

Texas OSTEOPATHIC PHYSICIANS Journal

Volume XIX

FORT WORTH, TEXAS, DECEMBER, 1962

Number 8



Wishing You
A Merry Christmas
and
Happy New Year

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Texas Osteopathic Physicians' Journal

OFFICIAL PUBLICATION OF THE
TEXAS ASSOCIATION OF OSTEOPATHIC PHYSICIANS AND SURGEONS

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

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VOLUME XIX

FORT WORTH, TEXAS, DECEMBER, 1962

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Greetings

The Christmas Season is here and despite the worries in the world and the commercialism attached to this occasion, let us remember—the 25th of December is still the world's most honored anniversary among Christian people. It is traditionally a season of peace, joy, good will and friendship. ¶We of the osteopathic profession would do well to pause and reflect on the many blessings that have come our way. We have more and stronger institutions today than ever before and our overall rights and privileges have reached a new high. The success we have enjoyed is primarily due to a philosophy peculiar to the osteopathic school of medicine. Let us therefore resolve for 1963 to more strongly unite in our efforts to preserve the principles upon which our profession was founded. Let us realize that without the public's recognition of our philosophy and contribution in health care, our success would have been nil. These are the benefactors who have enhanced our holiday joys a thousand fold. ¶The officers and employed staff of the TAOP&S join in wishing each of you "A Very Merry Christmas and A Happy and Prosperous New Year!"

The Medical Management of Burns



C. RAYMOND OLSON, D.O.*
Fort Worth, Texas

The management of the severely burned patient presents a number of medical problems, the recognition of which in recent years has contributed immeasurably to the increased survival rate. The more serious medical problems in the burned patient are five in number: (1) loss of extracellular fluid, (2) sepsis, (3) pain, (4) malnutrition and (5) disease existing prior to the burn.

The replacement of extracellular fluid deserves first mention, since it is the most pressing problem in the acutely burned patient. A sufficient amount of light has now been shed on the relative merits or deficiencies of the various fluid replacement solutions, so that we may now draw several conclusions. The first conclusion is that whole blood is a poor solution for replacement of extracellular fluid in the burned patient. A review of statistics at several burn centers demonstrates consistently the highest mortality rate to be in that group of patients having received whole blood. The reason for this high mortality rate is because whole blood does not diffuse from the vascular compartment to the extracellular compartment where fluid volume is needed most urgently. Plasma has been used for many years in the emergency treatment of the burned patient and provides a greater survival rate

than whole blood, but a survey of survival statistics indicates that the improvement in the statistics arises only in the extremes of age, i.e., in infants and in the aged cachectic patients. Again, colloid solutions, as opposed to crystalloid solutions, diffuse more slowly from the vascular to the extracellular compartment. Apparently, then, salt or crystalloid solutions remain the best extracellular replacement solutions, and, of these, physiologic saline or lactated Ringer's solutions seem superior. Some centers, notably St. Luke's Hospital in New York City and Meyer Memorial Hospital in Buffalo, have attempted to use balanced plasma-salt solutions, in an attempt to provide both plasma proteins and volume to the extracellular compartment. The solutions have been difficult to mix except in centers where prodigiously trained technicians are equipped to prepare them. They have not been demonstrated to improve survival rate, except in children under six years of age who have sustained burns of 20-30%.

A carefully-thought-out program for *immediate fluid replacement* must be established in any hospital which attempts to treat severely burned patients. The initial step, of course, is the estimation of percentage of second and third degree body surface area burn, most easily calculated by the "rule of nines". According to this familiar rule, 18% body surface area is ascribed to each lower extremity, 9% to each upper extremity, 9% to the head and neck, 18% to the front of the torso, 18% to the posterior aspect of the torso, and 1% to the perineum. Burns involving less than 15% to 20% of total body surface area usually require no fluid therapy unless the oropharynx is burned, thereby preventing the patient from taking oral fluids. Burns comprising 15% to 35% of the body surface area are ordinarily

*Attending Physician, Fort Worth Osteopathic Hospital. Delivered before the convention of the Texas Association of Osteopathic Physicians and Surgeons, Fort Worth, May 3, 1962.

well handled with an oral balanced salt solution known as Moyer's solution. This solution is prepared by adding 3 grams of sodium chloride and 1.5 grams of sodium bicarbonate to each liter of water. The solution is set in a well-iced container at the bedside and the patient is instructed to drink the solution orally as desired. It is important to emphasize that the patient should be allowed no plain water during the first 36 hours, since Moyer's solution, being salty, may seem less palatable to the patient than ordinary tap water. In treating the 15% to 35% body surface area patient, it may be necessary to switch from Moyer's oral solution to the intravenous route with appropriate electrolyte solutions, especially if shock, nausea with emesis or gastric dilatation occur.

A more serious problem arises in patients who have burns comprising more than 35% of body surface area. These patients require fluids by the intravenous route, and it becomes important to calculate their daily fluid requirement.

In the adult patient, fluid intake by the intravenous route may be calculated at the rate of 20 cc. per hour per percent body surface area burn (second and third degree). If, however, the patient is late in arrival at the hospital or any delay in starting solutions has occurred, one may calculate 160 cc. per percent body surface area burn per eight hours, thereby allowing the patient to "catch up" with a progressive hourly deficit. It is mandatory that a Foley catheter be inserted in the urinary bladder in order to assist in computing further fluid requirements. As soon as urine appears, the intravenous infusion rate may be slowed by increments of 60 cc. per hour in order to provide an optimum of 60 cc. urinary output per hour or 1 cc. per minute. A clever method of immediately appraising the fluid status of the patient consists in saving the hourly urine specimens in separate containers at bedside, each container being marked with a piece of adhesive tape at the 60 cc.

level. One glance at the line-up of urine bottles will give immediate information as to the patient's progress. As soon as the patient is able to tolerate oral solutions, it is feasible to switch to Moyer's oral balanced salt solution. This may usually be done after a period of 24 hours.

The treatment of the burned child is somewhat different, since children often require oral or intravenous fluid in body surface area involvement of less than 20% due to their uncooperative attitude or due to their severe fright. In the child, the total body surface area may be obtained by the use of a convenient nomogram, found in any standard pediatric textbook (for example, Nelson's *Pediatrics*, page 209).

In computing fluid requirements in the child, four factors must be assayed: (1) burn loss, (2) edema, (3) insensible loss and (4) adequate urinary volume.

Factor 1 (burn loss) is computed as 30 cc. per square meter total body surface area per percent burn up to a total of 50% body surface involvement. Factor 2 (edema) represents an amount of fluid equal to 10% of the weight in kilos, bearing in mind that one liter of fluid weighs one kilo. Factor 3 (insensible loss) is computed as 2,000 cc. per square meter total body surface area. Factor 4 (adequate urinary volume) is likewise computed as 2,000 cc. per square meter total body surface area.

Once the total fluid requirement for the child is computed, one must then attempt to deliver one-third of the total 24-hour requirement in the first eight hours. The remaining fluid intake requirement may be then gauged by adjusting the intake at increments of 60 cc. per hour to provide an optimum urine flow of 40 cc. per square meter total body surface area per hour. In children with burns involving less than 20% of body surface area, the edema factor (Factor 2) may be omitted.

A sample problem is here provided in

order to assist the physician in understanding the computation of fluid requirements in children. A 2-year old child has sustained a second-third degree burn involving both lower extremities entirely. The child weighs 35 lbs. and measures 29 inches in height. By employing the convenient nomogram, the surface area is computed as 0.6 square meters. In solving this problem, one must first estimate the body surface area involved, in this case measuring 18%. Factor 1 is computed as 30 cc. multiplied by 0.6 multiplied by 18% and should give a result of 324 cc. Factor 2 is computed as 10% of the weight in kilos. The child weighs 35 lbs. which may be converted to 16 kilos, 10% of which would represent 1.6 liters. Factor 3 (insensible loss) is obtained by multiplying $0.6 \times 2,000$ cc. with the resultant 1200 cc. A similar 1200 cc. figure is obtained in computing Factor 4 (adequate urinary volume). The total fluid requirements for the first 24 hours in this 2-year old child with 18% body burns is therefore 4,324 cc.

