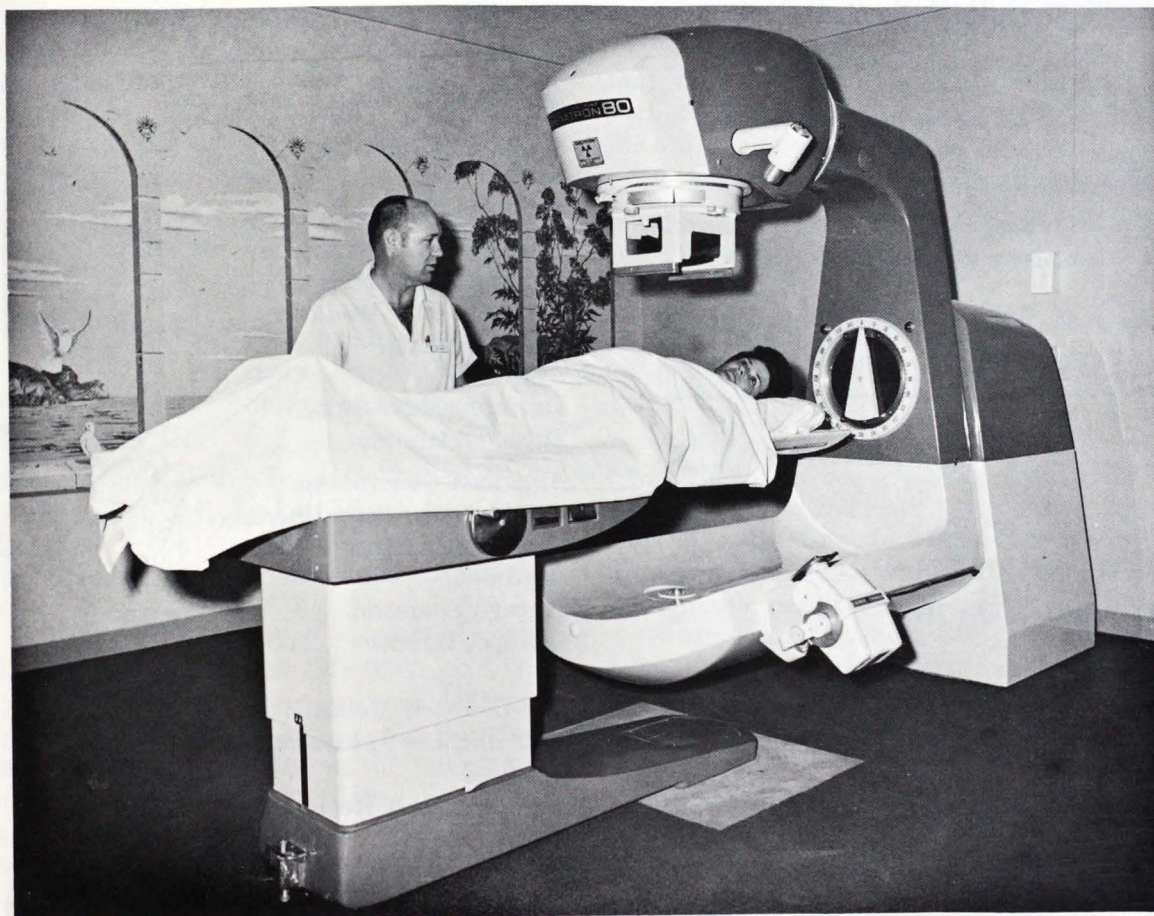


TEXAS OSTEOPATHIC PHYSICIANS JOURNAL



Cobalt Unit Installed at Mid-Cities Memorial Hospital

see page 4



TEXAS OSTEOPATHIC PHYSICIANS JOURNAL

OFFICIAL PUBLICATION OF THE

Texas Osteopathic Medical Association

Publication Office: 512 Bailey Avenue, Fort Worth, Texas 76107

Telephone 817-336-0549

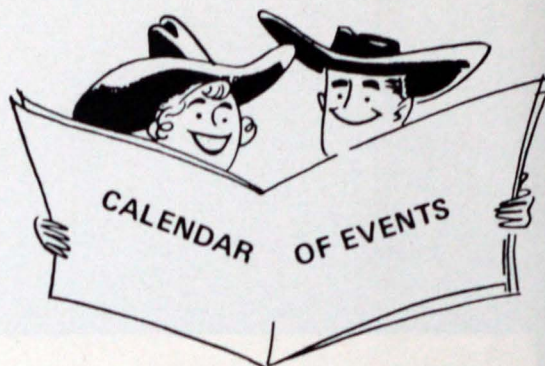
Mr. Tex Roberts, Executive Director and Editor

Copy Deadline — 15th of Preceding Month

In This Issue

	Page
TCOM—NTSU Contract Signed	3
Mid-Cities Grows -- & GROWS!	4
So What's New? in Convention City	5
Let's get acquainted with some of our guests	6
ABOUT TEXAS!	10
Greener Fields for Dr. Hall	13
TMA Throws Up Smokescreen says Dr. Hall	14
Make Your Move Opportunities in Texas	15
Educational Council Meets	17
Guilty as Charged?	26

An affiliate of
AMERICAN OSTEOPATHIC ASSOCIATION
212 East Ohio Street
Chicago, Illinois 60611



APRIL 1972

District VI Meeting

April 3

Warwick Hotel

Houston

*International Academy
of Preventive Medicine*

Spring Seminar

April 8, 9

Fairmont-Mayo Hotel

Tulsa, Oklahoma

*American Osteopathic
Academy of Sclerotherapy*

Postgraduate Course

April 8, 9

Chicago Sheraton

Chicago, Illinois

*State Board of Medical
Examiners in The Basic
Sciences*

(Examination & Reciprocity)

April 14, 15

Dallas, Galveston,

Houston & San Antonio

*First Eastern Regional
Osteopathic Convention*

April 27—30

New York, New York

MAY 1972

District VI Meeting

May 1

Bismarck Restaurant

Houston

TOMA House of Delegates

May 10

Sheraton-Fort Worth

Fort Worth

TOMA Annual Convention

May 11—13

Sheraton-Fort Worth

Fort Worth

*Annual TOHA
Convention*

May 11—13

Sheraton-Fort Worth

Fort Worth

*American Academy of
Osteopathy Annual
Convocation*

May 25—28

Broadmoor Hotel

Colorado Springs, Colorado

JUNE 1972

TAOMA Convention

June 9—11

Corpus Christi

*State Board of Medical
Examiners*

(Examination & Reciprocity)

June 12—14

Sheraton Crest

Austin

Athletic Seminar

June 23

KCOM

Kirkville, Missouri

*Psychiatry Postgraduate
Course*

June 24

KCOM

Kirkville, Missouri

TCOM-NTSU Contract Signed

Under the TCOM-NTSU contract, the American Osteopathic Association is the exclusive accreditation agency for the TCOM academic program, according to Carl E. Everett, D.O., secretary-treasurer of the TCOM board of directors.

Dr. Everett said that the contract was signed Friday, February 18 and that it is a one-year contract for one class, the 48 students in the entering class at TCOM this fall. Dr. Everett brought to the Journal the clipping reprinted herewith and these excerpts from the TCOM-NTSU contract;

Whereas, Texas College of Osteopathic Medicine, an institution accredited by the American Osteopathic

Association and recognized by the U.S. Department of Education, The Texas Education Agency and others, hereinafter referred to as TCOM, is desirous of additional space and qualified assistance for the purpose of education of its approximately forty-eight entering students during the 1972-73 academic year and. . .

. . . It is mutually understood and agreed, however, that the American Osteopathic Association is and shall be the sole and exclusive accreditation agency for the TCOM academic program.

Dr. Everett said this fall's entering class would stay on the NTSU campus and that TCOM will retain its present Basic Science faculty.

[reprinted from The North Texas Daily, Friday, February 18, 1972, student newspaper of North Texas State University.]

Freshman students at the Texas College of Osteopathic Medicine (TCOM) in Fort Worth will begin taking basic science courses here next September, Dr. Gus Ferre, vice-president for academic affairs, said Thursday.

Under terms of the contract between the two schools, North Texas will receive \$48,000 next school year for allowing TCOM to use classrooms, laboratories, faculty offices and other facilities, Dr. Ferre said. North Texas will receive \$24,000 in the fall of 1972 and again in the spring of 1973. Some 48 students majoring in osteopathic medicine are expected here next September to begin the program.

The schools agreed to have the equivalent of six fulltime faculty members from each school teach courses in gross anatomy, microanatomy, neuroanatomy, biochemistry, physiology and immunology. North Texas students will be able to register for some of the TCOM courses according to Dr. Ferre.

TCOM is in its second year of operation, Dr. Henry Hardt, dean and chief administrative officer for the school, said.

"The use of such a fine established science and academic facility as North Texas has great benefit to us," Dr. Hardt said. "We will gain much from the use of North Texas' libraries, labs, research areas and association with its faculty and students."

TCOM has a four-year osteopathic medicine pro-

gram including two years of basic science and two years of clinical science instruction. The latter two years of instruction are taught in conjunction with the Fort Worth Osteopathic Hospital and at least one other osteopathic hospital in the metropolitan area.

