

TEXAS OSTEOPATHIC PHYSICIANS JOURNAL



FORT WORTH



POINT OF EMBARKATION



TO

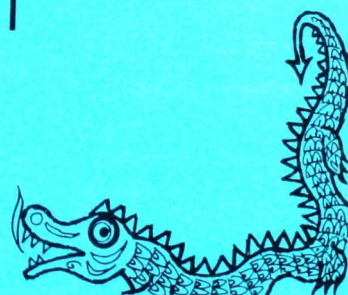
(MYTHICALLY)



SAIL THE SEVEN SEAS



see page 4 for
Convention Ports o' Call



APRIL 1972



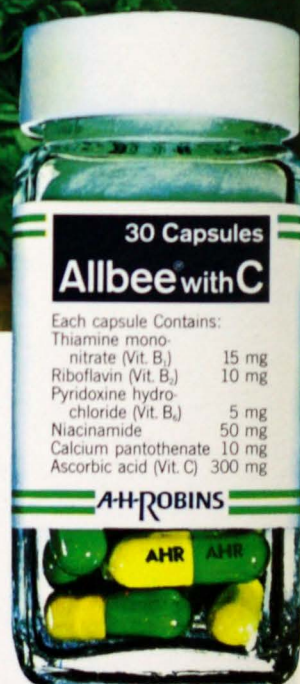
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TEXAS OSTEOPATHIC PHYSICIANS JOURNAL

OFFICIAL PUBLICATION OF THE
Texas Osteopathic Medical Association

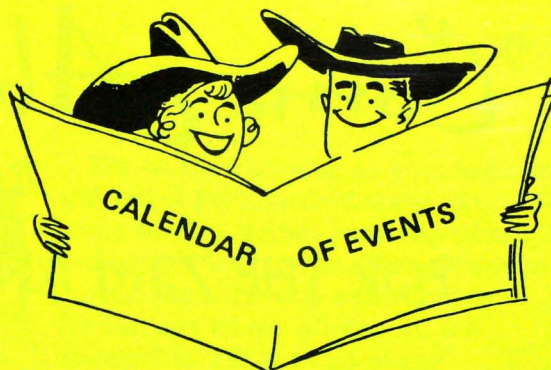
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APRIL 1972

TOMA Board of Trustees
April 15-16
State Office
Fort Worth

TOMA Annual Convention
May 11-13
Sheraton-Fort Worth
Fort Worth

MAY 1972

TOMA Board of Trustees
May 9
State Office
Fort Worth

ATOMA Annual Convention
May 11-13
Sheraton-Fort Worth
Fort Worth

TOMA House of Delegates
May 10
Crystal Ballroom
Sheraton-Fort Worth
Fort Worth

TOHA Annual Meeting
May 11-13
Sheraton-Fort Worth
Fort Worth

Convention Supporters to Date

Abbott Laboratories	Ortho Pharmaceutical Corp.
B. F. Ascher & Co.	Pfizer Laboratories
Bristol Laboratories	Wm. P. Poythress & Co., Inc.
Ciba Pharmaceutical Co.	Safeguard Business Sys.
Cornish Medical Electronics	Riker Laboratories
Dalworth Laboratories	Wm. H. Rorer, Inc.
Gordon Durden & Co.	W. B. Saunders Co.
Flint Laboratories	G. D. Searle & Co.
Hill Laboratories Co.	Southwest & Johnson X-Ray
Hoechst Pharmaceutical	Southwestern Training Inst.
Keene Pharmaceutical	Spinalator (X-Ray Sales)
Lakeside Laboratories	E. R. Squibb & Sons
Eli Lilly & Co.	Terrell Supply Co.
J. B. Lippincott Co.	TOMA Group (Prudential)
Marcen Laboratories, Inc.	S. J. Tutag & Co.
Mead Johnson & Co.	The Upjohn Company
Merck Sharp & Dohme	Western Research Lab.
Miller Pharmacal Co.	Wood Systems (Printing)
Niagara Therapy Mfg.	X-Ray Sales & Service Co.
E. R. Squibb & Sons	USV Pharmaceutical Corp.

Come Aboard, Mates

FOR THE 73rd ANNUAL CONVENTION OF TOMA

If you've been thinking of Fort Worth as a north-west Texas dryland town, you're going to have to change some of your preconceived ideas and let your imagination take over when you come to the annual convention of TOMA and TOHA this May 11, 12 and 13.

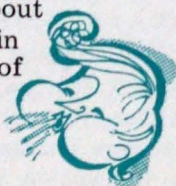
You'll find that you can embark at the Harbor (the Sheraton-Fort Worth Hotel to landlubbers) and sail the Seven Seas and traverse mighty rivers.

You'll come into harbor Thursday morning in time for the Harbor master to check your passports, issue your tickets and brief you on your itinerary for the three-day cruise on the Good Ship TOMA, which officially embarks at noon May 11 when you attend the Bon Voyage (Keynote) Luncheon.

Before the ship gets underway, however, the American Academy of Osteopathy will have a breakfast on Thursday morning at seven bells (7:30).

Dr. George Benson of Harding College, Searcy, Arkansas (see March *Journal*) is the Thursday luncheon speaker, who will no doubt chart a course for you that will reach beyond this three-day cruise.

You'll begin to get your sea legs that afternoon when Alexander Tobin will tell you about some illwinds that blew nobody good in California, and will perhaps warn you of the unseen monsters of the deep. He can also be expected to help steer a course to avoid stormy seas ahead.



Following Mr. Tobin's lecture, Mrs. Martha McSteen will speak on the prevailing winds from Washington. Regional representative of the Bureau of Health Insurance, based in Dallas, Mrs. McSteen has been recognized for her leadership in the Medicare program.

At one bell (4:30) Thursday afternoon J. Gordon



Zink, D.O., F.A.A.O., of Canton, Pennsylvania, will demonstrate OMT---possibly having some patients from among the crew who have sustained back injuries while trimming the sails or leaning too far over the rail.

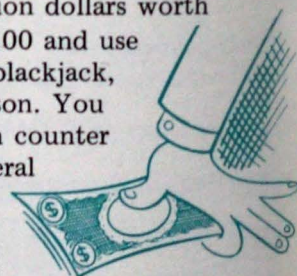
All of the above will take place in the grand saloon (hotel ballroom.)

At this point in your voyage you may retire to your cabin for an hour before you have your daily tot of rum and evening mess.

And now you will have a choice of staying aboard your seagoing vessel or changing to Black Jack's Riverboat, a gambling ship plying the waters of the mighty Trinity.

Here you can buy a million dollars worth of green backs for only \$8.00 and use them to shoot craps, play blackjack, roulette--or name your poison. You can also visit the free lunch counter which will be open for several hours.

We have been assured by none other than Black Jack himself that none of the games are "fixed" and no, crooked gamblers will be allowed on board.





For you who prefer to stay on the TOMA, the Academy will feature a demonstration at 8:00 p.m.

Friday morning, back aboard the TOMA, the Texas Society of General Practitioners have planned a breakfast for seven bells (7:30).

Friday lectures begin at two bells (9:00 a.m.), with Mr. A. Russell Lokkeberg, director of the Regional Health Planning Council (North Central Texas Council of Governments), leading off. He will discuss structure, philosophy and thrust of comprehensive health planning, and development, problems and issues in Health Maintenance Organizations.

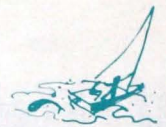


Kenneth R. Carrell, D.O., immediate past president of the Iowa Society of Osteopathic Physicians and Surgeons, has made an extensive study of the federal government's role in medicine and his knowledge of the subject so impressed Ship's Captain Dr. Joel Alter that he invited Dr. Carrell to speak to the passengers at this point in their voyage, which will be at four bells (10:00 a.m.).

Mrs. McSteen will speak again on Friday, immediately following Dr. Carrell, and will bring further information on the Bureau of Health Insurance.

The information and demonstrated techniques that Dr. Zink will bring to the ship's passengers Friday at seven bells (11:30) may be particularly helpful to those who may have sustained arm and back injuries at the crap tables the night before.

Although Morris Thompson was not on the maiden voyage of the Good Ship Kirksville, he took her helm 25 years ago and has steered her through parlous waters and a few smooth seas since that time. The College Luncheon Friday noon is especially in his honor. Presidents or chief executive officers of the other osteopathic colleges have also been invited to attend. Short alumni sessions will follow the luncheon.



For those who wish to go ashore, the ship will call at Port Shady Oaks at two bells (1:00 p.m.) so that golfers may disembark for the annual golf tournament that afternoon.

And since the ship will stand to for the rest of the afternoon, the non-golfers will have an opportunity to visit Port Worth's shops, the Texas College of Osteopathic Medicine, the museums close by--or all three.



Since the Admiral of the Fleet, Dr. Richard M. Hall, will be aboard for this voyage, he will be honored at a reception, dinner and dance Friday night in the grand saloon.

The Saturday morning breakfast will honor the AOA's Lord High Admiral-elect, J. Vincent Murphy, D.O., of Grand Blanc, Michigan at seven bells (7:30) in the grand saloon.

At three bells (9:30) Dr. Zink will conclude his lectures on OMT.

T. T. McGrath, D.O., of Arlington, Texas has arranged for a medico-legal panel to begin at four bells (10:00 a.m.). Panel members will include Judge Joe Spurlock of Fort Worth and two attorneys well-versed in the fields of medical malpractice, and personal and industrial injury. A hospital administrator and Dr. McGrath complete the panel. This will be followed by a question and answer period until eight bells (noon).



At one bell (12:30) the passengers take to the high seas again--seven of them, to be exact. They'll visit the brand new Seven Seas Amusement Park in Arlington, which just opened this spring.

