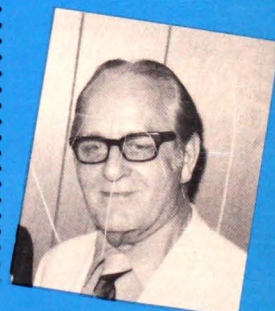


# TEXAS OSTEOPATHIC PHYSICIANS JOURNAL



*In Recognition*

of his

40 YEARS

of Service to Mankind in the Practice of

*the ART of MEDICINE*

DISTRICT III

of the

*Texas Osteopathic Medical Association*

Presents this Certificate of Merit

to

*H. George Grainger, D.O.*

*President, District III – 1931*

*President, Texas Osteopathic Medical Association – 1948*

*President, District III – 1971*

*K.E. Ross, D.O.*

Secretary, District III, TOMA

*This is your life -- Dr. H. George Grainger*



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# TEXAS OSTEOPATHIC PHYSICIANS JOURNAL

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## *In This Issue*

	Page
40 Candles on Our Cake!	4
Profile — per the Physician	5
"Right" or "Privilege"?	5
A Thorn in the Side	6
Questions from the Bar <i>D.O.s Have the Answers</i>	7
Corpus Christi Next for TOHA	8
My long-haired preceptee	10
My small town preceptor	11
Students at TAO Workshop	14
Unlimited in 48	14
NEXT? ? ?	15
Mid-Cities Hospital Grows	16
Going to Pot	17
Greener Fields	18



## CALENDAR OF EVENTS

### AUGUST

TOHA Annual Convention  
August 11-14, 1971  
Holiday Inn Emerald Beach  
Corpus Christi

*The North Texas Roentgen  
Ray Society Symposium*  
August 27-29, 1971  
Ranch Land, Inc.  
Lewisville, Texas

### SEPTEMBER

*DISTRICT III*  
Sat., Sept. 18, 1971  
Ramada Inn, Tyler

OAO "Whiplash" Seminar  
Sept. 25-26, 1971  
Camelot Inn  
Tulsa, Okla.

### OCTOBER

TOMA Mid-Year Board  
Oct. 23, 1971  
State Office

### NOVEMBER

AOA-76th Annual  
Convention & Scientific  
Seminar  
Nov. 15-18, 1971  
Sheraton-Waikiki Hotel  
Honolulu, Hawaii

### DECEMBER

*Texas State Board of Med.  
Examiners — Exam.*  
Dec. 6-7-8, 1971  
Sheraton Crest Inn  
Austin

THIS IS YOUR LIFE, DR. GRAINGER!

[About the Cover]

Although the Certificate of Recognition on this month's cover may not be the finest award ever presented to Dr. H. George Grainger in his illustrious career, it marks some sort of a milestone in his life.

A search of State Office archives unearthed pictures of other milestones—or activities that cover the past 25 or 30 years of this physician's eventful life.

Clockwise, Dr. Grainger is pictured when he represented District III in the Texas House of Delegates; as a TOMA Trustee; as President of TOMA; as President of District III, 1971 [a picture of him assuming that same office in 1931 is not available]; at a recent Public Health Seminar; seriously discussing the establishment of TCOM with other College Board members; living it up in Lubbock, and a mug shot from the State Office files [circa 1965?].



# 40 Candles on our cake!

[Editor's note: After the June issue of the Journal had already gone to the printers, we received a letter from Dr. A. Ross McKinney concerning the 40th anniversary dinner of District III. Herewith are printed excerpts from his letter and our response.]

Dear Tex:

I believe the following is most newsworthy to members of our profession, and I, along with others, would like to see some recognition for Dr. George Grainger because of the following:

Forty years ago District III of the then TAOP&S was formed and Dr. Grainger was its first president. Last Saturday night (May 15) District III met in Mount Pleasant and Dr. George Grainger took office as president again. Of course, in the meantime he has been president of our State Association, as well as president of the state and national Academy of Applied Osteopathy (I believe that name has been changed also to the American Academy of Osteopathy). He has also held numerous offices both local, state and national. Again, I think this is newsworthy and would like to see this mentioned in our publications.

/s/ A. Ross McKinney, D.O.

Dear Doctor McKinney:

Somehow we seem to have collected a voluminous file on Dr. Grainger in the last couple of months, and your letter prompted us to go back through the archives in the State Office and learn a little more about him.

In doing this we found so much material that would be of interest to the entire profession in (and out of) Texas that we have decided to hold all of it for the July *Journal* and make that more or less the "Dr. H. George Grainger Issue".

... In our editorial judgment, a man who has been as dedicated to the *art* of the practice of medicine and has given of himself to such a degree in the service of his District, State and National Associations, deserves recognition and kudos from his colleagues. . . .

We not only agree with you that Dr. Grainger's accomplishments and service are newsworthy—we think he deserves a real big "spread" in *his* Association's *Journal*.

Please give me any and all ideas you might have in carrying out this project.

/s/ Tex Roberts

Osteopathic physician, editor, author, lecturer, cartoonist and artist (and always raconteur and practical joker) Dr. H. George Grainger of Tyler was installed as President of District III, Texas Osteopathic Medical Association, May 15, 1971, an event well-documented in the Press and letters to the editor of the *Texas Osteopathic Physicians Journal*.

Not so well documented is Dr. Grainger's installation as President of District III (then the East Texas District) in the spring of 1931—just forty years ago.

Although the State Office archives contain three voluminous files concerning Dr. Grainger, the first communication from—or mention of—him is dated in 1943. Somewhere—gathering dust—there must exist an application for membership in TOMA, along with other vital statistics, which are not readily available.

However, Dr. Grainger reports that he got his D.O. degree from Kirksville College of Osteopathy and Surgery in 1929 and that he is a Board Certified Fellow in the American Academy of Osteopathy, holding certificate No. 13.

Dr. Grainger has organized and presented a number of scientific exhibits in neurophysiology at national conventions, has been a frequent contributor to scientific and professional journals, and has lectured at several State Osteopathic Association Conventions.

In discussing his hobbies, Dr. Grainger writes, "I paint. . . . Sometimes I make things, but I like to paint. . . . Sometimes I quit painting for a spell and pick up a pencil and try to write some poetry. Sometimes it isn't poetry, but just verse. . . .

"Sometimes I write a Letter to the Editor, too. The one titled simply, 'Osteopathy', published in the December 24, 1965, issue of *Science*, has been hailed by several of our own writers, educators and scientists as a 'breakthrough'. [Reprinted elsewhere in this issue: Ed.]

"When I paint I win my share of ribbons, but never make a sale. . . . One of my still lifes won 'Picture of the Year for 1965'. But it didn't sell.

"So I paint and write. And I also study. I study books. All the way from *Thucydides* to *Giles Goat Boy*. That's why, I guess, I have to write."





## “Profile”

- per the physician

In 1967, Dr. H. George Grainger was nominated by District III as a candidate for the award given by the Texas Society of General Practitioners in Osteopathic Medicine and Surgery of “General Practitioner of the Year”. A requisite of a candidate was that he offer a biography and list of his accomplishments “in the greatest detail possible”.

