

# TEXAS OSTEOPATHIC PHYSICIANS **JOURNAL**



**TEXAS  
STARS  
IN THE  
AAOA CROWN**

DECEMBER 1973



# The ulcer that x-ray couldn't find



Photo of x-ray showing duodenal bulb irregularity but no ulcer demonstrated.

# Located by endoscopy

4/24/72



Large ulcer on anterior wall of  
duodenal bulb.

**Before prescribing, please consult complete product information, a summary of which follows:**

**Indications:** Symptomatic relief of hypersecretion, hypermotility and anxiety and tension states associated with organic or functional gastrointestinal disorders; and as adjunctive therapy in the management of peptic ulcer, gastritis, duodenitis, irritable bowel syndrome, spastic colitis, and mild ulcerative colitis.

**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 child-bearing 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 individual pharmacologic

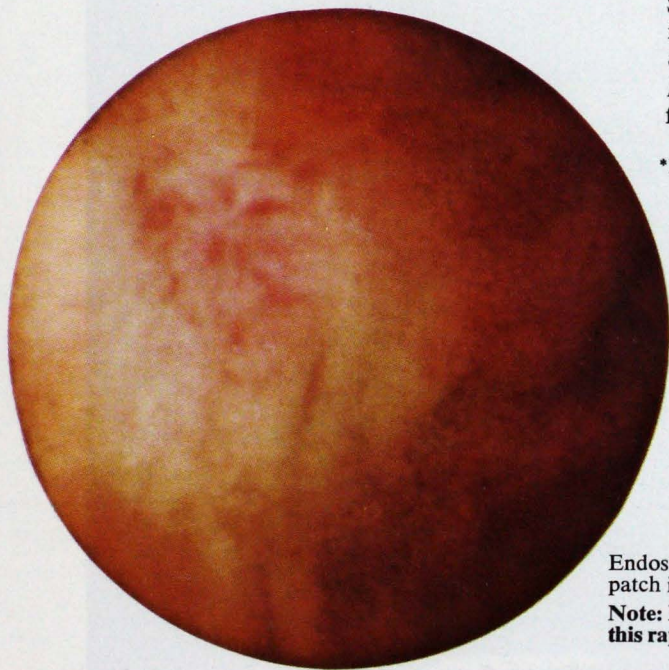
effects, particularly in use of potentiating drugs such as MAO inhibitors and phenothiazines. Observe usual precautions in presence of impaired renal or hepatic function. Paradoxical reactions (e.g., excitement, stimulation and acute rage) have been reported in psychiatric patients. Employ usual precautions 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 reversible 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.



# Ulcer healed 19 days later

5/12/72



Endoscopy revealed only small erythematous patch in area of previous ulcer.

**Note:** Not all cases can be expected to respond this rapidly to therapy.

after hospitalization with bed rest, bland diet,  
antacids and...adjunctive

## Librax<sup>®</sup>

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

### The duodenal ulcer—

#### sometimes easier to treat than to locate

With irregular filling of duodenal bulb—due to scarring or spasticity—diagnosis of duodenal ulcer may not be possible on basis of x-rays. In such cases, endoscopy may provide the answer. Management of the acute attack may be relatively easy when patient is hospitalized, freed from anxiety-provoking incidents, and treated with bland diet and antacids. Medication that reduces excessive anxiety and hypersecretion can be a valuable adjunct.

### To help in the acute attack

#### To help maintain patient gains

Librax is the only medication that provides, in a single capsule, the antianxiety action of Librium<sup>®</sup> (chlordiazepoxide HCl) and the anticholinergic action of Quarzan<sup>®</sup> (clidinium Br). Formulated to help manage G.I. disorders, including duodenal ulcer, Librax reduces hypersecretion and hypermotility as well as undue anxiety that may exacerbate such disorders.

## Case History\*

**Present illness:** 30-year-old male with 3-week history of typical ulcer pain between meals, awakening with pain at night, partial relief by food. No bleeding or other symptoms.

**Past history:** Smokes 1 pack of cigarettes, drinks 1 cocktail daily. Remainder of medical history noncontributory.

**Physical exam and lab survey:** Within normal limits.

**X-ray:** Upper G.I. series revealed mildly deformed bulb; no definite ulcer crater.

**Endoscopic findings:** With esophagogastroduodenoscope on 4/24/72, large ulcer visualized on anterior wall of duodenal bulb.

**Treatment:** Patient hospitalized 4/25/72 on regimen of bed rest, bland diet, antacids and Rx: Librax, capsules  $\dot{\bar{u}}$  q.i.d. Symptoms relieved after 48 hours. Endoscopy on 5/2/72 indicated reduction in size of ulcer. Discharged on bland diet, antacids and Librax, capsule  $\dot{\bar{u}}$  q.i.d.

**Follow-up:** As outpatient, endoscopy repeated 5/12/72 found only erythematous patch in area of previous ulcer.

\*Data on file, Hoffmann-La Roche Inc., Nutley, N.J.

### Dual-action Librax—

#### up to 8 capsules daily in divided doses

According to requirements—1 or 2 capsules, 3 or 4 times daily. Usually well tolerated. Side effects reported with clidinium Br are dryness of mouth, blurring of vision, etc.; and with chlordiazepoxide HCl, drowsiness, ataxia and confusion, particularly in the elderly and debilitated. Patients should be cautioned against hazardous occupations requiring complete mental alertness, such as operating machinery or driving a motor vehicle.

Rx: Librax #35 for initial evaluation of patient response to therapy.

Rx: Librax #100 for follow-up therapy—this prescription for 2 to 3 weeks' medication can help maintain patient gains while permitting less frequent visits.



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## About the Cover

Mrs. George J. Luibel of Fort Worth, newly elected president of the Auxiliary to the American Osteopathic Association, is pictured lower center on the cover, while four-time AAOA treasurer, Mrs. Benjamin R. Beall, II, of Mineola, is shown upper center.

To the right of Mrs. Beall is Dr. Mary M. Burnett of Dallas, speaker at the AAOA State Presidents' Council luncheon held during the annual convention in New Orleans in October. Pictured below Dr. Burnett is Dr. Catherine Carlton of Fort Worth, who installed the new AAOA officers at that convention.

Pictured to the left of Mrs. Luibel is Mrs. Thomas R. Turner of Fort Worth, who headed the committee in charge of designing the program and decorations for the luncheon.

Mrs. Bill Puryear, of Fort Worth, new Allied Organizations Chairman for the AAOA and a member of its Board is shown upper left.

## THANKS!

*My sincere thanks to the generous and thoughtful people who helped to make the State Presidents' Council and my installation as President of the Auxiliary to the American Osteopathic Association a lovely occasion; to Yvonne Turner and the members of District II who made the beautiful decorations for the State Presidents' Council and luncheon, to members of the Auxiliary of TOMA and to District II, V and VI of ATOMA for the lovely gifts and all who were there for the occasion.*

Mary Luibel  
President AAOA



# TEXAS OSTEOPATHIC PHYSICIANS JOURNAL

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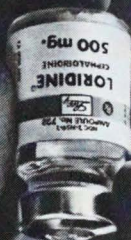
Mr. Tex Roberts, Editor





