TEXAS OSTEOPATHIC PHYSICIANS
JOURNAL

Progress

. . . . is good things happening . . . and joint endeavor does the job . . . keeping the wheels turning . . . moving ahead toward a better future for all of us.

. . . . is people cooperating, using their vision and skills for the betterment of the entire community. . . . . is putting all our resources to work for everyone's benefit. It's using our vast opportunities carefully, wisely and well.

Let's dedicate our efforts . . . together . . . to foster continuing growth and prosperity . . . keep the good things happening in

1973

Robert G. Haman, D.O.
President, 1972–73

Not too little, not too much... but just right!

"Just right" amounts of Ilosone Liquid 250 can be dispensed easily from the pint bottle in *any* quantity you specify to meet your patients' precise needs—without regard to package size.

ready-mixed

Ilosone® Liquid 250

Erythromycin Estolate

(equivalent to 250 mg. of base per 5-ml. teaspoonful)

Additional information available to the profession on request.
Eli Lilly and Company
Indianapolis, Indiana 46206

Lilly

100204

TEXAS OSTEOPATHIC PHYSICIANS
JOURNAL

TEXAS OSTEOPATHIC MEDICAL ASSOCIATION
Official Publication
Volume XXIX – No. 9 – January 1973
Publication Office – 512 Bailey, Fort Worth, Texas 76107
Copy Deadline – 15th of month preceding publication

Mr. Tex Roberts, Editor

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

We are no longer the exclusive determinors of OUR OWN FATE

says this noted D.O. educator

[Printed herewith is the second of three parts of an address given by Myron S. Magen, D.O., at the annual meeting of the American College of Osteopathic Surgeons this past fall. The first part appeared in the December Journal *and the concluding installment will be in the February issue.—Ed.]*

Let's look at medical education at all levels but devote most of our attention to that which is of most interest to you, graduate education. As closely as possible I will attempt to relate it specifically to surgical training programs.

We often lose sight of the fact that education is a profession, just as medicine, and there is much that we can learn from it.

". . . The amount of research devoted to learning undoubtedly exceeds that of any other area, with the consequence that the amount of empirical information concerning human learning is so great that no one research psychologist could master it all. And the theories of learning are sophisticated, and the most highly developed of all psychological theories. But despite all this, our knowledge does not help very much when it comes to actual tactical problems of how to teach people.

"Consider for a moment some of the types of learning which take place in medical education:

a) knowledge
b) problem solving skills
c) perceptual skills (learning to 'see' things)
d) motor skills
e) transformation skills (learning to convert one form of learning to another)
f) attitudes
g) professional values
h) social values
i) professional management ability

We must define, rather exactly, what the final performance must be. Most assuredly, we cannot teach what we cannot specify." [4]

What outcomes do we want?

We must make decisions on what outcomes we want a program to have. What do we want the resident — specifically — to know and be able to do at the end of four years of training? And why four years? Where did this magic number come from?

Is it possible that the four years of training was based on the assumption — very possibly fallacious —

Performance standards predetermined

that high failure rates on surgical board examinations were due entirely to the calibre of the trainees? Is it inconceivable that high failure rates on board examinations were the fault of the trainers or of the programs?

"Since a specialty board in the United States chiefly serves a gatekeeper function, determining who shall and who shall not be admitted to special status, one might think that it would address itself primarily to the assessment of professional competence among applicants. And it is true that all such boards conduct qualifying examinations.

"For the most part, however, these examinations are not designed to probe a defined set of professional attributes, but seem based on an assumption that individual examiners, without exclusive criteria, predetermine performance standards, and using data derived from a very limited sample of the candidates' behavior, can make sound judgments about his qualifications for specialty practice.

"The uneasiness with which boards approach this task is understood by their preoccupation with prerequisites for admission to examination—years of training, the specific learning exercises, the setting in which training takes place. It is almost as though they hope that professional competence would be caught if a candidate spent long enough in such experiences.

"But if competence is truly the objective, then evidence of its achievement, not of passage through a series of initiation rites, should determine when training ends." [5]

Should time or competence be the constant?

Your own organization has made a decision, not unusual in American education, that time is the constant. Not competence, but time. In lockstep fashion, everyone must complete the same program in the same amount of time.

Earlier I spoke to you about inflexibility, about lack of innovation, and about stifling conformity. We have now come full cycle from AOA to College of Surgeons. And, I might add not only College of Surgeons, but the College of Pediatrics, College of Internists, College of OB-GYN, et cetera, et cetera, et cetera.

What about the certification of examination? What about the examiners? How much educational expertise have you sought from outside the profession in evaluation of these? I doubt that there is one of you who would trust a man not trained in surgery to remove a part of your anatomy. Why, then, do you allow people untrained in education to examine your examinations and your examiners?

An astute observer of the medical education scene has to say about the process of board examinations: "Variations in the setting in different hospitals can create real differences to the examiners and candidates and hence adds an uncontrolled variance which reduces uniformity. Characteristics of the candidates themselves can cause variations in the approach taken by a single examiner.

"One feature of this problem is the paradoxical manner in which a well-organized candidate tends to create a more difficult situation for himself. By presenting his history and physical findings in a concise fashion, he allows more time for what generally becomes a more searching and challenging inquiry.

"It was very clear that most examiners treated the candidates as though they were young students whose task it was to please their superiors. It is claimed, this exam is partly designed to assess the candidate's capacity to function as a mature colleague, capable of stepping into a problem situation, evaluating it, and providing advice, and effort must be made to simulate those conditions so that the genuine reading emerges.

"These observations again make clear the pressing need for clear definition of criteria for judgment in the oral examination. There was wide variability between examiners as well as between candidates for the same examiner.

Individual performance varies

"We know that an individual's performance on an examination will vary according to his perception of how well he thinks he is doing as he goes along. That is, an individual who is given 'feedback' which tells him that he is doing well, will subsequently perform far closer to his optimum, than will another candidate who near the outset, is given to believe he is on the wrong track or doing poorly. There are clear and marked differences between examiners and the extent to which they provide 'feedback' for their candidates." [6]

Having noted the variability of the examination, let's turn to the residency program.

"One important aspect of any scientific or educational program is to define the objectives that it is

[Continued on following page]

--Our Own Fate

[Continued from preceding page]

expected to accomplish. When physicians function as clinical investigators they observe this rule meticulously; when they serve as medical educators they often violate it.

"A common approach in organizing a medical residency program, for example, is the 'block of time' technique. Medical residents are assigned to different medical and subspecialty services for varying periods of time without clear definition of knowledge and skills they should attain on each rotation. Although scheduling is facilitated by this approach, education is often an incidental byproduct.

