

Vol. 7, No. 1

Winter 1979

TCOM NEWS

North Texas State University Health Sciences Center / Texas College of Osteopathic Medicine



In this issue

- A conversation with Dr. Korr 2
- Is osteopathic medicine in danger? 9
- Recollections of some osteopathic brats ... 13

How do we think osteopathically?

A conversation with Dr. Irvin M. Korr

Irvin M. Korr, Ph.D., joined the NTSU/TCOM faculty this fall as professor of medical education. An internationally respected physiologist, Dr. Korr is known for extensive pioneering research on osteopathic principles and has contributed both empirical and theoretical evidence to the scientific knowledge of the osteopathic profession.

He taught for 30 years at the Kirkville College of Osteopathic Medicine where NTSU/TCOM's Dean Ralph L. Willard was a member of his first class. Most recently, Dr. Korr has been a professor of biomechanics at the Michigan State University College of Osteopathic Medicine.

He did doctoral and post-doctoral work at Princeton University and began his career in physiology as an instructor at the New York University College of Medicine. Trained in the allopathic world, he has become one of osteopathic medicine's

most articulate spokesmen. His awe and enthusiasm for the osteopathic concept were nowhere more evident than in his opening lecture this fall to NTSU/TCOM third-year students.

In a special interview for the TCOM News, Dr. Korr repeated the incidents and concepts cited in that lecture, which he entitled, "How Do We Think Osteopathically?"

"It's a whole way of thinking," Dr. Korr says of osteopathic medicine, "and it doesn't come easy. You cannot teach students how to think osteopathically. It all depends on personal insight." And it was personal insight that led the noted physiologist to think osteopathically.

"My association with osteopathic medicine was entirely accidental. I'd been doing research for the armed services—war research—and decided that I did not want to go back East to the university. So I was job-hunting, and I put out the word

that I was available," Dr. Korr recalled.

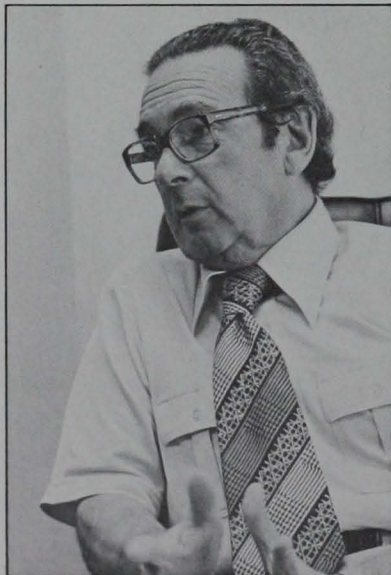
"I'd gotten one or two letters from a man in Kirkville—Dr. Denslow—but I'd paid no attention to them, threw them in the wastebasket."

It was advice from professional colleagues that something exciting was happening there that finally lured Dr. Korr to Missouri. He accepted a one-year position at the osteopathic college, fully intending to spend just that one year and then return to "respectable life."

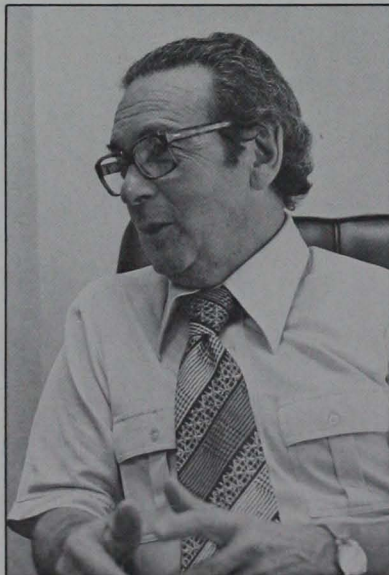
"But one year led to another," Dr. Korr said. "It was so damned exciting, I couldn't quit. And I'm glad I stuck it out. I wouldn't have missed it for the world."

Teaching with D.O.s, watching them, listening to them, he said he saw their approach to the balance between illness and health begin to make sense. But it was personal experience that marked a turning point in his thinking.

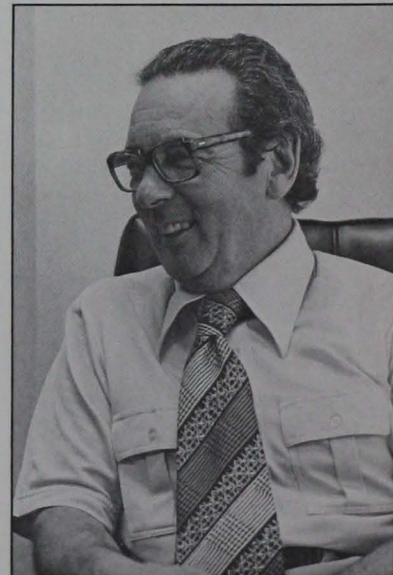
His son, aged two or thereabout, developed adenopathy and a high fever. A



"You cannot teach students how to think osteopathically. It all depends on personal insight."



He planned to return to "respectable life" after one year at an osteopathic college.



One year led to another. "It was so damned exciting, I couldn't quit."

faculty member from the college came to the Korr home to treat the child. Dr. Bill Kelly was, in Korr's words, a wonderfully gentle man. He examined the child, treated him manipulatively and prepared to leave.

"Wait a minute," Dr. Korr told him. "Aren't you forgetting something—the piece of paper that I take to the drugstore to get a prescription."

Dr. Kelly took off his coat, set down his bag and gave a five-minute lecture. "If I did that," he explained, "I'd be cheating the child. He must develop his own immunological muscles through exercising them. The treatment I've just given him will help him make better use of his natural resources. I'll keep watch. If his own mechanisms are overwhelmed, then . . ." The child was greatly improved the next day.

About two years after Korr began teaching at Kirksville College of Osteopathic Medicine, he became dissatisfied with his physiology course. It was, he says, an awful shock when he realized that the modern, up-to-date university course he was teaching was inappropriate. Physiology as he was teaching it was the physiology of animals, with details of organs and systems mostly based on knowledge gotten from dogs, cats and other mammals. In those functions man differs hardly at all from the lower animals.

"Yet," explains Dr. Korr, "man is obviously different. Wherein are the physiological differences? Obviously, in the total organism. Those organs are operating in a totally different context. Man uses them to live a totally different kind of life, in a totally different environment from those in which those organs evolved. What's more, each person's use—and abuse—of those organs differs from all other persons. Since the osteopathic emphasis is on the man, the total man, the teaching of physiology in a college of osteopathic medicine must relate to the uniqueness of the human species and to the diversity of that species, to the infinite variety of ways of being human."

He has been revising the way he teaches physiology ever since, and he's still not satisfied.

There was another incident in those early years that made a great impression on the scientifically trained physiologist. He went to the gastroenterology clinic one night and entered a treatment room where a physician and a student had just dismissed a patient.

"I thought we agreed he had a duodenal ulcer."

"All right," the physician asked the student, "what ails the man?"

"I didn't ask you what's wrong with his

gut," the doctor corrected. "I asked you what's wrong with the man."

Dr. Korr elaborates on the story: "The man was not sick because he had an ulcer. He had an ulcer because he was not well. Take care of the man, and he'll take care of his ulcer. Healing comes from within. Oh, I know the definition of a peptic ulcer—it's a gastroenterological entity due to hypersecretion or hypermobility of the intestinal tract. That's an absurdity! Are a woman's tears an ophthalmological entity due to hypersecretion of her lacrimal glands? The person with a peptic ulcer is weeping through his intestinal tract."

A healthy and vigorous man in his late 60s, Korr believes his own health was changed by regular osteopathic care at a time of crisis in his life. By the time he had settled into his teaching at Kirksville, he was in his mid-30s and considered him-

self middle-aged. It was time, he reflects, to think about slowing down. Nor did he expect to live beyond 50. His father after all, had died young, as had his paternal grandparents.

But an osteopathic physician began treating him regularly. At the age of 50, Dr. Korr began to play tennis, a game he had abandoned years earlier, and he's still a serious threat on the court.

Osteopathic medicine then has been more than a 33-year career for Kim Korr, as his colleagues call him. It is a way of life and a concept to which he is firmly dedicated.

"It's so simple," he says. "The body as a unit is self-obvious, but the implications are so profound, we may never understand them. The idea is so sound it overflows, fertilizes other areas. . . ."

—Judy Alter

Public opinion

D.O.s little known

How much do you think John Q. Public knows about the training of osteopathic physicians? Out of a recent sample population, only 37.5 per cent of the people knew that four or more years were required to earn the D.O. degree, while 65.5 per cent realized that it took that length of time to earn an M.D. degree, and 56.8 per cent responded they did not know anything about the training of a D.O.

This was just one of the significant statistics to come out of a survey conducted this summer by the department of sociology at Texas Christian University. Included in the more comprehensive 1978 Fort Worth Citizen Social Survey were 22 questions concerning health care and physicians which were designed, in cooperation with NTSU/TCOM, to assess public knowledge and attitudes toward osteopathic medicine and practice.

