

# TEXAS OSTEOPATHIC PHYSICIANS JOURNAL



New TOMA President, Dr. John H. Boyd (right), is congratulated by outgoing President, Dr. Robert G. Haman, at the Annual Meeting in Houston in May, when Dr. Boyd took office.



# 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.

## 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 esophagogastroduodenoscopy 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  $\overline{ij}$  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  $\overline{ij}$  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.

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.

### Dual-action Librax— up to 8 capsules daily in divided doses

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

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

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



Roche Laboratories  
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# Varied, Lively Program Holds Interest of D.O.s in Houston

by Dudley Lynch

The more than 350 member-physicians of the Texas Osteopathic Medical Association who, with their wives and representatives from related services and suppliers, attended the 74th annual TOMA meeting and scientific seminar at Houston's dazzling Hyatt Regency Hotel were clued in to important developments on a host of crucial issues — issues that included national health insurance, cancer and heart disease treatment and detection, acupuncture, continuing education for physicians and osteopathic medical education.

A medical educator from Michigan, Dr. Myron S. Magen, D.O., dean of the College of Osteopathic Medicine at Michigan State University, set the tone for the meeting at a kick-off keynote luncheon when he called on the osteopathic profession to establish a "set of national objectives" that will preserve and strengthen osteopathic medicine's dedication to family practice and community services.

"Our physicians have not been insulated behind the walls of the University Medical Center or by the boundaries of narrow subspecialization, but have been broadly based practitioners," Magen said.

A Detroit surgeon, Dr. William G. Anderson, told the TOMA physicians of the need for a more understanding approach to the plight of the cancer patient.

His suggestion is that the physician recognize the need for a philosophic as well as a scientific approach to cancer treatment. "Sympathetic understanding of the plight of the cancer patient is itself treatment," Anderson said. "There is no more lethal blow than telling him that there's nothing more you can do."

"The most difficult and heroic decision that a physician may be called on to make is when is the treatment worse than the disease or when is the treatment less merciful than the sting of death."

Three demonstrations on manipulative therapy were offered by Dr. David Heilig of Drexel Hill, Pennsylvania, president of the American Academy of Osteopathy, who urged TOMA members to re-evaluate their skills and approaches in this area.

Dr. Heilig offered these guidelines for a self-appraisal: Do we communicate with the patient? Do we follow up sufficiently? Do we have a routine or a "rut"? Do we utilize our knowledge of anatomy sufficiently? Are we efficient? Do we overtreat? Do we expect too much or too little? Are we still growing?

Another series of demonstrations featured Harold S. Saita, D.O., of West Vancouver, British Columbia, who was introduced by his long-time friend, George Grainger, D.O. of Tyler as "the world's oldest living acupuncturist." (Dr. Saita is 72.)

Before packed audiences at times, the little Canadian physician — who began studying scientific Japanese acupuncture at age 12 in that country — demonstrated diagnostic techniques using a "neuro-meter" and then proceeded to give demonstrations with his small, fine acupuncture needles.

The osteopathic physician characterized acupuncture as one modality among many to be used as part of the physician's treatment and healing armamentarium.

John C. Taylor, D.O., president-elect of the American Osteopathic Association, a Kansas City general practitioner, addressed the issues involved in the AOA's new program on continuing medical education.

Taylor said the CME requirements should not impose an undue hardship on AOA members, but admitted that they might in rare instances. "Attendance at hospital staff meetings, annual conventions of the AOA, divisional societies, and practice affiliates, alumni week programs at the osteopathic colleges and a host of other meetings and seminars can receive CME credit," he said. "In many cases, simply documenting what a D.O. is already doing will more than meet the requirements."



In speaking to the issue of "Hormonal Management of Metastatic Breast Cancer," Michael D. DeMattia, D.O. of Bloomfield Hills, Michigan, noted that studies by him and his associates show a difference in the hormonal behavior of pre- and post-menopausal females with breast carcinoma. "Since the usual course in premenopausal patients is one of rapidly progressing disease, we do not usually get more than two or three chances at hormonal manipulation before attempting chemotherapy," he said. "In post-menopausal females, we see a slower form of disease and we therefore have more time for hormone trials, especially with the additive techniques."

A Houston heart specialist, Everett Price, M.D., addressed seminar audiences twice, speaking on "Coronary Disease — Indications for Pace Makers" and "Angina: Medical or Surgical Problem". Other health-care-oriented speakers included James R. Merrymen, deputy regional representative of the federal Bureau of Health Insurance, and Ernest A. Maxwell, M.D., of Dallas, acting medical director for Blue Cross - Blue Shield of Texas.

A report on the Washington scene came from Representative Omar Burleson of Anson, a Democratic member of the U.S. House Ways and Means Committee. Representative Burleson said, "We are not going to have a national health insurance bill this year, but we likely will have one next year." He said he has proposed a plan which would work largely within the free enterprise system that would cost only \$8 billion a year as opposed to others that would cost as high as \$70 billion. Forty-five of Representative Burleson's fellow congressmen are co-sponsors of the bill.

The Texas congressman disparaged the idea of a "health crisis," noting that the problem is some instances of maldistribution. He told TOMA doctors: "We've got some shortages. We might like to do heart surgery in Cross Plains, and there are a lot of people who would like to have one of you on every corner, but it can never be done."

Also at the Houston meeting, the Texas General Practitioner of the Year was announced as Dr. H. Eugene Brown of Lubbock. The 35-year old doctor is a graduate of Texas Tech and the Kansas City College of Osteopathic Medicine. He began practice ten years ago in Idalou, Texas, and moved to Lubbock seven years ago, where he is now highly active in civic and community affairs and is chief of staff at Lubbock Osteopathic Hospital.

Dr. Ralph Peterson of Wichita Falls was named a life member of the TOMA House of Delegates in honor of his lengthy years of service. Dr. Peterson was president of TOMA in 1930-31 and is currently chairman of the TOMA ethics committee.

## *New President Looks Toward Improved Professional Image*

When Dr. John H. Boyd accepted the TOMA Presidential gavel, he told the assemblage, "Aside from running TOMA's day-to-day business, there are things we know we have to do that I hope we can undertake jointly — with all departments, committees and members working together.

"One of these projects that depends on each member of this Association is improving the image of the osteopathic physician in Texas today. It is my belief that if we do this, probably we will carry the allopathic profession along with us somewhat, but that's one of the side benefits — or liabilities, depending on your point of view.

"Another thing — and this is something I've said to many of you — if you foresee a problem . . . if there's something you feel we are not doing that we should be doing, please speak up. Don't come up at this time next year and say 'we should have done this differently' . . . because that's what we are here for — to try to figure out how to do what is best for every osteopathic physician in Texas, and for the profession throughout the country." ▲

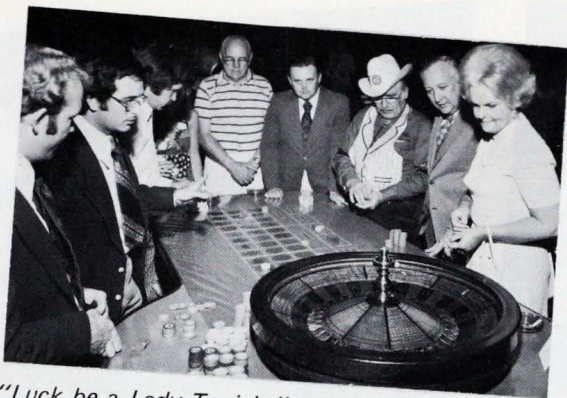
The new president of TOMA assumed office in Houston, Dr. John H. Boyd of Silverton, who succeeded Dr. Robert G. Haman of Irving. The president-elect is Dr. H. Eugene Brown of Lubbock. Re-elected to office were Dr. Michael Calabrese of El Paso, vice president; Dr. Samuel Ganz of Corpus Christi, speaker of the House of Delegates; and Dr. David F. Norris of Tyler, vice speaker.

