

Texas STEOPATHIC PHYSICIANS Journal

Volume XVI

FORT WORTH, TEXAS, MARCH, 1960

Number 11



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EDITORIAL PAGE

ANNUAL CONVENTION

The time for the annual convention of the Texas Association of Osteopathic Physicians and Surgeons is fast approaching. The date is April 28, 29, 30, 1960.

As a loyal member of this profession each one of you should support this meeting. You should realize that your annual convention is an opportunity for you to re-educate yourself and bring to your patients new developments in diagnosis and therapy which will make you a better doctor in your community. This year the convention brings you outstanding educators—Dr. Martin C. Beilke, Dr. L. Raymond Hall and Dr. Neil R. Kitchen.

In addition to re-educating yourself professionally, the convention will bring you up to date on your business, namely the A.O.A. and Dr. Galen S. Young, President of that organization, will report on the many advancements made by this profession, at the national level, during the past year. Also the House of Delegates and Board of Trustees of the TAOP&S will meet and you should get a report on your state organization.

Then again, remember, this is an opportunity for you to meet old friends, discuss professional problems in many bull-sessions and thereby get up to date information as to what your colleagues are thinking and doing.

The entertainment at the convention will be par-excellent and give you an opportunity for relaxation.

Remember the place and the dates—Baker Hotel, Dallas, Texas, April 28, 29, 30, 1960. Send in your room reservation now!

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FORT WORTH, TEXAS, MARCH, 1960

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Annual Convention Speakers

Baker Hotel — Dallas, Texas

April 28, 29, 30, 1960



L. RAYMOND HALL, D.O., F.A.C.O.S.
Kansas City, Missouri

Coordinator of Cancer Teaching
Kansas City College of Osteopathy and
Surgery under Cancer Training Grant
of U.S. Public Health Service; Pro-
fessor of Surgery at Kansas City Col-
lege of Osteopathy and Surgery;
Member Society of Nuclear Medicine;
Member American Public Health As-
sociation; Member Pan American Can-
cer Cytology Society; Fellow American
College of Osteopathy Surgeons; A.E.C.
licensed for diagnostic and therapeutic
uses of radioisotopes (I^{131} and P^{32}).

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NEIL R. KITCHEN, D.O.
Detroit, Michigan

Professor Internal Medicine, Chica-
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Department Internal Medicine, Detroit
Osteopathic Hospital; Past President of
American College of Osteopathic In-
ternists.



DR. MARVIN S. VANCE
Austin, Texas

Pastor, First Methodist Church, Aus-
tin, Texas; A noted speaker—Leader in
civic and state affairs; Member Texas
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March, 1960

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Baker Hotel, Dallas, Texas, April 28, 29, 30, 1960

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March, 1960

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"Medical Self Protection Against Professional Liability Suits"

Talk Given by Mr. Dean E. Nusbaum of The Nettleship Co. at the General Practitioners Meeting held in Fort Worth, Texas on January 23 and 24, 1960

Mr. Chairman—Doctors

When we were asked to provide a speaker for part of your program, we were pleased that we were selected and that we would have the opportunity to talk on a subject which we consider most important. Claims prevention offers the greatest potential and perhaps the only one for the elimination of malpractice claims and suits. It receives no attention from the legal profession, practically none from the insurance industry and very little from your profession. To our way of thinking, we cannot change the legal profession. As long as there are lawyers, there will be those who are willing and anxious to file suits. We see no way of making the public over either. Some will always be desirous of making claims and suing you. Therefore, the sensible and, perhaps most enduring way, is to educate the doctor so that he can detect the causes and the patients likely to create trouble; and by being alert, avoid the situations which provoke claims and suits.

We could say do this, don't do that and it would make sense to you. However, people tend to forget and, in addition to knowing what to do, you need to recognize the situation which requires action.

So in this talk, and discussion later, we will try to dig a little deeper than usual to explain why certain events occur. If we do that, you as individuals can adjust your activities to provide your own claims prevention.

If we can help you recognize the potential claim, we feel that you can avoid it. Too many doctors think everything is all right with the patient until he receives that summons and complaint and then the rude awakening takes place.

March, 1960

Some of the things that I will say to you will please you and some will not. I'm not here to criticize but to inform and I ask that you keep that thought in mind as we spend this hour together.

First, let's take a quick look at what has occurred within the time of one generation. Let us see what changes have occurred in the environmental influences that affect doctors and patients and account to some extent for the increased number of suits.

I A GENERATION OR SO AGO

1. Population largely rural
2. Population did not move about
3. Nearly all doctors were G.P.'s
4. Most of treatment occurred in the home
5. Patients knew little about illnesses
6. Patients chose older doctors on theory that young ones lacked experience
7. Doctor was active in community affairs

II TODAY

1. Population has increased and mostly urban
2. Population is mobile
3. Specialists and G.P.'s
4. The role of the hospital has become increasingly important
5. Patients are constantly subjected to medical or surgical knowledge through newspapers, radios, magazines and now television
6. Patients choose younger doctors on theory that they are more up-to-date than older ones.
7. Doctors are on the defensive economically and by and large are not interested in community affairs as a whole.

III. When the population was largely rural, the doctor wasn't called in for

simple ailments. People practiced their own medicine for those. When the doctor was finally brought in everyone knew that the patient was really sick so anything the doctor could do was appreciated. Also, having practiced a little medicine themselves, they were more aware of the difficulties of obtaining a good result. It all goes back to the adage that is "If you want to shut up the complainers appoint them on a committee." In short, a generation ago the population was more sympathetic to the doctor.

IV. I don't know what percentage of our population lives in trailers but I do know that many people move around an awful lot. I'm told that we have the most mobile population in the world. Many, many suits or claims are instituted by itinerants or people who see the doctor only once. There is nothing a doctor can do about it except to realize first, that he is unlikely to see the patient again and second, to protect himself by keeping a good record and, if necessary, by giving instructions in writing. Some years ago an internist, whose office was in a multiple story building, had been working late and was just leaving his office when a man, his wife, and small son arrived. He was asked if he was doctor so and so, and he said that he was, and they asked him to take care of their son whom they thought had a broken arm. The doctor told them that he did not handle fracture cases, that he was a specialist in internal medicine and wanted to know why they had come to his office. They informed him that they lived out in the country several miles and that their doctor was out of town, so they had come to the city to find someone to take care of their son. They had noticed the light in his office and had, therefore, come to it.