Divisions are concepts, skills, attitudes

"The defined objectives of a medical residency are divided into three types—concepts, skills and attitudes. A concept is broadly defined to include knowledge of the disease entity or syndrome specified, including pertinent patho-physiology, diagnosis, treatment, complications, operational management of the patient, and sufficient expertise to utilize this body of information effectively. It also implies familiarity with preventive medical, legal, disability, public health aspects of the disease.

"The term skill specifies technical interpretive function related to specific procedures including appropriate employment of the skill as well as performance of it. Attitudes encompass points of view, behavioral characteristics, and features of the doctor/patient relationship.

"Both concepts and skills are subdivided according to the degrees of expertise an internist should possess in recognition of the fact that the total scope of the field of internal medicine is extremely large and cannot be practised in its entirety by a single individual.

"The three specified degrees of expertise are based upon the degree of independence a general internist might exhibit in dealing with a specific clinical entity." [7]

I present this to you to point out that what can be done in one specialty can be done in another, and I insist that without a clearcut statement of goals and objectives in a training program you have no clear picture of the parameters for evaluation either of the trainee or the program.

Training unduly long

As a distinguished surgeon has pointed out, surgical residency training is "unduly long, intensely practical, and weak in the organized presentation of its intellectual, scientific and technical foundations—(the surgical resident's) preparation is poor; it is an apprenticeship undertaken by trainees who by their qualifications deserve better, and it is taught by masters, who in most cases, though they believe that surgery is a science, teach it as a vocation." [8]

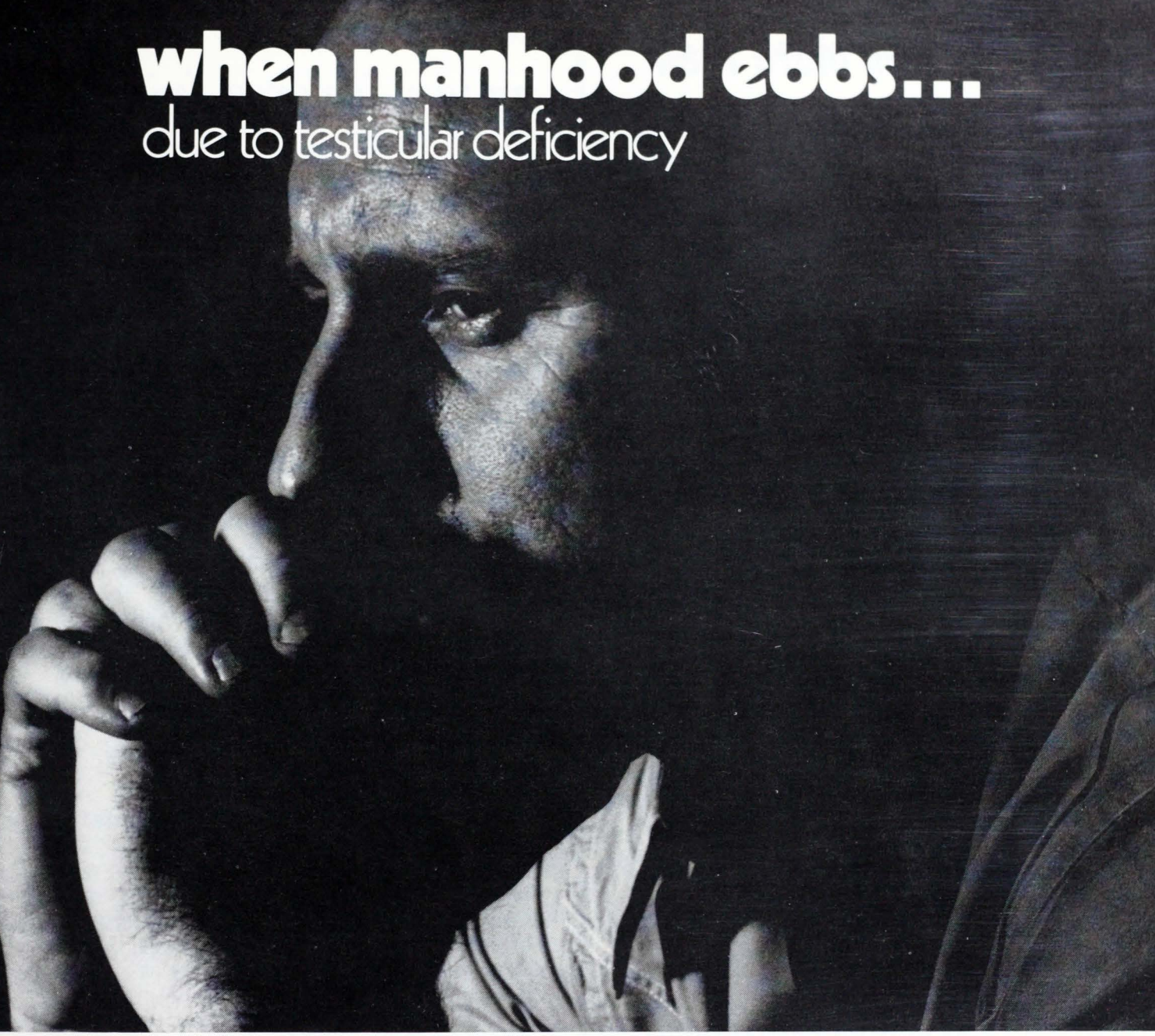
As a college you also stand accused of inexpertise of well-meaning but misplaced attention to rigid standards of misplaced devotion to tradition. In fact, one might accuse you of ancestor worship.

You think nothing of calling in a consultant when a patient is already critically ill.