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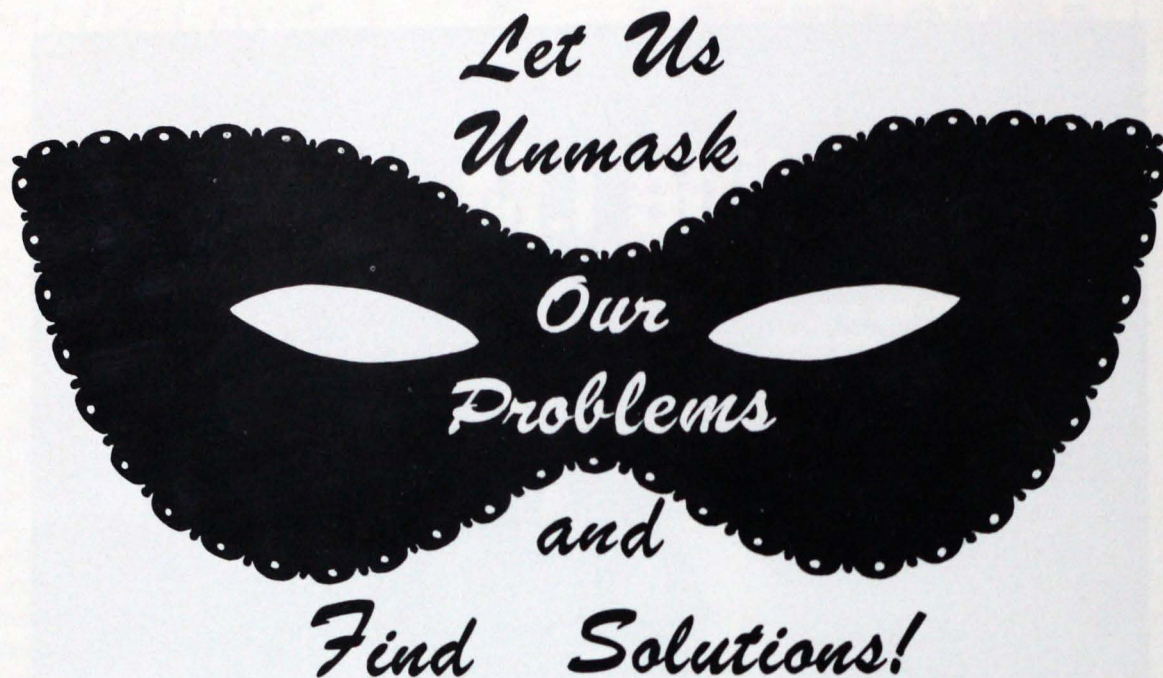
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When Mrs. George J. Luibel of Fort Worth was installed as president of the Auxiliary to the American Osteopathic Association at the national convention in New Orleans the last of October, she chose as her theme for the year, "Solving our Problems."

With that theme in mind, a committee from ATOMA's District II, chaired by Mrs. Thomas R. Turner, used the above illustration and headline as the program cover for the State Presidents' Council luncheon on October 28.

Dr. Catherine Carlton of Fort Worth was the installing officer when Mrs. Luibel took over the presidency of the 4,000 member league of osteopathic physicians' wives and when Mrs. Benjamin R. Beall, II, of Mineola was installed as treasurer to begin her fourth consecutive year in that important post.

Mrs. Bill Puryear of Fort Worth was named Allied Organizations Chairman, which makes her a member of the AAOA Board.

Dr. Mary M. Burnett of Dallas, immediate past president of the ACGP, was the principal speaker at the Sunday luncheon, to which all state Auxiliary presidents, along with their next two ranking officers or representatives were invited.

A native of Jacksonville, Florida, Mrs. Luibel graduated from St. Vincent's Hospital School of Nursing.

She has been active in district, state and national auxiliaries and has held numerous offices in each of the societies, including the presidency of ATOMA

District II and the Texas State Auxiliary. She has also served as president of the Fort Worth Osteopathic Hospital Guild and was consultant to the National Osteopathic Guild Association during the past year. She was also National Student Wives Counselor during that period.

Mrs. Beall was state president of the Texas Auxiliary in 1971-72, and continues to take an active part in its programs.

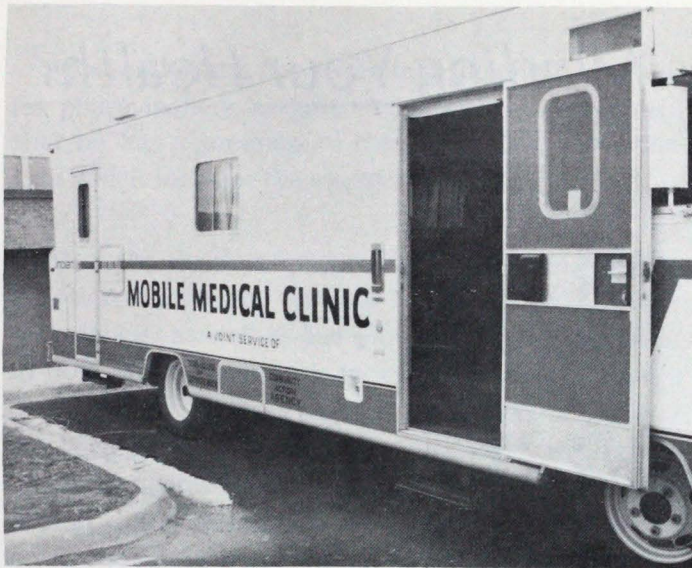
Mrs. Puryear was president of ATOMA's District II when the TOMA convention was held in Fort Worth in 1972. She and Mrs. Turner were two of the very active Auxiliary members who worked to make that convention the success it was.

Texas delegates to the AAOA convention included Mrs. Bobby G. Smith of Arlington, immediate past president of ATOMA; Mrs. Carl Mitten of Houston, this year's ATOMA president; Mrs. Thomas T. McGrath, president of District XV of ATOMA; Mrs. Francis Wheeler of Fort Worth, ATOMA treasurer; Mrs. David Armbruster of Houston, Mrs. John J. Cegelski, Jr. of San Antonio and Mrs. Thomas O'Shea of Fort Worth.

Mrs. Jess Ramsey, president of the Student Wives Auxiliary to TCOM, attended the convention as a guest of the national Auxiliary.

Dr. Marion E. Coy, TCOM president and a past president of the AOA, will act as the AOA advisor to the AAOA for the coming year. ▲





*CAA board chairman Ollie Reed and CAA executive director Donald Mack are shown with Edward T. Newell, D.O., TCOM vice president and academic dean beside the new mobile medical clinic.*

# Mobile Medicine

## Provided by TCOM

Texas College of Osteopathic Medicine and the Community Action Agency opened a free mobile clinic at the city's multipurpose community center in Fort Worth's Stop Six area November 12.

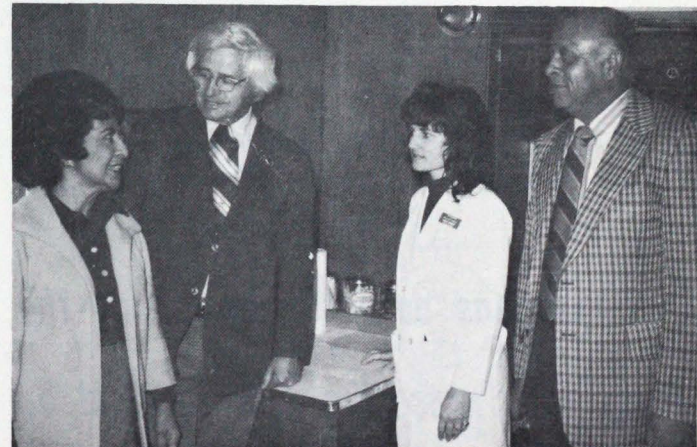
The unit, a 27-foot Winnebago bought and equipped by CAA, is staffed by senior osteopathic student-doctors under the supervision of a licensed D.O. Student nurses from Harris College of Nursing will help provide nursing care.

After an hour-long open house attended by the press, CAA and college representatives, the clinic officially opened with its first patient already waiting. Seven additional patients had made appointments through the CAA for medical care the first day.

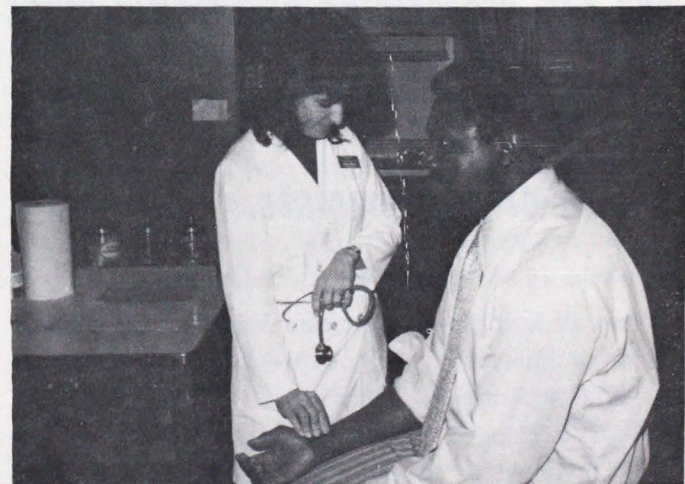
S/D Nelda Cuniff and S/D Ron Sherbert staffed the clinic, under the guidance of Dr. Virginia Ellis, who was substituting for Dr. William A. Griffith, Acting Director of Clinics.

