

Texas OSTEOPATHIC PHYSICIANS Journal

Volume XV

FORT WORTH, TEXAS, JANUARY, 1959

Number 9



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EDITORIAL PAGE

1958 represents progress for the osteopathic profession in Texas. Public relations has been at a new high. TAOP&S has reached a new high in its service to members and the public . . . A larger membership, greater prestige, and a gain in strength both financially and as a representative group for public health.

Refresher courses for osteopathic physicians have been exceedingly good; i.e., the Annual Convention, State Department of Health Seminar, Cardiovascular Clinic . . . Refresher courses by specialty groups have been on the increase.

There has been an increase in hospital beds this past year. Completion of new hospitals has been exceptional — East Town Osteopathic Hospital, San Antonio Osteopathic Hospital, Lubbock Osteopathic Hospital, Tavel Clinic and Hospital, Muleshoe Clinic and Hospital, the county hospital at Stanton has been taken over by osteopathic physicians, Community Hospital at Olton. Additional facilities have been added to Community Hospital and Doctors Hospital in Houston and to Granbury Hospital in Granbury. All of these accomplishments spell progress for osteopathy in Texas and the osteopathic profession should feel a just satisfaction in these accomplishments.

Hospitals now under construction, to be completed in 1959, are the new Mid-Town Osteopathic Hospital, a 40 bed institution; the new Groom City Hospital under the administration of osteopathic physicians and 40 beds to be added to the Fort Worth Osteopathic Hospital. On the drafting board are the plans for the new Corpus Christi Osteopathic Hospital and the new Stevens Park Osteopathic Hospital in Dallas.

1959 offers an opportunity to greater heights of accomplishment. Resolve that each osteopathic physician get behind the profession to work and fight for continual progress in the interest of the public and community welfare, that we may justify public trust.

Texas Osteopathic Physicians' Journal

OFFICIAL PUBLICATION OF THE
TEXAS ASSOCIATION OF OSTEOPATHIC PHYSICIANS AND SURGEONS

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

EDITOR . . . PHIL R. RUSSELL, D. O.

ASSOCIATE EDITORS: GEORGE J. LUIBEL, D. O., RALPH I. MCRAE, D. O.

ADVERTISING RATES UPON REQUEST. ALL ADVERTISING CUTS TO BE SENT WITH COPY

VOLUME XV

FORT WORTH, TEXAS, JANUARY, 1959

NUMBER 9

Cryptitis

R. L. HODSHIRE, B.S., D.O.

Cryptitis is a state of inflammation in a crypt of Morgagni. This will usually precede a papillitis. Papillitis is an inflammation reaction of a papilla, usually associated with edema and hypertrophy.²

A brief review of the anatomy of the anal crypts is in order. The anal crypts are tiny recesses projected between adjacent anal columns and behind the valves. There is considerable variation in the number, depth and shape of these crypts. The more constant and larger crypts are found just lateral to the posterior commissure. The blind end of the crypts extend into the pecten, and the cephalic open end is directed upward toward the rectum. With no valvular function, the so-called anal valves are folds of squamous epithelium bringing adjacent anal columns from the free inner wall of the crypts. Histologically, the valves are thickened or cornified epidermis which becomes continuous with the rectal columnar epithelium, projected caudally between the anal columns into the blind ends of the crypts. The free borders of the valves, extremely variable, usually present a scalloped edge appearance (semilunar), and their lateral margins are confluent with the anal columns with which they usually correspond numerically — six to twelve.⁴

The crypts of Morgagni furnish the

starting point for most infectious anorectal pathology.²

Cryptitis is probably the most frequent factor in the etiology of fistulae. The anatomic arrangement and character of the cup-shaped crypts predispose them to easy trauma caused by a hard constipated stool, a foreign body, ulcerating proctitis, ulcerated thrombotic hemorrhoids even ulcerating neoplasms. Any of these conditions which cause inflammation near or adjacent to crypts can produce anal fistulae by admitting microorganisms into the crypts. Of all these, foreign bodies can be the worst offenders. The first stage, therefore, in the development of an anal fistula begins with the involvement of the anal crypt. In this inflammatory process of the crypt we find the tissues reacting locally, the mucosa becoming edematous and the adjacent papillae hypertrophied. An exudate may seal together the mucosa and the papilla, or the edema may close the crypt, and the nidus of infection may develop and from which the fistulous process extends.¹

Perianal abscess, as well as supralevator, retro-rectal and ischio-rectal types, with but occasional exception originate in the crypts of Morgagni also.³

Cryptitis, however, is not always a suppurative process any more than ap-

pendicitis is always abscess formation. There are many cases of cryptitis which do not result in abscess.

The symptoms produced by cryptitis are not characteristic. Pain is the usual complaint, but the degree of discomfort may vary from a dull aching sensation to an acute, sharp pain. The pain described is almost always worse with and after defecation. If very acute it may indicate the tearing of an anal valve and the formation of an early anal ulcer.

The patient may note and report a palpable protrusion with defecation which may represent a protruding hypertrophied papilla. This hypertrophy may be so large as to be confused with a pedunculated polyp.

Symptoms of a general nature such as bladder or low back pains or discomfort, dyspepsia, general exhaustion, female trouble, and a sense of weakness, particularly post-defecatory, may be noted.

It will be noted, however, that none of these symptoms are diagnostic. Diagnosis must be made upon examination alone.

Digital examination will usually disclose a marked sphincter spasm. The skillful examiner can occasionally detect the thickened, granular crypt. Hypertrophied papillae are readily palpable as thickened, tooth-like projections. The area of inflammation is usually tender to palpation.

Anoscopy completes the examination. By this means the ano-rectal line is brought under direct visualization. The inflamed crypt, reddened, thickened, perhaps granular in appearance, is readily recognized. Upon slight pressure with an applicator pus can sometimes be expressed from the mouth of the crypt. If ulcerated it represents the initial stage of anal ulcer development. The usual site of cryptitis is near the posterior mid-line. A crypt hook can usually be easily inserted, but I do not advocate the use of a crypt hook at ex-

amination. No trouble should be experienced in recognizing an infected or inflamed crypt and to insert a crypt hook is painful to the patient, and may spread infection. The normal papilla appears as a tiny teat, pink at its base and capped by a whitish peak. The inflamed papilla is reddened, edematous and tender. With prolonged inflammation it becomes thickened and elongated.

Treatment may be either palliative or surgical. Either approach is best handled by ambulatory methods. The usual palliative treatment consists of hot medicated rectal irrigations, suppositories, and regulation of diet to prevent constipation. In the very mild case such treatment may be of value. With a true cryptitis or papillitis, however, effective permanent relief and cure must depend upon adequate surgical intervention.

Surgical treatment consists of infiltration anesthesia using anesthetic of choice and removal of crypt by sharp dissection or cautery, and the extension of the wound well out upon the anal verge in order to insure adequate drainage. Finally, as in all rectal operative procedures, it is advisable to infiltrate the operative area with one of the prolonged anesthetic solutions. This provides long lasting analgesia and a minimum of postoperative discomfort for the patient.⁵

SUMMARY

1. The anatomical relationship of the crypts of Morgagni to the axis of the anal canal and rectum renders the crypts vulnerable to trauma and infection.
2. An infected crypt may be and usually is the prime etiological factor in rectal abscess and fistulae.
3. Cryptitis may well be a focus of infection to the entire body.
4. Examination is essential to diagnose cryptitis.
5. Treatment of choice for cryptitis is surgical.

