

TEXAS
OSTEOPATHIC
PHYSICIANS

JOURNAL

August 1976



George J. Luibel, D.O.

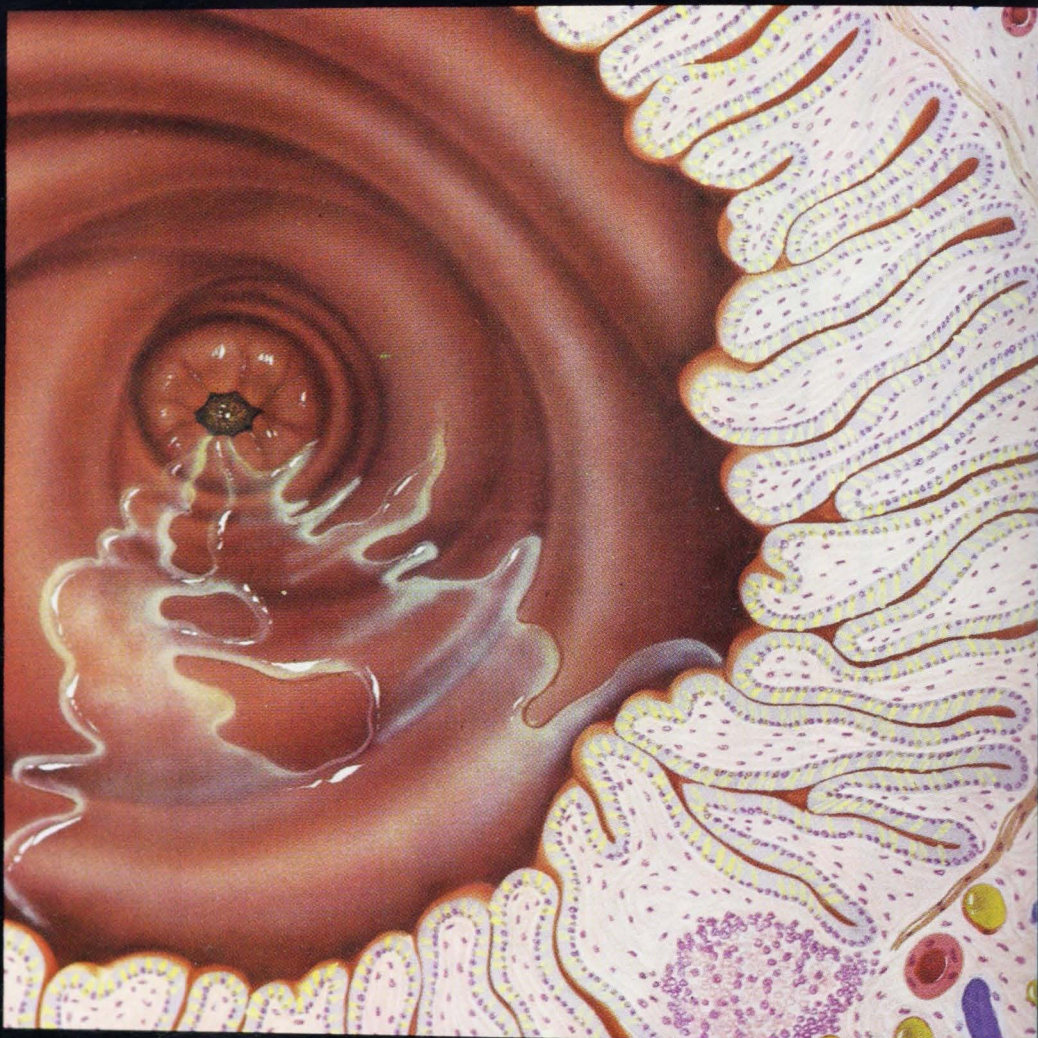
President

American Osteopathic Association

1976 - 1977

Presenting Gastrointestinal Complaints

**Pain and bloating
with diarrhea
and/or constipation
may indicate irritable
bowel syndrome***



* Librax has been evaluated as possibly effective for this indication. See Brief Summary.

Recurrent episodes of acute G.I. discomfort, associated with constipation, diarrhea or abdominal pain ranging from dull gnawing to sharp cramping sensations, may suggest irritable bowel syndrome and warrant further investigation. If this tentative diagnosis is confirmed, medical relief of the acute episode may be only the starting point of appropriate long-term management. Such patients often have an extended history of dietary reactions and laxative misuse with a tendency, when under severe emotional strain or fatigue, to experience a colonic "protest."

Indeed, careful questioning will usually uncover a significant relationship between periods of undue anxiety or emotional tension and the exacerbation of G.I. symptoms. This type of patient will probably need your counseling and reassurance to assist him in making beneficial modifications in his life style and attitudes.

If it's irritable bowel syndrome, consider Librax as adjunctive therapy In most instances, the patient with irritable bowel syndrome derives maximum long-term benefits from a comprehensive medical regimen directed at both the somatic and emotional aspects of this functional disorder. The dual action of Librax has proved to be highly effective not only in relieving the distressing symptoms of irritable bowel syndrome but also in maintaining patient gains.

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- 1 Only Librax combines the specific antianxiety action of Librium® (chlor-diazepoxide HCl) with the dependable antisecretory-antispasmodic action of Quarzan® (clidinium Br)—both products of original Roche research.
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- 3 Librax has a flexible dosage schedule to meet your patient's individual needs—1 or 2 capsules three or four times daily, before meals and at bedtime.

**helps relieve
anxiety and associated symptoms
of irritable bowel syndrome***

Librax®

Each capsule contains 5 mg chlordiazepoxide HCl
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*This drug has been evaluated as possibly effective for this indication. Please see following page for brief summary of product information.

Dual-action adjunctive Librax®

Each capsule contains 5 mg chlordiazepoxide HCl and 2.5 mg clidinium Br.



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Sig: T t.i.d.a.c.
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Initial Rx

The initial prescription allows evaluation of patient response to therapy.



*Rx
Librax
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and T i.h.s.*

Follow-up

Follow-up therapy, with a prescription for 2 to 3 weeks' medication, usually helps to maintain patient gains.

**helps relieve anxiety-linked symptoms of
irritable bowel syndrome* and duodenal ulcer***

Please consult complete prescribing information, a summary of which follows:

Indications: Based on a review of this drug by the National Academy of Sciences—National Research Council and/or other information, FDA has classified the indications as follows:

"Possibly" effective: as adjunctive therapy in the treatment of peptic ulcer and in the treatment of the irritable bowel syndrome (irritable colon, spastic colon, mucous colitis) and acute enterocolitis.

Final classification of the less-than-effective indications requires further investigation.

Contraindications: Patients with glaucoma; prostatic hypertrophy and benign bladder neck obstruction; known hypersensitivity to chlordiazepoxide hydrochloride and/or clidinium bromide.

Warnings: Caution patients about possible combined effects with alcohol and other CNS depressants. As with all CNS-acting drugs, caution patients against hazardous occupations requiring complete mental alertness (e.g., operating machinery, driving). Though physical and psychological dependence have rarely been reported on recommended doses, use caution in administering Librium® (chlordiazepoxide hydrochloride) to known addiction-prone individuals or those who might increase dosage; withdrawal symptoms (including convulsions), following discontinuation of the drug and similar to those seen with barbiturates, have been reported. Use of any drug in pregnancy, lactation, or in women of childbearing age requires that its potential benefits be weighed against its possible hazards. As with all anticholinergic drugs, an inhibiting effect on lactation may occur.

Precautions: In elderly and debilitated, limit dosage to smallest effective amount to preclude development of ataxia, oversedation or confusion (not more than two capsules per day initially; increase gradually as needed and tolerated). Though generally not recommended, if combination therapy with other psychotropics seems indicated, carefully consider pharmacologic effects of agents, particularly potentiating drugs such as MAO inhibitors and phenothiazines. Observe usual precautions in presence of impaired renal or hepatic function. Paradoxical reactions (e.g.,

excitement, stimulation and acute rage) have been reported in psychiatric patients. Employ usual precautions in treatment of anxiety states with evidence of impending depression; suicidal tendencies may be present and protective measures necessary. Variable effects on blood coagulation have been reported very rarely in patients receiving the drug and oral anticoagulants; causal relationship has not been established clinically.

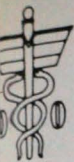
Adverse Reactions: No side effects or manifestations not seen with either compound alone have been reported with Librax. When chlordiazepoxide hydrochloride is used alone, drowsiness, ataxia and confusion may occur, especially in the elderly and debilitated. These are avoidable in most instances by proper dosage adjustment, but are also occasionally observed at the lower dosage ranges. In a few instances syncope has been reported. Also encountered are isolated instances of skin eruptions, edema, minor menstrual irregularities, nausea and constipation, extrapyramidal symptoms, increased and decreased libido—all infrequent and generally controlled with dosage reduction; changes in EEG patterns (low-voltage fast activity) may appear during and after treatment; blood dyscrasias (including agranulocytosis), jaundice and hepatic dysfunction have been reported occasionally with chlordiazepoxide hydrochloride, making periodic blood counts and liver function tests advisable during protracted therapy. Adverse effects reported with Librax are typical of anticholinergic agents, i.e., dryness of mouth, blurring of vision, urinary hesitancy and constipation. Constipation has occurred most often when Librax therapy is combined with other spasmolytics and/or low residue diets.

