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Texas OSTEOPATHIC PHYSICIANS Journal

Volume XVII

FORT WORTH, TEXAS, SEPTEMBER, 1960

Number 4



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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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EDITORIAL PAGE

The Last Half

The title of this editorial might indicate that we are playing the last half of a football game, which everyone knows is the crucial time as a game can be either lost or won in the last half. The facts are, half the fiscal year is gone and we have only six months in which to accomplish the directives of the Board of Trustees and the House of Delegates. Unfortunately, our annual conventions are held early in May and within two months time there is the annual AOA convention and then vacation time follows. This makes it almost impossible to accomplish the desired results in the first half of our fiscal year. Therefore every officer, committeeman and member of this Association should strive to carry out these directives.

Two specific directives will be carried out within the next three months and we ask the cooperation of every member to make these projects successful.

1. Your President, Dr. Glenn R. Scott, will officially visit every district in the state within the next three months. Let's see that all the district members give him a hearty welcome and hear his report. In September he will visit districts 1, 4, 6, 8, 10 and 11. In October he will be in districts 2, 3, 5, 12, and 13. He has reserved districts 7 and 9 until November or December. So, let's all get behind our President.
2. Vocational Guidance Dinners have been arranged as follows:
 - November 14—District 3—Mt. Pleasant
 - November 15—District 2—Fort Worth
 - November 16—District 5—Dallas
 - November 17—District 6—Houston

Tentative arrangements are being made for Districts 1 and 10 on December 6-7 respectively. We are in hopes we can set one up in District 12 for Friday, November 18. This is a major objective of P&PS this year and will require thorough cooperation on the part of each district and every member therein. Let's not shirk our responsibility and let's make this one of the best public relations programs of this Association.

Thumb Sucking—Its Nature and Etiology



RALPH I. McRAE, B.A., D.O., F.A.C.N.

ITS NATURE

Thumb sucking, fist sucking, and other forms of this behavior are similar to several other psychomotor patterns of behavior, which are substitutive in nature. Too often they are considered "Normal" up to a certain age because such patterns are so common and are usually outgrown. It is not proving to be an adequate approach to the problem of thumb sucking, to consider it as just "Normal." It would therefore seem important to look more deeply into its nature and genesis, if we are to come to any insight as to its prevention or treatment.

It is important to point out that there are children who do not develop this pattern of behavior, and who seem to be quite stable and "Normal." In fact they often show evidence of being more secure than the average child who has the thumb sucking habit. As a general rule the infants which do not develop the habit are often more self sufficient, less irritable and generally have a higher threshold for anxiety and tension than the average child. The fact that a rather large majority of children do have the habit for what is accepted as a "normal period" of one to two years, and that a still sizeable percentage continue the behavior into the first year at school or longer, may well suggest that our cultural pat-

tern of managing infants is failing to meet some basic need or needs in just average children. Sullivan reminds us of Margaret Mead's observation *that infants in primitive societies do not develop this habit*. Another factor which implies its basic defective quality is the tendency for a person who has "outgrown" the use of it to regress back to doing it under conditions of stress several or many years later. During the analysis of a forty year old female, some extremely painful childhood and adolescent experiences were brought to light during an interview. She reported, to her complete astonishment and embarrassment, that as she left the interview she began to softly cry while walking down the street, and discovered she was sucking her thumb. This is not an entirely rare incident; many immature hysterical women when crying, will regress to this behavior during the extreme of their anguish. As a general rule when behavior regresses to a former pattern, that early pattern was not the best adaptation or the most normal kind of behavior in others of the same age. In other words, if an early form of behavior is the subject of later regressive behavior, it in itself even at first, is subject to scrutiny as to its ideal normalcy.

Another aspect of the problem that points to the true nature of the habit is the total integrated quality of the child's attitude during the process of thumb sucking. Characteristically there is an introverted narcissistic complacency suggesting that the act is both satisfying and sedative in effect. This is not the alert outflowing curiosity pattern of the secure and happily adjusted child. The act of thumb sucking constitutes a form of self satisfying sedation and is associated with a tendency to ignore unsatisfactory environ-

mental, or inner milieu sources of irritation for which it becomes a general panacea, after the pattern is well established.

Once the pattern is deeply established it becomes a method of adaptation to any form of unacceptable stress, or just a substitute pleasure for more normal aggressive activity or pleasures. That is, it becomes an end in itself, and in so doing lays the foundation for the child to find pleasure within himself rather than from the environment. The inner psychic life tends to become over stimulated and assume too great a proportion of total conscious activity. Thus the habit increases the already existing personality inadequacy. Fortunately for most children of two to five years of age, the general rise in body strength, neuro-muscular skill, and a rising tide of inner hostility to domestic frustrations, leads to other more aggressive and equally satisfying forms of behavior of a more mature quality. The passive, insecure, anxious child tends to keep the habit, or some substitute for it, as a dominant way of meeting all problems. A recent comic strip depicted the situation graphically. A toddling child dragging a blanket as it sucked on one corner of it over his thumb, remarked to his playmate, "Isn't it a terrible thought to realize that there is only the thickness of this blanket between me and reality."

ETIOLOGY

Gessell and others have shown that the ability to achieve thumb to mouth coordination on a purposeful basis is achieved early in the first year. Sullivan reports in his review that there is evidence of thumb sucking in utero during the third trimester. There has been a tendency to consider that a given child requires a certain quantity of satisfaction of the sucking reflex for its personality development, and that the prolongation of sucking, by thumb sucking, arises out of the frustration of this need; therefore the problem is

considered to be a psycho-physiological fulfillment of a specific normal need of the organism. The psycho-analytic school of psychiatry has developed this aspect of the problem around the general concept of "oral fixation" and correlated it into the total psycho-sexual development of the personality. On this basis the act is defined as an auto-erotic need, at the oral level.

All of these concepts about the problem have tended to throw a smoke screen of confusion over the entire problem, so that at the clinical level there has been a tendency to let the habit develop and trust that it would be outgrown and merely be a harmless historical note in the record of the child's development. It has been a worry and threat to parents, but of only passing interest to the clinician. This has resulted in forms of treatment of the problem which served to appease the parents but not solve the problem. Such direct treatments were of course directed to measures which would make the habit distasteful, or difficult. This is usually ineffective, or may result in a transfer of the pattern to lip or tongue sucking, or more neurotic behavior. Therefore to attack it as an adversary, rather than recognize it as a symptom with an underlying etiology, has resulted in virtually no gain and certainly little insight as to its true nature or meaning. It is probable that forceful, repressive methods are only effective when the child has reached school age, and the emotional environment has changed sufficiently to permit him to relinquish it.

Although children have many characteristics which are peculiar to themselves and not directly attributable to their parents; whenever we have a specifically organized abnormal pattern of motor behavior, we nearly always find that the reason for this problem lies in the environmental emotional field of stimulation. This, of course, is a highly impersonal phrase for an intimate, often exquisite, unique personal rela-

tionship between the child and those around it. If we can take the individual child and evaluate its constitution and unique characteristics, then carefully study the kind and quality of stimulation that it is subject to in the home; it should not be difficult to determine the factors that are disturbing the child, and those which are failing to provide the real satisfaction of the child's basic needs.

Basic needs of infants are fairly simple to define; the right kind and amount of nutrition, adequate warmth, quiet and comfort for relaxed play and sleep, and the right kind of emotional stimulation to meet the needs of the individual child. There are many trends inherent in the modern American home that cut diametrically across these needs of infancy. Unfortunately these trends do not seem to be improving, and there is some evidence that they will become worse, so far as the culture itself is concerned. Individual cases should of course respond when the entire pattern behind the problem is understood, and the method of correction determined.

It is quite clear that if we watch the child, we can sense that the thumb sucking is a substitute for some other unsatisfied need. It is a satisfaction which tries to replace some basic situation which is unsatisfactory, and therefore unsatisfying to the child. The total way in which the personality engages in the act whether going off to sleep, or during the day while being watched, or while he is watching others, has the significant implication that he, in a certain very intimate way, is now self sufficient, and can get his own pleasure in his own way. This is not aggressive defiance, but rather a more subtle retreat from a world that doesn't understand, and that the child deeply senses never will understand, so that he must of necessity find solace and peace of mind within himself. Very small infants, whose needs may be very great, soon learn that

they are not going to be satisfied by the emotional pattern of their environment, and retreat into this mode of fulfillment quite early.

It is well to keep in mind that the thumb sucking child is not necessarily, or even commonly, a weak, inadequate child, or the victim of any major defect. He is quite often the best nourished, and has a strongly determined type of temperament. We often see that such a child is very perceptive, and watches closely the activity, words, attitudes and behavior patterns of those on whom he is dependent. It is as though he watches to see if by chance, there will be some evidence that his basic needs will be recognized, and fulfilled; the hope that he can experience the real satisfactions of a deep understanding relationship with his parents and/or siblings.