In addition to Dr. Boyd, Dr. Brown, Dr. Calabrese and Dr. Haman the Board of Trustees include Dr. Raymond E. Beck of Fort Worth, Dr. Frank Bradley of Dallas, Dr. Dwight H. Hause of Corpus Christi, Dr. Gerald A. Flanagan of Denton, Dr. Charles Mehegan of Amarillo, Dr. John Cegelski of San Antonio, Dr. Richard C. Leech of Bedford, Dr. Billy J. Sealey of Deer Park, Dr. David R. Armbruster of Pearland, Dr. J. Michael Behrens of El Paso, Dr. Ralph C. Merwin of Orange and Dr. Ronald H. Owens of Dallas.

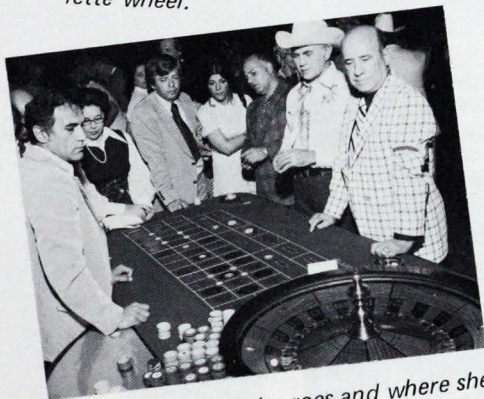
Three-year terms as delegates to the American Osteopathic Association's House of Delegates went to Dr. David Armbruster of Houston and Dr. John Burnett of Dallas.

The 75th annual TOMA meeting will be held at the Convention Center in McAllen April 25-27, 1974. ▲





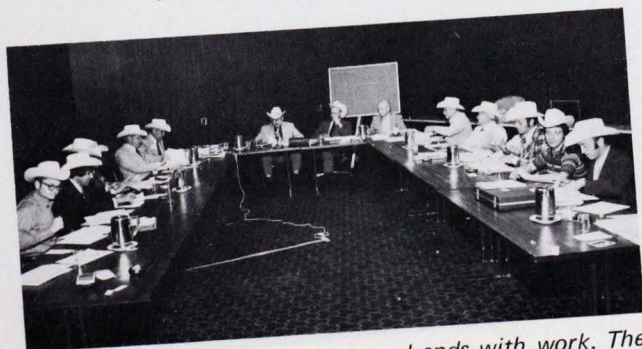
*"Luck be a Lady Tonight" might be what Dr. Coy (third from right) is saying to himself at the roulette wheel.*



*"Round and round she goes and where she stops nobody knows," but (to the right) Drs. Calabrese and Holcomb have hopes!*



*Representing TCOM at the President's Reception (l. to r.) are Director of Development Ray Stokes and Mrs. Stokes, TCOM Student Wives President Susan Ramsey, Mrs. Marion Coy and Dr. Coy, TCOM President.*



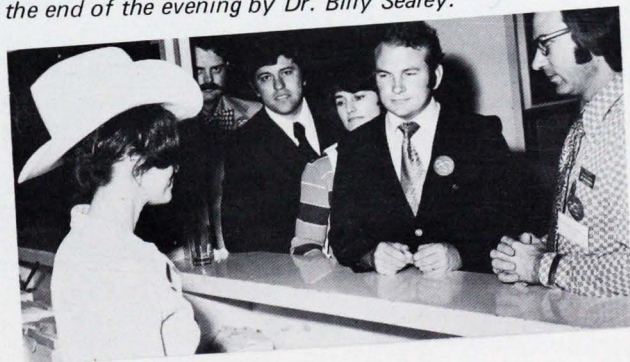
*The Annual Convention starts and ends with work. The TOMA Board of Trustees met Tuesday afternoon, and the newly elected Board met Saturday.*



*President Boyd (far right) is too interested in the roll of the dice to turn toward the camera. But in his bright orange suit he was easily spotted in the Fun Night crowd!*



*Elaine Armbruster takes drink orders at blackjack table in front of display of the many prizes auctioned off at the end of the evening by Dr. Billy Sealey.*



*Diana Mayo of the TOMA office staff, registers TCOM students—Association guests at the College Luncheon.*



*The House of Delegates held its day-long session Wednesday, with Speaker Sam Ganz wielding the gavel. Not all of the 61 elected delegates were caught by the camera in this picture.*





These "Ladies of the Evening", Betty Hardimon, Linda and Elaine Armbruster, were constantly at work seeing that the gamblers' glasses were kept filled.



Outgoing TOMA President Haman proved to be an expert blackjack dealer, as attested to by TOMA, staff girls, Diana Mayo and Annabelle McCormick, who managed to win enough to outbid others at the auction following the night of gambling.



The red garter on Dr. Dwight Hause' sleeve, one of the Fun Night favors, was displayed to better advantage on some of the costumed ladies.



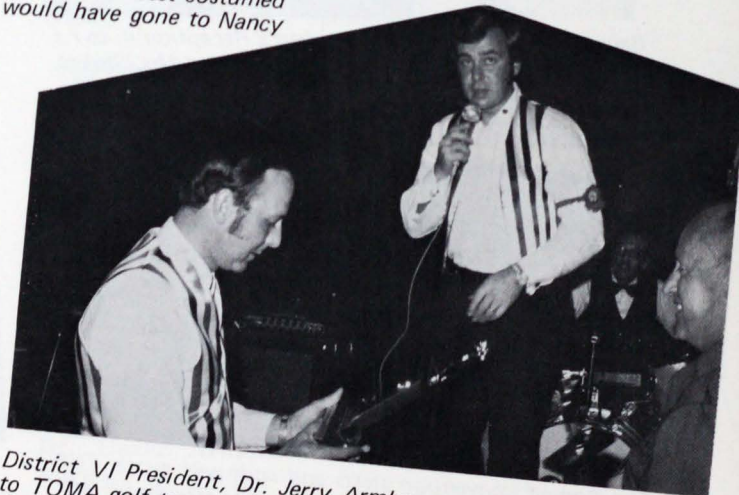
If prizes had been awarded for the best costumed couple, they no doubt would have gone to Nancy and Benjamin Beall II.



The necessity of missing Fun Night may be the cause of Dr. Methner's rather solemn expression.



Not losing their places at the crap table, but turning to face the camera, are Dr. T. T. McGrath and Dr. George Grainger.



District VI President, Dr. Jerry Armbruster, presents trophies to TOMA golf tournament winners, Dr. David Armbruster and Dr. Lester Vick.



# 30 TOMA Past Presidents Honored



Following his valedictory address to attendants at the TOMA Annual Convention in Houston, retiring President Haman and incoming President Boyd presented to 29 past presidents of TOMA "First day covers", of the postage stamp commemorating the 75th anniversary of organized osteopathic medicine. First of these distinguished members to be called to the podium to receive this memento was Dr. Phil R. Russell, TOMA president in 1923-24.



The youngest past president of TOMA (and the youngest ever to be elected to that office) Dr. Bobby G. Smith, (1970-71) is active on numerous TOMA Committees and has been chairman of the Medical Jurisprudence Committee since leaving the presidency. He is now AOA Trustee, along with Dr. George J. Luibel, another TOMA past president to be recognized and presented a First Day Cover.



Dr. Ralph H. Peterson, oldest living past president of TOMA, who served in that office in 1930-31, was the second to receive the First Day Cover from Dr. Haman and Dr. Boyd.



Dr. Joseph L. Love is the only past president of TOMA who has the distinction of serving in that capacity for two years . . . 1944-46.

After ascending to the TOMA presidency, Dr. John H. Boyd presented a First Day Cover to Dr. Haman, the 30th past president of TOMA now living in Texas.



# Crisis Intervention

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

Crisis intervention — a term coined by the psychiatrists and popular today, aptly describes a course of action the osteopathic profession must take if it is to meet the needs being placed upon it. I will direct my attention primarily to the educational component of this profession.

In 1969 the first new College of Osteopathic Medicine in 40 years opened its doors. This was rapidly followed by the opening of the Texas College of Osteopathic Medicine and planning for new schools in Oklahoma, Florida, and possibly New England, New York and Arizona. The profession is on the move educationally and there appears a new pride and a feeling of progressive militancy.

