Texas Osteopathic Physicians Journal

VOLUME XX FORT WORTH, TEXAS, OCTOBER, 1963 Number 6

In This Issue—

Texas Osteopathic Physicians' Journal

OFFICIAL PUBLICATION OF THE
TEXAS ASSOCIATION OF OSTEOPATHIC PHYSICIANS AND SURGEONS

PUBLICATION OFFICE: 512 BAILEY AVE., FORT WORTH, TEXAS 76107

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

ADVERTISING RATES UPON REQUEST, ALL ADVERTISING CUTS TO BE SENT WITH COPY.
SUBSCRIPTION RATE $2.50 PER YEAR

VOLUME XX FORT WORTH, TEXAS, OCTOBER, 1963 NUMBER 6

EDITORIAL PAGE

The osteopathic profession should be extremely proud of the progress it has made at all levels, particularly at the federal level, the latest of which is complete recognition of this profession by the United States Civil Service Commission.

In Announcement #312 B, issued September 10, 1963, Item C under "Minimum Educational Requirements for All Positions", reads as follows:

> "Graduation with a degree of doctor of osteopathy from a school of osteopathy approved by the Bureau of Professional Education, Committee on Colleges of the American Osteopathic Association, *provided,* the applicant has a permanent and full or unrestricted license to practice medicine and surgery in a State, the District of Columbia, the Commonwealth of Puerto Rico, or a territory of the United States."

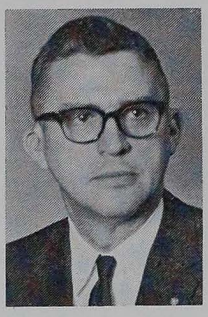
This not only recognizes the osteopathic physician, but recognizes the Bureau of Professional Education of the A.O.A. as a crediting agency.

This announcement, sent to the state office, was an appeal to our profession for physicians to fill medical positions with the United States Civil Service Commission. Salaries range from $9,635.00 to $16,005.00 per year.

Each osteopathic physician who has clamored for federal recognition should recognize that it is not only his responsibility to gain recognition, but once gained, to make such use of it to prove to the federal government the absolute desire of every osteopathic physician to serve, rather than to gain recognition for his own personal gains.

For application blanks and full details of each position open, contact the Dallas Regional Office, U.S. Civil Service Commission, 1114 Commerce St., Dallas, Texas, 75202.

Office Treatment of the Low Back Problems



IRA C. RUMNEY, D.O.*

Over the years the general public has learned that the osteopathic physician can give relief to people with chronic backache and he is one to whom they wish to go for consultation, and treatment, for a backache before they submit to surgery.

The low back is a particularly vulnerable part of the spine because it is not only a transitional area of the spine but one upon which a tremendous amount of strain occurs as one carries out his daily activities.

Backaches can be classified as primary and secondary. Primary backaches originate directly as musculoskeletal strains in and about the joints of the pelvic ring and the lumbosacral area. The secondary backaches are produced by reflex or mechanical stresses transmitted from problems of the feet, knees, the tilted pelvis, infection in the gastro-intestinal tract, genito-urinary tract, or from infections which are associated with a general toxic condition.

Backache is a symptom, not a disease, and when trying to trace down the cause of the backache it is necessary to take a careful history and do a complete physical examination with indicated laboratory and x-ray studies. The history may point to the fact that the backache is due entirely to some injury or there might have been some previous condition in which a relatively minor strain, or injury, produced severe symptoms.

In taking the history, we want to know when the present complaint began, the exact point of pain, or discomfort, and whether the pain radiates to any point or area, such as the gluteal region, down one or both legs and just what portion of the leg.

We want to know what type of work the person is doing and something about his physical activity so as to determine whether or not he has normal muscle tone so that the muscles which act as guy ropes on the four sides of the spine are, or are not, doing their job. From the history we should learn whether any illnesses may have contributed to individual muscle group weaknesses. Obesity may be a causative factor in backache and a long illness could result in a backache when the person returns to activity due to muscle weakness and inbalance.

By far the most frequent area in which we find trouble with a person complaining of backache is the lumbosacral area. Some estimate that as high as 80% of backaches occur as a result of trouble in and about the lumbosacral joint. The rest of the cases involve the sacroiliac joints, the symphysis pubis and gluteal muscles. From the structural standpoint, the cause of the backache may be a disturbance in any one of these joints or in a combination of these joints. The usual causes of backache in the sacroiliac, or lumbosacral area, are the result of strain or sprain caused by trauma, posture and occupation.

We hear a great deal about the intervertebral disc as a cause of backache. It is usually referred to as a slip disc or ruptured disc. Many backaches are

*Perrin T. Wilson, Professor in Department of Osteopathic Medicine, Kirksville College of Osteopathy & Surgry.

attributed to some disc problem because it is a popular vogue at this time and the public is conditioned to accept the fact that they are going to have a chronic backache if they have a disc problem, and that there is not much to be done about it.

You are all familiar with the symptoms of the herniated nucleus pulposus but it does no harm to repeat them. 1) Unilateral or bilateral pain in the low back, posterior thigh and calf, sometimes radiating into the foot. 2) Sciatic pain, both intermittent and recurring. 3) Incapacitating low back pain, which usually precedes sciatic pain by months or years. 4) Pain down one or both legs, aggravated by sneezing, coughing or straining a stool. 5) There may be pain in the gluteal area, sacroiliac or lumbosacral region. 6) Paresthesia in the lateral aspects of thigh, the lower leg and the foot. 7) There may be altered reflexes in the leg, such as the diminished patellar reflex and the achilles reflex. In a high percentage of the cases there will be a history of trauma and a history of remissions over quite some period.(1)

These symptoms may also be caused by hypertrophy of the ligamentum flavum or an intradural growth. In dealing with the low back problem we must mention spondylolisthesis, although this condition is not frequently seen in office practice.

There are many anomalies of the low back that contribute to its weakness, and perhaps the most frequent one is where we find one leg actually a little shorter than the other. Other anomalies are lumbarization of the first sacral segment or sacralization of the last lumbar segment. This may be partial or complete and may involve one side of the spine or the other. Other anomalies which we may find are spina bifida, usually spina bifida simples, and many asymmetrys of the articular facets.

Backache is also a symptom of hypothyroidism, osteo-paresis, spinal tumors, and one must always think about rheumatoid arthritis, and the callagen diseases.

In the boy in his late teens or early twenties, we may see Marie-Strumpells (rheumatoid) arthritis of the spine and in the older individual we see the hypertrophic osteo-arthritic changes with the formation of osteophytes.

In doing the physical examination of the patient with a low back complaint, I like to start by having the male patient strip down to his shorts and the female patient in a gown opening down the back. First, I have the patient stand with his back to me and I check the comparative height of the crests of the ilia, the posterior superior spines of the ilia and the comparative heights of the gluteal folds. I then observe the back and palpate the back for any evidence of scoliosis. Next, I have the patient side-bend to the right and to the left, and note the character of the lumbar curve. Then I have the patient stand first on one foot and then the other, letting the knee bend, and note the character of the lumbar curve to see if it is similar to the curve of the patient when side-bent right or left. If the characters of the lumbar curve are different, I suspect that the patient may have had some trauma, or that the patient has some anomaly of the low back.(2)

Next, I ask the patient to stand so that I may have a look at the body from the side and note an increase or decrease in the anterior posterior curves of the body. Many of these people have a lumbar lordosis, lumbodorsal kyphosis, a mid-dorsal lordosis and a cervico-dorsal kyphosis. Now I check the tone of the muscles of the calf of the leg, thigh, gluteal region, sacrospinal mass and the abdominal muscles. Next I ask the patient to sit on the table and I check the patellar reflexes, and then I check for any changes in sensation.

