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VOLUME XXV FORT WORTH, TEXAS, JULY, 1968 NUMBER 3

In This Issue—

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VOLUME XXV FORT WORTH, TEXAS, JULY, 1968 NUMBER 3

Escape From Life

GEORGE W. NORTHUP, D.O.,
Editor, American Osteopathic Association

GEORGE W. NORTHUP, D.O.

One of the big problems of modern life is a movement of epidemic proportions — a near-hysterical effort on the part of people to escape from life. This mad effort to escape drives thousands of people, consciously or subconsciously, to the physician's office for help.

Physicians practicing in a medical world dominated by objective testing frequently fail to take the time for coming to grips with the patient's subjective problems. But whether the physician's office is in the "inner city," the suburbs, or in rural surroundings, he cannot escape the realization that many of the difficulties of the patients who come to his consultation room are colored by or even caused by this mad rush to escape or at least nullify the failure to face the problems of everyday living.

Much is said about comprehensive medical care. Physicians can no longer feel that by referring a patient to a psychiatrist, a psychological counselor, or a member of the clergy that he has discharged his responsibility to the patient who is suffering from the mental, emotional and clinical consequences of his lack of adjustment to today's climate.

Alcoholism is rampant in this country. Three hundred million dollars a year are spent by Americans for illicit drugs. Millions of dollars are spent on TV, radio, and magazine advertisements to encourage smoking, a known health hazard. As one authority put it, "Alcoholism, drugs and tobacco do not constitute a subculture — it is our culture." As physicians we must participate in and even create national, state, and community programs in an effort to curb these growing menaces. We must help in destroying the new type of slavery that is gripping our nation. The "slave masters" are far more ruthless than any portrayed in the pages of our history books. They do not look like villains; they are made to look like friends. They are suave and sophisticated, but their threat is very real and ever present.

We are concerned with civil rights; we should be. We are appalled by the riots in our streets; we should be. We should be aware of the part which the attack on moral and spiritual values plays in all of these conflicts. If physicians wish to retain their rights as physicians and as leaders in health care, they must accept their responsibility not only of easing the pains of life and extending life, but they must share the struggle to remold the character of the nation. They must help make life worth running toward rather than allowing it to become something from which so many wish to escape.

At Recent State Convention

Fun, Food, Honors and Prizes were Plentiful

The state convention for 1968 has come and gone and with it many memories of one of the most enjoyable TAOP&S functions in recent years. Every participant enjoyed the good program, fine fellowship and stimulating faculty and the ladies had some unusually fine functions for additional good measure, courtesy of the imaginative and resourceful auxiliary ladies of Disrtict VI, TAOP&S.

Elaine (Mrs. David R.) Armbruster, Pearland, was local convention chairman for the Auxiliary and many of the most enjoyable features were directly attributable to she and the fine group of auxiliarians who planned carefully and well for the reception honoring their Auxiliary Executive Board, a fine Hospitality Room and the Champagne Style Show.

Some other highlights included the fine foods which were well served by the banquet department of the Shamrock Hilton Hotel, famous for fine group functions but which certainly did an outstanding job for our meals. The imaginative menu ranged from shrimp and steak through knockwurst and beer; and not a bone was left unturned by final count at Fun Night which wrapped up the social festivities on Saturday night.

Unusually exciting was the drawing for prizes at fun night's intermission. For the first time, all registrants were entitled to participate in prizes including both doctors and their spouses. The number of prizes was more than doubled and the only thing that marred the awarding of prizes was Houston's flooding that night which prevnted the delivery of a clock-radio (won by Doris "Mrs. L. A." Browning of Fort Worth) and the waters must have risen pretty high because latest reports indicate that the prize has not yet been located and delivered to the lucky recipient.

The ladies actually won a good share of the prizes, with four shares of a mutual fund going to Effie (Mrs. Donald E.) Hackley of Spearman and six bottles of "Koh le Duc" being won by June (Mrs. Alan J.) Poage just in time to help celebrate Dr. Alan's designation as the newest Honorary Life Member of TAOP&S.

Also awarded were cash prizes of $75.00, $25.00 and an uncirculated set of "real" U. S. coins, as well as three spectacular pinatas imported from Mexico by the auxiliary especially for fun night. Among honors at the professional level were:

Texas Senior Citizen of Osteopathy — Dr. Howard R. Coats.

Honorary Life Member — Dr. Alan J. Poage.

General Practitioners of the Year — Drs. Norman B. and V. Mae Leopold.

These individual honors will be covered in detail on other pages of this issue.

"Dual" Selection Announced

Drs. Leopold and Leopold Designated General Practitioners of the Year

Dr. H. Eugene Brown congratulates 1968 selections of Texas College of General Practitioners in Osteopathic Medicine and Surgery.

Two general practitioners from Midland, who have won the reputation as "do-all" with respect to medical care for their patients, were a surprise dual choice as Osteopathy's general practitioners of the year within Texas. The award was announced at the annual banquet honoring the outgoing TAO-P&S President, Dr. Wiley B. Rountree, and was unusually significant in that two doctors were honored by this selection which in the past has been strictly limited to a single honoree.

H. Eugene Brown, Jr., Lubbock D.O. who serves as President of Texas College of General Practitioners in Osteopathic Medicine and Suregry, made the awards. Dr. Brown was reelected to the presidency of TCGPOMS at a later business meeting.

According to Dr. Brown, the Awards Committee had received some 28 highly qualified nominees for the G. P. of the Year award and were completely unable to focus their evaluations upon a single selection. Therefore the idea of a dual selection was presented and won unanimous approval from the committee. The committee noted that Norman and V. Mae Leopold commenced their medical education in Kirksville, Missouri, some forty years ago but were forced to interrupt their professional studies because of a lack of funds.

They resumed and completed their training at KCCOS in 1935 and 1936, respectively. Their general practice today consists chiefly of families whom they have known and treated for years, and it is not uncommon for them to at this time be treating third and fourth generations. The Doctors Leopold have for years made monthly contributions to KCCOS and both have been honored with the title of "Life Blood Contributors" in the records of the alumni association. Beyond this, a number of their patients happily give to KCCOS each year through the Seals Campaign, providing funds for scholarship and research.

Through the years they have influenced at least six persons to choose Osteopathic medicine as a professional vocation. In the Leopold family, itself, there are several others who are practicing Osteopathic physicians. Dr. V. Mae has a brother practicing in Oklahoma and Dr. Norman has two brothers active in Kansas. There has been a Student Doctor Leopold in one of the Osteopathic colleges for the past three generations. The Leopolds have three children and four grandchildren:

David, of Grand Rapids, completing a residency in pediatrics; Adair (Mrs. David Carlyle), wife of a Colorado Ph.D.; and Sue, who is single and graduated from KCCOS in May of this year. She will serve an internship in Garden City, Michigan.

M. C. O. M. Forecast

New Michigan Osteopathic College Seen as Professional Milestone

The new Michigan College of Osteopathic Medicine will be a vital milestone in the strength and expansion of the profession according to remarks addressed to an informal meeting by an authoritative lay observer earlier this month. The speaker, a long-time friend of the new osteopathic educational effort but not officially connected with it, based this confident appraisal upon his evaluation of the studies nearing completion made by a joint study committee of the Michigan state legislature concerning the feasibility of state support for the new professional college.

Noting that substantial monies have been expended in the study, he said it was clearly not necessary for the Michigan legislature to spend $125,000 in order to learn that it didn't want to do something. The legislature appears to be looking carefully at their public responsibility and fully realizes the great contributions made by the D.O.-physician and the extensive planning of development and funds expended by the study group were interpreted as almost a certain indication of ongoing public support in the very near future.

Inasmuch as the college project has benefitted from the consistent support of the profession throughout the entire country, the addition of permanent legislative recognition and support would be instrumental in opening the approaches to substantial private foundation financing, it was said.

