

TEXAS OSTEOPATHIC PHYSICIANS JOURNAL

NOVEMBER 1970



CAKE-CUTTING — There was no ribbon to cut during opening day ceremonies at TCOM...but, thanks to the Fort Worth Osteopathic Hospital a cake served as a pleasant substitute and certainly far more palatable. Mrs. Faith Mercer, director of volunteer services at FWOH, prepared to serve the College staff and faculty and Hospital personnel. Inscription on the cake reads:

*"To a Normal Painless Birth — TCOM
From Fort Worth Osteopathic Hospital"*

IN THIS ISSUE

N.H.I. HERE AND ABROAD

WHAT A WASTE

SPECIAL WELCOME TO NEW DOCTORS

COORDINATING BOARD REVIEWS TCOM FUNDING



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for you, here!”**

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TEXAS ASSOCIATION OF OSTEOPATHIC PHYSICIANS
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In This Issue

	Page
Aye — There's the Rub <i>National Health Insurance Looms</i>	4
and N.H.I. Over There <i>Norway, Sweden and Austria</i>	5
ATOPS News <i>Wrong Rally for \$100</i>	6
A Very Special Welcome <i>New D.O.s in Texas</i>	7
What A Waste <i>Doctor Questions AOA Procedure</i>	8
Coordinating Board Reviews <i>Possible TCOM Funding</i>	9
The Question of Abortion <i>Change is Inevitable</i>	10
ABOUT TEXAS! <i>Everybody Gets Long Weekends</i>	12
Make Your Move! <i>New Location Possibilities</i>	22

An affiliate of

AMERICAN OSTEOPATHIC ASSOCIATION
212 East Ohio Street
Chicago, Illinois 60611



CALENDAR OF EVENTS

NOVEMBER

TAOP&S Board of Trustees
Sat., Nov. 14
2:00 p.m.
State Office
Fort Worth

DISTRICT I
Sun., Nov. 8
1:00 p.m.
Amarillo

DISTRICT II
Presidential Visit
Tues., Nov. 17
6:30 p.m.
Colonial Country Club
Fort Worth

DISTRICT III
Presidential Visit
Fri., Nov. 21
7:30 p.m.
Ramada Inn
Tyler

DISTRICT V
Presidential Visit
Thur., Nov. 19
7:30 p.m.
Central Expressway
Holiday Inn
Dallas

DISTRICT VII
Sun., Nov. 8
10:00 a.m.
Menger Hotel
San Antonio

DISTRICT X
Presidential Visit
Mon., Nov. 9
7:00 p.m.
Red Raider Inn
Lubbock

DISTRICT XI
Presidential Visit
Sun., Nov. 8
12:30 p.m.
Coronado Country Club
El Paso

DISTRICT XII
Thur., Nov. 19
7:00 p.m.
Pompano Club
Port Neches

DISTRICT XIII
Sat., Nov. 14

DISTRICT XIV
Thur., Nov. 19

DECEMBER

Public Health Seminar
Sat. & Sun., Dec. 5 & 6
Statler Hilton Hotel
Dallas

DISTRICT IV
Sun., Dec. 13

DISTRICT VII
Presidential Visit
Sun., Dec. 13
10:00 a.m.
Menger Hotel
San Antonio

DISTRICT XIV
Thur., Dec. 17

APRIL

**TAOP&S 72nd Annual
Meeting & Convention**
April 23-25
Plaza Hotel
El Paso

"Aye-- There's the Rub!"

By Dr. Richard L. Stratton

It isn't news to anyone that the AOA voted at its July House of Delegates meeting to endorse comprehensive national health insurance. We all have been told for sometime that it is coming. It's only a question of "how" and "when".

The Pennsylvania delegation introduced the resolution and the September AOA NEWS REVIEW quotes the POA president, Dr. S. L. Klopovitz, as saying, "We are not interested in supporting any particular plan nor in the methodology for implementing such a program. We believe that this should be handled by the various lawmakers at state and national levels...."

And "...there's the rub" as we see it.

It would be redundant to repeat here the almost inextricable messes the "lawmakers at state and national levels" have gotten us into with their half-knowledge of health needs. And it isn't a question of whether or not lay minds can understand the problems of health care. The problem has been that the goliath of the health care field dragged its feet, fought the entrance of government into the field, and all but refused to be a part of it. Since the government was getting no help and was being hampered on every front by the almost-monopoly, and since it felt the allopathic profession would never give it any assistance, 'big brother', with his half-knowledge and half-truths, was forced to go ahead on his own and make his own plans, which were too often totally unrealistic.

To draw a parallel, we'll repeat a bewhiskered story about the farmer who was the owner of a particularly unruly mule and had heard of a man who had had great success in training mules through kindness. The farmer brought his critter to the trainer who assured him this was true and he could certainly train the recalcitrant mule. Having received the go-ahead from the owner, the trainer picked up a two-by-four and hit the mule a resounding whack between the eyes. The farmer was astounded and certainly didn't consider this a 'kindness', but the trainer explained, "First you have to get their attention."

So the advent of Medicare finally got the attention of the AMA, which is now working on a national insurance program of its own. We can hope it will come up with something that HEW can incorporate into its plans so that national health administrators will not plow the same ground it did with Medicare and Medicaid, making a complete hash of the new program.

However, doctors are what they are trained to be—doctors. They, in the most part, have not been trained as administrators, accountants, managers or much of anything except what we want them to be: administrators of health care.

Finally, the D.O. is beginning to have a wee small voice in health circles, as witness the fact that the AOA was invited to send representatives to Washington to discuss the medical picture with Dr. Roger O. Egeberg, HEW Assistant Secretary for Health & Scientific Affairs. According to AOA Executive Director, Dr. Edward Crowell, "...the meeting was much more than a formality. The requests by Dr. Egeberg and his staff for a great deal of 'follow-up' information indicates that further meetings may be held in the not too distant future."

But before the AOA was recognized as perhaps having something to offer HEW (the above meeting was held in September), it had already endorsed comprehensive national health insurance, even though the sponsors of that resolution (and we assume the POA president is the

[please see page 15]

We hope you have had the time to read the articles in the September 28 issue of *MEDICAL ECONOMICS* on national health insurance and its reports on how the systems are working in Norway, Sweden and Austria. We would bring out a few of the pertinent points gleaned therefrom.

The publication first reports on what its writer learned in Norway, "Where the doctors love it" (national health insurance), and where there are 133 physicians per 100,000 population (121 per 100,000 in the U.S.).

Why do the doctors love it? Because "...they have been closely associated with the program from the very beginning." That beginning was in 1911 when lower income groups were covered. The expansion to coverage of the entire population was gradual and became complete in 1956.

According to the report, "They (the doctors) helped to formulate each new step and today they're strongly represented on the national and local boards of the Health Insurance Scheme."

Norway's scheme is 100 per cent compulsory and is on a fee-for-service basis. The patient is allowed free choice of physician, but must pay part of the doctor's fee. These payments are on a sliding scale: the patient pays "less than half the cost of the first visit.... during a spell of illness and about one-fourth for the second. For subsequent visits, the patient's share is gradually reduced. Because of this payment scale, the patient is not so inclined to 'doctor-shop'." (Or doctor-hop?)

Taking into consideration the lower cost of living in Norway, a doctor there could maintain the same standard of living as one in the United States who makes \$30,000, according to the article.

In reporting on national health insurance in Sweden (a plan that went into effect there in 1955) the magazine says the doctors "learned to like it." They were violently opposed to it in the beginning and felt it was unnecessary.

The main argument against the program apparently was that two-thirds of the population was already covered through voluntary health insurance, but what wasn't taken into account was the other third—the people who really needed much better health care than they could possibly afford and who couldn't afford to insure themselves against illness. Those most in need were getting the least.

