

Texas OSTEOPATHIC PHYSICIANS Journal

VOLUME XXIII

FORT WORTH, TEXAS, NOVEMBER, 1966

NUMBER 7



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Texas Osteopathic Physicians' Journal

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VOLUME XXIII FORT WORTH, TEXAS, NOVEMBER, 1966

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EDITORIAL PAGE

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Did You Give?

GEORGE W. NORTHUP, D.O., *A.O.A. Editor*



The Osteopathic Christmas Seal Program for 1966 has received much publicity—through the mail, in your divisional society, in national osteopathic publications, and at your meetings. One would have to be both blind and deaf to have avoided the impact of the extensive program of publicity relating itself to this program. Every osteopathic physician should participate by giving his patients the opportunity to contribute to the student loan and research programs of the National Osteopathic Foundation.

The theme this year has been "Osteopathic Seals . . . Your Chance to Help." It is not yet too late. Give your patients the opportunity to contribute and their generosity will amaze you. Several osteopathic physicians have turned in well over \$1,000 as a result of multiple small contributions. Experience has proved that the public will give when asked. You have only to ask.

But the theme, "Your chance to help," goes beyond patient and friend participation. An amazing number of osteopathic physicians contribute to every imaginable campaign and fund and yet

fail to make *their* contribution to *their own* Christmas Seal program.

The wives and families of the Osteopathic profession, working through the Auxiliary to the American Osteopathic Association, give freely of their time and effort to reduce the overhead of the campaign to a bare minimum. A larger percentage of your dollars given to the Osteopathic Christmas Seal Program goes directly to the purposes of the campaign than in any other national seal program. This is due largely to the efforts and contributions of the ladies in the Auxiliary. Therefore, we of the osteopathic profession itself should make our personal contribution to this program as large as possible.

Your investment in the student loan program and the research program is an investment in your own future. As the osteopathic profession prospers, so do you. It is not sufficient that we keep pace; we must go ahead. Your contribution can help to make this possible.

Did *you* give? If not, today is the day. Do it now, and both you and the profession will be glad you did.

State Department of Health

Annual Postgraduate Seminar

December 2-3, 1966

Statler Hilton Hotel

Dallas, Texas



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Chairman: Council on Federal Health Programs
1757 K. Street, N.W.
Washington, D.C.

Washington News Letter

Sine Die. The 89th Congress adjourned October 22nd. All pending measures die with the outgoing Congress. The 90th Congress will convene January 10, 1967.

Medicare. The Civil Rights limitation quoted in our WNL of September 26th, was stricken in Conference on assurance contained in a letter of October 18th from HEW Secretary John W. Gardner to Senator Lister Hill that HEW will honor determinations made by physicians that there are valid medical reasons for segregating a patient on an individual basis (House Report 2331).

Proprietary hospitals and proprietary extended care facilities will be allowed to include as a part of "reasonable costs" a return on the fair market value of the facility sufficient to attract capital investment. H. R. 6958, cleared for President October 20th.

Student Loan Forgiveness. The Allied Health Professions Personnel Training Act of 1966, H. R. 13196, cleared for the President on October 17, provides for grants to assist colleges, including osteopathic colleges, to construct new facilities as centers for training in the allied health professional and technical occupations, to improve quality of training at such centers and to provide traineeships.

In addition, the Act provides student loan forgiveness to physicians who practice in poor rural areas at the forgiveness rate of 15% per year for up to 100% of the loan plus interest.

Group Practice Facilities. The Dem-

onstration Cities and Metropolitan Development Act of 1966, S. 3708 was cleared for the President on October 20th. It amends the National Housing Act to authorize the Secretary of Housing and Urban Development to insure mortgages executed by mortgagors that are group practice units (private non-profit agencies or organizations). The mortgage could not exceed \$5 million, and would be limited to 90% of the estimated value of the project (including land, proposed physical improvements, equipment, utilities, architects fees, taxes, interest accruing during construction, etc.) when construction is completed. The maturity date could be 25 years, and the interest rate as much as 6%.

CCO. On October 20th, the Public Health Service announced a matching grant award of \$1,924,910 to the Chicago College of Osteopathy for additions to the teaching hospital and the basic science building. This is the first teaching facility construction grant to an osteopathic college under the Health Professions Educational Assistance Act (P. L. 88-129), an important breakthrough.

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A.O.A. Hospital Accreditation Accepted

(From the Washington News Letter by J. O. WATSON, D.O.)

The following excerpt from Social Security Administration News Release dated today speaks for itself:

"The conditions for participation of hospitals in the medicare program, published as *final* regulations in the *Federal Register* yesterday, do not differ substantially from the hospital conditions published last February 15 in the form of proposed regulations, Robert M. Ball, Commissioner of Social Security, said today.

"Commissioner Ball said that comments received from interested individuals and organizations following the publication of the proposed standards were carefully considered by the Social Security Administration and the U.S. Public Health Service in framing the final regulations.

"One significant change extends recognition to the American Osteopathic Association's hospital accreditation program. Under this change, hospitals accredited by the American Osteopathic Association on the basis of a survey conducted after March 1966, will be deemed to meet all the conditions of participation except the requirement for utilization review."

Excerpt from Federal Register of October 18, 1966

Part 405 FEDERAL HEALTH INSURANCE FOR THE AGED (1965-) Subpart J. — Conditions of Participation: Hospitals.

405.1001. General — (c) Although the Secretary, in general, may not establish requirements that are higher than the comparable requirements prescribed for accreditation by the Joint Commission on Accreditation of Hospitals, he may, at the request of a State, approve higher health and safety requirements for that State. Also, where a State or political subdivision imposes higher re-

quirements on institutions as a condition for the purchase of services under a State plan approved under Title I, XVI or XIX of the Social Security Act, the Secretary is required to impose like requirements as a condition to the payment for services in such institutions in that State or subdivision. Hospitals currently accredited by the Joint Commission on Accreditation of Hospitals will be deemed to meet all of the Conditions of Participation, except the requirement for utilization review and, in the case of tuberculosis and psychiatric hospitals, the additional staffing and medical records requirements considered necessary for the provision of intensive care. Consequently a JCAM approved general hospital will be able to establish eligibility to participate by furnishing adequate evidence that it has an effective utilization review plan. Ordinarily, a written description of the plan and a certification by the hospital that it is either currently in effect or that it will be in effect no later than the first day on which a hospital expects to become a participating provider of services, will constitute sufficient evidence to support a finding that the utilization review plan of such hospital is or is not in conformity with statutory requirements for such a plan.

(d) Likewise, hospitals currently accredited by the American Osteopathic Association, as specified in the next sentence, will be deemed to meet all of the Conditions of Participation, except the requirement for utilization review and, in the case of tuberculosis and psychiatric hospitals, the additional staffing and medical records requirements considered necessary for the provision of intensive care. Hospitals so accredited will be deemed to meet such conditions if their most recent accredi-

tation survey was conducted after March 1966 or they were most recently evaluated for accreditation under standards in effect after the issuance by the American Osteopathic Association of its revised standards for hospital accreditation of November 1965. Recognition of the American Osteopathic Association accreditation program as provided for in this paragraph will be continued so long as there is continued assurance that hospitals accredited under the program meet the Conditions of Participation.