Items were included to query respondents' hospital preferences, general knowledge about Fort Worth's medical college, general knowledge about years of D.O. schooling, training for surgery and legal right to prescribe drugs, and the accuracy of identifying various medical initials including D.O. Other items solicited answers concerning preference for treatment by different types of physicians and the extent to which the general public preferred osteopathic physicians.

In some cases, the answers reflected national statistics. American Osteopathic Association literature claims that osteopathic physicians comprise 5 per cent of the country's physician population but treat 10 per cent of its citizens. The local survey showed that 8.8 per cent

reported they currently used an osteopathic physician. But other items reflected a general lack of knowledge in the community about osteopathic physicians. Approximately 60 per cent of the sample incorrectly identified or did not know what type of physician a D.O. was, while only 40 per cent were inaccurate in their identification of the initials D.D.S.

Two items were included to test the general public's agreement with basic osteopathic philosophy. Persons were asked to indicate how strongly they agreed or disagreed with these statements: "A person should be treated as a unit; one cannot be sick in one area of the body without having the other areas affected," and "The body has a natural, built-in ability to resist disease and heal itself." There was a strong majority agreement to these two items, but when asked to indicate a preference for treatment, only 6.5 per cent of those questioned preferred an osteopathic physician for internal problems. Nearly 14 per cent preferred a D.O. for "bone and muscle" problems.

Nor was NTSU/TCOM's presence in the community well known. While 44 per cent of the respondents were aware of a medical school in the metroplex, only 28 per cent specifically identified TCOM. The majority of persons could not identify any Fort Worth medical school by name.

In his interpretation of the study results, Dr. Barry Tuchfeld, assistant professor of sociology at TCU, strongly recommended interim evaluation of NTSU/TCOM's public education programs and suggested that the major importance of the current study is to serve as a base against which progress can be measured.

Dr. Baldwin named assistant dean

Dr. Richard Baldwin, associate professor of general and family practice, was named acting assistant dean of clinical affairs, effective December 11, by Dr. Ralph L. Willard, dean.

Dr. Baldwin has assumed administrative responsibilities previously held by Dr. Charles Kline, who served as associate dean for clinical affairs. Dr. Kline has returned to fulltime teaching as professor and chairman of the department of pediatrics.

Former associate professor of family practice at Michigan State University College of Osteopathic Medicine, Dr. Baldwin has been on the NTSU/TCOM faculty since 1976. A native of Oklahoma, he is the son of Dr. Howard Baldwin, a practicing osteopathic surgeon in Tulsa.

The new assistant dean is a 1964 graduate of the University of Oklahoma and received his D.O. degree in 1968 from Kansas City College of Osteopathic Medicine. He interned at Oklahoma Osteopathic Hospital in Tulsa.

In 1969-70 Dr. Baldwin was in solo general practice in Oklahoma and spent 1971 in group practice in Tucker, Georgia, before joining the faculty at MSUCOM.

Walt Parker joins NTSU/TCOM staff

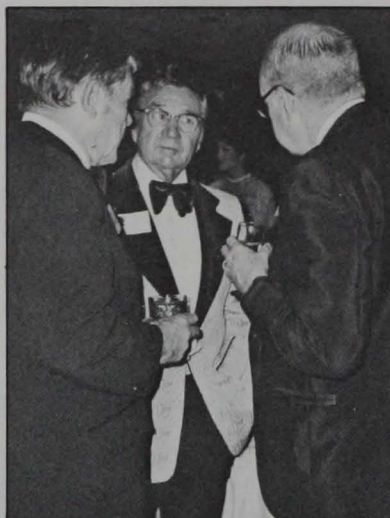
Walt Parker, former state representative and executive director of the School Tax Assessment Practices Board, has been named assistant to the president at NTSU/TCOM.

The appointment became effective January 5, pending approval of the NTSU Board of Regents, said President C.C. Nolen.

In his new halftime position at the health sciences center, Parker will serve primarily as liaison with various city, county, state and federal governmental offices.

Parker, who resigned as executive director of the School Tax Assessment Practices Board December 4, was a member of the House of Representatives from 1969 to January 1978, when he was named to head the new school tax assessment office.

A 1940 graduate of NTSU with a bachelor's degree in business administration, he received a master of arts degree in school administration from Texas Christian University in 1947.



Newly named assistant to the president Walt Parker (left) talks with NTSU Regent Hugh Wolfe (center) and Dean Ralph L. Willard at December President's Council Dinner.

The Fort Worth native was a high school teacher and coach for a number of years in Fort Worth, Palestine and Denton, and now has ranching interests in Hood and Somerville Counties and is a building contractor in Denton.

Parker also served as a referee in both the American and National Football Leagues for 15 years, and is now an active observer of officials for the NFL.

While in the Legislature, he was vice chairman of the Appropriations, Environmental Affairs and Commerce and Manufacturing Committees and was chairman of the Speaker's Financial Advisory Task Force in 1976-77.

Parker also served on the Higher Education, Common Carriers and Elections Committees and was a member of the Conference Committees on Appropriations and Finance during the 64th and 65th Legislatures.

Parker and his wife, Mildred, a member of the English faculty at Texas Woman's University in Denton, have one son, Walt Jr.

Guild establishes Emery Scholarship

The Lubbock Osteopathic Hospital Guild has established the Horace A. Emery Memorial Scholarship at NTSU/TCOM in memory of the former member of the College's Board of Directors who died October 1 in Lubbock.

New program begun in forensic medicine

NTSU/TCOM's Central Clinic building, vacated by the outpatient clinic's recent move to Medical Education Building I, is fast becoming the center of forensic medicine for Tarrant County.

New neighbors in the one-story facility on the eastern edge of the campus are the newly created NTSU/TCOM Institute of Forensic Medicine and the Tarrant County Medical Examiner's Office.

Guiding the cooperative arrangement, whereby the county is renting space from the college, is internationally known pathologist Dr. Feliks Gwozdz, Tarrant County Medical Examiner and clinical professor of pathology at NTSU/TCOM.

Though no legal connection exists between the Institute, which Dr. Gwozdz also is heading, and the Medical Examiner's Office, the pathologist sees great benefit in the two organizations sharing a facility which includes a well-equipped morgue, lecture halls and offices.

"There would be no institute without the material furnished by the Medical Examiners Office," the pathologist said. The medical school will reciprocate by providing necessary training in forensic medicine and autopsy techniques for various community groups, such as student policemen and firemen and Tarrant County Junior College nursing and medical technology students, he added.

Dr. Gwozdz has for several years conducted autopsies in the NTSU/TCOM facility on Thursdays and Fridays as part of the student-doctors' instructional program in pathology.

In seeking Board of Regents' approval for the Institute last October, NTSU/TCOM Dean Ralph L. Willard, D.O., said that forensic medicine has become increasingly important to the practicing physician. "Forensic medicine incorporates principles of medical jurisprudence, the critical evaluation of pathology specimens and the determining of cause of death or injury in varied types of trauma," he explained.

Along with its teaching and research responsibilities, Dr. Gwozdz sees the NTSU/TCOM Institute of Forensic Medicine eventually sponsoring symposia on various subjects of forensic medicine and related problems. The staff also will work closely with the Tarrant County District Attorney's Office and other lawyers "who wish to participate in some activity of the Institute," he said.

Dean Willard elected to AACOM office

Dean Ralph L. Willard was named chairman-elect of the Board of Governors of the American Association of Colleges of Osteopathic Medicine at recent meetings in Hawaii during the annual convention of the American Osteopathic Association.

Dr. Larry L. Bunnell, chairman of the department of general and family practice, was named chairman of a new AACOM section for teachers of general practice. Also elected to office was Dr. John Kauzlarich, assistant professor of rehabilitation/sports medicine, who was elected a vice president of the American Osteopathic Academy of Sports Medicine and was placed in charge of membership for the AOASM student branch.

During the convention, Dr. Wayne English, chairman of the department of rehabilitation/sports medicine, delivered the Sixth Annual Thomas D. Webber Memorial Lecture to the sports medicine academy. His topic was "Integrating Rehabilitation into the Osteopathic Medicine Curriculum."

TCOM NEWS

Vol. 7, No. 1 Winter 1979

North Texas State University
Health Sciences Center/
Texas College of
Osteopathic Medicine

On the cover: The NTSU/TCOM Founders' Medal made its debut this fall at the first fall convocation. Struck in honor of the College's three founders, the award may be presented for significant contributions to medical education or health care. To learn more about the first recipients and NTSU/TCOM's First Annual Fall Convocation, turn to pages 8-12.

TCOM News is published by North Texas State University Health Sciences Center/Texas College of Osteopathic Medicine, Camp Bowie at Montgomery, Fort Worth, Texas 76107. Janice Odom, editor; Judy Alter, managing editor.

Third class postage paid at Fort Worth, Texas.



Cowtown Marathon set February 17

The First Annual Cowtown Marathon, scheduled for February 17, is being planned by the NTSU/TCOM Institute for Human Fitness and co-sponsored by the Fort Worth National Bank. The 26.2 mile route through Fort Worth is being worked out by members of the Fort Worth Runners Club, in cooperation with city authorities, and a committee is at work on the myriad details involved in planning Fort Worth's first marathon.