With little editing, here is Dr. Grainger’s account of himself in 1967:

“I am 63, of sound mind and body, and have been by and large, happily married to the same dear wife for 36 eventful years. We have a son, Dick, who, if I can believe what ‘everybody’ says, is a mighty sharp and up-and-coming lawyer here in Tyler. Then there is sweet little Jill, a Houston housewife, and a gracious little daughter and mother if there ever was one. Son Jack, a pre-med junior at The University, who says he’s gonna be an osteopathic doctor like his Dad, brings up the rear.

“I have been in continuous active practice for (gee) 38 years, starting out (and starving) in Waco, thence to Canyon where I tarried long enough to find Geneva and marry her; thence, at the beckoning of Dr. Howard Coats, to the burgeoning oil boom little city of Tyler, where I have lived and practiced ever since.

“Politically, I served as President of the State Association 1948–49, a tumultuous period in which the AMA made their *first* concerted attempt to break up the osteopathic profession by trying to influence the Texas legislature to break up our Medical Board. I was also the founding president of the East Texas District, 1931, which is now District III. I was founding president of the Texas Academy of Applied Osteopathy in 1955.”

Dr. Grainger’s “Profile” continues with human interest vignettes before it goes on to discuss his contribution to medical literature. He wrote in this section, “Back in 1939, when it was considered almost heresy to write about a drug treatment in an osteopathic periodical, *The Osteopathic Profession* published an article by me titled, ‘Calcium Intravenously in Osteopathic Practice’—‘Quick Relief for Acute Conditions Commonly Found in General Practice’, for which I reaped a whirlwind of honest curiosity mixed with letters of rebuke. From then on, though, (it seemed to me) the literature of osteopathy began to loosen up. (What must have really happened, though, was that my piece was a straw in a prevailing wind, a wind I was not aware of until my piece appeared.)”

## “Right” or “Privilege”?

When we started studying up on Dr. Grainger’s deeds (and misdeeds) we found a gem that is as meaningful today as it was when it was written in 1948.

It is a copy of a letter written by the then executive secretary of the then TAOP&S to a member who seemed to be reluctant to pay his dues—a doctor who apparently could see no reason why he should belong to the State Association.

The secretary explained to the maverick that nowhere in the laws of Texas did it say he had to belong to his State Association, but he said that *through* the State Association the effort had been made—successfully—“to keep the laws as they are so you can continue to enjoy the unlimited practice rights you now have. This expense is carried by members interested enough in *their own welfare* to pay their dues—not by non-members.

“No, you do not have to join your Association. We will still keep fighting to protect *your rights*.”

But the notations penned on this copy by the 1948–49 President of TOMA, Dr. H. George Grainger, are what hit home, and we quote, “I don’t like the word ‘rights’. That’s the trouble with the outsiders. They think they are God-given *rights*. They are simply privileges *loaned* to us as long as we merit them.”

He then changed the last paragraph of the secretary’s letter to read, “No, you do not have to join your Association. We will still keep fighting to protect—not your *rights*, but the *privileges* given you by a grateful people of the State, through the organized efforts of pioneer osteopaths who started our Texas Association.”

[It worked! The doctor to whom this was addressed was convinced and is a member in good standing today—Ed.]



# *a Thorn in the Side*

More than 20 years ago when passage of the Basic Sciences Law was imminent Dr. George Grainger viewed it as a "wedge to break wide open the Medical Practice Act", although only three years previous to this, the Texas State Board of Medical Examiners had written and published its opinion of that Practice Act as follows:

"The Texas Medical Practice Act is the fairest regulatory medical law ever written. It was designed for one purpose only—protection of the health and the lives of the people of Texas, and it should be speedily and consistently enforced. . . . *one law and one standard for all practitioners!*"

According to Dr. Grainger, the proposed Basic Sciences Law was ostensibly aimed at chiropractors. He felt the new law was completely unnecessary because the Medical Practice Act did not exclude chiropractors from taking Board examinations. He said that chiropractors disqualified themselves by not meeting the educational requirements of the Board. He asked, "Would a Basic Science Law be an improvement?"

*[A Basic Science Law was enacted in other states about the same time as in Texas, for the same purpose—the belief that D.O.s could not pass a basic science examination. Since this purpose was not accomplished by this law, it has now been repealed in several states—New Mexico and Florida recently.—Ed.]*

Dr. Grainger wrote that the enforcement provisions in the proposed new law were almost identical with those in the present Medical Practice Act. He said that the solution of the situation (control of the illegal practitioner) "lies not in passing another law, but in enforcing the present one". It was his belief that the real purpose of the bill was to liquidate the osteopathic profession in Texas.

At the time, Dr. Grainger wrote, "In the short half century of its life, the science of osteopathic medicine has made tremendous strides. Founded upon a concept of natural immunity, which has been proved by millions of patients, the osteopathic profession has broadened with every scientific advance. Based as securely in the Basic Sciences, the profession has grown in stature, in numbers, and in physical equipment so that it has become an economic thorn in the side of the political group who like to think that all truth in medicine, all knowledge of disease, all healing measures, are theirs. All others than those within the fold of 'regular' political medicine at once become quacks, charlatans and cults.

"The 'cult' they most fear, and the one whose thorn penetrates the deepest into their sensitive skins is that of the up-and-coming, upstart osteopathic group. The natural competition resulting from the unparalleled therapeutic accomplishments, and the rigid standards of training of its dynamic and vigorous exponents have been giving them a most excruciating pain.

"The growing recognition of the scientific basis of the osteopathic concept by scientific journals, the unbiased acceptance of the osteopathic physician's ability by companies which insure the people's health, the commissioning of osteopathic physicians into the U. S. Public Health Service and the Veterans Administration, and the authority given by the Congress of the United States and the President to the armed forces to commission osteopathic physicians as officers in the Medical Corps are some of the barbs on the thorn which do not allay the pain.

"Then what am I hollering about? Osteopaths shouldn't be afraid of a Basic Science Law. Osteopathic graduates need have no more fear of a Basic Science Board than the allopathic M.D. The Board in itself would be no worse than any other Basic Science Board in the country. *But the purpose* of the proposed Basic Science (or Minimum Standards Law, as it is called this time) we do oppose. Its only purpose is to act as a wedge to break wide open the Medical Practice Act. It is the forceps with which to withdraw that barbed economic thorn from the smarting side of Political Medicine in Texas.

"Please do not be misled by the twaddle they give about protecting the health of the people of Texas. Osteopathic physicians are just as concerned about protecting the people's health as are our allopathic friends. The thorn is a politico-economic one, although it does have a psychological point. It hurts that smug feeling of Texas political medicine. It hurts no end, and so they introduce this Basic Science wedge in order to tear apart the 'fairest regulatory law ever written', the Texas Medical Practice Act."

Dr. Grainger went on to relate other methods that have been tried and draws his conclusions as to what will be tried next to exclude osteopathic physicians from being licensed to practice in Texas. He points out tactics used in other states by the AMA—tactics that have been successful in some cases. He said, "Now it is Texas' turn. We can only judge the future by the past, and we can note a trend. . . . The trend has not changed, but has this year been intensified."

(In 1971, the question is: What next?)



