

Texas OSTEOPATHIC PHYSICIANS Journal

VOLUME XXIV

FORT WORTH, TEXAS AUGUST, 1967

NUMBER 4



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Texas Osteopathic Physicians' Journal

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TEXAS ASSOCIATION OF OSTEOPATHIC PHYSICIANS AND SURGEONS

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VOLUME XXIV

FORT WORTH, TEXAS, AUGUST, 1967

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AOA House of Delegates



FRED E. LOGAN, SR., D.O.

The House of Delegates of the American Osteopathic Association met July 15-18, 1967 at the Drake Hotel, Chicago, Illinois.

Dr. Loren Rohr was unable to attend the meeting and since I was first alternate it was my good fortune to be seated in Dr. Rohr's place.

Having never attended the American Osteopathic Association House of Delegates as a member, put me in the category of a freshman. I was quickly made aware of the importance of experience and unity at a meeting of this type. Nothing can replace experience and I hope I have gained a greater insight of the many duties each delegate has to perform. In fact there are times when you should be in two places at once and this is not always easy.

Personally I was quite proud of our delegation. They are well accepted, listened to, and consulted by the other major powers as well as the smaller ones. We had five old pros and two freshmen. The regulars did a great job and while the two of us that were new may not win the rookie of the year award, we attended every session and learned a lot.

The American Osteopathic Association election of officers were as follows:

President Elect — Roy Young, Michigan

1st Vice President — Max Kamen, New York

2nd Vice President — Paul E. Wilson, Florida

3rd Vice President — F. L. Reed, Oklahoma

Board of Trustees (Three year term)

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3. William L. Silverman, Penn.
4. John Taylor, Missouri
5. James J. Rivello, New York

Board of Trustees (One year term)

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Speaker of House

Phillip E. Haviland, Michigan

Vice Speaker

Jean F. Le Roque, Iowa

The following statement was unanimously adopted by the House of Delegates of the American Osteopathic Association in response to the latest policy adopted by the American Medical Association relative to "converting osteopathic colleges into medical schools."

"The A.M.A. contention that osteopathic education needs to be improved is obviously not shared by recognized educational accrediting agencies, by the federal government, by state licensing bodies or by the millions of Americans who prefer osteopathic care.

"This policy is clearly another attempt by that political group to dominate or control all aspects of American health care — a role that the A.M.A. neither merits nor has the moral or legal right to enforce. Health care in America does not belong to physicians, medical or osteopathic. It belongs to the people.

"The A.M.A. stands alone in its assessment of osteopathic education, but the osteopathic profession stands together in vigorously opposing this arrogant policy of academic piracy."

Summary of Staff Reports, A.O.A.



SAM GANZ, D.O.

The executive director of the American Osteopathic Association, Dr. True B. Eveleth, reviewed the past twelve months and pointed out the advances of our profession during this period:

1. The American Osteopathic Association was unanimously accepted by the National Commission on Accrediting as the accrediting body for osteopathic education. In the past certain benefits and recognitions were denied the American Osteopathic Association on the basis that it did not have this recognition. The action of the Commission has eliminated that problem.
2. D.O.'s are now accepted as qualified commissioned officers in the Medical Corps. Twenty osteopathic physicians have been commissioned voluntarily and one hundred eleven have been appointed through Selective Service. These D.O.'s are commissioned as medical officers on the same base, wearing the same insignia and having identical designations as doctors of medicine who serve in the Medical Corps.
3. On October 18, 1966 the Federal Government announced that hospitals accredited by the American Osteopathic Association would be deemed to have met the Conditions of Participation under Medicare. This recognition will remain

in effect as long as there is assurance that hospitals accredited under the program meet these Conditions of Participation i.e. the American Osteopathic Association accreditation program will be continually evaluated by the Department of Health Education and Welfare.

The financial position of the American Osteopathic Association continues strong. As of May 31, 1967 there was \$358,319 in surplus cash and a reserve of \$448,532 in stocks and bonds for a total of \$806,851. This is an increase of \$200,383 over last year. The combined net worth of the American Osteopathic Association as of the above date is \$1,936,256. This represents an increase of \$331,978 over the past year. The American Osteopathic Association income in excess of expense was \$262,623 for the fiscal year.

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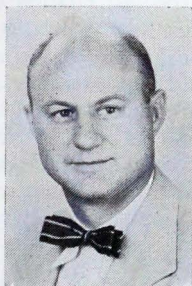
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COMPLETE HOSPITAL AND CLINICAL SERVICE

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Osteopathic Progress Fund Committee



E. C. BAUM, D.O.

In the fiscal year of 1966-67 members of the osteopathic profession and affiliated groups, through the Osteopathic Progress Fund, made available to the five osteopathic colleges \$977,403.79 which represents 97% of the million dollar goal. The CCO received \$102,686.07; the COMS \$108,991.51; the KC 82,139.43; the KCOS \$581,448.05; the PCOM received \$102,138.73. Seventy-four percent of the profession gave an average of \$173 each (based on divisional society membership). This is a considerable increase over last year.

Kentucky leads with 234% of their goal. Those who exceeded their goal are: Alaska, Arizona, Colorado, Florida, Hawaii, Indiana, Kentucky, Louisiana, Maine, Massachusetts, Michigan, Minnesota, Missouri, Nevada, New Jersey, New York, Ohio, Oklahoma, Oregon, South Dakota, Tennessee, Texas, Virginia, Washington, West Virginia, and Wisconsin. Those with over 90% were: District of Columbia with 95% and New Mexico with 96%. Also Illinois, Iowa, North Dakota, and Rhode Island were among the leaders giving to osteopathic education.

One new state, Nevada has adopted a support-thru-dues bylaw. The other divisional societies who have adopted a support-thru-dues program up to this time are: Arizona, Colorado, Florida, Hawaii, Indiana, Iowa, Kansas, Kentucky, Maine, Massachusetts, Michigan, Minnesota, Missouri, Nevada, New

Hampshire, New Jersey, New Mexico, New York, North Dakota, Ohio, Oklahoma, Oregon, Rhode Island, South Dakota, Tennessee, Texas, Virginia, Washington West Virginia, and Wisconsin. A well organized campaign for voluntary support was put on by one of the larger divisional societies who did not have a support-thru-dues bylaw with the result that this state reached only 23% of its goal.

Every effort is being made to assist the colleges in encouraging their alumni to give over and above the \$100 support they provide through their divisional society dues. This support is a tremendous help to the colleges—in fact, a life saver for them in most cases. Still it is not near enough of a subsidy to enable them to do the job that is expected of them, and which they must do.

This Committee also considered the following resolutions:

(1) "RESOLVED, that a Bureau of Comprehensive Health Planning be established to replace the present Bureau of Public and Industrial Health and its component committees." This was approved by the House of Delegates. It will mainly accomplish more effective committee function and will rearrange the Committee so that they will fit into this planning program with the design purpose of "determining, evaluating and reporting the trends and developments in each component task force area as it relates to the deliverance of health care service. They shall make recommendations to the Board of Trustees and House of Delegates of the American Osteopathic Association concerning programs or activities which should be initiated and/or implemented by the Association to achieve improvements in the health, safety and welfare of the public."

(2) Resolutions were presented by New Mexico and Nevada to help further improve a two way communication between the divisional societies and the AOA.

Since there was a degree of similarity between the two resolutions the Ad Hoc Committee recommended to the House of Delegates that the Nevada resolution be approved as follows:

"WHEREAS, the survival and expansion of the osteopathic profession depends upon constant vigilance and aggressive action on the part of state associations in cooperation with the American Osteopathic Association, and

WHEREAS, such efforts will be successfully only as a result of the free flow of information and frequent person-to-person communication between and among individual osteopathic physicians and surgeons, their state association, other state associations, and the American Osteopathic Association, and

WHEREAS, the various state associations need the help of knowledgeable advocates, THEREFORE, BE IT RESOLVED,

by the Nevada Osteopathic Medical Association in convention assembled, that we urge and petition the American Osteopathic Association to establish regional traveling representatives who would work closely with state associations, and

BE IT FURTHER RESOLVED, that the AOA House of Delegates recommend to the AOA Board of Trustees that such methods of two-way communication be established within one year (1 yr.) from this date, and

BE IT FURTHER RESOLVED, THAT IN ORDER TO FACILITATE THIS TWO-WAY COMMUNICATION, THAT THE EXECUTIVE SECRETARY OF EACH DIVISIONAL SOCIETY BE URGED TO FORWARD TO THE AOA A COPY OF THE DELIBERATIVE ACTIONS OF ITS GOVERNING BODY AS SOON AS POSSIBLE AFTER SUCH MEETINGS."