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- 10:30 — 11:15 a.m. — Laboratory Aids in Diagnosis of Chest Diseases. George E. Miller, D.O., Dallas, Texas
- 11:15 — 12:00 noon — Tuberculosis, continued. Howard E. Smith, M.D.
- 12:00 noon — Luncheon, for registrants and their guests
- 1:30 — 2:00 p.m. — Business Meeting, T.O.R.S., Joseph L. Love, D.O., President
- 2:00 — 3:00 p.m. — Non-Tuberculous Conditions: Tumors, Bronchiectasis, etc., Howard E. Smith, M.D.
- 3:00 — 3:45 p.m. — Problem Film Conference. Charles D. Ogilvie, D.O., Moderator; Edward J. Yurkon, D.O.; Arthur Simon, D.O.

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Toil Committee

The TOIL Committee spelled out is the Texas Osteopathic-Insurance Liaison Committee. This is an entirely new organization, incorporated under the State of Texas. The objects and purposes of this Committee being,

A. To discuss and consider in open meetings the problems which affect the administrative functions of the participating groups

- (1) In cases where they overlap
- (2) In cases where they infringe on the rights or privileges of another
- (3) In cases where the administrative functions of one group may cause needless or unnecessary economic distress to another or impair its prestige.

B. Through joint counsel

- (1) To prevent the commencement or development of practices which might impair the proper functions of the participating groups.
- (2) To foster harmony within all groups.

C. To function as a public relations Committee

- (1) Between the groups comprising this TOIL Committee and the public in general
- (2) As a united voice against governmental encroachment or interference in or upon our business or professional prerogatives.

D. To function as a grievance body in cases in which

- (1) Violations by members of one group impair the harmony of all
- (2) Actions of members of one group do anything to bring about public resentment or disapproval.

For years, the Insurance Committee of the Texas Association of Osteopathic Physicians and Surgeons has attempted to bring about better cooperation and understanding between the osteopathic profession and the insurance companies. After requests of the Insurance Committee of the TAOP&S to Mr. Bill Hinsch of the American Hospital and Life Insurance Company of San Antonio who also is President of the Texas Accident and Health Claims Underwriters Association, Mr. Hinsch appointed Mr. John V. Borden of Western American Life Insurance Company of Austin to set up a committee with representatives from the different insurance associations to meet with representatives from the TAOP&S and Texas Osteopathic Hospital Association to work out details for a liaison committee such as the one that has been in operation with the Medical Association for years—the HIP Committee.

As soon as the insurance associations endorsed their appointments to this Committee, Mr. John Borden called an organizational meeting for Saturday, December 6, 1958 at the Fort Worth Club, Fort Worth, Texas. The Insurance Committee of the TAOP&S hosted the group at luncheon.

Representatives of the Texas Accident and Health Claims Underwriters Association were Mr. Bill Hinsch of the American Hospital and Life Insurance Company of San Antonio, who is also president of that organization; Mr. John V. Borden of Western American Life Insurance Company of Austin; Mr. Truman Ferguson of Austin Life Insurance Company, Austin; and Mr. Russell Kalk of Southwestern Life Insurance Company of Texas.

Representing the Texas Association of Accident and Health Underwriters Association were Mr. John Delaney of American General Life Insurance Company of Houston and Mr. Emerson Dav-

is of the Inter-Ocean Life Insurance Company of Dallas.

The osteopathic profession in Texas was represented by Dr. G. W. Thompson of Houston who is also Chairman of the Insurance Committee of the TAOP&S and Dr. Phil R. Russell, D.O., of Fort Worth who is the executive secretary of the Texas Association of Osteopathic Physicians and Surgeons.

Texas Osteopathic Hospitals were represented by Mr. Lee Davis, Administrator of the Community Hospital Inc. of Houston and Mrs. Jane Siniard, Administrator of the Fort Worth Osteopathic Hospital.

Those in attendance incorporated this new non-profit organization. The representatives of the osteopathic profession were appointed to this Committee by Dr. G. W. Thompson, Chairman of the TAOP&S Insurance Committee. Dr. George Miller of Dallas was also appointed to the TOIL Committee to represent the osteopathic profession after Dr. G. W. Thompson was elected President of this new organization. Vice President is Mr. John T. Delaney of Houston. Secretary-Treasurer is Mr. John V. Borden of Austin.

The selection of Mr. Lee Davis and Mrs. Siniard to represent the Texas Osteopathic Hospital Association was made by the Insurance Committee after careful consideration. It is to be hoped that the Board of Trustees of the Texas Osteopathic Hospital Association will approve their appointments to this Committee as the insurance group bore down on the fact (and the Insurance Committee of the TAOP&S agrees) that continuation of service of membership to this Committee is essential for its success. Each group will have two representatives and an additional representative when one of their group holds office in the TOIL Committee.

The formation of this Committee will in no way deter the function of the Insurance Committee of the TAOP&S in its activity for when they are unable to work out a solution to a specific

problem, or if the insurance company cannot work out a solution with those involved, the problem will then be referred to the TOIL Committee for careful analysis and recommendations will be made to the individual organization involved.

Each group, represented in the TOIL Committee, will attempt to bring about better cooperation between the osteopathic profession, the osteopathic hospitals and the insurance industry. In addition, the TOIL Committee is pledged to foster public relations among all groups to bring about a better understanding of the voluntary health insurance program, that in the end we may prevent the encroachment of compulsory health insurance and socialized medicine.

The TOIL Committee will meet every 60 days to discuss problems arising in each organization. The next meeting of the TOIL Committee has been set for February 14 at the state office in Fort Worth, Texas. The group will be hosted at luncheon by the Fort Worth Osteopathic Hospital.

The Committee plans to alternate its subsequent meetings between Fort Worth, Houston, Dallas, San Antonio and Austin.

Canada Uses Radio Series

"The Search for Health," a taped dramatic series produced by the AOA, has been placed on about ten radio stations in Canada, reports the Ontario Osteopathic Association.

Texas Osteopathic Surgical Society will meet February 28 and March 1 at Western Hills Inn — Euless, Texas, midway between Dallas and Fort Worth.

Major Medical Expense Insurance

Major medical expense insurance policies covering individuals or whole families issued by insurance companies either individually or under group plans raise new problems for insurance companies, doctors, hospitals and insured persons. These policies provide financial protection in amounts as high as \$15,000.00 or more to the insured persons against medical and hospital expenses with initial deductible amounts assumed by the insured person varying from \$25.00 to as high as \$500.00 depending upon the policy and related, of course, to the amount of the premium. The insurance company pays 75 or 80% depending on the policy of the medical and hospital expenses incurred by the insured person above the deductible amount. The insured person pays the balance. Many persons covered under group employee plans in industry are covered by the \$25.00 deductible type policy. Representatives of the insurance companies are available upon request to appear before divisional society meetings and explain not only the insurance programs but also the medical and hospital problems which are arising.