For the doctors, learning to like the program has been a struggle, and the program was not helped along by the Swedish Medical Association, which seems to have made a tactical error in its "violent opposition." *MEDICAL ECONOMICS* reports that "the cooperation of the medical profession was something less than wholehearted".

The article quotes one physician as saying the doctors "gradually began to see that we *had* to participate willingly in the program — we *had* to make it work — we *had* to improve it". Because of this cooperation the doctors now "play a large part in its planning, organization and administration".

So where does the money come from to support this 100 per cent health insurance? Where it always comes from, of course. Actual premiums paid by the insured (*taxpayer*) are small. Employers must contribute (such as matching Social Security withheld in this coun-

[please see page 15]

and

N.H.I.

Over

There

A7OPS News

By Mrs. D. E. Hackley, President



Report on 1970 AAOA Convention, San Francisco, California

Mrs. John W. Hayes, President-Elect, was the presiding officer for the State President's Council. The theme was, "AAOA Birthday Happenings". This was held in the Hunt Room of the Fairmont Hotel.

Mrs. Robert N. Rawls, Jr., Immediate Past President, reviewed the thirty years of service of the AAOA, lighting the five candles of progress on the huge birthday cake.

Each state president was asked to give an oral report of the highlights of that auxiliary for the preceding year.

Presidents from five Student Wives Associations gave reports on their activities during the year.

Monday, October 5th was the formal opening of the House of Delegates, Mrs. Marion E. Coy, Jackson, Tenn., AAOA President, presiding.

Report of the Nomination Committee:

President-Elect . . . Mrs. Victor Hoefner, Jr. (Colo.)
1st Vice President . . . Mrs. George Carpenter (Tenn.)
2nd Vice President . . . Mrs. Andrew Berry (Mich.)
Recording Secretary . . . Mrs. Paul Wood (Ohio)
Treasurer . . . Mrs. B. R. Beall, II (Texas)

At this time Mrs. Coy recessed the meeting so that all could attend the General Session. The keynote speaker was Leonard D. Fenninger, M.D., associate director for health manpower national Institutes of Health. Earl K. Lyons, D.O., from Chandler, Arizona, delivered the A. T. Still Memorial Lecture.

The theme of AAOA for this past year was "Seven Goals for the Seventies":

1. More Scholarships
2. More Public Health Projects
3. More participation in the National Seals Program
4. More Student Wives
5. More Affiliates
6. More members
7. More active participation in the future of the osteopathic profession.

Proposed Amendments to the AAOA Bylaws were voted on and passed with the exception of the following:

Article X, Section 4, The National Osteopathic Seals Committee:

b. Term of appointment

1. All appointments shall begin on January 1. This was amended to read:
All appointments shall begin immediately following AAOA annual meeting.

Reports of Scholarship Committee:

Eighty-eight applications were carefully reviewed and eighteen awards, plus six alternate awards, were chosen. This past year over \$21,300 was contributed with seven auxiliaries giving \$1,000 or over.

Report of Osteopathic Education Funds Committee:

The entire OPF Program exceeded its \$1.25 million dollar goal this year by collecting \$1,495,467 from all sources. For the fiscal year ending May 31, 1970, OPF records indicate, however, that auxiliary contributions fell short of their \$15,000 goal with affiliated sources totaling \$9,248.51, which is \$391.17 less than our 1969 banner year.

Report of National Osteopathic Seals Committee:

Contributions from the 1969 Seal Campaign totaled \$118,592.71. This is 68% of the goal. Public contributions totaled \$84,191.93. The profession gave \$34,391.07. The slogan for 1970-71 campaign will remain the same as last year, "Dollars for Scholars," as this depicts the reason for this program.

Report of Student Loan & Research Committee:

The profession's annual Research Conference was held in March of this year in Chicago. There were 153 loans granted in 1969-70 in the amount of \$121,700.00 compared to 113 loans, totaling \$111,150.00 in the previous year.

Report of Membership Committee:

There were 455 new members as of May 31, 1970. The slogan....each one....reach one. All district and state officers and committee chairmen *must* be a member of AAOA.

There was a \$6,030.00 surplus in the budget. It was decided to contribute \$1,325.31 to the Still Cabin Fund, which with the \$1,174.69 already in this fund the auxiliary could present Dr. Thompson, president of Kirksville College a \$2,500.00 check to help in the cost of moving the cabin to its permanent location. \$1,000.00 was added to the Scholarship fund which would allow the auxiliary to award four more scholarships.

The Texas Auxiliary was allowed eight delegates. We had seven in attendance at all meetings. They are Mesdames: T. Robert Sharp, B. R. Beall, B. G. Smith, David Armbruster, Robert Slye, R. H. Owens and D. E. Hackley.

We are very proud of our Texas members who are serving on the AAOA Board. Mrs. B. R. Beall (Nancy)

[please see page 14]

a very

Special WELCOME!



Texas seems to be holding its own—but just barely.

With its 11 million and some population, it has about five per cent of all the people in the United States. With its nearly 700 D.O.s, it has about five per cent of the osteopathic profession. And since the beginning of this fiscal year, Texas has gotten about five per cent of the new D.O.s who completed internships last spring.

Being a little greedy, we had hoped for more than that and with the new TCOM, the D.O. population in Texas will surely increase five years from now.

Since April 1970, 20 new D.O.s have set up practice in the state and we have gained nine more D.O.s who no doubt felt Texas had more to offer than the states from which they emigrated.

Of the newly licensed doctors, eight are graduates of KCCOS, six from COMS, four from KCOS and one each from CCOM and PCO. All but two have gone into general practice.

Dr. Phillip M. Beyer came to Fort Worth after interning at Oklahoma Osteopathic and is a COMS graduate.

Dr. Sidney H. Bernstein, the lone PCO graduate to locate in Texas this year, is practicing in Carrollton after interning at Dallas Osteopathic.

A CCOM graduate, *Dr. Robert James Blok* interned at Green Cross General in Cuyahoga Falls, Ohio and has opened a practice in Pasadena and is on the staff at Gulfway General in Houston.

Corpus Christi gained a new physician when *Dr. Thomas B. Chodosh* located there. He interned at Corpus Christi Osteopathic after graduating from KCCOS in 1969.

Dr. Don E. Christiansen now has an office in Duncanville, after completing his internship at Stevens Park last spring. He too is a Kansas City graduate.

Dallas nosed out Houston for the biggest gain with six new D.O.s, one of whom is *Dr. Arthur J. Cording*. He comes to Texas after graduating from COMS and interning at Wilden Hospital in Des Moines. *Dr. Cording* took a residency in internal medicine at East Town Osteopathic and is a member of the American College of Osteopathic Internists.

The large metropolitan areas didn't get all the new ones. *Dr. Melvin E. Curry*, a native Texan, is practicing in Hamilton. He interned at Fort Worth Osteopathic and is a graduate of KCCOS.

Another of the smaller communities gained when *Dr. Don D. Davis* moved to Granbury from his internship at FWOH and schooling at KCCOS.

Although Groom has a small population, its fine clinic and hospital draws patients from a wide area. The large practice was too much for the three physicians there and they were pleased when *Dr. Steven J. Davis* moved to Groom after interning at Oklahoma Osteopathic. He is a Kirksville graduate.

One of Houston's new doctors is *Dr. James M. La Rose*, another COMS graduate who interned at Oklahoma Osteopathic.

A native West Virginian, *Dr. Robert G. Maul* chose Lubbock after graduating from Kirksville and interning at Davenport Osteopathic Hospital in Iowa.

One of the two new doctors who have specialized is *Dr. John Paul Methner* who has completed a residency in neuropsychiatry and is board eligible. He graduated from KCCOS, interned at East Town Osteopathic, and has now returned there to practice.

Dr. Ronnie Lee Nelms is another native Texan who has come home. He graduated from KCCOS, interned at East Town Osteopathic and practices in Dallas.

