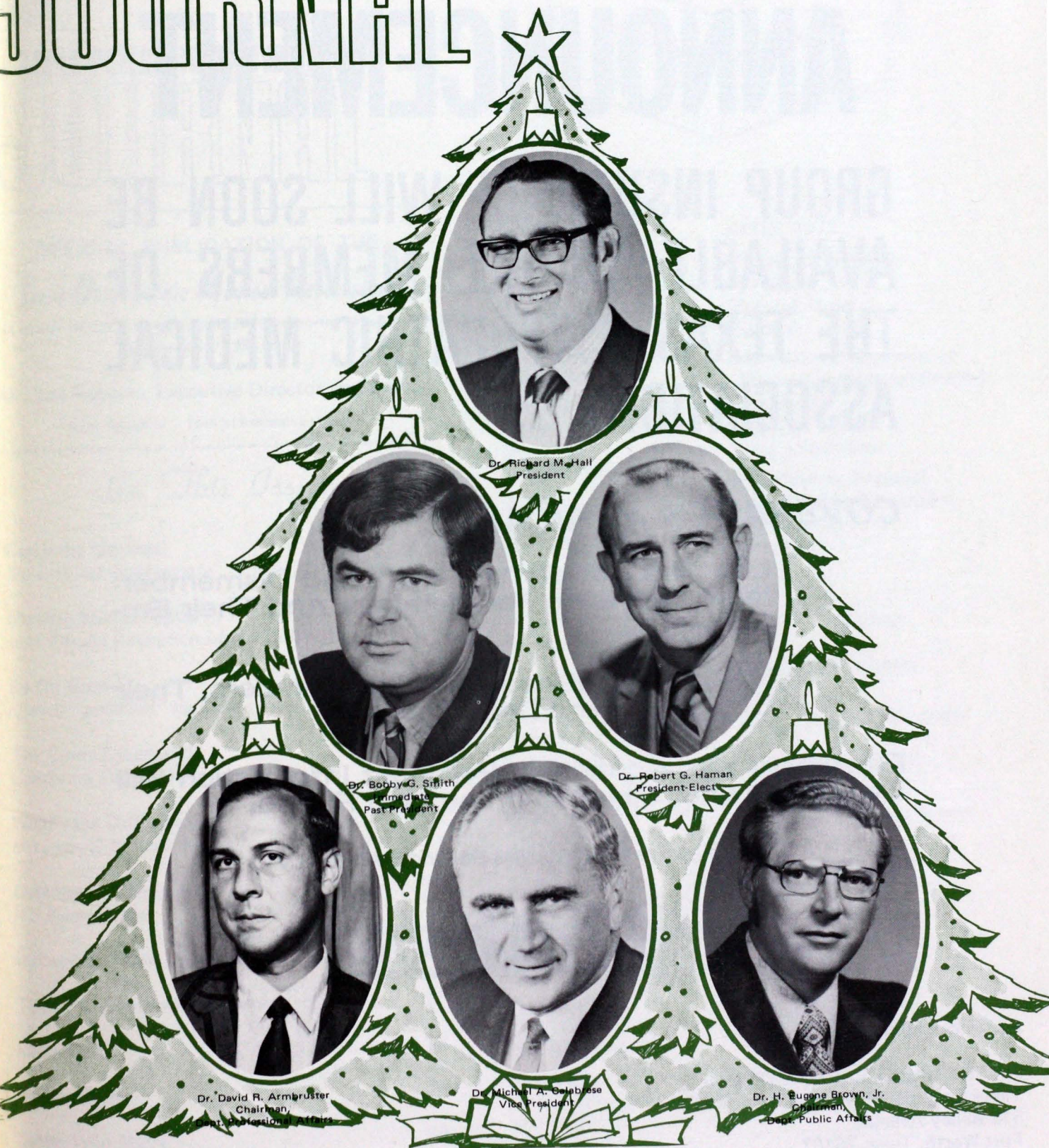


TEXAS OSTEOPATHIC PHYSICIANS JOURNAL



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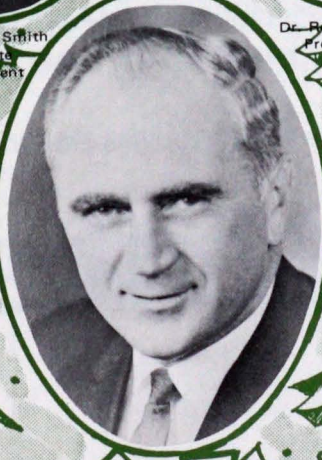
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The Above Benefits Will Be Underwritten by



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TEXAS OSTEOPATHIC PHYSICIANS JOURNAL

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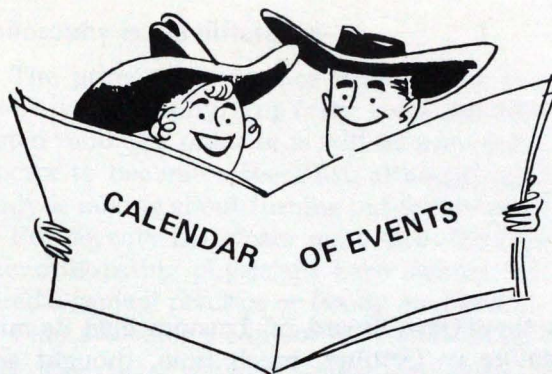
Mr. Tex Roberts, Executive Director and Editor

Copy Deadline — 15th of Preceding Month

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DECEMBER 1971

Presidential Visit
District VII
Dec. 5, 10:00 a.m.
Oakhills Country Club
Mosaic Room
San Antonio
Texas State Board of
Medical Examiners
Dec. 6-8
Sheraton Crest Inn
Austin

JANUARY 1972

Six-State Rural Health
Conference
Jan. 22, 23
Hot Springs, Arkansas

FEBRUARY 1972

District VI Meeting
February 7
Look's Sirloin Inn
Houston
Public Health Seminar
February 5, 6
Statler Hilton Hotel
Dallas

Texas Society of
Osteopathic Surgeons
Feb. 25-27
Sheraton Marina Inn
Corpus Christi

MARCH 1972

Texas State Teachers
Association Convention
March 16-18
San Antonio

APRIL 1972

District VI Meeting
April 3
Warwick Hotel
Houston
International Academy of
Preventive Medicine Seminar
April 7-9
Fairmont Hotel
Tulsa, Oklahoma
First Eastern Regional
Osteopathic Convention
April 27-30
New York

MAY 1972

District VI Meeting
May 1
Bismarck Restaurant
Houston
TOMA House of Delegates
May 10
Sheraton-Fort Worth
Fort Worth
TOMA Annual Convention
May 11-13
Sheraton-Fort Worth
Fort Worth

JUNE 1972

TAOMA Convention
June 9-11
Corpus Christi

When the TOMA Board of Trustees held its mid-year meeting in October, much time, thought and discussion were devoted to the attempts by the TMA and the AMA to obliterate the osteopathic profession.