Dosage: Individualize for maximum beneficial effects. Usual maintenance dose is 1 or 2 capsules, 3 or 4 times a day, before meals and at bedtime. Geriatric patients—see Precautions.

How Supplied: Librax® Capsules, each containing 5 mg chlordiazepoxide hydrochloride (Librium®) and 2.5 mg clidinium bromide (Quarzan®)—bottles of 100 and 500; Prescription Paks of 50, available singly and in trays of 10.

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Mr. Tex Roberts, Editor

By George!

"We are an American school of medicine. We are an American phenomenon on the medical scene, and it is well in this bicentennial anniversary to remember that and to give it its due praise," says Dr. George J. Luibel, newly installed president of the American Osteopathic Association.

In an interview with this *Journal*, just prior to his taking office, Dr. Luibel was asked about plans for his presidential year. He said, "Hopefully, we will be able to deal with the government and all the other third parties that we are involved with (whether we want to be or not) and to the best of our abilities, that we realize we are operating in a new climate.

"We hope to keep the members aware of what the AOA does for them and, also, that there are limits of what we as an association *can* do.

"This is the most exciting period of growth in the profession's history, since its original boom under Dr. Andrew T. Still, because we will have ten colleges operating this year, and two or three more waiting in the wings, and we will be graduating a thousand doctors a year by the end of this decade. By the middle of the next decade about 40 per cent of the primary physician care in the country will be in the hands of D.O.s

"All these things are going to cause problems, and when we make progress we trade old problems for new problems.

"The one thing I want to emphasize is that we got all this far by being different in our philosophy, in our outlook, and in the contribution we made, and if we cease to do that we are not going to keep up this forward movement.

"We have made a great contribution to medicine in spite of our minority position. There is still much we can contribute. If we don't contribute our own dis-

coveries and facilitate our own special philosophy and skills, we will lose the public's support. But they will support us as long as our philosophy is valid and different—not a duplication of the efforts of others. This is something I am going to emphasize.

"We also want to emphasize that Dr. Still was critical of the practices of his age—with indiscriminate utilization of medications, most of which were worthless. He was not a drug healer. He was a complete physician. His evaluation of the therapeutic modalities of his day just proved that he was 100 years ahead of the FDA.

"If we can smooth off some of the rough spots in the AOA and make sure we are getting the greatest efficiency from the staff and from the money we are spending, and utilize all of our facilities to the best of our abilities, that's the best we can hope to do."

Research indicates that Texas has had only two AOA presidents in its history. In July, 1921, Dr. S. L. Scothorn took that office. On June 21, 1941, Dr. Phil R. Russell ascended to the presidency. Now, after 35 years, another Texan holds that office.

This year marks the beginning of Dr. Luibel's 40th year as a practicing osteopathic physician; 40 years spent in Texas, caring for the health of Texans.

A 1936 graduate of Kirksville College of Osteopathic Medicine, Dr. Luibel interned at the Sparks Clinic and Hospital (now East Town Osteopathic Hospital in Dallas). Following his internship he located his first practice in Ennis. He moved from there to Ferris, but moved his practice to Fort Worth in 1946.

One of the most active members in TOMA history, he has served as its president, as well as president of District II. He served on the TOMA Board of Trustees and in its House of Delegates.

At the AOA level, he was second vice president in 1963, and served two years as first vice president. He has been a member of the AOA Board of Trustees for a number of years, prior to his election to the office of president-elect at the House of Delegates meeting last year.

In 1962 when the Texas Osteopathic Medical Association decided to study the feasibility of establishing an osteopathic school of medicine in Texas, Dr. Luibel was appointed to chair the study committee. In 1966 he, Dr. Carl Everett and Dr. D. D. Beyer obtained a state charter for such a college. The Texas College of Osteopathic Medicine came into being and enrolled its first class in the fall of 1970. When this class of 18 brand new D.O.s was graduated in 1974, Dr. Luibel's dreams and plans did come to fruition.

In addition to his busy practice and his involvement with his profession, Dr. Luibel has been extremely active in community affairs.

He is not only an active member of the Fort Worth Council on Alcoholism, but served as its president in 1972.

He has twice been elected to the presidency of the Terra Club, a Catholic men's business and professional organization. He is a Fourth Degree Knights of Columbus and a member of St. Mary's of the Assumption Catholic Church.

Mrs. Luibel is the former Mary Larmoyeux, who was a nurse anesthetist from Jacksonville, Florida when the couple met. They were married in 1944.

She has been very active in the Auxiliary to TOMA and to the AOA. She served as AAOA president in 1974-75.

A reception honoring Dr. Luibel was held July 19 in Washington at the Mayflower Hotel, hosted by TOMA. Texas style hors d'oeuvres—including miniature tamales (wrapped in corn husks)—were served to delegates to the AOA House and guests, including several members of the Texas Congressional delegation.

At the installation luncheon July 20, the gavel of office was presented to Dr. Luibel by outgoing AOA president, Dr. Earl Gabriel of Allentown, Penn. ▲



The TOMA archives yielded this undated picture of the new AOA president with the last one from Texas, Dr. Phil R. Russell.



Dr. Luibel fights for the life of TOM before the Texas Legislature in his plea for financial support for the school.



Another serious moment, but a proud one for Dr. Luibel, shown at TCOM's first graduation ceremonies in 1974.



In a lighter vein, Dr. Luibel is shown enjoying a moment at the 1975 TOMA convention held in Dallas.

THE WINNERS!

in the TOMA Scholarship Finals

In the middle of July, Charles Kenneth Gordon of Denton, TCOM '80, received a letter from Dr. Frank Bradley, chairman of TOMA's Membership Services and Professional Development Committee, telling him that he was that Committee's unanimous choice to receive the Phil R. Russell Scholarship, awarded annually to a freshman student entering an osteopathic medical school.

In his letter informing him of this award Dr. Bradley said, "Because we receive many applications from student doctors of such high caliber, our task is a most difficult one and it is next to impossible to narrow our selections to the five we consider most outstanding and deserving of financial help from our Association.

"Although financial need is one of the criteria we must consider, we are particularly searching for students who, in our opinion, will make outstanding osteopathic physicians. Your application and references indicate to us that you will truly be an asset to our profession.

"We look forward to your becoming a practicing osteopathic physician in Texas on completion of your training for membership in our profession."

In addition to the Phil R. Russell \$1,000 Scholarship, TOMA now awards four scholarships for \$750

each. Two of these are made possible through the Sustaining Membership program where some members ask that their \$100 contribution go toward student aid, or express no preference as to how it be used.

With the growth of the Texas College of Osteopathic Medicine, more Texas student doctors are getting their osteopathic medical education close to home; therefore, very few applications are received from those entering other schools.

For this reason, TCOM freshmen can be expected to receive most of these scholarships. The one exception is an award to Philip M. Hutchison of Austin, who will enter Kirksville College of Osteopathic Medicine this fall.

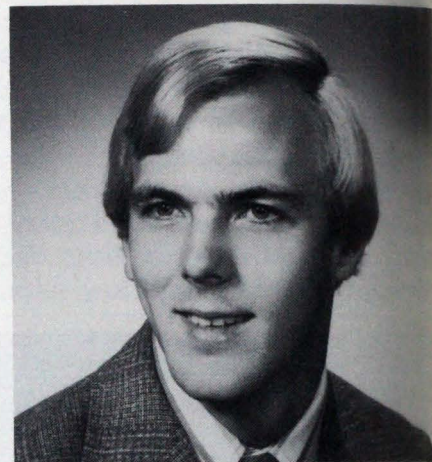
The one woman student among the winners is Melinda Ligon of Denton. Thomas B. Bennett of Houston and Dennis Neill Graham of Lubbock—both of whom have been accepted at TCOM—complete the list.

Alternates chosen by the Committee include William T. Hartman of Cleburne, who will enter Kirksville, and Michael Paul Adamo of Houston, who will be a TCOM freshman.

S/D Gordon is a native Texan, born in Dallas, who graduated from the University of Texas in Arlington in 1972 with a B.S. degree. He

received his Masters from NTSU this past May.

His wife graduated from NTSU this year and expects to teach math at the secondary level while Ken studies to become a D.O.



All applications for TOMA scholarships must include a reference from a practicing D.O., and Dr. Arthur Wiley of Denton was Ken's. Dr. Wiley wrote, "He is motivated and dedicated to osteopathy. I recommend him highly."

In his lengthy narrative in support of this applicant, Dr. James R. Lott, NTSU professor in physiology wrote, "I wish all our incoming freshmen to TCOM would have his background in the biological sciences, chemistry and biochemistry . . . I believe that Mr. Gordon will make a most valuable addition to the ranks of osteopathy and to the osteopathic profession."

Concerning S/D Hutchison, Dr. A. McClimans of Conroe says that he would certainly be a credit to the profession. A lifelong Texas resident, Phil was born in Cuero, attended Texas Tech University, and received his B.S. in biology from Northeast Missouri State University in Kirksville.

