Texas
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VOLUME XXIV FORT WORTH, TEXAS NOVEMBER, 1967 NUMBER 7

In This Issue—

Texas Osteopathic Physicians' Journal

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VOLUME XXIV FORT WORTH, TEXAS, NOVEMBER, 1967 NUMBER 7

State Department of Health

Annual Postgraduate Seminar

December 1-2, 1967

Statler Hilton Hotel, Dallas, Texas

The Texas State Department of Health announces the Annual Postgraduate Seminar for Osteopathic Physicians and Surgeons of Texas.

Guest speakers for the Seminar include:

- John C. Ullery, M.D., Columbus, Ohio.
  Fellow, The American College of Obstetricians and Gynecologists, Professor and Chairman, Department of Obstetrics and Gynecology, College of Medicine, The Ohio State University.
- A. E. Scardino, Sr., D.O., Kansas City, Missouri.
  Fellow, The American Osteopathic College of Dermatology, Professor of Medicine (Dermatology).
- Earl Lyons, D.O., Chandler, Arizona.
  President, American Osteopathic Association, Fellow, The American College of General Practitioners.
- Neil R. Kitchen, D.O., F.A.C.O.I., Highland Park, Michigan.
  Fellow, The American Osteopathic College of Internists, Clinical Professor of Internal Medicine—Off Campus—Kirksville College of Osteopathy and Surgery.
- John Miller, M.D., Houston, Texas.
  Chief of Cardio-Pulmonary Function Laboratory, M. D. Anderson Hospital and Tumor Institute.
- Fouad Bashour, M.D., Dallas, Texas
  Associate Professor, Internal Medicine, Methodist Hospital.

ELMER C. BAUM, D.O.

Dr. Elmer C. Baum, chairman of the Public Health Committee will again be primarily responsible for this highly successful program.

Phenothiazine Reactions in Children

Review of Side Effects with Particular Reference to Prochlorperazine

ARNOLD MELNICK, D.O.,* ROBERT BERGER, D.O.**

Even the most valuable drugs may produce troublesome side effects. Recently one of our patients experienced a phenothiazine-induced extrapyramidal reaction, and this prompted us to review our experience with this problem. Phenothiazines, although valuable and widely used, have reportedly shown frequent side effects, particulary extrapyramidal reactions.

Cole[1] reports extrapyramidal syndromes with all commonly used phenothiazine derivatives except mepazine (Pacatal), promethazine (Phenergan) and thioridazine (Mellaril). Goodman and Gilman[3] note: "Bizarre motor effects may be fairly common with high doses of the phenothiazines, particularly the piperazine derivatives." Freed[2] has also called attention to the relationship between extrapyramidal system manifestations and excessive phenothiazine dosage.

We here present three personal cases and summarize current knowledge about the use and complications of drugs of the phenothiazine group with particular reference to prochlorperazine (Compazine).

Case History

Case 1. Susan T., a four and one-half-year-old white girl, was brought to the Emergency Room because she "couldn't see." This had started several hours prior to admission. For an upper respiratory infection with fever and vomiting she had received an injection of an unknown dose of prochlorperazine the night prior to admission, to control her vomiting. She was currently taking antibiotics plus a combination of two parts of the antipyretic acetaminophen (Tylenol) and one part prochlorperazine syrup, two teaspoons every three hours (3.3 mg. prochlorperazine per dose).

The child appeared anxious, opisthotonic, and her eyes were rolled back when first examined in the hospital. Her sensorium was clear, she complained of no pain and was afebrile. Except for her generalized rigidity and a mild upper respiratory infection, she was normal.

The child was given 10 mg. diphenhydramine hydrochloride (Benadryl) intravenously with dramatic relief of symptoms. She was hospitalized and maintained on intramuscular diphenhydramine hydrochloride. Some rigidity persisted briefly, but this too gradually diminished, and the child was discharged normal after 48 hours.

Case 2. Nancy W. is an eight-year-old girl who was admitted through the Emergency Room complaining of a cold and of an inability to move her neck. In addition to her upper respiratory infection, she had been vomiting for the past 24 hours. She had been receiving prochlorperazine suppositories (exact amount unkown) since the onset of her vomiting.

Physical examination revealed a spastic child with Parkinson-like facies. Her skin was dry, and she appeared mildly dehydrated. Positive Babinski and Hoffman signs were elicited. The child was admitted to pediatrics, given parenteral fluids and placed on phenobarbital. The spasticity diminished rapidly, disappearing within 48 hours.

Case 3. Nancy B., an 18-year-old girl, was hospitalized following an automobile accident. She had suffered a midshaft fracture of the right femur. Surgery for fracture reduction was performed five days after admission, and her post-operative condition was satisfactory. On the fifth postoperative day, she complained of gastro-intestinal upset with nausea. She was given 10 mg. pro-

chlorperazine intramuscularly every four hours, the dose to continue "until gastro-intestinal symptoms disappeared."

After the fifth dose, she became irritable, tearful, and she developed tremors of her hands and arms. She later complained that her tongue was "turning to one side and rolling back." She was now also noted to have involuntary jerking movements of both arms and of her left leg. Signs and symptoms subsided spontaneously, but following another injection of prochlorperazine, they returned and the girl began to scream.

Phenobaritol 1.0 gr. was given intramuscularly with some relief, but the symptoms soon returned. Intravenous diphenhydramine hydrochloride, 50 mg., was then given with good results, but symptoms again recurred after several hours. Another injection of diphenhydramine hydrochloride three hours after the first kept the patient comfortable, and within 24 hours she was completely symptom free.

Discussion of Phenothiazines

In our case, the drug prochlorperazine was being used in the treatment of nausea and vomiting. With the exception of one child who took a number of her mother's tranquilizers, all of the phenothiazine reactions we have seen have been caused by prochlorperazine used for treatment of gastro-intestinal upset.

Pharmacological Action

Phenothiazine drugs are used mainly for two purposes: (1) therapy of psychiatric patients and (2) as part of the treatment for nausea and vomiting. According to Goodman and Gilman,[3] phenothiazines protect the chemoreceptor trigger zone (CTZ) of the brain against stimulation by apomorphine and dihydroergot alkaloids. Their mode of action in relief of gastro-intestinal upset is believed to be either by depression of the CTZ located in the medulla, or by competition with stimulants for action on the CTZ. Drugs or other stimuli which cause emesis by direct action on the gastro-intestinal tract are thus not antagonized by phenothiazines. Nausea caused by vestibular stimulation is also, therefore, unaffected by these drugs.[3]

Phenothiazines are inherently long acting. They are thus capable of a cumulative effect when used over an extended period. In the treatment of nausea and vomiting, it is seldom necessary to use more than one day's therapy using oral or rectal administration. With intramuscular administration, one dose will usually suffice. Since most of the gastro-enteritis we see, however, is caused by microbial or toxic irritation of the gastric mucosa, the drug will just not work here regardless of how long it is used.

Drugs

Mepazine: Warner-Chilcott, Pacatal
Promethazine: Wyeth, Phenergan
Thioxidazine: Sandoz, Mellaril
Prochlorperazine: Smith Kline and French, Compazine
Acetaminophen: McNeil, Tylenol
Diphenhydramine hydrochloride: Parke, Davis, Benadryl Hydrochloride
Benztropine meslylate: Merck Sharp and Dohme, Cogentin

Antiemetic properties of the phenothiazines are effective even at low dosage, but extra-pyramidal tract signs can also appear following low dosage, especially in the phenothiazine-sensitive individual. The phenothiazine derivatives with the most potent antiemetic properties are also those which produce the highest incidence of extrapyramidal reactions, especially when given intramuscularly.

Side Effects Outlined

Several types of extrapyramidal reactions have been described with phenothiazines: Parkinsonism characterized by rigidity, but without the resting tremor;

dystonia and dyskinesia with torticollis, tics, and oculogyric crises, these tending to have a rapid onset; akathisia, characterized by motor restlessness and inability to remain still; hyperreflexia; and opisthotonos. Other side effects have been reported, but though often more serious they also occur far less frequently.

