

Texas

OSTEOPATHIC
PHYSICIANS

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Volume XVI

FORT WORTH, TEXAS, OCTOBER, 1959

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EDITORIAL PAGE

THANKS!

To the many members of the profession, the insurance industry, advertisers, exhibitors, and of course to the lay public who will not see this, the executive secretary desires to express his appreciation for the beautiful flowers sent to him during his recent confinement to the Fort Worth Osteopathic Hospital, which brightened up the entire hospital and which were so numerous they allowed other patients in the hospital and guests to appreciate human sympathy.

To those from all over the country who sent cards, telegrams and gifts in expression of goodwill, he assures them of his appreciation and expresses his sincere thanks.

The executive secretary assures each and every one it will not be long until he will be back in harness again and everything will be rolling as smooth as before. This profession will and must move forward, and to that end the executive secretary dedicates the remaining years of his life.

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

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NUMBER 5

Etiology and Management of Cardiac Arrest

STEVEN KEBABJIAN, D.O., Dallas Osteopathic Hospital

Cardiac arrest can occur at any time, with or without warning, during any operative procedure, and under any method of anesthesia.

There are two types of cardiac arrest—secondary arrest, where the heart has stopped beating because the patient has died; as seen in coronary thromboses, massive pulmonary embolism, and cerebrovascular accidents; and a primary cardiac arrest, in which the heart has stopped, but the patient is still alive and will remain so for several minutes. In this paper, I will discuss the primary type of arrest, its etiology and management.

The majority of authors believe the basic etiology of cardiac arrest is error in the administration of the anesthetic, rather than the anesthetic agents; and the carelessness of the surgeons in the handling of tissues, rather than the procedure.

The greatest single factor contributing to cardiac arrest is hypoxia, whether it be due to excess of anesthetic agent, obstruction of the respiratory passages, or hemorrhage. In hemorrhage, there is a sudden decrease in the blood volume, followed by hypotension and myocardial hypoxia, possibly resulting in cardiac arrest.

The presence of anemia may be an indirect cause of cardiac arrest by producing a strain on the heart and cir-

ulation due to the inadequate oxygen carrying power of the blood.

The concept of the vago-vagal reflex as a contributing cause in the production of cardiac arrest is a controversial one. However, it has been proven that mild stimulation of the cardiac vagus nerve results in bradycardia and arterial hypotension. When the stimulus is increased or prolonged, cardiac asystole has been produced.

Retention of carbon dioxide producing hypercapnia may initiate cardiac arrest by potentiating the vagal reflexes. This occurs with insufficient absorption of exhaled carbon dioxide in a closed rebreathing system, following deficient pulmonary ventilation and asphyxia.

It has also been proven that stimulation of the cardiac accelerator (sympathetic) fibers initiate ventricular tachycardia and eventual fibrillation. These fibers are stimulated during profound asphyxia, by direct mechanical stimulation, and chemical stimulation by adrenergic drugs (especially epinephrine). Thus, an apprehensive patient, with an increase of epinephrine in the blood, is a likely candidate for cardiac arrest. This stresses the importance of adequate premedication of the surgical patients. Also, insufficient anesthesia in the presence of strong sensory stimulation may initiate ven-

tricular fibrillation by producing an imbalance in the autonomic control of cardiac action; e.g. sympathetic predominance.

Patients with congenital or acquired cardiac lesions are more prone to cardiac arrest, emphasizing the need for thorough presurgical examination and evaluation.

Postural changes, torsion of the heart and great vessels, and mechanical pressure upon the viscera by surgical manipulation may also initiate reflexes that produce bradycardia, hypotension, and eventual cardiac asystole.

These, then, are the possible causes of cardiac arrest, and fortunately, the majority of them can be avoided. Thus, the best treatment for cardiac arrest is prophylaxis, for many times there are warning signs of impending myocardial failure and subsequent arrest. These include a slowing of the heart rate with a decreased pulse pressure, hypotension, with or without cyanosis. When these signs appear, every effort to more adequately oxygenate the patient should be instituted. If this fails to produce an increase in the rate and force of cardiac action, atropine sulfate grs. 1/150 should be administered intravenously, in an attempt to inhibit parasympathetic control of cardiac action. If hypotension persists, a vasopressor drug (ephedrine sulfate 50 mgs. or methoxamine hydrochloride (Vasoxyl), 10-20 mgs. IM) should be used. Epinephrine should be used only if the other drugs fail; (3 cc. of a 1:1000 solution is added to 500 cc. 5% dextrose in water, and given intravenously at 30-40 drops per minute.)

In the presence of ventricular tachycardia, it is wise to use 50-100 mgs. Procaine, since the tachycardia is often followed by ventricular fibrillation. The procaine will tend to slow the ventricular rate and decrease cardiac irritability. If the tachycardia is associated with hypotension, Vasoxyl is indicated because of its ability to slow

the heart while increasing the blood pressure.

When there is no palpable pulsation of the carotid artery, the anesthesiologist presumes that cardiac action has ceased. All anesthetic agents are discontinued, and the patient is flushed with 100% oxygen (5 liters per minute). At the same time, the surgeon is informed of the situation and decisive measures are instituted immediately. No time can be lost, for the team has just three minutes from the time of asystole to reestablish circulation; since after this time limit, irreversible damage occurs and the prognosis is grave even if cardiac action is restored. Therefore, there is no time for electrocardiographic studies or continued attempts to record a blood pressure reading that is probably non-existent.

As soon as the surgeon is informed that the patient is in cardiac arrest, he should proceed immediately to open the chest. Along, left antero-lateral incision should be made in the fifth or sixth interspace. If the diagnosis is correct, there should be no bleeding. There is no time for draping or sterile technique. When the heart is open, inspection will reveal whether the heart is in complete standstill or in ventricular fibrillation. The lung is pushed posteriorly and the fingers of the right hand are placed posterior to the heart, while the thumb is placed over the anterior aspect of the ventricle. Then, rhythmically, the heart is compressed between thumb and fingers at a rate of 60-70 times a minute. In order to be effective, the manual compression should produce a palpable peripheral pulse beat.

During this time, the resident anesthesiologist should have started an intravenous or intraarterial infusion of dextrose, saline, or whole blood. He should then prepare the defibrillator, the electrocardiogram and the following drugs:

1. Procain 100 mgs. in 10 cc.

2. Epinephrine $\frac{1}{4}$ cc of 1:1000 solution diluted in 5 cc.

3. Atropine grs. 1/150

4. Ephedrine 50 mgs. and Vasoxylin 10 mgs.

5. Calcium gluconate 4 cc of a 10% solution.

The anesthesiologist has been flushing the patient with 100% oxygen, and thinking of a possible cause for the arrest, since treatment that is good for one type may aggravate another type.

Passage of an endotracheal tube is advantageous. However, its use is not necessary until heart action is resumed, unless there is obstruction present.

The table is put in about 8 degrees Trendelenberg to help blood reach the brain of the patient.

In cardiac asystole due to excessive vagal stimulation, the intravenous administration of atropine grs. 1/150 is beneficial. Epinephrine is also beneficial here, but carries the danger of producing ventricular fibrillation. Therefore, it should be used preferably after the patient has been given procaine or pronestyl (intravenously or into the right ventricle), to lessen myocardial irritability; and after the myocardium has been well oxygenated.

The intravenous or intracardiac administration of 4 cc. 10% solution of calcium chloride or calcium gluconate is beneficial in the atonic heart. Its function is to help balance the excess of potassium which is liberated from the ischemic tissues.