The day before the race, the institute will sponsor a seminar, "Running: Medical Aspects." Registration opens at 10:30 a.m. in the Auditorium of Medical Education Building I, and sessions will continue to 6 p.m., with lunch included in the \$12 registration fee.

Further information on the marathon is available from Dr. Robert Kaman, Institute for Human Fitness, NTSU/TCOM, (817) 338-1175, and on the seminar from Nancy Smith, coordinator of continuing medical education, (817) 735-2538.

Grant for Dr. Gracy

Dr. Robert W. Gracy, chairman of the department of biochemistry, has received a \$92,356 grant from the National Institute on Aging of the National Institutes of Health for a study of "The Effects of Aging on Lymphocyte Activation." The three-year study will seek to explore the basic biochemical problems which account for the decline in the immune system in the elderly. Fourth-year student-doctor Trygve Tollefsbol of Houston is working with Dr. Gracy on the project as part of a research rotation.

Loan funds available

Under the National Direct Student Loan Program, NTSU/TCOM has been awarded a grant of \$197,866 from the Department of Health, Education and Welfare for the period July 1, 1978, to June 30, 1979. The college is required to provide matching funds in the amount of 10 per cent of the grant which brings to \$219,851 the funds available for the loan program.

Check bookstores for Dr. Korr's book

The Neurobiologic Mechanisms in Manipulative Therapy, edited by Irvin M. Korr, Ph.D., now a member of the NTSU/TCOM faculty, is available from Plenum Press in New York and through most bookstores.

The proceedings of a workshop held at the Kellogg Center for Continuing Education at Michigan State University in October 1977, the book emphasizes the impact of autonomic function and somato-autonomic interrelations and is organized around two major themes—impulse-based and nonimpulse-based mechanisms.

The individual chapters represent contributions by clinicians who review their clinical experiences, and neurobiologists who describe recently reported findings on mechanisms of sensory input and on somato-autonomic pathways.

More new faces

NTSU/TCOM's new coordinator of continuing medical education is Nancy W. Smith. Mrs. Smith, who previously served several years as administrative assistant and schedule coordinator for Lt. Gov. Bill Hobby, is responsible for coordinating continuing medical education seminars for practicing physicians. . . . Juanita N. Luke is a new addition to the staff in the Office of Student Services. Mrs. Luke, who received a master's degree in social work from the University of Texas at Arlington last spring, is developing a counseling program for students. . . . Earl W. Tice has joined the staff as assistant director of physical plant. He was employed at the University of Texas Southwestern Medical School before joining NTSU/TCOM.

Med artifacts needed

Got an old medical textbook on your shelves or know of an ancient surgeon's kit? The college is planning an archival collection of medical artifacts and would appreciate any and all donations. The collection, to be permanently housed in Medical Education Building I, is being created to preserve those articles already at the college, including a collection of infant nurses started by Dr. Virginia Ellis of the NTSU/TCOM faculty and much of the memorabilia belonging to the late Dr. Phil Russell of Fort Worth.

Persons wishing to contribute to the college's collection should contact Dr. Ellis, Judy Alter or Ray Stokes at NTSU/TCOM.

When the Central Clinic moved in December, all tenants were finally settled into the new Medical Education Building I the first of several new facilities included in the College's master plan.

Once the bulldozers started to work late last summer, it didn't take long for the old Administration Building to tumble down. The site is now a parking lot for Med Ed I in the background.



AHA course offered

The American Heart Association will teach its Instructors Program in Advanced Cardiac Life Support at the college January 26-28. Dr. Paul Stern, chairman of the anesthesiology department and NTSU/TCOM coordinator for the course, stresses that AHA Life Support Courses are an essential part of the teaching program, and faculty level instructors are urgently needed if the college is to meet its goal of seeing that each student has the Basic Life Support Course before go-

ing into clinical clerkships and the Advanced Life Support Course before graduation.

Alumnus joins faculty

Dr. Richard Hochberger, Class of '75, has returned to NTSU/TCOM as assistant professor of pediatrics, making him the first alumnus to join the faculty after residency training in a specialty. While chief pediatric resident at Doctors Hospital in Columbus, Ohio, Dr. Hochberger made a particular study of

Reye's Syndrome and his paper, "Varicella Hepatitis in Children," was presented to the International Conference on Reye's Syndrome in Nova Scotia last June.

Seminar on sexuality

Bernard Zilbergeld, Ph.D., author of *Male Sexuality*, will present a seminar on "Human Sexuality" March 17, at NTSU/TCOM. Registration is set for 8:30 a.m., with the program to run from 9 a.m. to 5 p.m. in Medical Education Building I. The registration fee is \$40 and application for accreditation has been made to the American Osteopathic Association and American Medical Association. For more information or to pre-register, contact Mrs. Nancy Smith, coordinator of continuing medical education, 817-735-2539.

Police for college

New on campus is a six-person police department, led by NTSU/TCOM Police Chief Don Beeson. With headquarters in Medical Education Building I, the police department patrols the campus from 7 a.m. to 11 p.m. and hopes to initiate 24-hour patrol soon. Beeson said the department is responsible for the safety and security of faculty, staff, students and facilities. As police officers, they are charged with enforcing state laws, city ordinances and the policies of the college.

The five men and one woman on the force are Jack Pack, Leroy Montoya, James Meinen, Glen Elder and Lonetta Wallace.

New class diversified

The NTSU/TCOM Class of 1982 is a diversified group. Its members come mostly from Texas schools, predominantly the University of Texas at Austin, Texas Tech, Texas A&M and the University of Texas at Arlington, but there are students from Florida, New York and Pennsylvania. Biology is the most common major, but one student majored in education and another in marine biology. Of the 83 students, 14 are women, and though the average age is almost 24, students range in age from 19 to 31.

Faculty Women unite

Faculty Women of NTSU/TCOM is the newest group to be formed on campus. Organized to unite members of the college community, the group is open to faculty wives and women faculty members. Half of each member's \$10 annual dues will go to either a scholarship or direct gift to the college. A planning session was held in October at the home of Mrs. Elroy Cantrell, and the group's first organizational meeting was November 16, in Med Ed I.

'She loves to do things!'

By Judy Alter

Scrambled eggs for 80? Lunch for 150? No problem, just call Reva Ogilvie. The wife of Charles Ogilvie, D.O., professor of radiology and chairman of the department of medical humanities, Mrs. Ogilvie has quickly become the unofficial NTSU/TCOM social chairman.

It all started in the fall of 1977 when plans called for snacks of fresh fruit and nuts for the incoming first-year students during their four-day orientation or "survival course." When Dr. Ogilvie heard that the group who had originally agreed to serve the snacks had to withdraw its help, he quickly offered his wife. "She loves to do things like that!" he said. With four days notice, Reva began planning her menus for brunch.

The idea was to show students that they could be well nourished on a variety of foods, and that they didn't have to eat steak and potatoes or a fast-food hamburger every day. "But anybody can wash fruit and open cans of nuts," Reva said. "I wanted to do something different." She served fruit cups and melon balls, vegetables with dips, stuffed celery, cheese balls and even deviled eggs for nearly 100 people.

The precedent was set, and last spring when fourth-year students were offered the special series of mini-courses known as 8th semester, Reva found herself serving breakfast twice a week for eight weeks. "The seniors were really fun," she says. "They were so enthusiastic about anything I fixed."

This fall she served breakfast to her second survival course and found that the first-year students ate less than the seniors. "It's hard to eat when you're scared. And incoming freshmen are awfully apprehensive," she explained.

Admitting that her husband pushed her into her role as NTSU/TCOM unofficial social chairman, Reva said that she wouldn't be doing it if she didn't enjoy it. Although she tries for new and different dishes for each meal, she says it's not the dish itself but the quantity that is the challenge.

"It just takes longer to feed 100 people than it does to fix dinner, even for a family of six," she notes. "You have to double the recipe and double it again."

Has she had any disasters? She laughed as she recalled the grits casserole that turned over in the back of her car.

Cooking for groups is nothing new to Mrs. Ogilvie. She guesses she's cooked for every group her husband ever belonged to and recounts the National Sports Car Rally lunches for 150 or the

Reva Ogilvie has become NTSU/TCOM's unofficial social chairman, thanks to husband Charles.



time they brought a group of church workers home for hot dogs on Labor Day. Unprepared to feed that many, she had to do all her shopping at the 7-11 store.

Nor is cooking the only thing her husband has gotten her into in their 38 years of marriage. His favorite phrase is "My wife likes to . . ." and Reva has served as timekeeper at runs, sponsor for a church young people's fellowship, unofficial secretary of a cattle-breeding association and hostess to international students. This spring, Dr. Ogilvie announced one day, "I signed you up for a student at Lions today," and she spent a week playing hostess to a 17-year-old girl from Norway. She was the sixth such student Reva has shepherded around the Dallas-Fort Worth area.

