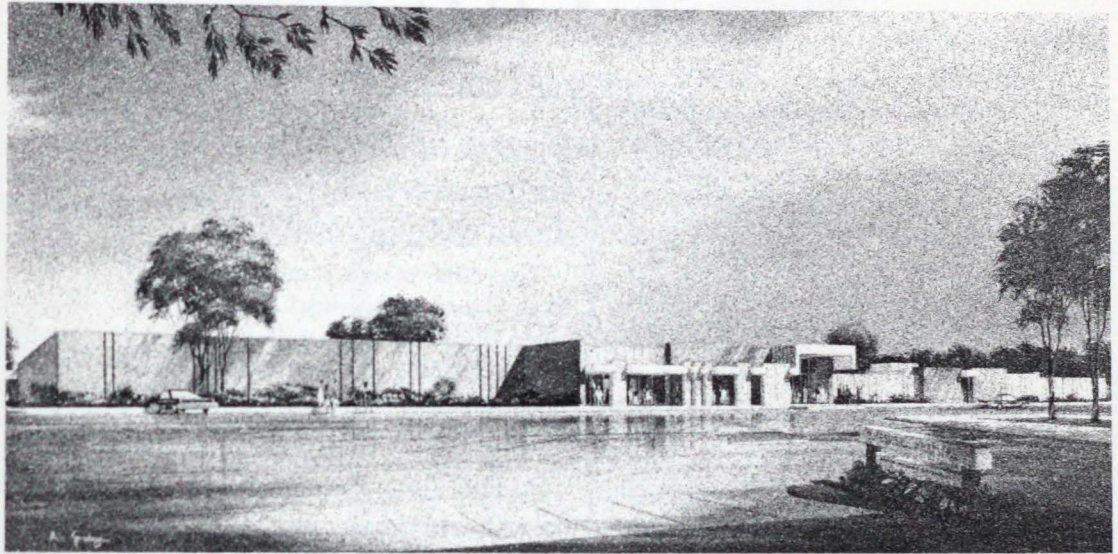


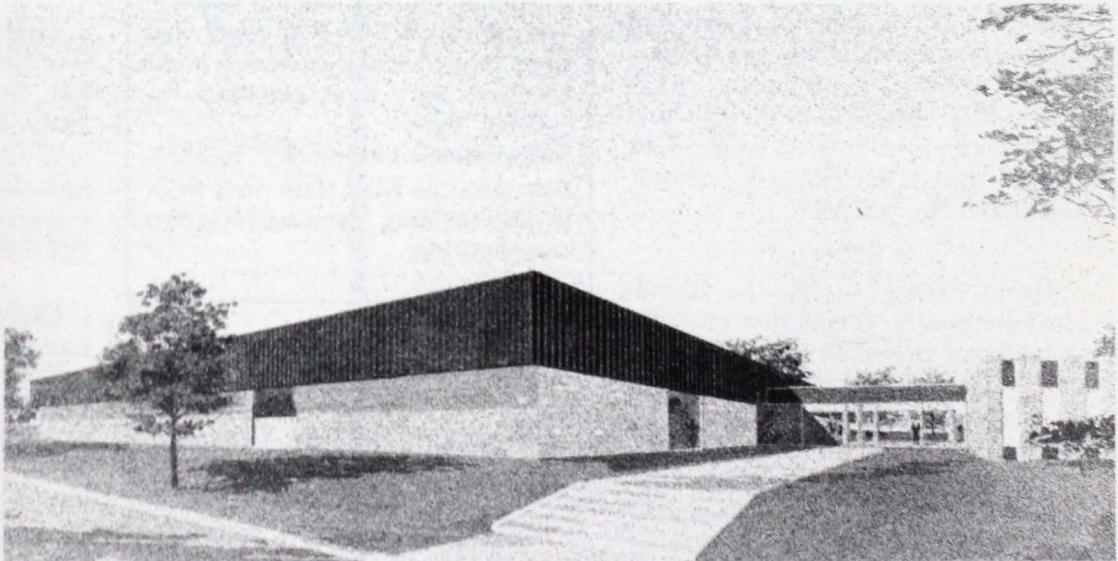
TEXAS OSTEOPATHIC PHYSICIANS JOURNAL

FEBRUARY, 1969



The Profession Builds in Houston

. . . . in Pontiac



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Openings For Osteopathic Physicians

Friona, Texas — 30 miles northwest of Muleshoe, and 90 miles from Lubbock. Population — 2500 people with drawing capacity of about 500. Only three physicians in town. A good prospect for a doctor just getting out of internship. Contact: R. M. Mayer, D.O., 3728-34th St., Lubbock, Texas.

* * *

Abernathy, Texas — Doctor looking for associate. 15 miles north of Lubbock. Population, 3,500 with trading territory of 8,500. Practice established for eight years. Contact Kenneth Gregory, D.O., Abernathy, Texas.

* * *

Collinsville, Texas — Clinic now available. Waiting room, X-ray and lab rooms, 3 examination rooms. Next door to 47 bed nursing home. E.C.F. Rent \$80.00 monthly. Will give first two months rent free. Contact: Lois Walker, Box 23, Collinsville, Texas, Telephone No. 429-6426.

* * *

Alamo, Texas — On the Texas-Mexican Border, population of 5,000. Only doctor passed away nine months ago, — all residents go to neighboring towns for treatment. Doctor's office space in drug store and also an apartment available — both rent free. Contact: William Huang, Pharmacist, c/o Magic Valley Drugs, Main at Eighth Sts., Alamo, Texas.

* * *

Idalou, Texas — Located ten miles east of Lubbock, offers an excellent opportunity for any physician desiring to locate in West Texas. Contact: George Lowe, Western Drug Company, Idalou.

Board of Medical Examiners Will Meet June 23-25, 1969

The next meeting of the Texas State Board of Medical Examiners, when Examinations will be given and reciprocity applications will be considered, is scheduled for June 23, 24, 25, 1969, at the Hotel Texas, Fort Worth, Texas.

Completed examination applications for applicants who graduated from United States medical schools must be filed with this office thirty days prior to the meeting date.

Completed examination applications for applicants who graduated from foreign medical schools must be filed sixty days prior to the meeting date.

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

Hurst, Texas — 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.

* * *

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

CLINIC PREMISES — new, very attractive, very efficient suite available in clinic with active specialist. Has great potential for dynamic young generalist to lease. Telephone or write Dr. Richard J. Tamez, 323 N.W. 24th St., San Antonio 78207.

* * *

Houston, Texas — Superior opportunity for energetic, capable generalist on staff of active, existing clinic-hospital group. Contact: Mrs. Grover Stuckey, 2715 Jensen Dr., Houston Texas 77026.