Bureau of Public Education on Health:



JACK P. LEACH, D.O.

The annual report of the Bureau of Public Education on Health headed by J. Edward Sommers, D.O., Chairman, was presented at the House of Delegates of the American Osteopathic Association, July, 1967.

Dr. Sommers reported on the progress which has been made for the second straight year regarding the states joining the list of unlimited states.

Forty-one states are now unlimited.

Maryland and Nebraska have now joined the list of unlimited states.

It was further reported that the D.O.'s also succeeded in passing a bill which places a D.O. on the State Department of Health.

The AOA Public Relations Department created interest in Osteopathic legislation through public media and assisted in presenting the profession's story at public meetings.

The AOA Legal Office provided a bill drafting help.

The Bureau of Public Education on Health furnished expert witnesses for legislative hearing. Mr. Mills of the AOA Office of Education testified on Osteopathic colleges, accreditation procedures and national acceptances of Osteopathic accreditation procedures.

It was also noted from Dr. Sommers' report that unlimited states will be called

on to help neighboring limited states in various ways.

The Bureau is expending its activities to assist D.O.s in obtaining unlimited licenses in foreign countries.

The Bureau will continue to maintain up-to-date information on the profession for use in limited states and to develop large quantities of new information to meet changing situations.

Committee on Disaster Medical Care:

The report as given by Robert J. Kromer, D.O., Chairman on the Disaster Medical Care Committee advised that three members of this committee met informally at the October meeting of U.S.C.D. Council, program for which was "Disaster Communications — Problems of Coordination."

This Committee's major activities have consisted on encouraging Osteopathic physicians, hospitals, and colleges to take an active and enthusiastic part in all phases of planning and training in mass casualty care.

It was further mentioned in this report that hospital inspections require a review of the hospital disaster plan which must be rehearsed at least once annually. It was suggested that whenever and wherever city or county-wide disaster drills are held that all Osteopathic hospitals participate in such exercises.

Continued participation in the Medical Self Help training programs was encouraged through state and local organizations. These training courses filmed in color are now available from state health departments' divisions of health mobilization.

Notice was made of the Pfizer Merit Award for outstanding service and activity in Mass Casualty Care and Non-Military Defense and Disaster Preparedness to Joseph Wesley Ebert, D.O., at the Annual United States Civil Defense Council.

Also Paul J. Stitzel, Administrator of Brentwood Hospital, Cleveland, Ohio, was named to the Health Services Advisory Committee of the U.S. Civil Defense Council.

Committee on Mental Health and Retardation:

It was noted that the Chairman, Herman E. Conyers, D.O., attended the annual meeting of the National Association for Mental Health in New Orleans and the annual meeting of the American Association on Mental Deficiency in Denver.

At the latter meeting the AOA representative was invited by the executive director of the American Association on Mental Deficiency and was well received. It was stated at two of the meetings that the AAMD was happy to

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see the AOA interested enough to send a representative to their meetings. The Committee has been invited to send a representative to the next meeting to be held in Boston in 1968.

By a resolution adopted by the American Osteopathic Association Board of Trustees in February, 1967, a proposed program to aid mentally retarded individuals was presented.

In order for this Committee to be of more value to members of the Osteopathic profession, cooperation was requested from the state associations.

Each divisional society was urged to reinforce its Committee on Mental Health and Retardation.

The Committee firmly believes that with the adoption of the program presented for aid to the mentally retarded followed by the implementation on the part of the divisional societies, colleges and hospitals, will result in great benefit to all retarded individuals and their families.

This has been the first year for the Committee on Mental Health and Retardation to function as a joint committee. It was formed to work as a liaison between the AOA, the American College of Neuropsychiatrists and the laity engaged in mental health work.

Committee on Physical Fitness and Sports Medicine:

The Committee has met once during the fiscal year. All correspondence was handled by the Chairman, C. Robert Starks, Jr., D.O.

The Committee believes in the right of a state or district society to conduct a program for the benefit of coaches or others on athletic injuries. Nine states conducted such a program during the fiscal year.

Next year this Committee anticipates a series of articles on sports medicine for the D.O. and JOURNAL by a number of authors, some of whom have already been contacted.

Committee on Medical Care Plans:

The activities of the Committee as a

whole during the past year have been rather limited.

However, the Committee along with representation from the Central Office, the President, President-elect and Chairman of the Insurance Review Committee and Committee on Ethics met with representatives of the Health Insurance Council in an endeavor to develop attitudes and working relations with them concerning participation of all physicians in the care of an individual and the billing procedures inherent to the participating physicians.

Dr. W. Clemens Andreen, Chairman of the Medical Care Plans Committee, attended the American Public Health Association meeting last fall in San Francisco. The AOA Public Relations Department had a fine exhibit and personnel representation. The magnitude of this meeting and the need of continuing dialogue within this field should require some planning by this Association to become more active.

Dr. Gus Wetzel and the Chairman attending the Group Health Association meeting in Seattle, Washington have given a full report of this meeting which is in the Central Office. Two specific interesting changes were presented at this meeting—

- A. Primary Physicians—need for the general practitioner at this time.
- B. Annual Physicals—the attitude was that the findings year by year did not necessitate annual physicals as changes that were found did not justify continuation of physicals for all.

Attention was directed to some very important issues and programs that are developing which this profession must be a contributing part and cooperative agent within.

Suggestion was made for continuing communications between the Committee on Medical Care Plans and the Central Office on a more specific basis.

Respectfully submitted,
JACK P. LEACH, D.O.

A.O.A. Board of Trustees



GEORGE J. LUIBEL, D.O.

The Board was called to order by President John W. Hayes at 10:00 A.M. Wednesday, July 13, 1967, in the Walton Room at the Drake Hotel in Chicago. This was the beginning of an arduous session that ran from 9 to 6 every day until noon on Sunday when the House of Delegates was due to convene. There were also a few extra sessions while the House was meeting.

The Board inaugurated its meeting as usual by listening to the comments of the President who brought the members up to date on his activities and problems since the last meeting in Phoenix.

This was followed by a request to approve the actions of the Executive Committee since the previous Board meeting. This covered a wide range of subjects from actions concerning the A.O.A. Washington office to the problems stemming from the Washington

(State) paper college granting quickie M.D. degrees to osteopathic physicians. However, the subject of most concern was the decision on the recommendations of the Committee on Hospitals concerning various osteopathic hospitals. The Board acceded to the motion offered by Dr. Burnett and me to defer action on several Texas institutions until a proper committee of the Board had the resolution presented by the Board of Trustees of TAOP&S concerning Dallas Osteopathic and Stevens Park Hospitals.

During the opening day the Board also hears the reports of all of the various department heads in the organization. This includes the Executive Director, Dr. Eveleth, the Business Manager, Mr. Suberg, the General Counsel, Miss Collins, the Treasurer, Mr. Ettenson, The Editor, Dr. Northup, the Office of Education, Mr. Mills, the Department of Public Relations, Mr. Klobnak and numerous reports from the Department of Professional Affairs and the Departments of Public and Business Affairs, not to mention many separate and ad hoc committees. So you can see that there is a lot of grist for the mill and all of it must be discussed and understood by the Board and the action taken.

To facilitate the handling of all of the reports and requests that come before the Board, a system of reference

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committees has been set up to which various matters are assigned. Each reference committee consists of four Board members and an advisor and a secretary. There are four of these committees and they met all day Thursday and then some held special meetings later on. The group, hearing the Texas resolution for example, held sessions at 7:30 A.M. Sunday morning and then worked on the problem all afternoon. If you think that isn't devotion to duty you should have seen all of the (other) sleepy people present at that horrible hour!

Incidentally, after a thorough review of the problem, the Reference Committee felt that it had no choice but to uphold the recommendation of the Committee on Hospitals. The Board as a whole however, directed that a re-inspection be made in time for the September meeting of the Committee and thus Board action during the AOA Convention.

Why did the Reference Committee delay until Sunday to conduct its hearing? While the demand on their time was one factor, another consideration was a desire to hear the views of Mr. Perlman of H.E.W. who made a hurried trip from Washington to meet with the Board on Friday. This was done so that we might have information "straight from the horse's mouth" so to speak and thus dispel the air of confusion concerning A.O.A.'s position in accrediting hospitals. Mr. Perlman clarified the difference between accreditation which is done by AOA and JCAH and certification which HEW reserves to itself

and which is recommended to its regional offices by the various certifying agencies which are usually the State Health Departments. Thus H.E.W. can give special certifications in case of necessity. But we were warned that this will not prevail indefinitely and eventually those institutions who do not meet H.E.W. standards will be eliminated from the Medicare Program. When I asked Mr. Perlman how to meet the nursing dilemma involving the shortage of R.N.s he had no answer and in fact, took refuge behind the ruling that these standards are set up by the U.S. Public Health Department which under the law is charged with this responsibility.