If the heart is in ventricular fibrillation, cardiac massage and artificial respiration with oxygen are still indicated. However, both epinephrine and atropine are contraindicated. Procaine or pronestyl is effective in this type of arrest. Procaine, 100 mgs. in 10 cc. should be injected into the right ventricle, or smaller doses intravenously. Also effective is the topical application of a 2% butacaine sulfate solution over the ventricles.

In most cases, however, ventricular fibrillation persists, and can only be

interrupted with electric shock. Caution must be exercised when using electrical currents because of the hazard of explosion in the presence of inflammable anesthetic agents. Therefore, electroshock should not be used until the anesthesiologist has completely removed the anesthetic agents from the patient's lungs by flushing with 100% oxygen.

Electroshock causes the muscle fibers of the entire myocardium to be thrown into a simultaneous refractory state by the powerful alternating current. If the anoxic condition of the myocardium has been improved by oxygenation and manual compression, the heart will tend to develop sinus rhythm when it recovers from the electronically induced refractory state.

Most authors recommend a 115 volt, 60 cycle alternating current, and not less than 1.5-2.0 amperage. This is available from ordinary house current, from the customary electrical outlet.

Schotz and Birkmire suggest the use of a transformer that will provide an electromotive force of 210 volts when connected to a 115 volt AC 50-60 cycle source, with an amperage of 2.80. They use slightly curved electrodes to more nearly approximate the curve of the heart, and thus provide more even distribution of the current.

If the heart is in ventricular fibrillation, it should be massaged for several minutes, and then the saline-soaked electrodes should be placed on the left ventricle at the apex of the heart; and on the right ventricle, just beneath the auricular appendage. A single shock, lasting 1 second or less, should be attempted first, followed by massage. If this fails, a series of shocks, $\frac{1}{3}$ second duration with $\frac{1}{3}$ second intervals, should be passed through the heart. The procedure may have to be repeated, but each time the heart should be massaged before electrical defibrillation is attempted.

If the surgical team restores the heart beat, massage and artificial res-

piration are continued until both the surgeon and the anesthesiologist feel that the restoration of cardiac action is permanent. The chest is then closed.

In many instances, the original surgical procedure may have to be completed, especially in cases where the pathology threatens the patient's life. However, in elective procedures, the original surgical procedure should be postponed, and the patient returned to bed.

Postoperative management in these cases is extremely important. Blood pressure, pulse, and respiratory rate should be recorded every five minutes for the first few hours. An adequate airway must be maintained at all times. Hypotension is combated with the vasopressors. If ephedrine and vasoxyl are ineffectual, Neosynephrine, (1 cc of a 1% solution in 500 cc of fluid), or Levophed (4 cc in 1000 cc of fluid) can be used. Cardiac arrhythmias, pulmonary edema and cardiac decompensation should be watched for, and treated immediately should they occur.

Hosler points out that the resuscitative procedure in cardiac arrest is usually simple, "if one takes positive action. All that is necessary is courage, speed, clear-thinking, determination, perseverance and a few special instruments."

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McGREGOR, McLennan County, Texas. Due to death of Ira F. Kerwood, D.O. this town is in need of another D.O. If interested, contact Ever's Drug Store.

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Presidential Palaver



Seated left to right: Dr. and Mrs. M. G. Holcomb, El Paso, Texas, Dr. and Mrs. Raymond D. Fisher, Fort Worth, Texas.

This picture taken at La Fiesta, Juarez, Mexico on President's visitation in El Paso.

As your President, I have just come back from my first trek, visiting Districts No. 1, 10, and 11. This was quite a tour, Ft. Worth to Amarillo, Lubbock, El Paso and back to Ft. Worth, and all points in between.

Leaving Ft. Worth, Saturday morning, September 19, 1959, I stopped at Wichita Falls to try and contact Dr. R. H. Peterson, Vice President of the Texas Board of Examiners, also Dr. Ted Alexander, who was in Kirksville when I was studying there. Of course, being Saturday, they were out playing golf, as I also would have been—thus next time will have to do.

My wife Kay accompanied me on this long trip, so on arriving in Amarillo we were met by Dr. and Mrs. Glenn Scott, President-elect of TAOPS. They had arranged a very nice little party for us at Vol's Steak House, and the steak was really something. The following doctors and their wives were present: Eugene Augters, Glenn Scotts,

Lester Vicks, John Kemplins, of Amarillo, and Glen Robinsons of Happy, Texas (and they were). Adjourning to the Scotts' home, later, we hashed over old times, all in all a very enjoyable evening.

Two side trips to Clarendon, to see Dr. Gordon Stewart and to Plainview to see Dr. Merlin Achor, availed nothing as they were out. Did contact Dr. Achor at the Lubbock meeting the next night.

I had a lovely room at the Herring Hotel, where the Sunday noon dinner and meeting were held. A goodly number of doctors and wives were present. They listened attentively to my remarks and the happenings in our good state and asked many questions, which by luck, I was able to answer. This was a very good meeting, appreciated by me and hope they also got something out of it. District No. 1 also has a very good and working auxiliary.

I also might tell you that the Scotts

and Fishers attended church Sunday morning. The preacher was a guest speaker, well known to Amarillo, as he stated he had always wanted to fill this pulpit, as a minister, as he had been there before, but as the janitor in his early days.

Leaving Amarillo Monday we traveled to Lubbock and District 10, arriving there that afternoon. On our way, we stopped and had a very nice visit with the President of District No. 1 and his wife, at Happy, Texas.

We were met by Dr. and Mrs. Harlan Wright, Harlan being on the Texas Board of Trustees. They invited us over to their home, for a light lunch before the meeting that night. Other doctors and their wives attending this were: James Mott, president of District No. 10, Horace Emerys, James Fannin, Glenn Porter, Stuart MacKenzie, and Ben Souders.

We had our meeting at the new Holiday Inn, with good attendance, good meal and a very informative meeting and discussion. The auxiliary here, also is very active. Some good points were brought forward concerning Christmas Seals for AOA, and I know this district will accomplish everything it undertakes. This was another good meeting.

We left early next morning for a long trip to El Paso, where we were met by Dr. and Mrs. Mickie Holcomb. They took us to their very nice home in the valley, unloaded us and baggage in one of their guest rooms and we were ready for a very pleasant visit with the Past President and his Past President Auxiliary wife, Janice.

I had never been in El Paso to stay for any length of time so my visit here was very exciting. What with such a few D.O.s and the large amount of practice, it was amazing. Everyone was doing O.K.

Our meeting was held that evening at a very lovely steak house, in a private dining room over in New Mexico. Every one in District No. 11 and wives were present. We had another enjoyable evening, meeting and discussion. All D.O.s' wives are members of Auxiliary, another good working organization. After the meeting a few of the doctors visited across the river, having a good time—all but Mickie, who had misplaced his car keys and had to go back home and get the other set—of course he was driving his wife's new Fleetwood Cadillac and did not know the ropes.

Our work over, as far as Osteopathy was concerned, we spent all day driv-

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ing in and around El Paso the next day. Many things of interest were seen, Texas Western College, (Mickie's daughter goes there); a new race track in New Mexico just on city limits of El Paso; mountains, plains and valleys, all beautiful. While traveling around El Paso, many thoughts entered my mind. At first it seemed like the jumping off place, then again I could say "Eureka," I have found it, or is this the "Shangrila"? Well it was very enjoyable all the way and time. La Fiesta is a wonderful place to go in Juarez, Mexico—too.

We left El Paso, after visiting the hospitals and doctors, Thursday, and made our way to Odessa, trying to contact Drs. Leopold. They happened to be out. We then visited with Dr. Harmon, an old classmate of mine in Kirksville. He and Dr. Nelson have

this new hospital in Stanton, Texas. They are doing fine and need more help. This was a very pleasant visit.

