

Dr. Bobby G. Smith of Arlington President, 1970-71 Texas Association of Osteopathic Physicians & Surgeons

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In 25 Words or Less Page 15



# When the G.I. tract is tied up by anxiety

Anxiety frequently exerts its force in the G.I. tract. 'Combid' *Spansule* capsules can control that anxiety as well as the painful spasm and excess secretion— continuously with b.i.d. dosage.

# Combid<sup>®</sup> Spansule<sup>®</sup> capsules

Each capsule contains 10 mg. of Compazine\* (brand of prochlorperazine), as the maleate, and 5 mg. of Darbid\* (brand of isopropamide), as the iodide.

Before prescribing, see complete prescribing information, including symptoms and treatment of overdosage, in SK&F literature or *PDR*.

**Contraindications :** Patients with glaucoma, pyloric obstruction, prostatic hypertrophy, bladder neck obstruction, obstructive intestinal lesions and/or ileus. Nausea and vomiting associated with intestinal obstruction or brain tumor.

Precautions: Caution patients about activities requiring mental alertness (driving, hazardous occupations). Keep patients under regular observation. Additional depressant effect is possible when used with other C.N.S. depressants. Patients sensitive to other drugs may be more liable to have a reaction to prochlorperazine. Use with caution in elderly patients. Use in pregnancy, lactation, and in women of childbearing age only when necessary. Discontinue one week prior to 1<sup>st</sup> uptake and PBI tests, as the iodine in isopropamide iodide may alter results.

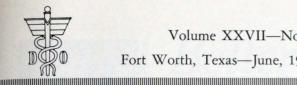
Adverse Reactions: Drowsiness, dizziness, amenorrhea, skin reactions, dry mouth, blurred vision, urinary retention, dilated pupils, photophobia, constipation and tachycardia. Palpitation, nausea, dysphagia, fever, and nasal congestion, rarely. Hypotension, agranulocytosis, cholestatic jaundice, leukopenia, extrapyramidal symptoms (motor restlessness, dystonias, pseudo-parkinsonism) have occurred with prochlorperazine.

Other Adverse Effects reported with one or more phenothiazines: Some adverse effects are doserelated, others involve patient sensitivity, some occur more frequently in patients with special medical problems, for example, mitral insufficiency or pheochromocytoma. Opisthotonos, oculogyric crisis, hyperreflexia, dyskinesia, sometimes lasting months or years; grand mal convulsions; altered cerebrospinal fluid proteins; cerebral edema; potentiation of C.N.S. depressants, atropine, heat and phosphorus insecticides; headache, adynamic ileus, inhibition of ejaculation; reactivation of psychotic processes, catatonic-like states, hypotension (sometimes fatal); cardiac arrest; pancytopenia, thrombocytopenic purpura, eosinophilla; lactation, galactorrhea, gynecomastia, menstrual irregularities, false positive pregnancy tests; photosensitivity, itching, erythema, urticaria, eczema, exfoliative dermatitis; asthma, laryngeal edema, angioneurotic edema, anaphylactoid reactions; peripheral edema; reversed epinephrine effect; hyperpyrexia; pigmentary retinopathy; with prolonged administration of substantial doses, skin pigmentation, epithelial keratopathy, and lenticular and corneal deposits.

EKG changes—particularly nonspecific, usually rereversible Q and T wave distortions—have been reported, but relationship to myocardial damage is not confirmed. Sudden discontinuance in long-term patients may cause temporary nausea, vomiting, dizziness, tremulousness.

NOTE: Sudden death has been reported though a relationship to phenothiazine administration has not been determined. In some cases the cause appeared to be asphyxia due to failure of the cough reflex; in others, no cause could be determined. **Supplied:** Bottles of 50.

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Fort Worth, Texas-June, 1970

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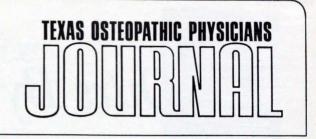
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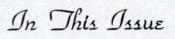


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#### Mr. Tex Roberts, Executive Director and Editor

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Ours By Right



By Dr. Richard L. Stratton, President TAOP&S, 1969-70

Mr. Toastmaster, Mr. and Mrs. Roberts, fellow physicians, ladies and honored guests, at this time I introduce to you **my** Board of Trustees of The Texas Association of Osteopathic Physicans and Surgeons. They are a team—please do not single out any individual as a favorite son with your applause. Wait until all are standing. Drs. Bobby G. Smith, Robert Nobles, Walters Russell, Clifford Dickey, Robert Haman, Randolph Gillum, H. Eugene Brown, Richard M. Hall, Leland Long, Joseph Wolpmann, David Armbruster, Wendell Gabier, Ralph Merwin, Ronald Owens and Dr. Robert E. Slye, deceased. Also, Drs. Sam Ganz and John Boyd, who contributed so much to the meetings of the Board. They are, indeed, with voice on our Board of Trustees.

For the past year I have taken every opportunity to warn or cajole you to take an active part as a planner of the 1970's. I will not miss this opportunity tonight to again ask you to become so involved. I do mean involved —not merely committed. The difference was very aptly defined when one of the speakers, Dr. R. L. Deter of El Paso, last week at the Governor's Conference on Health Care Costs, asked the audience if they had heard of the kamikaze pilot who had flown 28 missions. It seems he had a lot of commitments, but no involvement.

You have given me many prized gifts for more than a quarter of a century. A lot of them this past year. One of the jewels in the crown of the President of the Texas Osteopathic Association is the travel you encourage for him. You send your President into all 14 districts. This gives him a view of Texas that he would not otherwise obtain. Texas has been my home for 32 years. For the first time I have seen all of its regions. You have given me a view of the profession that is possible only through such experience. President Nobles told me last May that the district visits would be the highlight of my year. He was not in error. "Thank you," to every member of the Association for sponsoring this experience.

Tonight, I will remind you of the current problems that stimulate the imagination, which are at this moment demanding to be solved. They are of magnitude. They are surmountable—their very presence creates a desire in us to actively seek solutions. The fact we are involved as a profession and as individual doctors is evidence of our presence and force in the fabric pattern of health delivery. Then I will use the rest of my time; my final words as your President, to comment about some of my observations of the philosophy of osteopathic medicine. The following challenges I bequeath to my successor, a very close friend and confidant, Dr. Bobby G. Smith, who is even now warming up in the bull pen—very soon to be cloaked in a warm, friendly, massive garment of responsibility, which he will wear each day until he, too, in a paradox of reluctance and relief will shed it:

#### 1. TCOM:

TCOM is still trying to stand up and take steps. Our financial support is its critical need.

#### 2. Public Health and Drug Abuse:

The answers might be sought by dividing the subject into four divisions:

- A. Education at the elementary school and the community level. Even though the spotlight is on youthful abuse, in fact, adult abuse of caffine, nicotine, ethyl alcohol, tranquilizers, sleeping medication, sedatives and pep pills presents a serious threat of far greater magnitude to the community. Whether it be our youth or our adult citizens, in order for them to be of any assistance to each other they must develop their attitudes based on factual material, relative to their needs and uses of psychoactive drugs. In other words, we must deliver to them the facts and then let truth prevail. It must be stressed that ethyl alcohol is indeed a drug and that it is the most widely abused psychoactive agent marketed today.
- B. Control of Drug Traffic. The physician is directly involved because of his daily use of prescriptions in his office and in his hospital practice. He must also help to formulate opinion for future practices. For example, is the fantastic tonnage of amphetamines or barbiturates really necessary to the practice of modern medicine, and is the present heavy level of drug sampling to the physician really necessary? Is drug sampling necessary at all? These are questions we must answer.
- C. Treatment. Here lies the historic role of the physician. He must concern himself with prevention, with treatment and with rehabilitation. He must re-





By Dr. Bobby G. Smith, President TAOP&S, 1970-71

Dr. Stratton, Mr. Roberts, Mr. Toastmaster, ladies, honored guests and fellow physicians:

Are you part of the problem or part of the solution? We have gathered here tonight, not only to hear a summation of the state of our affairs, which has been so elegantly done by my dear friend, Dick Stratton, but we must also have a taste of what is ahead.

I believe that the osteopathic profession has some great days in the 70's if we stand ready to seize these opportunities. On the other side of the coin are some of the greatest threats which have yet confronted us. And these are not threats from outside the profession, such as the AMA or the federal government. We are our own greatest enemies today. I am specifically referring to the do-nothing attitude, which has evolved among us, the "let someone else do it" attitude, the "I'm not interested in politics" attitude, the "I'm too busy with my practice" attitude, the "I don't like this person or that situation" attitude. In reality, we're saying we're too lazy.