Next I ask the patient to lie on his back, check the symphysis pubis for pain

and determine whether one ramus is higher than the other. (Fig. 1) Then I

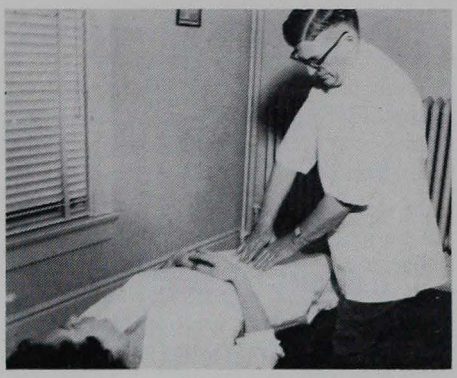


Figure 1

ask the patient to lie prone and I check for sacroiliac lesions. On the side of the anterior sacrum I find a relatively deep sacroiliac groove and the sacro-tuberous ligament on that side will be more tense, and usually tender. (Fig. 2) On the side

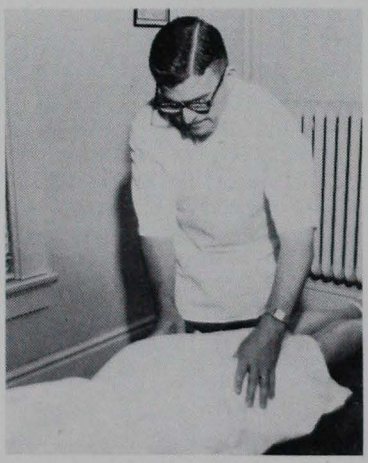


Figure 2

of the posterior sacrum, there is considerable tenderness over the superior sacroiliac ligaments and lumbosacral ligaments and the sacroiliac groove will be shallow. Next I palpate for the spinous processes of the fourth and fifth lumbar vertebrae and of the sacrum in an effort to try to determine whether or not there might be a spina bifida present. Next, I check the gluteal muscles for contraction and contractures, and also check the small external rotators and pyriformis muscle for contractures. Many times we will find a patient suffering from sciatic neuralgia in which the cause is spasm of the pyriformis muscle. Many low back conditions will persist as long as there is contractures in the gluteal muscles. I frequently find contractures in the gluteal medius and gluteal maximus muscles.

Frequently I will get an idea of what I may expect to find in the back from the history. If the patient is complaining of pain from the low back down through the gluteal region, down the back of the thigh, and back of the leg to the heel, he usually has an anterior sacrum on that side. The patient who complains of a general dull ache throughout the entire leg, down the lateral side of the thigh or the media side of the knee, usually has a posterior sacrum on that side and I usually find L-5 rotated to that side and lumbar spine side-bent to that side.

Many times foot troubles follow sprains and strains from various causes in the low back but occasionally it works the other way around, in which the complaint is a low back problem when the trouble is in the feet. A patient with complaint of a chronic low back should have his feet carefully examined and the fitting of his shoes checked.

The laboratory work which I find particularly helpful to me in dealing with the low back problems consists of: X-ray examination (we like to have anterior posterior and lateral films taken in a standing position, occasionally using oblique films if we want more information than what is given on the anterior posterior films and, occasionally, spot film studies with the patient supine,) CBC, Sed. Rate, Determination of the Metabolic Rate, and, occasionally, the electrophoretic studies of the blood proteins if we suspect the posibility of multiple myeloma. I am very fussy as to how these films are taken and feel that

they should be taken as described by Dr. Denslow in his article in the Journal of the American Osteopathic Association, July 1958.([3]) If the films are not correctly taken they are worse than nothing.

After we have completed our history, physical examination, indicated lab work and have made a diagnosis, we are ready to start treating this patient.

Most of the cases involve musculoskeletal strains, and the manipulative treatment must be based upon the same careful diagnosis as any other type of therapy and not just rattle the bones and hope that they will come home.

In treating the low back, I like to have the patient lying supine first, if he is able to do so, and then proceed to mobilize the symphysis pubis by placing my forearm between the knees and asking the patient to attempt to bring the knees together. (Fig. 3) Usually I ask

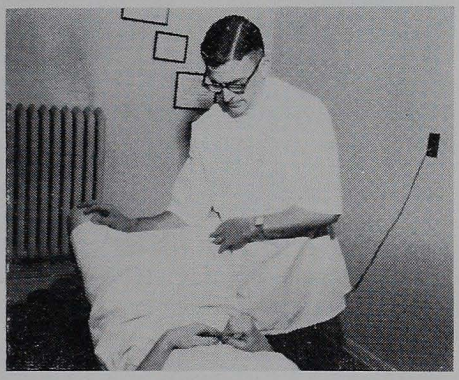


Figure 3

the patient to lift the buttocks off the table as they do this procedure. After this, I hold the knees together and ask the patient to separate the knees.

Now I ask the patient to roll over to the prone position and I check the motion of the sacroiliac joints, with the knee flexed at right angles on the thigh, and by bringing the foot immediately and lateral I am able to locate the exact position of the sacroiliac joint. (Fig. 4)

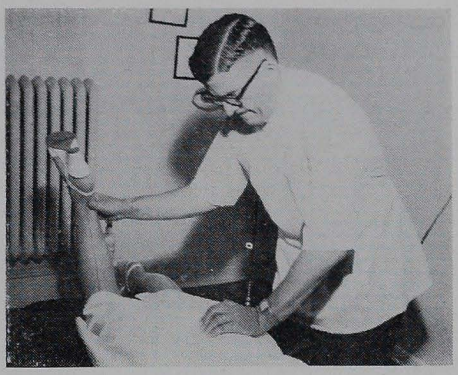


Figure 4

Then I flex and extend the knee with the thigh internally rotated to determine if there is free motion up and down the sacoiliac joint. (Fig. 5) Next, I flex and

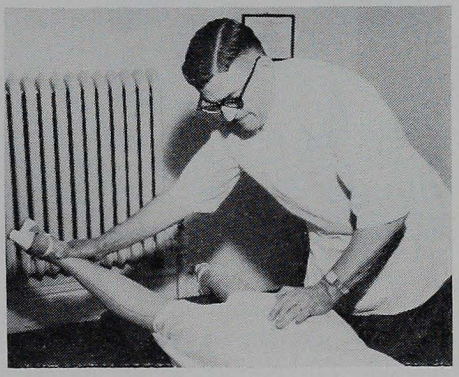


Figure 5

extend the knee, with the thigh externally rotated, to check for free motion up and down the sacroiliac joint. If I find any restricted motion as I flex and extend the knee, I stop the flexion, or extension, at the point of restricted motion and then tease the joint by internal and external rotation of the femur. I check the position of the fifth lumbar on the sacrum, as reflected by the reaction of tissue, to determine whether the fifth lumbar rotates right or rotates left easier, and then check side-bending to the right and left to determine whether the fifth lumbar is rotated into the concavity or the convexity. Most of the

time we will find the fifth lumbar rotated into the concavity.

For the re-establishment of normal motion of the fifth lumbar which is rotated into the concavity, I start by asking the patient to lie on the side of the convexity, flex the hips until the thighs are at right angles to the body, drop the feet off the table, keeping the ankles together. Now, with my finger on the upper transverse process of L-5, I increase or decrease the various components of this position until I feel that all of the forces are localized at L-5. (Fig. 6) To better control the patient I

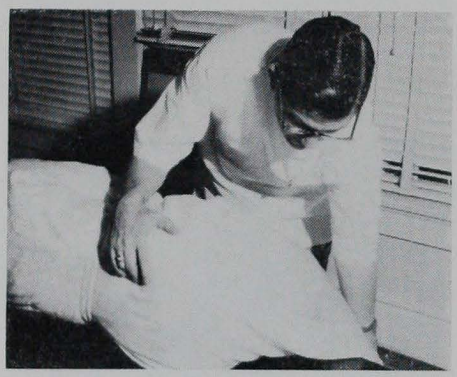


Figure 6

have my knee against the patient's knee. I frequently rock the patient several times in this position to get increased motion in the tissues and then I ask the patient to roll over on his chest, dropping his arms off each side of the table.

Figure 7

(Fig. 7) In this way I roll the fifth lumbar out of the concavity. In doing this procedure it is important that we increase or decrease the flexion of the hips so as to keep the foci of force, or vector of force on L-5 at all times. Here again I may spring the tissues several times to help increase the mobility of the lumbosacral joint. From this point I raise the patient's feet up, place them on the table, and backward-bend the spine. As I acomplish this, I am extending the hips and usually have to increase the flexion in the knees in order to keep my forces localized at L-5. (Fig. 8) After

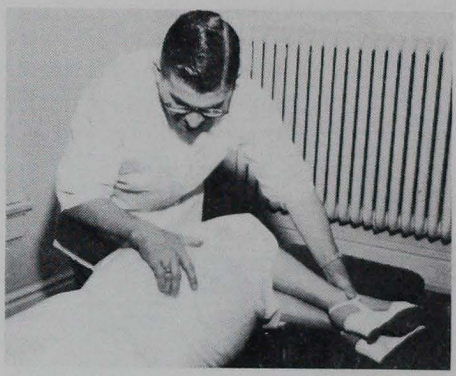


Figure 8

the patient is lying with all of his weight upon the table, then I gradually extend the knees as the patient rolls to the complete prone position. (Fig. 9)