In our experience the chief causes of overdosage are: (1) excessive doses of the drug; (2) too frequent repetition of doses; (3) continuation of the drug too long; and (4) cutting an adult suppository (25 mg.) in half, with the misconception that this is equivalent to a child's dose—actually this is two and one-half to five times the recommended pediatric dosage.

Although Freed[2] feels that the extrapyramidal side effect is "dramatic, but not dangerous," he too believes that it can be avoided in almost every case, if proper dosages are employed.

Recommended treatment for these side effects are benztropine meslyate (Cogentin), 0.03 mg./Kg. twice a day orally, or diphenhydramine hydrochloride, 5 mg./Kg./day in divided doses orally or parenterally. Our cases responded well to the latter.

Dosage Recommendations

Recommended children's dosages of prochlorperazine by oral or rectal route for nausea and vomiting are summarized in Table 1. For rapid control of nausea and vomiting in children under 12 years of age, 0.06 mg. per pound of body weight per dose may be given by deep intramuscular administration. One dose is usually sufficient. Shirkey[4] recommends a comparable dose of 0.4 mg./-Kg./day divided into three to four doses..

REFRESHER QUIZ

1. Extrapyramidal side effects are uncommon with all but one of the following phenothiazine drugs:
   a. mepazine
   b. promethazine
   c. prochlorperazine
   d. thioridazine
2. Prochlorperazine is an effective agent for relief of nausea and vomiting due to vestibular stimulation. *T. F.*
3. Prochlorperazine oral or rectal dosage for children under 20 pounds of body weight is:
   a. 1 mg. o.d. or b.i.d.
   b. 2 mg. o.d. or b.i.d.
   c. 2.5 mg. o.d. or b.i.d.
   d. it is contraindicated
4. Extrapyramidal side effects due to the phenothiazines are dosage dependent. *T. F.*
5. Extrapyramidal signs associated with phenothiazine administration in children may include all but which one of the following:
   a. opisthotonos
   b. dystonia
   c. dystocia
   d. dyskinesia
   e. akathisia

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References
1. Cole, J.O.: Drugtherapy. In: Spiegel, E. A. (Editor): Progress in Neurology and Psychiatry. Vol. XV. New York, Grune and Statton, 1960.

TABLE 1. *Oral and Rectal Administration of Prochlorperazine*

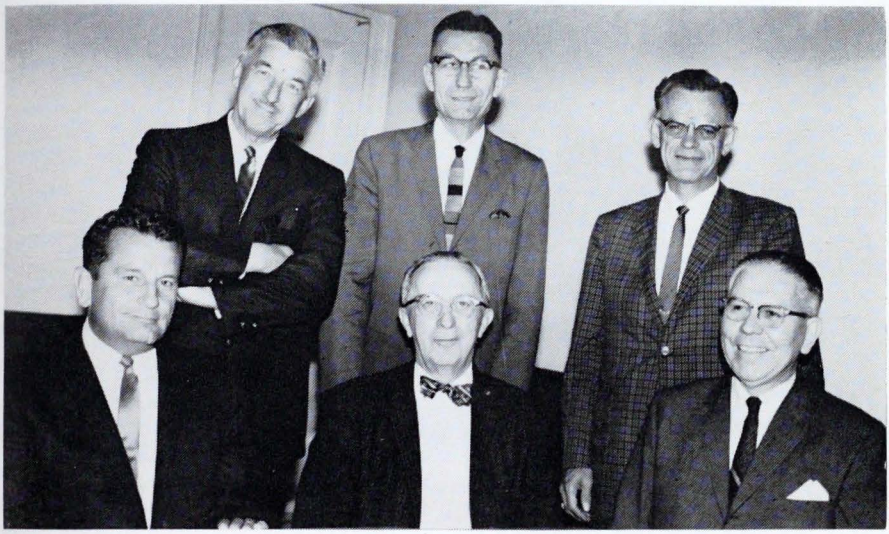
Weight	Usual Dosage	Not to Exceed
Under 20 lbs.	Not recommended	
20-29 lbs.	2.5 mg. 1 or 2 times a day	7.5 mg. per day
30-39 lbs.	2.5 mg. 2 or 3 times a day	10 mg. per day
40-85 lbs.	2.5 mg. 3 times a day or 5 mg. 2 times a day	15 mg. per day

From: Prescribing Information, Compazine Brand of Prochlorperazine. Smith, Kline and French Laboratories, Philadelphia, Pa.

2. Freed, H.: The Chemistry and Therapy of Behavior Disorders in Children. Springfield, Ill., Charles C. Thomas, 1962, pp. 18-19, 52-53.
3. Goodman, L. S. and Gilman, A.: Pharmacological Basis of Therapeutics. New York, The Macmillan Company, 1965, pp. 162-178.
4. Shirkey, Harry C.: Pediatric Therapy. St. Louis, The C. V. Mosby Company, 1964, p. 1101.

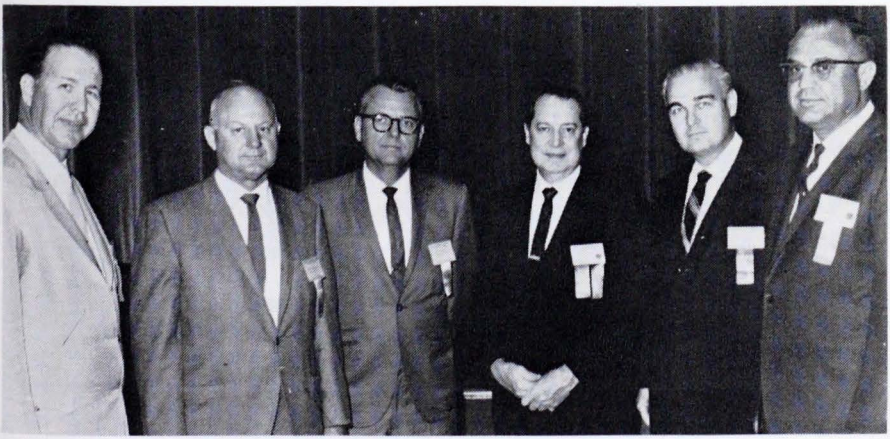
Texans Involved in the National Area of Responsibility

New Officers of Society of Divisional Secretaries



The new officers of SDS looking foreward to the new term are, left to right: (seated) Robert Price, Fort Worth, executive secretary, Texas Association, elected vice president; President Peckham; and Robert P. Chapman, Trenton, executive director of the New Jersey Association, secretary-treasurer; (standing) Herman W. Walter, Des Moines, secretary of the Iowa Society, who is elected to three-year term on SDS board; Dr. Paul Grayson Smith, Pikeville, secretary of the Tennessee Association, who is a hold-over board member; and David Rodgers, Sacramento, executive secretary of the California divisional society, who is elected to a one-year term on the SDS board.

Delegates to A.O.A. House of Delegates



Chicago, Illinois, July 15-18, 1967. Left to right: Drs. John H. Burnett, Elmer C. Baum, Fred E. Logan, George J. Luibel, Jack P. Leach and James E. Fite. Also attending was Dr. Samuel B. Ganz who was not present when the photograph was taken.

AAO Picks Fort Worth For Graduate Center

Fort Worth, Texas, has been selected as the site for the Graduate Center of the Academy of Applied Osteopathy. This decision was first revealed in the Closed Circuit TV program of the Academy during the recent AOA convention in San Francisco by Dr. Harold A. Blood, Academy past president of Alexandria, Va., and Dr. David A. Patriquin, president-elect, of Montreal, Que., who have been closely associated with the project.