* * *

Pleasant Valley, Amarillo, Texas — 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.

* * *

Austin, Texas — Superior opportunity for D.O. in an existing location. General practice, including osteopathic manipulative therapy. Well located office with some equipment available. Contact: Katherine G. Paterson, D.O., 3513 Jefferson Street, Austin, Texas 78731, GL 3-4620.

* * *

PRIME LOCATION next to Doctors Hospital, Houston; large practice left by D.O. who recently passed away. Rent \$250 monthly, equipment and files \$9,000.00, receivables not included. Call Mr. Ed Aycock, administrator, Doctors Hospital, 713 — OX 5-6401.

* * *

DONNA, TEXAS — Located in the scenic Texas Valley — with 25 cities within a 70 mile radius. Closed nursing home that could easily be opened for a 25 to 30 bed hospital. Also — a clinic for approximately two doctors, which is fully equipped with 14 rooms. Nearest hospital is 175 miles away. Very great demand for physicians; especially for a surgeon. A temporary guest house has been made available for any D.O. who is interested, by Dr. Joe Suderman of Pharr, Texas, located only four miles from Donna. For further information contact: Dr. Suderman, 710 South Cage, Pharr, Texas 78577, ST 7-4271.



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

TEXAS OSTEOPATHIC PHYSICIANS JOURNAL

OFFICIAL PUBLICATION OF THE
TEXAS ASSOCIATION OF OSTEOPATHIC PHYSICIANS
AND SURGEONS

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Mr. Tex Roberts, Executive Secretary & Editor

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Membership Defined

Texas is drawing up the resolutions to officially implement policy of the American Osteopathic Association opposing D. O. membership in any of the political divisions of the AMA.

Direction of the action to be presented to the TAOP&S House of Delegates May 8 is along the lines of the resolution originally adopted by Michigan AOP&S and passed by the AOA House of Delegates last July.

That resolution holds that membership in any form in the AMA or any of its political divisions on the part of D.O.s is contrary to the best interests of the osteopathic profession and that such dual membership would lead to divided loyalty and conflicting interests and would subject the D.O. to discipline up to and including expulsion.

TAOP&S district delegates met in joint session recently with the state executive committee in Fort Worth to consider policy and action that will be formulated.

Dr. Robert H. Nobles, TAOP&S president, called the session in coordination with district presidents.

The AMA House, in Miami early in December, after considerable debate adopted a nine-point permissive methodology (Report S) and Resolution 5 spelling out their plan to destroy the osteopathic profession through absorption, according to the AOA News Review.

Under the plan, AMA-accredited hospitals may accept "qualified" D.O.s for medical staff appointments, as well as for intern and residency training.

D.O. membership on joint professional staffs of medical hospitals need not be predicated upon his member-

ship in a local medical society affiliated with AMA.

Federal court decisions recently have held it a wrongful denial of staff privileges if hospital bylaws requires membership in the county medical society and endorsement of two active hospital staff members.

Only last June the AMA announced publicly for the first time that it was seeking amalgamation, but expressed disappointment that osteopathic physicians and educators were not cooperating in converting their schools (AOA News Review, July 1968, p. 3).

At that time Dr. Dwight L. Wilbur, AMA president and chairman of the Committee on Osteopathy & Medicine, admitted that the merger plan raised a host of thorny problems—Could osteopathic students with medical internships take state board examinations? Could they practice in a medical hospital or be accepted in a county medical society? Could they secure medical specialty board certification? How could the DO degree, recognized as distinct in all the states, be converted to the MD degree?

Many delegates expressed surprise that the new package of proposals was presented so quickly after House instructions to the committee last June to bring about amalgamation. Dr. Wilbur, principal advocate of Report S of the Board of Trustees and Resolution 5 of Maryland, explained that the osteopathic colleges and profession are getting stronger every day so that any delay would make the task more difficult. He said the plan had complete support of the AMA Board, Council on Medical Education and law department.

Dr. Wilbur admitted in a reference

committee that the 1967 House policy of converting osteopathic schools and urging transfer of students was unsuccessful. He claimed, however, that all evidence indicates that 90% of all DO's would choose to get an MD degree and gave his opinion that DO's are far better qualified and trained than the foreign medical graduates accepted as MD's.

Michigan delegates asserted that DO's practiced good medicine, and received 29% of all money spent in Michigan on medical care and begged for passage in order to block development of the Michigan College of Osteopathic Medicine. One cited a legislative vote against state support of MCOM two years ago when "we won by only four votes." A Michigan delegate added: "We are desperately anxious that this pipeline of osteopaths be cut off."

A great deal of opposition developed in floor debate. Several opponents assured the House that their county members would never accept DO's as members or sit in the same room with them, and delegates from limited practice states expressed fears that such recognition would hinder their efforts in fighting full practice laws for DO's. Both sides agreed on the aim of "killing off" or taking over the osteopathic profession "like we did with the homeopaths." They disagreed only on method.

Backers of the new policy pointed to strong state support of Philadelphia College of Osteopathic Medicine and public support in Michigan where one said the battle over MCOM is assuming a "David and Goliath" aspect with the public on the DO's side. They call (Please see page 5)

The Profession Builds Pontiac

Construction is underway on the second building at Michigan College of Osteopathic Medicine, 900 Auburn Road, Pontiac, Mich.

The new structure is referred to as the Staging building and is shown connected to the MCOM Development Center built in 1966 on the 164-acre site of the College.

Building will contain 15,000 square feet and have facilities for six professors' offices and research laboratories with a unit lab for 16 students. It will be fitted with new T-shaped lab benches which will allow for both sit-down and stand-up lab work.

There will be facilities for a vivarium, cold room for cadaver storage, tissue preparation labs, classroom and a beginning library.

MCOM will enroll its first freshman class next fall.

(Continued from page 4)

ed attention to federal recognition and one doctor in the Navy frankly reported that DO's in the Navy are doing a very good job.

A Tennessee delegate brought a self-conscious laugh from the House when he quoted the opinion of an MD back home: "There's two things I'm against—Prejudice and Osteopaths."

At insistence of opponents, the proposals were divided into two parts to separate the educational proposals from the more controversial plan of admitting DO members.

But both parts were adopted after pleas of reference committee members and Michigan delegates "so we in Michigan can fight your fight." The majority of delegates swallowed their pride along with the bitter medicine and voted 126 to 97 to accept DO's as members in spite of dire warnings that MD's of the country were against it and would not accept the decision. Amendments diluted the report somewhat, making it permissive, not mandatory. — Compiled by the editor.