In other words, the great need of the child is a warm, total inner sense of that empathy that arises within the parent, and is felt by the child. This is more than just fondling and affection, nursing and play. This is the silent meeting of the two on common ground; an understanding within the wordless aspect of the mother-child relationship from the beginning, which should continue to grow, and be coupled with the same from the father in a different aspect.

It is this deeply buried hunger which motivates children to many forms of self satisfaction, of which thumb sucking is one form. This lack of warm, deep running empathy between the child and mother is sensed very early by the infant, because, of course this very primitive need would be among the first to require fulfillment, and remains the last one we give up, if we do at all, before dying. It is the striving for this completeness within, that comes from this need being satisfied, that motivates many of the abnormal patterns of habitual substitution for pleasure that we see so commonly around us. Smoking, use of alcohol,

over eating are among the most "normal" of these. None of them are of any avail, ergo—so habitual.

In our culture, many trends are developing which tend to interfere with the normal establishment of this deeper type of mother-child relationship. Among these, probably the most withering, is the so-called "Scientific Attitude," in which the child is considered as an organism that is "normal" if it fulfills certain patterns of behavior and development on *schedule* according to "the Book," or the "Doctor." The rise of pediatrics has saved the lives of many children who formerly died in infancy and childhood, but the basic scientific, somewhat impersonal attitude of many pediatricians, becomes the screen behind which insecure or unfeeling parents often hide, by identifying to it. Too many children are bathed, fed, and put to bed on a schedule that precludes any communion or fellowship of any depth having a chance to develop. Only when the child is sick, do many parents exhibit any sense of warmth and depth of feeling for the child. (This of course makes getting sick mighty valuable.)

Another major problem arises from the fact that we have, in various parts of this country, young adults who are so literal, shallow, and materialistic in their thinking that they are virtually incapable of feeling this kind of warm relationship with anyone, even their own children. In many cases we can trace back for three and four generations in which this quality was missing in the home, and so of course such people cannot react to, or generate a feeling they have never experienced in their own development.

In other homes there is a sense of what is missing, or a realization that it should be there, but the demands of the rest of the "rigamarole" of a multidimensional life simply prohibit taking the necessary time, or even finding the opportunity to achieve this sense

of togetherness every so often during the early years of the child's life. In such settings the arrival of a new brother or sister often breaks up what little relationship existed for the older child, and thumbsucking is very often developed as a habit at this time. Even in an ideal situation in which a good warm empathy has been developed, whether on an instinctive, or conscious intentional basis, there are events which are soul shattering to the child. The quality of our culture is such that misadventure, too full a schedule, forgetfulness, and self centered carelessness all conspire in too many homes to produce situations which either endanger the child, or give it feelings of being forgotten, or deserted, so that the relationship is disturbed, even shattered. In more simple culture these things are not so prevalent. Things move along in a slower, steady pattern in which the entire scheme is designed to meet the needs of the child automatically, yet most adequately. At work and in most other relationships the child is near the mother at all times—in silent understanding, harmony and security.

Another major factor in the American scene is the large number of irritable, distraught, almost frantic mothers, whose chief relationship to the child consists of a series of screams, or a constant barrage of near invectives, during most of the day. Economic, educational, and emotional deficits are often so great that the home becomes a dangerous place for the child. It is well to point out here, that when the situation is so chronically and severely strained, thumb sucking is not as prominent a problem. Under these conditions the child abandons all forms of inner satisfaction for the more necessary expression of hate and aggression. Thumb sucking occurs only when there has been some of the needs satisfied, and there is a hunger for more, with a sense of the real pleasure that could be possible.

Another problem that intrudes upon this relationship is the tendency for the noise level in the average home to be increasing. The high decibel level of confusing, irritating and startling bells, radio, and TV blaring; together with the roar of the carpet sweeper, the high pitched hum of food beaters, and other motors in the home, as well as sirens, airplanes and other loud noises from outside, all add their burdens to the early disturbance of the quiet harmony and wordless quality of the relationship which grows in the silences of togetherness. In this regard, it must be kept in mind that the auditory function is rather well developed and ready to reflexly react throughout the organism at birth. (Even in well insulated adults, research has shown that the normal rhythm of the stomach is instantly altered by a dissonant note in a piece of music, which irritates the listener.) Harsh, cold, and unfeeling voices of many mothers cannot help but leave their children in an island of disturbance, from which sleep with the satisfying thumb in the mouth, is a very real relief.

TREATMENT

Treatment of the problem therefore, must be directed toward correcting the basic factors in the whole situation, after a careful analysis of the real facts in each given case. Many parents would love to know that they could reach their children in a natural and deeply satisfying way, if they were only made aware of what is involved. In other cases, specific characteristics of the way the parents habitually treat the child should be corrected. As in most things the earlier the better, and like too many other common problems, not a great deal can be done due to the deficits of the whole situation and the lack of desire on the part of too many parents to open their hearts and learn.

REFERENCES

1. Gairdner, Douglas: Thumb Sucking; The Practitioner: P. 751-2; Vol. 175 No. 1050 Dec., 1955
2. Gandler, A. L.: Nature and Implications of Thumb Sucking; Archives of Pediatrics: P. 291-5; Vol. 69 No. 7 July, 1952
3. Jan, H. H.: Psychological Control of the Thumb Sucking Problem; Medical Bulletin of the Permante Foundation P. 297-300 Vol. X No. 1-4 Aug. 1952
4. Sullivan, A. W.: Modern Concepts of Thumb Sucking; New York State Journal of Medicine P. 2474 Vol. 54 Part II Jan., Dec., 1954

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Executive Secretary's Travelogue

What a month! Mental confusion, failure of eyesight, and every conceivable emotion was experienced by the executive secretary during the past month—good and bad. This was brought about, as so many things are, by circumstances beyond his control.

The mental confusion possibly resulted from an award he received while at the AOA convention in Kansas City, which award he failed to mention in last month's travelogue. When one of the distinguished members of the AOA presented your executive secretary with a beautiful tie pin inscribed "YCDB-SOYA," he asked what it meant. He was told it was a Swedish word and he would have to figure out its meaning. The executive secretary now wonders how many of our readers are smarter than he for it took him about 30 days to decipher the inscription. Then when he learned what the letters stood for, he was upset because he didn't know for sure whether the gift was a compliment or an insult. If the gentleman who presented the award meant the executive secretary never complied with the inscription, then the executive secretary assures you he feels good, as the only time he assumes the position mentioned in the inscription is when he is flying by plane on association business or "flying" like Hades in an

automobile on association business. Now he wonders how many of you know just what "YCDBSOYA" means. If you figure it out in less than 30 days, perhaps you should take over the executive secretary's job.

The failure of eyesight was proven by the executive secretary's beloved son and grandchildren. In all the confusion of the past month, his son, daughter-in-law, and two grandchildren came home to visit. His son and daughter-in-law stayed only two days as they had to get on to California but they left the children for two weeks. At the end of the two weeks, his son—Lt./Col. Roy D. Russell—returned to get the children and when they prepared to leave the children presented their grandmother with a new nightgown called "Flaming Red" or something like that. They never acknowledged the old man at all. The executive secretary felt hurt but he couldn't blame them too much as he had spent so little time with them. In fact, he felt quite guilty. Then, the other afternoon, a carton arrived from the grandchildren addressed to Pop. He was much elated and although tired, he worked up enough energy to open the package. There it was—a 4/5 bottle of "Old Grand Dad"—label and all—100 proof. How happy he was as this

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was just what he needed to pick him up. So he ripped off the top, took a big swig of the energy-producing contents, and then almost choked to death on the sweetest stuff he had ever tasted. He carefully looked at the label again and it read—"GRAND GAG." It was honey! What a revolting development! This is what you get for having grandchildren. You can be sure that from now on, the executive secretary is wearing his glasses, particularly when he is tired.

The problems of the office have been very numerous this month. There have been many long distance calls over all types of problems from insurance to poor public relations. Speaking of poor public relations, an example was when our good Baptist Seminary, in its dispensary, refused to honor a prescription signed by a D.O. This may be religious activity, but the executive secretary doubts it. He wonders just how many good Baptist members we have in this profession who resent this type of action. Frankly, the executive secretary did not have to do too much about it. He casually mentioned it to Mr. Homa Hill, a local attorney who represents the Nettleship Company and who is a graduate of Baylor and a staunch Baptist. Mr. Hill got busy on the telephone and for about two days the wires were buzzing and the situation was corrected. In all the mess, we learned the dispensary was operated by two M.D.'s who still believe that the Code of Ethics of their association far exceeds the care of the public.