Because the profession does not have at this time any individual or group which has actually experienced the beginning and eventual establishment of a new Osteopathic college, the success of this venture is expected to be a milestone significant in many areas other than Michigan, the speaker continued. In his opinion the legislators recognize the strength and maturity of the D.O. profession which feels strong enough not only to provide medical care of a unique quality and calibre, but also is ready to enter into its responsibilities for expanding failities for higher education. Leadership appears to have sufficient statesmanlike qualities to insure the dedication and motivation of the new institution toward the vitally necessary objective of training more doctors better.

UNASSIGNED COMMITTEES OF T.A.O.P.&S.

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Richard L. Stratton D.O., Chrm.

HISTORY OF OSTEOPATHY
Phil R. Russell, D.O., Chrm.
Wendell V. Gabier, D.O.

Osteopathic Educator Expires

DR. EUGENE P. POWERS

Members of the osteopathic profession were extremely saddened to learn of the death of Eugene P. Powers, B.S., M.S. Ed.D., the fifth president of the Kansas City College of Osteopathy and Surgery, who expired following surgery in Rochester, Minnesota on Saturday, July 20. The acute illness and subsequent cranial surgery were entirely unexpected according to Dr. Powers' colleagues in the Association of Osteopathic Colleges, which was in annual session in Chicago when the information was received.

Dr. Powers had received the warm regard and affection of very many DO's in Texas who became acquainted with him between April 17, 1966, the date he accepted the presidency, and the date of his demise. He had provided an exceptional degree of inspiring leadership for students and faculty on campus as well as for the alumni of the school throughout the United States. The great development program for KCCOS envisioned by Dr. Powers was in the first elements of realization when his death took place, according to information made known by his associates.

Dr. Powers had previously held administrative and professorial appointments at East Stroudsburg State College, Scranton University, John Hopkins and LaSalle College.

Commissioned as a captain in the Naval Reserve, Dr. Powers had received 11 commendations for educational service to the Navy. His earned doctorate was received in 1955 from Temple University.

Common Injuries to the Athlete and the Basic Principles of Management

In presenting this paper I have listed the more common injuries in alphabetical order, and in some instances will give a proper definition of the injury which may help in filing insurance and medical reports on injuries not only to the athlete but also to the patient in your everyday practice.

ABRASION: An abrasion is a scraping injury of the skin with the majority occurring where there is a firm underlying tissue such as bone in the tibial area or over the malleoli of the tibia and fibula, the patella, crest of the ilium, and the elbow. The most important consideration here is to rule out a bony injury, and then to treat the injury from the standpoint of prevention of infection.

In treatment of the abrasion the first step is proper cleansing of the skin with soap and water. On some occasions it might be advisable to utilize a sterile scrub brush to scrub the wound parallel to the abrasion marks. In cases of severe abrasions, the use of a topical anesthetic prior to this procedure is helpful. As a rule the application of a simple dressing with Telfa-type surface is adequate.

BLISTERS: Blisters on the skin appear under a variety of circumstances, the most common one being from ill-fitting shoes or socks or wrinkles in the socks, and from adhesive tapes or other external means of splinting or supporting. This friction causes the skin to separate in superficial layers from the underlying dermis, the area fills with an exudate and the blister forms. While a blister might seem rather minor, it is a site of irritation and can be very disabling to the individual. It also serves as a source of swelling and cellulitis which can become a major problem.

The best treatment for blisters is prevention by careful fitting of shoes and wearing apparel, and by the professional approach in taping and strapping injured parts.

Once a blister has formed, the treatment depends upon the location of the blister. If it happens to be in a non-weight-bearing area, it can best be treated by sterile preparation of the surface of the blister itself and the surrounding tissues, removing the top of the blister allowing the exudate to be expelled, and then applying to this surface tincture of benzoin spray or some other medication. If the blister should involve the soles of the feet or the toes, the area can be prepped as described earlier. A hypodermic needle is then introduced within to withdraw the fluid and medication is applied over the area. By doing this, some portion of the callus is preserved and the area is less painful, having a natural surface in contact with the involved area.

BURSITIS: Bursitis is an inflammatory reaction with a bursa. This problem will vary from a mild irritation to the suppurative bursitis with abscess formation. A bursa facilitates motion between contiguous layers of the human body, and the athlete is prone to bursal involvement because of the repetitious type of trauma and direct contact with his competition.

Treatment consists of aspiration of excess fluid, infiltration of Celestone or similar medication, and protection of the part against direct trauma. Application of a pressure bandage is frequently helpful. If the condition becomes chronic, surgical removal of the bursa would be the treatment of choice.

CONTUSION: Contusion is defined as a direct blow against the skin and underlying tissues resulting in bruising. This causes capillary rupture and infiltrative type of bleeding with edema and inflammatory reaction.

Treatment consists of limitation of bleeding and application of cold pressure bandages in the early stages with immobilization of the part. After the first twenty-four hours local heat is helpful. Use of the various forms of physiotherapy is not indicated and is sometimes contra-indicated. Rehabilitation is best carried out by active exercises started out in a slow, progressive manner.

DISLOCATION: Dislocation is best defined as displacement of the opposing contiguous surfaces making up a joint. Subluxation is considered a partial dislocation and is a term that must be used in a guarded manner. In dislocation there is invariably rupture and tear of the ligamentous structure. Consequently, there is a major problem as far as the healing process of the athlete is concerned because it takes from six to eight weeks for ligamentous structures to heal to a state of completion, and that is when the parts must be immobilized. Dislocations are extremely painful and should be reduced as soon as possible. The sooner they are reduced the easier it is to obtain a reduction. From a medical-legal point of view one should have x-ray studies prior to the reduction in order to determine whether there is a fracture accompanying the dislocation as this is a common occurrence.

The shoulder, for instance, is a common joint to dislocate because of the shallowness of the glenoid fossa. As a rule the force that causes the dislocation does not cause the fracture, but rather the initial impact of the force results first in fracture and then a dislocation because of the loss of stability from the tendonous attachments.

Dislocation of the elbow is also common and quite serious because of the blood vessels and nerves that are so closely related to the bones involved. Immediate reduction of this dislocation is imperative, of course, with certain limitations where the patient must be adequately prepared for the general anesthetic if this is required. Many of these dislocations can be reduced effectively through medical hypnosis or heavy sedation with Morphine or Demerol.

EFFUSION (Water-on-the-knee): It must be emphasized that this is not a disease, but a result of a disease or injury. The excessive fluids released must be removed in order to avoid obstruction of the synovial membrane which has two major functions. One is to secrete the synovial fluid, and the other is to absorb it or maintain the balance. With the overstretching in excessive effusion these two characteristics can be disturbed. The constant stretching of the capsule of the joint itself can take place

NOTICE OF EXAMINATION

The next meeting of the Texas State Board of Medical Examiners when Examinations will be given and Reciprocity applications will be considered is scheduled for December 2, 3, 4, 1968, at the Hotel Texas, Fort Worth, Texas.

Completed examination applications for applicants who graduated from United States medical schools must be filed with this office thirty days prior to the meeting date.

Completed examination applications for applicants who graduated from 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.

TEXAS STATE BOARD OF MEDICAL EXAMINERS
1612 Summit Ave. — Suite 303
Fort Worth, Texas 76102

under such pressure. It is better to withdraw this fluid daily if necessary in order to avoid the pressure as described. I have had experience removing four to five hundred cc.'s of fluid from the knee of a high school athlete which may seem incredible. At a point relative to preparation of withdrawal of this fluid, it is imperative that absolutely sterile technique be used because a contaminated needle or local anesthetic or syringe may result in a direct infection which would create a very serious problem because of the synovial fluid serving as an ideal media for many microbes. In my experience the injury or rupture of the medial semilunar cartilage has been the most common cause of such effusion, and the knee joint has been tl.e one most likely to suffer from this entity.

