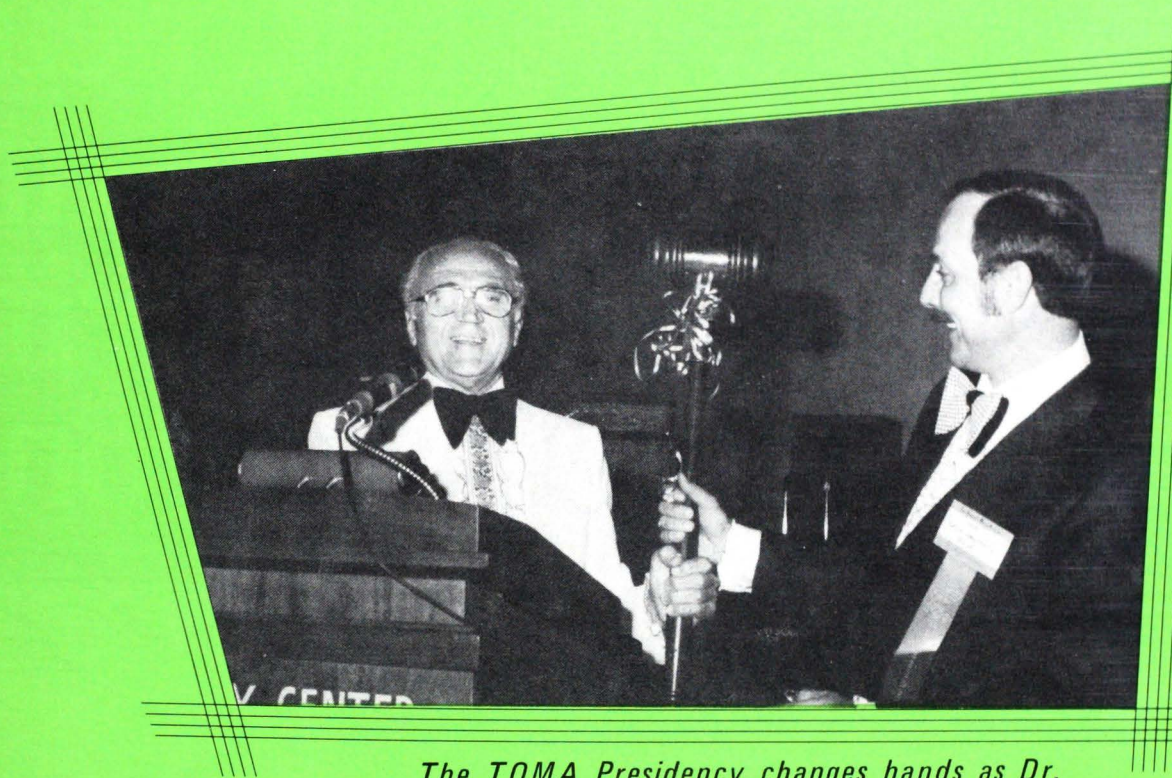


TEXAS OSTEOPATHIC PHYSICIANS JOURNAL

May 1976



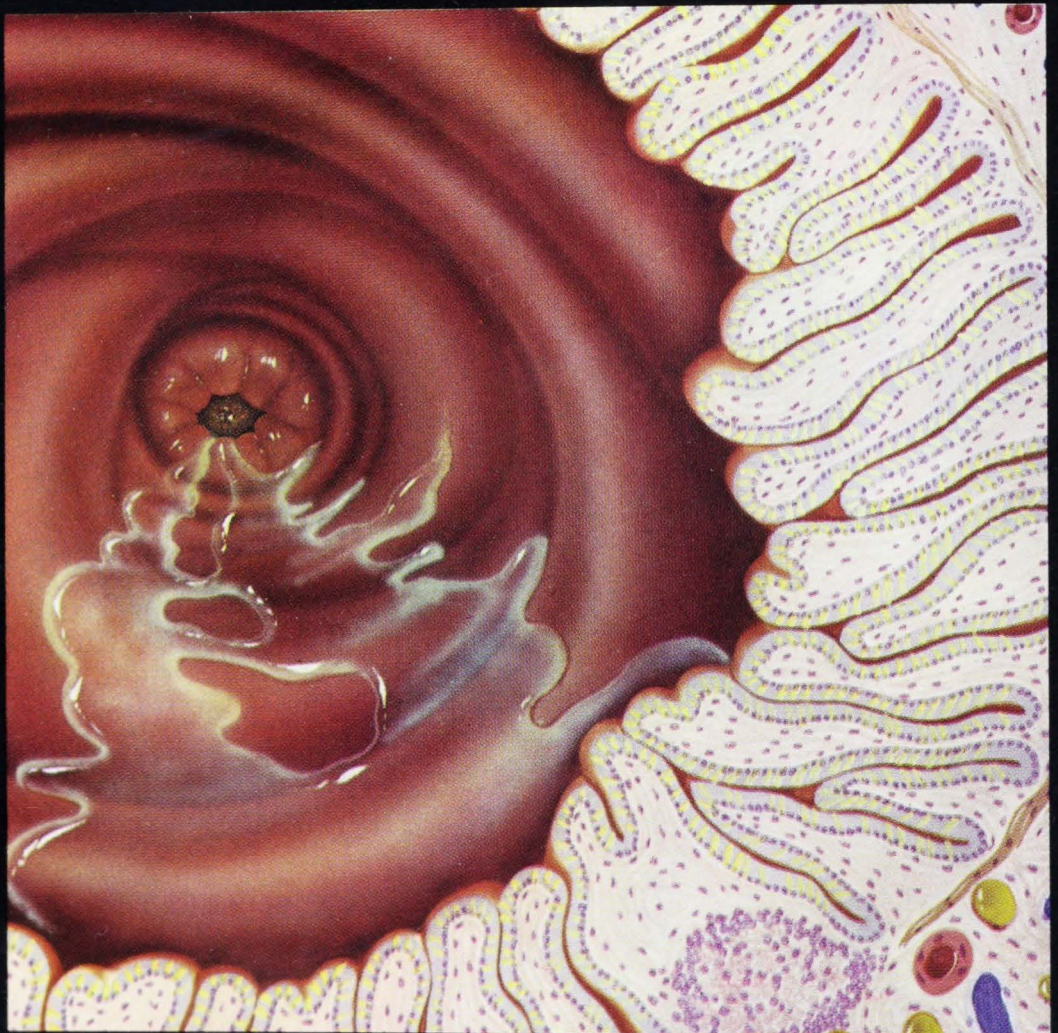
The TOMA Presidency changes hands as Dr. Michael A. Calabrese completes his term and Dr. David R. Armbruster begins a new one.



President Armbruster seems pleased to share his new position with "First Lady" Elaine.

Presenting Gastrointestinal Complaints

**Pain and bloating
with diarrhea
and/or constipation
may indicate irritable
bowel syndrome***



*Librax has been evaluated as possibly effective for this indication. See Brief Summary.

Recurrent episodes of acute G.I. discomfort, associated with constipation, diarrhea or abdominal pain ranging from dull gnawing to sharp cramping sensations, may suggest irritable bowel syndrome and warrant further investigation. If this tentative diagnosis is confirmed, medical relief of the acute episode may be only the starting point of appropriate long-term management. Such patients often have an extended history of dietary reactions and laxative misuse with a tendency, when under severe emotional strain or fatigue, to experience a colonic "protest."

Indeed, careful questioning will usually uncover a significant relationship between periods of undue anxiety or emotional tension and the exacerbation of G.I. symptoms. This type of patient will probably need your counseling and reassurance to assist him in making beneficial modifications in his life style and attitudes.

If it's irritable bowel syndrome, consider Librax as adjunctive therapy In most instances, the patient with irritable bowel syndrome derives maximum long-term benefits from a comprehensive medical regimen directed at both the somatic and emotional aspects of this functional disorder. The dual action of Librax has proved to be highly effective not only in relieving the distressing symptoms of irritable bowel syndrome but also in maintaining patient gains.

A distinctive antianxiety-anticholinergic agent

- 1 Only Librax combines the specific antianxiety action of Librium® (chlor-diazepoxide HCl) with the dependable antisecretory-antispasmodic action of Quarzan® (clidinium Br)—both products of original Roche research.
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- 3 Librax has a flexible dosage schedule to meet your patient's individual needs—1 or 2 capsules three or four times daily, before meals and at bedtime.

**helps relieve
anxiety and associated symptoms
of irritable bowel syndrome***

Librax®

Each capsule contains 5 mg chlordiazepoxide HCl
and 2.5 mg clidinium Br.



drug has been evaluated as possibly effective for this indication. Please see
following page for brief summary of product information.

Dual-action
adjunctive

Librax®

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Rx
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#35
Sig: T t.i.d.a.c.
and T i.h.s.

Initial Rx

The initial prescription allows evaluation of patient response to therapy.



Rx
Librax
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Sig: T t.i.d.a.c.
and T i.h.s.

Follow-up

Follow-up therapy, with a prescription for 2 to 3 weeks' medication, usually helps to maintain patient gains.

helps relieve anxiety-linked symptoms of irritable bowel syndrome* and duodenal ulcer*

Please consult complete prescribing information, a summary of which follows:

Indications: Based on a review of this drug by the National Academy of Sciences—National Research Council and/or other information, FDA has classified the indications as follows:

"Possibly" effective: as adjunctive therapy in the treatment of peptic ulcer and in the treatment of the irritable bowel syndrome (irritable colon, spastic colon, mucous colitis) and acute enterocolitis.

Final classification of the less-than-effective indications requires further investigation.

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 childbearing 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 pharmacologic effects of agents, particularly 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.

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Dosage: Individualize for maximum beneficial effects. Usual maintenance dose is 1 or 2 capsules, 3 or 4 times a day, before meals and at bedtime. Geriatric patients—see Precautions.

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TEXAS OSTEOPATHIC PHYSICIANS JOURNAL

	Page
A Year Without Crises	6
New President Stresses Importance of Involvement	8
Galveston Goings On	9
Galveston Gallery	11
Malpractice Crisis too Complex for Band-Aids	12
Rural Medicine — — a Growing Specialty	13
ATOMA — Convention Coverage	15
TOMA: New Officers, Departments, Committees	17
Seminar Program at TCOM	21
Texas Ticker Tape	22
Letters	24
Bureaucracy — a (sometimes) addition to the high cost of hospitalization	25
Dr. Joe Suderman "G.P. of the Year"	28
We're Doing Something	29
Dr. Van Schoick "Citizen of the Year"	31
Dream Materializes for Dr. Thompson	32
Make Your Move	33

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Mr. Tex Roberts, Editor

*Dr. Calabrese credits his predecessors
for helping to make his presidential term*



A YEAR WITHOUT CRISES

by Michael A. Calabrese, D.O.
President, 1975-76

Last year at about this time, I stood before you under similar surroundings and announced to you that I was the oldest, grayest and baldest president (all at one time) to have held this honorable office. Now another superlative must be added, however—the shortest serving one. I'm sure there are a few other adjectives you may want to suggest. Beryl has come up with a few choice ones this past year.

Also, last year at this time I assumed this office with much trepidation, especially after having watched my predecessors. In this rapid changing medical scene, I didn't know what was going to happen (as happened with them—such as TMF, TIMA, PSRO, TARP and Utilization Review) and that I would have to make some crucial earth-shaking decision; but as luck would have it, the gods were with me and no seemingly tremulous crises occurred. At least if they did occur, I didn't recognize them.

I think this was primarily due to the sound and sensible leadership of my predecessors. They laid the groundwork, made the important decisions, and all I did was reap the laurels of their dedication and labors.

There is one other quantity that must be reckoned with and that is your Executive Director. He complemented and completed the whole picture. So, with the groundwork that was done by my immediate predecessors and the know-how and expertise of the Executive Director, how could I miss?