Although a detailed list of Texas DO's in attendance is not yet available, it is known that the state was ably represented at Academy deliberations by TAOP&S President Wiley B. Rountree, Texas Academy President Catherine K. Carlton and AOA Trustee George J. Luibel. Louise W. Astell of Champaign, Illinois, is the current president of the Academy.

Dr. Blood explained it will be a graduate center for both education and research and listed three aims: Educational, Patient service and Clinical research different from any being done today. He said the site location was based on a central geographic location, a large number of DO's in the vicinity, availability of temporary office space in a building for immediate occupancy, and good rapport with an approved teaching hospital for laboratory and radiological ancillaries during clinical teaching sessions.

The selection decision was based on a two-year study made by the Center Location Committee, chaired by Dr. Blood. Among the final sites under consideration were a very large teaching hospital in a northern city, an Osteopathic medical school in a midwestern city and a growing area of a resort state. For many years the Academy offices have been maintained in Carmel, California by Dr. Margaret W. Barnes, who has served as Executive Secretary and as Editor of the *Newsletter* and of the annual *Yearbook of Selected Osteopathic Papers*.

The program for establishing a postgraduate technical institution represents a major milestone of progress in the development of the national Academy, according to Dr. Barnes. Present instructional method involves faculty "teams", formally organized, which will appear anywhere across the nation where invited to present specialized programs dealing with Osteopathic concepts and specific techniques, both in depth.

Future developments are planned to include clinical and research symposia in Fort Worth and the eventual construction of a building particularly designed to accomodate the specific elements of the postgraduate institute's activities.

Gifts From Texas

Senior Students at Kirksville College of Osteopathy and Surgery, looking over the new equipment which will be used for continuing their educational processes in the OPC Clinical Training entity. The Texas Academy of Applied Osteopathy presented the Out Patient Clinic Area with An Arvin Stereo Record Player, an Argus Slide Projector and a Carry-Corder Tape Recorder.

U. S. Department of Health, Education, and Welfare

Social and Rehabilitation Service
Medical Services Administration
Washington, D.C. 20201

Approval of the Texas Medicaid program was announced today by the Social and Rehabilitation Service (SRS) of the U.S. Department of Health, Education, and Welfare. Formal approval was given by SRS Administrator Mary E. Switzer and was effective September 1. Medicaid is the Federal-State program of medical care for low-income people.

Texas, the 27th State to operate a federally approved medical assistance program, plans to provide payments for skilled nursing home care for adults; inpatient and outpatient hospital care; physicians' services; and a number of other benefits for an estimated 379,000 State residents. The U.S. Government will pay approximately 80 percent of the cost, bringing the estimated Federal share to almost $99 million for the first year.

In addition to Puerto Rico, Guam, and the Virgin Islands, 26 other States now have approved Medicaid programs in operation. They are: California, Connecticut, Delaware, Hawaii, Idaho, Illinois, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Nebraska, New Mexico, New York, North Dakota, Ohio, Oklahoma, Pennsylvania, Rhode Island, Utah, Vermont, Washington, West Virginia, and Wisconsin. More States are expected to come into the program later this year.

Each State makes its own decision on the number of services it will offer in excess of the minimum Federal requirements. The Texas program offers more than those required by the Medicaid law.

NOTE TO EDITORS: Further details about Texas and other Medicaid programs are available from the Medical Services Administration, Social and Rehabilitation Service, Washington, D.C., 20201.

TITLE XIX FACT SHEET
TEXAS

1. **Name of State agency responsible for administering Title XIX:**
   State Department of Public Welfare
2. **Date program began operation:**
   September 1, 1967
3. **What groups became eligible when the program began?**
   (a) All persons who receive all or part of their income from the federally aided public assistance program: Old-Age Assistance, Aid to the Blind, Aid to the Permanently and Totally Disabled, and Aid to Families with Dependent Children.
   (b) All persons who would be eligible for federally aided public assistance, noted in group (a) above, except for any eligibility condition or other requirement that is specifically prohibited under Federal Title XIX legislation.
   (c) All children under 21 who are or would be, except for age, dependent children under the State's approved plan for Aid to Families with Dependent Children.
   (d) All patients, 65 or older of State licensed or approved institutions for mental diseases or tuberculosis, who are eligible under the

State's plan for Old-Age Assistance, Aid to Families with Dependent Children, or Aid to the Blind.

(e) All patients in approved medical units of State licensed or approved institutions for the mentally retarded who are eligible under the State's approved plan for Old-Age Assistance, Aid to Families with Dependent Children, Aid to the Blind, or Aid to the Permanently and Totally Disabled.

4. What are some of the major features of the (State) medical assistance program?

(a) Inpatient hospital services (other than in an institution for tuberculosis, mental diseases, or mental retardation), including services in Christian Science Sanatoria.

(b) Outpatient hospital services, including emergency services.

(c) Laboratory and X-ray services, including radiation therapy.

(d) Physicians' services furnished in the home, office, hospital, nursing home, or elsewhere.

(e) Skilled nursing home services for individuals 21 or older other than in an institution for tuberculosis, mental diseases, or mental retardation).

(f) Home health services.

(g) Podiatrist's and chiropractor's services.

(h) Prosthetic devices, including artificial arms and eyes.

(i) Ambulance services and rental of durable medical equipment.

(j) Drugs and biologicals which cannot be self-administered and which are administered incident to physician's professional service to an outpatient.

(k) Inpatient hospital and skilled nursing home services for individuals in approved medical units of institutions for the mentally retarded, and for individuals 65 or older in an institution for tuberculosis or mental diseases.

(l) Title XVIII "buy-in" for Medicare eligibles, including coinsurance liabilities for post-hospital extended care in approved Title XVIII extended care facilities. Certain other items will be furnished if there is prior authorization by the Commissioner of the State Department of Public Welfare.

5. What are the terms of financing the new program?

Texas is entitled to reimbursement of approximately 80 percent of the costs of operating its medical assistance program from the Federal Government. It is estimated that the Federal share for the first 12 months of operation will be about $98.6 million.

6. How many persons are served by the new program?

The State estimated that approximately 379,000 persons, or 3.53 percent of the total population, will be served under the State plan during the first 12 months of operation.

Recent Hospital Accreditation Method Changes Discussed

Several recent speaking appearances by Dr. G. Erle Moore, Director, Office of Hospital Affairs, A.O.A., reveal that notable progress has resulted from efforts of the Committee on Hospitals, toward improved understanding, coordination, effectiveness and general acceptance of the Osteopathic hospital accreditation program. From the special program of the American Osteopathic Hospital Association, the summary given to the Society of Divisional Secretaries, and individual conferences with Dr. Moore and some Texas osteopathic hospital administrators, your Editor has compiled some of the more prominent features of Dr. Moore's remarks.

Recognizing that the "crash" program undertaken following the ruling by the Secretary of the HEW which recognized the AOA's accreditation responsibilities for the profession, had many temporary complications and disadvantages, the Board of Trustees of A.O.A. in July approved many new "ground rules" that would allow flexibility, latitude and rapport in many areas of the inspection program's functioning. We note with just a little pride that many of the improvements were keynoted by Texas DO's who serve on the A.O.A. Board, notably Drs. John H. Burnett and George J. Luibel.

The basic factors and the order of their importance in evaluating hospital inspections is as follows:

1. Basic requirements. 100% compliance on these Federal statutes is spelled out in the law.
2. Patient care, elements of.
3. Patient safety, factors affecting.
4. Other factors inherent in a good hospital.

For the first time, there is a full time in the field professional inspector, Dr. Stephen W. Frey, a KCOS graduate of 1935. Now that the "crash" program is behind, all regular reinspections for accreditation will be by Dr. Frey in company with a selected hosiptal administrator and these men will have more time to spend on the hospital premises.

A conference policy has been established so that before the inspection team leaves a conference will be held to which the hospital administrator, chief of staff, medical director and chairman of the board will be entitled to attend. This will not be a critique, nor an educational session, but will outline any deficiencies found. If anything has failed to be noted, that can be remedied at the conference.