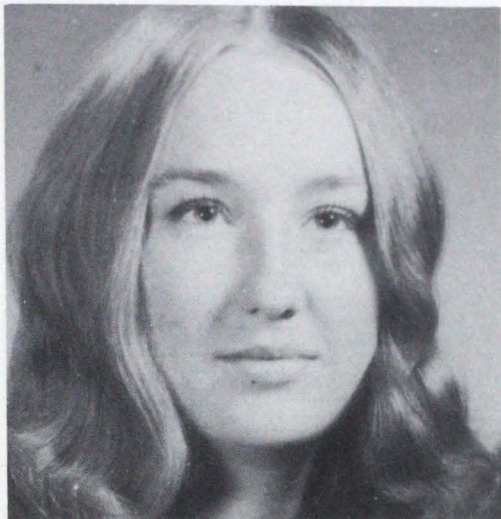


Although he was not yet a student doctor, while at NMSU he lived at the ITS House, a boarding house maintained by that fraternity for medical students. He says of these osteopathic students, "By close association with them, by listening to their discussions and observing them in their practice of manipulation, I became acquainted with the basic principles of osteopathic medicine. After my stay at the ITS house, I didn't even consider applying to any other type of medical school."

"I consider myself extremely fortunate to be given the opportunity to become a D.O., and I welcome the responsibilities now required of me."

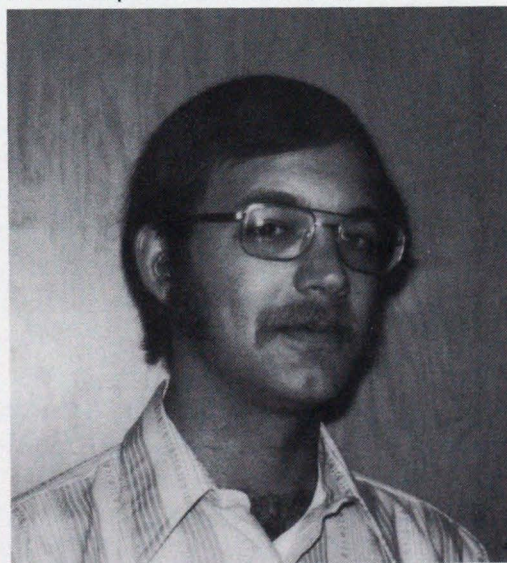
S/D Ligon has been doing graduate work at NTSU, but received her B.A. degree in biology from Texas Tech. Born in Matador, she has lived in Texas all her life.

Dr. Horace Emery of Lubbock writes, "This young lady has had to work her way through school . . . She will be an asset to our profession."



Dr. Robert T. Kaman, one of her professors, says, "Melinda is a fine student, a pleasant individual, and shows great promise for success as a physician."

In support of the application of S/D Bennett, Dr. David Armbruster says, "He has worked hard to put himself through school. Also, his wife has been very industrious and encouraging for the attainment of his acceptance to TCOM."

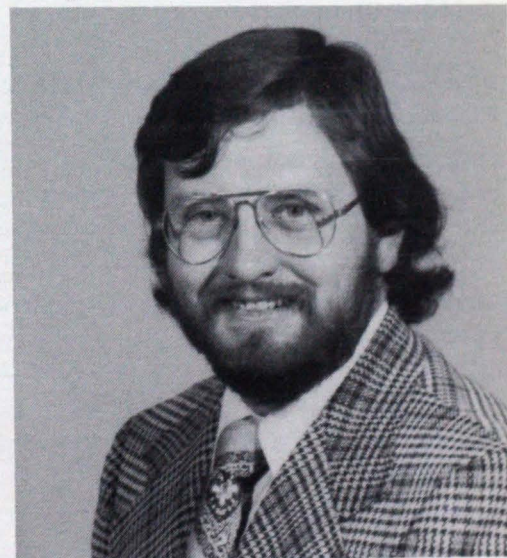


On his application Tom writes, "In my case, it is important to

study and train as a D.O. because I plan to practice as a primary-care family physician in a rural town. The concepts and facets of treatment available to the D.O. are the very things which make this type of doctor a standout in his field.

"Emphasis on the whole individual, body and mind, manipulation to treat and diagnose more effectively with less use of costly tests and of many costly drugs, and the extreme comprehensive type of care I have seen the D.O.s in my acquaintance administer make osteopathy the only school of medicine in which I could train and practice in good conscience."

Before a D.O. recommends an applicant for a TOMA scholarship, it is hoped that he will find the time to really evaluate the student's potential, as did Dr. H. Eugene Brown of Lubbock, who is the D.O. reference for S/D Graham. Dr. Brown says, "Dennis has been interviewed approximately ten hours in the past two years. He has always been prompt and courteous." He rated him outstanding in almost every category.



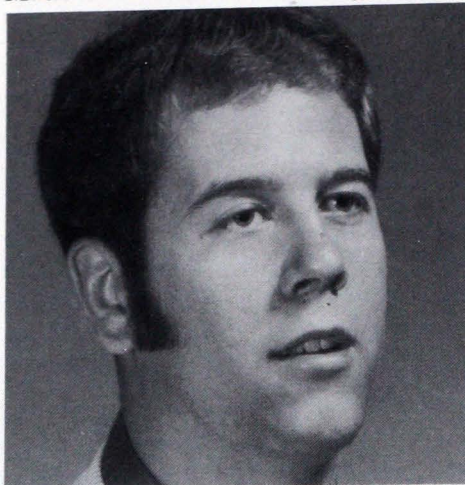
Professor of biological sciences at Texas Tech, Michael K. Rylander, writes, "Mr. Graham is an exceptional student, having worked his way through college while doing well in his courses. He is emotionally mature, unselfish and highly dedicated to osteopathy. I can recommend him highly for a scholarship."

As Dr. Bradley states, "... It is next to impossible to narrow our selections to the five we consider most outstanding and deserving...", so regretfully, not all applicants are winners. However, it can be very important to be chosen as an alternate.

For various reasons, several times in the last few years one of the students chosen to receive a scholarship has been unable to matriculate and the scholarship was then awarded to an alternate.

One of the alternates, S/D Hartman, has been a Texas resident for 14 years and graduated from Texas Tech with a B.A. degree. He was

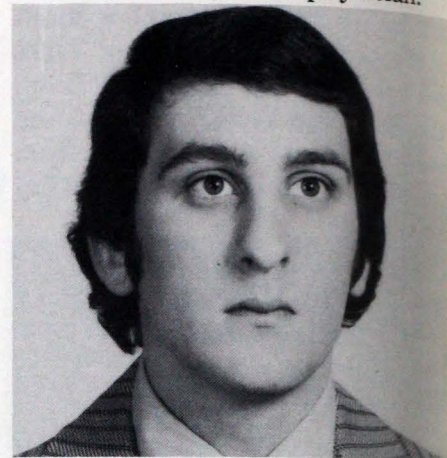
recommended to the Committee by both Dr. Emery and Dr. Robert Maul of Lubbock who agree that



Tim is conscientious, a fine student and osteopathically oriented.

S/D Adamo, the other alternate chosen, has excellent scholastic references from his professors at the University of Houston where he received both a B.S. and Masters degree. His pre-med advisor, Dr. Peter Jurtshuk, says of him, "Mike is a fine, outstanding student. He is a bright boy, well-rounded and in my

opinion, he will become an outstanding osteopathic physician."



In addition to Chairman Bradley, members of the Committee who were charged with making these selections are Dr. Robert G. Haman and Dr. W. R. Jenkins. Although they agree that this is one of the most difficult jobs in the TOMA committee structure, they also agree that it is stimulating to study applications from such outstanding young people who are now entering the first phase toward their careers as practitioners of osteopathic medicine. ▲

Community Activities on High Blood Pressure Reported

More than 1,800 organizations responded to the first nationwide inventory of high blood pressure activities conducted by NHBPEP, probably only a fractional representation of what is estimated to be occurring at the local level. As might be expected, the most common activity reported is detection, with 1,430 of the 1,800 responding organizations doing detection and another 110 planning detection activities. A brief analysis of reported activities follows: 88 percent involved in detection; 78 percent involved in patient education; 75 percent involved in public awareness programs; 63 percent involved in some type of monitoring and/or assistance to patients; 53 percent involved in professional education; and 29 percent involved in diagnosis and treatment. In all, 1,625 of those organizations responding were engaged in some aspect of control and another 188 had future plans.

Many of the organizations that responded to the inventory also work with other organizations. Seventy percent of the respondents work with two or more

organizations. The most commonly reported cooperating organizations were hospitals, public health departments, and heart association.

Generally, the HBP control efforts reflected in the inventory are being conducted in urban communities (79 percent), with 47 percent in both rural and urban communities. Sixty-nine percent of the activities reported are at either the county/region or city/town level, and 12 percent at state level. Black Americans are served by 1,094 of the projects. Spanish Americans by 744; Asian Americans by 444; and Native Americans by 391. Nearly all projects serve white populations, and 75 percent serve multi-population groups.

Of significance to national concern with HBP control is the fact that 20 percent of the responding groups or organizations have made plans for future projects or activities which will involve diagnosis and/or treatment of persons with high blood pressure. ▲

AN UNFINISHED NATION

by Austin Kiplinger

Because of the sheer volume of printed matter that comes to the State Office—and certainly to all OMA members—some publications are set aside with the hope that time will be found later to at least scan them. And too often that time never comes.

However, one publication that is read in its entirety each Monday morning is The Kiplinger Washington Letter. Many of you are familiar with it and will agree that its brevity does not detract from its clarity. In fact, the very brevity of this encapsulated Letter is one reason it is always read.

In its July 2 issue Austin Kiplinger comments at length on our system of government, where it has taken us to date, and what the future holds.

Because we were so favorably impressed with his comments, we asked for—and received—permission to reprint it.