All of the educational processes in this progression are now open to public inspection. We are no longer the exclusive determinors of our own fate. Our educational linen is in clear view for all to see. ▲

BIBLIOGRAPHY

4. Mosel, James N., "The Learning Process", Journal of Medical Education, May, 1964, Vol. 39, Pages 80-81.
5. Miller, George E., The Study of Medical Education, March 3, 1969, Pages 5-10.
6. Jason, Hilliard, Personal Communication, 1972
7. Hiss, Roland G. and Vanselow, Neil, Objectives of Residency in Internal Medicine, Association of Hospital Medical Education.
8. Lewis, F. John. "Reform in Surgical Education, Surgery, Gynecology & Obstetrics, July, No. 123, Pages 112-113.



when manhood ebbs...
due to testicular deficiency

Halotestin® 5 mg tablets
fluoxymesterone, Upjohn
oral hormone replacement with parenteral-like potency

Halotestin® Tablets—2, 5 and 10 mg
(fluoxymesterone Tablets, U.S.P., Upjohn)

Indications in the male: Primary indication in the male is replacement therapy. Prevents the development of atrophic changes in the accessory male sex organs following castration:
1. Primary eunuchoidism and eunuchism. **2.** Male climacteric symptoms when these are secondary to androgen deficiency. **3.** Those symptoms of panhypopituitarism related to hypogonadism. **4.** Impotence due to androgen deficiency. **5.** Delayed puberty, provided it has been definitely established as such, and it is not just a familial trait.
In the female: 1. Prevention of postpartum breast manifestations of pain and engorgement. **2.** Palliation of androgen-responsive, advanced, inoperable female breast cancer in women who are more than 1, but less than 5 years post-menopausal or who have been proven to have a hormone-dependent tumor, as shown by previous beneficial response to castration.
Contraindications: Carcinoma of the male breast. Carcinoma, known or suspected, of the prostate. Cardiac, hepatic or renal decompensation. Hypercalcemia. Liver function impairment. Prepubertal males. Pregnancy.
Warnings: Hypercalcemia may occur in immobilized patients, and in patients with breast cancer. In patients with cancer this may indicate progression of bony metastasis. If this occurs the drug should be discontinued. Watch female patients closely for signs of virilization. Some effects may not be reversible. Discontinue if cholestatic hepatitis with jaundice appears or liver tests become abnormal.
Precautions: Patients with cardiac, renal or hepatic derangement may retain sodium and water thus forming edema. Priapism or excessive sexual stimulation, oligospermia, reduced ejaculatory volume, hypersensitivity and gynecomastia may occur. When any of these effects appear the androgen should be stopped.
Adverse Reactions: Acne. Decreased ejaculatory volume. Gynecomastia. Edema. Hypersensitivity, including skin manifestations and anaphylactoid reactions. Priapism. Hypercalcemia (especially in immobile patients and those with metastatic breast carcinoma). Virilization in females. Cholestatic jaundice.
How Supplied
2 mg—bottles of 100 scored tablets.
5 mg—bottles of 50 scored tablets.
10 mg—bottles of 50 scored tablets.
For additional product information, see your Upjohn representative or consult the package circular.

MED 8-6-5 (MAH)

JA71-1008R

Upjohn

Group life still tops as tax-favored fringe

by Joseph S. Robinson, Attorney at Law

NEW YORK—Fifty thousand dollars of paid life insurance for the employe—he pays no premiums, pays no tax, and his company deducts the entire cost as an operating expense. That's one of the best tax bargains in the book, and even though the employe is required to pay the "tax cost" on the amounts over $50,000, it's still a good deal—generally much less than the actual cost of term insurance would be to him.

The special tax breaks and lower premium costs of group-term life insurance purchased by an employer make it possible for most workers to have substantially more insurance coverage than they could personally afford to carry. Furthermore, this may be the only method by which a company can pay deductible money for the benefit of an employe and not have it treated as taxable income to the employe or his beneficiary when paid. In addition, it may be possible for an employe to transfer the whole kit-and kaboodle out of his taxable estate by assignment to his beneficiary. *(I.R.C. Sec. 101 (a) (1) and (c); I.R.C. Sec. 162; I.R.C. Sec. 79.)*

Keeping group insurance out of the insured's taxable estate remains a puzzle in certain situations. Here's a rundown of the "whys" and "wherefores."

For years, the transfer-of-ownership privilege (permitted most forms of life insurance) has been denied to those covered under company group plans. It was not until 1969 that IRS opened the door to relief for them.

Revenue Ruling 69-54 set forth the conditions which must be met in order to have group proceeds escape inclusion in the insured's estate. These conditions were: The policy must be capable of being converted; both the policy and the state law must permit an absolute assignment of all the insured's interest in the policy, including the right to convert to individual insurance and the employe must have assigned all his ownership rights in the group policy during his lifetime.

Thus, under this ruling, the ability of an employe insured under a master group-term contract to make an irrevocable assignment of his right and interest in the proceeds and thus shelter it from possible estate tax is contingent on state law and the master policy

permitting such an assignment, including assignment of the right to convert the policy upon termination of employment. However, in a later ruling the Internal Revenue Service has taken a further step toward permitting such arrangement when it sanctioned the assignment of a group-term policy as an effective estate tax saver even though the policy contained no provision for conversion to an individual policy on termination of employment. *(Rev. Rul. 72-307).*

In other words, IRS now says the power in an insured employe to cancel life insurance coverage by terminating employment is not incident of ownership for federal estate tax purposes.

To illustrate the significance of the rulings to a company executive, let's assume that Bob Cole has $200,000 in group insurance on top of $200,000 in other assets. Let's also assume that Cole's expenses and debts would amount to 10% were he to die.

If Cole effectively has transferred the ownership of his group life insurance to his children while alive and left one-half of his estate to his wife, he could have saved roughly $24,000 in death taxes. Here's how the figures shape up:

Cole's gross estate would be $200,000 (since the group insurance would be out of his estate). After deducting expenses of 10%, or $20,000, the marital deduction would have come to $90,000 (50% of the "adjusted gross estate" of $180,000). Deducting the $60,000 flat estate exemption, Cole's taxable estate would have been reduced to just $30,000. The tax on that is only $3,000. On the other hand, assuming the $200,000 insurance was left in his estate, the tax could have zoomed to $26,700 — a difference of $23,700.

Contributory group plans continue to be a potential estate tax trap. It is not beyond the realm of possibility that the strategy of assigning such group coverage can backfire. A recent decision of the court of appeals *(Bel, 5th Cir., 1972)* involved a year-to-date accidental death policy in the amount of $250,000 taken out by a father but naming his children owners and beneficiaries. When Father died in an accident, the proceeds were thrown into his taxable estate as a transfer in contemplation of death under the theory that "the entire right, title and interest . . . in the policy are generated by the annual premium."

The language of the decision is so broad as to conceivably cover group-term insurance where employes are asked to contribute (and the U.S. Supreme Court refused to review the Bel decision). However, IRS recently gave encouragement to the transfer of life insurance by changing its position and holding that where policies are turned over more than three years before the insured's death the only thing that is includable in his estate is the last three premium payments, if made by him. *(Rev. Rul. 71-497).*

The present IRS position with regard to life insurance transfers in general can be summed up as follows:

Policy: If the insured assigns an existing policy as a gift and dies within three years, it will be presumed that the gift was made in contemplation of death, subjecting the entire proceeds in his estate. Full credit would be available, however, against the estate tax for any gift tax paid by the insured during his lifetime.