Arriving back home late Thursday night, we were too tired to think, but the next day I sort of relived my journey and came to these conclusions:

1. All districts are working hard for osteopathy and themselves.
2. All districts need more osteopathic physicians.
3. All auxiliary members are working to help others.
4. We are gaining ground in all directions, PROGRESS is our motto.
5. GIVE and help OSTEOPATHY to LIVE.

Here's to a better tomorrow and THANKS for listening.

RAYMOND D. FISHER, D.O.
Pres., TAOPS

The Profession and the Public

Article XII of A Series of 12

Chapter III of the Code exhorts members of the profession to cooperate with and to assist the public in the promotion of the public health. Such professional cooperation from the individual physician largely relates to fulfilling his responsibilities under the various public health laws of state and local governments.

The osteopathic profession has long assumed the responsibility of informing the public concerning charlatans and others who might exploit the public in the practice of the healing arts. It has encouraged doctors to do their part in sustaining local laws and institutions, and in cooperating in public health studies. The profession has even exceeded its responsibilities in this regard by building hospitals throughout the country which are available to the public and generally maintained without tax support. In some areas, osteopathic physicians help to staff lo-

cal public hospitals and to administer health programs requiring professional personnel. They have long served in such capacities as coroners, medical examiners, and county health officers.

Organized osteopathy has always recognized the importance to the public of maintaining high ethical standards of conduct and practice. It has established a Code of Ethics to which its members adhere voluntarily. Great professions of all times have recognized ethics as basic to professional life. Without ethical standards no professional life. Without ethical standards no profession can exist. The Code of Ethics of the American Osteopathic Association sets forth a body of principles to guide the conduct and practice of its members. It is recognized by them as essential to the health of their patients, the promotion of the public health, and the progress and development of their profession.

New Osteopathic Hospital

From Fort Worth Star-Telegram—Sunday, Sept. 27, 1959



White Settlement Turns Earth for Hospital

White Settlement broke ground Saturday for a new 30-bed, \$350,000 hospital, its first capable of handling emergency cases on a 25-hour basis.

Opening has been scheduled for Jan. 1, 1960. The hospital will include 13,500 square feet of floor space on a four-acre tract at Cherry Lane and Youngblood.

Speakers at Saturday's groundbreaking were White Settlement Mayor T. M. Sheffield, Dr. Phil Russell, executive secretary of the Texas Association of Osteopaths and Surgeons, and Dr. Joe W. Rhoades, prime mover behind establishment of the new hospital.

Dr. Russell noted that the hospital was in keeping with requirements of high health standards for a large and progressive community such as White Settlement.

The hospital will have a three-doctor staff to start, but it has a four-doctor suite of offices. It will be equipped for surgery, infant delivery and 24-hour emergency service.

Of fireproof brick and masonry with steel ribbing, it will have individually controlled heating and air-conditioning units for each room.

The hospital will be called simply

White Settlement Hospital. It will be run on an "open staff" basis available to both osteopathic physicians and M. D.s.

Dr. Rhoades, who with Dr. William M. Snow and Dr. E. D. Conrad will make up the doctors' staff of the new hospital, is immediate past vice-chief of staff of the Fort Worth Osteopathic Hospital.



GROUND BROKEN—White Settlement Mayor T. M. Sheffield, left, gets ready to lend a hand as Dr. Phil Russell turns the first spade of earth for the community's new \$350,000 hospital.

Executive Secretary's Travelogue

The heading of this article is indeed misleading. No one could dream or think this is a travelogue. Possibly it should be entitled "The History of the T-Tube" or "The Wild Dream of An Executive Secretary."

If you don't think executive secretaries have wild dreams, then he is sure that you had better re-evaluate your own thinking, for even an executive secretary is human even if he happens to be a doctor which makes it double jeopardy. Nevertheless, whatever the title of this may be, the Association and the people whom your executive secretary serves, are entitled to a report as to what has taken place since the last true travelogue was written.

The executive secretary was looking forward to a very active and constructive month in September, with many activities which he felt that were necessary for him to participate in, in the interest of the profession—the combined meeting at Tyler of District No. 3 and the OB and Gyn. Group; the Texas Academy of Applied Osteopathy meeting in Austin; the Radiologists meeting—all of which give the executive secretary the opportunity to do missionary work with the members of the profession. Also the American College of Osteopathic Internists meeting in Dallas which had numerous out of state guests which would have afforded the executive secretary the opportunity to "sell" Texas locations to some of these men. Again, he had scheduled a meeting with the officials of Blue Cross which had a tremendous value to the profession and this meeting had to be called off.

The AOA hospital inspector was insisting that your executive secretary be with him in the inspection of several hospitals for intern approval. This, of course, had to be called off, but the executive secretary did spend some three hours with the hospital inspector,

while in his hospital bed, going over many of the details of the hospitals to be inspected which were in Dallas, Fort Worth, Houston, and Groves. The executive secretary recognized that the month of September had many activities which meant expansion and growth to this profession and he was exceedingly desirous of participating in each and every phase.

The executive secretary woke up on September 4 to the fact that it had been many years since he had taken a vacation or had a day off—Saturday, Sunday, or any other day—in which he had not been working in an activity in the interest of the profession. This is his life. This is what he likes. It is his dream and what he wants to do. But, he also felt that somewhere along the line he was getting pushed just a little beyond human endurance—that he was tired and he should cut loose for a day or two and see if he could recuperate. He made up his mind to take a day off and get away over Labor Day, but he also recognized that a member of the profession had a daughter to be married that night and he should make that attendance which he did.

On Saturday, September 5, he decided to take off and stay away over Labor Day as the office would be closed and he could close his eyes to everything but a little sunlight, fresh air, and relaxation. But where to go was the problem. Where do you go when you want to get lost from everything and everybody? Well, did you ever hear of a place called Coon Creek? There are lots of places called Coon Creek, but he does have a friend who has a nice little spot on Coon Creek, so that afternoon the executive secretary took off and found his way there. Yes, he played cards, had good food and a little buttermilk which of course made him sleep well.

On Monday afternoon, September 7,

the executive secretary realized he must return to Fort Worth—that he had an important meeting with the Intern Committee of the Fort Worth Osteopathic Hospital at 7 a.m. the following day.

At 6 p.m. that day the executive secretary started his return trip. He was some 80 miles from Fort Worth when he was overcome with a peculiar sensation of impending disaster. He recognized he was getting into a dangerous driving position. He was very tired and exhausted, which is unusual for a man of his disposition. So he pulled into the first tourist court and went to bed, leaving a call for 5 a.m. the next day.

About all he can now remember about this situation is that out there, all alone, there must have been a guardian angel of some kind that watched over him during the hours that followed. To that angel he will forever be grateful, because the caress of an angel's hand is one you never forget.

With an extremely high temperature mixed with emperin and coedine, the executive secretary's mind played many tricks. Many wild dreams went through his mind. He wishes it was possible to describe or to have a movie of the actions of his mind, during these hours. Possibly it is better that he cannot recall them all.

The same guardian angel roused him at 5 a.m. and he made it to the Fort Worth Osteopathic Hospital by 7 a.m. where, to his chagrin, he found the meeting had been called off. Therefore he proceeded immediately to the office, in spite of his condition, to see if the work of the organization was progressing. He stuck with it all day and entered the hospital that evening, but he attended a hospital board meeting until 11 p.m.

