Problem"* — Dr. H. Vard Nelson

3:00 Case Presentations — Panel

4:00 General Approach to Behavior Problems — Dr. Ralph I. McRae

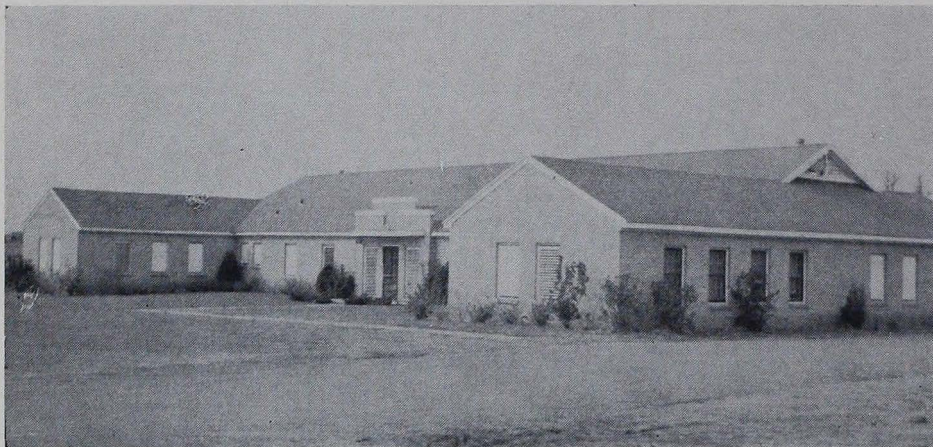
5:00 Adjournment

NOTE: This Clinic and Educational Conference are accredited for 24 hours post graduate study.

March, 1963

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Hospital of the Month



Wolfe City Hospital

Wolfe City, Texas

The Texas Osteopathic Physicians Journal is proud to salute the WOLFE CITY HOSPITAL as the Hospital of the Month.

Wolfe City Hospital was constructed in 1947 cooperatively by the community and was called Community Hospital. It was then leased to various individual doctors and groups from that time until 1951 when it first came under osteopathic management. The osteopathic physician who first leased it found it necessary to close the hospital and move from Wolfe City in 1954, at which time the present owner, Dr. Selden E. Smith took over the lease.

In 1957, Dr. Smith purchased the hospital and began a series of remodeling projects which added to the bed space and to the attractiveness of the interior. Shortly thereafter one entire wing of the Wolfe City Hospital was converted into a Nursing Home for the aged. Twelve beds were thus provided for rest home patients, with ten beds remaining for hospital use. The Nursing Home was very soon filled to capacity and the demand increasing for additional beds, so in 1962 a new wing was added, bringing the total beds in

that section to 24. Ten beds are still operated in the hospital.

Dr. Smith has been joined on the staff by Dr. Roy C. Mathews who came in July of 1962 to practice with him, a second office and examining room being made available in another remodeling of hospital facilities.

At present Wolfe City Hospital facilities include two offices, two examining rooms, a fully equipped laboratory and drug room, a large and well-equipped x-ray room which also includes a treatment table and darkroom, delivery room, nursery with 2 bassinets, complete surgical suite, autoclave room, two bathrooms, large laundry and linen room, modern kitchen, business office, and a spacious waiting room. The entire building is year-round air-conditioned. The nursing, cooking and house-keeping staff has been steadily increased during the past two years to the present total of nineteen. High school girls volunteering for work as nurses' aides have recently been added to supplement this staff.

Wolfe City, population 1,347 is located in Northeast Texas in the heart of a prosperous farming and dairy com-

community. Large trade area. Offers excellent practice opportunities for ethical and ambitious practitioners. Wolfe City Hospital is one of five osteopathic hospitals in a six-county area with only 14 osteopathic physicians. If interested in the Wolfe City area, contact Dr. Selden E. Smith, Wolfe City Hospital, Wolfe City, Texas. Telephone GY-2261.

S.O.P.A. News (Tarrant County)

The Tarrant County Society of Osteopathic Physicians Assistants elected new officers at its January 8 meeting in the TAOP&S state office building. New officers are: Mrs. Mary Ann Wahoff, President; Mrs. Kay Vance, Vice-President; Mrs. Norma Kuenhe, Secretary; Mrs. Eddie Linville, Treasurer.

* * *

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Mr. Marion Moon, President of the Credit Exchange in Dallas, was the guest speaker at our February 5th meeting. His topic, "Function of the Collections in Medical Practice Management", was both interesting and informative. Members and guests learned new techniques designed to increase collections.