405.1005. Principles for the evaluation of hospitals to determine whether they meet the conditions of participation.

Hospitals (except tuberculosis and psychiatric hospitals, see 405.1036 et seq.) will be considered in substantial compliance with the Conditions of Participation upon acceptance by the Secretary of findings, adequately documented and certified to by the State agency, showing that: (a) The hospital is: (1) Accredited by the Joint Commission on Accreditation of Hospitals or accredi-

ted by the American Osteopathic Association as set forth in 405.1001 (d) and (2) Has established a utilization review plan meeting the statutory requirements of section 1861 (k) and such plan is in effect or will be put into effect no later than the first day a hospital expects to become a participating provider of services, or (b) The hospital meets the specific statutory requirements of section 1861 (e) and is found to be operating in accordance with all Conditions of Participation with no significant deficiencies, or (c) The hospital meets the specific statutory requirement of section 1861 (e) but is found to have deficiencies with respect to one or more Conditions of Participation which: (1) It is making reasonable plans and efforts to correct, and (2) Notwithstanding the deficiencies, is rendering adequate care and without hazard to the health and safety of individuals being served, taking into account special procedures of precautionary measures which have been or are being instituted.

Medicare Regulations Established For Hospital-Based Physicians

Final Medicare regulations for reimbursement of hospital-based physicians were submitted October 13 for publication in the *Federal Register*. Under the legislation services to individual Medicare beneficiaries are covered by the supplementary medical insurance (Part B). Other services like teaching, administration, and other physician services that benefit patients as a group rather than individually, are covered under the basic hospital insurance (Part A) of Medicare.

Hospitals may continue to follow the usual practice of billing for the services of the hospital-based physician along with the related costs, if this is acceptable to the physician—or the physician

may bill the patient directly, it was explained by Robert M. Ball, commissioner of Social Security. In either case, the physician's charges for services to individual patients must be separately identified and billed to the supplementary medical insurance (Part B) while hospital costs associated with the services must be billed to the basic hospital insurance plan (Part A).

The regulations were adopted with consultation and advice of the Health Insurance Benefits Advisory Council, Mr. Ball said. They are designed to leave physicians and hospitals entirely free to determine arrangements between themselves.

23 Texas Freshmen Enroll

A fine group of 23 Texans was enrolled in the freshman classes of three osteopathic colleges to begin the four year program leading to the D.O. degree.

Nine Texans were enrolled at Kansas City College of Osteopathy and Surgery;

ten were accepted at Kirksville College of Osteopathy and Surgery and three enrolled at College of Osteopathic Medicine and Surgery.

Names of the students, their home towns in Texas and their undergraduate colleges are:

Name and Town	Undergraduate College	Osteopathic College
Robert E. Fox, Jr., Fort Worth	Texas Wesleyan College	COMS
Alonzo Lucien McLeod, Houston	Sam Houston State College	COMS
George David Smith, Fort Worth	Texas Christian University	COMS
Howard Maurice Axtell, Lubbock	Texas Tech. College	KCCOS
Kenneth Edward Calabrese, El Paso	Texas Western College	KCCOS
William DuPre Chandler, Jr., Dallas	Arlington State College	KCCOS
Milburn Lee Coleman, III, Burkburnett	Midwestern University	KCCOS
Donald James Curran, Garland	Texas A and M	KCCOS
James Gentry Laws, Houston	University of Houston	KCCOS
David Henry Leech, Texarkana	East Texas State College	KCCOS
Charles Oscar Mills, Quinlan	University of Alabama	KCCOS
John Edwin Russell, III, Abilene	McMurray College	KCCOS
Douglas Allen Walsh, Houston	University of Houston	KCCOS
Gary Roger Albertson, Muleshoe	Southwestern State College (Oklahoma)	KCOS
Jerry Leonard Cannaday, Talco	Texas Christian University	KCOS
Donald K. Ellis, Dallas	Southern Methodist University	KCOS
David Paul Herr, Arlington	Arlington State College	KCOS
John P. Morgan, Eagle Pass	Texas Christian University	KCOS
Neal Adams Pock, Dallas	University of Oklahoma	KCOS
Garry Bill Taylor, Mt. Pleasant	East Texas State College	KCOS
Dan Allen Waddell, Fort Worth	Texas Christian University	KCOS
William Havener Whitley, Amarillo	West Texas State University	KCOS
Virgil Ben Wofford, III, Fort Worth	Arlington State College	KCOS

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Founders Day At KCOS



Dr. Phil Russell, 1916 graduate of the Kirksville College of Osteopathy and Surgery is shown placing a wreath at the grave of Dr. Andrew Taylor Still, founder of Osteopathy, at annual Founder's Day ceremonies held at Kirksville October 10 and 11. Dr. Russell served as class chairman for the 50th Anniversary Class honored at Founder's Day activities in Kirksville. He is as-

sisted in placing the wreath by KCOS Senior Class President Cecil Deckard.

Dr. Russell is a Past President of TAOP&S as are two other physicians who attended the ceremonies, Dr. R. H. Peterson of Wichita Falls and Dr. Joseph L. Love of Austin. Dr. Peterson was honored as a 50-year graduate and Dr. Love attended the re-union for the class of 1934.

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A.O.A. Honors Six Texans



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PHIL R. RUSSELL, D.O.



R. H. PETERSON, D.O.



CLARENCE R. WOOLSEY, D.O.



JOHN B. DONOVAN, D.O.



ALAN J. POAGE, D.O.

Six members of TAOP&S have been honored by the American Osteopathic Association, three through Certificates of Appreciation and three through Life Membership awards.

Those who received certificates of Appreciation are: L. V. Cradit, Amarillo; R. H. Peterson, Wichita Falls; Phil R. Russell, Fort Worth. In order to be eligible for this award, physicians must

have been in practice 50 years or more and have been members of the AOA for 25 years or more.

Life Membership is awarded to physicians who have been members of the AOA for 25 years or more and who have reached the age of 70. Those honored in this way are: John B. Donovan, Austin; Alan J. Poage, El Campo; and Clarence R. Woolsey, Corpus Christi.

From the Executive Director's Report

By TRUE B. EVELETH, D.O.

Officials of the AOA, with members of the Committee on Medical Care Plans, met with representatives of the Health Insurance Council in Chicago on October 11 to discuss matters relative to physicians' billing of charges for professional services rendered. A report with recommendations is being prepared. In the meantime, we can say that much helpful information was gained from the conference, and it would seem that

a logical conclusion to what has been a disturbing problem is possible.

During meetings at the Drake Hotel in July, it was decided that a moratorium be placed on the matter of billing, pending a study. Nothing was being gained by the disputes and emotional expressions rampant for several months. Logical solutions result from a study of facts and application of sound judgment, without emotions.