This type of major medical and hospital expense insurance raises new problems because unlike most previous medical and hospital insurance policies issued by insurance companies there is now no fee schedule established for either medical or hospital care under

them. The insurance company is obligated to pay the designated percentage of the expenses incurred by the insured and not just a specific definite amount for each type of care or per hospital day, irrespective of what the total charge of the doctor or hospital may be. The insurance company is, therefore, concerned about the reasonableness of the bills rendered by the doctors or hospitals because the total amount of the bills are involved. The policies usually provide that the insurance company need only reimburse for charges that are "regular," "customary," or reasonable. The major medical expense insurance policy protection can be depleted by unwarranted or unnecessary expenses leaving the insured person unprotected. Employers frequently pay a substantial part of the premium costs and they are unwilling to permit the insurance protection they have procured for the employees to be expended on what the companies consider unjustified medical and hospital bills. Insured persons are anxious to maintain this insurance protection for essential health needs, and since they bear 20 to 25% of the expenses, are not an unconcerned party over the amount of the expenses as under a comprehensive prepaid medical or hospital policy. The insured person is in effect a co-insurer with the insurance company. Doctors and hospitals which find the policy protection exhausted because

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of previous unreasonable and unnecessary medical and hospital bills may suffer financially from the lack of coverage of the then sick or injured insured person.

There is no question but that the very great majority of D.O.s and M.D.s as well as osteopathic and medical hospitals do submit reasonable and proper bills to the insured persons. A small percentage of doctors and hospitals are, however, abusing this major coverage held by insured patients by rendering excessive care or unnecessary diagnostic medical services, using an exorbitant amount of drugs, prolonging hospitalization or even incurring hospitalization, when home or office care would be more than satisfactory or all that is indicated.

The insurance companies are not inexperienced in matters relating to the administration of medical and hospital care. The companies probably are better informed about variations in medical care standards and billing practices of doctors and hospitals than any other single group. It is not difficult for them to appraise the need for and standard of the care provided by doctors and hospitals. The small percentage of doctors and hospitals whose bills are excessive or unnecessary are not going unnoticed. Their activities may impair the privileges of the others. The insurance companies recognize that the boundary line for excessive or unjudicious use of the services of physicians, nurses, hospitals, laboratory or diagnostic procedures is not a matter subject to an exact definition. They have admitted that there are certain factors that can have a legitimate effect on the amount of the medical or surgical fee.

"Among these are: (1) the claimant's financial or executive position, (2) the professional standing of the attending physician or surgeon, and (3) the extent of the surgical and medical service provided, including any unusual prob-

lems or serious complications that may have occurred."¹

These factors, however, have to be evaluated in the light of what charges are regular, customary or reasonable charges for the services, supplies and treatment furnished.

Continued abuses of the insurance program can lead only to limitations on the doctors and hospitals which are permitted to provide care, and the establishment of fee schedules. The present broad coverage will be lost to the doctors and hospitals, and the insured persons will lose the benefits accruing from unlimited care, not through their own fault. All concerned will unfortunately discover that the limitations will increase administrative expenses and tend to lower the standard of care.

The Insurance Committees, the Grievance Committees or whatever the names of the responsible committees of the divisional medical or osteopathic societies may be have had abusive cases of the types above described brought to their attention in most states. The abuses are not localized in any one area of the country. Only forthright action at the local level by the healing art and hospital organizations can terminate the actions of the doctors or hospitals which are involved in the exploitation of insured patients. A patient should receive the same scientific and needed standard of medical or hospital care irrespective of whether he happens to be insured or not. It is the generally accepted opinion that the cost of medical or hospital care cannot be related to the presence or absence of insurance. The health needs of the patient, not the collateral and unrelated fact that the patient is insured, must control and govern if medical and hospital care are to be considered matters of a scientific and professional character. The osteopathic profession at all levels should stand behind the patient and the very great majority of doctors and hospitals who render only needed and appropriate

1. J.A.M., Nov. 23, 1957, p. 1587

ate care and disapprove of the actions of the small abusive percentage of doctors and hospitals if major medical insurance coverage as now administered is to continue.

Mrs. Seiffert Retained As Guild President

CHICAGO (AOA) — Mrs. John Seiffert, Jr., of York, Pennsylvania, was reelected president of the National Osteopathic Guild Association at its annual convention in November at Chicago.

Other officers are Mrs. W. T. Fry, Jr., of Arlington, Texas, first vice president; Mrs. Marvin I. Gold of St. Louis, second vice president; Mrs. Donald Hagan of Mishawaka, Indiana, secretary; and Mrs. Doris Hassinger, of Fort Worth, Texas, treasurer.

ABSTRACTS

TOTAL FREE TOCOPHEROLS IN THE SERUM OF PATIENTS WITH THYROID DISEASE

Postel. *Journal of Clinical Investigation* 35, dec. 1956

An inverse relationship between the serum tocopherol values and the state of the thyroid function was found to be present in a survey study at the Massachusetts General Hospital in Boston. Hyper thyroid patients showed a serum tocopherol level of 0.74 mgs. normal 1.2 mgs. and hypothyroid patients had a 2.29 mgs. per mls. Changes of the serum tocopherol were paralleled by the changes in the serum cholesterol, but not in all cases. Tocopherols levels returned to the proper normal values after the thyroid was treated. It was found that there was no apparent correlation between the degree of muscular disease and the serum tocopherols levels. It is interesting to note that it is advanced that the human thyrotoxic myopathy may be analogous to Vit. E deficiency in animals.

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ABSTRACTS

"Diamox" (Acetazolumide) as a n Oral Diuretic in Ambulatory Cardiac Patients

W. S. Braveman, R. L. Dexter, and A. L. Rubin. *American Heart Journal* (Amer. Heart J.) 54, 284-290, Aug., 1957. 11 refs.

The efficacy of acetazolamide ("diamox") as a diuretic was assessed in 21 ambulatory patients with oedema secondary to congestive heart failure at Bellevue Hospital, New York. All the patients were receiving an adequate maintenance dose of digitalis and a low-salt diet; 20 had had mercurial diuretics intramuscularly for periods ranging from 6 months to 7 years; the remaining patient received acetazolamide from the time oedema first developed. It is emphasized that the only alteration in the treatment regimen of these patients was the substitution of one 25-mg. tablet of acetazolamide daily for parenteral mercurial therapy.

The patients were seen at frequent intervals during treatment with acetazolamide.

It was found that in all the patients optimal body weight was maintained as effectively with this dosage of acetazolamide as with mercurial diuretics. Patients who were taken off all diuretic treatment for a short time gained weight owing to oedema, but all returned to an oedema-free state when administration of acetazolamide was resumed. No side-effects such as paraesthesiae, anorexia, or drowsiness were noted, and no significant alteration in plasma electrolyte values was observed.

The authors conclude that acetazolamide is an effective and safe diuretic for use in ambulatory cases (although allowance must be made for the limitations of the investigation, such as the small number of patients and the fact that the efficacy of the drug was assessed from the fact that the efficacy of the drug was assessed from alterations in body weight rather than from the results of electrolyte balance studies).

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The Executive Secretary's Travelogue

The executive secretary, since his last report which put him back in the office on Monday, November 24, was able to remain in the office during that week and catch up on past correspondence and make preparations for the mid-year meeting of the Board of Trustees.

He then left Fort Worth on November 29 and drove to Amarillo where he met President Peach of the Kansas City College of Osteopathy and Surgery and on Sunday morning visited the Amarillo Osteopathic Hospital. At noon he and Dr. Peach met with District #1 and an enthusiastic meeting was held. There were only four members of the district absent. President Peach spoke to the group on "Osteopathic Education" and the executive secretary then gave a report on the affairs of the association.

That afternoon, President Peach and the executive secretary visited at the homes of Dr. E. W. Cain, Dr. Earle H. Mann, and Dr. L. V. CREDIT where they talked personally with most of the members of the district. In the evening they were entertained by Dr. and Mrs. CREDIT at a lovely dinner at the County Club.