* * *

Get-Acquainted Tea For Non-members

A Get-Acquainted Tea for all non-members working as assistants to osteopathic physicians in Fort Worth and Tarrant County, was held Sunday, March 10, 1963, from 2:00-4:00 P.M. in the dining room of the Fort Worth Osteopathic Hospital.

Dr. George J. Luibel was the guest speaker. His presentation more clearly defined the purpose and objectives of this organization and the advantages of participation to both the medical assistant and to the physician.

All osteopathic physicians' assistants were urged to attend!

March, 1963

First Aid Course Begins March 11

A First Aid Course, under the direction of Mrs. R. I. Gallagher, a Red Cross volunteer instructor, began Monday, March 11, at 7:30 p.m. in the TAOP&S state office building, 512 Bailey, Ft. Worth. Classes will be held each Monday and Wednesday thereafter, from 7:30-9:30 p.m., until the 12-hour course is completed.

These classes will be of benefit to all who participate as every physician's assistant should be equipped to handle medical emergencies, especially when the doctor is out of the office.

* * *

If you are not a member of the S.O.P.A., join now! All programs are designed to help us be of greater service to the public.

PORTER CLINIC HOSPITAL LUBBOCK, TEXAS

•

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L. J. LAUF, D.O.

J. W. AXTELL, D.O.

HARLAN O. L. WRIGHT, D.O.

F. O. HARROLD, D.O.

WILLIAM H. BROWN, D.O.

•

COMPLETE HOSPITAL AND CLINICAL SERVICE

An Osteopathic Institution

A NEW LOOK

By GEORGE W. NORTHUP, D.O.

Nineteen sixty-three is a new year for the osteopathic profession. The year is not yet very old. Events of the past few years are behind us, but is it unrealistic to believe that the effects of these events have disappeared.

The osteopathic profession has gone through an era of painful self-analysis. It has tried to be objective when objectivity was difficult. For the first time in its history, it has had to fight a new war—destruction from within. In our self-analysis we have become unduly concerned about public understanding, recognition, and status. Here, as in many other areas, the concern is greater than the problem.

Let it be noted that the earliest gains of the osteopathic profession were achieved when public understanding, recognition, and status were much lower than at the present time. It should never be forgotten that always at the base of increased public acceptance has been the satisfied patient. It was the skill of the early practitioners of osteopathic medicine, in areas where other medical approaches had failed, that brought us the public support necessary for our greatest advancements. Certainly it was not available funds, weight of numbers, or even sincerity of purpose on the part of the profession which achieved all these goals. Public support was not rendered for the profession's destruction, but rather for its development. The only

instance of public reversal of a legislative act in favor of the osteopathic profession was when the public, through misinformation, believed the act's removal to be a benefit.

The profession needs to take a new and non-apologetic look at itself. It needs to reassess its perspective and reinstate its major goal, that of service. The mission of osteopathic medicine has not been completed. It has just begun. The profession needs to learn from its mistakes, and with creative imagination, to develop its future. It needs to pick itself up, and go from the valley of distress to the summit of service. It must bury its false idols of recognition, and continue toward its destiny through work for others.

This new look the profession needs to take at itself must be service-centered, not self-centered. And thus, the osteopathic profession will make the beginning of a new era for osteopathic medicine.

East Town Hospital Announces Disaster Plan

East Town Osteopathic Hospital has developed a general disaster plan for evacuation and external disaster, according to Dr. Kenneth D. Lange, hospital disaster chairman. Evacuation routes to the hospital's recently completed fallout shelter and expansion of hospital facilities for external disaster have been mapped out by the committee. Staff members who practice within a two mile radius of the hospital have been assigned to specific treatment areas to manage shock, burn, fracture, obstetrical and medical casualties. Hospital employees will also be utilized in the program. Dr. Lange stated that the fallout shelter will accomodate 250 people for a two week period.

POSITION WANTED

Radiologist desires position in Texas hospital. Will complete residency in June 1963. Interned in Texas and currently member of TAOPS. Write Box 4, % Texas Osteopathic Physicians' Journal, 512 Bailey Avenue, Fort Worth 7, Texas.

Dr. Rohr Named G.P. of Year



Loren R. Rohr, D.O., Houston, was named national Osteopathic general practitioner of the year at the January AOA Annual Convention in Miami Beach.