# Questions from the Bar:

## D.O.s have the Answers

This past spring Dr. T. T. McGrath received an invitation to participate in a panel discussion before the Dallas Association of Defense Counsel wherein prepared questions would be asked of him and other osteopathic physicians he might choose to join him on the panel.

The invitation came from Timothy E. Kelley, who explained that his Association consisted of most of the members of the Dallas Bar "who do insurance defense litigation". He further explained, "The members are intensely interested in medical problems generally and osteopathic medicine in particular and are very much looking forward to learning more about you and your brethren."

Mr. Kelley said the suggested questions were purposely provocative and that he hoped Dr. McGrath and his associates would be frank with them.

Dr. Philip Saperstein of Fort Worth joined Dr. McGrath on the panel. Their answers to the questions put to them gave considerable enlightenment concerning the osteopathic profession to the members of the Dallas Association of Defense Counsel.

The lawyers' questions and the doctors' answers were:

(Q) How can we best present, as defense lawyers, osteopathic medicine to the jury, particularly when there is also testimony from allopathic physicians?

(A) The allopathic physician (M.D.) and the osteopathic physician (D.O.) both utilize the techniques of surgery and drugs as well as various modalities of physical therapy and diagnostic procedures. In this respect the approaches of both are very much alike.

The osteopathic physician has an additional approach to both diagnosis and treatment, and that extra is the art of manipulative therapy. This facet of the osteopathic training was emphasized in a survey made by the Department of Interior of our Federal Government in 1946. Their study listed the number of hours spent in various courses, and the two schools of medicine were equal in hours in the usual curriculum, except that the osteopathic curriculum included from 400 to 600 hours designated for the study of manipulative therapy. (This variance included the study of all of the osteopathic schools.)

With this data and with the common knowledge that the M.D.s and the D.O.s take the same examination by our Medical Board, and the Medical Board is made up of D.O.s and M.D.s, you can best present a D.O. in the same manner that you present an M.D., unless you want to add that the D.O. has had special training in manipulative therapies.

(Q) How important is manipulative therapy to osteopathic medicine and how is it superior to the treatment offered by allopathic physicians?

(A) We do not want to imply that the osteopathic approach is superior to that of the allopathic—or M.D.—approach relative to the use of drugs and surgery, but we do have that "extra" approach, manipulative therapy, which most definitely has a place in treating the sick and injured. Most D.O.s use manipulative therapy every day in their practice. Our treatment by manipulative therapy is of tremendous importance relative to micro-trauma to the spine and its effect on the autonomic nervous system.

(Q) It is probably the opinion among the insurance defense bar that osteopathic physicians tend to be more liberal to claimants than do allopathic physicians. If this is true, why is it true and what can we, as defense attorneys, do about it?

(A) If it appears that the D.O. is more liberal to claimants than the allopathic physician then there must be a reason. Let's review some of the possibilities. Since my practice is totally orthopedic and traumatic (Dr. McGrath speaking), I would like to give my theory on one patient who had been injured at work for whom I recommended a myelogram, and so it was scheduled. The next morning I was notified by the adjuster that he was transferring the patient to another hospital for care by a physician of his choice. The patient objected to the move and refused. I performed the myelogram and surgery followed. His compensation check was cut off. Naturally he became angry, the case ended up in litigation, and the insurance company paid. . . the hard way. The general attitude on the part of many adjusters remains the same. I have since had repeated cases of a similar nature.

*[Please see next page]*



# Corpus Christi next for TOHA

At the annual Texas Osteopathic Hospital Association convention August 11, 12 and 13 in Corpus Christi, there will be music, dancing, boat rides — and the law.

Besides that, you can get a credit point with the American College of Osteopathic Hospital Administrators for your attendance.

The law has to do with the seminar side of the program being arranged by Franklin E. Wells, TOHA president-elect and administrator of Dallas Osteopathic Hospital.

The music, et cetera, is being arranged by Dr. Dwight H. Hause of Corpus Christi, convention chairman; and Robert Halbrook, administrator of Corpus Christi Osteopathic Hospital.

Hospital law will be discussed by three distinguished Dallas barristers; Timothy E. Kelley, J. T. Walker and J. C. B. Aler.

Mr. Kelley is immediate past president of the Dallas Bar Association and vice president of the Trial Attorneys of America. He received his LL.B. degree from Yale University School of Law. He will lecture on malpractice in hospitals.

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## D.O.S HAVE THE ANSWERS

Another reason is the stereotype of cross examination by the defense attorneys. Much emphasis is placed on "running down" the osteopathic physician, stating that he cannot practice in the "regular" hospitals which they proceed to name one at a time. In other words, they deliberately develop a hostile situation with the witness.

In his summation of this meeting to this *Journal*, Dr. McGrath said, "Our recommendations to these attorneys I think were helpful, and it is hoped better relations will ensue. It was pointed out that their profession is largely responsible for the coined phrase or definition of total disability, (the legal definition) which is used in the hypothetical questions directed to the expert witness. The legal definition of total disability is that if the injured employee is limited or restricted in *any* of his duties formerly performed then he is totally disabled.

"Another item discussed was the tendency for the plant physician to play down the true extent of the injury and to insist on the injured going back to work before he has adequately recovered. Apparently they are limited as to funds for adequate consults, x-rays and other diagnostic modalities."

Mr. Walker, of the firm of Walker, Choate and Walker in Dallas, received his Doctor of Jurisprudence degree from the University of Texas in 1961. He served as assistant attorney general of the State of Texas in 1961 and again in 1967.

He will discuss hospital staff bylaws, handling of staff appointments, recent court decisions, appeals procedure, and physicians rights and privileges. Mr. Wells suggests that administrators bring their staff bylaws to the convention and check them with information on new laws referred to in Mr. Walker's discussion.

The third speaker, Mr. Aler, has had considerable experience in labor law, and that will be his seminar topic. He received his law degree from the University of Texas Law School in 1961. He is now in general private law practice with the firm of Walker, Choate and Walker in Dallas, but received much of his experience in labor law when he was associated with Mobil Oil Corporation and the Southland Corporation.

As convention chairman and seminar chairman, Dr. Hause and Mr. Wells have worked in close coordination to make this convention one of the most profitable for the administrators — knowledge-wise, and one of the most entertaining for all who attend.

Convention headquarters is Holiday Inn Emerald Beach, which offers a panoramic view of the shoreline, six heated swimming pools and private beach. The City Marina and downtown shopping area are only a short walk away.

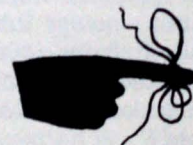
More information concerning Corpus Christi, and room reservation cards will be in the mail shortly and your request for accommodations should be mailed no later than August 1.

Convention registration will be on Wednesday, August 11. The seminar will begin at 8:00 a.m. August 12, and will last until 12:30. The Honorable Ralph Yarborough will be the luncheon speaker that day.

A golf tournament is also planned for Thursday, and conventioners will be treated to a cruise that evening.

The seminar will continue Friday morning, the 13th, and the afternoon is free. The TOHA business meeting will begin at 8:00 a.m. Saturday.

More details on the TOHA convention upcoming. Watch your mail!







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# My long-haired preceptee . . .