Goals of the unit are to reduce infant mortality through prenatal care of expectant women who otherwise would not receive attention, to perform pre-school examinations and give inoculations and to provide on-going care for the aged.

Initially open each Monday afternoon from 1 to 5 p.m., the mobile clinic will later expand its services to provide care in eight other Fort Worth areas.▲



*Mrs. J. P. Zapeda, Board member, attended the clinic opening, and is shown here discussing the facility with Dr. Newell, S/D Cuniff and Mr. Reed.*



*Senior student doctor Nelda Cuniff checks one of the first patients to visit the clinic on its opening day.*



Who's Minding Your Health?

Politician,

Pharmacist --

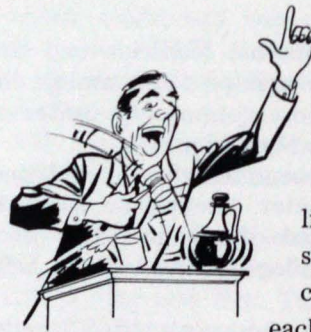
or Physician?

by Tex Roberts, C.A.E.

***Physicians do not know about the drugs they prescribe. They depend on detail men for news about new drugs, and the prescribing of specific drugs for patients should be left to the option of pharmacists.***

This all according to Senator Edward M. Kennedy of Massachusetts in a recent speech before the American Pharmaceutical Association.

Senator Kennedy didn't cover the professional liability involved in adverse drug reactions for patients brought about by drug substitution by the pharmacist.



In his speech he made it sound like a murky situation because the physician has the freedom to prescribe a drug for any purpose, saying, "I believe we must develop a system where the pharmacist knows the reason for each prescription, or at the very least he could be sure that the patient knows what drug he is taking, how to take it, and whether or not it is experimental."

"I am *not* raising the spectre of outside *interference* with the practice of medicine," Senator Kennedy added as some kind of a disclaimer as to his true antagonistic attitude toward the physicians in America.

The Senator's superficial knowledge of medicine and pharmacology does not qualify him to even speak on the subjects—much less introduce legislation concerning them.





Apparently he is not aware that the physician studies pharmacology as part of his medical education; that he has a program of continuing medical education which includes the study of new drugs.

Also, the Senator apparently is not aware that prescription containers bear the name of the drugs on their labels, as well as the physician's instructions as to how the medication is to be taken. And is he also unaware that drugs cannot be prescribed that have not been given the marketing go-ahead by the FDA?

Experimental? Our information is that "experimental" drugs cannot even be stocked by pharmacies—much less prescribed by physicians. Any experimentation is carried on under carefully supervised programs in research centers and selected hospitals.

The pharmacist is a well-educated professional and an important member of the health-care team, but he is not a licensed physician. He has not qualified as such; he has not qualified to diagnose illness, nor does he have the facilities to do so.



On the other hand, the physician has much more than a superficial knowledge of pharmaceuticals. He has to have. And he constantly adds to his knowledge—not by spending a few minutes with detail men—but through study.

Our own family physician is in a much better position to observe whether the product of one pharmaceutical firm produces the desired affect on us, rather than a similar product from a different firm. When he prescribes a drug by its trade name, it is because he has learned that that particular medicine works better for us than another.



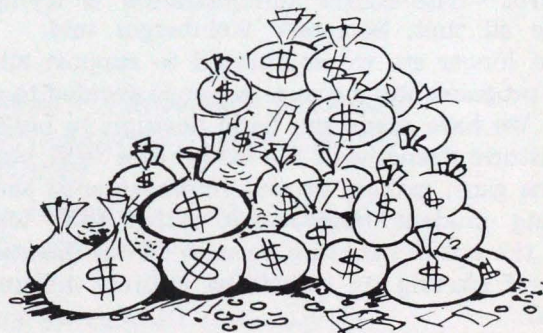
The pharmacist is in no position to acquire that intimate knowledge of our health needs.

We are in real trouble if a licensed physician is not completely in charge of the patient's care, including the drugs and medicines prescribed, or else, as Senator Kennedy seems to advocate, we will go back to the days of the apothecary who formulated and mixed the "drugs" of that day, and surgery was done by the barber. In those days if you were sent to a hospital it was usually to die.

What Senator Kennedy is really saying is that he wants medicine and health care delivered by government decree and the bill footed by the taxpayer.

Considering the \$10 million trust fund settled on him: by his father, the Senator has a questionable grasp for the problems of poverty, the common taxpayer's struggle with the Internal Revenue Service, or inflation brought on by excessive government spending.

He hardly fills the role of the white knight who can lead the people into the promised land of total health care paid for by the government. (*Who?*)



If the cost of health care has risen sharply since July 1, 1966, the date of the advent of Medicare, then the responsibility must be laid squarely at the door of the government because of inflation brought on by government spending—causing a necessary increase in minimum wages in hospitals—and the shower of paper brought on by the proliferation of government health regulations and claims forms that must be made out in quintuplicate.

Kennedy's National Health Insurance plan and his antipathy toward medicine may very likely bring on an epidemic of nausea! ▲



# Thoughts & Comments

by Edward P. Crowell, D.O., AOA Executive Director

The next time you hear someone complain about the high cost of health care you might refer him directly to none other than Caspar Weinberger, the Secretary of the Department of Health, Education and Welfare.

Secretary Weinberger, speaking at a recent meeting in Chicago, flatly admitted that the federal government is the "leading culprit" in the very rapid rise of health care costs in the U.S. As an example he cited the Medicare and Medicaid programs which while guaranteeing health care to the most needy also encouraged utilization of the very most expensive health care facilities available.

"There is no question that the federal government through its policies has had a major role to play in causing the health care cost spiral," Secretary Weinberger admitted.

Hill-Burton is another example of a federal program which served its intended purpose but, at the same time, fueled the fires of health care inflation, he continued. While advocating that the Hill-Burton program should be phased out, he added that "the federal government has trouble stopping anything it starts." The Nixon administration is trying to change all that, Secretary Weinberger said.

"No longer are we committed to support all on-going programs just because we once decided to start them. We have made the basic decision to build on our historic strengths in the health care field, closing obvious gaps, making needed improvements, and instituting prudent innovations, rather than tearing down the entire structure because of our dissatisfaction and starting on something entirely different," he said.

However, contrary to a common misconception, Secretary Weinberger pointed out that "lights are not going out in research laboratories all over the country." He said the budget for the National Institutes of Health, particularly for cancer and heart research, has been increased, and then noted that the President has proposed a 21 per cent increase in health funding for the coming fiscal year. That, he said, is \$4 billion more than last year, and almost twice the annual federal health budget when President Nixon took office.

There is, we feel, a basic inconsistency in Secretary Weinberger's remarks, and it doesn't take a CPA or a Harvard economist to find it. On the one hand he's admitting, publicly, that the federal government has poured too much money into the health care system and has thus created an inflationary spiral. On the other hand he reports, proudly, we presume, that the President wants to spend \$4 billion more next year.

This apparent contradiction between words and action isn't confined to the Secretary's office, however. The abrupt and stormy resignation of Dr. William I. Bauer as Director of the Office of Professional Standards Review last month brought the entire federal health-care bureaucracy into critical focus.

Dr. Bauer, in his resignation statement, said that "the administration had made a significant commitment to the Professional Standards Review Organization but that commitment has not been translated into action."

"This extremely complex program with ramifications at all levels of medical care has been provided with limited resources, and those resources that were made available could not be effectively administered and utilized because of the organizational structure," Dr. Bauer said.

While not mentioning them specifically, some other things undoubtedly contributed to Dr. Bauer's frustrations. He was particularly unhappy with the 36 staff positions given him to carry out a program involving 50 million patients, 300,000 doctors, and 3,000 hospitals.

Congress, to date, has not appropriated any funds for PSRO's, even though the program, by law, is scheduled to become fully operational across the nation in less than three months.

Bickering within HEW as to whether PSRO falls under an existing agency, such as the Social Security Administration or, as originally intended, should become an independent agency, remains unresolved.