These activities have occurred spontaneously. Sometimes illegitimately conceived and always born with difficulty.

It has been done, not with any master plan in mind, but on an ad hoc basis and at the local level. Nonprofessionals (in the educational sense) have provided the initiative, the energy and in most instances the money. They have given of themselves, often at great personal sacrifice to provide this profession, and the people of this nation with additional health professionals. These efforts have been carried out, and are being carried out, in many instances against the opposition of individuals both within and without the profession.

*Perhaps a redirection of the  
profession is necessary.*

And yet, this very activity, so commendable, and so necessary for the life of the profession places us at an educational crossroad and presents us with the realization that perhaps a redirection of at least a certain segment of the profession is a necessity.

*Intellectual leadership within the  
profession has not been sought.*

Historically, we have prided ourselves upon the education of physicians brought up in the tradition of service. Service to the community and to families with each other — the influence of the osteopathic profession rests not upon an holistic approach, or upon the efficacy of manipulative therapy, but upon the concept of family practice and community service. Our physicians have not been insulated behind the walls of the University Medical Center or by the boundaries of narrow subspecialization, but have been broadly based community practitioners.

Within the profession the Colleges of Osteopathic Medicine have not been looked to for intellectual leadership. The Professor of Osteopathic Medicine, or the Professor of Surgery has usually not had the prestige of his counterpart in the community hospital. The brilliant physicians and brilliant teachers, in most instances, were not to be found within our colleges but within the communities. In fact, one may even detect within certain segments of this profession an anti-intellectualism which has worked and continues to work against the best interests of the profession.

We have become successful beyond our fondest dreams. Recognition on a parity basis has occurred in every state in the Union and at the level of the Federal Government. Our profession has been granted accreditation recognition by the U. S. Office of Education and the National Commission on Accreditation. Representatives of the Osteopathic Profession sit on various Federal and State commissions and committees. The majority of our colleges receive some form of state financial support and one of our colleges is an integral part of a great state university. In other words, we as a profession are no longer comfortably insulated behind the walls of our various state associations, pri-



vate colleges and national union. We have been accepted as one of the primary health care professions of this nation and our educational institutions have been given the responsibility for supplying a portion of the health manpower for this nation. In the vernacular, we have paddled our own canoe from the small tributary into the mainstream of the American health care system, or non-system.

### *We have accepted an awesome responsibility.*

However, lest we settle back and pat ourselves on the back with a self-satisfied smile, let us examine what all this means. We have accepted an awesome responsibility. The ball is now in our court. Like the Emperor with his new clothes, we had better face reality. We can no longer cry discrimination or minority status to excuse a lack of initiative or responsive action that is in the public interest.

We have accepted the responsibility and have been given the authority to set standards for the education of health care professionals. Yet, we have accepted no responsibility for educating the faculty who will train this health care professional. As an example, the College of Osteopathic Medicine — Michigan State University has available funding for 15 to 20 FTE clinical faculty. At the moment these positions remain unfilled for lack of qualified applicants. While it is true that the academic salary does not approach the income of the private practitioner, a more important factor is the lack of an academic tradition within the osteopathic profession. There still persists the feeling within the profession that, "those who can—do, and those who can't—teach". There has been no profession-wide effort to attempt to fill this gap. In fact, I would assume that there has been no profession-wide recognition of the problem.

### *We have placed our heads in the sand.*

And what of the need for the trained administrator—both in the fields of education and health care delivery? We have placed our heads in the sand and hoped that it would go away. But it won't. In addition, if one of the great strengths of the profession, if

one of the modalities we have to offer, is manipulative therapy, what have we done to place it on a sound scientific basis? Very, very, little. With the exception of some small beginnings at Kirksville and Chicago, we have made a lot of noise but practically no action. Primary to this failure has been a lack of trained and well qualified clinical researchers and basic scientists knowledgeable and interested in the problem. Yet if we really believe what we say, this form of therapy must be placed upon a foundation that today's scientifically educated student will understand and accept. Religion belongs in the theological seminaries, not in the colleges of osteopathic medicine. Science and religion, like oil and water, while they may reach an accommodation, do not often mix.

We as a profession now face a manpower crisis. Not in the provision of community practitioners, but in the provisions of what are colloquially and sometimes disparagingly called — academics. There is no pool of trained manpower upon which to draw. Our colleagues within the College of Human Medicine — Michigan State University, experience relatively little difficulty in going to neighboring medical centers and recruiting well-trained faculty. If we, at COM attempted the same approach at our sister Colleges of Osteopathic Medicine, we would in effect be robbing Peter to pay Paul.

### *We have built our strength upon a proud background.*

As a profession we have built our strength upon a proud background of family practice and community service. We are now in danger of emasculating this potent force due to a lack of faculty, qualified to carry out this tradition. Our educational institutions have been given short shrift in the Russian Roulette of manpower recruitment.

In addition, we have neglected to make use of our collective strengths and collective experiences. Our colleges operate independent of one another; in only rare instances using the resources and strengths of another. Our hospitals are even worse. Not only is there a distinct lack of cooperation but sometimes out and out antagonism. Not only does this add to the waste of financial resources, but it adds to the dissipation of an already scarce manpower pool.



If allowed to continue we can only see a further dispersion of these resources with an eventual inability on the part of the profession to respond to the public's mandate. Already, we are stretched dangerously thin in the ability of our national organization to respond to the professional and public pressures placed upon it. An example of this is the requirement for 150 hours of continuing education to maintain national membership. Certainly a worthy purpose and very commendable in its motivation. However, the deliberations of a committee and the formation of a one-man office in Chicago, do not a program make. Not to mention the lack of clear cut objectives relative to this continuing education effort. In other words, what do we hope to accomplish and why? If it is to increase the expertise of the individual physician and consequently his ability to provide better health care to the public — what are his needs? Have we evaluated the type of education necessary to meet the educational needs of the practicing physician? And once we have evaluated these needs, what are the programs that will most effectively and efficiently meet these needs? And once we have done this, how will we measure the ability of the program and the physician? How do we know we have met a need efficiently and effectively if we don't have measuring instruments? And who will develop the instruments and utilize them? Motivation and good intentions, without the personnel with necessary expertise, are like a ship without a rudder. Much motion but little purposeful action.

### *It is now time to take stock.*

I suggest that it is now time to take stock. It is now time to develop for this profession a set of national objectives. An evaluation of where we want to go and how we are going to get there. The Torah says that if one does not know where he is going, all roads will get him there. At the moment we are travelling all roads. A set of national priorities for the osteopathic profession is long over-due. Coupled with this must be an evaluation of our resources, both monetary and personnel-wise. Our most important resources are not our institutions or money, but people. As yet we have not learned to make the most effective use of these people. A shopping list of strengths and weaknesses must be developed and a nation-wide effort mounted to meet our manpower needs. This must be a concerted effort of all elements of the profession — political,

hospital, educational, etc. Every area within the profession must be involved. Every institution within the profession with the strength to aid in this program must be utilized. One of the dangers we run is that our natural chauvinism, and natural suspicion will prevent us from using resources outside the profession that may be necessary to make these efforts successful.

### *The great leap forward*

This is a unique profession, born in adversity, and at times beset by giants from outside who had the avowed purpose of seeing to our destruction. In spite of these handicaps we have been able to secure public recognition and are now stronger than at any time in our history. It is now time for us to become introspective and like the Chinese take the "the great leap forward". A communal effort, founded not on narrow local needs, or beset by individual prejudices, but based on mutual confidence and mutual need must begin as soon as possible. Only in this way do I see any chance for this profession to meet the demands that are being placed upon it. Before it is too late we must take stock of ourselves, meet our deficiencies head-on, recognize our weaknesses and band together for our common good. Let us not like Pogo, look at ourselves ten years from now and find, "We have met the enemy and they are us." ▲



*Keynote Luncheon emcee was Dr. Jerry Armbruster left, President of the host District. Keynote Speaker Dean Magen was introduced by TOMA Executive Director Tex Roberts. Newly elected President, Dr. John Boyd is shown at right.*



# "A most constructive year"

*says retiring President Haman*

Mr. Toastmaster, Dr. Boyd, distinguished guests at the head table, members of TOMA and guests:

I want to thank you for the opportunity to serve this past year as your President. I mentioned this time last year that I would like to offer — not solutions to the many problems before us — but a rededication to an old philosophy that the profession was built on; and that was one of loyal unity, friendship and a positive attitude towards each other and all matters concerning this profession.