*Little did Dr. James G. Price know, when he took part in our editorial meeting on the future of the young physician last January (MWN, April 9), that he soon would be observing one of the breed close up. Barely had he resumed his family practice in Brush, Colo., when the University of Colorado asked him to take on a senior medical student, Bob Zadra, for a seven-week preceptorship. Dr. Price agreed. But he was to find his preceptee quite different from the kind of medical student he was used to, or that he had been himself. His account of the unusual experience follows. Student Zadra, who became Dr. Zadra last month, had his own memorable impressions.*

It was with reluctance that we said goodbye to Bob Zadra when he completed his seven-week stay with us as a preceptee. I think that both my wife Tad and I were a little surprised to realize, when the time came for his departure, that somehow in such a short period he had integrated himself deeply enough into our family so that his leaving was a bit painful.

Having preceptees come and go was not new to us, but Bob was the first to live in our home and be a part of the family. Still, that we hit it off so well would seem most unlikely at first appearance. In the usual sense of the word, Bob is a hippie, complete with long hair, beard and mustache, bellbottoms, leather vest, boots, and beads. Add to this Bob's conscientious-objector position on the Vietnam war, his admitting occasional marijuana use, and an indication that he thinks that premarital sex is sometimes permissible, and it would seem that a clash between him and us, with our provincial, church-oriented attitudes (Tad and I were born and raised here in Brush), was just about inevitable.

Another potential divergence was that Bob was headed for a residency in psychiatry, yet the preceptorship was in general practice. The school failed to mention this beforehand.

But no clash ever occurred. And I'm not sure whose philosophies underwent what changes.

It took only a short time to discover that Bob's interest in preventive adolescent psychiatry was backed by a great deal of thought and study. He turned out to be much better at communicating with the local youth than we, their family doctors.

Shortly after he arrived, he was invited to address a student group about drugs. His presentation was so well received that several other organizations, including

the high school, invited him to give the same talk. In it, he compared the physiological and psychological effects of drugs in general, drawing the unspoken but obvious conclusion that marijuana is safer in some respects than alcohol and that all drugs are dangerous. He did warn that marijuana may be harmful psychologically to the emotionally unstable adolescent. All this information was couched in terms acceptable to both adults and youths.

By the end of his stay, Bob was receiving a speaking invitation every week. When one considers that no member of the local medical society has been asked to give a talk, this seems a bit astounding.

"Spook" activities, as he calls psychiatry, were by no means his only interest. He worked up every patient admitted to the hospital, attended all surgery and deliveries, and saw, as the initial physician, a random selection of office patients. Despite his appearance—decidedly unorthodox for a physician in Brush—almost all patients related to him well, and many requested to be seen by him on return visits. Not one complained about his skill, knowledge, or demeanor. All of them enjoyed his willingness to listen and his kindly approach.

So what was the final result of the preceptorship? Maybe we taught him a little medicine, and gave him a different perspective on planning patient care, taking into consideration the patient's job, family, and the rest of his life. And maybe we helped by making him a part of our family.

But my wife and I gained, too. We were taught, both intellectually and emotionally, that there is no standard level of behavior, thought, dress, or attitude that can accurately and derogatorily be called "hippie". We now have more respect for the motivations and intellectual capacities of a segment of youth we used to suspect.

In addition, I learned that one of the deficiencies of medical education is that it may discourage students from becoming family physicians, even if they had contemplated doing so. Maybe I can use this insight to encourage my colleagues to keep in better touch with students so that those leaning toward general practice do not get this inclination smothered amid the emphasis on specialization.

Perhaps most important, we enjoyed that rare experience of getting to know a person who accepted us as we are. I think we are better for it.



# My small-town preceptor

Before I left medical school, I wanted to go out and live and work with one of those mythical figures glorified in such TV shows as *Marcus Welby*: the GP. But when the opportunity finally came, and I was signed up for a preceptorship in Brush, there was a good deal of concern and shuffling among the administrators. Apparently they were worried about the school's image. I was one of those bearded, long-haired hippie types, and they were not sure I would fit "appropriately" into the small, rural community setting.

Their fears were groundless. Dr. Price, who got ample warning about my anti-Establishment attitudes, fully accepted me. So did the community. As for myself, the preceptorship turned out to be the most valuable experience of my education.

It didn't take long for Dr. Price and me to find that medical education has changed markedly. Today, the medical school's main goal seems to be to produce specialists and researchers. And since so many instructors depend on grants, they are there, in effect, primarily to satisfy the government, not the students.

When Dr. Price was in school it wasn't that way. What's more, he had a chance early in his education to observe the GP at work—a valuable exposure that reinforced his ideal of using medicine to really help people lead healthier, happier lives. Today, few of us are allowed this exposure or we get it too late. And for those of us who may originally have intended to go into general practice, the medical school ethos of specialism and research sets us to doubting the desirability, even the possibility, of such a goal. ("There's too much to learn," some professors would say.) I still remember that third lecture in biochemistry when the instructor asked how many were going into general practice. When about 40% raised their hands, he laughed and said something like we would "certainly see the light in a few years".

In Brush, I felt my original ideals and goals about being in contact with people and really helping them regenerated. I did work-ups in the hospital on newly admitted patients every morning and really got to know them. They were never an "ulcer" or a "broken leg" as so many patients are referred to at the medical center. We did tests and studies only as they were needed. If a 50-year-old man was admitted for a fracture of the zygoma, and his cardiac history was good, we did not run a \$17 ECG. We did not follow

rules per se; we thought first of the patient's needs.

In the clinic, when I saw Dr. Price take cursory histories, I was appalled at first. But it didn't take long to realize he had been treating some patients for 20 years—that he knew their every ache, cramp, past illness, and emotional problem. He had been "their doctor".

I was surprised, too, to find that he often got the latest family news. "I am a grandmother now" or "Sammy got a scholarship", were common greetings. It seemed his patients were a parade of a big family marching through the office, seeking help and advice from an omniscient father-figure.

Even though the patients were sick or distressed, they usually were outright happy to see him. He provided not only a good working knowledge of medical science, but a good bit of what might be called "medical art" as well. In short, he gave reassurance. When one thinks of the solution specialists offer for health care delivery—the combined specialty group practice—one realizes how poorly it compares with what Dr. Price gives, or what the public wants and needs.


In many ways I am like my fellow students. But now I've had an experience few of them have had. I have seen what I lost while training in medical school. If I had had the preceptorship two years ago, I might be headed for a different specialty. But at least my moribund idealism has been reawakened. From now on, I am going to try to help medical students hold onto their idealism, not abandon their inner truths.

[Reprinted with permission from *Medical World News*/June 11, 1971.]

## HISTORY SHOWS THAT ALL CIVILIZATIONS HAVE FOLLOWED THIS TIMETABLE

The people go from chains to spiritual faith;  
From spiritual faith to courage;  
From courage to liberty;  
From liberty to abundance;  
From abundance to selfishness;  
From selfishness to complacency;  
From complacency to apathy;  
From apathy to dependency;  
From dependency back to bondage.