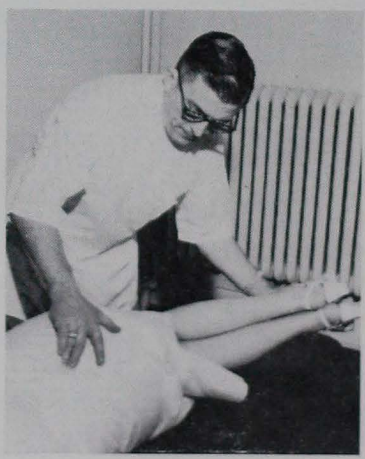


Figure 9

Now, I recheck to determine whether or not I have re-established normal motion of the fifth lumbar in relation to the sacrum, and if I have re-established normal motion at the sacroiliac joints. If they do not have normal motions, I may repeat the procedure described above or I may ask the patient to lie supine and then proceed to normalize the sacroiliac joints by the use of traction on the leg. The position in which I hold the leg to apply traction depends entirely upon my findings as to what part of the sacroiliac joint does not permit free motion. This I determine by having the thigh flexed on the abdomen and the knee flexed, then taking the knee medial-laterally until I am sure my fingers are along the sacroiliac joint. Next, I fully extend the leg, being sure the patient remains relaxed, and then raise and lower the leg until I find the exact point along the sacroiliac joint where their is restricted motion. (Fig. 10)

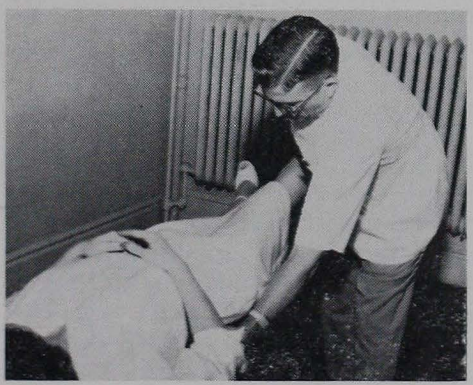


Figure 10

Keeping the leg in this position, I go to the foot of the table and then, with the patient completely relaxed, use a short, quick tug of high velosity and low amplitude. (Fig. 11) I may steady my body with my right knee against the table. With the anterior sacrum, I usually find that I have the foot relatively high from the table. With the posterior sacrum, the foot is usually relatively near the table.

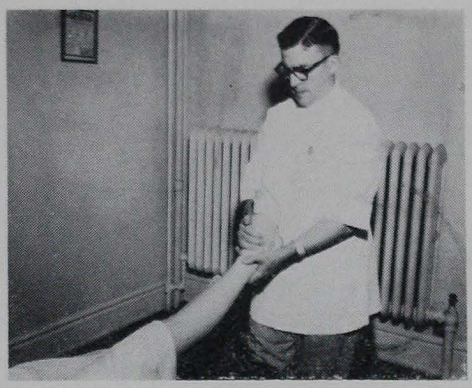


Figure 11

Sometimes I find that the person's low back problem is due to the fact that there is spasm of the psoas major and here I may find the principle problem in the lumbodorsal area or in the hip joint. We must remember that the psoas major muscled arises from the first, second, and third lumbar vertebra and inserts into the lesser trochanter of the femur. If this muscle is contracted it acts like a string on a bow and we may have a "broken bow" at the lumbosacral juncture.

Again I check each of the upper lumbar vertebra and 11th and 12th thoracic segments for a complete range of motion, and proceed to establish a normal range of motion wherever I find changes from normal.

There are many adjunctive procedures that may be used while we are trying to relieve the patient of his acute symptoms. I have found the various muscular relaxants of little value. With a very acute case I put the patient to bed, lying on his back, having him in a sitting position, with a hassock, or something, under his legs to give them support. As the acute muscle spasms subside, I proceed to apply traction. Traction should be applied to the pelvis and I usually apply from forty to sixty pounds. In using this much traction you must elevate the foot of the bed so that the patient's weight will act as a counter-

balance. This traction is put on for an hour, taken off for two hours, and then back on for another hour. Intermittent traction is helpful in many of these cases and may be applied as an office procedure, or applied to the bed patient. With intermittent traction, I frequently use a pull of as much as sixty to seventy-five pounds.

If the patient is in the hospital, or can make arrangements at home, I like to have him use contrast baths in the form of hot and cold packs, applying heat for five minutes, cold for two minutes, beginning with heat and ending with heat, and carrying on these baths for about forty-five minutes every three to four hours.

I use a lift in the heel of the shoe when I can demonstrate that there is an actual difference in the length of legs. I initiate lift therapy with a lift ranging anywhere from 1/3 to 3/4 of the difference in leg length, as shown in the x-ray film taken in the standing position.

In the acute low back strain, I frequently tape the back. Using 3" tape, I begin by applying the tape across the sacral area, have it run around in front just below the anterior superior spine of the ilium and extend the tape on up to about the second lumbar. I put on several layers of tape and then two strips diagonally across the back.

Occasionally I suggest a lumbar brace for the patient. I do not use any brace less than 14" to 16" wide, as I think that the narrow low back brace of 4" to 6" is of very little value.

As the patient progresses and his physical condition permits, I start him on flexion exercises and then proceed with general exercises to tone up all of the muscles. If we look at the spine as a telephone pole, in which you have to have guy ropes at north, south, east, and west, it is easy to determine what exercises we need to have the patient do to tone up the abdominal muscles, the lateral body muscles and, occasionally, the lumbosacral group of muscles. One exercise that is especially helpful with low back problems is to have the patient stand next to a stool with one foot on the stool, the height of which should be such that the patient's thigh is parallel with the floor. Standing in this position, the patient bends over and comes as near touching the floor as possible, then straightens up, keeping the leg on which he is standing straight. The patient repeats this exercise ten times, first with one foot on the stool and then the other foot on the stool. This exercise is good for helping to mobilize the pelvis and the lumbosacral area and, once it is mobilized, to help keep it freely moveable. Dr. Perrin T. Wilson called my attention to this exercise.

I have seen backaches cured by the use of a little thyroid and, if our laboratory work indicates, a hypothyroid condition. Re-establishing normal metabolism to help restore muscle tone will clear up the chronic backache

Of course there are some patients who have a surgical condition and it will be necessary to correct this problem before we can eliminate the patient's complaint.

Before some of the problems resulting in backaches can be solved, it will require consultations with the Orthopedist, Internist, Neurologist and, sometimes, Psychiatrist.

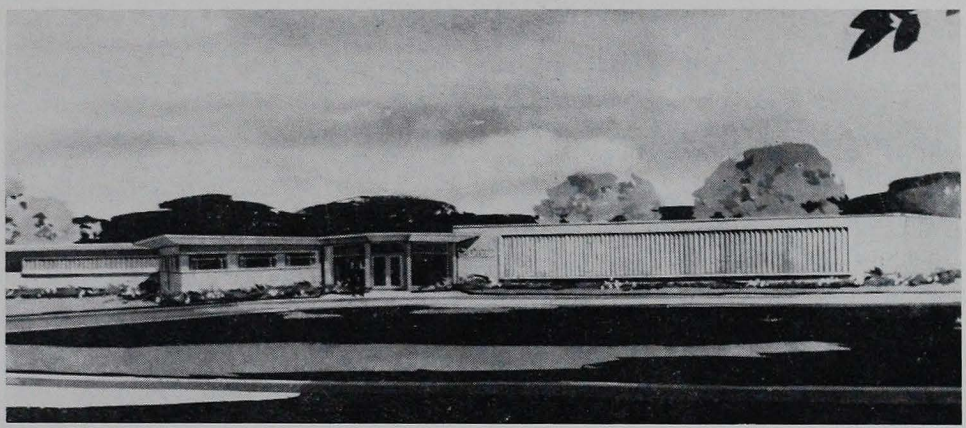
BIBLIOGRAPHY

1. Clybourne, H. E.: The Low Back Problem. J.A.O.A., Volume 46, No. 5, January 1947.

2. Rumney, I. C.: Structural Diagnosis and Manipulative Therapy. J. O., January 1963.

3. Denslow, J. S.: Methods in Taking & Interpreting Weight-Bearing X-ray Films. J.A.O.A., July 1955.

Hospital of the Month



White Settlement Hospital, Inc.
An Osteopathic Institution

701 South Cherry Lane
Fort Worth, Texas 76103

The Texas Osteopathic Physicians' Journal is proud to salute WHITE SETTLEMENT HOSPITAL as the Hospital of the Month.

This proprietary institution was organized and built by Drs. Joe W. Rhoades, William M. Snow and Edgar D. Conrad, and admitted the first patient on January 19, 1960. The original building included 25 beds, surgery, emergency room, delivery and labor rooms and nursery, state approved laboratory, diagnostic x-ray, plus service and office areas as well as clinic space for three doctors.