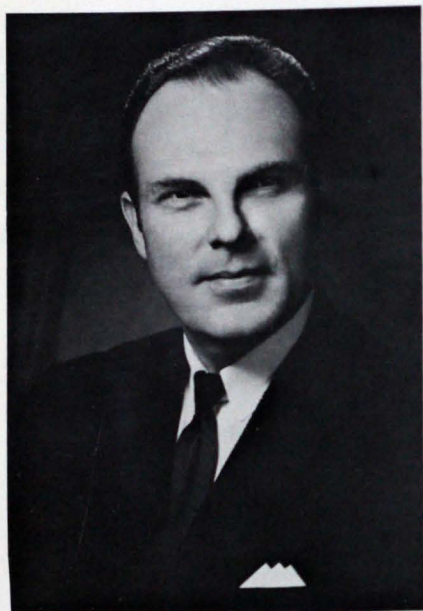


The last port o' call before returning to safe harbor will be at River Crest (Country Club) Saturday night. After the busy three days of the cruise, the passengers will be ready to relax and go native, so they are urged to pack their grass skirts, sarongs, muu muus, loincloths (?) or what have you, for this final fling on the only extended voyage the Good Ship TOMA will make during 1972.▲

NOW HEAR THESE!

MORE OF OUR CONVENTION SPEAKERS

Among Alexander Tobin's recent cases of statewide prominence in California was the one to regain osteopathic licensure in that state.



Acting on behalf of the Osteopathic Physicians and Surgeons of California, Mr. Tobin successfully challenged the constitutionality of a 1962 ballot proposition which prevented osteopathic physicians and surgeons from licensure in California.

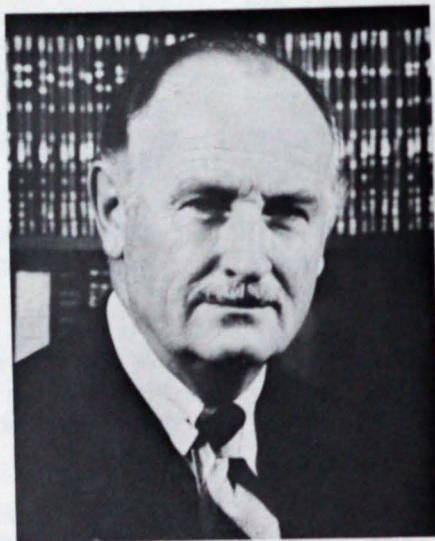
A resident of Upland, California, Mr. Tobin is senior partner in the law firm of Tobin and Gassner, with offices in Upland and San Diego.

His firsthand knowledge and experience on problems of amalgamation will be particularly interesting to Texas D.O.s.

J. Vincent Murphy, D.O., a Grand Blanc, Michigan general practitioner, is the 1971-72 president-elect of the American Osteopathic Association, and will be a special guest at this year's annual convention of TOMA.

Breakfast with Dr. Murphy is planned for Saturday morning and he will address the convention following the breakfast.

A native of Brewersville, Ontario, Dr. Murphy graduated from KCOM in 1943.



For several years it has been the policy of TOMA to invite the AOA president-elect to participate in its convention, since he will be taking office in July and, therefore, will be the president this Association will be working with during most of the new fiscal year.



A. Russell Lokkeberg, who will speak to the convention Friday, is director of the Regional Health Planning Council, which is an organizational unit of the North Central Texas Council of Governments.

He received his B.A. degree from Colgate University and his Masters in Business Administration from the University of Houston.

He served on the staff of the Community Council, a social planning agency in Houston, before he enrolled at the University of California where he received his MPH degree from the school of Public Health.

He will speak on structure, philosophy and thrust of CHP and the development, problems and issues in HMOs.



The medico-legal panel on Saturday morning's program is being planned by T. T. McGrath, D.O., F.A.C.O.S., and he has invited Judge of the 96th Judicial District of Texas, the Honorable Joe Spurlock, to be one of the panelists. Two attorneys and a hospital administrator will join Dr. McGrath and Judge Spurlock on the panel.

Dr. McGrath is chairman of the TOMA Professional Liability Committee and is called frequently as an expert witness in court cases.

He received his D.O. degree from KCCOM and took an orthopedic residency there. He was certified in orthopedics by the AOA Board of Surgery in 1953, was an associate professor of orthopedics at KCCOM 1950-1954 and a full professor there from 1954 to 1958.

He is a member of District V, TOMA, and has practiced in the Fort-Worth-Dallas area since 1958.

For 35 years Judge Joe Spurlock has been engaged in the trial of civil cases across the north half of Texas in both state and federal courts. He has been responsible for an average of 650 cases at all times.

For many years he has handled a heavy trial docket in the field of personal injury and insurance litigation and is familiar with the trial attorney's problems on both sides of the docket.

Judge Spurlock is a graduate of

the University of Texas at Austin with the degrees of BA, LLB and JD. He is a member of the Texas Bar Association's Committee of Professional Efficiency and Economic Research, the American and Texas Bar Associations and the American Judicature Society.



He is licensed to practice in the Supreme Court of the United States, United States Circuit Court of Appeals for the Fifth Circuit, and each of the United States District Courts for the Southern, Northern, Eastern and Western Divisions of Texas, and the Supreme Court of Texas.

Judge Spurlock is a resident of Fort Worth and was born in Throckmorton, Texas.

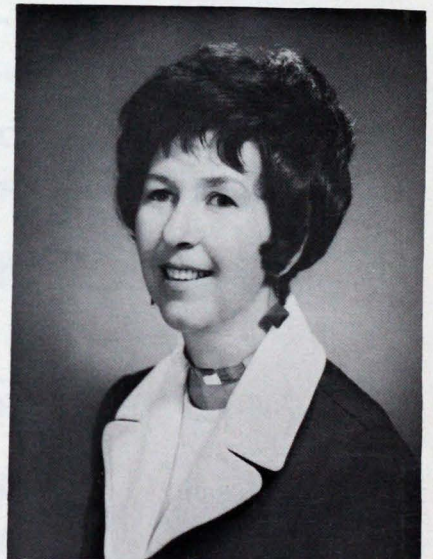
The representative of the American Academy of Osteopathy who will speak at this year's TOMA convention is J. Gordon Zink, D.O., F.A.A.O., of Canton, Pennsylvania.

A 1936 graduate of the Philadelphia College of Osteopathy, Dr. Zink studies under William G. Sutherland, D.O., on the cranial concept of osteopathy and is a member of the faculty of the Philadelphia Cranial Study Group.

He has served on an Academy-sponsored seminar on "The Cardio-



vascular Patient" and on the Academy's Visiting Clinician's Program. He was an annual Academy lecturer in 1969 and was named a Fellow of that association in 1971.



Mrs. Victor C. Hoefner, president of the Auxiliary to the AOA, will be a special guest of the Texas Auxiliary at the May convention.

Wife of a Grand Junction, Colorado family doctor, Mrs. Hoefner has served on the AAOA's executive and finance committees, and on its board of trustees.

She has also been scholarship chairman, chairman of OPF and student wives' counselor.

Mrs. Hoefner will install the new officers of ATOMA at the installation luncheon Friday, May 12.

The Problems and Prospects of Practice

TOMA 73rd ANNUAL CONVENTION PROGRAM

TUESDAY – MAY 9

2:00 p.m.	BOARD OF TRUSTEES	State Office
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WEDNESDAY – MAY 10

8:00 a.m.	REGISTRATION OF DELEGATES	Crystal Ballroom
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9:00 a.m.	HOUSE OF DELEGATES	Crystal Ballroom
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THURSDAY – MAY 11

7:30 a.m.	American Academy of Osteopathy Breakfast—Santa Gertrudis Room	
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8:30 a.m.	REGISTRATION	Mezzanine
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12:00 noon	KEYNOTE LUNCHEON	Grand Ballroom, Mezzanine
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2:00 p.m.	"The Osteopathic Story in California"	Mr. Alexander Tobin
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3:30 p.m.	"The Medicare Program"	Mrs. Martha McSteen
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4:30 p.m.	OMT Demonstration	J. Gordon Zink, D.O.
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6:30 p.m.	RIVERBOAT CRUISE (Mythically Speaking) (Not included in Convention Registration – No Host)	Grand Ballroom
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8:00 p.m.	OMT Demonstration—J. Gordon Zink, D.O.—Santa Gertrudis Room	
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FRIDAY – MAY 12

7:30 a.m.	Texas Society of General Practitioners Breakfast	Santa Gertrudis Room
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9:00 a.m.	"Regional Health Planning"	A. Russell Lokkeberg
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10:00 a.m.	"Federal Medicine"	Kenneth R. Carrell, D.O.
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10:45 a.m.	"Bureau of Health Insurance"	Mrs. Martha McSteen
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11:30 a.m.	OMT Demonstration	J. Gordon Zink, D.O.
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12:00 noon	COLLEGE LUNCHEON	Grand Ballroom
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	Short Alumni Meetings to Follow Luncheon	Junior Ballrooms
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1:00 p.m.	GOLF TOURNAMENT	Shady Oaks Country Club
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2:00 p.m.	TCOM OPEN HOUSE	3516 Camp Bowie Boulevard
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4:00 p.m.	TCOM Sustainers Meeting	3516 Camp Bowie Boulevard
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6:30 p.m.	PRESIDENT'S RECEPTION, BANQUET AND DANCE	Crystal Ballroom
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Reception sponsored by B. F. Ascher & Company