Finally, they asked the doctor if he wouldn't do something to make the

boy more comfortable until they could take him to their own doctor the next day. The doctor took the boy into the office and, after some manipulation, gave him some relief by immobilizing the arm with adhesive tape. The doctor then instructed them to be sure to take him to their own doctor the next day to have a cast put on and everyone left.

Some months later the doctor received a summons of complaint and could not recall the case since he had no record whatsoever. Finally he recalled the incident and, during the trial, the parents admitted and repeated the story just as the doctor had told it. They admitted that they had not gone to their own doctor because the boy seemed quite comfortable and on the 23rd day, the adhesive tape finally fell off. They had noticed that his hand was curling up but thought that that was relaxation. As I recall, the judgment of \$40,000 was given against the doctor, not because of what he had done in the way of care, but because of the fact that in the minds of the jury, he had been negligent in not informing the parents of the consequences of the lack of medical attention since he knew what might happen while they did not. Had this doctor taken their address and sent them a letter the following day, reiterating the necessity of having further medical care, his position would have been much more favorable in the law suit.

V. Let's see what these changes have done to the patients and to the doctors.

Let's take specialization: We had a case in California where a woman was sent to eleven different specialists and none of them came up with a diagnosis. However, they did come up with bills ranging from \$50 to \$200. The husband wrote the local Medical Association requesting the name of a general practitioner on the premise that he could make a complete

examination and do something that the specialists had been unable to do. When the Association informed the eleven specialists they were shocked to learn that the patient had been passed from one to another to the extent that she had. Ten fees were promptly refunded and a diagnosis was made shortly thereafter.

This was a very unusual situation, but it clearly illustrates one of the problems brought about by changed conditions.

The important point to remember is that the doctor who knows his patient, knows the family and all background, has a better chance of making a correct diagnosis than one who lacks the information. If "history" is important the general practitioner in a smaller community has the advantage of his city brethren. Therefore, the city doctor must be more complete in his diagnostic work. Our records tend to confirm that the doctors in the larger cities are more likely to be sued than those in small communities.

Another interesting fact is demonstrated by Obstetrics. More things can happen to a mother and baby from the date of conception to delivery than in almost any sickness. Still the incidence of suits in Obstetrics is not unduly high. What causes this? The answer, as we see it, is that the doctor has many opportunities to change

his instructions or therapy and *above all* he has frequent contacts with the patient over a long period of time.

Women will forgive the mistakes of their obstetrician but will not do the same for practically any other doctor who may treat them. At the head of the list for suit comes the plastic surgeon who does over the nose or lifts the face. He must do the perfect job or he is in trouble. Psychologically and surgically he may do much more for the woman than an obstetrician but the relationship is entirely different and not conducive to lasting faith in each other.

VI. Let's consider for a few minutes the contrast between the home and hospital. Our doctor of a generation or so ago did most of his work in his office and the patients' home. Every body tried to stay away from the hospital. The facilities for home treatment were practically nil but the patient had the constant attention and support of his or her family. Also knowing the patient, the family could report little things to the doctor which the stranger would not notice.

In the metropolitan hospital of today of 50 beds or more, the patient loses his identity within a few hours and becomes a statistic. He no longer is an individual but is the gall bladder or appendectomy in 307. This impersonality is very upsetting to some

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individuals and mice become lions in some cases as they roar about the service, the food and things in general. The point I want to make is that this weakens the relationship between the doctor and the patient.

They are still the same individuals who seemed to understand each other a few days ago but the reactions created in the patient by contact with a number of strangers, have brought about a change which makes it more difficult for the doctor. If the hospital is perfection itself, the doctor can't tell his patient that he is all wrong. Contrariwise, if the hospital or its personnel are indifferent, the doctor can't tell his patient that that is true; otherwise, he would be asked why he selected such an institution in the first place.

Approximately 70% of the incidents which lead to suits occur in hospitals. This is caused by two things. First, the patient is usually acutely ill when hospitalized and second, major surgery may be involved.

Further bear in mind that the more people involved in patient care, the more likelihood of something happening to upset the patient. Speaking of "upsetting" we had one case where the patient sued after being dumped out of a wheel chair twice and sustained a fractured femur the second time.

VII. Now let's go on to number 5. The patient knew little about the diagnosis of major illnesses. It is unnecessary for me to repeat the daily indoctrination which the public gets on disease and medicine. It seems as though half of our charities have to do with illnesses. Appeals go on constantly to obtain funds for this or that and some of us learn of diseases for the first time through them. If we subscribe to a magazine or daily newspaper, the chances are we have articles or health columns thrust upon us. Subjected to the daily barrage, individuals become more fearful of illness and are more apprehensive about it when compelled to call in

DOCTORS HOSPITAL

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ANNOUNCES

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the doctor. This mental, probably sub-conscious, stress within the patient causes him to be more suspicious and demanding of his doctor. In short, the very meagre knowledge which the public has of diseases or disabilities probably does more harm than good. Certainly the doctor should recognize that his patients are more apprehensive than indicated when caring for them. Putting the patient at his "ease" is good practice and good claims prevention.

VIII. The change from the selection of older doctors to younger ones increases the malpractice hazard in many instances in that the younger doctor acquires a sizeable practice much more quickly than in previous years. The dangerous years seem to be between 40 and 55. Because his practice grows rapidly, the young doctor never does get as close to his patients as did his colleague of a generation ago. This is another factor which has led to an increase in the number of claims against doctors.

IX. Lastly, a generation ago in many towns the physician, being one of the few highly educated citizens, was a civic leader. Today he is too busy to take much of an active interest in

public affairs and thus loses a lot of the protection which was formerly attached to him by his civic status. In former days no one dared attack the outstanding citizen. My observation would lead me to believe that in, at least, 10% of the suits filed, the patient is more interested in "cutting the doctor down to size" than he is in recovering any money.