No doubt the greatest tensions in this year's Board Meeting were generated during session on Saturday afternoon with the representatives of the American College of Osteopathic Surgeons. The crux of the matter was the interpretation of professional ethics within the profession and by whose authority such interpretations were to be made.

The Board of Trustees insisted on retaining this authority for the American Osteopathic Association and refused to tolerate any further non-compliance on the part of the College of Surgeons.

The matter was resolved when the representatives of ACOS signed a statement prepared by the Board of Trustees which specifically delineated the lines of authority and the procedures that are to be followed.

The Board also listened to a very fine report from Mrs. James F. Routson, who attended our State convention as President of the Auxiliary to A.O.A.

The Board approved a Budget for 1967-1968 which was sent to the House calling for an expenditure of over \$2,600,000. The operation of your national organization is indeed big business.

The final meeting of the Board on Tuesday afternoon at 2:30 was actually the reorganization of the new Board

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and Dr. Earl Lyons assumed the chair. Dr. Roy Young was seated on his right as the new President-Elect. His one year term on the Board was taken by his Michigan colleague Dr. Murphy. Dr. Kamen of New York remained as First Vice-President, Dr. Paul Wilson of Florida moved to Second Vice-President and our old friend from Tulsa, Dr. Reed, became the new Third Vice-President. Dr. Taylor of Missouri replaced Dr. Gus Wetzel from the same state and Drs. Fuller, Riviello, Silver-

man and I were re-elected to three year terms on the Board.

All in all the session was tiring and difficult but much was accomplished. If as a result of this meeting, the profession is more united and has fewer problems and understands the new environment in which we live and practice, then the time and energy expended was worthwhile.

Respectfully submitted,
 GEORGE J. LUIBEL, D.O., F.A.A.O.
 Delegate to AOA House

Report on AOA-ACOS Conference



JOHN H. BURNETT, D.O.

The Board of Trustees of the American Osteopathic Association convened on July 12 in the Drake Hotel, Chicago, with President John W. Hayes presiding. On July 15 a special order of business was held with officers of the American College of Osteopathic Surgeons. The purpose of the meeting was to discuss interpretations of the AOA Code of Ethics. A statement was presented by ACOS which was rejected by the Board of Trustees because of its ambiguity. Following this, members of the AOA board drafted the following three-point statement and requested the ACOS officers to sign their approval.

1. The American College of Osteopathic Surgeons agrees that in all matters of professional ethics that the American College of Osteopathic Surgeons will abide by the Code of Ethics of the

American Osteopathic Association and any interpretations thereof shall be solely the prerogative of the American Osteopathic Association.

2. The American College of Osteopathic Surgeons agrees to hold in abeyance any action based on previous interpretations of the Code of Ethics of the American Osteopathic Association made by the American College of Osteopathic Surgeons, and to refrain from any further interpretative comments without prior approval of the proper official bodies of the American Osteopathic Association.
3. The American College of Osteopathic Surgeons agrees to abide by any billing, collecting and distributing procedures acceptable to the American Osteopathic Association.

This statement was signed by the following officers:

Theodore F. Classen, D.O.,
 President
 Richard A. Michael, D.O.,
 President-elect
 Clois H. Guthrie, D.O.,
 Vice President
 Harold J. McAnally, D.O.,
 Secretary-Treasurer.

The above statement was presented to the Michigan Delegation and was assured by an AOA spokesman that each person cited by the ACOS for violation of the ACOS interpretation of the AOA Code will have the prerogative of having his case reviewed by the American Osteopathic Association. The AOA will then determine whether or not any ethics violation of the AOA Code, as interpreted by the AOA, exists or has occurred. These judgments by the AOA are to be made on the request of the individual involved and will be made as soon as possible. As a result, the Michigan Delegation voted to withdraw its resolution, since it felt that the compliance with the above statement would accomplish their purpose of preserving the leadership of the American Osteopathic Association as a governing body of all members of the AOA. On the day

following this action, the Texas and Missouri resolutions relating to fee for services to patients was also withdrawn.

A considerable portion of the conference assumed a stalemate atmosphere as opposition was encountered from individuals who apparently did not comprehend what course of action was necessary in behalf of the best interest of the entire profession. It was interesting to observe that these same people had an incredible talent for processing new facts in such a way that their prior conclusions remained intact. Members of several delegations expressed a fervent hope that this meeting had been fruitful; however, it was the determined stand of all delegations that in the event of non-compliance, the resolutions from Michigan, Missouri and Texas would be proposed for adoption at a special meeting of the AOA House of Delegates.

Professional Affairs Committee Report



JAMES E. FITE, D.O.

The following is a summary of important resolutions reported out by the Committee to the House of Delegates by Max T. Gutensohn, D.O., Chairman.

RESOLUTION NO. 386 (not passed)

The following resolution was submitted by the New York State Osteopathic Society to the AOA Executive Director on May 29, 1967:

WHEREAS, the present system of inspection by the Committee on Hospitals of the American Osteopathic Association and notification

of the results thereof result in hardship to some osteopathic hospitals in retaining intern and resident programs and in receiving approval by varying state agencies,

BE IT RESOLVED, that if upon inspection a hospital does not meet the requirements for approval for the ensuing year that the hospital be notified of the deficiencies within one (1) month of the date of inspection, and

BE IT FURTHER RESOLVED, that the hospital be given three (3) months to correct said deficiencies and then be reinspected so that the hospital not lose the continuity of its approval, and

BE IT FURTHER RESOLVED, that consideration be given to granting approval for a two-year (2 yr.) term instead of the present one-year (1 yr.) term.

After considerable discussion, the

Reference Committee recommended that no action be taken on this resolution because the new **REQUIREMENTS AND INTERPRETATIVE GUIDE FOR ACCREDITED HOSPITALS OF THE A.O.A.** has been distributed to all hospitals and the time schedule is very similar to that in the resolution.

Resolution No. 844 was adopted.

RESOLVED, that holders of unearned degrees who have not complied with the policies of the AOA shall not participate as speakers in the educational programs of the AOA or its affiliate organizations.

Resolution No. 848 was adopted and is as follows:

RESOLVED, that a Committee on Political Medicine, (A.M.A.) be established as an Ad Hoc Committee of the House of Delegates as follows:

1. To determine and combat the extent of academic piracy being attempted by political medicine, (A.M.A.)
2. To study the educational standards, qualifications and backgrounds of foreign medical practitioners entering practice in this country;
3. To refute the myth of the alleged "osteopathic problem", that is mentioned so frequently in allopathic literature and news releases, and to perform a continuing vigilance in combatting unfounded allegations which refer to the educational standards of the osteopathic profession.

In the performance of these duties by this Committee, the osteopathic profession will help maintain the high health standards of the nation.

Substitute resolution No. 849 which was passed by the house is as follows:

RESOLVED, that there be formed a House-Board Ad Hoc Committee to study methods by means of which the American Osteopathic Associ-

ation's national activities could be enlarged, and to report the findings to the next meeting of the House of Delegates.

The following is resolution No. 841 which was passed by the House and amended as follows:

RESOLVED, that all American Osteopathic Association Accredited and approved hospitals for intern and or residency training shall have a department of general practice which shall be educational in nature by 1969.

The following News release was issued Monday, July 17, after 1 p.m.

Dr. Richard N. MacBain, President of the American Association of Osteopathic Colleges, issued the following statement in behalf of AAOC in commenting on the recently adopted policy of the American Medical Association to "convert osteopathic colleges to medical schools".

ORRO DROPS FOR THE EAR

For softening and facilitating removal of ear wax, and to relieve minor irritations due to wax accumulation.



"This announced policy will not create one new medical school or add one additional physician and will in no way alleviate the shortage of physicians."

"The nation's five osteopathic colleges have a moral obligation, which they cannot dismiss, to continue to supply osteopathic physicians to the American public."

"It is the firm intention of the osteopathic colleges to continue their service to the American public within the established organization of the American Osteopathic Association."