Together, the Ogilvies, parents of four and grandparents of five, have shared some unusual experiences and interests. They lived in East Texas for 10 years before Dr. Ogilvie moved his radiology practice to Dallas, and for the past 10 years they have owned the Arc Ridge Ranch in Ben Wheeler, Texas.

In 1971, after 20 years of metropolitan life in Dallas, they moved to the East Texas ranch and Dr. Ogilvie practiced medicine in the nearby town of Canton. Reva found herself a ranch manager, responsible for running the ranch, keeping cattle breeding records and helping her husband with his duties as secretary-treasurer of the North Texas Pines and Plains Brangus Breeders Association (her CB "handle" is Brangus Belle.).

At one point, when she could not hire ranch help, she fed the cattle herself for two months.

Sports car rallying also was high on their list of activities for several years. Reva drove while her husband navigated. Keeping track of time is really complex, she explained, and he was much better at that. He'd tell her if she was a second ahead or behind and she'd have to adjust her speed. She also officiated at many rallies and sees similarities in the time-keeping process between sports car rallies and jogging runs.

In 1977, Dr. Ogilvie joined the NTSU/TCOM faculty fulltime and they moved to Fort Worth and Reva finds herself busier than ever. She is a student at Tarrant County Junior College and last spring went on a 17-day backpacking trip into the Grand Canyon with a TCJC geology class.

The hardest day, she said, was the one in which they walked 14 miles, half of it downhill, the rest up. And she had all her clothing and food on her back. "I kept up with the young college kids, and I think I earned their respect. I wasn't just a middle-aged housewife to them by the end of the trip," she recalled with a smile.

In her spare time, she oversees the ranch because, although they've sold their brangus cattle, they still operate a guest ranch for large groups and family weekends. And then there's the Fort Worth Museum of Science and History where she's a docent and lectures to student groups, and the local osteopathic auxiliary of which she is secretary . . . and she's already planning menus for the next 8th semester course in the spring.

"Just think," said Mrs. Ogilvie, "eight years ago I thought I was settling down to a lonely life of retirement on a ranch, and look at all the things I'm doing now."

Tributes at Convocation

The First Annual Fall Convocation at NTSU/TCOM October 4 was called, said Dean Ralph Willard, "to recognize and honor the first-year entering class and to introduce them further to the traditions, current conditions and future directions of their chosen profession."

But the 82 members of the Class of 1982 weren't the only honorees. Awarded Founders' Medals for their contributions to medical education and health care during ceremonies in the new 250-seat Medical Education Building I Auditorium were TCOM founders Drs. George Luibel, D.D. Beyer and Carl Everett; Dr. Myron Magen, dean, Michigan State University College of Osteopathic Medicine; and State Sen. Betty Andujar and State Rep. Gib Lewis, who were instrumental in gaining state support for Texas' only college of osteopathic medicine.

Founders' Medals were presented at Fall Convocation to, from left, State Legislators Gib Lewis and Betty Andujar and TCOM founders Drs. Carl Everett, D.D. Beyer (partially hidden) and George Luibel.

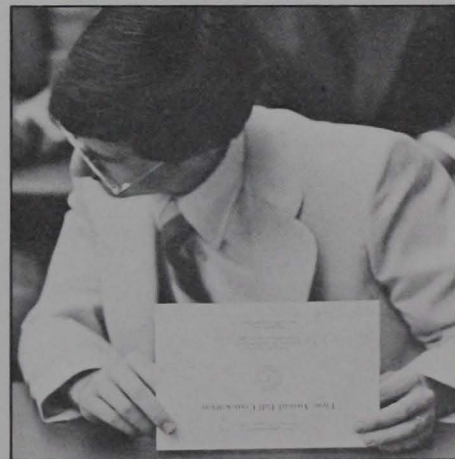


Dr. Myron S. Magen of Michigan State University College of Osteopathic Medicine delivered the first convocation address to an overflow audience in the new Auditorium of Medical Education Building I.



Founders' Medal recipient Dr. Myron Magen, MSUCOM dean, visits with NTSU/TCOM dean Dr. Ralph Willard.

Honored guests included the 82 members of the NTSU/TCOM Class of 1982.



Special Report

Osteopathic Medicine

A fragile ecosystem in danger of destruction

by

Myron S. Magen, D.O.
Dean, Michigan State University
College of Osteopathic Medicine

First Annual Fall Convocation Address
October 4, 1978
North Texas State University Health Sciences Center/
Texas College of Osteopathic Medicine

'The osteopathic profession is a fragile ecosystem in danger of destruction.'

I propose to come before you today with the following hypothesis; the osteopathic profession is a fragile ecosystem that stands in danger of destruction. It is not monolithic in nature as the majority of the profession believes. Rather, it is a series of disparate components, reacting one-with-another so that a stimulus in one area causes an action-reaction effect. If we chose to use Boolean algebra to diagram this hypothesis, our Venn diagram would consist of three interlocking circles (much like the Olympic symbol). Each circle would represent a major component of the profession; the American Osteopathic Association, the American Osteopathic Hospital Association and the American Association of Colleges of Osteopathic Medicine. And it is at the intersection of the circles that the critical parts of the equation come together, the execution of the action-reaction component. Yet many in the profession persist in the belief that we are monolithic and are held together by a form of monotheism exhibiting massive uniformity of thought and action. And nothing could be further from the truth.

There are some who think of the organizational structure of the profession as a pyramid. The AOA is at the apex of the triangle and the AOHA and AACOM at the bases forming the supporting legs and ensuring stability of the structure. (Unfortunately a pyramid has never been known for its ability to move, whereas the gear components that make an engine work are often a series of interlocking wheels.) In many respects the formation is a defensive formation, much like the prevent defense used by football teams when their opponent has third and long, and they're expecting a pass. It is a ponderous structure more effective at responding to a stimulus than developing the stimulus. Ostensibly, it is a paragon of participatory democracy allowing the entire membership a voice in the decision-making process. But like many faculty senates, "it's much ado about nothing." The pyramidal structure does not allow for an interdependence among the members of the group, but for a dependency or patriarchal relationship.

The environmentalists tell us of the delicacy and fragility of the balance of

nature. An upset in one system (whether its due to man or nature) causes a domino effect, with resulting death or injury to other elements of the system. Nature is composed of a series of delicate ecosystems that are subject to a variety of insults.

I submit that the analogy of the ecosystem to the osteopathic profession, particularly at this time in history, is pertinent.

For many years, we had a relatively stable ecosystem. We had five colleges entering approximately 600 students. Then in the decades of the '50s, '60s and '70s a series of events occurred that began to impact the system.

Full licensure for the profession, acceptance into the armed forces, increasing portion of the population covered by hospital insurance causing a rapid expansion of hospital beds, health manpower acts reflecting government policy providing for increasing the number of physicians. All of these caused a rapid expansion of both hospitals and colleges. Not until the late '60s and early '70s was it recognized that this nation's rapidly expanding physician manpower was almost all specialty oriented. This of course, as you are aware, caused rapid and perhaps ill conceived attempts to force-feed family medicine into the educational and health care systems. The generalist was to become the nucleus around which the various specialties of medicine were to rotate.

This series of events occurred almost simultaneously with the loss of a college and profession in California. Consequently, the leadership of the osteopathic profession was preoccupied with California and the attitude of the profession at that time was reactive and passive/aggressive in the defensive sense of the term. There was no time for careful analysis of societal changes, of the temper of the times or for a rational attempt at planning for progress and growth within the osteopathic profession. Even without California, an approach of this kind would have required not only attitudinal and behavioral changes on the

part of the leadership of the profession—both political and educational—but with few exceptions it would have required a group of individuals with different gene structures, spawned in the womb of a different educational milieu.

Let me hasten to add that it was the tenacity and preoccupation with professional monotheism of these leaders that saved the profession from extinction. In other words, characteristics entirely opposite those needed for planned and reasonable growth, for visionary idealism and in some instances for dreaming—in all probability these characteristics of pragmatic politics were instrumental in saving this profession from destruction.

Contemporaneously, in the late '60s, 1969 to be exact, there occurred in the State of Michigan an event, the significance of which only future generations can evaluate. I say this in as objective a manner as possible since I am convinced the majority of the osteopathic profession does not as yet realize "not what God hath wrought," but what Michigan, Texas, Oklahoma, West Virginia, Ohio, New York, New Jersey and California hath wrought. You are witnessing not only an education revolution, but the complete disruption of a fragile ecosystem. A system is kept from destruction only by an uneasy balance between its three components (political, hospital, education). It is based on a series of fragile understandings and the unwillingness of one or the other to crack the foundations of the pyramid with the possibility of its eventual destruction. In actual fact, the osteopathic profession as a complex ecosystem is composed of individuals who interface with political, educational and/or service components that in combination are the osteopathic profession.