We have now covered the environmental changes which have affected the filing of malpractice suits and which act as pressures on both the doctor and the patient. Our records indicate that there are suit-prone doctors just as there are suit-prone patients. The suit-prone patient in the hands of a doctor who has never been sued is apt to be treated without complaint against the doctor. Place a suit-prone patient under the care of a suit-prone doctor and it is almost certain that difficulties will arise. What are some of the characteristics of the suit-prone doctor?

1. He dislikes his patients
2. He dislikes his professional organizations
3. He does not want help
4. He wants his patients to be extremely grateful to him

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5. He finds it hard to make friends and has no close friends.

Now, what are the characteristics of the suit-prone patient?

1. He changes doctors frequently
2. He visits doctors frequently
3. He thinks that everything should be curable
4. He always thinks he recovers too slowly
5. He distrusts doctors and hospital personnel
6. He thinks doctors and hospitals charge too much
7. Thinks that money will take care of all problems.

Should you see a patient who reveals these characteristics you can start building your claims prevention wall as treatment progresses. You can emphasize that he will recover slowly or your prognosis can be for a longer period than you actually expect. Should he recover in two weeks instead of the four you have indicated, he will think you are a genius instead of only average. Let me emphasize that it is always wise to promise less than you can deliver.

To give you a typical case which was mishandled, although it did not result in a malpractice suit, one of my friends was advised to have a hernia repair. His doctor told him that he would operate on the one side and took the consent for that. When my friend asked how soon he would be able to go back to the office, the doctor stated that if there was something that had to be taken care of in about five days he could go down to the office to do it. When my friend came out of the anesthetic, he discovered that both sides had been operated upon; he developed some bladder difficulties while in the hospital; was hospitalized eleven days; and finally got back to the office in about 3½ weeks instead of the original five days which he had in mind. As it happened, no unfavorable development occurred so far as the doctor was concerned but if this

man had had a sizable business transaction which was dependent upon his presence in the office, ten days from the date of his surgery, the doctor could have found himself in real difficulties because the developments which occurred were not in accordance with the understanding of the patient prior to the surgery.

As you treat this patient keep in mind that he is suspicious and be careful that you discuss his problems in a manner which will not add fuel to the already smoldering condition which is constantly in his mind with respect to doctors. Also, be sure that you do not become too uninformative because you suspect you have a problem patient. If you feel that you are not succeeding in building his confidence in you, the best technique at that point is to recommend and get, if humanly possible, consultation. Consultation generally increases the stature of the doctor who requests it in the minds of most patients. They feel that he has *their welfare* uppermost in his endeavors and thinking. They generally respond to it in the proper manner. On the other hand, if you have a suit-prone patient, the consultation will be the best protection you can have if suit later develops. Juries seem to react favorably to the doctor who has had consultation because they apparently feel that it is definite evidence that the patient had a complicated illness and that the attending physician was doing all that he could to overcome it—he was even calling in outside help!

X. It seems to be a widely known fact that out of all the claims that arise against doctors, actual malpractice occurs in only a relatively small number. Poor results or poor judgment, without malpractice account for a fair number, and the breakdown of the relationship between the doctor and patient accounts for the balance.

In reviewing cases which have actually been asserted against doctors, it is not too difficult to determine where

the error occurred, if an error actually did occur. It is much more difficult to determine what happened to impair the human relationship when everything else went satisfactorily. Sometimes, this information comes to light when investigation is made or depositions are taken. Sometimes we never know. Usually the patient tells one version, the doctor another. If the doctor doesn't have records to back up his assertions he has two strikes on him because a jury expects him to keep records and it doesn't expect the patient to do so.

Also, the jury feels that the patient's recollection will be more accurate than the doctor's since the doctor sees so many.

To illustrate how the plaintiff's attorney might discredit the doctor, the following technique might be used:

Attorney: Now Doctor, you have your records here, tell me how many patients you saw the same day that you had this last conversation with Mrs. Smith.

Doctor: Eighteen.

Attorney: Now, Doctor, I see on the list that you had a Mr. Brown that day. What was Mr. Brown's trouble?

Doctor: I examined Mr. Brown to see if he needed a hernia repair.

Attorney: Tell me your conversation with Mr. Brown.

Doctor: Well, Mr. Brown had to have the operation, so we discussed when he could go to the hospital and

made arrangements for him to be admitted for surgery.

Attorney: Doctor, I see that you had a Mrs. Jones among your patients that day. What was the matter with Mrs. Jones?

Doctor: Well Mrs. Jones was complaining of headaches and I gave her a prescription and recommended that she have her eyes examined.

Attorney: Well, tell us the conversation you had with Mrs. Jones.

Doctor: Well, I didn't have any particularly important things to say to Mrs. Jones, so I don't remember the conversation.

Attorney: All right, Doctor, now I see you had a Mr. Roe as a patient that day. What was Mr. Roe's complaint?

Doctor: Well, he hadn't been feeling well, lately, and was generally run down.

Attorney: Well tell me your conversation with Mr. Roe.

Doctor: Well I don't remember my conversation with Mr. Roe.

This process continues until the attorney has gained an admission from the doctor that he cannot remember all of the conversations which he has with all of the patients every day. As soon as the attorney has scored his point on that basis, he then indicates to the jury that since the doctor could not remember all of the conversations, it is quite unlikely that he remembers

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any one of them and the jury is inclined to agree.

The lesson to be learned from all of this is that the best record you can keep is one of the best claims prevention items you can provide. Incidentally, never alter a record in any way after a complaint is registered. Your defense is completely gone the minute you do.

To get back to the relationship between doctor and patient and to be as specific as possible, some of the things that affect them are:

1. Unusually long waits to see the doctor without explanation
2. Sending bills too soon
3. Inattention on the part of the doctor to the complaints of the patient.
4. Too little time spent with the patient.
5. Delegating to others duties which the doctor should perform.
6. Inadequate preparation of the patient mentally for what he can expect as the result of certain procedures, surgery, x-ray, etc.

7. Too many patients—result a tired and irritable doctor.

8. Too little time spent keeping abreast of medical and surgical developments.

9. Too much confidence placed in the stories of detail men without adequate knowledge on the part of the doctor of the serious reactions possible with improper dosages.