The *control of pain* in the burned patient requires careful thought. It is extremely important to remember that sedation is not required but rather ablation of pain. The intramuscular injection of opiates should be avoided in severely burned patients, especially those in or bordering on the shock state, since poor circulatory dynamics account for little absorption of such medication until an improvement in the circulatory status is obtained, at which time several doses of opiates may be absorbed at one time, producing profound depression. The best use of opiates is by the intravenous route, slowly injecting either morphine or meperidine to establish the dose requirement, after which repeated intravenous injections of the necessary dosage may be given as necessary.

Antibiotics, of course, are necessary, since the dermal barrier has been broken and bacterial contamination is common. Broad spectrum antibiotics should be

given intramuscularly or intravenously for a period of four days, renewing the cycle of therapy at the time of each debridement.

The burned patient may have been exposed to *tetanus* organisms, especially if in attempting to stop clothing from burning the patient may have rolled on the ground. If a previous booster of tetanus toxoid has been given the patient within the past two years, all that is necessary is a repeat booster injection. If no recent booster injection has been received, or if the patient has never had the toxoid series, tetanus toxoid may be started in the usual interrupted injection series. The use of antitoxin should be withheld except in those cases contaminated with material likely to contain *clostridium tetani*, such as those patients, as noted above, who may have rolled in soil. If the likelihood of contamination is high, an adequate dosage of 30,000 to 50,000 units of tetanus antitoxin should be given, with appropriate skin test or conjunctival sensitivity test preceding the injection.

If *smoke inhalation* has been severe or if any airway burn has been sustained, tracheostomy should be seriously considered. Further supportive care of smoke pneumonitis or bronchitis may be obtained through the use of compressed air with warm mist administered by intermittent positive pressure through a cuffed tracheostomy tube. The tracheostomy permits adequate suction of the airway.

The use of *oxygen* and intravenous *vasopressors* in the treatment of shock due to burns need not be discussed at this time.

Adrenal steroids should be considered in any severely burned patient, since such cortisone derivatives are not only palliative but also may prevent contractures in burns involving joints. It is important to question the patient or his family as to whether or not he had received previous steroid therapy, since

this history makes the use mandatory under such a stress situation. Adrenal steroids are especially valuable in the treatment of severe smoke inhalation or airway burns.

Another palliative contribution to the therapeutic armamentarium is *hypothermia*; the patient may be packed in ice, or icepacks may be added to a burned extremity, to provide palliation and to prevent permanent tissue damage, attributable to the loss of micro-circulatory efficiency attendant upon burn-induced shock. It is absolutely essential that the burned patient be approached with emphasis upon *strict asepsis*, since uninformed nursing personnel may contribute to bacterial contamination of the burned wound if adequate precaution is not observed. For the same reason, the patient should be strictly isolated from visitors other than his immediate family.

The use of *immune globulin* and *convalescent burn serum* have, at the present time, not been demonstrated to afford any degree of protection against the complications of severe burns. These substances require further experimental study before they can be recommended for routine use. It is thought that the benefits accrued from use of plasma in children under six years of age may be attributed to the globulin content of plasma.

The medical management of the burned patient has been reviewed, with especial regard for fluid replacement, control of pain, prevention of infection, and other miscellaneous considerations. It is urged that careful attention to these intricate details in the management program will provide a considerably increased survival rate among burned patients.

1001 Montgomery Street, Fort Worth, Texas
Bibliography available upon request.

December, 1962

Physician Appointed To National Board



J. NATCHER STEWART, D.O.

Dr. J. Natcher Stewart, Grand Prairie, Texas, was appointed to the Board of Governors of the American College of Osteopathic Surgeons at its Thirty-fifth Annual Clinical Assembly held October 28-November 1 in Bal Harbour, Florida.

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Proposition No. 22 Passed

TO ALL A.O.A. DIVISIONAL
SOCIETY SECRETARIES:

You may already have received the basic information that Prop. #22 passed, thus terminating licensing of more DOs in California. I would, however, like to give you a little more information from the scene of the crime.

Based on the returns from 29,905 precincts out of a total of 31,280—the 'yes' vote was 3,092, 800 and the 'no' vote 1,314,906—a ratio of 2.3 to 1.

Based on estimates of the number of dollars spent by the opposition (given to us by radio, TV and PR people) we are told that close to \$400,000 was spent for the 'yes' vote. In contrast, our total expenditures for a 'no' vote amounted to less than \$50,000—an 8 to 1 ratio.

Available people was even more disproportionate. Combined COA-CMA membership exceeded 20,000 while OPSC membership topped 200—a 100 to 1 ratio.

Obviously many other factors must be considered. One was the dedicated and energetic work of many laymen supporting our efforts. Several of these people did tremendously effective jobs in distributing literature, talking to individuals and groups, and influencing local papers and radio stations to resist the pressures brought to bear upon them by the opposition and their partisan groups.

I trust that these factors, even in the rough, will help you understand why—even in the disappointment of defeat—

we are convinced that a positive program can be developed in California, rather than one aimed at burying the profession under a 'rest in peace' label.

If we can draw lessons from this experience which may be of value to any other State in the future then these will be put into written form.

DAVID J. RODGERS,
Executive Secretary

Osteopathic Physicians and Surgeons
of California

* * *

NEWS

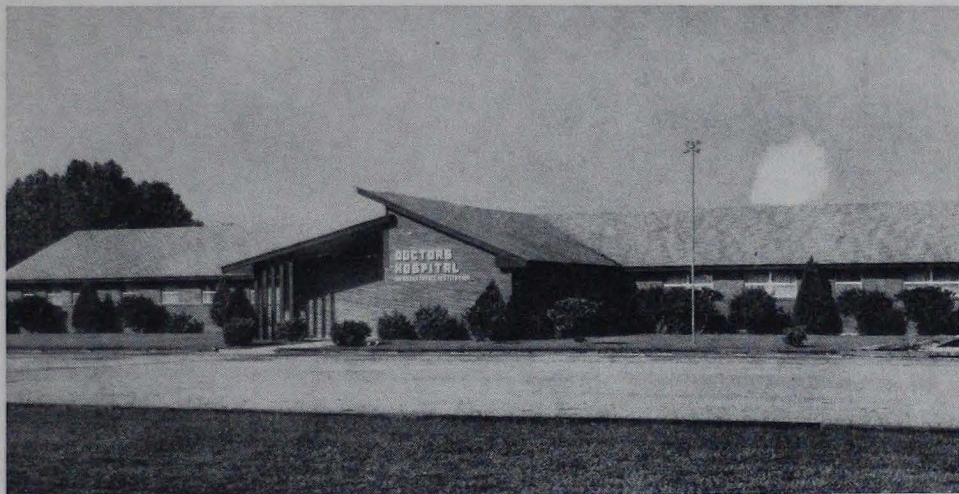
O.P.S.C. to Continue

LOS ANGELES—The Board of Directors of Osteopathic Physicians and Surgeons of California, at their meeting Sunday November 18, 1962, took action to continue as the official organization representing the Osteopathic profession in California.

The board of OPSC noted that more than 3 million voters expressed the desire to "continue the Board of Osteopathic Examiners" in California and that 1½ million citizens voted to have the Board retain its full powers to license new osteopathic physicians and surgeons in this state.

In the light of this strong expression of public support for the osteopathic profession, OPSC pledges itself to the maintenance of complete osteopathic health services for the future and to the re-establishment of the full licensing functions of the Osteopathic Board of Examiners.

Hospital of the Month



Doctors Hospital

5815 Airline Dr., Houston, Texas

The Texas Osteopathic Physician's Journal is proud to salute DOCTORS HOSPITAL, 5815 Airline Drive, Houston, Texas, as the Hospital of the Month.