Premiums: If the transfer was made by the insured more than three years before death, only the dollar amount of premiums paid directly or indirectly by him during the three years immediately preceeding death will be includable as gifts in contemplation of death. ▲

[Reprinted with permission from "Business Insurance" December 4, 1972]

A Medical Specter

by George W. Northup, D.O.

A brief news item appearing in a recent publication may have escaped the attention of some. It should not have escaped the attention of any, for its implication casts a shadow across the future of medicine which must not be ignored.

The news item tells that doctors in two California counties will be treating their Medicaid patients with a "clinical computer looking over their shoulders." The computer is programmed with 80 of the most common medical diagnoses and "with treatments approved by the State Department of Health Care Services."

The item goes on to report that the computer will kick out for peer review any "nonstandard treatment" and that the plan may well be a foreshadowing of statewide or even national programs.

This pilot project which in reality dehumanizes both the patient and the physician and attempts to computerize them into some sort of mathematical formulation defies the basic tenets from which the arts and sciences of medicine have developed. The thought that state or national departments of "Health care services" will sit in their bureaucratic chambers and determine by some sort of roll-call vote what constitutes "approved" diagnosis and medical treatment is a sobering thought.

The trend in California is not a singular one. Nationally we see the attempts of part of non-practice oriented medical bureaucracies to sit in judgment upon what is and what is not proper treatment. Medicare, Medicaid, the FDA, and various agencies of Washington's Department of HEW are projecting their multi-armed control and influence into more and more areas of clinical practice. And much of it is done under the guise of "consumer protection."

The growing tendency to view medical practice as an exact science is both fallacious and dangerous. It cannot be an exact science when the objective of medicine, namely man, is unpredictable and non-exact.

The advances of science, which include the computer, are great advances and of great potential worth. But their misuse and substitution for experience and judgment based on experience can cause devastating results.

Medical organizations and individual physicians must oppose in the public interest all attempts to mechanically manipulate the administration of health care to our patients. The very foundation of medical practice as developed through the generations is being attacked. Creative change should be welcomed; but change which destroys and stifles basic medical and public freedoms must be combatted with every means at our disposal. And it is important that some of these changes, whether subtle or not, be prevented from taking place without notice and where necessary, opposed. ▲

CME guidelines to be worked out by AOA committee

[From the AOA Executive Directors Report, Oct./Nov. 1972]

Creation of a Special Committee to establish guidelines and procedures for the new program of continuing medical education CME, adopted by the AOA House of Delegates in July, was approved by the Board of Trustees during its October meeting in Miami Beach, Florida.

The House action, which makes CME mandatory for continued AOA membership, has provoked some alarm within the profession, largely because guidelines and mechanics of the program have not yet been worked out, and specific inquiries, therefore, cannot be answered. Also, many members have believed, mistakenly, that the program already is in operation and the "clock" is running.

It should be clearly understood that the time-table, as adopted by the House, makes the program effective June 1, 1973, and that all members will have three years after that date to meet the initial requirements of 50 CME hours per year, or a total of 150 hours during each three-year period.

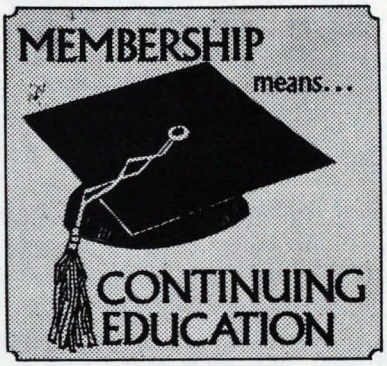
It also should be emphasized that the primary purpose of the program is to stimulate individual D.O.s, and the profession as a whole, to formally recognize and accept the vital importance of CME in keeping abreast of today's rapidly expanding medical knowledge, for their own professional interests as well as for the welfare of their patients.

This program also allows the profession to anticipate the growing national trend toward mandatory CME for all physicians, and voluntarily begin dealing with it. The osteopathic profession is the very first to take such a bold initiative.

The program, however, is not intended to set up stringent requirements for maintaining AOA membership, to drop D.O.s from membership, or to interfere with, compete with, or create an unreasonable burden for divisional socieites, specialty and other practice organizations, or individual D.O.s themselves.

The Board of Trustees, however, recognizes that before this innovative and far-reaching program can become fully realized a multiplicity of problems must be dealt with and resolved. The special committee was created by the Board to begin this tedious and complex task so that the guidelines and procedures, as formally adopted, will be as reasonable, flexible, and manageable as possible.

The committee will hold its first formal meeting on January 12, 1973, in the AOA Central Office, and is expected to make its first preliminary recommendations to the Board during its midyear meeting in late January. ▲



SOCIETY SCHEDULES SURGICAL SEMINAR

Surgical diagnostic procedures will be the theme of the Thirteenth Annual Surgical Conference of the Texas Society of Osteopathic Surgeons to be held at the Inn of the Six Flags in Arlington March 17 and 18.

Program chairman, Dr. T. T. McGrath, has lined up an impressive list of osteopathic physicians who will participate in this conference.

They include Dr. Steven D. Cordas, internist of Euless, who will speak on nuclear medicine and its use in scan studies; Dr. Charles Biggs, Fort Worth neurosurgeon whose topic will be electromyography, and Dr. Harris F. Pearson, Jr., radiologist, also of Fort Worth, who will speak on gastrointestinal radiography.

Dr. C. H. Bragg, Bedford surgeon, will discuss diagnostic endoscopic procedures, and Dr. Charles Farrow, Fort Worth thoracic surgeon, will speak on arteriographic studies.

A Hurst specialist in diagnostic roentgenology, Dr. William V. Accola, will speak on skeletal x-ray studies, and Dr. Jack Leach, a Houston surgeon, will talk on gastroscopic technique and studies.

A complete program for this conference will appear in the February issue of the *Journal* .

The doctor's registration fee, which includes a cocktail party and banquet Saturday night in addition to the scientific program, is $35. The charge for wives or extra guests will be $15 each.

It is not necessary to be a member of the Texas Society of Osteopathic Surgeons in order to participate in the seminar. D.O.s doing surgery and interested in diagnostic procedures relating to surgery are welcome to register.

In order that the program committee may know how many registrants they may expect, please fill in the coupon below and mail it to the TOMA State Office. Hotel reservations should be made directly with the Inn of the Six Flags. ▲

I plan to attend the TSOS Seminar March 17 & 18.