10. Experimentation.

11. Departure from the doctor's specialty.

12. Work beyond the capabilities of the doctor.

13. Unsympathetic office or hospital employees.

14. Inadequate prior explanation of anticipated expenses—especially hospitalization

15. Incompatibility of doctor and patient.

16. Patient trying to tell doctor how to practice — x-rays, hospitalization, casts, etc.

17. Patient uncooperative.

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18. Patient does not understand doctor's instructions.

19. Patient unable to afford doctor's services.

20. Inadequate follow up of patient by the doctor.

CONCLUSION—

We have now covered many of the pitfalls and strains which lead to a collapse of the relationship between doctor and patient. Because of them, the scene is set for a malpractice claim or suit—all it takes is the suggestion to action. According to a study by Joseph Sadusk, M.D., the trigger action was supplied as follows:

Careless comments of another physician	25.2%
Action prompted by attorney	15.4%
Claim brought for financial profit	13.8%
Action prompted by relatives	7.2%
Miscellaneous—not possible to classify	38.4%

If I were asked what single action can a doctor take that is most important, I'd answer, "The proper follow-up of a patient." That would include such items as adequate visits; in fracture cases, frequent x-rays; checking to see that patient is following instructions; hospitalization when necessary; and following up broken appointments.

I'd also add that "proper follow-up" includes mailing a letter to the patient who fails to follow instruction or who

fails to keep appointments. The carbon copy should have on it, in handwriting, the date and hour when it was mailed preferably by your nurse or secretary. This letter should contain (1) a recitation of the conditions which prompted its writing. (2) The expression of your opinion that the patient needs further attention and (3) the offer to supply information to a succeeding doctor if the patient does not wish to return to you. I can assure you from experience that such a letter will salvage many patients and eliminate headaches.

In closing, let me say that we have made progress. In Babylonia around 2200 B.C., the physician's fees were fixed by law and provided "if a surgeon causes a severe wound with a bronze knife and cures his patient, he shall have ten shekels of silver. If a surgeon causes a severe wound and the patient dies, he shall have his hands cut off."

By the time the Greek Physician Lucanus wrote his version of Christ's Life known in the Bible as St. Luke, the philosophy had changed and was well expressed with his words of "For unto whomsoever much is given, of him shall be much required."

Much has been given to all of us and much has been given to the professional man in this country, financially and socially. As St. Luke said, "Of you there will be much required."

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RALPH I. McRAE, D.O.



PHIL R. RUSSELL, D.O.

Governor Price Daniel has appointed Dr. Everett W. Wilson of San Antonio, Dr. Ralph I. McRae of Dallas and Dr. Phil R. Russell of Fort Worth to the Governor's Advisory Committee on Aging, in preparation for the White House Conference on Aging to be held in 1961.

It is indeed gratifying to see the profession receive these recognitions.

Exhibitors

Annual Convention

Baker Hotel, Dallas, Texas

April 28-30, 1960

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Executive Secretary's Travelogue

The executive secretary, since his last report, has indeed had a very interesting and busy month.

On January 27 he left for Amarillo to meet Dr. Guinand, the A.O.A. Hospital Inspector, to inspect the Amarillo Osteopathic Hospital. He was happy to have been met at the plane at 9 P.M. by Dr. Guinand and Dr. Glenn Scott who immediately took him to the Holiday Motel where Drs. Brown and Cain were already in his room, having prepared an official welcome for him.

The inspection of the Amarillo Osteopathic Hospital began on Thursday morning, January 28. Several of the staff members sat through part of the inspection. It was not actually as it should have been as for a hospital of this size, the department heads should have sat in on the entire inspection of charts involving their particular department. Yet the hospital had sufficient men sitting in that they were able to learn some of the inspection procedures and just where their particular weaknesses were.

That evening the inspector and the executive secretary were entertained at

dinner by several members of the hospital staff and a complete report of the inspection was made by Dr. Guinand at a night meeting. This inspection trip allowed the executive secretary to see practically all the members in Amarillo. Unfortunately Dr. Vick had to be out of the city, but the following doctors were at the staff meeting: Doctors Eugene F. Augter, Raymond E. Beck, J. Francis Brown, E. W. Cain, L. V. Cradit, John C. Kemplin, Earl H. Mann, Maurice D. Mann, Edward R. Mayer, Edwin L. Rossman, Glenn R. Scott and Mr. W. L. Davis, the hospital administrator.

On Friday, January 29, Dr. Guinand and the executive secretary left for Groom, Texas to inspect the Groom Hospital. They started to work about 10 A.M. and were entertained at 12 Noon at a wonderful dinner in the home of Dr. and Mrs. John L. Witt. Those present at the dinner were Doctors: Guinand, Clayton, Witt, and the executive secretary. We wish to express our thanks and appreciation to Mrs. Witt for the very delicious dinner.

Late that afternoon the inspector re-

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ported his findings to the staff of the Groom Hospital. In addition to Drs. Witt and London, Dr. Stuart of Clarendon was present.

We are happy to report that the new Groom Hospital is now under construction and they will soon be moved from the old hotel building they have been occupying. Dr. Guinand and the executive secretary left Groom that night and returned to Amarillo and left there early, January 30, for Muleshoe, Texas to inspect the Muleshoe Hospital and Clinic.

There are two members on the staff of the Muleshoe Hospital and Clinic, Dr. George E. Chambers and Dr. James E. Fite. This is a very busy, new, and

modern hospital. At 1 P.M. the inspector and executive secretary were luncheon guests of Drs. Chambers and Fite at which time they reviewed the findings in the hospital. They continued this review of the hospital inspection until approximately 3 P.M. when the inspector and executive secretary had to leave immediately for Lubbock where they arrived at 4:30 P.M.

An effort was made to contact some of the doctors in Lubbock, but being Saturday afternoon, they were unable to do so. At 7 P.M. the executive secretary caught the plane for Fort Worth and the hospital inspector caught an 8:00 P.M. plane for El Paso where he was to inspect the Vowell Maternity Hospital and Park Foothills Hospital and Clinic. The executive secretary just could not go on to El Paso with Dr. Guinand as he had to return to the office and prepare to leave immediately for Chicago.