FUTURE CONVENTION SITES

Firm commitments for future sites of the American Osteopathic Association's Annual Convention and Scientific Seminars are listed below:

1968—Bal Harbour, Florida—

October 14-17

1969—New York, New York—

October 6-9

1970—Portland, Oregon—

October 5-8

1971—Las Vegas, Nevada—

November 1-4

1972—Bal Harbour, Florida—

October 9-12

1973—New York, New York—

October 29-November 1

Convention Registration Fee

The registration fee for the 72nd Annual Convention and Scientific Seminar in San Francisco will be \$25.00 and will include tickets for the AOA Cordiality Hour and AOA President's Banquet. In addition, female attendants will receive a ticket for the AOA ladies' function.

1968 Annual Convention

The Chairman of the AOA Committee on Program for the Bal Harbour, Florida meeting in 1968 is Harmon L. Myers, D.O. of Tucson, Arizona.

This concludes my report on the Professional Affairs Committee. It was indeed an honor and a pleasure to serve as a delegate with the Texas Delegation. I feel I will be better prepared to serve you next year.

Sincerely,

JAMES E. FITE, D.O.
F.A.A.O.S.

Robert G. Vaclav to Receive TAOP&S Scholarship



ROBERT G. VACLAV

Mr. Robert Glenn Vaclav of 1920 Beech, Amarillo, Texas, has recently been announced as the recipient of the \$750 Texas Association of Osteopathic Physicians and Surgeons Scholarship.

Mr. Vaclav attended Amarillo Junior College and West Texas State University in Canyon, Texas, where he received his B.A. degree. He plans to enter Kirksville College of Osteopathy and Surgery in Kirksville, Missouri, as a freshman this fall.

Each applicant for the TAOP&S Scholarship is required to have a tentative acceptance from an osteopathic college. Applicants are also judged on the basis of high scholastic standing, financial need, good moral character, motivation and characteristics conducive to success in the osteopathic profession.

The other grantee of the TAOP&S Scholarship is James Michael Merrill of Fort Worth, Texas.

NUCLEAR MEDICINE — ITS CURRENT STATUS IN MEDICAL PRACTICE

GENERAL INFORMATION

Please send all applications, registrations and requests for information to:

D. Bruce Sodee, M.D., Director
Nuclear Medicine Institute
P. O. Box 4562
Cleveland, Ohio 44124

Cleveland is served by Cleveland Hopkins International and Burke Lakefront Airports. The limousine from Hopkins Airport to the Statler takes about 45 minutes and costs \$1.40. Taxi from Burke Lakefront airport takes about 7 minutes and costs \$1.05.

The turnpikes and expressways make it very easy to drive to Cleveland and for those who do, there will be free parking at the Statler-Hilton Hotel for registered guests.

A hotel reservation request card for the Statler-Hilton Hotel will be sent upon receipt of registration.

Editor's Note: We have received a special letter of invitation to Texas D.O.'s from Dr. D. Bruce Sodee urging all those who can to attend this symposium. Dr. Sodee stated "since our inception in 1966, over half of the physicians trained at N.M.I. have been members of the AOA. This is sponsored jointly by: The United States Atomic Energy Commission, Division of Nuclear Education and Training and The Nuclear Medicine Institute. A copy of the program is in the State Office."

REGISTRATION FORM

NUCLEAR MEDICINE — ITS CURRENT STATUS IN MEDICAL PRACTICE

Statler-Hilton Hotel, Cleveland, Ohio Sept. 27-30, 1967

NAME _____

TITLE _____

ADDRESS _____

CITY, STATE, ZIP CODE _____

REGISTRATION FEE _____ none

\$15.00 per person for lunches on Thursday, Friday, & Saturday (Spt. 28-30) \$

\$10.00 per person for banquet Friday night _____ \$

TOTAL ENCLOSED _____ \$

(Please make checks payable to: SYMPOSIUM — NUCLEAR MEDICINE INSTITUTE)

(Date)

(Signature)

Medicare Billing

A recent survey indicates that the percentage of doctors who are now accepting assignments for Part B of the Medicare program has increased since the first of the year. The range was from 20 percent in one state to 70 percent in another state of comparable areas. Of the 20 carriers surveyed, two-thirds said assignments to doctors are increasing. One factor that is influencing the increase in assignments to doctors is the speed in which assignment claims are made to doctors because they or their office staff are becoming experienced and know how to file the claim correctly and with minimum errors.

Other factors listed were low level of patient education, poor handwriting, and general incompleteness of the form by the patient. Some doctors say it is a matter of economics since many of the patients do not have the money to pay the doctor.

In a recent report by Robert M. Ball, Commissioner of Social Security, he points out that about 57% of the physicians of the country are accepting assignments at least part of the time.

One of the major accomplishments of medicare is that it has made available alternatives to hospital care; that is, hospital outpatient services when appropriate for diagnosis or treatment; post hospital extended care when further hospitalization is not the most appropriate level of care; home health care when that is the most appropriate medical resource; and the coverage of physician's services for home and office visits as well as in the hospital.

National Legislative Conference

The 20th Annual Meeting of the National Legislative Conference is scheduled to meet in San Antonio, September 25-29, 1967, John T. Potter, Assistant Director of the Texas Legislative Council, has said that about 1,100 legislators and staffers, wives and

special guests are expected. Experts on urban problems, air and water pollution, state support of the arts, statute and constitutional revision, state-federal relations, fiscal review and research will be on the program to discuss these subjects and other topics common to legislators from various states.

Recruitment — A-1115 Project

The State Department of Public Welfare requested and were approved for an 1115 grant of federal funds from the Bureau of Family Services, Department of Health, Education, and Welfare. With these funds the Department selected five persons who each morning are given intensive lectures and information on public assistance and children's services by SDPW staff. Professor Bill Allen, of the University of Texas School of Social Work, meets with the group during the afternoons to discuss with them some of the ethics, principles, and methods of Social Work. The four week project began on June 12.

The purpose of the project is to provide these five persons with as much knowledge about social work and the State Department of Public Welfare as possible during the four weeks they are in Austin so that they can in their respective schools, discuss social work careers and recruit students for the Department and other welfare agencies. The participants are from Tarleton State College (Stephenville), Stephen F. Austin State College (Nacogdoches), Texas Technological College (Lubbock), Blinn College (Brenham), and Tarrant County Junior College (Fort Worth).

Conference — It's Purpose

Some one recently said that one of the purposes of the Annual and Regional Conferences of TSWA is to provide a medium for the interchange of ideas and experience, to emphasize

common elements and to assist individuals and organizations with their specific technical and professional problems.

Further, the Conferences serve as a device for the early detection and support of the emerging needs of the field, which then become a goal and the responsibility of the experts in state-wide planning, action and legislation.

It is from these forums that the Texas Social Welfare Association determines many of its program goals and priorities. To establish sound public policy there is definitely a need for persons from all "walks of life" to participate to the fullest extent possible and to involve others in the programs. Why not obtain a membership in the Texas Social Welfare Association from a friend and urge them to involve others. Use the membership application form in this issue or send your name, address and check to TSWA.

TSWA Committee Studies Medical Assistance

The TSWA Committee on Social Security Amendments met in Austin June 9, 1967 to review the "Medical Assistance Act of 1967" which the 60th Legislature established within the State Department of Public Welfare when they passed and Governor Connally signed Senate Bill 2. The Chairman, John Bonney, banker from Baytown introduced Mark Chevalier, Director of Field Staff, Texas State Department of Public Welfare, who discussed with the Committee provisions of the Act and how it will probably be implemented by the Department. The Act becomes effective September 1, 1967. Mr. Chevalier pointed out to the committee that definite procedures had not yet been established.

The Committee will continue to study the Medical Assistance program and other Social Security Amendments and make recommendations for the Board of Directors approval. The recommendations will then be presented to the membership at the Annual Meeting in Galveston.

TSWA Committee on Crime and Delinquency Reviews Programs

At a meeting of the TSWA Committee on Crime and Delinquency, held in Austin, May 12, the committee approved the printing of a brochure which will be called "Target Concern — Crime and Delinquency". It will give a capsule view of TSWA's position on Crime and Delinquency as determined through the committee's study of the problem in Texas and the United States. The brochure will provide a series of questions, under what it refers to as "Box Score", that anyone can and should ask themselves or that a local committee can use to evaluate its own community. The brochure will contain a number of recommendations that should be considered and put into effect if not already a resource in the community. The committee will recommend that the brochure be approved by the Board of Directors and be given broad distribution.