In the executive editor's letter of permission he says, "Ordinarily we never permit our Letters to be quoted This has been a hard and fast rule since we began the Letters in 1923 However, I see no reason why in your case we can't break our own rule and give you permission to reproduce Page 4 of our July 2 Letter"

If you are not familiar with these Letters, or have not seen one recently, you might be interested in subscribing. The weekly Letters are well worth the \$36 annual subscription price.

Write the Kiplinger Washington Editors, 1729 H Street, N.W., Washington, D.C. 20006.—(Ed.) ▲

What makes the U.S. different from other nations? Take a moment to ponder this and think about it, as we start out on our third century.

For one thing, we're an unfinished nation and always will be. We're proud of our accomplishments without considering the job complete.

This is the safety valve that lets us go on making improvements, changes and adjustments on a steady, gradual basis . . . avoiding a blowup. Without such constant tinkering, we might have hit the rocks long ago.

For another, we're critical of ourselves. Maybe TOO critical. Yet the self-criticism brings corrections. And the corrections keep us moving toward ever-higher standards. Perhaps not fast enough for many because we tend to be impatient with ourselves . . . we like quick action.

Some people say we're "materialistic". Well, we do like goods, we produce them more abundantly than any nation on earth. We have money to buy them with, which is the end result of our "materialistic" system. And money to give away our substance to nations less fortunate than we, even some that accuse us of materialism but want VERY much what we have.

Our system promotes change, encourages it, sets up the methods for making changes, leaving room to apply them to different situations.

But we avoid absolute goals or ceilings. We prefer to allow individuals and groups to innovate and perfect rather than have gov't set a mark to be hit. Or goals to be achieved. We call it "freedom."

We're practical, not doctrinaire or dogmatic about our system. We're not prone to draw sharp lines between capitalism and socialism, but willing to experiment, mix public & private, "use it if it works." (Dangerous at times, but . . . also allows for adaptability to problems.)

And our business systems is still vigorous . . . with flexibility. Rebounded from recent recession without plunging into a major crisis. It has produced three decades of growth since the end of World War II. The labor force has grown from 58 million in 1946 to 94 million in 1976, up two-thirds in little more than a generation even with ups & downs. (The Reds predicted that our economy would collapse after the war.)

Still, we have plenty of things to work at. Inflation. Energy. Need for new jobs. Need for more capital investment. Need for boost in productivity. Plus raising our standards of living at the lower end.

But American ingenuity works best when it is tested by problems, as our history proves. The past hasn't been easy. Those early decades, or the war between the states, or the strife between management & labor. But we went at them, neasured them, fought over them and resolved them.

Things that come easy are seldom strongest in the long run.

Our basic traits as a people are still the same as at the start. We're more diverse than people elsewhere and much more individualistic. An odd fabric, made up of many kinds and types and beliefs. But tough. We can take our lumps and come out of a crisis stronger than we went in. We're still strong and vigorous. The outlook for our future is good. ▲

New D.O.s Begin Intern Training in Texas Osteopathic Hospitals

Whether from choice or necessity, the osteopathic medical school graduates of '76 have scattered far and wide—as far east as Rhode Island and as far west as Honolulu—to take their internships.

The six Texas osteopathic hospitals accredited by the AOA for intern training have slots for only 30 D.O.s—just half the number of Texas D.O.s who earned their degrees this spring. And not all those 30 available internships are being filled by Texans

Fort Worth Osteopathic is the one teaching hospital out of the six whose entire class of eight interns is made up of TCOM graduates—seven of them Texas natives.

It includes two brothers, Drs. Otto and Oziel Gutierrez of San Antonio, whose father and brother are practicing D.O.s in that city, Dr. Larry G. Burrows of Atlanta, Dr. Richard C. Hudson of Spearman, Dr. Michael LeCompte of Austin, Dr. Guert Tilma of Lubbock, and the lone woman and non-native, Dr. Sally Hallgren of Glen Ellyn, Illinois.

Residents at FWOH this year include Dr. Gary Neisler of Fort Worth (KCOM '74), anesthesiology; Dr. Westley Raborn (KCOM '73), general surgery; Dr. Roger Roberts (KCOM '75), internal medicine; and Dr. Lloyd K. Weldon (KCCOM '75), surgery.

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Only one of the new interns at East Town Osteopathic is a Texan; Dr. Lee Allen Thompson of Abilene, who is a '76 graduate of Kansas City College of Osteopathic Medicine. Another KCCOM gradu-

ate in this class is Dr. Ronald C. Myers of Cuyahoga Falls, Ohio.

Two graduates of Kirksville College of Osteopathic Medicine complete the intern class. They include Dr. David L. Carr of Kansas City and Dr. Ronald N. Skufca of Pompano Beach, Florida.

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All of the new interns at Dallas Osteopathic are also from either KCOM or KCCOM. Three from Texas include Dr. Walter D. Harper of Garland (KCOM); Dr. Larry K. Stubblefield of Arlington (KCCOM) and Dr. Blas Cisneros of San Antonio (KCCOM).

Also in this class are Dr. Leonard R. Hock, Jr. of Kingston, Oklahoma (KCCOM), and Dr. William E. Colyer (KCOM) whose home town was not listed.

Dr. Robert J. Breckenridge is beginning his second year of residency training in internal medicine at DOH. Although he was born in St. Louis, he received his education in Big Spring, Texas Tech and UT Arlington, before becoming a student at TCOM, from which he graduated in 1974.

Dr. John W. Wilson, who has just finished his internship at DOH, is beginning his first year residency in internal medicine at that hospital. Originally from Iowa, he received his pre-med training at Northeast Missouri State University and graduated from KCOM in 1975.

.....

Of the five Stevens Park interns, three are TCOM graduates, but only one of the three is a Texan. He is Dr. Robert P. Chisolm of Corrigan. Dr. Thomas R. Cooke is from

Tigard, Oregon, and Dr. Hernan A. Salazar came to the United States from Santiago, Chile in 1972.

The intern class includes another Texan, Dr. John Barry Ranelle of Fort Worth, a graduate of KCOM. The fifth intern is Dr. John A. Schwab of San Diego, California, who graduated from KCCOM in 1976.

.....

Dr. P. L. Schelle, a third-year resident in surgery at Stevens Park, was born in Philadelphia and received his pre-med training in Pennsylvania schools. He is a '73 graduate of KCOM.

Beginning his first year residency in anesthesiology is Dr. A. J. Speece, originally from New York, but a graduate of Denton schools and of NTSU. He received his D.O. degree from KCCOM, class of '75, and interned at Stevens Park.

.....

Corpus Christi Osteopathic Hospital has three interns in training this year—all KCOM graduates, but all Texans.

Dr. Keith Black is from Groom. Dr. Kirk Chandler from New Boston, and Dr. Wayne Johnson from Lubbock.

.....

All interns at Grand Prairie Community Hospital are Texans—three graduates of TCOM and two of KCOM.

TCOM graduates in this intern class include Dr. Denny K. Tharp of San Antonio, Dr. Eric R. Johnson of Dallas and Dr. Walter R. Pyron of Austin.

Dr. R. Greg Maul of Lubbock, son of Dr. Robert G. Maul, and James L. Pittman of Seguin are the two from KCOM. ▲

The Graduate Interns and Residents - - not all present or accounted for

Between the osteopathic schools and hospitals, TOMA usually gets the information on where Texas graduates are interning, but finding them after they finish their internships is something else.

In the spring, before these new D.O.s complete their internships, we write them and ask about their future plans. Some reply immediately, but many don't.

The first letter is followed up and we get a few more replies, but some we never hear from at all.

In checking the list of 42 Texans who graduated from three osteopathic medical schools in 1975, we had been able to locate only about half of them by mid-July.

Eventually most of them will be found and, if our luck holds, probably half of them will be practicing in Texas. Of the other half, some have continued with their training in residencies in osteopathic hospitals, and some are in the armed services—many of them also taking residencies.

Realistically, we can't expect to get them all back, but although we lose some, we also gain some from other states. And since TOMA membership is at an all-time high, we may be getting our share.

According to information gleaned so far, about one-fourth of the '75 Texas graduates have gone directly into private practice following their internships. Nearly that many more are in residency training.

Those in private practice in Texas include Dr. Larry D. Farr (Mabank), Dr. Peggy Hall (Grand Prairie), Dr. Roger D. Hamilton (Mansfield), Dr.

M. Scott Connor (Tyler), Dr. Robert Wilson (Dallas), Dr. John Turner, (Canton), Dr. Gene Herzog (Lubbock), Dr. D. Michael Hitt (Fort Worth), and Dr. Francisco Medina (Dallas).

Dr. Sam Buchanan is taking a surgical residency at Doctors Hospital, Columbus, Ohio; Dr. Patrick Pasco is serving a residency at the University of Mississippi; Dr. John W. Adams is a resident at Sun Coast Hospital, Largo, Florida; Dr. Arthur Speece is in an anesthesiology residency at Stevens Park, and Dr. L.K. Weldon is taking a surgical residency at Fort Worth Osteopathic.

Dr. Clinton Burns is an OBGyn resident at the U.S. Public Health Service in New Orleans; Dr. Lewis Shuler has returned to the Navy; Dr. Martin Jones continues his training at Philadelphia Naval Hospital; Dr. Jacky Dunn is in military service, and Dr. Jerry Lee Dickey is teaching at KCOM.