FRACTURE: Many youngsters playing football and basketball today are still in a period of growth. In the treatment of fractures of the athlete, therefore, I would recommend comparative studies be made where joints are involved, in at least two views, AP and lateral, and preferably right and left obliques also.

Most fractures can be fixed by closed reduction, although certain fractures such as fracture of the lateral condyle of the humerus and slipped femoral capitus fractures, require specific treatment with anatomical reductions. Frequently open reduction is required.

Fractures of certain bones such as the navicular of the wrist invariably have a bad prognosis, and as a rule require a long period of immobilization and may on occasion require a bone graft. This is one fracture that is frequently overlooked, and is often only picked up by making comparative studies of the wrist. When there is no radiographic evidence on the AP and lateral of the wrist and the patient continues to have disability several additional views of this bone may prove helpful. At this time a radiologist should be consulted with x-rays taken as the wrist is suppinated and pronated, probably requiring five to six views to rule out fracture of the navicular.

The avulsion fracture of the athlete is quite often overlooked. This fracture is when the ligaments fail to rupture and actually pull a portion of the bone where the ligament is attached. This is a common but serious fracture.

HEMATOMA: Hematoma is best described as hemorrage with accumulation of pooled blood in a restricted area. That means it is not infiltrated throughout the soft tissues and is collected in a specific area and maintains its identity as blood. Many times a hematoma, especially in deeper soft tissue areas, is difficult to diagnose. Even aspirating with a needle in the early stages fails to produce any blood because of the clot which forms quite rapidly. Later on in the procedure, fluctuation may be detected and at this time the serum portion of the blood may be withdrawn. Treatment consists of evacuation of the blood, many times requiring a sterile preparation with a local infiltration of anesthetic and an incision made into the cavity. Gentle pressure is applied to expel the almost black gelatinous-like material with the insertion of a drain. Also the use of Papase, Ananase or a similar preparation helps to carry away the debris early and a little more rapidly and has a definite place in this type of treatment. The use of Hyaluronidase injected into the hematoma is believed to break down the confines of the wall and hasten absorption of the blood. Cold applications are indicated early in the treatment, and a f t e r twenty-four to thirty-six hours, heat with controlled activity.

LACERATION: Laceration may be defined as a separation of skin with relatively sharp, clean, edges such as a knife or razor blade cut. In the treatment of lacerations, the underlying tissues should be considered for injury such as fracture of bone or tendon la-

ceration. After ruling out these problems, the wound is cleansed with soap and water and properly sutured under sterile conditions. The minimum amount of suture should be used and care taken to avoid using sutures to tie off small bleeders which usually will stop upon closure of the skin and superficial fascia.

MUSCLE CRAMPING: There are many causes of muscle cramping or muscle spasm in direct contact sports. I would say the most common cause would be a blow to the muscle causing slight infiltration of blood and over-stretching of the muscle creating a rupture of some of its fibers. This actually would be a strain which indirectly results in impeded circulation and consequently muscle spasm. Treatment is simple in most instances. The player, usually by natural instinct, applies pressure over the spastic muscle and at the same time tries to make it go through its normal range of motion. This cramp may be released by contraction of the opposing muscle. The athlete should be reminded that in following this approach he is just trying to restore normal motion, not excessive motion which will cause the cramp to recur.

MYOSITIS OSSIFICANS: This is frequently a combination of contusion and hematoma that involves the muscle near its origin on one of the bones. This basically is believed to be due to the ossification of infiltrative blood along the muscle origin on the bone. It may appear as a simple exostoses having a broad base, and may seem to involve the periostium rather than the muscle itself which causes merely a displacement of the muscle by the ossified mass. There is no place for any operative approach to this problem in the early stages of myositis ossificans. Probably the best treatment is the use of heat, but no passive manipulation

should be done. Some activity with restrictions is permissible when it is painless. Rehabilitation should be carried out for at least several months depending upon the ability to move the involved part, but *only* when such movement is painless.

OSTEOCHONDRITIS DISSECANS ("joint mice"): Osteochondritis dissecans is a joint affliction mostly commonly encountered in the knee joint. There is some belief that it is the result of an ischemic necrosis due to faulty circulation in the epiphyseal vessels. Others believe it is due to direct trauma. Nevertheless, the resulting injury is a separation of the fragment of the subchondral bone with the underlying matrix. Many times it is extremely difficult to detect by radiographic study, and again requires special consideration and study by the radiologist to determine the extent of injury. In some instances the fragmented portion remains in place and merely floats in the cavity because there is no particular stress and strain there that would cause displacement. However, there are some instances where the fragment becomes entirely free and floats around in the body.

The use of a contrast media and techniques referred to as arthograms would be helpful in many of these cases.

Treatment consists of the surgical removal of the involved parts. Of course surgery, involving most commonly the knee joint, necessitates an arthrotomy with removal of the fragment and then trimming the edges of the cavity. Gentle currettement or perhaps small drill holes through the cavity may encourage the reformation of tissue resembling cartilage.

NERVE INJURY: The nerve injuries most commonly encountered in athletes are those of contusions and stress. Contusions are frequent over the common perineal or superficial perineal nerve which is behind the head of fibula, the radial nerve in the mid-arm, the axillary nerve in the shoulder, and the ulnar nerve in the elbow. As a rule injury to a nerve gives just a shocking sensation along the course of the nerve distribution, but there are times when bruising or contusion may give a general state of paralysis along the course of the nerve. In the majority of instances, rest, splinting, and a position to release the tension will suffice. The stress factor in these superficial injuries of the nerve is encountered most frequently in dislocations such as the elbow and the shoulder. These as a rule respond very well to conservative treatment.

PUNCTURE WOUNDS: This type of wound is described as one that is caused by a penetrating object such as a nail or splinter. Such a wound is quite dangerous because of the failure to have the aperture cleansed by the blood of the patient. Again we rule out any underlying damage and if it is a dirty wound, which in most instances it would be, the area should be cleansed well and the skin split with a scalpel. A small drain might be inserted or the very edge of the sterile dressing leaving the wound open. In most instances this need not be more than ¼". Cauterization with the use of a nitrate stick is helpful. The patient should be checked for his history of tetanus prevention although this may be routine in many athletic programs.

PHLEBITIS: This is not a common condition with athletes but happens occasionally accompanying contusions, sprains, and strains. If a state of phlebitis is generalized or extensive, it will require anticoagulant therapy which will require hospitalization. The main factor here is to alert the athlete to this danger and teach him to be aware of the entity for its symptoms.

SKIN INFECTIONS: Skin infections as a rule are secondary to direct trauma, or as a result of contamination by the facilities in the training room. All skin infections should be treated with sterile bandages which are carefully removed and destroyed to prevent the spread of

infection. Once the so-called "pimple" or "boil" has formed, it is best handled surgically, preferably in a clinic or office away from the dressing room. A case of staph or strep should be isolated from the rest of the team-mates until the infection is under control.

Fungus infections are a common cause of marked disability and frequently form under adhesive tape or bandages which are left on an area and keep out the sunlight and air. Again, preventive medicine is the best and routine use of Desenex or other preparations to prevent initial breakdown is the best form of treatment. The use of individual shoes, stockings, etc., of course is imperative. The exposure of equipment such as shoes, knee and shoulder pads, and the like under ultra-violet light, has a place and might be the best means of prevention.

SPRAINS: A sprain is an injury to the ligamentous structures. This term is quite confusing to many people and is often used in describing the injury to muscles, which of course is wrong. That is strain and concerns muscle fibers. Sprain concerns ligaments. As we know, the ligaments are structures designed to prevent the abnormal motion of a joint and still permit normal function. Sprains will vary from that of a mild sprain in which there is a small hematoma in a localized area, to moderate sprain which has torn some fifty per cent of the fibers of the ligament allowing the function of the ligament to a degree, to finally what we term a severe sprain where there is a complete tear of the ligament with the separation of its ends. Then there is also sprain-fracture or an evulsion fracture which is tearing loose of the insertion of the ligament into the involved bone. Relative to the treatment of sprain, the first two categories can be treated successfully by conservative method, whereas the second two require surgical repair in most instances in order to lessen the disability.

