

TEXAS OSTEOPATHIC PHYSICIANS JOURNAL

November, 1969



Mrs. Richard M. Nixon receives first sheet of 1969-70 osteopathic seals from national chairman, Mrs. James E. Dunham

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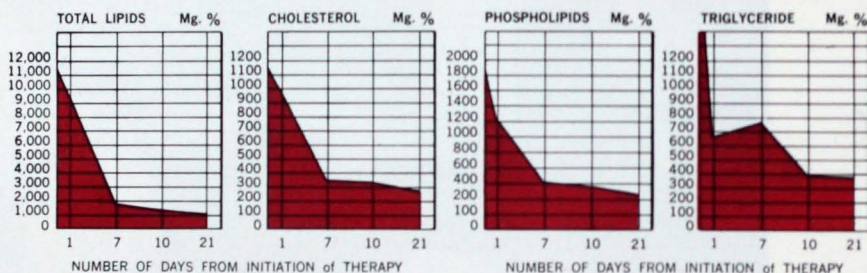
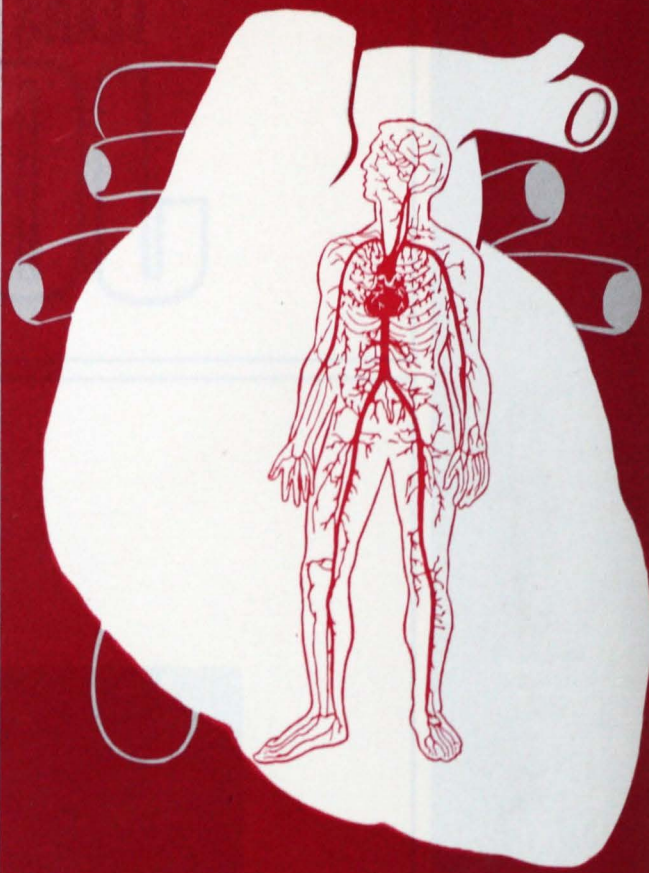
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*All doctors listed hold degree of Doctor of Osteopathy (D.O.) unless otherwise designated.

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ABOUT TEXAS!



By the Executive Secretary

New York cabbies are reputed to be towers of knowledge as well as infernos of insolence but one of them I talked with the other day suggested what might be the best health insurance program that has ever been offered the public.

His plan would really gear up preventive medicine! You would pay your doctor monthly while you are well. But the doctor would receive no fees while you were sick. I had no reason to doubt him when he added that the plan is already at work in at least one other country.

• • •

Moving around New York City during the course of the divisional societies secretaries meeting I attended "Promises, Promises" with Dr. and Mrs. Roswell P. Bates of Maine.

One line of dialogue, delivered by the doctor on stage when the heroine was recovering from an overdose of sleeping pills:

"I'm a G.P. If you want sympathy you'll have to see a specialist!"

• • •

After proposing a revitalization of the Association of Osteopathic Publications last July, the program was adopted in New York and I was re-elected national president. Actually, the real reason for any organization, local, state or national, is communication. AOP hopes to help keep the lines open.

• • •

Cocktails, dinner and dancing will be offered you at the Public Health Seminar at the Statler Hilton in Dallas Saturday night, December 6.

Tickets will be at bargain prices so watch your mail!

• • •

You've no doubt already read about it but it surprised me.

Professional patients.

The ECF Medicare newsletter number 44 warned that no further benefits would be paid on a pair of professional patients named, giving their MO and serial numbers.

It was bound to happen but it was unexpected for the newsletter to tell it like it is.

• • •

Among items gleaned on man, medicine and this land of ours:

Time Magazine tells about Ian L. McHarg, 48-year-old landscape architect, who delights conservationists with

eloquent speeches that blast man the polluter as "a blind, witless, lowbrow, anthropocentric clod."

• • •

"We get richer and richer in filthier and filthier communities until we will reach a final state of affluent misery—Croesus on a garbage heap," says John Gardner, chairman of the Urban Coalition.

• • •

Prentice-Hall has a new book out, "10 Days to a Great New Life." One of the disciplines suggested to unleash your full mental powers is:

Cerebration in Depth.

Who knows? You might be a better person for it.

• • •

Dr. Owens' Public Relations committee and Dr. Thompson's TOIL committee met in October. Dr. Baum firmed up the Public Health Seminar for December 6 and 7 at the Statler Hilton in Dallas.

• • •

About man and medicine, Columnist Sydney J. Harris says most of us make the mistake of taking a piece of the truth and stretching it to cover the universe, adding that he thinks medical men are generally convinced that their own specialty is the core of health. Everything is in the mind, or in the bones, or in the nerves, or in the blood stream, or in the glands, or even sometimes in the feet.