The decision was made at that meeting that this Association must mount a full-scale campaign to counteract the drive of the major medical profession—that the osteopathic profession was fighting for its very existence and that the gravity of this situation should be brought home to the members so that each, in his own way, could do his part to maintain his standing as a member of a great profession and could continue to add the letters “D.O.” to his signature—with pride in the knowledge that he has earned that degree and that no finer degree can be—or is—conferred by any school anywhere.

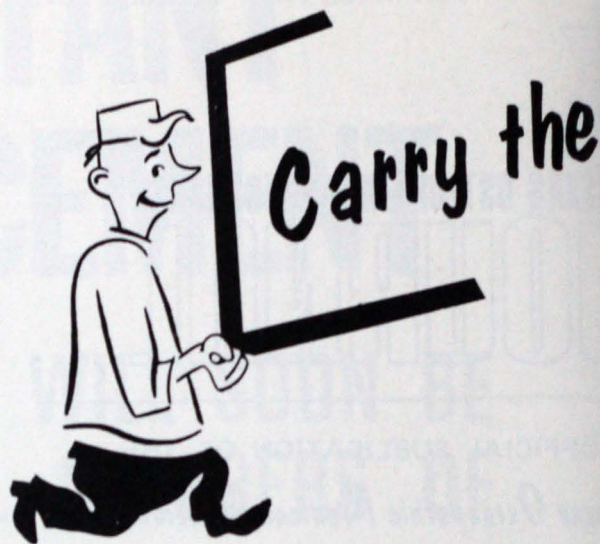
Official Policy

The official policy of the TOMA and the AOA is cooperation with allopathic physicians wherever possible, but that each member will maintain the degree of D.O. and practice under his earned degree.

Because (particularly in smaller communities) M.D.s and D.O.s do work side by side in a friendly and cooperative manner, the position taken by the TOMA was misunderstood by many M.D.s (and some D.O.s) because they were not aware of the determination of the TMA and the AMA to kill off the osteopathic profession.

After this campaign was mounted by the TOMA, one member of the Board called the State Office and reported that some M.D.s in his community were taking the attitude of the TOMA as a personal affront and that he, having attended the Board meeting and being in full agreement with the plan outlined by that body, needed documents to place before his M.D. colleagues to convince them of their parent body's intentions and to demonstrate to them why the osteopathic profession must fight for its right to remain a separate and distinct entity.

After this telephone conversation between the Trustee and the Executive Director, the following letter was written and dispatched to the Trustee, along with numerous documents (some of which are reprinted elsewhere in this issue) that he could use to back up his Association's stand:



Dear Doctor:

Attached is documented evidence of the true purpose of the AMA and TMA to kill off the osteopathic profession and deny patients in Texas free choice of physicians. As in California and as pointed out throughout their plans, the key to accomplishing the destruction of the D.O. is the issuance of phony M.D. degrees.

The only professional association in America proposing to issue an unearned degree is the American Medical Association (AMA) and the Texas Medical Association (TMA).

How to “Disagree Agreeably”

In a recent survey we found strenuous objection among other professions to the idea of accepting a degree other than the one they earned at the professional school where they studied. Can you, for instance, find a lawyer with a degree from the University of Texas who would accept a substitute law degree from Purdue or Texas A & M?

In the material I have attached is a report received today on a change of heart on the part of the state senator in California who supported Proposition No. 22 that resulted in denying the examining board the right to license D.O.s.

The amalgamation of the M.D. and D.O. into one trade union or one trade association does not contribute one iota to the increase of health care to the public.



It is a matter of court record that tightly held reins by one or the other (M.D. or D.O.) in a hospital or a county can result in serious deterioration in the quality of health care to the people. It is only human that if the two professions are looking over each other's shoulders, they perform better.

Cooperation: YES

The American Osteopathic Association and the Texas Osteopathic Medical Association have for many decades cooperated with the allopathic profession in every manner possible to improve the quality of medical services rendered the patient, and M.D.s and D.O.s work side by side in harmony in ever-increasing numbers in hospitals where the main emphasis is not on forcing the D.O. to join the county medical society or to renounce his degree in some other manner.

The recording of the proceedings on the AMA House of Delegates floor in Miami in 1968, which is included in this package, makes clear that there are many M.D.s who will not accept the D.O. until he changes the letters behind his name by one device or another—ethically, honestly or otherwise. [Quotes from this recording were printed in the November issue of this JOURNAL]

About 300 D.O. specialists who accepted the \$65 M.D. degree in California in 1962 recently appealed to the osteopathic profession nationally for help because their special training was not recognized by the major school of medicine, they had not been accepted as specialists and were being forced to get along as best they could.

All of the high sounding phraseology from the AMA and TMA about improving the competence of the D.O. (while at the same time saying his training is equal to or better than that of the M.D.) has only one purpose and that is to eliminate a competing minority.

Philosophy is the difference

The principal difference between the two professions is philosophy. For forty years the AMA has insisted—and the pressure is still intense—for a student doctor to become a specialist, although recently that body is talking about turning out family physicians.

For seventy-five years more than three-fourths of the osteopathic physicians have trained for and entered a general practice or family medicine.

I am attaching a copy of the Kansas State Osteopathic Newsletter showing similar restrictions and reactionary attitudes on the part of M.D.s in Kansas where, by and large, the two professions have been working together in the interest of the patients for some time, but the old prejudices on the part of some still surface.

The thing that the friends of the osteopathic profession and the hierarchy of the TMA tend to forget sometimes is that the AOA and TOMA officially, and in practice, respect the M.D. and, certainly without question, wish to cooperate, consult and in every way contribute to the delivery of better health care to the public.

It is unfortunate and distressing that we cannot get on with the business of helping staff all of the hospitals around Texas with every available qualified and licensed M.D. and D.O. and increasing the level of health care, rather than being continually hung up and harassed by the AMA and TMA campaign to obliterate all medical degrees except that of M.D. and to gain organizational monopoly over the minds and affairs of *all* licensed physicians.