Dr. Bruce Petermeyer, who has just completed a residency at East Town, will soon join Doctors Memorial Hospital in Tyler. Dr. Gary Neisler (KCOM '74) has returned to Fort Worth as a resident in anesthesiology, and Dr. Westley Raborn (KCOM '73) is taking his residency in general surgery at FWOH. Both are teaching part time at TCOM.

Two other D.O.s who have just completed their internships and have entered private practice are Dr. Paul Haberer (Bedford), a graduate of the College of Osteopathic Medicine and Surgery who interned at DOH, and Dr. Paul Schorr (Dallas), an

East Town intern and a 1975 KCCOM graduate.

So although they are not all present, about half of them have been accounted for. If any of you have any information on what the other half are up to, your State Office would appreciate having it.

Although your Membership Services and Professional Development Committee has been acting as a search committee, it needs help from all the Districts. You can help your Association grow by contacting D.O.s who have recently begun practice in your District, inviting them to your District meetings, and

letting your State Office know how to contact them. ▲

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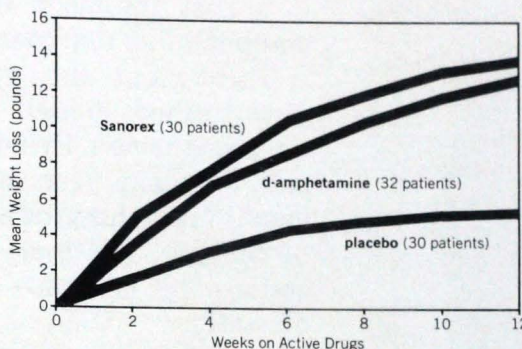


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During the 12-week phase of active medication in conjunction with dietary restriction, patients on Sanorex lost an average of 14.06 lb, compared with 13.06 lb for d-amphetamine and 5.63 lb for placebo patients.



1. Vernace BJ: Controlled comparative investigation of mazindol, d-amphetamine, and placebo. *Obesity/ Bariatric Med* 3:124, 1974.

Indication: In exogenous obesity, as a short-term (a few weeks) adjunct in a weight-reduction regimen based on caloric restriction. The limited usefulness of agents of this class should be measured against possible risk factors.

Contraindications: Glaucoma; hypersensitivity or idiosyncrasy to the drug; agitated states; history of drug abuse; during, or within 14 days following, administration of monoamine oxidase inhibitors (hypertensive crisis may result).

Warnings: Tolerance to many anorectic drugs may develop within a few weeks; if this occurs, do not exceed recommended dose, but discontinue drug. May impair ability to engage in potentially hazardous activities, such as operating machinery or driving a motor vehicle, and patient should be cautioned accordingly.

Drug Interactions: May decrease the hypotensive effect of guanethidine; patients should be monitored accordingly. May markedly potentiate pressor effect of exogenous catecholamines; if a patient recently taking mazindol must be given a pressor amine agent (e.g., levaterenol or isoproterenol) for shock (e.g., from a myocardial infarction), extreme care should be taken in monitoring blood pressure at frequent intervals and initiating pressor therapy with a low initial dose and careful titration.

Drug Dependence: Mazindol shares important pharmacologic properties with amphetamines and related stimulant drugs that have been extensively abused and can produce tolerance and severe psychologic dependence. Manifestations of chronic overdose or withdrawal with mazindol have not been determined in humans. Abstinence effects have been observed in dogs after abrupt cessation for prolonged periods. There was some self-administration of the drug in monkeys. EEG studies and "liking" scores in human subjects yielded equivocal results. While the abuse potential of mazindol has not been further defined, possibility of dependence should be kept in mind when evaluating the desirability of including the drug in a weight-reduction program.

Usage in Pregnancy: An increase in neonatal mortality and a possible increased incidence of rib anomalies in rats were observed at relatively high doses.

Although these studies have not indicated important adverse effects, the use of mazindol in pregnancy or in women who may become pregnant requires that potential benefit be weighed against possible hazard to mother and infant.

Usage in Children: Not recommended for use in children under 12 years of age.

Precautions: Insulin requirements in diabetes mellitus may be altered. Smallest amount of mazindol feasible should be prescribed or dispensed at one time to minimize possibility of overdose. Use cautiously in hypertension, with monitoring of blood pressure; not recommended in severe hypertension or in symptomatic cardiovascular disease including arrhythmias.

Adverse Reactions: Most commonly, dry mouth, tachycardia, constipation, nervousness, and insomnia. **Cardiovascular:** Palpitation, tachycardia. **Central Nervous System:** Overstimulation, restlessness, dizziness, insomnia, dysphoria, tremor, headache, depression, drowsiness, weakness. **Gastrointestinal:** Dryness of mouth, unpleasant taste, diarrhea, constipation, nausea, other gastrointestinal disturbances. **Skin:** Rash, excessive sweating, clamminess. **Endocrine:** Impotence, changes in libido have rarely been observed. **Eye:** Long-term treatment with high doses in dogs resulted in some corneal opacities, reversible on cessation of medication; no such effect has been observed in humans.

Dosage and Administration: 1 mg. three times daily, one hour before meals, or 2 mg. once daily, one hour before lunch. The lowest effective dose should be used. Should GI discomfort occur, mazindol may be taken with meals.

Overdose: There are no data as yet on acute overdose with mazindol in humans. Manifestations of acute overdose with amphetamines and related substances include restlessness, tremor, rapid respiration, dizziness. Fatigue and depression may follow the stimulatory phase of overdose. Cardiovascular effects include tachycardia, hypertension and circulatory collapse. Gastrointestinal symptoms include nausea, vomiting and abdominal cramps. While similar manifestations of overdose may be seen with mazindol, their exact nature have yet to be determined. The management of acute intoxication is largely symptomatic. Data are not available on the treatment of acute intoxication with mazindol by hemodialysis or peritoneal dialysis, but the substance is poorly soluble except at very acid pH.

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FWOH Medical Staff Award Goes to Dr. Roy Fisher

Roy B. Fisher, D.O., chairman of the Board of Directors of Fort Worth Osteopathic Hospital and one of the hospital's founding fathers, was presented with the second annual Medical Staff Award at a dinner dance at Shady Oaks Country Club June 25.



Also honored on this special occasion with appointments to the hospital's Honorary Medical Staff were Howard G. Buxton, D.O., and John F. Falk, D.O. Both are retired members of the Medical Staff and have given long years of service to Fort Worth Osteopathic Hospital.

Making the three surprise announcements on behalf of the FWOH Medical Staff was chief of staff J. Thomas O'Shea, D.O. Each was presented with an engraved plaque by Dr. O'Shea, who first cited Dr. Fisher for his years of outstanding leadership and dedicated service to Fort Worth Osteopathic Hospital and then turned to honor Dr. Buxton and Dr. Falk for their similar years of service to the hospital and its patients.

It was in Dr. Fisher's home, an old mansion once standing at 1402 Summit, that the Hospital made its first home when founded in June 1946. The Fisher family lived up-

stairs at this early address, eight or 10 beds with operating room and nursery were on the floor below, and laboratory and x-ray services were in the basement.

Now chairman of the Board of Directors which governs the 200-bed health care facility, Dr. Fisher is a past president of the Board and one of its first members.

Throughout the years, he has distinguished himself with service on nearly every FWOH committee and, for many years, acted as chairman of the hospital's Department of Surgery. On four different occasions, he has been elected chief of staff.

Dr. Fisher is an associate professor of surgery at Texas College of Osteopathic Medicine and, last February, was approved by the Board of Regents of North Texas State University, Denton, to serve on the Advisory Council for Texas College of Osteopathic Medicine.

Certified by the American Osteopathic Board of Surgery, Dr. Fisher was graduated from Kirksville College of Osteopathy and Surgery, Kirksville, Mo., in 1933. He then entered into an internship at Wilshire Hospital, Los Angeles, Calif. Followed by a move to Missouri in 1934, the Ohio native practiced briefly in that state before establishing a practice in Michigan. Dr. Fisher has been on the medical staff of Northway Clinic and Hospital, Mr. Pleasant, Mich., and of Saginaw Osteopathic Hospital in Saginaw, Mich., where he was chairman of the Department of Obstetrics. Before coming to FWOH in 1946, he entered into a surgical preceptorship at Laughlin Hospital, Kirksville, Mo.

A member and past president of the Texas Osteopathic Surgical Society, Dr. Fisher is a past president of the Texas Osteopathic Hospital Association. ▲

TOMA Exec Named to TSAE Committee

Tex Roberts, Executive Director of TOMA, has been appointed a member of the Government Relations Committee of the Texas Society of Association Executives for the 1976-77 administrative year.

The appointment was made by the newly elected president of TSAE, C. Lincoln Williston, Executive Director of the Texas Medical Association.

The committee will sponsor a Government Affairs Conference during the 1977 session of the Texas Legislature and has other legislative objectives that will be pursued in behalf of business and professional associations in Texas.

TSAE has been active with ASAE in thwarting the Internal Revenue Service's attempt to tax convention exhibitor income and is currently engaged in an effort to change the IRS regulation that proposes to levy unfairly on association publication advertising and dues income.

Under a new program set up by ASAE in 1972, Roberts became a Certified Association Executive (CAE) by examination on May 1, 1973. ▲

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LETTERS

Recently this Journal has printed several instances of discrimination, including those by government agencies (state, county or municipal) and insurance companies.

This has prompted several members to report other such incidents and TOMA tries to put an end to such discriminatory practices.