_____ D.O.

_____

_____

Mail to: TOMA
512 Bailey
Fort Worth, Texas 76107

DR. SOHNS LAUDED IN DALLAS NEWS

Dr. Carl Sohns of Cross Plains was the subject of a five-page (plus full-color front page) article in the November 26 issue of the Dallas Morning News Sunday Magazine, Southwest Scene.

Beneath the cover picture of Dr. Sohns is the headline, "Dr. Carl Sohns—Specialist in Country Medicine."

Dudley Lynch, staff writer for Southwest Scene, spent considerable time with Dr. Sohns, getting to know him, accompanying him on house calls and watching him in his office, before writing this comprehensive story on "Country Doctoring".

The TOMA State Office wrote Mr. Lynch, complimenting him on his fine job, and Mr. Lynch in his reply said, "In a day and a half, Carl Sohns and I became good friends. His kind is one of the reasons that my wife and I now have an osteopath for our family doctor. In fact, he is due to deliver our second baby in a few months."

Mr. Lynch has been informed by the State Office of the Journalism Awards Competition sponsored by the AOA, the purpose of which "is to give some measure of recognition to the growing number of newsmen who are making significant contributions to a better public understanding of this profession," with the suggestion that he submit his story on Dr. Sohns for consideration for one of the awards. ▲

greener fields?

make•your•move

OPPORTUNITIES FOR OSTEOPATHIC PHYSICIANS IN TEXAS

COMANCHE — Good osteopathic community in central Texas with staff privileges available at Commanche Community Hospital. No busing for your children and plenty of hunting and fishing. Call Dr. Mims collect at 915—356-2012 or 817—336-0549.

PERRYTON—Has a 65-bed hospital, 20,000 population who need two G.P.s. Office available. Will fly down to pick up interested physician to look over the city and its medical facilities. Write or call the TOMA State Office, 512 Bailey, Fort Worth 76107: Phone 817—336-0549.

SPRINGTOWN—Fully equipped clinic for lease. Can expect an annual gross of more than $60,000. Terms to suit. Located 25 miles from Fort Worth. Contact Keith G. Winterowd, D.O. and Associates, Box 215, Springtown, 76082.

GROOM—D.O. needed at Osteopathic Clinic in an osteopathically-oriented community. Clinic has 12 examining rooms and a laboratory with certified technician. Staff privileges available at Groom Memorial Hospital, a 32 bed Acute General Facility. Associate can start with guaranteed income, call collect John L. Witt, D.O., 806—248-3221 or Steven J. David, D.O., 806—248-5311.

COMFORT—In the Texas hill country on I-10 40 miles northwest of San Antonio. 26-bed JCAH approved fully equipped hospital. Excellent rapport with consulting specialist in Kerrville (15 miles away) and in San Antonio. Contact Mrs. Jo Ellen Bierman, Administrator 512—995-2330, or write Comfort Community Hospital, Comfort 78013.

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.

CLARENDON—Donley County Hospital District needs two physicians to have office space in newly constructed 20—bed hospital and 22—bed nursing home. Will make necessary arrangements to get physicians to Clarendon. Write or call Wes Langham, Adm., P.O. Box 1007, Clarendon, Texas 79226 or call 806-874-3533.

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.

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

SILVERTON—Excellent opportunity in osteopathically 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.

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, Roundrock, Texas. Phone 512—255-3674.

WELLINGTON — Affluent farm and ranch community needs a family physician. The peaceful atmosphere of a small town. Staff privileges at Collingworth General Hospital — 22 bed, district owned and JCAH accredited. Write or call collect, Garner H. Altom, Administrator, or C. T. Hubbard, Secretary of the Board, Collingworth General Hospital, 806—447-2521.

CORPUS CHRISTI—Fourth man needed in new medical clinic building in thriving Corpus Christi. Excellent opportunity for a G.P. with guarantee and an associateship later. Staff privileges on one of the Southwest's finest osteopathic hospitals. Contact Ganz-Chodosh Associated, 3933 Upriver Road, Corpus Christi 78408; Phone 512—888-4281.

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

Diagnosis: Problem Drinking Rx: La Hacienda

The staff of La Hacienda, in Hunt, Texas, has a very practical definition of the problem drinker. To them, a person is having difficulties when he (or she) discovers that alcohol interferes with his (or her) private or professional life. For such people, La Hacienda offers a much-needed private treatment facility for alcoholism.

La Hacienda: Broad Spectrum Treatment

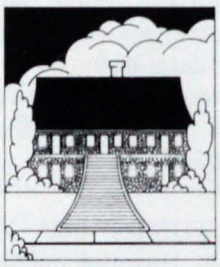
Until La Hacienda, those willing and able to pay for private treatment of drinking problems have had few places to go.

La Hacienda offers a broad-spectrum program designed to change the life style of the problem drinker. Only by re-structuring his life is any long-term recovery possible.

La Hacienda: Residential Treatment Program

Patients check into La Hacienda for an individually determined length of time, normally four weeks. During this period, they will re-learn a more healthful life style, through habit, attitude and goal training. Techniques for this period of reflection include individual, group and family psychiatric and psychological therapy, as well as complete medical services.

The program is administered by



an experienced full-time medical and psychological staff.

La Hacienda: Place To Relax And Re-Learn

While involved in therapy, the patient can enjoy the complete recreational facilities of the treatment center. These include swimming pool, golf course, tennis and riding facilities plus outdoor sports on the Guadalupe River.

Facilities for husband and wife are available and each patient is housed in a motel-style room.

Comfortable dining facilities and exceptional cuisine are featured.

Social and religious activities are regularly scheduled.

Thus, the patient has an opportunity to relax within a pleasant environment while seeking a solution to his problem.

La Hacienda: A Shared Concern

Consultations between the resident physician and the referral source are an integral part of the program. Clients are returned to their community with appropriate follow-up information and recommendations.

La Hacienda: What To Do

Please use the coupon below to obtain more information on the detailed program.

LA HACIENDA
Hunt, Texas 78024

La Hacienda Hunt, Texas 78024

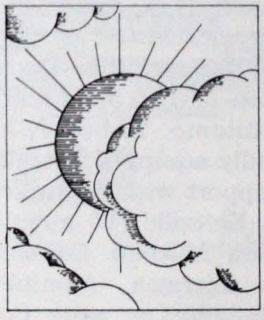
Telephone 512-238-4222

Please send me more information on the facilities, programs of treatment, and cost at La Hacienda. I understand there is no obligation.

Name_____

Address_____

City_____ State_____ Zip_____



TSO

TCOM News Notes

INSPECTION — Dr. Phillip Greenman, standing, Chairman of AOA's Committee on Colleges, discusses TCOM's progress toward total accreditation with team members and college representatives during an October visit to TCOM.