SATURDAY – MAY 13

7:30 a.m.	BREAKFAST WITH DR. MURPHY	Grand Ballroom
9:30 a.m.	OMT Technique and Demonstration	J. Gordon Zink, D.O.
10:00 a.m.	Medico-Legal Panel	T. T. McGrath, D.O., Judge Joe Spurlock
12:30 p.m.	SEVEN SEAS AMUSEMENT PARK (Board Buses at Sheraton-Fort Worth) (Lunch available at Seven Seas)	Arlington
6:30 p.m.	FUN NIGHT (Board Buses at Sheraton-Fort Worth) Cocktails Courtesy of B. F. Ascher & Company	River Crest Country Club

SUNDAY – MAY 14

9:00 a.m.	NEW BOARD OF TRUSTEES	Santa Gertrudis Room
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(All Seminar Programs to be held in Grand Ballroom unless otherwise designated)

TOHA SEMINAR PROGRAM

Mr. Franklin E. Wells, Program Chairman

THURSDAY – MAY 11

9:00 a.m. – 12:00 noon	EDUCATIONAL PROGRAM	Shorthorn Room
	With John Stieber, Ph.D. Assistant Professor of Economics SMU School of Business	
	Tentative Subjects "The Hospital as a Political Entity" "Marginal Analysis" "Effects of Occupancy"	

2:00 – 5:00 p.m.	Attend TOMA Seminar Programs	Grand Ballroom
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FRIDAY – MAY 12

9:00 a.m. – 12:00 noon	Attend TOMA Seminar Programs	Grand Ballroom
1:00 – 5:00 p.m.	EDUCATIONAL PROGRAM with Dr. Stieber-Shorthorn Room	
	Evening Entertainment to be Announced	

SATURDAY – MAY 13

9:00 – 10:00 a.m.	EDUCATIONAL PROGRAM with Dr. Stieber-Shorthorn Room	
10:00 a.m. – 12:00 noon	Attend TOMA Medico-Legal Panel	Grand Ballroom
1:00 p.m.	Business Meeting	Shorthorn Room
6:30 p.m.	FUN NIGHT with TOMA	River Crest Country Club



PROPOSED AMENDMENTS TO THE CONSTITUTION AND BYLAWS OF THE AUXILIARY TO THE TEXAS OSTEOPATHIC MEDICAL ASSOCIATION

Article I - Name

Amend by deleting "Texas Association of Osteopathic Physicians and Surgeons" and substituting "Texas Osteopathic Medical Association".

Article II - Objectives

1. Amend by deleting "Texas Association of Osteopathic Physicians and Surgeons" and substituting "Texas Osteopathic Medical Association".

2. Amend by deleting "Texas Association of Osteopathic Physicians and Surgeons" and substituting "Texas Osteopathic Medical Association".

Article III - Membership

Section 2. Amend by deleting "Texas Association of Osteopathic Physicians and Surgeons" and substituting "Texas Osteopathic Medical Association".

Article IV - Meetings

Amend by deleting "Texas Association of Osteopathic Physicians and Surgeons" and substituting "Texas Osteopathic Medical Association".

Article V - Officers

Section 2. Amend by deleting "Editor" and substituting "Auxiliary News Chairman".

Article IX - Dues

Section 1. Amend by deleting "\$5.00" and substituting "\$10.00".

Section 3 (Paragraph 2) Amend by deleting "Texas Association of Osteopathic Physicians and Surgeons" and substituting "Texas Osteopathic Medical Association". Also by deleting "TAOP&S" and substituting "TOMA".

Article X - Duties of Officers

Section 1. C. Amend by deleting "editor" and substituting "auxiliary news chairman".

Section 4. D. Amend by deleting "Texas Association of Osteopathic Physicians and Surgeons" and substituting "Texas Osteopathic Medical Association".

Section 5. Add F. Advise districts of current I.R.S. regulations, stressing urgency of compliance.

Section 9. (Line 1) Amend by deleting "Editor" and substituting "Auxiliary News Chairman".

a. Amend by deleting in entirety and substituting "Encourage members to send news to be published in the Texas Osteopathic Journal (directly to Executive Director) and shall perform such other duties as assigned to her by the Executive Board or House of Delegates".

Article XI - Committees

Section 5. B. Amend by deleting "Texas Association of Osteopathic Physicians and Surgeons" and substituting "Texas Osteopathic Medical Association".

Section 6. A. Amend by changing "Editors" to "Editor" and deleting "ATOPS Newsletter" and substituting "Auxiliary News Chairman".

Section 9. Amend by deleting "TAOP&S" and substituting "TOMA".

Section 10. A. Amend by deleting "Texas Association of Osteopathic Physicians and Surgeons" and substituting "Texas Osteopathic Medical Association". B. Amend by adding "The Scholarship Chairman shall maintain the files and work with the National Chairman until such time as the deadline for completed Scholarship applications has expired."

STANDING RULES

In all standing rules adopted through the years the name will automatically change from "Texas Association of Osteopathic Physicians and Surgeons" to "Texas Osteopathic Medical Association" and from "TAOP&S" to "TOMA". ▲



Osteopathic medical education was the subject the TOMA Auxiliary was endeavoring to teach the teachers at the Texas State Teachers Association state convention in San Antonio March 16-18 in San Antonio.

Auxiliary President, Mrs. Benjamin R. Beall, II, was ably assisted by Mrs. John J. Cegelski, Jr. of San Antonio in exhibiting osteopathic literature. ▲

A7OMA

Convention Program

WEDNESDAY – MAY 10

9:00 a.m.	HOSPITALITY HOUSE Coffee and Registration	Junior Ballroom 'D'
9:30 a.m.	PRE-CONVENTION BOARD MEETING	Santa Gertrudis Room

THURSDAY – MAY 11

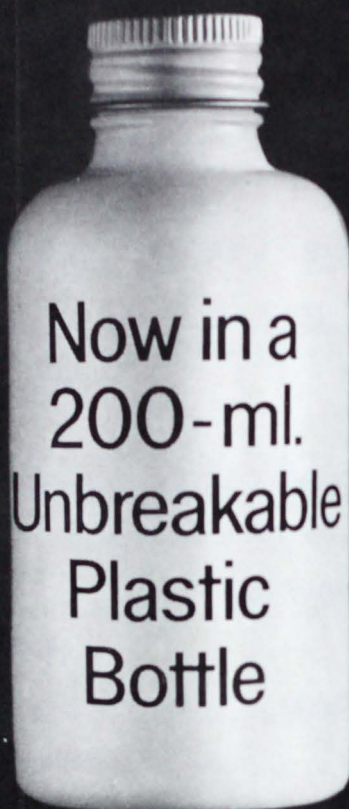
10:00 a.m.	WELCOMING COFFEE	Santa Gertrudis Room
12:00 noon	KEYNOTE LUNCHEON	Grand Ballroom
2:00 p.m.	AUXILIARY HOUSE OF DELEGATES	Santa Gertrudis Room
6:30 p.m.	RIVERBOAT CRUISE (Mythically Speaking)	Grand Ballroom

FRIDAY – MAY 12

9:00 a.m.	HOSPITALITY HOUSE	Junior Ballroom 'D'
9:30 a.m.	INFORMATION WORKSHOP	Santa Gertrudis Room
11:30 a.m.	LUNCHEON	Ridglea Country Club
12:30 p.m.	INSTALLATION OF OFFICERS	Ridglea Country Club
2:00 p.m.	TCOM OPEN HOUSE	3516 Camp Bowie Boulevard
3:30 p.m.	MUSEUM TOUR	
6:30 p.m.	PRESIDENT'S RECEPTION, BANQUET AND DANCE	Crystal Ballroom

SATURDAY – MAY 13

9:00 a.m.	HOSPITALITY HOUSE	Junior Ballroom 'D'
9:30 a.m.	NEW BOARD MEETING	Santa Gertrudis Room
12:30 p.m.	SEVEN SEAS AMUSEMENT PARK (Buses load at Sheraton-Fort Worth) Lunch available at Seven Seas	Arlington
6:30 p.m.	FUN NIGHT (Buses load at Sheraton-Fort Worth)	River Crest Country Club



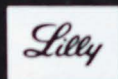
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ABOUT TEXAS!

Medical associations are not unique when it comes to getting the attention of their members. We'll repeat once more the old story about the farmer that had a reputation for training mules with kindness. When another farmer heard of this and took his recalcitrant mule to the first farmer for such a service, the kindly trainer took a two-by-four and smacked the mule between the eyes. The mule's owner was astounded and asked, "Is that what you call kindness?" The trainer said, "First you have to get their attention!"

Your State Office figuratively has to hit members between the eyes sometimes in an almost vain attempt to get their attention. Once in awhile we break the rules set up by schools of journalism because we think it's the only way to get the message across.

When we send out especially important mail, you'll notice we have a rubber stamp (below) that we understand is effective -- at least sometimes.

IMPORTANT MAIL

Please Put On
Doctor's Desk

In March we sent each member a letter with a window card to be used in doctors' offices in compliance with Phase II. On the envelope we printed this:

PHASE II
PHYSICIAN
COMPLIANCE



We hope you opened it because it is particularly important. It was done per I.R.S. instructions which specify that such a sign (or similar) must be posted according to requirements of Price Commission regulations, Section 300.18 - Institutional Providers of Health Services, Section 300.19 - Non-Institutional Providers of Health Services, published in the Federal Register 12-30-71. Non-institutional providers of health services subject to 300.19, owned and operated by any person, include osteopathic physicians.

Following are the requirements: (1) Each non-institutional provider of health services shall maintain at each of its facilities a schedule showing its base prices for its principal services, and each change in such a price. The schedule shall be made available for public inspection, and a copy shall be furnished to a representative of the Internal Revenue Service or The Price Commission upon his request. (2) Each provider shall post a sign in a prominent place in each of its facilities stating the availability and location of the schedule. It must be easily readable. (3) NO PRICE MAY BE INCREASED BEFORE THE SIGN IS POSTED AND THE SCHEDULE IS MADE AVAILABLE.