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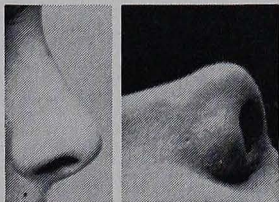
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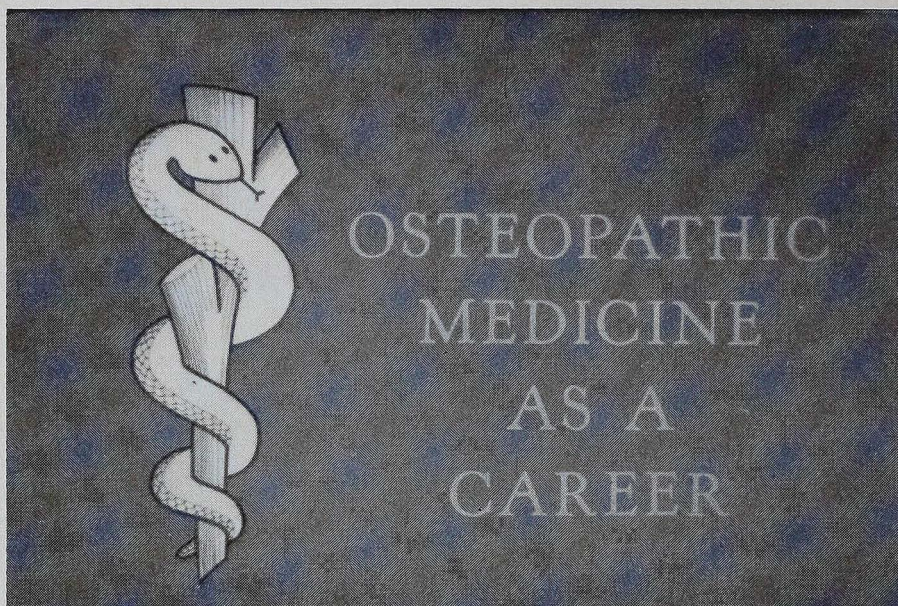
The following is a brief precautionary statement. Before prescribing, the physician should be familiar with the complete prescribing information in SK&F literature or PDR. *Contraindications:* Patients with glaucoma, prostatic hypertrophy, stenosing peptic ulcer, pyloro-duodenal obstruction, or bladder neck obstruction. *Precautions:* Use with caution in the presence of hypertension, hyperthyroidism, or coronary artery disease; and, in patients who may operate vehicles or machinery, warn of possible drowsiness. *Note:* Since the iodine in isopropamide iodide may alter PBI test results and will suppress I¹³¹ uptake, it is suggested that 'Ornade' be discontinued one week before these tests. *Side effects:* Drowsiness; excessive dryness of nose, throat, or mouth; nervousness; or insomnia may occur rarely, but are usually mild and transitory. Other known possible side effects of the individual ingredients are: nausea, vomiting, diarrhea, rash, dizziness, fatigue, tightness of chest, abdominal pain, irritability, tachycardia, headache, and difficulty in urination.

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Dedicated to the True Physician—who treats the total person and not merely the ailing part. Pat Patterson

"Osteopathic Medicine as a Career", an excellent slide presentation developed by Mr. Pat Patterson, Director of Professional Relations for Marion Laboratories, is now available through the State Office. Mr. Patterson has furnished two sets of the slides and the script to be used with it to TAOP&S. The program was used at seven of the vocational guidance dinners last year and was presented to the House of Delegates in May. Mr. Patterson has also made the presentation to several hospital employee groups as part of the inservice training program in osteopathic orientation.

In his acknowledgements, Mr. Patterson particularly notes the help of Dr. Robert H. Nobles, of Denton, Chairman of the Public Relations Committee of TAOP&S, for his assistance, encouragement and suggestions and the "Texas Association of Physicians and Surgeons, who have pioneered vocational guidance and have set a standard for the rest of the osteopathic profession."

This presentation has been prepared primarily for audiences interested in pursuing "Osteopathic Medicine as a Career", but may also be appropriately used with audiences that would benefit from a more thorough understanding of osteopathic education. The slides may be borrowed by any district society, affiliate society or individual member physician upon request. Requests should, however, be made well in advance as this will undoubtedly prove to be a very popular program as evidenced by the three requests already received.

The 30 minute program is made up of 100 slides which are already placed in a Sawyer wheel slide tray. Arrangements should be made locally for use of a Sawyer 700 projector.

Several districts and individuals have been so impressed with the presentation that they have asked about purchasing a copy of it. Marion Laboratories has stated they will make copies available at their cost which is about \$20.00.

Financial Planning vs. Estate Planning

By WESLEY STEINMAN, Financial Planning Consultant

"Financial Planning" and "Estate Planning" are terms that many people use interchangeably. No one can state authoritatively that this should or should not be the case: the terms are of comparatively recent origin and their exact meaning may vary from user to user.

"Estate Planning" has as its principal objective the orderly arrangement of a person's property at death so that his wishes may be fulfilled in the most efficient and economical manner.

"Financial Planning" is concerned no less with the realization of monetary objectives during a person's lifetime than it is with the efficient distribution of property at death.

We consider Financial Planning to be a more all-inclusive term than Estate Planning. The latter, according to our definition, deals exclusively with death considerations. Financial Planning on the other hand is as much concerned with the living aspects of an individual's financial picture as it is with the problems that will obtain at his death.

These further shades of distinction are implicit in our definitions. Estate Planning is of principal interest to individuals who already have accumulated a substantial amount of property, while Financial Planning is fully as important for those who have not acquired considerable property as for those who have.

Estate Planning is principally a defensive procedure, involving the desire to maintain intact the capital now owned, while Financial Planning may involve a more aggressive attitude in seeking to accumulate capital without undue risks.

Estate Planning has a more limited application because there are relatively fewer individuals whose principal concern is the proper distribution of property they have already accumulated, while Financial Planning is an essential undertaking for everyone who has the

need, the desire, and a reasonable opportunity to seek capital growth possibilities and/or more current income for himself and his dependents.

Estate Planning requires contemporary investment management as well as the services of an attorney and possibly a tax consultant and life underwriter.

In summary, Estate Planning concerns itself primarily with factors arising as a result of an individual's death, while Financial Planning gives principal attention to living considerations. Although there are many individuals who may be well prepared financially to die, there are relatively few prepared to meet the "risk" of living too long.

If you would like further information about financial planning, its advantages, costs, and risks, consult any well-qualified financial planning consultant.

From the New Jersey Association Journal

New Associate Dean Appointed at KCOS

The newly created position of Associate Dean at Kirksville College has been filled by Dr. Edwin A. Ohler, a man well qualified to hold this important post.

Formerly associate professor physiology at Temple University School of Medicine, Dr. Ohler assumed the associate deanship at KCOS on October 1. His academic background includes the Bachelor of Science degree from Washington College (Maryland); the Master of Science degree in Micro-Anatomy at Tulane University; and the Ph.D. degree in physiology at the University of Illinois College of Medicine. He is a fellow in the American Association for the Advancement of Science and has broad experience in research, teaching and administration.