STRAINS: A strain is damage to the tendon or muscle by over-use or overstress. In cases where there has been a complete disruption of a muscular-tendonous junction or a complete breakdown or rupture of the muscle body, surgical repair is indicated and sometimes grafting of fascial layers over the repair of the muscle body. The lesser involved injuries, where there are few muscles involved, as a rule respond to rest and various forms of physiotherapy and rehabilitation by exercising.

SYNOVIAL HERNIA: This involves the tendon sheath and results in what is more commonly referred to as a ganglion. This results in a defect in the fibrous sheath of the joint or tendon, and as a result a segment of the synovium herniates through causing a balloon or bubble-like structure. Treatment

of these lesions as a rule is surgical. However, I have successfully treated some of these lesions by multiple puncture after the use of local anesthetic in the area, and an occasional infiltration of a small amount of Cortisone. Other cases I have known to subside and not recur.

TENOSYNOVITIS: Tenosynovitis is the inflammation of the synovium surrounding a tendon. This inflammation may be due to a stress and strain or over use, a direct blow, or infection. The symptoms are usually pain on function which progresses to a point where the patient has difficulty resting. Crepitation sometimes is noted. The actual mechanical factor in this entity is tightness of the tendon to its tendon sheath creating a friction rather than a smooth gliding motion. Treatment as a rule is rest, heat and local injection. This treatment will vary with the site of the condition. I personally have found the most useful method of treatment is the injection of ½% Procaine with Decadron or Celestone. A weaker anesthetic gives you the use of a hydrostatic pressure which many times will have a stretching affect upon the sheath. At the same time have a small amount of the cortizoid present which will help counteract the inflammation.

CONCLUDING STATEMENT: This paper has been prepared with the intent to acquaint the team physician and all practitioners with some of the more common entities encountered in treatment of the athlete. I have pointed out correct definitions and use of terminology to aid in writing medical reports, compiling physical examinations, and filling out insurance forms. The few basic principles of orthopedics included should be helpful in diagnosis and treatment.

T. T. McGRATH, D.O., F.A.C.O.S.

Calendar of Events

July 27-28, 1968 — MEETING OF TEXAS ACADEMY OF APPLIED OSTEOPATHY, Austin, Texas, Gondalier Motel, from 2:00 P.M. on Saturday to 5:00 P.M. on Sunday. Contact: Dr. George Grainger, 704 South Bois d'Arc, Tyler, Texas 75705.

August 23-24, 1968 — TEXAS OSTEOPATHIC HOSPITAL ASSOCIATION, Sheraton Motor Inn, San Antonio, Texas. Contact: Mr. Tom G. Leach, Fort Worth Osteopathic Hospital, 1000 Montgomery Street, Fort Worth, Texas 76107.

Life and Death Conference Views Medical Controversies

WASHINGTON, D.C. — Prevention of disease is a better use of medical resources than are organ transplants, participants in an inter-faith "Life and Death Conference" agreed here.

Nearly 100 persons, more than half of them United Methodists from the Washington area, attended the consultation on medical and moral problems of modern medical technology. The United Methodist Board of Christian Social Concerns co-sponsored the meeting, along with Episcopal, Presbyterian, Roman Catholic and Lutheran agencies. Host was Washington National Cathedral.

The consensus reported was:

- that mechanical means should not be employed to keep any person alive who has suffered massive brain damage, thus turning into a "human vegetable."
- that abortion is morally justified under certain circumstances, particularly in case of rape and incest.
- that, were it scientifically possible, parents should not choose the sex of their children.

The fact that man has been transplanting body tissues for more than 300 years was pointed out by Dr. Donald S. Frederickson, chief of the Laboratory of Molecular Diseases. He noted that the current widespread attention was due to single organ transplants, since "each person has only one heart to give or receive." He urged that transplants and artificial hearts do not represent real solutions to the problems.

Participants agreed almost unanimously that major medical resources should be employed for prevention of disease, particularly in poverty areas, rather than on transplants, although many felt that U. S. resources were sufficient to work in both ways.

. . . from "The Texas METHODIST"

PROGRAM FOR ANNUAL SESSIONS

TEXAS OSTEOPATHIC

Sheraton-San Antonio Motor Inn, San Antonio

THURSDAY, AUGUST 22, 1968

6:00 — 8:00 P.M. HOSPITALITY HOUR
STARLIGHT ROOM
(Members, Speakers and Guests)

FRIDAY, AUGUST 23, 1968

8:00 — 9:00 A.M. REGISTRATION
LOBBY

9:00 A.M. MEMBERS ASSEMBLE
BALLROOM

9:00 — 9:15 A.M. WELCOME
PRESIDENT TOHA
MR. T. G. LEACH

9:15 — 10:15 A.M.
A.O.A. ACCREDITATION
DR. ROBERT H. NOBLES
Introduction — Mr. John Isbell

10:15 — 10:30 A.M. COFFEE BREAK

10:30 — 11:30 A.M. TEXAS DEPARTMENT OF HEALTH'S ROLE IN MEDICARE CERTIFICATION
MR. CARROLL GREGORY
Introduction — Mr. Olie Clem

11:45 — 1:30 P.M. LUNCHEON
STARLIGHT ROOM
COMPREHENSIVE HEALTH PLANNING
DR. ELMER BAUM
Introduction — Dr. Glenn Scott

1:45 — 2:45 P.M. NON-DEGREE TRAINING IN PARA-MEDICAL FIELDS
MR. JOHN R. GUEMPLE
Introduction — Mr. B. P. Bearden

DR. ROBERT H. [illegible]
OP&S — Dr. Noble[illegible]
appointed by TOHA [illegible]
A.O.A. accreditation [illegible]

MR. CARROLL [illegible]
the Director of the [illegible]
Consultation, Medica[illegible]
Section, Texas State [illegible]
vision is responsible f[illegible]
consultation as it rela[illegible]

DR. ELMER C. B[illegible]
on comprehensive he[illegible]
important to all of us.
Dr. Baum presently is [illegible]
chairs the Public Heal[illegible]

MR. JOHN R. GU[illegible]
Assistant Commissione[illegible]
Education, Texas Educ[illegible]
technically trained per[illegible]
viated through progra[illegible]
programs in Junior C[illegible]
of Senior Colleges.

MR. H. B. NUNN
Antonio office of the
and Hour and Public
discuss the labor law
hospitals.

MR. HARRY MIL[illegible]
and Hospitals Associa[illegible]
will participate in the
of the small hospitals

HOSPITAL ASSOCIATION

22, 23 & 24 August, 1968

2:45 — 3:00 P.M. COFFEE BREAK

3:00 — 4:00 P.M. FUTURE OF THE SMALL HOSPITALS

PANEL DISCUSSION

Dr. Elmer Baum, Mr. Carroll Gregory, Mr. John R. Guemple, Mr. Harry Miller

SATURDAY, AUGUST 24, 1968

8:15 — 9:00 A.M. CONTINENTAL BREAKFAST

BALLROOM

(Provided for the late risers)

9:00 — 10:00 A.M. LABOR LAW AS APPLIED TO HOSPITALS

MR. H. B. NUNN

Introduction — Mr. W. J. Dolbee, Jr.

