

Texas OSTEOPATHIC PHYSICIANS Journal

VOLUME XXIII

FORT WORTH, TEXAS, AUGUST, 1966

NUMBER 4



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Texas Osteopathic Physicians' Journal

OFFICIAL PUBLICATION OF THE

TEXAS ASSOCIATION OF OSTEOPATHIC PHYSICIANS AND SURGEONS

PUBLICATION OFFICE: 512 BAILEY AVE., FORT WORTH, TEXAS 76107

EDITOR: MR. ROBERT B. PRICE

ADVERTISING RATES UPON REQUEST, ALL ADVERTISING CUTS TO BE SENT WITH COPY.
SUBSCRIPTION RATE \$2.50 PER YEAR

VOLUME XXIII

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EDITORIAL PAGE

GUEST EDITORIALIST

Three Strikes And Out!

By GEORGE W. NORTHUP, D.O., A.O.A. Editor



A recent newsletter published by the Michigan State Medical Society thanked Michigan taxpayers, legislators, leaders of both political parties, labor party leaders, newspapers, county medical society leaders and members, medical assistants and wives of doctors, and all the members of the Michigan State Medical Society for the 2-vote and 7-vote defeats of a bill which would have authorized support of the Michigan College of Osteopathic Medicine.

If it took all these people to bring pressure on the legislators to muster either a 2- or a 7-vote margin of victory, a moral victory for the Michigan Association of Osteopathic Physicians and Surgeons should be declared.

Crowing over the three attempts which failed to enlist legislator support for the Michigan College, the Council of the Michigan State Medical Society cries in a moment of frenzied triumph, "Three strikes and out!"

The Michigan Medical Society seems stuck on the analogy of medical politics to a baseball game. If this is their desire, let them remember that "three strikes" applies to a batter, *not* to a team or for that matter—not even an inning!

However, the next four pages of the Newsletter of The Michigan State Medical Society is as arrogant and despicable a piece of propaganda as ever has been issued by a medical association.

The "Medigram" urges a political

purge of the Michigan legislators who did not bow to the will of the Michigan State Medical Society, who failed to vote "in accordance with the desires of the medical profession."

If such a political philosophy is encouraged in Michigan or throughout the country, the very roots of our democracy are being eroded. *No profession* should expect or even ask legislative bodies to vote "in accordance with the desires" of any one group. This is true of organized medicine, organized osteopathy, or any other organized group. Even the American Medical Association in its most monopolistic moment has never suggested that any legislative body should vote "in accordance with the desires of the medical profession." This political philosophy proposed in Michigan is an insult to the Michigan legislature and should be repudiated.

If the Michigan State Medical Society and its Political Action Committee continue to demand the complete obedience of the Michigan legislature "in accordance with the desires of the medical profession," the "three strikes and out!" phraseology may have a different meaning and final application.

Such political action by any medical group, whether in Michigan or in any other state in the Union, must be exposed for what it is and decisively eliminated. Indeed, its perpetrators should receive three strikes and be put out!

Dr. Burnett Elected to A.O.A. Board of Trustees



Dr. John H. Burnett is escorted to the head table of the House of Delegates following his election to a three year term on the Board of Trustees of A.O.A. He was escorted by Dr. Samuel B. Ganz (left), Speaker of the TAOP&S' House of Delegates and by Dr. Loren R. Rohr who, as Chairman of the Texas Delegation, organized support on behalf of Dr. Burnett for this position of national responsibility.

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Biography of the Texas Delegation



LOREN R. ROHR, D.O.

Texas has the fifth largest delegation in the American Osteopathic Association House so it represents a significant political force in the policies of the A.O.A. We are represented by a seven man delegation with each serving a three year term. Because of this policy we have one of the more uniform delegations in the House.

We strive for all of our delegates to arrive at the convention hotel the night before the opening of the House. We get together to organize, to evaluate issues before the House and to confer with the Texas Representatives in the Board of Trustees. The Board meets four days before the House convenes.

Politics is in the air as soon as you hit the hotel. Our chairman approaches other delegations to talk politics and to promote our wishes. This often is the caucus before the caucus. Many such meetings are going on throughout the hotel.

Early Sunday morning the delegation again gets together to compare notes. By this time we are in a position to make an educated evaluation of what is ahead. This meeting more nearly makes definite our policies as a delegation.

The House convenes at 1:00 P.M. on Sunday. We meet that afternoon and evening. The first day is taken up almost entirely with staff reports. Thirty min-

utes after the House adjourns on Sunday evening the full dress caucus is called to order. It is set up by the State Association of the President-elect. Arizona will be responsible next year.

The main caucus is to represent state organizations who wish to participate. They have two representatives and vote their House strength. The only order of business is to make nominations for A.O.A. officers after it has organized itself.

The caucus in our profession has a great record of having the vote going the next day exactly as the caucus said it would the night before. Several years ago I saw a great fellow run against the caucus and he lost. The caucus has many evils but American Politics seems to respond to the caucus method.

Monday is a day of a few hours in the full House but many hours in House reference committees. The reference committees often meet until late in the night. The chair refers all resolutions to reference committees. Several of our delegation were assigned to reference committee appointments.

In the reference committees of the House the issues of the profession are debated. All persons in attendance will be heard if they desire a voice. The reference committee then makes its recommendations to the full House.

Tuesday the House reconvenes first to vote on officers of the A.O.A. and then to finish House business. This year we concluded our business by 11:30 A.M. Tuesday. This is unusual because most of the time it takes all day Tuesday or even Wednesday.

In retrospect I feel the Texas delegation stood unusually tall this year. The main issue of the convention was the Texas Resolution. The Board and the

House reference committee spent ten plus hours on this issue alone. We resolved it in the reference committee. It was obvious that this vital issue needed more consideration. We all

agreed that it needed to be solved on the A.O.A. level and that a meeting must be held soon in Chicago to represent all interests in order to explore a settlement of this issue.

Action Taken By The House of Delegates



BOBBY GENE SMITH, D.O.

The following actions were taken by the House of Delegates at the Annual Meeting in Chicago in July:

1. Osteopathic Progress Fund—It was resolved that the function of the Osteopathic Progress Fund Committee remain within the framework as outlined by the Administrative Guide.

2. There was a question which arose from the Illinois Delegation pertaining to Support-Thru-Dues. This matter was referred to the Reference Committee on Professional Affairs and the following action was taken: The Illinois Board of Trustees did not present a Support-Thru-Dues By-laws change to their members this year.

3. A matter pertaining to requirements for staff meetings of Accredited

Hospitals came before the Reference Committee. The following action was reported to and approved by the House: The Committee on Hospitals re-affirmed its longstanding philosophy that such meetings of the medical staff, or its required component committees, shall be held to insure that there is complete and comprehensive review, analysis and evaluation of the clinical work of the staff members and patient care in the hospitals. It further recognizes that there is a wide diversification of staff structure which is necessary and that each hospital establish its own method of meeting the above requirements provided, however, that each hospital meet the requirements of their own by-laws, rules and regulations.

4. A resolution was presented to the House by the New Mexico Delegation pertaining to Mal-Practice Liability Insurance. The matter was referred to the Bureau of Insurance and the following action was recommended to and approved by the House: RESOLVED that any consideration of creating an AOA controlled and owned insurance company which would provide mal-practice insurance coverage for members of the American Osteopathic Association is impractical.

5. Nomination to Elective Offices by the California Delegation. A recommendation by the California Delegation to make some alterations in the method of nominating and electing officers to the American Osteopathic Association was taken up by the Constitution and By-Laws Committee and the following recommendation was recommended by the

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Reference Committee: that no action be taken on this matter. This was unanimously approved by the House.

6. A matter was presented by the California Delegation pertaining to a separate, independent and distinct osteopathic school of practice. The presentation was as follows: WHEREAS, the House of Delegates is the policy making body of the American Osteopathic Association and the Board of Trustees the implementing body. THEREFORE, Be it RESOLVED that all matters vital to the survival and development of the separate, independent and distinct osteopathic school of practice be presented to and discussed with the House of Delegates by the Board of Trustees with an executive session declared for this purpose if it is considered advisable. The Reference Committee recommended its approval and this was approved by the House.

7. The Council on Development. Be it RESOLVED that the Council on Development be dissolved since its primary work has been completed. This was unanimously approved by the House.

8. The Reference Committee recommended the adoption of the following resolution: THEREFORE, Be it RESOLVED the American Osteopathic Association and all member osteopathic physicians and surgeons be urged to support the Federal Government in its Medicare Program for the aged as provided under the Social Security Administration and be it finally RESOLVED that the American Osteopathic Association and the osteopathic profession support the thesis that government may share in the cost of health care for special segments of the population so as long as this sharing is within the framework of free enterprise which promotes and encourages the initiative that is an integral part of the tradition of the American physician and allows each individual to have the free choice of physicians or health facilities. This matter was unanimously approved by the House.

9. A matter was presented by the Ohio Delegation in reference to expansion of the office in Washington, D.C. This matter was referred to the Reference Committee and the Reference Committee recommended the following: RESOLVED that the Bureau of Finance provide the necessary funds for expanding the Office of the Council on Federal Health Programs in Washington, D.C. as follows: 1. Employment of a legal assistant 2. Employment of adequate secretarial staff and be it further RESOLVED that the Board of Trustees again be directed to study the advisability of adding to the Washington staff a qualified physician consultant on a full-time basis in order to provide counsel with adequate consultation on medical phases of health and welfare matters through continuous research and medical contact with the medical advisors of the health and welfare activities of the government including private and public established health agencies and organizations and to report to the House of Delegates July of 1967. This matter was approved by the House.