Did you see the Jack Parr Show on Monday night, August 22? Good and poor public relations were certainly evident that evening. Poor because Jack Parr stated he had taken his wife to numerous doctors in California and had received no results and after moving to New York City he took her to a Chiropractor and she got almost immediate relief. Whereupon Hugh Downs informed him that it was not a

Chiropractor — it was an Osteopathic Physician. Jack Parr then asked what the difference was — that he didn't know—and this brought about a ten minute discussion between him, Hugh Downs, Everett Horton and the guest comedienne whose sister is a D.O. I cannot recall the comedienne's name. The ensuing discussion did bring about some good public relations in that an honest attempt was made by the three to clarify osteopathy and osteopathic education. But the poor public relations came about because the D.O. who took care of Jack Parr's wife, failed to discuss the osteopathic profession with her and let her know the type of service she was receiving. In order to get good public relations, we must always be proud of our profession and ever ready to talk about it to our patients and acquaintances.

One happy incident occurred this morning! The executive secretary was visited by Mr. George K. Hempel, Claims Manager of Travelers Insurance Company who came in to discuss a letter of protest the executive secretary had written regarding the handling of two claims. The difficulty was quickly straightened out. These claims were both compensation cases. Mr. Hempel informed the executive secretary that he was one of the members of a Committee that had been formulated between the compensation insurance carriers and the Texas Medical Association and he thought the TAOP&S should have a similar joint committee. He knew of the activities of our Insurance Committee and the TOIL Committee, but felt that a new committee should be instituted with companies that deal primarily with compensation insurance. The executive secretary informed Mr. Hempel that he had been trying to find the right man to discuss the setting up of such a committee, for quite some time, whereupon Mr. Hempel volunteered to represent the insurance group if the executive secretary would work with him from the Asso-

ciation standpoint. This is the very thing we have been searching for and this morning it fell right into our laps, quite by accident.

"Travelogue" is the title of this story, but to this point we have not traveled anywhere. So, let's begin.

Early in the month the executive secretary received a telephone call from the County Judge of Cochran County who stated he had heard of the activities of our organization and would like the executive secretary to come to Morton, Texas and evaluate their health problem, particularly the County Hospital and they would pay all expenses. The executive secretary was happy to accept the invitation and he went to Morton on August 5th. He was met in Lubbock by the Judge who drove him to Morton where he inspected the hospital. He went over records in the institution and in the evening met with the Hospital Board and County Commissioners. Needless to say, he was shocked at some of the things he discovered, particularly in reference to the doctors who had previously operated the hospital. The whole situation was appalling. The executive secretary is usually not too frank, but on this occasion he was extremely frank and the meeting lasted until 1:00 A.M. when he was taken back to Lubbock.

The executive secretary went directly to the Porter Clinic-Hospital where Doctors G. G. Porter and Harlan O. L. Wright had been waiting for him since 9:00 P.M. They had a two-hour discussion at the hospital and then the executive secretary was taken to the home of Dr. and Mrs. Harlan Wright where he spent the night. He managed to sleep until 8:30 A.M. and then had the best breakfast he has had in a year, with the Wright family. He was a little embarrassed, upon arising, to discover he had no comb in his bag and had to call on Dr. Wright for the loan of one before he could make his appearance at the breakfast table.

Breakfast over, the executive secre-

tary was taken to Lubbock Osteopathic Hospital where he saw Drs. Clarence G. Cogburn, Melvin L. Wisby and James B. Mott. He forgot to mention that at his session at the Porter Hospital and Clinic, the night before, Dr. Lawrence J. Lauf came over and the executive secretary reviewed Dr. Lauf's plans for a new maternity hospital.

At 1:00 P.M. on August 6, Mr. Baker—administrator of Lubbock Osteopathic Hospital, took the executive secretary to the airport so he could return to Fort Worth in time to attend the meeting of the Texas Glandular Society at the Western Hills Hotel.

The executive secretary arrived at the Glandular Society Meeting at 5:00 P.M., in time for a cocktail party and a wonderful dinner in the Hawaiian Room, following which he met with this group until well after midnight. It seems there was some misunderstanding on the part of this group regard-

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ing an observation made in the Executive Secretary's Travelogue some months ago, in which the executive secretary stated that for various reasons he had attended the Lanpar Educational course in Dallas and that in all their program he never heard any reference to weight reduction. Apparently this group felt that the statement was aimed at them. A thorough discussion of the facts and an explanation by the executive secretary as to what was meant by his statement brought about a better understanding with this group. He met with them again on Sunday, August 8th.

At 6:00 P.M. on August 10 the executive secretary left for Beaumont, by car. He stopped at Kemp, Texas and visited with Dr. Dewey H. Roberts and then proceeded to Mabank where he visited with Drs. Robert L. Hamilton and Kenneth E. Speak. From there he went to the Wolfe-Duphorne Hospital in Athens where he had quite a conference with Drs. A. M. Duphorne and Robert E. Slye. Dr. Dan A. Wolfe was out of the city.

The executive secretary couldn't go through Athens without again visiting the grave of his old friend, the late Sid Richardson who has been dead almost a year.

He left Athens in sufficient time to get to Jacksonville and have lunch with Past-President Dr. Wayne M. Smith. They enjoyed a delicious luncheon and discussed problems of the profession for some two hours. Although it was the intention of the executive secretary to go on to Beaumont by way of Nacogdoches, so he could visit with Dr. Jack Woodrow, the executive secretary realized he was running late and since Nacogdoches was 40 miles out of the way, he proceeded directly to Beaumont from Jacksonville, arriving there in time for a 5:00 P.M. engagement at the Hammond Clinic and Hospital.

The problems concerning the Hammond Hospital and Clinic were (1) The institution desired to be paid by

Blue Cross on a non-member basis (2) a proposed new osteopathic hospital in Beaumont. The executive secretary discussed these matters for some 2½ hours with Drs. Auldine and Claude Hammond, Drs. Larry A. Giffen and Ralph B. Clark and two lay people who are interested in a new hospital for Beaumont.

Following the meeting, the Doctors Hammond entertained the group at Dinner in the Beaumont Club where they were joined by the executive secretary's old friend, George Murphy, who is City Attorney of Beaumont. Besides being a good business session, the dinner meeting developed into quite a gala affair by 1:00 A.M.

On August 11 the executive secretary proceeded to Groves where he spent most of the morning with Mr. Bear-den, the new administrator of Doctor's Hospital, going over the plans for a new wing to be added to the hospital. The proposed new wing would supply a new surgery, delivery room, x-ray department, central supply and records room.

At Noon, the owners of the hospital met with the executive secretary for lunch and many of the problems of the hospital and the profession were discussed.

Early August 12, the executive secretary drove to Houston and went directly to Community Hospital where he visited with a great many of the staff members of this institution. He spent the rest of his time in conference with President-Elect, Dr. G. W. Tompson, discussing the numerous problems before the Insurance Committee, and the problem concerning the Depelchin Faith Home which was the primary reason for the executive secretary's trip to Houston. The Depelchin Faith Home is a non-profit institution, supported by United Fund, which provides shelter for orphaned children and unwed mothers and it arranges adoptions of these children. It is quite a large institution. Recently, they re-

fused to recognize examination certificates signed by a D.O. The executive secretary spent the entire afternoon at the home and was assured that their Board of Directors would discuss the matter at their next meeting, after which they would advise us whether they will recognize D.O.'s on a par with M.D.'s in the future.

The following morning, August 12, the executive secretary visited the Texas College of Medical Technology to see just what facilities and courses this institution provides and to determine whether we could afford to accept their offer to provide a full tuition scholarship to that school in the name of the Texas Association. The executive secretary found the arrangement of the school adequate and further investigation is now being made to determine whether this school meets sufficiently high educational standards for our Association to participate in the scholarship program they propose.

At Noon he visited the Houston Osteopathic Hospital, hoping to contact some of the doctors there, but being Saturday, it was almost impossible. Even the new administrator was not available. So he decided to rest over Saturday and Sunday and he returned to Fort Worth in time to be in the office on Monday, August 15.

After several busy days in the office, the executive secretary was off to other meetings but fortunately he did not have to travel far as the Texas Osteopathic Hospital Association, the Texas

Osteopathic-Insurance Liaison Committee and the Texas State Board of Medical Examiners were meeting on August 20-21 in the Hotel Texas, Fort Worth.

The executive secretary went to the hotel on the evening of August 19 where he visited with the osteopathic members of the Medical Board, Drs. Howard R. Coats, R. H. Peterson and G. G. Porter. He returned home at midnight but was back at the hotel early August 20 to attend the very interesting and enlightening meeting of the TOHA. The morning session was conducted by the members of the TOIL Committee who presented an interesting discussion on insurance problems. At noon, the TOIL Committee went into executive session at a luncheon which lasted until 4:30 P.M., thus preventing Dr. G. W. Tompson, Mr. Lee Davis, Mrs. Jane Siniard and the executive secretary from attending the rest of the TOHA meeting on that day. However, they were all back at the Hospital meeting early Sunday morning and attended all sessions until the meeting adjourned at 4:00 P.M.