Amalgamation: NO

The AOA and TOMA have voted officially—repeatedly—to decline amalgamation with the AMA and TMA. It is officially a rule and Texas law that D.O.s practice as D.O.s and that they be identified as D.O.s. The AOA and TOMA forbid their joining the county medical society (M.D.). They are encouraged to practice on joint staffs in hospitals if there is no discrimination against the D.O.

In the case of many smaller communities, the only hospital in the area is in danger of being closed where M.D.s and D.O.s are not both permitted on joint professional staffs.

To state our case simply in another manner—monopoly, in any form, is not in the best interest of the public. Cooperation in every phase of health care is the goal sought by this Association.

Cordially,

Tex Roberts

Tex Roberts
Executive Director



No Man Stands Alone

It is with considerable trepidation that an editor approaches the task of encapsulating the work of another editor, especially when the editorial subject to the blue pencil is well-written and all paragraphs completely pertinent.

Such is the case herewith presented. Mr. Lloyd Hall, Executive Secretary of the Kansas State Osteopathic Association and editor of its NEWSLETTER, wrote an editorial therein on October 25 concerning the exclusion of D.O.s from hospital staffs in that state.

What prompted his editorial was the *Kansas City Star's* report on a meeting of the Johnson County Medical Society headlined, "Medical Society Defeats Osteopath Membership." (D.O.s were seeking hospital staff membership—not membership in the county medical society.)

Mr. Hall comments on this matter in his editorial when he writes of an application for admission to a hospital staff by a D.O. which was rejected. He cites figures on how much tax money has been allotted to this particular hospital.

Mr. Hall's editorial is titled, "No Man Stands Alone", and in his opening paragraph he says, "*In the osteopathic profession, it becomes abundantly clear from time to time that the practice privileges of any one man are dependent on the strength and united efforts of all physicians and surgeons, D.O.*"

In commenting on the exclusion of D.O.s from staff membership in some hospitals, Mr. Hall says, "*It is true that there are now 55 hospitals which are jointly staffed with doctors of medicine and doctors of osteopathy, and that in all of these cases, it is believed, it is working out to the satisfaction of most or all of the members of the medical staffs, and for the good of the entire community. To those forward-looking communities, hospital administrators, and physicians and surgeons, M.D., the profession is grateful for their cooperation.*"

"*But, to any person who would say that an 'osteopath' shall be on the hospital staff over that person's dead body, or who would practice exclusionary practices contrary to the licensure laws of this state, or who would combine in any conspiracy to prevent*

qualified physicians and surgeons, D.O., from membership on medical staffs of hospitals licensed in this state, we affirm our intent to continue to take constructive actions to make certain that all people of the State of Kansas have the right to use hospital facilities in this state with their personal physicians in attendance on the case, and in doing so, to have the cooperation of the administrators of the hospital, the nurses, and everyone else connected with that hospital.

"Medical care is not the exclusive right of a few.

"Hospital care should be available to all citizens. . .

"Hill-Burton funds should never be allocated to any hospital which has any policy excluding qualified physicians and surgeons, D.O., from their staffs.

"No man stands alone."

On October 4 Mr. Hall wrote a letter to the editor of the *Kansas City Star* in rebuttal of its story mentioned above. However, as of October 21, his letter had not been printed in that newspaper, nor had he received any acknowledgement of its having been received.

In his letter, he tells the editor that the article as printed was misleading and incomplete "*and requires that additional facts be made known to your readers so that they may know more about what is happening in Johnson County, Kansas.*"

"The American Medical Association is encouraging its county societies and state societies to bring physicians and surgeons, D.O., into their societies. It is further encouraging hospitals under their control to bring in recent graduates of osteopathic colleges of medicine into their intern and residency training programs.

AMA purpose is to weaken

"Lest anyone be misled, the American Medical Association is not doing this out of any great concern for the public health and welfare, but for the avowed purpose of weakening the osteopathic school of medicine, and to assist them in their efforts to destroy the American Osteopathic Association and to merge existing colleges of osteopathic medicine into schools

granting the degree M.D. under their jurisdiction."

Mr. Hall gives the editor a short education on laws governing the practice and licensure of physicians in Kansas, as well as those governing rules for accreditation of hospitals. He says, "Persons knowledgeable in medical education and hospital affairs, including those who attempt to deny physicians and surgeons, D.O., and their patients the right to use public hospital facilities in the State of Kansas, should also be aware of the fact that the Joint Commission on Accreditation of Hospitals amended its policies on August 26, 1959 (some 12 years ago), eliminating the requirement that their Joint Commission accredited hospitals be exclusively staffed by doctors of medicine, and fully recognized that accredited hospitals nationwide could be comprised of staffs including physicians and surgeons M.D. and D.O."

"This profession has withstood the slander of members of the American Medical Association, when they attempted to call D.O.s 'cultists' and even worse, throughout this entire century up to 1959. The profession has withstood the attempts to prevent recognition of physicians and surgeons, D.O., in every state and at the Federal level, until today they are fully licensed and recognized in all states and the District of Columbia, excepting only the 'enlightened' states of Mississippi and Louisiana."

"In twenty-six states Composite Boards, consisting of both M.D.s and D.O.s, examine and license applicants, M.D. or D.O. In an additional eight states, only M.D.s sit on the licensing boards conferring licenses to practice medicine and surgery on physicians and surgeons, D.O. And, in fourteen states, the state legislative bodies have established separate boards consisting only of physicians and surgeons, D.O., to examine and license osteopathic physicians for the unlimited practice of medicine and surgery.

More osteopathic students pass exams

".the JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION in its Medical Licensure Statistics for 1970 shows that only six out of 401 physicians and surgeons, D.O., failed medical board examinations—or 1.5%—compared with a failure rate of 9.3% (or six times as great) for graduates of approved medical schools in the United States!"

"The osteopathic profession does not now, and never has, sought recognition or acceptance into medical societies affiliated with the American Medical Association. Any individual D.O. is free to seek admission or not, as he sees fit. Such, however, is not the desire of the members of the osteopathic profession in the State of Kansas, or in the nation, and any efforts of

local medical societies to amend their bylaws to bring in D.O.s is their part in the total effort of the American Medical Association to eliminate the osteopathic profession, and is totally unrelated in any way to good-faith efforts to expand total medical care to all people of this nation.