North Texas President C. C. Nolen commended the efforts of the North Texas Board of Regents and the TCOM Board of Directors for their aid in the contract.

"This is just another way in which we intend to provide cooperative service for agencies and persons in the metropolitan area and the state," Nolen said. "I imagine that this is the forerunner of many cooperative arrangements which will come into being within the very near future. North Texas is ready and willing to do its part."

Nolen added that the attitude of the faculty to the program has been "simply tremendous."

Dr. J. K. G. Silvey, chairman of the biological sciences department, said the contract will be "fruitful for our graduate students and faculty as well as the medical students."

North Texas faculty members who will take part in the program are Drs. Gordon Skinner, Scotty Norton and Bob Gracy of the chemistry department, Dr. Joe Bass of the biological sciences department said. Also teaching will be Drs. Bass, James Lott, David Redden, Ben Harris and Ed Schulueter of the biological sciences faculty.

MID-CITIES

GROWS --

& GROWS!

Cobalt & Ancillary Wings Added

Two wings have been added to Mid-Cities Memorial Hospital which consist of a cobalt radiation therapy suite and a separate Ancillary wing.

The Cobalt Wing, in addition to the cobalt therapy room, has an isotope room, control hall, an examining room, and a waiting room. The cobalt radiation therapy machine, Theratron 80, weighs approximately three tons. The table and machine are designed to completely circle the patient, thereby lessening skin exposure. A diagnostic unit is mounted on the machine to aid in focusing the radiation. Two television cameras are used to constantly monitor the patient. The walls and roof of the cobalt room are four feet thick; a wall mural and carpeting help to give the room a pleasant atmosphere.

Numerous services were relocated in the Ancillary Wing including the Phil R. Russell Medical Library, Inhalation Therapy, laundry and offices. In addition, a 200 car parking lot has been completed on the east side of the property.

Architectural plans are now in progress for the next expansion to Mid-Cities Hospital; the next wing to include multistory patient rooms.



New Clinic to be Constructed

Mid-Cities Clinic recently received a commitment from the Department of Housing and Urban Development under Title XI for insurance of a loan designated for the construction of a 25,000 square foot clinic building. This insured loan is under the government's Group Health Facilities Program and this commitment is the first to be issued in this area and possibly the first to be approved throughout the United States.

The building will have offices for sixteen physicians, a dentist and a clinical psychologist. Roscoe DeWitt and Associates, architectural authorities in the health field, spent a year in designing this building. The clinic will be constructed 300 feet north of Mid-Cities Memorial Hospital and will front on Mid-Cities Boulevard in Grand Prairie, Texas. The total project will cost \$1,450,000 and will be constructed in such a manner as allowing for future enlargement of the facility to accommodate 32 physicians.

Mid-Cities Clinic will emphasize outpatient care and will have two fully equipped surgeries and two recovery rooms which will accommodate six patients. Surgeries and recovery rooms will be fully equipped to correspond with the same departments in Mid-Cities Memorial Hospital.

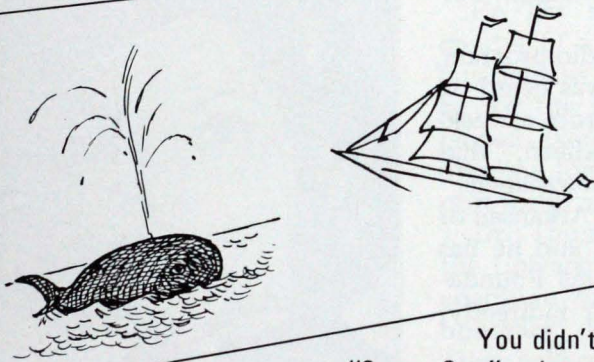
Additional features of this facility will be a Physical Therapy Department equipped with body and extremity whirlpools, exercise equipment and other physical therapy modalities. The clinic will contain laboratory and x-ray facilities with the laboratory containing equipment designed to carry out STAT laboratory procedures helpful in outpatient practice.

Mid-Cities Clinic will increase its participation in socio-economic medicine and will emphasize total health care. The clinic will enter into a health maintenance organization program after moving to its new facilities. The construction time will be approximately twelve months.

So What's New?

in convention city

So you came to the convention in Fort Worth five years ago.
So what's new?
Lots!!!

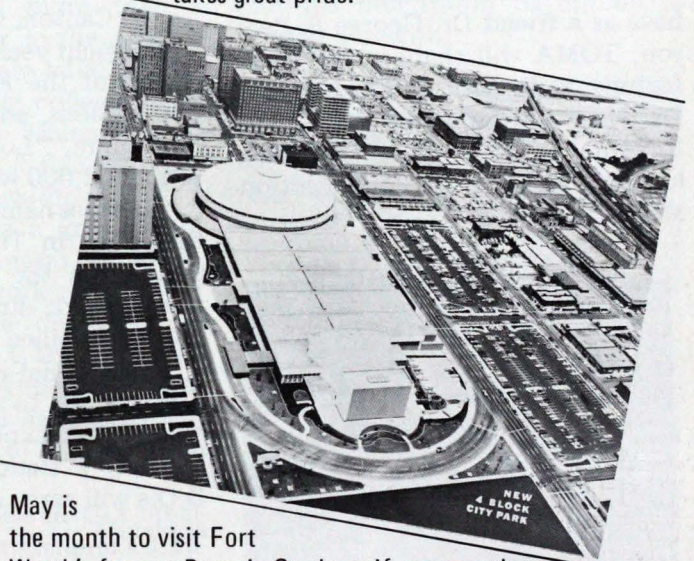


You didn't see "Seven Seas" when you were here (because it wasn't either), but you'll see it this year. In fact you'll be among the first to see it. It opens this Spring near Six Flags and is billed as "an underwater trip around the world". The more than \$7 million worth of rare sea life and fabulous settings represent seven of the world's most fascinating salt water bodies: the Arctic Ocean, Sea of Cortez, Indian Ocean, South Seas, Sea of Japan, the Mediterranean and Caribbean. And the local convention committee has planned for you to see all this Saturday afternoon, May 13.

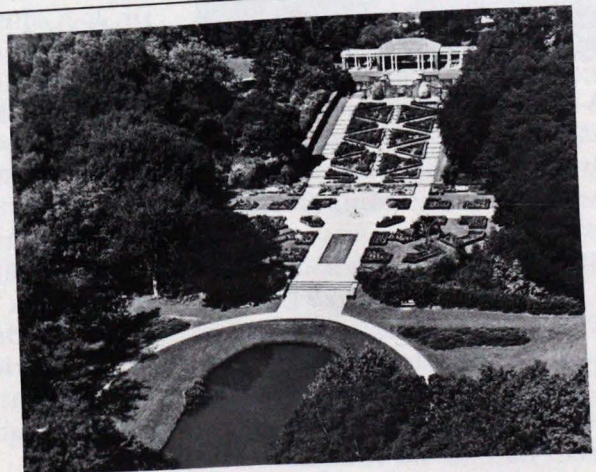


Although we told you in the February issue that Fort Worth is "Now Town" instead of "Cow Town", much of the city does retain the flavor of the Old West, and one of the newest entertainment centers may look the oldest. The Windmill Theatre has this distinct atmosphere with its lantern lighting, checkered tablecloths and barn-like exterior, but its concept is one that is catching on all over the country. As in the days of the old Fort when such celestial beings as Lily Langtry and Sarah Bernhardt graced the stages of the western "opera houses", the Windmill brings some of Broadway's brightest stars to trod the boards of its stage in some of Broadway's greatest hits. The convention committee hopes to plan an evening there where a gourmet buffet and your favorite beverages—in addition to the Broadway fare, can be enjoyed.

The Tarrant County Convention Center wasn't here in 1967, and although our convention is too small to hire such a hall, it is an attraction worth visiting and one in which the citizenry takes great pride.



May is the month to visit Fort Worth's famous Botanic Gardens. If you saw them five years ago you may not recognize parts of them this year. New plants and exhibits are being added constantly to this 77-acre garden where there are more than 14,000 rose bushes, 2,000 different plants and more than 150 varieties of trees. Recent features added to the Garden consist of a scented garden for the blind, theatre-like lighting, and in the future a new Japanese Garden will be added.



Let's get acquainted

Dr. George S. Benson

Because TOMA President Richard M. Hall is fortunate enough to have as a friend Dr. George S. Benson, TOMA will share in this good fortune, as Dr. Benson has accepted Dr. Hall's invitation to deliver the Keynote Address at the opening luncheon of the 1972 convention May 11.



A nationally known public speaker and educator, Dr. Benson is presently head of the National Education Program at Harding College in Searcy, Arkansas.

His scholastic degrees include a B.S., A.B., M.A., and three LL.D.s.

Widely-traveled, Dr. Benson has visited Japan, India, Malay Straits, the Philippines, China, Egypt and Palestine, with extensive travels in Western Europe and Africa.

An Elder of the College Church of Christ in Searcy, Dr. Benson is the founder of the Canton Bible School and the Canton English College in Canton, China.

For eight years his radio program, "Land of the Free," was heard on 300 stations, and he wrote a weekly column, "Looking Ahead," that went to 2,000 weekly newspapers.

