

TEXAS OSTEOPATHIC PHYSICIANS JOURNAL



The Shriner Clinic in Bowie, a rock and masonry structure with southwest landscaping (top photo) is practically maintenance free, according to Dr. M. Lee Shriner, shown (center) in his private office in the clinic. The bottom picture shows one view of the large attractive reception room in the clinic.

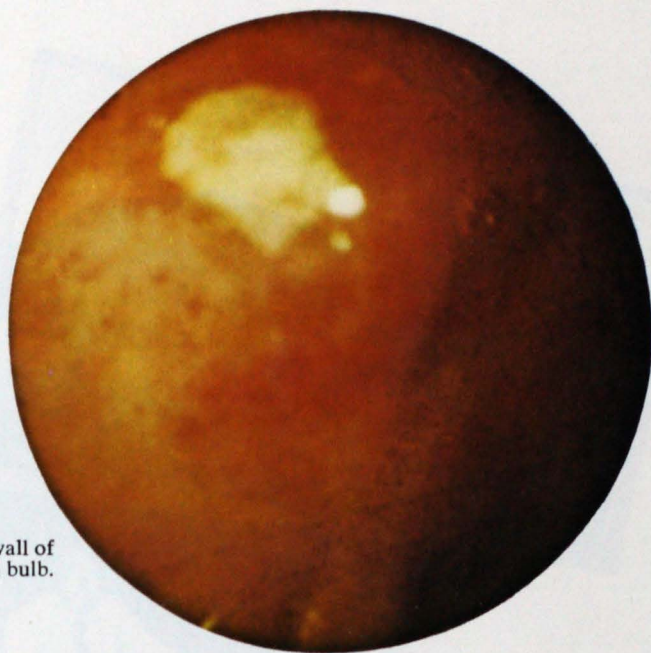
The ulcer that x-ray couldn't find



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.

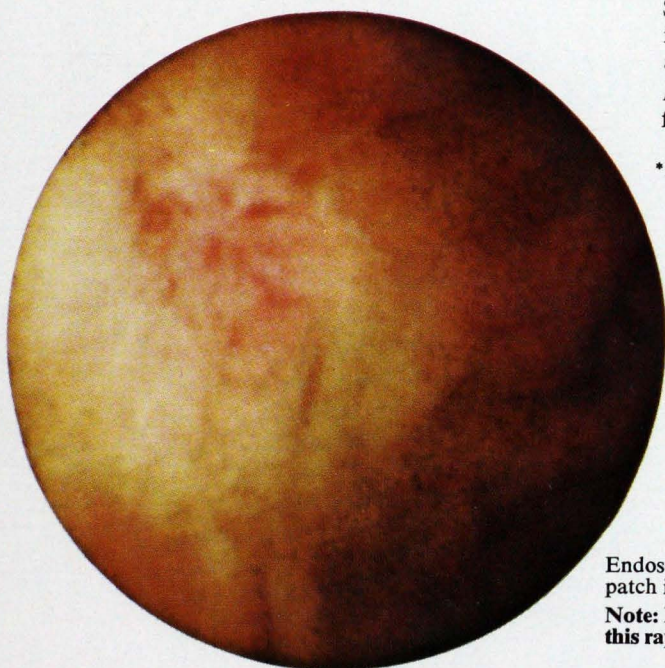
Precautions: In elderly and debilitated, limit dosage to smallest effective amount to preclude development of ataxia, oversedation or confusion (not more than two capsules per day initially; increase gradually as needed and tolerated). Though generally not recommended, if combination therapy with other 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[®]

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[®] (chlordiazepoxide HCl) and the anticholinergic action of Quarzan[®] (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 \overline{ii} 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 \overline{i} 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

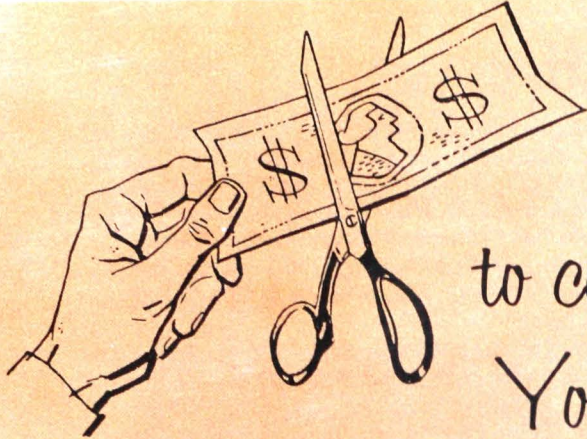
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Rx: Librax #100 for follow-up therapy—this prescription for 2 to 3 weeks' medication can help maintain patient gains while permitting less frequent visits.



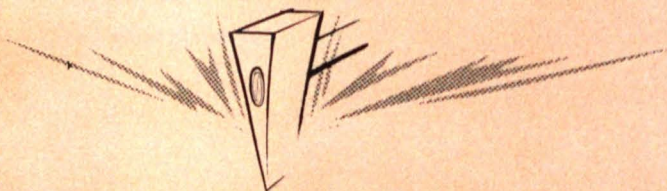
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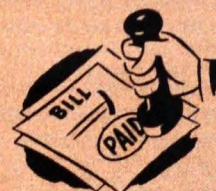
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TEXAS OSTEOPATHIC PHYSICIANS JOURNAL

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Mr. Tex Roberts, Editor

SHRINER CLINIC RATES

RAVE NOTICES

FROM YE EDITOR

by Tex Roberts

In my work with the osteopathic profession, which covers a period of more than ten years, I have visited several hundred doctors' offices, clinics and hospitals. In general, I found them to be well equipped, functional and with a pleasant atmosphere. Some of them, especially the newer ones, are beautifully decorated.

Then early in August I finally saw the completed clinic built by Dr. M. Lee Shriner in Bowie. To say that it is impressive is an understatement. It has to rate among the best in the country for beauty, as well as equipment.

Although Dr. Shriner had some architectural advice, the building was essentially designed by him. After four years of practice in cramped, unsatisfactory quarters he gained considerable knowledge of how to overcome the deficiencies he had endured in a crowded, under-equipped office.

He enjoys pointing out the innovations he has included in his new structure, but is quick to admit that several ideas he has incorporated into it are some he picked up from visiting other D.O. offices.

He showed us his clinic from back to front, rather than bringing us in to the most impressive reception area we have seen anywhere. One view of this large room is shown on the cover — a second one on the opposite page. And all of these pictures should certainly be printed in color to really depict the outstanding decor of the entire clinic.

Entering the back (or side) door, you view the wide hallway stretching to the door of the reception room, and the wide doors, planned by Dr. Shriner for ease of manipulation for stretchers and wheelchairs, and you get an idea of what to expect. The hallway is carpeted in a soft blue pattern and the wall treatment harmonizes with the carpeting.



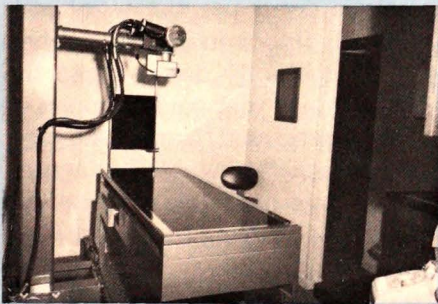
The first door to the left (entering from the rear) opens into an excellently equipped emergency room (below), while if you turn to the first door to the right, you will find Dr. Shriner's private office, which also has a blue color scheme and walnut panelled walls. (Cover photo center).



Except for the emergency room, the building is carpeted throughout, and each room has its own distinctive color scheme. For instance, if a treatment room is done in green, even the treatment table is covered in the same color; the carpet is green, along with the walls, and Dr. Shriner has chosen fine paintings for each room that enhance the decor.



Statistically the clinic contains 3,000 square feet of floor space and includes six treatment rooms, a completely equipped X-Ray room, a drug dispensary and an office, in addition to the emergency room, Dr. Shriner's private office and the reception area. It is also equipped with three restrooms and a smaller waiting room near the center of the building; a room that is also used by Dr. Shriner for eye testing.



X-Ray Facility



Drug Dispensary

Because the clinic is located across the street from the Bowie Memorial Hospital, of which Dr. Shriner is a staff member, he finds he can use his time much more advantageously, and he is readily available to his hospitalized patients in case of emergency.