On Monday morning, December 1, President Peach and the executive secretary began their college visitations. Their first stop was at West Texas State Teachers College at Canyon, Texas. They were accompanied on this visitation by Dr. Glenn R. Scott. At the college they had practically a two-hour visit with Dr. Robert C. Busteed, Chairman of the Pre-med Advisory Committee. This visit was practically no more than renewing contacts with Dr. Busteed as he is well acquainted with the osteopathic profession and its education and this institution issues a combined degree with our osteopathic colleges.

Following this visit with Dr. Busteed, President Peach, the executive secretary and Dr. Scott visited the offices

of the President of the college and had a conference of some 15 minutes with him at which time they renewed their acquaintance.

President Peach and the executive secretary left Amarillo about 11:30 A.M. and proceeded to Happy, Texas where they stopped to visit with Dr. G. L. Robinson and were entertained at his home for lunch. From Happy they proceeded to Plainview, Texas where they visited with Dr. N. L. Tedford and also with Dr. Gale Siegler, a non member. They then drove on to Olton, Texas where the executive secretary inspected the new Community Hospital and Clinic owned by Dr. Ben J. Souders, and of course they visited with Dr. Souders, Dr. Lynn Fite, and Dr. C. Basil Johns. They arrived in Lubbock at 7:30 that night, both tired and weary. After a good dinner at the hotel, they retired for a night's rest.

Tuesday morning, December 2, President Peach and the executive secretary met Dr. Horace A. Emery at 9 A.M. at the office of Dr. Joe Dennis, Pre-med Advisor at Texas Tech in Lubbock. Dr. Margaret Stewart, head of the biology department was called in and they all discussed at length, osteopathic education. This institution is thoroughly familiar with our schools and seems to be favorably impressed with our educational processes and we expect perfect cooperation upon their part.

Following this visit the executive secretary, President Peach, and Dr. Emery proceeded to the new Lubbock Osteopathic Hospital where President Peach was shown the new facilities. From there they visited the Porter Hospital and Clinic. After luncheon at the hotel, they made a visitation to the offices of the following physicians in Lubbock: Dr. R. Z. Abell, Jr., Dr. J. W. Axtell, Dr. William H. Ballew, Dr. Edwin S. Davidson, Dr. Horace A. Emery, Dr. James A. Fannin, Jr., Dr. Floyd O. Harold, Dr. Samuel H. Hitch, Dr. Law-

rence J. Lauf, Dr. Stuart G. MacKenzie, Dr. Raymond E. Mann, Dr. Richard M. Mayer, Dr. Glenn G. Porter, Dr. Max M. Stettner, Dr. Thomas A. Williams, and Dr. Floyd W. Zachary.

They returned to the hotel at 7:15 that night where they met with District #10. President Peach addressed the group on "Osteopathic Education" and the executive secretary then spoke briefly on the affairs of the Association. This was one of the best meetings held by any district on all of the college visitations. It has become a lively and active district. Only three members were absent from the meeting and some in attendance had driven 100 miles to be there. The executive secretary was indeed thrilled over this meeting.

Later that evening President Peach and the executive secretary visited with individual members again over various problems, until almost 1 A.M. at

which time they returned to the hotel. They left a call, upon retiring, to be awakened the following day at 5 A.M. so they could be in Abilene, Texas for a 9 A.M. appointment. The following morning the night clerk failed to call at 5 and it was 5:45 A.M. before President Peach and the executive secretary were called. They managed to get out of the hotel by 6:10 A.M. and arrived on time at Abilene Christian College—a distance of 168 miles. President Peach was certainly shown how Texans fly low and enroute they also stopped for a little breakfast as the President was starved.

At Abilene Christian College they met with Dr. Paul C. Witt, Chairman of the Pre-med Advisory Group. Dr. Witt is also a member of the Basic Science Board of Texas and is thoroughly familiar with osteopathic education. He is also President of the Texas Academy of Science. They were with Dr.



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Witt until noon, at which time they proceeded to lunch.

Following luncheon, President Peach and the executive secretary went to the office of Dr. Joe P. Alexander but unfortunately were unable to contact him. They then went to the offices of the Drs. Deveny who are non members of the Association, and at 2:00 P.M. arrived at Hardin Simmons College where they had an appointment.

At Hardin Simmons College, President Peach and the executive secretary visited with Dr. Otto Watts who, they are happy to report, was much more congenial on this visitation than he was on their last visit four years ago. Dr. Watts seemed to have a better understanding of osteopathic education and its problems.

At 4 P.M. President Peach and the executive secretary were at McMurry College in Abilene, Texas where they visited with Dr. Norton Jones, a new man in the university and one who knew very little about our educational problems. Dr. Jones seemed anxious to have more information which they were able to impart to him. The executive secretary was rather surprised to see the improvement in this college since his visitation there some four years ago.

President Peach and the executive secretary left Abilene, Texas at 6 that night and proceeded to Brownwood, Texas where they had dinner and spent the night.

The following morning, December 4, they visited at the Howard Payne College. Dr. R. Glynn Raley who was supposed to be the contact man for this institution was unable to be there but he sent his wife, Mrs. Raley, who is a former graduate of Howard Payne College and who also taught in the institution. At the college they were met by Dean Z. T. Huff with whom they visited for approximately 30 minutes. They were then advised that Dr. William R. Widner of the Biology Department was expecting them, so Dean Huff

took Mrs. Raley, President Peach, and the executive secretary to Dr. Widner's office.

When they arrived at Dr. Widner's office they found he was not there and Dean Huff immediately proceeded to spend some 30 to 40 minutes looking for him. He then reported back that he was unable to locate Dr. Widner but felt sure he would be back in the office before very long. After waiting another hour, they finally found out that Dr. Widner and his assistants were both in St. Louis and apparently he failed to notify the Dean as he had no knowledge of it, so other than renewing their acquaintance with the Dean, no other contacts were made at this institution. This was the only disappointment they have had at any of the college visitations this year. Four years ago, at this college the visiting President and the executive secretary spoke before a large group of students, and the visitation was highly successful.

President Peach and the executive secretary left Brownwood about 11:30 A.M. and stopped at Comanche, Texas where they visited with Dr. W. D. Blackwood and Dr. Roy D. Mims. This was rather a fortunate stop as Dr. Blackwood entertained President Peach and the executive secretary at luncheon at his home and saw them off in time to make an appointment at Tarlton State College at Stephenville, Texas.

At 2 P.M. Dr. Robert N. Rawls of Granbury, Texas met President Peach and the executive secretary at Tarlton State College, where they met with Dr. P. A. Carraway a new man in charge of the pre-med students. Dr. Carraway, formerly from Michigan State, was thoroughly familiar with the osteopathic principles and practice. He stated he had only been in the school one year, was very familiar with osteopathy and would like to help out in any way he could. He further stated that ever since he had been in Texas he had been trying to stop in at the Granbury Hospital and the Fort Worth

Osteopathic Hospital. The executive secretary extended Dr. Carraway another invitation to visit the Fort Worth Osteopathic Hospital.

President Peach and the executive secretary left Stephenville about 4 P.M. for Wichita Falls. Enroute, they stopped for a visit with Dr. Robert W. Norwood at the Norwood Hospital and Clinic in Mineral Wells and arrived in Wichita Falls at 7 that night. After a wonderful dinner, they retired for a good night's sleep.