Harris concludes: Man as a total organism is rarely considered—which is why the self-healing process is so often sneered at by the specialists. But Nature is greater than any of its creatures, and the whole art of living, Harris is convinced, consists in learning how to interfere as little, as possible with the life force.

• • •

Alfred E. O'Donnell, Ph.D., assistant to Larry Mills in the AOA office of education, tours a number of Texas campuses in November under Dr. Hall's vocational guidance program.

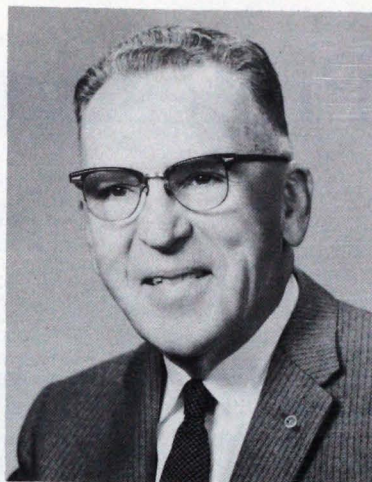
• • •

Gov. Preston Smith has reappointed Dr. Glenn G. Porter of Lubbock to the State Board of Medical Examiners; appointed Dr. Mickie Holcomb of El Paso to the State Board of Health; appointed Dr. Elmer Baum to the State Banking Commission; appointed Dr. Robert H. Nobles of Denton to the Governor's Advisory on Comprehensive Health Planning.

(Continued on Page 13)

As the Dean Sees the Profession

by Henry B. Hardt, Ph.D.
Associate Dean
Texas College of Osteopathic Medicine



Because my interest is labeled as being in the field of education, it may be appropriate to give you a bit of history.

Going back many years and summarizing very briefly: Once England was the greatest country in the world. But because of her complacency and maybe a bit of haughtiness or even contempt for brash upstarts, the United States of America was born. And a new nation was off and running—running often from the bears and the Indians perhaps—but in spite of almost unbearable hardships, possibly the greatest nation of all time developed.

With almost unlimited space and tremendous resources, first communities and farms, then cities and an amazing railroad system were built. And in every city one or more hotels were an important feature of this picture. That is where my story really begins.

The hotels were absolute necessities of the cities, the railroads, the merchants, and the people in general. They were massive, expensive, prestigious, and were fixed in location and in other ways. And travelers and tourists and great convention crowds flocked to them. It was a natural and almost unavoidable consequence that hotels, in some instances, became first proud, then complacent, then smug and haughty.

Then the horseless carriage era began. Automobiles appeared. At first they were novelties, fads, freaks, but eventually the critics said "we'll have to admit the auto is here to stay." Then tourists began to appear—and tourist cabins. And with prosperity and popularity and the amazing automobile, the tourist cabins began to change to tourist courts, and then to motor hotels, and the word "motel" became both a glamour institution for the people and a dreaded threat to the hotels.

The hotels in self defense used power and influence and prestige and money to set up legal and other pressures designed to drastically curb and hopefully to **destroy** this competition. The motels, however, had youth and vigor and public favor and every desirable feature needed for substantial growth; and because they had none of the limitations and restrictions that had been saddled on the hotels, the motels developed in a manner seldom equaled by any big movement. Success was due primarily to their merit, but was substantially aided by

the **high standards** imposed by their mortal enemies, which were intended to kill them.

Two lesser effects must be noted: A minority of the hotels began to see the light and are accepting good motels as worthy competitors; and a few of the tourist cabins could not adjust, had no substantial value or service to offer, and although a very small percentage still exists, they quickly began the inevitable fade-out.

I believe this illustration from our past can help us as we build our future. The value of history lies largely in the use we can make of it in solving our own problems, and strikingly similar parallels sometimes can be observed.

The osteopathic profession has an interesting history. As I officially enter your field of endeavor, I get a definite impression that your profession teaches its history far better than many professions do. Then I feel even more certainly that not nearly enough effort is made to apply this good historical knowledge to the best advantage of the future of the profession.

If my story has any merit, it is as an introduction to chapter 1 of *Modern Osteopathic History*. I heartily recommend to you that by your action you write such a history. Your actions can make it a certain success.

I pledge my whole henry hardt to help in the exciting project. I have the utmost confidence that you, every one of you, provide complete and fervent support.

My friends, you have abundant reason to be proud of your profession. It provides vital services to humanity. It provides dignity to you **who** are the profession. It is the best equipped system to render health service to "the whole man." It devotes a high percentage of its service to those most in need of a physician's touch. It has a sound philosophy built on a solid basis of scientific fact.

It is young and vigorous enough, solid and substantial enough, alert and aggressive enough, to do whatever you want it to do, if you want it bad enough. And it is not burdened with complacency and self-sufficiency. Or, restated—it has the potential to become a **truly great** profession; how it develops is up to you. Best results are attainable only by superb performance; deep dedication of all who are truly worthy to be called osteopathic physicians is the key to success.

Professional Corporations and

By Max A. Derden, Jr.

For almost three decades, the professional people of the country have been at odds with not only the Internal Revenue Service but also with both state laws and the ethics committees of their respective associations on the question of whether professional associations and corporations should be taxed as regular business corporations. Spurred on by continually rising income taxes and continued restraints on personal capital accumulations, state after state enacted so-called "professional corporation" or "association" laws permitting licensed professional people to practice or render service in corporate-like form.