The only D.O. in Bowie at present, Dr. Shriner did not encounter easy acceptance in the medical community as a physician whose signature did not include M.D. This did not work too much of a hardship on him as long as the hospital at St. Jo,

23 miles from Bowie, remained open. However, when that facility closed he desperately needed a hospital closer than Fort Worth in which to treat his patients.

The voluminous files in TOMA's State Office concerning Dr. Shriner's efforts for admittance to the Bowie hospital staff bear the tabs, "Bowie Case", and has become the criteria for other D.O.s in the State who find themselves in the same situation as did Dr. Shriner — no hospital in which to practice and hundreds of families depending on them for their total health care.

Because Bowie Memorial is a municipal hospital district, it is tax-supported — by patients of all physicians, regardless of their school of medicine. And because it is supported by tax monies, a number of citizens of Bowie, believing that discrimination against Dr. Shriner, a physician of proven ability, was unfair, formed a "Concerned Citizens Committee" for the express purpose of aiding Dr. Shriner in his suit to gain staff privileges in *their* hospital.

When Dr. Shriner called on TOMA for advice and any aid that the Association could lend within its policy structure, the Executive Director met with the Bowie Concerned Citizens Committee on several occasions, answering questions and advising the committee members on actions that could be taken.

The TOMA Board of Trustees concurred with the methods used in this case. Although Dr. Shriner had already entered a court suit against the hospital board, the Citizens Committee raised money for a class action suit to insure that fair treatment was accorded a competent, well-trained Doctor of Osteopathy who had passed the same examination for licensure of a physician in Texas as had the M.D.s who were practicing in Bowie at that time.

On October 22, 1970, while court action was still pending, Dr. Shriner was admitted to the staff by the hospital authority governing board.

Although it would be financially impossible for the Association to enter into each such situation where a D.O. cannot obtain hospital privi-

leges, strictly for the reason that he does not have an M.D. degree, the "Bowie Case" made waves and more and more hospitals in Texas have now become joint staff facilities.

In the November 1970 issue of this *Journal* it was reported that with Dr. Shriner's admittance to the Bowie hospital staff, the number of joint staff hospitals in Texas had reached 14. As of this summer, the count is now 64.

Through public relations and education, the citizens of Texas have become aware of the qualifications of doctors of osteopathy, their concepts and principles, and armed with such knowledge, Texans have become involved — lay people who may or may not be patients of D.O.s. They are simply people who are interested in fairness, and who are perhaps averse to one school of medicine holding a monopoly over the health care of the people in Texas.

On our visit to Dr. Shriner in August, he asked if it might be a good idea to invite his District (XV) to meet at the Bowie Country Club. We encouraged him to extend the invitation and to include on the agenda a tour of his clinic.

In our opinion, any doctor would be impressed with the Shriner Clinic. Whether you attend a District meeting there or are just driving through Bowie, it will be well worth it to spend a little time touring this splendid addition to D.O. facilities in Texas.



Acceptance of a D.O. on a heretofore strictly M.D. staff was not accomplished over night. However now M.D.s and D.O.s are working together to constantly improve the delivery of health care in the Bowie area. ▲



Let's Talk It Over

by T. T. McGrath, D.O.

Some articles in past issues of the TOMA Journal have been concerned with the necessity of good communications — communications with our fellow practitioners, the legal profession, insurance companies, and lay people working in our hospitals and clinics.

Looking back I feel that one very important aspect of communication was not adequately emphasized and I would like to talk about that at this time.

"Let's talk it over" — and I am thinking now of our patients and their families. This not only applies in surgery, but with the management program of any aspect of good medicine and surgery. We should talk to and remind the patient that whatever is done surgically or medically in treating a serious situation can never make the patient as well or better off than he was before the incident developed.

There may be some minor exceptions such as anomalies and deformities, but as far as trauma and illness are concerned, most certainly these incidents leave their mark, and in spite of the wonderful acts of nature, injured parts can never be restored to a state of perfection.

A good example of this is when we have talked to patients to get a history and they frequently say something such as "Ever since my surgery I have had this limp", or "Since my operation I've had this discomfort."

Now I talk this over a little with the patient, and I usually approach the situation in a way not to be antagonistic nor angry, but say, "Now little lady, let's look back at the situation as it developed. The truth of the matter is, you should say that you have never been the same since you were injured or since you became ill. You see, it is the illness and the injury that causes the majority of these problems and not the surgery. The surgery or the medical treatment was carried out to lessen your disability and perhaps to save your life, so it really wasn't the surgery or the hospital that created these problems. It is a problem that was developed by the various factors that caused you to go to the doctor in the first place."

"Let's talk it over" with the patient and with the family about the factors of expense, possible complications, and possible dangers. Now this is a double-edged sword. You can be criticized and possibly found guilty of malpractice (let's don't use the word malpractice, let's use the words "poor judgment") when you go into such gory and bloody details as to the anatomy and the various things that could happen to the patient from an anesthetic and from a surgery, even to the point of becoming a "vegetable" or actually dying. I am afraid if this approach was made to me, it would make me want to back up and run rather than to consent to treatment.

But instead of painting such a black picture and scaring the patient to the point of hysteria, let's discuss the generalities relative to the type of anesthetic that is used and some of the complications that might arise. There is nothing wrong with stating to people who want to know or those you feel should know, certain basic facts.

We are all acquainted with the accidents that happen sometime when even a tooth is extracted, or a tonsillectomy is performed, or other minor operative procedures where anesthesia, either local or general, is utilized. These problems might be briefly cited, at the same time explaining or emphasizing that you can't make them as good as new or as good as they were before the operation was performed or before the accident requiring the surgery took place.

I think in this category of communication, one might say if he were in the same situation or had the same problem that this is what he would do, or this is the type of anesthetic he would have. At the same time, if the patient has any questions — and I think you should ask them if they do have any other questions — try to answer them. If they go into detail — asking if you have ever had complications about this, that, or the other, I think you should answer truthfully. And although maybe you haven't had any ill experience with certain procedures, the facts are that there is always that possibility, and that you have

heard of other doctors having these problems.

I believe this is about as far as you should go, because, as I say, you can go to extremes in this type of situation, and extremes in anything have their ill effects.

After the procedure has been completed, or after the operation is over, make it a point to discuss the matters with the family, with the understanding that this is what your patient would want you to do. Then there is a limit to whom you can talk about the operative procedure, because a lot of this is privileged information.

In most instances, to the family or the loved ones waiting in the waiting room to find out about the operation, just speak in generalities, such as "the patient tolerated the procedure well and will probably be in the recovery room for an hour or two". Avoid going into the details of the operation and of the findings. Reserve that for the patient and his immediate family.

Talk it over with your patient relative to the treatment. For example, cervical traction applied to the average cervical-dorsal sprain certainly doesn't feel good. I think a few comments are necessary relative to the fact that this treatment is being given to prevent disability later on in life, and that most likely it will not make him feel better now and may well make him feel worse, but medications and other treatment will be given to make him comfortable. Then if the treatment does make it worse, or he doesn't seem to be getting any better, he will keep in mind his doctor has something in mind other than just giving him immediate relief.

If it was just relief that you were interested in, you would give him an injection of morphine. Thus a little conversation helps frequently in the patient's accepting the type of treatment given.

There is a great deal more that could be said about this aspect of our patient relationship situation, but let me close this article with the statement, "Let's talk it over with our office help and with our nursing staff."

Here is where the opposite philosophy applies, and that is that the nurses and lay people who are in contact with your patient should say very little about the medical and surgical program, and certainly should avoid joking, laughing, and just ordinary gossiping with or in front of the patient. This holds especially true for people in the operating room as to what they say and do while the patient is being anesthetized and while he is being operated on.

Any conversation may register and infringe on the subconscious mind of the patient while he is going under anesthesia or while he is under anesthesia. Conversation has its place and there are certain times when things should be said and other times when things should not be said. ▲

Notice of Examination

The next examination of the Texas State Board of Examiners in the Basic Sciences has been set for Friday and Saturday, October 12-13, 1973 in Houston and Galveston.

Details as to time and place may be obtained by writing to the Executive Secretary at 1012 Sam Houston State Office Building, 201 East 14th Street, Austin, Texas 78701.

Applications for the October examination must be complete and in this office by September 14, 1973 and all necessary information and documents required of examinees by the Board must be completed and in the applicant's file by that date. Those interested in participating in this examination should act immediately.