What must be understood and emphasized is that neither the American Osteopathic Association, the American Osteopathic Hospital Association, the American Association of Colleges of Osteopathic Medicine or other component societies are independent entities but in fact are interdependent units functioning in a symbiotic relationship to make up an ecosystem in which an acute coryza in one organization causes acute discomfort

'The osteopathic profession is a pluralistic society often in conflict with itself.'

in the others often with rhinorrhea and pharyngitis.

Each fails to recognize the above. Warren Brian Martin in an essay entitled "Equality and Quality: An Introduction" puts it in the following manner: "Although a growing number of western intellectuals warn us of the need to escape from dichotomous Cartesian modes of thinking—I/it, man/nature, normal/sick, black/white—the fact of the matter is that we seem consigned to think in opposites. We set things off against each other, even when we know that the proper goal should be to bring them together. We want to separate and define first, with the hope that later on we can blend and synthesize. We agree with the Jesuits, who have said 'Distinguish in order to unify'. A predilection for dualism and the 'either/or' mode of thinking are employed even when the goal is a 'both/and' objective."¹

I would propose to you that the colleges of this profession in interacting among themselves utilize an "either/or" mode. I would propose that the colleges when gathered in association together, in their relationship to the American Osteopathic Association react in an "either/or" mode and vice-versa. We have become a collection of antagonists—each a protagonist for his/her minute piece of the puzzle. We have become expert at espousing an egalitarian viewpoint when testifying before federal, state or local agencies but at the same time espousing an elitist view when necessary to protect what we consider the integrity of the profession. It is the differential application of standards of egalitarianism and elitism that today threaten the very structure of our ecosystem plus the added strain of our "either/or" mode. We cannot on the one hand espouse the egalitarian concept of family medicine and a general practitioner on every block when our hospitals espouse the elitism of tertiary care and place restrictions on the care of the hospitalized patient by the family practitioner. At the same time, espousal of an egalitarian focus is not antithetical to the concept of quality medical care, it is not antithetical to educational elitism when elitism is syn-

onymous with quality and not exclusivity. As Martin points out "the core issue is not equality or quality, one versus the other, but how to relate them harmoniously."²

In addition to the central core of "equality/quality" is the fostering of a "both/and" philosophy in a harmonious relationship among the various segments of the profession. The osteopathic profession, spawned in the shadow of a colossus of American medicine—the American Medical Association—has spent so much time staying out from under the feet of the giant that we have tended to overlook our own pluralism. The osteopathic profession is a pluralistic society often in conflict with itself. Our "I/it, man/nature, normal/sick, black/white" attitude has spawned:

1. A plethora of colleges—not much different from the M.D. profession.
2. A series of Washington offices—not much different from our colleagues in the allopathic profession, understaffed, underfunded, poorly supervised, uncoordinated, often competitive and usually noncommunicative one with the other.
3. An American Osteopathic Association Office of Education, woefully understaffed for the job it has to do.

I have not mentioned as yet our lack of a coherent manpower policy as it relates to students, interns and residents. I have not mentioned a coherent policy relative to new colleges—where, when, how and why? I have not mentioned a coherent policy relative to faculty development, a coherent policy relative to research and our lack of attention to the revision of our organizational structure and relationships in response to the needs of an ever-changing world. I am impressed that at times we have been a profession searching for an identity. After all, society has co-opted family medicine; and holism has been accepted by all; and even manipulative therapy is gaining respectability in the scientific marketplace and by a large segment of the public. Our role in society has been clouded by our very success. A success which has upset our balance of nature and threatens our ecology.

We have at the present time too many schools, we have too few teachers, we have too little research, we have a lack of an environmental protection policy to maintain an ecologic balance. But the same is true for most of the health professions today, not only us.

We are dealing with an organizational structure that is beset by the economic realities of life, that has a tendency to be as bureaucratic as the very government it criticizes, a structure that is overextended for the job it must do, that has been unable to utilize the human resources available to it within the profession.

Our dilemma is classic. We must take a journey that requires a DC-10 and all we are presently capable of piloting and have available to us is a DC-4.

What I have been saying has been said before. It is the dilemma of all professions—academic versus non-academic, regulation versus nonregulation, professional good versus public good, individual good versus community good.

Additionally, the general economic conditions prevailing today in the health care industry pose a threat of monumental proportions to at least the academic segment of the osteopathic profession. The rapidly decreasing value of the dollar, combined with the increase in physician gross income, threatens the ability of our colleges to attract competent fulltime faculty. The increasing need by the colleges for an already scarce and high-priced commodity has driven faculty salaries to the point where the need to meet a service component salary segment forces education to take a back seat and drives the thought of research out of the minds of all but a dedicated few.

Carleton Chapman, formerly dean of Dartmouth and now president of the Commonwealth Fund, points out that "one hears a great deal about fulltime faculty who are too heavily engaged in community health activities to permit involvement in clinical research and organized teaching activities. One hears a good deal less about fulltime faculty who cannot effectively discharge their academic obligations, including research, because they

'I come before you not as a prophet of doom but . . . as a harbinger of hope.'

are engaged in what amounts to a major commitment to private medical care. There seems to be great reluctance," and I still quote, "to acknowledge that, in some of our medical schools, that commitment is indeed major for the insidious reason that it generates mammoth personal incomes. This particular feature, and the distorting and limiting effects that inevitably flow from it, is collectively a far greater threat to medical education than is involvement in the analysis of problems of health care delivery. This feature, more than any other, is likely to return us to the pre-Flexnerian era, if allowed to run unchecked."³

If such be the case and I think in some instances it is, how does the president of North Texas State University, or the president of Michigan State University, or the president of Ohio University, explain medical faculty salaries to his department of English, to his department of art, to his department of sociology? Indeed, we have difficulty explaining these salaries to state legislators, so the decisions have to be made by individuals within the osteopathic profession as to whether such an environment can nourish both the intellect and the pocketbook at the same time, even if the pocketbook is not quite as full.

Is it also possible that the territorial protectionism and the organizational chauvinism which we have been beset can be overcome without the complete destruction of our present ecosystem? For this profession to survive there is only one answer and the answer has to be yes. The necessary environmental changes that must be made will cause disruption and dislocation of our ecosystem—they will not cause destruction. The changes may injure the ego of some, they may kill the political ambitions of some, they may slow the growth of our colleges, they may cause a re-examination of basic philosophy, they may require the relinquishing of territory, they may require realignment of organizational structure and function within the profession. The changes will foster interdependency rather than a dependency.

Lord Ashby says it more eloquently: "Put in its crudest form, science and tech-

nology have enabled man to create human ecosystems of great complexity, but they lack the built-in stability characteristic of natural ecosystems. . . . In a forest or a lake we find an interdependence which is protected and preserved by a network of 'homeostatic gyroscopes,' which keep the systems in dynamic equilibrium. . . . By contrast, man-made ecosystems have become astonishingly complex and interdependent without a matching evolution of checks and balances to ensure stability. The homeostatic mechanisms to restore a disturbed equilibrium are weak, compared with those in natural ecosystems. The symbiotic relationship between individuals in a community (and between communities) is maintained not by genetic compulsion but by consent. The motives for consent are liable to be weakened in a pluralistic society, due to tensions between two incompatible criteria for natural selection: on the one hand, the interests of the whole social group (extended family, tribe, city, nation), on the other hand, the interests of individuals."⁴ Lord Ashby has succinctly summed up the dilemma of this and other professions, the interests of the whole versus the interests of the individual.

However, in spite of everything I have said, I come before you not as a prophet of doom but actually as a harbinger of hope. Bruner says that "each generation gives new form to the aspirations that shape education in its time. What may be emerging as a mark of our own generation is a widespread renewal of concern for the quality and intellectual aims of education—but without abandonment of the ideal that education should serve as a means of training well-balanced citizens for a democracy."⁵ The discussion we are having today—one-sided as it may be—is a reflection of the concern of many within this profession. You sit here within this complex as prime examples of the concern of this profession for the quality and intellectual aims of its education. The tenacity of George Luibel, D.D. Beyer and Carl Everett combined with the vigor of the osteopathic profession within the State of Texas, supplemented by the leadership of the Board of Regents of North Texas State University and the Ad-

visory Board to the dean, of the counsel and guidance of President C.C. Nolen and Vice President Ralph Willard leads me to the conclusion that within the human resources of the members of this profession is the intellectual ability, the tenacity of purpose and the basic concern for the good and welfare to allow disruption but not destruction of our organizational ecosystem. The efforts, while antithetical to many, will result in a profession responsive to the good and welfare of the public, an educational system qualitatively sound and a recombinant gene structure active rather than reactive, aggressive rather than passive, open rather than closed, interdependent rather than dependent, and most important of all—tolerant of the new, the innovative, the different and the ambiguous.