The executive secretary left Fort Worth on Thursday, February 4th for Chicago and on Friday, February 5th spoke to the upper classmen at the Chicago College of Osteopathy. He was greatly pleased with the report Dr. McBain made in reference to this institution and their proposed expansion of same to begin in the spring. The hospital will have an additional 50 beds and the old clinic building will be completely remodeled and added to.

On Saturday and Sunday morning the executive secretary attended the Society of Divisional Secretaries meeting held at the Central Office of the American Osteopathic Association. This meeting proved to be a wonderful educational program.

The panel discussing third party medicine included Albert V. Whitehall, Vice-Chairman, Health Insurance Council; Dr. Paul Robinson, medical director of Metropolitan Life Insurance Company and former director of the medicare program; and George Hitchcock, regional claim representative for

The Texas State Board of Examiners

In The Basic Sciences

State Office Building
201 East 14th Street
Austin, Texas
January 22, 1960

NOTICE OF EXAMINATION:

The next examination of the Texas State Board of Examiners in the Basic Sciences has been set for April 8-9, 1960 in Austin, Galveston and Houston.

Details as to time and place may be obtained by writing to the Executive Secretary, at the above address.

Applications for the April examinations *will not be accepted after March 28, 1960* and all necessary information and documents required by the Board of examinees must be completed and in the applicant's file by that date. Those interested in participating in this examination should act immediately.

Very truly yours,
HENRY B. HARDT, PH.D.
President of the Board

HBH:vs

Equitable Life Assurance Society. The panel chairman was Barton K. Johns of Tampa, Florida.

Dr. Morris Thompson, President of the Kirksville College of Osteopathy and Surgery, led the discussion on the osteopathic college needs. Others on the panel were Dr. Richard N. McBain, president of the Chicago College of Osteopathy, and Dr. Merlyn McLaughlin, president of the College of Osteopathic Medicine and Surgery at Des Moines.

The third panel was an experience exchange session conducted by William S. Konold of Columbus, Ohio.

The speaker at the society banquet was J. Harold Bailey of St. Louis, administrative director, American Optometric Association and formerly assistant to the executive secretary of the California Osteopathic Association.

Chairman for the two-day session was Thomas C. Schumacher, of Los Angeles, president of the society.

Representatives from the following 23 states attended this two-day meeting: California, Indiana, West Virginia, Florida, Pennsylvania, New York, North Carolina, Ohio, Oklahoma, Minnesota, Tennessee, Iowa, Missouri, Colorado, Idaho, New Jersey, Maine, Delaware, Michigan, Wisconsin, Illinois, Virginia and Texas.

The meeting adjourned at 1:00 P.M. Sunday and most of the secretaries went immediately to the Palmer House to attend the Federation of Medical Examiners meeting that day and Monday, as did the executive secretary. Here he was able to pick up a good deal of information. He had attended these Federation meetings for some ten years and of course knew a great many of the people there. There were some 15-20 members of osteopathic examining Boards present for the meeting and the Texas State Board of Medical Examiners was well represented by Drs. R. H. Peterson and Dr. G. G. Porter.

The executive secretary returned to Fort Worth on Tuesday, February 9th,

March, 1960

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by jet plane. Needless to say, he was quite busy in the office on Tuesday and Wednesday trying to catch up on mail.

On Thursday, February 11 he left for Dallas over an insurance problem that had been presented not only to the Insurance Committee of the TAOP&S but also to the TOIL Committee, and the matter had to be cleared up before the TOIL Committee meeting scheduled for February 20th.

His first stop was to see Dr. A. V. Manskey, the physician on the case and from Dr. Manskey's office he proceeded to the Dallas Osteopathic Hospital, the hospital involved in the case. There he spent most of the afternoon attempting to run down the difficulty, the cause of which has not as yet been determined. It was apparent that the charts in the hospital were in order and the records of the hospital were in order with the exception of the claims blank and the business office where the difficulty apparently arose.

MEDICAL BOARD TO MEET

The next meeting scheduled by the Texas State Board of Medical Examiners will be June 20, 21, 22, 1960 to be held at the Texas Hotel, Fort Worth, Texas, for the purpose of giving examinations and considering applications for licenses by reciprocity.

Applications for the June 1960 examinations must be on file in the Medical Board office (1714 Medical Arts Building, Fort Worth 2, Texas) complete, processed and found to be in order, 10 days prior to the meeting date.

Applications for reciprocity to be considered at the June 1960 meeting, must be on file, complete, processed and found to be in order thirty days prior to the June meeting date.

The executive secretary desires to call attention to the fact that it is imperative that all claims be taken care of in their entirety by the insurance department of the hospital and that they be responsible for same. This will save this organization much embarrassment.

The executive secretary was then able to remain in the office to take care of the usual correspondence and to continue his efforts toward the annual meeting, which duties are increasing daily.

On February 19 he left for San Antonio, Texas to attend a meeting of the TOIL Committee on Saturday, February 20. Two hours of the meeting were devoted to an open session at which the San Antonio Osteopathic Hospital, Crews Hospital and Clinic and Corpus Christi Osteopathic Hospital were represented by their administrators. This was followed by an Executive Meeting of the Committee.

On Sunday, February 22, the executive secretary attended the District No. 7 meeting held at the Beckwith Clinic in San Antonio. President Raymond D. Fisher, D.O. spoke to the district members and the executive secretary made a brief report on the activities of the TOIL Committee.

There was fair representation at this district meeting. From San Antonio were Doctors: Gordon Beckwith, Harold Beckwith, F. M. Crawford, L. L. Dullye, Hal H. Edwards, Lige C. Edwards, L. L. Lindblom, A. T. Mendicino, W. J. Mosheim, W. D. Schaefer, Billy G. Schoch, R. J. Tamez, and Everett W. Wilson. From Austin were Doctors: Joe Love, Elmer C. Baum, John B. Donovan, R. D. Kirkland and Katherine G. Paterson. Also in attendance was Dr. M. P. Ollom of New Braunfels.

That night the executive secretary was entertained at dinner at the Country Club by Dr. William J. Mosheim who also brought with him a man having a direct connection with the Moody

Foundation. An interesting discussion, involving gifts from foundations, was indulged in.