Back at the Central Office, a code number is assigned to the inspection report and this number is known to only one man. Strict secrecy is maintained during the deliberations of the Committee on Hospitals and during the work sessions of the sub-groups into which the Committee forms when specifically evaluating hospital reports for accreditation.

Pro forma copies of the inspection report forms, in blank, are furnished every administrator so that he may do a complete self-evaluation survey. Any administrator putting this tool to its ultimate use will know before the team arrives just what kind of an inspection report he will obtain.

Another measure of latitude granted by the Board allows for the sending of a summary list of deficiencies to the inspected hospital. Once the report is in, the Committee sends such a list and asks the hospital what active measures have been taken with respect to the

deficiencies. This further allows the hospital two alternatives:

I. Can within 90 days appeal the findings or

II. Can state deficiencies have been corrected and obtain reinspection within 90 days.

Either type of action can be accomplished well in advance of Board of Trustee ratification, because the recommendations of the Committee will be sent to the Board only twice annually (January and July). The Executive Committee of the Board will not be involved with denials of accreditation except in highly unusual circumstances. In this method, the Office of Hospital Affairs is making every effort to get the information on deficiencies in the hands of the hospitals and to facilitate appeal or improvement and reinspection before the recommendation is transmitted to the Board.

Substantially the same is true after the Committee has met, evaluated a specific inspection and formulated their recommendation. This, too, may now be advised to the hospital for any appropriate action, instead of being secretive until the Board confirms the recommendation as has been the rule in past years.

During this entire process, no notification will be made to the national HEW authorities of any evaluation until all avenues of appeal and of reinspection have been exhausted by the hospital, and the Board of Trustees has finally confirmed the case. To allow maximum latitude for hospitals has required certain changes in the timing of annual reports and applications for inspection.

Regular applications for annual inspection now must be submitted promptly on or before January 31 of each year. January of each year will also be the time at which intern and residency training hospitals will be notified of their continuing approval. Intern matching, therefore, will take place during the latter part of March.

A trustee of the American Osteopathic Hospital Association who is thoroughly knowledgeable of accreditation problems encountered by Texas' Osteopathic hospitals, has said that the inspection process continues to improve. Those areas in which we have latitude, and those in which Federal law forbids latitude, are more clearly comprehended than in the recent past. The reaction of administrators is becoming more affirmative along with this understanding and familiarity with the program, he maintains.

Are Professional Standards Comparable?

While it is true that allopathic hospitals have been held accountable for only the bare minimum standards, this seems to your editor to be only a temporary state of affairs. As far back as May, 1967, medical publications were noting that the Joint Commission on Accreditation of Hospitals had a "crash" program under way to bring their standards up beyond those existing minimums. Their present standards apply mainly to the hospital, itself, its facilities, medical records, staff organization and other aspects of hospital work which relate only slightly to the quality of patient medical care. Staff chiefs of accredited Osteopathic hospitals will testify that the quality of patient care has always been a prime factor in team inspection evaluations.

The director of the J.C.A.H. has been quoted as saying: "We could extend our evaluation to the quality of the care being provided by physicians in the hospital . . . a fundamental question being considered is whether we should begin to go into the quality of care in some depth." (5/5/67 Med Econ.) In my opinion, the Osteopathic standards ruled upon by the Secretary of H.E.W. constitute an approved model toward which the allopathic authorities have been instructed to move.

(Continued on Page 23)

Newly Elected Officers to Texas Association Of Osteopathic Physicians' Assistants

President, MRS. O'DELL MACHIN
Houston, Texas

Mrs. Martin was employed for 4½ years for the Doctors Hospital as a nurse (Houston hospital). Held the position of drawing nurse at the Southwest Blood Bank for 12½ years.

Mrs. Martin has been a very active member in the Houston District, serving on every committee she was asked to and held in the formation of two districts in the Houston area. This is her fourth year in S.O.P.A. and her first elected office.

She is a member of the Odd Fellows and Eagles Auxiliary in Houston.

Vice President, MRS. MARY ANN WAHOFF
Fort Worth, Texas

Mrs. Wahoff is a charter member of T.A.O.P.A. and was one of the first ladies to start Tarrant County S.O.P.A. and has been working on organization and membership since that time. She is a past President of State and Local Association, State convention chairman on two years conventions, has served for her District Association and has held all elected offices there. She has been employed at the Lake Worth Osteopathic Hospital for three years. She has been employed for the Osteopathic profession for 17 years and received her R.N. degree in nursing in 1945 after graduating from. She is presently employed at Camp Bowie Osteopathic Clinic.

President Elect, KATIE HOLSTEAD
Nederland, Texas

Mrs. Holstead is the President to District Twelve S.O.P.A. and immediate Vice President of District 12. She has been a very active member both in State and District, working on many committes and concentrating her efforts on membership.

Mrs. Holstead has been employed by the Doctors Hospital of Groves, Texas for 11 years as the admitting and dismissal clerk. She has been a member of the T.A.O.P.A. for four years, and is also a member of the American Legion Auxiliary and the 8 and 40 Club of Port Arthur. She was featured in the *Port Arthur News* in the "Womans World" for her outstanding work and leadership in this association.

Secretary, MRS. ELVA CHILDRESS
San Antonio, Texas

Mrs. Childress took nursing instructions in 1949 at Washington State. She was employed by Dr. F. M. Crawford in San Antonio for 15½ years.

She organized the San Antonio District two years ago after becoming a member of the State Association in 1963. She has been a very active member of the State Association having served as Vice President, Credentials Chairman and Convention Chairman.

Treasurer, MRS. BETTY WOODALL
Port Arthur, Texas

Mrs. Woodall serves as officer to the treasurer to District Twelve S.O.P.A. and has been a Past President, Vice President, Secretary, Convention Chairman and a charter member of T.A.O.P.A.

She is a past member of the National Registry of Medical Secretaries and the Red Cross Association. Mrs. Woodall has been employed by Dr. R. J. Shields of Port Arthur, Texas, for 12½ years.

Standing Committees:

Membership, Katie Holstead

Constitution & By Laws, Carman Garcia

State Organization & Public Relations, Betty Woodall

Ways & Means, Omelia Rameriz

Nominating Committee, Mary Huseman

Scholarship Fund, O'Dell Machin

Historian, Kay Vance

Parliamentarian, Irma Portalas

Auditing, Jim Cain

Insurance, Betty Latimer

Bamadex® Sequels®

Contraindications: In hyperexcitability and in agitated prepsychotic states. Previous allergic or idiosyncratic reactions.

Precautions: Use with caution in patients hypersensitive to sympathomimetic compounds, who have coronary or cardiovascular disease, or are severely hypertensive.

Dextro-amphetamine sulfate: Use by unstable individuals may result in psychological dependence.

Meprobamate: Careful supervision of dose and amounts prescribed is advised; especially for patients with known propensity for taking excessive quantities of drugs. Excessive and prolonged use in susceptible persons, e.g. alcoholics, former addicts, and other severe psychoneurotics, has been reported to result in dependence. Where excessive dosage has continued for weeks or months, reduce dosage gradually. Sudden withdrawal may precipitate recurrence of pre-existing symptoms such as anxiety, anorexia, or insomnia; or withdrawal reactions such as vomiting, ataxia, tremors, muscle twitching and, rarely, epileptiform seizures. Should meprobamate cause drowsiness or visual disturbances, reduce dose—operation of motor vehicles, machinery or other activity requiring alertness should be avoided. Effects of excessive alcohol consumption may be increased by meprobamate. Appropriate caution is recommended with patients prone to excessive drinking. In patients prone to both petit and grand mal epilepsy meprobamate may precipitate grand mal attacks. Prescribe cautiously and in small quantities to patients with suicidal tendencies.

Side Effects: Overstimulation of the central nervous system, jitteriness and insomnia or drowsiness.