Houston

A \$1,500,000 revamping and addition has commenced at Doctors Hospital, an osteopathic facility, 5815 Airline Drive, Houston, on its six acre site, according to Edward J. Aycock, Administrator. It is being financed through a public bond issue by the B. C. Ziegler Company, West Bend, Wisconsin which is unique for the Houston area, and is the first of such financing in Houston.

The new 103-bed hospital will have the latest innovations: soft carpet, court yards for patient comfort, electronic equipment, and a new concept in nursing station design.

Closed current T. V. will tell the family instantaneously about the patient while the surgeon is still "scrubbed in." All specialists and ancillary facilities will be readied in the new facility by opening day, October 15, this year.

The hospital has been in operation since 1956 serving a critical need in its service area on Houston's north side. The professional staff is composed of some 30 physicians with a dental and podiatry staff. The hospital is a non-profit, charitable, AOA-accredited, a member-Blue Cross hospital, and participating in Medicare and Medicaid.

Impossible

Admiral Hyman Rickover spoke caustically of these efforts in recent Senate testimony. "The Defense Department's thinking seems permeated by the illusion that its social science research studies will permit predictions of future behavior of Allied armed forces, insurgents, villagers and so forth.." he said. "Unfortunately, no amount of methodology, no pseudo-scientific jargon can hide the one fundamental fact that makes it impossible to have a true science of man. Man is infinitely varied. Statistical averages have only limited use, because man has free will."

As a rule, the most successful man in life is the one with the most information.

—Benjamin Disraeli

Dr. Redwine Named To New Council

Alfred A. Redwine, D. O., a member of the Porter Clinic-Hospital professional staff in Lubbock, has been named to the board of directors of the West Texas Health Planning Council.

This is the second comprehensive health planning agency formed in the state, with the only other being that one embracing the 10 counties of north central Texas, according to the Lubbock-Avalanche Journal.

Dr. Redwine has been practicing in Lubbock for several years and is a 1951 graduate of Kirksville. He is a member of TAOP&S and the AOA.

The Council board is composed of 21 civic leaders and will ultimately be concerned with multi-county planning for coordination of health facilities on the South Plains and it will encourage long range planning by health organizations.

It will have six advisory committees of doctors, dentists, hospitals, nursing homes, community health services and consumers.

Mr. C. J. Hollingsworth is chairman of the special committee that began its work last summer, culminating information of the Council.

Dr. Yurkon Is New ACOR President

Edward J. Yurkon, D.O., radiologist at East Town Osteopathic Hospital, is the new president of the American Osteopathic College of Radiologists.

He is a 1953 graduate of Kirksville, interned at Normandy Hospital in St. Louis. His residency includes 1½ years in diagnostic roentgenology at Burton Heights Osteopathic Hospital in Grand Rapids and 1½ years in radiology at Art Centre Osteopathic Hospital in Detroit.

He has been on the professional staff at East Town Osteopathic Hospital for more than a decade, is a member of TAOP&S and AOA.

How Not To Get Sued

A lawyer studies who and why

The law of New Mexico, as well as the law of the entire country, assures that a person who has been wronged may recover against the person who has wronged him. There must, however, always be a showing of the actual wrong. This is recognized in law as negligence, or in the case of a doctor, as malpractice. Although a great majority of malpractice claims are unjustified, there is no doubt that some of these claims are totally justified.

Because of the vast strides in the medical profession in the last few years, the general public has come to expect miraculous cures as an everyday occurrence. In many instances failure to cure or regression in the patient's condition, not necessarily the result of negligence, provokes a law suit. Complacency in the treating physician, brought about by many years of treating the same symptoms, confuses, bewilders, and alarms the patient who has not been fully informed. If he is not completely satisfied, a malpractice suit begins to ferment.

The New Mexico Supreme Court in 1964, in the case of *Cervantes v. Forbis*, 73 N.M. 445, 389 P.2d 210, described the rule covering malpractice as follows: "Before the physician can be held liable for malpractice, he must have departed from the recognized standards of medical practice in the community, or must have neglected to do something required by those standards. The fact that a poor result has been achieved, or that an unintended incident transpired, unless exceptional circumstances are present does not establish liability for malpractice, without showing that the result or incident occurred because of the physician's failure to meet the standard, either by his act, neglect, or inattention, and such facts must generally be established by expert testimony." Application of this rule to most malpractice cases results in a verdict for the defendant physician. But in the meantime, the physician has lost his reputation and probably a major portion of his practice. There is only one procedure to follow: make certain your patient has no cause to be dissatisfied.

The following is a list of causative factors that should be studied carefully. They are not intended to be all-encompassing, but merely reflect the most constant sources of malpractice claims.

1. A succeeding physician directly criticizing or making loose remarks about the prior physician.
2. Ill-founded opinions or diagnosis, or opinions made in haste, even though preliminary, and the resulting notations on the patient's chart and hospital records.
3. Following certain procedures which would not have

been followed had a complete history and physical been taken.

4. Sparse use of x-ray, or inferior x-rays taken for diagnostic and checkup purposes.

5. Failure to respond promptly to emergency calls.

6. Requiring a patient to sit in a waiting room for an excessive period of time, thereby creating a hostile attitude in the patient.

7. Information given to the patient by an attending nurse.

8. The giving of privileged information without written authorization.

9. An operation performed by another doctor without written approval.

10. Withholding material facts from a patient who is suffering from a serious ailment. The physician does not have the right to withhold such information. Consent secured without complete disclosure amounts to no consent.

11. Errors in prescriptions phoned to druggists.

12. Assurances to the patient which are too optimistic and which may result in an action for breach of contract.

13. Failure to give instructions in writing when, if not followed, will result in serious consequences.

14. Leaving the city without advance notice and without securing an acceptable substitute in advance or permitting the patient to select the substitute.

15. Unwarranted disclosure of the fact of malpractice insurance coverage.

16. Failure to discuss fees in advance, particularly when substantial fees are anticipated.

17. Failure to discuss frankly all situations involving a patient, especially where there are indications of dissatisfaction.

18. Instituting suit for collection of fees prior to the expiration of the statutory period within which to bring a malpractice suit.

19. The erroneous assumption on the part of the doctor that the old-fashioned relationship between doctor and patient still exists.

20. Making statements which might be construed as an admission of fault, and like statements made by employees.

21. Making oral or written statement with reference to malpractice claim, without the advice of your attorneys or malpractice insurance carrier.

22. Terminating the doctor-patient relationship improperly or abandoning the patient.

A Look at Malpractice (Continued)

23. Examining a female patient without a third person present, other than in an emergency situation.

24. Improper supervision of employees, for whose acts you may be responsible.

Remember that it is not only the "quack" and "charlatan" who is sued for malpractice, but approximately half of the malpractice suits instituted involve practitioners who are above the median of the group in skill, experience, and standing.