BIBLIOGRAPHY

1. Martin William Bryan; "Equality and Quality: An Introduction" in Vermilye, Dyckman W., ed., *Individualizing the System*; Current Issues in Higher Education, 1976, American Association for Higher Education, Washington, D.C. Jossey - Bass Publisher, San Francisco, 1976, Page 1.
2. Ibid, Page 7.
3. Chapman, Carleton B; "Education for Medicine in the University" in *Beyond Tomorrow: Trends and Prospects in Medical Science*; A 75th Anniversary Conference, March 8, 1976; The Rockefeller University, 1977, New York, Page 47.
4. Ashby, Lord; "Societal Adaptations for Future Instabilities" in *Beyond Tomorrow: Trends and Prospects in Medical Science*; A 75th Anniversary Conference, March 8, 1976; The Rockefeller University, 1977, New York, Pages 63, 64.
5. Bruner, Jerome S.; *The Process of Education*; Harvard University Press, Cambridge, Mass.; 1966, Page 1.

Recollections of some osteopathic brats

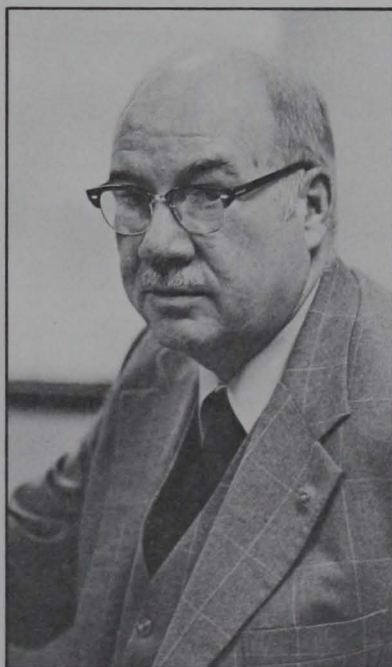
Editor's note:

A clue to the vitality of osteopathic medicine is found in the fact that it attracts so many families. Sons and daughters follow in fathers' and mothers' footsteps; some sisters become physicians, some marry them; and families of brothers find themselves professional colleagues.

The family of osteopathic medicine has always been a very real fact to me—my brother, a practicing D.O., and I used to count up the number of our relatives who were osteopathic physicians and our total came to 18, many of them now deceased. But I always felt that I had an "almost relative" in any part of this country, because there was a D.O. nearby who would know somebody from my family.

This sense of family is evident at NT-SU/TCOM, too. By unofficial count, there are at least 12 "osteopathic brats" on the faculty and staff, children who chose for their career an attachment to the profession of at least one of their parents. Curious about their early reactions and lessons, I asked them to jot down brief personal recollections. Here, then, are their thoughts.

—Judy Alter



Ralph L. Willard, D.O., F.A.C.O.S.
Vice president for medical affairs and
dean; son of Drs. H.B. and Ruth Willard

Ralph Willard

It is almost impossible to boil personal memories into a paragraph or two. From my earliest recollection, I always felt that osteopathic physicians were a special breed. In the town I grew up in, a northeastern Iowa county seat town, the only physicians doing major surgery were the D.O.s, one of whom happened to be my father. The majority of the deliveries were performed by D.O.s, and the only people capable of handling major trauma were D.O.s.

The M.D.s referred all their problem cases to Cedar Rapids, Iowa, 45 miles away. For this reason, it was indelibly stamped in my mind that D.O.s were complete physicians with the courage and ability to take care of almost anything that came to their office.

I also noted that the harder my parents worked and the more osteopathic manipulative treatments that they gave, the better they seemed to feel. From this, I gained the impression that osteopathic manipulation is not only good for the patient, but is also good for the physician administering the treatment.

Continued next page.

Richard Baldwin

The uniqueness of my situation stems primarily from the fact that my osteopathic physician father was also a surgeon practicing in Tulsa, Oklahoma. By the time I was a teenager, the Oklahoma Osteopathic Hospital was a well established community hospital, and my father was removing gallbladders, appendices, uteruses, breasts, etc. as any general surgeon would. I was basically unaware of what osteopathic medicine stood for.

After I was admitted as a student at our Kansas City college, I only gradually became aware of the animosity some people carry for doctor's sons and daughters. After graduating and being in practice a few years, I realized that these people will never give me credit for my own capabilities and efforts because to them I got where I am only because I was Dr. Howard Baldwin's son.

I am extremely proud of my father's efforts toward elevating the profession to its present status. He played a vital role, along with thousands of others, in the 50-year battle to gain equality with the allopathic profession. Because of his efforts, I am now a faculty member at a well-supported state medical school and can take on the challenge for the next 50 years—to show how we are equal but different.



Richard B. Baldwin, D.O.

Acting assistant dean of clinical affairs; son of Dr. Howard Baldwin



T.R. Turner, D.O.

Clinical assistant professor of surgery; son of the late Dr. T. Raymond Turner

T.R. Turner

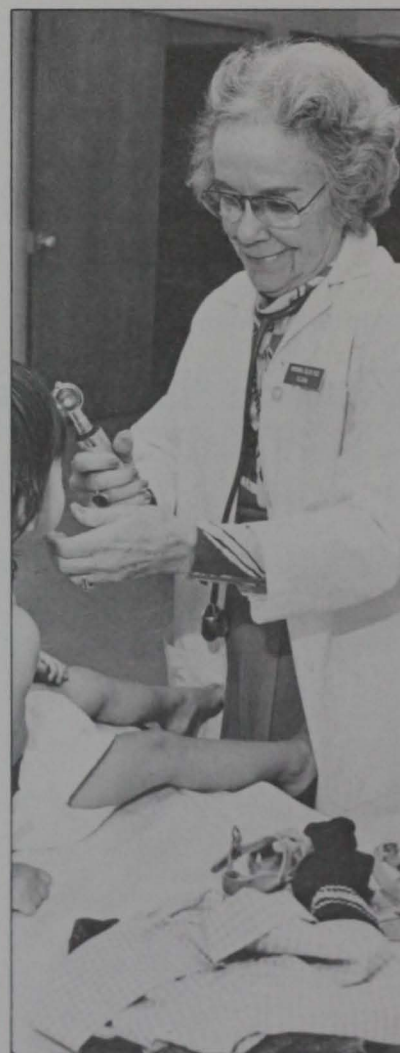
A country doctor's son; a telephone ringing at night; Dad never gets to finish a meal; taking two cars to the movies because Dad has to leave halfway through the movie; the telephone operator trying to find Dad; walking through drifts of snow to open the gates on a house call; Ely Lilly only calls on "real doctors"; picnics at Still-Hildreth Sanitarium (Macon, Missouri); getting to go to the hospital to see patients with Dad; holding a leg while he puts on a cast—under a tree in a front yard.

Seeing an autopsy; winning the Audrain County case; learning how to drive on country roads as fast as a country doctor can; being introduced at state convention as the president's son; going to Kirksville to Teachers College and enjoying the beautiful Kirksville weather; having all the professors know who you are from hearing your dad talk about you; thinking it odd that everyone else doesn't understand what osteopathy is.

Virginia Ellis

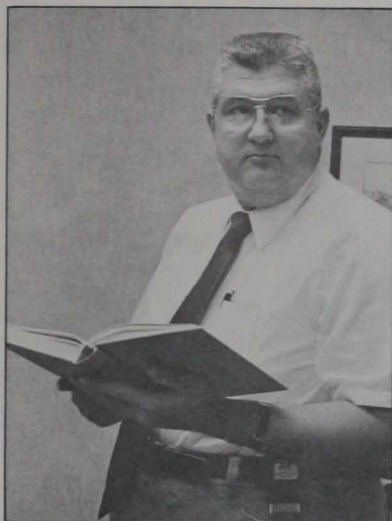
One of the biggest things that made me different from other children was my approach to health and to illness. I knew when I started being sick, but I don't think my friends from allopathic families had the same feel for themselves and their bodies. I think it was an osteopathic way of life.

I remember when I was in college and I went to the infirmary on December 15 and told them I was going to be sick. They looked at me, thought I looked fine and suspected me of thinking they were dummies. What I wanted was for them to send me home but of course they didn't. Sure enough, that night I had a high fever and I ended up spending several days in the infirmary. I was furious! But I could feel that illness coming on.



Virginia Ellis, D.O.

Director of special clinics and professor of pediatrics; daughter of the late Drs. Margaret Matheson Poole and Chester Poole



David L. Bilyea, D.O.

Associate professor of surgery; son of Dr. Cleo Bilyea and the late Dr. George Bilyea

David Bilyea

I think at the outset I must say that my own experience as a child of an osteopathic physician is slightly different because both my parents were osteopathic physicians. A good many of my earliest memories involve the taunts of other children in connection with my father's small hospital and practice. Often the statement was raised "but your father is not a real doctor." This was generally certain to cause a physical confrontation, and in the days when I was younger and the confronters were older, I fought many fights against larger and older boys. I am not sure how my record on those fights came out, but I remember fighting many of them.

As the years went on, I became very proud of my family and their dedication to serving the health needs of people, particularly against the odds of great criticism which were being leveled against osteopathic physicians in those days. I never really knew why the Mineral Springs (Missouri) Osteopathic Hospital had to exist along with the Pike County Hospital, but I knew if it did not exist, my father and mother could not have practiced medicine to the degree and extent that they did.