10:15 — 10:30 A.M. COFFEE BREAK

10:30 — 12:00 NOON BUSINESS MEETING

SUNDAY, AUGUST 25, 1968

BREAKFAST AT THE TOWER

T.O.H.A. OFFICERS 1968

President	T. G. Leach
President-Elect and Program Chairman	B. P. Bearden
Immediate Past President	W. J. Dolbee, Jr.
Secretary-Treasurer	Grace Sharp
TRUSTEES:	Dr. Glenn C. Scott Dr. Seldon E. Smith

T.C.O.M. Support Firming-Up

Osteopathic College Pledges From Delegates and Trustees Swelling Total

Well over $100,000.00 (one hundred thousand) was enthusiastically pledged at the annual meeting in May by TAOP&S members of the Board of Trustees and House of Delegates, according to Dr. George J. Luibel, Chairman of the Board for the planned institution. Having been invited to appear before the TAOP&S Board, Dr. Luibel was then authorized to make a formal report to the House of Delegates with the unanimous support of the TAOP&S Board.

Although Dr. Luibel's appearance was primarily for assessing the degree of solid suport that exists among the profession in Texas, pledge forms were made available and the almost spontaneous response of the individual officers and delegates aggregated in excess of one hundred thousand dollars. Dr. Luibel's board estimates that some $1-million will necessarily have to be pledged by the state's osteopathic physicians before public and governmental support in any great size can be generated.

Chartered two years ago by the State of Texas, the proposed facility is authorized to train candidates for the D.O. degree, to offer post-doctoral training, to conduct an R.N. school, and to train laboratory, X-ray and other paramedical personnel. Present plans are to locate the college in the Fort Worth — Dallas area to facilitate using the accredited and approved Osteopathic hospitals, all of which have pledged their utmost cooperation with the new college. These hospitals constitute well over $6-million of modern acute general medical and surgical facilities in excess of 500 patient-beds capacity. Architectural consultants have been retained and preliminary plans for the college have been developed. Members of the corporate board for the college have been devoting much of their time to investigating the possibilities of likely sites, inspecting new facilities on existing Osteopathic college campuses and in studying the securing of key faculty personnel. Members of the board who are contributing finances, time, energy and talent without remuneration include the following:

George J. Luibel, D.O., Fort Worth
Samuel B. Ganz, D.O., Corpus Christi
John H. Burnett, D.O., Dallas
John L. Witt, D.O., Groom
Carl E. Everett, D.O., Fort Worth
Daniel D. Beyer, D.O., Fort Worth
H. George Grainger, D.O., Tyler

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Trademark

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Each capsule contains Dexedrine® (brand of dextroamphetamine sulfate) 15 mg., and Compazine® (brand of prochlorperazine) 7.5 mg., as the maleate.

Especially for patients who react to emotional stress by overeating

Before prescribing, see complete information in SK&F literature or *PDR*. The following is a precautionary statement.

Contraindications: Hyperexcitability, undue restlessness or anxiety; hyperthyroidism; lactating (nursing) mothers; patients taking MAO inhibitors.

Precautions: Use in pregnant patients only when deemed essential for patient welfare. Phenothiazines may potentiate central nervous system depressants and organic phosphate insecticides. Use cautiously in hypertension and coronary artery disease. Psychological dependence may result from excessive amphetamine use. In such cases, withdrawal of the medication is recommended.

Adverse Reactions (reported or considered possible with the components of 'Eskatrol'): *Dextroamphetamine*—Overstimulation, restlessness, insomnia, gastrointestinal disturbances, diarrhea, palpitation, tachycardia, elevation of blood pressure, tremor, nervousness, sweating, impotence and headache. *Prochlorperazine*—Sedation, dizziness, hypotension, tachycardia, dry mouth, skin rash, tinnitus, vertigo, nasal congestion, miosis, lethargy, cholestatic jaundice, leukopenia, agranulocytosis, neuromuscular (extrapyramidal) reactions (motor restlessness, dystonias, pseudo-parkinsonism), convulsions, catatonic-like reactions, reversal of epinephrine effects. For a comprehensive presentation of 'Eskatrol' prescribing information, including adverse effects reported with phenothiazines, see SK&F literature or *PDR*.

How Supplied: Bottles of 50 capsules.

Smith Kline & French Laboratories

Interprofessional Interpretations Noted

The Committee on Interprofessional Relations of TAOP&S has advised concerning interpretations of the T.M.A. Board of Councilors of the May, 1967, action of the Texas Medical Association's House of Delegates pertaining to professional relationship between Doctors of Medicine and Doctors of Osteopathy, as follows:

"1. Can office space be leased to an osteopathic physician in an office building owned and occupied by a doctor of medicine, the lease to be in separate suites, but in the same building?

Such a lease would be permissible.

2. What is the effect of a "mixed hospital staff" of M.D. and D.O. physicians on the M.D.'s membership in his county medical society?

This is a matter of local direction by the county medical society members and if agreed to by the county medical society, would not jeopardize the M.D.'s membership in his county society, TMA and AMA.

3. Is the appearance of doctors of medicine as instructors on scientific programs sponsored by osteopathic associations or organizations permitted now?

If the doctors of medicine are satisfied that the programs on which they are to appear as instructors are by reasonable and objective evaluation and accepted criteria consistant with scientific and ethical medical practices, such appearances would not be inconsistant with the May, 1967 policy position on M.D. — D.O. relationships adopted by the House of Delegates of the Texas Medical Association.

4. May there be a consultation between M.D.'s and D.O.'s in an osteopathic hospital?

Yes! If the osteopath practices scientific and ethical medicine, consultations are permitted in the osteopathic hospital or office, or in the doctor of medicine's office, the patient's home, etc.

5. May an M.D. perform surgery in an osteopathic hospital?

Yes! If the criteria of scientific and ethical medicine are met, it makes no difference if the consultation is medical or surgical.

6. May an osteopath, with approval of the hospital medical staff, assist an M.D. in an operation in an M.D. hospital?

Yes! If the medical staff approves, the hospital trustees agree, and the osteopath qualifies as practicing scientific and ethical medicine.

7. Is it acceptable to grant membership for an osteopathic physician on the medical staff of a hospital which has heretofore been comprised of doctors of medicine only?

There is nothing inherent in the actions of the House of Delegates or Board of Councilors of the Texas Medical Association which would indicate or require any changes in hospital staffing patterns until and unless the medical staff of the hospital decides that an applicant is qualified for membership — M.D. or D.O. — and the Bylaws of the hospital, as approved by the Medical Staff and the Board of Trustees, authorize admission of a doctor of osteopathy to the hospital.

8. What are the procedures for admitting osteopathic physicians to postgraduate medical training courses in medical institutions?

Essentially the same as those applied to the individual M.D. — D.O. relationship. Each osteopathic physician should be evaluated individually to determine his scientific and ethical qualifications."

L'Arte Medica

M. A. CALABRESE, D.O.

I suppose one could entitle this article "Why I Could Never Leave Osteopathy" or "I Wouldn't be Caught Dead as an M.D." I'm sure most of you are already familiar with the article which appeared in the *Osteopathic Physician* May 1968 titled "Why I Am Leaving Osteopathy" by Stephen Sheppard, D.O. (m.d.) If you haven't read it as yet I recommend it very reluctantly, as I feel it may make you sick — or for maybe a lack of a stronger word down right disgusted.

Quite truthfully for some time I have been mulling over in my mind an idea about an article on how I got into Osteopathy and what it meant to me, etc. but couldn't find any excuse or lead into the article until I read Dr. Sheppard's "True Confession" which gives me plenty of ammunition to sound off. I should think his article would arouse the indignity of every dedicated osteopathic physician in the country with a resounding roar heard from coast to coast.