* * * * *

The TCOM Chapter of the Student Osteopathic Medical Association held a panel discussion on the current and future status of the subject of abortion—medically, legally, religiously and sociologically — during its November meeting.

Lee J. Walker, D.O., Fellow of the American College of Osteopathic Obstetricians and Gynecologists served as moderator. Panelists included the Reverend Father Joseph M. Carlin, Reverend Dick Lord, Attorney William Brackett and Sue Churchill, psychologist.

* * * * *

A TCOM FIRST — This sea of faces belongs to students, their wives, faculty, administrative personnel and directors who celebrated the first college-wide barbecue supper, which was sponsored by the school's student council. More than 250 persons attended the November 30 affair held in the Roundup Inn, Will Rogers complex in Fort Worth.

Two TCOM juniors, Nelda Cunniff and John Williams, attended a two-day conference of Osteopathic Directors of Medical Education at the Inn of Six Flags, on November 28-29.

Also participating in the program were Dr. Elizabeth Harris, chairman of the microbiology department and Dr. Charles Rudolph, biochemistry department head.

Dr. George Esselman, medical director of the Fort Worth Osteopathic Hospital, served as the local coordinator for the symposium, which included 3rd and 4th year medical students, as well as interns, residents and practicing physicians.

* * * * *

A nationwide search to locate back copies of the Journal of the American Osteopathic Association has been undertaken by the TCOM Library, announces Mrs. Joan Swain, head librarian.

Mrs. Swain said the library, in trying to acquire the full run of issues, needs the following copies: 1901 through 1937; 1939 through 1944; 1946; September, 1964; and August, 1965.

Any persons willing to donate any of the missing issues is respectfully urged to contact Mrs. Swain at 3516 Camp Bowie Boulevard, Fort Worth, 76107.

DR. OGILVIE OPENS NEW DIAGNOSTIC CENTER

The Canton Diagnostic Center, a novel concept in osteopathic medical care, was opened in Canton, Texas on December 17. The new facility is owned and operated by Dr. Charles D. Ogilvie, well-known osteopathic radiologist.

The adobe brick structure is centrally located in Canton, adjacent to the town's two other osteopathic physicians, Drs. Max Weaver and John Turner, and across the street from the new First National Bank Building.

The building contains reception and waiting areas, x-ray, dressing and film processing rooms; consultation and examining suite; treatment room, laboratory and records office. It is finished in cherry paneling and with wall coverings and trim to match the furnishings.

The Diagnostic Center will bring to the Canton area additional facilities not heretofore locally available. It is equipped with a 300 milliampere radiographic-fluoroscopic x-ray unit, automatic film processor, clinical laboratory, electrocardiographic and pulmonary function services.

Dr. Ogilvie states that his desire in establishing the Center is not to duplicate the excellent general medical facilities already available in Van Zandt County, but to complement them with services and skills for which the residents are presently traveling considerable distance. It is, he says, admittedly an experiment in providing more than primary care at the local level.

Emphasis will be placed on cancer detection, cardiovascular and pulmonary evaluation and preventive medicine—all areas in which Dr. Ogilvie has had a special interest. Film interpretation and radiological consultation will also be available by Dr. Ogilvie to the profession.

The Ogilvie family moved to their farm near Canton early in 1972 and shortly thereafter the doctor began construction of his building.

He practiced general medicine and later radiology in East Texas prior to moving to Dallas where he was Chief of Radiology and Nuclear Medicine at Stevens Park Osteopathic Hospital for twenty years.

A certified radiologist, he is a Past-President and Fellow of the American Osteopathic College of Radiology. In October he was awarded an associate membership in the American College of Osteopathic Surgeons.

For many years he was active in osteopathic organizational affairs, having served in the TOMA and AOA House of Delegates. At present he is Chairman of the TOMA Committee on Continuing Education.

At Stevens Park Dr. Ogilvie has been succeeded by his former associate A. G. Bascone, D.O. but will continue to serve the hospital as a consultant in radiology and head of the Tumor Board. ^

In Memoriam

Dr. Elbert P. Carlton

Dr. Elbert P. Carlton, who had practiced osteopathic medicine in Fort Worth for 20 years, died in that city December 11.

Dr. Carlton, 58, a native of Paris, Texas, took his premedical training at TCU and was a 1952 graduate of KCOM. He was a veteran of World War II, serving with the 7th Corps of the 1st Army.

He and his wife, Dr. Catherine Carlton, moved to Fort Worth following his graduation from osteopathic school and established practice.

In addition to his wife, he is survived by three daughters, a brother, sister and two grandchildren.

Rosary was recited December 12 and mass was held the following day with Burial in Mount Oliver.

The family has requested that expressions of sympathy may be made to the Carter Blood Center or to the Texas College of Osteopathic Medicine. ^

Topnotch Convention Made Possible Through Exhibits and Grants

Year after year there are a certain number of pharmaceutical houses and medical equipment firms on whom we can count to support our convention and seminar. However, some firms are leaning toward a policy of not exhibiting at smaller state conventions.

So if we want this continued support of our convention, we are going to have to show our appreciation to the fine firms who exhibit.

As is quite often the case, the first exhibit space reservation came from X-Ray Sales and Service of Fort Worth. Professional Mutual Insurance Company was next, and following closely were Upjohn, Western Research, A. H. Robins, Abbott Labs, Mead-Johnson, W. B. Saunders, Flint Labs, Miller Pharmacal, Sandoz, Ortho Pharmaceuticals, North American Pharmacal, Hill Laboratories, North Western Labs, Wm. Poythress and Lakeside Laboratories.

Merck Sharp and Dohme have offered a $500 grant in support of our scientific program, Eli Lilly and Company is giving $250 and Savage Laboratories is granting us $50. These contributions are most welcome.

Those writing to decline to exhibit include Warren-Teed Pharmaceuticals, Burroughs Wellcome Company, USV Pharmaceutical, Schering Corporation, Eaton Labs, Cutter Labs, Geigy Pharmaceuticals, Lederle Labs, J. B. Lippincott, Merrell Labs, Ross Labs, G. D. Searle and Smith Kline and French. (It should be noted, however that Smith Kline and French support TOMA through advertising in the *Journal.)*

Again, may we suggest that TOMA members show every courtesy to representatives of firms who support our convention and scientific seminar. ▲

JOURNALISM AWARDS COMPETITION ANNOUNCED

The American Osteopathic Association announces the opening of its sixteenth annual Journalism Awards Competition.

Three $100 checks and award plaques will be given for outstanding stories published during 1972 dealing with any aspect of the osteopathic profession.