Dextro-amphetamine sulfate: Insomnia, excitability, and increased motor activity are common and ordinarily mild side effects. Confusion, anxiety, aggressiveness, increased libido, and hallucinations have also been observed, especially in mentally ill patients. Rebound fatigue and depression may follow central stimulation. Other effects may include dry mouth, anorexia, nausea, vomiting, diarrhea, and increased cardiovascular reactivity.

Meprobamate: Drowsiness may occur and can be associated with ataxia, the symptom can usually be controlled by decreasing the dose, or by concomitant administration of central stimulants. Allergic or idiosyncratic reactions: maculopapular rash, acute nonthrombocytopenic purpura with petechiae, ecchymoses, peripheral edema and fever, transient leukopenia. A case of fatal bullous dermatitis, following administration of meprobamate and prednisolone, has been reported. Hypersensitivity has produced fever, fainting spells, angioneurotic edema, bronchial spasms, hypotensive crises (1 fatal case), anuria, stomatitis, proctitis (1 case), anaphylaxis, agranulocytosis and thrombocytopenic purpura, and a fatal instance of aplastic anemia, but only when other drugs known to elicit these conditions were given concomitantly. Fast EEG activity, usually after excessive dosage. Impairment of visual accommodation. Massive overdosage may produce drowsiness, lethargy, stupor, ataxia, coma, shock, vasomotor, and respiratory collapse.

First aid for a button popper

Second aid for a button popper

Bamadex® Sequels®

d-amphetamine sulfate (15 mg.) and meprobamate (300 mg.) Sustained Release Capsules

By providing combined anorexigenic-tranquilizing action, BAMADEX SEQUELS Capsules help your nonshrinking patients to establish new patterns of eating less. The amphetamine component suppresses the appetite, while the meprobamate helps allay nervousness and tension. And for most patients, the *sustained* release of the active ingredients makes possible convenient one-capsule-a-day dosage.

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6655

Consider A Minute

MRS. JAMES F. ROUTSONG
AAOA President

A sundial in Harvard Yard bears this inscription: "On this minute hangs eternity". If we accept this thought seriously, our first impulse might well be to act—to do something. However, we might better re-act—go over again, mentally, that which has gone before and then ponder what our reaction will be.

We are all richly blessed in that we have achieved some of the goals we set long ago: the security of a home, love of family, and the respect of our communities. These we have attained because we did not surrender all our dreams to being just practical, for practical goals are often considered in terms of money, power, and prestige. We have, rather, given our time and talents in unselfish service; we have let our actions validate our professed dreams and beliefs.

We are part of the osteopathic family, and here too our actions have spoken clearly. We have paid our auxiliary dues and thereby exemplified our pride in this vital profession that contributes so much to the health care of our nation and others. In addition, the auxiliary member has worked in quietness and confidence to make her own contributions through service to the osteopathic profession. Enthusiasm and participation have been the watchwords. With the full awareness of detail which is part of the makeup of womankind, each in her own way has pursued the small as well as the large task and reached a goal because she kept from compromise and things half done.

One minute at a time we have made progress; one minute at a time we shall continue to do so because most of us believe the words of Dag Hammarskjold, "You have not done enough, you have never done enough so long as it is still possible that you have something of value to contribute."

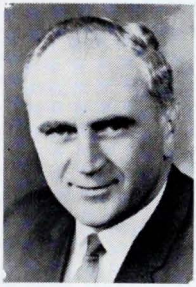
What of greater value is there to contribute than this minute? If we are mindful of and grateful for that which has gone before, can we fail to recognize the importance of that which is to come?

An old proverb says any fool can tell how many apples are on a tree but it takes a wise man to tell how many trees are in an apple. Shall we use this minute, NOW, to take a close look at ourselves and determine what we are, what we might be, and how we will use the minutes ahead to make them one?

Progress takes power and power comes from discipline. Every minute we decide how to spend our energy or not to spend it at all. If we spend it, we decide what is most important and do that first. We don't need a brush to paint a picture of ourselves, just time; every minute draws an image we cannot erase. We are that which we do. Unfortunately, far too many people want to be a perpetual guest and others are worth $100,000 a year above the neck and $10 a day below it. We all do something but what, how much, and how?

Lee Truman once said, "It is no sin to wear an overcoat in a hundred yard dash but it does interfere with the race". The distance ahead is great. Should we not throw off the overcoat of indifference, indecision, and immaturity? On this minute may very well hang eternity. If we spend it carefully, we will know how to cope with the minutes that may yet be hours.

L' Arte Medica



MICHAEL A. CALABRESE, D.O.

Last month's mail brought another pleasant letter of encouragement from Richard M. Mayer, D.O. of Lubbock. Thanks Richard, your words were extra kind.

During my first year of p r a c t i c e (when I felt I was a knight in white shining armor waiting to be summoned to save humanity from the torment of disease) I was called out on a house call one evening to see a lady in her mid-forties, who was purported to have suffered a heart attack. I sped to the house, dashed into the bedroom, bag in hand, ready to save another life. (I think it was my fourth for that day.) I immediately donned my mantle of professionism and my mask of worldly wisdom, sat at the patient's bedside trying to observe the patient with an assumed air of confidence that would not belie my own inner feelings of anxiety and indecision. The patient was lying on her back seemingly unperturbed, showing no signs of discomfort relative to a typical heart attack. I made a mental note of this strange passiveness and proceeded with my physical examination with outward calm but inner turmoil.

The most revealing finding or I should say the only abnormal finding was a very rapid heart rate. After my heart slowed down and I was able to observe the patient more objectively and acutely, I noticed a marked rapid pulsation of the left carotid artery. At this point you can make an educated guess of a diagnosis of paroxysmal tachycarida and be right. Anyway, at this stage of the game with my lack of experience and lack of self confidence, I wasn't making any snap diagnoses. I proceeded to treat the p a t i e n t symptomatically (what symptoms?) and referred her to a specialist. (I gave her a sedation.)

A few weeks later she came to the office on a different matter but the "heart attack" still being fresh in my mind, I questioned her about her treatment. She related that her doctor had hospitalized her and after several "tests" tried many different medicines to "slow" her heart down. Apparently in a few days the heart rate reverted to normal and she was dismissed. Not long after (a matter of weeks) she returned to my office with "another attack" as she put it and thought perhaps I could give her the same medicines to slow her heart down again. Excusing myself after asking her to lie down, I scurried to my texts and looked for treatment of paroxysmal tachycardia, I returned armed with all the latest paraphernalia and with syringes loaded to the hilt. Much to my chargin after I, the great doctor, had administered these drugs, there was that old carotid artery just pounding away to beat the band. I even tried pressure on the eye balls, pressure on the carotid arteries, and having hold her breath, but to no avail. As I was standing at the end of the table at which end her head was resting and applying t h e s e different

pressures, either from force of habit or desperation, I corrected or 'popped' her cervical vertebrae-nothing specific just one big crunch on each side. Immediately afterward she looked up at me and quietly and appreciatively stated, "Its stopped now doctor." I quickly took her pulse, it was doing a mere 90 when a few seconds ago it was pounding at about 160. Now the thought came to my mind, what did it? One of the drugs? The combination of any two drugs? The mass accumulation of all the drugs. The pressure on the eye balls? the carotids? The manipulation? A combination of any two or more of these maneuvers plus the medications? Or did it subside on its own like hiccups? At any rate at this particular moment I was greatly relived that it had stopped and permitted that patient to return home. (The sooner the better lest the condition return before she left the office.)

Permit me to continue the story. Within a few months the patient returned with another "attack". This time I was a bit more confident. My sole treatment on this visit was careful manipulation of the cervical area which resulted in a miraculous cessation of the tachycardia and the return of a normal pulse immediately after the procedure. I became so pleased and confident in myself that on subsequent visits that she made to the office with these "attacks" I would have my aide keep a finger on the patient's pulse and have her tell me when the pulse reverted to normal. As well as I can recall in the 6-7 times that this occured the pulse returned to normal immediately with the exception of one time when it took about 10-15 minutes after the manipulation.