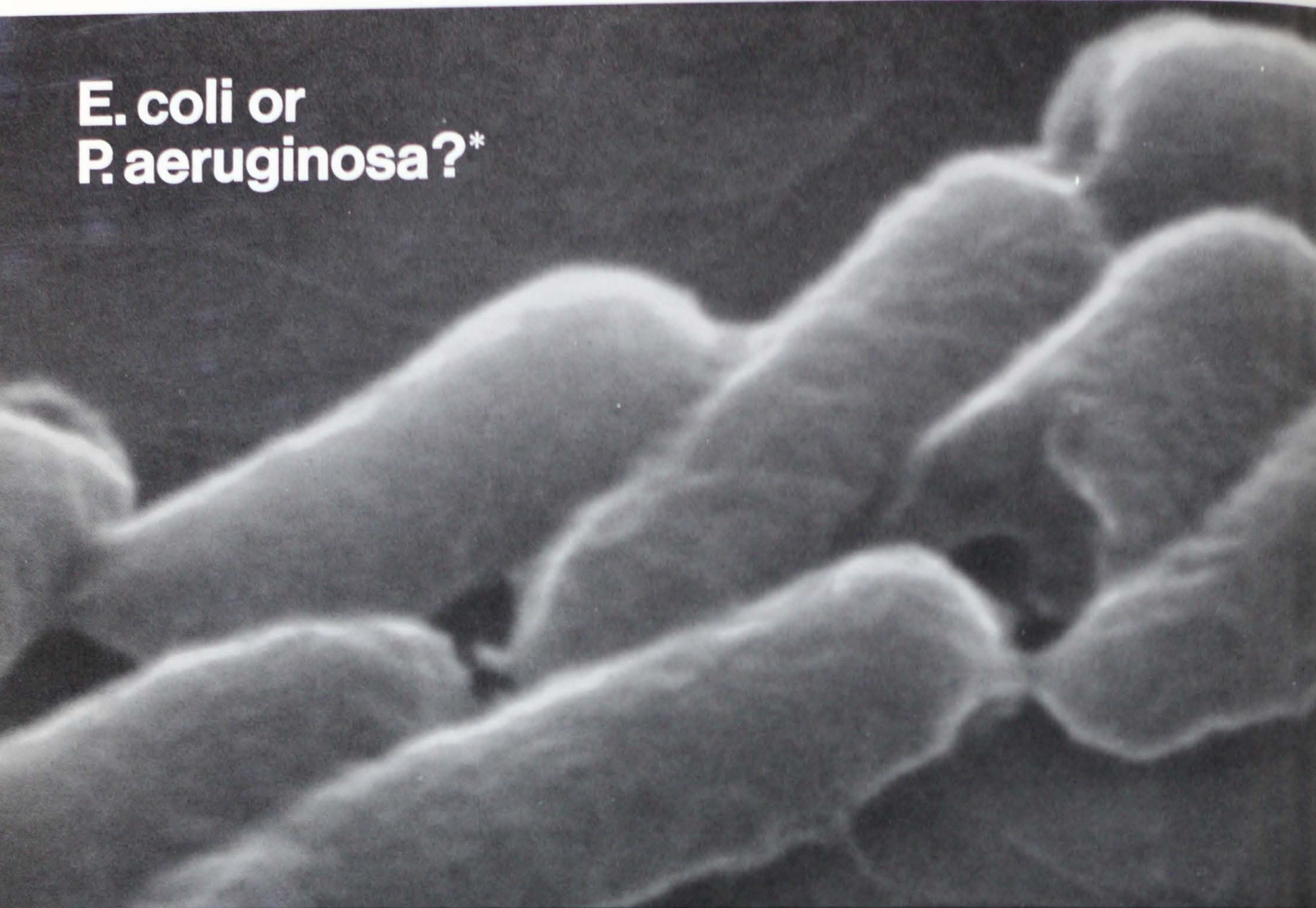
* * * * *

It looks like a disaster area around the State Office in Fort Worth. Curb and gutter has been torn up for widening Fifth Street, and other intersections affected by the new bank building across the street are blocked off. By convention time, if you have time to drop by, it should look much better!

* * * * *

Metric measurements will be the rule, from 1973 on, in all articles appearing in the JOURNAL of the American Medical Association. Although the U.S. pharmaceutical industry has almost entirely converted to the metric system, the AMA editors found they were printing odd combinations, such as a 7-pound baby, 50 centimeters long, or a patient's oxygen consumption stated in liters per minute while he walked on a treadmill at the rate of 3 miles an hour. How long it took for the change to take place is shown by the fact that the AMA House of Delegates recommended it in 1878.▲

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P. aeruginosa?***



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**E. coli* are revealed by the rounded ends of the bacteria in this new scanning electron micrograph. *P. aeruginosa* have tapered ends. Neither distinction can be seen under standard microscopy. Photomicrography: Courtesy Harry S. Truman Laboratory, Kansas City, Mo.

Proposed Amendments To TOMA Constitution and Bylaws

Amendments to Constitution and Bylaws proposed by formal action of District X and directed to the Committee on Constitution, Bylaws and Documents.

PURPOSE: To produce two regular meetings of House of Delegates each year.

CONSTITUTION

Article X - Amendments

Section 1, Line 59: Omit the word "annual".

BYLAWS

Article V - Officers

Section 1, Lines 245 and 246: Amend to read: "Vice Speaker of the House of Delegates who shall be elected at the House of Delegates session immediately preceding the annual meeting of the Association to serve one year or until their successors are elected".

Article V - Officers

Section 7, Line 272: Amend to read: "elect. Election of the officers shall be held during the session immediately preceding the annual meeting of the Association by the" - - - -

Article VII - Board of Trustees.

Section 3, Line 338: Delete: "the annual session". Replace with, each meeting".

Article IX - House of Delegates.

Section 3, Line 392: Amend to read: "to the first day of the session of the House of Delegates which is to immediately precede the annual meeting of the Association. The list of" - - - -

Article IX - House of Delegates.

Section 6, Lines 403 to 405: Amend to read: "The House of Delegates shall meet semiannually, immediately preceding the annual meeting of the Association and on a date it shall set which will not be less than six nor more than seven months after that annual meeting. A special" - - -

Amendments to Constitution and Bylaws Texas Osteopathic Medical Association proposed by its Committee on Constitution, Bylaws and Documents.

CONSTITUTION

Article II - Objects.

Section 1, Line 12: Delete the word, "osteopathic".

Article IX - Meetings.

Section 1, Line 52: Change the word "meetings" to "meeting".

BYLAWS

Article II - Membership.

Section 1, Line 20: Delete from the end of the line the word "osteopathic".

Article IX - House of Delegates.

Section 9, Lines 416 to 419: Delete entirely. Is duplication of Article XI, Section 1.

Article XI - Meetings.

Section 1, Line 463: Amend to read: "The annual meeting of the Association shall be held at such time and place as" - - - -

Article XII - Committees.

Section 3, Line 482: Delete: "not provided for under the Manual of Procedure".

Article XIV - Amendments.

Section 1, Lines 491 to 497: Amend to read: "These Bylaws may be amended at any meeting of the House of Delegates by a two-thirds vote of the accredited delegates, present and voting, provided that the proposed amendment shall have been filed with the Executive Director at least two months before the meeting at which the proposal is to be voted upon. Upon receiving a copy of the proposed amendment, it shall be the duty of the Executive Director to cause it to be printed in the official publication of the Association or to be mailed to the membership at least one month before the meeting".

LETTERS

Gentlemen:

Recently (February 20) I read an article in the Times Herald titled "Osteopath Charges M.D.s Trying to Kill Profession". This article astonished me when I realized what they were trying to do to my Doctor. I had never used a D.O. until the past 3 years. He has advised and counselled with me more than any Dr. I have ever been to. He has helped my family more than words could ever begin to say. I have full trust

in him and am very proud to say "My Doctor Is An Osteopath".

Is there any way we as patients of Osteopaths can stop this from happening. My family is very concerned what could happen to our Doctor. I would hate to see my Doctor classified as a 2nd rate M.D.

My Dr. has studied long and hard for years and I don't see any reason why an M.D. can destroy every-

thing my Dr. has practiced for years.

Would you please advise, as soon as possible, what my family and friends can do to prevent this from happening.

Sincerely,

Judy Johnson
2304 Sybil Dr.
Mesquite, Texas 75149

D.O.s Should Educate D.O.s

by T. T. McGrath, D.O.

Much has been written in medical publications relative to medical education and a finger of blame pointed toward the government for lack of financial support -- and the AMA for poor leadership and lack of concern over the "doctor shortage".

On the other hand, very little has appeared in print concerning the osteopathic medical school training programs, curricula and educational system. The government has not been criticized for lack of financial support, nor has the AOA suffered direct criticism -- and rightly so. Until recently government support to the osteopathic teaching program has been slight, and the bulk of our graduates were educated in osteopathic medicine by osteopathic physicians and surgeons, substantially financed by the osteopathic profession.

The trend of the AOA education experts now seems to follow the allopathic approach of "let someone else do it" -- both in the financial and institutional fields. But a capsule review of the AMA educational approach shows us instantly that it has been a miserable failure.

As Michael Crichton stated in an article, "Five Patients", the AMA has worked to the detriment of producing better health care for the past forty years. Strangely, this has also worked to the detriment of physicians.

Dr. James Howard Means has said, "Every attempt that has been made by liberally minded groups to improve medical care and make it more accessible the AMA has attacked with ever-increasing truculence.....They forget perhaps that medicine is for the people, not for doctors." Their truculence has been expensive in that in past years they have opposed voluntary health insurance (such as Blue Cross), opposed prepaid group-practice clinics, and launched a successful campaign to block the construction of new medical schools and to limit the enrollment in medical schools already in existence. The end result is that now we have a shortage of doctors.