The contest is open to writers on newspapers, magazines or other regularly published periodicals. Members of the osteopathic profession and their employees are not eligible. Up to five separate articles may be submitted and must be postmarked no later than March 1, 1973. A series of stories may be entered as a single piece if continuity is evident.

Entries must be mounted on white paper with the name of the author and publication typed in the upper right hand corner. Each entry will be judged according to the usual standards of good journalism and its contribution toward better public understanding of osteopathic medicine by a panel of professional writers.

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

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

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

District III News

Among the budding scions of District III D.O.s who are following father's footsteps are: Anton Lester III, Lieutenant USA (Retired) who will enter Kirksville come September; John Turner II, who will be a senior in Kirksville soon; and Jack Grainger, senior at Kansas City, who, after three months of rural preceptorship in Missouri and Texas, began a two month's clerkship before Christmas at Chicago's famed Cook County Hospital.

Texas Ticker Tape

DR. GERALD K. NASH APPOINTED CHAIRMAN

Gerard K. Nash, D.O. has been appointed Chairman of the Professional Development Committee of the American Osteopathic College of Radiology. Dr. Nash's committee has the duty of trying to provide radiologists for hospitals and other Radiologists on one hand and to find new locations for Radiologist Members of the College on the other hand. Dr. Nash is the Chief of Radiology, Southwest Osteopathic Hospital, Amarillo, 79109.

NEW FACES AT TCOM

Dr. Elizabeth Harris has been appointed Assistant Dean of the Basic Sciences under Dr. Hardt.

Dr. Bernard Gothelf comes from the University of Texas Medical School at Galveston and he will be head of the Department of Pharmacology.

Dr. Vernon Morgan, Ph.D. in Anatomy, graduate of Duke University joined the faculty about December 15th in the Department of Anatomy.

Mr. Don Huddleston, who has had graduate work at the University of Alabama, is an instructor of Anatomy at the Denton Campus.

Dr. Intesar Zaidi, born in Pakistan, now a naturalized citizen of the United States, who is a Doctor of Veterinary Medicine and a Ph.D. in Pathology, formerly of the Kansas City College of Osteopathic Medicine, will be on our faculty next year in the Department of Pathology.

TCOM TRUSTEE EUGENE DE KIEFFER HONORED

A Dallas banker October 11 received an honorary life membership in the American Academy of General Practitioners in Osteopathic Medicine and Surgery. **Eugene deKieffer**, vice president and trust officer of the Exchange Bank and Trust Company, received the award during the 75th anniversary convention of the American Osteopathic Association.

DeKieffer, one of the first laymen ever to receive life membership in the General Practitioners' society, is a trustee of the Texas College of Osteopathic Medicine.

TOO MANY DOCTORS BY 1980?

Medical Economics reports that John S. Millis, president of the Fund for Medical Education, warns that by 1980 medical schools will be churning out 15,000 doctors a year "and that's far too many for society to use effectively." According to the report, Mr. Millis's recommendation is that there be no more new medical schools. What Mr. Millis or the report do not say is whether all these doctors will be specialists or whether family doctors will be churned out — doctors which society could use effectively.

Texas Ticker Tape

STAFF NOTES – FORT WORTH OSTEOPATHIC HOSPITAL

Dr. F. S. Wheeler was named a Fellow in the American Osteopathic College of Anesthesiologists at the recent Annual Clinical Assembly in Atlanta. The citation read at the time the degree of fellow was conferred read, in part, "in recognition of outstanding achievement in the field of anesthesiology or service which reflects honor upon the osteopathic profession."

William R. Jenkins, D.O. was accepted into membership in the American College of Osteopathic Surgeons at the same session of meetings. This acceptance comes after a candidate fulfills extensive record requirements and demonstrates surgical ability and experience.

TEXANS NAMED TO "WHO'S WHO AMONG STUDENTS"

Eight fourth-year students at the Kansas City College of Osteopathic Medicine have been named to "Who's Who Among Students in American Universities and Colleges." Among those was a Texan who is **Daniel Kellum**, who's hometown is San Antonio, received his B.S. degree from the University of Texas, Austin.

Selections were made on the basis of demonstrated leadership, scholarship, extra curricular activity, citizenship and promise as a future physician.

INTERNATIONAL ACADEMY OF PREVENTIVE MEDICINE SEMINAR

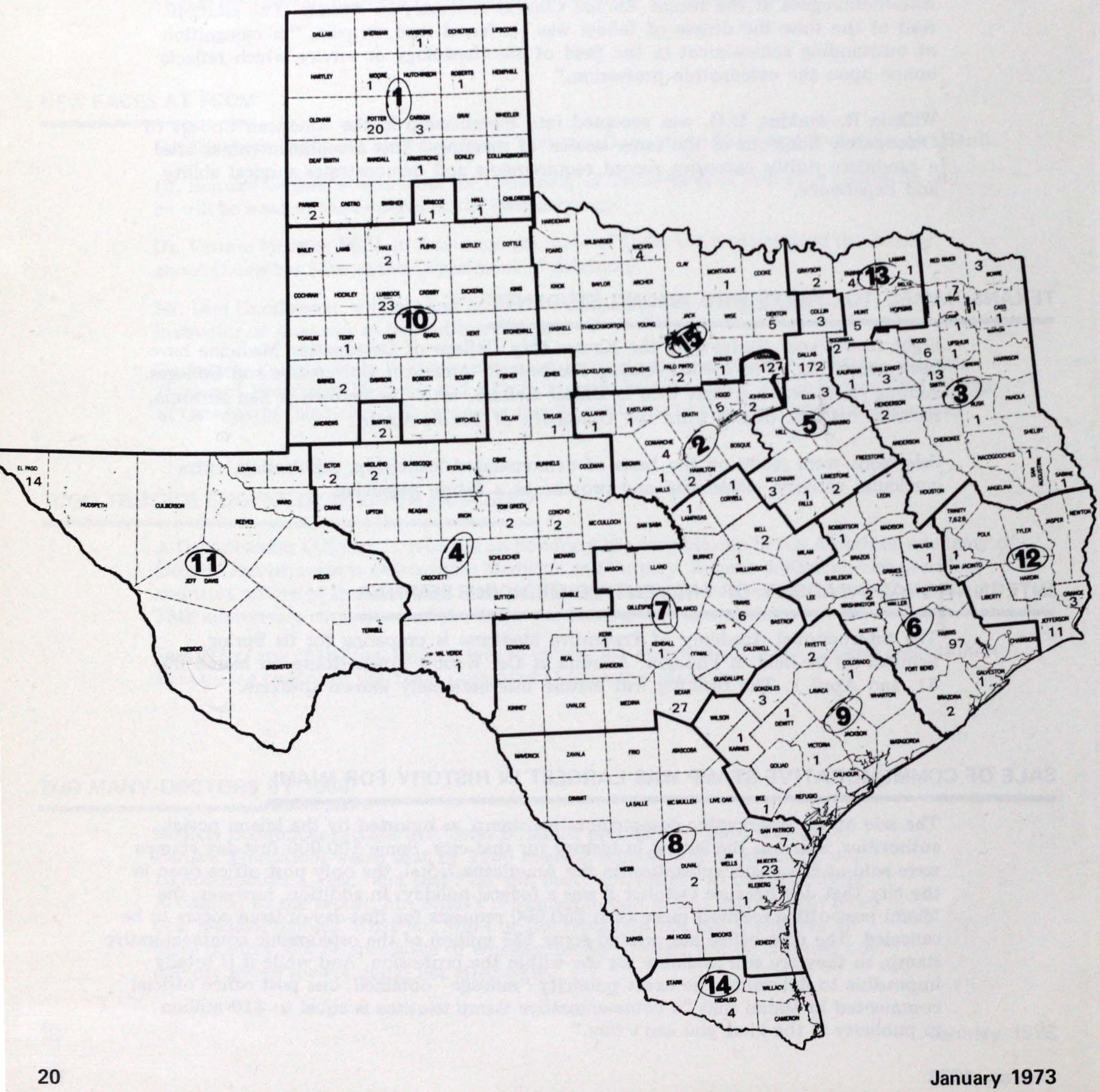
The International Academy of Preventive Medicine is preparing for its Spring Seminar to be held in Phoenix, Arizona at Del Webb's Town House on March 30, 31, and April 1. The meeting will feature internationally known speakers.