On Friday, December 5, at 7:30 A.M., Dr. Ted R. Krohn met President Peach and the executive secretary and took them to his home for breakfast. At 9 A.M. they proceeded to Mid-West College where they reported immediately to Dean C. T. Eskew. After a visit of approximately 30 minutes, they were taken to the Science Hall and to the office of Dr. Ruth Hozapfel who called in some 12 members of the science faculty and osteopathic education was thoroughly discussed and reviewed by the group. Unfortunately, they had to break off at 12 Noon as Dr. Peach had to catch his plane to Kansas City. Dr. Hozapfel requested the executive secretary to return to Mid-West College as she had some problems she would like to discuss with him.

The executive secretary took President Peach to the airport where they had lunch and at 1:30 P.M. President Peach boarded his plane to Kansas City.

The executive secretary then drove directly to Fort Worth for a conference

with Mr. Bond in reference to a meeting which was to be held on Saturday, December 6 at the Fort Worth Club.

At 10 A.M. Saturday, December 6, the executive secretary met with two representatives each of the following organizations: Texas Accident and Health Claims Underwriters Association, Texas Association of Accident and Health Underwriters, Texas Association of Osteopathic Physicians and Surgeons, and Texas Osteopathic Hospital Association. This group was entertained at luncheon by the Insurance Committee of the Texas Association of Osteopathic Physicians and Surgeons, at the Fort Worth Club.

At this meeting a tentative Constitution and By-Laws were drawn up for a new organization to be known as "Texas Osteopathic Insurance Liaison Committee," publicity name to be known as TOIL Committee. The meeting adjourned at 4 P.M. and the executive secretary then drove Dr. G. W. Thompson and Mr. Lee Davis, both of Community Hospital, Inc., Houston, Texas, to the airport to catch their plane for Houston.

Monday, Tuesday, and Wednesday, December 15-17, were entirely spent by the executive secretary making preparations for the mid-year meeting of the Board of Trustees.

On Thursday, December 11, the executive secretary met the American Osteopathic Association Hospital Inspector, Dr. Guinand, at Grapevine, Texas for the inspection of the Miles Osteo-

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pathic Clinic and Hospital in Grapevine. At 4 P.M., they proceeded to Dallas where they had dinner and a conference and the executive secretary then put Dr. Guinand on the plane for Houston.

Following this, the executive secretary checked in at the Baker in Dallas and on Friday and Saturday attended whatever part of the State Department of Health Seminar he was able to attend between conferences with members of the profession. He also held a meeting with Dr. G. W. Tompson and officials of Blue Cross at 10 A.M. on Friday at Blue Cross headquarters over problems concerning the profession.

Saturday night, December 13, the Board of Trustees of the Texas Association of Osteopathic Physicians and Surgeons started their mid-year meeting which lasted until 2 A.M. at which time the Board recessed. The Board reconvened at 9 A.M. Sunday, December 14, and continued its business until 5 P.M.

The executive secretary hit the bed not long after the Board adjourned. He returned to the office on Monday, December 15. He hopes, during the Christmas weeks, to be able to stay in the office and catch up on some of the office procedures.

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Bureau Recommends Hospitals to Board

CHICAGO (AOA)—The AOA Bureau of Hospitals will recommend 74 hospitals for approval of resident or intern training programs and an additional 87 institutions for registration at the January meeting of the AOA Board of Trustees.

At its July meeting, the board approved 14 hospitals for teaching programs and 19 for registration. If it approves all of the bureau's current recommendations, the 88 certified teaching hospitals will represent a loss of six from the current year. The number of registered hospitals will remain at 106.

ABSTRACTS

The Cytostatic Treatment of Malignant Tumours With Alkoxyethyleniminebenzoquinone.

B. Schwermer and H. W. Schreiber. *Deutsche medizinische Wochenschrift* 83, Feb. 28, 1958

The paper discusses the use and the effect of alkoxyethyleneiminebenzoquinone (Bayer-E39) at the University Surgical Clinic at Bonn, Germany in a series of 45 patients with inoperable carcinoma. The dosage of 20-40 mg. I.V. was given daily until a total of 600-800 mgs. were given. In some instances X-ray therapy was given along with the above treatment. The drug does produce a shrinkage of the tumours in some cases but the side effects are to be reckoned with as they include loss of appetite and depression of the bone marrow. Interesting clinical and pathological details are given. A review of the work of others is presented.

Paper is interesting in that it presents another drug that may be of help to some but as yet is not developed to the point whereby it offers any spectacular aid to those afflicted with malignancies.

Post Graduate Seminar

This year's Post Graduate Seminar, sponsored by the Texas State Department of Health, was held at the Baker Hotel, Dallas, Texas, December 12-13, 1958. It was exceedingly good and had probably the most practical program that has been presented to the profession. This seemed to the opinion of those who attended.

Attendance was good at each and every lecture, which was complimentary to the speakers and proof of the interest of the profession.

The following were in attendance:

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AMA Rejects Amity Bid

Move for State Choice of Relations With D. O.s
Defeated by M. D.s—Referred to Judicial Council

MINNEAPOLIS—A resolution asking that medical societies be permitted to establish the relationship of the medical profession to the osteopathic profession within their respective states was rejected by the American Medical Association during its mid-year meeting here.

Introduced by the Indiana State Medical Society in the house of delegates, policy-making body of the AMA, the "states rights" resolution was referred to the reference committee on medical education and hospitals.

The resolution called attention to the fact that problems in the relationships between medicine and osteopathy existed in most states and required solution at state level.

Dr. Grover C. Penberthy, Detroit, chairman of the five-man committee assigned to study the resolution, submitted the following report:

"Your reference committee recommends that resolution No. 10 be disapproved, but that the AMA Judicial Council be requested to review the past pronouncements of the house of delegates with respect to osteopathy and the status of laws of the various states in this regard. It is requested that the Judicial

Council, if possible, present its report and recommendations at the next meeting of the house of delegates."

Dr. Penberthy pointed out in his report that the committee did not believe the resolution offered the appropriate solution to the problem. But it "noted with favor that the American Osteopathic Association had amended its objectives in its constitution by deleting reference to Dr. Andrew Taylor Still."

The house adopted the report without discussion.

Pros and cons of the resolution were argued at an all day open hearing during which the reference committee heard numerous delegates speak for and against it.

Doctors from states which impose limitations on the practice of osteopathic physicians vigorously opposed the resolution while delegates from states which grant D.O.s unlimited practice rights eagerly supported it. Most of the larger states, led by Michigan, favored the "local option" approach.

Dr. John W. Cline of San Francisco, past president of the AMA and long time leader of a move to bring the two professions closer together, firmly en-

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dorsed the resolution and urged its passing.

(Dr. Cline headed the committee which visited five osteopathic colleges and turned in a highly favorably majority report to the AMA house of delegates in 1955, only to have the house refute the testimony of its own experts in medical education by adopting a minority report by a close vote.)

Many delegates expressed the opinion that the resolution was a step in the right direction, but felt that policy should be set at national rather than state level.

One doctor said that if the resolution had been put to a vote in the house it would have passed easily.

In other actions, the AMA endorsed a voluntary plan to lower fees for elderly persons with low incomes. This would permit such persons to qualify for health insurance programs at reduced rates. Hospital rates would not be affected by the doctors' action, however the group urged hospitals to attempt similar action.