The teacher asked the little boy what was the shape of the world? His reply — it's in a hell-of-a-shape! This could well be said of some of our attitudes about associational work.

The failure of some to enthusiastically support our own Texas College is simply a sign of laziness and/or greed. We have been too successful; things are too good; we have rapidly forgotten about the problems we once had. We are too busy taking out and not putting back in. It reminds me of the story of the farmer who constantly planted corn crops without putting fertilizer into the ground. His crops were regularly removing the nutrients from the earth without his taking the time to replenish and, of course, soon the ground was a disaster from being robbed constantly and crops continued to fall and fall and fall until there was no production. This could very well be an example of what could happen to our profession if we continue with the attitude that now exists. The quickest way to be nothing is to do nothing.

No more do we spend days in Austin during legislative sessions. Now we hire it done, but under protest. Now we don't do the administrative work within our association. Now we hire it done, but under protest. I admit there are a few who do their share, but the numbers are far too few. I don't propose that we retreat to the old way, but I do say that our present sedentary attitude is leading us down a path of doom and self-destruction. Basically there are three types of people. There are those who live in the "has done era", there are those who live in the "will do era" and there are those who are "doing". Which category do you fall in?

There are three distinct billboards of history that stand out in my short career in this profession. They are the college lost in California, a college gained in Texas, and our sedentary attitude toward both of these happenings within the profession. Let us together briefly examine these and explore how they have or will affect our destiny. First, let's look at the California situation. Not only have we lost the college in California, which was our biggest. but we lost licensure in California, and we coast along here in Texas as if that isn't a catastrophe. An emergency that needs righting right now by this profession, by you and by me, and by the American Osteopathic Association which is you and me. In California for some 20 years the California Osteopathic Association was run by a few people — less than a hundred in fact. Then in the late fifties and early sixties disaster hit. Control of that association dwindled into fewer and fewer hands. The story from there is history.

Now, how did this happen? Simply by too few people being actively involved in the affairs of the profession in California. There were too many doing too little in California. In other words, "Let George do it" was the attitude that prevailed in California. There were too many "I'm not interested in politics." May I point out that the AMA or CMA did not obliterate the profession in California. It was the individual D.O.'s sitting at home instead of being out working for the profession. In some respects I could not say that I would be too sympathetic with those who sit at home, yet I am sympathetic with the profession and weakening of the profession by this great loss. Too many in California sat at home and let George do it. They left the decision making to someone else and now they're paying for it. I warn you that a similar thing could happen in Texas. I can't get too disturbed about the former D.O. specialists turned to California M.D.s who claimed a few months ago that they were not accepted by the AMA-CMA specialty colleges and they want your help. They even have an association for their bereavement. They think things have come to a sad state eight years after being blessed with an M.D. degree that they did not earn. What is most sad is that their quest for social standing and a new shingle on their doors cost the profession its biggest college in our most populous state.

We in Texas, if we have the brains and the dedication, now have the opportunity to replace the college, but are we big enough thinkers and can we stimulate our sometimes purely self-centered and totally selfish attitudes long enough to proceed to put a college together? Here in













## West Texas Round-Up!

LUBBOCK, 1970, Western Fun Night, top row: Drs. Behrens, Candelaria and spouses; Dr. Brown, convention chairman, still smiles. Bill McAllister, general manager of KSCV-TV, MC at President's banquet, and wife.

Shown are Drs. Armbruster, Dickey, Gabier and Smith harmonizing; above right, Drs. Emery and Smith.

In third row our reporter didn't get any of those names, although the two cowhands look familiar. Bottom, Drs. Luibel, Sharp, Grainger, Everett et al.

In the pool at the Red Raider Inn is Dr. Gillum and Dr. Owens. Late flash at press time: cowhands are identified as Dr. J. Scott Heatherington, president of AOA, and Dr. Richard L. Stratton, 24 hours out of presidency of TAOP&S.



## Ours by Right

#### (Continued from page 4)

alize that he, himself, is extremely liable to become personally involved in drug abuse.

D. Ultimate. While the immediate approach must necessarily be palliation of the symptoms, the long range goals and efforts should emphasize making determinations of the medico-socio-economic pressures and relationships that are contributing to this mass malady, which is now affecting such a broad crosssection of all strata of our society.

#### 3. Health Care Costs:

We must be realistic about the proposed health care programs, including those that are presently being enforced. The public must be made aware that these are its programs. It must become involved in them. It must decide what it is willing to pay for these programs. There is absolutely no current way to finance any federal program except by taxation. The money is first taken from the public and then redirected toward it. We know that much of the cargo is lost in the process. It is my belief that the public is being told it should have medicine in a style so luxurious as to be beyond its reach. The present plight of the Medicare and Medicaid programs indicates to me that the populace has been promised something that the government cannot deliver and cannot make true even if it succeeds in causing the hospitals and the individual doctors to underwrite the programs. What has been offered, simply does not exist.

The department of HEW is presently trying to work under an accumulation of some three hundred plus programs. It is a structure made of playing cards, a constant threat to itself. On the brighter side, we might point out that the power of HEW is now being regionalized by executive order. As it comes to the home region, no matter where your home may be throughout these 50 states, we believe that there is an opportunity to have these programs structured and organized. As it has been pointed out to me and I now pass on to you, it is impossible to run hospitals as businesses. Businesses exist solely for a profit motive. Hospitals must be run for the patients they serve. They are not, in the true sense, businesses, and unlike regular businesses, hospitals must be functioning 24 hours a day, 365 days a year. If we tried to operate other businesses on that basis, and solely to the benefit of the customer, I can assure you that excessiveness and waste would be a constant, even though combatable, part of the picture. We must find ways to reduce the administrative costs in our health programs.

We must identify and point out administrative detail as the factor it is in increased costs of health care. As the AOA has pointed out, much health care planning today is dominated by what appears to be a misplaced emphasis on economics Changing the system to make it more economical and efficient has taken higher priority than expanding the system to meet the demands and expectations of the people it serves. Bigness is being equated with economy. Separation of services with efficiency. The result is that many health programs instead of meeting real community needs, not only perpetuate many of the systems' present ills but are, in fact, creating new and more serious problems.

We must reduce repetitive procedures, such as lab and x-ray examinations between the clinic and the hospital and between hospitals.

We must relieve the physician of his medical-legal burden. Notice I did not say responsibility. I said burden.

We could immediately increase the health manpower force by relieving the physician and paramedical personnel of activities that could be done by others, or by removing many extraneous activities that are time consuming and in the final analysis, really have nothing to do with increasing the quality or the quantity of patient care. We must find ways to involve, not commit but involve, the recipient in **his** problem, health care costs. Our goal should be cost control not cost cutting. We must admit that if we are to expand we cannot cut costs. Responsible increases in costs should be the goal.

Yes, inefficiency and waste must be identified and it must be publicized. I feel that the doctor and his workshop, the hospital, is presently the focal point simply because of being most available and least defended of the three parties in this third party system of ours.

#### 4. Hospital Staffing:

We must establish a position that we wish to take in reference to staff membership of qualified osteopathic physicians in tax-supported institutions.

#### 5. Peer Review:

You will be hearing much more of this. It is a type of utilization review that reaches the doctor in his office. It is required under the present system. We are involved, we will remain involved. In effect it is a mechanism whereby you may initially be judged by your equals in the conduct of your practice.

#### 6. Influence Upon the American Osteopathic Association:

As one of its divisional societies, we must, wherein we believe necessary, bring pressure to bear upon the national organization to expand its activities. If it is our belief that it can best serve us by becoming more aggressive, then it is our responsibility to bring this to the attention of that body. If in any way we feel that we do not have full benefits which should be ours through the process known as organization, then we should identify any defects and work toward their correction. The national organization is there because of us, not vice versa. We must not lose this realization. Our duty is to aid it, to support it, to see that it is so structured it serves the membership's best interests at all times.

(Please see page 9)









Convention 1970, LUBBOCK, 71st Annual Meeting. Top row of photos

AOA and Mrs. Heatherington greet Texas Governor Preston Smith who delivered keynote speech to convention.

President-Elect Dr. Richard M. Hall of Groom smiles in talk with Dr. Ronald H. Owens of Dallas. New trustee and noted writer, Dr. Michael A. Calabrese of El Paso, fraternizes with the 1971 conven-tion help, Mrs. Candelaria and Mrs. Behrens.

Spades were spades with retiring President Stratton, Dr. and Mrs. Smith, left. Authentic cowboy boot center pieces sold for \$5.

Lower left, A Ph.D. in a Texas hat, Dr. Al O'Donnell, assistant director of education, AOA. Center, left, is irrepressible Dr. Hugo Ranelle of Fort Worth.