Dallas also gained *Dr. Ben L. Northam* who was born in Ropesville, graduated from Kirksville and interned at Dallas Osteopathic.

Oklahoma Osteopathic in Tulsa, considered one of the best teaching hospitals, sent us several new doctors this year; among them *Dr. Richard M. Olson*, a KCCOS graduate who is practicing in Dallas.

Born 'way up north (Minnesota) *Dr. Duane Donald Olson* went pretty far south when he settled in Houston. He interned there at Eastway General after his 1969 graduation from COMS.

Grand Prairie was the choice of *Dr. Larry G. Padget* after he, too, finished his internship at Oklahoma Osteopathic. He is a Kirksville graduate.

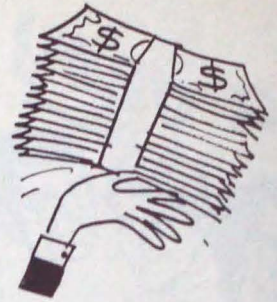
San Antonio got one of the Oklahoma Osteopathic interns—*Dr. Charles W. Rudd*. He also graduated from COMS in 1969.

Dr. John H. Schepman is a Nebraska native who completed his internship at Eastway General in July and is now practicing in Houston. Another COMS graduate.

TAOP&S actively recruits new doctors, but doesn't engage in piracy from other states. However, a number of physicians who have been practicing elsewhere seem

[please see page 18]

What a Waste!



By Dr. David Reid, Secretary
Oregon Osteopathic Association

What a waste of time and money it is that Bureau chairmen, and others making reports are required to appear in person before the Board of Trustees and the House of Delegates of the American Osteopathic Association to summarize and comment upon their reports which had previously been prepared, printed and distributed to the auditor! What a waste of money it is to hold Interim Board meetings and the annual meeting of the House of Delegates away from Chicago! The waste in transportation, room and board for the employed staff and the cartage charge for records, supplies, etc. is tremendous.

It is my understanding these two programs are in effect to educate the members of the Board and House, to allow for their questioning of the reporters, if they so desire, and to have these transplanted meetings serve as a public relations vehicle for the members of the profession, especially in the site area. In reality, isn't it a vehicle to serve as a political showcase for those having political aspirations, and isn't it a vehicle to allow members of the Board and employed staff, and those fortunate enough to be asked to attend these meetings, to have semi-paid vacations?

The American Osteopathic Association compensates by paying transportation and per diem, but this reimbursement does not usually cover the actual out-of-pocket expense, and it certainly does not make any provision for reimbursing time lost from practice. Recently I received a check from the AOA in the amount of \$546.30 to cover the billing for my command appearance as Chairman of the Bureau of Public Education on Health before the Board of Trustees and the House of Delegates in Atlanta. My deductible out-of-pocket expense amounted to \$594.05 for this trip. I lost three working days out of my office. This cost in time and money was the result of the requirement that I appear before the Board on Sunday and the House on Monday. The appearances amounted to about ten minutes each, to summarize a report submitted previously, a report printed and distributed prior to each meeting. Questions were invited in each instance and in each instance there were none. Maybe the re-

port was complete and comprehensive; maybe it covered a subject in which there was no interest; maybe the audiences were familiar with the problems, knew the answers. It is my understanding a number of other reports made at these two meetings received about the same amount of time and the same amount of response. If this be so, then collectively there was a great waste of time and money!

While in Atlanta, I noted another great waste of Association funds—money you and I supply in part by paying our dues—by having the House and Board meet away from Chicago. There were a large number of our Central Office personnel present, and many of this large number were sitting around, killing time, and only occasionally were seen conferring with someone.

I would like to suggest to those in command of our Association's political affairs that they take a long look at the requirement for all Bureau and Committee chairmen to report in person—especially when these reports are published in detail.

Having the department heads summarize the reports would be sufficient in most instances. I would like to suggest also they take another look at this moving the location of the House of Delegates meetings and the interim meetings of the Board of Trustees away from Chicago. To meet in Chicago would save thousands of dollars annually in transportation, cartage, board and room. I believe the funds saved would far overshadow the nebulous value of the so-called public relations effect the moving might have. Also, not having the Chairmen appear in person would involve the department heads more.

I understand Association funding is having some difficulties due to inflation, tax problems, etc. May I have the temerity to suggest to those in charge of Association finance that instead of considering requesting more support from the membership by raising dues, they seriously look at the savings which could be, and should be, made by doing away with some of the political frills and "me, too" programs we now support financially. Maybe then we would not be saying "WHAT A WASTE!"

Board reviews possible funding of college here

The Coordinating Board for the Texas College and University System, Monday considered possible funding for the Texas College of Osteopathic Medicine, which will be located here.

The board, which evaluates and examines fund requests for State supported institutions, only recommends to the Governor's office its decisions and does not actually allot the money. The board is

also the only "qualified" institution in Texas to evaluate a college or university, according to College officials.

"We appeared before a sub-committee of the Board in late September and presented our credentials to them at that time," Chairman of the Board for the College George Luibel said Monday.

"At that time we explained our present facilities and our plans for the College in

Arlington," Luibel said. He added that "the committee did not set a timetable as to when action, if any, would be taken by the Board."

The application for State funds was based on the approval of the legislature earlier to possibly grant financial aid to Baylor Medical College. The legislature approved the application for the funds, but has not yet actually supplied the money.

"We hope to possibly use the same route as Baylor did since we are both privately financed institutions," Dr. Luibel said. The board could consider the application for some time.

"Presently our support is coming from private individuals, along with a few business and industry donations," he said. "The College will probably apply, in the future, for federal grants and far much more aid from businesses," Luibel said.

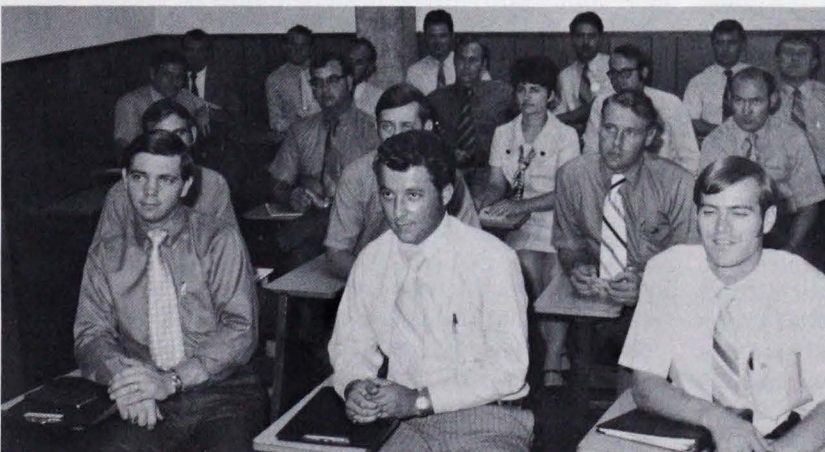
It was announced June 21 that the college would be located here at the intersection of Matlock Road and Poly-Webb, south of the proposed Interstate Highway 20.

The land for the college was donated by Carlisle Cravens and W. T. (Hooker) Vandergriff and totals approximately 50 acres. Dr. Luibel told the gathering at the June ceremonies that the first few buildings on the campus should be ready in time for the fall class of 1971. This was one reason the board was asked to approve funds for the college, according to college officials.

The college was granted a charter as a non-profit educational institution on June 30, 1966, by the Secretary of State of Texas. Its purpose is to educate young men and women who are desirous of becoming physicians and to confer upon them degree of Doctor of Osteopathy. The college in addition will plan training facilities for the education of para-medical students including nurses and technicians who will be essential in the operation of the school's allied hospital and health facilities.