10. A matter was presented to the House by the New Mexico Delegation in reference to achievement of equal rights, privileges and benefits for the osteopathic physician and his patients. The Reference Committee reviewed this matter and it desired to make certain amendments to it as follows: RESOLVED that a reply be sent to the New Mexico Association of Osteopathic Physicians and Surgeons advising them as follows: 1. The Legislative and Legal Divisions of the AOA have been aggressively engaged in a program of com-

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FRED TEPPER, D.O.
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bating and preventing discrimination against osteopathic physicians and surgeons in whatever areas that discrimination survives in. 2. The AOA has long since adopted as one of its primary objectives programs for the purpose of achieving equal rights, privileges and benefits for and on behalf of the osteopathic physician and surgeon. 3. The solution is not entirely AOA responsibility. It is further recommended that divisional societies be encouraged to establish committees to work in liaison with and to develop codes of understanding with state paramedical groups and that good communications be maintained between local, state and national osteopathic organizations for develop-

ment of these programs. 4. INASMUCH as the New Mexico Association of Osteopathic Physicians and Surgeons feels that there appears to be a lack of aggressive policy on the part of the AOA specifically within its Legal and Legislative Departments to combat and prevent discriminatory practice and Be it further RESOLVED that a conference be held between the Legislative and Legal Departments of AOA and the New Mexico Association of Osteopathic Physicians and Surgeons to discuss these problems. The Reference Committee recommended adoption of the above resolution and it was so adopted by the House.

Summary of Staff Reports, A.O.A.



A. ROLAND YOUNG, D.O.

The activities of the staff departments of the American Osteopathic Association continue at a very high level of effectiveness, in my opinion. Some of the specifics will be found among other delegates' reports herein, but I will try to extract some of the more important general comments that were presented to the House of Delegates.

**Office of the Executive Director,
True B. Eveleth, D.O.**

Never in its history has the profession been so affluent, so highly respected nor so well understood as it is today. And never has its position been so precarious. Federal agencies are paying a lot of attention to this Association and the profession it represents. And that is im-

portant now and in the future. The Federal government has stepped with both feet into the health care program of the nation and all reports, and prophecies, forewarn us that this is only the *beginning*. The Armed Forces are now finally commissioning D.O.'s. This is a real and a great recognition. The income of our doctors is in the top 10% of the nation. Our doctors are serving in important capacities in the federal, state and local government councils. What is precarious about all that?

Despite all of our recognitions and acceptances achieved to date, we have not arrived. We are moving in a probationary status because of the changing climate in which we practice. Yes, our D.O.'s will be commissioned in the Armed Services, but there is serious question in the minds of many concerning the quality of the services these doctors will perform. They will be carefully watched and graded.

Our qualifications as an accrediting body for hospitals under Medicare has been subjected to searching scrutiny and we have not received official approval as yet.

People who paid little, if any, atten-

tion to osteopathic medicine are now examining every facet of our performance. We don't always present our best profile—we don't always behave as we should. Outside forces are directing their energies toward our destruction, but such pressures have no penetrating powers in themselves. It is our own differences and divergent interests that establish our vulnerability. Whether we continue as an important movement in medicine or strike out, is solely dependent on our own performances. And that needs our most serious attention.

A cartoonist had one of his characters say, "We have met the enemy and he is *us*." And that, ladies and gentlemen, is no joke. May we all have the humility and patience to think clearly and speak carefully as we face the problems before us.

Since this House of Delegates last met many important changes have occurred in the broad program of health care of the nation, and the forecast is that more will come.

The first session of the Eighty-ninth Congress produced a record number of legislative enactments in health, education and welfare. As one of the health professions, we are vitally concerned with some of these new laws and amendments.

Medicare: Perhaps the most important health legislation enacted by the Congress in our lifetime were the 1965 Amendments to the Social Security Act providing hospital and medical insurance to the majority of Americans who are 65 years of age and over. Osteopathic hospitals and osteopathic physicians will fully participate in this program on an equal basis with doctors of medicine. It is hoped that the American Osteopathic Association will be deemed the accrediting body for osteopathic hospitals.

Heart Disease, Cancer, Stroke and Related Diseases: The small community hospitals are to play a very significant role in the program. Many appeared to

have misunderstood the role of the community hospital when first advised of the 1965 Amendments. There seemed to be a feeling that unless a hospital was named as a "regional medical center," it would have no place in this important program. The Heart Disease, Cancer and Stroke legislation features the regional medical complex programs and the community hospital assistance to the practicing physician in his daily activities.

The huge federal appropriations to the "Great Society" programs are limited only by the costs of the Viet Nam War. The Administration, however, expresses determination to conduct both of these programs (Medicare and Heart Disease, Cancer and Stroke) to the limits of our national ability.

Changing Scene of Health Care: Medicare is more than health care for the aging. It is the opening wedge of a comprehensive, all-new concept of health services for all citizens of all ages and all economic categories. Although federally conceived and controlled, it will become more and more locally operated so as to serve every resident in the nation. Health is now seen as a "community affair" and is the responsibility of each man and his neighbor. It is even a personal affair in contrast to the group or multiple system programs of the past.

The planners and proponents of the new concept talk of the "personal physician" and advocate appropriate changes in medical school curricula for the education of the "personal physician." This education would emphasize preventive medicine, internal medicine, pediatrics, psychiatry and rehabilitation.

Business Manager, Mr. Walter A. Suberg

Appointment Book: As recently reported to you by mail, the second official AOA Appointment Book will be in the hands of the AOA membership about the middle of August. The first Appointment Book was sold for \$28,-

000.00 and was sponsored by Abbott Laboratories. The second Appointment Book has been sold for \$32,000.00 and will be sponsored by *Roche Laboratories*.

Any complimentary remarks or support that could be given to *Roche Laboratories* will be greatly appreciated.

It continues to be extremely important that every member physician be alert when answering some of the market survey questionnaires which occasionally are circularized throughout the profession by marketing analysts. Seemingly these ask some general questions such as: 'What weeks of the year do you prefer to take your vacation; Do you drive or fly; How many patients per week do you see; Which days do you take off' and that sort of thing, concluding with two or three specific questions about your professional reading habits. Whenever you answer a questionnaire dealing with professional journals, it is urgent that you indicate *The D.O.* and the *Journal of the A.O.A.* as definitely being among the important professional journals you consistently read.

If the member physician does not indicate a sincere interest in his own publications, it is entirely possible that some of our advertising revenue could be lost very quickly because the marketing analysts would be very quick to point up any apparent lack of sincere interest in our own publications as a justification to some advertiser to concentrate entirely on the M.D. journals. On any survey form dealing with any phase of professional life, our members should be alert for any opportunity for registering an affirmative vote on all matters relating to the osteopathic profession.

Editorial Department,

George W. Northup, D.O., Editor

This is the fifth annual report of the present AOA Editorship. During these years the three major AOA publications, *The Journal*, *The D.O.*, and *Health*, have shown satisfactory growth and improvement. This merely reflects the growing strength of osteopathic medi-

cine and the House of Delegates and the Board of Trustees should share in the approval and praise received from many quarters as the publications continue to serve the profession. The publications are truly products of cooperation, and the Department remains sensitive to the needs and desires of osteopathic medicine.

Department of Public Relations, Mr. Robert A. Klobnak, Director

Among the more significant department activities in the past twelve months were its efforts on behalf of limited practice states, Docare International and public communications programs aimed at promoting the osteopathic profession as a GP orientated body.

Limited Practice States: Working closely with the AOA General Counsel and the Bureau of Public Education on Health, the department engaged in a pilot effort of providing state-wide public relations support in conjunction with a strong legislative approach in the State of Maryland. Even though this bill was defeated by a vote of 13 to 6, those close to the Maryland effort considered the joint programs effective on the basis of what we did and learned we could do. The limited practice states are a very real public relations problem and the department is pleased to have the challenging responsibility of conducting similar educational-legislative programs in the remaining restricted states. Considerable groundwork has already been done with Arkansas, Georgia, Louisiana, North Carolina and South Carolina. The department intends to develop extensive state-wide public relations programs in each of these states this fall prior to introduction of new licensing bills and will pick up where it left off with the Maryland program.

Media Communications: Since last October, the department has been focusing public attention to the fact that the osteopathic profession is "family physician oriented." The story has been re-

leased at every divisional society meeting where AOA president Dr. Larsen or AOA president-elect Dr. Hayes spoke. Of all the stories prepared by this department for AOA presidents, this one without question has been the most successful and effective. It has received excellent press, television and radio coverage and has been utilized by some medical press publications.

Office of Education, Mr. Lawrence W. Mills, Director

The 1965-66 enrollment of 1,681 in the five osteopathic colleges shows an increase of 20 students over the 1964-65 enrollment. 464 first year students were selected from over 2,200 individual applicants. Over 700 applications

were rejected immediately due to unsatisfactory academic records in undergraduate colleges. The five osteopathic colleges and the Office of Education are doing everything possible to point out to the profession that osteopathic college applicants must show at least a high 'C' undergraduate college record if they are to be encouraged to enter the osteopathic profession. The number of letters from members of the profession criticizing various osteopathic college admissions committees for not accepting applicants due to mediocre grades is on the increase.

Because of better student selection, the student attrition rate in osteopathic colleges is greatly decreasing and this will result in more graduates.