Dr. Rohr, President-elect of T.A.O.P. &S. was cited by the American College of General Practitioners in Osteopathic Medicine and Surgery for his outstanding contributions to his profession and community.

Report of A.T.A.O.P.S. Nominating Committee

The following slate of officers for 1963-1964 of the State Auxiliary has been presented by the nominating committee:

President: Mrs. George G. Clark,
Houston

President-Elect: Mrs. Joseph
Schultz, Corpus Christi

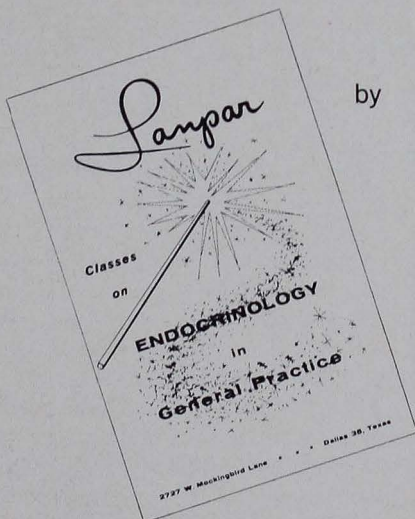
Vice-President: Mrs. Robert G.
Haman, Dallas

Secretary: Mrs. H. F. Elliot,
Rockport

Treasurer: Mrs. Hugo J. Ranelle,
Fort Worth

Members of the Nominating Committee are Mrs. John H. Burnett, Chairman; Mrs. R. L. Stratton and Mrs. George J. Luibel.

ENDOCRINOLOGY IN GENERAL PRACTICE



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We would like to take this opportunity of inviting you to attend one of our highly informative classes dealing with Endocrinology in General Practice.

Our classes, as outlined in the booklet shown at the left, are designed to present the most current up-to-date information on such problems as endocrine disorders and metabolic imbalance, cardiovascular conditions, hypertension and neuroses, arthritis and diabetes.

For a copy of this booklet and further information on how to attend one of our 3-day courses, just send your name and address to the Lanpar Company and we will forward you all the necessary details.

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Postgraduate Course in Surgery

May 13-25, 1963

The American College of Osteopathic Surgeons will conduct a postgraduate course in surgery May 13-25, 1963, at The Inn of the Six Flags, Arlington, Texas, (midway between Dallas and Fort Worth).

For the first time, the College will present a surgical seminar comprising over 100 hours of study in basic sciences and in advanced clinical surgery related to surgical practice. This program is designed for inquiring Members and Candidates, and the Surgical Resident and Trainee.

The seminar will offer illustrated lectures, noon luncheon and evening "fireside" conferences devoted to the basic principles of surgery and to the latest methods and technics in diagnosis, treatment and management of a wide variety of problems in clinical surgery. Accreditation of this course has been requested by the proper authorities of the American Osteopathic Association.

The first week will deal with the dif-

ferent components of metabolic care. Fluid, electrolytes, blood, nutrition, and hormonal problems will be discussed. The preoperative and postoperative care of the various surgical problems will be considered. Basic surgical principles will be emphasized, including the care of the surgical wound, various wound closures and choice of suture material. The basic sciences as they apply to surgery will be integrated to their fullest extent.

The second week will deal with practical clinical surgery with time allotted to Gynecological Gastrointestinal, Biliary, Urological, Orthopedic, Breast, Thyroid, Thoracic, Cardiac, Peripheral Vascular, Neurological and Plastic Surgery. Diagnosis, selection of treatment and improved technics will assume an important role.

During both weeks of study there will be two or more noon luncheons, with round table participation; three evenings each week will be devoted to fireside conferences to encourage group participation.

Forty or more clinicians, favorably known and respected in the osteopathic profession as teachers and lecturers, make up the outstanding faculty. In addition to many specialists of the Fort Worth-Dallas area, a number of speakers from various other parts of the United States are on the teaching staff.

Enrollments must be received not later than *April 1, 1963*. Mail inquiries, registration blank and check for application fee to: Charles L. Ballinger, D.O., Executive Secretary, American College of Osteopathic Surgeons, P. O. Box 40, Coral Gables, Florida.

REGISTRATION FEE: Physicians not engaged in an approved training program, \$250.00 Residents and Trainees in approved programs, \$125.00 for the two week course.