June, 1970

show new TAOPES president in three moods of office: think, play, lead.

Dr. J. Scott Heatherington, president,



## Ours by Right

#### (Continued from page 7)

#### 7. Cooperation and Support:

This we must accomplish with all of those involved in the delivery of health care. We must cooperate with other health professions, with all paramedical groups, with the legal profession, with law enforcement groups and with the public itself to the end that the health of this country be protected to the utmost. If we cannot give our unrestricted devotion to the delivery of the best possible, practical health care to the public we serve, we have no reason to exist and we will disappear.

The challenges I have just listed for you represent the whetstone that will maintain an edge on this profession as it is held to the surface. This cannot, must not be avoided. Furthermore, we must realize that as we attempt to solve these problems, which commonly beset all in the health industry, we must develop a close, genuine working relationship with other disciplines. Such arrangements must be based upon mutual respect. We do not have to become nurses to work with nurses, pharmacists to work and consult with pharmacists, or allopaths to sit in counsel with them, ad infinitum. Again, I will state that the American Medical Association and its component societies should lay aside their fixation about absorbing or obliterating the osteopathic profession.

The philosophy of this profession is based upon truth, and as truth it continues to stand all the tests of time. The word "osteopathy" should be set aside as it is not meaningful. The words "osteopathic medicine" should be employed because you most certainly are in the main stream of medicine. Osteopathic medicine does not and never has meant manipulative technique to the exclusion of all else. If we were today to lay aside the modality, manipulative technique, we would continue to be osteopathic physicians and surgeons, engaged in the practice of osteopathic medicine, because we would still recognize the importance of the musculoskeletal mass to the living, human being. We speak of structural integrity being basic to our discipline. I would point out to you that all tissues of the body, including blood itself, has structure. Therefore, the correction of discrepancies in the blood, even the transfusing of blood, is osteopathic in nature.

Perhaps the most basic tenet of our philosophy is the fact that if the body is aided and abetted in its natural drive to normalize itself, then provided the body survives, health will be realized. Even surgery is an admission of medical failure. If something cannot be fixed, it must be removed, taken away, so that the body can go on to function in as near normal manner as possible. The concept of treating the whole human being is now a popular one. Some do not recall that this was conceptual in the osteopathic philosophy.

Too often, we as a profession, are put on the defensive about our philosophy when there is no reason to permit ourselves to be so positioned. I can assure you that any genius can be stymied with just four questions. Each of the questions being the same word — WHY? He may

Therefore, we must not assume that any discipline of health has all of the answers. The trick of placing an opponent on the defensive is an old one. Admittedly, it is effective. Therefore, you can turn the table by simply asking your own questions. For instance, no one can adequately tell you what causes disease. Nor can they tell you much more about it than that it is the absence of absolute health. No one can precisely tell you how antibiotics work — oh, there are some nice theories advanced, but no one can tell you with absolute certainty what actually occurs, or why, What is death? What is life? No, we need not be so defensive, or so sensitive. Everyday we prescribe drugs for our patients that we do not understand exactly how they work, and yet we know that they do produce many times a desired effect. Therefore, as osteopathic physicians we use drugs in order to help the body normalize itself more rapidly. Res ipsa loquitor — the thing speaks for itself as with osteopathic manipulative technique. Furthermore, by applying our philosophy we have an insight that is not readily available to others.

I would call your attention, as an example, to a few years ago when estrogenic substances were highly suspected as carcinogenic agents, and yet basic osteopathic philosophy would tell you that such substances in therapeutic, replacement amounts, would not normally have been in the human system if such were true. Now there are many learned minds in this world trying to determine whether "the pill" might have some deleterious effect. What the final outcome of their deliberations will be I cannot tell you, but I can tell you as an osteopathic physician that I know that if by pharmaceutical means we can demand of an ovary that it not ovulate until we permit, then we have applied a physical force for which there must be some counterforce. How detrimental this counter-force is I cannot tell you. The osteopathic physician knows that he must intrude in the human being, a cathedral, with reverence and respect, he must attempt to normalize and then stand back and witness in awe. He, himself, does not possess the responsibility for recovery. He can only help it on its way, coax it along. No surgeon would ever dare make another incision if healing were his responsibility.

Let each one of us take stock of who we are, what we are, why we are, and where we are. Let us accept the responsibilities that are ours by right to deliver osteopathic health services and concept in a complete and practical manner for all the populace. Let us be ever mindful of our philosophical heritage. Let us continue to make that heritage a force in modern health care. Should anyone believe a health monopoly would be beneficial to himself or to his patient let him look no further than other monopolies such as the post office or the telephone company.

Raider Inn mall. At left, Texas Governor Preston Smith keynotes convention with call for solutions of health problems, especially in area of drug use and abuse.

71ST ANNUAL MEETING, LUB-BOCK. Top photos, House of Delegates deliberates, next everybody eats at Red

His address drew a record number of D.O.s to opening day luncheon, was picked up by interstate press wire services. Dr. Elmer C. Baum of Austin accompanied the governor to Lubbock and is shown upper right photo of accompanying picture page.

Left is Dr. Phil R. Russell who has just joined the TCOM \$1000 Club, along with about 50 others at press time.

A plaque for 10 years' service in House of Delegates went to Drs. Everett, Burnett, Haman, and Elliot. (See story elsewhere for certificates, plaques and other recognitions, this issue.)



## A Better Place

#### (Continued from page 5)

Texas we're embarking upon one of the greatest trail drives yet to be mounted — that of building a college which will educate the future osteopathic physicians of this great state. Our horses must be in good condition, our saddles well-fitted and the reins tight in our hands. The people of Texas are crying for family doctors. That's our strong suit. Let's mount up and be on the trail; leave the pessimistic attitude in the closet.

Let us tell the people of Texas what we can do for them instead of telling them how we are like someone else. Let us be about this task as a group — not as a few scattered individuals. Let's not cremate the profession by failing to stand up and be counted in this college effort. Constructive criticism is good, but destructive efforts mark your depth of immaturity. Don't allow your colleague down the road to buy your ticket on the trail drive. A parasite can be only as successful as his host. If you're riding on your friend's nickel, then you may find the trail drive cut short and death to the herd for lack of sufficient water. Do not allow your neighbor to do your association work for you. Pay your fair share.

I am proud to say for the first time that this association has finally decided to allow the freeloaders to help pick up the tab for association work. Effective this budget year, this association will pay all committee members and officers for direct expense for doing association work. I could never see a dedicated D.O. give time out of his practice, plus his own expense to do work which benefits all the proefssion, while on the other side the freeloaders stay comfortably at home. A successful trail drive begins long before the corral gate is opened. The quality of the cattle began in the breeding and extends through birth onto the range and to the proper grass and grains, as well as water. I think there are some ways in which we may improve our herd after college and internship.

I would propose that our association sponsor proper resolutions to urge the AOA to set up and operate a professional office management and consultation service to every D.O. graduate entering into practice, as well as to those who are already in practice. I would propose that this be done at a very nominal cost to the physician with the major cost being borne by dues from the AOA membership; that the nominal cost be repaid by the young physician over a period of three to five years. The building of modern management practices is essential to the survival of the physician and the osteopathic profession. As has been pointed out by researchers in Ohio, the profession was urged to immediately initiate a seminar for members which would deal with fundamentals of office management and administration, consumer psychology, image development and community relations. The importance of such factors as an up-to-date office and a highly visible position within the community has been demonstrated by the Ohio study. The D.O. must devote considerable attention to such factors because he cannot rely on referrals from physicians as a primary source of patients.

I am ashamed to say that I have walked into my colleagues' offices more than once and have often been reminded that I may perhaps be at the local city garbage dump. While on the other hand, I have had the privilege of walking into the same D.O.s' homes on Country Club Row or Fur Coat Drive to be astonished at the difference. This again reminds me of the farmer who failed to fertilize his crop properly. And you must remember that the image created by your office and how it's run and its physical appearance reflects the image of the profession to the public because when they see your office or your image in such condition then they automatically see this as being the image of the osteopathic profession. Do not brand your colleague down the road by failing to make a proper impression yourself.

Secondly, I would propose that you and I as osteopathic physicians become better salesmen and we do this by becoming better salesmen to our patients; that they thoroughly know and understand who and what osteopathy is and is all about. As you and I very well know, the best salesman that we could have is the patient who understands and who tells his friends and who tells the world that the unique contribution of the D.O. is that he is ideally equipped to meet the medical needs of the whole man through genuine personalized attention.