Let's take Dr. Sheppard's lugubrious laments in his order. He says, "over the years our profession has degenerated into a mass of conformists, and I suspect that is the real basic reason I feel compelled to make the change." I presume to renewing his California m.d. licensure. Now this just doesn't make sense. He accuses the osteopathic profession of mimicking the M.D. so much that it has practically lost its identity and become so orthodox that he has decided to become one of them. He goes on to say "since we (D.O.s) have striven to become as much like the M.D.s as possible we have lost something." If he truly believed in the osteopathic philosophic concept hell or high water wouldn't make him give up his D.O. degree no matter how much others strive to become M.D.s. As for myself I wouldn't give up my D.O. degree for one hundred M.D. degrees even if I were the last one in th profsion to have the D.O. degree.

He complains that at our conventions "without exceptions list M.D.s as lecturers." This is not true as I have before me the program of the Texas Association of Osteopathic Physicians and Surgeons convention held in Houston in May of this year and there is not one M.D. listed on the program. If there were, so what? Do we have a corner on the medical advancements? Because we are D.O.s does that mean we are not supposed to learn any thing from other professions? Are we to close our minds to any new innovation in medicine if it is mouthed by an M.D.? I don't think it makes any differnce where we as Osteopathic Physicans pick up our knowledge, information and wisdom as long as we keep in mind the basic principles of the osteopathic philosophy. Permit me to quote from Dr. Charles D. Oglivie's article "The Modern Physician in Ancient Perspective" which appeared in the May-June issue of *Health Magazine*. He says ". . . critics point out that current osteopathic practice so closely resembles non-osteopathic practice that the two are scarcely distinguishable. What these critics fail to realize is that osteopathy has never been an etiologic or therapeutic system but

a philosophic school of medicine. From its inception osteopathic medicine was a way of thinking about sick and, yes — healthy people."

Dr. Sheppard goes on and says "What I am searching for I suppose is an identity in exchange for the old which has been lost." He says his work has become "flat, dull, repetitive, boring and disenchanting." Sameness everywhere, charts, records, consultations even bringing "Uncle Whiskers" into it in that he, Dr. Sheppard, is running all the risks and having to pay "an enormous percentage of the net" to Internal Revenue. Heaven forbid! Why doesn't he thank God for having guided him into a profession where he is able to earn enough money to pay "an enormous percentage?" Because *he* has become dull and boring and allowed *himself* to become disenchanted he should blame an honorable profession which has offered him a livelihood all these past years? As for the charts, records, committee meetings and rules and regulations of hospital procedure is this going to be any different in the M.D. hospitals? Remember we learned it from them!

Here is the coupe de grace! He says without a quiver or any reservations, "I regret to admit that I don't believe very much in the longevity of our profession. I suspect that within the next two years we will all be members of the allopathic majority. I confess I believe this will be a good thing." Good Heavens, Man! With people like him in the profession it's a wonder it's lasted this long! One time he complains that we are getting too much like the M.D.s that's why he is disenchanted with the profession then he's going to become one and when we all become M.D.s this will be good. The logic here is beyond my comprehension. The first time I heard the expression "We're not going to last much longer" — was while a student in my college in 1948 when one of the professors mind you predicted that we would no longer exist in ten years. Incidentally he had just returned from a post graduate course in the then California College of Osteopathy. (Apparently brain-washed.) My first thought was "How could this man say this?" and my second thought was "What the hell am I doing here trying to learn something from a person who doesn't even believe what he's teaching?" I truly thought of this remark for ten years — and when 1958 came and osteopathy was still in existence stronger than ever before I wondered how many other pessimistic would be M.D.s had made a similar prediction. Now comes Dr. Sheppard and says "you guys had a good thing but because of guys like me in your profession you let it slip through your fingers and you will be better off without this good thing." Again he doesn't make sense. I imagine he is "disenchanted" because the profession didn't collapse when he and the other D.O.s in California bolted.

He makes much of the California "amalgamation" bit. It so happened that the one time I was a national Delegate from Texas was in 1960-61 when the California delegation was making its move. It was really a rather pathetic affair. The California delegation was challenged time and time again to state its position, its motives and actions but to no avail. They hemmed and hawed and procrastinated and didn't have the courage to boldly and categorically state their objectives until the House had no recourse but to censure them.

Dr. Sheppard makes claim that he has read the complete works of Sigmund Freud more than once, that he has reread Henry David Thoreau, found Dr. Chapman's book "The Feminine Mind and Body" interesting and probably learned something from Dr. Eric Berne's book "Games People Play." I don't profess to be as well read as Dr. Sheppard but I can lay claim to having browsed through Dr. Chap-

man's book and I have read "Games People Play." I wonder which game Dr. Sheppard is playing. Could it be "Look What You Made Me Do," or is it "If It Wasn't For You I Would Have" . . . or "Why Does It Always Happen To Me?" or "I'm Only Trying To Help You," or "They'll Be Glad They Knew Me."

There is one vein of thought in which I find agreement with Dr. Sheppard when he says ". . . we are copying the medics in every way possible" . . . "the medics increased their residency in surgery to four years we had to follow suit." How True!

We say constantly we are differnt—that we have something more to offer the public in the world of medicine — that we maintain philosophical concept towards health and disease which we claim warrants a separate distinctive identity—then we turn around and do every thing the "medics" do. We're on the defensive saying "we use the same books as the M.D.—we take the same courses as the M.D. and we get training in Osteopathic Principles." What does the average layman know about Osteopathic Principles when we as D.O.s are vague about them? When we keep using the word "same" in comparing ourselves to the M.D. the average person would probably think then "Why be different." I must quote Dr. Oglivie again in his article when he says "Dr. Still's primary contribution was a theory of health and disease. From its inception osteopathy has been a philosophic reform, a way of thinking about sick and well people! It is not a treatment!" I think it's time we started saying boldly, we are better. No one profession has the corner on knowledge, wisdom and medicine. I think we as Osteopathic Physicians are truly unaware of our own potential. This concept of ours is so great that at times I am awed at its simple but still latent powers. Sometimes I feel that the allopathic profession is more aware of our latent capabilities than we are ourselves and this is why they are so set in "amalgamating" us lest it catch hold and sweep the country and really show them up.

Dr. Sheppard says he wants to go into psychiatry. I think this is a good thing. I have been informed that one of the requirements of receiving certification in psychiatry is subjecting oneself to a complete psycho analysis. Perhaps when Dr. Sheppard reaches this point he will have a greater insight to his problem.

Dr. Sheppard ends his article with a line in his last paragraph saying ". . . I shall pass this way once and I had better make the most of it." From that one can draw any conclusion. Does he mean he's going to do the other person in at any cost? Does he mean get the other first before he gets you? Or does he mean he's going to do as much good as he can before he passes on as the beginning of the line was originally intended? It seems that Dr. Sheppard is not as well read as he thinks as this line is part of a quotation attributed to Stephen Grellet 1773-1855. It goes: "I expect to pass through this world but once: Any good thing therefore that I can do or any kindness that I can show to any fellow creature, let me do it now; let me not defer or neglect it, for I shall not pass this way again." So with this thought in mind I urge Dr. Sheppard God speed in the ranks of the medics and also in the words of Michele Lee from the song L. David Sloan, Dr. Sheppard, "GET OFF MY BACK!"

Legal Publications of Interest

"Problems In Hospital Law"

The University of Pittsburgh's Health Law Center has designed a small book (203 pages) as a desk reference for hospital administrative personnel. The book is modeled after the Center's two volume *Hospital Law Manual,* but is in a more convenient and inexpensive form so that a hospital can obtain several copies for key personnel.

The book contains chapters titled Administrator; Admitting and Discharge; Consent To Medical And Surgical Procedures; Medical-Moral Problems; Dead Bodies; Governing Board; Hospital Auxiliaries And Volunteer Activities; Labor; Principles Of Hospital Liability; Liability Of Nurses; Immunity Of Hospitals; Medical Staff; Medical Records; Pharmacy; Federal Taxation; and State And Local Property Taxation.