Then, all the necessary laboratory and x-ray work that could be done was instituted, all of which proved conclusively one simple thing—the executive secretary was in bad shape, with



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a lot of massive stones in the common bile duct—everything completely blocked off—and surgery was necessary.

The Fort Worth Osteopathic Hospital has wonderful surgeons but to ask these men, so closely associated with the executive secretary — almost brothers, to assume this responsibility was unthinkable. So, Dr. J. Natcher Stewart was called upon to do the surgery. However he was down and it was suggested that Dr. J. Donald Sheets of Detroit, Michigan be brought down for both of us, to which the executive secretary agreed.

On Wednesday afternoon, September 9, Dr. Sheets called and stated Dr. Stewart was better but that he would be happy to come and operate on the executive secretary. There was a slight difficulty in getting a reservation on a fast plane. American Airlines was contacted by officials and Dr. Sheets arrived in Fort Worth Thursday morning and on that afternoon he took this little boy to surgery where he ran into real difficulty, as most of the stones were imbedded in the common bile duct and the sphincter of oddi. It was a tedious and difficult job. Finally the work was completed and the usual T-tube inserted.

Then began the story that the executive secretary is not too familiar with—that of hospital care. He had never known sickness. He knows very little about hospital care, from the patient standpoint, but suffice it to say that with his little knowledge he can vouch for one thing—No man ever had better care. No man ever had better nursing service. The loyalty and the devotion of the nurses to their job was astounding. The staff doctors with Dr. Roy B. Fisher and Dr. Melvin E. Johnson taking the lead, and the interns gave such service that the executive secretary was moved beyond words and that is something. But he can tell you, it was greatly appreciated.

Following the surgery, there was a week of rather rough going, but even

during this time he was able to check consistently with the affairs of the Association and with the help of his secretary Rita Neal, things have been kept moving as usual.

In all of this hospital visitation, the executive secretary experienced tragedy, suffering, human fellowship, sympathy, understanding, etc.—all the emotions known to a human being.

The executive secretary was deeply touched by the response of the profession and the lay people from over the state and nation. The hospital was literally loaded with flowers and hundreds of cards and telegrams from well wishers. All of this made the executive secretary re-iterate, with humility, a pledge to devote the balance of his life to the osteopathic profession and to his fellow-man. He knows of no better way to acknowledge all of these expressions of good will.

After ten days of turbulence, the seriousness of the situation was somewhat relieved and the executive secretary began to get hold of life again. Everybody said he was better because he was mean. He told everyone how to do everything—how he should be taken care of—what they should or should not do—until everybody on the staff probably wished he would change his location. Nevertheless, it became humorous and there was lots of fun, even though he was pretty badly crippled and could not get around much.

The executive secretary tried to make one escape, which you can see from the picture below, but an intern and



nurse caught him because his mode of transportation lacked horse-power.

He is sure if the readers had been in his position and had had as many needles stuck in them as he (until he felt like a pincushion) they could understand his resentment to those who caused this discomfort and bruised and battered him until he looked like a foreigner. He desired revenge and finally he caught one of the culprits and slipped up and gave him the injection you see below—50 cc of High Life—



Believe you me, we now have an active intern.

On Saturday, September 26, the executive secretary felt his obligation and went to White Settlement and there participated in the ground breaking ceremony for the new White Settlement Hospital. This was indeed a very trying ordeal. It was his first time out of the hospital. His temperature was 100 and he returned to the hospital very tired, but after a few hours sleep he was pushed into a dress suit (dressings and all) and taken in an air conditioned car to the Statler Hilton Hotel in Dallas where he attended the final dinner of the American College of Osteopathic Internists.

This, he believes was the turning point as it was the first meal he ate and enjoyed. He was back in the hospital at 12 Midnight and the travelogue is now on again, for on Tuesday, September 29, the executive secretary left the hospital for a week's rest as

the guest of Mr. Sid W. Richardson on his famous St. Joe Island. As you can see below, the executive secretary wore the appropriate costume as Mr. Richardson refused to let him take any other clothes—



The executive secretary expects to be back on the job by October 10, 1959.

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The 1960 "Golden Anniversary" White House Conference on Children and Youth

By VIRGINIA ELLIS, D.O.

Traditionally, there has been a White House Conference concerned with the nation's children and youth every 10 years. President Theodore Roosevelt called the first conference in 1909. Each conference has studied the needs and problems of the children of the times and brought the results of these studies to the public's attention.

The theme of the 1960 conference is "to promote opportunities for children and youth to realize their full potential for a creative life in freedom and dignity."

The 1960 "Golden Anniversary" White House Conference on Children and Youth has been called by President Eisenhower for March 27-April 2, 1960. About 7000 delegates are expected from states, territories, and national organizations interested in children and youth. The preparation for such a conference has been fascinating to observe on the level of one participating state—the State of Texas.

Governor Price Daniel called together his state planning committee on March 14, 1959. He charged the members of this committee to assist in evaluation of the needs of children and youth at the "grass roots" level, to assemble these findings for reporting to Washington, and to vision a continuing organization to function over the next 10 years toward the next conference in Washington (1970).

Dr. Guy Newman, President of Howard Payne College at Brownwood, was appointed chairman of the Governor's Committee. Sub-committees were appointed to study and make recommendations in the areas of Juvenile Delinquency, Education, Health, Welfare, Values and Ideals of our Society, and Youth Participation.

During the summer, County Com-

mittees on Children and Youth have been organizing throughout the state with the same sub-committees as the State committee. Governor Daniel invited the Juvenile Court Judges to spearhead the formation of these county organizations. The membership is to include civic minded citizens in the fields of education, welfare, law, medicine, etc. The county committees are to be continuing in their function at the "grass-roots" level to evaluate existing problems and facilities.

Participation is urged on all levels of this tremendous project. The osteopathic profession is cooperating wherever opportunity presents itself. At this writing the American College of Osteopathic Pediatricians and the American College of Osteopathic Surgeons are to have representation on the national level. The Governor's committee in Texas has Dr. M. G. Holcomb serving with me as appointees. The county organizations offer opportunities of service to many. The profession is urged to participate actively on the local level. This can be accomplished by attendance of meetings that are being held in the pre-conference period to discuss problems of children and youth and by action to improve services in the community and state to meet these problems.

DEATH

Dr. Ira F. Kerwood of McGregor, Texas died of a heart attack, September 8, 1959.

American College of General Practitioners to Hold Annual Meeting November 8, 9, 10, 1959

Fort Des Moines Hotel, Des Moines, Iowa

The program of the American College of General Practitioners in Osteopathic Medicine and Surgery meeting, to be held in November, has been built around emergency situations where the physician is compelled to employ immediate diagnostic and therapeutic measures. Therefore, current ideas and a review of recent literature on emergency situations that occur in the practice of medicine will be presented.

Subjects to be covered during the three-day meeting are: Sunday, November 8—"Technic Demonstration" by Dr. Fred Mitchell, Chattanooga, Tenn.; "Cardiac Emergencies - Pediatric" by Dr. Leo Wagner, Lansdowne, Pa.; "Emergency Orthopedics" by Dr. Alex Wilcox, Los Angeles, Calif.; "Obstructive Uropathies" by Dr. Robert Rheinfrank, Tulsa, Okla.; "Diabetic Acidosis" by Dr. Neil Kitchen, Detroit, Mich.; "The Treatment of Burns" by Dr. Paul Newman, Norwich, N. Y.; "Allergic Emergencies and Acute Drug Reactions" by Dr. Harry Elmetts, Des Moines, Iowa; "Poisonings and the Poison Information Center" by Dr. Howard Conn, Washington, D. C.

