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Toll-Free  
1--800--772-5993  
For Assistance in Locating  
Published Medical Information**

See Page 8 for details





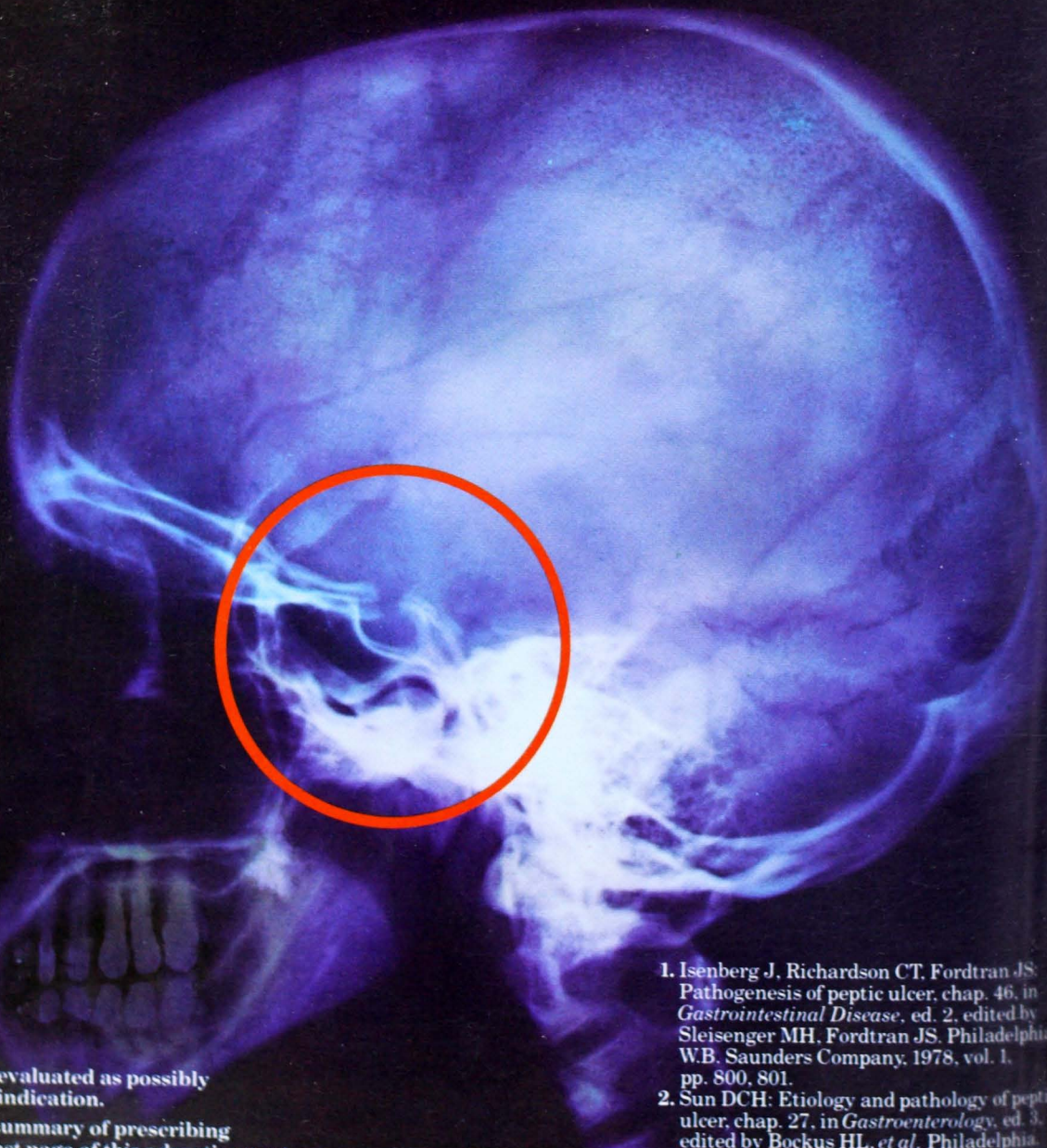
# The stress-secretion relationship in duodenal ulcer\*

The best available evidence suggests that anxiety and emotional tension stimulate acid-pepsin secretion.<sup>1</sup> Also, the development of an ulcer crater in predisposed individuals, or the aggravation of ulcer symptoms, is often typically preceded by a stressful event or situation. *Anxiety* in particular seems to play a determining role in the course and prognosis of the disease, as well as its etiology.