Osteopathic College Enrollment, 1965-66:

College	1st Year Students	2nd Year Students	3rd Year Students	4th Year Students	Total
CCO	75	63	59	51	248
COMS	89	83	70	65	307
KC	106	106	97	91	400
KCOS	102	90	102	79	373
PCO	92	93	85	83	353
Total	464	435	413	369	1,681

Bureau of Finance



SAMUEL B. GANZ, D.O.

The financial position of the American Osteopathic Association continues very strong. As of May 31, 1966, there was \$291,409.77 in surplus cash and a reserve of \$315,058.67 in stocks and bonds for a total of \$606,468.44. This is an increase of \$158,773.87 over last

year. The combined net worth of the American Osteopathic Association as of the above date is \$1,604,428. This represents an increase of \$191,961 over the past year.

The income from advertising in the various osteopathic publications increased \$400,000 during the 1965/66 fiscal year. One half of this increase is as a result of the "Piggyback" innovation which allows pharmaceutical companies to forward sample drugs with either "The Journal" or "The D.O." This innovation accounted for 80% of the total net income of the American Osteopathic Association. This program is in danger of being cancelled due to a bill being recommended to Congress which would prevent the Pharmaceutical

Industry from sending drugs to physicians without prior request from them.

The fiscal year just past set a record for the largest increase of income ever experienced by this Association. Continued growth of operating income at this rate seems unlikely. In fact Mr.

Walter A. Suberg feels that we may have reached the apex of our income history. The only available additional source of income in the foreseeable future other than increased membership would be an increase in dues. This is not being contemplated.

Council on Federal Health Program



ELMER C. BAUM, D.O.

This report will have to be limited to a few areas of activity this past year.

Federal Aviation Agency

According to the April 1965 revised directory of Aviation Medical Examiners published by the Federal Aviation Agency, there are 217 doctors of osteopathy serving as aviation medical examiners in 34 states.

Veterans Administration

This year it was reported that at least 13 osteopathic physicians were full-time employees of V.A., 12 of whom held hospital staff appointments. Some Civil Service appointees have been added.

Health, Education and Welfare

A Health Professions Education Assistance of 1965, (H. R. 3141), was approved on October 2, 1965, as Public Law 89-290. It amends and extends Public Law 88-129 (H. R. 12). The extension is for three years. New programs of grants to osteopathic colleges for basic and special improvements are authorized. Maximum student loan per year is raised from \$2,000 to \$2,500, and provision is made for forgiving up to 50% at 10% a year for practice in a State designated shortage area. (H. R.

13196, which passed the House June 23, would raise the forgiveness to 100% at 15% a year for practicing in poor rural areas.)

Funds received under this legislation during fiscal year 1966 (ending June 30, 1966), total \$868,057.32 as follows:

Student Loans: \$414,863.32

Basic Improvement Grants: \$355,834.00

Scholarships: \$97,360.00.

In addition to the above, the colleges receive research and training grants from the National Institutes of Health. For 1965 the total for these was \$706,597.00.

Medicaid

The Medicaid or expanded Kerr-Mills program, is Title XIX. It is now being predicted that Title XIX, which offers medical care to the medically indigent in some categories of all ages on a matching Federal-State basis, can eclipse even the Medicare Plan. The expanded Program went into effect January 1, 1966. Until January 1, 1967 it is optional which services they furnish. After that date physician's services must be included, and Supplement D of "Handbook of Public Assistance under Title XIX" defines the term under Item D-5141.5.

Children's Bureau—Special Projects Grants

The Social Security Amendments of 1965 revised the Children's Bureau administered Title 5 of the Act, to authorize Special Project grants for Health of school and preschool children. The grants would be made to state and local health agencies and to schools of medi-

cine and their affiliated hospitals. The first draft of the Policies and Procedures Manual issued by the Children's Bureau was ambiguous. So, the manual was revised about June 15, to specify that grants could be made "to any school of medicine or college of osteopathy" and "to any teaching hospital affiliated with a school of medicine or with a college of osteopathy", and to specify that the hospitals should be accredited by the "Joint Commission of Accreditation of Hospitals or by the Committee of Hospitals of the American Osteopathic Association". These revisions comport with our statement to the Senate Finance Committee during consideration of the Act.

A Medical Library Assistance Act of 1965

Public Law 89-291, was approved October 22, 1965. The law authorizes Federal grants for up to 75% of the construction costs of medical libraries facilities, and grants for the support of research projects, for fellowships, for training projects, for special scientific projects, and for grants for improving and expanding the basic resources of medical libraries up to \$200,000 per

year based on a percentage of the annual operating expenses of the library.

Food and Drug Administration

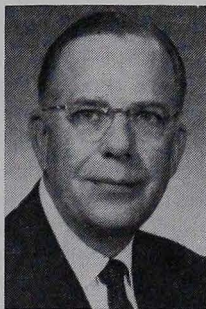
On January 17th, Dr. James L. Goddard was sworn in as Commissioner of the Food and Drug Administration, succeeding George P. Larrick, who retired last month. Dr. Goddard was serving as Chief of the Communicable Disease Center at Atlanta, and has served as Civil Air Surgeon in the Federal Aviation Agency.

Department of Defense

Selective Service: Several students and practitioners have received 1-A classifications and in recent months the Presidential Appeal Board has continued D.O.'s in 1-A, though formerly the policy was to grant 2-A.

On June 22nd, the House Armed Services Committee began hearings on the current operation of the Selective Service system. These hearings have not been concluded. The current law expires June 30, 1967. Because of such suggestions as a lottery and alleged wide variation in the attitudes of the local boards, the President, on July 2nd, established a National Advisory Commission on Selective Service.

Department of Professional Affairs



CLIFFORD E. DICKEY, D.O.

It was my privilege not only to represent Texas as a member of the Texas Delegation to the House of Delegates of the A.O.A., but also to serve that body as a member of the Reference

Committee on Professional Affairs. This report will be limited to a factual account of the deliberations of that Reference Committee.

Fees For Services to Patients

The major effort of this Committee was spent on deliberations about the Missouri and Texas Resolutions which had to do with Fees For Service to Patients. The committee meetings were open to all members of the House of Delegates and the Board of Trustees and all who wished to speak on the subject were heard. At a final meeting of this committee, the Texas Delegation and the Official Representatives of the American College of Surgeons were in-

vited to appear. The result of this meeting was a general agreement by all parties that in the best interest of the Osteopathic Profession, a moratorium on this subject should be observed, and further, that a meeting of those with divergent views should be arranged in the near future under the auspices of the A.O.A.

As a result of this mutual agreement, the Missouri and Texas Delegations agreed to withdraw their respective resolutions. Therefore, no action by the Reference Committee on Professional Affairs was necessary and no report was made to the House of Delegates on this issue. However, the Board of Trustees did pass two separate resolutions on this matter. Neither of these resolutions were presented to the House of Delegates and therefore do not have House approval. The ultimate outcome must await further deliberation. We were informed that the Board of Trustees did stipulate that immediate steps would be taken to initiate meetings between the A.O.A., and the Health Insurance Council (H.I.C.) in an effort to resolve certain of our problems relating to the Health Insurance Industry.

Osteopathic Progress Fund

A Proposed change in the organiza-

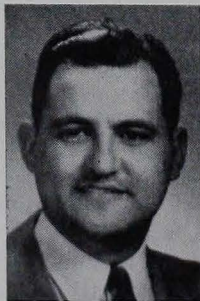
tional functions of the Osteopathic Progress Fund was not concurred in by the Reference Committee or the House of Delegates.

Number of Staff Meetings Required

The matter of the required number of Hospital Staff meetings in accredited Hospitals was brought up in the House of Delegates and referred to the Professional Affairs Reference Committee. The Committee recommended and the House of Delegates concurred in the following Statement:

The Committee on Hospitals reaffirmed its long standing philosophy that such meetings of the Professional Staff, or its required component committees, shall be held to insure that there is complete and comprehensive review, analysis and evaluation of the clinical work of the staff members and patient care in the hospital. It further recognizes there is a wide diversification of staff structure which is necessary, and that each hospital establish its own method of meeting the above requirements provided, however, that each hospital meets the requirement of their own by-laws, rules and regulations.

Matters Relating to Insurance



J. WARREN McCORKLE, D.O.

Fees for Services to Patients.

Medical, surgical and hospitalization insurance, not usually matters for involvement of Board and House, came in for much attention this year in con-

nection with separate payment for separate billing of specific services to patients. The board directed that the executive officers and appropriate committees of the AOA shall hold immediate meetings with the insurance industry. The purpose of such meetings shall be to resolve the problem of separate billings for patient care. Steps are being taken to arrange for such meetings, as early as possible, according to Dr. T. B. Eveleth, Executive Director.

Group Accident and Sickness Program.

The AOA program was made available during 1966 to members in all

states, whether a state program was in operation or not. Benefits were increased substantially and premium income rose. From broadening the availability and the benefits, considerable growth and strength for this plan is hoped for in 1967.

Life Insurance Program.

Total premiums were down somewhat because of some policyholders dropping out and others converting into the Group Ordinary Program. During the course of the year, 75 students were insured under the program.

Professional Liability Insurance Program.

During the year 1965, it was again found that many companies are withdrawing from this type of insurance. Several of the companies withdrawing were companies which had carried a substantial number of osteopathic physicians and surgeons. Many of these doctors who were left abandoned by these companies have made application to and have been accepted by the approved program. At the end of 1965, 5,221 individual doctors and 182 hospitals were insured under this program.