This ends the Travelogue for the past month, other than to add that since August 22 the office has been snowed under with the many details in connection with preparing this issue of the Journal and the new 1960-61 Annual Directory which we expect to publish one month earlier this year.

The executive secretary expects a busy schedule in September. See you next month!

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Osteopathic Christmas Seals



CHICAGO — The 1960 Christmas Seal Campaign sponsored by The National Osteopathic Foundation will get underway in October when members of the profession and affiliate groups receive seals for their personal use, Dr. True B. Eveleth, Secretary of The Foundation, announced here.

This year's 30th Anniversary Campaign will seek \$75,000 for financial aid to osteopathic students and grants for research.

The colorful red, green and white Yule seals will be mailed earlier this year in order that they will be available to the public for use on overseas and foreign holiday mail.

Some 30,000 sheets containing 50 seals per sheet, have been reserved for the personal use of members of the osteopathic family including doctors, the auxiliary, NOGA and hospitals; 145,000 more sheets will be made available for distribution to patients, friends and personal acquaintances.

This is the only national osteopathic project in which the general public participates. Funds raised in this way provide valuable assistance to students and research which might not be available through other sources, Dr. Eveleth said. The 1959 Seal Campaign raised

\$31,652.81 for student loans and \$21-101.88 for research.

The Christmas Seal Campaign is under the direction of Dr. Eveleth, and is enthusiastically supported and promoted by the AAOA under the leadership of Mrs. George W. Northup, of Morristown, New Jersey, chairman of the Student Loan and Research Committee. She is assisted by Mrs. Wesley B. Larsen of Hinsdale, Illinois.

We Wonder

In reading the August 7 Dallas Morning News, we noticed the following item on the editorial page under "A Newsman Looks At the World's Week" by Allen Duckworth:

Intelligence from the University of Texas Bureau of Business Research has it that the flamboyant oilman is disappearing from the Texas scene, to be replaced in the state's economy by the office worker and professional man.

Does this mean the nation must revise its idea of a typical Texan and refer to "that right accountant from Texas" or that "rich osteopath?"

We wonder who is confused—The University of Texas Bureau of Business Research? or Mr. Duckworth? or both?

As executive secretary of this Association for some 10 years, we have not as yet found a "rich osteopath." From the manner in which some of our members scream about dues and O.P.F., I wonder if Mr. Duckworth shouldn't have stated "poor osteopaths." Possibly Mr. Duckworth is confused because he sees so many D.O.'s with Cadillacs and Thunderbirds or he may have viewed some of the lovely homes of the D.O.'s, without first checking with the mortgage and loan associations.

General Practitioners to Meet



JAMES L. ROWLAND, D.O.

Dr. James L. Rowland of Kansas City, Missouri, will be the speaker at a seminar on hypnosis sponsored by the Texas State Society of General Practitioners, on October 29 and 30 in Dallas.

Dr. Rowland, who is listed in "Who's Who in American Science" and "Leaders in American Science," studied with Dr. Eric Wright, head of the Department of Psychiatry and Psychology of Kansas University. He has had training with the Chicago group of Hypnosis Seminar and the Hypnosis Symposium of Los Angeles.

Besides holding a B.A., D.O., and M.S.P.H. (Master of Science in Public Health), Dr. Rowland is a Fellow

in the American College of General Practitioners, Fellow in American Public Health Association, and member of the American College of Neuro-Psychiatry.

Dr. W. N. Hesse, local arrangements chairman, says of the program: "Recognizing the importance of keeping abreast of trends in today's practice, we have provided a nationally known speaker for this informative seminar."

Dr. Swope Resigns From AOA Position

Dr. Chester D. Swope of Washington will resign September 1 as chairman of the AOA Council on Federal Medical Programs after 31 years of service in the position.

His retirement was announced to the AOA House of Delegates at Kansas City by immediate past AOA president Dr. Galen S. Young of Chester, Pennsylvania. Dr. Swope received a standing ovation from the House.

He is a life member of the AOA and served as president in 1924-25.

Dr. Swope will be succeeded by Dr. Carl E. Morrison of St. Cloud, Minnesota.

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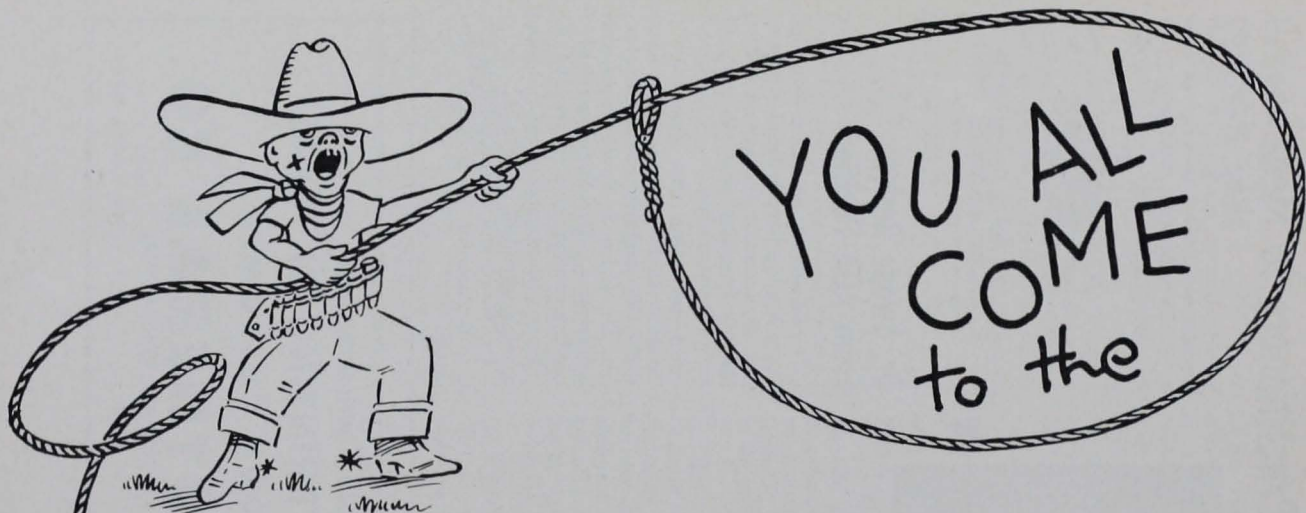
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FORT WORTH, TEXAS



33rd Annual Clinical Assembly of the American College of Osteopathic Surgeons

This is the message "Tex" (the little fellow in the big hat) has been delivering to members of the Texas Association of Osteopathic Physicians and Surgeons these past few weeks via Uncle Sam's postal service. Probably you have also seen him on the bulletin boards of your hospitals. Tex is acting as Representative-at-Large for the American College of Osteopathic Surgeons, the American Osteopathic Hos-

pital Association, the American College of Radiology, the American Osteopathic Academy of Orthopedics, and the American Osteopathic College of An-

esthesiology. Dr. Edward J. Yurkon of the East Town Osteopathic Hospital in Dallas is a member of the Scientific Exhibits Committee.

For the American Osteopathic College of Radiology, Dr. Edward J. Yurkon of the East Town Osteopathic Hospital in Dallas is the Local Arrangements Chairman. Dr. Francis S. Wheeler, of Fort Worth are Co-Chairmen of the Program. The American Osteopathic College of Anesthesiologists.

The Ladies Hospitality Suite will be

who will speak on EXECUTIVE DEVELOPMENT. Dr. Sartain has lectured widely on subjects related to psychology and especially to human relations in business and industry.

At the annual banquet on Monday evening for members of the Hospital Association and College of Osteopathic Hospital Administrators, Barry J. Barton, Director of Community Services and teacher in the Institute of Management at Southern Methodist University, will discuss ATTITUDES FOR HOSPITAL PEOPLE. Robert Stuart Hawthorne, Director of Professional Relations, Northern Division, Group Hospital Service, Inc.; F. Pierce Wood, Jr.,

have also seen him on the bulletin boards of your hospitals. Tex is acting as Representative-at-Large for the American College of Osteopathic Surgeons, the American Osteopathic Hos-

of Osteopathic Hospital Administrators, the American Osteopathic College of Radiology, the American Osteopathic Academy of Orthopedics, and the American Osteopathic College of Anesthesiologists.

When he says: "You All Come"—he means just that. It is hoped that many members of the osteopathic profession in Texas will avail themselves of the opportunity to attend these sessions, which are to be held at the Statler Hilton Hotel in Dallas from Sunday, October 30th, through Thursday, November 3rd. Those who are not members of one of the participating organizations register as guests. More about registration later but, first, here are some of the highlights of the meeting.