During 1962 a new wing was completed which raised the patient beds to 44 plus 6 bassinets; added a minor operating room and recovery room to the surgical suite; moved the entire obstetrical section into this new wing and changed and increased other areas so as to provide better care for the increased patient load. The clinic area was increased in size so as to relocate some of the offices and to provide two new doctor's suites. Dr. Jess N. Hall became associated with the clinic group of doctors and utilized one of the new offices. G. A. Fuller Jr., F.A.C.O.H.A. was brought in as administrator to assist the doctors in the hospital operation and to look to the future expansion and accreditation.

The hospital is fully licensed by the State and holds approval from the A.O.A. as a registered hospital. The staff is open to qualified D.O.'s and at present the staff membership totals 20.

Since its opening, the hospital has admitted in excess of 6500 patients and being located on the far west side of Ft. Worth, has a very heavy utilization of the emergency room.

Plans are underway at this time to further increase the facilities so as to continue a modern, well organized and up-to-date institution to serve the western section of Ft. Worth and surrounding small towns.

The Fort Worth metropolitan area offers many opportunities for qualified osteopathic physicians. If interested in a location, contact any of the five osteopathic hospitals located in the metropolitan area of Fort Worth.

The Spirit of 65

By DAVE SMITH

We in Texas heartily endorse Emerson's maxim that "old age is good advertising." We offer our elderly citizens as prime examples of those who have thrived on hard work and hot sun in the business of building this great state of ours. We are blessed with almost 800,000 Texans 65 years of age and over, who have done a great job but some are now denied some of the privileges we enjoy. Our challenge is to break a little ground in their behalf.

More than a quarter of a million of them have no old age assistance and *no health insurance protection* whatsoever. Here is a generation of people who could not purchase such coverage when they were younger and today many cannot buy it because of age or ill health.

NOTICE OF EXAMINATION

The next meeting of the Texas State Board of Medical Examiners when examinations will be given and reciprocity applications considered is scheduled for December 5, 6, 7, 1963 at the Blackstone Hotel, Fort Worth, Texas.

Completed examination applications for graduates from United States medical schools must be filed with the Medical Board thirty days prior to the meeting date.

Completed examination applications for graduates of foreign medical schools must be filed sixty days prior to the meeting date.

Completed reciprocity applications must be filed sixty days prior to the meeting date to be given consideration.

(Texas State Board of Medical Examiners, 1714 Medical Arts Bldg., Fort Worth 2, Texas)

Modern medical and technical advances—adding years of useful service to our lives—have also presented us with skyscraper costs for these benefits. We indeed want our senior citizens to have all these benefits, but *on Texas terms.*

Now this compounds the problem because of a Texan's makeup. What constitutes a Texan? Ever think of it? Well, give him leeway for his own individuality and there are two basic answers (1) he lives in Texas and (2) regardless of his physical size he has a frame of independence as large and as hardy as the state itself.

If we are to enjoy bonus years of guidance and experience from this postgraduate in Texas-ism, we must provide vide for him in a way that does not damage his spirt of which we are so jealous and so proud. The stature we want him to maintain is well stated in the simple words of Chinese philosophy: "There is nothing more beautiful in this world than a healthy wise old man."

In October last year, representatives of nine insurance companies met with the governor and members of the legislature and offered a plan to help us perpetuate this image. Their suggestion met with complete approval of the state leaders who passed, without opposition, its enabling legislation.

They proposed a low-cost health insurance program for senior citizens ringing with this spirit of independence, called the Texas 65 Plan. The plan is underwritten on a voluntary basis by some of the largest life insurance companies doing business in Texas.

None of the companies underwriting Texas 65 expects a money profit. But more and more companies are daily joining this association, recognizing its public service mission through the me-

dium of our free enterprise system. Companies—like men—as they advance in age get what is better than admiration. They get judgment to estimate things at their own value, and their action here is another indication of this state's desire to care for its own.

With typical Texas forthrightness there are only two basic requirements for enrollment in the plan: A person must live in Texas and he must be 65 or over. He may enroll personally or be enrolled by a relative or friend. The insured may cancel his coverage at any time he wishes, but his coverage cannot be reduced, cancelled nor the premium increased by the association. And the policy is guaranteed renewable.

There is also a provision whereby a person 65 or past who is enrolled in the program may also enroll his spouse regardless of age.

Any person who has one of our senior Texans as a dependent and pays his premium, may deduct the full payment from his federal income tax.

Even previous illnesses or conditions are covered by this plan after a reasonable waiting period, so that any one can enroll regardless of past or present health. And, there are no lengthy questionnaires to fill out about health.

This remarkable absence of red tape is matched only by the many benefits of the plan. Texas 65 provides basic health and hospital insurance for $9.00 a month regardless of health and without medical examination. An additional $10.00 monthly will provide a major medical policy which pays up to $5,000 in any year and up to $10,000 in lifetime benefits. Total cost for both plans is $19.00 per month. Either plan may be purchased separately from the other.

The basic plan is a rampart against short-term illnesses. For each confinement period it pays hospital room and board up to $12 a day for a maximum of 31 days, up to $125 for miscellaneous hospital services and supplies, as much as $200 for surgery and radioactive therapy, plus 10 per cent of the anesthetist fees. Five dollars a day for doctors visits during the first two days of hospitalization and up to $3.00 a day for the next 13 days are also included.

The major medical plan provides broad benefits beyond the basic coverage with vital protection against the potentially disastrous expenses of prolonged illness or serious accidents. After the features covered in the basic plan, or in any other plans a person may own are deducted, this policy then pays up to 80 per cent of the eligible charges. This is regardless of whether the person is confined in a hospital or nursing home.

The plans do not overlap other policies. They supplement the medical phases of the state's Old Age Assistance, under which the welfare department purchases health insurance policies for those who qualify. The welfare department's plan—as you know—makes use of state and federal funds available through Kerr-Mills national legislation, and provides for the health needs of 30 per cent of the Texas aged.

In other words, Texas 65 benefits are adjusted where one has other health

plans so that the total benefits will not exceed the actual medical charges.

Other principal exclusions are those covered by Workman's Compensation; care for mental conditions outside a hospital; dental, eye and hearing difficulties; disabilities arising out of any war; and expenses furnished without charge by any government.

Thus either of the Texas 65 plans, or a combination of the two provide the insured with practical coverage consistent with American principles. And, they offer a measure of real financial security to the premium payer, whether he be the insured or a relative of the insured.

These plans, incidentally, afford your insurance agent the privilege and satisfaction of constructive community public service, which is his only gain in the operation. True, unsolicited enrollments may give him new contacts in his field, but in order to keep the cost of the insured down — agent commissions are lower than normal with no renewal payments to him.

The idea is productive to yet another group. It is the civic and professional leaders in every town who know the value of their senior citizens and want to see them continuing the sturdy service they have already invested in their community.

Texas 65 has met with the unqualified approval of such organizations as the Texas Association of Life Underwriters, the Texas Association of Insurance Agents, the Texas Association of Mutual Insurance Agents, the Texas Medical and Hospital Associations, Texas Association of Osteopathic Physicians and Surgeons, The Texas Association of Health Underwriters and others.

We said this was a Texas problem, but of course it is by no means confined to Texas. I think it was Francis Bacon who said "Age will not be defied." Its complications as well as its benefits are everywhere.

Texas is pioneering in a solution to this problem in the southern and western United States. Our action, tailored for Texas needs, is based on the progress made by New York, Massachusetts and Connecticut in meeting the need for low-cost health insurance for older people. Seventeen other states are now drafting similar plans with an eye on our Texas move and how well it goes in the Lone Star state. Although the parent plan was originated only two years ago —in 1961—some 200,000 are already enrolled in the programs of the three states we mentioned.

Governor John Connally has focused attention on the problem and has requested a stable course of action toward its remedy. When this plan was presented to him last October he said: "I am convinced that this is a sound step forward in our program to care for our own people. Most of our 750,000 Texans 65 years of age and over will now be eligible to purchase medical care insurance—an opportunity which heretofore has been denied to many of them.

I commend the insurance industry of Texas for advancing this far-reaching program."

In a Texas nutshell then, here is a program which one may join regardless of health—one which requires no physical examination and no lengthy medical questionnaire. All diseases are covered following a reasonable waiting period.

The Texas insurance agent is the key man in the program. He has the answers to questions about it . . . and simple applications for it.

The first Texas 65 enrollment period is October 1 through 31. During this period all Texans 65 years of age and over will be eligible to enroll in the plan. Additional enrollment periods will follow. However it has not been determined when or how frequently they will come.

Texas 65 is the insurance industry's answer to a pressing problem. It is a Texas story in which we find ourselves born maybe a bit late . . . but not too late nor too young to pioneer. Pare away the humor . . . the exaggeration . . . the boom . . . and the brag from any Texas tale and you expose bare and bedrock independence that has whipped all odds. That's what constitutes a Texan and that's the way we hope to keep him through all the years he bears that title. We owe our senior citizens of Texas a great debt of gratitude for the heritage they have welded for us. Texas 65 is one way we hope to help repay them.