It should be noted that the certificate which is acquired by examination is the only one which is valid for reciprocity with other state basic science boards. The Texas Basic Science Board has reciprocity with the following states: Alabama, Arkansas, Colorado, Minnesota, Nebraska, Nevada, Oklahoma, South Dakota, Tennessee, Washington and Wisconsin.▲

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DRS. SAM AND MARILLE SPARKS TO BE HONORED AT DINNER SEPTEMBER 8



Dr. John C. Taylor, president of the American Osteopathic Association, has accepted an invitation to attend a testimonial dinner on September 8 to honor Drs. Sam and Marille Sparks, announced Dr. Joseph M. Dubin, chief of staff of the East Town Osteopathic Hospital, Dallas.

Other distinguished guests will include Dr. John H. Boyd, Silverton physician who is president of the Texas Osteopathic Medical Association. Dr. Boyd practiced in Louise before moving to the Panhandle community in 1971.

Drs. Sparks, long-time proponents of osteopathic education, were in-

strumental in the staff's decision to select the scholarship fund at Texas College of Osteopathic Medicine to receive proceeds from the \$25 per plate reception-dinner at the Sheraton Dallas Hotel, said Dr. Dubin.

Dr. Taylor, who assumed the helm of the osteopathic profession during the July meeting of the AOA board of trustees, is a Kansas City general practitioner. He was graduated from Kansas City College of Osteopathic Medicine in 1950.

Mr. Manuel DeBusk, Dallas attorney and board chairman of East Town Osteopathic Hospital, will be master of ceremonies. He has announced the program theme will be based on "This is Your Life."

On Sunday, September 9 the new East Town Professional Building, adjacent to the hospital located at 7525 Scyene Road, will be dedicated beginning at 2 p.m., Mr. DeBusk said. ▲

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For almost a hundred years the Constitution of the state of Texas has provided that "the Legislature may pass laws prescribing the qualifications of practitioners of medicine in this state, and to punish persons for malpractice, but no preference shall ever be given by law to any schools of medicine."

TOMA has issued directives over the years to elected and staff officers, committee chairmen and committeemen, and members to maintain constant vigil in support of retention of this provision in the State Constitution.

The Medical Jurisprudence Committee, officers, staff and members have been active this summer in appearances before the Texas Constitutional Revision Commission and in contacts with individual legislators and members of the Commission.

The General Provision Subcommittee of the Commission is divided in its recommendation as

to whether a revised State Constitution would include the provision prohibiting preference being given any school of medicine. The Commission as a whole will present its version of a revised Constitution to the Constitutional Convention shortly after the first of January, 1974. The State Legislature convenes at that point as a Constitutional Convention.

Each member of TOMA received a memo and a booklet, giving the names of the members of the Commission, and D.O.s are urged to continue their contacts in support of TOMA's official position, and report results of these contacts to the State Office and the Medical Jurisprudence Committee.

At a recent meeting in Austin, top officers of TMA and their attorney stated that they too are officially in support of retention of the provision in the Constitution and that they had presented briefs in support of the retention. ▲

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Georgia Court Rules D.O. Must Identify Degree

A three-judge federal court in Atlanta has upheld as valid a Georgia statute requiring physicians to identify themselves only by their earned degrees.

The court ruled as a result of action brought by Richard T. Oliver, D.O. (KCCOM '60). A similar statute prevails in Texas.

Since there was no right to hold himself out as an M.D., the court also held that Dr. Oliver was not deprived of any right or property without due process of law. The court said that the state is legitimately interested in assuring that the public have at least some of the information necessary to make an informed judgment in choosing a physician.

"The court finds that there are meaningful distinctions between D.O.s and M.D.s. In this connection it should be quite clear that in so finding the court does not make any judgment as to the relative merits of osteopathy and allopathy . . . the evidence presented to us indicates that recent graduates from osteopathic schools are on the whole equally as qualified as graduates of allopathic schools. This is the official position of the American Medical Association. The position of the American Osteopathic Association is that osteopathic education is in some respects superior to allopathic, that D.O.s make a distinct contribution to medicine in this country and that osteopathy should not, for those reasons, be merged into allopathic."

However, the court said, "there was merit to Dr. Oliver's claim that foreign medical graduates who had not received M.D. degrees from their institutions were being treated more 'favorably' than he, since the licensing board inscribed M.D. on their certificates . . . the state cannot differentiate between two qualified physicians who have *not* earned an M.D. degree and allow one to parade under an honored M.D. degree while refusing to allow the other to do so.

The state has failed to show the court any reasonable basis for its differing treatment of foreign-trained physicians and D.O.s.

"The two are similarly situated; without a rational basis for distinction, the state's differing treatment of foreign-trained physicians and D.O.s is arbitrary and in violation of the equal protection clause."

The Georgia Board of Medical Examiners is expected to enforce the statutes which the court upheld and change the degree designation on the licenses of those foreign graduates who did not receive M.D. degrees from their foreign institutions.

The court's opinion was thoughtful and well reasoned. It commenced with the observation that "consideration of this case has proved to be an educational experience for the court." It offered some gratuitous advice to the profession concerning the subject of osteopathic identification and the fact that at least in Georgia it appeared that most adults are not familiar with what the term "D.O." means. The court said that "the fact that many people in Georgia are ignorant of the meaning and qualifications of D.O.s is not fault of the state or the defendant.

"This is a problem of public relations which must be overcome by the D.O.s themselves and their organization, the AOA. If osteopathy is to remain a separate branch of medical science, as the AOA wishes, then it seems that osteopathic physicians need to educate the public to their qualifications and training," concluded the court.

CALENDAR OF EVENTS

SEPTEMBER

Presidential Visit
District III
Tyler
September 15

OCTOBER

TOMA Board Meeting
State Office
October 5
2:00 p.m.

46th Annual Clinical Assembly
of Osteopathic Specialists
October 7 - 11

Texas State Board of Medical
Examinations in the Basic Sciences
Houston and Galveston
October 12-13

AOHA & ACOHA
39th Annual Convention
October 15
Las Vegas, Nevada

AOA Convention
October 28 - November 1
New Orleans, Louisiana

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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

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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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TOMA Delegates Report on AOA House Meeting

BY ROBERT G. HAMAN, D.O. AND
DAVID R. ARMBRUSTER, D.O.

As this year's chairmen of delegates from Texas to the AOA House Meeting in Boston, Massachusetts, we are happy to report that we are proud to be a part of such a fine team of loyal hard working members from our State. This group worked very closely on all issues and we experienced open conversation with members of the AOA Board concerning their activities. Dr. Smith and Dr. Luibel were most cooperative in this respect and we appreciated their advice and counsel.

We called a breakfast meeting each morning to discuss the issues from the day before and to make plans for the activities of the upcoming day. There were several other meetings called at various hours of the day and night with excellent attendance. Dr. Ganz, Dr. Luibel and Dr. Coy sat in on some of these meetings as consultants and were most helpful.

We feel that AOA represents all of our profession very well and considerations were given to many major issues that will be covered in detail by other members of the delegation.

In summary, this was a very successful meeting and it was certainly a pleasure to be a part of this hard working team of D.O.s from Texas. We felt that the success and the total cooperation of all members was a reflection of the unity that was expressed from our own House of Delegates in Texas this last May at Houston.

We would like to take this opportunity to thank all Texas representatives, that were present in Boston, for their usual good counsel and guidance as we represented Texas in a most professional and productive manner.



Texas delegates (l. to r.) Claude H. Lewis, H. Eugene Brown, John H. Boyd, Bobby G. Smith, Clifford E. Dickey (1st alternate), Robert G. Haman, Ronald H. Owens, David R. Armbruster and John H. Burnett.

BY BOBBY G. SMITH, D.O.

The AOA financial picture has been somewhat distressed over the past few years. While this report will contain some good news, it will also contain some bad news.

As you know, your Association has experienced some recent deficit spending. The good news is that the House of Delegates passed a balanced budget with some \$400.00 excess. The AOA Board and its Bureau of Finance spent many hours in working with the budget in an attempt to balance the budget. The dues raise of last year has helped the financial picture considerably. However, I believe that we are going to have to reappraise our activities and establish certain priorities in managing our finances.