Until last summer only Texas and six other states failed to enact such laws. In the face of continual Internal Revenue Service opposition, on June 19th of this year, the 61st Texas Legislature passed two specific laws, one relating to the professional corporation, and the other concerning the professional association. These laws were heartily welcomed in the professional circles of this state; however, most advisors and counselors still advised against such business formations due to the Internal Revenue Service's stand against the professional association as a taxable entity. Many of the pioneers who formed professional associations and carried this fight to the United States Supreme Court, should be given due credit for the Internal Revenue Service's technical Information Release of August 8, 1969 in which they conceded their position and stated that "organizations of doctors, lawyers, and other professional people organized under state professional association acts will generally be treated as corporations for tax purposes."

Now that the doors have been opened and the professional association is a reality, all aspects of the new law should be examined carefully as it applies to each individual's practice. Here it might be well to note that taking advantage of this new business structure should only be entered into after consultation with qualified advisors in the legal, fringe benefits, and accounting fields. By following his advice, some of the problems which will be discussed later will be minimized if not eliminated altogether.

For simplicity's sake, this article will endeavor only to highlight the advantages and possible disadvantages of the professional association, since the medical practitioner has only this business structure available to him. The two major areas which this article will discuss will be (1) fringe benefits available as employees of an association and (2) the "non-fringe benefit" tax structure of the business itself.

FRINGE BENEFITS*

It should be borne in mind that the list which follows is simply a statement of the potential fringe benefits which "might" be obtained. Various of these benefits may not be possible for a given practice because of the age or number of shareholders and employees involved. Also, there may be an extreme divergence in each shareholder's financial conditions, needs and objectives. Various statutory, administrative and case law limitations are also applicable to the other benefits shown, but a discussion of such limitations is considered beyond the scope of this article. The important thing to understand is that when these professional corporations achieve corporate tax status, they have all of the corporate tax characteristics desirable or undesirable.

A. GROUP LIFE INSURANCE

If the group life requirements of Internal Revenue Code Section 79 are met, the premiums on up to \$50,000.00 of group life insurance per employee are fully tax deductible to the employer but not taxable income to the employee. In addition, "incidental" (not more than \$2,000.00 per life) coverage for employee's spouse and dependents can be paid for in similar fashion. Neither of these benefits is available to the partner or sole practitioner.

B. HEALTH & ACCIDENT PLANS

Medical expense insurance premiums can be fully deductible to the employer while being excluded from the taxable income of the employee. (I.R.C. Section 106). Under a health and accident plan, it is possible to have disability income payments up to \$100.00 per week that are fully deductible to the employer, and again are not includible in the employee's taxable earnings. Payments in excess of the \$100.00 per week limit will be fully deductible to the employer, but will be taxable income to the employee. (I.R.C. Section 105 (b)). In the partnership or sole practitioner situation, disability income premiums, as distinguished from business overhead expense premiums, are not deductible.

Other medical expense payments can be made under sick plans which are deductible by the employer and are not taxable to the employee. While it is true that an individual can take some medical expense insurance premium and medical, dental, and drug expense deductions personally, consider how many of these deductions are lost to high-bracketed tax payers because of percentage limitations.

Professional Associations

Now Allowed Under Texas Law

C. EMPLOYEE DEATH BENEFIT

A \$5,000.00 employee death benefit which can be fully deductible to the employer and income tax free to the recipient (I.R.C. Section 101 (b)), would not be available to non-corporate businesses.

D. DEFERRED COMPENSATION AGREEMENTS

This particular benefit can be one of the most important, especially in practices which generate extremely large incomes. The unqualified deferred compensation agreements provide a method of deferring income to an employee until retirement or to beneficiaries of a deceased former employee which will be deductible as ordinary income to the professional association and taxed as ordinary income to the recipient when actually received. However, the recipient will presumably be in a lower income tax bracket than the professional employee would have been during the peak of his earnings.

E. KEY MAN LIFE INSURANCE

Life insurance purchased on key employees and premiums paid for by the professional association with after "corporate" tax dollars. The major tax advantage is that the association's tax bracket is small (this will be explained later). Thus the premium burden is not as great as it would have been as an individual, and the fact that the proceeds payable to the association are income tax free.

F. QUALIFIED PENSION & PROFIT-SHARING PLANS

The greatest potential tax advantage of an employee relates to the possibility of participating in a qualified pension and/or profit-sharing plan. The advantages of the "qualified" plans over the present "Keogh" or "HR 10" plans are extremely dramatic. The major differences relate to four or five facets of the plan and are compared as follows:

Amount of Contributions Deductible

Corporate Plan—For a profit-sharing plan, 15% of the employee's compensation. This may reach 25% if combined with a pension plan. Contributions to a pension plan if actuarially required may also run over 25%.

HR 10 Plan—10% of earned income or \$2,500.00, whichever is lower.

How Pay-Outs are Taxed

Corporate Plan—Pay-outs spread over the years are taxable as ordinary income.

If the entire amount is paid out in one year because of separation from service or death, the entire taxable amount paid over is taxed as a long-term capital gain.

If employee dies before pay-outs, amounts are taxable as above except that the first \$5,000.00 is completely free of income tax.

HR 10 Plan—All pay-outs are taxable as ordinary income.

If the entire amount is paid out in one year, a special 5-year averaging provision can be used. Under this, 20% of the taxable amount is included in income and the resulting tax on this amount is multiplied by 5.

If employee dies before pay-outs, amounts are taxable as above.