Arkansas named him Arkansan of the Year, in 1953-54, and he has been given the Freedoms Foundation Award, directly or indirectly, every year since 1949.

His national recognition as a lecturer comes, to a great degree, from his being an exponent of private enterprise, a stand with which most D.O.s will agree and which they will applaud.

Mrs. Martha A. McSteen

Among the distinguished speakers who have accepted the invitation of Convention Program Chairman, Dr. Joel Alter, to address the TOMA 1972 convention is Mrs. Martha A. McSteen, Regional Representative, Bureau of Health Insurance, in Dallas.

Mrs. McSteen is a native of Texas and began her career with Social Security in the district office in Wichita Falls. She worked in the Little Rock and Fort Worth district offices before her promotion to assistant district manager in Houston.

In 1964, she was named Houston's "Outstanding Woman in Government."



She was district manager in New Orelans when the Medicare law was enacted and was selected in 1965 to get the program underway in the Denver region. Her efforts there were recognized when she shared a "Commissioner's Citation," the highest award given by Social Security Administration. While there she also received a Regional Director's Citation, the top regional award in the Department of Health, Education and Welfare.

In 1968, Mrs. McSteen was chosen as one of the first career employees of the agency and the only woman to participate in its Executive Development Program in Baltimore. She came to Dallas from Baltimore in February, 1970, to assume her present position as Regional Representative, Bureau of Health Insurance. In October of 1971, she was again recognized for her leadership in the Medicare program with another Commissioner's Citation.

with some of our guests

Dr. Morris Thompson



Although it is the custom for TOMA to invite all the osteopathic college presidents to attend its convention, a very special invitation was extended this year to Dr. Morris Thompson, president of KCOM, who is celebrating his 25th year in that position.

Dr. Thompson is being honored by most of the states this year and, in addition to his speaking at the College Luncheon on Friday, he will be especially honored at the convention's Saturday night cocktail party.

Since Dr. Thompson took on the job 25 years ago as chief executive of a struggling private medical college—the parent institution of a minority profession—he has worn and continues to “wear many hats”—as a dynamic fundraiser, administrator, political spokesman, educator, writ-

er, gifted lecturer, and warm personal friend of many of KCOM's more than 4,600 physician alumni.

He has survived more than a quarter of a century in the precarious defense of private education as he led the Kirksville college in repeated exercises in “shingling out over the fog” to seek financial support for private education.

Dr. Thompson is a graduate of the University of Kansas, and in recognition of his work, holds four honorary doctorate degrees from other colleges. He has been honored by numerous professional and educational groups and has served as a special consultant to a number of foundations.

In 1959-60 he served as a member of the Surgeon General's Consultant Group on Medical Education, a United States Public Health Service resource which produced the basic study of physician manpower now being used in this country.

Dr. Kenneth R. Carrell

Kenneth R. Carrell, D.O., Columbus Junction, Iowa, one of the speakers at the upcoming convention is particularly knowledgeable concerning Federal Medicine, and it was the excellence of his conducting a panel on that subject at the recent South Central Osteopathic New Action Conference in Hot Springs, Arkansas, that prompted the invitation for him to speak at the Texas convention.

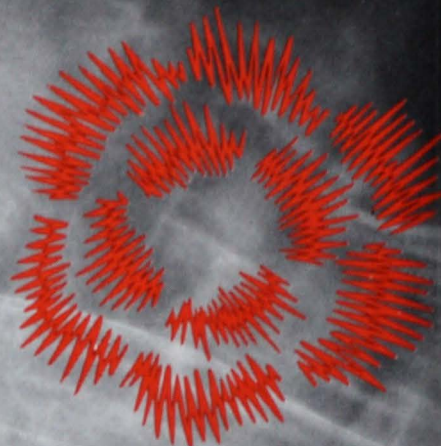
The State Office wrote Dr. Carrell for his biography and liked its humor and brevity to the extent that his description of himself is printed herewith:



Kenneth R. Carrell, D.O.
Schoolin' - Westminster College, Fulton, Missouri; B.S.
Kirksville College of Osteopathic Medicine - 1959; D.O.
(Also have M.A. in Literature but that has never made me any money.)
Organizations and Offices
Immediate Past Pres. I.S.O.P.S. (as of this March)
Trustee - Iowa Foundation for Medical Care
Member - Iowa State Board of Medical Examiners
Member - I.S.O.P.S., A.O.A.
Took a Norwegian woman 21 years ago on a five-year option renewal plan—currently on fifth option—five kids—all in school.

Rapid onset of action for the up-tight back in pain

(including intervertebral disc)



Indications: For symptomatic relief in conditions characterized by skeletal muscle spasm and mild to moderate pain.

Contraindications: Acute intermittent porphyria and allergic or idiosyncratic reactions to carisoprodol or related compounds such as meprobamate, mebutamate, tybamate.

Warnings: *Idiosyncratic Reactions:* Rarely, first dose has been followed by extreme weakness, transient quadriplegia, dizziness, ataxia, temporary vision loss, diplopia, mydriasis, dysarthria, agitation, euphoria, confusion, disorientation. Symptoms usually subside during the next several hours. Supportive and symptomatic therapy, including hospitalization, may be necessary.

Pregnancy and Lactation: Safe use not established; weigh potential benefits against potential hazards in pregnancy, nursing

mothers, or women of childbearing potential. *Children Under Five:* Drug not recommended. *Potentially Hazardous Tasks:* Driving a motor vehicle or operating machinery. *Additive Effects:* Possible additive effects between carisoprodol, alcohol, and other CNS depressants or psychotropic drugs. *Drug Dependence:* Use cautiously in addiction-prone patients.

Precautions: To avoid excess accumulation, use caution in patients with compromised liver or kidney function.

Adverse Reactions: *Central Nervous System:* Drowsiness, dizziness, vertigo, ataxia, tremor, agitation, irritability, headache, depressive reactions, syncope, insomnia. *Allergic or Idiosyncratic:* Usually seen after 1-4 doses in patients not previously exposed, e.g., rash, erythema multiforme, pruritus, eosinophilia, fixed drug

Soma[®]350

(carisoprodol)

Helps to...

- Relax muscle spasm
- Relieve associated mild-to-moderate pain
- Reduce stiffness

Helps give the patient...

- An opportunity to resume daily activities quickly

Simple, economical dosage schedule...

- Usual adult dosage: one 350 mg tablet q.i.d.

eruption with cross reaction to meprobamate. More severe manifestations: asthma, fever, weakness, dizziness, angioneurotic edema, smarting eyes, hypotension, anaphylactoid shock. Stop drug, treat symptomatically (e.g., possible use of epinephrine, antihistamines, and in severe cases corticosteroids). *Cardiovascular*: Tachycardia, postural hypotension, facial flushing. *Gastrointestinal*: Nausea, vomiting, hiccup, epigastric distress. *Hematologic*: Leukopenia and pancytopenia (on carisoprodol plus other drugs).

Usual Adult Dosage: One 350 mg tablet three times daily and at bedtime.

Overdosage: Has produced stupor, coma, shock, respiratory depression, and, very rarely, death. Overdosage of carisoprodol plus

alcohol or other CNS depressants or psychotropic drugs can be additive. Empty stomach, treat symptomatically; cautiously give respiratory assistance, CNS stimulants, pressor agents as needed. Carisoprodol is metabolized in the liver and excreted by the kidney. Diuresis and dialysis have been used successfully with related drug meprobamate. Carefully monitor urinary output; avoid overhydration; observe for possible relapse due to incomplete gastric emptying and delayed absorption.

REV. 10/71

WALLACE PHARMACEUTICALS / Cranbury, N.J. 08512





ABOUT TEXAS!

by Tex Roberts, Executive Director

* * * * *

Because of the volume of mail and the stack of publications you all receive constantly, a lot of interesting things may escape your notice because you simply don't have time to read them all. So you may not be aware of the different trends in osteopathic state conventions.

I think the concept of the multi-state convention was started in New Mexico in 1963. Since then a number of states have gone in for this and find it a more appealing meeting. Registrants get away from the same old round of convention cities, seeing the same faces each year, and are able to explore new places and meet new people.

Now we read that Florida is taking its annual state convention to Spain this spring. And off and on we have heard the suggestion that Texas take its convention out of state. Might be something to think about.

* * * * *

The ten-state meeting in Arkansas the last of January was pretty well attended—considering the fact that Hot Springs was fogbound and the airport was shut down. Those of you who missed this brainstorming session were the losers. All those who attended agreed that a multi-state meeting in which the registrants were the VIPs instead of just the auditors, was a good idea and a fresh approach to the problems facing the profession.

Another such session is on the drawing board with essentially the same format, but with more defi-

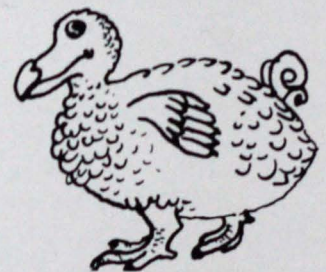
nite and positive action hopefully coming out of it. However, enough good ideas were generated at this one that some of them are bound to filter to the top and benefit the entire profession.

* * * * *

And from the *Arizona Osteopathic Digest* we gleaned the information that President Nixon goes nowhere without Dr. Kenneth W. Riland, a New York City D.O., PCO '36.