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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# Students at TAO Workshop

Although clinical experience is seldom included in the osteopathic student's curriculum until his last two years of college, TCOM students had the opportunity to actually engage in demonstrating manipulative techniques when the Texas Academy of Osteopathy conducted a workshop at the College June 5 and 6.

The students' demonstration opened the program June 5, after which Dr. Jack Wilhelm showed proper treatment of athletic injuries. This was followed by Dr. George Luibel's presentation on "The Autonomic Nervous System".

Sunday morning's session started with Dr. George Grainger speaking on "The Negative Feedback Mechanism", followed by a talk on "Bursitis" given by Dr. Joe Love.

Each day's program ended with a session on technique, in which Dr. Wilhelm treated many of the student doctors.

Dr. Wilhelm of San Angelo, Academy president, chaired the business meeting at which the members voted to schedule another seminar in February, 1972 in Fort Worth, and to again invite the student doctors.

Other officers of the Texas Academy, who were elected at the annual meeting in April, include Dr. A. Ross McKinney of Texarkana, vice president; Dr. Evalyn Kennedy of Beeville, secretary-treasurer, and Dr. Catherine Kenney Carlton of Fort Worth, program chairman.

In addition to the TCOM students, lecturers and officers named

above, D.O.s present were Drs. Frank McLamb and S. C. Hess of Houston, Rollin Becker of Dallas, John Donovan of Austin, B. B. Jagers of Midland, A. L. Karbach and E. P. Carlton of Fort Worth, and G. E. Crawford of Little Rock, Arkansas.



*Student doctors pictured are (on table foreground to background) Terry Parvin, John Williams, Ron Daniels and Ken Brock. Demonstrating manipulative technique on the shoulders of their classmates are (standing foreground to background) Paul Livingston, Gene Bond, Charles Vogler, John Sessions, Shelley Howell, Jobey Claiborn and Nelda Cunniff.*

## Unlimited in 48!

When, by legislative action earlier this year, D.O.s in Montana and Arkansas were granted unlimited practice rights, that left only Mississippi and Louisiana as the only two states that continue to place restrictions on the practice of osteopathic medicine.

Montana's new law grants full licensure to all D.O.s who have served an internship approved by the AOA and who pass the same examination as M.D.s in that state. However, it does not grant reciprocity or "grandfather" rights to D.O.s presently practicing in Montana.

Passage of the law in Arkansas was close, squeaking by the House with a vote of 41 to 40. When newspapers throughout the state strongly criticized the Arkansas Medical Society's opposition to the bill, it did an about face and met with Arkansas Governor Dale Bumpers to work out a compromise that would be acceptable to the Arkansas Osteopathic Association.

The amended bill grants full practice rights to all D.O.s who have served an internship approved by either the AOA or the AMA during the past five years. D.O.s who completed internships prior to that time will be recognized if they have completed at least one year of postdoctoral training during the past five years. "Grandfather" privileges will be granted to all D.O.s presently holding Arkansas licenses.

Also in legislative action this spring, Wyoming passed a bill to prevent hospital discrimination against physicians on the basis of earned degree.

The bill specifies that applicants for hospital staff privileges may be graduates of approved medical or osteopathic colleges who have served internships approved either by the AOA or the AMA.

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# NEXT ???

by Tex Roberts

The knee-jerk reactions and efforts of the AMA to obliterate the D.O. take on different complexions and directions in at least two states.

In the early sixties they got a bill through the California Legislature that denied licensure to the D.O.

A recent Appellate Court decision there said: "The intent of Proposition 22 and the State Legislature was to abolish the osteopathic profession, . . . which is unconstitutional." In Texas the attempt to poach on the osteopathic profession membership takes the form of a so-called AMA-TMA "confederation" to get all licensed physicians in Texas into one voluntary organization (the TMA!).

Some of the simple facts of the situation are that beginning about 40 years ago the M.D.-controlled medical schools began limiting the supply of doctors and it was sometime in the late fifties or early sixties before the shortage was recognized by the AMA.

Over the years and long before it was noted that the public was crying out for family physicians, osteopathic medical schools were turning out more than three-fourths of their graduates as family physicians and more than half of all D.O.s in the nation went to cities of less than 50,000 population.

Current medical literature, much of it written by M.D.s, cites the fact that student doctors in AMA-controlled medical schools are pressured into specialties. Also, a huge percentage of them never even go into practice but take administrative jobs or go into research. None of these avenues increases the delivery of health care to the people.

It is a simple matter of constitutional rights that the osteopathic physician, with the degree of D.O. and licensed to practice medicine in his state, should be allowed to pursue his profession and minister to the sick without the intrusion of political medicine as advocated by the AMA.

In California sanctions have been issued against the Attorney General and the case is headed for Superior Court where the D.O.s are seeking summary judgment and the restoration of licensure to the osteopathic medical examining board.

At the AMA House of Delegates meeting in Miami in 1969, the cry from Texas was that they (the AMA members) were losing their killer instincts.

As one D.O. remarked the other day, "If they can't kill us they're going to love us to death."

---

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# Mid-Cities Hospital Grows with Area

The fourth addition since 1959 to the Mid-Cities Memorial Hospital was inspected by Mayor Joe Colwell and Chamber of Commerce manager, Art Sinclair, of Grand Prairie during National Hospital Week in May.

The new construction consists of two separate wings, according to Dr. Harriette M. Stewart, hospital administrator. They will include a 6,000 square foot ancillary wing and a cobalt radiation wing, which will be the only one between Dallas and Fort Worth, as well as one of the few cobalt facilities in use in the entire osteopathic profession.

The existing deep x-ray radiation machine and the newly acquired cobalt therapy equipment will be administered and owned by Mid-Cities Memorial Hospital Corporation, a nonprofit entity, whose board of directors is composed of four lay members and two physicians. The physicians now serving as directors are Dr. Lee J. Walker and Dr. Otto F. Puempe.

Mid-Cities Memorial will offer these facilities to TCOM, as well as to interns and residents of the area for teaching purposes. Dr. Robert L. Nelson, board certified radiologist, is licensed by the Texas State Department of Health to supervise or administer cobalt radiation therapy.

According to Dr. Stewart, the addition of this equipment emphasizes the interest that Mid-Cities Memorial Hospital has in the diagnosing and treatment of the cancer patient. Public interest has already contributed to the establishment of one memorial fund, known as the "Pantel Memorial Fund".

Construction is scheduled to be completed October 1, 1971, and plans are already under way for a new patient wing.



Shown inspecting plans for Mid-Cities expansion are (l. to r.) Dr. J. Natcher Stewart; Dr. Harriette M. Stewart; Dr. Robert L. Nelson; Mrs. Steena Hatcher, director of nurses; Grand Prairie Mayor Joe Colwell; hospital public relations director, Mrs. Pat Armstrong, and Art Sinclair, Grand Prairie Chamber of Commerce manager.

## Important

Dear Mr. Roberts:

At our June meeting, the Board requested me, as Secretary, to inform you it has been brought to its attention that some few physicians are presigning forms for Medical Examination Certificate Required for Each Applicant to Obtain a Marriage License in Texas. This is a violation of the Penal Code of Texas and the Medical Practice Act.

The Board would appreciate it very much if you would bring this to the attention of your members in whichever manner is most appropriate.