Monday, November 9—"Technic Demonstration" by Dr. Fred Mitchell; "Emergencies of Steroid Treatment and Emergencies of Endocrine Diseases" by

Dr. Neil Kitchen; "Gastrointestinal Emergencies - Pediatric" by Dr. Leo Wagner; "Obstructive Uropathies" by Dr. Robert Rheinfrank; "Problems in Nuclear Radiation Casualty Management" by Dr. Irving D. Laudeutscher, Denver, Colorado; "Function of Community Services in Civil Disaster" by Mr. Landstreet, Battle Creek, Mich.; "Burns-Film" by Eaton Laboratories, Norwich, N. Y.

Tuesday, November 10—"Technic Demonstration" by Dr. Fred Mitchell; "Virus Immunization" by Dr. Chas. F. Weiss, Detroit, Mich.; "Emergency Orthopedics Office" by Dr. Alex Wilcox.

Hypnosis Sessions will be held all three days under the direction of Dr. M. L. Ford, Dr. L. Ditrick and Dr. J. Rowland.

Dr. Galen Young, President of the American Osteopathic Association will be the speaker at the Sunday night Banquet. Speaker for the Monday night Banquet will be Col. Thurston T. Paul, Deputy Commander of the Army Ballistic Missile Agency.

Registration begins at 8:30 a.m. Sunday, November 8, and the fee is \$60.00 for members and \$70.00 for non-members.

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Texas Association of Obstetricians and Gynecologists Hold Meeting

This specialty group had their semi-annual meeting at the Holliday Inn in Tyler, Sept. 19, and 20, 1959.

A few registrants arrived Saturday night and spent the night. We had a small social get-together which those few who attended enjoyed thoroughly.

Registration began at 9:30 a.m. and the program at 10:00.

Dr. J. W. McCorkle was program chairman for District 3 and James A. Vaughan, Jr., was program chairman for T.A.O.O.G.

Speakers and subjects were:

Dr. James D. Edwards, Tulsa, "Toxemia of Pregnancy Ileus: dynamic and paralytic."

Dr. Edward A. Felmlee, Tulsa, "Congenital deformities of the feet, acute and chronic low back problems."

Dr. Roy Fischer, Dallas, "First stage of labor, prolonged labor."

Dr. Paul A. Stern, Dallas, "Anesthesia for labor; local, paracervical and vaginal pudendal block."

All were outstanding speakers, and the material offered was second to none, heard in my experience in Texas.

Drs. Edwards and Felmlee were fogged out at Tyler and had to fly to Dallas to land. Drs. Wright, Porter, and Lauf just cruised around over the field until the fog lifted and landed in Tyler.

This was an outstanding program, and was well worth the time and effort required to get together. We certainly missed you.

Those attending were: Drs. James A. Vaughan, Jr., Jerry O. Carr, Carl Haymes, Dan D. Beyer, Stephen F. Kubala, Henry B. Peters, Jim Martin, Roy Fischer, Glen G. Porter, Harlan Wright, Lawrence Lauf, James D. Edwards, Edward A. Felmlee, B. W. Jones, L. D. Lynch, C. C. Rahm, Sue K. Fisher, Allen Fisher, R. L. Hamilton, C. B. Beatty, E. H. Owen, Wayne M. Smith, H. G. Grainger, Henry Hensley, C. F. List, J. S. Turner, E. C. Kinzie, R. B. Bunn, Palmore Currey, Charles P. Barbaree, William Clark, J. W. McCorkle, J. Tom Hagan, R. L. Slye.

Charles Rahm, D. O.
Sec. Dist. No. 3 and Pres.
Texas OB and Gyn.

Radiological Society Meets In Austin

An instructive and successful meeting of the Texas Osteopathic Radiological Society was held at the Villa Capri Motor Hotel in Austin on September 26 and 27. Twenty-six osteopathic physicians from all parts of Texas and numerous guests attended. A social hour preceded supper on Saturday night before the Texas-Maryland football game. The professional program was presented on the following day.

Guest speakers included Dr. John B. Rushing, radiologist at the Community Hospital in Houston and Dr. Charles O. Chester, radiologist of Granby and

Joplin, Missouri. Doctor Rushing spoke on whiplash injuries of the cervical spine. He emphasized the minimal yet important x-ray findings that so often accompany injuries of this nature. The necessity of a good history and painstaking physical examination was stressed.

Doctor Chester presented a formal paper on spinal manifestations of metastatic malignancy. Many examples of secondary lesions were illustrated by projection slides. On Sunday afternoon Doctor Chester conducted a teaching session on the roentgen aspects of heart disease. The x-ray findings common

to congenital and acquired cardiovascular disease were illustrated by numerous cases and blackboard demonstrations.

At noon on Sunday, a delicious prime rib luncheon was served the registrants and their guests by the Villa Capri. Following the meal, a business session of the Society was held. It was decided by the group to defer election of officers until the next meeting which will be held in Dallas on January 23 and 24.

A film interpretation session was conducted by Dr. Edward P. Yurkon of Dallas. Assisting Doctor Yurkon were Drs. Opal L. Robinson and James H. Kritzler of Houston. Numerous problem films were presented by the registrants and discussed by the panel. Dr. Joseph L. Love, the President of the Society, also served as Local Arrangements Chairman. The program was under the direction of Dr. Opal L. Robinson, program chairman. The following physicians and guests were registered: Dr. Katherine G. Patterson of Austin, Dr. and Mrs. Joseph L. Love of Austin, Dr. Earl C. Kinzie of Lindale, Dr. Carl R. Stratton of Cuero, Dr. R. O. Brennan of Houston, Dr. Mabel F. Martin of Weslaco, Dr. Harlon O. L. Wright of Sundown, Dr. and Mrs. H. B. Peters of Royse City, Dr. Opal L. Robinson of Houston, Dr. Wiley B. Rountree of San Angelo, Dr. and Mrs. G. G. Porter of Lubbock, Dr. and Mrs. J. V. Money of Schulenburg, Dr. C. D. Ogilvie and guests of Dallas, Dr. Ellis L. Miller of Talco, Dr. and Mrs. J. H. Kritzler of Houston, Dr. Esther M. Roehr of Houston, Dr. and Mrs. A. J. Poage of El Campo, Dr. M. L. Cline of Mount Pleasant, Dr. E. P. Carlton of Ft. Worth, Dr. C. H. Thomas of Houston, Dr. J. W. Axtell of Lubbock, and Dr. E. J. Yurkon of Dallas.

October, 1959

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Texas Academy of Applied Osteopathy Holds Seminar

The first two-day Graduate Seminar given by the Texas Academy of Applied Osteopathy was held in Austin September 25, and 26 at the Villa Capri. Lectures and teaching sessions were given by Dr. Fred Mitchell of Chattanooga, Tenn., and Dr. Paul Kimberly of St. Petersburg, Florida and assisted by Dr. George Luibel of Fort Worth.

Printed outlines of the lectures were distributed with space for notes. The low back problem was stressed in all lectures with reviews in anatomy, physiology and treatment given.

Those in attendance were:

Fort Worth: Drs. H. E. Beyer, R. B. Beyer, W. A. Weathers, George J. Luibel, Catherine and Elbert Carlton. Austin: Drs. Joseph L. Love, Elmer C. Baum, Frank Wortham, R. E. Farns-

worth, and John B. Donovan. Houston: Drs. J. R. Alexander, J. R. Cunningham, Lloyd Hammond and Frank McLamb.

Drs. Laura Lowell and Louis Logan, Dallas; Dr. C. R. Stratton, Cuero; Dr. Claude Hammond, Beaumont; Dr. Mabel Martin, Weslaco; Dr. J. V. Money, Schulenburg; Dr. Wiley B. Rountree, San Angelo.