The AMA supported the creation of additional medical schools to answer the need for more doctors. Existing schools may have to take more students and adapt their curricula to changes in medicine, it noted. The association stated that it had never denied a need for more doctors but claimed that an increasing ratio of patients per physician was not a valid measure of the need.

The group noted the expansion of paramedical groups of technicians and helpers. It commended their efforts to establish standards for achievement but opposed licensure for them. Their work should be done only under the supervision of physicians, the AMA asserted.

ABSTRACTS

The Application of the Ultrasonic Echo Method in Cardiac Diagnosis.

Page 20

(Über die Anwendung des Ultraschall-Echoverfahrens in der Herzdiagnostik)

S. Effert, H. Erkens, and F. Grosse-Brockhoff. *Deutsche medizinische Wochenschrift* (Dtsch. med. Wschr.) 82, 1253-1257, Aug. 2, 1957. 8 figs., 21 refs.

The method of investigation described in this paper from the Dusseldorf Academy of Medicine is based on a principle used for detecting faults in industrial materials and also for determining the depth of the ocean. Ultrasonic waves are produced by means of a quartz disk placed in a high-frequency field and are reflected at the boundary between two media, the reflected waves being converted into electric oscillations by means of the same piezoelectric quartz disk and, after amplification, recorded by an oscillograph. A frequency of 2.5 megacycles per second was found to be the most suitable, the transmitter being placed over the heart and reflections obtained from the thoracic wall, left atrium, and other structures, each of which is recorded as a separate tracing, the distance of which below the baseline depends on the depth of the structure concerned. Any variations in the distance from the anterior chest wall of that structure will therefore be reflected in the tracing, an upstroke indicating movement towards, and a down-stroke movement away, from the anterior chest wall.

The ultrasonic "echo" tracing from the left atrium, to which the present study is confined, can easily be distinguished from those from other structures by the far greater amplitude of its variations. Simultaneous electrocardiographic and phonocardiographic recordings make it possible to correlate these changes with the several phases of the cardiac cycle. Shortly after the beginning of the P wave a slight rise occurs in the echo tracing indicative of the start of atrial contraction, at which stage the atrium approaches the an-

January, 1959

terior chest wall. This is followed almost immediately by a steep descent due to the atrium moving away from the chest wall during the phase of maximum atrial contraction. This stage extends through the beginning of ventricular contraction, the lowest point coinciding approximately with the beginning of the A-T segment. Subsequently the tracing slowly ascends, concurrently with the increase in volume of the left atrium while the mitral valve is closed. The start of ventricular diastole produces a distortion in this ascending limb, which is attributed to the rise of the atrio-ventricular border, filling of the atrium continuing while the mitral valve is still closed. At the moment of opening of the mitral valve the echo tracing shows a steep descent corresponding with the passive filling of the left ventricle until the cycle starts again with the shallow wave associated with atrial contraction.

In mitral stenosis the diminished rate of emptying of the left atrium results in a less steep descent after the initial rise in the echo tracing, and the angle formed between this portion of the tracing and the horizontal serves as a basis for calculation of the velocity of movement of the atrial wall. Tracings from a patient with mitral stenosis before and after mitral valvotomy are reproduced, from which it is calculated

that the velocity of movement of the atrial wall had increased from 15 to 28 mm. per second. Further observations are necessary to evaluate the changes produced by mitral incompetence.

It is emphasized that this method of investigation is free from risk, and it is hoped that in certain cases it may yield information which may make it possible to dispense with catheterization.

ABSTRACTS

A Method of Grading and Evaluating the Retinal Changes In Essential Hypertension

Evelyn, Nicholls and Turnbull. *American Journal of Ophthalmology* 45, April, 1958.

This is the first comprehensive and detailed paper which presents a scheme or outline for grading and recording the individual components of the retinal changes present in hypertensive disease. A semi-quantitative basis is used in grading the retinal changes. In this manner it is suggested and hoped that the retinal changes may be correlated with the clinical vascular changes and the evaluation of the the therapeutic regimen instituted at that time. Provocative paper, for further details the original paper should be consulted.

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Chapter I — Duties of Physicians to Their Patients

Article III of a Series of 12

The duties of physicians to their patients are rightly the subject matter of the first chapter of the Code. This chapter stresses the dependence of the sick and injured upon the specialized knowledge and professional judgement of the physician. Furthermore, the patient's respect for and confidence in his physician for the transmission of medical information are essential to the rendering of medical and surgical care.

The acceptance of the responsibility of care for a person's ailments or diseases places upon the physician a heavy obligation. This obligation rests upon the physician until the physician-patient relationship is terminated and places upon him the necessity of acquiring and keeping a full knowledge of the nature, progress, changes, and complications of the patient and the illness. In such contacts with the patient, the physician should be cheerful and hopeful while recognizing the need at times to exert kindly authority or give adequate notice to the patient or his relatives of dangerous manifestations. The physician may not abandon his duties and responsibilities.

The physician may, with proper notice and the giving of a reasonable time to the patient to retain the services of another doctor, terminate the physician-patient relationship. Just as the patient may decline to receive the services of the physician, the physician may similarly under proper conditions and with propriety decide that the best interests of the patient will be served by another physician taking over the case.

So in regard to the public and to his patients, the physician must exercise a high degree of moral responsibility. The influence of the physician in the community and in relation to his patients is considerable. It requires that the physician exert greater personal control

over his actions and life than persons in other occupations. The status of the physician can easily be abused by irresponsible or careless acts. The trust imposed on him must be respected and the opportunities to deviate from the accepted standards of ethical practice must be repulsed not only to protect himself but also to serve the best interests of the public health.

Six Colleges Enroll 1940 Students for '58

CHICAGO (AOA) — With 1940 students registered for fall terms, the six osteopathic colleges reported their largest enrollment since World War II.

The total included 515 freshmen, 521 sophomores, 438 juniors and 467 senior students.

The colleges accepted one student for every 4.4 applicants, said Lawrence W. Mills, director of the AOA office of Education. About 2100 persons sought admission. However, he pointed out, not all of the applicants were qualified. Some were disqualified because of low grades or poor recommendations.

"The quality of the entering class is the best since World War II," Mills said. The average age is lower than previous classes. The class has 38 fewer students than the 1957 class of 553 which crowded school facilities.

The largest student body is at the Kansas City College of Osteopathy and Surgery, where 399 students are listed. The College of Osteopathic Physicians and Surgeons at Los Angeles has 361.

The Kirksville College of Osteopathy and Surgery has 349 and the Philadelphia College of Osteopathy indicated 327. The College of Osteopathic Medicine and Surgery at Des Moines has 258 students and the Chicago College of Osteopathy has 246.

American Osteopathic Association

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Chairman: Department of Public Relations

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Washington 6, D. C.

December 16, 1958

Washington News Letter

Consultant Group on Medical Education. The Surgeon General's Consultant Group on Medical Education held its first meeting in Washington on December 8. The group, composed of 21 national leaders in medicine, education and public affairs, including Morris Thompson, Sc.D., President, Kirksville College of Osteopathy and Surgery and President of the American Association of Osteopathic Colleges, was invited by Dr. Leroy E. Burney, Surgeon General of the Public Health Service, to seek answers to the question: "How can the Nation be supplied with adequate numbers of well qualified physicians over the next decade?" Two staff studies are already underway, on construction costs of the newer schools and on the financing of medical school operations. A final report is expected by July 1, 1959.