When a patient refuses certain treatments or fails to submit to proper diagnostic techniques, immediately notify the patient, in writing, of the consequences of such refusals.

When two independent practitioners are caring for the same patient, each is liable for his own acts, and may be liable for negligent acts of the other, which he has observed or should have observed.

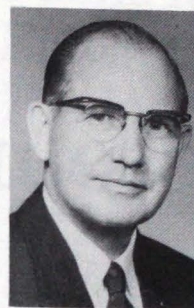
In certain instances, the physician is liable for the acts of interns, nurses, or orderlies employed by a hospital where their services are rendered under the direction or control of the physician.

Quoting again from *Cervantes v. Forbis*, supra, "... and such facts must generally be established by expert testimony," would lead us to believe the law will always protect the physician by requiring the patient to sustain the burden of proof by producing expert testimony. There was always one exception to this rule, that being where the claimed malpractice was so simple an act as to be within the common experience of lay jurors, and no expert testimony was needed, the jury already had its own measure of common experience against which to judge the physician-defendant's conduct. One example of this included failure to attend the patient, with the result that the patient bled to death. Another common example was where the patient sustained severe radiation burns from diagnostic use of x-rays. However, in 1944 another exception to the general rule appeared in California.

The Supreme Court of California, in the notorious *Ybarra* case, 154 P.2d 687, applied the doctrine of *res ipsa loquitur*. Freely translated, this means "the thing speaks for itself," or as defined by the Saturday Evening Post, "someone obviously goofed." The facts are as follows: The plaintiff went to a hospital for an appendectomy, and when he came out from under the ether he had suffered a traumatic injury to the shoulder, apparently brought about by a strain or blow. This was all the evidence. The plaintiff sued the diagnostician who was present during the operation, the surgeon who performed the operation, the anesthetist, the two nurses who helped with the operation, the orderlies who took him back and forth to his room, and the superintendent of the hospital. No one of the defendants was in exclusive control of the situation. The Court, departing from the general rule, held that each defendant had the burden of proving that he was not negligent. In other words, "someone obviously goofed," and the Court held that anyone who entrusted his life to others was either entitled to an explanation of



Dr. Korr



Dr. Beilke



Dr. Cathie

Graduate Center's First

First effort of the Graduate Center for Osteopathic Education and Research will be a basic course in philosophy, anatomy, physiology and clinical management of low back problems March 28-30, 1969, in Fort Worth, according to Dr. David A. Patriquin, chairman for the sponsoring Academy of Applied Osteopathy.

The seminar will be held at the Worth Hotel and Fort Worth Osteopathic Hospital.

The faculty includes M. C. Beilke, D.O., A. G. Cathie, D.O., and Irvin M. Korr, Ph.D, three well-known osteopathic educators, and Dr. Patriquin said there will be bonuses in special speakers at luncheons, clinical presentations by the staff of FWOH and evening sessions on palpation, shoulder problems and low back diagnosis.

Technical reviews and practice sessions will challenge D.O.s attending who may feel out of touch with structural diagnosis and therapy. The course will be a stepping stone to more advanced offerings by the Center later.

Dr. Patriquin says upon completion of this course the D.O. will be able: to provide his patient a basic spinal examination; to design a course of management; and to apply indicated simple manipulative and other appropriate therapy.

Theme of the three-day seminar will be basic consideration of low back problems.

Particular emphasis is being made by the Academy to attract D.O.s from surrounding states and special mailings will be sent individual doctors.

what had happened or the payment of damages. A moments reflection should reveal the impossibility of any one defendant proving that he was not negligent, and further reflection should reveal that, carried to the extreme, this could mean liability without fault.

Fortunately, the New Mexico Supreme Court has not gone in this direction, but it may merely be the result of not being confronted with a situation which would lend itself to the doctrine. There are very few malpractice cases in the New Mexico Reports, but as word spreads from other jurisdictions of the large awards made in malpractice cases, the incidence of such suits in New Mexico will certainly increase. —NMOMA Practice Guide.

Missouri To Aid Students

A ruling by Missouri Attorney General Norman Anderson has established the legality of proposed legislation to provide state aid to four private medical and osteopathic schools to train Missouri students.

In an opinion directed to Dr. Ben Morton, executive secretary of the Missouri Commission on Higher Education, Anderson ruled that contracts by the state with private medical schools for the purpose of training physicians would be constitutional.

The opinion is expected to touch off a move in the Missouri legislature to provide funds for contracts with osteopathic colleges at Kansas City and Kirksville and medical schools at Washington University, St. Louis, and St. Louis University.

The Kansas City *Star* quoted the Anderson ruling as saying: "By entering into a contract with private institutions the state can accomplish its goals of training more doctors and derive the additional benefit of strengthening private institutions."

The contracts with private schools would be consistent with the furtherance of the public policy of this state to provide for the health, education and welfare of the people, Anderson said.

The question of state support for the private medical training facilities was raised last spring when Dr. Stanley Olson of Vanderbilt University issued a report to the Missouri Commission on Higher Education which said Missouri faces a critical shortage of doctors in the years ahead unless it produces an additional 100 physicians a year from among Missouri residents.

Dr. Olson's report described two alternatives:

1. State support for the four existing private schools of medicine and osteopathy to expand their enrollment of Missouri residents.
2. Construction of a new state medical school, probably in Kansas City, where, Dr. Olson said, "Extensive planning and organizing all represent progress toward the goal of establishing a major university-related medical center."

The contracts would set out a formula under which the state would pay the private schools, including the Kansas City and Kirksville osteopathic colleges, for each Missourian enrolled.

The Missouri constitution provides that the legislature shall have no power to grant public money to any private

person or association. The constitution also raises a church-state question which was considered by Anderson.

"We conclude," Anderson said, "that education is a public purpose and that an agency of the state government may be authorized by the legislature to contract and cooperate with private medical schools for the purpose of training Missourians in the medical profession."

On whether the ban on use of public funds for private purposes would be violated, Anderson said the basic question is whether or not the public funds are expended for a public purpose. The legislature, Anderson said, has long recognized its obligation to provide for the health and education of the people.

The report estimated that the capital outlay for a new medical school would be \$38.5 million and the operating costs, once the school was built, would be about \$4.1 million annually.

If aid were given the private schools to train Missourians, it would cost only about \$2.5 million a year based on the \$5,000 per student suggested by Dr. Olson.

Prior to the attorney general's ruling, the Commission on Higher Education and the University of Missouri Board of Curators went ahead and recommended that the legislature provide funds for the establishment of a new state medical school in Kansas City. No legislation to provide funds for the facility has yet been introduced, however.