FIRM HANDSHAKE binds together the relationship between Dr. Bobby G. Smith, left, president of TAOP&S, and Dr. Henry B. Hardt, TCOM dean and chief administrative officer.



D.O. HOPEFULS — This candid shot depicts the interest shown by the freshman class of TCOM during a lecture period. The initial class is composed of 20 male and one female students.

the Question of Abortion

By Dr. Gerald Dierdorff, President
Washington Osteopathic Medical Association

Whether we like it or not, we of the medical profession in this state, as in other states, soon face the problem of possibly reforming or revoking our abortion laws; laws which some contend were made under 19th century social and medical conditions which no longer apply to late 20th century conditions. It is not the purpose of this writer to question the validity of those laws or to persuade you, the reader, that your attitude towards abortion is either right or wrong, but, rather, to tickle your intellectual palate and provoke some thought on the subject since we must soon take our fair share of responsibility in either changing or retaining our current laws.

If you can read the article without distraction from other pleasant parts of the magazine, I would recommend that you read "The Abortion Revolution" by Robert Hall, M.D., found in the September issue of PLAYBOY magazine. This is a doctor's chronicle of the bitter and continuing battle being waged by the various figures and forces attempting to change or to retain the old laws. Another excellent short book entitled, *The Right to Abortion* (Scribners and Sons) deals with the same problem from the point of view of a study panel of nine psychiatrists.

Up to now, we who considered ourselves as respectable, moral, ethical practicing physicians have not been directly confronted with the problem of premarital or unwanted pregnancies for we could stand behind the shield of laws that were restrictive and explicit, leaving the pregnant teenager and most other women the traditional fates of forced marriage, illegitimate childbirth or back-alley abortion. Only rarely were we forced to come to grips with the truly medical emergencies constituting grounds for the "therapeutic abortion". This rather smug and comfortable position is now likely short-lived. Only recently this writer was part of a large annual conference of a moderate church which, when voting on policies of current social issues and needs, accepted the recommendations of a study committee and approved, almost without question, their advice to support legislation that would reform and liberalize current abortion laws. Since I was somewhat skeptical of this view and since I had not yet really formed my own opinion, I felt a bit as though I had received, reluctantly, a "snow job", so I determined to do a bit of studying on my own. Some interesting facts came to light.

For one thing, I learned that other protestant groups had been liberalizing their attitudes. Even among the Catholics, where anti-abortion laws have continued

their strongest support, there have been some who advocate change. One report has it that one out of three Catholics favors total legalization, and among colleges students one survey indicates that almost 50% favor this. Indications are that it is primarily the celibate Catholic leaders who denounce abortion—just as they denounce contraception, sterilization and divorce. Some Catholic legislators who still hold to the anti-abortion rule have voiced the feeling that their convictions remain as before but that they do not feel their convictions should be imposed, as law, upon those who believe otherwise. Much of the Catholic argument is based on the "inviolability of every human life" and the dictum that the embryo should, from the moment of conception, be considered a human life. However, in the course of history, both the Roman Catholic Church and English law have altered their judgements as to the time at which the embryo should be considered a human life, and for centuries both the law and the Catholic dogma interpreted that abortion was not considered to have occurred unless the fetus had quickened.

But one need not look only to the above as confusing contradictions or inconsistencies. Were our society convinced that abortion is truly murder, it would exact the same penalty against abortionists as is levied against other parties to premeditated murder—life imprisonment or even capital punishment. Instead, a typical conviction draws a sentence of two to five years in a state prison. Moreover, as one critic has pointed out: "If a crime, it is a most remarkable one in that it is the only crime for which we prosecute the accessories to the crime and never the principal herself."

Just as the curious application of the criminal law itself indicates confusion and ambiguity, so does our own reaction and attitudes toward certain of the newer contraceptive devices. The "loop" or IUD and the experimental "morning after" pills prevent development of the fetus by halting the implantation of the fertilized egg in the uterine wall. Some authorities flatly contend that in the case of the IUD a spontaneous abortion takes place a few weeks after implantation. At any rate, the function of these chemical and mechanical means of birth control is probably to interrupt the pregnancy after conception has taken place. So where do we draw the line between contraception and abortion? An even newer agent, a prostaglandin compound, has the same "timing" feature. For those

[please see next page]

the Question of Abortion --

[continued from preceding page]

who steadfastly hold to the moral attitude that abortion constitutes murder and/or that it violates the "rights" of the unborn embryo, for these perhaps there can be no absolute rebuttal, and certainly they are entitled to that right, should avoid compromise in their own performance, and will probably be shocked by those who practice or feel otherwise.

A repugnant and objectionable feature of current practice is that the economically affluent do not find it difficult to procure a "therapeutic" abortion, but those who cannot afford the high fees of competent abortionists are driven by their need into the hands of unscrupulous practitioners and charlatans who may employ dangerous techniques for inducing abortion. If no easy or convenient solution is available, the wealthy pregnant woman can travel to another state where abortion laws have been repealed, or go to one of the foreign countries where such laws do not exist. But for the poor or clinic patient it is not so easy, and it is more dangerous. Known deaths from abortions in the U.S. in 1955 totaled 235 women.

The predicament of the future unwanted child, should he be born, cannot be ignored. Systematic research is needed in this area, but with that which has already been done, such as in Sweden with 120 children born after applications for abortion had been refused, the comparison with a control group was most interesting. "The unwanted children were worse off in every respect", read the report. The adverse consequences of maternal rejection have long been recognized by psychiatrists as one of the major contributing elements of psychopathology. Statistics regarding adoptions of unwanted children have also been startling. Out of an estimated total of three million illegitimate children under eighteen years of age in the United States in December 1961, 31 per cent had been adopted; 69% still remaining unwanted. So it would appear, though other statistics might vary somewhat, the majority of unwanted children remain unwanted.

Much, too, can be said of the psychological problems, humiliation, risks encountered by the woman forced into the position of maintaining an unwanted pregnancy. There are "few things more disruptive to a woman's spirit than being forced into motherhood without love or need". In this area of psychological determinations we also find much confusion and ambiguity when the requirements are pinned down to become a part of law. Much abuse and hypocrisy can ensue until the psychiatrists, themselves, not only do not agree but are reluctant to take full responsibility.

Out of it all, then, come some recommendations of their study group which deserve some real consideration:

1) As it pertains to the moral issue, those who believe that abortion is murder need not avail themselves

of it. On the other hand, this should not limit the freedom of those not bound by identical religious conviction.

2) They believe that abortion, when performed by a licensed physician, should be entirely removed from the domain of criminal law. Thus a woman would have the right to abort or not, just as she has the right to marry or not. (This position is shared by a number of other groups, notably the President's Task Force.)

3) The physician is obliged to perform the abortion under conditions of good medical judgement and facilities, just as would be the case in any elective surgery. This judgement would be affected by many factors; perhaps the most controversial of which would be the length of gestation and the viability of the fetus. Thus, most physicians, as gestation progresses, would be increasingly reluctant to perform abortion.

4) The physician should have the right to perform on the basis of his own moral or religious conviction.

5) Protection for the operating surgeon against any legal claim of the father is essential. Within a marriage situation, joint consent of husband and wife would be required. Outside marriage, the woman's desire would prevail.

6) The physician should explore the motivation of the pregnant woman requesting abortion so as to clarify and evaluate the impulsive, manipulative, or self-destructive elements in the decision to abort. Final judgement should be reached with the help of a medical consultant, not necessarily a psychiatrist, but preferably.

To some, these recommendations as I have summarized them may seem revolutionary, as they have to me. Certainly much more can be said, pro and con, on the many ramifications of the subject. But change is likely both justified and inevitable. If this be so, then our best thought and judgement should go with our convictions into the making of the new law.

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ABOUT TEXAS!



By the Executive Director

The most critical factor in management is dealing with people problems...that is a quote in Nation's Business from Birny Mason, head of Union Carbide.