From this testimonial I don't wish to imply that all paroxysmal tachycardias are amenable to manipulative therapy of the cervical area, but I do wish to imply that we as Osteopathic Physicians do have within our power and at our command an additional "modus operandi" that I feel some day in the near future will be accepted universally as part of every physicians armamentarium in the treatment of disease. It makes me proud to know that I will have been a member of that organization that will have rendered to mankind and medicine this practical and distinct manifestation in the diagnoses and treatment of disease.

A few more mispronounced words if you please. A middleaged man who had just been bitten by a dog—"Doc, Y'a reckon I need a 'techinus' shot?". A young teenage boy having his pre high school physical—"Hey Doc, you didn't examine my 'abominus' ". This, I suppose you would consider a malapropism: a prissy teenage girl—"My jaw hurts terribly, doctor, I think I'm getting a 'molder' ".

M. A. CALABRESE, D.O.

Former Texas Member Appointed Head of Pediatrics at KCOS

Succeeding Dr. Wilson P. Bailey, as Chairman of the Department of Pediatrics is Dr. Charles A. Kline, who became a member of the department in June, 1964. Dr. Kline is a 1960 graduate of Kirksville College of Osteopathy and Surgery, serving his internship at Fort Worth Osteopathic Hospital, Fort Worth, Texas. He completed a residency in pediatrics at the KCOS in 1963. Prior to returning to the KCOS for residency training, Dr. Kline was attending pediatrician at Fort Worth Osteopathic Hospital, White Settlement Osteopathic Hospital, Hurst General Hospital, and Park Center Osteopathic Hospital in Dallas. He also served as professional relations coordinator and advisor for the Fort Worth Child Health Conference Clinic in 1964. He is certified by the American Osteopathic Board of Pediatrics and is the author of papers published in scientific journals.

The "Pressure Cooker"

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

This is a term applied to the emotional atmosphere on today's college campuses. It is estimated that 1967 will see 1,000 student suicides, 10,000 attempts, and 90,000 threats by students to kill themselves. Suicide is both a national and world problem. According to a report from the University of California in Berkeley, the two major causes of student deaths are accident and suicide, and with suicide being only slightly behind numerically.

Every armchair philosopher and amateur educator will immediately enjoy a period of pontification as they authoritatively discuss the causes of this tragic situation. The number of colleges and universities offering the students counseling by professional psychologists or psychiatrists is woefully small. Trained personnel for spiritual counseling are almost nonexistent except in religiously oriented institutions.

The many faces of the "pressure cooker" complex on our campuses make difficult if not impossible any easy solution. The deliberate and methodical attempt on the part of criminal elements of our society to destroy our youth for profit is one of the horrifying facts of our time. Yet we as physicians, in our offices, our homes, and our communities, should not only recognize the problem but do all in our power to relieve our young people of unnecessary pressures. They need our help not our condemnation. They need our interest, not our abondonment.

It is a serious concern, a concern we must take seriously as physicians.

KCOS Sports Medicine Seminar

Dr. Joseph P. Dolan, demonstrating taping techniques.

Members of the Sports Medicine panel pictured are: (l to r) Dr. George Rea, Radiologist and chairman of the KCOS Clinical Division; Dr. Ross Thompson, chairman of the Department of Surgery; Dr. Edward Herrmann, member of the Department of Surgery; Dr. James Stookey, Director of KCOS Student Health; Dr. Howard Gross, associate professor of osteopathic technique at the college. Others on the panel, but not pictured were: Dr. Joseph P. Dolan and Dr. Max Cogan of the Northeast missouri State Teachers College, and Dr. Edward Brown, instructors in osteopathic medicine.

Approximately 50 coaches, trainers, physicians and students participated in the first annual Sports Medicine Seminar sponsored by the Kirksville College of Osteopathy and Surgery on Sunday (September 17.) Dr. Delbert E. Maddox, Director of the KCOS Outpatient Clinic, served as program chairman and KCOS President Morris Thompson welcomed participants.

Dr. Max Cogan, graduate professor in physical education at the Northeast Missouri State Teachers College, and Dr. John Chace, professor of obstetrics and gynecology at the KCOS, opened the morning program with a discussion of the relationship of growth, fatigue and conditioning to sports participation. The frequency and nature of sports injuries was discussed by Mr. James Dougherty, director of Athletics at NEMSTC; Mr. Kenneth Gardner, track coach and assistant football coach, and Mr. Boyd King, basketball coach of NEMSTC, and Mr. John Spainhower, head football coach for the Kirksville Senior High School.

Beginning afternoon sessions, Dr. Joseph P. Dolan, head of the Division of Health and Physical Education at the teachers college, demonstrated taping techniques, and Drs. Howard Gross, associate professor of osteopathic technique, and Wayne English, assistant instructor in osteopathic medicine, discussed various modalities of care and treatment of athletic injuries. A question and answer session concluded the program. Panel members included Drs. Edward Brown, instructor in osteopathic medicine; Howard Gross, Edward Herrmann, instructor in general surgery; George Rea, chairman of the KCOS Clinical Division; Ross Thompson, chairman of the Department of Surgery; James Stookey, director of Student Health at the KCOS; Dr. Joseph Dolan, Dr. Max Cogan of NEMSTC.

The Sports Medicine Seminar is projected as an annual activity at the KCOS, and suggestions were received to assist in planning next year's seminar.

Fort Worth Osteopathic Expansion to Be Larger Than Original Report

In last month's JOURNAL it was indicated that the improvement cost was $600,000. The truth of the matter is that the expansion program will be at least $1,500,000, with a $600,000 grant from Hill-Burton. The total project will approximately double the present floor space of the hospital, making a total bed capacity of some 200 beds. It will also provide much increase in the size of the laboratory, X-ray and surgical departments. It will provide a new and expanded intensive care unit, a cardiac care unit, a new Pediatric patient area and expanded dining and kitchen facilities. There will also be a new meeting room which will accommodate some 200 or more persons. Actual construction is expected to begin around March, 1968.

Candy Striper Corps at Trinity Receive Caps and Emblems

Of the eight girls of the Trinity Candy Striper Corps who work in the clinic at the hospital, five received certificates for completing 100 hours of volunteer service during the summer months. Pictured, seated, is Mrs. Betty Akers, clinic coordinator. Standing (L-R) are: Linda Wisnoski (certificate), Brenda Wisnoski (certificate), Trudy McReynolds, Jocelyn Holgersen (certificate), Karen Sales (certificate), Sue Hill (certificate), Cindy Carlton and Susan Brown.

The purpose of the Trinity Candy Striper Corps is "To make life more significant through unselfish service to others." This became a reality for 18 girls and one boy, who received their caps and emblems for completing 60 hours of volunteer service during the summer months at the Trinity Osteopathic Medical Center. The ceremony was held at the Center Tuesday, August 22, 1967.

Dr. David Norris was master of ceremonies for the program, and introduced Rev. John L. Graves of the First Christian Church, who gave the invocation. Dr. Norris then introduced Newman Smith, superintendent of the Carrollton-Farmers Branch School System, who spoke in recognition of the service the young people have made this summer, not only to the hospital, but to themselves.

Dr. Robert F. Eggert expressed appreciation on behalf of the hospital, and indicated that the Candy Striper Corps is a milestone in the history of of the hospital. He congratulated the recipients for having "shown a citizenship that is wonderful to see." He also thanked the parents for their acceptance of the program.

The capping and emblem ceremony was presented by Mrs. Gordon Holgersen, director of the Trinity Candy Striper Corps; Jose Rodriquez, director of Nursing Service, and Mrs. Betty Akers, member of the nursing staff. Before announcing the names of the recipients, Mrs. Holgersen expressed her recognition of service by saying, "You can repay a debt of gold, but you can never repay a debt of kindness."