You see, when I assumed this estimable office, I was naive enough not to plan any drastic changes or innovations. I was cognizant of the fact that my term was very limited. I felt that the perpetuity and constancy of this office is maintained by the Executive Director. He is the only constant factor in this organization, so I played up to him, and it paid off!

Thus, taking into consideration what everybody has done before I took office, I must admit rather smugly and selfishly I've had a pretty good year.

I really have enjoyed serving this office and representing you. It was indeed an honor, and I thank you for giving me that privilege and opportunity. Every place I went, my reception was genuine, sincere and always greater than anticipated.

Would you believe that, up to this point, I had this presentation prepared for several days. But about Wednesday of last week, however, while scanning the many articles, journals and magazines that cross my desk, there were two articles that caught my eye. One was "Osteopathic Medicine: A Holistic Concept", by Dale Dodson, D.O., which appeared in *Health* magazine (put out by the AOA), and the other was entitled "Defining Physician", by Russell B. Roth, M.D., which appeared in the *Osteopathic Physician* magazine.

Here, I decided to alter my course and take the opportunity at this time to comment on these articles. It struck me so vividly how each of these articles were at opposite ends of the spectrum and still speak of the same thing.

Dr. Dodson explains, with the patience of Job and the clarity of a crystal clear mountain spring—with feeling, depth and substance, the osteopathic concept and its philosophy—showing how we are different and stand head and shoulders above the field. Whereas on the other hand, Dr. Roth makes reference to the so-called political ramifications of the D.O.-M.D. degrees.

Let me say here, it was one of the most unbiased articles I have seen written by a Doctor of Medicine. It was well done, informative and factual, but it seemed to lack substance. Dr. Roth briefly itemizes the changes and advances of our profession and the

imate acceptance of the D.O. degree by the AMA removing our "cultist" brand. Now, he implies up to the powers that be to decide how to equate D.O. to M.D.

His final statements are noteworthy. He says, young physicians (I presume he means both M.D.s and D.O.s) in general seem to favor merger. Osteopathic specialists oppose it. The public is for the most part blissfully unconcerned.

"The rigid position held on both sides of the issue resulted in inequities. One by one, it seems that they will be resolved with the courts making decisions which the profession declines to make. In the meantime, does D.O. equal M.D.? It depends on whom I ask."

Well, needless to say, if you should ask me, D.O. does not equal M.D. We would have to give up too much. And, I'm sure the M.D. would say the same if we were asked the question. I am well aware that this is a controversial and sensitive issue in the profession, but ignoring it or sweeping it under the rug will not make it go away.

It would seem that we have come to an impasse. I don't think so. There may be other routes that we can go. I would like to present one to you in which either M.D. or D.O.—would lose face or degree or be forced to give up anything and still, at the same time, enhance our image that Dr. Nolen talked about yesterday.

It seems that what some of us really want is not the M.D. degree in itself but its unchallenged universal acceptance. I think that statement bears repeating. *It seems that what some of us really want is not the D.O. degree in itself but its unchallenged universal acceptance.*

My suggestion, then, is that we keep our D.O. degree and add the word "medicine" which would give it universal acceptance with no explanations needed.

At this point, as I was rewriting this, it seemed to have a familiar ring, so I did a little research of some articles I had written some time ago. I found the following which goes back to about 1970 or 1971; here is a quote: "What if we (the osteopathic profession) make a nationwide concentrated effort, from the national office on down through the state societies to the local districts levels, to change our image especially by whatever legal means necessary by including the word 'medicine' in all of our organizations. Does this sound like heresy? I think not.

The word 'medicine' is a general term. As pertaining to the art, it is defined as 'the art or science of

restoring or preserving health or due physical condition as by means of drugs, surgical operations or appliances, manipulations, et cetera.'

Isn't this the way we define osteopathy, with the addition of the philosophical approach of treating the whole body as a unit, as an interdependent and interrelated organism? From this definition, it explains exactly what we are doing and attaching it to the word 'osteopathic'—specifically and directly tells the world what we are."

Since this article, many of our state societies already have changed their names to Osteopathic Medical Associations. Most of our colleges are called Osteopathic Medical Colleges.

We have come of age! We are osteopathic medical doctors. Might I even go so far as to suggest the M.D.O. degree from our colleges? I do not think this reeks of amalgamation, but of identification. If anything, it is a step toward a sharper delineation from allopathic medicine—one of confidence and assurance. It will make us more distinct, more separate and more independent.

There would be no confusion to its origin, scope, meaning and acceptance. We would stand by ourselves. It tells everybody exactly what we are: Doctors of Osteopathic Medicine—the complete doctor.

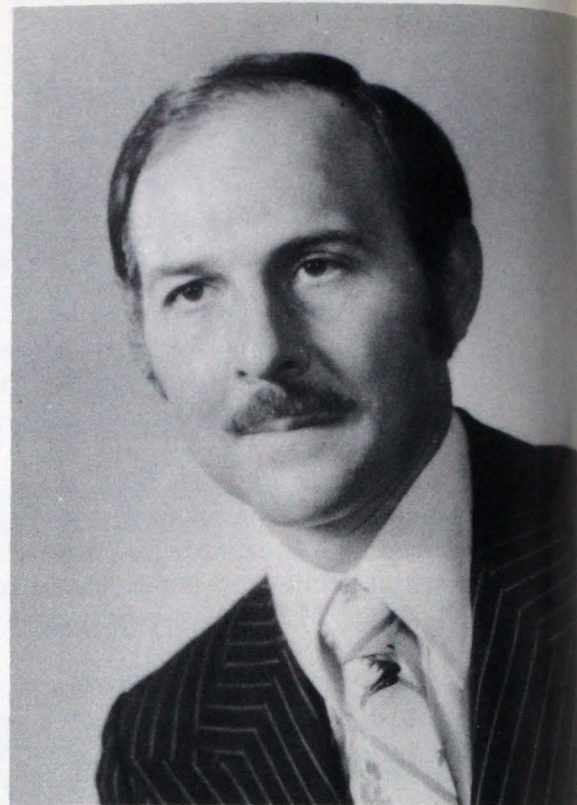
Of the few accomplishments of my administration, the revision of the Convention Manual was one. It seems that the ink is hardly dry on the document and already I'm going to suggest a change. I wanted Dave to do it this year but he said next year. Tomorrow at the Board meeting, I'm going to suggest that this night be in honor of the incoming president rather than the outgoing president, because what the outgoing president has done or has not done is history and self-evident.

The incoming president signifies the future and growth of the profession; and besides, it is much more interesting for you to listen to expectations of the new president, rather than explanations of the outgoing president.

Again, let me say it has indeed been an honor serving as your representative and I thank you again for giving me the privilege. This profession has been good to me; this Association has been good to me; you have been good to me.

I would like to close with this quote by Stephen Grellet: "I expect to pass through the world but once. Any good, therefore, that I can do or any kindness that I can show to any fellow creature, let me do it now. I shall not pass this way again." ^

New President Stresses Importance of Involvement



When Dr. David R. Armbruster received the TOMA President's gavel from Dr. Michael A. Calabrese, he spoke briefly about his plans for the coming year.

He told the large audience of members, spouses and friends that although as physicians we treat "disease", disease could consist of many things not taught in medical schools or found in medical books.

He said that among these could be listed complacency, lethargy, apathy and procrastination. And he suggested cures for these very real maladies that could beset a professional association. For complacency, Dr. Armbruster prescribed cooperation, communication, concern, courage and confidence.

Instead of being lethargic, he reminded them of the benefits to be derived through loyalty and love of their profession.

According to Dr. Armbruster, apathy among the membership can be cured with a change in attitude, by using their abilities, applying themselves to their profession and to their association, adapting to a rapidly changing world of medicine, and being accountable to their many obligations.

He reminded his listeners that everyone is at times prone to procrastinate. One of his antidotes for this is positive thinking. He also suggested that along with

pride in their profession, they should be ever mindful of public relations and—now more necessary than ever—political involvement.

Dr. Armbruster said, "Your president and Board can't do it all by themselves. We need to have the involvement of each and every one of you. Let's stand up and be counted.

"Know your newspaper representatives, your television people, your city and county officials—and most important—your state representatives and senators, as well as your national representatives."

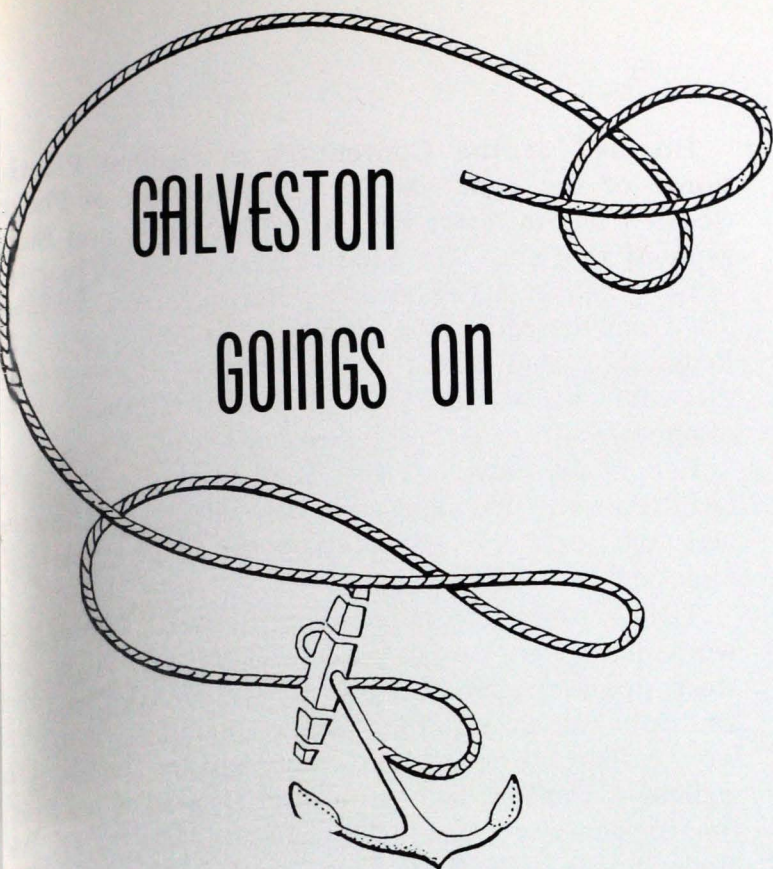
He said that the association had been plagued with the maladies of complacency, lethargy, apathy and procrastination for too long, and that the only way for the osteopathic profession to attain its rightful place in the medical world was for each member of TOMA—and their spouses—to become involved; that in so doing, the association would prosper and the jobs of its elected leaders would be made much easier.

Dr. Armbruster concluded by saying, "Let's make a pledge to ourselves and to our profession, and with the aid of our God, we can make the state and the world a healthier, happier place.

"Involvement . . . I want you all to please be involved!"

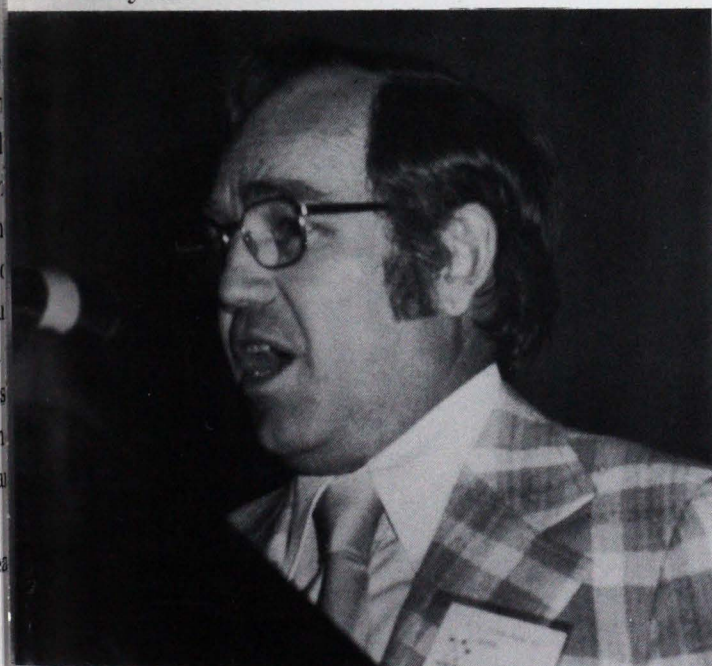
GALVESTON

GOINGS ON



The Super 77th Annual Convention and Scientific Seminar of the Texas Osteopathic Medical Association in Galveston April 8-10 established several firsts, including record-breaking attendance at all convention functions.