Many programs had to be cut drastically for the coming year. This was necessary in order to stop the negative flow.

I believe that our Association can maintain a strong financial picture if we continue close scrutiny of the spending as well as the income.

BY C. E. DICKEY, D.O.

The business of this year's meeting was conducted with unusual orderliness. The assignments to the various reference committees were given to all delegates in printed form, thus saving time and confusion. The credit for the manner in which business was conducted must go to Speaker Dr. Sam Ganz. I heard several favorable comments in this regard by delegates from other states.

For several years problems peculiar to states with relatively small numbers of Osteopathic physicians have been brought to the attention of the House of Delegates. This year was no exception. Previous House actions have resulted in policy decisions which some small states have disliked. These problems are multiple and a solution has not been effected. More time was spent in reference committees and in floor discussion on these issues than on any other problem. In an attempt to give matters full consideration the House of Delegates declared that a joint committee be appointed, composed of members of the House of Delegates and the AOA Board of Trustees, to study these problems and bring recommendations to the next House of Delegates meeting.

Your Texas Delegation to the 1973 House of Delegates was instructed by the TOMA House of Delegates to work for the re-election of Dr. George Luibel to the Board of Trustees of the AOA and of Dr. Sam Ganz for Speaker of the House of AOA. Through the efforts of Dr. Robert Haman, Delegation Chairman, this action was made known in writing to all other delegations. Both these objectives were achieved. There is no doubt that the statewide support in Texas of these men for re-election had a favorable impact. For your consideration, I offer the suggestion that similar actions in the future might be of real value.

Assignments of specific topics have been made to other members of the Texas Delegation to this meeting. Their reports will cover these matters in detail.

TOMA Delegates Report

BY H. EUGENE BROWN, D.O.

Professional Affairs Reference Committee

This committee was chaired by Joseph L. Namey who handled the Professional Affairs Reference Committee very well and the subjects to cover. Two resolutions regarding the American Academy of Osteopathy being encouraged to develop their objectives and being better incorporated into the disciplines and a continuing committee to look into certification in this area was approved. The AOA Bureau of Comprehensive Health Care was discontinued since many of its functions are being taken care of in other areas.

The definition of Osteopathic Continuing Medical Education was amended so that credit could be obtained at an AOA approved Osteopathic Education Course, if at least half of the faculty of said programs be Osteopathic physicians or members of Osteopathic college faculties or staff members of the AOA approved teaching hospitals.

The committee on Veteran's Affairs was discontinued since most of this operation has been taken over by the Washington Office.

There was also a resolution adopted that permits osteopathic hospitals a plan whereby interns are allowed to spend a portion of their internship directly involved in the office of a general practitioner. This would be referred to the Post Doctoral Committee for implementation.

Another resolution was passed that the American Osteopathic Association recognize the endeavors of and commend the Professional Mutual Insurance Company for its service as an underwriter of professional liability (malpractice) insurance for osteopathic physicians.

It was recommended to the colleges and the Bureau of Professional Education that each approved osteopathic college have a teaching department of general practice. In an explanatory statement it was noted that there were two osteopathic colleges with established departments of general practice that might be used as models. Also, regarding insurance, another resolution was passed that suggested that the AOA review its criteria of approval officially of insurance companies as malpractice carriers.

Some of the resolutions denied, but that notes should be made of, were that there be speciality group representation Committee on a percentage basis of tion Committee in a percentage basis of the number of specialists in each group in the osteopathic profession. It was felt that this would probably create at least a 50 to

70 member committee and would be too unwieldy and would be unable to function.

Washington presented resolutions to limit service on the Board of Trustees to six years. However, since the President is a member of the Board of Trustees this meant that he would have to be elected President in his first term on the Board or serve no longer than three one year Vice-Presidencies. Otherwise, he would have to resign in either his Presidential or past president years. We felt that this was unworkable and it was denied.

An Interdepartmental Council of Osteopathy and Osteopathic Colleges was recommended, however, it was felt that this was already policy and this would just create another department in which the activities should already be taking place. A department of general practice was recommended in accredited hospitals, but the committee felt that since no other departments are required for smaller hospitals that this would just increase the paper work and add more difficulty to accreditation and this was denied.

The House of Delegates under the usual able leadership of Samuel Ganz performed its work in a very organized manner with little difficulty of bogging down in detail. It was my impression that this has been one of the best functioning Houses that this Delegate has had the opportunity to attend.

Any further details or more specific report on this meeting can be found in the Minutes which will be published in the AOA Journal or in areas regarding this Reference Committee. Inquiries to Dr. Brown will result in answers to any individual questions.

BY RONALD H. OWENS, D.O.

The 1972-73 AOA House Reference Committee on Public Affairs was a very dynamic and active session which required considerable night and day attendance and study on the issues, as well as on the opinions of individuals from many states.

I would like to personally thank Dr. Samuel B. Ganz for appointing me to such an interesting and challenging committee in the 1972-73 AOA House of Delegates.

Of the eight resolutions considered by the committee, the most important ones related to PSRO and membership in a county medical society.

Having listened carefully and talked individually with Raymond J. Saloom, D.O., president of the Pennsylvania Osteopathic

Association and the only D.O. on the National PSRO Council, and Jose L. Garcia Oller, M.D., of New Orleans, who violently opposes PSRO, it was my personal opinion that we should support the Professional Standards Review Organization (PSRO) provision of Public Law 92-603. The House voted to support PSRO.

Dr. Saloom, who is also chairman of the policy committee of the National PSRO Council appointed by the Secretary of HEW, stated to the House:

"I think that if our physicians move in with the Bennett amendment and hold them to the letter of the law on quality of care, that the PSROs must accept the judgment of the individual utilization committees in the individual hospitals, as long as they stay within the norms as determined in their regional area.

"I feel that under the Bennett amendment that if we as physicians participate in a militant manner that we will not become rubber stamps but we can take this fiscal review from the government back and give it back to the physicians and I don't think that we have it now.

"Certainly we need computers to screen those cases that fall outside the norms. I feel that the physicians should be the ones to put this into the computer. True peer review is by the physicians in my own hospitals and the people that know me personally. Once we get to this point, I think the hospitals should be given justification (full information) why they are outside the norms.

"I recommend to my people that since we have the law that we should abide by that law as best we can until there can be some method of repeal. I am not against, if people feel this is a bad law, people going through the proper channels to try to repeal this law.

"I do not want to see my physicians refuse to comply with the law because I personally believe that the government doesn't care.

"I would like to ask that the people here support the PSRO regulations until such time as there is a repeal", concluded Dr. Saloom.

In considering the resolution from Washington Osteopathic Medical Association, the House reaffirmed its policy prohibiting D.O. membership in a county medical society.

A joint Board and House study committee was appointed to study resolving the interrelationship policies at state and county levels.

TOMA Delegates Report

BY JOHN H. BOYD, D.O. AND
CLAUDE H. LEWIS, D.O.

Resolutions concerning acupuncture's relative values for osteopathic manipulative therapy, physicians' unions, and governmental interference in medical practice were referred to the Ad Hoc Reference Committee of the House of Delegates, (Dr. James L. Rowland, Chairman) for hearings and discussion. In addition to views of committee members, testimony of about twelve delegates was heard on various aspects of the resolutions on the committee calendar.

Resolutions reported favorably or as amended and passed by the House of Delegates are summarized as follows:

- A. Acupuncture: Whereas, the osteopathic school of medicine is not limited in the use of any beneficial modality; be it resolved that the American Osteopathic Association go on record as favoring continuing study, evaluation and research under the auspices of a recognized affiliate of the AOA.
- B. Control of Drugs and Modalities: A resolution was recommended and adopted that the AOA oppose action by any government agency to remove any drugs or modalities from ethical use by licensed physicians. It was further resolved that the House of Delegates of the AOA request these governmental agencies to consult with the profession as to the therapeutic effect of drugs and modalities of treatment in question and to seek the profession's assistance in whatever controls are deemed necessary. A copy of this resolution is to be published in *The D.O.* and *The Journal of the AOA* and a copy forwarded to the appropriate governmental agencies.
- C. Physicians Union Movement and Position Statement: It was generally felt that the existence of a physician's union would be detrimental to the doctor-patient relationship and ultimately to the Osteopathic Association. It was recommended that the AOA appoint a special committee to study the feasibility of developing an organization affiliated with the AOA and having the purpose of interfacing on a day-to-day basis with federal and state governments and third party health insurance carriers in behalf of osteopathic physician members; such committee to report back to the House of Delegates at the next meeting.