You, the members, have given to me this year without a question a total response to secure better unity, to renew loyalty and dedication to our total profession, including TOMA and TCOM, by moving forward together. I want to congratulate you for this, and thank you. With membership loyalty and dedication, along with my Board's wisdom and tireless efforts we have had a most constructive year for TOMA.

I would like to introduce my Board, not only as a working team but as true leaders each and everyone in their own great way. Without their counsel and guidance history may have told a different story this year: Drs. John H. Boyd, Richard M. Hall, Michael A. Calabrese, David Armbruster, H. Eugene Brown, Samuel B. Ganz, David Norris, Max Ayer, Raymond E. Beck, John Cegelski, Dwight Hause, Richard Leech, Leland Long, Billy Sealey, J. Michael Behrens, Ralph Merwin and Ronald Owens.

Without the TOMA staff, those in the official family could not have been so effective this year. Within our own group and with the world outside they helped us look better than ever. So, if I may ask those members of TOMA staff to please rise and let's give them a round of applause.

Just think: This time next year we will be in the final preparations to graduate our first Texas D.O.s from our own great college. This will only come about because you, the members of TOMA, have risen to the cause when the College needed help the most, and that was during its embryonic state, to assist in many ways to help it stand up straight and then take its first giant step forward together in friendship.

I could elaborate at great length about the progress we have made this year but I am sure you have been informed of these events. Many internal changes were made to further strengthen and improve the efficiency for a more secure, forward thinking operation. Many

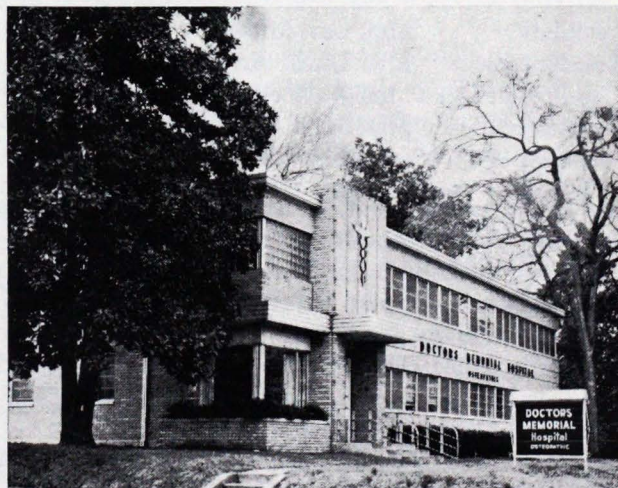
external challenges were dealt with in a most professional manner, and that I am extremely proud of and thank you, the profession, for that.

We have found this year, while working together for the best interest of the people of Texas and in friendship with all other groups, there is nothing this profession cannot do or has no limits to our growth and contribution to improve the quality health care in our State.

I leave this office as your president with great pride and heartfelt thanks to all of my many friends throughout the State and knowing this profession is stronger and more united because you are working together for each other to improve quality health care in Texas. Because of this I know we will have many positive years ahead for osteopathy in Texas, I am just proud to be a D.O. in Texas, and one of you. ^

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# A7OMA News



The convention in Houston was a great success. The Auxiliary was well represented and District VI worked very hard to make it extra special. The Regency Hyatt House made a lovely setting for all our activities.

The activities for the Auxiliary started with a Koffee Klatch on Thursday morning to get reacquainted with old friends and to get acquainted with new ones. The House of Delegates met Thursday afternoon. We felt very honored to have Dr. John Taylor, President-Elect AOA, Dr. Robert Haman, President TOMA and Dr. Michael Calabrese, Liaison Officer to the Auxiliary TOMA there to address the delegation. We also felt very privileged to have Mrs. George Carpenter, AAOA President in attendance.

Friday morning, Mrs. Carpenter gave a very informative workshop to the Auxiliary members. Immediately following the workshop was the Installation Luncheon. Ann Randall of Neiman-Marcus gave a very lovely fashion show. Mrs. Carpenter then installed the following officers for the coming year:

President —	Mrs. Carl Mitten
President-Elect —	Mrs. David Armbruster
Vice President —	Mrs. Walter Russell
Secretary —	Mrs. John Cegelski
Treasurer —	Mrs. F. S. Wheeler

The President's Reception Banquet and Dance was held Friday night in the Imperial Ballroom. As an extra attraction a Galleria Shopping Tour was offered to the Auxiliary members on Saturday.

Saturday night a grand time was had by all at the Wildcatter's Saloon. There was a buffet, gambling and dancing. Prizes galore were auctioned off after everyone made his fortune at the gambling tables.

The Executive Board of the Auxiliary to TOMA would like to say "thanks again" to District VI.

## NEW OFFICERS & COMMITTEE CHAIRMEN FOR 1973 — 74

President:	Mrs. Carl Mitten, Houston
President-Elect:	Mrs. David Armbruster, Pearland
Vice President:	Mrs. W. Russell, Dallas

Secretary:	Mrs. John Cegelski, San Antonio
Treasurer:	Mrs. F. S. Wheeler, Fort Worth
Past President:	Mrs. Bobby G. Smith, Arlington
Corresponding Secretary:	Mrs. John Cegelski, San Antonio
Parliamentarian:	Mrs. J. Michael Behrens, El Paso
Historian:	Mrs. J. T. O'Shea, Fort Worth
Auxiliary News Chairman:	Mrs. B. R. Beall, II, Mineola
Membership:	Mrs. David Armbruster, Pearland
Program:	Mrs. Walters Russell, Dallas
Funds:	Mrs. Ralph Cunningham, Houston
Public Ed.:	Mrs. Floyd Hardimon, Houston
Public Relations Chairman:	Mrs. H. Eugene Brown, Lubbock
Yearbook:	Mrs. Bill Puryear, Fort Worth
Lay Guild:	Mrs. Hugo Ranelle, Fort Worth
File & Supply:	Mrs. F. S. Wheeler, Fort Worth
Scholarship:	Mrs. Donald Peterson, Dallas

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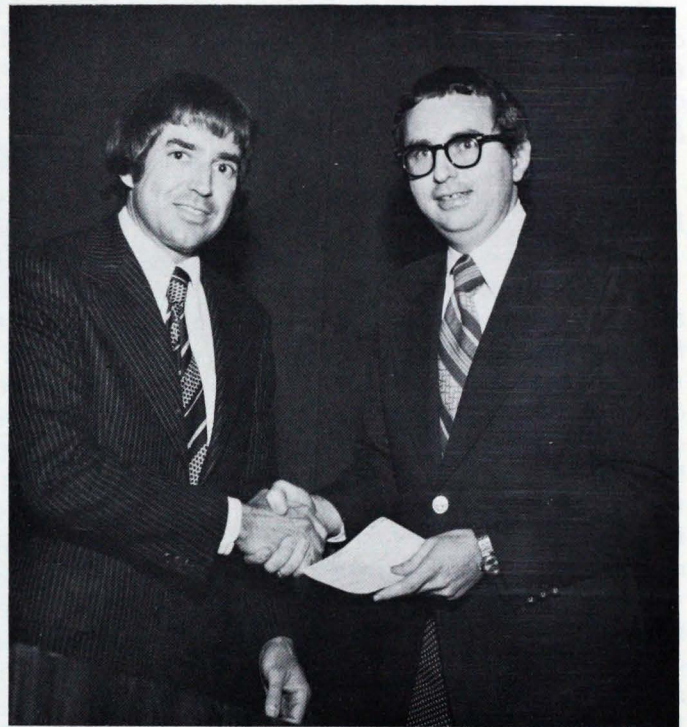
Gerald Moore, Administrator  
Jack County Hospital  
Jacksboro, Texas 76056 — Phone 817-567-2655



# Awards Presented



Following his election as TOMA's President-Elect for 1974-75, Dr. H. Eugene Brown of Lubbock received a second honor when he was named Texas General Practitioner of the Year. The award was presented at the President's Banquet Friday night by Dr. Donald Peterson, President of the Texas Society of General Practitioners in Osteopathic Medicine and Surgery. A closely guarded secret, TOMA's press bureau, headed by Dudley Lynch, had a difficult time learning which D.O. had been chosen to receive this honor so that he could get the news to the press in time for the morning editions. ▲



Dudley Lynch of Dallas, one of this year's AOA Journalism Award winners, is presented a check by the chairman of TOMA's Public Relations Committee, Dr. Ronald H. Owens. In addition to the checks from the two Associations, Mr. Lynch was awarded a plaque by the AOA. However, it did not arrive in time for this issue of the Journal.