At the opening day Keynote Luncheon Dr. Jitter Nolen, President of North Texas State University and Texas College of Osteopathic Medicine, addressed 13 D.O.s, spouses and guests, topping the previous Keynote Luncheon attendance record of 390 set in Dallas last year.



Dr. Nolen declared that it was his personal as well as the official goal of NTSU to help the profession make TCOM the best school of osteopathic medicine in the world.

He emphasized the benefits to Texans resulting from the growing number of TCOM graduates entering general practice in towns and neighborhoods all across the State.

He stated that Dr. Ralph Willard (D.O.) will be in direct command of TCOM as its dean. Dr. Nolen was presented an honorary membership in TOMA.

Nineteen hours of continuing medical education (CME) were available to D.O.s attending the three-day meeting, with several concurrent lectures providing much broader selections of topics in any given time slot.

CME topics ranged from emergency medicine to the patient's right to die, and included other subjects, such as drug law enforcement, sports medicine, general surgery, hypertension, ulcers, medical answers to self-abuse (involving alcohol, drugs and overeating), preventive and diagnostic medicine (including cancer), osteopathic manipulative therapy, plastic surgery, acupuncture, dermatology, and others.

On President's Night Dr. Michael A. Calabrese of El Paso, on being introduced by M.C. State Senator Tati Santiestaban of El Paso, turned in his spurs and handed the large State President's gavel to incoming jefe Dr. David R. Armbruster of Pearland.

Other officers and trustees presented Friday night (complete listing elsewhere in this issue) included Dr. Samuel B. Ganz of Corpus Christi as the new President-Elect. Dr. Ganz served 17 years as either Vice Speaker or Speaker of the TOMA House and is currently Speaker of the AOA House.

Dr. T. Eugene Zachary of Richardson is the new Speaker of the TOMA House, and Dr. James W. Lively of Corpus Christi will serve as Vice Speaker during the coming year.

New members of the Board of Trustees include Dr. W.R. Jenkins of Fort Worth, and Dr. Harvey H. Randolph, Jr., of Groves. Dr. Randolph will fill the unexpired term (two years) of Dr. Ralph C. Merwin of Orange, who resigned because of illness after several years' service on the Board and as a department head.

Reelected to the Board were Dr. Frank J. Bradley of Dallas, Dr. John J. Cegelski, Jr., of San Antonio, and Dr. Dwight H. Hause of Corpus Christi.

Among important decisions made by the TOMA House is one stating that TOMA favors creating a statutory atmosphere in the next State Legislature that will allow private insurance carriers the opportunity to provide professional liability insurance for physicians and hospitals in Texas and confining the state-operated insurance company (Joint Underwriting Association) to excess coverage and to providing policies for doctors who cannot get coverage in the private sector.

The TOMA House received the annual certified audit showing that the Association operated in the black and its assets continued to appreciate.

For the first time in 35 years, TOMA members heard a Texan speak at the Saturday morning breakfast for the AOA President-Elect. This time he was Dr. George J. Luibel of Fort Worth, who will be installed as national president of the profession at the annual meeting of the AOA House in July in Washington, D.C. Attendance at the breakfast—appropriately—was a record-breaker.

The last and only AOA president from Texas was the late Dr. Phil R. Russell of Fort Worth, who had attended 52 TOMA conventions at the time of his death last summer.



Dr. Mickie Holcomb of El Paso receives a plaque in appreciation of his many years service on the State Board of Health. Dr. G. G. Porter was also presented a plaque, in absentia, for his 17 years service on the State Board of Medical Examiners.

Honored at the Convention as General Practitioner of the Year was Dr. Joe Suderman of Pharr (located in the lower Rio Grande Valley), and Surgeon of the Year, Dr. Charles Bragg of Fort Worth.

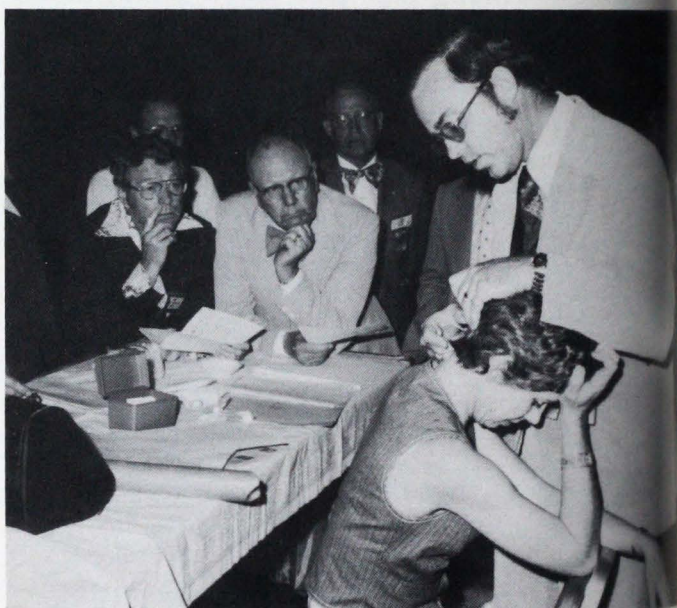
Long ago Jean LaFitte temporarily took a sabbatical from his profession (piracy) and fought for fledgling United States in the War of 1812. Shortly thereafter he set up shop on Galveston Island, but disappeared from history a few years later.

Fun Night Saturday was kind of in "honor" of LaFitte, in the one night especially set aside for members and their spouses to enjoy the camaraderie of their friends and colleagues.

TOMA sustaining members and their Texas-style white hats were out in force and the fatted Angus steer, donated again this year by Dr. Bob Haman and Dr. Bob Finch from their Black Champ Farms, was won at the pirate party Saturday night by Dr. Charles Ogilvie of Canton, who promptly donated it back to the fund-raising cause in an auction conducted by House Speaker Dr. T. Eugene Zachary. The steer was bought by Dr. Roy Fisher and Dr. Carl Everett, both of Fort Worth, for \$525. (It was not determined who got the shoulder roasts and who got the udder end.)

In the door prize drawings, the color TV was won by Dr. Robert Lutz of Dallas and the quartz watch by Dr. Roy Fisher of Fort Worth. The radio that was donated by Blue Cross-Blue Shield, went to Dr. Robert D. Van Schoick of Leonard.

The Pat Patterson candid slide show was again the entertaining highlight of the Friday and Saturday night social events. ^



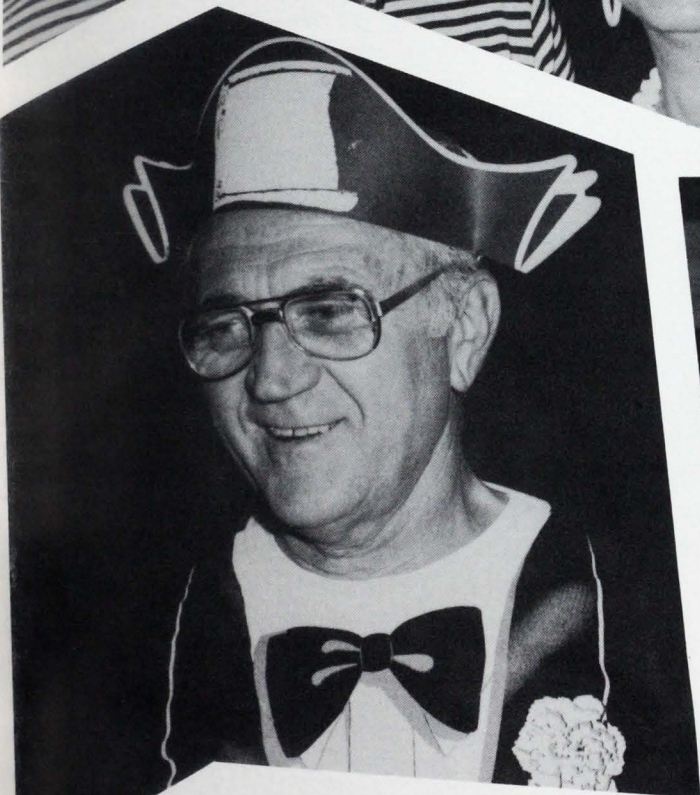
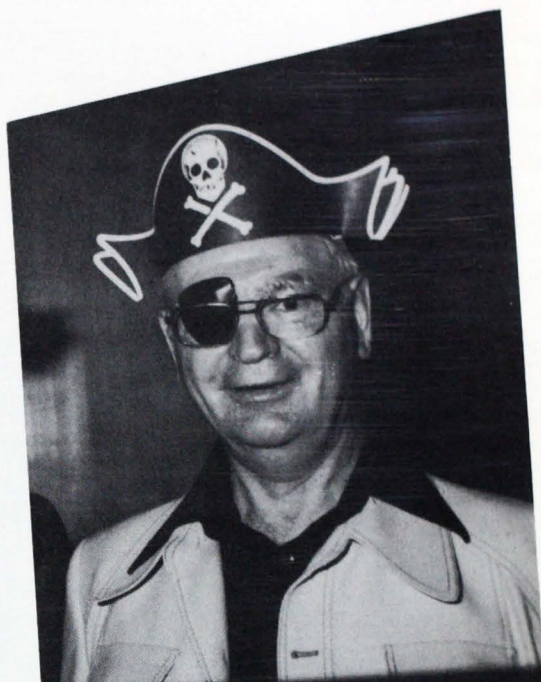
Dr. Royce Keilers demonstrates technique during his lecture on acupuncture. The willing patient is his wife, Dr. Elva Keilers.



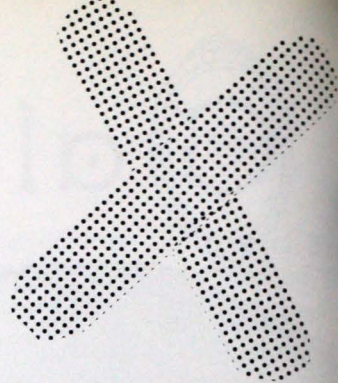
Galveston



Gallery



Malpractice Crisis too Complex for Band-Aids



"It took 13 years to find out we lost money in 1962." Caleb Belove, President of Professional Mutual Insurance Co. of Kansas City, Missouri, related this loss from a malpractice suit to the 77th Annual Convention of TOMA in Galveston during early April.

He also said, "The solutions that are being offered (in the malpractice crisis) are like applying Band-Aids to some very serious wounds. You can patch up a wound with 30 Band-Aids but that is not the way you do that sort of thing.

"The malpractice crisis occurred when insurance companies began to discover they hadn't charged enough premium in the past. When they began to pay for occurrences that had taken place five years earlier, they found they hadn't collected enough money.

"Not only did they raise premiums to collect more money for future losses, but also to make up for the past. That combination is what has precipitated this sort of snowballing."

Belove noted, "The crisis, therefore, was caused by insurance companies deciding that it's not a profitable line, and believe me, if they thought it was profitable they would be in it. None of this stuff would be happening if it would be possible for the insurance companies to make a profit at a low premium."