GOOD LOCATIONS

Dallas area in need of osteopathic physician. Office space available. If interested, contact Mr. H. D. Lipscomb, Edgewood Pharmacy, 3734 Forrest Ave., Dallas, Texas. Phone HA 1-7346. Evenings — CR 5-4033.

Excellent opportunity for general practitioner either as associate or in solo practice. E. Texas town of 3,000 pop. in prosperous farming and livestock community. Wide trade area. Two osteopathic hospitals nearby. If interested, write Box 6, % Texas Osteopathic Physicians Journal, 512 Bailey Avenue, Ft. Worth 7, Texas.

Tyler Physician Receives Award



Dr. Henry G. Grainger (L.) of Tyler, Texas is presented the award of Fellow of the Academy of Applied Osteopathy by Academy President, Dr. R. McFarlane Tilley, Kirksville, Mo. Looking on is Dr. Wilbur V. Cole, Kansas City, Mo. The award, conferred for outstanding proficiency in the application of osteopathic principles in treatment of bodily ills, was granted during the Academy's annual convention in Miami Beach, Florida, January 28-31.

Executive Secretary's Travelogue

The Travelogue this month is headed with a picture of Dr. George Grainger receiving the degree of Fellow in the Academy of Applied Osteopathy. We are happy to see that more of our physicians are becoming increasingly interested in the objects and principles of the Academy of Applied Osteopathy and that the membership of the Academy is continually on the increase. After all, the principles of osteopathy are the reasons for the existence of this profession. Without these principles there

would be no reason for our existence. For years, we granted fellowships in every specialty under the sun before we came to recognize the importance of acknowledging accomplishments in the science that made this profession great.

The executive secretary arrived back from the AOA Convention on January 31. The first week of February was spent in the office catching up on office procedures.

On February 4 the executive secretary was visited by Mr. Ralph G. Campbell,

General Manager of Central Security Life Insurance Company. We are happy to state that Mr. Campbell spent better than an hour in conference with your executive secretary and was greatly impressed with the objects of our profession with reference to insurance matters. A happy conclusion was reached regarding a situation involving his company.

On February 5, Mr. John Borden of American Hospital & Life Insurance Company of San Antonio, who is also a member of the Texas Osteopathic Insurance Liaison (TOIL) Committee, was in Fort Worth on business involving our profession. The executive secretary spent considerable time with Mr. Borden and entertained him at dinner that evening. Some four hours were devoted to a discussion of the various insurance programs and the cooperation of this profession with the insurance industry in an effort to protect the voluntary system of health insurance.

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 June 24, 25, 26, 1963, at the Hotel Texas, Fort Worth, Texas.

Completed examination applications for graduates from United States medical schools must be filed with their office thirty days prior to the meeting date. 1714 Medical Arts Bldg., Fort Worth 2, Texas.

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

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

The executive secretary's travels began on Sunday, February 10, when he attended a meeting of the Sub Committee of the Public Health Committee, held at the Baker Hotel in Dallas. During this meeting two hearings were held and the Committee is much appreciative of those who served in an advisory capacity. Those in attendance were Doctors Elmer C. Baum, Walters Russell, Milton V. Gafney, J. T. Calabria, J. F. DePetris, J. Natcher Stewart, Paul A. Stern, Ward Huetson, P. R. Russell and attorney, Mr. Timothy E. Kelley of Dallas.

Monday, February 11 was spent in the office catching up on routine office procedures. However, at noon the following day, February 12, the executive secretary left for Houston, his main object being to attend a TOIL Committee meeting scheduled for the 15th in Galveston. He arrived in Houston late that evening and checked in for a good night's rest. These long trips sometimes become rather exhausting and the executive secretary finds he needs a good night's rest in order to accomplish as much as possible the following day.

Early Wednesday morning, February 13, the executive secretary went directly to the Houston Osteopathic Hospital where he had a conference with the administrator, Mr. R. A. Smith. While there, he also saw Doctors William S. Gribble and Donald C. Young.

The executive secretary was able to get away by 11:30 a.m. and he arrived at Doctors Hospital just before Noon. There he had a conference with Mr. Hal Coker, Administrator, following which he visited with several physicians in the doctors' lounge for about an hour: Doctors Jack P. Leach, Austin B. Tibbetts (who recently moved to this end of Houston), and Dr. James H. Kritzer.

He left Doctors Hospital about 2 p.m. and proceeded to the Yale Hospital and Clinic to visit with Dr. Anthony Vila. Unfortunately Dr. Vila was out of the office and not expected back until 4:30 that afternoon. However, the executive

secretary spent about an hour with Dr. Gilbert Cogburn in a very frank discussion. At the present time Dr. Cogburn is not a member of this organization.