"The subject is complex, of course, but in order that the position of the physician and surgeon, D.O. in Johnson County, Kansas, and throughout the state be well understood, the nature of hospitals should be considered.

"Private" Hospitals?

"It is our belief and holding that there are few, if any, 'private' hospitals in this state. Any statements by doctors of medicine that this is their 'private' hospital, and that physicians and surgeons, D.O., fully licensed to practice in Kansas are not welcome in their 'private' hospital, is totally unacceptable, not only to us, but to the people of this state, to the legislators and responsible public officials.

"Hospitals are public institutions for a variety of reasons, and the following factors pertain thereto:

1. Hospitals which receive Hill-Burton or any other public tax-funds for the construction or operation of facilities are no longer 'private' institutions which may include only the favored profession on their medical staffs.
2. Hospitals which are exempt from real property taxes are not 'private' hospitals;
3. Hospitals which are exempt from personal property taxes are not 'private' hospitals;
4. Hospitals which are exempt from payment of retail sales taxes or compensating use taxes are not 'private' hospitals;
5. Hospitals which are classified as tax-exempt organizations under 501 (c) (3) of the Internal Revenue Code are not 'private' hospitals;
6. Hospitals which participate in Federal programs designed for the benefit of all the people, including those under the Medicare program, are no longer 'private' hospitals and free to maintain their archaic and discriminatory policies against physicians and surgeons, D.O. and their patients.

"The public should further know that many hospitals—and possibly including this one in Johnson County, had for years (and some still retain) provisions requiring staff members to be members of the American Medical Association and its constituent societies. It is hard to imagine any provision more unconstitutional, but such is the way it was operated.

[concluded on following page]

No Man Stands Alone

[continued from preceding page]

D.O.s don't want to join M.D. societies

"The Kansas State Osteopathic Association, representing over 90% of the practicing physicians and surgeons, D.O. in Kansas, does not request in any way that the Johnson County Medical Society amend its bylaws to include physicians and surgeons, D.O. On the contrary, it is our sincere belief that any such amendments are intended for the purpose of extending their monopolistic control over the practice of medicine and surgery, and to assist in the attempt to destroy the profession and its colleges.

"We also oppose any efforts on the part of individual doctors of medicine, hospital staffs, medical societies, or others to attempt to require, directly or indirectly, that a physician and surgeon, D.O. join any medical society or affiliate of the American Medical Association as a condition to consideration of his application for staff membership on any hospital medical staff in the State of Kansas.

"Again, we hold that any such efforts are illegal, contrary to public policy, and evidentiary to their continued efforts to destroy the osteopathic school of medicine and to cause its colleges of osteopathic medicine to fold or merge with them. . . .

"I will be happy to provide a multitude of additional facts and figures pertaining to educational qualifications, residency training programs, etc. at any time so that a more comprehensive knowledge of background facts relating to the school of medicine known as the osteopathic school of medicine may be more fully related to your readers.

"I trust that the above will serve to make clear the position of the Kansas State Osteopathic Association."

Very truly yours,

Lloyd L. Hall

Executive Secretary

Kansas State Osteopathic Association

BE ON GUARD!

Fighting for its distinction, separateness and life is nothing new to the osteopathic profession, It has had to fight every step of the way for nearly 100 years to receive the recognition and status due it.

Because the general public did come to recognize the osteopathic physician as a competent, well-trained doctor, the AMA's only recourse was to—at least outwardly—also recognize the D.O.'s talents, and to absorb (or smother) him, since the public would no longer swallow the AMA-dispensed poison.

In December of 1968 the AMA House of Delegates passed a resolution instructing the Council on Constitution and Bylaws of the AMA to prepare appropriate bylaw amendments so that qualified Doctors of Osteopathy might be admitted to full active membership in that association.

That action caused the then president of TOMA, Dr. Robert H. Nobles, to issue the following press release:

"The action of the American Medical Association comes as no surprise because it has been their official policy for years to obliterate the Osteopathic profession and to gain monopoly control of the health professions and the nation's hospitals," declared Dr. Robert H. Nobles, President of the Texas Association of Osteopathic Physicians and Surgeons.

"What medical society a doctor belongs to or

whether he has the M.D. or D.O. degree has nothing to do with his competence.

"M.D.s and D.O.s should cooperate professionally to the fullest extent as we do in Texas but I object strenuously to any attempt to absorb or obliterate the Osteopathic physician.

"There needs to be some competition in the health industry," Dr. Nobles stated.

"The AMA plan to take selected D.O. students into internships and residencies is out-right piracy. Neither Medical Schools nor Osteopathic medical schools are able to turn out enough graduates to supply the public demand and needs.

"My question is: Why the AMA preoccupation with taking over control of our D.O. students, interns and practicing physicians?

"That preoccupation is 'political' medicine and has nothing to do with the problems facing the health industry in this nation nor does it have anything to do with supplying more doctors," Dr. Nobles concluded.

The State Office archives include many, many similar actions and reactions of its members over the past 40 years or more. Many such press releases never were printed, but members of news media staffs are becoming more knowledgeable concerning the profession and are finally recognizing that D.O.s are physicians in the finest sense of the word.

The Court Commands

“THE PEOPLE OF THE STATE OF CALIFORNIA, to the BOARD OF OSTEO-PATHIC EXAMINERS, State of California, and to its agents and employees one and all:

“WHEREAS Petitioners have filed Petition for Alternative and Preemptory Writs of Mandate, and

“WHEREAS, Alternative Writ of Mandate issued from this Court on March 15, 1968, to Respondent Board of Osteopathic Examiners, and was duly served, and

“WHEREAS hearings have been held in the presence of all parties hereto, and

“WHEREAS this Court has determined upon such hearings that Preemptory Writ of Mandate should issue and that Petitioners and their class have no other plain, speedy and adequate remedy in the ordinary course of law,

“NOW THEREFORE YOU AND EACH OF YOU ARE COMMANDED, upon receipt of this Writ, to vacate your action denying Petitioners and all other graduates of Osteopathic Medical Schools the privileges to apply for general and reciprocity licensure, to have applications processed, to be examined, and to be licensed if found qualified; and

“YOU ARE FURTHER COMMANDED to supply application forms to Petitioners and to any other graduate of any osteopathic medical school who shall state his wish to apply for licensure, to process said applications, and, upon a showing of statutory qualifications, to admit Petitioners and other graduates of osteopathic schools to appraisal or examination or both, and, upon their passing such appraisal or examination or both, to issue certificates to Petitioners and to said other graduates as Physicians and Surgeons; all in accordance with the provisions of the Medical Practice Act, the Osteopathic Act, and the within judgment,

“Witness the Honorable Frank G. Finnegan, Judge of the Superior Court.”