Part of the malpractice problem according to Belove, "is the peculiar circumstance called a 'long tail'. Liability coverage is not quite the same as destruction of property. In fire insurance, if you have a fire, you know it. But in a medical procedure no one really knows that

anything has actually happened. The patient doesn't know it, the doctor doesn't know it. It only becomes apparent after a passage of time, and sometimes quite a bit of time."

Belove told the osteopathic physicians his company paid a claim last year in Missouri that went back to 1962. He said they did not collect enough premium in that year and they are now in the red for 1962. "But it took 13 years to find out we had a loss."

Various factors were blamed for the malpractice crisis. Some of the problems:

- insurance companies set up a 'pot of gold' by writing \$1 million to \$3 million policies,

- juries took the position, "make the insurance company pay", awarding mammoth settlements,

- doctors and hospitals have not taken punitive action against unqualified medical personnel.

As for the long term, Belove feels jury awards seem to be leveling off or are smaller. He stated, "The message is finally out that the money has to come from somewhere. If the insurance company has to charge the doctor more (in order to pay large claims), the doctor has to charge more and then the consumer pays more." He emphasized, "Malpractice is a part of the doctor's fee."

He also pointed out the insurance company has been the only agency which has taken punitive action against some doctors by cancelling their coverage. He said it is only a small group causing most of the problem; that in his own company, if they hadn't written pol-

icies on about 40 doctors in this problem causing group, they would not have had to raise premiums.

Belove summarized, "The problem is that in medicine, the health care of a nation is involved so you can get a lot more emotional than you can about other kinds of problems of society that are related to the insurance industry. For instance product liability is one that's going very sour but no one really cares about that because it is not very dramatic.

"People are used to seeing doctors on television and a doctor holds a hallowed position even though the practice of medicine according to some authorities is suffering from a bad image. But the doctor himself is usually someone respected in his community and as a person, is held in high esteem.

"Therefore, anything that affects him which also affects a person's health is something that gets a lot of dramatic play. There are other problems that are extant in the insurance business that get little publicity at all that are much worse. The homeowners policies have lost a bundle the last couple of years. The automobile insurance industry is in the most serious trouble it ever has been in. One of the largest writers is on the verge of bankruptcy.

"This gets very little publicity. But the malpractice problem gets a lot of it because of the kind of impact and the kind of view the public has. You don't see television shows about automobile manufacturers. You do see a lot of them about doctors."

Rural Medicine - - a Growing Specialty

How to get more doctors into rural areas

Folk medicine in rural areas is being replaced by family physicians who have more direct effect on the lives of people than any other provider of health care.

Richard M. Hall, D.O. of Eden, believes the return to practice in rural areas by doctors can be accelerated by recruiting medical students from small communities. He also feels an entirely new concept in rural practice is emerging, involving organization of emergency medicine to cut down on loss of lives.

The role of the rural family physician

Dr. Hall outlined the spectrum of activities required to provide health care to rural areas at TOMA's 77th Annual Convention and Scientific Seminar in Galveston April 8-10.

The rural family physician's role is principally resuscitation and stabilization of a person who is ill or injured and then direct the patient to medical facilities that are nearby, or wherever the patient needs to go to receive the next step in the healing process. But his role is even greater, according to Dr. Hall.

"I think we as family physicians probably have more direct effect on the lives of these people because we work with them in emergencies in the rural areas; physically, mentally, emotionally, spiritually and financially. All of these things have

something to do with your health, and any one of them can precipitate an emergency situation."

Emergencies in a rural practice

Traffic accidents are the major medical problem, followed by cardiac emergencies in rural areas. Dr. Hall thinks the general or family physician has greater exposure to most of the emergency ills of America than anyone.

This fact requires each person in a community to work wholeheartedly in training emergency personnel to the degree they can handle emergencies rapidly, effectively and without hurting someone.

In Eden and the 13-county Concho Valley Council of Governments region, fire department personnel received six weeks of health care training. Each person was instructed on how to begin resuscitation and stabilization until the time the doctor arrives.

"The probability of accidents in our area has really lessened within the last ten years," according to Dr. Hall.

"It used to be common that with every oil well, you would expect two or three broken legs or arms, or crushing head injuries, but now—with national health and safety procedures—we just don't see the major traumas we used to.

"Traffic accidents are probably our major problem, but now, with the new 55-mile per hour speed

limit, we have fewer accidents than we did five years ago. I don't recall any deaths from traffic accidents within 50 miles in our vicinity within the last two years.

"We have had more cardiac emergencies in people from Houston, San Antonio, Corpus Christi, Galveston, and so forth, who come out to our county to hunt and they've made no preparation to begin the hunt.

"I think in the near future sportsman's medicine will teach these people to prepare themselves for a deer hunt in New Mexico or Colorado. You can't go from Houston and zero elevation into 10,000 feet in Colorado to hunt deer and elk without some drastic physiological change. You've got to cause these people to be concerned enough about their health that they'll be in shape to do the recreational activity they attempt to do."

Selection of medical students one of the cures to rural doctor shortage

Dr. Hall stated the cure to the shortage of doctors in the rural area is in selecting medical students from small communities. "I think in the selection of students that are going into the Texas College of Osteopathic Medicine and medical schools in general, that registrars and admissions committees must keep in mind that we need large numbers of physicians to practice in rural areas.

"If you assess these students only by entrance exam scores, you are never going to put adequate health personnel into the rural areas.

"We're doing this in the osteopathic profession. We're looking at where they originated in life. Those men and women who are born and raised in rural situations will, when they can afford it, come back to that situation because it's a luxury to live in a rural area."

Dr. Hall stated, "I enjoy being away from the urban area, but I also enjoy the challenge of the academics—of having to be 'up' from a continuing medical education standpoint to take care of all emergencies. And these young people, as they graduate from college and from our medical schools, will find their potential for income is very adequate in the rural areas. They will also have the responsibility of directing the total health care of the community."

Each community needs at least two doctors.

No less than two doctors should practice in a community, according to Dr. Hall. "I think to set one doctor up in a small town is just like committing suicide for both the doctor and the patient. Many times it insures an inadequate amount of coverage for the people. People should know where they can go with emergencies if something occurs to them.

"When you go into a community you must be able to assess it and help the people help themselves where they can in the planning of all sorts of emergency activities. You must train non-health professionals to do health care work. And

by all means, you have an opportunity to impress or to encourage someone to enter the health field; whether it be nursing or into the practice of medicine.

Trained physicians must make health care judgments.

"I am not in accord with physician's assistants. I feel like that I'm in a position—by number of years of training and experience—to make adequate judgment, and I don't think any other health personnel are.

"By law I'm required to make that particular decision and I'm not going to let someone else make it, because then you get haphazard health care.

"I think this is producing more emergency situations than we're going to cure, because these people are not adequately trained to make decisions about your health. This is where the physician is. So we've simply got to produce—and in Texas we are going to produce—a greater influx of family practitioners into the rural area."

"I don't have to go anywhere to start enjoying the day - "

Dr. Hall commented, "It's a real luxury to practice where I practice because I don't have to go anywhere to start enjoying the day when I start. More young men are going into medicine, not so much for the dollar and cent income that's going to come in after graduation, but are going in really for humanitarian reasons. They really

think there is a need for them to show people how to be well and show them how to ascertain for themselves a better life and better health.

"They really believe more than I did that if I did an adequate job in the delivery of health care in my community and my practice that I would be adequately repaid financially. So they don't start with the dollar sign but they start with wanting to establish a system that delivers health to all people.

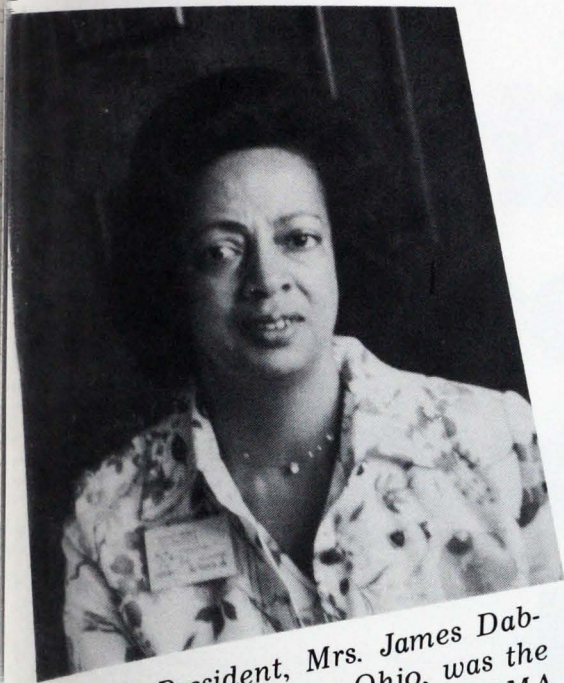
" . . . to perform those things which add to the comfort and well-being of all people . . . "

Serving as a social worker as well as a physician, Dr. Hall said, "You are everything and sometimes a chaplain in some cases. Many physicians don't like to get tied up in this way, but I can see no other way myself where I can render total health care and philosophically fulfill the things I really believe a physician should do. I want to perform those things which add to the comfort and well being of all people I come in contact with."

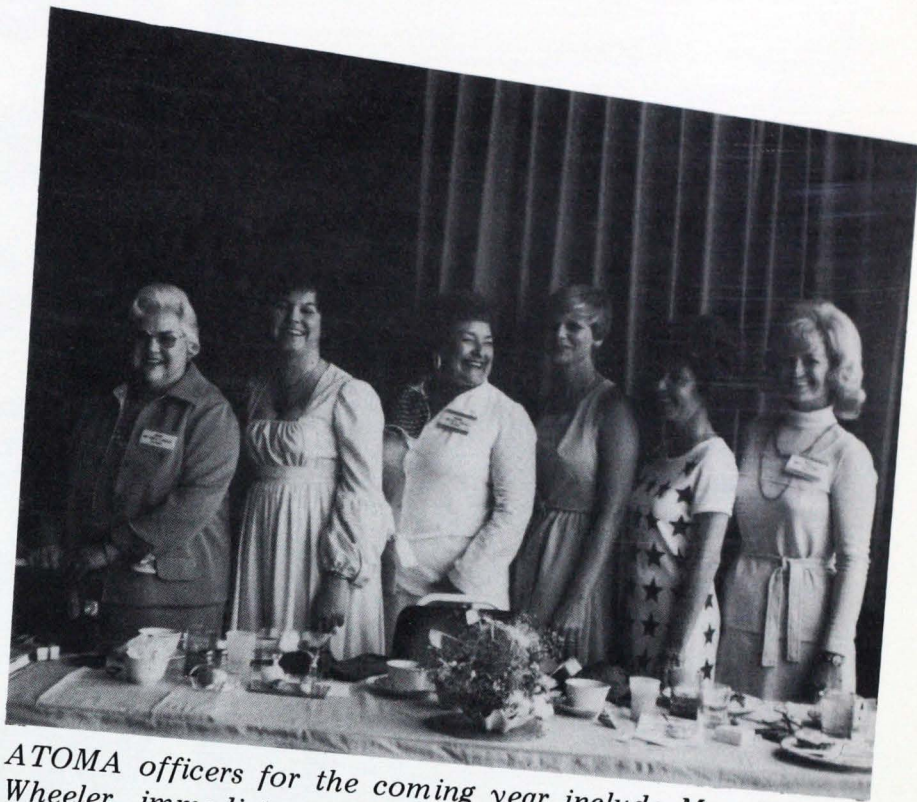


Dr. Hall finds the going a little easier since Dr. John H. Boyd joined him in practice in Eden.

ATOMA News



AAOA President, Mrs. James Dabney of Youngstown, Ohio, was the installing officer at the ATOMA brunch Friday morning.



ATOMA officers for the coming year include Mrs. Francis S. Wheeler, immediate past president; Mrs. J. Michael Behrens, president; Mrs. Bill Puryear, president-elect; Mrs. M. L. Coleman, vice president; Mrs. Floyd O. Hardimon, secretary, and Mrs. Emery Suderman, treasurer.