From Yale Hospital & Clinic the executive secretary proceeded to the Houston General Hospital to see Dr. Grover Stukey and Dr. Ernest P. Schwaiger and to inspect the new addition to this institution. The new facilities have made a tremendous improvement in the hospital and as soon as they are completed, will add much to the prestige of the hospital and to the profession. At the present time, they have completed and opened additional patient rooms, but to add the large reception room they must first remove the old frame building in front of the present structure which is now being used for a clinic. This old building practically obstructs the entire view of the hospital but Doctors Stukey and Schwaiger are now in the process of letting a contract for the construction of

a modern new office building on the lot next to the hospital. Unfortunately Dr. Stukey was out of the hospital when the executive secretary arrived, but Dr. Schwaiger insisted that he return the following day to go over the plans with Dr. Stukey for their new office building.

The executive secretary then returned to Yale Hospital. He arrived there about 4:30 p.m. and had a conference with Dr. Vila for some 1½ hours. He then returned to his room and after an hour's rest had dinner and then retired for another good night's sleep.

At 9 a.m. Thursday, February 14, the executive secretary was back at the Houston General Hospital, and Dr. Stukey discussed with him plans for the new clinic and the possibilities of when and how soon they could remove the old frame building in front of their hospital. At 10:30 a.m. Dr. Stukey insisted on taking the executive secretary to visit Dr. Stanley Burman, feeling that he could

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clarify some matters for Dr. Burman regarding the profession and the state organization. Dr. Stukey drove the executive secretary there and the three conferred for better than an hour. The executive secretary left feeling that this office visitation had indeed been worthwhile.

He then proceeded to Community Hospital. It was a rather rough trip as there was considerable road construction on the route he was directed to travel, so he did not arrive at the hospital until after 12 Noon. The administrator, Mr. Lee Davis, was out of the hospital for the day and Dr. G. W. Tompson had given up waiting for the executive secretary and had left. So, the executive secretary enjoyed a good lunch at the expense of the hospital, visited with the interns for better than an hour and then had an enjoyable chat with Dr. John B. Rushing. About 2:30 p.m. Dr. Tompson returned to the hospital and he and the executive secretary went to Dr. Tompson's office where they discussed insurance matters for better than an hour.

At 5:30 p.m. the executive secretary left for Galveston where he spent the night. The next morning he visited with Dr. Gilbert S. Rogers and then proceeded to the Seahorse Hotel for a meeting of the TOIL Committee which lasted until 4 o'clock that afternoon. He remained in Galveston that night and returned to Fort Worth for one and one-half day's rush before leaving again.

On Tuesday, February 19, the executive secretary left Fort Worth at 11 a.m. for Austin. After a stop for lunch in Waco, he arrived in Austin about 4 p.m., rested for an hour and then attended a cocktail party and dinner given by the Public Health Committee of this association in honor of the Public Health Committee Members of the Texas House of Representatives. Members of our committee who attended were, Doctors Everett Wilson, Gordon S. Beckwith,

J. W. McCorkle, Elmer C. Baum, Phil R. Russell and our State President, Dr. L. G. Ballard. Dr. Holcomb of El Paso was unable to attend due to the illness of his brother who is the administrator of his hospital.

This was indeed a successful affair with some 17 members of House of Representatives Public Health Committee present with their wives. Also present were the Lt. Governor and Dr. J. E. Peavy, Commissioner of Health. There were no speeches, no ceremonies, just an informal dinner in appreciation of the good services rendered by these members of the House of Representatives.

February 23-25, the executive secretary attended the Texas Surgical Society meeting at the Western Hills Hotel in Fort Worth. It was an unusually good meeting with a good program. But the attendance was shy. It was fortunate for the executive secretary that he could be present because he heard several good papers read and after they were presented he followed the speakers into the hall and begged for their papers as the Journal has been suffering for articles to print . . . not a one in the office. These men promised to send the executive secretary copies. Then, Dr. T. T. McGrath's secretary spoke up and said that possibly she could help, that she had three good papers in her car that had been given last year. She supplied these papers to the executive secretary who immediately took them to the Scientific Editor, Dr. C. Raymond Olson, for editing. It is too bad that as hard as we beg for papers that we have to get them from a doctor's secretary. This is certainly proof that the doctors themselves do not recognize the importance of furnishing the editor of the Journal with good articles for publication in their Journal.