On Monday, February 22 the executive secretary attended the open session of the joint meeting of the American College of Osteopathic Obstetricians and Gynecologists and the American College of Osteopathic Pediatricians. During the day he was able to have a conference with Dr. Galen S. Young, President of the AOA and Dr. Roy Harvey, President-Elect of the AOA and Dr. True B. Eveleth, Executive Secretary of the A.O.A. A full report of this meeting is carried elsewhere in the Journal.

The executive secretary returned to Fort Worth late that evening as he felt he was badly needed in the office. During the next three days he devoted his time to general office procedures. However on Friday, February 26, he attended (during the day) the Aircade for Congressional Action put on by the U.S. Chamber of Commerce at the Hotel Texas in Fort Worth. This was one of the most interesting and enlightening programs that the executive secretary has ever attended.

There were so many points of interest on the program, having to do with professional activities that it is impossible to report them all in this travelogue. The panel of most interest was "Federal Intervention in Business and Community Affairs." Under this discussion a great deal took place in reference to third party medicine, which subject we are all extremely interested in and the executive secretary gained a good deal of information for the benefit of the profession.

On Saturday and Sunday, February 27-28, the executive secretary attended the Texas Osteopathic Surgical Society meeting held at the Western Hills Inn, Euless, Texas (midway between Dallas and Fort Worth). This was an extremely interesting meeting and the

executive secretary was able to make many contacts and enjoy the program very much. A report of this meeting appears elsewhere in the Journal.

See you next month!

Excellent Location

Aspermont, Texas: D.O. who has conducted a wonderful practice in this community for 20 years, has left Aspermont for personal reasons. He was the only physician in town and they are now badly in need of one or preferably two physicians.

The citizens of Aspermont will rent the previous doctor's hospital and clinic and they stand ready to vote a \$200,000.00 bond issue to build a new hospital for two qualified physicians who will stay in the community.

If interested, contact Mr. Bill Young, Funeral Director, Aspermont, Texas.

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Surgical Society Meets

The Texas Society of Osteopathic Surgeons held its annual meeting at Western Hills Inn, Euless, Texas on February 27 and 28, 1960.

The meeting was well attended and a very informative program, arranged by Dr. L. G. Ballard of Ft. Worth, was enthusiastically received.

The meeting was highlighted by the presence of Drs. Phil R. Russell and Milton V. Gafney. Our state association Executive Secretary, Dr. Russell, attended all sessions of the meeting. Dr. Gafney, President of the American College of Osteopathic Surgeons, in addition to being on the program was the featured speaker at the dinner on Saturday night. Many wives and guests of the members were present for the dinner meeting.

The election of officers was as follows:

President, Victor H. Zima, D.O.;
Vice-President, L. G. Ballard, D.O.;
Secretary - Treasurer, Elmer G. Beckstrom, D.O.; Trustee, Earle H. Mann, D.O.; Trustee, John L. Witt, D.O.; Trustee, Garry W. Taylor, D.O.

Registration included the following:
AMARILLO

Eugene F. Augter, D.O.

Earle H. Mann, D.O.

COOPER

Dean E. Wintermute, D.O.

CUERO

Richard L. Stratton, D.O.

DALLAS

Elmer G. Beckstrom, D.O.

James T. Calabria, D.O.

Milton V. Gafney, D.O.

Charles M. Hawes, D.O.

G. LeRoy Howe, D.O. (Res.)

Henry A. Spivey, D.O.

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Mickie G. Holcomb, D.O.

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Roy B. Fisher, D.O.

Thomas T. McGrath, D.O.

Thomas H. Nulf, D.O. (Res.)

George F. Pease, D.O.

Phil R. Russell, D.O.

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GRAND PRAIRIE

J. Natcher Stewart, D.O.

GROOM

John L. Witt, D.O.

GROVES

Nicholas G. Palmarozzi, D.O.

HAPPY

Glen L. Robinson, D.O.

HOUSTON

Victor H. Zima, D.O.

LUBBOCK

Raymond E. Mann, D.O.

MINEOLA

Bernard W. Jones, D.O.

SAN ANTONIO

Gordon S. Beckwith, D.O.

Texas Academy to Meet

The Texas Academy of Applied Osteopathy will have a breakfast meeting, April 29th at 7:30 A.M., in the Baker Hotel. This is Friday of the Texas State Convention.

After the Breakfast there will be a business meeting and election of officers. Dr. Martin Beilke will have charge of the program that will last until noon. He will speak on Visceral Problems.

Dues of \$2.00 are now payable. Treasurer is Catherine Kenney Carlton, D.O., 815 West Magnolia, Fort Worth, Texas.

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Second Combined Convention of American College Of Osteopathic Obstetricians and Gynecologists, and Osteopathic Pediatricians

This convention was held in San Antonio, Texas, at the Hilton Hotel, February, 22nd thru 25th, 1960. Total registration was 421 with many Texas D.O.'s present, as listed below, numbering 37. This was one of the best meetings; the only draw-back was the weather, as the "Ground-Hog" played dirty tricks and instead of good Texas sunshine we had clouds, rain and snow.

Newly elected officers of the OB and GYN College are:

President, Dr. Frank E. Gruber, Philadelphia, Pa.; President-Elect, Dr. David D. Percival, El Cerrito, California; Vice-President, Dr. Jordan M. Phillips, Downey, California; Secretary and Treasurer, Dr. Arthur A. Spier, Merrill, Michigan.

New members elected to the College Board of Trustees were: Dr. Thomas J. Keane, Temperance, Michigan; Dr. Charles K. Norton, Royal Oak, Michigan; Dr. Andrew D. DeMasi, Philadelphia, Pa.

The president, President-elect, and Executive Secretary of O.A.O. were also in attendance and each gave excellent addresses: Dr. Galen Young, Chester, Pa.; Dr. Roy Harvey, Midland,

Michigan; Dr. True B. Eveleth, Chicago, Illinois.

Special Awards were given to Dr. William Spaeth, of Drexel Hill, Pa. as "A.C.O.P.—James M. Watson Memorial Lecturer."