Promising Drugs Researched

Among the fifty promising drugs in the research which are not yet marketed in this country but which are being used in other countries include — Catapresan, Imidazoline-type of hypotensive agent; Bisolvon, an oral antitussive agent; new diuretics; Talusin, a cardiotonic for cardiac insufficiencies; Isoptin, an important coronary vasodilator; various components for birth control and tranquilization; new antihypertensives; synthetic antibiotics; psychostimulants; potent local steroids; and most interesting Cylert, which is a memory enhancing agent, according to the Rhode Island osteopathic newsletter.

One of the things to be thankful for is that we don't get as much government as we pay for.

—Charles F. Kettering

Journalism Award Application Due March 1 for 1968

Three \$100 cash awards will be given for outstanding stories published during 1968 dealing with any aspect of the osteopathic profession in the annual contest open to writers on newspapers, magazines, or other regularly scheduled periodicals, it is announced by the AOA.

Up to five separate articles may be submitted and must be postmarked no later than March 1, 1969. A series of stories may be entered as a single piece if continuity is evident. Entries must be mounted on white paper with the name of the author and publication typed in the upper right hand corner.

A panel of working journalists having no connection with the osteopathic profession will judge each entry according to the accepted standards of good journalism and its contribution toward better public understanding of osteopathic medicine.

Any question of scientific accuracy will be considered by a committee of osteopathic physicians, but these doctors will not participate in the final judging.

All entries become the property of the American Osteopathic Association and permission is implicit to reprint winning articles in AOA publications, giving full credit to the writer and his periodical.

Entries should be mailed to: Journalism Awards Competition, American Osteopathic Association, 212 E. Ohio Street, Chicago, Illinois 60611.

GEORGE E. MILLER, D.O.

PATHOLOGIST

P. O. BOX 64682

DALLAS, TEXAS 75206

Basic Science Board Examinations April 11-12

The next examination of the Texas State Board of Examiners in the Basic Sciences has been set for Friday and Saturday, April 11-12, 1969 in Dallas, Galveston, Houston and San Antonio.

Details as to time and place may be obtained by writing to the Executive Secretary of the Board, 1012 State Office Bldg., Austin, 78701.

Applications for the April examination must be complete and in this office by March 14, 1969 and all necessary information and documents required of examiners by the Board must be completed and in the applicant's file by that date. Those interested in participating in this examination should act immediately.

It should be noted that the certificate which is acquired by examination is the only one which is valid for reciprocity with other state basic science boards. The Texas Basic Science Board has reciprocity with the following states; Alabama, Alaska, Arizona, Arkansas, Colorado, Iowa, Kansas, Michigan, Minnesota, Nebraska, Nevada, New Mexico, Oklahoma, Oregon, South Dakota, Tennessee, Washington, Rhode Island and Wisconsin.

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An Osteopathic Institution

Public Relations is Recognizing Person, His Individuality

Public relations is basically "a matter of recognizing the person you are facing" and his individuality, Dietrich Roetter, director of public relations at Fort Worth's Harris Hospital said recently.

"We have neglected to continue to consider the individual as an entity," Roetter stated at a dinner at the Statler Hilton Hotel attended by district officers of the Texas Association of Osteopathic Physicians and Surgeons.

"We've become group-minded and institution-minded; the human element has gone out of our system," he said.

This lack of consideration may be at the bottom of such developments as the Vietnam war, declining urban areas and student demonstrations, he said.

"We're too mechanized and too computerized," Roetter said. "We're becoming efficient but losing sight of the fact the human being has a heart."

He suggested that recognition of the individual's worth lies at the heart of good public relations.

Roetter, a former employee of the Wall Street Journal and long active in communications media, strongly endorsed Ralph Waldo Emerson's statement, "A weed is a plant whose virtue has not yet been discovered."

The human being has "an irreplaceable oneness," he said.

TABLES WANTED

The Academy of Applied Osteopathy would greatly appreciate obtaining any folding treatment tables—to be donated or sold to the Academy. These tables will be used during the seminar to be held in March. Contact: Dr. Margaret Barnes, Academy of Applied Osteopathy, 508 Bailey Avenue, Fort Worth, Texas 76107—(817) 336-8275.

24th TAOP&S Seminar

Royal Coach Inn, Dallas, May 9-11, 1969

May 9, 1969 - Friday

- 9:30 to 11:00 a.m. — George Snyder, Ph.D. Professor of Anatomy, Kirksville College of Osteopathy and Surgery
Review of Anatomy — The Eye, Ears, Nose and Throat
- 11:00 to 11:30 a.m. — Osteopathic Management of Diseases of the Eyes, Ears, Nose and Throat — A. Hollis Wolf, D.O.
Colorado Springs, Colorado
- 2:00 to 2:30 p.m. — Osteopathic Management of Diseases of the Eyes, Ears, Nose and Throat — A. Hollis Wolf, D.O.
- 2:30 to 3:00 p.m. — Diseases of the Conjunctive — A. A. Martin D.O., F.O.C.O.
- 3:00 to 3:30 p.m. — Disease of the Cornea
- 3:30 to 4:00 p.m. — Diseases of the Choroid and Retina
- 4:00 to 4:30 p.m. — Therapy of the Diseases of the Eye — Use of Atropine, etc. — Edward Hirsh, D.O.

May 10, 1969 - Saturday

- 9:30 to 11:00 a.m. — Glaucoma — Its Treatment and Management Clifford C. Foster, D.O.
- 11:00 to 11:30 a.m. — Treatment of Cataracts and Strabismus of Cornea — J. Harley Galusha, D.O.
- 2:00 to 3:00 p.m. — Treatment of Cataracts and Strabismus of Cornea — J. Harley Galusha, D.O.
- 3:00 to 3:30 p.m. — Microsurgery — Stapedectomy and Tympanoplasty — Lecture, demonstration, and film — Harold Husted, D.O.
- 3:30 to 4:30 p.m. — Microsurgery — A. A. Martin, D.O.

May 11, 1969 - Sunday

- 9:00 to 9:30 a.m. — Osteopathic Management of Diseases of the Eyes, Ears, Nose, and Throat — A. Hollis Wolf, D.O.
- 9:30 to 10:00 a.m. — Diseases of the Nose — A. A. Martin, D.O.
- 10:00 to 10:30 a.m. — Diseases of the Sinuses — A. A. Martin, D.O.
- 10:30 to 11:00 a.m. — Diseases of the Mouth and Throat — A. A. Martin, D.O.
- 11:00 to 11:30 a.m. — Osteopathic Management of Diseases of the Eyes, Ears, Nose and Throat — A. Hollis Wolf, D.O.