The executive secretary also wishes to express his appreciation for the opportunity given him at the business meeting of the Surgical Society to discuss this problem with those in attendance and he

feels that possibly he will get some papers from these men.

On Saturday night, February 23, the executive secretary was happy to attend the wedding of the daughter of Doctors J. Natcher and Hariette Stewart at Arlington, Texas. At the reception, following the ceremony, the executive secretary was able to contact a great many of the profession from Dallas whom he had not seen for a number of years.

From February 25-27 the executive secretary was snowed completely under in the state office with correspondence. In addition thereto he held lengthy conferences with two non-members of this organization who came in to discuss osteopathy in general and the association, namely Dr. John B. Moats of Fort Worth and Dr. Keith S. Lowell who is now located in Dallas. It was rather interesting to note that some of these men are now beginning to realize the importance of the Texas Association of Osteopathic Physicians and Surgeons. They were shocked to learn of the new provisions in our By-Laws which makes membership more difficult to obtain.

They were equally shocked to learn that the officers of the TAOP&S are now more thoroughly convinced that we want no part of any physician who might cause us embarrassment or who does not believe in the true objectives of the osteopathic profession.

See you next month.

In ruptured or displaced intervertebral disc, many patients recover with rest, leg traction, back support and judicious use of manipulative osteopathic therapy.

Cervical ribs are asymptomatic in more than half of those who have them.

The speech center is on the right side in about five percent of righthanded persons.

It is unsafe to perform the Queckenstedt test during diagnostic spinal puncture in suspected or evident craniocerebral injury.

The pattern of the circle of Willis is incomplete in eight percent for normals.

Reconditioned, guaranteed equipment for sale. **AUTOCLAVES:** 24x24x36 square American, cyclomatic, for direct steam, \$3300; 20x36 cylindrical, Scanlon, 220v. AC, \$1700; 14x22 cylindrical, Scanlon, 220v. AC, \$775. **OR TABLES:** Scanlon A-7200 major, \$1200; American 1075 major, \$1100; Scanlon A-2003-B minor, \$595; Wochers (Navy) minor, \$595.

OB TABLES: Shampaine Suval, \$395; Shampaine Philips (x base), \$500; Shampaine drop-leaf (square base), \$600. **OR LIGHTS:** Castle #15 ceiling mount, \$500; American ceiling mt., rail & counterbalanced, \$750; American ceiling, counterbalanced only, \$450; Castle #52 roll-around, explosion-proof, \$275.

X-RAY: late model Profex 100 ma. tilt table, push button console, complete darkroom accessories, d'l'd & installed, \$1950; Picker U.S. Army Field Unit, 30 ma. mobile (portable), \$695.

Misc.: 10 KW emergency generator, \$975; Burdick SWOX-80 diathermy, \$295; Birtcher ultrasonic, \$275; Raytheon Microtherm, \$495; Sanborn #51 ecg, \$250; S.S. Autopsy table, \$375; Aloe gyn exam table, \$150; Sklar suction-pressure, \$95; several oxygen tents @ \$175. LOTS MORE!

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DALLAS, TEXAS

Does the Shoe Fit?

Word has been received that this organization is run by a "clique." Upon investigation, we have found that this statement is true. Furthermore, we find that the "Clique" is composed of faithful members who are present at every meeting, who attend all functions, are on every work party called, who accept appointments to committees, who willingly give their time, energies and efforts. They are members who sincerely believe that the more one puts into his organization, the more he will get out of it. There is no question that the enthusiasm, responsibility and efforts of these members are of inestimable value to our organization.

We would therefore suggest that you join the "Clique." This is not a difficult matter. You may begin by attending meetings regularly, take a more lively interest in your group and its activities, make constructive suggestions and criticisms instead of ridiculing and complaining, accept responsibilities to serve on committees, in short, show a continual interest in all affairs pertaining to your organization.

Before you realize it, you will become a member of the "Clique" and you would be surprised how anxious we are to have you.

—from Rock Mountain Chefs

CHANGE OF ADDRESS

If you change your address please notify THE JOURNAL at least three weeks before the change is made. Include the address label clipped from your latest copy of THE JOURNAL, being sure to clearly state both your old and new address. If your city has Postal Zone Numbers, be sure to include this Zone Number in your new address.