(signed by Judge Frank G. Finnegan on November 1, 1971:)



Here's to your good health.

Alcoholism. It starts out very innocently. But ends up dirty. Disgusting. And totally degrading. And it *can* happen to you.

Alcoholism is a disease. It strikes women as well as men. But, thank God, it can be arrested. It takes a lot of self-discipline. And help. Help from friends. Help from family. And help from outside sources. Like Alcoholics Anonymous and Blue Cross and Blue Shield.

We know alcohol can completely destroy a man. And his family. And we're concerned about it. So we've prepared a booklet *free* for the asking called *The Alcoholic American*. It lays it on the line about drinking. And alcoholism. And all the problems connected with it.

The next time you toast to someone's good health, think about the 10,000,000 alcoholics in America. The 26,000 people killed yearly on the highway from drinking. And all the broken people. And homes. And think for some people, good health is a sober night in the drunk tank.

For our free booklet *The Alcoholic American* write:
Blue Cross and Blue Shield, 2201 Main Street, Dallas, Texas 75201.



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People helping people.

What's the Difference?

by T. T. McGrath, D.O., F.A.C.O.S.

What is Osteopathy? What do you mean by Osteopathic Medicine? What is the difference in training or education in that of an allopathic physician (M.D.) and that of an osteopathic physician (D.O.)? These questions are asked every day by millions of people in this country. What sort of answers are given? Of course we don't know and to make a survey would be both difficult and costly.

If a poll or survey could be made to include D.O.s, their wives or husbands, their children and their office staffs, personnel of osteopathic hospitals; what type of answers would we get?

If another survey encompassing the legal profession, the professional educators—in both public schools and colleges—was taken, what would this survey reveal?

My purpose in asking these questions is to stimulate your thinking about the very important factor of public relations. If you think such surveys would show that the osteopathic concept is well understood, then I suggest that you make such an inquiry to your own office staff. Also make such an inquiry to your family. If your survey is not favorable, then we can assume that you, a member of the profession, are at fault.

The question is, what can you do about it? I don't have the perfect answer; however, I do know that the AOA has an excellent program, including considerable data available in their public relations department. Most of it is free of charge and a number of the documents are only a few cents. If you would spend a little time in review of some of this literature, you could establish an excellent public relations department in your office, as well as in your own family. It is obvious that a well-informed office staff can help you in your public relations by giving proper information relative to these questions. We all acknowledge the fact that most of the conversation which takes place in the office is in the contact between the office personnel and our patients.

Prior to writing this article I reviewed a number of brochures which I obtained from the AOA Department of Public Relations and in the following paragraphs I will include some direct quotes from some of these publications and also make a few personal comments relative to the subject.

The following remarks are taken from a book entitled *Osteopathic Medicine: An American Reformation*.

"The first formal classes for the teaching of osteopathic medicine met in Kirksville in November 1892, under a charter taken out in May of that year. A second charter was issued October 30, 1894, to the American School of Osteopathy. As stated in the corporation papers filed at Jefferson City, capital of Missouri, the objective of the school was 'to establish a college of osteopathy, the design of which is to improve our present system of surgery, obstetrics and treatment of diseases generally, and place the same on a more rational and scientific basis, and to impart information to the medical profession, and to grant and confer such honors and degrees as are usually granted and conferred by reputable medical colleges, to issue diplomas in testimony of the same to all students graduating from said school under the seal of the corporation, with the signature of each member of the faculty and of the president of the college'.

"These 'articles of association or agreement' testify that the osteopathic school of medicine from the first was considered to be a school of medicine embracing all of the arts and sciences of medical practice. It was never a 'non-medical' school of medicine. It was a philosophy for all medicine, gauged 'to improve its practice'."

MEDICAL WORLD OF THE TIME

"In order to evaluate the magnitude of the mind of Dr. Still, it is appropriate to remember that the medical world of 1874 was only beginning to emerge from confusion. As told by Leon E. Page, D.O., in his book, *The Principles of Osteopathy*: 'The tubercle bacillus would not be identified for eight years. Lister, then in his prime, was trying to introduce antiseptic surgery against much conservative opposition. The use of diphtheria antitoxin and the x-ray would not be introduced for another twenty years. Pasteur, then fifty-four years of age, had established the germ theory of disease only ten years before. Osler, a young man of twenty-five years, was beginning his work as a professor at McGill University. Another twenty-five years would pass before Harvey Cushing would bring the first blood pressure instrument to the United States. Yet with none of these advantages, Still worked out a system of practical structural therapeutics which subsequent discoveries have progressively confirmed and never invalidated.'

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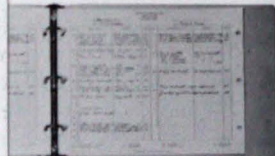
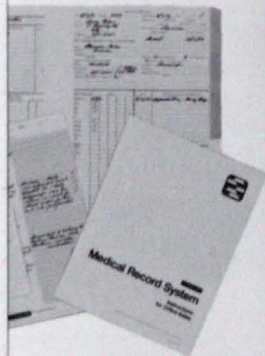
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"Andrew Taylor Still died in Kirksville on November 12, 1917. More than 5,000 osteopathic physicians were then in practice in the United States and abroad. There are now more than 13,000.

"Today Dr. Still would be called a liberal—both in politics and in medicine. It is little wonder that his theories and his personality evoked controversy. He was a complex man, and many of his writings are difficult to understand. They were written in the idiom of his day and contained many allegories. Unfortunately, latter-day historians have used the allegories as fact and have missed their purpose. In these times the liberal views of Dr. Still are still opposed—politically and scientifically. Yet, in a slow but inexorable progression, modern medicine confirms, without apparent recognition, the concepts of Andrew Taylor Still. Dr. Still did not present his philosophy as dogma, nor did he bind a profession rigidly to his views. As he states clearly in the Introduction to his book, *The Philosophy of Osteopathy*, his great desire was 'to give the world a start in the philosophy that may be a guide in the future.' It is this philosophy that is emerging in the development of osteopathic medicine today."