His award came through his extensive coverage of the life of an osteopathic country physician, Dr. Carl Sohns of Cross Plains, Texas. One of his stories was featured in the Dallas Morning News Sunday Magazine, and one in Texas Parade Magazine. ▲

**Internal Medicine and Nuclear Medicine**  
C. D. Brashier, D.O.  
L. T. Cannon, D.O.

**Radiology**  
R. N. Dott, D.O.  
Frank J. Bradley, D.O.

**General Surgery**  
E. G. Beckstrom, D.O.  
W. R. Russell, D.O.  
Charles H. Bragg, D.O.

**Thoracic and Cardio-Vascular Surgery**  
C. D. Farrow, D.O.

## CONSULTANT STAFF

**Obstetrics and Gynecologic Surgery**  
R. L. Fischer, D.O.

**Pathology**  
G. E. Miller, D.O.

**Medical and Surgical Anesthesiology**  
H. H. Beckstrom, D.O.  
S. S. Kababjian, D.O.  
Paul A. Stern, D.O.

**Proctology and Urology**  
K. S. Wooliscroft, D.O.

**Orthopedics**  
T. R. Turner, D.O.  
T. T. McGrath, D.O.  
M. L. Glickfeld, D.O.  
J. A. Yeoham, D.O.

**Ophthalmology and Otorhinolaryngology**  
R. M. Connell, D.O.

**Ophthalmology**  
Hubert M. Scadron, D.O.  
**Otorhinolaryngology**  
Martin E. O'Brien, D.O.



**Dallas Osteopathic Hospital**

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

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# LETTERS

*We received in the State Office a copy of this letter which was sent to Donald Siehl, D.O., Chairman, Committee on Continuing Medical Education.*

Dear Sirs;

In the event someone has not yet acquainted you with the problems a family physician has in a small town with this proposed "continuing education kick" everybody seems to be on now a days, I am taking pen in hand to alert you of them. I am taking for granted that this whole idea was brought up by some Ph.D. or other bright individual connected with our federal government or Blue Cross - Blue Shield but totally unconnected with the problems of the medical profession. In other words, I am assuming that no D.O. is lacking that much common sense but that this move is one of self-defense rather than a primary idea of the AOA.

First of all, I suppose nobody evaluates the daily experiences of an active family doctor as a continuing education. I was always under the impression that the school of experience not only does not accept drop-outs but that the lessons learned are far more practical and worthwhile than anything you can learn in a book. I assure you, sir, that a busy family doctor has every opportunity to learn not only old things but new ones as well.

A family physician in a single practice in a small town counts it fortunate if he can get two weeks vacation in five years. How would you manage to get off from two to four times a year for post graduate work if you had all the people in a small town of two to four thousand depending on you? Indeed, how would you take off without the danger of being sued for deserting your patient?

There is also the financial cost to

the doctor which is considerable. For example, if I take off for one week it will cost me about \$700.00 in missed business, plus travel and living expenses, plus the professional costs. At most one week will give me about 30 to 40 hours of post graduate instruction costing me roughly \$1,000.00.

As I understand it, this educational program is a must if I want to retain my AOA membership, Texas state association and, directly, my hospital staff association and eligibility to collect insurance claims. As I understand it, you will also institute some means of checking my claims for educational credits gained out-side of your direct jurisdiction. Please allow me to predict that, if you persist in this course, you will lose more association members in a profession already decimated by overloads of bookwork to keep up with government standards. As I understand the situation a physician can always go back to a pure office practice in which he does little more than give shots, treatments and medication. Not as satisfactory, perhaps, but at least much of the irritants are removed.

The idea of forcibly telling a group of people as individualistic as physicians that you must do anything in order to belong to an organization is like playing "Russian roulette". In a profession as scarce as we are it makes little sense to keep adding "musts" to the possibilities of being a full-fledged practicing physician. It is bound to effect the numbers of new students in our schools. There is just not that many masochists in this country.

Let me repeat in outline form some of the objectives you will face.

1. The whole idea sounds as though it was born outside our profession and there will be objection to that, in principle.
2. The idea of having claims for educational credit policed and being

"treated as children" will encounter much objection.

3. The necessity for being away from patients will pose many problems, including the possibility of a law suit.
4. The money it will cost will also cause antagonism.
5. The AOA ruling of "either or" sounds as if our profession is giving us an ultimatum.
6. The total lack of consideration for a doctor's daily experience in his education shows a shallowness of practical thought that could only emanate from a theoretical or scholarly mind. This total disregard of continuing experience as a part of post graduate education will be your main objection.

If this educational program can be handled via tape courses of instruction plus hospital staff, district, state and national meetings it might stand a chance of some success. If not, as the southern Sheriff says on T.V. "Yo in plenty of trouble, boy!"