A very interesting telephone conversation and award was given to Dr. Wm. A. Jenkins, of Las Cruces, New Mexico, as ACOOG—Obstetrician of the Year. We hope that Dr. Jenkins is one the road to recovery after the bed-telephone conversation.

Newly elected officers of the American College of Osteopathic Pediatricians are:

President, Harold H. Finkel, D.O.; President-Elect, Nelson D. King, D.O.; Vice-President, Robert Magrill, D.O.; Secretary, Martyn E. Richardson, D.O.; Director, Myron D. Jones, D.O.; Director, Virginia Ellis, D.O.

The new members elected to the Board of Examiners are:

President, William S. Spaeth, D.O., M.Sc. (Ped.) FACOP; Secretary, Betsy MacCracken, A.B., D.O., FACOP; Vice-President, Patrick D. Philben, D.O., FACOP; Thomas F. Santucci, D.O., FACOP; Nelson Dodge King, D.O., FACOP.

Texas physicians registered were:

AMARILLO

Edward R. Mayer, Jr., D.O.
Edwin L. Rossman, D.O.

ARLINGTON

Leslie A. McClimans, D.O.

AUSTIN

Elmer C. Baum, D.O.

BEAUMONT

Larry A. Giffen, D.O.

BROWNSBORO

Charles C. Rahm, D.O.

CORPUS CHRISTI

Thomas M. Bailey, D.O.

Joseph Schultz, D.O.

DALLAS

Wilbur W. Baldwin, D.O.

Roy L. Fischer, D.O.

Charles Hawes, D.O.

G. LeRoy Howe, D.O.

Ralph J. McRae, D.O.

L. G. Mancuso, D.O.

Robert L. Moore, D.O.

Patrick D. Philben, D.O.

William S. Walters, D.O.

FORT WORTH

Jerry O. Carr, D.O.

Noel Ellis, D.O.

Virginia P. Ellis, D.O.

Raymond D. Fisher, D.O.

Phil R. Russell, D.O.

Luther Swift, D.O.

GRAND PRAIRIE

Herman Plattner, D.O.

HOUSTON

Esther M. Roehr, D.O.

IRVING

A. V. Manskey, D.O.

LADONIA

Gordon A. Marcom, D.O.

MESQUITE

Winton L. Welsh, D.O.

NIXON

W. G. Millington, D.O.

PORT ARTHUR

Allen Dean Schmitt, D.O.

SAN ANTONIO

Gordon S. Beckwith, D.O.

Louis L. Dullye, D.O.

W. D. Schaefer, D.O.

Robert E. Springer, D.O.

Everett W. Wilson, D.O.

SAN DIEGO

E. E. Dunlap, D.O.

TYLER

C. Bowden Beatty, D.O.

March, 1960

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AUXILIARY NEWS

AAOA President



MRS. GEORGE W. NORTHUP
Morristown, New Jersey

The president of the Auxiliary to the American Osteopathic Association is Mrs. George W. Northup of Morristown, New Jersey, wife of a general practitioner. She became auxiliary leader in July 1959, when her husband completed his term as president of the AOA, making them the first family in which both husband and wife have led their national organizations.

Mrs. Northup is well grounded in the osteopathic tradition. She is a graduate of the Philadelphia College of Osteopathy School of Nursing. When she married Dr. Northup, she found herself the wife of a D.O., the daughter-in-law of a D.O., the niece of a D.O. and the cousin of two others.

She has been active in auxiliary work for nine years, serving in district and state society offices before joining the national association board. Among her positions were the presidency of her state auxiliary and the chairmanships of AAOA membership and legislation committees.

In addition to her national responsibilities, Mrs. Northup currently is involved in organizing five guilds for the West Essex Osteopathic Hospital at Livingston, New Jersey, where Dr. Northup is a staff doctor.

The travel involved in the auxiliary presidency will come easily for Mrs. Northup because she likes it. She accompanied her husband on some of the trips he made as AOA president as the representative of her predecessor, Mrs. Francis E. Warner of Bloomington, Indiana. "It was the only way they could get together some months," said Mrs. Warner, who was well aware of Dr. Northup's busy travel schedule.

Not the least shoved aside by these activities are Mrs. Northup's son Jeffrey, her home and her rose garden. She is talented in the arts, particularly oil painting, and is interested in all forms. In that connection, she has been active in the art department of the Morristown Woman's Club.

We are pleased to announce that Mrs. Northup will be with us at our annual convention to be held April 28-30 at the Baker Hotel, Dallas, Texas.

Cheese and Charcoal Make Best Tar Filter

MADISON, Wisconsin — A Swiss cheese and charcoal cigarette filter removes more cigarette tars than commercial filters now in use, according to a University of Wisconsin biochemistry professor.

Professor Henry Lardy reported recently that cheese-charcoal filters removed 90 percent of the tars from common cigarette brands smoked in a laboratory machine, while the best commercial filter tested removed 61 percent of the tars.

The best cheese types are dry Italian varieties known as Parmesan or Romano and must have from 20 to 40 percent butterfat, he said. No taste preference on the part of the machine was reported.

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February 5, 1960

Washington News Letter

Social Security Medical Care for Aged. At his news conference on Wednesday of this week, the President said he had under consideration a possible increase of one-quarter percent in Social Security taxes to make greater provision for the care of the aged. Yesterday, HEW Secretary Flemming held a conference at which he said he hoped the Administration would be able to submit to Congress this session, perhaps within 60 days, a proposal for more assistance for medical care of the aged. He discussed possibilities of increased Federal payments for public assistance for the aged, and also possibilities of Federal subsidy for voluntary plans, but he was pessimistic that either of these would do the job, and he felt it might be necessary to go along with some variation of the Forand bill—such as limitation to assistance for the costs of catastrophic illness. The House Ways and Means Committee has not yet scheduled any action on the Forand bill, H.R. 4700 or the Harrison bill which removes the age 50 limitation for disability insurance benefits for OASI insured persons who are totally and permanently disabled, H. R. 9323.