- D. Establishment of Relative Value for Osteopathic Manipulative Therapy: A resolution was passed to establish "A relative value for Osteopathic Manipulative Therapy" with a specific conversion formula to be determined by the AOA and incorporated into a Current Procedural Terminology coding mechanism. This information is to be distributed to all AOA members for their anticipated use.

The Texas resolution on amphetamines and governmental interference was combined with a similar resolution proposed by Oklahoma. A watered version recommended by the Board of Trustees was not accepted by the committee or the House.

The resolution on establishing a relative value for Osteopathic Manipulative Therapy was modified in committee to avoid binding component societies to a value of less than one.

A resolution recommended by the Board of Trustees against legislation compelling physicians to perform procedures contrary to their moral, religious or ethical beliefs was discussed. The committee recommended that this resolution not be considered by the House and this recommendation was accepted.

BY JOHN H. BURNETT, D.O.

Convening in historic Boston, Massachusetts, the AOA House of Delegates conducted its meeting in an orderly and brisk, business-like manner. Approximately 37 states were represented by 134 delegates. Of this number, 29 were freshmen members. Observing this House in action reinforced our conviction that the AOA is alive and well and fulfilling its responsibility entrusted by the public and profession. Reflecting on this session, the Texas delegation functioned as a team with a friendly, democratic mood prevailing. This welcomed atmosphere must be credited to the fair and nonpartisan leadership exhibited by Chairmen Haman and Armbruster. Texas truly 'stood tall' with other delegations.

The Bureau of Insurance reported to the House on the claims and underwriting problems. In the field of professional liability, the carrier's statisticians noted that a case in Texas was closed for a total cost of \$124,359 and one in Michigan for \$148,676. Pennsylvania had new high reserve cases for \$115,750; \$103,000; \$100,000 and \$50,000. A case in Ohio was closed for \$83,959. Cases reported against the program increased from 434 in 1971 to 541 in 1972!

The Professional Mutual Insurance Company was recognized and commended

by the House for its services as an underwriter of professional liability insurance for members of the association. This 14 year old Osteopathic financed and operated company has assets of \$2,177,709.00.

Now in its third year, the *Professional Overhead Expense Disability Program* is carried with Occidental Life Insurance Company of California. Effective June 1, 1973, the following improvements in the program were implemented:

1. Waiver of premium following 90 days of continuous total disability.
2. A \$3,000 monthly benefit, as compared to a previous \$2,000.
3. Unlimited participation with other carriers, as compared to a previous participation limit of \$2,500 per month.
4. Coverage for any injury sustained while the insured is acting as an aircraft pilot, or crew member.

Benefits are payable during the insured's total disability until an amount equal to 18 times the monthly benefit selected has been paid.

The *Group Accident and Sickness Program* has a five-year benefit period when totally disabled from sickness. A rate adjustment became necessary in the Basic Income Protection Plan, because of a high loss ratio (95%) in 1971. To avoid the premium increase, many members accepted a longer waiting period of 30, 60 or 90 days.

The *Group Life Insurance Program* now has 1,459 members insured with Occidental Life. This includes 120 students, 35 members with Group Ordinary Life Insurance and 188 members with coverage in states where Group Life Insurance is not available. As of May 31, 1973, 17 deaths have been reported with a total loss of \$179,500.

One hundred seventy-six wives of members now have insurance in the NettleShip program. This coverage now may continue to age 65 as compared to the previous termination of age 60.

An invitational luncheon was held by representatives of Smith, Kline and French Laboratories for the purpose of disseminating information on recent actions by the Food and Drug Administration. It was cited that the physician's right to prescribe certain well-known formulated cough and allergy drugs will soon be terminated. These combination drugs were classified on the basis of pharmacological action as antitussive, expectorant, decongestant, or antihistamine.

The sinister idea projected by the speaker, knowledgeable in Federal bureaucracy, was that this is one of the initial steps in a deliberate scheme to limit the physician to diagnosing and relegating prescribing to the pharmacist.

Members adjourned from the meeting with a better informed, but pessimistic outlook for the future role of physician health care providers. ▲

In Memoriam

Dr. G. Bob Sollock

Dr. G. Bob Sollock of Dallas was fatally shot in that city July 11. Funeral services were held July 13 with interment in Odessa.

Dr. Sollock was in his second year of private practice in Dallas. He graduated from KCCOM in 1971 and interned at Dallas Osteopathic Hospital following graduation.

Born in Clovis, New Mexico, Dr. Sollock attended Portales High School in Portales, New Mexico, and East Texas State University before entering KCCOM.

He was a member of the American College of General Practitioners.

He is survived by his wife, a son and three daughters, and his mother and two sisters.

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Mrs. Wm. H. Badger

Mrs. Janye Real Badger, wife of Dr. William H. Badger of Houston, died August 2. Funeral services were held August 3. Honorary Pallbearers included the staff and personnel of Gulfway General Hospital.

Born near Conroe, Mrs. Badger had been a resident of Houston for 35 years.

In addition to Dr. Badger, she is survived by three sons, Bill, Michael and John, and her parents, Mr. and Mrs. Milton Amos Parker of Conroe.

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Maybe Millard Fillmore Wasn't Such a Bad Guy After All!

by Jenkins Lloyd Jones

Once upon a time there was a president of the United States by the name of Millard Fillmore. His short administration was distinguished chiefly by the fact that it occurred at the midpoint of the 19th century. Nothing much happened in government during Mr. Fillmore's three years, which was probably lucky. Because a short time before he became president he had opposed the admission of Texas.

There were, however, two events during his regime that were, perhaps, more symbolic than significant. First, after days of agonized debate, Congress did vote \$30,000 to help Sam Morse build the first inter-city telegraph line between Washington and Baltimore. Secondly, also after many hours of debate, the House voted down a bill to appropriate \$15,000 to pull snags out of the lower Arkansas River.

The era when government spent money only for necessities!

Thus, in that penny-pinching era our government demonstrated the care it took to be sure it spent money only for that which was absolutely necessary, a care carried to the point of not spending money for what we would now regard as wise.

By contrast, I was reading in the Washington press a couple of days ago a small item about a missing half-million dollars in federal funds that had been given for various uplift programs to an obscure local college. There was the little matter of \$100,000 for something called "The Roving Teachers Program" that seems to have sunk without a trace. There was another \$100,000 labeled "Droupout Prevention" that disappeared through a crack in the floor. There was \$268,000 for "Special Student Services" that seems to have been wafted out the window on a vagrant spring breeze.

And do you know what? I found myself mourning for the days of Millard Fillmore. Now, in Millard Fillmore's time there were 33,000 federal employees and the total annual federal budget amounted to \$48 million. The American population was 24 million. Between Fillmore's day and today our population has risen by a factor of a little less than 9. But, and I hope

you will note this, our federal employment has risen by a factor of 84. And our federal expenditures have risen by a factor of 4,600!

Government at all levels is now costing Americans more than they are spending for food, clothing, shelter and private transportation. Out of every \$10 which the average American earns through his labor or his investments, government at all levels now permits him to spend only \$5.90 as he chooses, while it spends \$4.10 for him.

The situation must be brought under control.

The situation has not been brought about by evil men. It is the product of the inevitable dynamics of government aggrandizement that will destroy our currency, our annuities and pensions, our prosperity and our freedom if it is not brought under control.


And who has the chief responsibility for getting it under control? We have — the business community of America. Yesterday you heard Secretary of Commerce Frederick Dent plead with you to become personally involved in the struggle for the solvency of America. I hope you made note that he used the word "personally." That doesn't mean through associations. This means you.

Secret weapon for survival

You are the secret weapon for the survival of our business system, a system that has brought more blessings to more people than any other system in the history of mankind, and that stands today, momentarily I hope not, as the envy of the world.

Who else, but us?

It is not that we are basically smarter, or more admirable, or more moral than other groups of citizens. It is because we have been bitterly schooled in the mental discipline of the art of the possible. Any of us who haven't learned the art of the possible — the trade-off between the ideal and the stark realities — is pretty soon going to be out of business.