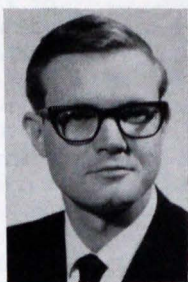
The Committee also reviewed special project of the Fort Worth Schools, presented by Mrs. Charles Bedford, TSWA Board member of that city. The project is in the Department of Guidance and Visiting Teachers. It provides for liaison counseling in court related cases involving school children. The committee will recommend that the Board of Directors approve this type of project. If approved the committee will follow through with plans to implement similar projects in other communities of the state.

Mr. Dee Kutach, Texas Department of Corrections, Huntsville, and Mr. Glenn H. McLaughlin, Texas Department of Public Safety, Austin, were guests of the committee. Each outlined some of the positive approaches their departments are experimenting within an effort to treat and prevent crime and delinquency. The committee will look into these programs further to determine how they can be used in state-wide planning to alleviate or to at least abate crime and delinquency in Texas.

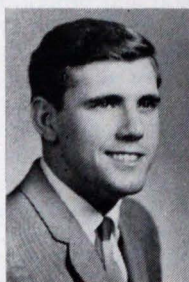
Texas Students to Receive AAOA Scholarship



RUSSELL LEE PAGE, JR.



R. LYNN POWELL



PAUL QUINTIN PROFFITT

The Auxiliary to the American Osteopathic Association has announced its twenty recipients of the AAOA Scholarship in the amount of \$1500. Three of the grantees were Texas students who plan to enter Kansas City College of Osteopathy and Surgery, this fall.

Receiving the scholarship are Russell Lee Page Jr., 22, of Arlington, Texas, Paul Quintin Proffitt, 22, Fort Worth, Texas, and R. Lynn Powell, 22, of Granbury, Texas.

Mr. Page has attended the University of Texas at Arlington. He was also selected winner of the \$750 TAOP&S Scholarship, but had to decline the offer because of his winning the AAOA Scholarship.

Mr. Page Proffitt, is a graduate of Texas Wesleyan College, and received his degree in Chemistry. He was also a member of the Interscholastic Golf Team. Proffitt has attended North Texas State University and The University of Texas at Arlington. He main-

tained the highest grade average for four years of all college athletes.

R. Lynn Powell, will receive his B.S. degree in August from the University of Texas. His hobby is creative art in charcoal. Coming from a completely osteopathic community, his wife is related to an osteopathic physician. He will enter KCCOS in September.

The Scholarship funds will be paid in two installments to the designated colleges in payments of \$750 the freshman year and the remaining amount the sophomore year.

This scholarship is only available to students entering as freshmen to any Osteopathic College. It is awarded on the basis of the following: Scholastic standing, financial need, professional motivation and aptitude, moral character, and he must be a citizen of the United States or Canada. Renewal of the Award depends on the satisfactory work of the student and continuation of financial need.

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Indications, Contraindications, and Complications of Gastroscopic Examination

By CHARLES H. BRAGG, D.O., ACOS



CHARLES H. BRAGG, D.O.

Whereas bronchoscopy and esophagoscopy are used for both diagnosis and treatment, gastroscopy, except in rare foreign-body cases, is used only for diagnosis. Although it is a frequent and important method of examining the stomach, it is not a routine method to be used in every patient with gastrointestinal complaints. Since X-Ray examination is easier than gastroscopy and since it gives the gastroscopist information as to whether or not the esophagus is normal, X-Ray study of the esophagus, stomach and duodenum should always precede gastroscopy. Furthermore, if X-Ray examination reveals a fairly obvious carcinoma of the stomach or an active duodenal ulcer, the chances are that gastroscopic examination will be essentially non-contributory. On the other hand, it should be emphasized particularly since the advent of gastroscopic biopsy (1) that gastroscopy may change a diagnosis of carcinoma to one of lymphoma or other type of tumor, or (2) may reveal a severe gastritis with erosions, ulcerations, and hemorrhages, in addition to duodenal ulcer. Thus the importance of gastroscopy is very great, but it still should not be a routine method of examination.

The indications for gastroscopy are:

1. Persistent gastrointestinal symptoms with negative X-Ray examinations. Patients often consult their physician because of upper abdominal pain, nausea, vomiting, hematemesis, melena, anorexia, loss of weight, and other vague digestive complaints. Careful X-Ray studies should be carried out, but one should not be lulled into a false sense of security by negative barium studies.

2. Helpful in ruling out gastritis in patients with chronic dyspepsia relieved by food when X-Ray examination of the stomach after ingesting barium is either negative or reveals prominent gastric rugae.

3. Malignant or benign gastric ulcer. Very often the question frequently arises as to whether a gastric ulcer is benign or malignant. So far no method of study is 100 per cent correct in this differentiation. It has been shown by Benedict that when the gastroscopist gets a satisfactory view of the lesion his chances of making a correct diagnosis are greater than those of the radiologist.

4. The differential diagnosis between gastritis, lymphoma, and diffuse carcinoma is often very difficult. Gastroscopy with biopsy should always be done.

5. Benign versus malignant tumor. This differentiation is not always possible by X-Ray examination. Gastroscopy often aids in demonstrating a circumscribed, submucosal mass having the appearance of a benign tumor, such as a leiomyoma or a neurofibroma. Biopsy may disclose its exact histology. But the possibility of malignancy in another part of the tumor must not be overlooked.

6. Gastric polyps should be studied by gastroscopy as well as by X-Ray. These are often seen by gastroscopy and biopsy may be possible.

7. Deficiency disease. Gastric atrophy is often found in some deficiency disease as pernicious anemia, scurvy, sprue, and pellagra.

8. Unexplained anorexia, indigestion, fatigue, or loss of weight. When any of these symptoms are present gastroscopy may reveal an unsuspected gastric tumor or gastric atrophy.

Contraindications

1. Esophageal obstruction is the only absolute contraindication to the passage of the flexible gastroscope. In this category are included all types of mechanical obstructions due to malignant tumors benign tumors, benign strictures, lye strictures and esophageal webs. These should be diagnosed first by X-Ray study and then examined by esophagoscopy.

2. Cardiospasm. Best diagnosed by X-Ray examination.

3. Extrinsic pressure. Mediastinal tumors, lung tumors, thoracic aneurysms and dilated hearts occasionally produce such marked deformity of the esophagus.

4. Esophageal varices. This diagnosis is usually made by the radiologist.

5. Other contraindications — such as high fever and prostration, severe cervical arthritis, serious heart disease, and some types of psychosis.

Complications

1. Perforation of the esophagus may occur in the neck, at the level of the

cricopharyngeus or just below it. Such accidents are not uncommon and recovery is the general rule.

2. Perforation of the stomach and jejunum.

Pneumoperitoneum (without peritonitis) may occur following gastroscopy without any evidence of gross gastric perforation.

Treatment

As soon as a perforation is suspected, the patient should be given nothing by mouth and should be instructed not to swallow his own saliva but to expectorate. Penicillin therapy of heavy doses should be started. Fluids should be given intravenously and the patient should be kept constantly in bed. Under these conditions in minor perforations of the cervical esophagus complete recovery can be expected in about one week's time. Perforations of the esophagus into the mediastinum are usually more serious and may result in mediastinal abscesses requiring surgical intervention. In the rare cases of major perforation of the stomach, immediate laparotomy is indicated. In all cases the patient should be carefully studied by X-Ray examination.

Although the morbidity and mortality following endoscopic procedures is exceedingly low in well trained hands, it must not be forgotten that even one minor accident makes a very bad impression, and gives such procedures a severe setback.

References:

1. Benedict, Edward B., *Endoscopy* pp. 280-285.
2. Deutschberger, *Fluoroscopy in Diagnostic Roentgenology* pp. 512-531.
3. Hinshaw and Garland, *Disease of the Chest* pp. 277-295
4. Shackelford, *Surgery of the Alimentary Tract* Vol. I, pp. 222-227.

Remember...

NEWS

From your district for the Journal must be in this office by the 20th of preceding month.

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THANKS!

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We STAND United

GEORGE W. NORTHUP, D.O.,
Editor, American Osteopathic Association



The Annual Meeting of the American Osteopathic Association convened in Chicago on July 12 at a strategically crucial time in history. It met following the June Convention of the AMA in Atlantic City where that organization arrogantly declared its program for the destruction of osteopathic medicine.

The destructive goals of the AMA and the outlining of their unethical program toward achievement united the AOA House of Delegates and its Board of Trustees more firmly than at any time in its history.

The statement of the then-president John W. Hayes, replying to the latest nefarious AMA pronouncement concerning osteopathy, was prominently published by the press around the world. President Hayes and the American Osteopathic Association were praised. The AMA president and his association were severely criticized.