Federal Employees' Health Benefits Program. In my WASHINGTON NEWS LETTER of November 12, 1959 I pointed out that the Federal Employees' Health Benefits Act approved on September 28, 1959, Public Law 86-382, does not define the terms physician and hospital, and that such definitions might be by regulations. On

December 2, 1959 the Civil Service Commission prepared a draft of regulations including minimum standards for health benefit plans which required that in order to be eligible to be approved by the Commission, a health benefits plan must not: "Section 89.11 (b) (4) Discriminate against any class of practitioners licensed by a State or the District of Columbia to perform the services for which benefits are payable under the plan." However, the draft of regulations now proposed by the Commission and published in the Federal Register of February 2, 1960 omits Section 89.11 (b) (4). The terms physician and hospital remain undefined. The Commission has invited comments on the proposed regulations to be submitted within 30 days from February 2. We shall seek more definitive guidelines for participation.

Institutional Research Grants. On January 29, 1960 HEW Secretary Flemming sent to Congress a draft of legislation to amend the Public Health Service Act so as to permit the National Institutes of Health to make institutional research grants, as well as the grants now authorized to support specific projects proposed by individual applicants. The proposed revision would provide osteopathic and other medical schools with a significant amount of money, coupled with assurances of long-term support, permitting them substantial freedom in deciding how to use the funds and to provide stable career support for investigators.

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Committee. We had a very good attendance. The following officers and delegates were elected for the coming year.

President, Dr. Gordon S. Beckwith; Vice-President, Dr. Roy D. Kirkland; Secretary - Treasurer and Reporter, Dr. Waldemar D. Schaefer; Delegates, Dr. W. D. Schaefer, Dr. Elmer C. Baum, Dr. H. A. Beckwith; Alternates, Dr. B. C. Richards, Dr. Joe Love, Dr. Everett Wilson.

The O.B. Gyn. and Pediatrics combined convention was very successful and was quite well attended by doctors from all over the United States. Some of the doctors from the Convention Committee told us they were well pleased with the arrangements and hospitality shown them in San Antonio. We took a bit of razzing from the doctors on the foul weather that we had during their stay. It just wasn't Texas.

Dr. Mendicino and Drs. Beckwith entertained various members in attendance renewing old acquaintances. Many of the doctors visited the San Antonio Osteopathic Hospital and were well pleased with it. We were very glad to show them about, only wished that we could induce some of them to move to San Antonio.

Had a letter from Dr. Henry Turner stating that he is temporarily practicing in Tyler, Texas. Hope some day he may decide to come back.

Mrs. J. E. (Catherine) Vinn, State Auxiliary President, was here at the time of the District Meeting. Would like to report that District No. 7 Auxiliary was reactivated. They met at the home of Mrs. Frances (Gordon) Beckwith.

Mrs. Christina S. Tabb and family, daughter of Dr. W. D. Schaefer, are visiting in San Antonio from Lincoln, Nebraska.

Dr. Gordon S. Beckwith attended the Texas Surgical Meeting in Dallas,

Texas February 27th and 28th, in which he took part on the program.

WALDEMAR D. SCHAEFER, D.O.

DISTRICT ELEVEN

Another first was instituted in this district on 18 February, 1960. Through the efforts of Dr. H. D. Smith the district president and Charles Dierdorf president of the El Paso Pharmacal Association, a program was planned for the El Paso County Pharmacal Association. This program was presented to the Pharmacal Association by district eleven. It consisted of the showing of the film "Physician and Surgeon, D.O.," and a panel of four Osteopathic Physicians and four Certified Pharmacists. Each of the Osteopathic Physicians presented a brief and concise resume of a specific part of the Osteopathic profession. The topics were (1) History and Philosophy of Osteopathy (2) National Recognition in regards to the Osteopathic Profession (3) Professional and pre-professional requirements of Osteopathic Colleges and (4) Hospital Facilities and the Osteopathic Profession in the El Paso area. These topics were covered respectively by Doctors M. A. Calabrese, Owen Vowell, R. C. Valdevia and M. G. Holcomb. Following the presentations and showing of the film the floor was thrown open for questions. A remarkable harmony was obtained between the Osteopathic Profession and the Pharmacal Association through this program. Many differences were aired and a deeper respect for each other's profession was obtained.

We feel that this program was the first of many to come which will be presented to the El Paso County Pharmacal Society. Already plans have been made by this district to reciprocate by inviting members of the Pharmacal Society in presenting a program for district eleven.

The new officers of the district were

ected. They are Dr. R. C. Valdevia, President; Dr. R. R. Delgado, Vice-President; and Dr. J. E. Holcomb, Secretary and Treasurer.

DISTRICT TWELVE

The night of February 18th was a very special one for District 12. Our state president Dr. Raymond Fisher accompanied by his charming wife honored us by a visit.

Dinner was served in the Bamboo Room of the King Edward Hotel in Beaumont to thirty people. President Jack Barnett introduced Dr. Fisher who gave a very fine informative talk regarding state and national affairs of the Osteopathic profession.

President Barnett also introduced Dr. and Mrs. Hendricks who had just arrived from New York to join the staff at Doctors Hospital at Groves.

The next business meeting will be held March 17th and Dr. Burnett will hand the gavel over to our newly elected president, Dr. John Eitel. The new reporter to the Journal will be Dr. Ralph Merrin.

Your reporter deeply regrets that during her term of office she has not been of more assistance to our executive secretary whose great efforts are responsible for this fine Journal.

AULDINE C. HAMMOND, D.O.
Reporter District 12

New Hospital Opens Doors



The new Denison Hospital and Clinic, 331 West Morton Street, Denison, Texas held open house Sunday, February 13 for the general public. There was a wonderful crowd in attendance

March, 1960

and the new hospital received wonderful publicity.

The hospital is located four blocks from the Main Street of Denison and is of brick masonry and steel construction. It consists of eighteen beds, with surgery, delivery room, nursery, laboratory, x-ray rooms and a modern kitchen.

It is completely air-conditioned with separate temperature controls in each room and complete and separate air circulation for surgery, nursery and delivery room. The rooms have piped oxygen and both auditory and visual nurse signal systems.

There is an office for two physicians as well as hospital administrator records office and a spacious out patient reception room is incorporated in this modern fire-proof structure.

The present hospital staff consists of Dr. S. F. Kubala, Dr. W. L. Huetson and Dr. M. A. Groff.

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