TEXANS IN OFFICE

Dr. Milton V. Gafney, President of the American College of Osteopathic Surgeons, will preside at the Formal Opening Session on Sunday evening, at the Conclave on Monday evening, and at other sessions during the 1960 meeting. Dr. Gafney is from Dallas and has also served as a member of the Program Committee for the past two years. Another member from Texas serving on the Program Committee is Dr. J. Natcher Stewart of Grand Prairie.

Mr. Louis S. Taylor, Administrator

of the American Osteopathic College of Radiology, Dr. Edward J. Yurkon of the East Town Osteopathic Hospital in Dallas is the Local Arrange-

of Dallas, and Dr. Francis S. Wheeler, of Fort Worth are Co-Chairmen of the Program. The American Osteopathic College of Anesthesiologists.

The Ladies Hospitality Suite will be staffed by hostesses from the Dallas area under the direction of Mrs. Hyman Kahn, whose husband is a member of the American Osteopathic College of Anesthesiologists.

TEXANS ARE SPEAKERS

There are approximately one hundred and fifty speakers on the programs of the several participating organizations, of whom many are from Texas. The feature speaker for the Opening Session on Sunday evening is a nationally known Texan but, unfortunately, his name cannot be divulged at this time.

Dr. Roy B. Fisher, of Fort Worth, will speak on the College of Surgeons program on MASSIVE GASTROINTESTINAL BLEEDING. On a combined program for members of the College of Surgeons and the College of Anesthesiologists, Dr. Armin L. Karch, of Arlington, will discuss THE TECHNIQS OF HYPNOSIS.

The session of the American College of Osteopathic Hospital Administrators on Sunday afternoon, October 30th, will feature Dr. A. Q. Sartain, Professor of Psychology and Industrial Relations at Southern Methodist University,

At the annual banquet on Monday evening for members of the Hospital Association and College of Osteopathic Hospital Administrators, Barry S. Brown, Director of Community Services and teacher in the Institute of Management at Southern Methodist University, will discuss ATTITUDES FOR HOSPITAL PEOPLE. Robert Stuart Hawthorne, Director of Professional Relations, Northern Division, Group Hospital Service, Inc.; F. Pierce Wood, Jr., Assistant Director of the Institute of Management at Southern Methodist University; S. E. Foster of Dallas; and Lee Walters, Division Manager of the A. S. Aloe Company, will also appear on the Hospital Association program.

A Diagnostic Film Conference on the program for the College of Radiology will be moderated by Dr. Charles D. Ogilvie of Dallas and panel members will include Drs. Raymond N. Dott and Edward J. Yurkon of Dallas and Dr. Charles L. Curry of Fort Worth.

For the Academy of Orthopedics, Dr. Thomas T. McGrath will conduct a Problem Clinic. Dr. Charles M. Hawes, Jr., of Dallas, will give a presentation on PRESENT DAY TENDON TRANSFERENCE.

Among the speakers on the program for the College of Anesthesiologists are Drs. S. S. Kebabjian, Paul S. Snoke, Roy L. Fischer, L. R. Lind, and Douglas M. Goldsmith. Dr. John E. Davis, of Austin, Professor of Pharmacology at the University of Texas, will present PHARMACOLOGY OF PREANESTHETIC MEDICATIONS at the Tues-

day morning session of the Anesthesiologists program.

Members of the Urological Section of the American College of Osteopathic Surgeons are scheduled to hear a presentation by Dr. Joseph F. DePetris on PERICUTANEOUS RENAL BIOPSY IN DIAGNOSIS AND MANAGEMENT OF RENAL DISEASE and Dr. George E. Miller will discuss SPECIAL METHODS OF MICROSCOPY IN URINARY TRACT DISEASE.

SPECIAL PROGRAM FEATURES

Previous announcements of subjects and speakers have evoked much enthusiasm for the Dallas meeting. Special recognition should be given to: Dr. Don E. Ranney, Chairman of the Program Committee for the American College of Osteopathic Surgeons; Mrs. Alixe P. Nuzum, Program Chairman for the American Osteopathic Hospital Association; Dr. Robert R. Rosenbaum, Program Chairman for the American Osteopathic College of Radiology; Dr. Arnold Gerber, Program Chairman for the American Osteopathic Academy of Orthopedics; Drs. Paul A. Stern and Francis S. Wheeler, who have arranged the program for the American Osteopathic College of Anesthesiologists; and Dr. Albert S. Reibstein, Program Chairman for the Urological Section.

On Monday morning, October 31st, a combined meeting of the members of all participating organizations will be held in the Grand Ballroom of the Statler Hilton for the presentation on ANESTHETIC AND SURGICAL MISADVENTURES by Dr. Joseph E. Campbell, of Philadelphia. Other nationally known speakers are: J. Ernest Ayre, M.D., Medical and Scientific Director of the Cancer Cytology Foundation of America; Noel B. Sanborn from the Health Insurance Council; Nathan Sinai, Dr.P.H., from Ann Arbor, who is a member of the Hospital Facilities Research Section, National Institutes of Health, and Consultant to

the World Health Organization; Komei Nakayama, M.D., Professor of Surgery at Chiba University Medical School, Chiba, Japan, whose numerous articles have been published in Japan, England, Germany, India, and the United States; Jacob Gershon-Cohen, M.D., of Philadelphia, who is Director of the Department of Radiology at the Albert Einstein Medical Center and one of the leading roentgenologic authorities on diseases of the breast in the United States. All registrants are invited to hear Dr. Gershon-Cohen's presentation on ROENTGEN DIAGNOSIS OF DISEASES OF THE BREAST for the College of Radiology program on Sunday, October 30th, at 9:30 a.m. in the Ballroom Assembly. Kenneth K. Keown, M.D., Professor of Anesthesiology at the University of Missouri School of Medicine, will appear twice for the College of Anesthesiologists.

AND SOCIAL EVENTS, TOO

Highlights of the social activities during the meeting will include the annual Conclave of the American College of Osteopathic Surgeons, at which degrees are conferred and new members inducted. This event in the Grand Ballroom will be formal and those registered as guests are cordially invited to attend. Ceremonial banquets of the American Osteopathic Hospital Association and American College of Osteopathic Hospital Administrators, the American Osteopathic College of Radiology, and the American Osteopathic College of Anesthesiologists, will be held on Monday and Tuesday evenings.

For the ladies, a Hospitality Suite will be maintained throughout the Clinical Assembly. On Tuesday, November 1st, a luncheon and style show are scheduled to be held at the Dallas Athletic Club Country Club.

Tex promises a lively time on Wednesday night when all registrants are urged to "Tune Up." Entertainment and dancing will follow the banquet

on that evening. As Tex keeps repeating—YOU ALL COME!

ABOUT REGISTRATION PROCEDURES

Information about advance registration has already been mailed to members of all participating organizations and to all members of the Texas Association of Osteopathic Physicians and Surgeons. The registration fee entitles a registrant to attend all sessions and includes a ticket to "Tex's Tune Up," as well as a ticket to the organization banquet of his choice. The registration fee for ladies accompanying a registrant paying the regular fee includes a ticket to "Tex's Tune Up," a ticket to the ladies luncheon and fashion show, and a ticket to an organizational banquet. If you are planning to attend the Clinical Assembly you are urged to REGISTER IN ADVANCE. In the event you failed to receive the advance registration information, send

your request to the A.C.O.S. Administrative Office, P. O. Box 488, Coral Gables, Florida. For those who are unable to register in advance, the Registration Desk at the Statler Hilton will be open beginning at 2:00 p.m. on Saturday, October 29th.

According to all reports, the 33rd Annual Clinical Assembly will be a meeting you will not want to miss. Join Tex and your friends at the Statler Hilton in Dallas from October 30th to November 3rd. YOU ALL COME!

DEATH

Dr. Carl O. Haymes, 47, of 1221 West Jefferson, Dallas, Texas was killed in an automobile accident, September 9. Dr. Haymes was a member of the Board of Trustees of the Texas Association.

Funeral services were held September 11 at the Winwood Presbyterian Church.

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WHOLESALE SURGICAL EQUIPMENT AND SUPPLIES

The Cost of Drugs

Recent investigations by Senator Estes Kefauver's Congressional committee succeeded in putting the drug industry in a rather bad light. This was done by concentrating attention on isolated instances where profits seemed to be exorbitant, rather than looking at the whole story of what the drug industry has done to help bring modern health care to its present high level. Perhaps the time has come for a look at the *whole* picture and to give the drug industry credit for its accomplishments.

Many prescription drugs today are a bargain at *any* price, in terms of what they can accomplish. A good example of this is that a few dollars worth of penicillin today can eliminate the need of a mastoid operation and the hospital bill that used to be necessary, at a saving of nearly \$500. Today pneumonia is treated by antibiotics at an insignificant cost compared to the weeks of hospitalization that used to be necessary and, even then, one out of every three pneumonia patients could not be saved. With today's care, only one out of every thirty-three pneumonia patients cannot be saved.