Premium adjustments were made last year as follows:

No increase was necessary in 34 states.

10% or less increases were made for the Class I policy in four states.

Over 10% increases were required in nine states Class I policies, including Texas.

Class I-A rates were increased in eight states, not including Texas.

Surgical specialists were raised in six states, not including Texas.

Hospital rates were increased in nine states, not including Texas.

The Bureau of Insurance continues to spend much time and effort in carefully surveying the development of "high reserve" cases and in considering special underwriting problems, both of these activities are for the purpose of helping prevent further rate increases in the future. Although these efforts are

definitely bearing fruit as indicated by the decreased number of claims, the first five months of 1966 included some major tragedies and they may result in deterioration of the improvement noted above.

New Mexico Resolution.

NMAOP&S by resolution petitioned for full discussion of the malpractice problem, to consider the organization and support of an insurance company owned, controlled, and directed by the osteopathic profession.

The Board of Trustees recommended that the full discussion be granted, but that any consideration of creating an AOA controlled and owned insurance company which would provide malpractice insurance coverage for members of the Association is impractical.

Accordingly, the Bureau of Insurance, of which Dr. Elmer C. Baum is a member, arranged for discussion in depth of all facets of the subject. Mr. John C. Allen, president of Nettleship Agency, was an active participant and so was Mr. W. Peter McAtee, legal counsel for NMAOP&S. The Bureau felt that while the Nettleship program may not have the most desirable rate structure we might wish to have, it is the best program that they have been able to find and it is available for Osteopathic physicians and surgeons through the United States. Therefore, they felt that they could not make any change in their program. The Bureau was against a profession-owned and controlled malpractice insurance company. The resolution was not brought out on the floor of the House of Delegates.

Some fault was inferred during the discussions concerning the fact that Professional Mutual Liability Ins. Co. of Missouri had been completely unable to expand their operations, even though they ordinarily accept only highly preferred risks among the profession. In addition, it was stated conversationally that a New Mexico D.O. who has a good background in the insurance in-

dustry, was prepared to close his professional offices and intends organizing a specialty professional liability insurance company which, with proper rein-

surance that is already under discussion with authorities, hopes to offer sound and reliable coverage to the various state societies.

Bureau of Public Education on Health



JACK P. LEACH, D.O.

Dr. J. Edward Sommers reported to the A.O.A. House of Delegates that Alaska has joined the roll of states in which D.O.'s can obtain unlimited licenses.

Summary of the new law listed the following requirements:

1. In order to be eligible for licensing examination given by the Alaska State Board, a D.O. must:

- a. be a citizen of the United States or Canada;
- b. be 21 years of age;
- c. be a graduate of a school of osteopathy approved by the board;
- d. have completed an AOA approved internship of 1 year; and
- e. hold a basic science certificate.

2. D.O.s who have practiced in the state of Alaska for one year before January 1, 1966 and who apply before January 1, 1967, are granted unlimited license without examination.

3. The new law does not yet provide for reciprocity, however plans are underway to secure reciprocity. At the present time there are only two D.O.s practicing in Alaska.

Since 1967 is a legislative year in almost every state, the Bureau used 1966 primarily to assist limited states to pre-

pare their educational programs. The Bureau held two such "get-ready" meetings at the Central Office attended by the following states:

In October 23, 1965, Arkansas, Maryland, North Carolina and South Carolina held meetings with the Bureau.

In April 30, 1966, Arkansas, Georgia, Idaho and California held meetings with the Bureau.

These meetings were valuable in establishing closer relations between Bureau members and limited state representatives. They serve to inform Bureau members of particular problems in limited states and to advise state representatives of the kinds of educational assistance available through the AOA.

The progress and programs in each of the remaining 10 limited states are as follows:

In Arkansas there has been a gradual decline of physicians, D.O. and M.D. The medical association in this state continues its inflexible resistance to any improved osteopathic legislation.

Georgia—The Georgia Osteopathic Medical Association continues extensive program to obtain a new law. The Bureau feels, however, that it now has better liaison with the state association and Georgia is planning to utilize the Bureau's educational public relations resources.

Idaho—The Idaho Osteopathic Association has been approached by the Idaho Medical Association concerning a composite board. The Idaho Osteopathic Association will introduce a bill in 1967.

Louisiana—A new law in Louisiana does not appear to be likely in the near future.

Maryland—The Maryland D.O.s will present a bill to the legislature in 1967;

the bill presented in 1966 did not pass. However, it was felt that invaluable work was done to educate the public and legislators concerning the profession.

Mississippi—The Bureau's conclusion of last year that there seems to be no immediate hope for a new practice act in Mississippi must stand.

Montana—There will be a legislative effort in Montana in 1967.

North Dakota—This state may join the list of unlimited states in 1967. A legislative fight may be in the offing but the North Dakota D.O.s are ready and well supported.

North Carolina—A handful of dedicated D.O.s got an interim study commission bill through the last session of the legislature. Many efforts to get the commission to meet have been unsuccessful. Refusal of commission members to obey a legislative mandate may have interesting consequences in the upcoming legislative session.

South Carolina—Dr. Ernest Johnson almost got a law in the last session of the legislature. In South Carolina the legislative study commission also refused to meet. After exhausting every means of getting the group to meet, Dr. Johnson went to the press. The story of his struggles was carried throughout South Carolina and neighboring states. The legislature took an interest in the matter and if reapportionment had not taken precedence, the bill would probably have been passed.

Needless to say, Dr. Johnson will be back plugging for passage of a practice act again in 1967.

California—The California D.O.s are developing a long-range, realistic public education program. All D.O.s in the state are being re-contacted and asked to give specific help.

The points which will be made to the California Assembly's Government Efficiency and Economy Committee at a hearing to be held this summer, probably before August 1, in the words of O.P.S.C., are:

- "A. The Board of Osteopathic Examiners can again become financially self sufficient if the power to issue licenses to new applicants is restored to the Board, thus permitting examination fees and increased numbers of renewals to increase the income of the Board.
- B. New Doctors of Osteopathy are needed in California. The supply of osteopathic care falls far short of the demand for such care.
- C. Present D.O.s need new assistants, and replacements are needed in increasing numbers, as the years go by, to meet the needs of those now receiving osteopathic care.
- D. California is the only state where D.O.s cannot be licensed—why should those seeking osteopathic care be thus discriminated against.
- E. This bar to licensure discrimination against present students and recent graduates who were citizens of California, but now may not return to their home state to practice the profession for which they have been trained.
- F. The amendment to the Osteopathic Initiative law in 1962 expressly directed the Legislature to make any changes in that law that were needed in the future."

The sixty-fifth medical licensure statistics for 1965 prepared by the AMA Council on Medical Education shows that not a single failure of any D.O. was reported by any medical composite or osteopathic examining board in 1965. The corresponding failure rate was 2.3% for graduates of AMA schools, 5.8% for graduates of Canadian schools and 32.1% for graduates of foreign medical schools.

Highlights From the Sidelines



R. B. PRICE

AOA Public Relations Publications

Two fine additions to the osteopathic literature suitable for reading by laymen have been announced for publication this fall. Each of these is distinct from the other and different from anything now available for use by the profession in communicating with the general public. Each will serve a separate, distinct and valuable purpose.

Osteopathic Medicine: An American Reformation, by George W. Northup, D.O., originally appeared as a series of ten articles developing the position of osteopathic medicine as a reform movement that emphasizes consideration of the whole patient rather than of just his disease. This series ran for a year in *Health* magazine and reprints were offered in small quantity by the AOA at that time. They were so well received that the entire series has been gathered into a small volume and will be available in two bindings. One of these bindings will be a relatively inexpensive paperback which will be suitable for giving away whenever a good PR pamphlet should be used. The series also will be available in a cloth binding suitable for presentation to libraries, which more and more are coming to the position of being unwilling to accept anything for their stacks other than a cloth permanent binding. This of course will be somewhat more expensive but every effort will be made to keep the cost at the lowest possible point so the maximum

distribution may be made by the profession to the general public.

A new version of the "Basic Philosophy of Osteopathic Medicine" designed for lay public has been prepared. This was written by Mr. Leonard Heffel, using as source material "The Basic Philosophy of Osteopathic Medicine and Its Contribution to Health Care."

The manuscript was reviewed by the Basic Philosophy Committee which was responsible for its preparation and selection of Mr. Heffel to write it. This work is directed toward the science-orientated high school senior, the college pre-med student, and the osteopathic college freshman.

It is the opinion of the members of the AOA Council on Development that this fills a previous void in osteopathic literature and should be invaluable in the field of vocational guidance.

J. Scott Heatherington, D.O., stated: "Mr. Heffel has the ability to present a complex subject in a manner which reads easily and has a continuity to afford maximum comprehension. The challenge of rewriting the BASIC PHILOSOPHY so it was understandable and readable by undergraduates and yet accurate, was not easy, but he did it so well that those who prepared the original document could find only a few minor changes to be made in his completed manuscript.

"The Council on Development has authorized the publication of the new booklet which should be available this fall. A copy will be mailed to each member of the AOA."

Committee on Colleges

A new principle, that of asking faculty at each osteopathic college to participate in self-evaluation was an innovation this year. Each osteopathic college was asked, by the Chairman, to conduct a self-evaluation; emphasizing strengths, weaknesses, and immediate

needs, as well as long-range needs in each department of the college. The Committee reported that the faculty members at the five osteopathic colleges participated with enthusiasm and sincerity in this new facet of the college accreditation program and the chairman commended the five osteopathic colleges for the excellence of their self-evaluation. Obviously, this opens a unique and challenging channel of communication between the colleges, their administrative officers and the accrediting agency.