A businessman who lay dying summoned his best friend to his bedside, extracted from him a promise to see that his mortal remains be cremated. The friend agreed, but asked cautiously and with deep reverence:

"And what would you want me to do with the ashes?"

"The ashes?" said the dying man. "You will place them in an envelope addressed to the Director of Internal Revenue, and tell him that now he has everything."

OFFICIAL MEMORANDUM

By JOHN CONNALLY, Governor of Texas

The need for health insurance coverage for all citizens of Texas is vitally important to the continued growth, welfare and economy of the State.

The 58th Legislature fulfilled one of the greatest needs in this area by authorizing organization of the Texas 65 Health Insurance Association to help care for a large segment of our people.

Texas 65 seeks to offer health insurance coverage, on a voluntary basis, to all people over the age of 65 regardless of their present health conditions.

This voluntary program will supplement other health care programs for those over 65, and together they provide Texas with a model plan for meeting this responsibility. The insurance industry deserves commendation for this contribution to the people of Texas.

THEREFORE, I, as Governor of Texas, do hereby designate the month of October, 1963, as

TEXAS 65 MONTH

in this State.

In official recognition whereof, I hereby affix my signature this 26th day of September, 1963.

(Signed) JOHN CONNALLY,
Governor of Texas

New 25-Bed Hospital Planned For Denton

Drs. Marvin T. McDonald, Robert H. Nobles and Gerald P. Flanagan, owners of Elm Street Hospital and Clinic, announced plans for immediate construction of a new osteopathic hospital at 2026 W. University in Northwest Denton.

No estimated construction cost was announced, but the brick veneer building will contain a 25-bed, six-bassinet hospital and a 14-room doctor's clinic.

READY IN MARCH

Meeks and Meeks of Dallas are contractors, and completion is expected by March of next year. Jim Moore of Dallas designed the building.

Plans allow for the possible expansion to a 50-bed capacity on the five-acre building tract.

Hospital bedrooms will consist of private rooms with private bath, telephone and TV facilities. The surgical and obstetrical wing of the hospital will feature completely separate air conditioning, heating and humidity control with 100 per cent fresh air exchange.

YEARS OF EFFORT

In announcing the construction plans, Dr. McDonald said, "The completion of the Denton Osteopathic Hospital and Clinic will culminate years of effort and planning by osteopathic physicians in this area. The hospital will be dedicated to the many patients and friends of the osteopathic profession."

He also noted that several of the rooms will be furnished in memorium by friends and patients of the osteopathic profession.

The privately supported hospital will employ between 20 and 25 personnel and will be directed by Olie E. Clem, administrator, and Mrs. Mary B. Ellis, business manager.

ASSOCIATIONS

Licensed by the Texas State Department of Health, the hospital will be a registered hospital of the American Osteopathic Association, a member of the Texas Osteopathic Hospital Association, the American Osteopathic Hospital Association and Blue Cross-Blue Shield of Texas.

Dr. McDonald is the senior partner of Elm Street Hospital & clinic, which will be closed when the doctors move into the new quarters.

From the DENTON RECORD-CHRONICLE, Sept. 5, 1963

Eighth Annual Fall Seminar

TEXAS ASSOCIATION OF OSTEOPATHIC OBSTETRICIANS AND GYNECOLOGISTS

NOVEMBER 2 & 3, 1963

Cabana Motor Hotel —:— Dallas, Texas

The Annual Fall Seminar of the Texas Association of Osteopathic Obstetricians and Gynecologists will be held November 2 and 3 at the Cabana Motor Hotel in Dallas, Texas. Our facilities will be excellent both in providing relaxation and comfort and will again be easily accessible. The educational program will be broad and stimulating with well known out of state and local osteopathic physicians on the program. We would like to extend a cordial welcome to all osteopathic physicians to attend this weekend of study and relaxation in Dallas. The program is as follows:

NATIONAL SPEAKERS

J. DUDLEY CHAPMAN, D.O., North Madison, Ohio. Certified in Obstetrics and Gynecology. Senior Member of American College of Osteopathic Obstetricians and Gynecologists.

RICHARD C. STAAB, D.O., Tulsa, Oklahoma Candidate Member of American College of Osteopathic Internists. Staff Internist of Oklahoma Osteopathic Hospital.

SATURDAY, NOVEMBER 2, 1963

1:00 P.M. REGISTRATION

1:30 P.M. "ROTATION BY USE OF LAUFE-BARTON-KIELLAND FORCEP"
Roy L. Fischer, D.O., Dallas, Texas

2:00 P.M. "ENDOCRINOLOGY IN RELATION TO OBSTETRICS AND GYNECOLOGY" (Part I)
Richard C. Staab, D.O., Tulsa, Oklahoma

2:45 P.M. RECESS

3:00 P.M. "PSYCHOSOMATIC ASPECTS OF OBSTETRICS AND GYNECOLOGY" (Part I)
J. Dudley Chapman, D.O., North Madison, Ohio

3:45 P.M. "VAGINAL CYTOLOGY"
William S. Walters, D.O., Dallas, Texas

4:30 P.M. QUESTION AND ANSWER SESSION
Today's Speakers

7:00 P.M. COCKTAIL HOUR (For Doctors and Wives)—(Courtesy of Ross Laboratories)

SUNDAY, NOVEMBER 3, 1963

9:30 A.M. "DIAGNOSIS AND MANAGEMENT OF LUNG DISEASES IN THE NEWBORN"
Robert L. Moore, D.O., Mesquite, Texas

10:15 A.M. "PSYCHOSOMATIC ASPECTS OF OBSTETRICS AND GYNECOLOGY" (Part II)
J. Dudley Chapman, D.O., North Madison, Ohio

11:00 A.M. RECESS

11:10 A.M. "ENDOCRINOLOGY IN RELATION TO OBSTETRICS AND GYNECOLOGY" (Part II)
Richard C. Staab, D.O., Tulsa, Oklahoma

12:00 P.M. LUNCHEON — "RESEARCH IN OBSTETRICS AND GYNECOLOGY" (For D.O.s and Wives)
J. Dudley Chapman, D.O., North Madison, Ohio

1:45 P.M. "RADIOLOGICAL DIAGNOSIS OF CHEST MALFORMATIONS AND PATHOLOGY OF NEWBORN"
Raymond N. Dott, D.O., Dallas, Texas

2:30 P.M. QUESTON AND ANSWER SESSION
Today's Speakers

3:00 P.M. BUSINESS MEETING — Texas Association of Osteopathic Obstetricians and Gynecologists

---

REGISTRATION FEE — (Including Luncheon and Cocktail Party) Members of T.A.O.O.G. $15.00, Non-Members $18.00, Ladies $5.00.

MEETING OPEN TO ALL D.O.s

Members of State or National

MAKE THIS A WEEKEND VACATION

Attendants of this meeting will be given guest privileges at one of Dallas' best Private Clubs. Also remember football, Texas vs. S.M.U., Dallas Cowboys vs. Washington Redskins.

Calendar of Events

October 24-26, 1963 — AMERICAN COLLEGE OF OSTEOPATHIC INTERNISTS, annual meeting, Statler-Hilton Hotel, St. Louis, Mo., Secretary, Stuart F. Harkness, D.O., 1626 63rd St., Des Moines 22, Iowa.

October 27-30 — AMERICAN COLLEGE OF OSTEOPATHIC SURGEONS, 36th Annual Clinical Assembly, in cooperation with American Osteopathic Hospital Association, American Osteopathic College of Anesthesiologists, American Osteopathic College of Radiology, American Osteopathic Academy of Orthopedics and American College of Hospital Administrators.—Chase Park Plaza Hotel, St. Louis, Missouri. Convention Executive, Charles L. Ballinger, D.O., Box 40, Coral Gables 34, Florida.

November 2-3 — TEXAS OSTEOPATHIC OBSTETRICAL AND GYNECOLOGICAL SOCIETY, Annual Meeting, Cabana Motor Hotel, Dallas, Texas. Secretary, J. O. Carr, D.O., 2175 Hemphill, Fort Worth 10, Texas.

November 14-16 — NATIONAL OSTEOPATHIC GUILD ASSOCIATION, annual meeting, Drake Hotel, Chicago. Convention Chairman, Mrs. John L. Cameron, 3044 Mackland, N.E., Albuquerque, New Mexico.

December 6-7 — POSTGRADUATE SEMINAR, under auspices of Texas State Department of Health and TAOP&S, Cabana Motor Hotel, Dallas, Texas. Program Chairman, Elmer C. Baum, D.O., 901 Nueces St., Austin, Texas.