The public is obviously fed up with AMA paternalism. They do not agree with AMA President Rouse that health is a "privilege." Rather, they agree with AOA President Lyons that health is an inalienable human right.

Once again, members of the profession can be grateful to the AMA; through their policy of negation they have stimulated and publicized the forward-looking and realistic view of the osteopathic profession toward the health care of the people.

The AMA may seek out destruction, but public opinion will prevent it. The AMA no longer is the sole proprietor of medicine. Health care belongs to the people, not to the AMA hierarchy. The people will not relinquish what they have possessed. The American Osteopathic Association continues to pledge itself and the profession to service in the public interest.

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FOR

MUTUAL LIFE OF NEW YORK

L' Arte Medica



M. A. CALABRESE, D.O.

There is something which has been giving me cause to wonder and speculate on from time to time. I never have given it concentrated thought although I have spoken of it or discussed it with my associates on different occasions. It becomes the chief topic of conversation about once a year at spring time. It is something which I have come to

NOTICE OF EXAMINATION

The next meeting of the Texas State Board of Medical Examiners when Examinations will be given and Reciprocity applications will be considered is scheduled for December 4, 5, 6, 1967, at the Hotel Texas, Fort Worth, Texas.

Completed examination applications for applicants who graduated from United States medical schools must be filed with this office thirty days prior to the meeting date.

Completed examination applications who graduated from foreign medical schools must be filed sixty days prior to the meeting date.

Completed reciprocity applications must be filed sixty days prior to the meeting date to be given consideration.

TEXAS STATE BOARD OF MEDICAL EXAMINERS
1612 Summit Ave. — Suite 303
Fort Worth, Texas 76102

accept as most of us have, I presume, something that has to be. I was going to say a "necessary evil" but to be quite fair about it I do think there is good in it. Still I do believe it does cause much hardship and places a heavy burden on some hospitals. Have you already guessed it? Yes, it's hospital inspections.

Having practiced in one hospital consistly all of my practicing years and always having been associated with small hospitals with a very small staff—only one specialty being represented—a general surgeon—there are times when I feel I have missed out on a phase of medicine by not having been associated with a large, two-to-three hundred-bed hospital and a staff of umpteen doctors with a specialist of any kind as near as my telephone with whom to call and consult. But, by the same token, I wonder if I am not more fortunate having done what I have. I suppose one could call it rationalization but I do feel that I have developed a greater confidence in myself as an Osteopathic Physician having experienced this small bit of pioneering.

While writing this article my eldest son, Kenneth, who wil start his sophomore year at Kansas City asked if he could contribute a few comments to which I gladly acquiesced. He had some pertinent thoughts so I suggested to him that he put it down in writing. I think it very appropriate since the "Medics" now are planning to take over our colleges. Following is his letter. I think it speaks for itself.

"I am an osteopathic student, and with such status I have the customary academic curiosity. There are many questions which have concerned me for some time. They are questions which pertain, I think, to the fate of the osteopathic profession—the profession I have chosen and hope, one day, to be a member. Some of these questions follow:

"Why, after 75 years of existence,

are there still only five osteopathic schools? Why, of the 13,000 or so D.O.'s do a certain percentage not practice osteopathy? Why, in many of the osteopathic hospitals I have visited, are there no facilities for manipulation? Why does most of the public equate the osteopath with the chiropractor; and for that matter, why do many D.O.'s think their only differing point from the M.D. is manipulation? Why did 2000 D.O.'s in California and a school convert to the allopathic profession? Is my chosen profession to be taken from me while I yet have had a chance to participate or have a voice:

"These questions are not mine alone, but those of many students in my class and, I am sure, of osteopathic students in all of the colleges. What are the answers? Do I have cause to fear, or are my questions merely those of an immature person who has not yet realized the actual situation? I think not.

"What are the reasons for the situations I have mentioned? Being only a student, I can't be sure of any answers. But could it be that some D.O.'s are ashamed of those letters after their names?—ridiculous! Or maybe the prestige is not quite what some expected?—preposterous! Do some not even believe in the teachings of their profession?—absurd! Or are some weary of the constant struggle they fight for it?—not our sturdy lot!

In my one year of osteopathic education, I have come to see that osteopathy is not a branch of medicine but

an entity in its own right. It is a profession which has much to offer the public that no other medical profession can or has offered to date. It is not only the D.O.'s right but his duty to give his patients osteopathic care. No, osteopathy can never die, only osteopaths. Let's not permit it. You hold your fate and the fate of some 1800 osteopathic students in your hands. Please don't let us down."

CALENDAR OF EVENTS

Sept. 21-22-23—NATIONAL OSTEOPATHIC GUILD ASSOCIATION, ANNUAL MEETING AND CONVENTION, Green Oaks Inn, Fort Worth, Texas. Mrs. T. Y. Lewis, 3725 Hamilton, Fort Worth, Texas 76107.

Oct. 7-8—TEXAS ASSOCIATION OF OSTEOPATHIC OBSTETRICIANS, GYNECOLOGISTS, annual meeting. Hilton Inn, Dallas. Secretary, Dr. Roy L. Fischer, 6116 North Central Expressway, Dallas 75206.

Oct. 8-12—40TH ANNUAL CLINICAL ASSEMBLY, Americana Hotel, Bal Harbour, Florida. Dr. C. L. Ballinger, Executive Secretary. P. O. Box 40, Coral Gables 33134.

Oct. 30-Nov. 2—AMERICAN OSTEOPATHIC ASSOCIATION, 72nd Annual Convention and Scientific Seminar; Fairmont, Mark Hopkins, Sheraton-Palace Hotels, Del Webb's Townehouse, San Francisco. Program chairman, Dr. Dana P. Arneman, 6265 Sodom-Hutchings Road, Girard, Ohio 44420.

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Public Health Committee

A Report and Comments on the 1967 Legislative Session



E. C. BAUM, D.O.

The 60th Texas Legislature concluded its session after considering 3600 pieces of legislation during the 140 days. Many bills affecting directly and indirectly the practice of medicine have been introduced. Numerous bills failed passage. The following measures enacted into law should be of interest.

Senate Bills — 1967

S.B. 2—"to be known as 'The Medical Assistance Act of 1967' for the purpose of providing Medical Assistance on behalf of needy individuals in the State of Texas; expressing the Legislative intent; designating the State Department of Public Welfare as the State Department to administer such Act. . . "

S.J.R. 6—"proposing an Amendment. . . authorizing each county in the State of Texas to pay all medical expenses, all doctor bills and all hospital bills for Sheriffs, Deputy Sheriffs, Constables, Deputy Constables and other county and precinct law enforcement officials who are injured in the course of their official duties. . . "

S.B. 17—"to include lysergic acid diethylamide and other hallucinogens in the list defining 'dangerous drugs,' and specifying its possession to be an unlawful act; providing that the illegal sale, manufacture, or furnishing of any dangerous drug is unlawful. . . "

S.B. 19—"requiring the identification

of practitioners of the healing arts who are included and excluded under the medical coverage provided in an accident and sickness insurance policy. . . "

S.B. 236—"authorizing the Texas Department of Mental Health and Mental Retardation to make contracts for the provision of mental health and mental retardation services. . . "

S.B. 237—"to establish the Texas Air Control Board, prescribe its powers, duties, functions, and procedures, and to provide for the establishment of standards of air quality and the control, prevention, and abatement of air pollution. . . "

S.B. 301—"amending Article 4495 of the Revised Civil Statutes of Texas, 1925, as amended, so as to provide for the composition of the Texas State Board of Medical Examiners; their qualifications; terms of office, their appointment; and amending Article 4506, of the Revised Civil Statutes of Texas, 1925, as amended, so as to provide for appeal under the substantial evidence rule from Board orders cancelling, revoking, or suspending licenses and so as to grant authority to the Texas State Board of Medical Examiners to probate its orders to revoke, cancel, or suspend the license of a practitioner; providing the procedure whereby such probation may be effectuated; . . . "

S.B. 242—"relating to the practice of professional nursing, amending Article 4518 and adding Article 4427A. This bill redefines professional nurses but exempts licensed vocational nurses.

H.J.R. 37—"proposing an amendment to Article IX of the Constitution of the State of Texas, to permit municipalities, other political sub-divisions, and state-supported entities located within hospital districts to participate in the establishment, maintenance, support, or operation of mental health services or mental

retardation services or public health services."