Texas Social Welfare Association

56th Annual Conference

Green Oaks Inn in Fort Worth will host the 56th Annual Conference of the Texas Social Welfare Association to be held November 27-30.

TSWA is a volunteer organization concerned with health, welfare, and recreation programs. It is a non-profit, non-partisan and non-sectarian organization supported through memberships and by many of the United Funds of the State. This Association, although a relatively new force in Texas, shows signs of being significant in the political sphere of the state. Earlier this year TSWA sponsored a Legislative Forum which was very well received. TAOP&S was very fortunate in that Dr. Phil R. Russell was on the Legislative Committee that planned the forum and that continues to give supervision and guidance to the legislative program of the TSWA.

Theme for the upcoming Conference is "Responsible Citizen Action to the

Challenge of Social Change — Next Steps." Emphasis is given to TSWA programs in the fields of health, family and children, leisure time, the aged, and community planning. All sessions are designed for both volunteers and professionals.

Social welfare leaders from over the nation and Texas will share their views, wisdom and experiences through General Sessions, Areas of Concern and Adventures in Practice.

For further information or for advance registration write Texas Social Welfare Association, 901 Perry Brooks Building, Austin 78701.

Four New Scholarships Offered By COMS

Four new \$1,000 scholarships will be offered at College of Osteopathic Medicine and Surgery beginning September of 1967 according to Thomas F. Vigorito, D.O., Vice President for Academic Affairs, and Charles P. Keegan, Vice President for Business and Finance.

The scholarships, underwritten by the College, are open to students in all four classes. Applicants will be considered on the basis of need, scholarship, and aptitude for osteopathic medicine.

Dr. Vigorito said, "This is the beginning of a new College scholarship program that will expand over the next several years. The program is in addition to currently available scholarships offered by the College, the Iowa Society of Osteopathic Physicians and Surgeons, other state societies and the Federal Government."

Prospective students desiring complete information on the College scholarship program should contact the Assistant Dean at the College of Osteopathic Medicine and Surgery, Des Moines, Iowa.

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National Health Council Re-elects Dr. Northup

At the recent meeting of the House of Delegates of the National Health Council held in New York City, Dr. George W. Northup was re-elected Council treasurer for the third consecutive year. This re-election was unanimous and represents an outstanding achievement for him and the profession.

Other AOA delegates to the meeting were Alexander Levitt, D.O., past AOA trustee from Brooklyn; Wallace M. Pearson, D.O., past president of the AOA from Kirksville; and Gus S. Wetzel, D.O., trustee of the AOA from Clinton, Mo.

The 1966 National Health Forum, which immediately followed and was sponsored by the National Health Council, received and discussed the recommendations of the National Commission of Community Health Services. The title of the 1966 National Forum was, "Action for Comprehensive Health Services."

Dr. Northup was chairman of a discussion group which covered the broad and controversial subject, "Hospital Care". This is the first time in the history of the National Forum that an osteopathic physician has been asked to serve as chairman of one of the 20 discussion groups.

G. P. — Good Experience

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Dr. Nash Honored



GERARD K. NASH, D.O.

Dr. (Major) Gerard K. Nash of Amarillo won an all-expense-paid trip November 8 and 9 to Cape Kennedy for a complete tour of the installation. The trip was awarded Dr. Nash by the Texas Wing of the Civil Air Patrol for his exceptional work in information services.

Dr. Nash is the senior medical officer and information services advisor for Group I, Texas Wing C.A.P.

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Exhibitor Response Continues Good As Convention Planning Progresses



BOBBY G. SMITH, D.O.



JACK P. LEACH, D.O.



ROBERT R. LING, D.O.

With six months still remaining before the May, 1967, TAOP&S convention, response from exhibitors continues to be exceptionally good, according to Mr. Robert B. Price, Chairman, Facilities and Exhibitors Committee. Twenty-nine of the forty-three available booths for the Fort Worth meeting have been reserved.

In addition to the thirty firms reserving booths, two companies, Eli Lilly and Company and E. R. Squibb and Sons have made grants toward the cost of the technical program.

The 1967 meeting is expected to be outstanding in many respects. An interesting and informative program is in the planning stages according to Drs. Jack P. Leach and Robert R. Ling, Annual Program Co-chairmen. They will present the tentative program to the Board of Trustees at the Mid-Year Board Meeting in December. It has also been announced that Dr. Bobby Gene Smith has been appointed to serve as Local Convention Chairman for this convention.

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The Texas Association of Osteopathic Physicians and Surgeons

512 BAILEY AVENUE, FORT WORTH, TEXAS 76107

OFFICE OF
ROBERT B. PRICE
EXECUTIVE SECRETARY

November 7, 1966

Dear Dean (or Pre-Medical Advisor):

The Texas Association of Osteopathic Physicians and Surgeons is pleased to announce continuance of the Phil R. Russell Scholarship for freshmen students.

Recipients will be chosen on the same basis as they are for the two existing \$750.00 annual freshman scholarships. These scholarships will be available for Texas students who are entering the freshman class of a recognized college approved by the American Osteopathic Association.

In order to qualify for these scholarships, applicants must be recommended by the Pre-medical Advisory Committee of their liberal arts college and must have either an acceptance or tentative approval of entry to one of the colleges approved by the American Osteopathic Association.

Applications will be furnished by the Texas Osteopathic Association upon request. Applications must be completed and on file on or before April 15 each year. Recipients will be notified not later than June 1.

We would appreciate your posting the enclosed bulletin on the Science Bulletin Board and we invite any questions that you may have concerning these scholarships.

Sincerely yours,

SCHOLARSHIP COMMITTEE, TAOP&S

By: R. B. Price, Executive Secretary

(Editor's Note: The above letter has been sent to the Deans and Chairmen of the premedical advisory committees of the liberal arts colleges in the state of Texas. This is another example of the ongoing work of the Public Relations Committee in its efforts to stimulate interest in osteopathic medicine as a career.

Dr. Richard M. Hall, Chairman of the Scholarship sub-committee of the Public Relations Committee, has requested that D.O.'s instruct any eligible students to contact their pre-med advisors for approval and information and to write to the TAOP&S State Office for scholarship applications).

KCOS Hosts Area Meeting

The Kirksville College of Osteopathy and Surgery served as host to representatives of local and area hospitals at a meeting on hospital planning, and regional medical programs. Approximately 40 people, representing six medical and osteopathic hospitals were present to meet with Dr. Franklin Yeager, former Associate Director of the National Health Institutes; Dr. George Wakerlin, Director of the Missouri Regional Medical Program and former Medical Director of the American Heart Association; and Mr. John Byrne, consultant from Friesen International, a Washington, D.C. hospital planning firm. President Morris Thompson of the KCOS said that all three were visiting the college and it seemed appropriate that the knowledge of these men should be shared with others whose common interest is health service.

Mr. Byrne outlined some of the more innovative concepts in hospital planning and construction, illustrating the value of long range planning for expansion, centralization, and mechanization to provide more efficient, personal, and effective patient care.