December 7-8—MIDYEAR MEETING BOARD OF TRUSTEES, Texas Association of Osteopathic Physicians and Surgeons, Cabana Motor Hotel, Dallas, Texas. President, Loren R. Rohr, D.O., 7112 Lyons Ave., Houston 20, Texas.

February 1-2, 1964—TEXAS ACADEMY OF APPLIED OSTEOPATHY, Annual Seminar, Villa Capri Motel, Austin, Texas. Secretary, Catherine K. Carlton, D.O., 815 West Magnolia, Fort Worth, Texas.

February 21-23—TEXAS SOCIETY OF OSTEOPATHIC SURGEONS, Annual Meeting, Commodore Perry Hotel, Austin, Texas. Secretary, Thomas M. Bailey, D.O., 1001 Santa Fe, Corpus Christi, Texas.

March 19-22—TWELFTH ANNUAL CHILD HEALTH CLINIC AND GENERAL PRACTITIONERS PEDIATRIC SEMINAR, Hotel Texas, Fort Worth. Virginia Ellis, D.O., 1001 Montgomery St., Fort Worth 7, Texas.

April 30-May 2—ANNUAL CONVENTION, TEXAS ASSOCIATION OF OSTEOPATHIC PHYSICIANS & SURGEONS, Adolphus Hotel, Dallas Texas. Executive Secretary, P. R. Russell, D.O., 512 Bailey Avenue, Fort Worth, 7, Texas.

The Height of the Trees

By GEORGE W. NORTHUP, D.O.

Nearly everyone is familiar with the saying that one cannot see the forest for the trees—that one is unable to take in the depth and beauty of the whole forest because he is looking only at individual trees. But what is wrong with seeing the individual tree? We in the osteopathic profession sometimes fail to appreciate the height of our "trees."

Divisional society secretaries, D.O. or non-D.O., salaried or working on a voluntary basis, perform an outstanding service for the profession. Yet too often they do not receive the credit due them. It may be that we feel that if we are paying them to act in our behalf, we are thus recognizing their contribution. Yet as a profession we owe much more than this to our divisional secretaries. Their services go far beyond the call of duty.

An example of this lies in the overwhelming success of the 1962 Christmas seal campaign. Spark-plugged by the strong leadership of the Auxiliary to the American Osteopathic Association, working through its state auxiliaries and hospital guilds, the campaign reached the highest return in its history. A major factor in this achievement was the all-out co-operation of divisional secretaries. It is no coincidence that in the six states that led in Christmas seal returns, dynamic secretaries were supporting the program.

As we routinely meet our obligations for services rendered, let us not forget the extra things our secretaries do for us. It doesn't cost us much to say, "We thank you." But the saying pays high dividends for both the giver and the recipient.

May the membership of the osteopathic profession never forget, in contemplation of the forest of its achievements, the height of its "trees" of leadership. The profession progresses through the good work of people who are both professional and non-professional. During times when negative thinking seems easier than positive thinking, let us never ceases to appreciate all the people, employed or otherwise, who contribute to the growth and stability of our profession.

FIRST D.O. EMPLOYED BY CIVIL SERVICE COMMISSION is Raymond J. Saloom, D.O. of Harrisville, Pa. He will review case records of persons on disability Civil Service Retirement rolls, as a part-time service, (started July 8).

EDUCATIONAL OPPORTUNITIES

36th Annual Clinical Assembly

The American College of Osteopathic Surgeons will hold its 36th Annual Clinical Assembly at the Chase-Park Plaza Hotel, St. Louis, Missouri, October 27-30, 1963. The program offers excellent postgraduate training to members of the following participating groups:

AMERICAN OSTEOPATHIC COLLEGE OF RADIOLOGY—Educational program will open at 10:30 a.m. on Sunday with the President's Report by H. Miles Snyder, D.O., followed at 11:00 a.m. by a teaching session conducted by R. Kenneth Loeffler, M.D., Masillon, Ohio. Outstanding lecturers include W. R. Konneker, Ph.D., and George G. Blozis, an authority on "Sequalae of Radiation Therapy for Oral Cancer."

AMERICAN COLLEGE OF OSTEOPATHIC SURGEONS — The theme, "Reconstructive Surgery", will be carried out by noted members of the college, including Immediate past-president, Howard C. Baldwin, D.O., F.A.C.O.S. Allopathic specialists scheduled to appear on the program include Lauren V. Ackerman, Morris Herman, Anthony V. Partipilo, Jules H. Kopp. The American Osteopathic Academy of Orthopedics and the Urological Section of the ACOS will hold joint sessions and meetings with this group.

AMERICAN OSTEOPATHIC HOSPITAL ASSOCIATION — This program will offer noted speakers in every field from "The Nurse as the Coordinator of Patient Care Functions" by Hans O. Mauksch, Ph.D., to "Getting and Keeping Good Employees", by Herbert M. Ramel. The AMERICAN COLLEGE OF OSTEOPATHIC HOSPITAL ADMINISTRATORS will sponsor the first half-day's program dealing with matters of interest to administrators and other hospital personnel. These two groups will join, as usual, for the Annual Banquet.

AMERICAN OSTEOPATHIC ACADEMY OR ORTHOPEDICS—The program will open at 1:30 p.m. Sunday with the Presidential Address by Richard H. Borman, D.O., Portland, Oregon. There will be a daily Problem Clinic with audience participation. Noted speakers include, John M. Wright, D.O.; Arnold Gerber, D.O.; Eugene C. Herzog, D.O.; Charles M. Hawes, D.O.; and Thomas T. McGrath, D.O.

AMERICAN OSTEOPATHIC COLLEGE OF ANESTHESIOLOGISTS — Diverse topics relating to the practice of anesthesiology will be presented by William Baldwin, Jr., D.O.; J. Craig Walsh, D.O.; Paul A. Stern, D.O.; Howard D. Proctor, D.O.; Vincent Q. Fanton, D.O.; Charles A. Hemmer, D.O.; Boris H. Traven, D.O.; John J. Heiser, D.O.; Valentino Mazzia, M.D.; G. W. N. Eggers, Jr., D.O.; Hugh E. Stephenson, Jr., M.D. A discussion panel is scheduled and will be moderated by Lawrence E. Giffen, D.O., FAOCA.

UROLOGICAL SECTION OF AMERICAN COLLEGE OF OSTEOPATHIC SURGEONS — The program will be presented by members of this group and will include Drs. Albert S. Reibstein, H. Willard Sterrett, Jr., and C. Condie Call. An informal seminar will be held on Tuesday afternoon, conducted by Jules H. Kopp, M.D., St. Louis, a noted Urologist.

OAA Contract Renewed

The Department of Public Welfare of Texas and Blue Cross of Texas renewed the contract providing hospital and medical benefits for recipients of Old Age Assistance in Texas, effective September 1, 1963.

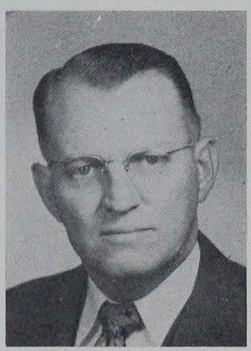
Benefits under the program remain the same and in the near future you will be notified of some minor administrative changes.

It is imperative that each of us be even more sensitive of and responsive to the basic tenet under which this program operates. Simply stated, it is designed to provide *acute* hospital care for recipients. Nursing home care is available under other facets of the program. Senate Bill 79 states that medical care may be given under the provisions of this Act to a recipient

> "Who is certified by the physician of his choice as having an illness, injury, or physical deformity which requires immediate in-patient care in a hospital and that the illness, injury, or physical deformity is such that the absence of such care would be gravely detrimental to the health of such recipient. . . ."

The interest and cooperation of the hospitals and physicians of the State in making this program work has been gratifying. Even so, we all recognize that there are areas of needed improvement to which we must all dedicate ourselves with aggressiveness and determination. Through understanding and working together we can look forward to two more years of continuing success.

D.O. Re-appointed To Medical Board



GLEN G. PORTER, D.O.
Lubbock, Texas

Glen G. Porter, D.O., 2401—19th St., Lubbock, Texas, has been re-appointed to the Texas State Board of Medical Examiners for a three-year term. The appointment was made by Governor John Connally.

Other physicians appointed to the Medical Board were J. G. Rodarte, M.D., Temple, Texas and David S. Stayer, M.D. of Dallas.