Public Health Service Offers Educational Material on VD

Educational materials pertaining to venereal disease and teenagers are available for meetings and discussion groups, free of charge, from the Venereal Disease Branch of the Communicable Disease Center, Public Health Service. The branch also performs special services, such as providing current data, studies, and reprints. Some of the materials offered are:

FILMS. "The Innocent Party" shows how a teenage boy contracts venereal disease from a pickup and its consequences. "The Invader" traces man's efforts since the 15th century to cope with syphilis.

EXHIBIT. "Who has VD?" demonstrates an actual outbreak of syphilis and gonorrhea as it occurred in a small community.

LITERATURE. "Strictly for Teenagers" provides factual answers about venereal disease to teenage questions. "About Syphilis and Gonorrhea" explains briefly the cause, spread, and cure of these diseases. "Public Pressure Hinders Work of VD Eradication" challenges responsible individuals to remember their community obligations and prods community leaders to aid in public enlightenment. "VD in Children and Youth" describes venereal disease and its control problems, particularly as related to teenagers. This 32-page booklet contains advanced information for discussion leaders and writers.

For further information or to be placed on a mailing list for announcements or samples of new materials, write to *William J. Brown, M.D., Chief, Venereal Disease Branch, Communicable Disease Center, Public Health Service, Atlanta 22, Georgia.*

In a patient with an unexplained neuritis, remember that it may be due to trichiniasis.

American Osteopathic Association

Office of

CARL E. MORRISON, D.O.

Chairman: Council on Federal Health Programs

1757 K. Street, N.W.

Washington, D. C.

February 14, 1963

Washington News Letters

Medicare (ODMC). Controversy over practice rights in one of the Southern states plus the presence of both limited and unlimited licensees in some of the states impelled ODMC to solicit from the state boards that license DOs certain information, PARTICULARLY the names of the limited licensees in unlimited states. Turn page for replica of ODMC letter. PLEASE SEND ME A COPY OF THE REPLY FROM YOUR STATE.

Medical Education Aid. Merlyn McLaughlin, President of the American Association of Osteopathic Colleges testified on February 6 before the House Committee on Interstate and Foreign Commerce in support of H.R. 12 (same as H.R. 4999 of last Congress) which includes aid for construction of teaching facilities at osteopathic colleges and loans for osteopathic students in need of assistance. The bill was introduced by Committee Chairman Oren Harris of Arkansas on January 9, the first day of the 88th Congress. The fact that the hearing was held within less than a month is most encouraging.

Accelerated Public Works Program. The Department of Health, Education and Welfare today announced approval of additional projects under the Accelerated Public Works program, 18 of which aid in the construction of health facilities. Listed among the 18 is the Osteopathic General Hospital of Rhode Island for replacement of diagnostic and treatment center at a cost of \$250,000 of which the Federal share is \$125,000.

Hill-Burton. In addition to reemphasizing his support of H.R. 12, President Kennedy's Health Program message of February 7 recommended extension of the Hill-Burton program to June 30, 1969, with the addition of a new program to include modernization and replacement of hospitals and other health facilities. The message also requested a Hill-Burton amendment to increase the appropriation for construction of non-profit nursing homes from \$20 million to \$50 million annually.

Aging. The Report (Senate Report No. 8) filed February 11 by the Senate Special Committee on Aging says the Kerr-Mills Program, now effective in 25 states, "offers too little, too late, to too few." The minority view suggested that any new proposal be deferred "until the effectiveness of the Kerr-Mills Act can be evaluated fully." The Special Committee expired January 31, but a resolution to extend it for another year is pending. Numerous versions of the King-Anderson bill have already reappeared in the 88th Congress, as have bills advocating non-Social Security voluntary approaches.

DOCTORS' FEES ARE LOWER THAN EVER NOW in terms of work required to pay them, according to latest Government figures. They show that a typical office visit cost a house painter three and a half hours of pay in 1936. Today it costs him only one hour and eight minutes of pay.

NEWS OF THE DISTRICTS

DISTRICT NO. 1

Dr. Ed. Rossman has taken off for the National Convention of OB GYN meeting in New Orleans which began on Monday Feb. 18.

Dr. J. Warren McCorkle was our main event at our District #1 meeting Sunday Feb. 17. Dr. McCorkle spoke on Ethics. This was our Ethics program for 1963. There were 21 members present and a good discussion was held.