Estate Taxes on Amounts Due Under Plan

Corporate Plan—Payments due to contributions made by the employer are exempt from estate tax if receivable by a beneficiary (other than the employee estate). This exemption is available for payment of benefits to a beneficiary whether the executive dies before or after retirement from service with the employer.

(No exemption for payments arising from the executive's own contributions.)

HR 10 Plan—Includible in full in estate, no estate tax exemption.

Vesting Schedule

Corporate Plan—Participant's equity in the contribution made on their behalf may be in accordance with a number of flexible schedules, some extending up to 15 years of participation before employee is 100% vested.

HR 10 Plan—All participants must be 100% vested.

Who Must be Covered

Corporate Plan—Can exclude from coverage part-time workers (those who work not more than 20 hours a week or not more than five months a year). But in addition can exclude (1) all other employees with service of five years or less and (2) up to 30% of the balance of employees if at least 70% benefit under the plan or (3) up to 44% of the balance if 70% or more are eligible to participate and 80% or more of those eligible actually participate.

Can also exclude more employees if this plan doesn't discriminate in favor of highly paid or supervisory "employees." This may be accomplished by integrating the plan with Social Security, eliminating employees whose earnings are less than the Social Security tax level for the particular plan.

HR 10 Plan—Must cover all employees with three years or more of service if they customarily work more than 20 hours a week or more than five months a year.

While any attempt to measure in dollar figures the potential tax benefits accruing from participating in a qualified corporate plan must necessarily involve a number of arbitrary assumptions, a simple example of a 40 year old doctor in the 50% tax bracket should simplify this assertion. If the earnings left after the tax on \$1,000.00 per year was invested annually (assuming

Professional Corporations

a 5% investment yield) for 25 years (age 65), his total accumulation would be only \$17,100.00. However, if the same \$1,000.00 of compensation (fully tax-deferred) was put into a qualified pension plan, then at age 65 his fund value would be \$47,727.00 (assuming same 5% yield). This, of course, is an increase of \$30,627.00!

CORPORATE TAX STRUCTURE

A. ACCUMULATION OF EARNINGS AT LOWER CORPORATE TAX RATES

Since neither partnership nor a sole practitioner is a tax paying entity, they afford no tax shelter for accumulations. Disregarding the present 10% surtax, the corporate tax bracket on income up to \$25,000.00 a year is 22%, with a 26% surtax above \$25,000.00 so that combined the highest possible corporate tax bracket is 48%, in comparison to a maximum individual bracket of 70%.

For physicians who have felt the tax pinch when they expanded their practice, or its physical accommodations as a result of paying personal income tax on money that never leaves the office and comes home, the following example should be particularly meaningful: disregarding the current 10% surcharge, the corporate tax on the first \$25,000.00 of earnings would be 22%, leaving a surplus after taxes of \$19,500.00. If the same \$25,000.00 was taxed to the physician in his 60% tax bracket, only \$10,000.00 of the \$25,000.00 could be retained after taxes, demonstrating an overall increase in after tax retention of working capital of \$9,500.00 out of the \$25,000.00 of income. The ability to accumulate funds in these lower tax brackets could not only facilitate the accumulation of working capital, but could be used to obtain the money to finance stock redemption agreements, and unqualified deferred compensation plans.

B. REINVESTMENT OF RETAINED EARNINGS

Retained earnings of the association may be held in surplus and reinvested year after year, with certain restrictions which this article will not attempt to discuss. In short, these funds can be invested for gains, and if they are invested in dividend paying domestic stocks, the dividend income would be 85% deductible. (I.R.C. Section 243(a)). The only restriction to this rule is that they are not allowed to be invested in other professional associations or corporations. Also, as mentioned earlier in this article, these funds are commonly used to fund certain business agreements for the purpose of retiring stock and deferring compensation.

It might be well to realize that with every good situation, there may also be some areas where problems could arise. The following situations should, therefore, be mentioned.

I. Accumulation of profits over \$100,000.00 may be subject to a surtax (I.R.C. Section 531).

II. Earned income may be subject to personal holding company surtax (I.R.C. Section 543 (a) (5)).

III. There may be a taxable transaction at the time of organization of the association if it is not a transfer to a controlled corporation under IRC Section 351.

IV. Allocating profit and loss is limited within an association. In other words, constant changes in salaries can lead to a Treasury claim that the ups and downs represent non-deductible dividends rather than adjustments.

These foregoing possible pitfalls are simply stated to bring awareness that these and possibly others could occur; however, in most cases, careful advance planning with competent advisors will eliminate the problems before they arise.

Now that legal and ethical hurdles have been cleared, it is time to consider the situation as it pertains to each individual practice. Obviously, corporate practice will not fit every situation; however, those practices which have a degree of stability and are generating sufficient incomes to create income tax burdens should certainly want to consider a change. Again, be aware that qualified advisors are a must, and with their assistance, the transfer to corporate form, in most cases, will be without problems.



The new Red Raider Inn's covered inner court pool

Early Navy Commission for KCOS Student

A third-year student at the Kirksville College of Osteopathy and Surgery has become the first osteopathic student to be commissioned as a junior medical officer under the Navy's junior medical officer early commissioning program. He is James M. Fleming of Galena Park, Texas. Fleming's commission to the rank of ensign in the medical corps on September 12, marks a precedent which will make it possible for osteopathic students to receive early commission in medical programs of all branches of the armed services with the same rank and privileges available to medical students.