Dr. Wakerlin pointed out that Missouri has been selected as one of several states to establish pilot projects in the field of cancer, heart and stroke. He said the purpose of the program is to develop voluntary cooperation between

individual physicians and health care institutions in sharing and correlating health data, to bring new knowledge from current research into clinical practice and to secure new scientific equipment for cooperative use in improving health care of the area. Dr. Wakerlin complimented the planning going forward at K.C.O.S. and K.O.H. for a project on Strokes — cerebrovascular accidents—and expressed satisfaction that so many community hospitals were indicating interest in cooperating in the program.

Dr. Yeager, who is working temporarily with KCOS personnel in the development of the proposed area cooperative program for the early detection of stroke victims and improvement in therapy and rehabilitation, described the interest of the NIH in such projects. He said that much research data on such health problems has been and will continue to be compiled and needs rapid analysis and feedback to the physician in order to assist in continuing education for the physician and improved health care for the stroke patient. He emphasized that during a pilot project of two or three years duration, such as proposed in a nine county area surrounding Kirksville, procedures should be developed for permanent usefulness through continuing cooperative efforts between hospitals and physicians of the area.

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Roster of Texas Students in Osteopathic Medical Colleges

(According to the best information on file in the State Office, this is a complete list. If anyone has been omitted, we would appreciate learning of it.)

College of Osteopathic Medicine and Surgery

Larry J. Breitenstein
Robert Fox, Jr.
Alonzo McLeod
Charles W. Rudd
George Smith
James Kenneth Walker
Michael F. Wright

Kansas City College of Osteopathy and Surgery

Howard M. Axtell
Robert A. Brock
George E. Bryant
Kenneth E. Calabrese
Gary D. Carter
William D. Chandler, Jr.
Milburn L. Coleman, III
Donald J. Curran
Melvin E. Curry
Donnie D. Davis
Edmond C. Evans
Yandel K. Fults
Roddy A. Gardner
William T. Giles
Jerry D. Gregory
Charles A. Hayden
Robert D. Henley
Prentice C. Hickman
Gerald E. Hoffman
James F. Holleman
Patrick Kelly
James G. Laws
Joseph A. Leake
David H. Leech
Sarah Sue Leopold
Rodney A. Marcom
Robert T. Means
George F. Molhusen
Ronnie L. Nelms
Richard M. Olson
Walter A. Pressly
Billy H. Puryear
Harold W. Ranelle

Ebb W. Reeves
Donald W. Roach
Frank W. Roberts
Carlos F. Rocha
John Edwin Russell, III
Bobby R. Turrentine
Douglas A. Walsh
Bruce E. Weaver
William E. Whitley
Lucien David Young

Kirksville College of Osteopathy and Surgery

Gary R. Albertson
Chris S. Angelo
Jay G. Beckwith
David M. Beyer
Edward Lane Bowden, Jr.
Jerry L. Cannaday
Philip G. Dunlap
Donald K. Ellis
James L. Greenwood
Bobby R. Haley
David P. Herr
Randall G. Hess
Robert G. Maul
Carl K. McKenney
J. R. McLean, Jr.
Lewis Mendell
Glenn R. Monte
John P. Morgan
David L. Murphy
Ben L. Northam
Reginald Platt, III
Neal A. Pock
Harvey H. Randolph, Jr.
James S. Reed
W. Weston Sumner
Garry Bill Taylor
John T. Taylor
Dan A. Waddell
William H. Whitley
Ed Williams, Jr.
Virgil B. Wofford, III

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Fort Worth, Texas

"Meeting The Challenge"

Over the years, the osteopathic profession has met the call for student loans and research grants with its most effective weapon — a one square inch stamp.

You know it best as the Osteopathic Christmas Seal. One in every 10 D.O.'s might call it a career-saver, for it provided the money needed to complete their medical education. To college and hospital research teams it has meant supplemental funds for research.

The idea of a Christmas Seal Program to benefit needy students originated with Ernest R. Proctor, D.O. He presented his idea at the Annual Meeting of the AOA Board of Trustees early in 1930.

Little enthusiasm was generated, and one trustee was moved to say, "Set up a Loan Fund? Dr. Proctor, haven't you heard of the Depression?"

His reply: that was precisely why the fund was needed. The board took no action. Undaunted, Dr. Proctor returned the following year. While more interest was shown, it was not until the August meeting that the Board established the Committee on Student Loan Fund and authorized the Osteopathic Seal Campaign.

The first Campaign was implemented in the fall of 1931, immediately following the Board's historic decision. Twelve thousand sheets of Seals were printed and distributed to the 8,200 practicing D.O.'s.

The first drive netted \$1,400. "In spite of the depression and the diminution of income," as the first committee report pointed out. The amount was sufficient to grant loans to one senior student at each of the six osteopathic colleges. The program has since been expanded to include junior students.

Like most worthwhile projects, the Seal Campaign developed slowly through the 30's and 40's. In a sense it kept

tempo with the gradual development and increased acceptance of osteopathic medicine.

Then, in 1949 two developments spurred the program. That year the Auxiliary accepted the Campaign as one of its official activities. The AOA Board of Trustees also expanded the program to include the Student Loan and Osteopathic Research fund under the newly established Committee on Christmas Seals.

Within two years the concerted auxiliary-profession effort brought two new inceptions to Seals. The "packet" plan of Seal distribution and the Auxiliary Mail Clerk Service. Both innovations have produced over \$500,000 in Seal proceeds since 1951 while getting more D.O.'s and outside professional sources to contribute.

The Mail Clerk Service, a time saving device, allows Auxiliary members to relieve physicians from the burden of ordering, addressing and mailing Seal "packets". All the doctors do is supply mailing lists of patients and friends, plus postage cost. The Service has proved especially effective. Its effectiveness could be tripled, however, if *more* D.O.'s would participate in the campaign.

In July of 1960 the Seal Campaign became solely an Auxiliary project under general supervision of the National Osteopathic Foundation, philanthropic affiliate of the AOA.

Although in the past meeting Campaign goals was a rarity, once the ladies took complete command, it became the rule rather than the exception.

In 1962-63 the \$75,000 goal, thought unattainable, was reached and passed. The ladies fell a few thousand dollars short of the 1963-64 mark of \$100,000 but easily passed that hurdle during the 1964-65 campaign. With the meeting

of one goal, the Auxiliary established a new and higher target.

State auxiliaries, hospital guilds, doctors, students and student wives' groups are active in the Campaign. It's interesting to note that college Seal drives netted more than \$8,000 in 1964-65. The Philadelphia College of Osteopathy raised nearly \$3,000 of that amount to become the first recipient of the Seal Committee plaque, awarded annually to the college that leads in proceeds.

NOGA stages several "tray days" in hospitals throughout the country, raising substantial amounts for the Campaign.

Another innovation which provides greater rivalry and participation in Osteopathic Seal drives is the competition conducted by the AOA Society of Divisional Secretaries. A rotating trophy is offered annually to the divisional society whose average dollar contribution is the highest in one of the four categories—
(A) societies of over 500 members; (B)

societies having 201-500 members; (C) societies of 51-200 members and (D) societies of less than 50 members.