Quantity discounts are available. The book may be ordered from: Aspen Systems Corporation, 334 Webster Hall, 4415 Fifth Avenue, Pittsburgh, Pennsylvania 15213.

Law Review Symposium

"Medical Progress and the Law" is the subject of the Autumn 1967 issue of *Law and Contemporary Problems* (Volume 32, No. 4). Articles on organ transplantation, experimentation, drug advertising, use of computers in medicine, and the effect of licensing laws on health manpower are included.

The symposium is one of the best to appear to date on some of the important problems of medical practice. Single copies are $3.00 and they can be ordered from:

Law and Contemporary Problems
Duke Station
Durham, North Carolina 27706

The *Fordham Law Review* for May 1968 (Vol. 34, No. 4) also contains a number of articles on legal problems in medical treatment and research, including experimentation, informed consent and life saving treatment for unwilling patients.

A copy of this issue can be obtained for $2.00 from:

Fordham Law Review
Editorial and General Offices
at Lincoln Square
New York, New York 10023

* * * from the BLUE BOOK, Legal Department, A.O.A.

Revised Manual Issued

Hospital Records Guide Revised

The third hospital edition of "A Guide for the Retention and Preservation of Records" is available nationally. A joint endeavor of Record Controls, Inc., Chicago, and the American Association of Hospital Accountants, the manual was originally published in 1958 and has served as a valuable guideline for hospitals in establishing and maintaining a records retention and destruction program.

This new edition, superseding the 1962 work, reflects the current status of federal and state laws covering hospital records. A number of hospital-related organizations were consulted for their recommendations on handling of hospital records, and their findings are included in the current manual.

Price per copy is $6. Order from American Association of Hospital Accountants, 840 N. Lake Shore Drive, Chicago, Ill. 60611.

"Time Now for Acceptance of Osteopathic Physicians" . . . is the title of a noteworthy editorial published March 27, 1968 in *The Flint Journal.* The article discusses a problem faced by Genesee County's Board of Supervisors whether to permit osteopathic physicians to practice in two public institutions, Walter Winchester and Genesee Memorial hospitals.

The Flint Journal had this to say: "The growth of osteopathic medicine through the years has been a remarkable phenomenon. Somehow, osteopathy escaped the fetishes which have hampered so many other 'specialized' branches of medicine. Standards have steadily advanced along with educational requirements, and today's holder of a degree of osteopathic medicine has undergone a rigorous and extensive training."

The editorial closes with ". . . the widespread recognition of the degree of professionalism and excellence attained by osteopathic medicine today warrants the right of the individual to determine if a medical or an osteopathic physician shall attend him when he enters a tax-supported institution. It is our hope that the Genesee County Board of Supervisors will decide to join the federal and state governments in removing the no longer valid restrictions governing use of public facilities by accredited osteopathic physicians and surgeons."

. . . (*reprinted from* M.A.O.P. & S. NEWSLETTER)

NEWS OF THE DISTRICTS

District No. Two

D. D. BEYER, D.O., F.A.C.G.P.

The Fort Worth Osteopathic Hospital celebrated it's 22nd anniversary on June 10, 1968. Mr. D. J. Tousignant, Medical Records Librarian who has been with the hospital for 19 years remembers that date as it is his wedding anniversary of 22 years also.

We still have 2 employees working for us since F.W.O.H.'s beginning. They are Cassie Cook, L.V.N. and Walter Jones, Dietary Department.

The progress of this hospital is reflected by its growth. Starting with 3 to 5 beds in 1946 — it presently consists of 120 beds with a contract now signed for an additional 50 beds and enlargemnt of all ancillary facilities.

The meeting of the American College of General Practitioners held in Albuquerque, New Mexico, on July 4, 5, and 6, 1968, was the largest attendance ever had. About 400 doctors attended. Texas also had the largest attendance at this meeting compared with any of the other meetings.

The program was very outstanding. There were about five or six outstanding speakers included on the program. Among these fine speakers was Dr. Paul Williamson, M.D., who writes for "Practice" — which is probably read by more doctors in the United States than any other Medical Publication.

Those attending from this area were Drs. C. E. Dickey, A. L. Karbach, Eugene Wood and your District II Reporter. There might have been one or two others but I cannot recollect their names at this time.

Your reporter along with his wife Helen and daughter Beth made this part of their vacation. We went to Carlsbad Caverns, Santa Fe and Taos. We were royally entertained in Taos by a former classmate of your reporter, Dr. Joe Dominguez who practices in Taos.

There were several complimentary remarks made about the fine talks given by Dr. John H. Burnett, President of A.C.G.P. and Dr. Earl Lyons, President of A.O.A. I have never heard them make better speeches as were made befor the A.C.G.P.

From this corner it looks like the Delegates to the A.O.A. Convention are going to have a very intersting meeting. I don't believe I have to go in to this in great detail, because I believe all of the G. P.'s associated with Hospitals in Texas will know what I'm talking about.

Below is a list of the new interns, residents, and externs at the Fort Worth Osteopathic Hospital for 1968-69:

Externs

David P. Herr — KCCOS
James R. Marshall — KCCOS
John P. Morgan — KCOS
Dan Waddell — KCOS
Peter Vilkins — CCO

Interns

David M. Beyer, D.O. — KCOS
William T. Giles, D.O. — KCCOS
William J. Gilhool, D.O. — KCOS
Billy H. Puryear, D.O. — KCCOS
Harold W. Ranelle, D.O. — KCCOS
Lucien David Young, D.O. — KCOS

Residents

James Kenneth Slaton, D.O.
Anesthesiology Resident

William R. Graves, D.O.
3rd year
Internal Medicine Resident

Gary V. Cooper, D.O.
Internal Medicine Resident

Harris F. Pearson, D.O.
Roentgenology Resident

District No. Thirteen

R. D. VAN SCHOICK, D.O.

District No. 13 had a nice representative group at the State Convention in Houston; Drs. Wintermute, Kubala, Jim Fite, S. E. Smith and Van Schoick.

Dr. R. D. Van Schoick was elected to membership in the American Public Health Association in April and was accepted for membership in the Texas Public Health Association in May of this year. Anyone interested in becoming a member of these organizations please contact Dr. Van Schoick.

The Department of Psychology and Special Education at East Texas State University held a Seminar on the Medical Aspects of Mental Retardation. Dr. Philip C. Chinn, was workshop chairman for the seminar. We had three DO's in attendance: Drs. White, Roy Mathews and Van Schoick. All of us who attended learned some new facts and can say it was a day well spent on education. Speakers were Donald E. Cook, M.D., Diplomat, American Board of Pediatrics and Dr. James Mueller, M.D., Diplomat American Board of Obstetrics and Gynecology. Both are members of the faculty of the University of Colorado Medical School.

Dr. Pat Martin, of Commerce, delivered a lecture on "Planned Parenthood" in the Ballroom of the East Texas State University Student Center.

Dr. Martin, who gave a similar talk this past fall, came to Commerce in 1963. He received the bachelors and masters degrees in microbiology at the University of Arkansas and his D.O. degree at Kansas City College of Osteopathy and Surgery where he taught microbiology for eight years.

The regular district meeting was held at the Holiday Inn, Sherman, Texas, on May 25. We had as our guest speaker Dr. Aaron Zeldin of Fort Worth, Texas, who gave a most intersting presentation on Vaginal Cytology. We enjoyed this very much, come back again Dr. Zeldin.

District No. Four

SUE K. FISHER, D.O., *Reporter*

District 4 held a meeting in Abilene, Texas on May 26, 1968 with Dr. Joe Alexander as host. A fine meal was enjoyed by all at the Abilene Country Club after which the doctors adjourned to a private room for their business meeting.

A report on the recent state meeting was presented by Dr. V. Mae and Norman Leopold who did a fine job reporting all activities except that which concerned themselves. It remained the task of Dr. Wiley Rountree, our state past president, to bring up the fact that these two osteopathic physicians from Odessa were chosen our state "physicians of the year." This is another honor brought to the tiny west Texas district by the modest family doctors from Odessa, Texas.