More recently the AMA has spent millions of dollars to fight Medicare, a program that supplies

health benefits to ten per cent of our population and increased income to physicians. The AMA has failed to take a stand on prescription pharmaceutical prices, which nearly every objective observer regards as grossly inflated.

Very little has been said about the effects of government controls imposed upon the practice of medicine and surgery, which has decreased efficiency and increased the cost of medical care. This has hurt medical education.

As stated in an article, "Crisis in Medical Education", by Morris Fishbein, M.D., one unfortunate result of the budget cuts of the annual federal appropriations for research to support medical education, and the rising costs, is that anticipated grants are not forthcoming and well-organized teams of scientists and technicians who have been working together for some years must be disbanded for lack of funds.

Dr. John A. D. Cooper, president of the Association of American Medical Colleges states, "The perilous financial structure of our medical schools has now reached such a degree of instability that the whole structure is gravely threatened, particularly in private schools." The AAMC represents 107 medical colleges and is concerned with 390 of the major teaching hospitals. A promised \$600 million for construction for these schools resulted in each of them increasing the size of its entering class. Now they find they must continue at the actual 1970 funding level of \$118 million. The colleges now find themselves with less effective support than was available two years ago.

The colleges were urged to accept more deprived students and students from minority groups, but now find themselves with an inadequate amount of money for student assistance. In some states the legislature has voted aid to private M.D. medical schools, such as a grant by the Ohio Legislature to the Case Western Reserve in Cleveland. However, 43 of the 107 M.D. medical schools remain in considerable economic danger.

[Please turn to page 26]

Pearls Beyond Price:-- osteopathic hospital guilds

by Mrs. George J. Luibel
Guild Chairman, ATOMA

Thousands of hours are given each year to osteopathic institutions by hospital guild members throughout the country. Multiply this by the current wage scale today and it becomes quite an impressive figure.

Most hospitals of all categories could not keep their doors open if they did not have volunteer help. The cost of hospitalization to the patient would indeed be much more without this assistance.

Besides the time in actual service, members of our hospital guilds have raised thousands of dollars to contribute for equipment and other facilities needed by our institutions. They operate gift shops, gift cards and lunch counters that have helped to keep the patients and their visitors more comfortable.

Linens are repaired, patient gowns are made, puppets for children in pediatrics wards, tray favors prepared and many times other supplies used in the hospital are made by these volunteer employees. However in the final analysis the most important asset to the profession of your husband from the members of these organizations, is the excellent public relations the lay groups of guilds do for the profession. This type of advertising cannot be given a price tag. After all, as lay people they have no financial interest in the hospital or profession and do present to the public a different aspect than does a physician's wife.

The majority of these people are dedicated to the osteopathic profession because of the excellent care they receive from "their doctor" who is an osteopathic physician. When they are in public their conversation carries only good messages about "their doctor", his profession and his hospital. Many guilds help in other civic and health projects in their communities. As lay members they bring to the community a fine picture of the people working as volunteers and praising our institutions.

As Auxiliary members we can well be proud of the Auxiliary to the American Osteopathic Association. Back in the mid-fifties they could see the need for a national organization of these guilds to correlate their activities, maintain a clearing house for guild information and assist in the formation of new guilds. With help of the American Osteopathic Association and the American Osteopathic Hospital Association they sponsored a meeting for this purpose, held in Chicago in 1955, and at this time the National Osteopathic Guild

Association was formed with these objectives in mind and functions as an allied organization to AAOA.

This lay organization has grown from a small nucleus to a membership of over 2000 individual members and over 45 participating guilds.

Our national Auxiliary was able to grant NOGA \$2500.00 this past year to help support the programs of this most worthwhile group. They are not self-supporting due to the fact that many of their members are on social security or pensions and can give of their time, but do not have the monies for large dues. This AAOA support comes from the dues you pay as an Auxiliary member. It truly pays off in much larger dividends in the excellent services provided to our hospitals over the country.

Now as Auxiliary members, our meager financial support is not the only way we can give aid and assistance to these fine people. We should help them in their money-raising projects. One of their biggest complaints from many areas of the country is our negligence in this respect. After all, these are the hospitals of our husbands. We gain benefit from the guild efforts. Why then should we not give assistance?

Local or district auxiliaries in the hospital area should lend their support to the hospital guild in fund-raising, social and public relations projects and thus show our appreciation and enthusiasm for the work accomplished by our lay allies.

First and foremost your allegiance should be to the auxiliary to your husband's profession. This is of the utmost importance, as our auxiliaries have many projects and programs that are vital to the osteopathic profession. The support of every osteopathic wife is paramount.

A requisite for any guild to hold membership in the National Osteopathic Guild Association is that wives of osteopathic physicians must hold membership in the Auxiliary to the American Osteopathic Association. Since NOGA receives financial and other assistance from AAOA, surely one who has the opportunity to belong to the auxiliary would feel it a privilege and an obligation. In the case of guilds not affiliated with NOGA, physician's wives who are members of these guilds should be honored to show pride and loyalty by being a member of her own group.

[Please turn to page 26]

It Happened!

DISTRICT XIII

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

Dr. Jim Fite is recovering from a seige of surgery and care while a patient in John Sealy Hospital, Galveston. His son, Mike, a senior medical student, was his guardian angel.

Our district had its February meeting at the Country Club in Wolfe City. We enjoyed a three-act play after dinner.

The flu bug has hit many of us this winter but all seem to have recovered and are on the job.

Dr. & Mrs. Robert Hill were guests

of the District at the February meeting. Dr. Hill is on the staff of M. & S. in Bonham.

Brenda White had many of her paintings on display at the District meeting at Webb Country Club.

Bob and Nelda Van Schoick have returned from a South Pacific tour. They are both juniors at Austin College. The sociology course tour was made up of 18 students and faculty advisor and wife. Needless to say Dr. & Mrs. Van Schoick were glad to have them back safely. ▲

Business of Practice Seminar at TCOM

A seminar on the "Business of Practice" was attended by Texas College of Osteopathic Medicine faculty, staff, student-doctors and wives on February 25 in the school's Basic Science Building.

The meeting was sponsored by a group of professional consultants under the direction of Dr. T. Robert Sharp, president, American College of General Practitioners in Osteopathic Medicine and Surgery.

Those participating in the program - designed to assist the doctor with personal affairs - were: Messrs. Eugene de Kieffer, vice president and trust officer, Exchange Bank and Trust Company, Dallas; John Garvey, C.P.A., Richardson, Texas; Jerry Hobbs, C.L.U., and Gordon Van Goys, Hobbs - Van Goys and Associates, Dallas. Mr. de Kieffer is a member of the TCOM board of directors.

Topics discussed included Locations, Practice Types, Economic Considerations, Office Protections and Office Procedure.

Following the formal meeting a social hour was sponsored by the visitors. More than 50 persons attended. ▲

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Dr. Levy Practices Parttime in Claude

Dr. Levy, a native of Amarillo received his BS degree from Texas Tech and his D.O. degree from KCCOM. He interned at Fort Worth Osteopathic Hospital before becoming associated with the Groom Osteopathic Clinic in 1966.

The Board of Directors of the Armstrong County Medical Center announced recently that arrangements had been completed with Dr. David Levy of Groom to staff the clinic in Claude on a part-time basis.

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Texas G.P. Society Membership at 240

Membership in the Texas State Society of General Practitioners in Osteopathic Medicine and Surgery reached 240 by mid-March and was expected to climb above that by convention time in May, according to Dr. Art Wiley, secretary-treasurer of that Society.

The next meeting of the Texas G.P.s will be during the 73rd annual meeting of TOMA in Fort Worth, where they have scheduled a breakfast for Friday, May 12 at the Sheraton-Fort Worth.

Dr. Wiley asks that those wishing to attend the breakfast make reservations with him at once.

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AOA President Coy Named Executive Administrative Dean at TCOM



Dr. Marion E. Coy, president of the American Osteopathic Association, has been named executive administrative dean of the Texas College of Osteopathic Medicine.

The announcement was made by Dr. George J. Luibel, chairman of the school's board of directors.

Dr. Luibel also said that Dr. Henry B. Hardt, who has been acting chief administrative officer of the college, was named dean of the college during a recent board meeting.

Dr. Hardt, appointed associate dean in October, 1969, and elevated to dean when the college opened in October, 1970, will be responsible for the school's basic science curriculum, faculty and student services.

Dr. Coy, a general practitioner and anesthesiologist in Jackson, Tennessee since 1938, will divide his time between AOA and TCOM duties until his present term of office expires in July. He will assume full-time administrative duties on August 1, the chairman said.

The new dean has been a member of the National Board of Examiners for Osteopathic Physicians and Surgeons for 18 years, serving as vice-president of that group for eight

years. He is also an active member of the American Academy of Osteopathy.

Dr. Coy was born in Mattoon, Illinois on April 8, 1910. He was graduated from Springfield (Illinois) High School in 1928, and received his B.S. degree from Eureka (Illinois) College in 1932.

He earned his D.O. degree at Kirksville College of Osteopathy and Surgery in 1938, then interned at KCOS and at Laughlin hospitals in Kirksville.

The Tennessee G.P. has been active in community and military affairs, serving as president of the local Exchange Club and district commander of the Coast Guard Auxiliary for six terms. He is presently assistant chief of the Madison County Civil Defense rescue division and custodian of a 200-bed civil defense hospital.

Dr. Coy served two terms as president of the Tennessee Osteopathic Association and 25 years as secretary of the state board of osteopathic examiners.

Dr. Coy's wife, Martha, is also active in community and osteopathic affairs. She is the immediate past-president of the Auxiliary to the AOA.