Often a letter pointing out that Texas licenses both osteopathic and allopathic physicians to practice medicine in the state—without regard to whether their degree is D.O. or M.D.—does the job and a correction is made.

In the case of insurance companies, apparently they can make their own rules, but as pointed out in the letter below, anyone they insure should be made aware of their discriminatory practices.

Following are examples of the latest such instances brought to the attention of the State Office.

No reply to our letter to the Insurance Commissioner had been received at press time, but it looks as if the second instance is on the way to being resolved satisfactorily.

To TOMA)

Dear Sir:

I am enclosing a copy of a letter I received from the Gulf Coast Lines Employees' Hospital Association. According to this letter only M.D.s are eligible for payment. I feel this is discriminatory and felt you should be made aware of this problem.

Any help you may give in resolving this matter would be greatly appreciated.

David Sufian, D.O.

(Copy of Letter to Policyholder)

Dear Sir:

We are enclosing herewith statement of David Sufian, D.O., for services rendered you in January 1976 in the amount of \$80.00.

Our rules and regulations cover services rendered by M.D.s only.

/s/ R. E. Moffatt, Jr.
Business Manager
Gulf Coast Lines Employees'
Hospital Association

Mr. Joseph Hawkins, Commissioner
Texas State Board of Insurance

Dear Sir:

From time to time we receive a letter similar to the enclosed stating that Gulf Coast Lines Employees Hospital Association will not pay for services rendered by D.O.s.

The degrees of licensed physicians in Texas include M.D. and D.O. and if no other action can be taken in this instance of discrimination, at least Gulf Coast Lines Employees' Hospital Association should be required to specifically notify its members that the services of D.O.s are not covered.

It is a denial of the rights of a minority of citizens who prefer to go to D.O.s, and there can be times when seriously ill or injured patients belonging to Gulf Coast Lines do need emergency services.

How can they deny reimbursement for services rendered by a licensed physician?

Tex Roberts, CAE
Executive Director, TOMA

Texas State Department of Public
Welfare, Licensing Division

Gentlemen:

Your form, "Suggested Medical Information Form for Day Care Admittance", has a blank at the bottom for a licensed physician to sign certifying that the child is free of infection and contagious disease.

Licensed physicians in Texas can be either M.D. or D.O. and, therefore, respectfully request that you eliminate the M.D. typed on this form and, instead, conform as other state agencies do by putting the words (licensed physician) underneath the line where the physician signs.

Tex Roberts, CAE
Executive Director, TOMA

Dear Mr. Roberts:

Thank you for your letter of June 23, 1976, pointing out the error in the "Suggested Medical Information Form for Day Care Admittance."

This is not a State form. Day care licensing staff in the regions often puts out forms to meet local needs or suggested forms for the use of child care providers.

I have given Miss Margaret Ann Scott, Program Director for Day Care Licensing, Fort Worth, a copy of your letter. "Licensed Physician" will be substituted for "M.D." and we will be sure to use the correct appellation in our other forms.

Sincerely,

(Miss) Anne Leatherman, Director
Standards and Policy Section
Licensing Division
State Department of Public Welfare

Texas physicians to be polled by HEW on PSRO preference

At long last it appears that physicians in Texas will have an opportunity on a state-wide basis to state their preferences individually and direct to HEW regarding PSRO on a state-wide basis.

Word is that the secretary of HEW will conduct a nonstatutory poll on a state-wide basis asking if M.D.s and D.O.s in Texas support the designating of Texas as a PSRO area.

Under present regulations issued by Washington bureaucrats, Texas was divided into nine PSRO areas.

TOMA and TMA have officially, through their houses of delegates, called for a single state-wide PSRO in the Lone Star State.

An important point for each doctor to remember is that utilization review and professional standard's review, whether in nine compartments or a single administrative unit, will be done according to present federal law.

It is in your best interest to support the Texas Institute for Medical Assessment (TIMA), an organization in which the TOMA House and officers are appropriately and substantially represented and are working for you on a regular basis.

TIMA is in the advanced stages of presenting an application for designation as a provisional PSRO unit in Texas. You are urged to answer the HEW poll in the affirmative in support of TIMA and the designation of Texas as a single state-wide PSRO area.

The PSRO concept will not go away, but it would be to the best interest of patients in Texas—and to their physicians—for it to be administered through a state-wide PSRO mechanism. It also must be remembered that this type of review will be done strictly at the local level by the existing UR committees in the hospitals and, under TIMA, these committees will be the final word as long as the minimal guidelines called for by the federal statutes and regulations are satisfied.

The state unit is in a sense the referee and buffer between local review and the federals and under this system it should work well in Texas if conducted by TIMA. ▲

A Time to Stand and Fight

By George W. Northup, D.O.

By this time most physicians are familiar with Dr. Leonard Berlin and his now famous suit against the patient, the patient's lawyer husband, and two plaintiff's attorneys who filed a frivolous and unwarranted malpractice suit. Dr. Berlin won \$8,000 in damages.

Also important is the fact that Dr. Berlin was able to get outstanding lawyers to testify on his behalf, stating that a lawyer who accepts a malpractice case does have a responsibility to establish its validity before accepting it and filing suit.

Of course the verdict in Dr. Berlin's favor is being appealed. But regardless of the ultimate outcome, this case shows that physicians can stand up, can fight back, and can win.

Perhaps the type of response displayed by Dr. Berlin will accomplish more to ease the medical malpractice insurance crisis than all of our combined legislative attempts. ▲

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Four D.O.s Join TCOM Faculty

Four osteopathic physicians have joined the Texas College of Osteopathic Medicine faculty in the departments of pediatrics, medicine, anesthesiology and surgery.

Joining the faculty are Dr. George M. Esselman, professor of medicine; Dr. Bruce G. Gilfillan, assistant professor of pediatrics; Dr. Gary Neisler, instructor of anesthesiology; and Dr. Westley Raborn, instructor of surgery.

Dr. Esselman, who in addition to his teaching at TCOM is director of medical education at Fort Worth Osteopathic Hospital (FWOH), received his doctor of osteopathy degree from Kirksville College of Osteopathic Medicine (KCOM) in 1944 and served an internship at Detroit (Michigan) Osteopathic Hospital from 1944-45. He did an internal medicine residency at Riverside Osteopathic Hospital in Trenton, Michigan, in 1946-47 and at Detroit Osteopathic Hospital from 1952-54. Dr. Esselman has been with FWOH since March 1972.

A 1970 graduate of Philadelphia College of Osteopathic Medicine (PCOM), Dr. Gilfillan was in private pediatric practice in Phoenix, Arizona prior to joining TCOM. After receiving his doctor of osteopathy de-

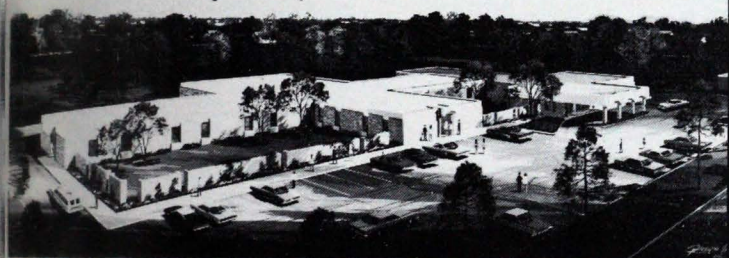
gree, he served an internship at Doctor's Hospital in Columbus, Ohio and a pediatric residency at Doctor's Hospital, Children's Hospital outpatient clinics in Columbus, Ohio and Barney's Children's Hospital pediatric hematology service in Dayton, Ohio.

A native of Fort Worth, Dr. Neisler is currently taking a two year anesthesiology residency at FWOH. He received his doctor of osteopathy degree from Kirksville College of Osteopathic Medicine in 1974 and was graduated from Texas Wesleyan College and Haltom High School. Prior to beginning his residency, Dr. Neisler served an internship at Richmond Heights Hospital in Cleveland, Ohio.

Also serving a residency at FWOH, Dr. Raborn is taking his last three years of a general surgery residency at the Fort Worth hospital. A native of Texas, Dr. Raborn completed the first 15 months of his surgical residency at Green Cross General Hospital in Cuyahoga Falls, Ohio. His study there was preceded by an internship at Dallas Osteopathic Hospital.

Dr. Raborn received his doctor of osteopathy degree from KCOM in 1973 and his undergraduate degree from the University of Texas at Arlington in 1969. ▲

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Osteopathic Hospitals Form Six-State Federation

Under the leadership of outgoing president Robert J. Halbrook, administrator of the East Town Osteopathic Hospital in Dallas, the Texas Osteopathic Hospital Association joined in a six-state federation of osteopathic hospitals at its annual convention in Amarillo in July.

Attending the Amarillo meeting were administrators from Arizona, Colorado, Kansas, Oklahoma and one of the largest turnouts of osteopathic hospital administrators from Texas. New Mexico has been invited to join the new federation.

TOHA elected officers for the coming administrative year are Ms. Patty Borden, administrator of Doctors Community Hospital in Euless, president; John Woodson, president-elect; Claude Rainey, vice-president; Ron Colichia, secretary-treasurer.

Formal bylaws were adopted for the federation to be known as Southwestern Osteopathic Hospital Association with the nickname TONACK, which is derived from the first letter of the six states joining up, including Texas, Oklahoma, New Mexico, Arizona, Colorado and Kansas.

John Pirtle, administrator of Oklahoma Osteopathic Hospital in Tulsa was elected president of TONACK; John McGraw, administrator of the Osteopathic Hospital of Wichita, president-elect; Patty Borden was elected secretary of the new interstate combine.