This modern 44-bed, 4-bassinet hospital is well situated in the north side of Houston, the largest city in Texas, and provides excellent facilities for its 29 active staff physicians. The hospital has two operating rooms, delivery room, large x-ray department with a full time radiologist, and offers complete laboratory service.

Founded by seven osteopathic physicians, Doctors Hospital was incorporated in May 1955 and opened to the public in March 1956. The original structure has since been expanded to its present size, total cost of which, including equipment, was approximately \$395,000.

Its Board of Directors includes Dr. H. Murphy Webb, President; Dr. James E. Cary, Vice-President; Dr. J. Edward Vinn, Secretary-Treasurer; and Doctors Jack P. Leach, Donald F. McKay, and William P. Zipperer. Administrator is Mr. Hal H. Coker.

Doctors Hospital has enjoyed enviable growth through its contributions to the care of Houston's citizens. Greater Houston, with over 1,000,000 population, offers many excellent practice opportunities for osteopathic physicians.

Doctors Hospital is anxious to welcome new physicians to its staff in preparation for future expansion. If interested in locating in this area, contact either the administrator, Mr. Hal Coker, or any of the hospital's board members.

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The End of an Era

By GEORGE W. NORTHUP, D.O.

With overwhelming support from California voters, and upon recommendation of the majority of osteopathic physicians in that state, the osteopathic profession in California completed its own elimination with precision and dispatch. Crying at the wailing wall is not the answer. Nor is the fixing of blame. We all share in the tragedy.

We also share in the opportunity to convert that tragedy into triumph. Henry Ward Beecher once said, "It is defeat that turns a bone to flint, and gristle to muscle, and makes men invincible, and formed those heroic natures that are now in ascendancy in the world. . . . Do not then be afraid of defeat. . . . You are never so near to victory as when defeated in a good cause." If the defeat in California turns the bone of osteopathic medicine to flint, the gristle of its organization to muscle, and formulates the unity which bestows invincibility, then we need not fear defeat.

Whether or not the episode in California is a defeat or a victory was not determined by the vote on November 6. Nor was it determined by those osteopathic physicians who turned their backs on their own future for the glitter of false recognitions. The defeat or victory resulting from the California crisis is to be determined in the months to come.

Unlike the homeopathic profession, the osteopathic profession has the opportunity to observe the fruits of a test case of merger. Already the victory won by those in California is taking on aspects of defeat. General practitioners are being told that there are 2,500 real M.D.s ahead of them, waiting for hospital staff privileges. It has been re-

ported that even their former COA colleagues are telling the ex-D.O. general practitioner that he must take examinations prior to making application for staff membership. If he passes this examination, he then may have the *opportunity* to *apply* for staff membership.

The plight of ex-osteopathic specialists is obvious. Many of them are being told to save themselves the embarrassment of applying for staff privileges. They must realize, they are told, that their specialty training will not be recognized by the AMA. In other words, it is better not to apply than to be rejected.

The recognition unto death achieved by the majority of osteopathic physicians in California stands as a stark reminder to all of us. Recognition for recognition's sake often brings no recognition at all. Those who have looked upon the California merger with envious eyes had better soon realize the defect in their analysis. The place for the osteopathic physician in the halls of organized medicine is one of oblivion. G.P.s and specialists alike, if they have any regard for their own self-respect and their professional future, will watch California carefully and be forewarned by what is occurring there.

Let us hope that the conclusion of the California conspiracy marks the end of an era—the end of an era of recognition for recognition's sake and the beginning of an era of development for service. Individually and collectively, our professional existence is far safer in our hands than in the protective custody of those who have vowed to eliminate us.

ANNOUNCING

30th ANNUAL CONVENTION OF AMERICAN COLLEGE OF OSTEOPATHIC OBSTETRICIANS AND GYNECOLOGISTS

New Orleans, Louisiana
February 18-20, 1963

For a combination of educational and social enjoyment, plan to attend the 1963 Convention of the American College of Osteopathic Obstetricians and Gynecologists to be held in the Fountainebleau Motor Hotel, New Orleans, Louisiana, February 18-20.

The lectures are well chosen and educational, and the social events promise to be gala affairs. Reservations for the Mardi Gras must be made separately by January 5, 1963.

The Keynote Address will be delivered by Murray Goldstein, D.O., of the National Institute of Health, Bethesda, Maryland.

Program participants include Luke Gillespie, M.D., Boston-Lying-In-Hospital; Anthony J. Cortese, D.O., Portland, Oregon; Theodore H. Freilich, D.O.; Brooklyn, New York; Lester Eisenberg, D.O., Upper Darby, Penn-

sylvania; Roy L. Fischer, D.O., Dallas, Texas; James G. Matthews, Jr., D.O., Berkley, Michigan; Richard E. Eby, D.O., Pomona, California; J. Dudley Chapman, D.O., Rocky River, Ohio; Paul T. Lloyd, D.O., Philadelphia, Pennsylvania; Donald E. McBride, D.O., Columbus, Ohio; Andrew D. DeMasi, D.O., Philadelphia, Pennsylvania; Madeline Donnelly, M.D., Director of Maternal and Child Welfare for the State of Iowa; and Paul Numerof, Ph.D.

Social events include a New Orleans Jazz Club Get Together, Fun Night, and the annual Banquet in addition to the city's own lure which is hard to beat—the French Quarter, Art Galleries, Antique Shops, Museums, River Lore, Creole cooking and THE MARDI GRAS!

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Summary of Memoranda Received From A.O.A.

(Editor's Note: The following are actions of the AOA House of Delegates and/or Board of Trustees taken in July 1962 which we feel is of interest to our membership.)

Re: Unearned Degree—Interpretive Statement

"That the Term 'degree which is not earned' employed in actions of the Executive Committee of March 25, 1962, shall mean degree which is granted without actual attendance for a period of time commensurate with that generally required of its regular students by the particular approved college for the awarding of an earned degree". (B/Tr.)

Re: Unearned Degree—Ethics of

"That in view of the approval of the action of the Executive Committee on March 25, 1962 with regard to the interpretation of the term 'degree' as used in Chapter II, Article I, Sections 7-c and 7-d of the Code of Ethics, to mean a degree which is earned during actual attendance while the college is approved by a national professional association, and that any D.O. who seeks an unearned degree shall place his American Osteopathic Association membership in jeopardy, *it is* the duty and function of each individual society of the American Osteopathic Association to take such action as it deems necessary for this violation of the Code of Ethics." (B/Tr.)

Explanatory Statement: Authority for such action is granted by Article VII, Section 7, paragraph 2 of the Bylaws of the AOA and by the Administrative Guide, page 140, Section C, paragraph 2, subsections a, b, c.

Re: Dual Membership

"That the implementation of dual membership be defeated for one year." (H/Del)

Re: Division of Public & Professional Service

"That the name of the Division of Public and Professional Service be changed to Department of Public Relations." (B/Tr.)

Re: Conference Committee

"That the Conference Committee be continued and that it be urged to implement its charge to meet with other organizations interested in health and welfare." (B/Tr. and H/Del.)

Re: Conference Committee Meetings of Divisional Societies

"The House of Delegates took the following action on a resolution introduced by the Philadelphia Osteopathic Association:

1. That an acceptable consultant assigned by the President of the A.O.A. shall be present at any meeting of authorized representatives of a divisional society of the A.O.A. with a corresponding component group of authorized representatives of a medical society at the state level.
2. That the matter of divisional societies instituting a similar program within their organizational structure be *tabled*.
3. That should any violation of Article II—Membership, Section 1, of the A.O.A. Bylaws occur, it becomes mandatory for the divisional society to institute appropriate action."

Explanatory Statement: There was considerable discussion concerning this proposal which brought out its

importance. Opposition was expressed by some delegates on the basis that they had been holding meetings for some time and that the introduction of an A.O.A. representative would not be in the best interests of further conferences. However, such matters could be pointed out to the President and in his judgment, he could select an A.O.A. representative who would be entirely acceptable in the local situation.