The early commissioning program for osteopathic students became effective on September 3, 1969. The acceptance marked three years of personnel effort on Fleming's part to enter the medical corps with opportunities equal to those extended to medical school students. He points out that osteopathic students may now apply for early commission at anytime during their professional school career except the senior year.

Among the new opportunities available is a plan which will pay expenses of the senior year at an osteopathic college and provide an allowance during that period. Early commission, he added, also permits preference in selecting military internships and residencies. Another program now open to osteopathic students is a clinical clerk program involving 60 to 90 days of active duty in a naval hospital or on a naval vessel as a junior medical officer with stipend.



California Ex-D.O.s Still Try for Certification

The following is a release, dated October 16, 1969, from Harrison W. Hertzberg, attorney at law, Los Angeles. We print it in its entirety without comment.—Editor.

Los Angeles—Formation of a group of doctors to seek, through "whatever means are necessary", to obtain their specialty certification through the American Medical Association was announced today.

More than 150 former doctors of osteopathy in Southern California who now hold the M.D. degree have joined the group known as the Association for Medical Specialty Certification.

The disgruntled doctors claim that prior to the amalgamation in 1962, the California Medical Association had agreed to support them in their efforts to obtain recognition by the various AMA specialty groups.

"After seven long years of waiting and little or no effort on the part of the CMA, we feel we must take action ourselves to obtain this recognition which we have earned and are rightfully entitled to hold," said a spokesman for the group.

The "ASSOCIATION FOR MEDICAL SPECIALTY CERTIFICATION" was formed by a large group of medical doctors who were formerly certified as specialists in their respective fields by the various osteopathic physician and surgeon specialty boards.

The doctors in this Association were formerly osteopathic physicians and surgeons who became M.D.s as a result of the amalgamation which occurred in the State of California between the M.D.s and D.O.s on or about December 31, 1962. The group is primarily composed of:

(a) Those former osteopathic physicians and surgeons who were certified as specialists in their respective fields by the American Osteopathic Association; and

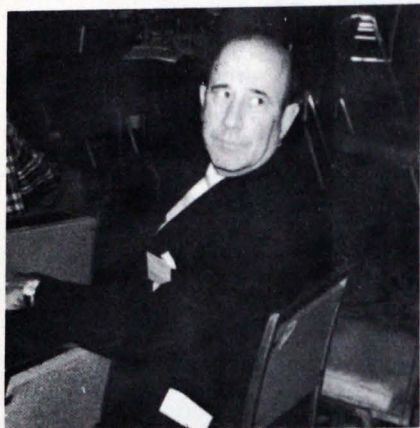
(b) Those osteopathic physicians and surgeons who were in training for a specialty certification immediately prior to the amalgamation.

As to Group (a), the American Osteopathic Association refused to further recognize those individuals as specialists after they became M.D.s.

As a result of the amalgamation, these doctors lost their American Osteopathic Association certification, and as yet the American Medical Association specialty boards have refused to recognize their existing specialty.

As to Group (b), those doctors who were in training prior to the amalgamation, the American Osteopathic Association refused to certify them as specialists for the reason that they elected to become M.D.s. The American Medical Association specialty boards have refused to permit this group to take their examinations because they did not receive their residency training at approved American Medical Association hospitals.

Dr Holcomb Is Appointed to Health Board



Mickie G. Holcomb, D.O., of El Paso learned of his latest duties for the State of Texas when he received a telegram October 15 which reads, "It is a pleasure and an honor to inform you that I am today appointing you a member of the State Board of Health for a term to expire June 8, 1975. (Signed) Preston Smith, Governor of Texas."

Dr. Holcomb has practiced general surgery in El Paso since he moved there in 1951. He is a graduate of Oklahoma State University and KCCOS. He served an internship and surgical residency at Oklahoma Osteopathic Hospital in Tulsa.

He is past president of TAOP&S, has served on the Board of Trustees and Public Health Committee of TAOP&S for over ten years, and has served on the President's National Child Health Committee.

Dr. Holcomb is now serving as a member of the Texas Governor's Advisory Committee to the State Welfare Department on Medicare and Medicaid; as a member of the Medical Advisory Committee to the Council of Government of El Paso; as a member of the Mayor's Committee on El Paso City Health Planning; and is president of the Board of Governor's of the Tigua General Hospital Corporation.

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Maxwell D. Warner Scholarship Awarded to Texan at Kirksville

Announced during KCOS Founder's Day Convocation on September 30 was the awarding of the Maxwell D. Warner Memorial Scholarship, awarded in memory of the late dean of the KCOS, to a member of the 4th year class on the basis of scholastic record, promise as an osteopathic physician, and knowledge and understanding of the osteopathic theory and its application.

This year's recipient was John Paul Morgan of Eagle Pass, Texas. Making the presentation was KCOS Dean of Students, F. M. Walter, son-in-law of the late dean. Also present were Mrs. M. D. Warner, widow, and Mrs. F. M. Walter, daughter of the late dean of the college. Students from all classes who were recipients of scholarships and awards during the past year were also recognized.

NEWS OF THE DISTRICTS

District II

by D. D. Beyer, D.O. FACGP

The following is a report from Mrs. Robert B. Beyer on her and Dr. Beyer's five-and-a-half week around-the-world tour:

"We went with Porter Randall and a group of 26 others. Left September 4 and visited Japan for eight days, Taipei, Taiwan, Hong Kong, Siem Reap, Cambodia, Bangkok, Thailand, and into India for 15 days. Saw the famed Taj Mahal, as well as the Holy City of Benares on the Ganges, and Srinagar, Kashmir, Kathmandu, Nepal, Beirut and London.