This struggle will not get much help from our huge academic community. I don't wish to discount many able professors of commerce and engineering and finance who, every day, are giving us imaginative insights and useful tools. But a professor at the University of Iowa remarked to me a couple of years ago: "You have no idea of the economic illiteracy of our liberal arts faculty. They don't seem to have any idea where the money comes from."

I might add, parenthetically, that any class of professionals that is trying to freeze itself into lifetime jobs through tenure isn't likely to be very sympathetic to talk about free competition. The struggle is not going to get much help from the labor unions which are caught up in their own dynamics, the dynamics of eternally asking "more" and to hell with the consequences. You can't blame the labor leadership. The labor boss who would try to practice too much labor statesmanship and consider the long-range economic consequences of a wage boost would not be long for his job. There will always be a man next in line who will say, "If he doesn't get it for you, I will."

Imbalance of law -

So let's not cuss the union leaders. The fault is in an imbalance of law that has often turned collective bargaining into one-way bludgeoning, that has put public funds at the disposal of the picket line, and that, too many times, has permitted one party to a dispute to write its own ticket on the threat of making life intolerable for millions.

We are moving into an era where we must compete ever more efficiently with foreign manufacturers in order to buy essential raw materials which will be increasingly imported from abroad. And isn't it ironic that at this moment many thousands of young Americans are deciding that the assembly line is dehumanizing and dull? How many of us in the future are going to be able to crowd into the \$20,000 handmade Ford, produced by artisans?

Government, by itself, will give the struggle for a solvent America very little help. The way a little bureaucrat becomes a big bureaucrat is to get more people hired in his bureau. No sly salesman compiles a bogus expense account with more imagination than a government employee of a moribund federal office making out his job description.

The clergy won't give us much help. You can take the most awful boondoggle, clothe it in the white robes of an unmet social need, and half the preachers of America will burst into tears. Again, they are lovely people and serve a noble purpose. But their concept of the possible, when it gets beyond the church budget, is likely to be strictly from kindergarten.

Will the battle for fiscal responsibility get much help from local chambers of commerce? Alas, no.

They, too, are caught up in their own dynamics.

They are against more government spending in general and wildly for it in detail. If Tulsa doesn't spend it, Tucson may get it, and if Tucson doesn't spend it, the dough could go to Toledo, Tallahassee or Tuscaloosa. You know how it is.

And so, gentlemen, who but us? Individually, not collectively. You, Pete Brown of Providence. You, Hank Smith of Junction City. Are we selfish? Are we simply anti-tax? Are we against good wages and in favor of runaway profits for the few? Are we opposed to help for the hapless? We are, and will be, accused of all of this.

But the U.S. Chamber of Commerce believes that the welfare of all Americans is in question. The competition is rising. Our monopoly of know-how is vanishing. Here and there you can see the floor in our treasure house of natural riches. Our dollar is in retreat.

*"The road of history is littered with
the bones of great societies - - -"*

And — and let the do-gooders never forget this — our ability to be compassionate to the unfortunate cannot be divorced from our capacity to generate sound and solid wealth. A commodity stamp won't be much good if there isn't any commodity. The road of history is littered with the bones of great societies that tried to replace integrity with gimmicks and couldn't tell their druthers from their needs. The debauchery of a currency is the debauchery of a nation. If we can ever afford to stuff holes in our shoes with dollar bills we will still have holes in our shoes.

We carry clout, gentlemen. Last night most of us had dinner with our senators and congressmen, not because these gentlemen need a free meal or lack invitations, but because they found it politic to break bread with us. They found it politic, not merely because we could be sources of some campaign funds, but, more fundamentally because many of our fellow citizens do listen to us. Our opinions, if we try to make them reasonable and reasoned, carry some weight — even around the barbershop.

I hope that we were all polite last night. But did we get in a few licks? Did we speak our pieces, briefly, I hope, but firmly to the men on Capitol Hill? If the AFL-CIO had been buying dinner you can bet that pieces would have been spoken.

Write your Congressmen!

When was the last time you wrote your congressman and your two senators? I don't mean one of these fake, canned things that gets and deserves the wastebasket. I don't mean one of these phony telegrams with a hundred signatures. I mean a thoughtful letter stuffed with two or three paragraphs of solid meat and based on a little homework, not a knee-jerk.

"You are not an abstraction, but a voter—"

Your congressman does not hold the Chamber of Commerce of the United States in anywhere near as much awe as he holds you. You are not an abstraction, but a voter — not merely a voter but a potential influencer of votes. The U.S. Chamber wants to make you effective. Its large research department tries to find the real issues in the mass of offered legislation. Its board and its committees try to arrive at rational conclusions concerning highly complex public questions and to decide on policies that are good — not for the welfare of the business community of the moment — but, far more importantly, for the welfare of unborn great-grandchildren.

We are not going back to Millard Fillmore. We are all interested in pulling out the snags. But how do we profit if we overload the snag boat and it sinks? The America of the year 2,000 is in the womb. Prenatal influences are already at work. And the kind of America those who follow us will get may be largely dependent on the kind of America you insist on now.

A good letter to a congressman won't write itself. It wouldn't be a good letter if the U.S. Chamber tried to write it for you. That's why the U.S. Chamber will not try. But several times a week you have been receiving on your desk information distilled, accurate and — we hope — readable from this organization that could, if you just sweat a little, make you an effective citizen.

Take a run at it gentlemen. None of us will live forever. And a thimbleful of rational history-changing is more noble than a marble mausoleum.

What are you doing — you, Pete — you, Hank — to utilize your position, your brains and your experience in your point in time?

Remember: If you don't knock, no one will answer the door.

This article is from a speech delivered by Mr. Jones on May 1 in Washington, D.C. during the 61st annual meeting of the Chamber of Commerce of the United States. Mr. Jones is publisher of the Tulsa (Oklahoma) Tribune and author of a nationally syndicated column. [Reprinted with permission from Jenkins Lloyd Jones]

▲

POLITICAL MEDICINE

The American Academy of Family Physicians (M.D.) sends delegates to the AMA House of Delegates and therefore has been deemed a political subdivision of the AMA, the AOA has ruled.

Members of AOA and TOMA are subject to discipline and expulsion if they join a political subdivision of the AMA. Invitations to join AAFP were received recently by TOMA members. ▲

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We're doing something

DISTRICT III

by George Grainger, D.O.

Open House for Tyler's new Doctors-Memorial Hospital, held July 22, was, as the saying goes, a huge success. "You shoulda been there," says Administrator Olie Clem. Census-wise, admissions during the first hectic month of operations showed "a substantial increase," as they also say in the trade, over the previously monthly average. If you want hard figures, why, call Mr. Clem, who at this deadline is out of town.

Thanks, thoughtful TOMA, in behalf of Doctors-Memorial Hospital, for the lovely flowers!

New and welcome additions to the hospital Professional Staff are Kerry Rasberry, D.O., Troup; Seaborn Jones, D.O. and Ben F. Beall II, D.O., Mineola; Charles D. Ogilvie, D.O., Canton; and Ben F. Ammons, D.D.S., Whitehouse. Not bad.

* * *

Dr. Kenneth Ross, when he saw all the x-rays waiting for his diagnosis after his return from the Island of Kos, let out a few well chosen Hippocratic oaths.

D.O. NEEDS PARTNER in small community in Northeast Texas

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Sir Earle and Lady Kinzie have left for the Holy Land, where Sir Earle vows, he will not return without the Holy Grail.

* * *

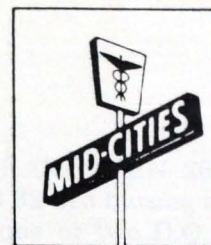
District Three is proud to have two osteopathic physicians-in-training in our midst. Student doctors Kenneth Brock and Terry Parvis, TCOM seniors, were the first two to enroll in a continuing two month clinical study program on pulmonary diseases at Tylers East Texas Chest Hospital, which began in July. Following their stint, two more TCOM seniors will have been selected. The course, which also draws two students from U of T Southwestern Med School, is scheduled to run throughout the year. ▲

Dr. Moore New KCOM President

Dr. H. Charles Moore has been appointed to the presidency of the Kirksville College of Osteopathic Medicine. The action was taken upon the resignation and upon the recommendation of Dr. Morris Thompson who has served in that office for more than 26 years, it was announced July 30 by Dr. Harold Blood of Alexandria, Virginia, President of the Board of Trustees of the College.