District 4 is one of the largest geographical areas in the state but has only ten members. It seems as though 1968 was our year for being at the top for we had not only the state president but also the physicians of the year. Since we have only one hospital in the district, the Physican's Hospital and Clinic in Stanton, Texas, these honors could not have come at a more appropriate time to point out the fact that the small established hospitals do have a place in the osteopathic armamentarium of treatment. We sincerely hope that future plans will still allow these hospitals to practice and supply for their communities a good brand of medical care.

Dr. Jack Woodrow spent a weekend recntly in Alpine and enjoyed (?) the three inches of rainfall experienced while he was there. Seems like a surefire cure for drought is for a doctor to take a vacation. Dr. Sue Fisher's father, Scott J. King of Lamesa, has been ill and in the Stanton Hospital but is now on the mend at her home. We share with Dr. Jack Wilhelm his recent sorrow and hope to see him back at the meetings real soon.

Through the medium of this report we want to contact Dr. Archie Kline of Del Rio, Texas and ask if district 4 meeting in September can be held in Del Rio. Would you please write or call, Dr. Kline, to see if this is possible?

We are still "muddling through" at Stanton Hospital and gradually making headway until such a time as county tax money becomes available in the fall of 1968. Martin County voters last year created a hospital district but it does not become effective until this year. For those of you who gain a sense of satisfaction from osteopaths succeeding where the others have failed our little hospital is a shining example. We seem to be getting along fine with a staff consisting of Drs. Jack Woodrow, Sue Fisher, Allen M. Fisher, V. Mae Leopold and Norman Leopold. So far as I can tell, the public relations are at a new high in a county which has seen many conflicting points of view in the past few years. The osteopathic physicians no longer here have been a great help in bringing this about.

Interesting Tid-Bits

A 10-year old $60 million corroborative perinatal study sponsored by the National Institute of Neurological Diseases and Blindness is probably one of the most masive and controversial projects undertaken in the history of the National Institute of Health. Some interesting results in the interim observations which will not be concluded until 1974 have appeared. For example, the possibility of relationship between Tetracycline intake during pregnancy and higher I.Q.'s in children was disclosed by N.I.N.D.D. officials during a recent press conference. The interim results arrived at by study of 139 pergnant women who had bladder infections and were treated with Tetracycline for 8 to 10 days gave a mean I.Q. of 102.5 to children born to this group compared to 97.3 for the children of the controlled group. Other intersting items in this study showed the prospect that women who smoke a pack of cigarettes a day could expect to have a baby about 165 to 180 grams lighter than a baby born to the average non-smoker.

* * * *from Rhode Island*
Society NEWSLETTER

Openings for Osteopathic Physicians

(For information write to Mr. Robert B. Price, Chairman, Statistics and Locations Committee, 512 Bailey Avenue, Fort Worth, Texas 76107)

Friona, Texas—30 miles northwest of Muleshoe, and 90 miles from Lubbock. Population—2500 people with drawing capacity of about 500. Only three physicians in town. A good prospect for a doctor just getting out of internship. Contact: R. M. Mayer, D.O., 3728-34th St., Lubbock, Texas.

* * *

Abernathy, Texas—Doctor looking for associate. 15 miles north of Lubbock. Population, 3,500 with trading territory of 8,500. Practice established for eight years. Contact Kenneth Gregory, D.O., Abernathy, Texas.

* * *

Idalou, Texas—located ten miles east of Lubbock, offers an excellent opportunity for any physician desiring to locate in West Texas. Contact: George Lowe, Western Drug Company, Idalou.

* * *

Collinsville, Texas—Clinic now available. Waiting room, X-ray and lab rooms, 3 examination rooms. Next door to 47 bed nursing home E.C.F. Rent $80.00 monthly. Will give first two months rent free. Contact: Lois Walker, Box 23, Collinsville, Texas, Telephone No. 429-6426.

Junction, Texas—18 bed modern hospital closed. Need D.O. who is capable of surgery. Population 2,500. Beautiful country. An excellent location. Contact: Secretary, Chamber of Commerce, Junction, Texas.

* * *

Earth, Texas—Near Littlefield and Olton. D.O. wanted to take over new, well-equipped clinic. Hospital privileges available in Olton. Contact: NEAL POUNDS, Secretary, Chamber of Commerce, Earth, Texas 79031.

* * *

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* * *

Pleasant Valley, Amarillo, Texas—D.O. General Practitioner wanted. Office with 1,500 square feet floor space, central heat, air conditioning, etc. Rent free for the first 2 years then on lease. For further information write or contact Gerard Nash, D.O., Southwest Osteopathic Hospital, Amarillo, Texas.

WHAT IS BELIEVED TO BE THE first pilot program under osteopathic auspices became a reality last month when it was learned that various Kirksville physicians and hospitals have been awarded a $105,072 grant for a Cooperative Stroke Pilot Project. Osteopathic and Medical physicians in five counties will combine forces to identify stroke victims and assist in providing them with the most complete and comprehensive care available. Grant money was awarded for the period of June 1, 1968 through March 31, 1969 by the Missouri Regional Medical Program through trusteeship of the University of Missouri. The Missouri Regional Medical Program is a component of the Division of Regional Medical Programs (Federal) of the United States Public Health Service. The grantee institution is the Kirksville College of Osteopathy and Surgery.

The project will involve public and physician education and identification, evaluation and referral of stroke victims. Five counties will benefit from the regional program. Area hospitals cooperating in the program include Grim-Smith Hospital and Clinic, Laughlin Hospital and Clinic and Kirksville Osteopathic Hospital in Kirksville; Samaritan Memorial Hospital and Still-Hildreth Osteopathic Hospital in Macon; Sullivan County Memorial Hospital in Milan; and Rural Extension Clinics of the Kirksville College of Osteopathy and Surgery in Knox and Schuyler counties.

On the administrative staff of the Cooperative Stroke Project are Dr. J. S. Denslow, serving as Project Director, Dr. Max T. Gutensohn, as Co-Project Director, and Dr. Richard Beck, as Associate Project Director, all of Kirksville.

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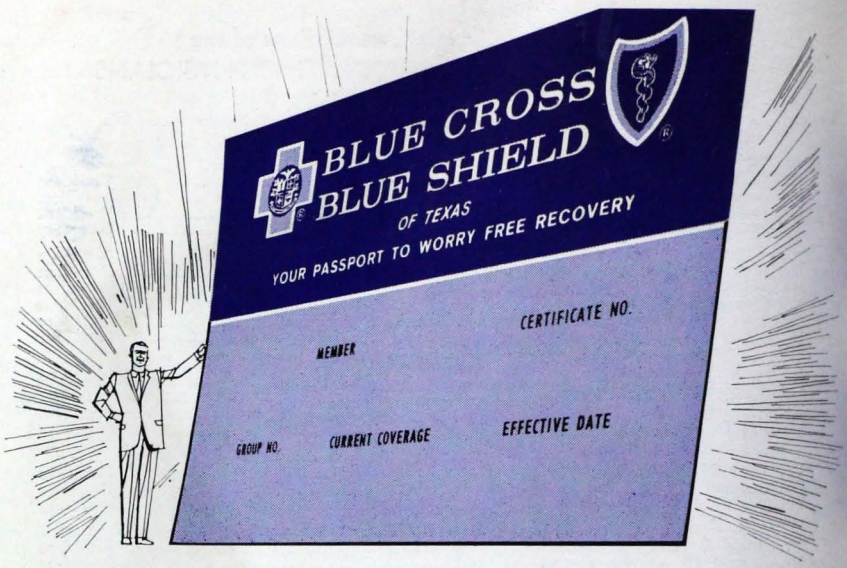

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