"We had made a similar trip eight years ago, but this was more inclusive and places we revisited were even more interesting 'the second time around!' And last time, I might add. Home never looked quite so good."

Dr. Bob could afford this vacation because, as LBJ would say, his son, Dr. David, stayed home to take care of the store in his absence.

* * *

Dr. and Mrs. Carl Everett attended the G.P. Seminar in Bermuda following the AOA convention. He said the entertainment and program were great.

* * *

Dr. and Mrs. George Luibel returned from Europe October 29. They had a great time visiting England, Ireland, Belgium, Holland and Scotland.

* * *

If anyone has any District II news, please send it to the State Office.

ANESTHESIOLOGIST for 50 bed hospital on Texas Gulf Coast. For full details contact B. P. Bearden, Administrator, 5500 39th Street, Groves, Texas, 77619, Telephone 713-962-5733.

District III

by George Grainger, D.O.

Marianne Clark, wife of Bill Clark, had a baby September 27. It was another girl and **Elizabeth Rose Ellen** is her name. Congratulations to the Clark's of Whitehouse, one and all.

* * *

The Lester's, Anton and Jeanne, went to Bermuda early October, via the New York AOA convention. On the voyage Anton was exposed to a little "osteopathy" in the persons of Travell, Mennell, and G. Northup. (M.D., M.D., D.O., respectively).

* * *

Max Weaver no sooner had his fundament repaired (September District III News) than up flared his vermiform appendix. Doing nicely after all the renovating, thank you; and the waistline is rather thin. Sporting a new Chrysler, to boot.

* * *

Voncille and Carl List went to Birmingham early June and visited ailing friends.

Las Vegas Site of OB-GYN Meeting

The American College of Osteopathic Obstetricians and Gynecologists announces two highlights for its annual convention to be held in Las Vegas, Nevada, February 15-19, 1970.

Lt. Gen. Kenneth E. Pletcher, surgeon general of the U. S. Air Force will be the keynote speaker, addressing the convention on "The Role of the D.O. in Military Service."

J. Scott Heatherington, D.O., president of the AOA, will address the annual meeting on "The American Osteopathic Association and You."

For further information write Arthur A. Speir, D.O., promotional chairman, Box 66, Merrill, Michigan 48637.

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PATHOLOGIST

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Credit Policy Suggested

As reported in the October Journal, Robert E. Slye, D.O., chairman of TAOP&S Ethics Committee has ruled that it is ethical to install BankAmericard and Mastercharge for the convenience of patients at D.O. offices, clinic and hospitals.

In line with this, the State Office had an inquiry from a member doctor concerning the "Truth-in-Lending" laws. It was suggested that he have his credit policy printed on his statements and the following was sent him as a guide:

"The Federal Truth-in-Lending Law became effective July 1, 1969. The following information is provided in compliance with this legislation.

"Under our terms, your full account (shown on your monthly statement as 'new balance') is due and payable within one month of the closing date of your monthly statement and a late payment charge will be made on a past due balance. Such a charge is interpreted under the law as a 'FINANCE CHARGE'.

"The late payment FINANCE CHARGE is computed at a periodic rate of 1-1/2% per month which corresponds to an ANNUAL PERCENTAGE RATE OF 18%, on the total past due balance when the past due amount includes any charge remaining unpaid thirty (30) days after the closing date of the statement in which that charge was first billed.

"Prompt payment of your statement is appreciated and assures you that no late payment FINANCE CHARGE will be applied to your statement."

TREVOR PHILLIPS, D.O.

CLINICAL AND
ANATOMIC PATHOLOGY
Gulfway General Hospital
Houston, Texas 77017

Hospital Teen Worker Honored by Council



Fort Worth Osteopathic Hospital had one of its youth volunteers chosen by the Tarrant County Community Council-Volunteer Center as teen volunteer of the year. She is Miss Renee Trussell, 15, sophomore student at Castleberry High School and daughter of Mr. and Mrs. J. R. Trussell.

The volunteer is chosen on the basis of number of hours served and type and quality of performance. Renee served over 300 hours this past summer in the hospital as a Red Cross Patient Care Volunteer, doing simple nurse's aide duties.

She was an honored guest and was presented a plaque at the Tarrant County Community Council board of directors luncheon at the Worth Hotel October 20.

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P. A. Stern, D.O.