TONACK is mostly educational in nature.

Michael Doody, president of the American Osteopathic Hospital Association, attended the Amarillo convention and in his address urged the administrators to increase their efforts to document the distinctiveness of osteopathic hospital care in order to survive federal regulations.

Considerable discussion was centered around the AOA hospital inspection and accreditation program. Mr. Doody said a plan has been presented to the AOA proposing that the administrative work connected with hospital inspection and accreditation be turned over to AOHA, leaving final accreditation decisions up to the AOA.

Mr. Halbrook of East Town was appointed to the TOMA Hospitals and Insurance Committee succeeding Claude Rainey, executive vice-president of Fort Worth Osteopathic Hospital. Walter Dolbee, administrator of Hurst General Hospital remained on the H & I Committee as an alternate.

President Borden also reappointed John Isbell, administrator of Stevens Park Osteopathic Hospital, and Lee Baker, administrator of Lubbock Osteopathic Hospital to the TOIL Committee.

D.O. Trustees elected to the TOHA Board were Dwight H. Hause, D.O., of Corpus Christi, and David F. Norris, D.O., of Tyler. ▲

PHS Scholarships Go to 87 Osteopathic Students

Hew's Bureau of Health Manpower has announced the awarding of an additional 710 Public Health Service scholarships last May, including 87 to osteopathic students. Osteopathic students received 575 scholarships, as did 48 dental students—the first time dental students were eligible for the federal program.

This is the third school year for which PHS scholarships have been awarded. All nine osteopathic colleges are represented in the program; Kansas City College of Osteopathic Medicine leads the nation in the number of students participating, with 86 of the present 2,387 participants. ▲

They Said It Couldn't Be Done!

On June 10 Governor Brendan T. Byrne signed S 1249 which authorizes the spending of \$600,000 to begin the Southern Jersey Regional Education Program which includes the osteopathic school and a medical school. While the program is still "a college without walls" the first osteopathic students will enter classes in September 1977!

On May 25 the Council on Osteopathic Educational Development approved the plans for the New Jersey Osteopathic College. The approval letter was signed by Dr. Thomas Rowland, President of the Philadelphia College of Osteopathic Medicine.

Now, with the assistance and suggestions of the Accreditation

Committee, an active dean will be selected and begin his duties within thirty days. A permanent dean is expected to be on board by fall.

All the promotion for the college has been accomplished. From here on the activity will be towards organization, selecting the faculty and preparing curriculum. There is still much to do. But with the budget with which to operate, the college will be rapidly developed. ▲

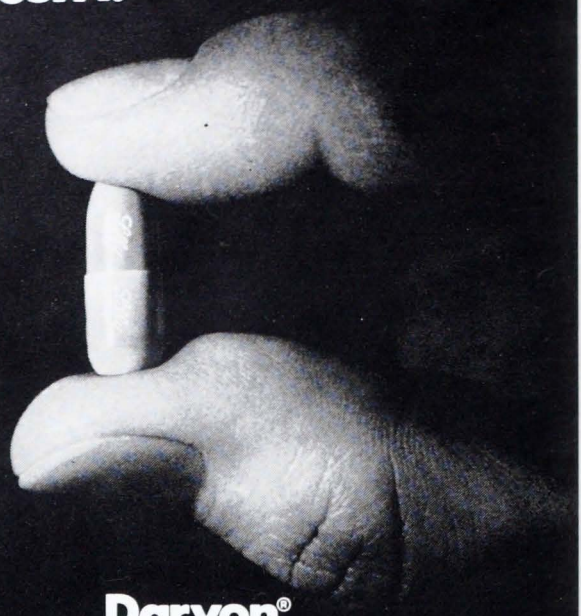
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WANTED: Young ambitious G.P. to associate with clinic group in a growing town on lake and near metropolitan center. Good schools, churches, water sports, hunting, fishing and recreational facilities available. New modern hospital facilities. Write or call: Box B TOMA, 512 Bailey Avenue, Fort Worth, 76107; phone 817-336-0549.

KNOX CITY—This North Texas community welcomes a D.O. Staff privileges on Knox County Hospital, associateship, excellent gross existing. Contact Glen Rumley, Knox County Hospital, 817-658-3535.

BONHAM—Excellent opportunities for D.O. general practitioner in town of 8,000, and modern general hospital. Mixed staff, four D.O.s, two M.D.s. Contact Robert D. Van Schoick, D.O., Chief of Staff, or John Templin, administrator, Fannin County Hospital. Telephone 214-583-8585.

WANT TO RELOCATE: Surgeon who will do general practice wants to relocate in central or south Texas. Age: 59. Write Box P, TOMA, 512 Bailey Avenue, Fort Worth, 76107.

ELGIN (NEAR AUSTIN) - Needs two family physicians. Hospital, office facilities and consultative support available. Excellent opportunity for growth of practice. Contact James Moore, Fleming Memorial Foundation, Elgin, Texas.

KIRBYVILLE—in Deep Southeast Texas has GP practice opportunity. Potential unlimited—Salary to start negotiable—Good schools, hospital, lakes and hunting, mild weather. Contact John L. Sessions, D.O., 713-423-2166.

(For information call or write Mr. Tex Roberts, Executive Director, TOMA Locations Committee, 512 Bailey, Fort Worth, Texas 76107, 817-336-0549.)

LUBBOCK—Office with six fully equipped treatment rooms; first three months rent-free. Willing to work with new doctor by referring patients and utilizing present charts. Inquiries invited from graduating interns. Contact H. Eugene Brown, D.O., 3303 University, Lubbock, 79410. Phone 806-792-2331 or 806-795-6466.

DALLAS—Well established and financially rewarding practice (primarily manipulative) is available for rent or sale. Office is centrally located five minutes from D.O.H. For further information contact: John H. Harakal, D.O., 3516 Camp Bowie Blvd., Fort Worth, 76107; or call 817-338-9011.

SAGINAW—Office building for lease three miles north of Meacham Field. Four treatment rooms, emergency room, laboratory, X-ray, private office, business office and waiting room—total of 2600 square feet. Call or write Mrs. Arthur H. Clinch, Post Office Box 79679, Saginaw, Texas 76179; telephone 817-232-2762.

WEST—(17 miles north of Waco), D.O. needs same to join established practice in furnished clinic. Salary with partnership potential. Small town of 2500, 42-bed well equipped hospital available. Contact George N. Smith, D.O., Post Office Box 129, West, Texas 76991 or call 817-826-5372.

Health Manpower Legislation Approved by Senate

Following only three hours of debate, the Senate on July 1 unanimously approved (88-0) its version of the Health Professions Educational Assistance Act of 1976 (S.3239). This action culminated over three years of efforts in the Senate to enact a bill which could be supported by both majority and minority forces as well as concluding intensive efforts by Senators Kennedy, Javits and Beall to reach a compromise on the sticky issue of residency training program requirements and limitations.

The residency training issue represented the major stumbling block for the Senate in approving the bill. Senator Kennedy, Chairman of the Senate Health Subcommittee, drafted Title V in hopes that a strict residency certification program, which also allocates the number and the location of residencies, would be a partial, if not total, solution to the chief health manpower problems of specialty maldistribution and the geographic location of existing primary care physicians. On the contrary, Senator Beall, supported by DHEW, has argued that such an approach, as outlined in S.3239, was "precipitous and excessive over-reaction to the graduate medical training problems." Current data, so stated Senator Beall, reflects that U.S. medical school graduates presently entering so-called primary care training programs increased to 58 percent in 1974 as compared to 38 percent in 1968. Furthermore, according to the Maryland legislator, the American Association of Medical Colleges has indicated that "in 1974, the ratio of positions per 100 American Graduates dropped to 150; in 1975, to 130; and in 1976, to 120".

The compromise amendment offered by Beall, and modified by Javits and Kennedy, would restrict the provision to a singular National Council on Postgraduate Physical Training of 24 members, rather than the one National and 10 regional councils totaling 264 members. The Beall Council would study and evaluate the physician specialty and distribution needs (both M.D. and D.O.) of the country during a two-year period. (Membership on this Council would include representatives of the osteopathic and allopathic medical professions.) The new Council should resemble the newly created Graduate Medical Educational Advisory Council within DHEW.

Several other amendments were offered during this flurry of manpower activity, they are as follows:

- a) Packwood (Ore) - to encourage the development of regional health profession schools;
- b) Clark (Iowa) - to facilitate rural citizens' access to primary health care;
- c) Montoya (N.M.) - authorizing an additional \$10 million for educational assistance to individuals

- d) Pearson (Kan.) - authorizing priority consideration for PHS/NHSC scholarships to applicants from areas which have been designated as medically underserved.
- e) Bellmon (Ok.) - deletes the "full funding" provision for MOD capitation, NHSC scholarships and disadvantaged scholarships. With the Schweiker modification, total appropriations for the NHSC scholarship program (and disadvantaged programs) will not be less than 50% of the total MOD (medicine, osteopathy and dentistry) school capitation support appropriations. (Capitation support for MOD schools in the Senate measure is \$1,800 (FY '78), \$1,900 (FY '79), and \$2,000 (FY '80).)