The American public has the incalculable benefits of the tremendous amount of money that the drug industry has spent on research in recent years. In the last twelve years, this has amounted to over a billion dollars of research. The most of this research for any individual drug company represents a major risk since the chance of any given bit of research resulting in a successful new drug is nearly 3,000 to 1 against the manufacturer. In 1958, for example, only 40 out of the more than 100,000 substances tested became marketable drugs.

It is easy to forget that many life-saving drugs have been available only a short time. Sulfa drugs were introduced in the 1930's. A decade later

antibiotics, antihistamines, synthetic hormones and others were introduced, and all of these have made a contribution to the longer life span. In the last thirty years, ten years has been added to the average length of life in the United States. As recently as the 1930's, one mother out of every 157 died in childbirth. Today, this figure has been reduced to only one out of every 2,250. Similarly, the death rate for babies under one year old has been reduced 60%. A few diseases like whooping cough, scarlet fever and diphtheria have been almost eliminated as causes of death. The actual percentage of reduction is more than 90%.

In the last seven years, spectacular results have been obtained from the introduction of tranquilizers, energizers, and polio and other antiviral vaccines. Already some of these newer drugs have saved taxpayers nearly a billion dollars in facilities that would otherwise have been built to take care of mental cases. New drugs have reduced the number of admissions in mental hospitals and reduced the length of stay to accomplish this result.

All these results, with the exception of the Salk Polio Vaccine, have been achieved through our existing free enterprise system and the normal effects of free competition. For many years, Blue Cross in Texas has offered protection against the entire drug bill for hospitalized patients. The drug charge for serious cases can go extremely high, but the value in terms of lives saved is beyond calculation.

(From Blue Cross-Blue Shield of Texas)

A woman was looking at an apartment, but raised the question of whether her husband would like it. "I wouldn't give that a second thought," advised the agent. "It's easier to get another husband than another apartment."

Report On Council On Development



RAYMOND D. FISHER, D.O.
Fort Worth, Texas
Chairman, Texas State Council

Many states have appointed a Council on Development, as we have and I think this is the first report to the state osteopathic profession. I shall try to get all that has progressed thus far into an interesting report.

It says, "The Chairman should be a man who is vitally interested in the profession, willing to travel, to meet the lay public, be an excellent speaker, and a good salesman of both himself and the profession." I do not know how well I qualify or if I have any of the above attributes, but I will try.

The Development Program is not the Development of the A.O.A. divisional societies, hospitals or colleges, but the development of the osteopathic school of medicine, improving it as time goes on.

Herewith a list of activities within

the Development Program. Would you go over this list and see if you are one of those who is interested and if you are helping? Maybe this list will stimulate you and help you to know what we are working for. Then, with this thought in mind, you could help by "Doing" . . .

1. Extend the "Support Through Dues Program.—This, Texas has done.

2. Encourage more doctors for greater voluntary giving to O.P.F. beyond the Support Through Dues Level. —Are you? Some are.

3. Supply information to National Osteopathic Foundation regarding foundations and individuals who might be interested in giving to the osteopathic schools.—Texas has to a certain extent.

4. Contact Foundations and individuals regarding gifts to osteopathic schools.—The results have been poor.

5. Distribute literature to selected persons regarding the osteopathic school of medicine, financial needs and on estate planning.—Some progress has been made.

6. Visit colleges and high schools to further Vocational Guidance Programs.—This is a regular project in Texas.

7. Hold Vocational Guidance Dinners throughout the state. — El Paso had a good one and plans have been made for the cities of Amarillo, Lub-

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8. Distribute Vocational Guidance literature to high schools, colleges and public libraries.—Much has been accomplished toward this goal.

9. Activate Committees of the Auxiliary to assist in or sponsor functions related to Development.—This is being done to an extent.

10. To supply speakers and literature to Hospital Guilds and to encourage their activity in promoting the osteopathic school of medicine.—Contacts with hospital guilds are progressing.

11. Secure osteopathic participation on State Boards of Health, Advisory Hospital Committees and in all state agencies dealing with health matters.—This has been carried out to the fullest extent.

12. Maintain close liaison with legislative bodies, Governor's office and with all administrative organizations in the state having to do with health matters.—The weakness here is mainly at the district level.

13. Seek State support for the education of osteopathic physicians, through direct grant, educational grants or scholarships or by other approved methods.—The Mid-Year Seminar by the State Department of Health is our progress to date.

14. Maintain a strong postgraduate professional program within the state osteopathic organizations.—Much progress has been made, but there is room for expanding the program.

15. Encourage the construction of new or additional hospital facilities where there is a need and adequate staff.—This has been well carried out.

16. Provide Public Service Programs at every opportunity—Polio immunization Services, Disaster Services, Health workshops, etc.—We cooperate with all public health officials in this program.

17. Publicize constructive accomplishments of our Auxiliary, Guilds,

State organization, osteopathic colleges, osteopathic hospitals and the osteopathic school of medicine.—We are continually working on this project.

18. Maintain high ethical standards for all members of the profession and all institutions allied with the osteopathic profession.—Every effort has been made toward this end, by the organized profession.

19. Seek State support for another osteopathic school of medicine, especially to have a college in this part of the country. We certainly can use another school and with as much interest shown in Texas, we might be able to get one built here.—There has been some serious thinking among the members of the official family in reference to this.

20. Maintain a strong Divisional Society membership and a strong Divisional Society. With the help of each individual in the districts, we cannot fail.

May I sum up the objectives of the Council on Development Program?

1. Develop better understanding of profession among the public.

2. Recruitment of qualified students.

3. Increase size, number, and quality of osteopathic hospitals.

4. Obtain funds for clinical facilities, faculties and research.

5. Obtain increased financial support for colleges.

6. Obtain funds for a seventh (7th) college.

Again, may I state that we are on the "Support Through Dues" program. We are offering two \$750.00 Freshman Scholarships; Each district, through the Board, has contacted some foundations; Auxiliary has been giving one \$500.00 scholarship; We have 28 Sustaining Members; We have a great many more men belonging to the 750 Club of the Kirksville College; We have quite a few private lay donors; We have Child Health Clinics; We have Liaison Committees working with M.D.'s, attorneys, druggists, auxiliary,

and our own specialty groups; We have a liaison committee with the insurance industry; We have college visits throughout the state of Texas by one of our college presidents, the executive secretary and a local osteopathic physician, the latter to maintain a close follow-up; We do a good job on all public functions such as Community Chest, Red Cross and Health Disasters; We have Vocational Guidance Dinners, with many more planned in the future; We do a good job in Public Relations; We have two D.O.'s on the White House Conference on Children and Youth, three D.O.'s on the Committee for the Aged, and one D.O. on the Hospital Licensing Advisory Board, all of these appointments approved by our Governor.

There may be a few things left out but by this missive, you should be better informed as to what and how we are doing and to what extent we can go with this Council on Development.

Medical Board to Meet

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

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

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

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Washington News Letters

OVR

Last month the Office of Vocational Rehabilitation approved a training grant for \$20,000, the top figure for first year grants, to the Kirksville College of Osteopathy and Surgery, for the support of rehabilitation teaching to under-graduate students.

FAA

Two more DOs were designated aviation medical examiners in May, 1960.

VA

Outpatient treatment incident to authorized hospital care for non-service connected veteran cases is authorized under Public Law 86-639 approved July 12, 1960.

FCC

In its order of July 20, 1960 assigning more frequencies to police and fire radio services, the Federal Communications Commission said its proposed Medical Emergency Service has engendered much opposition and that "—should the Commission conclude that establishment of a Medical Emergency Service would be in the public interest, a further Notice of Proposed Rule Making will be required which will set forth specific rules to govern this service, and on which interested parties will be afforded the opportunity to comment." See my Washington News Letter of March 10, 1960.

FDA

On July 22, 1960 the Federal Food and Drug Administration filed proposed new regulations calculated to correct the tendency of some manufacturers to describe to physicians the merits of a drug without giving informa-

tion regarding its hazards and the special precautions necessary for maximum safety and effectiveness. Virtually all prescription drug packages as well as descriptive printed matter distributed to physicians would be required to bear complete information for professional use of the drug. If the drug is intended for ophthalmic use or for administration by parenteral injection, the quantity or proportion of all inactive ingredients must be declared.