Support for Texas College of Osteopathic Medicine: The Board of Trustees of the American Osteopathic Association agreed to support the planning for a new Texas College of Osteopathic Medicine up to a very substantial amount. According to information relayed by Drs. John H. Burnett and George J. Luibel, members of the Board of Trustees, request for this financial support was made to the AOA Board by Dr. Luibel who is Chairman of the TAOP&S Committee for the Establishment of an Osteopathic Medical School in Texas. He stated that whether a new school was organized and built or whether an existing school is transferred into the state, either alternative would require a great deal of preliminary exploration and planning. In reporting on progress to date, Dr. Luibel advised the Board that a charter from the state of Texas has been obtained for the non-profit corporation to be known as the Texas College of Osteopathic Medicine. The corporation is in existence and is chartered for activities in a wide range of osteopathic medical education and ancillary areas. In his report to the Board of Trustees, Dr. Luibel stated that the charter was obtained primarily as a vehicle for use to enable the College of Osteopathic Medicine and Surgery to move to Texas if they so desired; and in the event that they do not move, with the intention of continuing to pursue the aims of the Texas Association toward the development of

a school of osteopathic medicine here in Texas.

Committee on Hospitals

Accreditation of Hospitals: That part of the Medicare Law which specifies that the Secretary of HEW may find that accreditation by the American Osteopathic Association provides assurance that all conditions are being met has placed increased attention and emphasis upon workings of our accreditation procedures and techniques. In preliminary meetings with HEW it became apparent that some aspects of the techniques required strengthening. In its moves toward accomplishing this national recognition, the Committee on Hospitals completely revised "Requirements and Interpretative Guide Accredited Hospitals" and the "Requirements and Interpretative Guide For Hospitals Accredited and Approved For Training;" and furthermore, embarked upon an ambitious and energetic reinspection

(Continued on Page 29)

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National Osteopathic Foundation Reports Continuing Support

E. R. Squibb & Sons, a division of Olin Mathieson Chemical Corp., has renewed for the fourth time and increased the Squibb Fund for Postgraduate Education.

Howard W. Baldock, director of medical relations, presented a check for \$15,000 made out to the National Osteopathic Foundation to Dr. John Hayes, new AOA president, at the Inaugural Luncheon on July 19.

The Squibb Fund was established September 1, 1963, with a grant of \$10,000 and was followed by grants of \$11,500 and \$12,500 the next two years. Administered by NOF, the fund provides financial support to scientific programs of divisional and district societies.

Divisional societies can qualify for one grant of up to \$500 and district societies for one up to \$200 as reimbursement for the cost of scientific meetings upon application made on NOF forms at least 60 days before the meeting.

An important purpose of the program is to encourage smaller units of the osteopathic profession to initiate or strengthen scientific programs.

The fifth grant of \$10,000 by Pfizer Laboratories Division, Charles Pfizer & Co., to the NOF was again applied to support the Pfizer Chair in Osteopathic Medicine at Chicago College of Osteopathy. The check was presented May 25 at the spring meeting of staff and trustees by Dick Compton, regional operations manager, Pfizer Laboratories.

Dr. Ward E. Perrin, the Pfizer Professor of Osteopathic Medicine, said in accepting the gift: "The generous support of the Pfizer Laboratories over this five-year period has enabled us to substantially strengthen the Department of Osteopathic Medicine. We have introduced innovations in teaching and increased the depth and quality of our teaching, added personnel to our staff, and increased our participation in postgraduate work. The grant has made it possible for me to accept a number of invitations to lecture to professional groups off campus, thus extending the department's influence and service to the profession."

President MacBain reported to the college trustees: "For each of the years we have received the Pfizer award, we

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Each Plan Approved by the Texas Association of Osteopathic Physicians
and Surgeons for its members.

SID MURRAY "Pays In A Hurry"

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Corpus Christi, Texas

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MUTUAL LIFE OF NEW YORK

have been able to add to the efficiency of our teaching, strengthen the department, and make broader contacts with members of the osteopathic profession



JACK P. LEACH, D.O.

far beyond our campus. At the same time the Pfizer grant brings a high quality of instruction to our students."

Of particular interest to Texas members is the announcement recently made by Mr. W. J. Ratsch, N.O.F. Director, that TAOP&S' Annual Educational Convention Program has been approved for expense reimbursement up to \$500, out of funds made possible under the E. R. Squibb Fund for Postgraduate Education referred to above.

To insure that the state program would again benefit under the Squibb Fund, Program Co-Chairmen Jack P. Leach, D.O., and Robert R. Ling, D.O., both of District VI, made a particular

effort to develop and expedite the application for this support of their program, being held in Fort Worth during the first week in May, 1967.



ROBERT R. LING, D.O.

This grant will be of particular importance for the 1967 Convention in view of the amendment to the By-Laws passed at the last convention which removes the charge for registration.

However, because registration is without charge will not mean a reduction in the quality of social and entertainment functions according to information received at the local level.

Planning for the 1967 program is still in the early stages, but due to the larger membership, free registration and programs which are better each year and of vital interest to the profession, 1967 attendance may be twice that of previous years.

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Texas Association of Osteopathic Obstetricians and Gynecologists

October 1 & 2, 1966
Cabana Motor Hotel—Dallas, Texas

Prominent Out of State Speaker

Charles K. Norton, D.O., F.A.C.O.-
O.G., Detroit, Michigan. Member of
Board of Trustees of American College
of Osteopathic Obstetricians and Gynecologists. Diplomat American College
of Osteopathic Obstetricians and Gynecologists.

cologists, Faculty Chicago College of
Osteopathy. Past Chairman Department
of Obstetrics and Gynecology, Detroit
Osteopathic Hospital. Consulting Obstetrician Detroit Osteopathic Hospital.

* * *

Saturday, October 1, 1966

- 1:00 p.m. Registration.
1:30 p.m. "Use of Dramamine and Associated Compounds in
Labor Management" Daniel Slevin, D.O., Dallas, Texas
2:15 p.m. "Lymphangeography in Pelvic Carcinoma" Robert L. Nelson, D.O.,
Grand Prairie, Texas
3:00 p.m. Recess
3:15 p.m. "Common Vaginal Infections—
Diagnosis and Management" Charles K. Norton, D.O., F.A.C.O.O.G.,
Detroit, Michigan
4:00 p.m. "Vaginal Hysterectomy—
Indications and Technique" J. Natcher Stewart, D.O., F.A.C.O.S.,
Grand Prairie, Texas
4:45 p.m. Questions and Answers of Today's Speakers
7:00 p.m. Cocktail Hour (For doctors and wives—Courtesy of Ross Laboratories)

Sunday, October 2, 1966

- 9:00 a.m. "Breech Delivery—Demonstration on Manakin" Lee J. Walker, D.O.,
Grand Prairie, Texas
9:30 a.m. "Obstetrical Shock" Paul A. Stern, D.O., F.A.C.O.A.,
Dallas, Texas
10:15 a.m. "Cancer Detection in the Office" Charles K. Norton, D.O., F.A.C.O.O.G.,
Detroit, Michigan
11:00 a.m. Recess
11:10 a.m. "Elective Induction of Labor" Daniel R. Barkus, D.O.,
Dallas, Texas
12:00 Noon Luncheon "Is It An Accident?" (for doctors and wives)
Charles K. Norton, D.O., F.A.C.O.O.G., Detroit, Michigan
1:30 p.m. "Cancer of the Breast—
The Need for Early Diagnosis" Gerald Bennett, D.O.,
Fort Worth, Texas
2:15 p.m. Panel—"Contraception Today"
Rhythm Method D. Slevin, D.O.
Jelly, Diaphragm, Foam, etc. L. Walker, D.O.
I. U. C. D. R. M. Mayer, D.O.
The "PILL" and What Happens Next? R. Fisher, D.O.
D. Barkus, D.O.
3:30 p.m. Questions and Answers of Today's Speakers
4:00 p.m. Business Meeting—
Texas Association of Osteopathic Obstetricians and Gynecologists
Registration Fee Members of T.A.O.O.G. \$15.00
Non-Members 18.00
Wives 5.00

Meeting Open to All D.O.'s

Members of State or National

Approved by the American College of General Practitioners in Osteopathic Medicine and Surgery for
twelve hours post-graduate credit.