This contest is an outgrowth of the Michigan-Ohio rivalry of 1964.

Seal proceeds are made available to junior and senior students in osteopathic colleges who meet the requirements. The research fund, which now shares equally with student loans in proceeds, will receive 50 per cent to supplement grants from the National Institute of Health, other government and private agencies, foundation gifts, bequests and outright gifts.

The overall Seal Program is geared around doctor-public contributions. Historically, more than 60 per cent of all Seal funds come from public giving. The remainder from the profession. However, only one-fourth of the D.O.'s are participating. Take an active part in the 1966 Seal program. This is *your chance to help*.

Calendar of Events

December 2-3—STATE DEPARTMENT OF HEALTH ANNUAL POSTGRADUATE SEMINAR, Statler Hilton Hotel, Dallas, Texas. Contact: Elmer C. Baum, D.O., 908 Nueces Street, Austin, Texas.

February 24-26—TEXAS SOCIETY OF OSTEOPATHIC SURGEONS, ANNUAL MEETING, Austin, Texas. Raymond Mann, D.O., Secretary, 2807 Avenue Q, Lubbock, Texas 79405.

March 30-April 2—FIFTEENTH ANNUAL CHILD HEALTH CLINIC AND EDUCATIONAL CONFERENCE, Town Hall, Seminary South Shopping Center, Fort Worth. Virginia Ellis, D.O., Secretary, Doctor's Committee, 1001 Montgomery, Fort Worth, Texas.

April 2—TEXAS STATE SOCIETY OF THE AMERICAN COLLEGE OF GENERAL PRACTITIONERS IN OSTEOPATHIC MEDICINE AND SURGERY, 15th ANNUAL EDUCATIONAL SEMINAR. Green Oaks

Inn, Fort Worth. President, T. Robert Sharp, D.O., 4224 Gus Thomasson Road, Mesquite, Texas.

May 1-2 — BOARD OF TRUSTEES, TEXAS ASSOCIATION OF OSTEOPATHIC PHYSICIANS AND SURGEONS, ANNUAL MEETING, Hotel Texas, Fort Worth. Fred Logan, D.O., President, 3902 Highway 9, Corpus Christi, Texas.

May 3 — HOUSE OF DELEGATES, TEXAS ASSOCIATION OF OSTEOPATHIC PHYSICIANS AND SURGEONS, ANNUAL MEETING, Hotel Texas, Fort Worth. Samuel B. Ganz, D.O., Speaker of the House, 3902 Highway 9, Corpus Christi, Texas.

May 4-6—TEXAS ASSOCIATION OF OSTEOPATHIC PHYSICIANS AND SURGEONS, ANNUAL CONVENTION. Hotel Texas, Fort Worth, Texas. R. B. Price, Executive Secretary, 512 Bailey, Fort Worth, Texas.

National Academy of Medicine?

An interesting comment appeared in the September issue of *Science* magazine, a publication of the American Association for the Advancement of Science, concerning a proposal that may shake the foundations at 535 North Dearborn Street, Chicago, Illinois:

"Reform-minded top officials of the Department of Health, Education and Welfare are quietly building up support within the medical profession for the idea of a National Academy of Medicine. Last year's flurry of optimism about a government-AMA rapprochement has received several set-backs in the past few months, most recently during the AMA's convention in Chicago, when the doctors endorsed a resolution calling for

direct billing of patients under Medicare. The new Academy would not exist solely to challenge the AMA-AMA leaders are among those involved in preliminary discussions—but it would supply the profession with another set of spokesmen and provide the government with a more congenial source of authoritative advice. Specific plans for an academy have not yet crystallized, but it is probably that it would be established under the general umbrella of the National Academy of Sciences, perhaps along the lines of the National Academy of Engineering which was created last year."

Could happen!

TRUE B. EVELETH, D.O.,
Executive Director, A.O.A.

Membership Committee Applications Pending

District No. Two

Jerry Houchin, D.O., Colleyville, Texas
Byrd Pullum, D.O., Fort Worth, Texas

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Adron C. Tenbrook, D.O., Omaha, Texas

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Washington News Letter

Attends Bill Signing. At the White House on November 3rd, John W. Hayes, D.O., became the first A.O.A. president to attend the signing of bills by the President of the United States. At the conclusion of the ceremony, President Lyndon B. Johnson presented one of the Pens to Doctor Hayes. The bills signed included the Allied Health Professions Personnel Training Act of 1966 (H. R. 13196), now Public Law 89-751, and the Comprehensive Health Planning and Public Health Services Amendments of 1966 (S. 3008), now Public Law 89-749. The former authorizes assistance for training allied professional and technical personnel, and ups the rate of student loan forgiveness to physicians practicing in poor rural areas to as much as a total of 100%. The latter authorizes formula grants to the States for comprehensive State-wide health planning and requires establishment of a State health planning advisory council broadly representative of public and private health agencies and organizations in the State. The measure also authorizes project grants to public or nonprofit area-wide planning agencies for metropolitan area, regional or local projects on a Federal share basis of up to 75% of the cost. Grants would also be made to the States on a flexible rather than on new disease category basis.

Anti-Poverty Health Program Expanded. The Economic Opportunity Amendments of 1966 (H. R. 15111) was signed into law. November 8. It provides for comprehensive health services programs, as follows: Sec. 211-1. (a) The Director is authorized to make grants to, or to contract with, public or private nonprofit agencies in order to provide assistance necessary for the development and implementation of comprehensive health services programs focused upon the needs of persons re-

siding in urban or rural areas having concentration of poverty and a marked inadequacy of health services. Such programs shall be designed—

(1) to make possible with maximum feasible utilization of existing agencies and resources, the provision of comprehensive health services, including but not limited to preventive medical, diagnostic, treatment, rehabilitation, mental health, dental and follow-up services, together with facilities and rehabilitation necessary in connection therewith; and

(2) to assure that such services are made readily accessible to the residents of such areas, are furnished in a manner most responsive to their needs and with their participation, and wherever possible are combined with, or included within arrangements for providing, employment, education, social, or other assistance needed by the families and individuals served.

AVAILABLE FROM—

Superintendent of Documents
Government Printing Office
Washington, D.C. 20402

"Sudden Death in Infants"

Cat No. FS 2.22:ln 3

Cost: \$1.75

Contains the proceedings of the Conference on Causes of Sudden Death in Infants held at the University of Washington in Seattle on September 9 and 10, 1963. 165 pages, illustrated.



THE TEXAS STATE BOARD OF EXAMINERS IN THE BASIC SCIENCES

1012 Sam Houston State Office Building
201 East Fourteenth Street
Austin, Texas 78701

October 14, 1966

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Fort Worth, Texas

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Mr. R.B. Price, Executive Secretary
Texas Association of Osteopathic
Physicians and Surgeons, Inc.
512 Bailey Street
Fort Worth, Texas

Dear Mr. Price:

We are pleased to inform you that the Texas Board of Examiners in the Basic Sciences has entered into reciprocity agreements with the basic science boards of Kansas, Alabama and New Mexico. Reciprocity in each instance will be granted on an individual evaluation of each candidate's application by the Boards concerned.