Early Response Gratifying

Of the 44 available booths for the Annual Convention to be held at the Shamrock Hilton Hotel, Houston, Texas, May 9-11, 27 booths have been reserved.

The first exhibitor to reserve a booth space, was Terrell Supply Incorporated, of Fort Worth, Texas.

Other booth exhibitors include: G. D. Searle and Company, Metro Med Incorporated, Rucker Pharmacal Company, Inc., Spinalator Company, Merck, Sharp and Dohme, Sid Murray Agency, Wm. Poythress and Company, Marion Laboratories, Ortho Pharmaceutical Corporation, Smith Kline and French Laboratories, Carnation Company, Sandoz Pharmaceuticals and Smith, Miller and Patch Incorporated, Marcen Labs., Inc., A. H. Robins, Mills Pharmaceuticals, Ross Laboratories, Savage Labs., Inc., Ciba Pharmaceuticals, Abbott Laboratories, Bristol Laboratories, Pfizer Labs., Bentex Pharmaceuticals, Ayerset Labs.

An educational grant consisting of $250.00 has been made by the Eli Lilly and Company. This grant is for the procurement of the outstanding speakers of the professional program.

The National Osteopathic Foundation has announced that E. R. Squibb and Sons will renew their grant to TAOP&S as a means of underwriting the scientific program.

The 1967 meeting was the first "for free" convention for all T.A.O.P.&S. members and their spouses. This resulted in greatly enlarged attendance and participation in a very successful meeting. The "Free" Convention will be continued this year with added extra benefits.

This year the exhibitors will be attending *all* the meal and social functions of the association. Another innovation is a drawing card for the spouses as well as the doctors and each will thereby be eligible for prizes.

IMPROVEMENTS NOTED

(Continued from Page 11)

Two Inflexible Elements

Because the Osteopathic program was the subject of a special finding by the Secretary of H.E.W., it will of course be closely observed by that Department for some period of time before they ask the Congress to write us in the legislation in a fashion comparable to the JCAH. Two principles may clearly be seen in the administrative philosophy.

I. It is not fair to one hospital that complies, to go on down the road and put the same stamp of accreditation on a hospital which does not comply, or cannot comply, or just plain won't comply.

II. Geographical differences cannot be allowed for at the national level. This is up to the individual states, which is the way Congress wrote the program and is specifically provided within the law.

The A.O.A. has not intended nor committed an abandonment of the smaller hospitals, many of which in Texas provide high levels of patient care. All of the literature, correspondence and consultative resources of the Committee on Hospitals are available to the smaller hospitals. The main difference is that those resources will have to be devoted to maintaining CERTIFICATION into the program by the state agency, rather than ACCREDITATION by the national program. Much of the recognition and support for the smaller hospitals in their ongoing participation in third party medicine and in the federal-state programs will in the future be generated at the state level and often through the state Divisional Osteopathic Association, according to the TAOP&S Hospitals and Insurance Committee.

Accordingly, TAOP&S' Board of Trustees will consider in depth the various means of strengthening the liaison, participation and support of the Osteopathic hospitals in the State of Texas.

Head of Lab. Services at S.H.O.H. Appointed

Henry Y. Cashion, R.T., R.M.T., has been appointed Head of Laboratory Services at the Still-Hildreth Osteopathic Hospital. He assumed his responsibilities in the X-ray, Electrodiagnostic and Clinical Pathology Laboratories of the Macon, Missouri unit of the Kirksville College of Osteopathy and Surgery in September. The addition of Mr. Cashion to SHOH personnel is part of a program of expansion in electrodiagnostic services at the hospital. Electroencephalographic and electrocardiographic laboratories have recently been added in the hospital.

He is registered in Radiological Technology with membership in the American society of Radiologic Technologists. Also he is a registered Medical Technologist and an Electroencephalographic Technician with active membership in the American Society of Electroencephalographic Technicians.

Mr. Cashion has studied at Flat River Junior College, St. Francis Hospital School of X-ray Technology, Washington University's Division of Neurology and Electroencephalography and the University of Kansas Medical Center.

Prior to his association with the Still-Hildreth Osteopathic Hospital he was employed as Chief Technician of the Medical Arts Clinic, Farmington, Missouri, and as Director of the X-ray, Electroencephalographic and Medical Laboratory Departments of State Hospital No. IV, Farmington, Missouri.

He is a past National Director and past Vice-President of the Missouri Jaycees.

SUPPORT YOUR ADVERTISERS

Youth Volunteers Honored

FORT WORTH, TEXAS—Thirty-three youth volunteers were recently honored by Fort Worth Osteopathic Hospital at a special awards ceremony in the hospital dining room. Mrs. George Warren, chairman of nursing services, American Red Cross, was guest speaker. Presenting awards to the volunteers, representing more than 2,500 hours served this summer, were T. G. Leach, hospital administrator, and Mrs. Stena Hatch, R. N., nursing director.

Dr. George A. Ulett, Speaks To KCOS On Hypnosis

Dr. George A. Ulett, Director of the Division of Mental Diseases of the State of Missouri, addressed members of the student body, faculty and staff of the Kirksville College of Osteopathy and Surgery, recently, in the Timken-Burnett Auditorium. Speaking of "Hypnosis in Medical Practice," he pointed to the value of the medium when competently used to help the patient. He also stressed that while hypnotism is a valuable addition to the physician's total approach to the patient, it is only one of many tools applied in the healing arts. He pointed out that the physician's approach to the patient's problem must include many skills, techniques, and methods with the health of the total man as the desired result.

Dr. Ulett is a graduate of the University of Oregon Medical School and is Professor and Chairman of the Department of the Missouri Institute of Psychiatry of the University of Missouri Medical School. Earlier this month, he announced the establishment of a co-operative career residency program linking the resources of Kirksville Osteopathic Hospital and the Nevada (Missouri) State Hospital. The program is the only one of its kind in the nation and is already underway. Dr. Joe Combs is director of residency training in the program, and Dr. Fleda M. Brigham, F.A.C.N. serves as program supervisor.

Dr. Ulett's lecture was co-sponsored by the KCOS Student Council and the Merck, Sharp & Dohme Postgraduate Program. Associate Dean Edwin A. Ohler introduced Mr. Richard Smith, Vice President of the Student Council, who presented the evening speaker. An informal discussion period in Memorial Lounge, with refreshments served by the Student Wives Auxiliary, followed the lecture.

Calendar of Events

Dec. 1-2—POST-GRADUATE SEMINAR OF THE TEXAS STATE DEPARTMENT OF HEALTH. Statler-Hilton Hotel, Dallas, Texas.

Feb.—TEXAS SOCIETY OF OSTEOPATHIC SURGEONS, ANNUAL MEETING. Austin, Texas. Charles D. Farrow, D.O., Secretary, 1001 Montgomery St., Fort Worth, Texas 76107.

Feb. 24-25, 1968—TEXAS ACADEMY OF APPLIED OSTEOPATHY, Dallas, Texas. Laura A. Lowell, D.O., 4153 Travis, Dallas, Texas, 75204.

May 6-7 — BOARD OF TRUSTEES, TEXAS ASSOCIATION OF OSTEOPATHIC PHYSICIANS AND SURGEONS, ANNUAL MEETING, Shamrock Hilton Hotel, Houston, Texas. Wiley B. Rountree, D.O., President, 19 North Irving, San Angelo, Texas.

May 8—HOUSE OF DELEGATES, TEXAS ASSOCIATION OF OSTEOPATHIC PHYSICIANS AND SURGEONS, ANNUAL MEETING, Shamrock Hilton Hotel, Houston, Texas, Samuel B. Ganz, Speaker of the House, 3902 Highway 9, Corpus Christi, Texas.