Rules and regulations for the PSRO program, supposedly the responsibility of the National Professional Standards Review Council, are a long, long way from being formulated. The Council spent most of its last meeting, in fact, debating the inclusion of one word in a previously adopted resolution.

Under the circumstances, Dr. Bauer's resignation should not have come as a surprise, and certainly seems justified. Who will replace him, and how and when will the PSRO program get off the ground, are questions still to be answered.

The most important and central question, however, is how to harness the federal health-care bureaucracy so that it can deliver what it promises without spending more than it's suppose to save. There is no easy answer to that question, and given recent events, the answer seems more and more elusive.

*[From the AOA Executive Director's Report, September/October 1973.]* ▲





Tom L. Beauchamp, Jr.  
President

Main at North Central Expressway  
Dallas, Texas 75222  
214/741-8111

November 8, 1973

Mr. Tex Roberts  
Executive Director  
Texas Osteopathic Medical Association  
512 Bailey Avenue  
Fort Worth, Texas 76107

Dear Tex:

In order to eliminate problems encountered with the coding of claims submitted for OMT, the following codes have been established:

- (1) 1-9466 OMT service only - physician administered - independent procedure
- (2) 1-9467 OMT service - physician administered - independent procedure plus one of the modalities listed in 1-9440 through 1-9444
- (3) 1-9468 OMT service - physician administered - independent procedure plus two or more of the modalities listed in 1-9440 through 1-9444.

These codes are to be used along with the appropriate office visit code such as:

- (1) 1-9004 Follow-up visit, routine charge
- (2) 1-9466 OMT service only - physician administered - independent procedure charge

Please note the charges for the office visits and for the OMT are to be itemized as indicated.

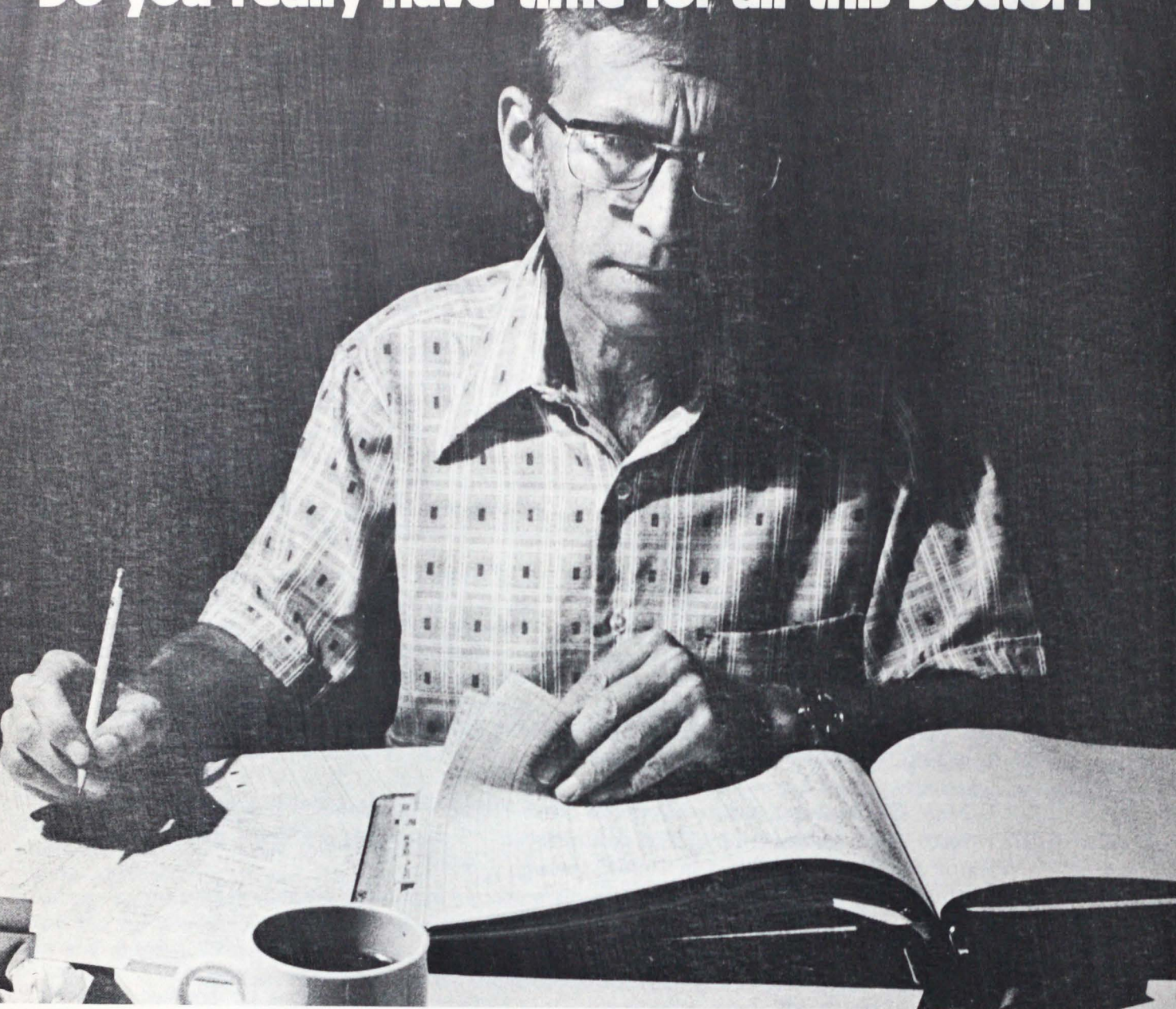
Sincerely,

Ernest A. Maxwell, M.D.  
Vice President, Medical Director

EAM/cp



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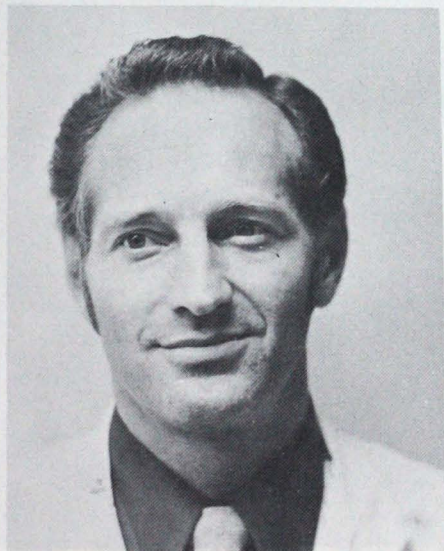
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# Three Join FWOH Staff

Recent months have seen three new physicians join the staff of Fort Worth Osteopathic Hospital. Newest arrival is Dr. Wayne English who took over the Department of Rehabilitation Medicine. Earlier, Dr. Myron G. Skinner was named associate pathologist, and Dr. Ray Conn joined the staff as a psychiatrist.

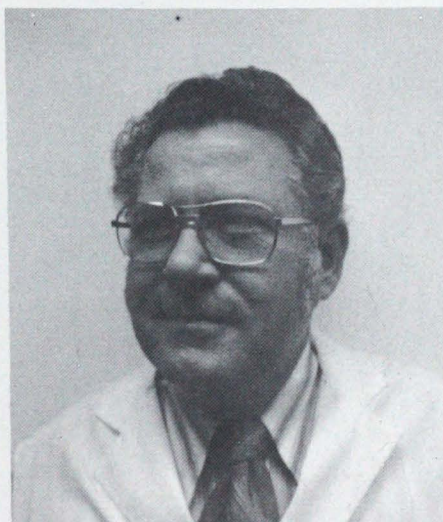
Dr. Wayne English assumed the chairmanship of the Department of Rehabilitation Medicine in mid-September. In addition to his duties at the hospital, Dr. English teaches at the Texas College of Osteopathic Medicine.



A 1958 graduate of the Philadelphia College of Osteopathic Medicine, Dr. English is a member of the American Osteopathic College of Rehabilitation Medicine and is certified in his specialty. His residency was at Kirksville Osteopathic Hospital. He most recently served as Professor of Rehabilitation Medicine at the Kirksville College of Osteopathic Medicine, and has lectured widely on osteopathic medicine and rehabilitation. He is also the author of numerous scholarly articles.