Third, I would propose that we make use of the many, many brochures and publications that are available to us. It again has amazed and astonished me at the number of osteopathic physicians' offices that I have walked into and never yet found one piece of literature explaining who, what and how you are what you are. I believe that publications of a youth-oriented nature will be the ones that will do the greatest job for us and I would propose that these be oriented along the lines of the role of the D.O. in modern medicine. For you see, not only will the youth of our nation be our patients today and tomorrow, but the youth of our nation will be the osteopathic physicians of tomorrow.

The fourth proposal that I would make to you tonight is that you put forth an effort to disseminate all the new and current information that is available to your patients, to visitors in hospital waiting rooms, in clinics, in career guidance rooms of high schools and colleges, and in the waiting room of your office and of every office of every D.O. throughout the nation. I would urge you to become genuinely interested in capitalizing on every opportunity to appear in your community as a speaker or to appear before groups to tell the story of the osteopathic profession.

To aid in implementing these programs, by Presidential order, following consultation with the Board of Trustees of your Association, I am directing that the following be done:

1. I am directing Mr. Tex Roberts, your Executive Director, to begin the planning of a Professional Office Management Program which will include all aspects of the business of practice, consumer psychology, interior office decoration, etc.

(Please see page 12)

## A Better Place

#### (Continued from page 11)

2. I am proposing that we work with the Osteopathic Physicians Assistants group to put together a teaching program available to all employees of osteopathic physicians and osteopathic hospitals. This program would deal primarily with teaching the osteopathic employee how to explain to the patient and public what an osteopathic physician is and is qualified to do. I believe that this will implement greatly in getting the story to the patient who is our best salesman.

3. I am asking that we work through the auxiliary until every wife of every D.O. in Texas is able to explain to their friends just what a D.O. is and his qualifications. I would doubt seriously if 20% of the wives here tonight could explain what a D.O. is and what he can do for the patient.

4. I am directing the Chairman of the Public Relations Committee to develop a youth-oriented brochure explaining the osteopathic profession.

5. I am implementing a program this year aimed at each D.O. improving his own personal image. For I sincerely believe that each of you are individual fibers in the fabric of the osteopathic profession. We cannot be an individual drop of water in a stream. Your success becomes the success of the profession and your failures become failures of the profession.

The osteopathic profession is at a turning point. It either can truly establish itself clearly in the overall spectrum of health care and exhibit healthy growth or it can exhibit a decline and perhaps ultimate extinction as a unique entity. The key lies in proper image-building action undertaken now. The issue is one of life or death. And I ask you tonight, are you part of the problem or part of the answer?

Thirty-five years ago in a small rural community in Northern Alabama was born a boy. His parents were sharecroppers on a cotton plantation. The mother did not have the benefit of prenatal care nor did she have the use of a hospital for delivery of her child. He was the sixth born to a poor family. He grew up without the benefits of modern health care. At the age of 17 and during the era of the Korean War he left behind a broken-hearted mother and a concerned father to enter the military service. Following the war he entered college by working jobs here and there. He then studied osteopathic medicine. Following graduation and internship he entered private practice in a growing suburban town in Texas. In the interim he was blessed with a wife and three lovely children who have shared him with his community and his profession. His District Society honored him to every elective office. He was then elected to the Board of Trustees of your association. Tonight he is your President. He will not ask more of you than he will give of himself. Nor will he ask more of his profession than he will give to it.

Therefore, let's join together to make Texas a better place to live. As has been said — with God's help and yours I will do my best.

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## Highlights of Actions Voted April 23 at Lubbock House of Delegates

Dr. H. Freeman Elliot moved that the House of Delegates go on record in full support of the Texas College of Osteopathic Medicine and recommend that each member of the association commit himself to at least \$1,000.00 for this year.

#### CARRIED

District II (Dr. F. D. Giles) moved that the House of Delegates instruct the Executive Director to poll the general membership of TAOP&S yearly to obtain the names of all people and their attorneys who have instituted malpractice suits against members of this profession and that when this list is available to be made available to the membership of our profession upon request.

CARRIED UNANIMOUSLY Dr. Ganz moved that the House of Delegates accept Recommendation No. 1 of the Constitution, Bylaws and Documents Committee as printed in the Annual Report.

CARRIED UNANIMOUSLY Dr. Ganz moved that the House of Delegates accept Recommendation No. 2 of the Constitution, Bylaws and Documents Committee as printed in the Annual Report.

District VI (Dr. Joseph Wolpmann) moved to amend this recommendation to change the words "two hundred fifty" to "three hundred" in Article III, Dues, Section 2, Line 122; change the words "three hundred fifty" to "four hundred" in Article III, Dues, Section 3, Lines 136 and 137; and change the words "two hundred fifty" to "three hundred" in Article III, Dues, Section 6, Line 141.

CARRIED

Dr. Ganz moved that the Constitution and Bylaws be changed in all instances where "Executive Secretary" appears to "Executive Director."

CARRIED

Dr. Gabier moved that the Publications Committee be granted leeway to publish 11 issues of the JOURNAL instead of 12 issues per annum at their discretion.

CARRIED UNANIMOUSLY Dr. Gabier moved that the House of Delegates cause to be implemented legislation requiring that for relicensure all hospitals in the State of Texas must display by their bylaws that the hospital does not discriminate against either the M.D. or D.O. degree as related to appointment to the active professional staff.

#### CARRIED

Dr. Gabier moved that the Texas Association of Osteopathic Physicians and Surgeons adopt for its policy the same policy stated by the American Osteopathic Association in relation to D.O.s who join any political subdivision of the AMA. (AMA, county medical society, or state medical society) CARRIED

Dr. Gabier moved that the House take an official position on joint staffing of hospitals by D.O.s and M.D.s to the end that this be permitted provided the doctor maintains his identity and degree and is not required to join any political subdivision other than his own professional discipline.

CARRIED UNANIMOUSLY Dr. Hall moved that TAOP&S continue its efforts to secure a comprehensive group insurance program which would include accident, life, health and professional liability plans. CARRIED

Dr. G. W. Tompson moved that the AOA delegation be sent uninstructed.

CARRIED UNANIMOUSLY Dr. Wolpmann moved that the delegates to the AOA work toward having the AOA implement the motion that was taken on the floor of the AOA House last year in regard to listing all licensed hospitals in their yearbook.

CARRIED UNANIMOUSLY Dr. Merwin moved that the House of Delegates instruct the Executive Director of TAOP&S to forward this information to the AOA post haste, expressing our insistence that it be incorporated into the written agenda of the next House of Delegates of the AOA.

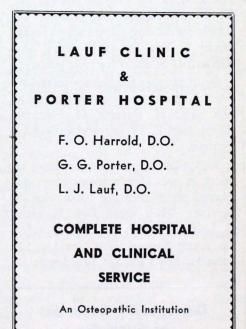
#### CARRIED UNANIMOUSLY

Dr. Smith moved that the TAOP&S pay the complete auxiliary expenses for next year's convention up to \$500.00, with one-half of the amount (\$250.00) to be sent direct to the local auxiliary convention chairman six months prior to convention.

#### CARRIED UNANIMOUSLY

Dr. Gabier moved that the TAOP&S go on record of seeking state and federal aid for TCOM.

CARRIED



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## Elections and Awards for 1970-71

At the 25th meeting of the TAOP&S House of Delegates certificates were awarded to Drs. Morris F. Bennett, David B. Greene, Donald E. Hackley, Robert L. Lambert, Clark D. Tisdale, Ronald H. Owens, Julian E. Berry and Billy J. Sealey for having served in the House for five years.

Drs. Clifford E. Dickey, M. Glen Kumm, William R. Master, Walters R. Russell, Selden E. Smith, John L. Witt, Joseph E. Wolpmann, and T. Eugene Zachary received recognition for having served six years in the House; Drs. H. Eugene Brown, Jr., V. Mae Leopold and Robert N. Rawls for having served seven years; James E. Fite for eight years; and Richard L. Stratton for nine years.

Wall plaques for having served 10 years in the House were presented to Drs. John H. Burnett, H. Freeman Elliot, Carl E. Everett and Robert G. Haman.

Those having served more than 10 years in the House were given engraved plates showing their years of service. They were Drs. Norman B. Leopold and J. Paul Price, Jr. for 11 years; Samuel B. Ganz for 12; John H. Boyd for 13; Waldemar D. Schaefer for 15; and Elmer C. Baum for 19.

Dr. C. R. Stratton of Cuero and Dr. Henry E. Roberts of Denton were named Honorary Life members of TAOP&S.

During the past year six members passed away. These men were Drs. Samuel L. Scothorn, Roy R. Moore, Lester L. Hamilton, Robert E. Slye, Owen Vowell and Carl E. Laffoon.

During the Lubbock meeting Dr. Bobby G. Smith of Arlington took over the reins as President and the House elected Dr. Richard M. Hall of Groom as President-Elect. Dr. Walters R. Russell of Dallas was reelected Vice President of the TAOP&S.