Re: Council on Development

"That the Council expand its function and become a means and process whereby the osteopathic profession can effectively explore the basic issues of its function, its objectives, and the directions of its development, and that the Council serve as a clearing house for ideas from the members of the profession in instances where there is no other existing group within the A.O.A. structure for this purpose." (B/Tr. and H/D.)

Re: Intern Bed Ratio

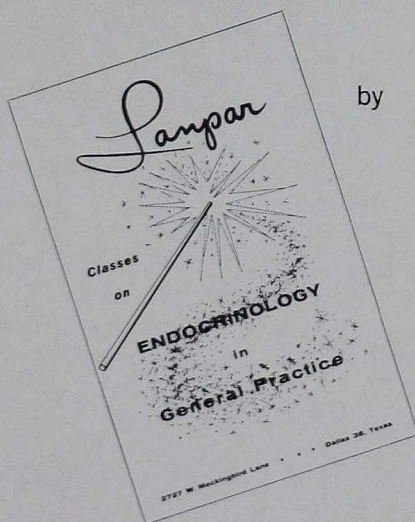
"That the communication received from the Sandusky Memorial Hospital and the proposal submitted by the Ohio delegation, on intern bed ratio of hospitals approved for intern and residency training, be *referred* to the Committee on Hospitals for report at the next meeting of the House of Delegates." (B/Tr. and H/Del.)

Explanatory Statement: The proposal of the Ohio delegation was that the ratio be increased from 15 beds to 20 beds with a minimum of two interns to any one approved hospital.

Re: Physical Fitness Program

"That the American Osteopathic Association pledges full support to the President's Physical Fitness programs and urges the cooperation of its entire membership to provide support for this program in its local applications and further urges the cooperation of all people in the development of a

ENDOCRINOLOGY IN GENERAL PRACTICE



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higher level of health and physical fitness to the end that our great country through its people may be stronger." (H/Del.)

Re: Youth Development Programs

"That the resolution of the Michigan Association of Osteopathic Physicians and Surgeons be approved in principle:

WHEREAS, the full physical development of our youth is essential to their alertness, their strength and their emotional soundness as adults and as citizens of our democracy, and this physical development of our youth is necessary for achievement of the highest possible level of health and

WHEREAS, osteopathic physicians have a direct and immediate concern with providing expert and professional assistance in the development of standards for health and physical fitness of youth,

THEREFORE BE IT RESOLVED, that the American Osteopathic Association gives its full support and extends its wholehearted cooperation to all programs aimed at (1) improving the health and physical fitness programs of the youth and (2) improving and extending the facilities and opportunities for all youth to better achieve their full physical potential and will work in cooperation with the leadership of all organizations with same or related objectives." (H/Del.)

Re: Committee on Health, Physical Fitness and Sports Medicine

"That there be established within the Department of Public Affairs, a Committee on Health, Physical Fitness and Sports Medicine to have the following functions:

- (1) to express and to make manifest the concern of this profession with matters of health, sports medicine, and physical

fitness of school children and of all other age levels of the population and to establish a working relationship with the President's Council on Physical Fitness and with other national groups of a similar concern;

- (2) to assist in supporting and promoting health and physical fitness programs on the national, state and local levels by stimulating and encouraging cooperation on the community levels with the programs designed to further health and physical fitness;
- (3) to assist in developing the requisite data and literature for the development of sound physical fitness programs and of sports medicine and to provide for the dissemination of this data; and
- (4) to otherwise give expression to the long interest of this profession in sports medicine and our concern with providing assistance and leadership in this area.

This committee shall include the Chairman of the Bureau of Public and Industrial Health, and its members selected from among the leaders in the area of sports medicine that now exist within this profession." (H/Del.)

Re: Programs Conflicting with Organizational Interests

"WHEREAS, the American Osteopathic Association is required to provide yearly a clinical assembly for its members, and

WHEREAS, many Divisional Societies are required by law to provide a yearly postgraduate program for renewal of licensure, and

WHEREAS, most affiliate societies re-

quire that a yearly postgraduate educational program be provided for its members, and

WHEREAS, hospital staffs require attendance at educational programs of the staff, and

WHEREAS, all of these organizations are attempting to upgrade their educational programs,

THEREFORE BE IT RESOLVED, that the Board of Trustees of the American Osteopathic Association considers that certain programs of organizations not affiliated with the American Osteopathic Association may be in conflict with the best interest of already established programs of the American Osteopathic Association and its affiliated organizations, and

BE IT FURTHER RESOLVED, that the Boards of Examiners of states requiring postgraduate education for renewal of licensure be informed that the American Osteopathic Association has on file information relative to educational programs provided for its members." (H/Del)

Explanatory Statement: The above resolution is the result of a communication from the New York State Osteopathic Society regarding the Atlantic Postgraduate Assembly, Inc.

Positive Statement From Pennsylvania

(Editor's Note: The following statement, adopted November 11, during a special session of the House of Delegates of the Pennsylvania Osteopathic Association in Harrisburg, Pennsylvania, should dispell any rumors regarding our profession in that state.)

November 11, 1962

We, the undersigned official representatives of the American Osteopathic Association, the Pennsylvania Osteopathic Association and the Philadelphia College of Osteopathy, by authority of our respective organizations, declare:

1. That we reaffirm the policy of remaining a separate and distinct school of medicine.
2. That we will enter into no discussions or agreements designed to effect a merger with organized medicine.

/s/ Charles W. Sauter, II, D.O.,
President
American Osteopathic Association

/s/ Stephen E. Cronen, D.O.,
President
Pennsylvania Osteopathic Association

/s/ Frederic H. Barth, President
Philadelphia College of Osteopathy

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Physicians Elected To College of Surgeons



WILLIAM A. FLANNERY, D.O.



RAYMOND E. MANN, D.O.

Dr. William A. Flannery of Comanche, Texas, and Dr. Raymond E. Mann of Lubbock, Texas, were two of the twenty-one candidates elected to membership in the American College of Surgeons at its meeting in Bal Harbour, Florida, October 28-November 1.

DOH News

Dallas Osteopathic Hospital reports that its new 78-bed addition with all ancillary facilities is now 40% complete and is expected to be ready for occupancy in March 1963.

Corpus Christi Hospital Holds Open House

The new \$750,000 Corpus Christi Osteopathic Hospital held open house at 2 p.m. Sunday, November 11, following formal dedication ceremonies. Honored guest was Dr. L. G. Ballard of Fort Worth, president of the Texas Association of Osteopathic Physicians and Surgeons.

Others participating in the dedication ceremonies were County Judge Noah Kennedy, Mayor Pro Tem Tom Swanter, Dr. Phil R. Russell of Fort Worth, executive secretary of the Texas Association of Osteopathic Physicians and Surgeons; City Councilman Joe DeLeon, secretary of the Texas State Hospital Licensing Board; Robert Barnes, county commissioner; Dr. L. E. Elsea, president of the hospital's board of trustees, and Dick Swantner, J. A. Kimmey, R. Briscoe King and Marvin Nichols, board members.

The Rev. A. C. Bell of First Methodist Church gave the invocation and benediction. Both the president and executive secretary of the TAOP&S gave a brief talk.

Approximately 1,000 persons attended the opening of this modern 48-bed structure which is the first step in a planned expansion program that will provide 120 beds when the overall program is completed. The new 30,000 square foot structure provides ample space and facilities to serve the ultimate 120-bed institution. With two major operating rooms, an emergency room also suitable for minor surgery, two delivery rooms and huge laboratory, x-ray and records rooms, the new hospital is designed to serve the community. The hospital also has a complete out-patient department with three rooms.

The osteopathic physicians in Corpus Christi are to be congratulated as the new hospital utilizes the newest and best in modern equipment.

Wood County D.O.'S Conduct Own Sabin Campaign

Mineola Community Helped
Two Ways

Shut out from participating in the Sabin Polio Vaccine program by the Wood County Medical Society, five Wood County Osteopathic physicians put on their own concurrent inoculation program.