Los Angeles County Hospital. Dr. Leroy E. Burney, Surgeon General of the Public Health Service was the principal speaker at a dinner given by the Los Angeles County Osteopathic Society on December 3rd commemorating completion of the Los Angeles County Hospital, also at the dedication ceremonies under the auspices of the County Board of Supervisors on December 4th.

Health Problems and Emerging Health Needs. The American Osteopathic Association and the American Osteopathic Hospital Association were among the invitees to a conference with the Secretary of Health, Education and Welfare and the heads of the Public Health Service and Children's Bureau held in Washington on December 15. The Bayne-Jones report on medi-

cal research and education (see page 789, August, 1958, AOA Journal) came in for frequent and favorable comment. It was pointed out, however, that although most medical schools are crowded there are some who have vacancies, and efforts should be made to stimulate the desire of superior students to study medicine. Medical schools were urged to pay more attention to the teaching of preventive medicine, and to spend more time in teaching healthful living. Federal assistance was solicited to train the trainors in medical and research institutions. The Office of Education was urged to install an expert on health education. Sentiment was expressed that the marine hospital service should not only be continued but improved and expanded. Health insurance spokesmen advocated assistance for voluntary health insurance as adequate to meet health insurance needs.

Health and Consumer Protection. President George W. Northup has been invited by the Commissioner of Food and Drugs to attend a conference of national organizations with the Secretary of HEW on health and consumer protection in Washington, December 18.

Student Loan Program. January 6, 1959 is the last postmarked date applications to the U.S. Office of Education will be received from colleges, including osteopathic colleges, for participation in the Student Loan Program authorized in the National Defense Education Act of 1958. A participating college establishes a Student Loan Fund and contributes \$1 for every \$9 contributed by the Federal Government.

AUXILIARY NEWS

Mid-Year Auxiliary Report

The Executive Board of the Auxiliary to Texas Association of Osteopathic Physicians and Surgeons held its mid-year meeting Saturday, December 13, 1958 at the Baker Hotel in Dallas, Texas. The president, Mrs. M. G. Holcomb of El Paso, presided.

Executive Board members in attendance were: Mrs. J. Edw. Vinn, Houston, President Elect; Mrs. R. Z. Abell, Jr., Lubbock, Vice-President; Mrs. John Burnett, Dallas, Secretary; Mrs. R. N. Rawls, Granbury, Treasurer; Mrs. R. L. Stratton, Cuero, Past-President; Mrs. John H. Boyd, Louise, Corresponding Secretary; Mrs. S. B. Ganz, Corpus Christi, Funds; Mrs. R. E. Morgan, Dallas, Parliamentarian; Mrs. Harlan Wright, Sundown, Public Education on Health; Mrs. C. R. Packer, Ft. Worth, Editor; Mrs. Jerry O. Carr, Ft. Worth, Public Relations Chairman; Mrs. J. R. Alexander, Houston, Credentials; Mrs. E. S. Gardiner, Houston, Local Convention Chairman; Mrs. Robert Collop, Dallas and Mrs. W. L. Crews, Gonzales, District Representatives.

The President reported that she had visited four districts—I, IV, VII and IX. She plans to visit Districts II, V and X after the first of the year.

The President-Elect reported a new district Auxiliary had been formed. This is District XIII which includes Fannin, Grayson, Hunt, Lamar, Delta and Hopkins Counties.

The Vice-President and local Convention Chairman announced tentative plans for the State 1959 Convention which will be held at the Rice Hotel, Houston, Texas April 30, May 1 and 2. The Auxiliary will be honored to have as our guest the A.A.O.A. President,

Mrs. Francis Warner of Bloomington, Ind. at the state convention.

The Treasurer reported that there are 212 State Auxiliary members and 224 National Auxiliary members in Texas. Donations to the National Funds from Texas Auxiliaries to December, 1958 are as follows: Progress Fund, \$80.00; Scholarship, \$195.00; Student Loan, \$95.00.

Reports were given by all other officers and Committee Chairmen. The Auxiliary has had a successful year under the President, Mrs. Holcomb. It is the sincere desire of all the members of the State Auxiliary Executive Board to assist the Texas Association of Osteopathic Physicians and Surgeons. With the Auxiliary members and the Doctors working together the Osteopathic profession should grow even stronger in Texas in 1959.

Congratulations to District XIII! By this time next year may your membership have tripled.

FLORINE CARR (Mrs. JERRY O.)
Public Relations Chairman

State Issues I.D. Cards To Combat Fake Doctors

CHICAGO — The Illinois Department of Registration and Education is issuing identification cards for doctors as an aftermath to the capture of a fake doctor who was charged with several deaths in Chicago.

Cards are being sent by Miss Vera M. Binks, director of the department, to doctors of osteopathy, medicine and chiropractic. Under a new state law requiring re-registration every two years, the cards and a register of licensed doctors will be renewed in even years.

NEWS OF THE DISTRICTS

DISTRICT THREE

Drs. H. G. Grainger and C. C. Rahm are compiling an anthology of lime-ricks, and would appreciate hearing from anyone who knows one of these unusual rhyming jokes.

Dr. Grainger has been named a member of the editorial and publication committee of the American College of Neuropsychiatrists, of which he is an affiliate member.

Dr. Murrell Cline and family spent Xmas in Missouri, and Dr. Ralph Kull was recently in Omaha, Nebraska, being called there by the death of his father.

Drs. Sue and Allan Fisher report that they have purchased the property where Dr. Sue's office is located, and business continues to progress, especially the baby business.

Dr. B. W. Jones has been elected a member of the College of Osteopathic Surgeons.

Dr. R. L. Hamilton received his Woodbadge Neckerchief and beads at the District Scout banquet recently. The beads are an award for extensive Boy Scout training and service, and a formal paper on scouting. He is the 5th Woodbadge man in the 3-county district. Bob also spends as much as 4 days a week bird-hunting.

Dr. Raymond Beck, of Amarillo, and his family were recent guests of the McCorkles in Mineola, where the wives visited while the doctors attended the Public Health Seminar in Dallas. Dr. McCorkle also attended the December meeting of the new District 13 in Ladonia. He also visited at the Kansas City College, where his brother is a Junior and reports a number of improvements and additions to the Clinic facilities there.

By the time this news appears in the Journal, we will have had a very good

meeting at Longview, with an excellent program arranged by Dr. Sue Fisher. Attendance was good, and our usual genial host Tom Hagan entertained the group at a social hour following the meeting.

Dr. Rahm is constructing a new office in Brownsboro. It is located on the main highway through town, and is about 1 block west of the traffic light on the south side of the street. Come by and look it over. Will probably be completed by Feb. 1st. Plans for an open house are being made, and a formal announcement will be made later.

Certain members of District #3 have shared in the subscription fee for a series of tape recordings on medical subjects, and are taking turns listening to the tapes. The "round robin" procedure is used, the member in whose name the subscription is registered receives the tape first, hears it, and sends it to the next name on the list, and so on until it "makes the rounds." The staff of the Coats-Brown Hospital have also been viewing various medical films, principally "grand rounds" films, on the projector owned jointly by Drs. E. H. Owen and Joe G. Brown. These have been very educational, and attendance at the showings has been excellent.

CHARLES C. RAHM, D.O.
Secretary

DISTRICT FIVE

The holidays were really enjoyed by the D.O.s in the area. The wonderful hospitality of Dr. and Mrs. L. C. Woody at their open house will long be remembered. The same for the Dr. Ralph McRae's.