Then came World War II and most of the "regular physicians" were taken into the Army to care for the GI's going into the service and overseas. This left at home a few older and less well-prepared M.D. physicians and the bulk of the osteopathic physicians who were expected to provide health care for the balance of the population in those hard-pressed days.

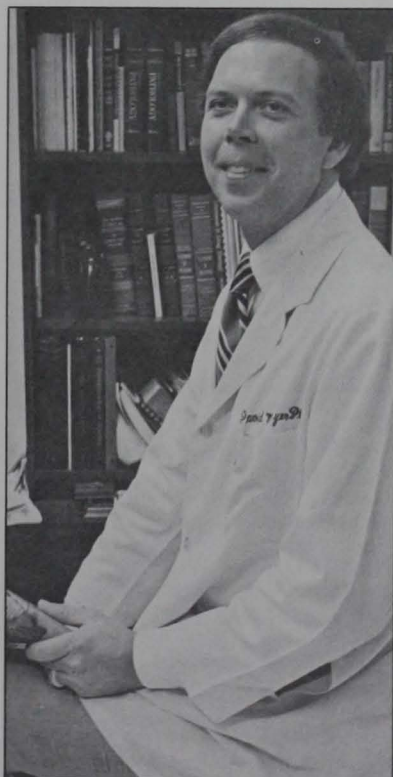
I remember well my father working in his office from early morning until as late as 11 at night during those war years. I remember that my mother put in equally

long hours during those years in his hospital, caring for hospital patients.

Then I recall as I finished school at the Kirksville College of Osteopathic Medicine and took my internship at Grandview Hospital in Milwaukee, that my father's health deteriorated and he was not functioning as well as he should and I thought perhaps his time was limited. I returned home to practice in the same little hospital with him and watched him and developed more and more respect, not for his up-to-date scientific knowledge, but for his knowledge of how to handle sick people; not for his erudite ideas on the origin and cause of disease, but for his practical approach to caring for it.

Then after practicing for 12 long years in association with my father, having him encourage me to go back and take the six years of advanced surgical training that would be required to enter the field which he said he would have jumped at had he the opportunity in the days when he was achieving his training. I'm just glad that my father lived long enough to see me achieve my training and assume the practice for which he personally gave up so much in the twilight of his practice life.

Yes, being the son of two osteopathic physicians is different, but it certainly gives one an appreciation for this profession in which I am embarked.



David Beyer, D.O.

Clinical assistant professor of general and family practice and surgery; son of Dr. R.B. Beyer of Fort Worth

David Beyer

I got my answers down pat early. I'd say "My dad is a D.O." and my definition was always, "Well, it's basically an M.D. with a plus." I geared it to family practice even then, and I always knew this was the route I wanted.

I remember when I was a child and Dad was too late to have dinner with us, he'd pack my brother and me in the car and take us with him on house calls. It was a good time to be with him.



Catherine Carlton, D.O.

Clinical professor of general and family practice; daughter of the late Drs. Charles and Helene Kenney

Catherine Carlton

My parents practiced in Laredo, Texas, during the time when Pancho Villa and his banditos would raid across the border and shoot up the town. They came to Laredo frequently. During those raids my parents would continue to make their house calls. When they were asked if they were afraid to be out on the streets they answered that they were not. They said a bullet could hit them as they went out to empty the trash just as easily. They always continued to do what they were supposed to do.

Drs. Charles and Helene Kenney came to practice in Fort Worth in 1919. In 1920, they entertained the local osteopathic physicians in their home and organized what is now District II, Texas Osteopathic Medical Association.



A guide to new faculty, '78-'79

Seventeen new faculty members have joined NTSU/TCOM for the 1978-79 academic year. Here's a brief look at the new appointees.

Elmer A. Brown, lecturer in rehabilitation/sports medicine, taught at Texas Christian University for 27 years. He holds an M.S. degree from NTSU and has done postgraduate work at the University of Tennessee and the University of Texas at El Paso. Head trainer for the U.S. Olympic team in 1956, he is a former world record holder in track and has been elected to the Hall of Fame for Athletic Trainers.

Phillip Cohen, D.O., assistant professor of medicine, is a 1973 graduate of the College of Osteopathic Medicine and Surgery in Des Moines, Iowa. He took both his internship and residency training in internal medicine at Martin Place Hospital in Detroit and was in private practice at that hospital prior to coming to NTSU/TCOM.

Edward Elko, Ph.D., professor of pharmacology, received his doctorate from the University of Tennessee Medical Units in Memphis and had taught at that school since 1960, with responsibilities for both graduate and professional programs. He is author of numerous papers and abstracts.

Frank Falbey, D.O., is director of medical education/director of clinical clerk education at the Mid Cities Academic Health Center/Grand Prairie Community Hospital and also holds an appointment as associate professor of general and family practice. He was in private practice in Springfield, Pennsylvania, for over 20 years and had just completed a tour of duty with the United States Air Force in Zaragoza, Spain, when he joined NTSU/TCOM.

Noel Funderburk, Ph.D., assistant professor of microbiology, holds a B.S. from Baylor and M.S. and Ph.D. degrees from NTSU. He previously taught at the University of Texas Health Science Center

at San Antonio and was director of microbial pathology at the Audie Murphy V.A. Hospital in San Antonio. Dr. Funderburk has done research at UTHSC-San Antonio, NTSU and at the Johnson Manned Space Center, NASA.

Richard C. Hochberger, D.O., assistant professor of pediatrics, and a 1975 graduate of NTSU/TCOM, is the first alumnus to return to the faculty after residency training in a specialty. His internship and pediatrics residency were taken at Doctors Hospital in Columbus, Ohio, where he was chief pediatric resident.

Constance I. Jenkins, D.O., assistant professor of general and family practice, is a graduate of the Kirksville College of Osteopathic Medicine. She has practiced in Atlanta, Missouri; Franklin and Granbury, Texas, and since 1967 in Fort Worth. Dr. Jenkins has been a member of the voluntary faculty since the early days of TCOM.

John W. Kauzlarich, D.O., assistant professor of rehabilitation/sports medicine, graduated from Kirksville College of Osteopathic Medicine in 1973. He has been in private practice in Florida, and from 1975-78 was director of the Sports Medicine Clinic of Florida in Tampa and team physician to the Tampa Bay Rowdies, professional soccer club.

Irvin M. Korr, Ph.D., professor of medical education, is a well-known osteopathic research scientist. He taught at the Kirksville College of Osteopathic Medicine for 30 years and has recently been at the Michigan State University College of Osteopathic Medicine.

Martin Lowery, D.O., assistant professor of pathology, is a 1967 graduate of Kirksville. He completed his internship at Kirksville Osteopathic Hospital and his pathology residency at Oklahoma Osteopathic Hospital in Tulsa. He took further training at Children's Hospital, University of Pittsburgh, and recently has been director of laboratories at Oak Hill Hospital in Joplin, Missouri.

James R. Marshall, D.O., associate professor of pediatrics, comes to NTSU/TCOM from the department of pediatrics, Baylor College of Medicine in Houston, where he took a two-year fellowship in neonatology. The Fort Worth native was assistant professor of pediatrics at Kirksville and medical director and pediatrics consultant at the Kirksville Regional Center for the Developmentally Disabled before going to Houston.

Matthew J. Maughan, D.O., assistant professor of radiology, is a graduate of the Chicago College of Osteopathic Medicine. He recently completed a residency in radiology at Parkland and Veterans Administration Hospitals in Dallas and was in private practice in Irving for 17 years.

John Measel Jr., Ph.D., assistant professor of microbiology, received his B.A. degree from Henderson State College, an M.A. from East Texas State University and the Ph.D. in microbiology

from the University of Oklahoma in 1970. A former faculty member at the University of New Orleans and Kirksville College of Osteopathic Medicine, he has done post-doctoral study at Purdue University and holds an American Academy of Microbiology Public Health Specialist Certificate.

H. Husain Mumtaz, M.B.B.S., associate professor of medicine, holds medical degrees from King Edward College in Lahore, Pakistan, and the College of Tropical Medicine in London. A member of the Royal College of Physicians of London and the British Medical Association, he has taught in Pakistan, the United Kingdom and the U.S. Since 1970 he has been chief of developmental therapy at the UT Health Science Center in Tyler.

Verney L. Sallee, Ph.D., assistant professor of physiology, graduated from Hardin-Simmons University and received his Ph.D. in physiology from the University of New Mexico in 1970. He was a post-doctoral fellow in the department of internal medicine at the UT Health Science Center in Dallas, and for the past six years has been assistant professor of physiology at that school.

Jay H. Shores, Ph.D., associate professor of medical education, received his doctoral degree in educational systems management and research design from the University of Wisconsin. He has taught at the University of Wisconsin, the University of Mexico and most recently at the University of Houston.

Robert Wordinger, Ph.D., assistant professor of anatomy, is a native of Philadelphia and received his doctorate from Clemson University. Most recently he has been assistant professor of pathology at the University of Arkansas Medical School. Former head of the histology division, National Center for Toxicological Research, he has taught at St. Bonaventure University and was a post-doctoral fellow at the University of Pennsylvania School of Veterinary Medicine.