PROGRAM

North Texas Roentgen Ray Society

Annual Meeting
Salado, Texas
August 26, 27 & 28, 1966

Friday, August 26

5:00 p.m. Registration.
8:00 p.m. Cocktail party Courtesy ANSCO, Mr. Joe Hambrick, Host

Saturday, August 27

8-9 a.m. Buffet breakfast.
9:00 a.m. Film "*Diagnosis & Treatment of Renovascular Hypertension*"
9:30 a.m. "*Renal Mass Lesions*" Dr. Leo Sheiner, Detroit, Michigan*
10:30 a.m. Discussion Dr. Robert Nelson, Moderator,
Dr. Wm. B. Reed, Dallas, Dr. G. D. Bennett,
Ft. Worth, Dr. Myron D. Jones, Jr., Arlington
11:00 a.m. Urological Film Reading Conference Dr. Nelson
12:00 Noon Luncheon Recess.
2:00 p.m. "*Differential Diagnosis of Thoracic Neoplasms*" Dr. Sheiner
3:00 p.m. Discussion Dr. Edward J. Yurkon, Moderator,
Dr. Chas. D. Farrow, Ft. Worth, Dr. Wm. B. Reed, Dallas,
Dr. G. D. Bennett, Ft. Worth, Dr. Myron D. Jones, Jr., Arlington
4:00 p.m. Chest Film Reading Conference Dr. Yurkon
7:00 p.m. Outdoor Barbecue Van Bibber Lodge, Courtesy
GILBERT X-RAY CO. of Texas, Mr. Jim Cavalier, Host.
(Children's entertainment will be furnished during this time)

Sunday, August 28

8-9 a.m. Buffet Breakfast.
9:00 a.m. Film "*Lymphography in Female Genital Cancer*"
9:30 a.m. "*Gastrointestinal Roentgenology*" Dr. Leo Sheiner
10:30 a.m. Discussion Dr. Raymond Beck, Moderator,
Dr. Wm. B. Reed, Dr. G. D. Bennett,
Dr. Myron Jones, Jr.
11:00 a.m. G.I. Film Reading Conference Dr. Raymond Beck
12:00 Noon Luncheon Recess.
2:00 p.m. Potpourri Film Reading Conference Dr. Raymond Dott, Moderator
*Dr. Sheiner's participation is sponsored in part through the generosity of E. R. Squibb & Sons.

Calendar of Events

August 26-28 — NORTH TEXAS ROENTGEN RAY SOCIETY ANNUAL MEETING. Salado, Texas. C. D. Ogilvie, D.O., 1141 North Hampton, Dallas.

October 1-2—TEXAS ASSOCIATION OF OSTEOPATHIC OBSTETRICIANS AND GYNECOLOGISTS. Cabana Motor Hotel, Dallas. Roy L. Fischer, D.O., 1711 N. Garrett, Dallas.

October 23-27—THIRTY-NINTH ANNUAL CLINICAL ASSEMBLY, Washington

Hilton Hotel, Washington, D. C. C. L. Ballinger, D.O., P.O. Box 40, Coral Gables, Florida 33134.

November 14-17—AMERICAN OSTEOPATHIC ASSOCIATION, 71st ANNUAL CONVENTION AND SCIENTIFIC SEMINAR, Royal Orleans and Jung Hotels, New Orleans. Program Chairman, Dr. George T. Caleel, 4308 W. 67th St., Chicago, Illinois 60629.

TAOP&S Scholarships Reassigned



FRANK W. ROBERTS

The TAOP&S Scholarship Committee has been notified by Vance Conroy Lacy, recipient of the \$1000 Phil R. Russell scholarship, that due to illness he will be unable to enter osteopathic medical school in the fall and thus must decline the award. Dan Allen Waddell, the first \$750 award winner, will therefore receive the \$1000 Phil Russell Scholarship.

John Edwin Russell, III, will remain a \$750 scholarship winner.

The second \$750 award will go to John Paul Morgan of Eagle Pass. Morgan has received a B.S.Ed. and a B.S.



JOHN PAUL MORGAN

in biology from Texas Christian University. He has also completed one year of graduate work in biology. Morgan will attend Kirksville College of Osteopathy and Surgery.

Another Texas student, Frank W. Roberts of Odessa, has received a sophomore renewal of his AAOA scholarship. He was named a TAOP&S award winner last year, but declined in order to accept the AAOA scholarship. Roberts was graduated from Midwestern University and is attending Kansas City College of Osteopathy and Surgery.

TEXAS STATE BOARD OF EXAMINERS IN THE BASIC SCIENCES

1012 Sam Houston State Office Bldg.
201 East 14th Street
Austin, Texas 78701

NOTICE OF EXAMINATION

The next examination of the Texas State Board of Examiners in the Basic Sciences has been set for Monday and Tuesday, October 10-11, 1966 in Austin, Texas.

Details as to time and place may be obtained by writing to the Executive Secretary at the above address.

Applications for the October Examinations must be complete and in this office by September 12, 1966, and all necessary information and documents required of examinees by the Board must be completed and in the applicant's file by that date. Those interested in participating in this examination should act immediately.

Why I Want to Study Osteopathy

(Editor's Note: Printed below is one of the most effective pieces of motivational writing by a prospective osteopathic student that the Scholarship Committee has yet received.)

I first became interested in the field of medicine when I obtained a job as a blood bank technician in a local hospital. Prior to this I was working on a Masters degree in biology with the hope of obtaining a Ph.D. and doing research work.

The work at the hospital was different from any I had done previously and I found it fascinating. I decided to investigate the possibilities of a profession as a physician.

Several friends of mine were going to osteopathic medical schools and I became interested in the osteopathic profession through them. Since I have a scientific background, I decided to investigate the allopathic and osteopathic professions scientifically.

I chose five M.D.'s and five D.O.'s from the phone book and went to see each of them. The M.D.'s were all busy and pre-occupied with their activities. They thought that it was fine for me to want to become a doctor and if I wanted to find out more about the profession, I should talk to my pre-med advisor. The D.O.'s I talked to were instrumental in my decision to become an osteopathic physician. They were all just as busy as the M.D.'s but they all took time to tell me as much as they could about

their profession—its past, future and philosophy.

I decided that I wanted to become a D.O., but I would make one more test. Both my wife and I came down with a very bad cold at the same time. I told her to go to an M.D. and I would go to a D.O. My wife reported that the M.D. asked about the baby, looked at her throat, and gave her a prescription. The D.O. also looked at my throat but in addition he checked my ears, listened to my heart and lungs, gave me some medicine and told me to please come back in four days if I was not a great deal better. By this time I was firmly convinced.

Since that time I have visited several osteopathic hospitals and schools and I have found them all eager to make me feel welcome.

I believe in the fundamental osteopathic concept of "the whole man." In all my undergraduate training the biological principle that structure determines function was stressed, and from a medical standpoint I believe this is very important. I think a physician should always remember that he is treating the man and not just the disease.

I want to be a physician very much. After putting in many hours of thought and prayer, I have arrived at the decision that I can have a fuller and more meaningful life as an osteopathic physician.

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Openings for Osteopathic Physicians

*(For information write to Dr. D. D. Beyer, Chairman,
Physicians Relocation Committee, 1800 Vaughn Blvd., Fort Worth, Texas)*

Abernathy, Texas — Doctor looking for associate. 15 miles north of Lubbock. Population, 3,500 with trading territory of 8,500. Practice established for eight years. Contact: Kenneth Gregory, D.O., Abernathy, Texas.

* * *

Idalou Texas—located ten miles east of Lubbock, offers an excellent opportunity for any physician desiring to locate in West Texas. Contact George Lowe, Western Drug Company, Idalou.

* * *

Fine general practice of deceased D.O. for sale at extremely moderate figure, including Accounts Receivable, urological and minor surgical equipment, moderate repeat weight patronage. Centrally located in progressive West Texas city. Correspond with: Mrs. H. M. Gorrie, 4406 Jennie, Amarillo.

* * *

Midlothian, Texas — Doctor recently deceased. 30 miles from Fort Worth in expanding industrial and agricultural area. Contact State Office or D. D. Beyer, D.O.

* * *

Earth, Texas—near Littlefield, Texas. D.O. wanted to take over new, well-equipped clinic. Contact Neal Pounds, Secretary, Earth Chamber of Commerce.

* * *

Clinic thirty miles from Fort Worth including equipment and practice for sale. Five years old. \$50,000 gross per year. Will sell for \$50,000 or lease with option to buy. Call Paula Selby 1-817-5234408.

* * *

Sole Practitioner in good, 34-bed acute general hospital needs good quality working partner. One or two doctors for good locations. Opportunity to share ownership of hospital.

Should have some experience in minor surgical procedures.

Please correspond to: Box S-J, c/o the JOURNAL.

* * *

Kemp, Texas—no physician presently in the town. Due to a great deal of building in progress, there will probably be a substantial population increase. Contact T. A. Miller, The City Pharmacy, Kemp.

* * *

Junction, Texas — 18-bed modern hospital closed. One M.D. in town. Need D.O. who is capable of surgery. Population 2,500. Beautiful country. An excellent location. Contact: James M. Shy, D.O., 201 N. St. Peter Street, Stanton, Texas.

* * *

Spur, Texas — including surrounding area with population of between 8,000 and 10,000. Up-to-date practically new brick clinic with ample space for two doctors is available adjoining a twenty bed hospital. It is felt two doctors could easily earn \$15,000 to \$20,000 each annually. Contact O. L. Kelley, Chairman, Hospital Committee, City of Spur.

* * *

Modern, fully-equipped 12-bed hospital is now available to capable doctor. Ownership and partnership if desired. Excellent, progressive town. Prefer doctor capable of anesthesia and/or surgery. Lucrative. Reply Box MG c/o of the JOURNAL.

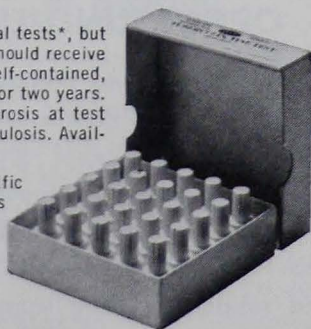
* * *

Normangee, Texas—Take over practice of physician leaving for research grant. Desires to sell all equipment and clinic. Will consider terms or cash arrangement. Gross income approximately \$66,000. Investment not over \$10,000. Contact State Office.

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*Rosenthal, S. R., Nikurs, L., Yordy, E., and Williams, W.: Scientific Exhibit Presented at the Annual Meeting of the National Tuberculosis Association, Chicago, Illinois, May 30-June 2, 1965.