Dr. Moore, originally of Bay City Michigan, came to the KCOM as Director of Development in 1969 and was appointed Vice President in 1971. He assumes his duties as President of the KCOM immediately.

The Board of Trustees, meeting in St. Louis, Missouri, expressed its appreciation to the former president and elected Dr. Thompson as a consultant to the Board and to the new President with a title and duties to be announced at a later date. ▲



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AAOA NOMINATES TEXANS

Having been chosen for the office of president-elect of the Auxiliary to the American Osteopathic Association, Mrs. George J. Luibel of Fort Worth will ascend to the presidency of that group at its convention in New Orleans October 29-31.

The nominating committee of AAOA has picked Mrs. Benjamin R. Beall II of Mineola to serve her fourth term as treasurer. She is the only nominee for this office.

Two new trustees will be elected at the convention from four names submitted by the committee. Among the four is Mrs. Billy H. Puryear of Fort Worth. ▲

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OPPORTUNITIES FOR OSTEOPATHIC PHYSICIANS IN TEXAS

OMAHA — D.O. needs partner in office with complete facilities. Hospital privileges available in nearby joint-staff hospitals. Contact Adron C. Tenbrook, D.O., Box 1086, Omaha 75571 or call 214-884-2142 or 214-884-2431.

INTERNIST—Open staff, 84-bed hospital, new professional building. We have all facilities and patients for a very successful practice. Contact R. W. Schoettle, D.O., or H.E. Sebastian, 8214 Homestead Road, Houston, Texas 77028. Phone 713-631-1550.

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 PRACTICE — Excellent group practice in new professional building. This is a top financial opportunity. Hospital privileges. Contact R. W. Schoettle, D.O., or H.E. Sebastian, 8214 Homestead Road, Houston, Texas 77028. Phone 713-631-1550.

JOHNSON CITY — 47 miles west of Austin in the beautiful hill country of Texas is an opportunity for a D.O. The fifteen-bed Johnson City Hospital and a wide trade area needs one additional doctor. Contact Eddie Dyer, Administrator, 512-868-7115.

FRESH AIR AND FISHING — General practitioner can do well in Newton county and enjoy the best bass and crappie fishing in the world in Toledo Bend and Sam Rayburn reservoirs plus other big water. Excellent churches, schools, and new 48-bed JCAH hospital, D.O.s welcome. Call J.D. Miller, Jr., Administrator, Newton, 713-379-2651.

ARLINGTON — An experienced G.P. or O.B. GYN man can gross \$100,000 a year to start. Two suites available. One two-man suite with 1400 square feet and one 800 square feet suite. Financial assistance available for a new man.

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.

CALVERT—Excellent opportunity for D.O. who is tired of the city and its problems. Small town practice can be adjusted to your pace. Large clinic available for sale or lease with or without equipment. Large acute general practice with gross receipts excess \$50,000. Contact Billy Hall, President of Citizens Bank and Trust, Calvert, Texas. Phone 713-364-2896 or Dr. Robert L. Peters, 305 West Taylor, Round Rock, Texas. Phone 512-255-3674.

HOUSTON—Medical clinic and practice for sale or lease. Annual gross well over \$100,000. Excellent hospital facilities. Write Box T, TOMA State Office, 512 Bailey, Fort Worth 76107.

FORT WORTH—Associate who is mainly interested in manipulative practice. Contact Dr. Catherine Carlton, 815 Magnolia W., Fort Worth 76103. Phone 817-923-4609.

HOUSTON—Medical and Surgical Clinics for sale or lease. Please call or write to C. S. Angelo, D.O., 2902 Berry Road, Houston, Texas 77016, phone 713-695-5149.

FOR SALE OR RENT—D.O. Office and equipment. Contact Betty Kull, 306 Peach Street, Winnsboro 75495. Phone 214-342-5760.

FORT WORTH — Fort Worth Osteopathic Hospital needs Obstetrician-gynecologist; dermatologist; urologist; psychiatrist, family physician. Immediate area offers excellent opportunities for physicians to associate with established practitioners or enter solo practice. 200 bed teaching hospital with potential for further expansion, associated with Texas College of Osteopathic Medicine. Progressive and rapidly growing metropolitan area. Write or call: 817-738-5431 for informational packet. George M. Esselman, D.O., F.A.C.O.I., Director of Medical Education, 1000 Montgomery Street, Fort Worth, Texas 76107.

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YOUNG SURGEON—Opportunity for young D.O. Surgeon in a fast-growing metropolitan community. Associateship available with busy G.P. D.O.s, good offer. Write or call Tex Roberts, 512 Bailey, Fort Worth, 76107 or call 817-336-0549.

SEAGRAVES — Wealthy oil community about 50 miles north of Lubbock needs a new young D.O. at Seagraves Hospital. Contact Ruth Bearden, Administrator, P. O. Box 187, Seagraves, Texas 79359. Phone 806-546-2522.

MESQUITE — New beautiful office space to be available soon. Prime location. For details contact: Dr. C. A. Swayze, 1527 Gus Thomasson Road, Mesquite 75149.

TATUM-BECKWITH area—6,000 people in trade area — and growing. New industry coming into area makes for very bright future for doubling population. Excellent opportunity for doctor; office space available in new bank building. Community offers total cooperation to doctor interested in practicing in small community with fine recreational facilities. Call or write: Conrad Barrett, R.Ph., P.O. Box 886, Tatum, 75691; phone 214-947-2396.

COMANCHE — Good Osteopathic community in central Texas with staff privileges available at Comanche Community Hospital. No busing for your children and plenty of hunting and fishing. Contact W. A. Flannery, D.O. at 915-356-2242 or write to 201 East Grand Avenue, Comanche 76442.

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

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.

FORT WORTH SUBURB—Established D.O. badly needs associate experienced in O.B., T. & A., D. & C. and other minor surgery. New eight-room fully equipped clinic in restricted community. Family and industrial medicine. Excellent schools and recreational facilities. Privileges in several osteopathic hospitals available. Write Box C, TOMA State Office, 512 Bailey, Fort Worth 76107.

ULTRAMODERN 26-bed hospital with 32-bed nursing home annex awaits one or two D.O.s in Robert Lee. Money available to build office space to suit doctor. Fine recreational facilities. Will pay expenses for interested D.O. to look over possibilities of town of 2,000 population. Contact Robert Vernor, Administrator, West Coke County Hospital, Box 66, Robert Lee 76045.

JACKSBORO—We need two G.P.s. We can offer a fine hospital, excellent schools and outdoor recreation. Write or call collect, Gerald Moore, Administrator, Jack County Hospital, Jacksboro 76056 — Phone 817-567-2655.

AMARILLO — Doctor's office of 1000 square feet plus. Established practice, good location. Three months free rent. Call or write Mr. Buck Lawson, 2300 West 7th, Amarillo, 79106. Phone 806-372-2239.



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Texas Ticker Tape

SCHOLARSHIP RECIPIENT ON DEAN'S HONOR LIST

James Michael Russell, DeKalb, has earned a place on the Dean's Honor List for the 1972-73 academic year at KCOM.

A third year student at KCOM, Russell has been the recipient of the Phil R. Russell Scholarship. He received premedical preparation at the University of Texas, Austin, where he earned a B.S. degree in pharmacy in 1969. He is a member of Theta Psi social fraternity. Russell is the son of Mr. and Mrs. Vasco Russell of DeKalb.

NEW D.O. COLLEGE EYED BY OHIO STATE GROUP

Ohio D.O.s want to bring osteopathic education to their state: at the recent convention of the Ohio Osteopathic Association of Physicians and Surgeons, members voted to assess themselves \$50 apiece to raise \$40,000 toward an Ohio college of osteopathic medicine.

AOHA BOARD OF TRUSTEES ANNUAL MEETING TO BE HELD

The Annual Meeting of the Board of Trustees of the American Osteopathic Hospital Association will be held at the Stardust Hotel, Las Vegas, Nevada on: Saturday, October 13, 1973, from 1:00 P. M. to 6:00 P.M.

Any items for consideration by the Board of Trustees should be directed to the AOHA administrative offices, 930 Busse Highway, Park Ridge, Illinois 60068 by September 5, 1973.

The 39th annual convention of AOHA opens October 15 at the Stardust.