Dallas Osteopathic Hospital

5003 Ross Avenue, Dallas, Texas 75206 • Telephone 214/TA 4-3071

Direct inquiries to: Paul A. Stern, D.O., Medical Director

Calendar of Events

Districts Meetings and Special Sessions

NOVEMBER

District V
Sat., Nov. 15
Vick's Northlake
Cafeteria
Dallas

District II
Tues., Nov. 18
Jetton's

District III
Sat., Nov. 15

District XIV
Thurs., Nov. 20
Dr. Suderman's Office
Pharr

District VIII
November, 1969

DECEMBER

District IV
Sun., Dec. 7

District VI
Christmas Party
Time to be announced

District XIII
Sat., Dec. 13
Christmas Party
Auxiliary

District XIV
Thurs., Dec. 18
Dr. Suderman's Office
Pharr

JANUARY

District VI
Mon., Jan. 5
Brennan's

District XIII
Sat., Jan. 10

District IX
Sun., Jan. 11
Rockport

District V
Thurs., Jan. 15
Vick's Northlake
Cafeteria
Dallas

District XIV
Fri., Jan. 16
Dr. Suderman's Office
Pharr

District III
Sat., Jan. 17

District IV
Sun., Jan. 18

District II
Tues., Jan. 20
Ridglea Country Club

FEBRUARY

District III
Sat., Feb. 21
Blackstone Hotel
Tyler

District VIII
February, 1970

District I
Sun., Feb. 8
Southwest Osteo. Hosp.
Amarillo

District IX
Sun., Feb. 8
Gonzales

District X
Mon., Feb. 9

District IX
Mon., Feb. 9
Look's Sirloin House
Houston

District XIII
Sat., Feb. 13

District XIV
Thurs., Feb. 19

MARCH

District VI
Mon., Mar. 2
Warwick Hotel

District IX
Sun., Mar. 8
Schulenberg

District XIII
Sat., Mar. 14

District II
Tues., Mar. 17
Farmer's Daughter

District V
Thurs., Mar. 19
Vick's Northlake
Cafeteria
Dallas

District XIV
Thurs., Mar. 19

District III
Sat., Mar. 14

Special Events

NOVEMBER

Executive & Finance
Committees—TAOP&S
Sat., Nov. 15, 2:30 p.m.
State Office

DECEMBER

Mid-Year Board
Meeting
Friday — Dec. 5

Executive & Finance
Committees—TAOP&S
Fri., Dec. 5
Dallas—Statler Hilton

Board of Trustees—
TAOP&S

Fri., Dec. 5, 9 a.m.
Room 406
Dallas—Statler Hilton

Auxiliary to TAOP&S
Sat. & Sun., Dec. 6 & 7
Room 410—9 a.m.
Dallas—Statler Hilton

T.O.I.L. Committee
Sat., Dec. 6, 9 a.m.
Silver Room
Dallas—Statler Hilton

Cocktails, Dinner & Dance
Sat., Dec. 6, 6 p.m.
Dallas—Statler Hilton

Public Health Seminar
Sat. & Sun., Dec. 6 & 7
Dallas—Statler Hilton

FEBRUARY

Dist. 6 — Feb. 7, 1970
Scholarship Dance
Hotel America — Houston

Dist. 6, Feb. 9, 1970
Presidential Visit
Look's Sirloin, 7:30
Houston

ABOUT TEXAS!

(Continued from Page 4)

Goofs, errors and omissions plague us on too many days but there has to be some in the small mountain of communications going out of the State Office. In the October JOURNAL take James M. Fleming and Stephen Calabria from the KCCOS list on page 7 and put under Kirksville . . . Don't blame Dr. John H. Burnett for his delegate report on page 14 being late. It was no doubt the printer's fault—or would you believe we misplaced it temporarily.

* * *

The public is becoming restless over what it believes to be a tendency to dehumanize man in the rush of scientific advancement.—J. Scott Heatherington, D.O., president, American Osteopathic Association.

* * *

There was this born loser down at the beach. He put a seashell to his ear and got a busy signal.

Openings For Osteopathic Physicians In Texas

EXCELLENT OPPORTUNITY to replace a retiring G.P. Well-equipped clinic building brick, 13 years old, 1800 sq. feet to be leased or sold on easy terms. Three examining rooms, consultation, large X-ray room, Matern X-Ray, physiotherapy fully equipped laboratory, two McManis tables.

There is a shortage of physicians doing O.B. & Gyn. in this area. County hospital staff (Medicare approved). Have excellent school system; 70 miles to Houston. Will be available for interview by appointment only.
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HUGHES SPRINGS — Seven miles from Lone Star Steel plant with 4,000 employees. Trade area of 10,000; Hospital nearby; 73-bed nursing home building. Contact Buck Florence, attorney, Box 8, Hughes Springs, Texas, 75656, or call collect phone 214-639-2592.

• • •

FORT WORTH — Needs General Practitioners, Urologists, Dermatologists, Psychiatrists, Neurologists. Fifteen G.P.s could be accommodated this month. Open staff 250-bed intern-resident training hospital. Contact, Tom W. Whittle, D.O., Chairman, Locations Committee, Fort Worth Osteopathic Hospital, 1000 Montgomery St., Fort Worth, Texas 76102.

• • •

HURST — Excellent opportunity for young D.O.—General Practice, to act as House Physician and build private practice. Guaranteed wages plus furnished office plus income from private practice. Contact: Mr. Walter J. Dolbee, Jr., Hurst General Hospital, P. O. Box 11, Hurst, Texas. Telephone No. (817) BU 2-2511.

BROWNWOOD — Population of 23,000 to 24,000, with big trade territory. No practicing DO at this time. Excellent location for general practitioner. For further information contact: Brooke S. Ramey, P. O. Box 459, Brownwood, Texas 76801.

• • •

LUBBOCK — Needs either new or practicing physicians who have had internship. General practitioners, urologists, psychiatrist, orthopedist needed. Contact: R. M. Mayer, D.O., 3728 34th Street, Lubbock, Texas 79410.

• • •

PLEASANT VALLEY, AMARILLO—D.O. General Practitioner wanted. Office with 1,500 square feet floor space, central heat, air conditioning, etc. Rent free for the first 2 years then on lease. For further information write or contact Gerard Nash, D.O., Southwest Osteopathic Hospital, Amarillo, Texas.

• • •

NEW OFFICES — New clinic building built by D.O.s in booming city of 100,000. Space available now, will finish to suit tenant. Excellent opportunity for generalist or specialist. Contact Wendell V. Gabier, D.O., Phone 817-277-2255.