Mrs. Behrens receives the president's gavel from Mrs. Wheeler during installation ceremonies at the Convention brunch.



Fashion's salute to the Bicentennial is modeled here by Mrs. Floyd Hardimon.

The Texas Osteopathic Medical Association thinks enough of you to offer the best.

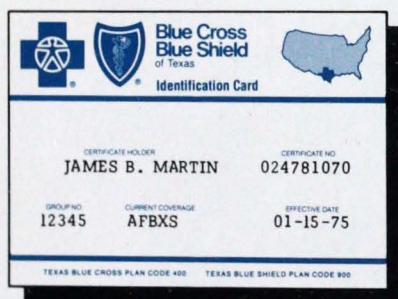
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Texas Osteopathic Medical Association

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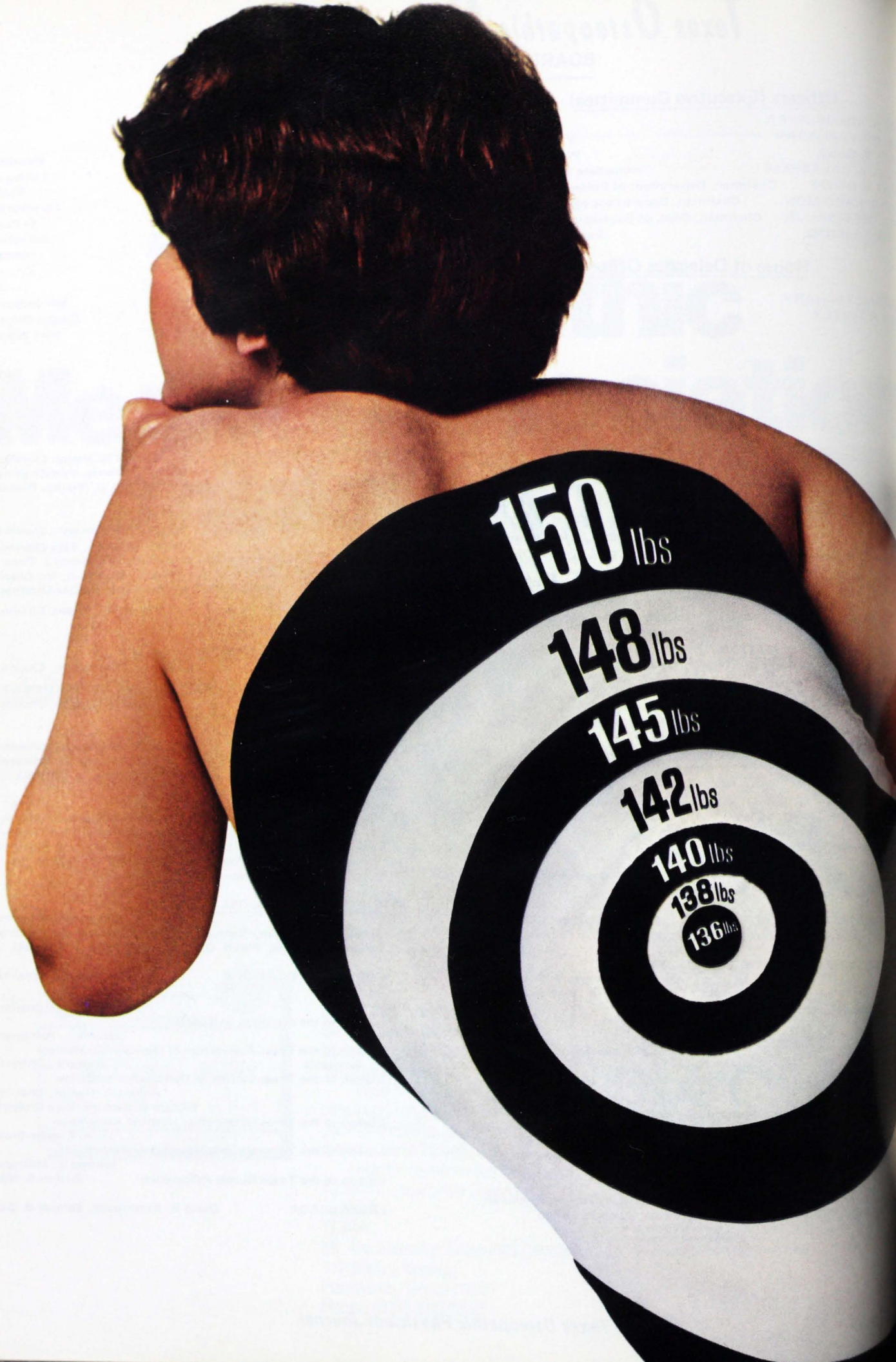
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150 lbs

148 lbs

145 lbs

142 lbs

140 lbs

138 lbs

136 lbs

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TABLETS, 1 mg and 2 mg

**CONSISTENT WEIGHT LOSS
ON THE WAY
TO THE TARGET WEIGHT**

For Brief Summary,
please see
following page.



As a short-term adjunct in weight loss...

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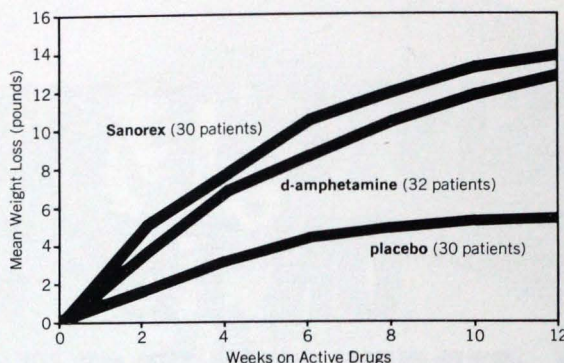
TABLETS, 1 mg and 2 mg

CONSISTENT WEIGHT LOSS ON THE WAY TO THE TARGET WEIGHT

AS EFFECTIVE AS d-AMPHETAMINE

In a double-blind study,¹ body weight analyses were made for 92 obese patients; 30 patients received Sanorex (1 mg t.i.d.), 30 received placebo, and 32 received d-amphetamine (5 mg t.i.d.).

During the 12-week phase of active medication in conjunction with dietary restriction, patients on Sanorex lost an average of 14.06 lb, compared with 13.06 lb for d-amphetamine patients and 5.63 lb for placebo patients.



1. Vernace BJ: Controlled comparative investigation of mazindol, d-amphetamine, and placebo. *Obesity/ Bariatric Med* 3:124, 1974.

Indication: In exogenous obesity, as a short-term (a few weeks) adjunct in a weight-reduction regimen based on caloric restriction. The limited usefulness of agents of this class should be measured against possible risk factors.

Contraindications: Glaucoma; hypersensitivity or idiosyncrasy to the drug; agitated states; history of drug abuse; during, or within 14 days following, administration of monoamine oxidase inhibitors (hypertensive crisis may result).

Warnings: Tolerance to many anorectic drugs may develop within a few weeks; if this occurs, do not exceed recommended dose, but discontinue drug. May impair ability to engage in potentially hazardous activities, such as operating machinery or driving a motor vehicle, and patient should be cautioned accordingly.

Drug Interactions: May decrease the hypotensive effect of guanethidine; patients should be monitored accordingly. May markedly potentiate pressor effect of exogenous catecholamines; if a patient recently taking mazindol must be given a pressor amine agent (e.g., levarterenol or isoproterenol) for shock (e.g., from a myocardial infarction), extreme care should be taken in monitoring blood pressure at frequent intervals and initiating pressor therapy with a low initial dose and careful titration.

Drug Dependence: Mazindol shares important pharmacologic properties with amphetamines and related stimulant drugs that have been extensively abused and can produce tolerance and severe psychologic dependence. Manifestations of chronic overdose or withdrawal with mazindol have not been determined in humans. Abstinence effects have been observed in dogs after abrupt cessation for prolonged periods. There was some self-administration of the drug in monkeys. EEG studies and "liking" scores in human subjects yielded equivocal results. While the abuse potential of mazindol has not been further defined, possibility of dependence should be kept in mind when evaluating the desirability of including the drug in a weight-reduction program.

Usage in Pregnancy: An increase in neonatal mortality and a possible increased incidence of rib anomalies in rats were observed at relatively high doses.

Although these studies have not indicated important adverse effects, the use of mazindol in pregnancy or in women who may become pregnant requires that potential benefit be weighed against possible hazard to mother and infant.

Usage in Children: Not recommended for use in children under 12 years of age.

Precautions: Insulin requirements in diabetes mellitus may be altered. Smallest amount of mazindol feasible should be prescribed or dispensed at one time to minimize possibility of overdose. Use cautiously in hypertension, with monitoring of blood pressure; not recommended in severe hypertension or in symptomatic cardiovascular disease including arrhythmias.

Adverse Reactions: Most commonly, dry mouth, tachycardia, constipation, nervousness, and insomnia. **Cardiovascular:** Palpitation, tachycardia. **Central Nervous System:** Overstimulation, restlessness, dizziness, insomnia, dysphoria, tremor, headache, depression, drowsiness, weakness. **Gastrointestinal:** Dryness of mouth, unpleasant taste, diarrhea, constipation, nausea, other gastrointestinal disturbances. **Skin:** Rash, excessive sweating, clamminess. **Endocrine:** Impotence, changes in libido have rarely been observed. **Eye:** Long-term treatment with high doses in dogs resulted in some corneal opacities, reversible on cessation of medication; no such effect has been observed in humans.

Dosage and Administration: 1 mg. three times daily, one hour before meals, or 2 mg. once daily, one hour before lunch. The lowest effective dose should be used. Should GI discomfort occur, mazindol may be taken with meals.

Overdose: There are no data as yet on acute overdose with mazindol in humans. Manifestations of acute overdose with amphetamines and related substances include restlessness, tremor, rapid respiration, dizziness. Fatigue and depression may follow the stimulatory phase of overdose. Cardiovascular effects include tachycardia, hypertension and circulatory collapse. Gastrointestinal symptoms include nausea, vomiting and abdominal cramps. While similar manifestations of overdose may be seen with mazindol, their exact nature have yet to be determined. The management of acute intoxication is largely symptomatic. Data are not available on the treatment of acute intoxication with mazindol by hemodialysis or peritoneal dialysis, but the substance is poorly soluble except at very acid pH.

How Supplied: Tablets, 1 mg. and 2 mg., in packages of 100.

Before prescribing or administering, see package circular for Prescribing Information.

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SEMINAR

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Presented by the Staff of Osteopathic Philosophy, Principles and Practice
of the

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SATURDAY, MAY 22, 1976

FORT WORTH

TCOM Administration Annex Building (OPP Practice Training Area)

John Harakal, D.O., FAAO, Chairman

Henry I. Benner, D.O.

Wayne English, D.O.

Neil Pruzzo, D.O.

Edmund Tyska, D.O.

Enrollment limited to Texas Area Osteopathic Physicians and TCOM graduating seniors.
[Enrollment limited to allow adequate diagnosis and practice training]

8:30 – 8:45	Registration	12:00 noon	Lunch [catered in practice training area]
8:45 – 9:00	Seminar Overview		
9:00 – 9:30	Anatomical and Physiological Basis of Medicine [Audio-Visual Presentation]	1:00 – 1:30	Muscle Energy to the Cervical Area
		1:30 – 2:00	Neuro-Physiology of Shoulder with Muscle Energy Application
9:30 – 10:20	Demonstration of 10-Step Bio-Mechanical Examination [with Practice Training]	2:00 – 2:30	Introduction to Lumbo/Sacral Mechanics
10:20 – 10:40	Discussion in Small Groups	2:30 – 2:45	Discussion in Small Groups
10:40 – 11:30	The Basis of Facilitation	2:45 – 4:00	Diagnosis/Treatment of Sacral Torsion and Flexion Utilizing Cooperative Muscle Techniques
11:30 – 12:00	What is Muscle Energy Technique—And How Do You Do It?	4:00 – 5:00	10-Step Diagnosis – 4-Step Muscle Energy

7 Hours CME Credits Approved

Texas Ticker Tape

YOUR MEMBERSHIP NUMBER IS IMPORTANT

AOA's Office of Continuing Medical Education continues to experience some difficulty in maintaining accurate records due to missing or incorrect membership numbers on CME documentation that is received through the mail. D.O. s are reminded to make sure that they include their own correct number on any CME report they forward to the office to insure that their own records—not someone else's—receive proper credit.