Also joining the faculty fulltime this fall were five D.O.s who have been serving as part-time faculty members.

Joel Alter, D.O., associate professor of surgery, graduated from Kirksville College of Osteopathic Medicine, where he also did his internship. He took a surgical residency at Fort Worth Osteopathic Hospital and has practiced in Fort Worth since 1968. Clinical coordinator at TCOM in 1969-70, he also was acting chairman of the surgery department for several years.

David L. Bilyea, D.O., associate professor of surgery, attended the Kirksville College of Osteopathic Medicine and practiced in his hometown of Louisiana, Missouri, before moving to Michigan for a residency in general surgery. He also completed a fellowship in pulmonary medicine and has been in practice in Fort Worth since 1970.

Wayne R. English, D.O., chairman and professor of rehabilitation/sports medicine, is a graduate of Franklin and Marshall College and the Philadelphia College of Osteopathic Medicine. He taught at Kirksville for seven years before coming to Fort Worth to practice in 1973.

W.R. Jenkins, D.O., chairman and professor of surgery, is a native of Fort Worth. A graduate of Texas Wesleyan University and Kirksville, he interned in Kirksville and was in general practice before taking a surgical residency at Fort Worth Osteopathic Hospital. He has been in private practice in Fort Worth as a surgeon since 1968 and is on the board of FWOH.

Richard Lynn Powell, D.O., assistant professor of surgery, graduated from the University of Texas at Austin and earned his D.O. degree at the Kansas City College of Osteopathic Medicine in 1971. He interned at Fort Worth Osteopathic Hospital, did his surgical residency at Oklahoma Osteopathic Hospital in Tulsa and has been in private practice in Fort Worth since 1976.

**'There are so many things that
tax money doesn't cover.'**

—Dr. Everett

A firm Foundation

After Carl E. Everett, D.O., was elected president of the newly formed Texas College of Osteopathic Medicine Foundation in October, he quickly assumed the leadership role by donating the first charitable remainder unitrust to benefit the college.

A sizable pledge from Dr. Everett, a \$2,500 gift from Foundation Board member Wayne Stockseth of Corpus Christi and \$10,048.34 which has been held in trust by the North Texas State University Educational Foundation are providing a strong nucleus for an endowment which will perpetually provide income for a variety of NTSU/TCOM programs, explained Dr. Pamela Hillmer, executive director of the Foundation.

At the Foundation Board of Trustees' first meeting on the NTSU/TCOM campus in Fort Worth October 25, other officers elected were Stockseth, vice president; Jay Sandelin, treasurer; and David Beyer, D.O., secretary.

Joining the four officers with three-year appointments on the board are A. M. Willis Jr., Longview, chairman of the NTSU Board of Regents, and H. J. Ranelle, D.O., Fort Worth. Drawing two-year terms were George Luibel, D.O., Fort Worth, and NTSU Regent Hugh Wolfe, Stephenville.

Dr. Everett, a founder of TCOM and one of the three signers of the original charter, served as secretary-treasurer of the private college's board of directors.

Stockseth is chairman of the board and president of Manex Corporation, management consultants. A member of the NTSU/TCOM Dean's Advisory Council, he also is a member of the board of trustees of Corpus Christi Osteopathic

Hospital and was on the board of directors during TCOM's days as a private college.

Sandelin, who is chairman of the Dean's Advisory Council, also was on TCOM's board of directors and currently serves as a director of Fort Worth Osteopathic Hospital, Inc. He is a vice president at Fort Worth National Bank.

Another founder of the college, Dr. Luibel served as chairman of TCOM's board of directors and is a past president of the American Osteopathic Association. He also serves on the board of the NTSU Educational Foundation and will serve as a link between the two philanthropic foundations.

The Board hopes to help TCOM be better in every respect.

Dr. Beyer, nephew of the college's third founder, Dr. D. D. Beyer, and the son of a practicing osteopathic physician, Dr. R. B. Beyer, is a clinical assistant professor of general and family practice at NTSU/TCOM, with a practice in Fort Worth.

Dr. Ranelle, a well-known osteopathic medicine pioneer in Fort Worth, also represents a large osteopathic family. Three of his sons are in practice in the Fort Worth area, a fourth is in his first year

at NTSU/TCOM and a daughter is married to a Houston D.O.

Willis, chairman of the NTSU Board of Regents since 1969 and a member of that board since 1965, has been instrumental in pushing for a TCOM Foundation to provide a means for alumni and other physicians to provide direct support to Texas' only college of osteopathic medicine.

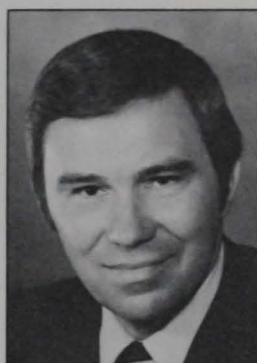
Wolfe, a member of the NTSU Board of Regents since 1971, has served as the governing board's liaison with NTSU/TCOM and is now chairman of the three-man subcommittee appointed by Willis specifically to consider medical school matters which come before the Board of Regents.

Nonvoting members of the TCOM Foundation Board of Trustees are C. C. Nolen, president of NTSU and NTSU/TCOM, and Ralph L. Willard, D.O., vice president for medical affairs and dean of NTSU/TCOM.

The TCOM Foundation, chartered by the State of Texas, is designed to generate a flow of private financial support for the Fort Worth medical school.

"There are so many things that tax money doesn't cover," said Dr. Everett. "The Foundation Board hopes to improve that situation and help TCOM be a better school in every respect."

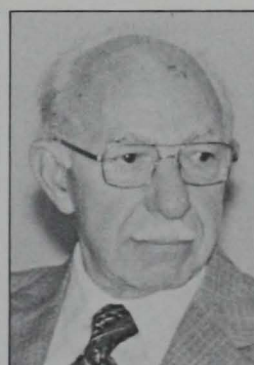
The Foundation's first chairman talked of acquiring land for the campus, recruiting prospective osteopathic physicians and accentuating the role of the osteopathic physician in the healing arts as projects which await the board.



Foundation Board

From left:

Everett
Stockseth
Beyer
Sandelin



Willis
Luibel
Wolfe
Ranelle

Memorials & Contributions

Memorials

In Memory of Horace Emery

Mr. and Mrs. Clark Todd
Carl E. Everett, D.O.
George J. Luibel, D.O.
Elaine and Davie Tyler
Wainruth G. Rahm

In Memory of Luther L. Mills

T. Robert Sharp, D.O.

In Memory of Reginald Platt Jr.

Mrs. Martha L. Clark
Auxiliary, Texas Osteopathic Medical
Association

In Memory of Marjorie Sharp

Dr. and Mrs. H.J. Ranelle
Richard B. and Jacqueline Baldwin
Dr. Robert and Gail Brown
Mr. and Mrs. M.W. Braden
Mr. and Mrs. Kevin Uzzle
Mr. and Mrs. A.F. Boatman

Mrs. Lois Green
Internal Medicine Association
Robert B. Finch, D.O.
Diana Feole
Dr. and Mrs. M.E. Coy
George F. Roberts
Mr. and Mrs. W.G. Taylor
Dean A. Wierman, D.O.
Mr. and Mrs. Doyle Cummings

In Memory of Henry Urbanczyk

M.A. Calabrese, D.O.

In Memory of Mrs. Margaret Owens

T. Robert Sharp, D.O.

In Memory of C.C. Mann

G.P. Flanagan, D.O.
A.S. Wiley, D.O.

In Memory of Roger Dale Pennington

G.P. Flanagan, D.O.
A.S. Wiley, D.O.

In Memory of Mrs. Mary Feole

Mr. and Mrs. T.C. Hooker Sr.
T. Robert Sharp, D.O.

Contributions

Development Fund

William A. Thomas, D.O.
E.C. Kinzie, D.O.
National Osteopathic Foundation
Oklahoma Osteopathic Association
Myron C. Krupp
New Mexico Osteopathic Medical
Association
Allan G. Kalich, D.O.
J.D. Johnson, D.O.

Alumni Fund

Catherine K. Carlton, D.O.

Sharp Library Fund

T. Robert Sharp, D.O.
TCOM Class of 1981

TCOM News
North Texas State University Health Sciences Center/
Texas College of Osteopathic Medicine
Camp Bowie at Montgomery
Fort Worth, Texas 76107

NON-PROFIT
ORGANIZATION
U.S. POSTAGE
PAID
Fort Worth, Texas
Permit 798



Fort Worth in February

The perfect time— before Boston, after Houston !

First Annual Cowtown Marathon

February 17, 1979

Pre-race seminar: "Running— Medical Aspects"

February 16, 1979

Sponsored by
The Fort Worth National Bank and
Institute for Human Fitness
North Texas State University Health Sciences Center/
Texas College of Osteopathic Medicine

write for details
Dr. Robert Kaman
NTSU/TCOM
Camp Bowie at Montgomery
Fort Worth, Texas 76107
817/338-1175