Drs. Samuel B. Ganz and John H. Boyd were reelected to their respective positions as Speaker and Vice Speaker of the House.

Drs. James W. Lively of Corpus Christi, Max E. Ayer of Bonham, Raymond E. Beck of Fort Worth, and Robert G. Haman of Irving were elected to three-year terms on the Board of Trustees; and Michael A. Calabrese of El Paso was elected to a one-year term.

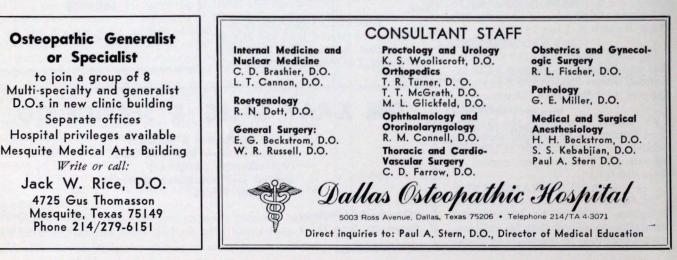
Dr. James E. Fite of Bonham was nominated to a three-year term on the TCOM Board of Trustees; and Dr. M. Glen Kumm of Aransas Pass was nominated to fill a two-year term on the TCOM Board due to the resignation of Dr. G.W. Tompson.

Drs. Richard M. Hall and David R. Armbruster were elected to threeyear terms as delegates to the AOA; Dr. William R. Jenkins was elected to a one-year term as an AOA delegate; Dr. H. Eugene Brown, Jr., as first alternate delegate; and Dr. Claude H. Lewis as second alternate.

Drs. John A. Walton, Wiley B. Rountree, Selden E. Smith, Mickie G. Holcomb and Carl E. Everett were elected as other alternate delegates to the AOA.

The TAOP&S convention will be held in El Paso in 1971; Fort Worth in 1972; and Houston in 1973.

The \$1,000 Phil Russell Scholarship was awarded to James R. Russell (no relation to Dr. Phil) of Fort Worth, and the two \$750.00 TAOP-&S Scholarships were awarded to Robert Phillips of Canyon, and William Hairston of Nacogdoches, David Blacklock of San Antonio, Ronald Daniels of Fort Worth, and Lewis Gold of Corpus Christi, were named as alternate scholarship recipients.



### -in Twenty-Five Words or Less

#### By Michael A. Calabrese, D.O.

Since my return from the State Convention in Lubbock I have been deeply concerned and upset about the future of our profession. Just before the convention adjourned word was being passed around of the precarious position of the Des Moines College in regard to giving an M.D. degree. It was alleged that a survey was made of the senior class of the college in which they were asked what degree they would prefer and ninety percent of them responded that they would prefer that the college give M.D. degrees. Of course I'm sure most of you have learned since then of the unanimous decision of the Board of Directors of the Des Moines College to continue the college as an Osteopathic institution. This is all well and good for the present. What about next year or the year after that and the one after that? What about those of us in the field and out in the boondocks teaching and preaching Osteopathy to the public, trying to convince the young prospective students of the privileges and advantages of the Osteopathic philosophy, only to learn that their institutions are considering giving up the distinctive identity to become nobodies in a sea of anonymity. What are they teaching these young minds today? Are our colleges to be caught up in this rebellious permissiveness which permeates our undergraduate schools throughout the country? I feel certain that incoming freshmen that were selected chose the Osteopathic profession as a career because it was different and offered the patient more; but someplace along the line they must have become disillusioned and began to have doubts of the distinctiveness of the Osteopathic philosophy. These shades of doubt which creep in during the early years of indoctrination I can well appreciate. Admittingly I had mine during my early years of training.

I can recall my classmates and I asking the questions "What is Osteopathy?" "How is it different?" The answers usually seemed vague and nebulous which seemed in turn to cast a doubt amongst us neophytes. Being young and venturesome (and lacking wisdom and experience) we wanted a concrete specific answer like "This is white" or "this is black" or "this is osteopathy and this is allopathy." How can one define a philosophy in a simple dogmatic statement? This brings to mind an incident concerning a dear friend who looked upon himself as a broadminded, tolerant, unprejudiced

individual and generally speaking justifiably so, who wanted to know more about the Roman Catholic faith. It so happened that while in a barber shop waiting his turn for a haircut he struck up a conversation with a priest who also was waiting. My friend in all honesty and sincerity said to the priest, "Tell me about the Catholic Church". 'The priest smiled tolerantly and made some vague remarks which to my friend seemed very inconclusive and evasive. Each had his haircut and each went his way probably never to see each other again. My friend felt convinced in his mind that he made an honest attempt to learn about the Catholic Church and was disappointed that the priest did not give a clear lucid definition of Catholicism, which historically embraces all of Christianity from year one to the present, in twenty five words or less and to boot during the time it takes to get a haircut!

Perhaps my point may be a bit remote but one cannot learn or accept a philosophy unless one lives it or takes part in it. Thus with Osteopathy; one must live it and practice it to fully appreciate its potential, its powers, its advantages and its therapeutic values.

Not long ago in the office during one of my exuberant moments in spouting off, my wife, who has become indispensable to me in the office as well as in the home, shut me up by jokingly making the remark, "Oh, you're just jealous because you're not an M.D." This shut me up faster than a frog's mouth flicking flies. It gave me a grave moment and caused me to take stock and reflect. I gave it serious thought. I asked myself, is this why I speak so adamantly against the medics? Is it just a cover up for a subconscious desire to be an M.D.? After deep reflections I stomped out of the office and accosted my wife and told her in no uncertain terms that I had no outward, inward, conscious or subconscious desire to be an M.D. Further reflection (after I had cooled down) led to asking myself the question, why would a D.O. want to be an M.D.? It dawned on me that it's really not the M.D. degree that the D.O. is desirous of having (because we have proven to the medical world we are competently trained physicians as the A.M.A. has approved of D.O.s for internship and residency training in their hospitals) but what the M.D. degree does, where it goes, the doors it opens seemingly by magic, and unquestioned approval and acceptance on its title alone. Thus when all the trivia and (Please see page 16)

A70PS News

#### District V Mrs. Maude Morgan

Dr. and Mrs. J. C. Williamson have a new granddaughter, Kelley Nicole Hughes.

Dr. and Mrs. Agustin Acosta have a new son,

Mrs. Eula Kilpatrick, mother of Mrs. Ralph Connell passed away in Dallas Osteopathic Hospital, burial was in Antlers, Oklahoma.

The Auxiliary Scholarship dance really reflected the work put in by Nancy Zachary and her committee. The dance and seated breakfast in the Gold Room of the Fairmont was a beautiful affair. A check for \$2,100.00 was sent to the National Scholarship Chairman. The expense paid trip to Acapulco with 4 days at the Miller's home was won by friends of the Ed Haynie's.

The Ralph Connells have turned "gad-abouts." They went to the races in Hot Springs. They attended the EENT Convention at the Greenbrier at White Sulphur Springs, West Virginia. To complete their schedule they plan a tour of Europe with their attendance at the Passion Play.

The Kebabjians are expecting a visit this summer from Steve's brother and family. Donna's sister from Maryland will also be a visitor in their lovely new home. The Kebabjians are very proud of their daughter who made the Eaglette drill team of the Richardson high school.

Mrs. A. J. Haynie of Kansas City is a visitor in the home of Dr. and Mrs. E. A. Haynie. The Haynies' have just returned from a trip to Las Vegas. While there Ed played in the gold cup tournament. Debbie Haynie made the drill team for Bethner high school. Their son, Douglas, is on the football team there.

The new officers of District V Auxiliary are president, Mrs. Jack Rice; first vice-president, Mrs. Eugene Zachary; second vice-president, Mrs. Donald Peterson; secretary, Mrs. David O'Mara; treasurer, Mrs. Richard Anderson. The meeting was held in the beautiful new home of Mrs. Eugene Zachary in the Canyon Creek canyon region of Richardson.

#### -in Twenty-Five Words or Less

#### (Continued from page 15)

extraneous words are removed it boils down to one factor — social prestige, which to my mind can be easily defined as image or more emphatically defined as lack of image of the D.O. degree. We have spent so much time and effort in trying to prove to the public we are as well trained as the M.D. that the public got the impression that this was our sole objective. Now that officially we have been accepted the public cannot understand why some of us want to continue to be a separate school of medicine. In our frontal attack to gain acceptance we neglected our rear guard in not keeping up an acceptable image of the D.O. degree to the public. All our endeavors now should be directed to improve our image to such a high level that when one hears "D.O" he should automatically think that it represents a doctor's doctor - one who is trained beyond that of an M.D.