Paying out of their own pockets for the three types of virus vaccine from a drug concern, and for other incidentals, the Wood County Osteopathic doctors set up their own free clinics, enlisting voluntary help from their own office and hospital personnel and civic minded laymen—mostly their own patients.

Before setting up the clinics good publicity was given the project through notices run in the local papers, and announcements broadcast over radio and television.

Drs. Earl Stuart and Ralph A. Kull conducted clinics in Winnsboro; Dr. Burr Lacey, in Quitman; and Drs. J. W. and Carter McCorkle in Mineola. A total of over 10,000 doses were given by the D. O. group during the campaign.

Grateful Wood County recipients were generous in their offerings, it was reported, enabling the doctors in most cases to recoupe their out-of-pocket expense.

At the Mineola Hospital Sabin Clinic donations exceeded basic expenses by \$153.00. The surplus was promptly returned to the community by Drs. McCorkle in the form of a check to Mineola High School, earmarked for buying books for the school library.

The participating doctors J. W. and Carter McCorkle, Stuart, Lacey and Kull all practice in District Three. All are members of the state and national association.

December, 1962



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Tyler D.O. on Hawaii Convention Program



DR. GEORGE GRAINGER

Dr. George Grainger, Tyler, was a featured speaker at the annual convention of the Hawaii Association of Osteopathic Physicians & Surgeons, held in Honolulu October 18-20. Dr. Grainger, with Dr. Richard Koch, Seattle, collaborated in a symposium, "The Art of Practice", which took up three mornings of the three day meeting.

Held in the Reef Hotel, the meeting was opened by the Hon. Neal S. Blaisdell, Mayor of Honolulu, who addressed greetings to the group in a message fraught with sincerity and sympathetic understanding of the problems of the osteopathic physician in the Fiftieth State.

Newsworthy highlight of the Hawaii Convention was the presenting of fresh-cut Tyler Roses, from Her Majesty, Queen Harriet Sue Caldwell, of the Tyler Rose Festival, to the First Lady of Hawaii, Nancy, wife of Governor Bill Quinn; and to Mildred, wife of President Kenneth Little, of the Hawaii osteopathic group. A local popular columnist, Eddie Sherman, picked it up and gave Texas and the osteopathic profession a wholesome ribbing by heading his column, "Talk about Carrying Coals to Newcastle." Hawaii, however, reciprocated by graciously sending to Queen Harriet Sue, a garland of several hundred orchids.

TAX TIPS

—From KANSAS OSTEOPATHIC NEWS LETTER

DURING DECEMBER

At this time of the year you would be wise to review your taxable income and deductions for the current year, to see if any tax savings can be realized.

One provision of the 1962 tax law may help you. One provision gives you a 7% *investment credit* against your tax liability on equipment or depreciable property used in your business (other than buildings) purchased during the year 1962, *if* the property has a useful life of at least 8 years. If it has a useful life of 6 or 7 years, you get 2/3 of the 7% credit. If it has a useful life of 4 or 5 years, you get 1/3rd of the 7% credit.

Each dollar of credit, for a taxpayer at the 50% bracket, is worth two dollars of deductions. Take advantage of this provision on all qualified purchases when making your 1962 tax return.

Don't overlook the *first-year write-off allowance*. This applies to equipment with at least a 6-year life, and permits you to write off 20% of your cost in the first year. This is in addition to the investment credit and normal depreciation allowance.

If you can use more deductions this year, because you will have a high income, you can consider:

- (a) Paying current year's real and personal property taxes in full during 1962;
- (b) Paying accounts payable before December 31;
- (c) Paying your professional dues or other optional bills before December 31.

These and other expense payments will increase your deductions for the year of 1962. If, however, 1962 income was not high, and you think 1963 will be a better year, you might prefer to hold these payments off to January, 1963 or later, so that they would apply to the 1963 year.

College of Surgeons Holds Florida Meeting

The Thirty-fifth Annual Clinical Assembly of the American College of Surgeons and participating organizations was held October 28-November 1 in the Americana Hotel, Bal Harbour, Florida.

Texas was well represented by 37 physicians and 5 hospital administrators. Present were:

AMARILLO

Earle H. Mann, D.O.
Glenn R. Scott, D.O.

COMANCHE

William A. Flannery, D.O.

CORPUS CHRISTI

Thomas M. Bailey, D.O.
Dwight H. Hause, D.O.
Fred E. Logan, D.O.

DALLAS

Elmer G. Beckstrom, D.O.
Harriett P. Beckstrom, D.O.
James T. Calabria, D.O.
Raymond N. Dott, D.O.
Milton V. Gafney, D.O.
Charles M. Hawes, D.O.
Hyman Kahn, D.O.
Stevon S. Kebabjian, D.O.
Leon R. Lind, D.O.
Mr. H. G. Mann, Administrator, Dallas
Osteopathic Hospital
Charles D. Ogilvie, D.O.
Walters R. Russell, D.O.
Marille E. Sparks, D.O.
Samuel F. Sparks, D.O.

Fred B. Thomas, D.O.
Edward J. Yurkon, D.O.
Peggy J. Yurkon, D.O.

EL PASO

Mickie G. Holcomb, D.O.

FORT WORTH

Roy B. Fisher, D.O.
Thomas T. McGrath, D.O.
Phil R. Russell, D.O.
Thomas R. Turner, D.O.

GRAND PRAIRIE

Elmer L. Kelso, D.O.
Harriette M. Stewart, D.O.
J. Natcher Stewart, D.O.

GROOM

Mrs. Bonnie King, Administrator, Groom
Memorial Hospital

HOUSTON

Richard J. Burman, D.O.
Stanley E. Burman, D.O.
Mr. Hal Coker,
Administrator, Doctors Hospital
Mr. R. A. Smith, Administrator, Houston
Osteopathic Hospital
Victor H. Zima, D.O.

HURST

Charles H. Bragg, D.O.

LUBBOCK

Mr. Lee Baker, Administrator, Lubbock
Osteopathic Hospital
Raymond E. Mann, D.O.

MOUNT PLEASANT

Palmore Currey, D.O.
Garry W. Taylor, D.O.

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The Executive Secretary's Travelogue



Pictured above are Mr. H. G. Mann, Administrator of the Dallas Osteopathic Hospital, and Dr. P. R. Russell, your executive secretary, enjoying a conference at the wreck bar in "The Castaways", Miami Beach, Florida. They were spending the evening in a frank discussion of the hospital situation in Texas, particularly discussing the new addition to the Dallas Osteopathic Hospital which will be completed in February of '63, adding some 60 beds to the present institution.

The location for the above conference (wreck bar) was selected because any new hospital addition will almost wreck the administrator and everyone else connected with it, as there are so many details connected with building. On the other hand, the headaches connected with the construction of a new hospital addition are well justified once the new facilities are opened. Needless

to say, the executive secretary was toasting Mr. Mann with some of that famous Florida citrus fruit juice, for his untiring efforts in the hospital's venture.

Now on with the Travelogue. Travel? Yes, sufficient travel during the month of November to last the executive secretary for some time. The executive secretary left Fort Worth by plane on Saturday, October 27, for Miami Beach, Florida, to attend the combined meeting of the College of Surgeons, Radiologists, Anesthesiologists and the American Osteopathic Hospital Association. The trip was uneventful except the executive secretary had a three-hour layover in Atlanta, Georgia due to the lateness of planes. However, he arrived in Miami in sufficient time to have dinner with Mr. Mann and confer with him regarding the new addition to the Dallas Osteopathic Hospital.

This particular trip was possibly one

of the most productive of any the executive secretary has made in the last two years. He had conferences with numerous persons from other states in reference to locating in Texas. He was fortunate to make contacts with two radiologists and interest them in coming to Texas where two of our hospitals are crying for this service. In addition, he interviewed several anesthesiologists as there is also a crying need for these men. We believe he was successful in interesting them in Texas locations. Also, one out-of-state surgeon spent considerable time with the executive secretary regarding a possible move to Texas.