H.B. 356—"relating to the duty of the State Department of Health to recommend policies relating to medical aspects of driver licensing, traffic safety, and accident investigation; and declaring an emergency." ". . . Section 1. The State Department of Health shall continuously study and investigate the medical aspects of (1) driver licensing; (2) enforcement of traffic safety laws, including differentiation between drivers who are ill or intoxicated; and (3) accident investigation, including examination for alcohol and drugs in the bodies of persons killed in traffic accidents." . . .

H.B. 428—"amending Article 2135, Revised Civil Statutes of Texas, 1925, as amended, relating to exemption from jury service, and declaring an emergency. . . . 'ARTICLE 2135, JURY SERVICE. All competent jurors are liable to jury service, except the following persons: 1. All persons over sixty-five years of age. 2. All ministers of the gospel engaged in the active discharge of their ministerial duties. 3. All physicians, dentists, veterinarians, chiropractors, optometrists, and attorneys and spouses of attorneys engaged in actual practice. 4. All railroad station agents conductors, engineers and firemen of railroad companies when engaged. . . 5. All members of the National Guard. . . 7. All females who have legal custody of a child or children under the age of sixteen years. 8. All registered, practical and vocational nurses. . . 9. Any practitioner who treats the sick by prayer or spiritual means. . . or nurse who cares for the sick who are under treatment by such spiritual means, or a reader whose duty is to conduct regular religious services of such church or denomination. 10. All licensed morticians. . . 11. All registered pharmacists. . . 12. Agents and patrolmen engaged in forestry protection work employed by the State Department of Forestry. . . ."

H.B. 478—"directing the State Department of Health to develop and carry out a program to provide psychological and audiological tests to deaf or hard-of-hearing persons in certain areas of the state; and declaring an emergency."

H.B. 559—"relating to the occupational safety of employees of industry and enterprise; prescribing the duties of employers; creating a Division of Occupational safety within the State Department of Health and prescribing its powers and duties; . . ."

H.B. 1049—"making supplemental appropriations to the State Department of Public Welfare for administrative expenses for the period beginning June 1, 1967 and ending August 31, 1967, for the purpose of making plans to implement benefits to patients in institutions under the 'Medical Assistance Act of 1967'"

Hospitals & Hospital Districts

S.B. 22—Creating the Merkel Hospital District.

S.B. 44—Amending Secs. 2 and 3, Chap. 62, 59th Reg. Sess. relating to road maintenance in Dallas County.

S.B. 104—Creating the "Angelton-Danbury Hospital District in Brazoria County, Texas."

S.B. 217—Amending Ch. 465, 59th Leg., 1965, to authorize the issuance of revenue bonds by Motley County Hospital District.

S.B. 218—Creating the Knox County Hospital District.

*S.B. 234—Amending Art. 5547-67, V.C.S., relating to detention of mental patients in protective custody in State mental hospitals.

*S.B. 246—Changing name of Houston State Psychiatric Institute for research and Training to the Texas Research Institute of Mental Science.

S.B. 362—Amending Art. 4494n, V.C.S., relating to assessment of taxes in hospital districts located in counties having more than 650,000 pop.

S.B. 455—Concerning standards of physical safety, medical care, etc., at

State tuberculosis and mental hospitals and schools for the retarded.

S.B. 463—Amending the Harris County Road Law to permit the county to sell or exchange real property no longer needed for road purposes.

S.B. 535—Creating the "Blanco Memorial Hospital District."

S.B. 541—Amending Ch. 315, 58th Legis., increasing the maximum tax rate of the West Coke County Hospital District.

S.B. 552—Relating to creation of the Martin County Hospital District.

S.B. 553—Authorizing all hospital districts to issue and refund revenue bonds for hospital purposes.

S.B. 562—creating the Greenville Hospital District.

S.J.R. 37—Amending Art. III, Constitution to give Dallas County power to issue bonds for construction, maintenance and operation of certain roads and turnpikes. Election Nov. 5, 1968.

H.B. 101—Providing for the creation of West Grayson Hospital District in Grayson County.

H.B. 132—Authorizing creation of "West Columbia-Damon Hospital District of Brazoria County, Texas".

H.B. 183—Providing for creation of a county-wide hospital district in Schleicher County.

*H.B. 404—Amending Acts. 1939, Ch. 15, authorizing Fresh Water Supply Districts and Hospital Districts to authorize the Assessor and collector of taxes to act for such Districts.

H.B. 419—Empowering the Sweeney Hospital District to furnish outpatient care and nursing home facilities.

H.B. 430—Creating the North Cherokee County Hospital District.

H.B. 464—Creating the Lynn County Hospital District.

*H.B. 490—Creating the Texhoma Memorial Hospital District in Sherman County.

H.B. 596—Relating to creation of the Wood County Central Hospital District.

H.B. 610—Creating the Edna Hospital District of Jackson County.

H.B. 632—Amending Art. 5547-4, V.T.C.S. transferring authority to license private mental hospitals from the State Department of Health and Mental Retardation. Effective Sept. 1, 1967.

H.B. 634—Creating the Colorado City Hospital District in Mitchell County.

*H.B. 656—Amending Secs. 3 and 11, Chap. 103, 57th R.S. relating to the election of directors of a hospital district.

H.B. 739—Amending Ch. 422, 56th R.S. authorizing the Lamar County Hospital District to buy, sell or lease surplus land.

H. B. 766—Creating the Collingsworth County Hospital District.

H.B. 768—Creating the Earth-Springlake Hospital District in Lamb County.

*H.B. 808—Relating to payment for care of patients residing outside the limits of a hospital district. Amending Art. 4494n, V.T.C.S.

H.B. 813—Creating Rankin County Hospital District.

H.B. 816—Creating the McCamey County Hospital District.

H.B. 845—Creating the Haskell County Hospital District.

H.B. 878—Relating to the creation of the Lubbock County Hospital District.

H.B. 951—Creating the Marion County Hospital District.

*H.B. 955—Amending Arts. 46.02 and 46.01, Code of Criminal Procedure relating to commitment and transfer of certain mentally ill persons to a Veterans' Administration or other federal hospital.

H.B. 1189—Declaring public policy of the state in regard to federal programs of assistance to cities, counties, school districts, hospital districts and other political subdivisions.

H.B. 1231—Amending Chap. 477, 59th R.S., to permit the Directors of the Muenster Hospital District in Cooke County to adopt a new fiscal year.

H.B. 1233—Relating to the creation of Cochran Memorial Hospital District in Cochran County.

H.B. 1241—Relating to creation of the North Jefferson County Hospital District.

H.B. 1248—Creating the Nacogdoches County Hospital District.

H.B. 1325—Creating the Garza Hospital District in Garza County.

*H.B. 1340—Creating Polk County Hospital District.

H.B. 1351—Creating the Rising Star Hospital District of Eastland, Brown and Comanche Counties.

H.J.R. 37—Amending Art. IX, Constitution, to permit municipalities and State supported entities located within hospital districts to participate in mental health, mental retardation, or public health services. Election Nov. 7, 1967.

* * *

The Story of M-U-S-T

Perhaps some of you have heard about M-U-S-T (Medical Unit, Self-Contained, Transportable). If not, it is a new concept in mobile hospital systems for military and civilian use. It was developed by the AiResearch Division of Garrett Corporation in Phoenix, Arizona. Over a dozen are presently being used in Vietnam.

The development of M-U-S-T came about because military leaders felt that current field hospital units were inadequate in size, facilities and length of time to set up. M-U-S-T solved these problems. It is available in sizes up to 200-bed units, fully equipped with operating room and material service and laboratory, readily transportable and can be set up in 30 minutes.

The use of M-U-S-T in Vietnam has been credited with the saving of many lives. This is due to being able to give medical care so much faster.

With its success in the war-torn area, M-U-S-T is now being considered and used domestically in a civilian capacity when disasters take place. M-U-S-T can be rushed to the area by helicopter and in 30 minutes be receiving the injured.

The system has three elements: (1) The operating and material room made of aluminum-faced styrofoam, honeycomb hinged panels; (2) The inflat-

able element or patient ward is an air inflated dual wall made of synthetic rubber, dacron fabric with a floor area 20 ft. wide by 52 ft. long, weighing about 4000 pounds; and (3) The utility or power generating element.

The overall system is packed so it can be shipped or transported by almost any means of transportation. The largest unit packs at 144 in. by 84 in. with a 96-inch height and weighs 4000 to 7000 pounds. All elements are self-contained and skid mounted with lifting and towing provisions.