Out of state: Dr. E. T. Kirk, Arizona; Dr. M. J. Schwartz, Oklahoma City, Okla.

The Academy course was so enthusiastically received that the group expresses the wish to have a course given next year in Austin.

Officers of the Academy of Applied Osteopathy are: President, Dr. Laura Lowell; Vice President, Dr. John Donovan; Secretary, Dr. Catherine Carlton.

Mr. Harry M. Dahl, Jr. Dallas Crash Victim



The death of Mr. Harry M. Dahl, Jr., 716 Kirkwood, Dallas, Texas, representative of The Baker Laboratories, Inc., is noted with deepest regret.

Mr. Dahl died in the explosion of

an airliner over Buffalo, Texas, September 29. It was a Braniff International Airways plane from Houston to Dallas.

The Association shall miss him sorely at the conventions for he added much to its success.

He was a staunch supporter of osteopathy and a true friend indeed.

Large College Enrollment

The largest enrollment of students in the history of the Kansas City College of Osteopathy and Surgery, will begin classes on Monday, September 14. More than 400 students will fill the classrooms and labs in the buildings located at 2105 Independence Avenue, Kansas City, Missouri.

Orientation for new freshmen students will be held Friday and Saturday to acquaint them with the campus, buildings, and the two hospitals of the college, the Osteopathic Hospital and the Conley Maternity Hospital. The freshmen enrollment for this term also

sets another all-time high figure.

The annual convocation for students will be held on Monday at the First Congregational Church, near-by, where the featured speaker will be Dr. Otterbein Dressler, former dean of the Philadelphia Osteopathic College, and recently pathologist of the Philadelphia Osteopathic Hospital. Dr. Dressler is one of the outstanding speakers in the profession of Osteopathy. The convocation will be held at 10 o'clock in the morning.

NINETY FIVE FRESHMEN ENROLL AT KCOS

A September 1959 class of 95 enrolled at the Kirksville College of Osteopathy and Surgery according to the report of F. M. Walter, acting director of admissions.

Registration at the osteopathic college opened on Tuesday, Sept. 8, and continued through Sept. 10. Classwork began Monday, Sept. 14.

The new class was selected from 303 applicants. Of this number 164 were accepted. Cancellations totaled 69. A total of 50 applicants cancelled before consideration by the admission committee. Rejections totaled 81.

The number holding college degrees is 75. The number 25 years of age or less is 56, with 39 being 26 years of age or more.

Veterans of military service total 31 and 37 are married.

Twenty-three states and three foreign countries are represented in the new class. States represented and number of students from each include: New York, 13; Michigan 10; Ohio, 10; Pennsylvania, 10; Missouri, 9; New Jersey, 9; Texas, 5; Illinois, 4; Florida, 3; W. Virginia, 2; Oklahoma, 2; California, 2; Virginia, 2; Massachusetts, 2; Tennessee, 1; Iowa, 1; Georgia, 1; Montana, 1; Maine, 1; Indiana, 1; Oregon 1; Idaho, 1; Alabama, 1; Iran, 1; Puerto Rico, 1; Israel, 1.

October, 1959

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August 5, 1959

Washington News Letter

Housing Act of 1959. The Housing Act of 1959, S. 57, reported in my WASHINGTON NEWSLETTER of June 23, was as you know vetoed on July 7, 1959. The Senate Committee on Banking and Currency has been holding hearings to determine whether to recommend that the Senate override the veto. Yesterday, the Committee agreed on a new bill. The new bill will repeat the proprietary nursing home loan insurance provisions of the vetoed bill; will cut from \$62.5 million to \$50 million the proposed revolving fund for loans for college classroom buildings and other academic facilities; and will reduce from \$37.5 million to \$25 million the proposed increase in the loan reservation for student nurse and intern housing construction. Incidentally, the interest rate on intern housing construction loans which received a firm reservation of funds after July 1, 1959 will be $3\frac{1}{8}$ percent (formerly $2\frac{7}{8}\%$).

HEW. The bill, H. R. 6769, appropriating funds for the Department of Health, Education, and Welfare for the fiscal year ending June 30, 1960 was cleared by Congress for the President on July 30, 1959. Under the bill, the Hill-Burton program gets the same as last year, namely, \$186.2 million, which amount exceeds the budget estimate of \$85 million. The National Institutes of Health gets \$400 million or \$106 million over the budget estimate. During consideration of the bill in the House, Congressman Melvin

Laird of Wisconsin announced introduction of his bill, H.R. 8468, to amend the Health Research Facilities Act for an emergency one-year program of \$30 million to be appropriated for the fiscal year ending June 30, 1961, and to remain available until expended, for making grants-in-aid for the construction of facilities for research relating to cancer and heart disease, no grant under the bill to require the expenditure of any non-Federal funds as a condition of such grant.

National Defense Education Act. A new set of guidelines for 1959-60 student loan applications under NDEA has been worked out by the U.S. Office of Education. The new pattern calls for 1) general review of each institutional request in terms of its reasonableness; 2) critical review of any institutional request which amounts to more than \$20 times the institution's full-time enrollment; 3) special justification of requests for funds amounting to more than \$20 per full-time student enrolled; 4) recognition of institutional competence and responsibility in determining student loan needs as well as the statutory responsibility of the Commissioner of Education to review each institutional request in terms of its reasonableness.

Doctors Entertainment Expenses Deductible. The July 22, 1959 issue of Commerce Clearing House Taxes on Parade carried an IRS letter spelling out conditions under which doctors may claim costs of entertaining other doc-

tors and in the cases of industrial physicians the costs of entertaining laymen.

Forand Bill. The Forand bill testimony sent with my WASHINGTON NEWSLETTER of July 22 has been cleared.

Commerce Clearing House Standard Federal Tax Reporter, Vol. 6, 1959, Paragraph: 6575. Special Ruling, June 13, 1958. (1954 Code, Section 162)

Entertainment Expenses: Doctors: Other doctors: Patients and prospective patients.—The proved cost of entertainment of other doctors and patients by a doctor may be deductible as a business expense provided he can show the business benefit reasonably to be expected from the expenditure. Except in the case of industrial doctors, the entertainment of persons other than doctors will ordinarily not qualify. A check list for determination of deductibility is provided. Back references: Para. 1340.2676, 1340.269.

(Following is the text of a letter dated June 13, 1958, and signed by J. L. Enochs, District Director of Internal Revenue, Jackson 1, Mississippi.—symbols, DYR:JAC:A:Rev: JKD:ssp—)

Following is the answer to the questions in your letter of June 4, 1958, concerning the deductibility, for Federal income tax purposes, of doctors entertainment expenses. We have no objections to this information being passed along to other physicians.

1. A physician may deduct on his Federal income tax return the costs of entertainment, provided he can es-

tablish to the satisfaction of the Internal Revenue Service, by appropriate evidence, that such expenses are ordinary and necessary business expenses and clearly related to the production of business income.

2. The amount of deduction must be proven and its reasonableness determined. Once the amount is established the deduction may be claimed when the doctor is able to show that the entertainment had a direct relationship to the conduct of his practice, and can show the business benefit reasonably to be expected from the expenditure. The general statement that he hoped or expected to get referrals or patients as a result of the entertainment is not enough. If personal reasons predominate, the expenditure may not be deducted even though there is some possibility of a business benefit. Except in the case of industrial physicians, entertainment of individuals who are not doctors will not ordinarily qualify because the possibility of benefits to be expected are so remote as to be negligible. In instances of the entertainment of patients, the same general rules apply as in the entertainment of other doctors, and the clear relationship of the expenditure to reasonably expected income must be shown. The same rules also apply to civic and other club dues.