In the case of New Mexico, reciprocity will be considered from April, 1966 or later by both Boards. Those persons examined either in Texas or New Mexico prior to that time would not be eligible for reciprocal endorsement. Candidates from New Mexico must show the Texas Board a completion of at least 60 hours of college credits. Candidates from Texas applying to the New Mexico Board must be at least 21 years old.

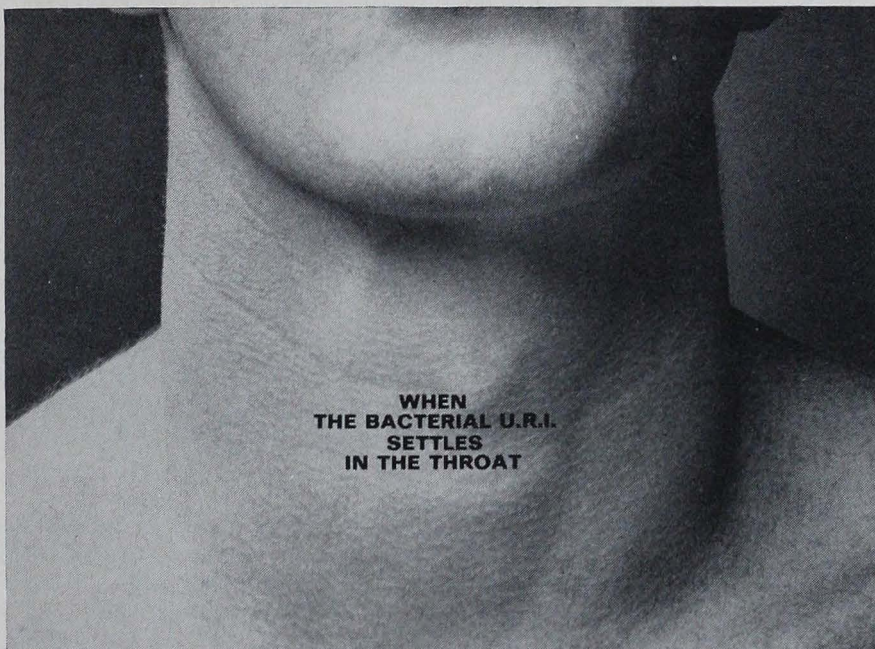
Reciprocity with Alabama will be granted only to those persons who were successfully examined May 31, 1966-June 1, 1966 or later by the Alabama Board. Examination and certification by the Alabama Board must have been under conditions not less than those imposed by the Texas Basic Science Law. Candidates from Alabama must have completed 60 or more semester hours of acceptable college credits.

Most of the limitations outlined above will be covered in the individual evaluation of each Candidate's application, but it would be well for individuals contemplating such reciprocal endorsement to be advised of the specific limitations.

Please let us know if you have any questions.

Sincerely,

Betty J. Anderson (Mrs.)
Executive Secretary



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Warning—If renal impairment exists, even usual doses may lead to liver toxicity. Under such conditions, lower than usual doses are indicated and if therapy is prolonged, tetracycline serum level determination may be advisable. Hypersensitive individuals may develop a photodynamic reaction to natural or artificial sunlight during use. Individuals with a history of photosensitivity reactions should avoid direct exposure while under treatment and treatment should be discontinued at first evidence of skin discomfort.

Precautions—Some individuals may experience drowsiness, anorexia, and slight gastric dis-

tress. If excessive drowsiness occurs, it may be necessary to increase the interval between doses. Persons on full dosage should not operate any vehicle. Use may result in overgrowth of nonsusceptible organisms. If infections appear during therapy, appropriate measures should be taken. If adverse reaction or idiosyncrasy occurs, discontinue medication and institute appropriate therapy. Infections caused by beta-hemolytic streptococci should be treated for at least 10 full days to help prevent rheumatic fever or acute glomerulonephritis. Use of tetracycline during tooth development (last trimester of pregnancy, neonatal period and early childhood) may cause discoloration of the teeth (yellow-grey-brownish). This effect has been observed in usual short treatment courses.

Average adult dosage: 2 tablets four times daily, given at least one hour before, or two hours after meals.

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Openings for Osteopathic Physicians

*(For information write to Dr. D. D. Beyer, Chairman,
Physicians Relocation Committee, 1800 Vaughn Blvd., Fort Worth, Texas)*

Roscoe, Texas—Community of 1700-1800 with trade area of 3500 people. Modern clinic available to accomodate two physicians. This is a growing community of prosperous farms as well as good payrolls. Contact: Glenn Madison, Box 606, Roscoe, Texas.

* * *

Abernathy, Texas — Doctor looking for associate. 15 miles north of Lubbock. Population, 3,500 with trading territory of 8,500. Practice established for eight years. Contact: Kenneth Gregory, D.O., Abernathy, Texas.

* * *

Idalou Texas—located ten miles east of Lubbock, offers an excellent opportunity for any physician desiring to locate in West Texas. Contact George Lowe, Western Drug Company, Idalou.

* * *

Fine general practice of deceased D.O. for sale at extremely moderate figure, including Accounts Receivable, urological and minor surgical equipment, moderate repeat weight patronage. Centrally located in progressive West Texas city. Correspond with: Mrs. H. M. Gorrie, 4406 Jennie, Amarillo.

* * *

Midlothian, Texas — Doctor recently deceased. 30 miles from Fort Worth in expanding industrial and agricultural area. Contact State Office or D. D. Beyer, D.O.

* * *

Sole Practitioner in good, 34-bed acute general hospital needs good quality working partner. One or two doctors for good locations. Opportunity to share ownership of hospital.

Should have some experience in minor surgical procedures.

Please correspond to: Box S-J, c/o the JOURNAL.

* * *

Earth, Texas—near Littlefield, Texas. D.O. wanted to take over new, well-equipped clinic. Contact Neal Pounds, Secretary, Earth Chamber of Commerce.

* * *

Kemp, Texas—no physician presently in the town. Due to a great deal of building in progress, there will probably be a substantial population increase. Contact T. A. Miller, The City Pharmacy, Kemp.

* * *

Modern, fully-equipped 12-bed hospital is now available to capable doctor. Ownership and partnership if desired. Excellent, progressive town. Prefer doctor capable of anesthesia and/or surgery. Lucrative. Reply Box MG c/o of the JOURNAL.

* * *

Normangee, Texas—Take over practice of physician leaving for research grant. Desires to sell all equipment and clinic. Will consider terms or cash arrangement. Gross income approximately \$66,000. Investment not over \$10,000. Contact State Office.

* * *

Spur, Texas—including large trading territory. 65 miles east of Lubbock. Population 2,500. 24-bed hospital. Townspeople will help doctor financially. Contact: Mr. Bill Montgomery, hospital administrator. CR 2-3321, CR 2-4374.

NEWS OF THE DISTRICTS

District No. One



GLENN R. SCOTT, D.O.