For civilian use or civil defense, M-U-S-T is most practical in every way except one . . . cost. The average cost is \$5,000 a bed, or a 100-unit system would figure \$500,000. Present PDH (Package Disaster Hospital) units cost about \$140 a bed. However, PDH units are apparently far less adequate or efficient.

M-U-S-T cost per bed makes it prohibitive for normal organizations to consider, but on the metropolitan or state government level, perhaps it could be feasible and beneficial to the public.

For more information on M-U-S-T, you can write to E. A. Barbera, M-U-S-T System Sales, the Garrett Corporation, 2230 Michigan Avenue, Santa Monica, California.

NEWS OF THE DISTRICTS

District No. Two



D. D. BEYER, D.O., FACGP

Drs. Noel and Virginia Ellis vacationed in cool Colorado for two weeks in July.

The Fort Worth Osteopathic Hospital welcomes Dr. Ed A. Becka, ENT Specialist, on our staff.

Dr. M. A. Groff, being Program Chairman for Pilot Point Kiwanis Club, invited our Executive Secretary to present the film slide presentation "Osteopathic Medicine as a Career," which was very well received. Mr. Ovid Dill, Administrator of Denton Osteopathic Hospital, assisted with the presentation.

The national meeting of the American College of General Practitioners in Osteopathic Medicine and Surgery held in Colorado Springs, July 28, 29 and 30, was well attended. There was an increase of about 40% over previous attendance last year at Western Hills, Waggoner, Oklahoma. The program and the entertainment were superb. Dr. John Burnett, President Elect of the American College of General Practitioners in Osteopathic Medicine and Surgery gave a fine talk at the meeting. Those in attendance from District Two were Dr. and Mrs. R. B. Beyer, Dr. and Mrs. C. E. Dickey, Dr. and Mrs. A. L. Karbach and family, Dr. and Mrs. Bobby Smith and family and your District Two Reporter. The

membership of the American College of General Practitioners in Osteopathic Medicine and Surgery has doubled in the last year and the membership in the Texas Society of Osteopathic General Practitioners has more than doubled. It seems that the American College of Osteopathic Surgeons has been a good stimulus for ACGPOM&S and the TSGPOM&S. All of you G.P.'s should get an application blank for membership in ACGPOM&S and send it to the Executive Secretary, Jack Hanks, 13942 S. Clark, Riverdale, Ill. 60627, with a check for \$25.00.

The Texas Society of General Practitioners in Osteopathic Medicine and Surgery are making plans for their meeting which will probably be held in conjunction with the District Two Child Health Clinic on March 17, 1968. This is St. Patrick's Day, so all of you Irishmen be social and attend this meeting at Green Oaks Inn in Fort Worth.

Your District Two Reporter received a letter from our President, Dr. Wiley Rountree, which he would like to quote in which he stated "Our aim should be an Osteopathic College for Texas and the vast Southwest." I thought that our profession and the Board of the Texas College of Osteopathic Medicine and Surgery would be glad to hear that our president is so vitally interested in an osteopathic school in Texas.

The nominating committee for nominations for officers and trustees for the American College of General Practitioners met during the Colorado Springs meeting. These will be placed in nomination when the ACGP delegates meet in San Francisco in October. Dr. John Burnett and your reporter are serving with four other doctors on this committee.

District No. Three



GEORGE GRAINGER, D.O.

Dr. L. D. Lynch was elected chief-of-staff of Broadway Memorial Hospital in Tyler at the July meeting of the hospital staff.

Dr. Lynch succeeds Dr. R. A. Cordes and will hold office until June 1968.

Re-elected were Dr. Anton Lester, vice-chairman; Dr. K. E. Ross, treasurer; and Dr. George Grainger, secretary.

Dr. and Mrs. Howard Coats had a delightful vacation among the California Redwoods during May and June. They roughed it in a trailer, way off from everywhere.

Dorothea, Dr. and Mrs. Robert Slye's little brunette Swedish exchange student, returned to her Northland home mid-July after an educational year in the Slye household up on the big hill.

Afterward, Bob and Blossom Slye took off for a vacation in the Wild West. Intended itinerary was Carlsbad Caverns, Monahans, Iowa and Yellowstone, according to an otherwise reliable spokeswoman.

Ollie Clem and wife Patsy, with Debbie, Dennis and Letha tagging along, visited Ollie's sister in Greeley, Colorado, the first part of July. They all took a "Jeep Trail" into places deep into the Rocky Mountains where a pack-mule couldn't even reach. Then they came home.

Who is Ollie Clem? He's the administrator at Broadway Memorial, and the way he's been organizing things, he's making a hit.

District No. Eight



T. A. WILLIAMS, D.O.

Dr. and Mrs. Joe Schultz and Family attended North Texas State graduating ceremonies for son Mike, June 2 & 3. Mike received his B.S. in Chemistry. He is now working at Flow Memorial Hospital as a Lab. Tech.

Dr. George Murphy, resident in anesthesiology at Detroit Osteopathic Hospital, has been in south Texas. He was visiting with Dr. Arnold Layman.

Dr. Lawrence Willet Taylor and Miss Donna Ritter were married May 5, 1967. The couple departed on a two week honeymoon in Mexico — and to think Dr. Taylor was still recuperating from his Hondo accident.

The staff of Corpus Christi Hospital had the annual intern party at Lake Mathis this year. This party was in honor of Drs. Layman, and Jim Phillips who were graduating. Hats off to two fine interns. Both doctors are headed for Knoxville, Tennessee for general practice.

Dr. Dave Bruce can be seen buzzing here and there with his new 172 Cessna. Dave is the official fish spotter for the local society. Which reminds me the annual fishing tournament of District No. 8 begins the 1st of July. Some of the entrants have already caught their entry and have them penned. You can expect anything. Anything to get admitted to the "Order of the Golden Rod".

Drs. John and Gladys Auten won the mixed doubles golf championship in Aransas Pass during June. Dr. Gladys

had an eagle on number eight. When it was over she was considering the pro schedule.

Dr. Leland Long was elected president of the chamber of commerce of Portland, Texas. Dr. Long takes office the first of July.

Drs. Olson, Long, and Dawkins gave a report on their recent deep sea fishing. This is a fish story!! They caught forty seven fish including kings, ling, and two sail fish. Dr. Olson caught a king fish weighing twenty nine pounds. This ended his fishing for the day. Dr. Dawkins caught nineteen for the total. He was out of his office for the following Monday and Tuesday. Dr. Long was pulled overboard by a sailfish — this was one of the two caught — who caught what or what caught who.

District No. Thirteen



R. D. VAN SCHOICK, D.O.

We are proud to have associated with us in the District Dr. B. J. Waldrop who recently came to Denison after graduation at the Kansas City School and internship at Dallas Osteopathic Hospital.

The Kubalas are due for some interviewing since their European trip with their children.

Dr. Jim Fite reports a good meeting at the House of Delegates of the A.O.A. in Chicago in July.

Dr. Jack Vinson is back in practice August 1 after a heart attack in June.

The staff at Allen Memorial Hospital and Fairview Nursing home were entertained by the graduates of the Vocational Nursing school at a dinner Saturday August 5, 1967. Since this is the first Class we were particularly proud of their record; we began with ten students and graduated ten.

Graduating Students are:

Mrs. Billy Cheatham
Mrs. W. Barnett
Mrs. F. Murray
Mrs. W. Mayer
Miss M. Nichols
Mrs. T. Breakbill
Mrs. Mary Hall
Miss J. Smith
Miss E. Mims
Mrs. D. Long

Teaching Staff:

Mrs. J. Niblett R. N.
Dr. J. Vinson
Dr. J. Fite
Dr. M. Ayer
Dr. R. D. Van Schoick

Dr. and Mrs. S. E. Smith have been busy this summer with American Legion baseball, since Danny played with Sherman this year and Mrs. Smith with the Blackland Players in Greenville in the dramatic arts.

Dr. and Mrs. R. D. Van Schoick spent the summer visiting relations in Illinois and Arkansas and watching their son play Blackland Baseball, also, one grandchild having a tonsilectomy.

I have a dearth of news from Ladonia. Klondike, Whitesboro so until I hear from them I can't write what I don't know.

Osteopathy in America never got where it is today through passive acceptance and letting George do it. Your association also owes its position and stability to a long line of doers. What *you* do for it today determines how useful it will be to you tomorrow.

**HERE'S MY \$4.00 for a dozen copies of the new
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PATHOLOGIST

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M. Glickfield, D.O.

T. R. Turner, D.O.

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R. M. Connell, D.O.

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C. D. Farrow, Jr., D.O.

Obstetrics & Gynecologic Surgery

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