* * * * *

State osteopathic executive directors might be called plagiarists (except we try to give credit where credit is due) or we might be called thieves. Anyway we stole a piece out of Missouri's *Journal, Cooperation*, that is an ad for their state convention, and is printed below with suitable substitutions. 'Nuff said. ▲



Be a D.O.

Not a DODO

This bird failed to make the grade in his day and is now extinct. He will miss the 1972 TOMA Convention. Will you?

May 11-13, 1972
Sheraton-Fort Worth Hotel
Fort Worth, Texas

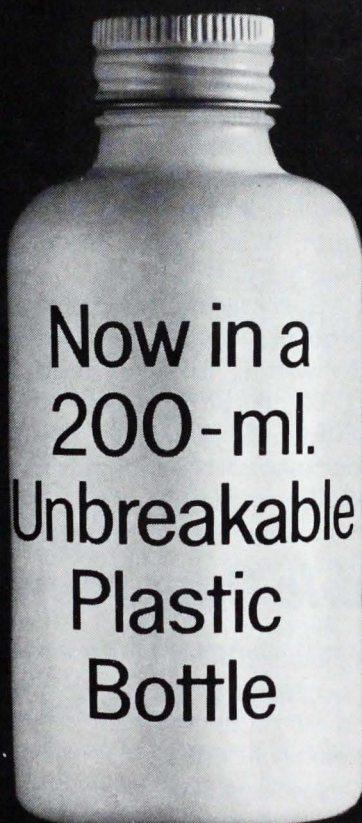
A couple of years ago the Board of Trustees suggested that the Executive Director write a column for this *Journal*—which he did for some time. And we do have several dozen letters in our files containing complimentary comments on it.

Then a few detractors (and they are always with us—right or wrong) expressed the opinion that the Executive Director was blowing his own horn, their thinking perhaps being, that the person in that position is not to be seen or heard, but kept in the background as completely as possible, or he might get some of the credit, as well as all of the discredit, for any actions of the Association.

Now some of the former have surfaced again, saying they missed the monthly column and have asked that it be revived, and since there seems to be no other place in the *Journal* for certain small items or just general chitchat, we'll try it once more.

* * * * *

I don't know how many of you have seen the new brochure published by the Corpus Christi Osteopathic Hospital, but we think it one of the best pieces of this type we have seen in many a moon. If you're interested in giving it the once-over, write Mr. R. J. Halbrook, Administrator, CCOH, 1502 Tarlton Street, Corpus Christi 78401.



Now in a
200-ml.
Unbreakable
Plastic
Bottle

Same price as
150-ml. size *

Two dosage
strengths—
125 mg./5 ml.
and
250 mg./5 ml.

V-Cillin K,[®] Pediatric

potassium
phenoxymethyl
penicillin



100210

*Additional information
available to the
profession on request.*

Eli Lilly and Company
Indianapolis, Indiana 46206

**Based on Lilly selling price to wholesalers.*

American Academy of Osteopathy Convocation May 25-28

May 25-28, 1972 are the dates for the annual convocation of the American Academy of Osteopathy. The Broadmoor Hotel in Colorado Springs has again been chosen as the site of the convocation, in past years called the Annual Graduate Center Seminar.

The featured speaker for the convocation will be Dr. Halbert L. Dunn, of Washington, D.C., the theme of his presentation being High-Level Wellness. Dr. Dunn's philosophy of medicine is so appropriate for osteopathic practice that many occasions have arisen in which the Academy has been requested to bring Dr. Dunn to the special program, as we have done at this time. Dr. Dunn is a native of Ohio. He received his M.D. degree and his Ph.D. from the University of Minnesota. He has served as an assistant in medicine at the Presbyterian Hospital in New York City, and a fellow in medicine at the Rochester Mayo Clinic. He served as chief of statistics at John Hopkins University for several years. He taught biometry and vital statistics, as well. He directed the University Hospital and taught medical statistics at the University of Minnesota, 1932-35. He has served as chief of the national office of vital statistics for the U. S. Public Health Service, as a special assistant on aging to the U. S. Public Health Service as late as 1951, at which time he retired to pursue his teaching in High-Level Wellness.

Dr. Dunn's chief aim is to make the medical profession in general aware of the value in recognizing good levels of function in normal human beings, and promoting those levels, as contrasted with waiting until the human has lost his adaptation to his environment and has developed what, for want of a better word, has been called disease.

Serving on the program with Dr. Dunn will be Mrs. Loretta Ford, who is Director of the School of Nursing for the University of Colorado Medical School in Denver, Colorado and Dr. Sidney Jourard, of the department of Psychology of the University of Florida. These people will have a considerable contribution to make to our thinking on the subject of mental health.

Projecting the application of preventive care as contrasted to episodic care in the use of osteopathic manipulative procedures will be Dr. Lawrence Jones of Ontario, Oregon and Dr. Berkeley Brandt, Jr. of Auburn, Washington, both long-time members of the Academy.

Registration fee for the Convocation is \$100.00. You may obtain further information and pre-register by writing to the American Academy of Osteopathy, 2702 Airport Road, Colorado Springs, Colorado 80910. Reservations should be made by individual doctors with the Broadmoor Hotel, Colorado Springs, Colorado 80901.

A Truly Remarkable Opportunity

Is available now under the *Professional Corporation and Association Acts* to solve two major financial problems:

(1) HOW TO REDUCE INCOME TAXES

(2) HOW TO PROVIDE FOR RETIREMENT

Under new laws *professionals* can incorporate their practice and avail themselves of all advantages of any corporation.

They can get and retain valuable personnel through employee compensation plans—

They can minimize loss of income in the form of taxes—

It is a resourceful way to overcome problems licensed *professionals* face as small businessmen.

LET AN EXPERT FROM

PROFESSIONAL SERVICES INCORPORATED

SHOW YOU WHAT IS AVAILABLE UNDER THESE NEW LAWS

PROFESSIONAL SERVICES INCORPORATED

CORPORATION CONSULTANTS

A DIVISION OF

GORDON DURDEN & CO.

5531 Yale Boulevard

Dallas, Texas 75206

214-363-9361

Greener Fields for Dr. Hall

"EDEN—40 miles from San Angelo, is in desperate need of two D.O.s".

So read the first sentence of an item on the "Opportunities" page of the January issue of the *Texas Osteopathic Physicians Journal*.

Although this editor knew that TOMA President Dr. Richard M. Hall read each issue of the *Journal* from cover to cover, it came as a surprise when Dr. Hall announced that this particular opportunity appealed to him to such a degree that he and his wife, Myrtle Frances, made an exploratory trip to Eden and, before leaving that community,

had agreed to take advantage of what the area had to offer a D.O. and his family.

According to the *Eden Echo*, Dr. Hall said, "With the help of the people of this community (we will) develop a primary health care center to benefit all."

The newspaper goes on to report that Dr. Hall foresees a complete health unit which will cover general medicine, surgery, heart, cancer and stroke. "This will be a community health unit and with the help of the Lord, we'll do this together," Dr. Hall said.

"Dub" Davis Leaves Texas for Denver

The administrator of Southwest Osteopathic Hospital will leave March 8 to assume similar duties at Rocky Mountain Osteopathic Hospital in Denver.

W. L. "Dub" Davis, Jr., has held the Amarillo hospital executive post for more than 15 years, a tenure that took in construction of the new building in 1967.

Dr. G. K. Nash, D.O., president of the hospital board of directors, said a committee was formed to review applicants.

Davis has been secretary-treasurer of the American College of Osteopathic Administrators which recognized him during 1971 national convention ceremonies for innovating a deflatable door to expand and isolate the hospital's obstetrics unit.

He said the 218-bed Denver facility, located in "some of the greatest skiing, hunting and fishing country was an opportunity I just couldn't pass up."

Mr. Davis has been active for several years as one of the Texas Osteopathic Hospital Association's representatives on the TOIL committee.

Dr. H. F. Elliot Is Candidate

[reprinted from Rockport Pilot]

Dr. H. F. Elliot has filed as a candidate for Aransas County Commissioner from Precinct 1 in the May 6 Democratic Primary election. Dr. Elliot has been a resident of Aransas County for 23 years. He was born in Ames, Iowa, attended Iowa State University and received his doctor's degree from College of Osteopathic Medicine and Surgery in Des Moines, Iowa.

Dr. Elliot has been active in many civic and political organizations. He has served as a member of the Board of Trustees of the Aransas County Independent School District since 1952 and has been president of the board since 1958. He has submitted his resignation to this board to be effective April 1 to conclude 20 years of service.

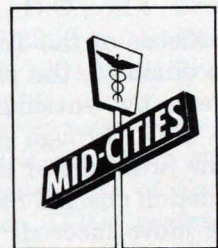
Dr. Elliot served as Aransas County Health Officer from 1949 to 1955 and as Rockport City Health Officer from 1956 to the present time.

He owned and administrated a local hospital from 1957 to 1962, owned and administered a 32 bed nursing home until 1970, is now a board member of the Aransas Hospital, Inc.

Blue Cross Appoints New VP of Hospital Affairs

Tom L. Beauchamp, Jr., President, Blue Cross and Blue Shield of Texas, announced February 3 the promotion of Bill R. Newsom as Vice President of Hospital Affairs.