Wanted: Ambitious mature D.O. with Texas License to work with Clinic Group and forty-seven bed hospital. General Practice and Obstetrics. One month paid vacation. Annual bonus will be given in accordance with performance. Profit sharing plan. An ambitious physician can earn between \$25,000.00 and \$30,000.00 per year. Immediate opening.

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Walter Gray Hurt In Auto Accident

Walter Gray, Executive Secretary of the Oklahoma Osteopathic Association, is back on duty but in a steel brace after a serious auto accident last fall.

Returning from a district meeting an oncoming car crowded him onto the shoulder at night and his car struck a roadside culvert structure.

He suffered cuts and bruises of the face and chest and a hairline fracture of the fourth lumbar. He was hospitalized two and a half weeks, including intensive care initially.

Mr. Gray questions whether he will be able to attend the meeting of state officers at the AOA-called Chicago meeting February 28-March 1.

Some Heart Transplant Patients Become Diabetic

One of the unforeseen problems in heart transplantation is that some of the persons receiving new hearts become diabetic. Two of Dr. Denton Cooley's early patients in Houston now have to take daily doses of insulin to offset the buildup of sugar in their blood.

Reason for the excess sugar in the blood of the two transplant patients is that they are taking cortisone to prevent a rejection of their new hearts. The cortisone prevents the sugar in the body from being used in building protein, instead, it builds in the blood. So the patients get an induced type of diabetes.

Our days are all the same size, like identical suitcases. But some people can pack more into them than others.

GERALD D. BENNETT, D.O. PATHOLOGIST

Fort Worth Osteopathic Hospital
1000 Montgomery PE 8-5431
Fort Worth, Texas 76107

Texan On Staff KCCOS Student Newspaper

Nearly a year and a half of planning and work by a small group of students headed by junior Kenneth Calabrese of El Paso, Tex., has resulted in a student newspaper for KCCOS.

The first edition of the as yet unnamed paper was released last month and will be published monthly. The paper's name will be chosen from entries in a contest being run among students.

The idea of a student newspaper was first conceived by Calabrese, then a freshman, in May of 1967 when he introduced a resolution to Alpha Phi Omega that it sponsor such a publication.

After 18-months of planning and revising, the newspaper was finally presented to the student body as an all-school publication, rather than being sponsored by APO.

Calabrese, son of Michael A. Calabrese, D.O. of El Paso, is managing editor and Dan Bonetzky, a junior from Boston, Mass., is news editor.

Deaths Follow Wake of Pursuing Police Cars

A survey made by the Physician for Automotive Safety committee in the U.S. estimates that one in every five "hot pursuits" of fleeing motorists by traffic police results in a highway death. Dr. Seymour Charles, P.A.S. president, says that police chases kill at least 500 persons in the U.S. each year and result in serious injury for another 1000. The survey showed that more than half the chases studied were made for "mere suspicion" of law-breaking, speeding and traffic offenses. Also, of 118 people killed in 512 tabulated chase cases, 23 were passengers in cars unrelated to the chase, five were pedestrians and five were policemen.

Two words to italicize in your recipe for good speeches: *Add shortening.*

What Will the Year Bring?

It will be a better year
if you tell a funny story
to that worried patient
or friend.

Help send a kid
who can't afford it
to summer camp.
Encourage young talents.

Contribute to
your profession.

Catch a fish
and get a tan.

Exercise and laugh.

Also,
roll up your sleeves
and get even more
accomplished.
A cynic once said,
"Good resolutions are
simply checks
that men draw on banks
where they have no account."
But good deeds
are solid gold
that men put into banks
that compound interest
every day.

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

NEWS OF THE DISTRICTS



H. GEORGE GRAINGER, D.O., F.A.A.O.

District No. Three

Dr. William Clark held open house at his new Whitehouse Clinic December 8. The capacious three story building, (two floors and a basement) of French design with a Mansard roof, has over 9,000 feet of floor space, 3,000 of which are going into immediate professional use. Whitehouse, a burgeoning little town some 10 miles out of Tyler, can indeed be proud of its beautiful new Medical facility. And we are proud of Bill.

Dr. Kenneth Ross reports he took his Josephine to Yellowstone Park in late September. They took along their trailer, he says, thereby saving some \$28.00 a night.

Margaret Kinzie visited Ottawa, Kansas early December on the occasion of Open House of Ottawa's Peoples National Bank, honoring her uncle, W. B. DeVilbis. Mr. DeVilbis, 94, is past president, past chairman of the board and at present a long time director of the bank.

(Incidentally, Margaret, has an uncle-in-law, on Earle's side up in Overbrook, Kansas, now going on 106!)

Dr. Bill Sanders, of Big Sandy, has been elected as Chief of Staff of Doctors Memorial Hospital in Tyler for the year 1969.

The election, held at a monthly meeting of district three recently, also named Dr. Bowden Beaty, as vice chief of staff; Dr. George Grainger, secretary; and Dr. K. E. Ross treasurer.

The new chief of staff, 33 is a graduate of Kansas City College of Osteopathy and Surgery, served his internship at Dallas Osteopathic Hospital and practiced in Tyler before opening his own office in Big Sandy.



D. D. BEYER, D.O., F.A.C.G.P.

District No. Two

Dr. Robert H. Nobles, President of TAOP&S, spoke to members of District II at their meeting held at the Holiday Inn in Fort Worth Jan 21. He discussed accreditation of hospitals by the AOA, general practitioners and surgeons problems, rising cost of hospitalization, the attempt of annihilation of the osteopathic profession by the AMA, the Chiropractic Act, post graduate education available now, State Legislative Scholarships of \$50,000. for Texas osteopathic students, a raise of state dues of \$100.00, of which \$50.00 would go to the Texas College of Osteopathic Medicine.

Dr. Nobles also pointed out that the doctors will have to watch their fee schedule or the government may set their fees for them. He also stated that we will have to use more osteopathic manipulative treatment in our practice if we hope to remain a separate school of practice.

The elected officers and delegates of District II are as follows:

President elect- Dr. Roy B. Fisher
Vice-president- Dr. Wendell V. Gabier
Secretary- Dr. James Linton
Three year term Trustee- Dr. Lee Walker

Phony Directory Publishers Nailed

Although it appears the wheels grind exceedingly small or not at all, once in a while there's a breakthrough!

Dr. J. Edward Vinn of Houston reported phony directory solicitation to the Journal (December issue, page 12) as well as the BBB and the Post Office.