W. L. Davis and Jonnie and Dr. Maurice Mann and Jeanette had a three day pleasure jaunt to the mountains playing on fracture boards. A few sore muscles and everyone arrived home in one piece. Snow runs were excellent.

Dr. Wm. L. Ballard is closing out his year as District President and has done a fine job.

Dr. Lesley H. Opdyke of Clayton, New Mexico drove down for our meeting. Dr. Opdyke practices in Clayton, New Mexico which is approximately 145 miles from Amarillo. He reported 6 inches of snow on leaving Clayton. Woodja believe it? Dr. Opdyke's attendance record to Dist. #1 meetings is better than four members who live right in Amarillo!

Mrs. John Boyd, President of the State Auxiliary of TAOP & S was dinner guest of District #1. After a combined meeting of the entire group, the ladies retired to another room for their meeting.

Dr. J. Francis Brown will be our district President next year. Dr. Ben Rodamar is President Elect. Dr. Richard Wetzel is to serve as Secretary-Treasurer and Dr. Robert Clayton of Groom is to serve as Vice-President and program chairman.

Deep sea fishing good at Guyamus, Mexico. C. W. Cain took off for 10 days.

J. Francis Brown has been on the travel circuit, the last I heard he was in Florida. So be it.

G. R. SCOTT, D.O.
News Editor

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DISTRICT NO. 2

Dr. and Mrs. William Snow attended the Annual Convention of A.C.O.O. & G. in New Orleans. They saw Dr. Luther Swift and report that he looks wonderful! This is good news to us in the District. Dr. and Mrs. J. O. Carr attended this fine meeting, too. A real fine meeting all around.

Congratulations to Dr. and Mrs. J. Natcher Stewart whose daughter, Linda, was married in the Presbyterian Church in Arlington on Saturday, February 23rd. Reception followed at the Inn of Six Flags. Word reaches us that the bride was beautiful, her mother likewise. A very delightful evening for all those in attendance.

Dr. M. E. Johnson is attending the Scientific Meetings of the American Heart Association on February 28, March 1 and 2 in Los Angeles.

Congratulations to Dr. William R. Harris of Kennedale, Texas, who has been re-appointed City Health Officer.

We are pleased to note that the Fort Worth Osteopathic Hospital has opened its fourth floor for patient occupancy. Bouquets of appreciation go to hospital personnel who are doing such an excellent job in this expansion program!

Child Health Clinic and Conference — March 21 to 24 — promises to be of finer caliber than ever before. Note the changes in programming (elsewhere in THE JOURNAL) and then plan to attend this worthwhile 2nd District Auxiliary project. Your Mrs. Would enjoy

the week-end also, and we'd be happy to have you both.

As the years go by, I am more convinced than ever before that "Service is the price we pay for the space we occupy in this world."

VIRGINIA ELLIS, D.O.

* * *

DISTRICT NO. 3

Gilbert LeRoy Howe, Jr., D.O., a graduate of Des Moines, Class of '58, is District Three's newest addition. Dr. Howe recently has taken over the operation of the Big Sandy Hospital following the death of Dr. Henry Hensley. He completed a residency in Surgery at Dallas Osteopathic Hospital earlier this year.

According to a professional colleague, whom I quote, Dr. Howe is "the first formally qualified osteopathic surgeon to enter practice in the East Texas district within the past fifty years". Dr. Howe, 30, brings with him a burgeoning family of four, whose names and faces we hope to know better soon.

* * *

Your correspondent saw but one representative of District Three at the AOA Convention at Miami Beach last January. That was only when he looked in

the mirror. Your correspondent, incidentally, was one of 5 recipients of the Fellowship Award in the Academy of Applied Osteopathy. Among other recipients were AOA Editor, Dr. George Northup and Dr. Fred Mitchell, both of whom are well known to Texas state convention goers. The examination took the greater part of two days prior to the convention, and consisted of an oral quiz, technical demonstrations, and a five hour written test. Not all who took it passed.

Your correspondent had a Scientific Display on "Neurologic Factors in Acute Musculoskeletal Strain", or some such title. It did not win a prize.

* * *

A Texas practitioner won the G.P. of the Year award for the nation in the person of Dr. Loren R. Rohr of a rival district which includes Houston. Texas, we believe, can lay claim to the handsomest if not the oldest G.P. of the Year ever so honored.

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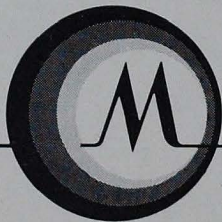
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