It's some consolation to know the people problem exists elsewhere than in our hospitals and professional associations. It must be a universal problem because people are everywhere!

The rumblings among state osteopathic medical associations grow louder for more positive representation of the D.O. in Washington, D. C., relative to legislation and regulation.

Elsewhere in this issue of the *JOURNAL* and in the September and October issues is evidence of what can be done in getting legislative action if everybody lends an ear and gets on the ball.

At the San Francisco meeting of state executives several got cold chills in hearing about an amendment in the Senate setting forth detailed procedures for Peer Review.

We've written for a copy. As the bill now stands we might be able to enter into a contract with the Feds to handle Peer Review—hopefully on a two-way street that gives the D.O. and the hospital some chance of fair representation.

Many state and national officers of the profession sent letters, wires and called TCOM's Dr. Hardt and Dr. Luibel on the day the first class convened October 5, 1970.

The Oklahoma Osteopathic Association devoted the front cover and four inside pages to a complete run-down of all the facets of opening a new osteopathic medical school, giving names, dates, events and the whole load. The cover was a montage of the bales of newspaper clippings that accompanied the donation of the campus site in Arlington.

Thanks from all of us to all of you!

Mark your calendar for a string of long weekends during the rest of this year and 1971. Christmas and New Year's are on Friday this year and the Federal

Uniform Holiday Act takes effect January 1.

Next year Washington's birthday will be Feb. 15, the third Monday.

Memorial Day will be May 31, the last Monday.

Columbus Day, Oct. 11, 1971, the second Monday.

Veterans Day, Oct. 25, the fourth Monday.

Added to these will be long weekends on Labor Day Monday, Sept. 6, July 4 on a Sunday, Christmas and New Year's on Saturday.

The Pilgrims set foot on Plymouth Rock 350 years ago and a new way of life began. On board the Mayflower the little band of Pilgrims signed a compact, agreeing to form a local government for the new town of Plymouth, Massachusetts, and to abide by its laws. In the Mayflower Compact, we see the early flowering of democracy in America. As we observe Thanksgiving Day — yet another legacy from our Pilgrim forefathers — we can indeed be thankful for our proud heritage, for our American way of life, for freedom and its blessings. Let us then be humbly grateful, and let us reaffirm our faith in freedom, with our determination to preserve and cherish it, forevermore.

To the above thoughts, by another author, must be added that we believe it means freedom from violence, pollution and noise from the kooks and non-students.



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A7OPS News

[continued from page 6]

is the Treasurer and Mrs. George Luibel (Mary) is the OPF Chairman. We are also proud of Mrs. Robert N. Rawls (Gerry) who has served on the AAOA Board for the past ten years, serving as president in 1968-69. This past year was her last and I know they will miss her.

Every convention has its problems and funny moments. Picturesque trolley buses, compliments of Flint Laboratories of Deerfield, Ill., transported AOA and AAOA registrants between the Civic Auditorium and the headquarter hotels. Have you ever seen 200 or more dignified doctors and their wives trying to get on a bus that was designed to carry about 25 people?

Don and I attended the General Practitioners banquet for the first time this year. Dr. T. Robert, president, gave a very fine talk. I especially enjoyed his card display of words...the way Texans pronounce them. The only people we knew at this banquet were Dr. and Mrs. Sharp and the Burnetts (I grew up with Dr. Mary).

We sat at a table with a young doctor and his wife from Davenport, Iowa. (He was a native of Iraq). Four dignified and well dressed men asked if they could join us. After the tickets were taken by the waiter and the salad had been eaten, these men decided they were in the wrong meeting. During the ensuing conversation, we learned that they were all vice presidents of the Wells Fargo Bank of San Francisco and that the bank had bought them tickets (\$100.00 a plate) for a political rally being held for Democratic gubernatorial candidate, Jess Unruh. There didn't seem to be any graceful way to get back their tickets and leave at this late date, so they said if we didn't mind they would just stay. None of them had any knowledge of a D.O. Need I say they went away very well informed? They were very impressed with Dr. Sharp. One of them said he should be talking to others, also.

Featured entertainer for Tuesday night's AOA President's Banquet was Bob Newhart, popular television and recording personality. Sharing the spotlight was Sunni Walton, lovely Broadway and supper club singing star. Ray Hackett and his orchestra, a top-flight instrumental group, also performed for the assembled D.O.s and their guests.

Women guests were feted at a Pink Champagne Tea at the Fairmont Hotel Wednesday. Actual clothes worn during memorable periods—from Gold Rush days to the late Roaring Twenties—in San Francisco history were modeled.

At this time Mrs. James Dunham, Akron, Ohio, installed the new officers. Mrs. Marion E. Coy, Jackson, Tennessee, 1969-70 AAOA President, handed over the presidential gavel to the newly installed President, Mrs. John W. Hayes, East Liverpool, Ohio.

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"Aye, There's the Rub" --

and N.H.I. Over There--

[continued from page 4]

recognized spokesman for them) are "not interested in supporting any particular plan, nor in the methodology for implementing such a program" and "believe that this should be handled by the various lawmakers at state and national levels..."

The first and foremost problem—even though we have put it rather late in this article—is that there *just aren't enough physicians*, and HEW definitely has the cart before the horse.

To make national health insurance work as it should work, we have to have more doctors and more paramedical personnel. And where are we going to get them?

Senator Yarborough wants the existing medical schools to up their enrollment. And certainly we need to build new ones. Texas and the osteopathic profession is making a start in the right direction—on a shoestring, admittedly—but *doing something*.

Now TCOM is holding classes. It is established as the seventh osteopathic college. It asked for no help outside of the Texas borders in getting started. Now that it is established, we feel we can ask for help outside of the state and the profession.

Now let's put things in their proper order.

Let's train more people for the health care professions, who can then pass on their knowledge to the government administrators of health care programs.

The barn door was left wide open in 1966 and politics in medicine will be with us always. Let's learn to live with it, but let's contribute everything in our power to 'big brother's' training in the health fields so that perhaps a national health insurance program will evolve—in its proper time—with which we can live.

Rather than "supporting any particular plan or methodology for implementing such a program" let's get in on the creation. We *cannot* leave it to the "various lawmakers at state and national levels."

Dr. Crowell says that to the best of his knowledge "...this is the first time AOA has been specifically requested by HEW to help formulate national health policy."

So perhaps the AOA (*you*) does have a chance to get in on the creation. *You* make up the AOA. If we sit back and say the AOA did nothing, then we are saying that *we* did nothing. *You* elected your trustees and delegates to represent *you*. Tell them what *you* think.

The AOA can be vital in this situation if we all pump our own vitality into it.

Now is the time for an expanded medical education program. Now is the time for more physicians. Now is the time for all good men to come to the aid of the fledgling osteopathic medical schools.

Now is the time for TCOM!

[continued from page 5]

try by the employer), but it still boils down to the *taxpayer* making these payments, since his employer could afford to pay him more if he didn't have to contribute. Local governments (*taxpayers*) pay 60 per cent and the government (*taxpayers*) pay 23 per cent. "...Consequently, while Swedes are entitled to many benefits in their welfare state, they're also the most highly taxed people in the world".

Sweden has little more than one doctor per 1,000 population, a situation brought on in great part by the Swedish Medical Association because of restrictions imposed by it up until 1964. However, the restrictions have been eased and medical school graduates between 1970 and 1972 will almost triple the number in 1964-66 when the level was at 1,000 graduates, according to *MEDICAL ECONOMICS*. (Familiar ring?)

7he third country reported on is Austria where the national health insurance program has been in existence for 82 years. Apparently time has not worked toward ridding the system of its problems because "...patients are disenchanted and cynical, doctors are debased and dispirited. Most physicians simply slog along with the system, rather than trying to fight a powerfully entrenched and stultifying bureaucracy".