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Texas Osteopathic Hospital Association Annual Convention - 1966

With Dr. Robert J. Shields of Doctors Hospital, Groves, as the presiding officer, the Texas Osteopathic Hospital Association opened its annual convention in San Antonio on Friday, August 5, 1966. Mr. Walter J. Dolbee, Jr., administrator of Hurst General Hospital, Hurst, was program chairman for the two-day event.

Blue Cross-Blue Shield Initial Experience With Medicare

Mr. Frank Henry, Manager of Medicare Claims for Texas Blue Cross-Blue Shield made an extensive presentation covering the first month's operation of the Federal Health Program under Title

XVIII of the Social Security Amendments. The first 31 days of this program, 26,159 notices of admission were received and 5,781 of these cases were actually discharged from the hospital and billings were received at the Blue Cross offices before July 31. 1,294 of these hospital cases billed were carried through the payment stage before the end of the month, resulting in \$176,052.24 being disbursed for acute general hospital care in Texas during the opening phases of this program.

Texas Blue Shield handled 4,945 Part B (physicians care) claims of which 3,676 had not yet satisfied the \$50 deductible.

Of all the Part B doctors claims received, 2,876 had been assigned for payment direct to the physician, or approximately 65% of all physicians claims submitted so far will be paid through the assignment mechanism directly to the physician.

Mr. Gene Aune, Case Department Manager for Blue Cross of Texas explained in detail the methods of handling necessary to coordinate basic Medicare with the three types of "true Blue" which may be presented by elderly patients as benefits supplemental to the basic Medicare provisions. Additionally, the Texas State Department of Welfare has provided limited benefit programs for families having dependent children and for individuals permanently and totally disabled. The use of these supplemental and/or limited benefit programs as overriding services relating to Medicare, requires careful handling so as to avoid unnecessary confusion or complication.

OPPORTUNITIES

Prime general practice locations in Grand Prairie and Arlington, Texas. Rapid growing area with a combined population of 100,000. 16 miles from Dallas and Fort Worth. 65 bed intern and resident training approved hospital. Located in the heart of the largest developing industrial area in the United States. Contact Harriett M. Stewart, D.O., Administrator, Mid-Cities Memorial Hospital, 2733 Sherman Road, Grand Prairie, Texas.

Texas Social Welfare Association Official

One of the most distinguished participants ever to appear on a TOHA program was Dr. David Jacobson who is currently president-elect of the Texas Social Welfare Association. Dr. Jacobson is Rabbi of Temple Beth-El, San Antonio, where he has served since 1938 and he speaks from a wealth of experience and recognition in areas of scholarship and service at the national level.

Dr. Jacobson described how the objectives of the Texas Social Welfare Association relate so precisely to the professional goals of the osteopathic physician because they are jointly concerned so deeply with human life; its quality, duration, vigor, well being.

Identifying other mutual goals and methods of moving together toward those goals, Dr. Jacobson stressed the legislative and administrative relationships underlying such significant advances as the Texas State Hospital Licensing Law and Medical Assistance Act, Title XIX, at the federal level.

First Biennial Legislative Forum

In describing the upcoming Legislative Forum being organized by the Texas Social Welfare Association, Dr. Jacobson stated that this was the first time in its 56-year history that TSWA had attempted to bring the principle legislative leaders, top state administrative officials and highly knowledgeable individuals from the professions into a situation that would provide a forum for mutual understanding, recognition and action. TSWA is the one organization in Texas providing such a forum and very many of the problems will relate directly to the health care areas. These are the concerns that bring highly motivated, knowledgeable people together within TSWA, which is not a lobbying organization but does have legislative interests because legislation is the final distillate of people talking together who have a deep concern for the vital problems of

our generation and the next one and the one after that. Legislative leaders have said in the past that they expect from TSWA a group of suggestions that can be placed in the statute books.

The Legislative Forum is open to the public and will be held at the Terrace Motor Hotel in Austin, on September 22, 1966.

Following Dr. Jacobson's address the normal business session elected the following officers to be installed next year:

Mr. Walter J. Dolbee, Hurst General Hospital, President.

Mr. Tom P. Leach, Fort Worth Osteopathic Hospital, President-Elect and Program Chairman.

Dr. Neil Purtell, St. Jo, Vice President.

Dr. Selden Smith, Wolfe City, Trustee.

Mrs. Mary Hayes, Ladonia, Secretary-Treasurer.

Dr. Fay Norris Expires in Houston

Funeral services for Dr. Fay A. Norris, who practiced in Houston for 38 years, were held July 16 at Memorial Drive Methodist Church. Dr. Norris died July 14 in Houston.

A contribution has been made by TAOP&S to the Revolving Student Loan Fund at Kirksville College of Osteopathy and Surgery from which Dr. Norris was graduated in 1919.

Dr. Norris was a charter member of the Memorial Drive Methodist Church. He was also a member of Bellaire Lodge Number 1336 AF & AM, Houston Consistory and Arabia Temple, Sons of Hermann, Houston Lodge Number 151 BPOE.

Survivors include his wife; a daughter, Mrs. Mary Eleanor Hamilton; and a son Raymond F. Norris.

Washington News Letter

Medical Commissions. Harry J. Walter, D.O., of Leawood, Kansas, took the oath July 13th, and became the first D.O. to be commissioned in the Medical Corps of the Armed Services, in this case the Air Force. Andrew Lovy, D.O., of West Allis, Wisconsin, on June 15th, became the first D.O. to be commissioned in the Medical Corps of the Army.

All three services prefer D.O.'s as they do M.D.'s, soon after they finish internship. The Navy commissions them in the Reserve in the permanent rank of Lt. Junior Grade, but when they go on active duty they are promoted to Lieutenant. The Army commissions them in the permanent rank of First Lieutenant in the Reserve, with promotion to the rank of Captain upon entering active duty. The Air Force commissions them in the permanent rank of First Lieutenant in the Reserves, with promotion to Captain upon entering active duty. If the officer is separated after 2 years service, he will retain the rank under which he served.

MEDICAID. The Medicare portion of the Social Security Act, as revised, is Title XVIII. The Medicaid or expanded Kerr-Mills program, is Title XIX. It is now being predicted that Title XIX, which offers medical care to the medically indigent in some categories of all ages on a matching Federal-State basis, can eclipse even the Medicare Plan. The expanded program went into effect January 1, 1966. Until January 1, 1976, it is optional with the States which services they furnish. After that date physician's services must be included, and Supplement D of "Handbook of Public Assistance under Title XIX" defines the term under Item D5141.5 as follows: "The term 'physicians' services' is defined as those services provided, within the scope of practice of his profession as defined by State law, by or under the personal su-

pervision of an individual licensed under State law to practice medicine or osteopathy."

In connection with Quality of Medical Care, the Handbook provides under Item D-5144 as follows: "The State, in setting standards for specialists, should require that specialists, in order to participate in the program, be certified by the appropriate medical or osteopathic specialty board; or be qualified for admission to the examinations of the appropriate board; or hold an active staff appointment in a hospital approved for training in the appropriate specialty with privileges in the specialty."

The Medical Library Construction Grant Program

1. What is a Medical Library Construction Grant? A Medical Library Construction Grant is an award made by the Public Health Service to support the construction of new facilities and the renovation, expansion, or rehabilitation of existing facilities for medical libraries.

2. Who may apply for such a grant? Any public or private non-profit institution (excepting Federal agencies) is eligible to apply for a grant from this program.

3. How may an application for a grant be submitted? Prior to the submission of a formal application, a letter of intent notifying the Public Health Service that the institution plans to construct, renovate, expand, or rehabilitate facilities for a medical library and desires to submit an application for support of this project should be sent to: Associate Director for Extramural Programs, National Library of Medicine, 8600 Rockville Pike, Bethesda, Maryland, 20014. This letter should include information of the following subjects: (a) Proposed type of facility; (b) Anticipated cost; (c) Availability of, or

plans to raise, matching funds; (d) Proposed submission date for formal application; (e) Proposed starting and completion dates; (f) Availability of site; (g) Status of architectural plans; (h) Health-related programs to be served by the facility; (i) Policies for providing service to those having legitimate need within the area; (j) Involvement of other PHS programs or other agencies in the proposed construction. The Application for Joint Construction Grant

Dr. Paul Graham Drowns In Accident At His Home

Dr. Paul D. Graham of Fort Worth drowned Sunday, July 24, in the swimming pool at his home.

Dr. Graham was a 1952 graduate of Kansas City College of Osteopathy and Surgery. After completing his internship at Fort Worth Osteopathic Hospital, he practiced in Shawnee, Okla., for a short time before setting up offices in Fort Worth where he practiced until his death.

Dr. Graham, a World War II veteran, was a member of Psi Sigma Alpha, Phi Sigma Gamma, Davis Memorial Methodist Church and the Lions Club.

Survivors include his wife; a daughter, Cheryl Ann; a son, Robert John; his mother; three brothers; and an uncle.

A contribution has been made by TAOP&S to the Revolving Fund of KCCOS to establish a living memorial to Dr. Graham.

(PHS Form 4687-1), including complete instructions and explanations, may be obtained from the same address.

4. What is the percent of PHS participation in library construction? The Public Health Service may cover up to 75% of the eligible costs.

HIGHLIGHTS

(Continued from Page 17)

program of all hospitals in view of the newly adopted standards set forth.