M. H. Crabb, M.D., Secretary  
Texas State Board of Medical Examiners

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# GOING TO POT

"Going to pot" used to be a slang expression meaning general deterioration. Today it is, tragically, often a statement of fact relating to the apparent ever increasing use of marijuana.

The preliminary report from the largest scientifically controlled survey of marijuana usage ever taken in this country shows that 31 per cent of college freshmen and juniors have smoked pot, and 14 per cent do so every week or two. And this is on the increase.

Those who urge the legalization of marijuana support their position, in part, with the opinion that "no one has ever demonstrated that it is any worse than tobacco or alcohol". But the legalization of tobacco and alcohol certainly has not decreased their damaging effects. Tobacco and alcohol already constitute two problems; why add a third?

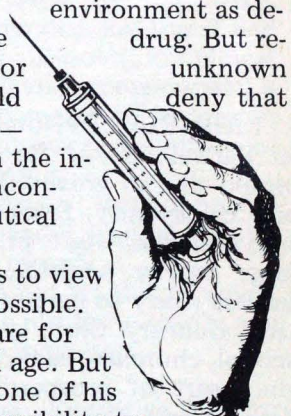
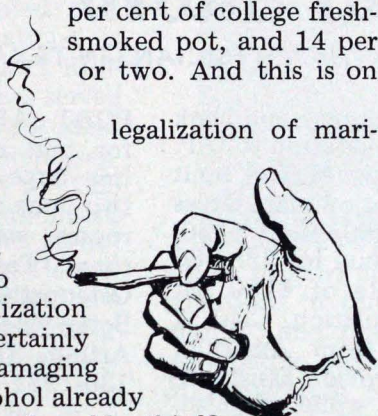
The real danger is revealed not only in the relatively few facts we know about this drug, but rests as well in the gap in our knowledge about it. It is a drug; and while its dosage is not standardized, recent investiga-

tions show that as the dosage increases so does the seriousness of the side effects. Although marijuana is supposed to be non-addicting, one report from Egypt showed that two-thirds of hashish users studied were unable to break their habit voluntarily.

Much has been made of the psychological personality of the drug user and of his environment as determinants of his response to the drug. But regardless of the dangers known or concerning marijuana, few would it is an introduction to the drug—the illicit drug culture—in which the indiscriminate distribution and uncontrolled use of potent pharmaceutical agents is a way of life.

It is the duty of all physicians to view any problem as objectively as possible. It is also our responsibility to care for the victims of our drug oriented age. But being a doctor does not relieve one of his social, moral and citizenly responsibility to a growing tragedy that is seriously attacking the physical, emotional and moral fiber of our age through the manipulation and enslavement through drugs.

(AOA News Release)



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**KERRVILLE**—Only D.O. in thriving community retiring and needs replacement so that his patients may have continued care. For more information contact Dr. W. E. Gorrell, P.O. Box 967, Kerrville, Texas 78208, phone 517-257-5068.

**GARLAND**: D.O. in ill health keeping office open part time until replacement can be found. 20-year general practice location can be rented. Equipment includes Spin- alator, tables, chairs etc. Contact B. W. Jones, D.O., 203 Glenbrook Dr., Garland. Phone 214-272-1968 or 214-272-1963.

**MATADOR**—Needs general practi- tioner for trade territory of 5000. Clinic and office facilities com- pletely equipped free for six months to a year with option to lease facility or purchase equipment at fraction of market value. Has 13- bed hospital facility approved for Medicare operated by county hos- pital district. Nice housing available and financial assistance. Contact James L. Stanley (347-2603), Pat Seigler (347-2626) or Haynes Ste- phens (347-2623) in Matador.

**CLAUDE**—Community and bank offers complete cooperation to G.P. —D.O. in clinic designed and built under Sears Foundation Plan. Gross estimated at \$60,000. Rent \$150, \$42,000 clinic; can buy for \$28,000 and pay off at rate of \$150 per month. 2,000 population, Class A school, 25 miles from Amarillo. Community will provide assistance for rent deferment while establish- ing practice. Bank help available. Contact Dr. Richard M. Hall, Groom or Sam B. Stewart, Claude, 806- 226-3331 or 226-4331.

**GONZALES**—Crews Hospital and Clinic. 15-bed hospital with attached clinic. Room for expan- sion. Long established osteopathic facility. Excellent opportunity for two D.O.s. Options open as to rent, lease or purchase. Call 512-672-3345 or contact TOMA State Office.

**LORENZO**—Agricultural com- munity 20 miles east of Lubbock, population 1,100, needs general practitioner. Present doctor moving to join group practice. Large 8- room clinic available with estab- lished practice. Gross approxi- mately \$50,000 a year. X-Ray for sale with complete darkroom. Nice four bedroom brick, centrally air- conditioned home available at rea- sonable price. Contact Don Nick- son, Pharmacist 806-634-5656 or 806-634-5971.

**VAN HORN**—New 25-bed Hill -Burton hospital approved for Medi- care and by Blue Cross. One M.D. on staff agreeable to D.O. Town of 2,200 on I-10, draws another 1,000 patients from surrounding areas. Contact Tex Roberts at State Office for further information.

**PORT ARTHUR**—Doctor's office for rent or lease (1,410 sq. ft.). Has large reception room, office, two large and three small treatment rooms, small lab and large x-ray room. Ten minutes from Doctors Osteopathic Hospital. Contact Mrs. Betty Woodall, P.O. Box 5068, Port Arthur, Texas 77640. Phone 713- 736-1981 or 713-981-8856.

**WACO**—Staff physicians wanted. Full-time positions in general medi- cine at Veterans Administration Hospital, Waco, Texas. Excellent schools and housing. Licensure may be in any state. Excellent fringe benefits, equal opportunity em- ployer. Contact Chief of Staff, Veterans Administration Hospital, Waco, Texas 76703.

**GENERAL PRACTITIONERS** —Need one to four General Practi- tioners for fastest growing area in the country. Opportunity for as- sociation in established practices and emergency room coverage. Call collect and ask questions of Don Wenglar, Administrator, Gulfway General Hospital, Houston, Texas, 713-644-2241.

**DALLAS**—Will build to suit tenant. Leases being accepted in new pro- fessional building in north Dallas near Richardson, across from de- veloping \$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.

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

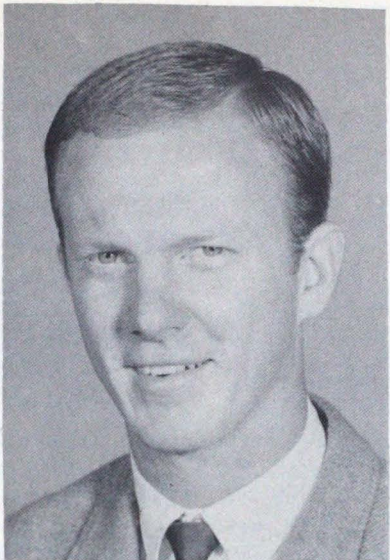


# "Who's Who"

Among the seven fourth-year students at KCOS who have been named to *Who's Who Among Students in American Universities and Colleges* is Barry S. Rodgers of Dallas, Texas.