THE PROFESSION TODAY

"Since Dr. Still, there have been many giants in osteopathic medicine. They have contributed much to its refinement and development. Today the osteopathic profession—with its hospitals, its educational institutions, and the farflung activities of the American Osteopathic Association, headquartered in Chicago—serves the public health through the initial inspiration of this intrepid doctor and soldier who emerged from America's frontier."

The following remarks are taken from the book *An Introduction to Osteopathic Medicine*:

"The osteopathic profession was born in the spirit of medical reform and continues to strive for even greater reform. It seeks, through continued study and the application of holistic philosophy, to offer *complete* medical care—medical care that gives full recognition to the role played by the musculoskeletal system in health and disease. It seeks to demonstrate the importance of the musculoskeletal system in the diagnosis of disease and the value of manipulative procedures in the treatment of disease and the maintenance of health. This distinction is of such major importance to the health and welfare of all people that it motivates and maintains a separate profession of steadily growing numbers and influence."

The remarks to follow are taken from the book, *Opportunities in Osteopathic Medicine*, by Lawrence W. Mills.

"Osteopathic physicians recognize maladjusted body structure as a threat to health and the natural capacity of the body to resist disease. All physicians know that a healthy body depends on proper functioning of its great systems—nervous, cardiovascular, respiratory, alimentary and genito-urinary. Osteopathic doctors especially recognize that the musculoskeletal system interacts with all other systems, influencing their functioning and being influenced by them.

"Osteopathic manipulative therapy is the procedure which attempts to correct faulty musculoskeletal disorders, thereby helping to restore normal functioning of the other body systems. Manipulation also improves the blood and nerve supply to designated parts of the body and, in some instances, this therapy makes other types of therapy unnecessary. This is the chief difference between the education of a D.O. and an M.D.—the chief difference between the practice of a D.O. and the practice of an M.D. It is recognized, however, that no physician and surgeon can treat all diseases and ailments by relying solely on one therapy."

On the first page of the booklet, *The Osteopathic Profession*, distributed by the Texas Osteopathic Medical Association, it says, "One of the basic differences between a D.O. and an M.D. is his attitude and approach to a health problem.

"Basically osteopathic physicians are concerned with the proper functioning of the whole human body. The first accepted principle is that the human body is a unit. An illness may be manifested in an organ of the body, but the impact of the effects of illness is felt in varying degrees throughout the body.

"The second principle is that the physician does not cure, but he assists the body to regulate and heal itself. The osteopathic physician is concerned with the whole man."

1. It must be obvious to you that there is enough difference between the osteopathic school of medicine and the allopathic school of medicine to warrant the continuance of separate schools. The historical facts, the philosophy of the osteopathic profession and the fact that we are trained under the guidance of the AOA should be good enough reason to maintain our own identity.

2. I am opposed to the idea of amalgamation with the AMA, but I do endorse a philosophy of peaceful co-existence and close working arrangements toward improving the health care of our nation, and working hand in hand with all organized health groups to help obtain this goal.

[concluded on following page]

Osteopathic Medicine? It's "People Care!"

by Richard E. Eby, D.O.

The opportunity to serve as a guest lecturer on one of our osteopathic campuses is a choice experience indeed. Having just returned from "cramming" a semester course into three weeks, I still feel the elation of rubbing elbows with our future D.O.s. There is really no generation gap despite the external changes of hair styles, garb, and habit patterns. Our "senior" D.O.s in O.P.S.C. could sit down with these young visionaries and find a surprising similarity in views and ideals and dedication.

Like every previous undergraduate group the Class of '73 reflects the misgivings with which responsible students of human nature view the future. Just as we once did, they deplore the failure of this profession to tell its story "like it is" so that the public can identify our purposes in the health field. Like us, they wonder why osteopathic leadership is so hard to find. They wonder why our political fronts are so vulnerable when our concepts are so logical. They are easily swayed by "men in the field" who express little faith in their own selection of a profession. They are searching for men of conviction, men confident in the validity of the holistic approach and in the necessity of a distinctive voice in its behalf! They are eager to see their chosen branch of medicine assert itself in health care leadership and

shed its spectre of me-too-ism.

As for ability we need not worry. I daresay that most of the students on our campuses arrive with much of the data already learned that we struggled to acquire after admission! The explosion of knowledge plus the advances in teaching techniques provide an earlier stockpile of information; only the clinical application remains understandably slow. Students are eager to get on with the business of touching human lives and bodies. Our colleges are gradually providing the curricular changes to make this possible. They need our encouragement.

Are they osteopathically motivated? About the same as we were! Like any art form, it must be exhibited and explained in order to be accepted. Students who see osteopathic principles used become excited and thrilled. Those who have heard it maligned turn a deaf ear and feel short-changed. There is a real hunger on campus for "outsiders" to come and report their experiences with our "distinctive" approach to "people care." Let's all visit at least one campus a year!

[Reprinted from "Osteopathic Horizons" of the Osteopathic Physicians and Surgeons of California.]

What's the Difference?

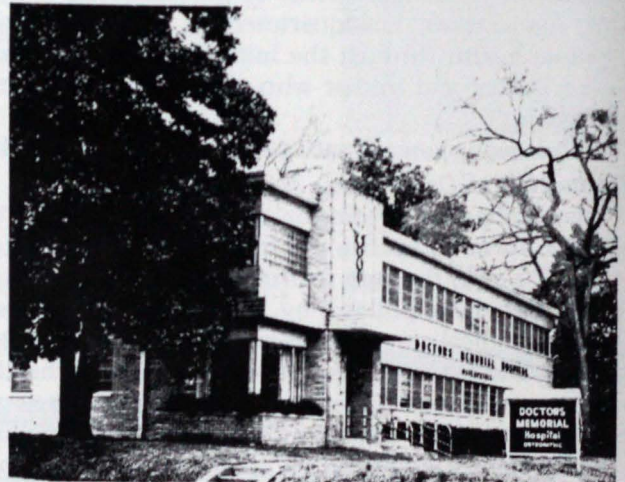
[continued from preceding page]

3. It is also to the advantage of the AMA to remain a separate association and to avoid being accused of holding a monopoly in the field of medicine. Should we be molded into one association, then it would be—and rightly so—a target for the legislators to make accusations as to monopoly in health care. This would mean a greater degree of harassment from the government—far more than we are faced with at this time. (AMA: Please note antitrust implications!)

In conclusion, I urge each of you to take a few minutes of your reading time to review the history and the data relative to the philosophy of our osteopathic school of medicine and let's inform our own staffs and families so that they will be in a position to give a good, true definition of our profession. In this manner they can truly become our best ambassadors of good will and public relations.