DR. LINTON NAMED DEPARTMENT CHIEF

James Linton, D.O., of Hurst has been named Chief of the Department of Family Practice at the Hurst-Euless-Bedford Hospital, according to a notice in that hospital's newsletter published earlier this year. Although H-E-B is an open-staff hospital, Dr. Linton is the only D.O. to head one of its departments.

NTSU REGENTS OKAY TCOM ADVISORY UNIT

An advisory council for the Texas College of Osteopathic Medicine in Fort Worth was among items approved here Friday by the North Texas State University board of regents.

The NTSU board serves as the governing body for the osteopathic college.

Named to the newly created council were J.D. Floyd of Denton, Jay E. Sandelin, Harry K. Werst, Claude Rainey and Dr. Roy Fisher, all of Fort Worth; Wayne O. Stockseth of Corpus Christi; Dr. David R. Armbruster of Pearland; and Dr. Samuel B. Ganz of Corpus Christi.

KIRKSVILLE ALUMNI ELECTS OFFICERS

Dr. Robert Van Schoick of Leonard was elected president of the Texas Chapter of the Kirksville Alumni Association at its meeting during the Convention in Galveston. Dr. Lynn F. Fite of Bonham was elected vice president, and Dr. Catherine K. Carlton of Fort Worth, secretary-treasurer.

DR. CARLTON RECOGNIZED

During a recent banquet of the Fort Worth Zonta Club, Dr. Catherine Kenney Carlton was presented an award for "Outstanding Professional Accomplishments".

MABANK GETS NEW DOCTOR

According to an item in the March 4 issue of the Athens Weekly Review, Dr. Kenneth S. Wooliscroft is now practicing with Dr. Robert Hamilton in the Family Clinic in Mabank. The article notes, "A notice by Hamilton in an Osteopath (sic!) magazine (The Texas Osteopathic Physicians Journal) reminded him (Dr. Wooliscroft) of this area."

Dr. Wooliscroft is a 1940 graduate of COMS and interned at Amarillo Osteopathic Hospital. He has practiced in Dallas for the past 29 years.

DR. HOWELL APPOINTED TO HEALTH BOARD

At a recent meeting of the Bell County Commissioners, Dr. Shelley M. Howell (TCOM '74) of Temple was appointed to the Bell County Board of Health. Dr. Howell and Dr. Terry Parvin, who were TCOM classmates, operate a clinic in Temple.

TCOM CHAPTER ELECTS STUDENT PRESIDENT

Donnie L. Rinker of Jayton, second-year student at Texas College of Osteopathic Medicine, has been elected president of the TCOM chapter of the American Academy of Osteopathy.

Serving with him as officers are Fred Cotton of Denton, vice-president; Mary Ganz of Corpus Christi, secretary; and Rod Wiseman of Houston, treasurer. All are second-year students at TCOM.

TCOM AND NTSU RECEIVE AWARD

TCOM and NTSU were honored by the Fort Worth Press Club March 20 as one of five recipients of the Headliner Institutional Award.

The two schools were honored for their 1975 merger and expansion of medical education.

Presented during the annual Newsmaker Ball, the award was accepted by Dr. Ralph L. Willard, dean.

DR. BILL RANELLE NAMED TO ADVISORY GROUP

Dr. H. William Ranelle (KC '68) of Fort Worth, Texas was recently selected to the advisory group of ophthalmologists for the Lions Organ and Eye Bank, Inc. of District II of the Texas Osteopathic Medical Association. He has been certified in ophthalmology by the American Osteopathic College of Ophthalmology and Otorhinolaryngology and has been named chairman of the department of ophthalmology of the Texas College of Osteopathic Medicine.

DR. WHITTLE SPEAKS ON ALCOHOLISM

Dr. Thomas Whittle participated in a seminar on the diagnosis and management of alcoholism sponsored by Texas College of Osteopathic Medicine and spoke on, "Alcoholism: What is it? Where is it?"

LETTERS

Dear Tex:

On Saturday we are planning a one-day seminar titled "A Systematic BioMechanical Approach to Diagnosis — Muscle-Energy Approach to Treatment". It is being sponsored through the efforts of the Department of Osteopathic Philosophy, Principles and Practice at the Texas College of Osteopathic Medicine.

A full copy of the program is attached and has already been approved by the American Osteopathic Association for seven hours of credit.

Would appreciate your confirmation of this date being satisfactory as far as other meetings are concerned so that we may proceed rapidly with publicizing the seminar.

Would appreciate an article and an announcement in the TOMA Journal and suggest that you meet with or contact Dr. Harakal if you require further details.

Sincerely,

Edward T. Newell, D.O., FAOCPr
Associate Dean, Clinical Affairs

Dear Tex:

Enclosed is the bill for my plane transportation to Galveston for the Texas Osteopathic Medical Association Convention two weeks ago. It was a pleasure to participate in the convention and thank you for the invitation.

I hope my lecture conveyed some useful information to those in attendance. Dr. Marion Coy will be speaking at one of our luncheons for our State Convention in two weeks in Albuquerque.

Sincerely,

Richard J. Davies, D.O.

Dear Tex:

This letter is intended to express my sincere apologies for having found myself in an unavoidable conflict of activities which developed at the last moment prior to my departure for your convention. I assure you that I made every effort to resolve the conflicts, but was unable to do so.

Again my apologies for a last minute cancellation. I hope your convention was successful and productive of good things. Do let me hear from you — I hope with an "all is forgiven note."

We are still making efforts in California to establish a state supported Osteopathic School — looks good so far.

More D.O.s are coming to California every day and the growth of the profession is satisfactory. I believe the number of doctors arriving over the next several years will be in even greater quantities. California may still inherit the benefit of Osteopathic medicine.

Alexander R. Tobin

Dear Folks:

I want to thank you for making our room reservations and seeing that we had such nice accommodations at the Flagship in Galveston. We were really quite comfortable and had a most pleasant stay in the hotel.

For this and the many other courtesies you extended to us at the convention we wish to express our appreciation and say many thanks.

Sincerely,

George J. Luibel, D.O.
President-Elect, AOA

Dear Tex:

Dr. Parvin and I are providing medical coverage for an indigent clinic in Temple two afternoons each week. The various pharmaceutical houses are supplying medications while we supply the time. The profession has gotten some worthwhile publicity from this effort — and believe me, it is an effort.

We are also on the staff of Scott & White Hospital, King's Daughters Hospital and Santa Fe Memorial Hospital in Temple. We have also been accepted very graciously into the medical community — (not Societies, mind you) but we are getting steady referrals to our Family Clinic from the local specialists.

Also of note, there are three D.O.s in specialty training at Scott & White. Drs. J.G. Gengelbach, Henry Grainger and Donald Schumaker.

Sincerely yours,

Shelley M. Howell, D.O.

Dear Tex:

I want to express my appreciation for the cordial welcome and reception given to me during the Annual Meeting of the Texas Osteopathic Medical Association. It was gratifying to meet with the membership of your Association and to discuss our mutual interests in advancing osteopathic medical education.

Cordially,

John Barson, Ed.D., President
OkCOMS, Tulsa

BUREAUCRACY - -

A - sometimes - invisible addition to the high cost of hospitalization

by Omar Burleson, M.C.
17th District, Texas

The cost of being hospitalized has increased far beyond the ordinary rate of inflation. We are inclined to blame high charges on the hospital, its administrator, the doctors, nurses, and other visible people and things which go with hospitalization. The invisible costs escape criticism.

As a matter of fact, the Federal Government itself is contributing to the high cost of health care. Its involvement grows larger all the time and the Federal bureaucracy grows with it. In too many instances, everyone connected with hospitals and health care is harassed and hassled by one regulation or the other. The "t" crossing and "i" dotting bureaucracies often are in conflict with one another in the various departments of Government which apply regulations.

Fairly new hospitals, after having been approved under building codes of State and local Governments, often find that they are not in compliance with some technical requirement which the inspectors can find. Three years ago, the Department of Health, Education and Welfare got Congressional approval to "validate" the Joint Commission on Accreditation of Hospitals. This means that the Government's own inspectors, applying their own criteria, should check hospitals to approve their validation. Out of 144 hospitals first inspected, 105 lost their accredited status. In 16 states every hospital failed to qualify. In one hospital, although built to specifications, including air conditioning, the inspectors required that all windows be made to open readily. It did not matter that the locked windows had a key at the nurses' station on each floor. No matter that a sick or mentally upset patient might open the window and fall or jump out.

Another item that seems typical: At another hospital the administrator was advised that the plastic liners in wastepaper baskets were prohibited, lest a spark ignite a bag and create a toxic smoke. The administrator had just been advised by the Occupational Safety and Health Administration that their regulations required the liners. The liners, according to OSHA requirements, were to protect hospital

workers against infection by handling contaminated trash.

All of this is a bureaucratic dream. To carry out the dream necessitates thousands of inspectors, thousands of clerical assistants, millions of reports, surveys, studies, notices and other documents. Validation, added to "utilization review", surveys of hour-by-hour activities of employees, managers, administrators, nurses, doctors, is often enough to make the patient sicker but, particularly, makes it more expensive for him to be ill.

No one would argue that there should be no standards at all but the nit-picking and often impractical regulation increases the cost to the taxpayer and the patient, making hospital care the price it is today.

W.D. William H.
Dean and Associates
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✓ *Analysis of Income Perpetuation*

WILLIAM H. DEAN & ASSOCIATES
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Grants Awarded TCOM Students

Paul Franklin Mills and Paul M. Slaughter, both of Fort Worth and first-year student-doctors at Texas College of Osteopathic Medicine, have each been awarded a \$3,520 grant-in-aid from the State Rural Medical Education Board (SRMEB), according to Dr. Ralph L. Willard, dean of TCOM.

The loan, which will be used to pay for their expenses, is part of a loan program of SRMEB to lend funds to medical students who express a desire to practice medicine in a rural area in Texas and execute a contract to that effect.

Under the program, the loan is forgiven 20 per cent for each year the graduate physician practices in a county with a population under 25,000.

Loans are awarded on basis of need and desire to practice in a rural area. SRMEB, which was authorized by the 63rd Texas Legislature and funded by the 64th Texas Legislature disbursed its first funds last December.

An Important Network

by George W. Northup, D.O.

The Osteopathic Physician Experience Network (OPEN) is an AOA program begun in 1974, designed to provide data for various government agencies about the experience and extent of osteopathic health care in our nation's health care system.

For many years members of the American Osteopathic Association have observed that their clinical experiences are infrequently taken into consideration by national policy-makers, educators, and scientists affiliated with major teaching institutions, or by state and local regulating agencies when guidelines for the practice of medicine are established. The Osteopathic Physician Experience Network is a program developed for that purpose.

Since 1974, AOA has been engaged in this project. The initial studies were highly successful and impressive. A second phase will be accomplished in 1976; its success will depend upon your participation.

The March 1976 issue of *THE D.O.* contains a description of this program, in detail, and outlines the manner in which you can participate.

The profession has an outstanding opportunity to demonstrate clearly the important role played by osteopathic physicians in the health care of this nation. Osteopathic leadership in primary care can confidently be documented through the success of this program.

Your wholehearted support and participation is urged.