## Chicago College to Open New \$4.4 Million Hospital Wing

Further expansion into the family health care services field, particularly to meet inner city needs, was revealed today by Dr. Thaddeus P. Kawalek, president of the Chicago College of Osteopathic Medicine.

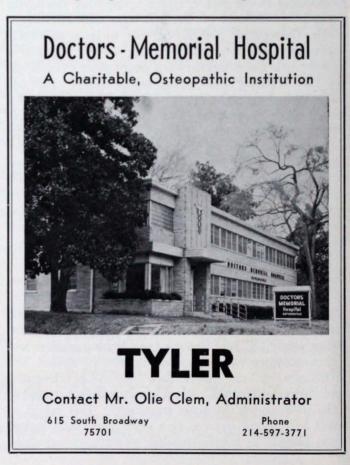
The South Side college, which will observe its 70th anniversary in September, operates a teaching hospital and family health care clinic in Hyde Park. Last year the hospital admitted more than 7,300 patients, the clinic had more than 90,000 patient visits.

The expansion program:

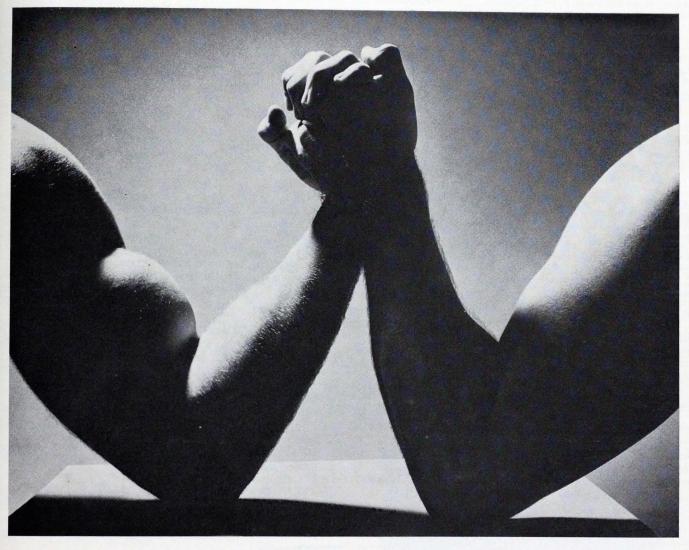
1. The opening of a new \$4.4 million six-story wing of the teaching hospital next September. This will increase the patient-admission potential from 7,300 to 12,000 yearly.

2. The accelerating of plans for a \$15 million family health care clinic that will bring the patient-visit potential up to 125,000 yearly. The present outpatient clinic is now operating at a maximum 90,000 patient-visit capacity.

3. The accelerating of plans to establish a satellite teaching hospital within the college's service area.



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What does it take to earn a vote of confidence like that? The answer is important to all Americans — but most of all to those in the "provider" professions . . . And doesn't it make the hospital's credit man happy to know that just about —

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## ABOUT TEXAS!



By the Executive Director

Since the last issue there has been a bunch of activity. Like several hundred of you attended the 71st annual meeting of TAOP&S in Lubbock. Dr. Brown and his District X crew did a great job! They only suffered minor spasms and trauma from time to time during the convention but while they worried everybody else enjoyed themselves.

Their big shock came during the tornado a couple of weeks later.

\* \* \* \* \* \*

I roared out into four districts right off the bat with such great names in osteopathy as Smith, Patterson, Hardt and Stokes. We did some good (we hope) and suffered several frustrations. The districts included III, V, VI and XI and the topics included the 1971 convention in El Paso, the Texas College of Osteopathic Medicine and TAOP&S' new administrative year.

\* \* \* \* \*



Your new president, Dr. Bobby G. Smith, is concerned about the D.O. image. There will be much more on this pronto but to start off the program we spruced up the State Office. It involved minor work on plumbing, walls, floors, wiring, painting and the like in just two rooms. If someone thinks the health industry fouls up sometimes they ought to try a small construction job for lessons in how to pass the buck and avoid efficiency. Like I said in the last column, the best way to set the record straight is to quote from it. Dr. Fred E. Logan of Corpus Christi, TAOP&S president in 1966-67, officially visited all districts, some twice. Dr. Edward J. Yurkon arranged his itinerary. Dr. Nobles and Dr. Stratton matched Dr. Logan 14 for 14, officially, some twice.

Speaking of Dr. Yurkon: radiologists sometimes may seem a bit impersonal but he gets real enthusiastic and reved up about a new son (and first) at his house. Ask him about it.

Your new TAOP&S Directory is at the printer and we hope you find it a much more useful tool this year. Complete information about each member is included in the alphabetical and by-town listings. A new section has been added giving district officers and members by district.

Every member's telephone number is included!

How about that? Don't tell mother Bell but one of the girls in the State Office made more than 200 calls to long distance information to get numbers.

Two-thirds of the phone numbers came in on the returned portion of your dues billing statement.

And while we are on the dues statement there is a new service available to TAOP&S District officers. We will bill, collect and remit district dues along with state dues beginning in January each year and continuing with followup billings through spring.

We have been collecting the bulk of the state Auxiliary dues for years, saving them much expense and headache.

It would give the doctor the opportunity to pay district, state and auxiliary dues all in one check.

\* \* \* \* \*

No one can think of you as second class unless you allow it. Or, if you don't like yourself no one else will either.

What I am leading in to is the fact that I almost fractured my elbow the other day when Jim Johnson, controller of Albuquerque Osteopathic Hospital, visited the State Office.

I helped choose the all-new top management at that hospital and they are all still there. He reports that our new systems, policies and people jumped the margin from \$12,000 to \$200,000 annually for the past two years.

Nothing was really changed except a few key people and revitalization of policies and systems. People changes included some on the board as well as in administration. \* \* \* \* \* \*

Two thoughts for the month: Any critic can establish a wonderful batting average by just rejecting every new idea. And on doing something: A failure implies that someone tried.

### Letters

### In Memoriam

#### Dear Tex:

Please express our thanks to the members of the Texas Association of Osteopathic Physicians and Surgeons for the many kindnesses shown to Gerry and me during our visit to your recent convention. I appreciated the opportunity of being a part of your program and thoroughly enjoyed the convention activities.

Our special thanks for the hat and boots. It's fun being a cowboy as long as the horses and cows aren't included.

Gerry and I both appreciated the personal attention of yourself and your charming wife during our stay. Thanks again.

> Sincerely yours, J. Scott Heatherington, D.O. President, AOA

#### Dear Dr. Stratton:

I appreciate your kind letter of April 16. The sentiments that you expressed are certainly flattering to me.

I am more impressed, however, by the fact that you are willing to give of your valuable time to the attendance of conferences concerning health care costs and public health and drugs. It is participation such as this that has brought about whatever success I may have achieved in working toward a higher standard of health for the citizens of Texas.

Again let me thank you for your kind participation and extend an invitation for you to visit anytime you are in Austin.

> Sincerely, Preston Smith Governor of Texas

Dear Mr. Roberts:

Thank you very much for including me on the mailing list for the Texas Osteopathic Physicians JOURNAL. I was quite surprised and greatly pleased to start receiving it.

I will be a freshman at KCOS next fall and the more OSTEOPATHIC PHYSI-CIANS I become associated with, the more I am proud of my chosen profession and its future.

I look forward to that time in the not too distant future when I will be a D.O. in TEXAS.

Cooperation—Yes Merger and Oblivion—No Sincerely, Richard W. Threet Box 704 Archer City, Texas 76351 Dr. Mabel F. Martin, 84, an honorary life member of the TAOP&S, died May 3 at a nursing home in Weslaco after a long illness.

She was born March 21, 1886 in Ontario, Canada and was a school teacher before entering Des Moines Still College of Osteopathy and Surgery, graduating in 1923.

Dr. Martin was a charter member and past worthy matron of the Order of Eastern Star, a longtime member of the Presbyterian Church and past president of the Weslaco Garden Club.

At the TAOP&S annual meeting in 1969 Dr. Martin was awarded a plaque for 14 years' service in the House of Delegates and for long years of service to the profession and the people in the lower Rio Grande Valley.

A measure of her devotion is gleaned from a letter to the State Office in August of 1942 when she paid an assessment for TAOP&S work against restrictive legislation aimed at the profession:

### \$1,000 Club

Twenty six additional members were added to TCOM's "One Thousand Club" during the Lubbock convention, according to Ray Stokes, director of development.

Stokes said the total of May 15 was 45 members. He added that the charter will remain open through June 15.

"Most colleges have alumni from which they gain financial support," said Stokes. "TCOM, however, considers its 'One Thousand Club' as 'adopted alumni.'