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Inspection Team Views TCOM

An inspection of Texas College of Osteopathic Medicine was made on November 8 by members of the Coordinating Board, State College and University System.

Dr. G. V. Brindley, Jr., Scott and White Clinic, Temple, was chairman of the site-visit committee, which met with college personnel, executive committee members of the board of directors and officers of the Texas Osteopathic Medical Association.

Also present as observers were Drs. C. H. Williams Ruhe, American

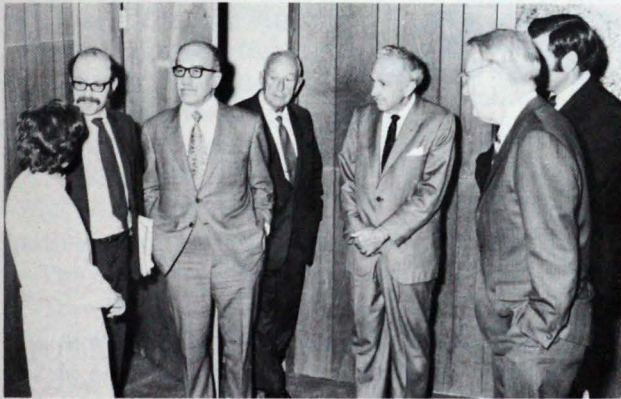
Medical Association, Division of Medical Education, Chicago; G. Rodarte, president, State Board of Medical Examiners, Scott and White Clinic; and Harmon Myers, Tucson, Arizona, member of AOA's Bureau of Professional Education. Dr. Myers served on the college inspection team which first inspected and approved TCOM for provisional accreditation.

The Coordinating Board met in executive session before adjourning. No definite decision, however was announced about the awarding of

a \$150,000 contract to TCOM for training student-doctors.

Board members reportedly said present training and planning efforts by TCOM were satisfactory and indicated a decision might be reached in the near future.

Other visitors during the day-long meeting were Senators Tom Creighton and Don Kennard, Representative Cordell Hull; Dr. Richard M. Hall, president TOMA; Dr. Bobby G. Smith, chairman Medical Jurisprudence Committee; and Mr. Al Yadon, TCOM financial consultant.



ATTRACTION: Mrs. Mary Lu Schunder, assistant professor of anatomy, holds the attention of this group which includes members of the Coordinating Boards' site-visit committee. Shown from left are: Dr. Joel Alter, TCOM clinical director and Fort Worth surgeon; Dr. J. G. Rodarte, Temple, president State Board of Medical Examiners; Dr. Phil R. Russell, TCOM advisory board member; Dr. G. V. Brindley, Temple, site-visit committee chairman; Dr. C. H. Williams Ruhe, Chicago, AMA Division of Medical Education; and Dr. Bobby G. Smith, chairman Medical Jurisprudence Committee.



HOMETOWNERS discuss their student-doctor relationship during the Coordinating Boards' site-visit to TCOM. Student-doctors Shelley Howell and John Thompson from Temple talk to two doctors from Scott and White Clinic, Dr. J. G. Rodarte and Dr. G. V. Brindley. Others pictured are: Dr. Phil R. Russell, Dr. Bobby G. Smith, Dr. C. H. Williams Ruhe, Chicago, Dr. Richard M. Hall and student-doctor Otto Gutierrez, San Antonio.

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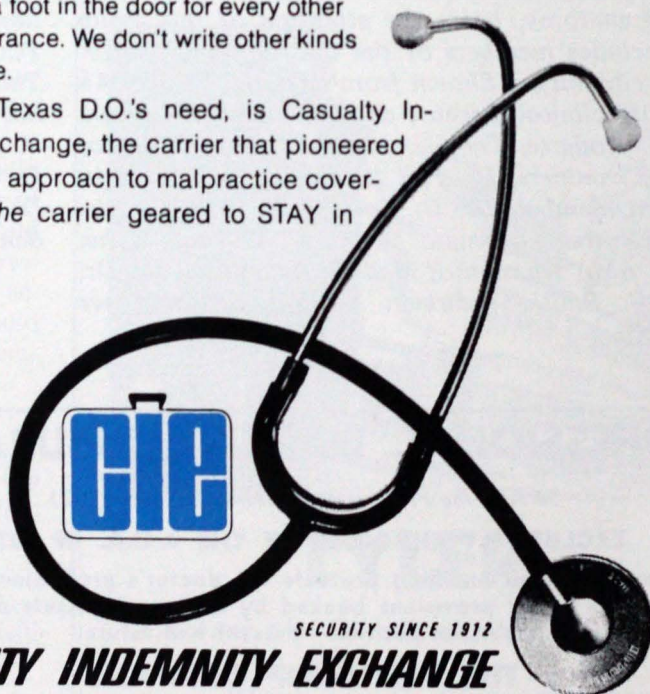
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Dear Tex:

Having just returned from the convention in Honolulu and having taken the "Golden Circle Tour" which was arranged through the co-operation of the State Association and Lee Kirkland of Group Travel Services, we feel that we must write you and compliment you on the fabulous tour you helped arrange.

Many times we have helped arrange conventions and we realize the many problems that can arise. Fortunately, this trip was so well planned that we had not a single problem.

Thanks go to you as Executive Director of the State Association, to our tour escort, Milton Kahele, and to the nice doctors and wives taking the trip.

Aloha,

Dr. & Mrs. Ted Alexander
Wichita Falls, Texas

Thanks for the kudos, but to give credit where credit is due, Dr. Bobby G. Smith, your immediate past president, was the one who came up with the idea of giving TOMA members a choice of tours to this convention.

He instructed us to investigate what was being offered and, since he had been to the Islands before, he was able to guide us on choosing the one that would give our members the most for their money.

The Board of Trustees and the House of Delegates voted to offer this tour to the membership, and since the choice turned out to be such a happy one, we are only sorry that more of the members did not take advantage of it!-Ed.

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In Memoriam

Dr. Rex E. Ollom

Dr. Rex E. Ollom, a practicing physician in San Antonio and a 1963 graduate of COMS, died at his home November 2.

Memorial services were held November 5, followed by Masonic rites.

Dr. Ollom is survived by his wife, four children, his mother, a sister, and a grandmother.

He had been a member of TOMA since 1966.

His father, Dr. Marvin P. Ollom, died March 16 of this year.