Mr. Newsom, in his newly created position, will have responsibility for all relations with hospitals throughout Texas. He has been with Blue Cross since 1964.



has added a
RADIATION WING

and a
**COBALT RADIATION THERAPY
MACHINE**
has been installed

MID-CITIES MEMORIAL HOSPITAL

The Only Osteopathic Hospital
in the
SOUTHWEST
with this facility and

The only hospital between
Dallas & Fort Worth to provide

**COBALT RADIATION
↔ TREATMENT ↔**

supervised by
Robert L. Nelson, D.O.

Motels are close by for the
convenience of patients or relatives

VISIT US SOON
(not as a patient)

Approved for intern and resident
training

2733 Sherman Road
Grand Prairie, Texas 75050
214-264-1651

Dr. Hall says:

TMA throws up smokescreen

[reprinted from the Dallas Times Herald, Sunday, February 20, 1972 by Bill Case, staff writer.]

Top officials of the Texas Medical Association are trying to eliminate the practice of osteopathic medicine in Texas by "enticing" osteopaths to amalgamate with the TMA through granting of "quickie MD degrees," the president of the Texas Osteopathic Medical Association charged Saturday.

"If the move succeeds it would eliminate the public's right of choice between osteopathic and 'allopathic' (Medical doctor) treatment," Dr. Richard M. Hall, of Groom, Texas, TOMA head told The Dallas Times Herald.

"It is a new approach in an old fight. It has nothing to do with the DO's qualifications," he said. "It is an out-and-out raid by one trade association, the TMA, to take over the membership of another, the TOMA, to create a medical monopoly for the Texas Medical Association."

"They want to absorb our 700 dues paying members," he declared.

"It has nothing to do with education, abilities or skills. We study the same subjects. And we are licensed by the same state board under the same standards and at the same time as MDs."

In 1971, the TMA's house of delegates approved a first reading of a constitutional amendment permitting DOs to practice cooperatively with MDs in Texas hospitals and join MD societies. It requires a second reading at the TMA's state meeting May 11 to pass, Dr. Hall said.

However, Saturday a high source in the TMA in Austin confirmed a major change in the amendment had been decided upon.

"The offer to permit DOs membership in MD societies has been rescinded," he said. "It is now believed it will be more effective to unify the two professions into one by granting DOs the MD degree," the spokesman said.

Dr. Hall said if the TMA passes the revised amendment it will create a fundamental policy difference for the osteopath.

"The American Osteopathic Association approves cooperative practice but does not permit DO membership in MD societies," he explained. "The reasons are sound. In California, MDs pushed through legislation in 1962 eliminating licensing of osteopaths, reciprocity with other states and limiting their practice of medicine."

"The medical doctors had a monopoly and it took nine years to get that overturned in California courts."

"The TMA's present proposal to turn DOs into MDs is just another form of that type of California health care suicide. It would have devastating effects in Texas where so many people have turned to osteopaths for family medical care as more and more MDs became specialists," he pointed out.

In a newsletter to TMA members, Dr. James M. Sammons, TMA president, explained the executive board had approved a policy to "amalgamate the professions of osteopathy and medical doctors into one profession."

Under the policy, Sammons explained, DOs would be eligible to be granted an MD degree after details of this three-point plan had been worked out.

1. Screening of each individual osteopath's education and training by an MD medical school, transfer to the MD school or a challenge examination by a TMA body to establish any DO's deficiencies before being eligible to receive the MD degree.

2. Training programs in all MD Medical schools in Texas to correct any DO deficiencies.

3. The cooperation of MD specialty societies and hospitals to assist in amalgamation of the DOs for efficient medical care.

"That is pure double-talk and nothing but a smoke screen for the granting of quickie MD degrees. It would only bring us up to the level we are at already."

"In a bald attempt to give TMA a medical monopoly regardless of the public's preference, TMA has launched an unprincipled raid on TOMA members."

"If TMA succeeds both the public and DOs will suffer. As osteopaths we provide good sound family practice. Once under TMA control we know we could no longer provide that in the same manner we do now. It is inevitable that as former DOs we would be discriminated against in ways that would affect our patients."

"From experience in other states, we know osteopaths would be looked upon as second class MDs and their rights to practice freely restricted."

greener fields?

make • your • move

OPPORTUNITIES FOR OSTEOPATHIC PHYSICIANS IN TEXAS

RUSK—Psychiatrists and physicians. Must have valid Texas license; salaries competitive and negotiable, depending upon training and qualifications. 40 hour work week; vacation and sick time. Group hospital and life insurance. Lakes, fishing, boating, hunting, golfing. County seat, 5000 population in Piney Woods area of East Texas. Two or three hours drive from Dallas, Houston or Shreveport. Contact: Lex T. Neill, M.D., Superintendent, Rusk State Hospital, Box 318, Rusk, Texas 75785. An equal opportunity employer.

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.

FORT WORTH—Excellent opportunity for D.O. to develop local and regional practice in already successful clinic. Guaranteed minimum. Office space provided on hospital property. Many alternative arrangements. Tailored to individual needs. Contact Tom Banowetz, Administrator, White Settlement Hospital, P. O. Box 5128, Fort Worth 76108, phone 817-246-2491.

CALVERT—Excellent opportunity for D.O. who is tired of the city and its problems. Small town practice can be adjusted to your pace. Large clinic available for sale or lease with or without equipment. Large acute general practice with gross receipts excess \$50,000. Contact Billy Hall, President of Citizens Bank and Trust, Calvert, Texas. Phone 713-364-2896.

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.)

It Happened!

DISTRICT IV

by Allen M. Fisher, D.O.

The January meeting was held at the San Angelo Country Club in San Angelo at noon on Sunday. A delicious buffet dinner was enjoyed by all with Dr. Rountree as the host. Among those present were Drs. V. Mae Leopold, Norman Leopold, B. B. Jagers, A. M. Fisher, Ted Alexander, Joe Alexander, Jack Wilhelm and Wiley Rountree.

Randy Rountree presented the program with slide pictures and running comment on his stay in Belgium. It was very well received as evidenced by the questions asked when it was over.

Dr. V. Mae called the meeting to order and the following officers were all re-elected; Tom Miller, president; V. Mae Leopold, vice president; Allen M. Fisher, secretary-treasurer. Drs. V. Mae and Norman Leopold were elected as delegates to the convention and Drs. Sue and Allen M. Fisher as alternate delegates.

DISTRICT III

by Kenneth E. Ross, D.O.

Election of officers and delegates to the TOMA House was the main business of the February meeting of District III in Tyler.

New officers include Dr. K. E. Ross, president; Dr. David Norris, president-elect; Dr. Anton Lester, vice president, and Dr. Neal A. Pock, secretary-treasurer.

Delegates to the House will be Drs. Palmore Currey, Lester Douglas Lynch, David Norris and H. George Grainger. Alternates named are Drs. J. S. Turner, Anton Lester, Carter McCorkle and K. E. Ross.

TCOM Development Director Ray Stokes was a guest of the District and gave a progress report on the College.

The educational part of the program was a review of a series of simple techniques for routine x-ray examination of the upper gastrointestinal tract, augmented by some more detailed examination of the small gut. A less commonly used examination of the kidney, and the designation by which it may be ordered, was explained and its indications named.

A display of the results of x-ray examination by means of actual films, including arthrography of the knee were included. Milk intolerance was discussed and the method of displaying it by radiographic examination was presented.

Physician's Assistants Meet in District II

The Osteopathic Assistants of District II held their monthly meeting February 2, 1972 at 1001 Montgomery Street.

The program was given by Glen Nolte, representative of the Lilly Company. We wish to thank Glen for the interesting film and program.

We invite all Assistants to meet with us the first Wednesday of each month. We strive to offer a program each month that will be of interest to all Assistants.

D.O. - G.P. Associate Needed in Dallas Suburb

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

Total Coverage — Excellent Income

Fine Schools and Living Facilities

PARTNERSHIP AFTER ONE YEAR
IF DESIRED

Please send resume to:

Jack Royder, D.O.

Drawer AG

Hutchins, Texas 75141

In Memoriam

Dr. Ross W. Phillips

Dr. Ross W. Phillips, a 1955 graduate of KCCOM, died last December 8 in Houston, where he had practiced since the conclusion of his internship at the Kansas City Osteopathic and Conley Hospital.

Prior to his osteopathic training, Dr. Phillips served in the army medical corps, from which he was honorably discharged in 1946.

He has been a member of TOMA since coming to Texas to practice and was on the osteopathic medical staff of Gulfway General Hospital in Houston.

Dr. Lloyd L. Sullivan

Dr. Lloyd L. Sullivan of Houston passed away in that city January 12. A graduate of Kansas City College of Osteopathic Medicine, Dr. Sullivan interned at Oklahoma Osteopathic Hospital following his graduation in 1960. He then took a residency in surgery at Dallas Osteopathic Hospital beginning in July 1961, followed by a preceptorship in orthopedic surgery.

After completion of his specialty training, Dr. Sullivan started his practice in Houston where he lived until his death. He was a member of District VI and of TOMA and was of the staff of Eastway General Hospital.

Survivors include his wife and a son.