Dr. Gustave Ferre, vice president for medical affairs, ad interim (l.), and Dr. Ralph L. Willard, dean (r.), congratulate TCOM first-year students Paul Slaughter and Paul Mills on receiving the first State Rural Medical Education Board grants-in-aid awarded to TCOM students.

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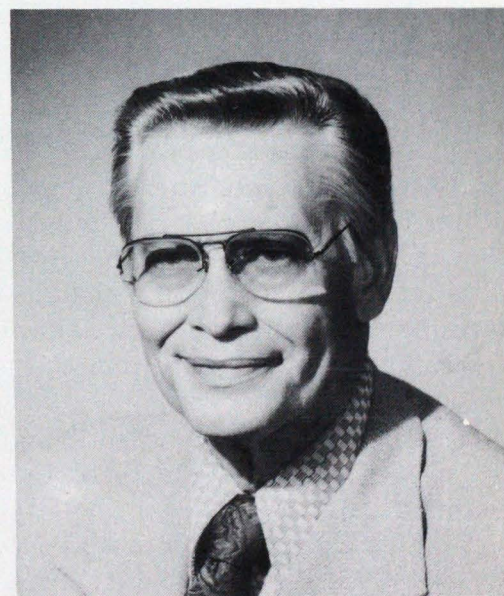
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At the annual meeting of the Texas Academy of Osteopathy in Galveston April 9, Dr. Wiley Rountree of San Angelo was elected to serve as the Academy's president for the coming year. Serving with him will be Dr. Frank A. McLamb of Houston, vice president, and Dr. Evalyn Hall Kennedy of Beeville, secretary-treasurer.



Dr. Noel G. Ellis of Fort Worth has been elected a Fellow in the American College of Osteopathic Obstetricians and Gynecologists. His certificate of appointment, dated February 19, 1976, states that his election is "because of his Knowledge, Skill, and Attainments in the field of Obstetrics and Gynecology."

Dr. Joe Suderman "G.P. of the Year"

When Dr. Joe Suderman of Pharr was called to the podium during the Friday night Convention banquet to receive the coveted "Texas G.P. of the Year Award", he was probably the most surprised—and happy—person in the room.

The award, presented this year by Dr. Edmund R. Tyska of Irving, president of the Texas Society of Osteopathic General Practitioners, is considered one of the highest commendations in the osteopathic profession.

In making the award, Dr. Tyska noted that Dr. Suderman, from the very beginning of his professional career, has been a loyal, active member of the Texas Osteopathic Medical Association; and also from the beginning, he was deeply committed to the proposition of serving in small communities in the rural areas of Texas where the need is the greatest.

He received his pre-osteopathic medical education at Phillips University in Enid, Oklahoma, and graduated from Kansas City College of Osteopathic Medicine in June, 1954. He served a one year internship at Oklahoma Osteopathic Hospital in Tulsa, completing that internship on July 15, 1955. Two weeks later, he applied for membership in TOMA.

Earlier that year, in March 1955, he wrote Dr. Phil Russell at the State Office:

"I'm an intern at Tulsa and I'll finish in July. In two or three weeks, I want to take a few days off and look for a place to practice. I'm interested in the western half of Oklahoma or the eastern half of the Texas Panhandle.

"Can you give me any ideas on where I might drive to in Texas? I prefer a small town, even to being the only doctor in town.

"I have a Texas license, took the exam when it was given in Fort Worth last December. By the way,



all three of us from the Oklahoma Osteopathic Hospital here in Tulsa passed that exam. Sincerely, Joe Suderman, D.O."

Among other suggestions Dr. Phil had, was one that Joe stop by Groom and see Dr. Witt. As a result of that, Dr. Joe established practice in McLean—30 miles away from Groom—and was admitted to the professional staff of Groom Memorial Hospital.

He practiced in McLean from 1955 to 1962—when he and his cousin, Emery Suderman, D.O., established their present osteopathic clinic in Pharr, Texas, in the lower Rio Grande Valley.

It is an unusual and heart-warming story when you study the services rendered the Chicanos and, many times, wetbacks who have no other access to health care.

Dr. Joe is genuinely concerned about the health of his patients regardless of their financial or social standing. The Suderman Clinic delivers hundreds of babies every year, many of them for Mexican-born women who have never seen a doctor before and who do not speak or understand the English language.

Dr. Suderman will be Texas' nominee for the American Society of Osteopathic General Practitioners "G.P. of the Year Award" which will be presented at the AOA national convention in San Francisco next November. ▲

MALPRACTICE WOES HIT LAWYERS

The shoe may be on the other foot. Attorneys are prospering these days by filing malpractice suits against doctors, accountants and other professionals, whose insurance rates, as a result, have skyrocketed. But the legal profession, which the others consider the cause of their malpractice misery, now is suffering similar headaches, the *Wall Street Journal* reported in a February 3 story. The lawyers themselves are being sued for malpractice.

In a recent case, a retired physician has taken legal action against the attorneys of a woman who unsuccessfully sued him for malpractice. The retired doctor, who operates a free medical clinic in Aurora, Illinois, sued the woman's law firm for \$50 in actual damages and \$10,000 in punitive damages. The physician claims there was no basis for the malpractice suit and says that the woman may have been misguided and misled by her lawyers. ▲

[Reprinted from AOHA Newsletter February 6, 1976]

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Eminent Positions Assigned Texans

DISTRICT XIII

by R. D. Van Schoick, D.O.

We were well represented at the State Convention at Galveston; Drs. Fite, Van Schoick, John Galewaler and David Matthews.

* * *

Your reporter was the recipient of a digital clock at the drawing Lun Night at Galveston; this was donated to the Convention by Blue Cross-Blue Shield.

* * *

The John Galewalers brought their new baby to the Convention in Galveston; the little miss was seven weeks old.

* * *

Dr. Van Schoick was elected president of the Kirksville Alumni of Texas at the Convention.

* * *

The CME at the Convention was great. All who attended can attest to the excellence of the speakers and program.

* * *

District XIII held its monthly meeting at the Traveler's Hotel restaurant in Denison April 24. Seven members were present. Dr. English of Fort Worth spoke on rehabilitation and physical therapy.

Among the American College of Osteopathic Surgeons' committee appointments for 1976, several Texans were named to important positions. They include Dr. Victor H. Zima and Dr. Jack P. Leach (both of Houston), Program Committee; Dr. David L. Bilyea and Dr. Joel Alter (both of Fort Worth), Special Reference Committee No. 8 (Self-Evaluation Program), and Dr. T.T. McGrath of Arlington, chairman of Special Reference Committee No.

11 (Medical Legal Affairs).

Dr. J. Natcher Stewart of Grand Prairie received several appointments. He will serve as chairman of Special Reference Committee No. 6 (Inquisition Surgical Forum), and as a member of Special Reference Committee No. 7 (Coordination of Postgraduate Education), as well as serving with Dr. Alter and Dr. Bilyea on Special Reference Committee No. 8.

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J. A. Yeoham, D.O.

M. L. Glickfeld, D.O.

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R. M. Connell, D.O.

Ophthalmology

Hubert M. Scadron, D.O.

Otorhinolaryngology

Martin E. O'Brien, D.O.

The Winners

Strictly Speaking

Two States Enact Liability Laws

When the TOMA Golf Tournament trophies were awarded by Marion Laboratories during the Fun Night festivities, the first place trophy for low gross went to Dr. Anton Lester, with a score of 77.

Second place in this group went to Dr. Rann Clark, who shot 80, and third place was won by Dr. J.S. Kennedy, with a score of 81.

Dr. Jerry Armbruster walked off with the low net first prize, scoring 72 (with a 16 handicap).

Although Dr. Jarvis Bull also shot a 72, his handicap was 24, so he received the second place trophy in this category. Dr. Randy Rogers came in third with a 73.

Dr. Jerry Cannaday received the prize for having the fewest putts, and Dr. Sam Ganz gained a trophy for coming closest to hole No. 8 on the first drive off the tee.

Dr. Gil Rogers, co-chairman of the Tournament with Pat Patterson of Marion Labs, was apparently too busy with his duties conducting the event to keep his mind on his golf. He received the tail-enders trophy, while it was his son Randy who placed third in the low net category.

TOMA extends its appreciation to Pat Patterson and to Marion for their generous contributions to the success of this annual event. ▲



Dr. Gene Zachary presents the tail-enders award to Dr. Gil Rogers;

by Ray Stokes
Director of Development

As a state institution TCOM was required to change the name of the Public Relations office to Public Information. Yet, the school certainly is involved in public - community - professional relations. . . a rose by any other name.

But, what is public relations? Public Relations connotes many things to many persons. It's been referred to as the sizzle of a steak, the flavor butter adds to popcorn. Public Relations is the art of promoting the positive side with results that build goodwill. But even with Public Relations it must begin by building a strong foundation that includes the very best of materials.

To TCOM, still a newcomer to medicine and the healing arts, these materials must contain the right components, including excellent rapport, unbroken communications and total commitment.

Of these, total commitment is the firm foundation that will support the walls of communication and good rapport.

As a result an image will appear—an image that will either enhance or deter the growth of TCOM. With many established institutions, much effort is employed to change an image. TCOM, however, is concentrating, not on change but on establishing an image that bears favorable recognition and total acceptance by the whole community, state and nation. ▲

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Arizona and New Mexico have enacted new professional liability laws. The Arizona bill significantly broadens the disciplinary powers of the state's medical and osteopathic examining boards. The boards have been given increased subpoena power for their investigations. The bill also requires hospitals to report any actions by physicians that may indicate medical incompetence.

The New Mexico legislation provides for the mandatory review of claims by a medical review panel, but the panel's findings are not admissible in court. A maximum of \$500,000 was set for malpractice awards, with provisions being made for care beyond the award limitation. The provider's insurer is to pay the first \$100,000, and the remainder is to be paid from a "Patient's Compensation Fund", which is to be financed through a 33 per cent surcharge on providers' premiums.

[Reprinted from AOHA Newsletter March 19, 1976]

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GP Society Honors National President

When you can get 25 per cent of your members to attend a 7 a.m. breakfast "the morning after", that's miraculous, according to Dr. Royce K. Keilers, a member of the Board of Trustees of the Texas G.P. Society (as well as of TOMA).

But some 80 members of the G.P. Society turned out for that event, held during the Galveston Convention on Friday morning to honor the president of the American Society of Osteopathic General Practitioners, Dr. John P. Sevastos of Cleveland, Ohio, who was the speaker at the annual breakfast and meeting of the Texas Society.

With Dr. Edmund R. Tyska of Irving as president, the Texas G.P. Society has been extremely active during the past year, and is already making big plans for the coming year.

Dr. James P. Malone of Corpus Christi was named the Society's new president and announced that two big meetings are already in the bill for 1976-77—the first to be held in August at the Inn of the Six Flags in Arlington.

Serving with Dr. Malone this year will be Dr. Robert Finch of Dallas, president-elect; Dr. Mary Burnett of Dallas, vice president; and Dr. T. Robert Sharp of Mesquite, secretary. Dr. Royce Keilers of Arlington and Dr. Dareld R. Morris of Smithville were elected to the Society's Board of Trustees.



Dr. Sevastos is flanked here by TSU-TCOM President Nolen (l.) and Dr. George Luibel.

Dr. Van Schoick is Leonard's "Citizen of the Year"

During the recent annual banquet of the Leonard Chamber of Commerce, Dr. R. D. Van Schoick received one of the two awards presented to a "Citizen of the Year".

A 1935 graduate of KCOM, Dr. Van Schoick has practiced in Leonard since 1938 and has been a member of TOMA since that time.

The *Leonard Gazette* made the report of the awards dinner the featured front page article in its March 26 edition, using considerable biographical material on Dr. Van Schoick and his fellow recipient, James W. Davis, M.D.

The article noted that before rural electrification, Dr. Van Schoick made house calls and delivered babies in the country by lamplight, and that he had delivered some 2,500 babies.