CDC

Refresher training in laboratory methods will be offered at the Communicable Disease Center, Public Health Service, Atlanta, Ga., during the period October 10, 1960 through April 7, 1961. Information and application forms can be obtained from the Laboratory Branch, Communicable Disease Center, Public Health Service, Atlanta, Ga. Courses include: Fundamentals of virology, Oct. 10-21; Diagnosis of tuberculosis, Oct. 31-Nov. 11 and Jan. 30-Feb. 10; Diagnosis of rabies, Nov. 28-Dec. 2 and Apr. 3-7; Bacteriophage typing and staphylococci, Dec. 5-9; Medical mycology, Jan. 9-Feb. 3; Serologic methods of microbiology, Jan. 23-Feb. 10; Study of pulmonary mycoses, Feb. 13-24; Medical bacteriology, Feb. 27-Mar. 17; Diagnosis of viral and rickettsial diseases, Mar. 13-31; Special problems in medical bacteriology, Mar. 20-24; Enteric bacteriology, Mar. 27-Apr. 7.

August 4, 1960

Radiological Health

Dr. Paul T. Lloyd, Professor of Radiology at PCO and member of the

American Osteopathic Board of Radiology, and Dr. Clyde C. Henry, Radiologist and Chairman of AOA Bureau of Professional Education, were among the PHS invitees who attended a Symposium on University Curricula in Radiological Health at Princeton, N. J. August 2-4. Sponsored by the Division of Radiological Health of the Public Health Service, the purpose of the Symposium was to explore the aspects of over-all qualification standards for specialists in the field, including educational requirements. Representatives of universities, professional societies, and Government health agencies were issued invitations.

Health Research Facilities

PHS Surgeon General Burney today announced approval of 66 grants to help build and equip additional health research facilities in 55 institutions, including a grant of \$7,350 for equipment for medical research building at COPS. Last year CCO received a research equipment grant and COPS a research construction grant. The grant covers half the cost. Seven hospitals were among the 66 grantees. The smallest grant, \$2,270, was to the Madison General Hospital at Madison, Wisconsin, for research equipment.

Government Employees Health Benefits

As of August 1, a total of 1,738,828 employees had enrolled in the Federal employees health benefits program, estimated to cost \$300 million per year of which the employees pay 62 percent and the Government 38 percent. 81 percent of the enrolled employees selected the high and more expensive options. The number of persons in the United States having major medical coverage is increased by about 20 percent. 54 percent, or 943,377 are enrolled with Blue Cross-Blue Shield. 27 percent, or 465,385 are enrolled with Aetna. See next page for breakdown of enrollments by employee organization plans and comprehensive medical plans.

September, 1960

Medical Care for Aged

The Anderson amendment to H. R. 12580 (see my Washington News Letter of July 6, 1960) continues to gain momentum and may be included in the bill which the Senate Finance Committee is expected to report soon after the Senate reconvenes Monday, August 8. The Anderson proposal would retain the health provisions of the House-passed bill—but only as a supplement, for those not eligible for OASDI benefits. It is reported that the rail unions will seek to have the Anderson plan amended on the Senate floor so as to apply to retired railroaders, thereby gaining the support of another large pressure group.

August 11, 1960

Medicare

The Office for Dependents' Medical Care in ODMC Letter No. 6-60, in relation to payment to sources of care for authorized services states: "Physicians, hospitals, and other entities eligible to participate are urged to submit their claims for the entire period of care furnished under the terms of the Medicare program as soon as possible after the completion of the services for which compensation is requested from the Government ('To' date, Item 18, DA Form 1863). Sources of care may, if they so desire, submit partial billings for cases involving long-term hospitalization or services furnished in connection with maternity care (e.g., antepartum care). However, the practice of submitting partial billings creates additional administrative work for the physicians, other sources providing care, and the fiscal administrator. It also increases the administrative costs and makes the compilation of accurate and timely statistics more difficult."

Federal Employees Health Benefits Program

A Medical Certificate of Incapacity is necessary when a Federal employee enrolls under a family plan and his family includes: A husband who is in-

Page 23

capable of self-support due to a physical or mental disability which can be expected to continue for more than one year; a child who has passed his nineteenth birthday and is incapable of self-support due to a physical or mental disability which existed before he passed his nineteenth birthday and which can be expected to last for more than one year; a child who is nearing his nineteenth birthday and is incapable of self-support due to a physical or mental disability which can be expected to last for more than one year. The Civil Service Commission instructed its own employees to procure a medical certificate of incapacity for the purpose completed by a "duly certified physician of medicine or osteopathy," the certification to be made on a special form: CSC Form 647. A copy of Form 647 is enclosed for your information and files. The other Federal agencies are likely to follow a similar policy, since the Civil Service Commission is the agency in charge of the program.

HONORED



LOREN R. ROHR, D.O.
Houston, Texas

Dr. Loren R. Rohr, 7112 Lyons Avenue, Houston, Texas, was elected 2nd Vice-President of the American Osteopathic Association at its annual convention held in Kansas City.

Dr. Rohr is a member of the Board of Trustees of the Texas Association of Osteopathic Physicians and Surgeons, Chairman of the Ethics Committee of that Association and was a Texas delegate to the A.O.A. House of Delegates.

T.O.H.A. Meets

The annual meeting of the Texas Osteopathic Hospital Association was held Saturday and Sunday, August 20-21, 1960 at the Texas Hotel in Fort Worth.

The morning of August 20 was devoted to a panel discussion on insurance problems. Panelists were members of the Texas Osteopathic Insurance Liaison (TOIL Committee: Mr. John V. Borden, Mr. George Henningesen, Dr. George E. Miller, Mr. Lee Davis, Mr. Truman Ferguson, Mrs. Jane Siniard, Dr. Phil R. Russell, Mr. Del Morgan, Mr. John Delaney and Mr. A. P. Dowlen. Moderator was Dr. G. W. Tompson.

At 2:00 P.M. Mr. Joseph A. Lilli, Hospital Consultant, Department of Public Health, gave an excellent talk on "Hospital Administration."

From 4:00-5:00 P.M. Mr. Homa Hill, a Fort Worth attorney, gave a speech on "Legal Responsibilities of Hospitals."

The annual dinner was held at 7:00 P.M. in the Longhorn Room of the hotel. Featured speaker was Dr. Glenn R. Scott, President of the Texas Association of Osteopathic Physicians and Surgeons whose talk was entitled, "Cooperation between Physicians and Hospitals." Mr. Lee Davis was toastmaster.

On Sunday, August 21, the meeting opened with an interesting lecture on the new Federal insurance program, presented by Mr. Robert S. Hawthorne of Blue Cross. Mr. Hawthorne then showed a film on hospital administration.

At 2:00 P.M., the TOHA held its

annual Business Meeting, at which time the following new officers were elected:

President, Gordon A. Marcom, D.O., Marcom Hospital, Ladonia, Texas; *President-Elect*, Mr. Lee Davis, Community Hospital, Houston, Texas; *Vice President*, Mr. W. L. Davis, Jr., Amarillo Osteopathic Hospital, Amarillo, Texas; *Secretary-Treasurer*, Mr. J. D. Weatherly, Stevens Park Osteopathic Hospital, Dallas, Texas; *Trustee*, Phil R. Russell, D.O., Fort Worth Osteopathic Hospital, Fort Worth, Texas; *Trustee*, G. W. Tompson, D.O., Community Hospital Inc., Houston, Texas.

In attendance were:

AUSTIN

T. E. Ferguson
Joseph G. Lilli
State Dept. of Health

AMARILLO

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

BIG SANDY

E. W. Lock
Big Sandy Hospital & Clinic

DALLAS

Robert B. Price
East Town Osteopathic Hospital
Dr. William S. Walters
Dr. A. W. Kratz
East Town Osteopathic Hospital
J. D. Weatherly
Stevens Park Osteopathic Hospital
Dr. Hyman Kahn
Louis S. Taylor
Dallas Osteopathic Hospital
Dr. George E. Miller
A. P. Dowlen
Great National Life Ins. Company
Robert P. Hawthorne
Blue Cross-Blue Shield
Harold Warren
Blue Cross-Blue Shield

EL PASO

Martha J. Wirtz
Park Foothills Clinic & Hospital
Dr. M. G. Holcomb
Tigua Osteopathic Hospital

FORT WORTH

D. J. Tousignant
Fort Worth Osteopathic Hospital
Mrs. Jane Siniard
Fort Worth Osteopathic Hospital
Ann Jones
Fort Worth Osteopathic Hospital

Mary Hinerman
Fort Worth Osteopathic Hospital
James T. Roberts
Fort Worth Osteopathic Hospital
Dr. P. R. Russell
Fort Worth Osteopathic Hospital
Dr. J. M. Rhodes
Fort Worth Osteopathic Hospital
Mr. Homa Hill
Attorney

GONZALES

Sidney L. Gustafson
Crews Hospital

GROVES

B. P. Bearden
Doctors Hospital

HOUSTON

Lee Davis
Community Hospital, Inc.
Hal H. Coker
Doctors Hospital
Mrs. Agnes Nelson
Tavel Clinic & Hospital
Dr. J. R. Horan
Industrial Hospital
Howard C. Blair
Houston Osteopathic Hospital
Dr. Lester I. Tavel
Tavel Clinic & Hospital
Dr. R. W. Schoettle
Dr. G. W. Tompson
Community Hospital, Inc.