• • •

SPACE AVAILABLE IN CLINIC —new, very attractive and efficient suite available in clinic with several active doctors. Has great potential for young generalist to lease. Telephone 214-279-6151 or write: Jack W. Rice, D.O., 4725 Gus Thomasson Rd., Mesquite, Texas 75149.

(For information write to Mr. Tex Roberts, Chairman, Statistics and Locations Committee, 512 Bailey, Fort Worth, Texas 76107)

STANTON — Excellent opportunity for general practitioner to work with other D. O.s in Medicaid approved county hospital. Overhead only about 10% with unlimited opportunity for future. Contact Allen M. Fisher, D.O., Box 806, Stanton, Texas 797828.

• • •

EL PASO — The hub of the Southwest—375,000 population—excellent opportunities for new practicing physician: 50-bed Medicare-Medicaid approved hospital available. Also good opportunity for young specialist getting started—urologist, radiologist, internist, etc. Contact M. A. Calabrese, D.O., P. O. Box 4857, El Paso, Texas 79914.

• • •

LUBBOCK — Wonderful opportunity for the right man. 27-bed modern, well-equipped Hospital and Clinic. Prefer doctor who is interested in OB, Pediatrics or Surgery. Write L. J. Lauf, D.O., 2401 19th St., Lubbock, Texas 79401.

• • •

DAINGERFIELD — Great opportunity for a D.O. Industrial, agricultural and recreational area. Will remodel interior 10-year old brick 20x70 to suit; located next to drug store, same block with postoffice and federal building. Contact George K. Pearson, Pearson Drug Store, Phone 214-645-2271 or 645-2655, Daingerfield, Texas 75638.

• • •

COMMERCE — Opportunity for young G.P. in college town (ETSU, 8,000 students). Joint staff available in new 30-bed hospital. Space in large clinic with two busy D.O.s as associates. Contact Patrick Martin, D.O., 1114 Main St., Commerce, Texas 75428, phone 214-886-3122.

Letters

Mr. Walter J. Dolbee, Jr.
Administrator
Hurst General Hospital
837 Brown Trail
Hurst, Texas

Dear Walt:

On behalf of the entire Hospital Authority Board, I want to thank you for meeting with us on September 15, 1969 and presenting a plea on behalf of the osteopaths for associate staff privileges in the proposed Hurst-Eules-Bedford Community Hospital. We concede that this arrangement is permitted by American Medical Association, Texas Medical Association, and Tarrant County Medical Society, but we also know that quite the contrary is practiced in Texas at this time. We also concede and accept full responsibility that the Authority Board has the power to make such a policy; however, at this time we do not feel that we are far enough along to make this decision, but at the proper time this matter will be given due consideration.

Since our meeting with Mayors Sanford, Bruner and Krause, the Authority Board has met and agreed that if and when future meetings are

sponsored by the Board, and medical doctors are invited, dentists and osteopaths will also be invited, *with the specific understanding that this does not infer or imply that osteopaths will ever be invited to be associate staff members at Hurst-Eules-Bedford Community Hospital.*

In the above connection, please supply me with a list of osteopaths practicing in the Hurst-Eules-Bedford area, giving their address and telephone number.

I want to again personally commend you on the outstanding job you are continuing to do at Hurst General Hospital; I think our entire community is cognizant and grateful of the tremendous contribution Hurst General Hospital has made to the health care of this area.

Sincerely,
Blease Tibbets
President

H.E.B. Hospital Authority Board

The italics are the editor's.

Texas Association of Osteopathic
Physicians and Surgeons
512 Bailey Avenue
Fort Worth, Texas 76107
Attention: Mr. Tex Roberts

Gentlemen:

As a result of an operational grant from the Regional Medical Program, The University of Texas (Southwestern) Medical School is going to make available to physicians within a radius of 100 miles of Dallas, but excluding physicians within the metropolitan area, a long distance telephone consultation service designed to assist these physicians with any problems of diagnosis or treatment or medical advice they may present.

This service will be available from 8:00 to 10:00 p.m. Mondays through Fridays throughout the greater part of the year with the usual exceptions of holidays. This service will be made available to all licensed physicians

within this area of the state and announcements are in process of preparation. In the furtherance of the necessary notification to individuals outside the metropolitan area of Dallas, this office sorely needs a list of osteopathic physicians in the following counties: Anderson, Bosque, Cooke, Collins, Cherokee, Clay, Coryell, Dallas (not city of), Denton, Erath, Ellis, Falls, Fannin, Franklin, Grayson, Gregg, Hunt, Hopkins, Hood, Hill, Henderson, Johnson, Jack, Kaufman, Lamar, Limestone, Montague, McLennon, Navarro, Parker, Palo Pinto, Rockwall, Rains, Red River, Somervell, Smith, Tarrant, Upshur, Van Zandt, Wise, Wood.

If you have such a list or can tell us where to obtain one we shall be very grateful for your assistance.

Very sincerely yours,
John S. Chapman, M.D.

The list went winging on its way, along with a request for further information on the program—which will be duly reported in the Journal when received.—Ed.

Dear Tex:

I received the magazine you sent me with my picture on it (September Journal cover). I notice you have me listed as Administrator of the Doctors Hospital in Groom. Our hospital is Groom Memorial Hospital, Groom, Texas.

When did you take this picture? I did not know you got us while we were eating.

J. M. Brooks
Administrator

Groom Memorial Hospital

Our candid camera is everywhere! You never know when your picture may appear. Sorry for the error in naming your hospital. We do have it correct in the Directory.—Ed.

GEORGE E. MILLER, D.O.

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50 to 80 percent of teachers are today protected by Blue Cross and Blue Shield.

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