The Coys have three children, a married son, Philip; a married daughter, Mrs. Bob J. Martin; and a 17 year-old daughter, Rene Ann.

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In Memoriam

Dr. Fred R. Banfield

Fred Radcliffe Banfield, D.O., 57, physician and community leader in Whitesboro for 22 years, died March 13.

He was a 1938 graduate of KCOM and held licenses in New Mexico, Illinois and Texas. He interned at Roberts Hospital in Jal, New Mexico 1939-40 and practiced briefly in Galena, Illinois, Ann Arbor, Michigan, Alice and Thornton, Texas before settling in Whitesboro.

Dr. Banfield served as a member of the Whitesboro School Board for 18 years and as city health officer for more than 20 years. He graduated from high school in DeKalb, Illinois, was a Methodist and a member of Theta Psi and Sigma Sigma Phi.

Surviving are his wife, Dorothy, four daughters and one son. Services were in Whitesboro. ▲

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New Director of Med Ed at Fort Worth

George M. Esselman, D.O., a Fellow in the American College of Osteopathic Internists, has assumed the duties of Director of Medical Education at Fort Worth Osteopathic Hospital as of March 15. Formerly in private practice, Dr. Esselman recently completed a course of study under the Directors of Medical Education Training Program of the Ohio State Regional Medical Program and the Center for Continuing Medical Education of the Ohio State University College of Medicine at Columbus, Ohio.

A 1944 graduate of the Kirksville College of Osteopathy and Surgery, he completed his internship and residency in internal medicine at Detroit Osteopathic Hospital. For the past 17 years he has been actively engaged in the specialty practice of internal medicine at Grandview Hospital in Dayton, Ohio.

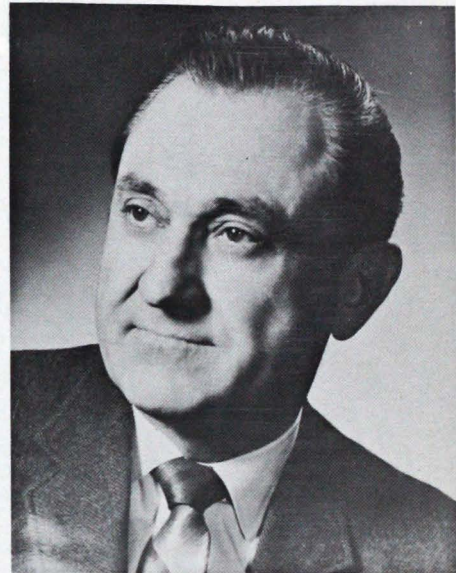
Dr. Esselman is a Diplomate of

the American Osteopathic Board of Internal Medicine, a member of the Dayton District Academy of Osteopathic Medicine, American Osteopathic Association, Ohio Osteopathic Association, American Heart Association, Pan American Cancer Cytology Society and the Association for Hospital Medical Education.

As Director of Medical Education at FWOH, Dr. Esselman will coordinate and direct the medical education programs in the hospital, with the ultimate purpose of ensuring excellence in patient care. The position within itself is based upon the concept that community hospitals are educational institutions because any place where medical care is rendered must also be a place where learning occurs. This concept implies that the quality of the educational program in that hospital, for evaluation of patient

care and education are one and the same.

Dr. and Mrs. Esselman have three children: G. Douglas, a pilot in the Air Force; Karen Beth, R.N., and Gregory, completing his senior year in high school.▲



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WARNING—Lasix (furosemide) is a potent diuretic which if given in excessive amounts can lead to a profound diuresis with water and electrolyte depletion. Therefore, careful medical supervision is required, and dose and dose schedule have to be adjusted to the individual patient's needs. (See under "DOSAGE AND ADMINISTRATION.")

DESCRIPTION—Lasix is a diuretic, chemically distinct from the organomercurials, thiazides and other heterocyclic compounds. It is characterized by:

- a high degree of efficacy;
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- a comparatively short duration of action;
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Lasix (furosemide) is an anthranilic acid derivative. Chemically, it is 4-chloro-N-furfuryl-5-sulfamoylanthranilic acid.

INDICATIONS—Lasix (furosemide) is indicated for the treatment of the edema associated with congestive heart failure, cirrhosis of the liver, and renal disease, including the nephrotic syndrome. Lasix is particularly useful when an agent with greater diuretic potential than that of those commonly employed is desired.

If the gastrointestinal absorption is impaired or oral medication is not practicable for any reason, Lasix is indicated by the intramuscular or intravenous route. The intravenous administration of Lasix is indicated when a rapid onset of the diuresis is desired, e.g., acute pulmonary edema.

Parenteral administration should be reserved for patients where oral medication of Lasix (furosemide) is not practical.

Hypertension—Lasix Tablets may be used for the treatment of hypertension alone or in combination with other antihypertensive drugs. Hypertensive patients who cannot be adequately controlled with thiazides will probably also not be adequately controllable with Lasix (furosemide) alone.

CONTRAINDICATIONS—Because animal reproductive studies have shown that Lasix (furosemide) may cause fetal abnormalities the drug is contraindicated in women of child-bearing potential.

Lasix is contraindicated in anuria. If increasing azotemia and oliguria occur during treatment of severe progressive renal disease, the drug should be discontinued. In hepatic coma and in states of electrolyte depletion, therapy should not be instituted until the basic condition is improved or corrected. Lasix is contraindicated in patients with a history of hypersensitivity to this compound.

Until more experience is accumulated in the pediatric use of Lasix (furosemide), children should not be treated with the drug.

WARNINGS—Excessive diuresis may result in dehydration and reduction in blood volume, with circulatory collapse and with the possibility of vascular thrombosis and embolism, particularly in elderly patients.

Excessive loss of potassium in patients receiving digitalis glycosides may precipitate digitalis toxicity. Care should also be exercised in patients receiving potassium-depleting steroids.

Frequent serum electrolyte, CO₂ and BUN determinations should be performed during the first few months of therapy and periodically thereafter, and abnormalities corrected or the drug temporarily withdrawn.

In patients with hepatic cirrhosis and ascites, initiation of therapy with Lasix (furosemide) is best carried out in the hospital. Sudden alterations of fluid and electrolyte balance in patients with cirrhosis may precipitate hepatic coma; therefore, strict observation is necessary during the period of diuresis. Supplemental potassium chloride and, if required, an aldosterone antagonist are helpful in preventing hypokalemia and metabolic alkalosis.

As with many other drugs, patients should be observed regularly for the possible occurrence of blood dyscrasias, liver damage, or other idiosyncratic reactions.

In those instances where potassium supplementation is required, coated potassium tablets should be used only when adequate dietary supplementation is not practical.

There have been several reports, published and unpublished, concerning nonspecific small-bowel lesions consisting of stenosis, with or without ulceration, associated with the administration of enteric-coated thiazides with potassium salts. These lesions may occur with enteric-coated potassium tablets alone or when they are used with nonenteric-coated thiazides, or certain other oral diuretics.

These small-bowel lesions have caused obstruction, hemorrhage, and perforation. Surgery was frequently required, and deaths have occurred.

Available information tends to implicate enteric-coated potassium salts, although lesions of this type also occur spontaneously. Therefore, coated potassium-containing formulations should be administered only when indicated, and should be discontinued immediately if abdominal pain, distention, nausea, vomiting, or gastrointestinal bleeding occurs.

Patients with known sulfonamide sensitivity may show allergic reactions to Lasix (furosemide).

PRECAUTIONS—As with any potent diuretic, electrolyte depletion may occur during therapy with Lasix, especially in patients receiving higher doses and a restricted salt intake. Electrolyte depletion may manifest itself by weakness, dizziness, lethargy, leg cramps, anorexia, vomiting, and/or mental confusion. In edematous hypertensive patients being treated with antihypertensive agents, care should be taken to reduce the dose of these drugs when Lasix is administered, since Lasix potentiates the hypotensive effect of antihypertensive medications.

Asymptomatic hyperuricemia can occur and gout may rarely be precipitated. Reversible elevations of BUN may be seen. These have been observed in association with dehydration, which should be avoided, particularly in patients with renal insufficiency.

Cases of reversible deafness and tinnitus have been reported following the injection of Lasix. These adverse reactions occurred when Lasix was injected at doses exceeding several times the usual therapeutic injection dose of 1 to 2 ampules (20 to 40 mg.). Transient deafness is more likely to occur in patients with severe impairment of renal function and in patients who are also receiving drugs known to be ototoxic. Periodic checks on urine and blood glucose should be made in diabetics and even in those suspected of latent diabetes when receiving Lasix. Increases in blood glucose and alterations in glucose tolerance tests with abnormalities of the fasting and two-hour postprandial sugar have been observed, and rare cases of precipitation of diabetes mellitus have been reported.

Lasix (furosemide) may lower serum calcium levels, and rare cases of tetany have been reported. Accordingly, periodic serum calcium levels should be obtained.

Patients receiving high doses of salicylates, as in rheumatic diseases, in conjunction with Lasix may experience salicylate toxicity at lower doses because of competitive renal excretory sites.

Sulfonamide diuretics have been reported to decrease arterial responsiveness to pressor amines and to enhance the effect of tubocurarine. Great caution should be exercised in administering curare or its derivatives to patients undergoing therapy with Lasix, and it is advisable to discontinue oral Lasix for one week and parenteral Lasix two days prior to any elective surgery.

ADVERSE REACTIONS—Various forms of dermatitis, including urticaria and rare cases of exfoliative dermatitis, pruritus, paresthesia, blurring of vision, postural hypotension, nausea, vomiting, or diarrhea, may occur.