KENNEDALE

William R. Harris
Doctors Hospital

LADONIA

Mary Hayes
Marcom Hospital
Dr. Gordon A. Marcom
Marcom Hospital

LUBBOCK

Dr. Richard M. Mayer
Lubbock Osteopathic Hospital
Lee Baker
Lubbock Osteopathic Hospital

MT. PLEASANT

Mrs. Nelda Dale
Mt. Pleasant Osteopathic Hospital
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Dr. G. W. Taylor
Mt. Pleasant Osteopathic Hospital
Dr. Palmore Currey
Currey Osteopathic Hospital

PLAINVIEW

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Achor Hospital & Clinic

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TYLER

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Coats Brown Osteopathic Hospital

WOLFE CITY

Dr. S. E. Smith
Wolfe City Hospital

AUXILIARY NEWS

Why Join the Auxiliary?

Gaining new members and renewing old ones are perennial problems that confront any organization. The Osteopathic Auxiliary is no exception.

We, as wives of osteopathic physicians, have an important function in the realm of public relations. Both individually and collectively we can work on public health drives, stimulate interest among high school students in osteopathic medicine, and concern ourselves personally with making a favorable impression.

Probably the most important project in which the Auxiliary participates is the awarding of scholarships to qualified young men interested in becoming osteopathic physicians. The survival of the profession is partially dependent upon recruiting students for our colleges.

How many times have membership chairmen heard the comment, "What

do I get out of Auxiliary membership?" First, it is a privilege that only wives, mothers, and daughters of osteopathic physicians enjoy. Six hundred wives united and working for a common goal can contribute immeasurably to the advancement of the profession. Dues alone from this number would add greatly to the service rendered by the organization.

Have you given serious thought to membership in the Auxiliary? Since our number is small, each member is vitally important. Your dues, attendance, and participation are needed now. The deadline for payment of dues is October 15, 1960. Your name on the State Auxiliary roster will enhance your prestige and ours. Say "Yes" this year to your district membership chairman.

MAY BURNETT (MRS. JOHN H.)
Membership Chairman

NEWS OF THE DISTRICTS

DISTRICT ONE

District 1 held its regular meeting August 13 at the home of Dr. Earle H. Mann in Amarillo. There was a good attendance.

Dr. Glenn R. Scott, President of the Texas Association, gave an excellent talk regarding the AOA convention and other matters concerning the AOA, which helped our district members realize how much the AOA is doing for us as individuals, as well as a group.

District 1 is planning to establish a permanent Student Loan Program to assist worthy students, to begin studies

in an osteopathic college, who otherwise would be unable to go.

Following the meeting, refreshments were served by Mrs. E. W. Cain and Mrs. Earle H. Mann, at the home of Dr. and Mrs. Cain.

Dr. and Mrs. J. Paul Price, Jr. and son, Ricky and daughter, Peggy went to Hartford, Conn. to visit Dr. Price's sister and family, Mr. and Mrs. A. A. Currie, Jr. They flew on a TWA 707 Jetliner.

Ricky Price earned merit badges in swimming, life saving, canoeing and row boating and was awarded the Boy

Scout Life Guard Award at Camp Kiowa Boy Scout Camp. Later he received his Star Scout Award at Boy Scout Court of Honor for Troop #40.

ROBERT E. CLAYTON, D.O.
Reporter

DISTRICT SEVEN

Elmer Baum's son, Alan, will play football for the University of Texas this fall, as a freshman. Elmer will be pretty busy now seeing the football games and going to see his granddaughter in Baton Rouge.

John Donovan's son, John, is in the University after a long hitch in the Navy.

Joe Love, Jr. won a Woodrow Wilson Scholarship to Stanford University to work on a master's degree. He is in France now, after receiving an A.B., from Harvard, with honors.

Judy Love will enter Sophie Newcomb (Tulane) this fall, after having attended the University of Texas during the summer. The Love family went to New Orleans to visit the school, in August.

There was a good advance registration for the Academy of Applied Osteopathy meeting in Austin, September 16-17 and for the combined meeting of the Radiological, Obstetrical and Pediatric societies on September 17 and 18. The Austin group invited everyone to attend one or both of these meetings.

Rumor has it that the new University of Texas Medical School will not go to San Antonio, but to Austin.

Andrew Viscardi of Austin will be a freshman at the Kansas City College of Osteopathy and Surgery, this fall.

Roy Kirkland plans to make a month's trip to the west coast, from Washington State down to California, in September.

Elmer Baum and Joe Love recently appeared on the program of the Arkansas Society. Dr. Baum spoke on legislative matters and Dr. Love on the professional program. They pre-

viously appeared on the Louisiana program speaking on similar subjects.

Dr. Baum attended the A.O.A. convention in Kansas City.

JOE LOVE, D.O.
Reporter (Austin)

DISTRICT SEVEN

We wish to welcome Dr. Anthony T. Mendicino, Jr.'s return to San Antonio. He is presently engaged in practice with his father.

Dr. Louis L. Dullye and family took an extended leisurely vacation starting with the National Convention in Kansas City and extending as far east as Washington, D.C.

We are making plans for Dr. Phil Russell's visit here Labor Day. He is already making arrangements for the Texas State Association convention for 1961 to be held in San Antonio. Dr. Russell told us that several new men are located in our District. Since they haven't made themselves known to the District Officers may I urge them to please contact us and make themselves known.

Dr. Marvin P. Ollom of New Braunfels has applied for membership in the San Antonio Osteopathic Hospital. We wish to welcome Dr. Ollom and if there are others in outlying areas, desiring Hospital affiliation

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we will be glad to help them in any way possible.

For fear that Austin might not mention it, I would like to tell that Dr. Joe Love's son had a scholarship and studied in Paris this past summer. And Dr. Elmer Baum's son was given a football scholarship to the University of Texas.

I just returned from two weeks visit in Reading, Pennsylvania. We were fortunate in visiting Gettysburg and the Pennsylvania Dutch Area served by the new Doctor of the year who was selected at the National A.O.A. Convention. I was also fortunate in being conducted around the Urban Renewal Projects of the Greater Philadelphia. Philadelphia is outstanding in the country for its works. Being a member of the Urban Renewal Commission for greater San Antonio this was indeed a wonderful and informative experience.

WALDEMAR D. SCHAEFER, D.O.
Reporter (San Antonio)

DISTRICT ELEVEN

A district meeting was held at Billy Crews in New Mexico on Thursday, August 11.

The meeting was short and to the point. Dr. Calabrese reported the highlights and activities of the A.O.A.

convention in Kansas City and plans were then made for professional programs for future meetings. In attendance were: District president—Dr. R. C. Valdivia, Dr. Charles Taylor Hall, Dr. and Mrs. John E. Holcomb, Dr. and Mrs. W. F. Hall, Dr. and Mrs. M. A. Calabrese and Dr. H. D. Smith and his guest, Wallace Ingram, who is a student in the Kansas City College of Osteopathy and Surgery.

Drs. LeRoy H. Lyon and R. C. Valdivia are attending post-graduate courses in Los Angeles this week (August 25, 1960).

Dr. and Mrs. Owen Vowell are on a well deserved vacation, touring the Northwest.

Dr. and Mrs. Roger R. Delgado are also on vacation. They are certainly deserving of this vacation after relinquishing their lovely daughter, Junie, in marriage.

Dr. and Mrs. M. G. Holcomb took a flying trip to Honolulu to visit their daughter, Sandy, who is attending summer school there.

Activities about the district have temporarily diminished and we are awaiting the fall term for the institution of many new programs in the district.

M. A. CALABRESE, D.O.
Reporter

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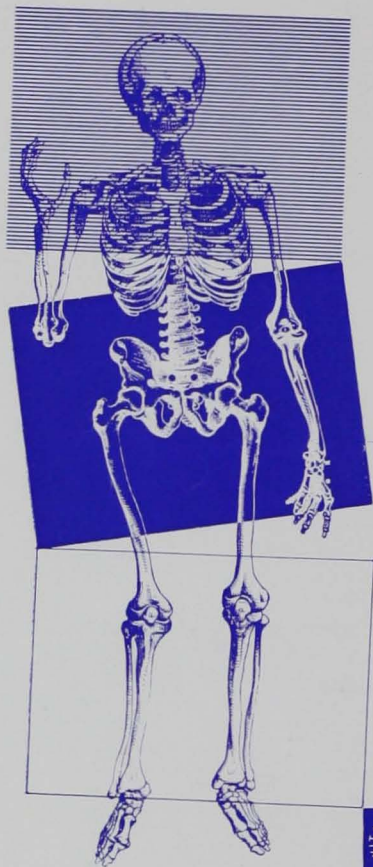
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