Sincerely,

Allen M. Fisher, D.O.

~~~~~

March 26, 1973

Dear Tex:

Mr. James McArthur has forwarded me a copy of the Abortion, Acupuncture Resolutions passed by the TOMA Board and also a copy of the Peer Review Committee Manual.

May I congratulate you on a job well done — the information is excellent.

Sincerely,

Doyle W. Ferguson, M.D.  
Vice President  
Medical Director  
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**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 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.

**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, Texas 713-379-2651.

**NIXON** — Associateship in successful practice in smaller community 50 miles east of San Antonio, with D.O. who owns nursing home. Excellent opportunity for young G.P. Working agreement flexible. Call collect 512-582-3671, 512-582-3771 or 512-582-5161. Dr. W. G. Millington.

**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.

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

**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.

**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.

**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.

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

**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. —————>



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

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.

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.)

## Dr. Suderman in DO CARE

A Pharr osteopathic physician purchased a small four place Cessna plane two years ago in order to shorten the time between home and college for his two oldest daughters.

He and his daughters have all learned to fly, but now, his plane and his profession has taken him to a remote, isolated section of northern Mexico to render medical aid to cave dwelling Tarahumaras, who are the most primitive in Mexico and date back to the stone age.

He is Joe Suderman, D.O., who went to this remote section southwest of Chihuahua in March and expects to return again in June.

On the trip made by Dr. Suderman, he did not take any medicine or his doctor's bag or any equipment, but there were two other fly-in doctors there who were old timers and they had enough medicine and equipment to put him to work. For two and one-half days, three D.O.s, two dentist and a veterinarian saw over 250 patients and a number of animals. So many of the patients are in pathetic condition and would be hospitalized here. These Indians traveled long distances

over treacherous terrain, on foot or on donkey, to secure the treatment from the fly-in doctors.

Many of the Tarahumaras have never seen a white man or a Mexican. They were there, apparently before Columbus, and were on this continent at the same time as the Incas and the Aztecs.

A nation-wide organization called "Docare" has been formed to fly osteopathic physicians to this rugged Sierra Madre mountain terrain, in a 7,100 foot valley with only a 2,000 foot clay landing strip.

About 56,000 Indians inhabit this region, which is only 300 air miles from El Paso, Texas. Docare was formed in 1961 and today there are 40 serving as volunteers. They fly in their own planes at their own expense.

A film, "Doctors of the Stone Age", has been produced by the AOA and is available on loan from the Texas Osteopathic Medical Association, 512 Bailey, Fort Worth, Texas 76107. ▲

[from the Pharr Press]

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# We're doing something

DISTRICT IV

by Wiley B. Rountree, D.O., Secretary

Dr. Marion E. Coy, President of the Texas College of Osteopathic Medicine, gave an inspiring presentation of the beginning and the continuing growth of the Texas college to the membership of District IV and their guests April 8. The Sunday dinner meeting was held at the Abilene Country Club with Dr. and Mrs. Joe Alexander as local hosts.

Dr. Coy outlined his relationships with the College, and expressed his hope that it would become the best college in our profession. He praised highly the dedication of the faculty members and of the many doctors from the profession who give of their time and experience to the student training. The overall exceptional merit of the student body was noted, and the recent visitation by various members of the student body to some of the liberal arts colleges around the state to talk with students about our profession was cited by Dr. Coy as illustrative of the students' interest in building an awareness of our College and its opportunities to other students. He told of having received letters from administrators of the colleges visited by our students of the conduct and spirit of our students and of the interest evoked by the visitations.

Dr. Coy had been invited to the meeting to give "an objective documentary of the status of our College". The District IV membership, wives and guests got this, and more, as Dr. Coy recounted the phases

of beginning, building and faculty development, the relationship with North Texas State University, the expression of separate professional status being maintained through special procedure checks, because they also witnessed and felt his spirit and enthusiasm of working with the Board and the profession in developing a college of the first rank in our profession.

Dr. Coy closed his highly informative talk with an itemization of certain support to the college, publicly, and of the basic professional and philanthropic support. With architectural master plan sketches, Dr. Coy showed future plans for the growth of the College.

The best ending to this report might well be Dr. Coy's opening question: "Do you realize that your college will be graduating Doctors of Osteopathy in just one more year — in May, 1974?"

Dr. Coy, a Past-President of the American Osteopathic Association, was accompanied by Mrs. Coy, a Past-President of the Auxiliary to the AOA. This was their first visit into this part of the mesquite and plains country of Texas — part of the West that Fort Worth claims to be the gateway to — the land of open ranges, oil, farming, cattle, and a lot of good people. We were proud of the warmth of our reception inside, but we had apologies for the 24 degree weather outside. Thanks, Dr. and Mrs. Coy, for coming through on such a cold day, and particularly for a job well done! ▲

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# We're doing something

## DISTRICT III

Dr. Earl and wife Mavern Kinzie were guests of Liberty lawyer Bill Daniel at his "plantation-ranch" out of Liberty, Sunday March 25.

Among other guests, according to Earle's account, were "three busloads of Houston Astronauts, and about forty visiting Russian Cosmonauts."

Bill Daniel, cousin of Mavern, and likewise to the two Price Daniels, was not long ago governor of Guam.

\* \* \* \* \*

Our old friend Tom Hagan, of Longview, who died recently (see notice elsewhere in this issue) left several pieces of equipment his wife, Ruth, wishes to dispose of.

For instance, there are three McManis tables and one Spinalator, all in good working order, and the upholstery is good. There is a Standard X-ray with fluroscope, No. 4200, 220V, 60 (?) amp, with auxiliary equipment. One 777 Wilmont autoclave with stand, one Ritter clave with stand. One office scales, one colonic irrigation set. One operating room type lamp with stand. One small treatment room lamp with stand. Then there are various pills, some syringes and instruments, and two or three instrument tables. Many items are in very fine shape.

Anyone interested may call Mrs. Hagan at her home in Longview, 758-2113, and she will be most happy to show you the equipment.

*Charles D. Ogilvie, D.O., F.A.O.C.R.  
Radiological Consultant*

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Canton, Texas 75103  
Phone: 214-567-4171

## DISTRICT VII

Dr. John J. Cegelski, Jr., was invited by the President Elect of the British Osteopathic Medical Association to address their Annual Convention March 22, 1973. Dr. Cegelski's topic was Osteopathic Medicine in the United States today.

In appreciation for his attendance and talk, a dinner was given in his honor at the Claridge Club in London, England, at which time he was presented an honorary membership in the British Osteopathic Medical Association, and an honorary Ph.D. from Sussex College in England.

Dr. Cegelski is President of District VII of the Texas Osteopathic Medical Association and is a member of the TOMA Board of Trustees.



*On the left is Dr. C. A. Pragnell, and on the right is Dr. John J. Cegelski, Jr.*



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# Sustaining Memberships: Hottest Selling Item in Houston

The good guys in the white hats are members of TOMA's Board of Trustees—nearly half of the 39 D.O.s who signed up at this year's convention as new Sustaining Members of the Association.



Shown standing (l. to r.) are Drs. Robert G. Haman, Max E. Ayer, John H. Boyd, Dwight H. Hause, H. Eugene Brown, David F. Norris, J. Michael Behrens, David R. Armbruster and Michael A. Calabrese.

Seated are Drs. Billy J. Sealey, John J. Cegelski, Jr., Ralph C. Merwin, Ronald H. Owens, Richard C. Leech, and Samuel B. Ganz. Dr. Ganz is TOMA and AOA Speaker of the House of Delegates, and Dr. Norris is TOMA Vice Speaker.

Board members absent during the picture-taking session were Drs. Raymond E. Beck, Richard M. Hall and Leland C. Long.

New sustaining members not shown include Drs. Jerome Armbruster, Frank Bradley, David L. Bruce, Marion Coy, C. E. Dickey, Roy B. Fisher, Robert L. Peters, Joseph L. Love, James P. Malone, David O'Mara, Clifford Swayze, T. R. Sharp, Edward Newell, Arthur Kratz, W. R. Jenkins, Horace A. Emery, Joe Suderman, Robert Finch, Katherine Paterson, Walters Russell, Wiley Rountree, Robert G. Maul, Edward J. Yurkon and Victor Zima.