C. J. Lerable, postal inspector in Hollywood, Calif., writes Dr. Vinn:

"In response to your recent complaint concerning an inadvertent payment of \$72 made to Classified Directory Publishers, 13517 Ventura Blvd., Sherman Oaks, California, please be advised that the principals of this firm have been indicted by a Minneapolis Grand Jury for mail fraud. "A warrant has been issued for the arrest of these operators and it is anticipated that they will soon be apprehended. Your complaint will be given attention and consideration."

Now there are only about 59 left!

The following are doctors who will serve as delegates: C.E. Dickey, Carl Everett, Wendell Gabier, James Linton, Jack Gramer, Robert Rawls, Hugo J. Ranelle, Richard Hall, Raymond Beck, Arthur Wiley, and F.D. Giles.

Appointed to serve as alternates are doctors: W.R. Jenkins, Roy B. Fisher, A.L. Karbach, Richard Briscoe, Howard Buxton, James L. Black, K.P. McCaffery, Ralph Peterson, Norman Crouch, Edward LaCroix, and Noel Ellis.

A fine group of approximately 100 attended the district two meeting in honor of Dr. Nobles.

Take Advantage of Your Membership in Your State Association by Enrolling in one or all of these Special Plans

- Up to \$1,000 Monthly Indemnity Disability Income Plan
Lifetime Accident—90 months Sickness
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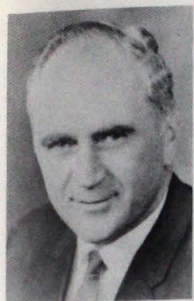
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F O R

MUTUAL LIFE OF NEW YORK



'--Will Flow the Pride'

By MICHAEL A. CALABRESE, D.O.

Well what'a ya' know! We've made it! We are now legit! Unofficially that is. I'm sure most of you know of what I speak. For those few of you who per chance may not have heard — that condescending political and official mouth piece of American Medicine, the AMA to whom all other organizations be they political, religious, military or civic bow their heads in blind servile allegiance, has in one sweeping gesture magnanimously lifted the brand of cultism from Osteopathy. Oh, how I savor this day! For 20 years I have been waiting for this day and I'm sure many of you have waited much longer. But now, now at this very moment begins a much more difficult and strenuous struggle for our profession.

Our true battle has only just begun.

For years we have been announcing to the world that we are full fledged qualified physicians and because of the stigma of cultism placed upon us by the official house of the AMA we have been unable to maneuver as freely as we would have liked. But now the yoke has been removed, the cross has been relieved, the tatoo has been erased, the precipice has been spanned, the green lights have been turned on: what is our course?

Basically we have one of two alternatives: first to accept this "peace token" and join the local medical organizations with the supercilious, shortsighted smug thought that we held out long enough for the AMA to indirectly admit we are physicians in the true sense of the word. This course of action naturally would lead to complete amalgamation and absorption which of course is their objective; the second alternative is a much more difficult course. More difficult even than before the cultist brand was erased from our brows. At that time we had a reason to band together. We were being persecuted.

History has shown that fires of the mind caused by dreams, ideas, thoughts and faiths cannot be extinguished by persecution. The Jews have been proving this since the beginning of recorded history to the present. The Christians proved it during the days of pagan Rome. The Protestants proved it against a Catholic dominated European world in the dawn of the Renaissance.

Now comes the acid test when each D.O. must ask of himself deep down in his heart and soul, "Do I truly believe in the philosophic concepts of the osteopathic profession?" I sincerely hope that the answer is a unanimous "yes" because to give up the philosophic osteopathic con-

cept of health and disease for the privilege of being an m.d. is like giving up the original 'Mona Lisa' for a poor print copy of 'Whistler's Mother'. Now we must fall back, regroup our forces, resolve our internal affairs and work together in one solid front to prove to the medical world that Osteopathic medicine is here to stay as long as the human body is afflicted by his environment.

However, I feel confident that the students in our colleges feel and know that Osteopathy is the new way of medicine. As an example, following is an article written by the founder and managing editor of the first student newspaper at Kansas City College of Osteopathy and Surgery. He is a junior at the Kansas City College and I had the pleasure of having him at my home over the Christmas holidays. He happens to be my eldest son, Kenneth. He says:

"All of us are aware by now of the proposition offered to us by the legislative branch of the AMA. It is indeed heartening to realize that such a large and powerful organization would condescend to such depths in order to absorb a group of physicians whom they had labeled as cultists for so many years. The very men who have visualized themselves as the epitome of medical practice will now accept us into their ranks. Their ultimate goal, of course, being to relieve themselves of the 'osteopathic problem.'

"Certainly it is encouraging to note that osteopathy has progressed to such a point that it threatens the AMA's once secure position of absolute spokesman for medicine and the paramedical fields. So often one hears the student and physician alike discussing the considerable importance of public relations. Could there be a greater means of influencing the public than the AMA offering memberships to osteopathic physicians and then being flatly refused?

"Even though the public's views have been somewhat swayed by this latest exchange, there is some doubt concerning the loyalty of the osteopathic physician and student toward their profession. Some believe that much of our profession will actually grasp for this 'poison ivy' so poorly disguised as an 'olive leaf.' It seems improbable if not impossible that a thinking person could trade his identity, his degree, his guaranteed prestige and, yes, even his self-esteem for professional oblivion. It is extremely doubtful that a D.O. who had relinquished his degree

JUNGLE CHASE

*Hippo charges
D.O. medical
missionary and
elephant is careless*



A. W. Johnson, D.O.

Arthur W. Johnson, D.O., of Houston, Texas, who recently completed a tour of duty as an Episcopal medical missionary in Africa, said he was chased by a hippopotamus and almost run over by elephants while helping the sick natives.

Dr. Johnson and his wife Nan, a registered nurse, have returned after spending three years in Malawi, a young republic in Central Africa.

"We were faced with numerous problems, and our facilities were extremely limited. Our patients' medical needs were great," he said.

The Johnsons went to Malawi, sister diocese of the Episcopal Diocese of Texas in 1964, at the invitation of the Right Rev. Donald Arden, an Australian who is the Anglican bishop there.

They met the bishop when he visited Houston during part of a U.S. speaking tour. The bishop told of the need for trained doctors in the struggling nation. It was then that the Johnsons decided to go to Malawi.

"Little did we realize when we first arrived in Malawi the tremendous challenge laid out before us. The medical clinics and hospitals in Malawi that are operated by the churches see about half of the sick people of that country. During our stay we saw over 750,000 patients.

"Death is no stranger in Africa," he said. "There is superstition and violence all around. Wild animals were

common. We often had to treat natives bitten by a hippopotamus or attacked by a leopard," Dr. Johnson told a Houston Post reporter.