Dr. Olaf Gorseth

Word has reached the State Office of the death of Dr. Olaf Gorseth of Crockett, Texas.

Dr. Gorseth had practiced in Houston for some time and had only recently moved to Crockett where he passed away January 26.

He was a 1923 graduate of COMS.

Educational Council of Osteopathic Principles Meets at TCOM

The Educational Council of Osteopathic Principles held its mid-winter meeting on January 21, 22 at the Texas College of Osteopathic Medicine, Fort Worth.

Dr. Catherine Carlton, member of TCOM's clinical staff, was program chairman and official representative of the host school.

Representatives of five other osteopathic colleges attended the two day meeting. They included Drs. Norman Larson and Robert Kapler, CCOM; Dr. Robert Connair, COM, Des Moines; Dr. Andy Berry, MSUCOM; Dr. Ira Rumney, Council Secretary, KCOM; and Drs. Fred Mitchell, Jr., Neil Pruzzo and William Hadcock, KCCOM.

Dr. Pruzzo gave a paper on the "Influence of Respiratory Movement on the Sacrum" and Dr. Mitchell presented a paper on "Technique."

The next meeting of the Educational Council will be in Chicago on April 8.



Members of the Educational Council of Osteopathic Principles are shown during a recent meeting in TCOM's sophomore classroom. Dr. Catherine Carlton, member of the school's department of Osteopathic Treatment and Technique, was program chairman during the two-day meeting. Seated next to Dr. Carlton is Dr. Ira Rumney, council secretary and chairman of the Department of Osteopathic Theory and Methods, KCOM.



Dr. Catherine Carlton, program, chairman, is flanked by TCOM student-doctor Sterling Lewis of New Market, Maryland, left, and Dr. Ira Rumney, secretary, Kirksville, Missouri, during the Educational Council's meeting in Fort Worth. Dr. Rumney is chairman of the department of Osteopathic Theory and Methods, KCOM.



FIRST FOR TCOM—The pleased facial expressions depict "good news" as these college representatives look at a check for \$150,000 from the State of Texas. Shown are Dr. George J. Luibel, board chairman, center, Dean Henry B. Hardt, and Mrs. Dene Wood, secretary to the dean. The check, issued through the Coordinating Board, University and College System, will be used for salaries, maintenance and general operating expense.

Texas Scholarship Winners - Tops

The TOMA Scholarship Committee can be justifiably proud of their acumen in their choices of students of osteopathic medicine to receive the cash scholarships awarded by this Association each year.

The reason for their pride is that three of those scholarship winners from the last two years made the Dean's Honor List at KCOM for the 1971-72 academic year.

Student doctor James Michael Russell of De Kalb, who is included in this list, received the Phil R. Russell scholarship last year. Now in his sophomore year, he earned degrees from both Texarkana College and the University of Texas at Austin before entering KCOM. He is the son of Mr. and Mrs. Vasco Russell of De Kalb.

This year's Phil R. Russell Scholarship winner is Lewis David Shuler, who also earned a place on the honor list. He studied at Amarillo College before transferring to the University of Texas at Austin where he earned his B.A. degree. He subsequently served six years in the U. S. Navy, from which he was honorably discharged last July with the rank of Lieutenant, USNR.

One of this year's winners of a TOMA Scholarship was James Michael Adams, whose name is among those of first-year students who made the honor list. He studied at Kilgore College and graduated from the University of Texas at Austin with a B.S. degree.

TOMA offers its congratulations to these students and looks forward to their returning to practice in Texas at the completion of their D.O. training.

KCOM Psychiatry Postgraduate Course Offered June 24

KIRKSVILLE, MISSOURI—A postgraduate course in psychiatry for general practitioners will be offered by the Kirksville College of Osteopathic Medicine on June 24, according to Program Chairman, Dr. Harry S. Still. Applications have been placed with the American Osteopathic Association, the American College of General Practitioners in Osteopathic Medicine and Surgery, and selected state licensure boards for accreditation.

The program will include a complement of psychiatrists, a psychologist and a law enforcement official who will discuss a wide range of topics. Diagnosis and treatment in the world of the schizophrenic will be presented by Ronald Kronenberger, D.O., Assistant Professor of Psychiatry at the KCOM. C. Barton Hoyle, D.O., Instructor in Psychiatry, will discuss depression as a medical illness.

Other aspects of contemporary culture, such as the "Psychedelic scene" will be presented by Lanny E. Stiles, D.O., Assistant Instructor in Psychiatry, and a panel will discuss drugs and alcohol, a problem of today. The panel will include Harry S. Still, D.O., Professor of Psychiatry, Lanny E. Stiles, D.O., Margaret H. Dennis, Ed.D., Professor of Psychology, and a member of a state law enforcement agency.

Following a presentation on office psychotherapy for the general practitioner by Dr. Harry S. Still, a panel will discuss therapeutic modalities available to the G.P. The panel will include Doctors Still, Kronenberger, Hoyle and Stiles.

The one-day course will be held from 9 a.m. to 5 p.m. at the Holiday Inn. A \$25 tuition fee will include lunch. The course in psychiatry will be preceded on June 23 by the fifth annual sports medicine seminar, an accredited postdoctoral program offered by the KCOM.

UNIFIED HOME STUDY PROGRAM

for the

MEDICAL ASSISTANT

Approved and Recommended by the

Texas Association of Osteopathic Medical Assistants

Developed by educators under the guidance of qualified physicians' assistants, this program covers every aspect of the physician's office operation. It is also designed to prepare your personnel for the examination offered by TAOA to become a

"Certified Osteopathic Physician's Assistant" (COPA)

PLUS: A study outline on THE OSTEOPATHIC PROFESSION

For free brochure write or phone:

Southwestern Training Institute, Inc.

P. O. Box 11586

1903 West Bowie St.

Fort Worth, Texas 76110

Phone 817-926-9256

DALLAS, TEXAS

Now accepting leases for

ATTRACTIVE NEW PROFESSIONAL BUILDING

Strategically located in prospering north Dallas near Richardson on Coit Road between LBJ Freeway and Central Expressway. Across Coit Road from developing \$150 million Park Central complex.

WILL BUILD TO SUIT TENANT

Contact

Ronald Regis Stegman, D.O.

Coit-Central Building—Suite 119

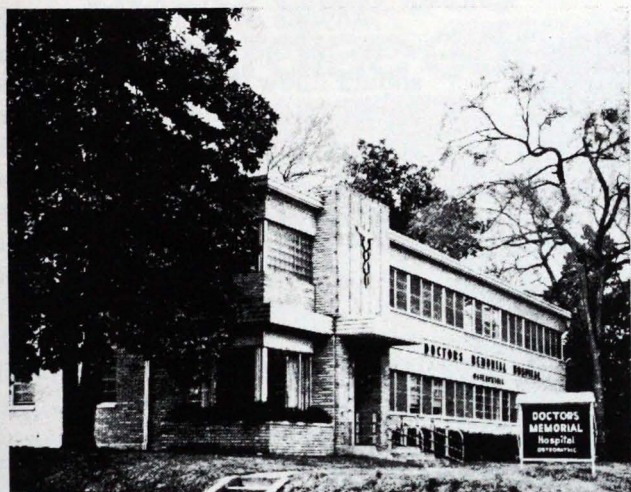
12011 Coit Road

Dallas, Texas 75230

214-233-9222 or 214-369-2233

Doctors - Memorial Hospital

A Charitable, Osteopathic Institution



TYLER

Contact Mr. Olie Clem, Administrator

615 South Broadway
75701

Phone
214-597-3771

1971-72 Enrollment in Osteopathic Colleges

	No. 1st Yr. Appli- cants	No. 1st Yr. Accep.	2nd Yr.	3rd Yr.	4th Yr.	Total
Chicago College of Osteopathic Medicine	681	86	84	81	60	311
College of Osteopathic Medicine—Des Moines	701	110	105	86	93	397
Kansas City College of Osteopathic Medicine	1093	130	115	111	108	464
Kirksville College of Osteopathic Medicine	829	114	108	105	106	433
MSU—College of Osteopathic Medicine	393	36	23	18	0	77
Philadelphia College of Osteopathic Medicine	980	160	150	137	123	570
Texas College of Osteopathic Medicine	200	34	19	0	0	53
TOTAL	4877	670	604	538	490	2302

THE X-RAY SALES & SERVICE CO.

X-Ray Equipment & Supplies
Burdick EKG — Intensive Care
Physiotherapy equipment
Cuihier G-5 percussive apparatus
Spinalator Tables

2530 Mansfield Highway
Fort Worth, Texas 76119

P. O. Box 15344
817—535-3251

GEORGE E. MILLER, D.O.
PATHOLOGIST

P. O. BOX 64682
1721 N. GARRETT
DALLAS, TEXAS 75206

Fort Worth Area

EXCELLENT OPPORTUNITY FOR D. O.
TO DEVELOP LOCAL AND REGIONAL PRACTICE
IN ALREADY SUCCESSFUL CLINIC

GUARANTEED MINIMUM

OFFICE SPACE PROVIDED ON HOSPITAL PROPERTY
MANY ALTERNATE ARRANGEMENTS
TAILORED TO FIT INDIVIDUAL NEEDS

Contact

Tom Banowetz, Administrator
White Settlement Hospital

P.O. Box 5128

Fort Worth, Texas 76108

817—246-2491

Psychiatrists & Physicians

Must have valid Texas License

Salaries competitive and negotiable,
depending upon training & qualifications
40 hour work week; vacation & sick time
Group Hospital & Life insurance

LAKES, FISHING, BOATING
HUNTING, GOLFING

County seat, 5000 population in
Piney Woods area of East Texas

2 or 3 hours drive from Dallas, Houston
or Shreveport

Contact:

Lex T. Neill, M.D., Superintendent

RUSK STATE HOSPITAL

Box 318

Rusk, Texas 75785

An Equal Opportunity Employer

Twana Jayne Thompson, 32, of 1526 Roanwood, Houston, Texas died Friday, October 29, 1971.