The Stevens Park Osteopathic Hospital Christmas staff party met some stiff competition from old man winter

but all those who braved the snow had a wonderful time.

Congratulations to Dr. M. V. Gafney on his recent write up in the local papers. In addition to his many professional responsibilities Dr. Gafney has been able to carry out a fine program of breeding Shetland ponies.

Congratulations to Dr. Joseph DePetris for his professional recognition, at the recent meeting of the College of American Osteopathic Internes, in New York City. Dr. DePetris was elected as a Diplomate in the College. He was also elected to the Board of Trustees of the A. C. O. I. and was appointed chairman of the Western Division of A. C. O. I.'s candidate training programs.

There is quite a bit of new activity on the construction seen in the District. Dr. Manskey has started construction on his new Clinic in Irving, Texas. Dr. Bragg and Drs. Stewart are progressing with the construction of Mid City Memorial Hospital in Grand Prairie. Drs. Plattner (Herman, Don, Emil and Albert) are well along with the construction of their new Hospital and Clinic also in Grand Prairie. Dr. Philben and Associates are completing an extensive remodeling program in Pleasant Grove.

We wish to extend our welcome to Dr. L. R. Lind, Anesthesiologist, East Town Osteopathic Hospital.

It's a girl for Dr. and Mrs. Hartley Polasky and a boy for Dr. and Mrs. Kenneth Lang.

Our condolences to Dr. Chas. D. Ogilvie and family for the recent death of Dr. Ogilvie's brother.

J. T. CALABRIA, D.O.

DISTRICT NINE

After meeting with District VII in Austin in November to hear State President Holcomb report on State and National Affairs, District IX turned out well for the State Health Department Seminar at Dallas. Despite the distance

and weekend timing, five of our doctors turned out for this excellent series of lectures. Many doctors would like to see this annual seminar regularly in Austin and scheduled for the middle of the week, or Thursday and Friday.

District IX met informally December 21 with Mary and Willis Crews for a Christmas party. An excellent time and too much barbecue was had by all. Token gifts were brought to be passed on to the children at Gonzales Warm Springs Foundation. Our thanks to the Crews.

On January 11 Dr. R. L. Stratton was host to a meeting of District IX at his home.

Mr. Harlan Hensel, Medical Service Representative for Wyeth Labs, showed us an excellent film on "Disorders of the Heartbeat." This is an outstanding educational film and the consensus of District IX is that we would like the opportunity to see it again.

Dr. Phil S. Cash, radiologist, who has recently joined the staff of San Antonio Osteopathic Hospital, brought us a splendid illustrated discussion on roentgenographic examinations. Dr. Cash and his program were well received, and we look forward to hearing more of his helpful pointers on x-ray technique and diagnosis.

The attendance was outstanding even by District IX's rigorous standards. Dr. Stratton and wife are due a vote of thanks for an excellent program and fine meal.

JOHN H. BOYD, D.O.
Secretary, District IX

DISTRICT ELEVEN

District 11 of the American Osteopathic Association held a meeting and dinner on November 13, 1958 at the Del Camino. At this time a movie was shown on breech delivery.

It was announced that the doctors were invited to a Christmas party at the home of Doctor R. J. Noren in Mountain Park on December 19, 1958.

Doctors John and Helen Henry spent the first two weeks of November at Mazatlan deep sea fishing.

It has recently been announced that Dr. Rene Joan Noren, D.O. has been accepted as an active member by the Board of Governors of the American College of General Practitioners in Osteopathic medicine and surgery.

The auxiliary gave a Christmas party at the Del Camino on December 18, 1958. A good time was had by all.

Dr. M. G. Holcomb, our president of the Texas American Osteopathic Association, has already traveled coast to coast in pursuance of his duties.

R. J. NOREN, D.O.
District Secretary

Study Shows D.O. Practice

Most Doctors Hold Unlimited Licenses

CHICAGO (AOA)—Seven of every eight osteopathic doctors hold an unrestricted license to practice osteopathy and surgery in one of the 36 states with unlimited practice laws, according to a study by the AOA Department of Information and Statistics.

The AOA published in "A Statistical Study of the Osteopathic Profession," a 40-page booklet to report on the first full study of osteopathy.

There are 17,784 doctors of osteopathy, including 3046 women, known to have graduated from approved colleges. Of that number the AOA records show 12,912 to be in active practice in the United States and other countries as of December 31, 1957.

Three-fourths of the active doctors are in private practice and 71 percent hold an unrestricted license for the state in which they practice. The distinction between this figure and the 87 percent who hold such a license reflects the several licenses held by most D.O.s. Some 76 percent of the 9622 doctors in private practice are general practition-

ers and only 1414 of them limit their practice to osteopathic manipulation.

Geographically, California leads in D.O. population with 2462. Michigan is next with 1448, followed by Pennsylvania with 1336, Missouri with 1223, Ohio with 803 and Texas with 672. All of these states have unlimited practice laws.

Alabama has the fewest osteopathic doctors, with only four. There are 124 D.O.s practicing in Canada and 90 in other countries.

About 65 percent of osteopathic physicians practice in communities of less than 100,000—48 percent are in cities of 25,000 or less and 25 percent are located in towns of under 5000 population.

D.O.s operate 395 hospitals in 32 states. These provide 13,021 beds and 2547 bassinets. They do not include public joint-staffed hospitals used for osteopathic patients. Some 826 D.O.s are certified in one of the 12 specialty programs authorized by the AOA.

In 1957, 97.7 percent of the 442 graduates of osteopathic colleges completed an approved internship. Of the 7977 D.O.s graduated since 1937, 39.7 percent had an undergraduate degree before beginning their four years of professional work. Since 1952, 70.1 percent of osteopathic students held a prior degree.

In recent years, the profession has expanded in numbers by about 238 doctors a year.

Of the 9622 doctors in private practice, 7382 indicated an individual practice. Partnerships accounted for 989 doctors and group practices for 416.

The 1219 active doctors not in private practice included those in intern and resident training programs, full-time college and hospital staffs, those in government positions and those in osteopathic organizational work.

Copies of the booklet are available from the AOA Order Department for \$1.

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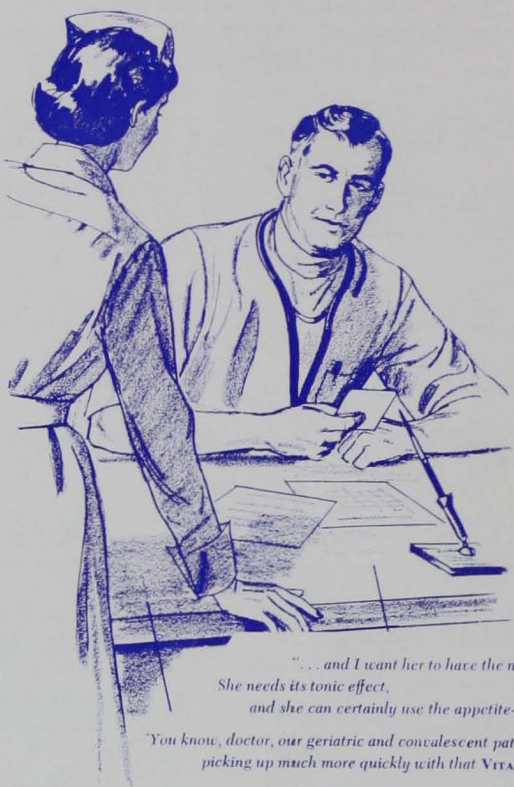
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