The program was begun under the Hapsburg rulers for political reasons, and since there were so many groups that had to be catered to, appeased and pacified, hundreds of plans were set up and there are still 31 in existence. "The result is a bureaucratic octopus with 31 tentacles, all reaching powerfully into the nation's political life."

MEDICAL ECONOMICS reports that the Austrian physicians are largely to blame because up to World War II "they held themselves politically aloof from the program. Thus the bureaucrats were able to take control, leaving the medical profession with little or nothing to say about how the system was run".

The doctor is now regarded as an employee of the patient who "wants to get all he can out of him". The doctor is paid about the same amount per patient call as he pays his barber for a haircut.

Doctors are under the supervision of 'control doctors' who are authorized to review the contract doctor's work. Which, of course, leads to a situation wherein the doctor's main concern "is not quality of care, but infractions of regulations".

[Editor's note: The foregoing is intended only as a review of the articles mentioned and hits only the high spots. We hope it will whet your interest and that you will dig out your copy of the September 28 issue of *MEDICAL ECONOMICS* and read the national health insurance reports in their entirety.]

Dr. Hall is 'Our Man' on RMP

Dr. Richard M. Hall (D.O.) of Groom, TAOP&S President-Elect has been appointed to a three-year term on the Regional Advisory Group to the Regional Medical Program of Texas, it is announced by Dr. Charles A. LeMaistre (M.D.), chancellor-elect of the University of Texas System at Austin.

Additionally, Dr. Hall was appointed to the Task Force on Continuing Education and Biomedical Communications of RMP of Texas.

The Regional Medical Program of Texas is concerned with the accessibility and delivery of improved care for Texas people with cancer, heart disease, stroke and related diseases, and with provisions of access to knowledge, skills and continuing review of scientific and health related information.

Next meeting of the Task Force will be Nov. 14 at Brooke Army Medical Center for a tour of the TV facility, a demonstration of the videotrainer utilization and discussion of faculty development training.

The University of Texas System is the grantee institution recognized by HEW and is responsible for the operational performance of the RMP.

Dr. Hall's term on the Advisory Group ends August 31, 1973.

Recent recommendations of RMP for allocation of grants includes a stroke demonstration program for \$145,000 a statewide cancer registry system—\$105,300, area-wide total respiratory care—\$80,000, and other projects for varying amounts.

DR. SMITH Keeps rolling

With the administrative year barely half gone, Dr. Bobby G. Smith, President of TAOP&S, has made more than half of his official visits to the Districts.

In October he visited seven Districts, will visit four more during the month of November, and wind up the series in December.

District meetings where he will speak in November include:

El Paso — November 8
Lubbock — November 9
Fort Worth — November 17
Dallas — November 19

For complete information on District meetings and other sessions of interest to D.O.s, always consult the Calendar of Events in each issue of the JOURNAL.



Public Health Seminar Dec. 5, 6

The annual Public Health Seminar will be held at the Statler-Hilton in Dallas Saturday and Sunday, December 5 and 6, it is announced by Dr. Mickie Holcomb, member of the Texas State Board of Public Health.

Registration will be at 8:30 a.m. December 5, at 8:55 Dr. Bobby G. Smith, TAOP&S president will welcome D.O.s, and lectures begin at 9 a.m.

On Saturday night, December 5, TAOP&S Public Relations Chairman Dr. Ron Owens' committee is staging a cocktail party and buffet to honor the first class of student doctors enrolled at the Texas College of Osteopathic Medicine.

Watch for mailings on details of the Seminar program and the Saturday night party.

A.G. Rules in Favor of TCOM

Atty. Gen. Crawford Martin has said that Texas' new College of Osteopathic Medicine is entitled to membership on the Anatomical Board of Texas, according to the Associated Press.

Secretary-treasurer of the board, Raymond Blount, asked Martin if the anatomical law of 1907 includes a college of osteopathic medicine along with the "usual medical schools" in determining board representation.

For the first year, the college will be located on an entire floor of the Fort Worth Osteopathic Hospital and "adjacent areas," Blount said.

"It is the opinion of this office that a college of osteopathic medicine, duly incorporated and located in Texas, is entitled to have the professor of anatomy and the professor of surgery of such institution accepted as members of the Anatomical Board of the State of Texas, upon the presentation by such professors of anatomy and professors of surgery of credentials" designated under the law, Martin said.

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The Editor's Rx for Writing Without Pain

We hope you have read with interest some of the articles that have appeared from time to time in this Journal that have been written by members of this Association.

As a general rule, we haven't solicited these, but when they are submitted and, in our opinion, they are of general interest to the membership, we print them.

We make no promises as to whether an item will be included in the magazine, but would be most happy to consider interesting material that some of you budding authors might like to send us.

The following tips might be of help.

Never let modesty inhibit you from writing articles for your association magazine. You know your stuff. What's so different between *talking* about solutions to problems and putting them down in black and white? Or between writing a business letter and writing an article—which is only a letter to everyone who reads the publication?

Many people shy from authorship because they think it's complicated. They worry about punctuation, paragraphing, unity of composition, quotations, choice of words and other technicalities—forgetting how they use them naturally and without question when they are to be typed instead of printed. In golfer's lingo, it's like the difference between a practice swing and actually hitting the ball. If you freeze up at the thought of writing, a fresh look at the mechanics can dissipate the obstacles.

Bring a trick from the pros in the writing game. Start with a list of ten points—or five, or six or seven.

Shuffle them around until they fall in satisfactory sequence. Write a sentence about each one; then, by adding related information or examples, stretch each sentence to a paragraph. Each paragraph in turn can be enlarged into a section.

Use as few quotations as possible and only if they are germane. If they include two sentences or less, run them in the paragraph where they apply. Longer ones can stand by themselves; to separate them from your own text, indent each side five characters. Apply this test to quotes and statistics: "Will my message suffer if I leave them out?"

Brevity is as important in sentence construction as it is in a speech, but don't make them all the same length or monotonously subject-predicate. Use words with the fewest syllables. Look twice at every adjective; most of them can be deleted. Don't be afraid of contractions—*won't*, *we're*, *don't*, etc. They help you write the way you talk.

Toss out your grammar book and punctuate the way you would if you were reading your manuscript aloud. A comma marks the briefest pause, the semi-colon a longer one. The colon means almost a full stop. Don't stuff your sentences with commas; keep only those that are indispensable to meaning. Break up long paragraphs; the minimum is three to a double-spaced letter-size page. Four or five look better and are easier to read.

Finally, remember the editor, who regards helping you as his job. He will "polish up" your article before it goes to the printer. Count on him to make the final product worthy of your by-line.

Dr. Shriner on Bowie Staff

Dr. Merlin L. Shriner (D.O.) has been admitted to the professional staff of Bowie Memorial Hospital, a JCAH-approved municipal hospital, in Bowie, a north central Texas city 70 miles north of Fort Worth.

The announcement was made October 22, 1970 by the hospital authority governing board.

This brings to 14 the known number of joint staff hospitals in Texas where M.D.s and D.O.s work under the same bylaws, rules and regulations.

Dr. Shriner is a member of TAOP&S (1965), the AOA, the professional staff of Fort Worth Osteopathic Hospital. He interned at Dallas Osteopathic Hospital from July '65 to July '66.

He has been in general practice in Bowie for the past several years.

He is a graduate of the Chicago College of Osteopathic Medicine and a native of Lima, Ohio and lives in Bowie with his wife, two boys and an infant girl.

Court action, reinforced by Concerned Citizens of Bowie, was pending in the case.

Dr. Alfred A. Redwine (D.O.) of Nocona was admitted to the Bowie Memorial staff last summer. He is a Kirksville graduate '51 and formerly practiced in West Texas.