Dr. Rodgers (who earned that title on his recent graduation), is the son of Mr. and Mrs. L. C. Rodgers of Wilmette, Ill. He has served as Vice-President of the Student Council, Student Council Representative, student member of the College Educational Policy Committee and was a member of the Honor Code Revision Committee. He served on the yearbook staff and is a member of the Atlas Club and Sigma Sigma Phi National Honorary Scholastic Fraternity.

Election to "Who's Who" is made on the basis of scholarship, participation in extracurricular activities,



student citizenship and contributions to the educational community, and potential as a future osteopathic physician. A certificate of recognition is awarded to each student and his name and biography is included in the annual edition of the publication.

# Letters

Dear Tex:

When I saw the Oklahoma Resolution concerning TCOM printed in your latest issue of the *Texas Journal* it reminded me that I had adapted this Resolution almost word for word and recommended it to one of our members to present for approval at our recent House of Delegates meeting.

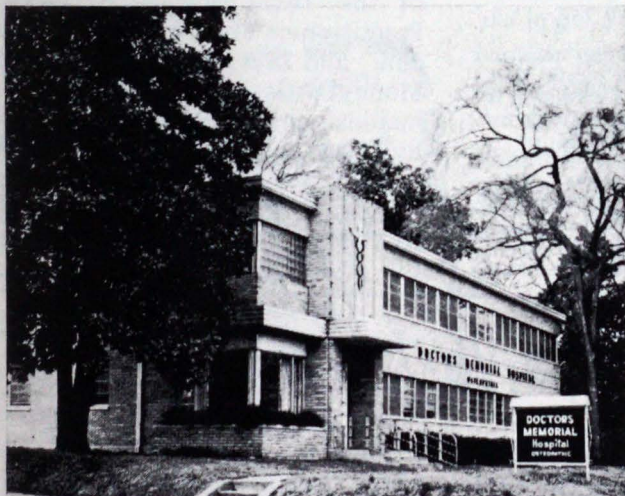
The Resolution was approved unanimously and I enclose a copy of it for your records.

Sorry I did not get this to you at an earlier date but the sincerity and intent is there regardless.

R. P. Chapman, Executive Director  
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**INSTALLATION** — Officers of TCOM Students' Wives Auxiliary are shown during installation ceremonies in which Mrs. W. W. Bailes, (left) Fort Worth, sponsor of the new auxiliary, presided. Officers include, second from left, Mmes. Shelley Howell, President; Jobey Claborn, Vice-President; Ron Sherbert, Recording Secretary; Jesse Ramsey, Corresponding Secretary; and John Williams, Treasurer.



**KEYNOTER** — Dr. Bobby G. Smith, Immediate Past President of TOMA, was the principal speaker at the first annual banquet of the TCOM Students' Wives Auxiliary. Mrs. Jobey Claborn was Mistress of Ceremonies of the affair held on June 11 at Jetton's in Fort Worth. Also shown is Student Doctor Claborn of Amarillo.

## TOMA Resolutions to be on AOA Agenda

When the American Osteopathic Association House of Delegates has its meeting in Denver in July, three resolutions that TOMA voted to propose to that House will be on the agenda.

These resolutions were printed in the May-June issue of the *Journal*, but are reprinted here in case you missed them.

★★★★★

**BE IT RESOLVED** that Texas Osteopathic Medical Association go on record as favoring restoration by the American Osteopathic Association of the Annual State Officers meeting and Public Relations Chairmen Seminar for purposes of improving state and national organizational techniques, achieving closer coordination and positive implementation of joint action programs deemed vital to strengthening of the profession.

★★★★★

The House of Delegates of the Texas Osteopathic Medical Association, meeting in regular session in the City of El Paso, on the occasion of the Association's 72nd Annual Convention and Scientific Seminar, do hereby

**RESOLVE** that the elected delegates to the American Osteopathic Association Convention should endeavor to require the American Osteopathic Association to negotiate and approve only legislation regarding a National Health Insurance Program that insures the doctor-patient relationship and that provides remuneration on a fee for service basis.

★★★★★

**WHEREAS**, the American public has become increasingly aware of the existence of two main professional groups rendering medical care; and

**WHEREAS**, the colleges of this profession have recently changed their names to uniformly indicate that they are schools of osteopathic medicine; and

**WHEREAS**, there exists the need to convey to the American public that the osteopathic medical profession is at least equal to and separate from the allopathic medical profession;

**THEREFORE, BE IT RESOLVED** that the American Osteopathic Association institute action to change its name to the American Osteopathic Medical Association.

## "G.P. of the Year"

Not covered in last month's wrap-up of state convention news, but of at least equal importance to any of the events in El Paso, was the naming of Dr. Joseph V. Money as General Practitioner of the Year.

Dr. Wendell V. Gabier, President of the Texas Society of General Practitioners in Osteopathic Medicine and Surgery, presented Dr. Money with a plaque and a set of medical reference books donated by Ciba.

Dr. Money, who practices in Schulenburg, graduated from the KCOS in 1928 and has been in active practice since.

## Progress Takes Vision

Thomas Jefferson, with all his brilliance and great hope for America, is said to have predicted it would take a thousand years to settle the West. But that indomitable quality of vision inspired and drove men to exceed the timetable of human reasoning and they settled the West in less than one hundred years.

Progress doesn't take time. It takes vision. Vision is freedom. Vision is a spiritual quality; therefore, it is inherent in every individual. What we can do for our fellow men depends entirely on our willingness to advance the cause of freedom by developing and exercising spiritual vision.

Can we choose to do less?



# What Texas D.O.'s need, is a Malpractice Liability Carrier that won't fade when trouble comes.

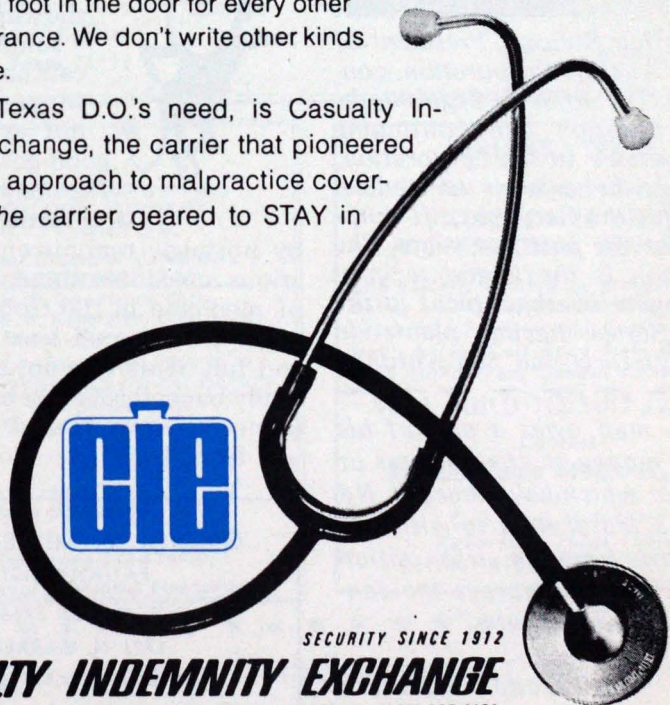
This means the up-to-date carrier. The one that's replete with innovations and new developments in this clouded, sensitive area of liability protection. And the one that doesn't talk malpractice coverage just to get a foot in the door for every other kind of insurance. We don't write other kinds of insurance.