At present he is chief-of-staff of the Fannin County Hospital, is on the board of the Fannin County Heart Association and serves as county Heart Fund chairman.

The newspaper reported that the



main speaker for the event, State Representative Bill Sullivant of Gainesville, urged his listeners to become dedicated workers in whatever they undertook.

Obviously, Dr. Van Schoick needs no such urging. In addition to his many civic and professional duties, he has been very active in the affairs of TOMA. His latest duty in this regard was as a member of the Credentials Committee for the TOMA House of Delegates at its meeting in Galveston April 7. ^

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Dream Materializes for Dr. Thompson with Opening of New Clinic in Dallas

NO HOPE?

When Dr. Frank W. Thompson opened a new clinic in Dallas in March, Julia Scott Reed covered the official opening for the Dallas Morning News.

Dr. Thompson and his new clinic was the subject of her entire column, "The Open Line", published in the *NEWS* March 10.

According to Ms. Reed, when Dr. Thompson "first arrived in Dallas in 1966 and began his practice in the West Dallas community, his desire then was to enhance and support expansion of black businesses as well.

"Now, ten years later, with his new achievement, the erection of a new clinic on the fringe of West Dallas and Oak Cliff, his dream has begun to materialize."

She goes on to say that this full-service facility is the only one of its kind in that area, and that it will provide comprehensive health care for a large segment of the non-white population.

Dr. Thompson, who is a native of Georgetown, British Guiana, left that country to come to the United States for his higher education, and received his bachelor of science degree from Morgan State College in Baltimore in 1955.

He received his D.O. degree from KCCOM in 1961 and served his internship at Cafaro Memorial Hospital in Youngstown, Ohio. He practiced in Buffalo, New York before moving to Texas in 1966. He has been a member of TOMA since December of that year.

Dr. Thompson is a Diplomate to the American Osteopathic Board of General Practice. He is chairman of the Department of General Practice at Stevens Park Osteopathic Hospital, and chairman of the Department of Family Practice at Forest

Avenue Hospital. Recently he was appointed regional medical consultant of the Region 5 Job Corps.

Dr. Thompson has been active in several areas with which TOMA is concerned, and has been particularly interested in governmental relations and legislative and political action. ^

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"There is no hope for Karen's recovery," physicians have assured comatose Karen Quinlan's parents, according to a United Press International release in the Tyler Courier-Times Monday.

Such assurance, I would say, is well beyond the scope of one attending doctor, or a dozen. (Perhaps though, no doctor said "There is no hope," for it was not a quote, but it was inferred by the reporter of the article). All a doctor can truly say is, "I have no hope." He can speak only for himself, or if he is a spokesman for the group, he can say, "We have no hope," which means only that "I (we) do not expect recovery."

To say "There is no hope" usually is interpreted by the anxious recipient as the end, and borders on the omniscient. No doctor or reporter, I think, can yet quite measure up to that.

It used to be, before I learned better, I myself would say, "There is no hope." One time I was wrong.

George Grainger, D.O. ^

Reprinted from the Tyler Courier-Times, April 3, 1976.

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WANT TO PURCHASE busy general practice in a Texas city, preferably over 100,000 population. Mail Box M, TOMA, 512 Bailey Ave., Fort Worth, Texas 76107.

YOUNG General Practitioner in rural area seeking practice in city. Available July 1, 1976. Contact Jerry Wasserstein, D.O., 223 Avenue North, Anson, Texas 79501 or call 5-823-2307.

HOUSTON—Physicians needed to join hospital medical staff. Expense free office space available to young doctor wishing to build practice. Also need services of licensed physician for E/R room; 7 a.m. to 5 p.m. shift. Base monthly salary with option of professional fee charges. Contact Tom Wheeler, Hospital Administrator, Gulfway General Hospital, 6160 South Loop East, Houston 77017, or call 713-44-2241.

KNOX CITY—This North Texas community welcomes a D.O. Staff privileges on Knox County Hospital, associateship, excellent gross existing. Contact Glen Rumley, Knox County Hospital, 817-658-3535.

INTERN—At Stevens Park seeking G.P. associateship beginning July '76. KCOM graduate '75. Contact Mark A. Heaver, D.O., 1930 Atlantic, Apt. 226, Dallas, 75211.

SAN ANTONIO — Office space available in clinic northwest of city. Utilities and maintenance paid, 1500 sq. ft. Contact R. J. Tamez, D.O., 323 N.W. 24th Street, San Antonio 78207, or call 512-434-4321.

ELGIN (NEAR AUSTIN) - Needs two family physicians. Hospital, office facilities and consultative support available. Excellent opportunity for growth of practice. Contact James Moore, Fleming Memorial Foundation, Elgin, Texas.

KIRBYVILLE—in Deep Southeast Texas has GP practice opportunity. Potential unlimited—Salary to start negotiable—Good schools, hospital, lakes and hunting, mild weather. Contact John L. Sessions, D.O., 713-423-2166.

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

LUBBOCK — New office space available for two doctors; next door to clinic. You can come in on a percentage basis, hang up your shingle and begin a lucrative practice without any cash outlay except for insurance and auto. Contact Richard M. Mayer, D.O., 3728 34th, Lubbock, 79410. Phone 806-799-4331

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INTERN—Charles E. Still Hospital in Jefferson City, Missouri wishes to associate with established, Fort Worth or Mid-Cities area. Available July 1976. Contact Michael Hitt, D.O., 454 B. Hutton Lane, Jefferson City, Missouri 65101 or call (314)634-2936.

HOUSTON—General Practitioners and internists needed in expanding Texas Hospitals. Guaranteed income. Group and solo practices available. No fee. Excellent facilities. Send curriculum vitae to: Director, P. O. Box 2128, Houston, Texas, 77001.

AUSTIN— Assistant or partner wanted in large office practice. Salary open. Contact: Joseph L. Love, D.O., 4400 Red River Street, Austin, Texas 78751, Phone: 512-452-7541.

AOHA/ACOHHA Midyear Seminar in Hawaii Well Attended

More than 185 hospital administrators, trustees, physicians and members of their families attended the AOHA/ACOHHA Mid-Year Seminar in Maui, Hawaii, April 3-8. The four-day educational session explored "Motivation for Common Goals In a Hospital Environment" with speakers from the faculty of the College of Business Administration, University of Hawaii. A special guest at the seminar was Earl A. Gabriel, D.O., President of AOA, who reported on the revised AOA accreditation standards.

Prior to and during the conference, the AOHA Board of Trustees met twice on April 3 and 6 to discuss important issues affecting the Association. In addition to adopting the "battle plan" for osteopathic certificate-of-need language and encouraging the cooperation of member hospitals in the anticipated national swine flu inoculation program, the Board:

Adopted a proposed document developed by the Committee on Hospital/Patient Relations to aid member hospitals in formulating their own policies in the sensitive and complex relationship between hospital and patient.

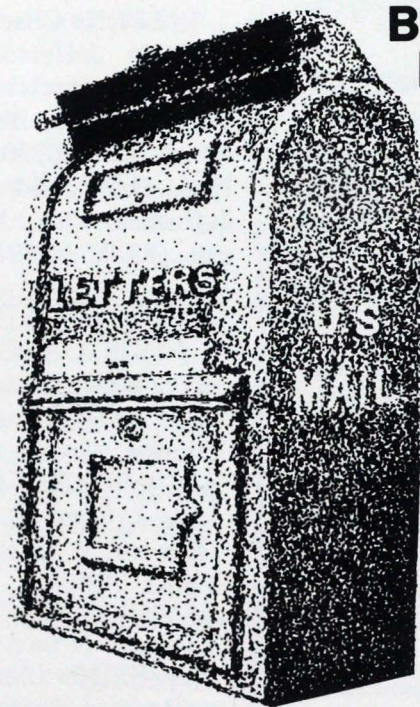
Accepted a recommendation by the Committee Accreditation to implement a promotional program to increase the number of osteopathic hospitals participating in AOA accreditation.

Approved a recommendation of the Committee Hospitals with Teaching Programs to include as voting members of the committee representatives of the Academy of Osteopathic Directors of Medical Education (AODME) and the American Association of Colleges of Osteopathic Medicine. The Board also approved initiation of discussions with AODME to hold ongoing, concurrent meetings.

Approved the selection of a committee to study the feasibility of involvement of hospital trustees in AOHA activities.

Authorized the President, in light of the greatly expanded activities of the Association, to employ an administrative assistant.

The 1977 Mid-Year Seminar will be held on Hilton Head Island, South Carolina, at the Palmetto Dun Hyatt Resort, March 18-23.▲



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FWOH Sponsors High Blood Pressure Screening Programs

Fort Worth Osteopathic Hospital will join with other hospitals across the country in observing National High Blood Pressure Month (May) by sponsoring screening programs whereby all community residents may receive a free blood pressure check.

Men, women and children interested in having their blood pressures checked can do so on one of two days. The first free public screening will be offered at Montgomery Wards (2700 West Seventh) Saturday, May 8, from 10 a.m. to 5 p.m. The second free public screening will be offered at the Bank of Fort Worth (600 Bailey) Friday, May 21, from 9 a.m. to 5 p.m.

Staff physicians and nurses from the Hospital, assisted by student doctors from TCOM, will be available at both public screenings to give the blood pressure checks.

Individuals having their blood pressures checked will receive a follow-up card indicating whether or not their blood pressure is normal. Those whose pressures register above normal will be advised to see their family physician.

FWOH's participation in National High Blood Pressure Month also calls attention to National Hospital Week, May 9 to 15, and its 1976 theme, "Healthy Birthday, America."

High blood pressure is a leading cause of death and disability in Fort Worth. It is estimated that 25 per cent of the men, women and children in this area have the disease. Nearly half of those estimated to have high blood pressure don't know it, and only a small segment, or one-eighth of those estimated to have high blood pressure, are receiving adequate treatment.

In America 23 million people have high blood pressure—one in every seven adults. One in every four Blacks has the disease. Doctors also know that some women may have special high blood pressure problems associated with contraceptives, pregnancy and menopause.

Left untreated, high blood pressure may kill or cripple many of the above people. Uncontrolled high blood pressure can lead to stroke, heart failure and kidney failure.

According to Graham W. Ward, coordinator of the National High Blood Pressure Education Program, high blood pressure is a "killer that few people die from."

He explains that the consequences of high blood pressure—stroke, heart and kidney damage—are listed as the causes of death.

Most of the public, he says, is unaware that controlling high blood pressure is an important preventive measure that can significantly reduce these secondary causes of death.

In its efforts to help control high blood pressure in the Fort Worth community, Fort Worth Osteopathic Hospital is urging people to follow three steps:

1. Get your blood pressure checked and understand what the numbers mean. Even children can

have the disease, so blood pressure checks are important for every age.

2. If your blood pressure is high, see your family doctor and get it under control. Depending upon your blood pressure level and other factors, a physician may recommend medication and possibly such related treatments as losing weight, using less salt and getting more exercise.
3. If you know you have high blood pressure but you have stopped following a physician's directions, it is important to get back under care and to resume treatment. There is no known cure for high blood pressure, but it can be kept under control with a lifetime of treatment.



Mrs. Evon Saurenmann, President of Fort Worth Osteopathic Hospital's 46-member guild, hands a \$10,000 check to Claude G. Rainey, the hospital's Executive Vice President. The \$10,000 check matches a similar gift of a year ago and will be used to pay for the \$27,000 nurse call system installed in the hospital's south wing in early 1975.

D.O. G.P. wanted with Texas license for Student Health Physician. 40-hour week, Monday-Friday; no call or weekend duty. Annual salary of \$30,000 with fringe benefits and a pleasant association with two other physicians to care for students. Please contact Dr. Mary E. Smith, Director, North Texas State University, Student Health Center, P.O. Box 5158, Denton, Texas 76203. Phone 817-788-2331. We are an equal opportunity/affirmative action employer.

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