GERALD D. BENNETT, D.O.
PATHOLOGIST

Fort Worth Osteopathic Hospital
1000 Montgomery PE 8-5431
Fort Worth, Texas 76107

VACLAV IN WHO'S WHO

Robert G. Vaclav, Amarillo, was one of seven fourth year students at KCOS named to *Who's Who Among Students in American Universities And Colleges*.

All seven are in their final year of professional study leading to the D.O. degree in the spring of 1971. Selections were made on the basis of demonstrated leadership, scholarship, extracurricular activity, citizenship and promise as a future physician.

Student doctor Vaclav is the son of Mr. and Mrs. Martin Vaclav of 105 North Beverly, Amarillo, Texas. He now serves as president of his class and has done so for the past two years. He is a member of the Undergraduate Academy of Applied Osteopathy, Sigma Sigma Phi National Honorary Scholastic Fraternity, and the Atlas Club.

WELCOME

[continued from page 7]

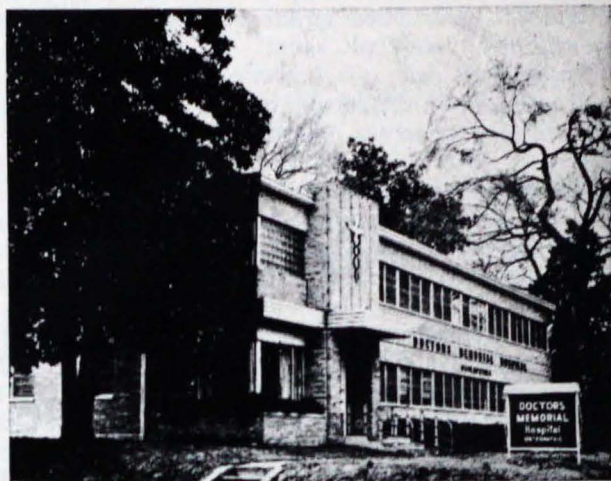
to find Texas more appealing and eight of them have moved into the state recently. They are most heartily welcomed by our over-worked D.O.s and by the large segment of the population which has become increasingly D.O.-oriented.

The transplants include *Dr. Thomas J. Carney*, a board eligible radiologist who has moved to Houston from Arizona; *Dr. J. Fred Dawson*, a general practitioner from New Mexico who is now practicing in Amarillo; *Dr. Clay W. Gilbert*, a native Texan who is now practicing in Dallas, moving there from New Jersey; *Dr. M. Joy Groom*, board eligible and a candidate for the American College of Obstetrics and Surgery, to Dallas from Maine; *Dr. John I. Latham*, from Missouri to Robstown; *Dr. Thomas C. Miller*, to Stanton from California; *Dr. James A. Yeoham*, a member and fellow of the American College of Osteopathic Surgeons and board certified, to Fort Worth from Missouri; and *Dr. David P. Sufian*, a surgeon who is a candidate for the American College of Osteopathic Surgeons, to Houston from New Jersey.

All of the above have applied for membership in TAOP&S. The applications have either been approved or their applications are being processed at this time.

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Pollution Clouds the Future

A unique seminar was held in October under the sponsorship of the KCOS Student Council's committee on environment; Henry G. Norrid and Matt Rounseville, co-chairmen.

It was on human ecology: Man, in his paradoxical futility, reaches for the ultimate plateau of human health while he simultaneously sinks in an ecological cesspool of his own making.

Why a seminar on human ecology? The concept of osteopathic medicine was founded by a human conservationist who believed that to be healthy man must maintain a harmonious balance within himself and the world he inhabits. His philosophy of healing reflected a concern for man's environment, with a realization of the natural beauty of nature and the necessity of continuing a balance between man and nature. If these concepts, defining the basis of the osteopathic profession, are not expressed in practice very soon, then the profession as an entity will dissolve . . . and rightly so.

"Man is considered ecologically rather than an isolated unit." This is the ideology which prodded a group of students at the KCOS to plan a Seminar on Human Ecology. These students recognize that man is producing illness—by pollution of the land, the water, the air, and the self—faster than he is producing the cure for this toboggan ride to self-destruction. The

viewpoint that man is above the natural laws which govern the rest of the planet (and that the solution is finding the proper technological antidote) is obviously being refuted by nature.

If the land and the seas which blanket the world are poisoned, then how long before man—he who produces the death and deformity—reaps his just reward? Pollution threatens life, your life...our lives, therefore, seminars on human ecology should promote the following principles which may allow us to arrest the impending irreversible damage to our ecosystem.

1. Educate man as to his place within the entire ecosystem and the concomitant responsibilities inherent in his position.

2. Inform students, faculty, physicians, and the community of the pressing ecological problems.

3. Expose the physician to the means available to help solve health care problems through ecological approaches.

4. Provide long range programs which will continually be incorporated into the medical curriculum.

5. Provide a means to move to the forefront in the health care field by becoming actively involved in man's most pressing survival problem.

We're doing something

District II

by D. D. Beyer, D.O.

Dr. D. D. Beyer attended the birthday party of State Representative Dave Finney in the Gold Room at the Worth Hotel September 25.

Between 4:30 and 6:30 p.m., there were about 200 in attendance.

Dr. Beyer said he talked to four or five representatives about TCOM and they indicated that they will give their support to the college.

A newly elected director of the Tarrant County Medical Education and Research Foundation is Robert B. Beyer, D.O., of Fort Worth.

The Foundation is working on a program of treatment for drug addiction.

Similar foundations are in operation in other states and members of the local group plan to make trips to Albuquerque, N. M. and Portland, Ore. to study the programs that have already been set up in those states.

GEORGE E. MILLER, D.O.

PATHOLOGIST

P. O. BOX 64682

1721 N. GARRETT

DALLAS, TEXAS 75206

District III

by H. George Grainger, D.O.

Father Robert won the Southwestern Osteopathic Golf Tournament at Salt Lake City last May.

Who came in second? Son Brian Hamilton, age 14.

David F. Norris was "out" with a kidney stone most of October. Out where? Mid-Cities Hospital, under Nat Stewart, et al.

The Coldsnows took in the sights and sounds of Puerto Rico last August. Also the tastes: Coca Pinate was (muy bien!) a constant companion.

Roger Hamilton, another son of father Robert will be a UT graduate in Pharmacy come June. Thence, if present plans fall into line, into Osteopathy he will go, via one of our seven burgeoning schools.

Flash! According to number II, Second Lieutenant Anton Lester III, USA, is due to have a baby, by way of wife Karen, sometime in March.

The Graingers had their 7th second generation offspring September 22 in the shape of a lovely little girl. Jack, KCCOS '73, and Doris, RN. '69, are the proud ones.

CONSULTANT STAFF

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Slayer no-billed

SINTON — (AP) — the San Patricio County grand jury no-billed Deputy Sheriff Eric Baugh Monday, October 5, in the shooting death of a Mathis doctor, Fred E. Logan, Jr., who was killed July 11. The young doctor had worked extensively to aid Mexican-Americans at his clinic and his death angered Chicano leaders.

Mexican-Americans held protest meetings after the shooting and the Mathis City Council passed a resolution demanding the resignation of Baugh, who was suspended by the sheriff's department.

The council said the death "suggests the possibility of a political murder" and renamed the town's main street "Dr. Logan Avenue."

Dr. Logan adds Mathis to busy practice

The appointment of Dr. Fred Logan, Sr. as director of the migrant health program in Mathis was approved in September by the county community action committee.

Dr. Logan replaces his son who died of gun shot wounds in July. He took over his son's practice at the Logan Clinic in Mathis after his death and is also continuing his practice in Corpus Christi.

death and taxes

Are They Inevitable?

Some people think so. Granted, death is still a sure thing. But that's not quite the case with taxes.