Although TOMA Executive Director Tex Roberts is not eligible to be a Sustaining Member (or any other type except Honorary), the Board was more than willing to accept his \$100 (the fee sustaining members pay in addition to their regular annual dues), since his contribution can be used in a number of ways on behalf of the osteopathic profession.



Here he is standing between Dr. H. Eugene Brown and Dr. David Armbruster. Seated are Dr. John Boyd, Dr. Robert G. Haman and Dr. Michael A. Calabrese.

The white hats were contributed by retiring President Robert G. Haman, new President John H. Boyd, and President-Elect H. Eugene Brown.

Surprisingly, it was difficult to find enough white hats in the entire city of Houston to supply one to each of the new sustaining members.

Those who signed up at the convention were given a form to fill out on which they could indicate one of four categories to which they would like their additional \$100 applied.

These include college support, student doctor support, negotiations on behalf of the profession with third parties, and legislative activities in Austin and Washington. ▲

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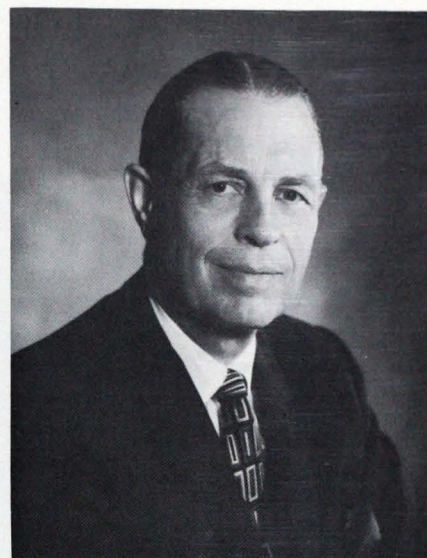
**THIS IS IT!** — TCOM President M. E. Coy, D.O. unveils plans for remodeling the college's recent purchase at 3440 Camp Bowie Boulevard during a "Friends of TCOM" meeting. The new building will be the site of a TCOM outpatient clinic as well as an autopsy theater, the business offices and the college bookstore.▲

Eugene deKieffer has been appointed registrar and director of admissions for Texas College of Osteopathic Medicine. Until recently he served on the college board of directors.

Mr. deKieffer, a graduate of Northwestern University, was formerly vice president and trust officer of the Exchange Bank & Trust Company of Dallas.

He is president of the Dallas Estate Planning Council and of the Dallas Council of the U.S. Navy League. He holds the C.L.U. designation and is listed in "Who's Who in the South and Southwest."

Mr. deKieffer is married and has one daughter.▲



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~~~~~  
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~~~~~

## AOA-CME program specifics

Watch AOA publications for further specifics and details, as they are developed by the AOA Committee on Continuing Medical Education, Donald Siehl, D.O., chairman.

### Items D.O.s should remember:

- AOA-CME program commences June 1, 1973
- CME credit, according to regulations adopted by AOA House of Delegates,\* cannot be granted for CME activities pursued prior to start-up June 1, 1973
- First year of program is from June 1, 1973, through December 31, 1974†
- Date on which all CME requirements for first three-year period must be met is December 31, 1976
- CME requirements are waived† for AOA members in the following categories: (1) Life members; (2) Retired members; (3) Regular members who are not engaged in active clinical practice; (4) Regular members on active military duty in the uniformed services or Veterans Administration; (5) Regular members located outside the continental limits of the United States; and (6) Missionaries.

### Possibilities for earning CME credits:

(The following items are *not* official. Criteria for attendance and a list of acceptable courses and program will be established by the AOA Committee on Continuing Medical Education and will be published in AOA publications.)

- Attendance at osteopathic and allopathic meetings
- Attendance at hospital staff, department, and committee meetings
- Preparation of scientific exhibits
- Attendance at other accredited medical education courses approved by AOA Committee on Postdoctoral Training
- Other modalities, including audio tapes, video tapes, self-assessment methods, radio/telephone seminars, etc.
- Reading JOURNAL OF THE AMERICAN OSTEOPATHIC ASSOCIATION and other scientific journals.


\*As adopted by the AOA House in July 1972, REQUIREMENTS: 20 hours/year or 60 hours/3 years of "osteopathic" CME—required (mandatory); 30 hours/year or 90 hours/3 years of osteopathic and/or allopathic CME—elective.

†As adopted by AOA Board of Trustees in January 1973 to implement CME program.









# Things to say when you leave the hospital.

To the nurse who brought you the extra ice cream and gave such marvelous back rubs, tell her if you were her boss you'd give her a raise.

To your family doctor who has taken such good care of you all these years, what can you say but a warm, sincere, thank you. Again.

To the nurse who woke you up to give you your sleeping pill, just a simple thanks will do.

To the orderly who pushes you in the wheel chair after you've been released, tell him you'd rather walk, but you won't because you know it's hospital rules.

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# In Memoriam

## Dr. Carl R. Stratton

Dr. Carl R. Stratton, a Life Member of TOMA, died at his home in Cuero April 2, 1973.

The son of a KCOM graduate, Dr. Stratton graduated from KCOM in 1938 and practiced in Cuero until his retirement. He was the father of Dr. Richard L. Stratton (KCOM '47) of Arlington, and James A. Stratton of Cuero.

The family owned and operated a hospital in Cuero for many years until it was closed in 1969 because of governmental regulations, and Dr. Stratton has been retired since that time.

Dr. Stratton's Life Membership was presented at the 1970 convention in Lubbock.

Born in Nelsonville, Ohio, Dr. Stratton graduated from the Nelsonville High School and attended Ohio University.

He had been a member of TOMA for nearly 40 years, was an AOA member and a past president of the Rotary Club.

He is survived by his wife, Lucille, in addition to his two sons.

## Dr. William D. Blackwood

Dr. William D. Blackwood, 64, passed away Sunday, March 25, in Comanche. He was born February 27, 1909 in Newton, Iowa, and had been a resident of Comanche for 27 years. He married Miss Dorothy Newell June 9, 1935 in Newton.

He graduated from Des Moines College of Osteopathy & Surgery in 1933 and practiced in Iowa & Oklahoma before moving to Comanche, in 1949 and practiced there until his retirement last year.

He was a member of the Masonic Lodge No. 481, and a member of the Methodist Church.

Survivors include his wife, and one son and one daughter.

## Dr. Doyle Ferguson

Practicing physicians in Texas lost a great friend April 7, 1973 when Doyle W. Ferguson, M.D., died of a heart attack at his lake home in northeast Texas.

In spite of previous heart problems, Dr. Ferguson was continuing to serve in the demanding position of vice president and medical director of Blue Cross-Blue Shield of Texas, the federal intermediary for Medicare-Medicaid and large carrier for private prepaid health insurance.

Dr. Ferguson was born on a farm in northern Oklahoma July 21, 1919, received a B.S. degree from Oklahoma University in 1940, attended Baylor Medical School in Dallas, and received his M.D. degree from Southwestern Medical Foundation, Dallas, in 1944.

He entered general practice in Dallas in 1945, served as a captain in the U.S. Army in Germany from 1953 to 1955. He returned to private practice in Dallas in 1955 until he joined Blue Cross-Blue Shield as Medical Director July 1, 1967.

In 1951 he was recipient of the outstanding family physician award presented by the Dallas County Medical Society, and served as president of that society in 1966.

## Dr. J. T. Hagan

Dr. J. T. Hagan, Longview, died February 8, 1973, of complications of cirrhosis of the liver. A 1929 graduate of KCOM, Dr. Hagan practiced in Longview ever since his graduation. He was a founding member of District III.

Dr. Hagan is survived by his wife Ruth, a son and daughter and five grandchildren. The son, Major J. T. Hagan, USMC, is stationed in Montgomery, Alabama. The daughter, Mrs. F. D. Moore, lives in Kirkland, Washington.

## Dr. Louis H. Logan

Services for Dr. Louis H. Logan, retired osteopathic physician, were held April 5 in Dallas. Dr. Logan died April 3.

A graduate of KCOM, he was born in Clay County, Mississippi, and had lived in Dallas since 1923. He retired from practice last year.

Dr. Logan was a past president of TOMA (1933-34) and a life member of the AOA.

He is survived by his wife, one daughter and two brothers.

## Dr. Edmond C. Evans, Sr.

Dr. Edmond C. Evans, Sr., (KCCOM '43) died in Mineral Wells April 12, 1973. He had suffered a cerebral vascular accident following surgery October 7, 1971 and had not been in active practice since that time.

Born in Caddo, Texas May 17, 1911, Dr. Edmonds attended Mineral Wells High School and obtained his B.S. degree from East Texas State Teachers College before entering KCCOM.

Following his graduation from Kansas City, he practiced in Mineral Wells in association with his father. He practiced in Hurst for a short time in the early '60s before re-establishing practice in Mineral Wells.

His son Dr. Edmond C. Evans, Jr., (KCCOM '67) joined his father in practice after completing his internship at Lakeside Hospital in Kansas City. Dr. Evans, Jr., continues his practice in Mineral Wells.

Mrs. Evans also survives her husband.

TOMA wishes to express its sympathy to Dr. Harriet Stewart in the loss of her father, Charles J. McLaughlin who died May 10, 1973.

Services were held May 12 at the Wildwood Chapel, Restland Memorial in Dallas.



# New Fraternity at TCOM

A new chapter of Sigma Sigma Phi, the national osteopathic honorary service fraternity, was formed recently on the TCOM campus. Dr. William Strong of New York, the president of the Grand Council of Sigma Sigma Phi, Pat Patterson of Kansas City, a lay advisor, and Dr. George J. Luibel, a fraternity alumnus, met with the five sophomores and seven juniors who were invited to become charter members of the Eta Chapter.