The Miami meeting, as a whole, was considered excellent by those in attendance. As usual, Texas was well represented. The executive secretary spent most of his time attending the American Osteopathic Hospital Association meeting in an attempt to accumulate new information for our Texas hospitals. He was particularly interested in the program on malpractice and was thrilled at the Wednesday afternoon session when round table discussions were held by groups representing hospitals under 50 beds; groups representing hospitals up to 100 beds; and groups representing hospitals over 100 beds.

The executive secretary felt his time at the Miami meetings was well spent. He was so busy he was only able to leave the hotel briefly on two occasions. However, he felt everyone was a little disappointed with the entertainment provided at the banquet, particularly in such a place as Miami Beach where so much talent should be available.

The executive secretary left Miami on Thursday, November 1, at 12 Noon for Port Arthur and the Beaumont area of Texas. He had a nice one-hour and twenty-minute flight to New Orleans where he had a 1½ hour layover. He then caught a plane for Port Arthur which reminded him of a slow train through Arkansas. The plane stopped at every "cattle crossing" and required

about 2½ hours to go 200 miles. When the executive secretary arrived in Port Arthur, he was tired and disgusted. So, he found himself a nice tourist court, moved out for a good fish dinner only to find they didn't have the kind of fish he wanted. However, what they had was good. The waitress then asked him what he wanted for dessert. He replied, "A whale steak". He was informed they didn't have any but they did have octopus which he quickly turned down. He then returned to his room and had a good night's sleep—much needed after losing so much sleep in Miami.

On Friday morning, November 2, he was up early, had breakfast and at 9 a.m. was at the Doctors Hospital in Groves for a conference with their administrator, Mr. B. P. Bearden. Some 1½ hours were spent inspecting the new addition to this hospital. The new wing includes two major operating rooms, minor surgery, emergency room, com-

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plete new x-ray department, new laboratory, and an obstetrical suite made up of two delivery rooms and a recovery room. Also enclosed in the new wing is a new central supply, new doctors' lounge and new offices for Doctors N. G. Palmarozzi and John R. Ruffle.

At 12 Noon a luncheon meeting of District # 12 was called to give the executive secretary an opportunity to bring the district members up to date on the latest activities of the TAOP&S. The meeting lasted some 2½ hours with luncheon being served in the Doctors' Lounge. The following District # 12 members were in attendance: Archie L. Garison, D.O.; W. H. Sorenson, D.O.; John B. Eitel, D.O.; Jack K. Taylor, D.O.; Kenneth R. Watkins, D.O.; Paul D. Siefkes, D.O.; Nicholas G. Palmarizzi, D.O.; John R. Ruffle, D.O.; Jack E. Barnett, D.O.; Robert J. Shields, D.O.; Frederick W. Rogers, D.O.; Ralph C. Merwin, D.O.; and guest, Mr. B. P. Bearden, Administrator of Doctors Hospital.

That afternoon the executive secretary visited with Mr. E. E. Miller, Director of the Lamar School of Vocational Nursing in Beaumont regarding a misunderstanding that had developed in reference to D.O.'s signing physical examination forms required for admission to the school. The examination form has now been changed to avoid future misunderstandings. The conference was very productive to the point that the Director solicited the participation of Doctors Hospital in the practical training of these L.V.N.'s. The executive secretary was accompanied on this visit by Dr. Nicholas Palmarozzi and Mr. Bearden.

Following this conference, they visited with Dr. Edwin S. Hayes, Premed Advisor of Lamar State College of Technology, who was delighted to see them and renew his acquaintance with the executive secretary. Dr. Hayes made many favorable comments regarding

some of our graduates and students provided by Lamar College.

The executive secretary was then taken to the home of Dr. A. L. Garrison where he was entertained for some 1½ hours by Dr. and Mrs. Garrison, Dr. and Mrs. Palmarozzi, Dr. and Mrs. Sorenson and Mr. Bearden. At 8 p.m. he was entertained at dinner by this same group. Finally at 10 p.m. he was able to get to bed for some much needed sleep.

At 8 a.m. Saturday, November 3, the executive secretary was picked up by Dr. Garrison and taken to Doctors Hospital where he spent some two hours in conferences with individual staff members and members of District # 12. That afternoon Mr. Bearden took him to Beaumont where the executive secretary visited Drs. Claude J. (Blackie) and Auldine Hammond. From there they went to the office of Dr. Larry A. Giffen where they had another pleasant visit. The executive secretary apologizes to those few physicians in District # 12 whom he was unable to visit.

That evening he left for Fort Worth, via Houston, and was back at his desk in the State Office on Monday morning, November 5th.

At Noon he drove to the Baker Hotel in Dallas where he made arrangements for the midyear meeting of the Board of Trustees to be held Saturday and Sunday, December 8-9th. From there he went to the Dallas Osteopathic Hospital and that evening met at the hospital with Mr. Robert S. Hawthorne of Blue Cross where together they conducted a program for the entire hospital staff. This was the last of five such programs set up by our Committee on Hospitals and Insurance.

The rest of the week was taken up with routine office procedures.

On Saturday, November 10, the executive secretary left Fort Worth for Corpus Christi to participate in the formal opening and dedication of the beautiful new Corpus Christi Osteopathic

Hospital. He drove to Houston and the following day, November 11, caught the 7 a.m. flight to Corpus Christi where he met Dr. L. G. Ballard, President of the TAOP&S.

At Noon he and Dr. Ballard were entertained at luncheon in "The Down-towner" by the hospital. Present were Drs. Fred E. Logan, Samuel B. Ganz, Clarence R. Woolsey, Thomas M. Bailey, Lyle E. Elsea, and Mr. Dave Gassiot, administrator.

At 1:30 P.M. they proceeded to the new hospital for the opening and at 5 P.M. the executive secretary and Dr. Ballard caught a plane back to Houston. Dr. Ballard continued on to Fort Worth but the executive secretary remained in Houston to meet Mr. Lewis Chapman of the Kirksville College of Osteopathy and Surgery to discuss the program for the District #6 vocational guidance dinner scheduled in Houston on November 13th.

and On Monday, November 12, the executive secretary took Mr. Chapman to visit the hospitals in the Houston area. Their first stop was Doctors Hospital where they spent some two hours in conference with various members of the hospital staff. They then visited the Yale Clinic and Hospital. Unfortunately Dr.

Villa was not there but Mr. Chapman did inspect the facilities of this institution.

They then stopped for lunch and were fortunate to run into two Blue Cross officials from the Houston office who joined them. Mr. Chapman was somewhat enthused over the compliments paid our organization by these two gentlemen.

The next stop was the Houston Osteopathic Hospital. Not many of the staff members were in the hospital at the time but again Mr. Chapman was able to view the facilities of this institution.

They then proceeded to the Tavel Clinic and Hospital, a specialty hospital, where they enjoyed a 1½ hour visit with Dr. Lester I. Tavel who postponed his hunting trip long enough for this chat.

Mr. Chapman then expressed a desire to return to the San Jacinto Inn which he had visited some 14 years ago. He stated he wanted to fill up on fish again. The executive secretary was happy to comply, so they took off on the 28 mile drive, arriving at the Inn about 8 p.m. Surprisingly, they found the place shut up tight as they close on Mondays. This was indeed a revolting development as they had to fight the heavy evening

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traffic to get there. They arrived back in Houston about 9:30 p.m. and decided Texas bull would serve as a good substitute, so they stopped at Don's Place for some unusually good steaks which the executive secretary feels Mr. Chapman enjoyed more than he would have enjoyed fish.

On Tuesday, November 13, they were at Community Hospital before 9:15 a.m. and Mr. Chapman inspected the facilities of this hospital. They also had the privilege of visiting with numerous members of the staff.

At Noon they had lunch with Doctors: G. W. Tompson, Victor Zima and Mr. Lee Davis, Administrator. Following lunch, Mr. Chapman and the executive secretary returned to the Sheraton Lincoln Hotel for some much needed rest in preparation for the vocational guidance dinner to be held in the hotel that evening.