Criteria to be used in establishing the deductibility of entertainment expenses include, but are not limited to, the following:

a. Specific purpose of entertainment.

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b. Nature of practice of the doctor incurring the expenditure.

c. Period of time the doctor has been in practice and the number of patients he already has.

d. Percentage of his patients received as referrals.

e. Names of individuals entertained and reason why additional income could be expected from each.

f. Whether or not referrals were actually received from the doctors entertained and any indication of the effect of the entertainment on these referrals.

g. Number of times individual doctors were entertained during the year inasmuch as repeated entertainment indicates a personal motive.

h. Whether or not other doctors in the same type of practice in the locality have entertainment expenses.

We trust that the above will be helpful in clarifying this area of tax law and administration.

August 13, 1959

FAA. On July 27, 1959 Dr. Gerald S. Rosenthal of Logan, Utah was designated as medical examiner for the Administrator of the Federal Aviation Agency. This is the first time that a DO has been appointed as a designated aviation medical examiner for the Federal government since 1935. Dr. George H. Lawyer of Ironwood, Michigan was appointed as medical examiner for the Bureau of Air Commerce, Department of Commerce in November, 1935. CAA succeeded the Bureau of Air Commerce in 1938 and FAA succeeded CAA the first of this year.

On August 4 Congressman Kenneth A. Roberts of Alabama, Chairman of the House Subcommittee on Health and Safety introduced a bill, H.R. 8518, adding new sections to the Federal Aviation Act relating to medical research, including the establishment and maintenance of research fellow-

ships in aviation medicine and the provision of postgraduate training courses in civil aviation medicine.

Mental Health. On August 10, 1959 Congressman Seymour Halpern of New York introduced H.R. 8581 for a White House Conference on Mental Health to be held in June 1960. Through the efforts of the World Federation of Mental Health, an affiliate of the World Health Organization, 1960 will be observed as World Mental Health Year.

OASI Disability Program. The House Subcommittee on Administration of the Social Security laws has scheduled a hearing on the functioning of the OASI disability program to be held in Washington October 21, 1959.

Aged. Last week the hearings before the Senate Subcommittee on Problems of the Aged and Aging were devoted to the work and recommendations of national organizations. The AOA recommended establishment of more diagnostic centers and rehabilitation units; affiliation of more institutions for the aged and chronically ill with general hospitals; encouragement of prepaid health insurance plans for the aged; education of public and private employers against indiscriminate compulsory retirement practices; availability of more funds for basic research on aging and for applied research in geriatrics. The following are some of the principal recommendations of other organizations. The American Hospital Association advocated substantial increase in Federal funds through grants-in-aid and long-term low interest rate loans for facilities for care of the aged. The American Medical Association recommended government insured loans and more Hill-Burton money for provision of nursing homes. The American Nurses Association advocated passage of bills for Federal aid for facilities and faculty and scholarship assistance for nursing students in colleges and un-

iversities. The AFL-CIO recommended enactment of the Forand bill, H.R. 4700. The American Dental Association asked for more NIH funds for dental research projects, and PHS grant-in-aid funds earmarked for support of state dental health activities.

September 17, 1959

Aged. A grass roots tour by the Senate Subcommittee on Problems of the Aged and Aging is planned for October through December. Hearings scheduled thus far: Boston, October 13-14; Pittsburgh, October 23; San Francisco, October 28-29; Charleston, West Virginia, November 3; Grand Rapids, November 16-17; Miami, December 1-2; and Detroit, December 11-12. Regarding these hearings, Senator Pat McNamara of Michigan, Chairman, says: "We expect to talk to the older people themselves, as well as city and state officials and representatives of local agencies concerned with these matters. The problems themselves probably will differ little in the various geographic areas, but we are very interested in how they are being met, if at all. Perhaps we can visit nursing and old age homes and hospitals." This is the Subcommittee whose hearings on the subject in

Washington were reported in our Washington News Letter of August 13, 1959.

Hill-Burton. Hill-Burton allocations to the States for fiscal year ending June 30, 1960, and the Federal share percentages assigned by the States are shown on the enclosed chart. Some States have not yet assigned Federal percentages. The funds are provided under the Health, Education and Welfare Appropriation Act, 1960, Public Law 86-158, approved August 14, 1959.

OASI Disability Program. Our Washington News Letter of August 13, 1959 announced that public hearings on administration of the Social Security Disability Program would get underway in Washington October 21. The date has now been postponed to November 4. According to Representative Burr P. Harrison of Virginia, Chairman of the House Ways and Means Subcommittee conducting the sessions, the objective is to determine whether the law is being carried out fairly and efficiently. The Social Security Administration's interpretation of the term "disability" will get close scrutiny. Complaints that disability ruling have been unduly delayed will be investi-

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gated. Other areas up for searching study include: (1) adequacy of standards for determining disability; (2) competence of officials who apply such standards; (3) effectiveness of the working relationship between Federal and State agencies operating the program; (4) extent of claimants' obligation to supply medical evidence; (5) role of the appeal process; and (6) links between the disability program and vocational rehabilitation. IF MEMBERS OF THE PROFESSION IN YOUR STATE HAVE COMPLAINTS IN ANY OF THESE CATEGORIES, PLEASE DOCUMENT AND FORWARD THEM TO ME IN TIME FOR THE HEARINGS.

September 22, 1959

Carroll on Advisory Committee.

HEW Secretary Arthur S. Fleming today announced appointment of Vincent P. Carroll, D.O. to membership on the 146-man Advisory Committee to the White House Conference on Aging. The committee assists in planning for the White House Conference, which will be held in Washington, D. C., in January, 1961. The Conference will be attended by 3,000 delegates, of whom 1740 will represent States, the District of Columbia, and the territories. The remaining 1260 delegates will include principally representatives

of national organizations, and Federal Departments and agencies.

Health Manpower Source Book. An 80-page Health Manpower Source Book—Section 9—Physicians, Dentists and Nurses became available this month. The opening sentence reads: "This source book presents basic data pertinent to three health professions—physicians (doctors of medicine and doctors of osteopathy), dentists and professional nurses." Each page bears a cryptic headline of the statistics shown, such as: "For the United States as a whole, there are about 140 physicians (M.D. and D.O.) per 100,000 population." "The states with the highest ratio of physicians (M.D. and D.O.) to population are New York, Massachusetts, California, and Connecticut." "Nearly half of the osteopathic physicians are located in 4 states—California, Michigan, Pennsylvania, and Missouri." "Eleven states have higher ratios of physicians (M.D. and D.O.) to population than the national average." "To raise below-average states to the 1957 national ratio would increase the requirement to 360,000 physicians (M.D. and D.O.) in 1975." "Approximately 9 out of 10 students admitted to medical schools and osteopathic schools stay on to graduate." "Thirty-nine states contain schools educating M.D.'s; five states contain schools educating D.O.'s. Nine states have neither." "Approximately 450 physicians (D.O.) are being graduated each year from U. S. Osteopathic schools." "The 6 Osteopathic schools enrolled about 1,900 students and graduated about 400 osteopathic physicians in the academic year 1957-59." "About 7 out of 10 osteopathic physicians are in private practice, with a large proportion in general practice." The source book is known as Public Health Service Publication No. 263, Section 9, and is for sale by the Superintendent of Documents, U. S. Government Printing Office, Washington 25, D. C.—Price 50 cents.