Port Arthuran Sells Seals to Governor

Mrs. A. L. (Jewel) Garrison of Port Arthur is shown selling Goevrnor John Connally in his capitol office the first packet of Osteopathic Christmas Seals of 1963. Mrs. Garrison is State Chairman of the Seal program, which is designed to produce funds for Student Loans and research and is under the sponsorship of the Auxiliary to the Texas Osteopathic Physicians and Surgeons on behalf of the National Osteopathic Foundation. The Governor also received from Mrs. Garrison matchbooks bearing the Christmas Seal picture. He endorsed the project". (UPI Telephoto).

Two for One Investment

CHICAGO — Osteopathic Christmas Seals are a real "two for one investment."

Behind each square inch seal stands the pledge that osteopathic education and research won't lack support from inside or outside the profession. Seals mean that DO's and their friends have the opportunity to repay colleagues and family doctors who either introduced them or treated them with the distinctive health care of osteopathic medicine.

From modest beginnings in the depression year of 1931, each seal has carried a beautifully inscribed message of goodwill. They have also carried the silent reminder "help future doctors finish school."

Since then, Osteopathic Seals have meant over $800,000 in loans to students who otherwise would have put aside their ambitions and dreams of osteopathic education. In recent years this silent reminder has also meant support for osteopathic research.

Depression students, pre and post war young men with osteopathy as their goal and dedicated researchers are just a few of the dividends gained from your "two for one" blue chip—the Osteopathic Christmas Seal.

Won't you, as a DO, auxiliary member, or just John Q. Patient, help insure that this high rate of return continues by investing in Seals again. You'll help insure that financial aid for those who need it will be there, next year and further in the future.

THE AUTOMATIC DISQUALIFICATION OF OSTEOPATHIC PHYSICIANS FROM medical hospital staffs was held unlawful in July by the New Jersey Supreme Court.

In a 7-0 decision, the court ordered Newcomb Hospital, Vineland, to consider the application of Dr. Paul A. Greisman, Newfield, on its merit. It said exclusion of osteopathic physicians from medical hospital courtesy staffs was "unrelated to sound hospital standards and not in furtherance of the common good."

In its appeal, the hospital's board of directors contended that since it is a non-profit, private organization, the courts have no right to interfere with the judgment of hospital trustees.

STUDENT LOANS
RESEARCH

NOF

NATIONAL
OSTEOPATHIC FOUNDATION

American Osteopathic Association
Office of
CARL E. MORRISON, D.O.
Chairman: Council on Federal Health Programs
1757 K. Street, N.W.
Washington, D. C.

September 16, 1963

Washington News Letters

The Senate took time out from the Treaty debate last Thursday to pass H. R. 12, without amendment by a vote of 71 to 9.

Senator Lister Hill, in charge of the Bill, explained that any amendment, however, meritorius, might kill the Bill. A civil rights amendment was defeated on motion to table, 39 to 37. An amendment to allow 10 percent a year loan forgiveness for up to 5 years practice in a physician-shortage area certified by the State health agency was defeated 39 to 43. An amendment to strike the student provisions was swamped 18 to 63. Following are selected excerpts from the debate, with Congressional Record page references.

Mr. Hill. Since osteopathic physicians in some States account for a substantial share of the practicing doctors, it is essential that schools of osteopathy be considered along with schools of medicine in authorizing Federal aid for an *expansion in capacity*. (Page 15944).

Mr. Keating (New York). Is it intended that under the Bill a preference will be given to the needs of medical schools over and above those of schools of pharmacy, optometry, and podiatry, in the administration of the program?

Mr. Hill. All of them are eligible to be considered for grants of these funds; but the testimony showed there is a much greater need for expansion by medical schools, dental schools and schools of osteopathy than there is on the part of some of the other schools. (Page 15963).

Mr. Hill. The Bill with the *loan provisions* was strongly urged upon the Committee by the Student American Medical Association, the American Association of Medical Colleges, the American Association of Dental Schools, the American Osteopathic Association, the American Osteopathic Colleges, the American Public Health Association, and the Association of Schools of Public Health. Under our American system those are the people who have the direct responsibility for educating, training, and preparing the doctors, dentists, and medical men who are so badly needed. There is no group that could speak with greater authority or more compelling reasons than the associations which I have just named. (Page 15961).

The loans under the program cannot exceed $2000 for any academic year and will be repayable over a 10-year period, beginning 3 years after the student ceases to pursue a full-time course of study at a medical, dental or osteopathic school, with interest at 3 percent, or the "going Federal rate", whichever is higher.

Two-thirds of the construction costs of new schools or major expansion of existing schools, and ½ of the construction costs of lesser expansion or rehabilitation of existing schools can be provided by Federal funds under this legislation.

Civil Service Announcement. Osteopathic applications are now in order. Civil Service Announcement No. 312-B issued September 10, 1963, applicable to medical officer positions covered by the Civil Service Classification Act, is available at Civil Service Regional Offices.

No formal examination is required. See page 6 of Announcement for basis of rating. The licensure requirement is satisfied by an unrestricted license in any State, even though the applicant may be practicing in a limited State. For information on how to apply see page 6 of the Announcement.

There are about 1,100 medical officers employed in the classified Civil Service. The Classification Act does not apply to trainees, including interns and residents. The following agencies or activities are the major users of Civil Service medical officers: The National Institutes of Health; Army, Navy, and Air Forces Installations (civil service); Public Health Service; Indian Service Hospitals; Food and Drug Administration; Children's Bureau.

Medical Education Act. H. R. 12 is now Public Law 88-129, approved and signed TODAY by President John F. Kennedy. As suggested in "How to Approach Your Congressman" which we forwarded with our Washington News Letter of September 6th, if your Senator pleased you with his vote write him and tell him so. Turn page for Senate vote on passage of the Bill. By the same token, let me take this opportunity to thank you for your cooperation.

A National Advisory Council will be set up shortly, and all grant regulations will have to be cleared by that Council. In the meantime, since grants under this program will be highly competitive, we have informed our colleges that it is essential that letters of intention to seek aid under the program be sent at the earlies time practicable to Mr. William B. Burleigh, Special Assistant Division of Hospital and Medical Facilities, Public Health Service, Washington, 25, D.C. We pointed out that the letter of intention should contain a brief description of the construction project. It should estimate the total cost, and the amount of Federal funds to be requested. If any part of the facility is to be used for research, the letter should estimate the cost thereof, since a joint application under this program and the Health Research Facilities program would be filed. It should also show the status of architectural plans and estimate when the project can get under construction.

Sitting still and wishing
Maknes no person great.
The good Lord sends the fishing,
But you must dig the bait.

—Author unknown.

NEWS OF THE DISTRICTS

District No. One

September has been the month for our late weekend vacationers. Dr. Maurice Mann and family spent a very pleasant week end at Eagle Nest—no record of fishing. And, we have one man who went to the races in New Mexico—Dr. Ed Rossman and family went to the filly fanfare and returned via Carlsbad Caverns. A wonderful week end, we are sure.

All progressed about as normal with a full hospital—beds in the halls, et cetera, and then the Staff meeting at the Dr. Jim and Mary Meade's unique and wonderful home. There was swimming, horseplay and a most wonderful time—even Dr. Glenn Scott and your correspondent entered into the musicale for the evening! Everyone enjoyed a most wonderful evening in spite of one casualty—Dr. Bradford E. Cobb suffered a slight laceration under his right eye.

Last Sunday, which was our regularly scheduled district meeting, was a never to be forgotten day. Dr. D. E. Hackley and his charming wife Effie invited the entire district to their ranch for a day's outing which was a most unselfish and generous 'doing' for these two wonderful people. There was barbeque, wonderful red beans, salad and cake; in short, in the food line there was all that a person wanted and more than one needed—one plate called for another one. There was horseback riding and no horse was left alone for too long a period as the children and many of the adults returned home with dear but a bit painful memories. Our hospital administrator, "Dub" Davis, ripped his britches before the day started and had to be grounded for a short time while the damage was repaired—the cause of such antics has not been discussed. Thanks to Don and Effie for this wonderful occasion.

A note of sadness entered into the afternoon of the district meeting when Dr. J. Francis Brown was notified of the death of Dorothy's mother, Mrs. Watt Arnold, in Kirksville. Our sympathies go to both of these grand people at this time.

Several of our members are in and out of town attending professional meetings and conventions here and there.

These notes for this month should impress all with what a great and cooperative group we have the pleasure of working with.

LEWIS N. PITTMAN, JR., D.O.
News Reporter, District No. 1

District No. Six

Lots of trips by everyone this summer, and lots of new babies around. Dr. Opal Robinson and husband went north into Canada—a relief from the warm weather in South Texas.

The Grice's went to California and they felt it was a pretty fine place for a D.O. in that state since they are still having a few backaches out there.

Dr. Ken Riggle is back from a Summer in Europe and his patients, of course, were still waiting for him.