"We remain optimistic that many more D.O.s will come to the aid of their 'adopted' school," Stokes concluded.

New members include: Drs. David R. ARMBRUSTER, T. David CREWS, W. L. CREWS, C. E. DICKEY, George W. DIVER, H. F. ELLIOTT, Horace A. EMERY, Wendell HAMILTON, Claude HAMMOND, Richard M. HALL, Constance JENKINS, W. R. JENKINS, V. L. JENNINGS;

Also Drs. Armin KARBACH, Glen KUMM, Norman LEOPOLD, Robert H. NOBLES, Phil R. RUSSELL, Walters RUSSELL, Hugo RANELLE, Richard L. STRATTON, Joe SUDERMAN, Russell L. VINSON, and John L. WITT.

Additional info: Total pledges, \$300,-000; Escrow funds. \$100,000.

\* \* \* \* \* \*

Survey of 50 acres in South Arlington has begun . . .

"Perhaps it is a good thing to always have something to fight for but I wish the time might come when the threat of impending adverse legislation might be ended and we could instead use our energy and money in developing and publicizing certain phases of our work instead of having the Sister Kennys take over strictly osteopathic methods!"

She was a member of the American Osteopathic Association. In 1923, upon graduation from Des Moines, she moved to Weslaco with her father, who "was persuaded by a land company agent to make the trip and he bought a small acreage which became our home." From 1928 to 1946 her married name was Gwillim.

Throughout her practice in Weslaco Dr. Martin sent numerous appeals for new D.O.s to help care for the people. Burial was in Weslaco City Cemetery. TAOP&S sent a memorial gift to the Des Moines college in her name. She leaves no known relatives.

#### NEWS OF THE DISTRICTS DISTRICT XIII

#### By R. D. Van Schoik, D.O.

We were delighted to have as our guests Dr. and Mrs. Sam Morgan and Mrs. Robert Morgan of Dallas, Texas at the District meeting at the Ramada Inn, Greenville, Texas. Dr. Morgan spoke on athletic injuries as viewed by a team physician. Dr. Morgan is team physician at S. M. U.

Mrs. Robert (Maude) Morgan gave a talk to the ladies of the auxiliary on the function and the reason of a state auxiliary.

Dr. Jim Fite and Dr. S. E. Smith were our delegates to the state convention in Lubbock.

We are proud that one of our members was elected to the TAOP&S Board of Trustees; Dr. Max Ayer. We feel that he will well represent us in state affairs and be a very welcome addition to the board.

We are also proud that Dr. Jim Fite, Bonham was elected to the Board of Directors of the Texas College of Osteopathic Medicine.

Dues for the District keep coming in. It is our hope that we have 100% again this year.

Dr. Martin is our new district president and we feel that we will have a good year and an educational one.

# 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

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A70PS News

#### by Mrs. D. E. Hackley, President

The TAOP&S 71st Annual Convention was held at the Red Raider Inn April 23-26, in Lubbock, Texas.

The Auxiliary is very appreciative of the hospitality shown them in Lubbock. District X is to be commended for their very fine effort.

We were all impressed with the tour of the First National Bank, with its around the world decor. The young ladies conducting the tour were just marvelous. Then the luncheon and style show, in the Lubbock Club, at the top of the bank building, was very enjoyable.

The Hayloft Dinner Theatre, where we saw "The Odd Couple", was a fine evening's entertainment.

The President's dinner dance at Vann's Club was a very chic affair. Everyone put on their best bib and tucker and had a grand time.

Then the "Western Stomp" at Vann's Club, a very casual, let your hair down, kind of thing. Annie had her gun — I saw a cowboy with real spurs — another one wearing chaps, and a sore footed cowboy carrying his boots. I heard a loud bang at the table behind us. I looked around and a blonde redskin had bit the dust!

This officer is looking forward to a great year for the Auxiliary.

1970-71 objectives are: That the Auxiliary, through its component district auxiliaries, shall aid in the improvement of the public health through service to the Texas Association of Osteopathic Physicians and Surgeons and other health agencies.

The motto: Be prepared to do just a little more than is expected of you.

#### 1970-71 Officers

1510-11 Officers
President Mrs. D. E. Hackley, Spearman
Past President Mrs. T. Robert Sharp, Dallas
President Elect Mrs. B. R. Beall, II, Mineola
Vice President Mrs. D. R. Armbruster, Pearland
Recording Secretary Mrs. R. M. Hall, Groom
Treasurer Mrs. Bobby G. Smith, Arlington
Parliamentarian Mrs. Homer F. Elliot, Rockport
Historian Mrs. James H. Black, Fort Worth
Corresponding Secretary Mrs. Carl Mitten, Houston
Year Book Mrs. Blossom Slye, Tyler
Membership Mrs. B. R. Beall, II, Mineola
Program Mrs. D. R. Armbruster, Pearland
Public Education and Health Mrs. W. H. Ingram, Dallas
File and Supply Mrs. F. S. Wheeler, Fort Worth
Public Relations Mrs. W. G. Millington, Nixon
Lay Guilds Mrs. H. J. Ranelle, Fort Worth
Scholarship Mrs. T. E. Zachery, Richardson
Credentials Mrs. L. A. Canderlaria, El Paso
Local Convention

Chairman Mrs. James M. Behrens, El Paso Auxiliary News Chairman Mrs. Gerald Swayze, Mesquite Funds Mrs. John A. Walton, Dallas Dr. Michael Calabrese Liaison Officer, El Paso Dr. D. E. Hackley Liaison Seals Program, Spearman The following items were discussed and approved at

the different auxiliary meetings:

Five hundred (\$500.00) to be donated toward furnishing TCOM Library. Texas is allowed eight delegates to the national convention, four from the executive board which are as follows: past president, president, president-elect and vice president with alternates recording secretary, treasurer, parliamentarian, historian: and four from the membership. There has been some confusion, in the past using the rotation system, so it was decided to elect the four from the membership from the floor of the House of Delegates. The following members were elected:

Mrs. Bobby G. Smith, Mrs. Richard Hall, Mrs. Blossom Slye, and Mrs. James Behrens. Alternates: Mrs. J. Ralph Cunningham, Mrs. R. H. Owens, Mrs. Hugo Ranelle, and Mrs. Eugene Brown. The Auxiliary will pay air coach or cheapest fare possible whenever possible.

The title of Newsletter Editor was changed to Auxiliary News Chairman. Each district should send their news directly to Mr. Tex Roberts, 512 Bailey Avenue, Fort Worth, Texas 76107 and a copy to Mrs. Gerald Swayze, 1521 Gus Thomasson Rd., Mesquite, Texas 75149, so she can send news to AAOA Record. The deadline date for the JOURNAL is the 15th of preceding month.

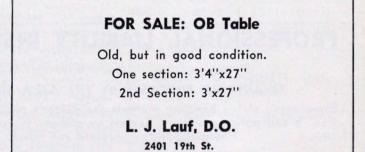
Each district is asked to furnish the state parliamentarian, Mrs. Homer F. Elliott, 814 Market, Rockport, Texas 78382, with a current copy of the district bylaws.

Notice of dues for TAOP&S were sent out in February, payable by May 1. District presidents might remind members to check with their husbands to see if their dues have been paid.

The Year Book is to be compiled and ready for the printer by August 15 and distributed in September. If your new district officers' names have not been sent to the Year Book chairman, you should do so now.

All districts should furnish immediately the names of their new officers to the AAOA office. Also under the AOA non-profit status all affiliates must file a tax return each year giving their employer identification number as well as the AAOA exemption number with a copy being furnished the AAOA office.

A committee was formed to update the convention manual. This is also being done by TAOP&S. The members of this committee are: Mrs. D. R. Armbruster, chairman, Mrs. James Behrens, Mrs. Eugene Brown, and Mrs. Ronald Owens.



Lubbock, Texas 79401

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Calendar of Events

### District, State and National

#### JUNE

District IX Sun., June 14 3:00 p.m. Schulenburg

District XIV Thurs., June 18 7:30 p.m. Pharr

#### Osteopathic Physicians' Assistants **1970** Convention

June 26, 27 and 28 Fairway Inn McAllen

JULY **SDS Summer Seminar** July 9-11 Atlanta, Ga.

AOA House of Delegates July 12-14 Atlanta, Ga.