The Vocational Guidance Dinner proved to be very successful. Approximately 150 persons were present and all seemed deeply appreciative of the information they gained from the program.

On Wednesday, November 14, the executive secretary and Mr. Chapman left Houston, by car, for Corpus Christi—arriving there about 1:30 p.m. They spent the entire afternoon inspecting the facilities of the new Robert Driscoll Hotel as instructed by the Board of Trustees for convention purposes.

That evening, District #8 (Corpus Christi) put on a successful Vocational Guidance Dinner. It was a truly good program with a very attentive audience who also seemed to appreciate the efforts of our profession in regard to vocational guidance.

Mr. Lewis Chapman is to be congratulated for his excellent presentation of the programs at both the Vocational Guidance Dinner meetings.

On Thursday, November 15, the ex-

ecutive secretary took Mr. Chapman to inspect the facilities of the new Corpus Christi Osteopathic Hospital, following which they visited various doctors in their offices. They visited only those physicians whom the executive secretary had been unable to visit during his previous trips to Corpus Christi. They visited Doctors: Mel Eliades, Dwight H. Hause, Oliver H. Jones, Dominic R. Rich, Thomas M. Rowlett, Jr., Dale L. Williams, Raymond R. Huges, and Joseph Schultz. Mr. Chapman had to leave Corpus Christi at 2 p.m. and therefore was unable to accompany the executive secretary on two of these office visitations.

That evening the executive secretary was extremely tired. He returned to the hotel for some rest and after two hours sleep, went to Williams Cafe for dinner. While there, he ran into Mr. Hamburg from Washington, D.C. Mr. Hamburg is Director of Civil Defense. He and the executive secretary visited together for some two hours during which the executive secretary gained much information regarding the Civil Defense programs.

On Friday, November 16 the executive secretary left Corpus Christi to visit the doctors along the coastal area. His first stop was at Portland, Texas where he had an enjoyable visit in the office of Dr. Baxter D. D. Greer, Jr. and an equally enjoyable visit with Dr. Leland C. Long in his offices.

The executive secretary then proceeded to Ingleside, Texas where he had a wonderful visit with Dr. John M. Auten. He was indeed sorry to learn that Dr. Auten has not been well for some time.

The executive secretary then drove to Aransas Pass where he visited the Aransas Hospital and then in the offices of Doctors Allen and Sue Fisher who entertained him at lunch. The executive secretary has never forgotten the dinner

they gave him while they were students in the Des Moines College.

Following lunch, he visited with Dr. William N. Tinnerman in his offices where they discussed professional affairs for better than one hour.

He then visited the office of Dr. M. Glen Kumm. The executive secretary knew Dr. Kumm was out of the city deer hunting, but he could not get Dr. Kumm's secretary to admit whether the doctor was hunting two-legged dears or four-legged deer. Dr. Kumm has very efficient and lovely offices.

From here the executive secretary "flew low" to Louise, Texas for a visit at Dr. John H. Boyd's office. He was glad he made it by 5 p.m. as he had a long conference with Dr. Boyd and with Mrs. Boyd who is the President of the Texas Auxiliary. It was a most enjoyable evening and ended with a delicious dinner at the Duck Blind in El Campo, the executive secretary being the guest of Dr. and Mrs. Boyd.

At 10 p.m. he left Louise for Houston. On the seat of his car he found a lovely gift from the Boyds which put him to sleep in Houston more pleasantly than any pill devised by pharmaceutical houses.

The executive secretary was back in the office on Monday morning, November 19.

On Wednesday, November 28, he again left for Dallas where he spent the morning in the offices of Hartford Insurance Company, Hancock Life Ins. Co., and Reserve Life. The entire afternoon was spent at East Town Osteopathic Hospital assisting this institution in reference to claims.

He arrived back in Fort Worth at 9 p.m.

At 1:15 p.m. Thursday, November 29, the executive secretary met with the
December, 1962

Committee on Editorial Policy and Journal Publication, in the Directors Room of the Fort Worth Osteopathic Hospital.

The executive secretary then returned to the state office to continue preparations for the midyear meeting of the Board.

See you next month!



Pictured above is Mr. Lewis F. Chapman of the Kirksville College of Osteopathic Surgery, addressing the guests at the vocational guidance dinner held in Houston, November 13th.

Mass Vaccination

A Vaccination Assistance Act of 1962 has been cleared by Congress and sent to the President. The Act authorizes a three-year program of special project grants to states and, with state approval, to local communities to pay part of the costs of intensive vaccination diseases that constitute significant public health problems—polio, diphtheria, whooping cough, and tetanus.

The method of organizing and conducting local programs would be left to state and local determinations.

Self-Employed Individuals Tax Retirement Act of 1962

By LANGDON ANN COLLINS, *Assistant General Counsel*
American Osteopathic Association

It was some years in coming, but with passage of the Keogh bill, it is possible for self-employed persons to receive tax benefits on their retirement programs similar to benefits now received by employees covered by employer pension plans.

The Act applies to the self-employed, including partners, who perform personal services in an unincorporated trade or business. The program is a voluntary one. However, if a self-employed person who is either the sole owner of a business or the owner of more than 10% in a partnership chooses to set up a retirement plan under the Act, he must include in the plan all of his full time employees with at least 3 years of service.

Contributions set aside for retirement in the manner prescribed by the law are deductible for income tax purposes. A self-employed person may contribute, on his own behalf, 10% of his earned income or \$2500, whichever is the lesser. Deductions are limited to 50% of contributions. The maximum deduction in a single year is, therefore, \$1250.

Income earned on contributions is not taxed until it is distributed in accordance with the plan. When distributions are made at retirement the recipient will generally be in a lower tax bracket than he was during the years when funds were added to the retirement plan.

The Act prescribes several ways in which the retirement plan funds may be handled. A bank or other financial institution may hold funds as trustee or custodian. Depending on the type of plan selected, the funds may be used

to purchase a variety of investments including mutual funds, annuities, endowments, life insurance contracts and special United States bonds. The type of plan set up also determines the degree to which the self-employed person will be able to control investment decisions.

Benefits may not be paid before the self-employed person reaches the age of 59½ unless the individual becomes disabled or dies before that time. Penalties are imposed for premature distributions.

The A.O.A. and a number of divisional societies are studying the law. When regulations pertaining to the law have been issued, we will be able to describe in detail the advantages and disadvantages of various kinds of retirement plans which qualify under the Act. The law applies only to taxable years after 1962. Therefore, we recommend that you postpone setting up a retirement plan until we can advise you more fully about the choices which will be available to you.

New York Adopts Support-Thru-Dues

Adoption of Support-thru-dues by members of the New York State Osteopathic Society brings to 24 the number of divisional societies that have adopted this mechanism of support for osteopathic education, according to an announcement made in mid-October by Earl K. Lyons, D.O., chairman of the profession's Osteopathic Progress Fund Committee.

American Osteopathic Association

Office of

CARL E. MORRISON, D.O.

Chairman: Council on Federal Health Programs

1757 K. Street, N.W.

Washington, D. C.

October 31, 1962

Washington News Letters

Selective Service. Although it is not the policy of Selective Service to induct osteopathic students who are doing satisfactory college work or osteopathic graduates who are in full-time professional activity, an increasing number of registrants jeopardize personal application of the policy by failing to exercise their rights of appeal and by ignoring orders to report for physical examination. Failure to exercise right of appeal within the allotted 10 days complicates a registrant's status and creates an imposition on Selective Service agencies. Failure to report for physical examination makes the registrant a delinquent subject to induction.

Reservists. Concurrent with the President's speech on the Cuban crisis on October 22, the Army sent instructions to all military installations reading in part as follows: "DA 320325. Department of Defense established policy provides that requests for delay in order to Active Duty for Reserve officers who are students of osteopathy be approved on same basis as students of professional school of medicine, dentistry, or veterinary medicine." The instructions also reaffirmed the right of DOs who hold ROTC commissions to elect to retain their commission, without liability for active duty or active duty training.