SALE OF COMMEMORATIVE STAMP WAS LARGEST IN HISTORY FOR MIAMI

The sale of the osteopathic commemorative stamp, as reported by the Miami postal authorities, also was the largest in history for that city. Some 100,000 first-day stamps were sold at the postal substation in the Americana Hotel, the only post office open in the city that day because October 9 was a federal holiday. In addition, however, the Miami post office received more than 250,000 requests for first-day-of-issue covers to be canceled. The post office has printed some 135 million of the osteopathic commemorative stamp, so they are still available for use within the profession. And while it is totally impossible to determine the exact publicity "mileage" obtained, one post office official commented in Maimi that "a commemorative stamp issuance is equal to $10 million in publicity — the kind you can't buy."

Here's Where

GEOGRAPHIC DISTRIBUTION OF TOMA MEMBERS



Professional Mutual

ONE PURPOSE – TO PROTECT YOU

ONE LINE OF INSURANCE – PROFESSIONAL LIABILITY

Organized and Owned by D.O.s

- √ Protected by reinsurance with 20 companies with assets of over $50,000,000
- √ Our second decade of operation
- √ Competitive premiums
- √ Owned by the people it insures

UNITY INTEGRITY PROTECTION

PROFESSIONAL MUTUAL INSURANCE COMPANY

LICENSED IN TEXAS

Caleb M. Belove, President

3627 Broadway *Kansas City, Missouri 64111* *816–561-1416*

LETTERS

Dear Mr. Roberts:

I just wanted to express my sincere appreciation for the Texas Legislative Scholarship program, which has aided me tremendously these past three years in meeting my tuition obligations here at KCOM. I have completed my classroom requirements for this, my third year, here at Kirksville, and will be embarking upon my clinical clerkship training in just a few days, beginning at Columbus, Ohio. I might add that during my time here so far, I have really come to appreciate my home state and the distinct opportunities for education it affords its residents. I know of no other state with such a scholarship program, for instance, as the one Texas has made available to me these past three years.

Again, my thanks to you and those who have made this financial aid available. I look forward to my graduation from KCOM, and an internship in Texas, and hope that I may someday be able to express in some small way the gratitude I truly feel.

Sincerely,

Thomas J. Havard, III,'74

Dear Tex:

I would like to thank you and the Osteopathic Profession for procuring the Texas scholarships for Texas osteopathic students. I know personally that this has been the difference for me financially.

I think the Osteopathic Profession in Texas should be proud that we have legislatures that would do this for a minority profession. It's hard not to be proud of Texas and its many wonderful people. I know the Osteopathic Profession and the state of Texas will continue in this generous and warm way.

Sincerely,

Randal Sparks
Senior Student KCOM

LETTERS

Dear Sir:

For the fourth straight year the Texas Legislative Scholarship has been granted to me. May I express my gratitude to you, your organization, and the great state of Texas for this much needed and appreciated help.

Following my graduation in June I hope to continue my education at East Town Osteopathic Hospital in Dallas, and then enter family practice in a needy small town in East or Southeast Texas. The site of my relocation is undecided at this time. Could you aid me in finding towns in Texas seeking a family doctor to become part of their community?

It is my hope that the support and confidence shown by Texans in both the Osteopathic profession and its students will be repaid in full.

Respectfully,

S/D Jerry M. Alexander
KCOM '73

Dear Mr. Roberts:

I am writing in regard to practice opportunities in the State of Texas. I will complete my third year of radiology residency in August of 1973 at the Kirksville Osteopathic Hospital.

I am 34 years old, married, have three children, and have completed my service obligation. Following internship I was in private practice for approximately four years before beginning residency training. A more detailed background resume would be sent on request.

If possible I would like to find a position in a few months prior to completion. Any assistance to helping me contact interested hospitals or physicians would be deeply appreciated.

Sincerely,

R. C. Banner, D.O.

CALENDAR OF EVENTS

JANUARY

District II Meeting
January 16

District III Meeting
January 20

FEBRUARY

Public Health Seminar
Postgraduate Seminar
February 17-18
Statler-Hilton, Dallas

MARCH

District III Meeting
March 17

Texas Society of Osteopathic Surgeons
Inn of Six Flags
March 17, 18, 19

International Academy of Preventive Medicine Seminar
March 30, 31 & April 1
Phoenix, Arizona

Texas Hospital Association Mid-Year Seminar
March 31, April 1, 2, 3
Walt Disney World
Lake Buena Vista, Florida

JUNE

Texas State Board Medical Examinations
June 11, 12 and 13
Astroworld Hotel
Houston, Texas

TEXAS OSTEOPATHIC MEDICAL ASSOCIATION
512 Bailey Avenue
Fort Worth, Texas 76107

Address Correction Requested

BULK RATE
U. S. POSTAGE
PAID
FORT WORTH, TEXAS
Permit No. 1646