Anemia, leukopenia, aplastic anemia, and thrombocytopenia (with purpura) may occur. Rare cases of agranulocytosis have occurred which responded to treatment.

Cases of reversible deafness and tinnitus have been reported. These adverse reactions occurred when Lasix injection was given at doses exceeding several times the usual therapeutic dose of 1 to 2 ampules (20 to 40 mg.). (See "PRECAUTIONS.")

In addition, the following rare adverse reactions have been reported; however, relationship to the drug has not been established with certainty: sweet taste, oral and gastric burning, paradoxical swelling, headache, jaundice, thrombophlebitis and emboli (see "WARNINGS"), and acute pancreatitis.

Lasix induced diuresis may be accompanied by weakness, fatigue, lightheadedness or dizziness, muscle cramps, thirst, increased perspiration, urinary bladder spasm and symptoms of urinary frequency.

As far as hyperglycemia is concerned, see "PRECAUTIONS."

Transient pain after intramuscular injection has been reported at the injection site.

DOSAGE AND ADMINISTRATION

Oral Administration—The usual dose of Lasix is 1 to 2 tablets (40 to 80 mg.) given as a single dose, preferably in the morning. Ordinarily, a prompt diuresis ensues. Depending on the patient's response, a second dose can be administered 6 to 8 hours later. This dosage and dosage schedule can then be maintained or even reduced. If the diuretic response with a single dose of 1 to 2 tablets (40 to 80 mg.) is not satisfactory, e.g., in a patient with congestive heart failure refractory to maximal doses of thiazides, the following schedule should be used: Increase this dose by increments of 1 tablet (40 mg.) not sooner than 6 to 8 hours after the previous dose until the desired diuretic effect has been obtained. This individually determined single dose should then be given

once or twice daily (e.g., at 8:00 a.m. and 2:00 p.m.). The dose of Lasix may be carefully titrated up to 600 mg. per day in those patients with severe clinical edematous states. Higher doses are currently under investigation.

The mobilization of edema may be most efficiently and safely accomplished by utilizing an intermittent dosage schedule in which the diuretic is given for 2 to 4 consecutive days each week. With doses exceeding 80 mg./day and given for prolonged periods, careful clinical and laboratory observations are particularly advisable.

Hypertension—The usual dose of Lasix (furosemide) is one tablet (40 mg.) twice daily both for initiation of therapy and for maintenance. Careful observations for changes in blood pressure must be made when this compound is used with other antihypertensive drugs, especially during initial therapy.

The dosage of other agents must be reduced by at least 50 per cent as soon as Lasix is added to the regimen to prevent excessive drop in blood pressure. As the blood pressure falls under the potentiating effect of Lasix, a further reduction in dosage, or even discontinuation, of other antihypertensive drugs may be necessary. It is further recommended, if one tablet (40 mg.) twice daily does not lead to a clinically satisfactory response, to add other hypotensive agents, e.g., reserpine, rather than to increase the dose of Lasix.

Until more experience is accumulated in the pediatric use of Lasix (furosemide), children should not be treated with the drug.

Parenteral Administration—The usual dose of Lasix is 1 to 2 ampules (20 to 40 mg.) given as a single dose, injected intramuscularly or intravenously. The intravenous injection should be given slowly (1 to 2 minutes). Ordinarily, a prompt diuresis ensues. Depending on the patient's response a second dose can be administered two hours after the first dose or later.

If the diuretic response with a single dose of 1 to 2 ampules (20 to 40 mg.) is not satisfactory, e.g., in a patient refractory to maximal doses of thiazides, the following schedule should be used under careful medical supervision: Increase this dose by increments of 1 ampule (20 mg.) not sooner than two hours after the previous dose until the desired diuretic effect has been obtained. This individually determined single dose should then be given once or twice daily. Parenteral administration should be reserved for patients where oral medication is not practical. Parenteral therapy with Lasix can be replaced by treatment with Lasix Tablets as soon as this is practical for continued mobilization of edema.

Acute Pulmonary Edema—Since the diuresis evoked by Lasix given intravenously commences within five minutes and leads to an intensive diuresis, the treatment of patients with acute pulmonary edema with Lasix (furosemide) intravenously has proven particularly valuable.

The following schedule is recommended: 2 ampules (40 mg.) of Lasix are to be slowly injected intravenously immediately. Then this dose should be followed by another 2 ampules (40 mg.) one to one and one-half hours later if that is indicated by the patient's condition.

If deemed necessary, additional therapy (e.g., digitalis, oxygen) can be administered concomitantly.

Until more experience is accumulated in the pediatric use of Lasix (furosemide), children should not be treated with the drug.

HOW SUPPLIED—Lasix Tablets are supplied in white, monogrammed, scored tablets of 40 mg. in amber bottles of 100 (FSN 6505-062-3336), 500, and Unit Dose 100's (20 strips of 5). Lasix Injection, brand of furosemide, is supplied as a sterile solution in 2 ml. amber ampules; boxes of 5 (FSN 6505-435-0377) and 50. Each ml. contains 10 mg. furosemide (with sodium chloride for isotonicity and sodium hydroxide to make the solution slightly alkaline).

Note: Exposure to light may cause slight discoloration which, however, does not alter potency.

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BROWNSBORO—Immediate opportunity for a D.O. who wants a busy practice in a location where a D.O. clinic has been successfully operating for 20 years. Brick building, owner will equip to suit, if desired. Location is 14 miles from Tyler and excellent osteopathic general hospital. Gross will easily exceed \$5,000 monthly. Call Olie Clem, Administrator, Doctors Memorial Hospital, Tyler 214-597-3771, or Mrs. Sue Porter, 214-849-6424.

LAKE WORTH — Experienced D.O. who wants to work can share in a \$16,000 a month gross. Large structure, completely equipped, successful practice location since 1949. Lease with a view of taking over within a year. Ideal location for general practice. Write or call collect Harold B. Stillwell, D.O., 6613 Jacksboro Highway, Fort Worth, 76135; Phone: 817-237-3333.

WHITESBORO—Large practice of recently deceased D.O. offers opportunity in north Texas community of 3,000, with new school, completed urban renewal project, no ethnic problems. Clinic has large waiting room, private office, X-Ray, lab, three treatment rooms, modern, experienced employee available, 15 miles to Sherman or Gainesville. Contact Mrs. Dorothy Banfield 214-564-3097 or 564-3076.

SPRINGTOWN—Will pay a young aggressive D.O. who wants to go into family medicine \$1,000 a month to get started. Plans are to open a new clinic in Weatherford. Parker County is deficient in the number of doctors and therefore affords a great opportunity for a D.O. Contact Keith G. Winterowd, D.O. and Associates, Box 215, Springtown, Texas 76082.

CLAUDE—Beautiful Sears Clinic, new 1965. Big enough for 2 doctors. Need GP full time. Very stable community. Good schools, churches, near city. Town 1000, drawing area 2000. Excellent income potential. Clinic now open 2 days a week. Could turn over immediately. Some equipment, 20 miles to hospital. Contact David Levy, D.O., Box 49, Groom, Texas 79039.

ALTO—Beautiful, well equipped group owned clinic available immediately. 43-bed hospital available 12 miles away in Rusk. Call William T. Warner, R.Ph., Alto Clinic Group, 713-858-4311 for further details.

DALLAS—Will build to suit tenant. Leases being accepted in new professional building in north Dallas near Richardson, across from developing \$150 million Park Central Complex. Contact Ronald Regis Stegman, D.O., 214-233-9222 or 214-369-2233 or Coit-Central Bldg. Suite 119, 12011 Coit Road, Dallas, Texas 75230.

BALLINGER—Open staff hospital; 30 miles east of San Angelo. Needs two G.P.s, preferably with some radiology and pediatric training. 6,000 population with trade area of 15,000. Salary negotiable. Contact: Albert Everett, Administrator, Ballinger Hospital, P.O. Box 69, Ballinger, 76821: Phone 915-365-2531.

DALLAS SUBURB—D.O.-G.P. associate needed. Busy G.P. in S.E. Dallas Community desires an active associate in Family Medical Clinic. Must be well trained, mature, stable and happily married. Every other weekend off, 8 to 12 weeks off per year, as desired. Practice will provide ample time off, total coverage, and excellent income. This is an excellent practice location for now and future. Fine schools and living facilities. Partnership after one year, if desired. Please send resume to Jack Royder, D.O., Drawer AG, Hutchins, Texas 75141.

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

pearls beyond price

[Continued from page 17]

Auxiliary members are not eligible to hold an elected office in a guild that is a member of NOGA, nor in the National Osteopathic Guild Association. However they may be committee chairmen at local levels and in these areas can be most helpful.

When an auxiliary member has voice and vote in a guild she should be most diplomatic in this respect. In the case of a controversial issue she should remain quiet, for hers is a position of support rather than policy. It is best that doctors' wives keep their duties in areas where they do not come in contact with patients, for as a rule their husbands are staff members.

If the guild in your area does not choose to accept doctors' wives, it is well to have a designated member of the local or district auxiliary to act as liaison, with the consent of the guilds and divisional society, to preclude any conflict in activities such as fund-raising, etc.

The state auxiliary guild chairman is responsible for keeping state members informed regarding activities, status, numbers, etc. of the guilds within the state. She should assist with the formation of guilds and act as advisor when requested. She is the liaison between the guilds and the AAOA Chairman of Allied Organizations.

Guilds provide various services to the hospital and its patients. These services are defined by the administrator under the board of trustees and carried on under their supervision. The governing body of the hospital is responsible for the policies and the conduct of the institution. The hospital guild must conform to, and integrate its efforts with, the overall aims of the parent body if it is to grow and prosper as a successful partner in the health care the osteopathic profession has made available to the public.