Mrs. Thompson was the pilot of a single engine aircraft which collided in mid-air with another aircraft.

She was a native of Sudan, Texas and attended Texas Tech before her marriage to Dr. James E. Thompson in 1957.

Mrs. Thompson served as secretary and was later elected vice president of the Auxiliary in District VI. She had also served as secretary and vice president of the Auxiliary at the state level.

Mrs. Thompson is survived by her husband, Dr. James E. Thompson, Houston; daughter, Sherri Dee, and a son James Shannon. ▲



Mrs. James E. Thompson

"Anyone who might conceivably work in the Intensive Care Unit should know something about reading an EKG," said Mrs. Janet King, R.N., unit supervisor for ICU, in discussing the course in electrocardiography which Fort Worth Osteopathic Hospital Nursing Services offered the first two weeks in February. "Laboratory people, too, frequently spot a problem in a tracing while they are taking it. So, it's important for paramedical personnel to have some basic knowledge of electrocardiography.

Recognizing this need, the FWOH Nursing Service scheduled a two week course with two-hour sessions held three nights a week. Internist Dr. Gary Cooper planned and conducted the sessions, using a programmed course of instruction augmented by slide presentations.

Attendance at the course was voluntary and about 50 people were present at each of the sessions. Personnel from laboratory, inhalation therapy and nursing service attended as did some members of the hospital's professional staff, students at the Fort Worth School of Vocational Nursing, affiliated with FWOH, and some students from the Texas College of Osteopathic Medicine. In addition, another community hospital requested and was granted permission to send a representative. ▲

PROFESSIONAL LIABILITY INSURANCE

Serving the Profession Nation-Wide Since 1925

EXCLUSIVELY ENDORSED BY THE A.O.A. IN 1934

Experienced claims handling protects the doctor's professional reputation; broad policy provisions backed by millions in assets protect his financial position—present and future.

THE NETTLESHIP COMPANY

1210 West Fourth Street

Los Angeles, Calif. 90017

CONSULTANT STAFF

Internal Medicine and Nuclear Medicine
C. D. Brashier, D.O.
L. T. Cannon, D.O.

Radiology
R. N. Dott, D.O.
Frank J. Bradley, D.O.

General Surgery
E. G. Beckstrom, D.O.
W. R. Russell, D.O.
Charles H. Bragg, D.O.

Thoracic and Cardio-Vascular Surgery
C. D. Farrow, D.O.
Obstetrics and Gynecologic Surgery
R. L. Fischer, D.O.

Pathology
G. E. Miller, D.O.
Medical and Surgical Anesthesiology
H. H. Beckstrom, D.O.
S. S. Kababjian, D.O.
Paul A. Stern, D.O.

Proctology and Urology
K. S. Wooliscroft, D.O.

Orthopedics
T. R. Turner, D.O.
T. T. McGrath, D.O.
M. L. Glickfeld, D.O.
J. A. Yeoham, D.O.

Ophthalmology and Otorhinolaryngology
R. M. Connell, D.O.
Martin E. O'Brien, D.O.



Dallas Osteopathic Hospital

5003 Ross Avenue, Dallas, Texas 75206 Telephone 214/TA 4-3071

Direct Inquiries to: Paul A. Stern, D.O., Director of Medical Education

Dalworth
Laboratories, Inc.

*"THE NEW DIMENSION IN
MEDICAL LABORATORY SERVICE"*

PHONE (817) 336-0376
SEVENTH & ROSEDALE
FORT WORTH, TEXAS 76101

**The most widely
used diuretic
in cardiac edema**



This technique of unwrapping a sphere to make a flat map was invented by Johann Werner, a mathematician who lived at the time of Columbus, long before the exact shape of the New World continents was known. To achieve such an equal-area projection, he kept the central meridian a straight line and intersected it at true distances with parallel lines.

Lasix[®]
(furosemide)
Tablets and
Injection

Please see prescribing information which follows.

In a wide range of cardiac edemas—
the response you want by selecting the dosage your patient needs

Lasix®

furosemide

Tablets/Injection

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;
a rapid onset of action;
a comparatively short duration of action;
a ratio of minimum to maximum effective dose higher than 1:10;
the fact that it acts not only at the proximal and distal tubules but also at the ascending limb of Henle's loop.

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, or 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 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, parosmia, 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 sec-

ond 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.



HOECHST
PHARMACEUTICALS, INC.
SOMERVILLE, N.J. 08876

More \$\$ for TCOM

Texas College of Osteopathic Medicine has received \$69,371.00 from two Fort Worth foundations, announced Dr. George J. Luibel, board chairman. The gifts were given by the Amon G. Carter and Sid W. Richardson Foundations for operating expenses and capital improvements.

The pharmacology department and the school's library were awarded \$44,371.00 by the Richardson Foundation for special lab and audio visual equipment.

The Carter grant of \$25,000 will be applied to the college's leasehold expenditures at the Basic Science building, 3526 Camp Bowie Boulevard, the chairman said. ▲

Mexia State School Needs Doctors

Whether you are a new doctor just getting ready to start your practice or an older one who is ready to slow down a little, there seems to be a golden opportunity for one of you at the Mexia State School.

Dr. Myra Michael, a member of TOMA, has been on the staff of this state school during the past year and writes to the State Office in glowing terms of the work that is being done there and of the satisfaction the doctor can receive from working with the young, mentally retarded people in this school.

The Mexia State School is operated by the State of Texas and the practice there should be very attractive for any young doctor who wishes to broaden his medical education in general medicine, psychiatry, orthopedics and all types of diseases and, according to Dr. Lewis Woodward, with whom this office has been corresponding, a young doctor could "draw a good salary and prepare himself financially in three or four years to go into private practice". Dr. Woodward continues "any young M.D. or D.O. will certainly be a much better doctor and more useful to his community as, while working on the medical staff at the school, he will be dealing with outstanding doctors at the M. D. Anderson Tumor Institute at Houston, which, as you know, is one of the finest in the world."

According to Dr. Woodward an older physician (they will take a doctor up to the age of 65) would have excellent working conditions and a much easier

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.

Those firms who have written to decline are:

Ayerst Lab.	Parke, Davis & Co.
Burroughs Wellcome	*Roche Laboratories
Cole Pharmacal	Ross Laboratories
Cutter Laboratories	Rowell Laboratories
Dynatech	Sandoz Pharmaceutical
Eaton Laboratories	Savage Laboratories
Geigy Pharmaceuticals	Schering Corp.
Gerber Products	*Smith Kline & French Lab.
Southwestern Surgical Supply	

**[Smith Kline & French and Roche Laboratories support TOMA through advertising in the Journal.]*

burden than that of private practice. He says that the excellent salary, short hours and very few night calls make this situation particularly attractive. He says that none of the doctors are overworked as they work a 40-hour week except that each doctor takes one week-end duty about once every six weeks.

Dr. Woodward reports that the starting salary is \$22,000 per year, plus, depending on special work, membership in specialty academies, et cetera. He says a doctor there "has more holidays than a banker, sick leave, vacation and accumulated time."

For further information, please write Tex Roberts at the TOMA State Office.



**They could be discussing
thrombophlebitis, rubella virus,
arrhythmias, diabetes mellitus,
status asthmaticus, eclampsia,
or noncalculous cholecystitis.**

To a lot of people they're just a bunch of big words. Doctor talk. In truth, they're diseases. And symptoms. Cures and diagnoses.

Doctors are constantly studying. And researching. And coming up with answers to both new and old problems.

Blue Cross and Blue Shield is keeping pace with modern medicine. If you're already protected by our program, you know what we mean. If not, you'll discover the coverage we offer is as modern and up-to-date as the research.

All those big words may not mean a whole lot to you. Now. But if any doctor should use one to describe you. Or your health. It's a recovering thought to know Blue Cross and Blue Shield is there to protect you.



People helping people.

Guilty as Charged?

by Ralph E. Stolz, D.O.
Chairman, Detoxification Committee
Allentown, Pennsylvania Osteopathic Hospital

PENNSYLVANIA D.O. SAYS PHYSICIANS IGNORING MAJOR HEALTH PROBLEM OF ALCOHOLISM

"They are not motivated."
"I can't identify with them."
"It's hopeless."
"It takes too much time."
"It doesn't pay."