TOMA MAKES FRONT PAGE OF BRISCOE COUNTY NEWS

A three-column picture of Dr. John H. Boyd receiving the TIMA presidential gavel from Dr. Robert G. Haman, with an accompanying item concerning the event, filled a good part of the front page of the July 16 issue of the Briscoe County News. It was the same picture that appeared on the cover of the May-June issue of this *Journal*.

CORPUS CHRISTI HAS NEW ADMINISTRATOR

John C. Woodson has assumed the position of administrator of Corpus Christi Osteopathic Hospital, Corpus Christi. He formerly was administrator of Mefield Corporation and Lake Seminole Hospital, Largo, Florida.

DR. CONN APPOINTED TO TCOM STAFF

Raymond A. Conn, D.O. a 1959 COMS alumnus, has been appointed Chairman of the Department of Psychiatry at the Texas College of Osteopathic Medicine. Dr. Conn will also be in private practice of psychiatry in Fort Worth.

Texas Ticker Tape

TOMA RECEIVES MORE NATIONAL PUBLICITY

TOMA received more national publicity when the following item appeared in the July, 1973 issue of Association Newsletter:

First day covers of the U.S. postage stamp commemorating the 75th Anniversary of organized osteopathic medicine were used effectively by the Texas Osteopathic Medical Association. At its convention, the incoming and retiring presidents gave a set to 29 past presidents, after which the new head handed one to his predecessor.

DR. NELMS NOW PRACTICING IN DENTON

Dr. Ronnie L. Nelms is now associated with the Denton Osteopathic Clinic and Hospital. He formerly practiced in Fort Worth. He is a graduate of KCCOM and interned at East Town Osteopathic Hospital in Dallas. He has been a member of TOMA since 1970 and is also a member of AOA.

DR. MC ANALLY AWARDED AOA CERTIFICATE

L. N. McAnally, D.O. of Fort Worth has been awarded a Certificate of Appreciation in recognition of his fifty years of practice by a recent action of the Board of Trustees of the American Osteopathic Association.

AMA POLITICAL SUBDIVISIONS TABOO FOR AOA AND TOMA MEMBERS

Members of AOA and TOMA are subject to discipline and expulsion if they join a political subdivision of the AMA and the AOA has ruled that the American Academy of Family Physicians (M.D.) comes under this classification because the academy sends delegates to the AMA house.

OMT ASSIGNED RELATIVE VALUE BY BLUE CROSS—BLUE SHIELD

Osteopathic Manipulative Therapy (OMT) in Texas has been assigned a Relative Value of One by Blue Cross-Blue Shield of Texas, the federal fiscal intermediary for Medicare and Medicaid. For example, if the osteopathic physician's office call is \$6.00 he should bill \$6.00 additional if OMT is administered by him for a total billing of \$12.00 (routine follow-up office call and OMT). The code number for submitting OMT claims for federal aid patients is 1-9469.



For more information on how the Blue Cross and Blue Shield plan can help protect you and your employees, call your local Blue Cross and Blue Shield of Texas representative. He's in the Yellow Pages.



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Interns Assigned to Four Hospitals

Four Texas osteopathic hospitals have now been assigned their full complement of interns for the 1973-74 training period.

Already at work at Stevens Park are Drs. Dennis I. Mallory, Thomas James Prendergast, Sullivant R. Bryant and Wayne R. Hudson. Garrett W. Duckworth will join them there in September.

The new D.O.s assigned to East Town Osteopathic include Jerry M. Alexander, James W. Jones, Daniel A. Maynard, Neil A. Pruzzo and James A. Carlson.

Dallas Osteopathic reports the newly graduated D.O.s who are now interning at that hospital are Don W. Hedges, Edward D. Herold, Walter D. Hinshaw, Westley E. Raborn, David C. Shauf and Charles E. Winters.

Fort Worth Osteopathic has seven new D.O.s interning there this year. They include Bryce Beyer, Bob Hames, Gary Earp, Bill Jordan, Matthew Rounseville, William Krass and Thomas Nelson.

All 23 interns have been invited into TOMA student membership and most have responded with applications. They will receive the *Journal* and all other literature mailed to the regular members, in order that they may be informed of what is going on concerning the osteopathic profession in Texas, with the thought in mind that each of these student doctors will find the state and its practice possibilities so attractive that they will become permanent osteopathic practitioners in Texas following their internships.▲

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Letters

Dear Mr. Roberts:

Thank you for your recent letter and for the interest you expressed in some of my efforts on behalf of Texas and our nation. I was flattered by your request to reprint excerpts from my Washington Reports, although it is not necessary to obtain such permission since I am a public official.

Sincerely,

Lloyd Bentsen
U.S. Senate

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1527 Gus Thomasson Road
Mesquite, Texas 75149

S.O.H. Adds to Podiatry Division

Southwest Osteopathic Hospital (Amarillo), the only hospital in the city with a podiatry department, now has two more men to help out in the department.

Dr. Jerry M. Duncan, 30, has just begun his one-year residency at the hospital. He graduated this month from the Ohio College of Podiatric Medicine in Cleveland.

Anthony M. Jurca, 25, of Buffalo, New York, began his extern work at Southwest this week. He is a senior at Pennsylvania College of Podiatric Medicine.

Dr. Duncan, originally from Houston, is the first resident the hospital has had. He was chosen from 26 applicants for the residency program.

Jurca is the eighth extern the hospital has had since the podiatric externship was instituted at Southwest three years ago.▲

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TCOM Opens Fall Term With 146 Students

Fifty-three new students enrolled at Texas College of Osteopathic Medicine August 24, to form the largest freshman class yet accepted by the college. The registration of these students marks the first year all four classes have been filled at the school with a total enrollment of 146 students.

Of these 53 students, 50 have either B.S. or B.A. degrees, eight have Master's degrees, and one is completing work on a Ph.D. in electrical engineering. Two TCOM faculty members are enrolled as special students.

The new class is composed of 92% Texas residents, with out-of-state students from Arizona, New York, New Mexico, New Jersey and Florida. Three women are in the class, bringing the total female enrollment at the school to eight students.

The 53 new students are:

Anthony Alford	Arlington
George C. Allen	La Porte
James H. Brien	Conroe
Carla Jo Butts	Arlington
William P. Cooke	Cleburne
Barry W. Cornell	Lubbock
James W. Czewski	Fort Worth
William S. Dishner	Mesquite
Bennie D. Embry	College Station
Stephen E. Farmer	Lubbock
Charles Flack	Dallas
John E. Garner	Stephenville
James R. Gilleland	Arlington
Stephen D. Gleason	Longview
James T. Hawa	Beaumont
Terry C. Hicks	Dallas
Edwin C. Holland	Austin
Samuel C. Hoover	Arlington
Charles H. Hudson	Fort Worth
Robert E. Irvin	Fort Worth

John J. Kalosis
Harold J. Karam
Patrick D. Kelley
Webb B. Key
Albert M. Kincheloe
Michael P. Klett
Dennis W. Kost
James L. Leatherwood
Steven H. Leifheit
George C. Lindsey
Tommy L. Love
Russell N. McDonald
Glenn J. Marcus
Robert W. Marsh
Samuel H. Mehr
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Rodger D. Morrow
Maria P. Mota
Thomas A. Noonan
Rodney D. Pease
Harvey M. Richey
Lawrence R. Ridgers
Barbara J. Smith
Don W. Smith
Patrick W. Stenger
James E. Stevens
Robert L. Stockburger
Pat A. Thomas
Jeffrey C. Thompson
Frederick E. White
Terry J. Wintory
Gary D. Wolf

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San Antonio
Roswell, New Mexico
Wichita Falls
Coleman
College Station
San Antonio
Commerce
San Antonio
Denison
Wichita Falls
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Austin
Tucson, Arizona
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Stephenville
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Irving
Houston
Denton
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Vernon Morgan, Ph.D. Fort Worth
Charles J. Rudolph, Ph.D. Denton

Charles D. Ogilvie, D.O., F.A.O.C.R.
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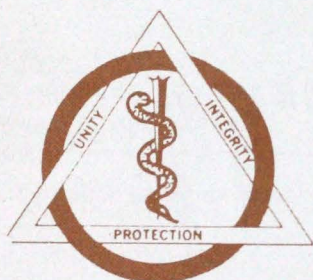
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