S/D Chuck O'Toole was elected president while S/D Sam Buchanan was elected secretary/treasurer.

Membership in the honorary fraternity, by invitation, is extended to students in the last half of the sophomore year or the first of the junior year who stand in the top half of their class academically and who show leadership ability. The size of the chapter is limited to 15% of the student body.



*Advisors and members of the Eta Chapter of Sigma Sigma Phi are (front row) Dr. George J. Luibel, fraternity alumnus, Student Doctors David Ray, Keith Watson, Bob Wilson, John Williams and lay advisor Pat Patterson. In the back row are*

*Student Doctors Sam Buchanan, Chuck O'Toole, Richard Hochberger, Paul Livingston, David Wiman and John Sessions. Not shown are Dr. William Strong and Student Doctors Jesse Ramsey and Sterling Lewis.*

## 3 D.O.s Open Clinic in Keller

Three KCCOM classmates recently opened the Keller Medical and Dental Clinic at 238 Main in Keller.

The three D.O.s, Drs. Ray Denson, Jarvis L. Bull and Rann L. Clark, are 1971 graduates of the Kansas City College. Dr. Denson and Dr. Bull interned at FWOH and Dr. Clark at Wright-Patterson AFB. They completed their internships in the spring of '72.

The new clinic's hours are 9 a.m.

to 6 p.m., with one doctor on duty each morning and one in the afternoon. The clinic's emergency room is covered 24 hours a day.

Dr. Denson and Dr. Clark are native Texans, and Dr. Bull comes from Oklahoma.

Located northeast of Fort Worth, Keller is very near the Southlake property TOMA recently purchased for a new State Office building. ▲

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# *...nor rain, nor heat, nor gloom of night???*

Much has been written in the newspapers and talked about on TV concerning the sometimes almost intolerable delays of mail.

When our TOMA presidents lived in Arlington and Irving, it often took as much as three days for a first-class letter to be delivered between Fort Worth and one of those points (no more than 35 miles).

When President Richard M. Hall lived some 400 miles away, we could depend on one-day postal delivery. We now find the same true with President John Boyd (around 300 miles from Fort Worth).

We have the *Journal* delivered to our home, just to check on how long it takes that publication to be delivered within the City. A year or so ago we would receive it within a day or two. Now it takes at least five.

Now we learn that it takes nearly three weeks for it to be delivered some 200 miles away in Texarkana, or 100 miles away in Tyler—as attested to by the following exchange of letters:

Dear Tex:

*I noticed a meeting in the TOP Journal for February 17-18, 1973. I received my Journal February 21 and this was the first notice I had of this meeting. This is the second instance of state meetings scheduled of which I had no notice until after the meeting was over.*

*Why do we get a state Journal for February as late as the 21st of the month? It seems to me there is a lack of communication somewhere, and I would like to have attended this meeting.*

A. Ross McKinney, D.O.

Our reply:

Dear Ross:

*I am equally disturbed that you did not receive your February Journal until the 21st of the month!*

*Enclosed is the statement of mailing, dated February 6, that we made out the day the February issue was placed in the post office here. Also, we sent out a separate mailing on the Seminar (of which you write) on January 18.*

*We adhere to a strict schedule of placing the Journal in the post office on the first day or two of the current month; and certainly on rare occasions we have not gone past placing the issue in the post office six days after the first of the month printed on the cover.*

*I read the comment of a senator in Washington the other day in which he said that if the government had to take over the Penn Central Railroad that he hoped they didn't run it like they do the post office.*

*I'm going to protest to the post office, and I'm going to ask all of our members to send us the date that they received their magazines and maybe we can build up a case for more prompt delivery.*

*Thanks very much for your letter, and please keep us up-to-date on what is happening in the matter of delivery of your Journal.*

Tex Roberts

copy to: H. George Grainger, D.O.  
TOMA Publications Committee

Dr. Grainger communicated:

Dear Tex:

*I've been meaning to call this poor delivery of TOPJ to my own office myself. (I'm glad Ross McKinney did.)*

*This incident (to be described) happened once before, this one last week:*

*I was in Fort Worth February 17 at a TCOM meeting, and picked up a Feb. Journal there! I didn't receive my own at Tyler until Feb. 24.*

*(There's been a lot of griping in the paper here about Tyler's delivery, so I figured it must be a local post office problem). But to wait for delivery from Fort Worth 18 days! That is an outrage.*

*As I said, this has happened before to my knowledge. And I never receive it before the second half of the month.*

George Grainger

Now — what about the rest of you? — Ed.



# Texas Ticker Tape

## TOMA CONVENTION MAKES THE NEWS

ASSOCIATION NEWSLETTER, a publication which prints interesting ideas concerning conventions throughout the country, printed the following in its May issue: "Cocktails and Conversation" were promised by the Texas Osteopathic Medical Association, to lure members to the opening of exhibits at its 1973 convention. Waitresses with cocktail trays circulated around the hall and in the booths, to spare members and displays from breaking off chats in order to get a refill.

## DR. BREITENSTEIN MOVES TO GRANBURY

Dr. Larry J. Breitenstein has moved his practice location from Eden to Granbury, where he is associated with Dr. L. A. Wills at the Brazos Medical and Surgical Clinic. Dr. Breitenstein is a 1969 graduate of COMS and served his internship at Fort Worth Osteopathic Hospital.

## A NEW DOCTOR FOR TEXAS

Expected to begin practice in Kermit about June 1 is Dr. J. R. Snedeker of Battle Mountain, Nevada and formerly of Denver, Colorado. Dr. Snedeker is a 1949 graduate of KCCOM and is a certified surgeon and urologist. He is a member of the American College of Osteopathic Surgeons. While practicing in Colorado, he was appointed by President Nixon to work with rural clinics in Colorado.

## THOSE NUISANCE CALLS

*The Kiplinger Washington Letter* reports, "Companies that sell by phone or door to door: Valuable booklet, "Who's Home When," is available telling in detail what times of the day to catch people at home . . . by age, race, cities or farms, etc. Send fifty cents to Publications, Social and Economic Statistics Administration, Census Bureau, Washington, D.C. 20233. (If you are bothered by these nuisance home phone calls as much as we are, we'd suggest you write your reps in Washington, asking that this booklet be withdrawn from publication and distribution! — Ed.)

## CALIFORNIA RELATIVE VALUE STUDY NOW AVAILABLE

Copies of the 1969 California Relative Value Study are now available at the TOMA State Office at a cost of \$4.00 each, which includes mailing and handling. This is a reference work that the TOMA Peer Review Committee has approved for use in conjunction with the TOMA Peer Review Manual, a new publication which is available from the State Office at no charge.



# Texas Ticker Tape

## DR. NEWELL ATTENDS MEETING

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Edward T. Newell, D.O., Dean of Academic Affairs, Texas College of Osteopathic Medicine, attended the first annual meeting and visitation of the Osteopathic Educational Communications Association (OECA) held at the Kirksville College of Osteopathic Medicine on May 8 and 9. Representatives of audio visual instructional departments of osteopathic colleges across the nation were in attendance.

## CHANGES IN ADMINISTRATIVE PERSONNEL

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Congratulations to Mr. John C. Woodson who has been appointed Administrator of Corpus Christi Osteopathic Hospital, Corpus Christi, Texas.

## NEW BUDGET LARGEST IN HISTORY FOR KCOM

---

The Board of Trustees of the Kirksville College of Osteopathic Medicine adjourned late Sunday (April 29) having approved a \$10,126,307 operating budget, the largest in the history of the college. The new budget represents a \$751,498 increase over the \$9,374,809 budget approved for the fiscal year ending June 30, 1973.

## DR. NASH BECOMES MEMBER OF DIABETES ASSOCIATION

---

Gerald K. Nash, D.O., Amarillo, was admitted as a member to the Professional Section of the American Diabetes Association as of April 1. Dr. Nash has been a member of the Colorado, New Mexico and Texas Diabetes Associations for the past year.

## DR. BORCHERDING COMPLETES POST GRADUATE COURSES

---

Dr. H. J. Borcharding of Aransas Pass has just completed two post-graduate courses it was announced recently.

The first post-graduate course was in cardiac and pulmonary intensive care at the University of Texas Medical School at San Antonio. It was an extensive course with classes once a week for 10 weeks from January 17 through March 21.

Dr. Borcharding completed the second course this spring in Austin at the University of Texas. It covered athletic injuries and was directed toward team physicians.



TEXAS OSTEOPATHIC MEDICAL ASSOCIATION

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*TOMA President-Elect Dr. H. Eugene Brown finds himself in luck as he is pictured with three lovely ladies. Left is Miss Debbie Haman. On Dr. Brown's other side is his wife Dana, while Mrs. Robert G. Haman stands far right.*