Dr. English is a member of the American Osteopathic Association and state and local associations. He is also active in Kiwanis and the Christian Church, and his hobbies include tennis and sports medicine.

Dr. Myron George Skinner is a graduate of the Kansas City College of Osteopathic Medicine, and served an internship at Green Cross General Hospital in Cuyahoga Falls, Ohio. After thirteen years in general practice in Fort Worth, Texas, Dr. Skinner began his residency in pathology at FWOH and completed it at KCOM where he was assistant professor of pathology and associate pathologist at the osteopathic college and its center for health sciences.



Included in Dr. Skinner's duties at FWOH as associate pathologist is the chairmanship of the transfusion and infection control committee.

Dr. Raymond Allen Conn, psychiatrist, joined the active staff at FWOH as a member of the internal medicine department. Before moving to Fort Worth, Dr. Conn was senior psychiatric resident at St. John's Mercy Medical Center in St. Louis, Missouri. He began his residency in 1968 through a five-year psychiatric career residency, a cooperative program of the Kirksville College of Osteopathic Medicine and Surgery. He spent three years at Nevada State Hospital (Mo.) and six months at St. Louis County General Hospital.

One segment of Dr. Conn's residency was at St. Louis State Hospital Complex — Missouri Institute of Psychiatry where he was 5th year

resident coordinator and consultant for the day hospital. He was also a post-doctoral fellow in psychiatry in the Missouri Institute of Psychiatry of the University of Missouri.



A graduate of COMS, Dr. Conn completed his internship at Mount Clemens General in Michigan. ▲

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**In the female:** 1. Prevention of postpartum breast manifestations of pain and engorgement. 2. Palliation of androgen-responsive

advanced, inoperable female breast cancer in women who are more than 1, but less than 5 years post-menopausal or who have been proven to have a hormone-dependent tumor, as shown by previous beneficial response to castration.

**Contraindications:** Carcinoma of the male breast. Carcinoma, known or suspected, of the prostate. Cardiac, hepatic or renal decompensation. Hypercalcemia. Liver function impairment. Prepubertal males. Pregnancy.

**Warnings:** Hypercalcemia may occur in immobilized patients, and in patients with breast cancer. In patients with cancer this may indicate progression of bony metastasis. If this occurs the drug should be discontinued. Watch female patients closely for signs of virilization. Some effects may not be reversible. Discontinue if cholestatic hepatitis with jaundice appears or liver tests become abnormal.

**Precautions:** Patients with cardiac, renal or hepatic derangement may retain sodium and water thus forming edema. Priapism or excessive sexual stimulation, oligospermia, reduced

ejaculatory volume, hypersensitivity and gynecomastia may occur. When any of these effects appear the androgen should be stopped.

**Adverse Reactions:** Acne. Decreased ejaculatory volume. Gynecomastia. Edema. Hypersensitivity, including skin manifestations and anaphylactoid reactions. Priapism. Hypercalcemia (especially in immobile patients and those with metastatic breast carcinoma). Virilization in females. Cholestatic jaundice.

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\*Cecil-Loeb. Textbook of Medicine, Vol. II, ed. 13 Beeson, P. B. and McDermott, W. eds. Philadelphia W. B. Saunders Co., 1971, p. 1816

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# A Landmark Decision

by George W. Northup, D.O.

On September 27, 1973 a decision was rendered that is of particular importance to the osteopathic profession.

A D.O. in Arizona applied for examination by that state's Board of Osteopathic Examiners. He had not taken an internship approved by the American Osteopathic Association, but rather an internship approved only by the AMA. The State Board of Osteopathic Examiners refused to give him an Arizona license on the grounds that he did not fulfill the AOA requirements.

This D.O. applicant had won an earlier decision, which went against the Arizona State Board of Osteopathic Examiners. However, a reversal of that opinion came as a result of an Appeals Court decision.

Appeals Court Judge Haire said that the evidence clearly supported the board's conclusion that the D.O. applicant had failed to submit proof that he had served an internship of at least one year and accredited by the AOA, or the equivalent of such an internship.

Judge Haire said that while the board's rule "does not expressly state training relied upon as substitute for the osteopathic internship must also be of an osteopathic orientation, the board has interpreted the rule to contain this requirement, and (the court) believes that the statute makes such an interpretation necessary."

Judge Haire went on to say further, "while the professions of medicine (AMA) and osteopathy (AOA) may be similar, it is not legal ground for ignoring the statutory requirement that in order to be licensed as an osteopathic physician in Arizona one must have served an AOA accredited internship or its factual equivalent."

This important decision supports the AOA's contention that it has both the right and the authority to set the standards for the practice of osteopathic medicine and the Arizona State Board of Osteopathic Examiners are to be commended for upholding the policies of the American Osteopathic Association. ▲

A woman who lived to be 103 years old promised her doctor she would remember him in her will. Sure enough, after the reading of the will, he found he had inherited an old-fashioned trunk. Opening it he discovered, carefully preserved, his neatly written prescriptions for the last 40 years.

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# We're doing something

## DISTRICT III NEWS

by George Grainger, D.O.

Dr. Lex Neill, administrator of Rusk State Hospital, was a visitor to Doctors-Memorial late October. Dr. Neill, a Tyler native who was visiting an ailing uncle, was highly complimentary of the new place.

\* \* \* \*

Dr. Howard R. Coats, pride of District III, was reappointed for the fourth time late October to the Texas State Board of Medical Examiners by Governor Dolph Briscoe.

Dr. Coats has served as medical examiner under four governors. Alan Shivers first appointed him to the State Board in 1959.

In a conversation with Dr. Coats he stated that with this reappointment, he will have served the longest continuous time of anyone on the Board. He was named vice-president of the Board in 1963.

Dr. Coats delivered a male infant in 1945, cared for him through his childhood ills, watched him through college, and was proud last year when he got his D.O. degree. Dr. Coats has insisted with much feeling that your correspondent inform the reader that his one great satisfaction in having been reappointed to the Board is the knowledge that he will get to sign a license next month permitting Dr. Jack Grainger to practice medicine in Texas. ▲

## DISTRICT IV NEWS

by Wiley Rountree, D.O.

We were all sorry to learn of the illness of the wife of Dr. Richard M. Hall of Eden.

Mrs. Hall became ill while Richard was attending a national anesthesiology seminar on the west coast . . so he rushed back.

Dr. Tom R. Hunter performed the operation for the hiatal hernia on Mrs. Hall at the San Angelo Clinic Hospital here in San Angelo.

She has now returned to their home in Eden as she was dismissed from the hospital on October the 18th. She seems to be progressing fine.

We are all pleased to know she is doing so well! ▲

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*The Center is presently occupied by six general practitioners in family and industrial medicine, one general surgeon, a dentist, an optometrist, and a podiatrist. The highest quality services are provided in the Center by two technicians with complete clinical laboratory and x-ray facilities. Two licensed pharmacists staff the Center's pharmacy.*

The potential is enhanced by the broadly diversified industrial base of Arlington and the Texas Metroplex Area. The high economic level provides family incomes substantially above average.

*We are prepared to arrange appropriate financial assistance to physicians commencing their practice and their lives in a new community. But, whether the doctors who join us are new in practice, or currently practicing elsewhere and desirous of improving their situation, we will welcome your inquiry and look forward to meeting and talking with you.*

Bobby G. Smith, D.O.  
303 Medical Center  
Arlington, Texas 76010  
817-265-1551



# LETTERS

## New D.O. for Archer City

Dear Tex,

You asked me to let you know how things are going in Canton. We are making progress in this pioneering effort and the local acceptance is very gratifying.

As you know, I am practicing Problem Oriented Medicine here on a full-time basis. To this time very few D.O.'s have adopted POM methods and yet it is a concept of health care that is creating a great stir throughout the medical world. It has been predicted that within a short time HEW affiliated institutions (this includes all hospitals doing Medicare, etc.) will be required to adopt the Problem Oriented approach to the care of patients and the documentations of this care.

At present, I believe I am the only D.O. in the State who is engaged in the full time practice of Problem Oriented Medicine. I certainly don't have all of the answers but my experience here in Canton convinces me that this new approach has much to offer the Osteopathic profession. I am available to share my views and opinions to any D.O. or group who is interested in a refreshing and logical approach to comprehensive health care.