May 9-11—TEXAS ASSOCIATION OF OSTEOPATHIC PHYSICIANS AND SURGEONS, ANNUAL CONVENTION. Shamrock Hilton Hotel, Houston, Texas. R. B. Price, Executive Secretary, 512 Bailey Avenue, Fort Worth, Texas.

May 11—NEW BOARD OF TRUSTEES, TEXAS ASSOCIATION OF OSTEOPATHIC PHYSICIANS AND SURGEONS. Shamrock Hilton Hotel, Houston, Texas.

S. O. P. A. NEWS

District 12 Osteopathic Assistants as usual, is slow on news, but not on activities. There just isn't enough time to accomplish everything we would like to do.

After a lot of planning, and hard work, our annual barbecue was held at Pear Ridge town hall. Everyone worked hard, had a good time, and sold a lot of tickets.

Meeting only once a month seems like a short time to acheive any kind of success, but we time almost every day to do something for our organization. We had a joint medicare meeting recently, and most of our Doctors went with us. At the present time, we are working on improving the library at Doctors Hospital. Mr. B. Bearden, administrator of the hospital gave us permission to collect and file medical journals, magazines, and periodicals. This means a lot of organizational team w o r k, but it w i l l strengthen our hospitals rating for medicare.

At our September meeting, Lt. Hunter and Sgt. Phillips of the Port Arthur Police Narcotics Division showed a film on narcotics addiction and gave a fine talk as well as showing paraphenelia confiscated on police raids. I believe they showed this at a later date to our doctors.

Our own Jim Cain (hospital lab technician) acquired a film on bloodbanking, and showed this at one of our meetings. He explained some interesting facts not all of us knew about giving and receiving blood. Many thanks Jim, for all of the time and interest you have shown us.

Candy sales were so good this year, that we decided to order Christmas candy as well. All of our money-raising projects aid our scholarship fund. Eventually, we hope to be able to give a scholarship to some deserving person by our small efforts.

All of us are expecting to work a little harder, but are hoping our doctors have a good time at the convention this year.

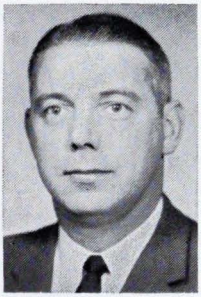
Congratulations are in order for Dr. J. Barnett and Dr. Ben Young on the opening of their new clinic in Bridge City. Dr. Barnett lost his office in a fire last year.

We had a fine turnout at the going away party for Lillian Johnson, who is moving to Houston. She will be working for Dr. Nick Patzakis at the Fon Scenic Clinic. Lots of luck Lil on your move and new job.

Well, we are almost at the end of another year. Doesn't time fly! Plans are being made for our Christmas banquet. We are also working on our regular Thanksgiving basket for some needy family. We should all look back over the year, and see what we have accomplished and set our goals for an even better and more meaningful new year to come.

NEWS OF THE DISTRICTS

District No. Eight



T. A. WILLIAMS, D.O.

Dave Bruce and Jim Lively had a successful hunting trip in the valley for white wing and dove . . .

Dr. and Mrs. Slick took a short vacation flying their daughter Sherry to school in Kansas. This is Sherry's first year of college.

Dr. and Mrs. Bob Rich and Family have been visiting with their relatives, Dr. and Mrs. Dominic Rich. Dr. Bob is completing his training for the oncoming trip to Viet Nam . . . Incidentally, Dr. Dominic caught a two hundred pound Marlin on his last trip fishing.

Dr. Gladys Auten won her second golf tournament the week-end of the 10th and 11th . . . She had to birdie the 17th and 18th holes to come through like a pro.

Dr. K. Olson and wife have been visiting in the Corpus Christi area during the month of August . . . Dr. Olson is Professor of Ophthalmology at the Chicago College of Osteopathy.

Carol Logan has just returned home after spending a couple of weeks in the hospital.

Dr. Tom Bailey has been rooting for the Astros on numerous week-ends during the season.

Mel Eliades, Bud Hughes, Ollie Olson, and Lee Long really caught the King fish the last week-end of August. They latched on to about fifty . . . Bud Hughes was complaining after the trip that there was no place to run on the boat.

Dr. T. Bailey attended the National Convention of Surgeons in Miami.

District No. Two

D. B. BEYER, D.O., FACGP

Your reporter is listing the names of the doctors and their wives who he saw at the San Francisco meeting: Dr. and Mrs. Robert Rawls, Dr. and Mrs. Roy Brock, Dr. and Mrs. Bobby Smith, Dr. and Mrs. J. Natcher Stewart, Dr. Frank Rawls, Dr. and Mrs. Joseph W. Burke, Dr. and Mrs. Thomas Turner, Dr. and Mrs. C. E. Dickey, Dr. and Mrs. George Luibel, Dr. and Mrs. D. D. Beyer, Dr. and Mrs. Phil Russell, Dr. Lawrence Wills, Dr. and Mrs. Carl Everett, Dr. and Mrs. George Pease,, Dr. and Mrs. Kelso, Mrs. Hugo Ranelle, Dr. and Mrs. J. H. Black, and Drs. Catherine and Elbert Carlton.

There might have been other doctors there from District 2 that your reporter failed to list because he did not happen to see them. Your reporter would recommend San Francisco for anyone looking for a vacation spot. It is the most different city that we have seen. The guided bus tours are out of this world! —and the night club tours are not bad either ! ! ! The only draw-back is that it is the capitol of Hippeyville!

District No. Thirteen

R. D. VAN SCHOICK, D.O.

Dr. and Mrs. R. D. Van Schoick became grandparents again. Their daughter and son-in-law Mr. and Mrs. Joe Holt adopted a boy, born September 22, 1967.

Dr. and Mrs. Pat Martin are still glowing over their son; just happened to have a picture with them.

Dr. and Mrs. Dean Wintermute are the proud parents of a son, Dorman Charles, born in September. Congratulations!

Dr. A. N. Clanton, formerly of Denison, has become associated with Fite-Vinson Clinic in Bonham, Texas. We welcome Dr. and Mrs. Clanton to Bonham.

Dr. Pat Martin is still waving that Razorback sign around this year. He tells us the car comes equipped with the Arkansas emblem.

The Smiths and Van Schoicks both have sons who are football players in their respective high schools. Both families spar when the week's games are played.

Lt. Col. Sydney Evans USAF, retired, is the new administrator of Health Services Incorporated, formerly known as Wintermute Memorial Hospital. He is the first fully trained Administrator in this area. Lt. Col. Evans gave a brief appraisal on the plans for the hospital services in Klondike, Texas, at the District at the Ramada Inn, Paris, Texas. Dr. Ralph Marcom was chairman at the October 14, 1967 meeting.

KCOS News

Dr. Ronald Kronenberger, who completed a residency in psychiatry at the Kirksville College of Osteopathy and Surgery on August 31, has been appointed as instructor in the Department of Psychiatry, effective September 1.

Dr. Kronenberger received the B.S. degree from Ohio State University in 1959. He is a 1963 graduate of the KCOS who served his internship at Fort Worth Osteopathic Hospital. He will have both teaching and patient care responsibilities and will be assigned to duties at both Kirksville Osteopathic Hospital and Still-Hildreth Osteopathic Hospital.

Dr. Lorraine Peissner assumed responsibilities as assistant professor in the Department of Physiology of the Kirksville College of Osteopathy and Surgery on September 1, 1967.

Dr. Robert T. Schopp, associate professor of physiology at the Kirksville College of Osteopathy and Surgery, has been elected to membership in a component society of the American Societies for Experimental Biology.

Dr. Schopp has been a member of the American Physiological Society, another member society of the Federation of American Societies for Experimental Biology, since 1959. He was appointed to the faculty of the Kirksville college in August of this year. He formerly served as assistant professor of physiology at the University of Colorado Medical School in Denver. At the KCOS, he is collaborating in research being conducted by Dr. J. S. Denslow in the Biomechanics Laboratory.

PROFESSIONAL CARD DIRECTORY