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# We're doing something

## District VII

District VII of the TOMA participated in the "Seminars 70's" series presented by the University of Texas Medical School at San Antonio recently.

The series will be presented annually at the school and is part of the Continuing Education program that has been well accepted by the M.D. and D.O. attendants.

Dr. Paul Cuttler, Associate Dean for Clinical Affairs, at the Medical School in San Antonio, has extended a personal invitation to all members of District VII to attend these interesting seminars.



Mr. Arthur Stewart, President of the Gary Aircraft Corporation, congratulates Dr. John J. Cegelski, Jr. for his devotion and continuing medical service to the corporation.

Dr. Cegelski has been the medical director for the Gary Aircraft Corporation for the past five years. The Corporation is the largest reciprocating engine overhaul plant in the United States having plants in Hondo, Victoria and San Antonio.

*"Every man owes a part of his time and money to the business or industry in which he is engaged. No man has a moral right to withhold his support from an organization that is striving to improve the conditions within his sphere."*

*Theodore Roosevelt*

## District I

Dr. Gerard K. Nash has been promoted to the rank of Lt. Colonel in the Medical Corps of the U. S. Army Reserve. Dr. Nash serves as the medical officer for the 4222nd Support Brigade, Army Reserve Center, Amarillo.

Dr. Nash also holds the rank of Lt. Colonel in the Texas Civil Air Patrol and is serving as the medical officer for Headquarters, 1st Group, Texas Wing in Amarillo.

In civilian life Dr. Nash heads the radiology service at the Southwest Osteopathic Hospital. He is the president of the board of trustees of the hospital and president of District I, Texas Osteopathic Medical Association.

## District III

by H. George Grainger, D.O.

East Texas District III celebrated the fortieth [did I say 40th?!] anniversary of its founding May 25 in



Mt. Pleasant with ten Willing Workers and two faithful helpmeets showing up and, some thirty fat cats and their steatopygous spouses not even giving a good gosh dern.

The cozy celebration was nevertheless marked by nostalgic reminiscences and hilarious anecdotes about the practice of medicine in the Good Old Days when we were all lean and hungry and full of derring-do, and just naturally banded together like the early pioneers we were, and *The Enemy* was from *Without* — not *Within*!

GEORGE E. MILLER, D.O.

PATHOLOGIST

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## Roentgen Ray Society Schedules Meeting

The North Texas Roentgen Ray Society, an affiliate of the TOMA and the American Osteopathic College of Radiology, will feature a symposium on August 27, 28, and 29.

Dr. Edward Yurkon, President of the Society has announced that the 1971 annual meeting will be held at Ranch Land, Inc., which is located approximately five miles west of Lewisville, Texas, just north of Dallas and Fort Worth.

The affair will also feature entertainment for the wives and children of the registrants. "It's a family weekend outing as well as an excellent professional meeting," Dr. Yurkon stated.

Dr. Anthony G. Bascone, program chairman, has obtained assistance of the American Cancer Society and M. D. Anderson Institute for this program. The Institute will present two complete symposiums; one on *Cancer of the Breast* and the other on *Lymphomas*. Additional speakers will include members of the North Texas Roentgen Ray Society and other noted Dallas area physicians. Many phases of the cancer subject will be covered in the two day academic sessions.

Sponsors for the symposium are E. R. Squibb and Sons, Inc., Merck Sharp and Dohme, GAF Corporation (AnSCO), and Hambrick Chemical Service.

Registration is open to all members of TOMA who are interested in the subject of cancer. Dr. Bascone advises that room accommodations should be obtained through his office, as rooms at Ranch Land will be limited. However, rooms at a nearby motel will be made available also.

Dr. Bascone may be contacted at Stevens Park Osteopathic Hospital, 2120 W. Colorado Blvd., Dallas, Texas 75211. Programs may also be obtained from his office.

Since facilities are limited, Dr. Bascone advises that reservations be made well in advance.



## In Memoriam

### Dr. Garry Taylor

Dr. Garry W. Taylor, who suffered a heart attack that hospitalized him in late April, suffered another attack and died May 26 in Mt. Pleasant where he had practiced since completing his osteopathic training in 1953.

Dr. Taylor was born in Kirksville, Mo., April 26, 1921; attended Kirksville schools and East Missouri State Teachers College before entering KCOS, from which he graduated in 1944.

Dr. Taylor took postgraduate training in obstetrics and gynecology at KCOS before interning at Lakeside Hospital in Kansas City, where he also served a surgical residency, a specialty in which he was Board Certified.

Moving to Mt. Pleasant immediately after completing his residency, Dr. Taylor practiced there until his fatal illness.

He is survived by his widow, four daughters, and two sons. One son, Dr. Garry B. Taylor, graduated from KCOS in June, 1970 and has just completed his internship at East Town Osteopathic Hospital in Dallas.

Funeral services were held May 28 in Mt. Pleasant.

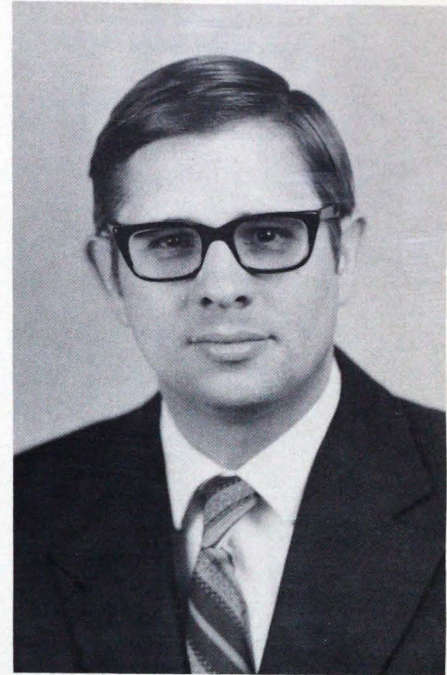
## Clarendon Welcomes Werners

Clarendon's S.O.S. for a doctor was answered early this year by Dr. John E. Werner, and he and his wife Ann, a registered nurse, have purchased a clinic there and are now firmly established.

A 1966 graduate of KCCOM, Dr. Werner entered the Army Medical Corps after completing his internship at Martin Place Hospital in Detroit, Mich. His military service included a tour of duty in Vietnam.

After his release from the service he practiced in Arlington for a short time before moving to Clarendon.

The *Donley County Leader* said, "Residents of this area are indeed fortunate in having Dr. and Mrs. Werner choose Clarendon as their future home, and the *Leader* joins the many others in welcoming this young couple to a community which needs their services so badly."



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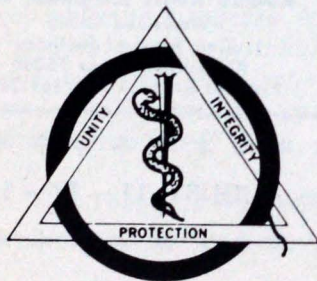
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