Come see us when you have an opportunity. I believe you would be pleasantly surprised with our effort here.

Warmest regards,

Charles D. Ogilvie, D.O.

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J. Thomas O'Shea, D.O.  
Myron G. Skinner, D.O.  
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Dear Mr. Roberts,

I would like to express my sincere appreciation and the gratitude in my heart for awarding me the Phil Russell Scholarship. The money will definitely be put to good use and could not have come at a better time. My sincere desire is to be as good a physician as is possible, and in the process, I hope to be as much like Dr. Russell as possible.

I am deeply indebted to the Texas Osteopathic Medical Association, you, and Dr. Russell. My ambition as a physician will be to repay this indebtedness through service to mankind.

Thank you very much.

Yours sincerely,

Albert M. Kincheloe

Dr. Joan R. Hilbrick, presently of Portland, Oregon, plans to begin practice this month in Archer City, Texas, according to the administrator of the Archer County Hospital.

Dr. Hilbrick is a 1970 graduate of the Chicago College of Osteopathic Medicine.

She has had correspondence with the TOMA State Office in regard to Texas licensure, practice locations and membership in this Association.

Residents of Archer City have been searching for a doctor for some time and have made use of the Opportunities pages of this *Journal* in their efforts to locate a D.O.

The town is located south of Wichita Falls and is in District XV of TOMA.

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## Capitation Grants Go to Osteopathic Colleges

Nearly \$6 million in capitation grants was awarded to the nation's seven osteopathic colleges for fiscal 1973, according to data released by the U.S. Department of Health, Education and Welfare. Total capitation grants awarded to 286 health professions schools was more than \$152 million.

The total of \$5,763,479 to osteopathic colleges was allotted as follows:

Chicago College of Osteopathic Medicine	\$ 602,506
College of Osteopathic Medicine & Surgery	1,259,844
MSU—College of Osteopathic Medicine	450,589
Kansas City College of Osteopathic Medicine	1,065,029
Kirksville College of Osteopathic Medicine	804,739
Philadelphia College of Osteopathic Medicine	1,337,254
Texas College of Osteopathic Medicine	243,518

In addition, HEW distributed \$1,048,418 in loan funds and \$224,400 in scholarships to the colleges of osteopathic medicine.

An estimated 30,000 students attending 288 health professions schools will receive either a Federal loan or scholarship or both in the 1973-74 school year. Schools participating in the program determine which students receive federal aid and in what amount.

[From AOA Executive Director's Report, September/October 1973]. ▲

## Michigan Association Asks For Repeal of PSRO Law

The Michigan Association of Osteopathic Physicians and Surgeons House of Delegates recently adopted the following resolution:

Whereas, PSRO as presently constituted contains provisions which could introduce nonproviders into peer review and could therefore negate the major premise of peer review, and

Whereas, the proposed PSRO concept is a potential violation of the confidentiality and the privileged communication between physician and patient, and

Whereas, PSRO legislation allows government control of existing peer review, and

Whereas, the cost of establishment and maintenance of PSRO is inordinately high as opposed to its proposed objectives, and

Whereas, PSRO can not only emasculate organized medicine, but it threatens the very existence of the private practice of medicine, and

Whereas, PSRO threatens to obliterate the identity and uniqueness of the osteopathic profession, therefore be it

Resolved, that the Michigan Association of Osteopathic Physicians and Surgeons make all possible efforts to have the PSRO law repealed. ▲

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SILVERTON—Excellent opportunity in osteopathy minded community for a D.O. who likes to live where there's no smog and you don't lock your doors at night. New clinic under construction. Call John H. Boyd, D.O. at 806-823-4421 or 817-336-0549.

---

GENERAL PRACTITIONER to associate with three Osteopathic Physicians in Corpus Christi. Guaranteed income, new clinic building, cheerful environment. Write or call Drs. Ganz-Chodosh Associated, 3933 Upriver Road, Corpus Christi, Texas 78408. Phone 512-884-6414.

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CENTRAL TEXAS LOCATION—Office space and clinic near modern county hospital and nursing home. Associateship with busy D.O. - G.P.; or salary or guarantee, if preferred; full or part time duty. Practice ranges from obstetrics to geriatrics. Fishing, golfing and hunting. Contact Richard M. Hall, D.O., Drawer G, Eden, Texas 76837. Phone 915-869-3441.

---

SURGEON—Upon completion of a five-year General Surgical Residency (December 1, 1973), a D.O. wishes to return to Texas to practice as a General Surgeon in a smaller community. Contact Tex Roberts, TOMA, 512 Bailey Avenue, Fort Worth, 76107.

---

HOUSTON — Well established practice for lease. Four fully equipped treatment rooms, central air, brick building in good condition. Contact Mrs. Asta Kehoe, 1235 Lehman, Houston, 77018 or Phone 713-682-3403.

---

DALLAS — East Town Osteopathic Hospital has just opened a new Professional Office Building adjacent to the hospital. There is an opening on our staff for a Pediatrician and an Obstetrician-Gynecologist. Office space available rent-free for first six months to qualified physicians. Apply to George C. Wolf, D.O., Medical Director, East Town Osteopathic Hospital, 7525 Scyene Road, Dallas, Texas 75227.

---

AVAILABLE two office suites offering extraordinary potential for osteopathic physicians or surgeons. Ten osteopathic hospitals located nearby. Complete clinical laboratory and x-ray facilities. Two licensed pharmacists staff the Center's pharmacy. Contact Bobby G. Smith, D.O. 303 Medical Center, Arlington, Texas 76010. Phone 817-265-1551.

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DALLAS—Will build to suit tenant. Leases being accepted in new professional building in north Dallas near Richardson, across from developing \$150 million Park Central Complex. Contact Ronald Regis Stegman, D.O., 214-233-9222 or 214-369-2233 or Coit-Central Bldg. Suite 119, 12011 Coit Road, Dallas, Texas 75230.

---

DALLAS County Mental Health and Mental Retardation Drug Abuse Rehabilitation Program has two openings for a full time psychiatrist and an internist or GP 75% of time. These are salaried positions and available immediately. Contact Mr. L. DeWeese, Director or Mr. Don Shattuck, Business Manager. Phone 213-943-2411.

---

---

EL PASO — General Practitioner under 45 to join hospital clinic group. Starting salary \$36,000 net. Tigua General Hospital. Contact M. G. Holcomb, D.O., 7722 North Loop Road; Phone 915-778-5371 (hospital) or 915-772-5567 (home).

---

MODERN osteopathic hospital in a growing city in Texas is offering 35% of gross to a D.O. Radiologist. Call now. Position open immediately. Phone 817-336-0549.

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HUGHES SPRINGS—Young G.O. desires associate for acute general practice in East Texas town. New clinic completely equipped, with offices and exam rooms designed for associate. Contact: George D. Smith, D.O., Box 68, Hughes Springs 75656, phone 214-639-2583 or 214-639-2682.

---

HOUSTON—G.P. needed to take over big established practice. Good opportunity. Contact Don Wenglar, Administrator, Gulfway General Hospital, 6160 South Loop East, Houston, Texas 77017. Phone 713-644-2241.

---

PINELAND—Excellent opportunity for general practitioner in three-county area in southeast Texas. Suite of fully equipped offices available. Sixty-bed nursing home in Pineland. Located near two of the finest fishing lakes in East Texas—Sam Rayburn and Toledo Bend Reservoir. Tri-county area presently served by only one doctor. Contact Jim Olive, P.O. Box 128, Pineland, Texas 79568.

---

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



# Exhibitors Support C M E

This year—more than ever—members of this Association should show their appreciation to those firms that support the TOMA Annual Convention and Scientific Seminar, since the \$275 to \$300 each of them pays makes it possible for D.O.s to obtain their required Continuing Medical Education credits at a nominal cost to themselves.

Since a physician's time is a most valuable commodity, a number of TOMA members will not take that time to see detail men who represent firms who do not support the profession in Texas.

Some 250 pharmaceutical and medical supply firms have received invitations to exhibit at this annual meeting. Listed below are those who have accepted, those who have offered cash grants, and those who have written to decline.

Lederle Laboratories  
Ortho Pharmaceuticals  
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Western Research Laboratories  
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These are salaried positions.