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AUXILIARY NEWS

Again, we have come to that time of the year when everything seems to be pushing us into a mad whirl — school, PTA, Cub Scouts, Boy Scouts, Girl Scouts, music lessons, and the more important business at hand, our District and local Auxiliary meetings. You get tired, you say what the heck, where is it all going to end anyway? But then we revive and go "at it again." However, most of us would be lost if we weren't busy.

So this particular season brought to mind a wonderful prayer or "collect" that the Study Club, of which I am a member, reads in unison before the beginning of every meeting (many of you possibly use this same collect). I find myself repeating snatches of it when I am particularly rushed, etc. So, I am printing it here for you, and hope you enjoy it too.

First let me give you a little biographical sketch of the author. Mary Stewart was born in Ohio, moved to Georgetown, Colo., at an early age. She was graduated from the University of Colorado at Boulder. In 1927 she received the honorary degree of Master of Literature. Her first position was that of principal of the high school at Longmont, Colorado. It was at this time that she became associated with the Federation of Women's Clubs, and 1919 helped organize the National Federation of Women's Clubs.

She wrote the Collect as a personal prayer for the day and without any organization in mind. It first appeared in a small column in the old Delineator

magazine. (If you remember that one you needn't worry about the draft.) From then on, it appeared on wall cards, was adopted by Federated clubs, and it has since then appeared in many forms in many lands.

So we present here as a Meditation—
Mary Stewart's Prayer for Women . . .

Keep us, oh God, from pettiness;
let us be large in thought, in word, in deed.

Let us be done with fault-finding
And leave off self-seeking.

May we put away all pretense
and meet each other face to face,
Without self-pity and without prejudice.

May we never be hasty in judgement
and always generous.

Let us take time for all things;
Make us to grow calm, serene, gentle.

Teach us to put into action our better impulses,
straightforward and unafraid.

Grant that we may realize it is the little things that create differences.
That in the big things of life we are as one.

And may we strive to touch and to know

The great, common human heart of us all.

And, oh Lord God, let us forget not
To Be Kind!

. . . and so let us "think on these things."

Anna Bee Robinson
Public Relations Chairman

October, 1959

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NEWS OF THE DISTRICTS

DISTRICT THREE

Our district had a very nice meeting this month with all members present and a lot of visitors. The Texas OB and Gyn specialty group had its meeting and put on the program, which was enjoyed by all. The report on OB and Gyn meeting is given elsewhere in the Journal.

Dr. Chas. Rahm
Secretary



DISTRICT FIVE

With a registration of 175, the American College of Osteopathic Internists met September 24-26 at the Statler-Hilton. Dr. Joe DePetris, program chairman, was granted a Fellow in the College. Dr. Lester Cannon acted as local arrangements chairman. Outstanding publicity was given the convention in local newspapers.

The district pledged 131 per cent of its quota to the Community Chest. Fund raisers were Drs. Ross Carmichael, Roland Young, Carl Haymes, Joe Dubin, John Burnett, Henry Spivey, and James Galliher.

In attendance at the thirty-second annual clinical assembly of the American College of Osteopathic Surgeons and Participating Organizations in Los Angeles October 25-29 are Drs. Jim Calabria, Charles Hawes, Milton Gafney, Charles Ogilvie, E. J. Yurkon, L. R. Lind, Hyman Kahn, Paul Stern, Mr. J. D. Weatherley and Louis Taylor. Dr.

Gafney, president-elect, will be installed for 1960.

Educational programs have keyed the general practitioners monthly dinner meetings. With pharmaceutical firms sponsoring the sessions have been most informative.

Dr. Milton Gafney has returned from three months' study in Europe. After two months of general and accident surgery in Vienna, he went to Scandinavia for thoracic and vascular work. Dr. Gafney reports that he left London at 11:30 a.m. on a Boeing 707 and arrived in Dallas at 7:30 p.m. the same day.

Dr. Walters Russell journeyed to the Pacific College October 12 for two weeks in advanced clinical surgery.



DISTRICT EIGHT

Plans are moving rapidly forward for the eventual construction of a new fifty to sixty bed hospital in Corpus Christi, Texas. Final purchase of remaining land has been completed.

Dr. Merl Kumm, 1958 graduate of K.C.O.S., having just completed his internship, has opened an office in Aransas Pass, Texas.

Dr. Frank Schoolcraft has opened an office in Flour Bluff.

Dr. and Mrs. Art Johnson visited the Corpus Christi Osteopathic Hospital in September, and were entertained at a midday luncheon by several of the local physicians. Dr. Johnson is a senior student at Kirksville, Mo.

DISTRICT ELEVEN

On 22 September, 1959, this district was honored by the presence of Dr. Raymond D. Fisher and his charming wife. A dinner was held at "Billy Crews" in their honor. Dr. Fisher gave a report on the Departments and Committees of the State Association.

The Fishers were house guests of Dr. and Mrs. M. G. Holcomb during their stay in El Paso.

Dr. M. G. Holcomb is in Los Angeles taking post graduate work in surgery.

Dr. and Mrs. H. D. Smith recently returned from Las Vegas where Dr. Smith attended a Seminar for the benefit of the many friends of Dr. W. F. Hall. I am pleased to report that he is feeling fine and working every day. He's down to a mere shadow of himself (200 lbs), but looking very well.

• • •

DISTRICT TWELVE

District 12 is happy to know that Dr. Phil Russell is home from surgery and on the recuperating list.

It is always a shock to hear of that vital personality being in surgery and its a great relief to our profession, when he is around.

For local news—District 12 met September 17 for the first time since June. The district was happy to invite a new graduate into the organization. He is Dr. Ralph Merrin and he has located in West Orange.

The following Sunday, things started happening. Judy Palmarozzi was operated on at Doctors Hospital at the Groves.

The blessed event happened for Dr. Jack and Nita Taylor. A boy and everyone is very happy.

We are glad to report that Mrs. Palmarozzi is home from the hospital and doing fine.

October, 1959

Receives Medal of Honor



GEORGE J. LUIBEL, D.O.

Dr. George J. Luibel, 3037 James, Fort Worth, Texas was presented the Holy Trinity Medal of Honor for "outstanding work in Catholic Action," in ceremonies at Sacred Heart Cathedral in Dallas at 3 p.m. Sunday, September 27.

Dr. Luibel was one of 19 Fort Worth laymen and women to receive the medal which was designed by Bishop Thomas K. Gorman and made in Brussels.

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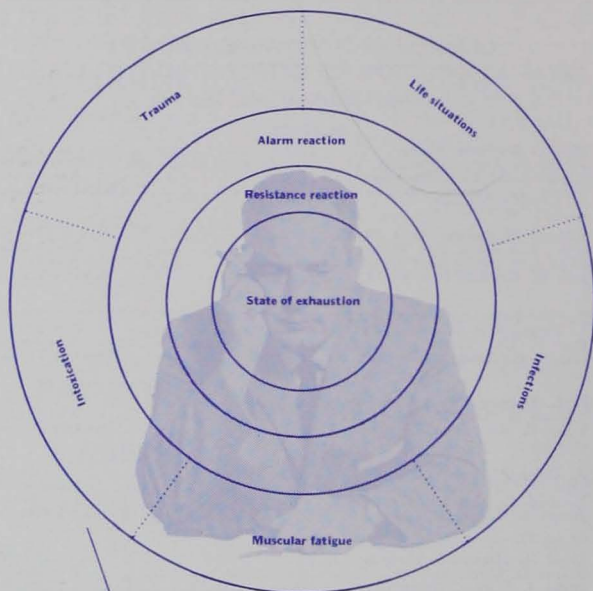
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