Drug Amendments of 1962. The requirements of registration of producers of drugs and of factory inspection related to prescription drugs in the 1962 amendments to the Federal Food, Drug,

and Cosmetic Act (S. 1552. Public Law 87-781, approved October 10, 1962), do not apply to practitioners licensed by law to prescribe or administer drugs who compound or process drugs solely for use in the course of their professional practice, or persons who compound or process drugs solely for use in research, teaching, or chemical analysis and not for sale. Turn page for copy of AOA letter of September 18 to Congressional Committee. The new law requires prescription drug advertisements to include the established name and the ingredients of the drug, and to show "in brief summary" such information as FDA shall by regulation require as to side effects, contraindications and effectiveness. Manufacturers of new drugs will be required to show substantial evidence of effectiveness, in addition to safety, before marketing and must file reports of clinical experience thereafter, with due regard for professional ethics and the interests of patients. Clinical investigators of a new drug must certify to the manufacturer that they will get the consent of patients for administration of the new drug "except where they deem it not feasible or, in their professional judgment, contrary to the best interests of such human beings."

(The following statement was submitted by the American Osteopathic Association to the Committee on Interstate and Foreign Commerce preceding executive consideration of the Drug Amendments of 1962 by the Committee.)

September 18, 1962

Hon. Oren Harris, Chairman
Committee on Interstate and Foreign
Commerce
House of Representatives
Washington 25, D. C.

In re: H.R. 1158

1 and S. 1552

Dear Mr. Harris:

The American Osteopathic Association has a history of meaningful cooperation with the Food and Drug Administration and is manifestly interested in any revision of the Federal Food, Drug and Cosmetic Act.

The recent Congressional inquiry and the thalidomide incident have served to emphasize the legislation, H.R. 11581 and S. 1552, recommended by the President to clarify and extend existing governmental authority in a number of areas, including pre-marketing clinical investigation of new drugs, and advertisement of prescription drugs.

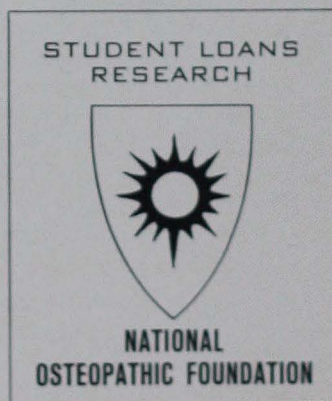
The provisions of S. 1552, sections 3 and 4, requiring registration of producers of drugs and factory inspections relating to prescription drugs appear to safeguard the confidentiality of the physician-patient relationship. The provisions of section 7 of S. 1552 relating to availability of reports and records of clinical investigation of new drugs are also directed to preserve the physician-patient relationship.

Applications for new drugs for human use during the past three fiscal years have averaged over 300 each year, (1960-368; 1961-262; 1962-282). This involves thousands of clinical investigators annually.

As to section 11(a) of S. 1552 and section 131 of H.R. 11581, both of which require that all prescription drug advertising must contain information on side effects, contraindications, and effectiveness, we think special provision

should be made applicable in the case of professional journal advertising.

Section 11(a) leaves up to FDA just how extensive the information must be. This allows some room for reasonable adjustment, which is absent from section 131. Beyond the requirement of inclusion of the quantitative formula, and warnings associated with the specific use advertised (if any specific use is advertised), we think it is unnecessary to regulate professional journal advertising. Such ads are directed as reminders to physicians (D.O. or M.D.), who have studied materia medica and pharmacology during their professional college training and hospital internship, and who have readily available to them manufacturers' brochures that are required by FDA to be dated and updated, as well as such handbooks as the Physicians' Desk Reference descriptive of the composition, action and uses, administration and dosage, and precautions of pharmaceutical specialties and biologicals. The requirement that any advertisement of these in a professional journal must duplicate this information seems unrealistic, and we hope for its revision by the Committee.



NEWS OF THE DISTRICTS

DISTRICT 3 NEWS

Dr. B. K. Fleming, Tyler osteopathic surgeon, reports he attended the American College of Osteopathic Surgeons meeting, held in Miami in late October. Fleming has been unable to attend any of the District 3 meetings in the past 12 months, however.

* * *

Dr. Joe Brown, Tyler proctologist, reports that he returned from a big deer and turkey hunt in the wilds around Johnson City, Blanco County November 18. Joe bagged one Thanksgiving turkey and one buck.

* * *

Dr. Earl Kinzie, Lindale, perennial patron of the exchange student program between freeworld nations, says that his pretty protege is popular at Lindale High, and is a top student there. She is a West Berliner, 17, and her full name—which we failed to give before—is Gisela Porsch. Earle hears regularly from his exchange student daughter, Ellen, who is a student in West Germany.

* * *

Two days a week Dr. K. E. Ross is Chief-of-Staff of Big Sandy Hospital. On those two days—Thursdays and Saturdays—the proprietor, Dr. Henry Hensley, becomes plain Henry Hensley. Father Hensley, as often as not on

Thursdays brings the children into Tyler to visit a pediatric dentist, Dr. Forrest R. Green.

* * *

Dr. Howard Coats was featured in a recent Sunday Edition of the Tyler Courier-Times-Telegraph for the founding and developing of the Tyler Rotary Young Citizens Club, inspired under his presidential algis in 1930. Dr. Coats, however, is even prouder of the Tyler Rotary Club's unpublicized Crippled Children's Committee, which he was instrumental in founding the same year. Well over a hundred youngsters have been given an education and otherwise aided by the Committee's activities, some of whom have returned to Tyler to be among the city's finest citizens.

* * *

Assiduous Dr. Robert Slye, though practicing in the little community of Brownsboro, serves a much larger area as a responsible citizen. Dr. Slye recently was appointed a member of the Board of Directors of the American Heart Association, East Texas District Chapter. More recently Dr. Slye was elected Vice President of the Smith County Chapter of the American Heart Association.

* * *

Dr. George Grainger was script-writer for the Coronation Ball of the Tyler Rose Festival.

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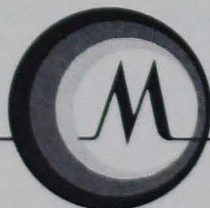
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a better light for Diogenes

Diogenes was a Greek, and a philosopher. He belonged to the school of cynics. Which means that he associated with a group of men who didn't believe in practically anything.

Now among the many things Diogenes didn't believe in was an honest man. But he wanted to give every one a chance, so he roamed the highways and byways of Athens with a lantern which he would flash on the faces of the passers-by, endeavoring to find in their features some sign of integrity.

Nothing ever came of his labors. (According to him.) But because he was a philosopher and a reasonably fair man, Diogenes admitted that it *could* be his lantern. And so, he complained, "If only I could have a better light..."

And many people tried to give Diogenes a better light... If you're as old as sixty, you may remember that a fellow named Welsbach thought up a contraption that you fitted over a gas-jet... Then there was that young fellow, Tom Edison, who worked out the electric light bulb. And another genius planned a new type of light called fluorescent

...But none of them succeeded in inventing a light that helped Diogenes.

Then a man comes up with still another kind of light—a poor sort of thing. It was a little blob of wax, wrapped around a piece of string. And one Christmas Eve he took it over to Diogenes' home. There the old fellow was, visiting with his cynic cronies, and saying as how "No, definitely not! There just wasn't such a thing as an honest man." And the cynics all nodded their heads in agreement. Then the man came in with his candle, and he lighted it. And Diogenes could hardly believe his eyes! Because as the soft, mellow beams shone out from the Christmas candle and fell on the faces around him, Diogenes could see, just as plain as could be, that there wasn't a really dishonest man in the entire gathering.

And ever since then, at Christmas time, the little Christmas candles have made fools out of cynical people by proving that it is seldom that you can find a human being who, 'way down deep inside, isn't essentially honest... if you'll only look at him in the proper light.

From a fantasy by K. Miles



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