Dr. Gerard K. Nash, local radiologist, received the Exceptional Service Award from the Civil Air Patrol for his efforts in establishing a Civil Air Patrol Aviation Library at the Admiral Faragut Academy, Pine Beach, New Jersey.

A simulated disaster was conducted recently at the air base to see what the local teams can do. The first nine patients or accident cases were sent to the Amarillo Osteopathic Hospital where all were properly diagnosed and handled. Our Osteopathic Hospital was the only hospital to screen patients for radioactive contamination.

Dr. Royce Skaggs has joined the Bird gang and will take his private pilots license very shortly. We wish him good luck.

Dr. G. W. Gress and Lucille have returned from a three week trip to the Northern States. I think it just got cold and he just started back home where it's warm.

We had a very fine meeting at the Colonial Cafeteria which included the official visit of President Fred Logan to the district. He gave his report "On the State of the Organization." It was an excellent meeting with lots of information disseminated.

The Auxiliary also was very honored

by the official visit of Auxiliary President Mrs. George (Mary) Luibel. I have watched the Auxiliary work for many years and have wished more than once that the men had the ability to get down to work and conduct business with accuracy and dispatch as the wives do. They have tremendous ability and display it at every meeting.

Lewis N. Pittman has been to another Seminar on Principles and Techniques in Osteopathy.

Dr. Earl and Harriet Mann have returned from the Seminars in Washington and report a very interesting and important meeting.

Dr. Lee and Margaret Cradit and Dr. Lester J. Vick and Ruby have been to the A.O.A. National Convention in New Orleans to their respective sectional meetings.

We anticipate "Scratching Dirt" for our new hospital on December 1. Boy-O-Boy, it takes the patience of Job to work through a building program with Hill-Burton.

L. N. PITTMAN, D.O.

GLENN R. SCOTT, D.O., *Reporters*

District No. Two



D. D. BEYER, D.O.

Dr. and Mrs. Armin L. Karbach of Arlington attended the 1966 Quartet Chorus Competition of the S.P.E.B.S.-Q.S.A. in Houston on November 5 and

6. Dr. Karbach is a member of the Mid-Cities chapter in Arlington.

Several of our doctors and their wives attended the national convention in New Orleans this month.

The Board of District Two has voted to support and participate in the North Texas Planning Council for Hospitals and Related Health Facilities. This will include a 10-county area in North Texas.

D. D. BEYER, D.O., *Reporter*

District No. Three



GEORGE GRAINGER, D.O.

Members of the staff of Broadway Memorial Hospital dispensed with all regular monthly business recently to hear Dallas roentgenologist, Dr. Charles D. Ogilvie, give an illustrated talk on "Some New Developments in X-Ray Diagnosis of the Kidney."

Flanked by a battery of six x-ray view-boxes, Dr. Ogilvie showed x-ray sequences of some of the newer techniques in radiography, such as the powerful and revealing method known as "hypertensive intravenous urography", and the "drip infusion" technique which he said is tending to replace, in many cases, the more tedious, specialized, and time consuming current method known as retrograde urography. "Such new developments," Ogilvie said, "are possible because of the great improvement in the newer contrast media, rendering them virtually innocuous."

Dr. Ogilvie, who practiced in Tyler for several years before moving to Dal-

las in 1951, is chairman of the Department of Radiology and Nuclear Medicine at Stevens Park Hospital. Certified in radiology by the American Osteopathic Board of Radiology, he is past president of the American Osteopathic College of Radiology.

Staff members present at the meeting in the Blackstone were Drs. Bowden Beaty, Anton Lester, John R. Turner, Russell B. Bunn, Kenneth Ross, Richard Cordes, Burr Lacey, George Grainger, Robert Hamilton and hospital business manager, Ollie Clem.

* * *

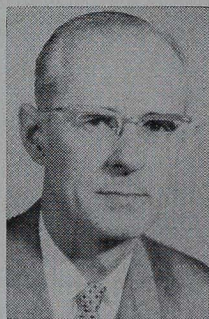
Dr. Robert Hamilton has just returned from a two week hunting trip at Moose Jaw, Saskatchewan. That's in Canada. What do you suppose Bob was hunting? Moose? Huh-uh, ruffled grouse.

* * *

Broadway Memorial has just installed a new (well, almost new) x-ray machine. It has 300 milleamps, 125 kilovolts, a serial spot film gadget, and everything. They are moving the old machine into the Clinic across the street, and your reporter is buying the one at the clinic, having burnt up his little old Seco just last week. Anybody wanta buy a little old burnt out Seco?

GEORGE GRAINGER, D.O. *Reporter*

District No. Ten



CHARLES C. RAHM, D.O.

Dr. Charles C. Rahm has recently been elected to membership in the American Institute of Parliamentarians. Dr. Rahm has been interested in parliamentary procedure for many years,

Officers of the District Associations of the TEXAS ASSOCIATION OF OSTEOPATHIC PHYSICIANS AND SURGEONS, INC.

DISTRICT 1

Dr. J. Paul Price, Dumas	President
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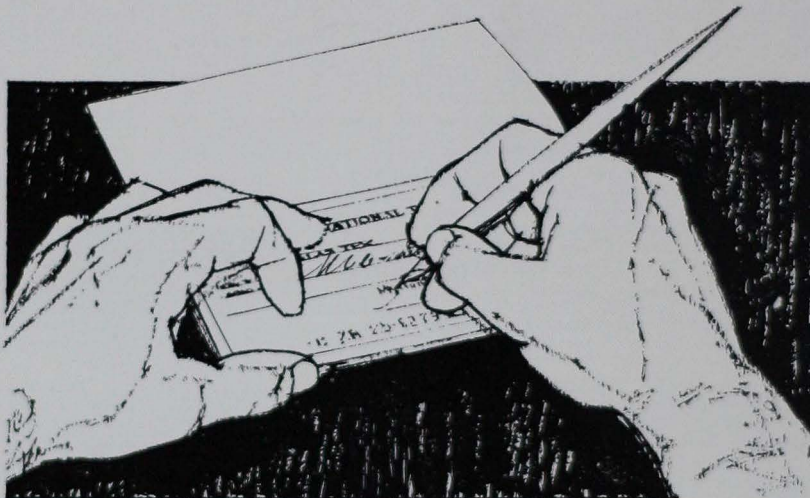
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Should the Patient's Welfare Come First?



With hospital-medical costs in a strongly rising trend, the cost of prepayment for those services must, of course, rise, too. And this presents a two-fold danger:

- 1) Will many families tend to "economize" — falsely, of course — by dropping or curtailing this protection? And —
- 2) Will the hospital-medical industry therefore be faced with more patients unable to meet the cost of a serious hospital-medical illness?

Blue Cross has always been based upon supplying benefits in the form of actual hospital services, and in adequate amounts to meet even very large needs.

Certainly, then, you are acting strongly in the patient's welfare when you guide him towards holding fast to the protection of Blue Cross-Blue Shield! At the same time you are helping to promote, protect and preserve the advantages of modern day health care.

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