Since the passage of the Keogh Act, and with recent court decisions favoring the professional corporation, self-employed, business and professional people can now find refuge for their retirement and profit-sharing dollars in a variety of tax-sheltered plans.

Yet many of these plans are stereotyped and inflexible. Often, they barely hold the line against inflation.

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- THE SUPER PLAN for large partnerships
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Smaller Towns Bait the Hook

Due in large part to the fact that the new young doctors are hospital-oriented and feel they want to be near, and connected with, a hospital, smaller communities are finding it increasingly difficult to lure doctors to their areas.

However, if the recent amendments to the Social Security Acts concerning relaxing some of the rules for smaller hospitals are passed, a number of doctors may find excellent practice opportunities with hospital privileges in smaller towns.

Another inducement might be the ever higher incidence of crime in the cities, driving people with young families to a smaller community where crime doesn't seem to be so prevalent.

A number of these smaller communities in Texas are desperately in need of a doctor. Calls and letters to the State Office come in every few days, pleading with the Association to get doctors to move to these areas.

The latest plea comes from Matador, a Panhandle community, whose medical trade territory includes all of Motley County and parts of three other counties, conservatively estimated as having 4,000 to 5,000 population.

This community offers clinic and office facilities, completely equipped and free of charge for six months to a year, with an option later to either lease the facility or purchase the clinic equipment at a fraction of the market value.

Matador recently opened a 13-bed hospital facility which is fully approved for Medicare. It is operated by a county hospital district.

The First State Bank in Matador has stated that it would be willing

to make unsecured loans to a doctor to assist him in locating in Matador and establishing a practice there; and a group of citizens has agreed to underwrite a salary guarantee for the first year.

A physician interested may contact James L. Stanley (347-2603), Pat Seigler (347-2626) or Haynes Stephens (347-2623) in Matador.

Another Panhandle town asking for help is Silverton, which owns a clinic building that would be leased to a doctor rent free. This building has eight rooms, is partially furnished and has some equipment including an X-ray machine, examining tables, autoclave, hospital beds, et cetera.

A registered pharmacist in Silverton, Jack D. Robertson, writes, "We do not have any means of offering a doctor a guaranteed income for the first year. However, I feel that his income would far exceed what is normally offered.... I can assure you that any doctor who moves to Silverton will receive my fullest cooperation in every way possible. I think I can speak for all other businesses in town, including the bank, when I say that they would also extend full cooperation."

Mr. Robertson also says that Silverton is only seven miles from the site of the McKinsey Dam, which would "afford much in the way of recreation and relaxation on the lake."

For more complete information on the Silverton area, contact Mr. Robertson at Jack's Pharmacy in that city.

[Editor's note: For other practice opportunities in Texas see page 22]

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In Memoriam

Mrs. Earl Kinzie

Mrs. Margaret Kinzie of Lindale, wife of Dr. E. C. Kinzie, died in a Tyler hospital October 18.

Funeral services were held October 19 at the First Baptist Church in Lindale where Mrs. Kinzie had been church organist for 23 years. Burial was at Lindale City Cemetery.

A native of Ottawa, Kansas, she graduated from McPherson College, McPherson, Kansas. She and Dr. Kinzie moved to Lindale in 1941.

Besides Dr. Kinzie, she is survived by one son, Dr. W. B. Kinzie of Ennis, and two daughters, Mrs. June Gibson of Houston and Mrs. Ellen Hughes of San Antonio.

The family asked that memorials be made to the Margaret Kinzie Scholarship Foundation.

Dr. Schmitt honored in Hughes Springs

A formal open house to honor Dr. Allen Dean Schmitt, who has opened offices in Hughes Springs, was held in that community early in October.

Dr. Schmitt has been in active practice for 26 years and moved to Hughes Springs from St. Jo.

Dr. Schmitt's arrival and opening of practice brings the city an active physician for the first time in some months.

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HOUSTON—Two excellent general practice locations. Gross by previous physician was in excess of \$100,000. Available now. Hospital privileges.

Contact R. W. Schoettle, D.O., 8214 Homestead Road, Houston, Texas 77028. Ph. 713-631-1550.

DALLAS—FORT WORTH AREA: New Medical-Dental building to be completed in January 1971 with space for lease. In city of 60,000. Contact Dr. P. H. LeBlanc, D.D.S., Grand Prairie Professional Center, 909 Dalworth, Suite 106, Grand Prairie, Texas 75050; AN4-1415.

DALLAS—Will build to suit tenant. Leases being accepted in new professional building in north Dallas near Richardson, across from developing \$150 million Park Central Complex. Contact Ronald Regis Stegman, D.O., 214-231-6161 or 214-369-2233 or Westwood Clinic, Coit Road at Beltline, Richardson, Texas 75080.

SMALL COMMUNITY of mostly retired persons and no doctor there or in surrounding towns, desperately needs one. Contact Ira Jackson, Box 301, Timpson, Texas 75975

SILVERTON—Offers rent-free well-equipped clinic to general practitioner to locate in area of 3,500 population. Also offered is the full cooperation of the businessmen and citizens of the community. Contact Jack D. Robertson, Box 285, Silverton, Texas 79257.

PLEASANT VALLEY, AMARILLO—D.O. general practitioner wanted. Office with 1,500 square feet floor space, central heat, air conditioning, etc. Rent free for first two years, then on lease. For further information write or contact Gerard Nash, D.O., Southwest Osteopathic Hospital, Amarillo, Texas.

ASPERMONT — Large clinic, rent free with utilities and maintenance furnished, joint staff privileges at Stonewall Memorial Hospital, Aspermont. Trade area of 8,000 population. Contact James L. Millican, Administrator, Stonewall Memorial Hospital (817-989-3551), Drawer C Aspermont, Texas 79502.

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.

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

CIVIL AIR PATROL, TEXAS — C.A.P. needs medical officers for volunteer service in local units. C.A.P. is involved in aerospace education, air search and rescue, and community service. For further information and name of your nearest unit contact Lt. Col. Gerard K. Nash, C.A.P., P. O. Box 7482, Amarillo, Texas 79109

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.

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

EL PASO—The hub of the Southwest— 375,000 population — excellent opportunity 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.

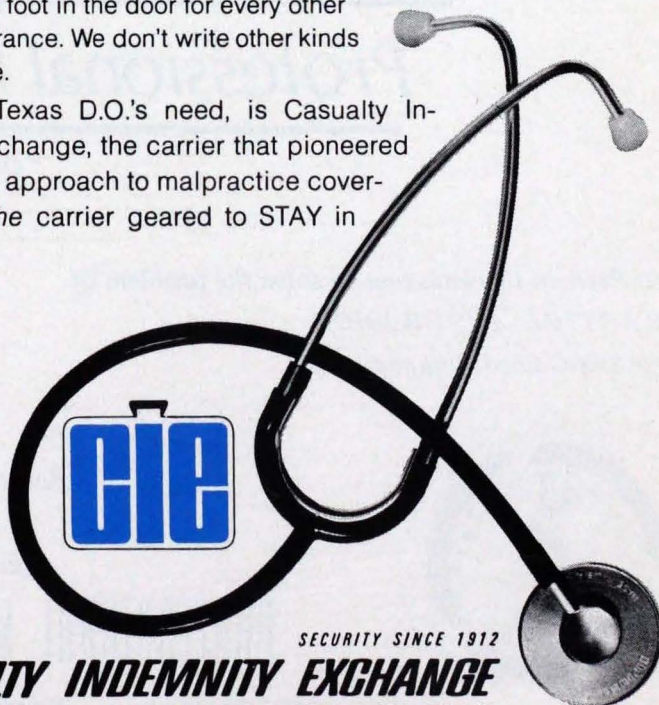
(For information write TAOP&S, Mr. Tex Roberts, Chairman, Statistics and Locations Committee, 512 Bailey, Fort Worth, Texas, 76107.)

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