These are examples of some of the statements that various physicians make in discussions involving an increasing percentage of their practice. Historically, the above statements have been echoed many times for conditions such as cancer, leukemia, diabetes, tuberculosis and polio. Now, the condition is alcoholism. The patient, a fellow human, for the most part has been all but totally ignored, been made fun of, feared, mistrusted, possibly even more than patients with leprosy.

In approximately the last ten years inroads have been attempted into this confusing, and many times frustrating, field of medicine. There are many phases of our society which have changed in the last ten years. To pinpoint this from the physicians' pedestal in society, we are not the aloof, the austere, the untouched judges that we had once been. Our attitudes toward nine million people (conservative estimate) suffering from alcoholism must change more rapidly than what they have in the past ten years. The field of medicine must remain a dynamic one to all physicians. For it to become static is to become stagnant and will result in continued deterioration in the general care of all patients.

Let us look at some of the statements which are currently being made, not only by victims of alcoholism, but also by para-medical personnel and lay people. "How can such educated people be so ignorant?" "They are prejudiced." "How can they judge us morally when the World Health Organization, the AMA, the AOA, the American Hospital Association and many other official organizations have defined alcoholism as a disease."

The general public is becoming increasingly aware of the complacency and lethargy with which we professionals are generally treating the alcoholic patient. As in other areas, this is not helping to improve any physician's public image. Approximately one and one-half years ago, several general practitioners in the Lehigh Valley area decided to work more effectively for and with the alcoholic. A detoxification unit was set up in the Northampton unit of the Allentown Osteopathic Hospital. It required no special facilities

other than an objectivity in handling these patients with the same professional care and kindness one would have for any other "patient type"*. Dr. Neil Connelly is very actively involved and says. "When these people are in need and request help with their problem, they are being admitted with a primary diagnosis of acute alcoholism, and sometimes chronic alcoholism, instead of the secondary diagnosis such as hypertrophic gastritis, spastic colitis, pancreatitis, etc., ad infinitum." The response and results have been more gratifying than all involved realized they would be. It remains a very highly complex medical and sociological problem to which no one physician has all the answers. We are a long way from home, but a door has been opened and the alcoholics' isolation has at least been cracked. We have found that the alcoholics are not second class citizens or lesser patients, but are as worthy of our professional training and knowledge as all other humans.

Concepts of therapy require only common sense, honesty and tact. One of the most important concepts is to dispel and disprove the apathy with which so many of us have been labeled. The Osteopathic Physician is well known as a leader in family and general medicine. As such, I feel that it behooves us to treat these alcoholic patients and aid in their recovery with every professional tool we have in our armamentarium. When we successfully treat these people we will aid in the recovery of an entire family unit and, thereby, aid in strengthening our communities.

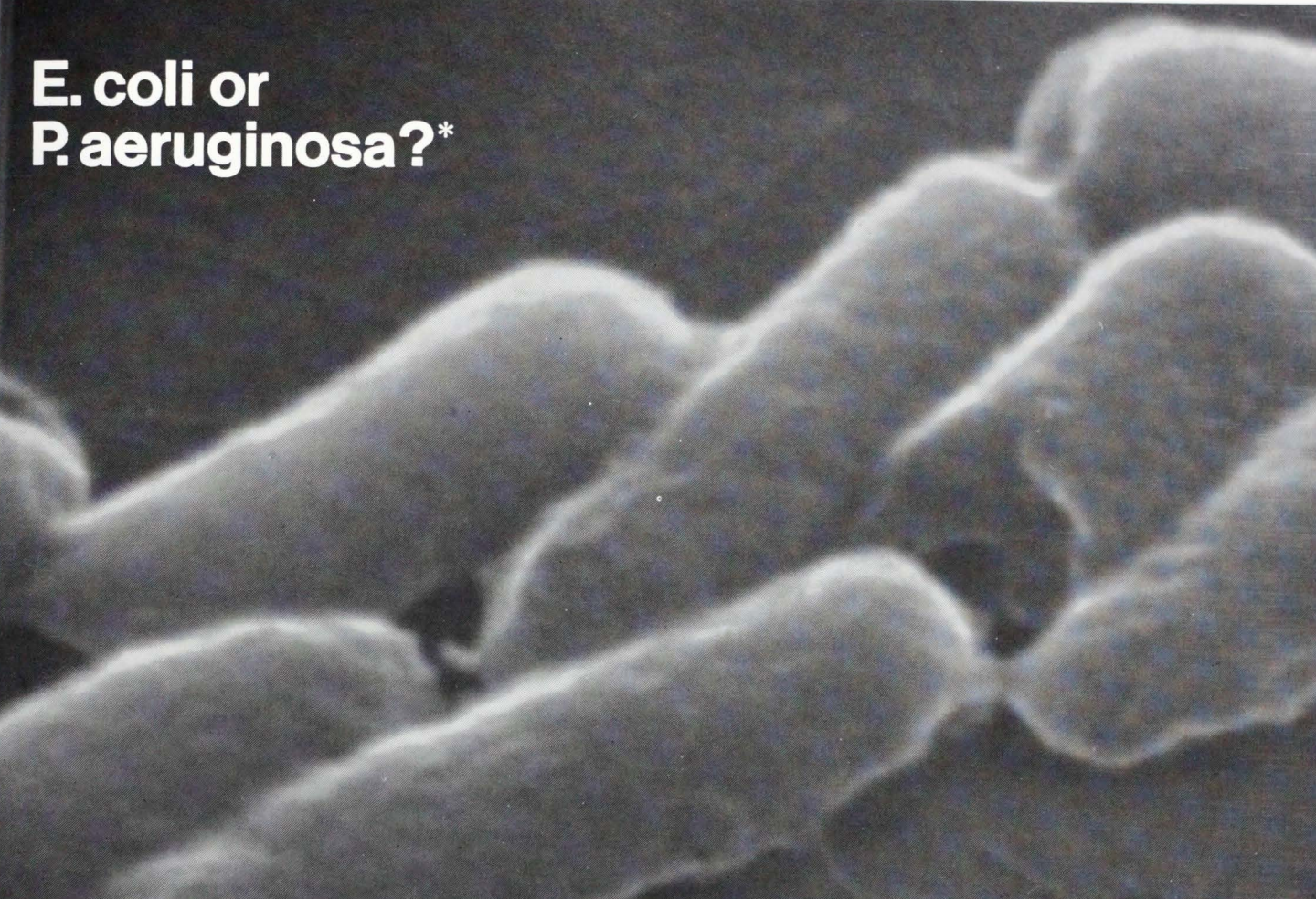
Attitudes in practice are many times as important, sometimes even more so, than facts. As we communicate with each other on all levels a simple thought, to which I was exposed by AA, will help. This organization has the best record yet in aiding the alcoholic. The thought? The Serenity Prayer. . . .

God grant me the serenity to accept
the things I cannot change,
courage to change the things I can,
and wisdom to know the difference.

*I feel this term is misleading and pigeon-holes people unjustly and is not an objective term that should be used by physicians.

[reprinted from the Journal of the Pennsylvania Osteopathic Medical Association, Inc., January 1972.] ▲

E. coli or P. aeruginosa?*



**In severe infections
when nutritional supplementation
is indicated**

**Berocca[®] tablets
is therapy**

With balanced, high potency
B-complex and C vitamins.
No odor.
Virtually no aftertaste.
Lowest priced Rx formula.

Please see Complete Prescribing Information, a summary of which follows:

Each Berocca Tablet contains:

Thiamine mononitrate	15 mg
Riboflavin	15 mg
Pyridoxine HCl	5 mg
Niacinamide	100 mg
Calcium pantothenate	20 mg
Cyanocobalamin	5 mcg
Folic acid	0.5 mg
Ascorbic acid	500 mg

Indications: Nutritional supplementation in conditions in which water-soluble vitamins are required prophylactically or therapeutically.

Warning: Not intended for treatment of pernicious anemia or other primary or secondary anemias. Neurologic involvement may develop or progress, despite temporary remission of anemia, in patients with pernicious anemia who receive more than 0.1 mg of folic acid per day and who are inadequately treated with vitamin B₁₂.

Dosage: 1 or 2 tablets daily, as indicated by clinical need.

Available: In bottles of 100.



ROCHE LABORATORIES
Division of Hoffmann-La Roche Inc.
Nutley, New Jersey 07110

**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.

TEXAS OSTEOPATHIC MEDICAL ASSOCIATION

512 Bailey Avenue
Fort Worth, Texas 76107

Address Correction Requested

BULK RATE
U. S. POSTAGE
PAID
FORT WORTH, TEXAS
Permit No. 1646

40 years of service to the profession...

Western Research Laboratories

maintains the highest standard of manufacturing excellence to give you pharmaceuticals of quality without compromise.

Our program of research and development has gained the respect and acceptance of the medical profession.

Thyroid



is our specialty; ——— not ordinary THYROID, but 100% PORK THYROID, from American corn-fed hogs, especially prepared, standardized and biologically assayed to assure consistently uniform potency and patient response, lot after lot. WESTERN RESEARCH THYROID is available in a multiplicity of dosage forms, capsules as well as tablets.

We also manufacture an extensive line of ethical specialties and generics, covering a multitude of therapeutic indications.

Write for literature

WESTERN RESEARCH LABORATORIES, Inc.

DENVER, COLORADO

PHONE AREA CODE 303/733-7207

80209