Dr. Esther Roehr didn't go anywhere. All her help or assistants were busy making changes—even the office girl gave birth to another baby.

Dr. David Jaffe and wife were busy with arrangements for the marriage of their beautiful daughter, Carol.

We are glad to report that Dr. John Rushing at Community Hospital is out of the hospital and doing nicely.

I imagine that many of the doctors in the state have noticed that the screening of chest films has been well worth-

while, especially for people who work in restaurants and need health cards. Apparently the health department picked up many carcinogenic difficulties, most of them smokers.

Doctors Hospital has grown quite large with its new addition. Community Hospital is buzzing as usual.

One of our gentlemen, in this area, had a very interesting experience in the past month. He was working very hard this entire year, at a loss, but his office girl was not. Now, she is trying to pay back the several thousand dollars that she was able to earn in her spare time. The doctor states that his signature, by her hand, was more accurate than his own.

Now that summer is over, you can be sure that District No. 6 will be reporting each and every month.

A. W. VILA, D.O.
Reporter

District No. Eight

Vacation time is over and life has settled down to a fairly normal pace for most of us. As the Coastal Bend area becomes better known as a vacation land, we find ourselves entertaining more and more out of town relatives and friends. We do enjoy it though so if when you visit in our area, give us a call.

The chapel in the Corpus Christi Osteopathic Hospital has been newly carpeted by the hospital lay guild and the Aquateens. These two groups have done a wonderful job this summer assisting in patient care and service.

The money for the carpet came from proceeds of a bake sale and the guild activities in the hospital.

The district meeting was held at the Privateers Country Club and was well attended but the group seemed small due to the fact that the doctors in the valley are no longer in our district.

D. H. HAUSE, *D.O.*
Secretary

District No. Thirteen

The regular monthly meeting was held at Honey Grove, Texas September 14, 1963 at the new David Graham Hall Community center with Dr. David Matthews as host. Cooler weather and a beautiful place to eat seemed to have stimulated attendance for ten members were present with their wives and also Dr. Thomas Turner of Fort Worth, Texas who brought two Interns; Drs. Tom Lavaty and Pat McCafferey.

Dr. Turner spoke on Orthopedic problems in general practice; we surely do appreciate these men who take their time to bring us up to date.

Dr. James Fite presided at the business meeting. Dr. Vinson reports a sizable amount in the treasury.

Dr. and Mrs. Dean Wintermute plan to attend the A.O.A. Convention in New Orleans in October.

R. D. VAN SCHOICK
Reporter

S.O.P.A. News
(Jefferson County)

District 12 had its final business meeting for this year and election of officers were as follows:

President—Emma Jo Smith
Vice President—Betty LeBlanc
Secretary—Dorothy Welch
Treasurer—Sandra Thibodeaux
Program Chairman—
Betty Woodall
Publicity Chairman & Scrapbook—
Pearl Sloane
Ways & Means Committee—
Betty Storey and Lula Hays

At this meeting we acquired two new members which was a boost to our moral. We now have a total of eleven active members. We are all looking forward to a bigger and better year.

I am looking forward to meeting all of you at our next annual meeting.

Five Texans Enrolled in KCOS Freshman Class

Five Texans have enrolled at the Kirksville College of Osteopathy and Surgery, Kirksville, Misouri, to begin a four-year program leading to the degree "D.O.", Doctor of Osteopathy. They are,

Robert H. Pierce, son of Mr. and Mrs. Robert Pierce, El Paso, Texas;

Jay Gordon Beckwith, son of Dr. and Mrs. Gordon Beckwith, San Antonio;

Melvin Ray Jones, son of Mr. and Mrs. R. L. Jones, Fort Worth;

Lewis Kendall, son of Mr. and Mrs. Seymour Kendall, Corpus Christi;

Bobby Ray Haley, son of Mr. and Mrs. W. R. Haley of Amarillo. Mr. Haley is the recipient of a freshman scholarship from the Texas Association of Osteopathic Physicians and Surgeons.

PROFESSIONAL CARD DIRECTORY

Officers of the District Associations of the
TEXAS ASSOCIATION OF OSTEOPATHIC PHYSICIANS AND SURGEONS, INC.

DISTRICT 1

Dr. J. Francis Brown, Amarillo ..... President
Dr. Benjamin W. Rodamar, Amarillo ..... President-Elect
Dr. Robert E. Clayton, Groom ..... Vice President
Dr. Richard E. Wetzel, Amarillo ..... Secretary-Treasurer

DISTRICT 2

Dr. George F. Pease, Fort Worth ..... President
Dr. Harris F. Pearson, Jr., Grand Prairie ..... Vice President
Dr. Jerry O. Carr, Fort Worth ..... Secretary
Dr. James R. Leach, Fort Worth ..... Treasurer

DISTRICT 3

Dr. Robert E. Slye, Brownsboro ..... President
Dr. John S. Turner, Canton ..... President-Elect
Dr. R. Anton Lester, Jr., Frankston ..... Vice President
Dr. Kenneth E. Ross, Tyler ..... Secretary-Treasurer

DISTRICT 4

..... President
..... Vice President
..... Secretary-Treasurer

DISTRICT 5

Dr. R. Eugene Liverman, Dallas ..... President
Dr. T. Eugene Zachary, Richardson ..... President-Elect
Dr. David B. Greene, Dallas ..... Secretary
Dr. Frank J. Bradley, Dallas ..... Treasurer

DISTRICT 6

Dr. Esther M. Roehr, Houston ..... President
Dr. Gordon A. McClimans, Houston ..... President-Elect
Dr. Robert Lee Peters, Pasadena ..... Vice President
Dr. Lester I. Tavel, Houston ..... Acting Secretary
Dr. John R. Horan, Houston ..... Treasurer

DISTRICT 7

Dr. Richard J. Tamez, San Antonio ..... President
Dr. Jess J. Diaz, San Antonio ..... Vice President
Dr. W. D. Schaefer, San Antonio ..... Secretary-Treasurer

DISTRICT 8

Dr. Dale L. Williams, Corpus Christi ..... President
Dr. M. Glenn Kumm, Aransas Pass ..... Vice President
Dr. Dwight H. Hause, Corpus Christi ..... Secretary-Treasurer

DISTRICT 9

Dr. A. J. Poage, El Campo ..... President
Dr. Clark D. Tisdale, Moulton ..... President-Elect
Dr. John C. Fredericks, Schulenburg ..... Vice-President
Dr. John H. Boyd, Louise ..... Secretary-Treasurer

DISTRICT 10

Dr. Horace A. Emery, Lubbock ..... President
Dr. Max M. Stettner, Lubbock ..... President-Elect
Dr. Richard M. Mayer, Lubbock ..... Secretary-Treasurer

DISTRICT 11

Dr. John E. Holcomb, El Paso ..... President
Dr. Daniel Leong, El Paso ..... Vice President
Dr. R. C. Valdivia, El Paso ..... Secretary-Treasurer

DISTRICT 12

Dr. A. L. Garrison, Port Arthur ..... President
Dr. Auldine Hammond, Beaumont ..... President-Elect
Dr. Paul D. Siefkes, Groves ..... Secretary-Treasurer

DISTRICT 13

Dr. James E. Fite, Bonham ..... President
Dr. Selden E. Smith, Wolfe City ..... Vice President
Dr. Roy C. Mathews, Wolfe City ..... Secretary
Dr. Jack R. Vinson, Bonham ..... Treasurer

DISTRICT 14

Dr. Mabel F. Martin, Weslaco ..... President
Dr. George W. Diver, Elsa ..... Vice President
Dr. Joe Suderman, Pharr ..... Secretary-Treasurer

THE "Way-Smoothers"

The very volume of hospital bills paid by Blue Cross of Texas for our members in the 554 Blue Cross hospitals of the state, means that the road from Blue Cross to the hospital is a well-beaten path.

These are the men who keep that path smooth. They make sure of complete and continuing understanding between the hospital and Blue Cross. They acquire, and freely dispense, solutions to hospital problems which some hospitals have developed, to others which may need them. They work as educators, holding workshops for the explicit purpose of training hospital and doctors' administrative people, in the necessary "paper-work."

They even help hospitals with that great problem we all share, "public relations."

These are the men, totaling 55 years of experience in this field, of the Blue Cross-Blue Shield Professional Relations Staff.

One of them can be at *your* desk, tomorrow.

BOB HAWTHORNE

TOM STARKE

GEORGE WALTERS

HAROLD WARREN

HENRY DENNING

BLUE CROSS®
GROUP HOSPITAL SERVICE, INC.

BLUE SHIELD®
GROUP MEDICAL & SURGICAL SERVICE

MAIN AT NORTH CENTRAL EXPRESSWAY • DALLAS 22, TEXAS