We in Texas are fortunate this year to host the Annual Area Conference of the National Osteopathic Guild Association. This meeting will be held April 20 thru 21st, 1972 at the Red Raider Inn, Lubbock. All guilds, whether members of NOGA or not, are cordially invited to attend. There will be many informative workshops and speakers. It will give you the opportunity to meet with other guild members, to exchange ideas and learn new methods of improving guild services.

For information on the conference write to: Mrs. Robert Goetz, Chairman, 5408 West Pierson, Phoenix, Arizona 85031 or Mrs. Francis Andrews, AOA-NOGA Coordinator, American Osteopathic Association—212 East Ohio Street, Chicago, Illinois 60611. ▲

D.O.s Should Educate D.O.s

[Continued from page 16]

So can we really depend on someone else doing it? Certainly the osteopathic medical schools should be treated in the same manner as the allopathic ones when it comes to being supported by tax funds, but as I have illustrated, these promised funds are not always forthcoming.

And the trend toward letting someone else do it extends to the educators in both schools of medicine. Students in allopathic schools are not being taught by allopathic physicians in their first critical years of medical schooling--and our institutions are falling into the same trap. Ph.D.s and non-osteopathic physicians, due to their lack of training in the osteopathic principle and philosophy.

I don't want to imply that the professional educators don't have a part, because they do--but not for six out of eight years, which is the minimal time for the present system (four years in undergraduate school and the first and second year in Osteopathic medical school.)

I DO want to imply that a graduate of a first-class undergraduate school, with the recommended pre-osteopathic medical subjects, should be exposed to medical subject matter in his freshman year by osteopathic physicians--and a limited number of Ph.D.s. Clinical aspects should be correlated to point out the more common diseases of the body as the student dissects in the human laboratory, studies biochemistry, immunology, pharmacology et cetera. The sophomore, junior and senior students should be taught predominantly by a medically-trained faculty. With this policy, I believe we would have fewer students turning to allopathic medicine, and the end result would be better trained graduates in osteopathic medicine.

Many of us have taught without financial reward and many of us today will do the same. However, I feel there would be an abundance of instructors from our profession if they could be paid for their efforts. Any metropolitan area such as Dallas, Fort Worth and Houston has more than an adequate supply of D.O.s to serve as competent instructors.

I share the hope that the government will help in the financial aspects of osteopathic medical education, but let's spend the money to acquire osteopathic educators! ▲

Johann Wolfgang von Goethe, one of Germany's greatest poets, gave us a thought-provoking sentence when he wrote "That which hath been bequeathed to thee thou must learn anew if thou wouldst possess".

TOMA and TOHA to Hold Joint Meeting

Another first in the history of Texas Osteopathic Medical Association conventions will be the combined meetings of that Association and that of the Texas Osteopathic Hospital Association May 11, 12, and 13, 1972, at the Sheraton-Fort Worth.

Franklin E. Wells, administrator of Dallas Osteopathic Hospital, is this year's president of TOHA and will preside at meetings to be held concurrently with those of TOMA.

The osteopathic hospital administrators and their wives will be included in all of the functions of the TOMA convention and, in addition, they will have specialized sessions having to do with the business of TOHA.

Registration fee for hospital administrators and their wives will be at the actual cost of the meal functions, which include the opening day Keynote luncheon, the Friday College luncheon, the President's reception, banquet and dance, and the Fun Night reception, buffet and dance.

D.O.s APPOINTED TO OFFICES

In West Texas:— Dr. Brady Fleming has been appointed health officer of Gaines County. His appointment came through the County Commissioners' Court.

In East Texas:— Dr. Ronald Regis Stegman was named TOMA's representative for Disaster Medical Care for District 1—A, according to a letter written by Charles E. King, Director of Civil Defense and Traffic Safety for the Texas State Department of Health.

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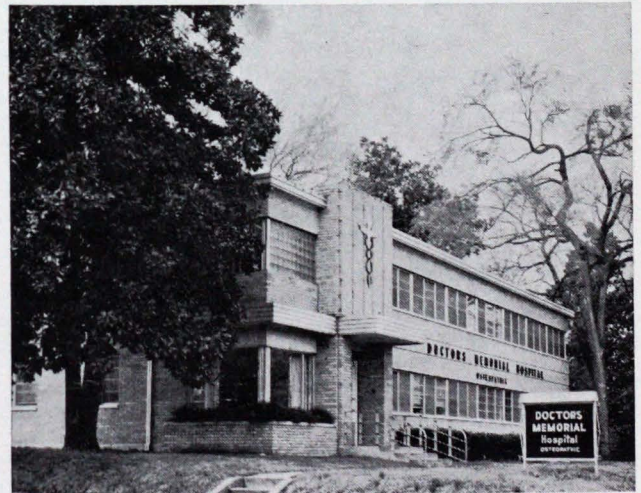


Leonard Woodcock, president of United Auto Workers International (left) and Bobby G. Smith, D.O., TOMA Medical Jurisprudence chairman, discussed National Health Insurance legislation, problems of pollution of the environment and cooperation of physician and union member on public health matters.

Mr. Woodcock was in Arlington late in March on a swing around the nation. ▲

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Number Eight --

On the Way!

Oklahoma legislature
passes law to establish
Osteopathic College

One year ago, during the first session of the Oklahoma Thirty-third Legislature, Senate Joint Resolution 26 called for a "Feasibility Study for the Establishment of a College of Osteopathic Medicine and Surgery in the Tulsa Area."

The Executive Council of that legislature employed Lawrence W. Mills, former Director of Education of the AOA, to make the study.

The results of that study were formally introduced to the public by Mr. Mills on December 13, 1971.

The Mills Study concluded, "A College of Osteopathic Medicine and Surgery in Tulsa is feasible. This report indicates that such a college would contribute materially to the solution of existing health problems facing Oklahoma.

On January 19, 1972 Senate Bill 461 was introduced to the second session of the Thirty-third Oklahoma Legislature.

The bill was sent to the Senate Committee on Higher Education where it received a "Do Pass" recommendation.

After passing the Senate by a vote of 34-5, it then went to the House where it was sent to the House Appropriations and Budget Committee. After receiving an enthusiastic "Do Pass" from that Committee, it passed the House with an 85-3 vote March 2, 1972.

Eight days later Governor David Hall signed into Oklahoma law this most significant legislation since the Osteopathic Practice Act for the osteopathic profession and the people of Oklahoma.

Although the Oklahoma Osteopathic Association deserves much credit for this legislation, that group feels that it could not have been done had not the legislators been sensitive to the physician manpower crisis in Oklahoma. It was the legislators who initiated, drafted, introduced and supported Senate Bill 461 to authorize the establishment of this college.


Senate Bill 461 is not the final achievement in the realization of an Oklahoma Osteopathic College, but it is a preamble to fulfillment of the goal of a first class in the Fall of 1973 and to "help on its way" for the people of Oklahoma in this decade. ▲

Be it Enacted by the People of the State of Oklahoma

SECTION 1: The Oklahoma State Regents for Higher Education are hereby authorized and directed to establish a school of osteopathic medicine and surgery in Tulsa County to be known as the Oklahoma College of Osteopathic Medicine and Surgery. The State Regents shall prescribe the functions, the programs of study and standards of education for the Oklahoma College of Osteopathic Medicine and Surgery in pursuance of Article XIII-A of the Constitution of Oklahoma. It is the intent of the Legislature that emphasis be given in the educational programs of this institution to the training of doctors of osteopathic medicine in the field of general practice. The State Regents shall arrange for the employment of appropriate personnel, and upon the effective date of this act shall proceed immediately with plans for the establishment, development and operation of the Oklahoma College of Osteopathic Medicine and Surgery and shall maintain and operate the institution as a fully constituent member institution of the Oklahoma State System of Higher Education. The State Regents are further authorized to accept gifts, grants and other donated funds from the federal government, foundations and other private sources for use in establishing, maintaining and operating the College of Osteopathic Medicine and Surgery, to enter into agreements and contracts with agencies, institutions and others, and to do all things necessary and convenient to fully accomplish the purposes of this act.

Section 2: There is hereby appropriated the amount of One Hundred Thousand Dollars (\$100,000.00) to the Oklahoma State Regents for Higher Education from the General Revenue Fund, not otherwise appropriated, to be expended for immediate planning for making operative The Oklahoma College of Osteopathic Medicine and Surgery, which appropriation shall not be subject to fiscal year limitations.

Section 3: It being immediately necessary for the preservation of the public peace, health and safety, an emergency is hereby declared to exist, by reason whereof this act shall take effect and be in full force from and after its passage and approval. ▲



Hit with baseball bat.
A trip to the Emergency
Room and 10 stitches.
Age 7.

Dislocated shoulder
while tumbling in gym
class. Age 13.

A broken arm falling
out of Jackson's tree.
Age 10. And age 11.

Emergency
appendectomy while
on vacation. Age 14.

Cut finger, 4 stitches.
Got it caught in the
end of a tricycle
handlebars. Age 3.

A broken ankle. Went
to kick a football,
missed and kicked
the ground. Age 16.

This guy lived a nice normal childhood.

He lived a childhood like most of us. Not from day to day, but from bandage to bandage. If it wasn't a banged-up knee, it was a broken arm. Or stitches. Tonsillectomy. Or a trip to the Emergency Room.

Well, mom and dad, kids haven't changed. They still break their arms. And need stitches. And parents still have to pay for it.

That's where Blue Cross and Blue Shield comes in. If you're already protected by our program, you know what we mean. If not, well, we're concerned about you and your kids. That's why we've developed a plan that makes sure your kids get the best health care possible. And their breaks don't break you.

Neither of us can prevent the kids from living a nice, normal childhood. Lord only knows it'll happen anyway. But when it does, we can sure help make growing up a lot easier. For the both of you.



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