Mrs. H. H. Edwards

Mrs. H. H. Edwards, wife of Dr. H. H. Edwards of San Antonio, died November 4 in that city.

Burial was in Sunset Memorial Park, following a rosary and Requiem Mass on November 6.

In addition to Dr. Edwards, she is survived by four children, two sisters and six grandchildren.

Nader Decries "Closed Enterprise System" of AMA

A recent report on antitrust enforcement, produced by Ralph Nader, called "The Closed Enterprise System," seems to document Justice Department reluctance to take antitrust action over the years against a broad spectrum of industries. The report charges that AMA has exercised "enormous powers" to limit the supply of doctors, to preserve fee-for-service and to discourage prepaid group practice.

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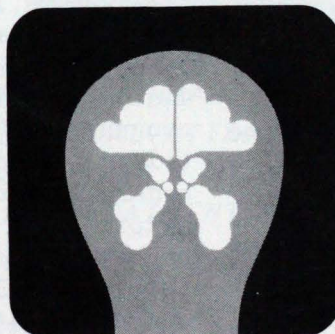
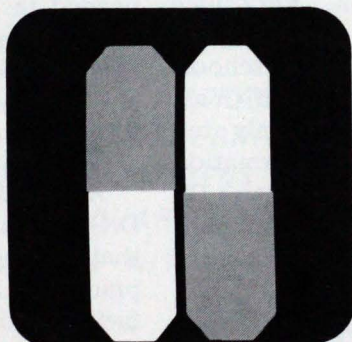
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RIO GRANDE VALLEY, (South Texas): Sub-tropical river delta growing about a dozen kinds of citrus fruit, 50 kinds of vegetables. Freezing weather is rare. Many people choose this part of the United States to retire or semi-retire. And some of us find it a splendid place to make a living. The Valley is just beginning to be industrialized because of the overabundance of available labor. The tourist trade is just beginning to be commercialized.

I would like to show you any place of your choosing to set up a practice; or, better yet, take my place in the Suderman Clinic, P.A. (a two-man clinic) while I take a year's leave of absence. Then, if you decide you like it here, we'll make some arrangements. If not, you would be free to go with no strings attached. I would welcome a new graduate. Contact Joe Suderman, D.O., 710 S. Cage, Pharr, Texas 78577. Phone 512-787-4271.

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MARLIN — Has outstanding opportunity for D.O. to develop local, regional and national practice. One of world's finest treatment centers for arthritis and related diseases. Natural hot springs, clinic and treatment center. Contact J. M. Leath, First State Bank of Marlin, Box 720, Marlin, Texas 76661.

EDEN — 40 miles from San Angelo, is in desperate need of two D.O.s. Has plenty of space and people to support their practice. 32-bed nursing home, 12-bed hospital. Contact Mrs. S. J. Wilkerson, Box 545, Eden, Texas 76837, or call 915-889-2101.

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DALLAS — Will build to suit tenant. Leases being accepted in new professional building in north Dallas near Richardson, across from developing \$150 million Park Central Complex. Contact Ronald Regis Stegman, D.O., 214-231-6161 or 214-369-2233 or Westwood Clinic, Coit Road at Beltline, Richardson, Texas 75080.

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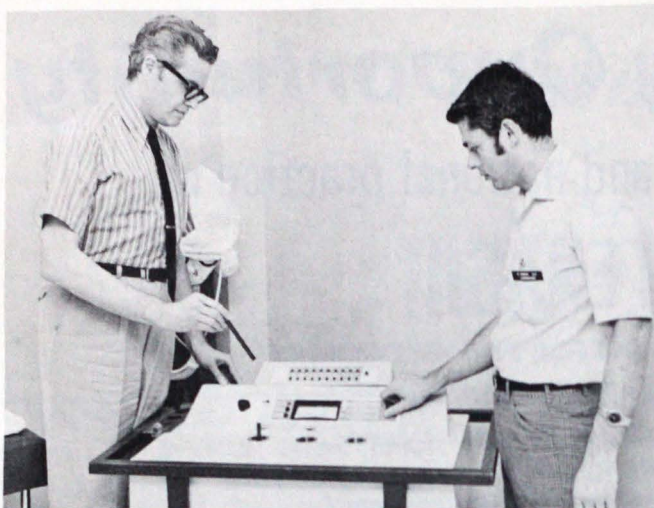
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Nuclear Medicine—A Department of Nuclear Medicine was created at the Southwest Osteopathic Hospital, Amarillo, with the purchase of a Volemetron. The \$5,500.00 radiation counting computer will be used to determine blood volumes, thyroid function, Vitamin B-12 utilization, serum iron binding capacity and red blood cell survival time. The department is under the direction of Dr. Gerard K. Nash, left, the hospital's radiologist. Howard Roach, M.T., is the department's technologist.



What is the secret of being able to get along happily with others? Surely it lies in the one word **CONSIDERATION!**

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Dr. Platt Honored

Reginald Platt, D.O., of Houston, has been awarded the A. T. Still medallion of honor by the Academy of Applied Osteopathy.

The medallion, highest award of the academy, is given for contributions and many years of dedicated service to the field of osteopathic medicine. The presentation was made Tuesday, November 16 in Honolulu, Hawaii.



Neophobia is "fear of the new." It is an expression of old age. It is inadaptability to change.

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Common Roentgenographic Lesions
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John Kemplin, D.O.

9:15 a.m.

Metabolic Considerations in Gastro
Intestinal Disease

Stevan Cordas, D.O.

10:00 a.m.—Coffee

11:15 a.m.

Surgical Treatment of Gastric

Duodenal Ulcer

Robert Crawford, D.O.

Saturday, February 26, 1971

8:30 a.m.

Common Roentgenographic Lesions
of the Colon

John Kemplin, D.O.

9:15 a.m.

Hyperalimentation

Stevan Cordas, D.O.

10:00 a.m.—Coffee

10:30 a.m.

Gastro Intestinal
Endoscopic Procedures

Jack Leach, D.O.

11:15 a.m.

Surgical Treatment of Diverticular
Disease of the Sigmoid Colon

Robert Mann, D.O.

Sunday, February 27, 1971

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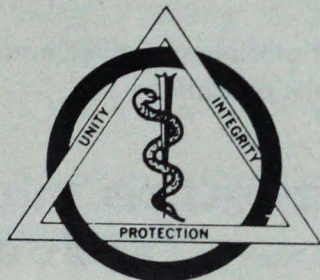
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