GEORGE E. MILLER, D.O. PATHOLOGIST P. O. BOX 64682 1721 N. GARRETT DALLAS, TEXAS 75206

#### AUGUST

**TOHA Annual Convention** Aug. 13, 14 and 15 Green Oaks Inn Fort Worth

#### OCTOBER

#### AOA 75th Annual **Convention** and Scientific Seminar

Oct. 5-8 Mark Hopkins, Fairmont, Sheraton-Palace. Del Webb'sTownhouse San Francisco

#### ACOS 43rd Clinical Assembly

Oct. 25-29 Shamrock Hilton Houston

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## NEWS OF THE DISTRICTS

#### DISTRICT II

By D. D. Beyer, D.O., FACGP Dr. Roy B. Fisher was installed as president of District II of TAOP&S May 19th at a dinner meeting at the Blackstone Hotel. Other officers are Dr. Wendell Gabier, president-elect; Dr. Raymond Beck, vice president; and Dr. Norman Crough, secretarytreasurer.

Drs. H. M. Walker and Phil R. Russell were recognized and presented plaques for their more than 50 years of health care in Fort Worth. They are the only two living charter members of the eight physicians who formed the Tarrant County Association of Osteopathic Physicians in 1920. The six deceased members are Dr. Maude Russell, Dr. Roy Russell, Dr. Tom Ray, Dr. Bennora Terrell, Dr. Helene E. Kenney and Dr. Charles F. Kenney.

In the 50 years the number of osteopathic physicians in Fort Worth increased from 8 to 84. Their scope of patient care has expanded into every medical field. Their 200-bed hospital at 1000 Montgomery has the finest and latest equipment.

The original Tarrant County Association of Osteopathic Physicians and Surgeons had to change its name to District II because it includes 33 counties and 145 osteopathic physicians, according to Dr. Catherine Carlton, public relations chairman for the district.

On April 27 new officers elected to the Professional Staff of Hurst General Hospital were: Dr. James W. Linton, Chief of Staff; Dr. Henry Benner, Vice Chief of Staff; and Dr. Billy Puryear, Secretary and Treasurer.

Eleven senior students from Kansas City College of Osteopathy and Surgery are presently at the Fort Worth Osteopathic Hospital beginning their senior year in clinical medicine. The extern program has just been inaugurated and is expected to continue on an indefinite basis. Senior students are rotated on a monthly schedule. The program involves the departments of surgery, medicine, pediatrics and the emergency and outpatient clinics. Our news gatherer in Hurst tells us that Dr. and Mrs. Bill Puryear are the proud parents of a son born April 22.

He also reports that the Doctors Community Hospital opened its doors on May 1st in Euless and sports the ultimate in modern equipment and facilities. Drs. Rhodes, Puryear, Carter, Cole, Alter and Leech have made the move into their new clinic.

#### DISTRICT VIII

by William F. Krebethe, D.O.

Mary Ganz, daughter of Dr. Sam Ganz, is Valedictorian of her graduating class at Incarnate Word Academy in Corpus Christi.

At the annual election of the board of trustees of CCOH held at the Holiday Inn, Messrs. J. A. Kimmey, Ridgell Lindsey, Edward Yturri, Jim Springer and Dave Wilson were elected to the lay board. The physicians elected were Drs. Dwight Hause, Lyle Olsen, James Lively, Sam Ganz and William Krebethe.

Dr. Thomas Williams, radiologist at CCOH recently returned from a continuing education course in radiology in New Orleans.

Corpus Christi Osteopathic Hospital was the first hospital to install the new electronic thermometer in our area. They received extensive news and TV coverage during Hospital Week.

District VIII delegates would like to extend their thanks to District X for their courtesy and accommodations during the recent TAOP&S convention in Lubbock.

Your reporter has been appointed this month as insurance examiner in Corpus Christi for Financial Assurance Co., a division of Financial Programs, Inc. (a national mutual fund).

#### DISTRICT III

#### By H. George Grainger, D.O. FAAO

Phoebe, daughter of the Anton Lester's, will be a LLD by the time you read this. A May graduate of the University of Texas Law School, barristress Lester will probably be back from a six weeks' trip all through Europe before this is in print. Nice little present, Phoebe. Let's see—"If this is Tuesday..."

Some of the District III members seen at the Lubbock state meeting late April (before the tragic wind) were Drs. Lynch, McKinney, Hamilton, Chambers and Lacey. Among the many lovely ladies was Blossom Slye, widow of Bob Slye, whom we miss so very much.

Tyler is gradually getting culture. The new Tyler Museum of Art is due to open its doors the last of the year. Your reporter's spouse—nee Geneva Golden—incidentally, is chairman of the membership committee. Wanta join?

Douglas Lynch, eldest son of Tyler's Dr. and Mrs. Lynch was operated on for a disk in Fort Worth on May 12. Dad and mother drove over for the event. Dad came home—mother, naturally, stayed.

Mabank's Bob and Loretta Hamilton took off for the Utah's three-day state convention the first of June. Among the close-by points of interest in attending the osteopathic meet according to a handbill received in the mail — was Six Flags Over Texas! Youall be sure to take that in, B and L.

Eldest son, Roger, 22, is to be married to an American girl in Italy come July—by the way, Italy, Texas, that is.

GERALD D. BEN	
PATHOLOG	<b>JIST</b>
Fort Worth Osteopa	thic Hospital
1000 Montgomery	PE 8-543
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# Opportunities For Osteopathic Physicians In Texas

EL PASO—The hub of the Southwest—375,000 population — excellent opportunities for new practicing physician: 50-bed Medicare-Medicaid approved hospital available. Also good opportunity for young specialist getting started—urologist, radiologist, internist, etc. Contact M. A. Calabrese, D.O., Box 4857, El Paso, Texas 79914.

LUBBOCK — Wonderful opportunity for the right man. 27-bed modern, well-equipped Hospital and Clinic. Prefer doctor who is interested in OB, pediatrics or surgery. Write L. J. Lauf, D.O., 2401 19th St., Lubbock, Texas 79401.

MINEOLA — Opportunity for a young generalist or specialist to join a group of three D.O.s on a salary of \$36,000.00 a year to start for the right man. Should have 3-5 years actual experience in practice. Contact Raymond B. Cooper, Administrator, Mineola General Hospital.

PHYSICIAN WANTED: Earth, Texas; Population 1500 (Trade area 4000 to 5000). Clinic equipped (with exception of X-ray) for one doctor, but large enough for two. Could be purchased, rented or possibly furnished. Osteopathic Hospital only a 15-minute drive. For further information contact Neil Pounds, Box 334, Earth, Texas 79031 (Phone 257-2170 or 257-3471). DALLAS—Clinic group with 25,-000 case records is open to young D.O. as associate. Fast practice development. Building seven years old. Contact Robert N. Collop, D.O., Columbia Clinic, 5004 Columbia Ave., Dallas, 75214. Phone 214-821-2667 or 214-827-7507.

\* \* \*

BROWNWOOD—Population of 24,000, with big trade territory. No practicing D.O. at this time. Excellent location for general practitioner. For further information contact: Brooke S. Ramey, P. O. Box 459, Brownwood, Texas 76801.

AMARILLO—Anesthesiologist needed for the new 50-bed Southwest Osteopathic Hospital. Excellent opportunity. For further information write or contact Gerard K. Nash, D.O., Southwest Osteopathic Hospital, Amarillo, Texas 79109.

\* \* \*

TYLER—Midway between Dallas and Shreveport, medical center for 330,000 population in east Texas, 60,000 in city, 95,000 metro area. Opening in clinic across street from modern 30-bed osteopathic hospital. Equipment and files of \$7,000 monthly gross practice for right D.O. Other practice opportunities in area. Call collect 214-597-3771, Olie Clem, Adm., Doctors Memorial Hospital, Tyler, Texas. MONTHLY SALARY — Equipment, files and 1,800-sq. ft. brick clinic building of 35-year practice of retiring G.P. Hospital privileges, 70 miles to Houston. Salary to start and you can lease or buy. Three examining rooms, consultation, large Xray room, physiotherapy, fully equipped lab, two McMannis tables. By appointment only, please. Write A. J. Poage, D.O., Box 909, El Campo 77437.

COMMERCE — Opportunity for young G.P. in college town (ETSU, 8,000 students). Joint staff available in new 30-bed hospital. Space in large clinic with two busy D.O.s as associates. Contact Patrick Martin, D.O., 1114 Main Street, Commerce, Texas 75428, phone 214-886-3122.

50 BED osteopathic hospital South Plains of Texas desires an Internist. 15 active staff members. Excellent opportunity. Address inquiries to 512 Bailey, Ft. Worth, Texas 76107.

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NEW OFFICES — New clinic building built by D.O.'s in booming city of 100,000. Space available now, will finish to suit tenant. Excellent opportunity for generalist or specialist. Contact Wendell V. Gabier, D.O., Phone 817-277-2255.

(For information write TAOPES, Mr. Tex Roberts, Chairman, Statistics and Locations Committee, 512 Bailey, Fort Worth, Texas 76107.)

\* \*