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Open to all D.O.s  
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(Includes dinner Saturday night, January 26)

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## Stiff Penalties May Be Imposed

Federal regulations impose a penalty of \$10,000 or imprisonment for one year, or both, for anyone soliciting, offering, or accepting kick-backs, bribes, or rebates; for anyone concealing or withholding information affecting a person's right to any benefit or payment with intent to defraud; or for anyone converting benefits of payments to improper use.

Also, misrepresentation of health, safety and operating conditions in health facilities, to permit them to qualify for Medicaid payments, would be subject to a penalty of not more than six-months imprisonment, a fine of up to \$2,000 or both.

States have been required to see if medical services for which bills were submitted had been performed. Under new proposed regulations, states with federally financed computerized management systems would be required to notify all Medicaid patients of the specific services for which providers were submitting bills, the names of such providers, the date of the services, and the amount of the payments to the providers.

Quoting from a Washington bulletin, "Thus, Medicaid recipients would help the states make sure that Medicaid funds were spent for services given."—[Reprinted from *American Osteopathic Hospital Association Newsletter*.] ▲

## Be Alert to Infant Injury

The Texas State Department of Health has issued an alert to the possibility of injury to the infant exposed to fluorescent light phototherapy for hyperbilirubinemia.

The Food and Drug Administration has advised that an investigation by the Bureau of Radiological Health of erythema on the skin of two infants so exposed disclosed ultraviolet exposure levels consistent with the clinical erythema.

Because hazardous levels of ultraviolet radiation (not effective in phototherapy) and extremely intense visible radiation can be present in the output of fluorescent lamps, the FDA strongly recommends that any institution or physician using phototherapy in the treatment of hyperbilirubinemia immediately take the following precautions:

1. Shield fluorescent lamps with ultraviolet absorbing glass. If such filtering materials are not presently between the infant and the fluorescent source, they should be installed immediately.
2. The eyes of newborn infants should be protected from the intense visible light from any phototherapy source by means of a suitable opaque blindfold. A simple bandage has been reported to be effective. ▲

## In Memoriam

### Dr. E. O. Nelson

Dr. E. O. Nelson of Brownfield was fatally injured in a fall from the roof of his home and died in a Lubbock hospital October 4.

A 1936 KCOM graduate and a member of TOMA, Dr. Nelson started practice in Seminole in 1937. He moved to Denver City in 1942 and to Brownfield in 1945, where he practiced until his death at age 73.

He is survived by his widow and two brothers.



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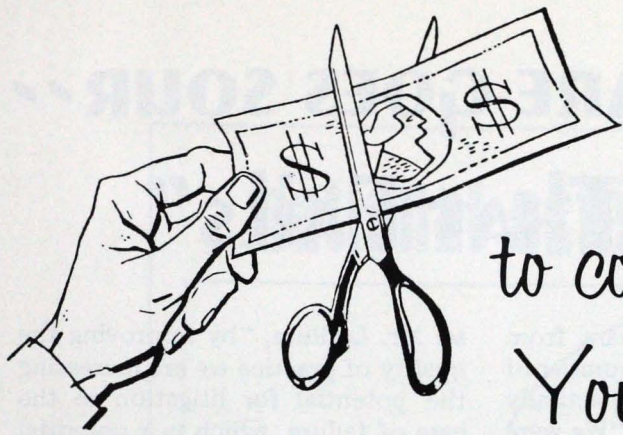


## Dallas Osteopathic Hospital

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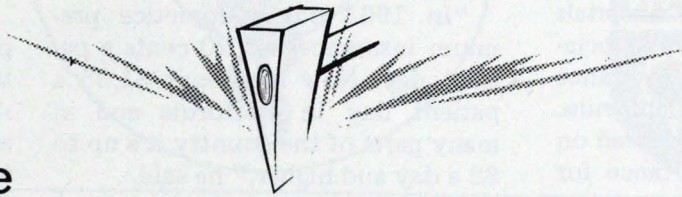
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# "WHEN A PATIENT'S CARE GOES SOUR-- It's THE SYSTEM THAT FAILS"

LOS ANGELES — Hospitals are paying higher malpractice insurance premiums with courts increasingly holding the institutions liable for the conduct of physicians who practice in them.

This was one of several hard facts about hospital insurance discussed at a lively seminar on malpractice insurance for doctors and hospitals sponsored by the Western Association of Insurance Brokers/Insurance Brokers Association of California. The all-day meeting also focused on errors and omissions insurance for architects and engineers.

James E. Ludlum, a partner of Musick, Peeler & Garrett, Los Angeles, counsel for over 150 hospitals, presented the hospital defense viewpoint in a spirited exchange with David M. Harney, a partner of Harney, Charbonneau & Bambic, Los Angeles, counsel for the plaintiff.

Citing a recent court decision which went heavily against Mount Zion Hospital, San Francisco, Mr. Ludlum noted the "\$4 million judgment which the doctor settled on the policy limits of \$100,000. This left the hospital's carrier with \$3.9 million to settle."

(The Mount Zion case involved a child who was injured in a playground accident and suffered permanent brain damage. The court earlier this year also held the school district liable for an additional \$25,000 in damages.)

"What we're seeing here is the institutionalization of liability in the malpractice field. When a patient's case goes sour, it isn't necessarily the doctor who fails. It's the system that fails and creates a liability situation where it's sometimes difficult to identify the responsible party," Mr. Ludlum stated.

For a period of ten years, from 1953 through 1963, the number of claims against hospitals was actually reduced, Mr. Ludlum said. "We were dealing with pure hospital liability and not doctor liability, but now that hospitals are picking up the doctor liability our premium costs are going up

"In 1963 our malpractice premium insurance was 20 cents a patient day. Now it's about \$1.35 a patient day in California and in many parts of the country it's up to \$2 a day and higher," he said.

Plaintiff attorney David Harney added, "Certain groups are now advocating that if the physician in any hospital is guilty of an error then the hospital should be made liable for his conduct. The theory here is that the hospital will then do more to police the ranks of the physicians."

The same line of reasoning would apply to injuries which occur outside the hospital atmosphere, said Mr. Harney. "Again, the theory is that if the entire medical profession is made legally and monetarily liable, there will be more policing within the profession," he said.

"However," noted Mr. Harney, "to my knowledge, since 1950 in the state of California, not one physician has had his license revoked for neglect, incompetency or malpractice. In the entire U.S., consisting of 51 jurisdictions, some eight or nine physicians per annum have their licenses revoked out of the total of 300,000 physicians.

"Out of the eight or nine revocations per year," he added, "none are for malpractice or neglect. So one of the real problems that we're faced with as members of society is that malpractice does go on."

"Ironically," said hospital coun-

sel Mr. Ludlum, "by improving the quality of practice we are increasing the potential for litigation in the case of failure, which is a potential in any human endeavor. Our reading of the future is that the better job we do the more money it's going to cost doctors and hospitals from a malpractice point of view."

Hospital counsel Ludlum also pointed up one of the problems that arises when a hospital medical staff initiates disciplinary action and moves to close up a malpractitioner. Said Mr. Ludlum, "The guy then goes to the best malpractice attorney he knows to sue the medical staff for deprivation of privileges, libel and slander."

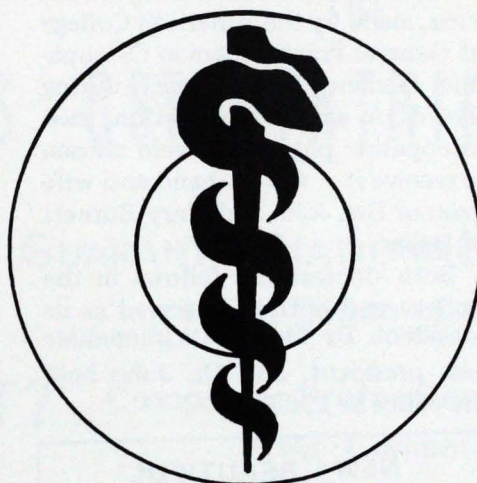
Another aspect of the increase in malpractice cases was provided by Mr. Harney who attributed part of the rise to greater public awareness of the existence of malpractice. "Although it seems contradictory, the greater incidence of malpractice cases today stems from better medical treatment and increased contact between physician and patient."