101 hospitals had been inspected up to the time of this meeting and of these 23 were denied accreditation for the year ending June 30, 1967. 22 of these were accredited hospitals and one was an approved for training hospital. This action of the Committee was ratified by the Board of Trustees.

It was noted that 118 hospitals remain to be inspected by the Committee on Hospitals before the end of the current year. The administrator of each hospital so inspected has received or will receive a detailed documentation of the findings submitted by the team of inspectors who evaluated that hospital. This detailed inspection report could be vitally beneficial to those hospitals who have been denied accreditation in helping them to upgrade quality of patient care and of hospital operation so they may merit accreditation next year or the year following.

Listed Hospitals: The Board of Trustees removed this classification of hospitals.

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NEWS OF THE DISTRICTS

District No. Two



D. D. BEYER, D.O.

We wish Dr. Russell Jenkins, Chief of Staff at Fort Worth Osteopathic Hospital, a speedy recovery from his illness. We all miss him very much.

The Fort Worth Osteopathic Hospital has added ten new doctors to its staff from July 1, 1965 to July 2, 1966. Dr. William R. Graves is starting his residency in Internal Medicine September 1 at FWOH and Dr. Richard Leech is serving a residency in Anesthesiology. The hospital has three anesthesiologists and another pediatrician joined the staff last month. A new wing is being planned for the hospital at this time.

Dr. Daniel and Mrs. Beyer and daughter, Beth, attended the National Convention of the American College of Osteopathic General Practitioners at the Western Hills Lodge in Sequoyah Park near Wagner, Oklahoma, July 2, 3, and 4. After the General Practitioner's convention they spent a week at Bull Shoales Lake in the Arkansas mountains with four doctors and their wives from Oklahoma City. The trout fishing was good. If you decide to vacation in this area, you will have to bring your own equipment since this is a dry county.

Congratulations to our National President of the American College of General Practitioners, Dr. A. Roland Young, and our two AOA Trustees, Drs. John Burnett and George Luibel, and our six

other AOA Delegates from Texas, for a job well done in reference to the Osteopathic General Practitioners cause throughout the United States. Many of them felt that the Texas Resolution, passed at the Texas House of Delegates and sent to the AOA Headquarters, helped in this cause. Your District Reporter hopes that further progress will be made at the forthcoming AOA National Convention in New Orleans this November.

A number of Texas doctors and their families have just returned from an enjoyable European Trip conducted by the well-known Mr. and Mrs. Porter Randall.

The occasion was the 10th Annual Convention and Post Graduate Seminar of the Memorial Cardiovascular Foundation. Informative scientific programs were held for the doctors as guests of the International Cardiovascular Congress at Amsterdam, The Netherlands. Lectures were held July 27, 28 and 29 as the highlight of this segment of the tour.

An exchange program was held in collaboration with the University of Rome on July 6, 7 and 8 and a similar exchange program with the University of Madrid was held July 12, 13, and 14.

Ninety-eight persons took advantage of this unusual tour. Those from District II were: Dr. and Mrs. W. W. Bailes and daughters, Earlene and Kathleen; Dr. and Mrs. W. F. Baker and sons, Mark and Bruce; Dr. and Mrs. Robert B. Beyer; Dr. Charles H. Bragg and son Carl; Dr. and Mrs. Joseph W. Burke; Drs. Noel and Virginia Ellis; Dr. and Mrs. George F. Pease; Dr. and Mrs. Robert N. Rawls, Jr., and daughter Shannon; Dr. and Mrs. Francis S. Wheeler; Mrs. H. J. Rannelle and children, Brian, Berry, Bob, Bill and his

wife Linda, Betty and her husband Dr. Floyd Hardiman. Also on the tour from other districts in Texas were: Dr. and Mrs. Leo D. Bricker and son Leo Dale, Jr., of Houston; Dr. and Mrs. Billie B. Jagers of Midland.

We have received word that the Head of Elm Medical Center Hospital has become a member of the Texas Social Welfare Association.

D. D. BEYER, D.O., *Reporter*

District No. Five

Congratulations to Dr. John A. Walton on being elected Secretary-Treasurer of the Texas Society of General Practitioners.

We are all proud of Dr. John Burnett for his election to a three-year term on the Board of Trustees of the A.O.A.



SAMUEL SPARKS, D.O.

We are happy to report that Dr. Samuel F. Sparks has had a rapid recovery from major surgery and has already returned to active surgical practice at East Town Osteopathic Hospital.

RAYMOND N. DOTT, D.O., *Reporter*

Texas 65 Closes With 55,879 Paid Claims

The Texas 65 Health Insurance Association paid claims in excess of \$10.1 million during the 31 months it was in operation before being replaced by Medicare on July 1, according to H. Lewis Rietz, president of the Association.

Since Texas 65 began operations on November 1, 1963, following authorization by the Texas Legislature, it has paid claims to 55,879 senior citizens of the State, Rietz stated.

"This assistance, which was a public service contribution to Texas by the insurance industry, undoubtedly helped many families avoid financial disaster due to accident or illness," Rietz said.

"Though Texas 65 ceased its health insurance coverages with the coming of Medicare, we will continue in business until all claims incurred prior to July 1 have been settled, as provided in the Texas 65 policy," he continued.

Rietz said Texas 65 received an average of 81 new claims per day, of which the Association had no prior notice, during the first two weeks of July.

The 64 member companies of the Texas 65 Health Insurance Association waived the June, or final month's premium, giving the enrollees of the program

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Fifth Annual Convention

Texas Association of Osteopathic Physicians Assistants

The 'hands' of the physician were extended to San Antonio at their fifth annual convention June 25-26, 1966. Since the physician wrote his first 'Rx', he realized that assistants were important and necessary to convey his thoughts to the patient. To continue this philosophy of communications, direction, and shall we say, *pure* work; the ladies were busy with an impressive itinerary and program. Little time was had for play with a 'tight' program of learning and installing officers.

Officers installed were:

President—Oletta Warren, Houston

Vice President—Betty Hart, Houston

President Elect—Odell Martin, Houston

Secretary—Betty Latimer, Groves

Treasurer—Marilyn Mobley, Groves

Committee Chairmen:

Membership—Odell Martin, Houston

Constitution & By-Laws—Betty Latimer, Groves

Convention & Program—Mary Wahoff, Fort Worth, Kay Vance, Fort Worth

State Organization—Katy Holstead, Groves

State Reporter & Publicity—Betty Woodall, Port Arthur

Educational—Melva Payne, Houston
Ways & Means—Jean Graham, Houston

Nomination—Mary Wahoff, Fort Worth

Scholarship—Kay Vance, Fort Worth

Scrapbook—Elva Childress, San Antonio

Parliamentarian—Ouida Follett, Houston

Credentials—Marilyn Mobley, Groves

The consensus was the convention gave ideas, material, and leaders which promotes a 'better office' *Nowhere* would one find a more closely knit group or a more satisfying profession. A big turnout was manifested and was tantamount to *success*. This was *not* the *close* of a year, but the *beginning* of a *new* year.

MELVA PAYNE, *Educational Chairman*

Texas Association of Osteopathic Physicians Assistants

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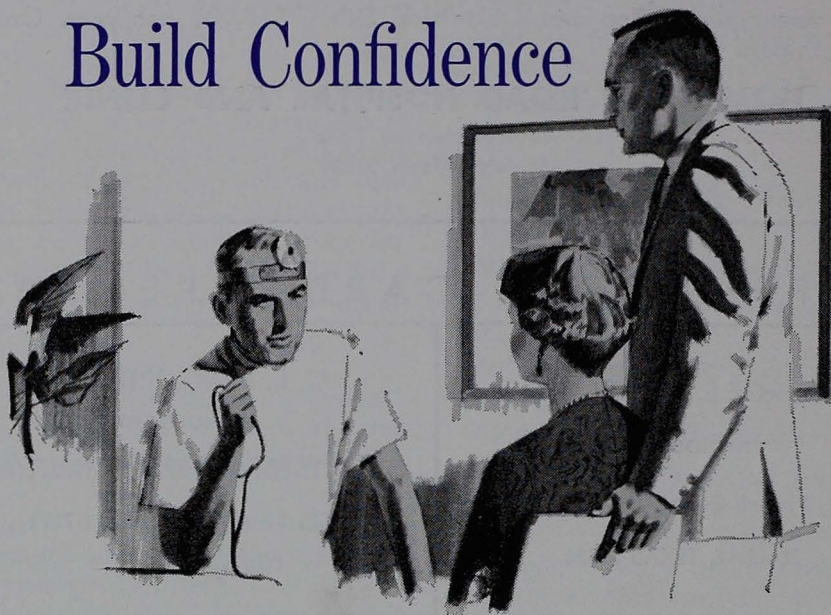
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A Time to Build Confidence



As hospital charges rise in response to the relentless upward push of the hospital's costs, the cost of hospital-medical insurance must either go up also, or the dollar paid in will simply buy less hospital care.

This is a time when doctor and hospital staff can do patients a very great service, by helping them keep a sharp eye on the one basic question: What does the carrier return for the dollar paid in?

This year, Blue Cross will return to members, in hospital-medical services, *more than 95 cents* out of every dollar

paid in! Businessmen know this is fantastic efficiency; few other carriers come even close, and some deliver little more than half (according to Argus, the statistical authority of the insurance business).

As your patient understands this, he will have even greater confidence in Blue Cross-Blue Shield; and in the entire hospital-medical industry with which Blue Cross-Blue Shield works in such close partnership. The time of stress is the time for confidence-building.

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