The differences between the House and Senate versions of the manpower measure will be resolved by a Conference Committee, but such action will probably not be completed until early August if then. No word has been received from the White House as to whether a veto is likely or not. ▲

Reprinted from Osteopathic Newsletter, July 9, 1976

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The Good Old Days

Those were the days, my friend . . . the good old days. Or were they? Maybe you will revise your opinion after reading the Work Rules of a company in the year 1852. Experts say these were rather universal in that era. Good old days? Well, judge for yourself as you read the following:

All employees must abide by the following regulations: This firm has reduced the hours of work, and the clerical staff will now have to be present between the hours of 7 a.m. and 6 p.m.

Clothing must be of a sober nature. The clerical staff will not disport themselves in raiment of bright colors.

A stove is provided for the benefit of the clerical staff. Coal and wood must be kept in the locker. It is recommended that each member of the clerical staff bring four pounds of coal each day during cold weather.

No member of the clerical staff may leave the room without permission from Mr. Rogers. The calls of nature are permitted, and the clerical staff may use the garden below the second gate. This area must be kept in good order.

No talking is allowed during business hours.

The cravings of tobacco, wines and spirits is a human weakness and as such is forbidden to all members of the clerical staff.

Now that the hours of business have been drastically reduced, the partaking of food is allowed between 11:30 and noon, but work will not on any account cease.

The owners recognize the generosity of the new Labour Laws but will expect a great rise in output of work in compensation for these near Utopian conditions.

WHEN IN DOUBT, FUZZIFY

Dr. James H. Boren, president and chairman of the board of the National Association of Professional Bureaucrats, is famous for the line: "When in doubt fuzzle."

In an appearance before the 64th Annual Meeting of the Chamber of Commerce of the United States, he tossed out these one-liners:

"Study a problem long enough and it will go away."
"If you're going to be phony, be sincere about it."
"Here's a clarion call to dynamic inaction."
"Adjust the issues to our position."
"Let us learn to fuzzify."

FDA establishes voluntary reporting system to monitor device performance

In the past FDA has not had explicit legislative authority to require that medical devices and diagnostic products be proven safe or effective prior to marketing. While awaiting new amendments to the Food, Drug, and Cosmetic Act, which will mandate a new regulatory program for medical devices, FDA established a voluntary reporting system to monitor device performance in actual usage.

At present, FDA has approximately 1000 reports of adverse experiences with these products stored in computer-retrievable form. It is necessary, however, that physicians and other health professionals continue to report usage problems so that the information remains current and reflects the type of difficulties being experienced. Although FDA has particular interest in serious, life-threatening, and fatal device experiences, the range of reportable material may include any problem, unacceptable condition, or performance difficulty.

Reprinted from FDA Drug Bulletin, April-May, 1976

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Writing Contest Awards Go to TCOM Students

Five Texas College of Osteopathic Medicine student-doctors have received eight awards in four categories of the American Osteopathic Association 1975-76 Writing Contest. The student-doctors received one first place, one second place, three third places and three honorable mentions for a total of \$675 in awards.

Receiving a first place in the Literature Review category and a third place in the Special category was Charles Meyers of Denton, a fourth-year student. Meyer's first place article was on "Plasma Membrane Structures - A Survey with Annotated Bibliography" and his third place was on "Principles of 'Linear Systems Analysis' Applied in the Analysis and Interpretation of Hearing-Loss Measurement." Meyers received \$200 for the first place and \$75 for the third place.

Second-year student Christopher Vanderzant of Bryan, placed second in the Essay category for his paper, "The Whole Man" and received \$150

A third place in the Research category and honorable mentions in the Essay and Special categories went to fourth-year student-doctor Wan-Bang Lo of Zechuna, China. In the Research category his paper was on "Evidence of Carcinogen Hydrase Activity in Skin." His essay entry was on "The Psychodynamics of Melancholic Depression" and his entry in the Special category was on "Osteopathic Manipulation Therapy and Acupuncture." Lo received \$100 for his third place and \$25 for each of the honorable mentions.

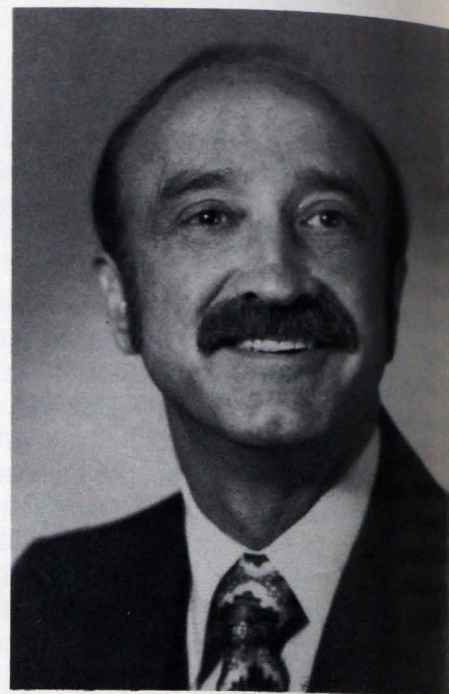
Robert Grayson of Humble, third-year student, received a third place in the Essay category for his paper "Looking Ahead." Grayson received \$75 for his winning essay.

Fourth-year student George C. Lindsey of San Antonio received an honorable mention in the Literature Review category for his paper "Infectious Mononucleosis." Lindsey received \$25 for his winning entry. ▲

Memorial and foundation fellowships to be awarded

The Hospital Research and Educational Trust has announced two Edwin L. Crowby Memorial Fellowships and ten W. K. Kellogg Foundation Fellowships to be awarded in 1977. Candidates for the fellowships should submit "specific proposals for problem-solving projects that are directed toward methods of identifying and achieving improvements in the organization and delivery of health care that promise to have practical and widely applicable results, and that can be carried out during a period of six months." Fellowships will be awarded on the basis of quality, potential usefulness and feasibility of the proposed project, and the background and potential of the applicant in the improvement of health care management. The amount awarded for each six-month fellowship will be \$9,000.

Application deadline is December 15, 1976. Anyone interested in applying for the fellowships should contact the Director, Hospital Research and Educational Trust, 840 North Lake Shore Drive, Chicago, Illinois 60611 for an application form. Awards will be announced on March 15, 1977. Fellowships may begin as early as April 1 and must begin no later than September 30, 1977. ▲



Dr. Samuel B. Ganz of Corpus Christi was reelected Speaker of the House of Delegates of the AOA at its July meeting in Washington. He was first elected to this office in July, 1972 and has served in that capacity since.

Dr. Ganz was Speaker of the TOMA House for ten years, vice speaker for seven, and a delegate two years. He was named TOMA president-elect at the 1976 House meeting and will assume that office when the TOMA annual convention is held in Corpus Christi next May. ▲

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Illusions of the Revolution

Our fondness for the "good old days" is based on our skill in forgetting unpleasant experiences and remembering only what we want to remember. And so today many believe that during Revolutionary War days everyone was "accuated by the purest patriotism, led by a soldier whom everyone adored—George Washington—who in turn was guided by a caucus of political geniuses—the Continental Congress—sturdy farmers raced from their plows to hurl themselves into conflict with British mercenaries."

But it wasn't like that. The revolution was fought by common, everyday mortals who had all the human frailties we have today. General Nathanael Greene, for example, was much disgusted with the mild patriotism he found around Boston. "We find many articles of merchandise multiplied fourfold of their original value. The farmers are extortionate." Privateer captains posted notices for "Jolly Fellows who love their country and want to make their Fortune at one stroke."

The Continental Congress, rather than a group of political geniuses, was a body of fifty or sixty indifferently selected men who were constantly bogged down in petty details and drove Washington to distraction trying to plan his battle strategy for him.

The renowned battle of Concord, according to a Philadelphia paper, saw "two thousand veteran British soldiers attacked and defeated by 300 peasants." Actually there were 3,767 "peasants," better known as Minute Men, whose gunnery was wildly inaccurate and resulted in minor casualties. With some exceptions, the famed American marksmanship was largely a myth. This was especially true of those using the long squirrel rifle, which fouled easily and was exceedingly slow reloading.

Next to Washington, the greatest contribution to American success was probably made by the English Admiral Richard Howe, brother of General William Howe. Time and again Richard Howe persuaded his brother to hold off destroying Washington's staggering army in hopes of a negotiated settlement. General Howe at the time held New York with twenty-four thousand men and four hundred ships, the largest force ever dispatched from England, against Washington's ragtag army of thirteen thousand.

The great myth of those who fought the war was that it could be won in a single campaign, an idea that took hold after the victory at Bunker Hill. How could Washington's army of 1776, described by one of its members as "retreating,

ragged, starved, lousey, thevish, pocky," possibly win a war? Much of the resolve must have come from Thomas Paine's pamphlet, *Common Sense*, which described King George, "the royal brute," as claiming power from William the Conqueror, "a French bastard, landing with armed banditti, and establishing himself king of England against the natives."

The idea of democracy was not very well accepted among aristocrats, especially in the South, where 10 percent of the population owned 75 percent of the property. While American society of the time was highly stratified, there was no legal aristocracy. Velvet and homespun mixed freely in the taverns, of which there were plenty. Philadelphia alone had one tavern for every 140 people.

Was the war fought against taxation? American taxes that went to England at the time totaled about \$1.20 per person per year, or about 3 percent of the national income. More important was England's treatment of Americans as second class citizens by every white-wigged royal flunky sent out from England. And defense of private property seems to have been a major motive.

(Reprinted from the Curtis Courier)

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A man who works with his hands and his brains and his heart is an artist.

Louis Nizer

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