Both attorneys cited a trend in the courts toward awarding damages in the form of monthly payments, instead of a fixed sum, to span the expected lifetime of the plaintiff. A case in point was the recent malpractice suit against Glendora Community Hospital in California which was settled with the purchase of an annuity which could pay an injured child as much as \$21 million if he lives to age 68.

*[Reprinted with permission from Business Insurance, Oct. 22, 1973]*



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## CALENDAR OF EVENTS

### DECEMBER

#### *Presidential Visit*

District 8

La Quinta Hotel

Corpus Christi

6:30 p.m. — December 9

### JANUARY

#### *Presidential Visit*

District 9

January 13

District IV Meeting

January 20

Midland

#### *Presidential Visit*

District 7

Oak Hills Country Club

San Antonio

10:00 a.m. — January 20

### FEBRUARY

Public Health Seminar

Statler Hilton

Dallas

February 2-3

## GP of Year Award to Drs. Burnett

For the first time in the history of the presentation of the coveted award of General Practitioner of the Year, made by the American College of General Practitioners in Osteopathic Medicine and Surgery during the AOA annual convention, two osteopathic physicians were chosen to receive it — the husband and wife team of Drs. John and Mary Burnett of Dallas.

Both doctors are fellows in the College and both have served as its president. Dr. Mary is its immediate past president, and Dr. John held the office in 1967-68. ▲

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## ER Treatment Leads To Negligence Suits

Increasingly physicians and hospitals are becoming targets for malpractice lawsuits resulting from emergency room treatment, according to Dr. Donald N. Stevens, of Newport, Kentucky.

A lawyer as well as a physician, Dr. Stevens asserted that ER departments are now serving as substitutes for family doctors because hospitals are accepting "all comers," and patients have learned that reimbursement from insurers or government agencies is easier to obtain when the treatment has been received in hospital emergency rooms.

Speaking before the recent annual meeting of the American College of Legal Medicine in San Francisco, Dr. Stevens said hospitals are limited in their choice of patients because courts in recent years have ruled that a hospital with an ER has the duty to treat and may be liable when it rejects a patient.

Regardless of its organization, Dr. Stevens added, every hospital has the duty to assure that its professional staff meets national standards of professional competence. Citing a landmark Illinois case,\* he cautioned "it is no longer sufficient merely to require that physicians possess only a valid state license to practice medicine in a hospital; further evidence of his competence in his field must be advanced, and the duty to confirm this evidence falls upon the hospital board of directors."

\*Citation: *Darling*, 211 N.E., 2d 253.

[Reprinted from *Physician's Legal Brief*, October 1973] ▲

GEORGE E. MILLER, D.O.  
PATHOLOGIST

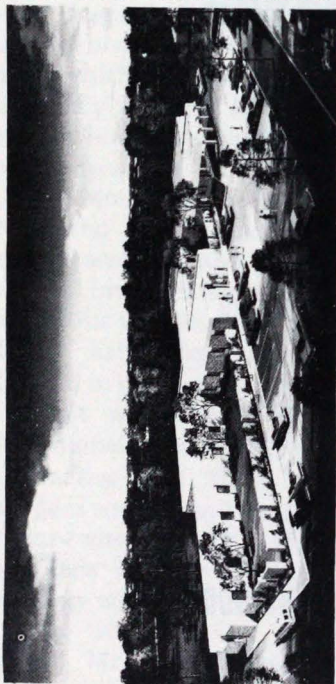
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# Texas Ticker Tape

## PATIENT'S SHARE OF MEDICARE WILL COST MORE IN '74

Beginning January 21, 1974, Medicare patients will have to pay more for their hospitalization, up \$12 from the present \$72 to \$84. And patients remaining in the hospital over 60 days will pay an increase of from \$18 to \$21 a day through the 90th day. Over 90 days, patients drawing on their 60 days of "lifetime reserve" will pay \$42 a day — up \$6.

The basic \$84 deductible cost is now more than double the \$40 paid by beneficiaries when Medicare was begun in 1966.

## CME IN THE MILITARY

The James C. Kimbrough Urological Seminar will be held on January 20-24, 1974 at the Sheraton Silver Spring Hotel, Silver Spring, Maryland. For information, military and civilian physicians are requested to write Col. Anthony A. Borski, MC, USA, Chief, Urology Service, Walter Reed Army Medical Center, Washington, D.C. 20012.

## AOHA OFFICERS AND TRUSTEES ELECTED

New officers elected and installed at the Annual Meeting of AOHA on October 16 include: **Lee Baker**, Lubbock Osteopathic Hospital, Lubbock, Secretary-Treasurer and as a Trustee for Division VIII is **John B. Isbell**, Stevens Park Osteopathic Hospital, Dallas.

## DR. GREGORY PROMOTED TO LIEUTENANT COLONEL

**Kennith C. Gregory, D.O.**, of Abernathy, has received official notification from the selection board of his promotion to the rank of Lieutenant Colonel in the United States Air Force Reserve.

At the time all reserve units were reorganized, Dr. Gregory was Commander of the 477th Medical Service Flight at Reese Air Force Base, Texas. The notification summarily indicates that he is the first osteopathic physician to have attained the rank of Lt. Col. in the Air Force Reserve.

Dr. Gregory is currently a member of the Military Affairs Committee of TOMA.

## DR. HAMAN DIRECTOR-AT-LARGE OF KIRKSVILLE ALUMNI ASSOCIATION

During the annual convention of the AOA in New Orleans, **Dr. Robert G. Haman**, immediate past president of TOMA, was installed as a director-at-large of the Kirksville Osteopathic Alumni Association.

The installation was held at a luncheon October 29, at which approximately 600 alumni and guests were present.



# Texas Ticker Tape

## D.O.s ON TEXAS STATE BOARD OF MEDICAL EXAMINERS

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Dr. Howard R. Coats of Tyler, who has been a member of the Texas State Board of Medical Examiners for 18 years, was reappointed to that Board by Governor Dolph Briscoe October 23 for a six-year term.

At the Board's organization meeting November 3, Dr. L. G. Ballard of Granbury was elected vice president.

Dr. G. G. Porter of Lubbock is the third D.O. member of the Board. He has served in that capacity for 15 years and Dr. Ballard has been a Board member for 8 years.

## AMERICAN COLLEGE OF OSTEOPATHIC OB & GYN ANNUAL CONVENTION

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The American College of Osteopathic Obstetricians and Gynecologists will hold its Annual Convention and Postgraduate Seminar February 26 through March 1, 1974. The convention will be held at the Americana Hotel, Bal Harbour, Florida. The Program Chairman is Lee J. Walker, D.O.; Convention Chairman, Layton S. Shaffer, D.O.; Executive Director, Arthur A. Speir, D.O., Box 66, Merrill, Michigan 48637.

## CCOM GROUNDBREAKING CEREMONIES

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Groundbreaking ceremonies for the new \$15.3 million outpatient clinic of the Chicago College of Osteopathic Medicine were held November 16. When completed in early 1976, the outpatient clinic will be capable of handling between 150,000 to 175,000 patient visits annually.

The new clinic is being funded in part by two construction grants: one totaling more than \$6.5 million, which was announced in 1972 by the U.S. Department of Health, Education and Welfare; and one amounting to more than \$930,000 made by Hill-Burton through the state of Illinois in 1971. The structure will be six-stories high, and it will replace an obsolete building that has housed the present clinic for more than 55 years.

## HOSPITAL RECEIVES MEMORIAL FOR DR. LESTER VICK

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Southwest Osteopathic Hospital was presented a memorial plaque on November 1 in honor of the late Dr. Lester Vick. Earl Waters, D.O., President of the American College of Proctology presented the plaque.

## DOCTORS HOSPITAL REPORTS GREAT SUCCESS WITH WEEKLY PROGRAM

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Doctors Hospital, an osteopathic institution in Houston, reports great success with a weekly "Indepth Review of Medicine" program that started at the hospital this fall and runs through April. Lectures are covering a broad range of subjects, including psychiatric disorders, the nervous system, and infectious diseases, connective tissues, digestive system, endocrinology and metabolism, blood and blood forming organs and others.



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