Hookworm, belharzia, malaria, malnutrition, tuberculosis, leprosy and syphilis are common diseases in Malawi. "Cancer, once thought to be a less common disease among the natives, is just as deadly in Africa as it is anywhere else. The only difference is that the disease was never diagnosed there before," he noted.

Dr. Johnson states that malaria was the cause of half the deaths of children there and that more than 80 per cent of all of the people in Malawi have some form of malaria.

The Johnsons built and outfitted one hospital in Malawi which has become the central hospital for treatment. When Johnson was making trips to outlying hospitals and clinics he would be gone several days at a time. On trips to the island in the middle of the 200-mile long Lake Malawi, second largest lake on the African continent, he would be gone for more than a week at a time.

Now back in Houston, Doctor Johnson has resumed private practice. He says that some day he would like to return to Malawi. "Our work there has only begun. We have only started to scratch the surface."

Dr. Johnson, a graduate of Kirksville College of Osteopathy and Surgery, has been a member of TAOP&S for the past nine years.

L'Arte Medica

(Continued from page 13)

for an m.d. would receive the same respect and acknowledgement from his new-found colleagues that he had once enjoyed during his previous relationship.

"And most assuredly there would be a few words from those osteopathic physicians who he had blatantly snubbed." To add to his turmoil, the hospital privileges for which he had so fervently quested in all likelihood would not really be available. The specialist loses his certification, the intern loses his year, the individual loses his identity, and we lose our profession. What more proof does one need to validate these consequences than the California fiasco? It is most difficult to believe that any D.O. will again endanger his prestige, success, and degree while mindfully rebuffing the very profession that presented him with these attributes.

"These are all persuasive arguments for remaining al-

legiant to our profession, and they have been used frequently and with just cause; but there is yet another. It is a motive that rises above politics and name-calling; it is the cornerstone upon which any worthwhile endeavor is based; it is belief. Belief that our profession not only has a place in health care, but offers the public an alternate means of obtaining medical attention.

"We must believe what an osteopathic physician has to offer the public (under similar conditions) is not just as good, but better than the allopathic physician. We must believe in the basic osteopathic principles and philosophy taught in our schools. Without this belief, from where will flow the pride we need to both verbally and financially support our institutions; or what will bring us the faith necessary to know that one day we will have hospitals and schools comparable to any in the world; and most important, after all the grit and grime of political, monetary, and personal grievances have been swept away wherein lies the reason for our existence?"

Calendar of Events

March 22-23, 1969—Texas Society of American College of General Practice in Osteopathic Medicine and Surgery Post Graduate Seminar, Six Flags Inn, Arlington, Texas, in cooperation with Fort Worth Osteopathic Hospital.

March 28-30, 1969 — Graduate Center Seminar by Academy of Applied Osteopathy at the Worth Hotel, Fort Worth, Texas. Featured speakers include Drs. Cathie Korr and Beilke plus local Texas D. O.'s on a practical program of basic osteopathy. For details write to Dr. Margaret W. Barnes, Executive Director, 508 Bailey Ave., Fort Worth, Texas 76107.

May 9-11, 1969 — 24th Annual Convention and Postgraduate Seminar of Texas Association of Osteopathic Physicians & Surgeons. E.E.N.T. for the Generalist. Royal Coach Inn, Dallas. Dr. Kenneth McFarland keynote speaker. Special ladies events. For more information write Mr. Tex Roberts, Executive Secretary, 512 Bailey, Fort Worth, 76107.

May 23-25, 1969 — Texas Association of Osteopathic Physicians' Assistants Annual Convention. Site: Villa Capri Motor Hotel, Austin, Texas. For further information contact Convention Chairman: Betty Woodall, 2908 Rachel, Port Arthur, Texas.

Wait Until Two to Correct Cleft Palates

Award-winning Dr. Leslie Bernstein of the University of Iowa says no attempt to repair a cleft palate should be made until a full set of posterior deciduous teeth have erupted, usually at around 30 to 36 months. He says repair before age 24 months may inhibit subsequent growth of the maxilla. Cleft lips, however, may be repaired as early as six weeks.

February, 1969



his new medication helps him keep his old friends

Before prescribing, see the complete prescribing information, including symptoms and treatment of overdose, in SK&F literature or PDR.

Contraindications: Comatose states or the presence of large amounts of C.N.S. depressants.

Warnings: Caution patients about possibility of impaired mental and/or physical abilities when driving cars or operating machinery. Administer in pregnancy only when necessary.

Precautions: Potentiation of C.N.S. depressants (also phosphorus insecticides and extreme heat) may occur. (Reduce dosage of C.N.S. depressants when used concomitantly.) Thorazine (chlorpromazine, SK&F) does not potentiate anticonvulsant action of barbiturates. Use cautiously in patients with chronic respiratory disorders or suspected heart disease. Antiemetic effect may mask overdose of toxic drugs or obscure other conditions. Avoid abrupt withdrawal of high-dose therapy.

Adverse Reactions: Drowsiness; cholestatic jaundice (use cautiously in patients with liver disease or previous phenothiazine jaundice); agranulocytosis, eosinophilia, leukopenia, hemolytic anemia, thrombocytopenic purpura and pancytopenia; postural hypotension, tachycardia, fainting, dizziness; epinephrine effects may be reversed;

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EKG changes; cerebral edema; neuromuscular (extra-pyramidal) reactions, pseudo-parkinsonism, motor restlessness, dystonias, persistent dyskinesia, and hyperreflexia in the newborn; urticarial reactions and photosensitivity (avoid undue exposure to sun), exfoliative dermatitis, contact dermatitis (avoid by using rubber gloves); peripheral edema; lactation and breast engorgement (in females on large doses), false positive pregnancy tests, amenorrhea, gynecomastia; dry mouth, nasal congestion, constipation, adynamic ileus, miosis, mydriasis; psychotic symptoms and catatonic-like states rarely; after prolonged substantial doses, skin pigmentation, epithelial keratopathy, lenticular and corneal deposits; mild fever (after I.M. dosage); increased appetite and weight; hyperglycemia, hypoglycemia, glycosuria; convulsive seizures; abnormality of the cerebrospinal fluid proteins.

NOTE: There have been reports of sudden death in phenothiazine patients, but no causal relationship has been established.

Supplied: Tablets, 10 mg., 25 mg., 50 mg., 100 mg. and 200 mg., in bottles of 100; Spansule® capsules, 30 mg., 75 mg., 150 mg., 200 mg. and 300 mg., in bottles of 50; Injection, 25 mg./cc.; Syrup, 10 mg./5 cc.; Suppositories, 25 mg. and 100 mg.; Concentrate, 30 mg./cc. and 100 mg./cc.

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