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To obtain comprehensive relief, many duodenal ulcer patients need more than specific, acid-inhibiting medication—they also need dependable reduction of associated anxiety and emotional tension. With adjunctive Librax you can conveniently give your patient *both* clinical benefits from a single medication.

The pituitary gland plays a key role in the neurohormonal response to emotional stress, leading to an increase in gastric secretion.<sup>2</sup>



1. Isenberg J, Richardson CT, Fordtran JS: Pathogenesis of peptic ulcer, chap. 46, in *Gastrointestinal Disease*, ed. 2, edited by Sleisenger MH, Fordtran JS, Philadelphia, W.B. Saunders Company, 1978, vol. 1, pp. 800, 801.
2. Sun DCH: Etiology and pathology of peptic ulcer, chap. 27, in *Gastroenterology*, ed. 3, edited by Bockus HL, et al, Philadelphia, W.B. Saunders Company, 1974, pp. 579-595.



\*Librax has been evaluated as possibly effective for this indication.

Please see brief summary of prescribing information on last page of this advertisement.



## FEATURES

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ON THE COVER: A telephone receiver signifies the simple, toll-free method of requesting computer searches of library material through a new service now available to TOMA members at no charge.

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 Mr. Tex Roberts, Editor



# Calendar of Events

## AUGUST

### 8

**8-10**  
*Annual Mid-year Meeting*  
*Texas Society, ACGP*  
 Inn of the Six Flags  
 Arlington  
 Contact:  
 T. Robert Sharp, D.O.  
 Secretary  
 4224 Gus Thomasson Road  
 Mesquite, Texas 75150  
 214-279-2453

### 10

*Annual Meeting*  
*Texas Institute of Medical*  
*Assessment*  
 4 Seasons Plaza Nacionale  
 San Antonio  
 1:30 p.m.  
 Contact:  
 Barry Flynn,  
 Executive Director  
 1-800-252-9348

### 23

★ **TOMA District VII Meeting**  
 General and Family Practice  
 Update: Emergency Medicine  
 Sponsored by Texas College of  
 Osteopathic Medicine  
 Lakeway Inn  
 Austin  
 8 CME hours  
 Contact:  
 Nancy Smith, TCOM/CME  
 Camp Bowie at Montgomery  
 Fort Worth, Texas 76107  
 817-735-2538

## SEPTEMBER

### 1

*First Day of Classes*  
*Texas College of Osteopathic*  
*Medicine*

### 11

★ **TOMA District XV Meeting and**  
 Political Awareness Night  
 Colonial Country Club  
 Fort Worth  
 6:30 p.m.  
 Contact:  
 Richard Stratton, D.O.,  
 Meeting Chairman  
 817-265-1551

### 16

★ **TOMA District II Meeting**  
 Pecan Plantation  
 Granbury  
 6:30 p.m.  
 Contact:  
 R. Lynn Powell, D.O.,  
 Secretary  
 817-573-5523

### 18

★ **TOMA District V Meeting**  
 Doubletree Inn  
 Dallas  
 6:30 p.m.  
 Contact:  
 John W. Wilson, D.O.,  
 Secretary  
 214-691-1090

### 20

★ **TOMA District III Meeting**  
 New Petroleum Club  
 Citizens National Bank Building  
 Tyler  
 7 p.m.  
 Contact:  
 H. George Grainger, D.O.,  
 Secretary  
 214-593-9731

### 21

★ **TOMA District IX Meeting**  
 1101 E. Nueces  
 Victoria  
 3:00 p.m.  
 Contact:  
 C. Duane Tisdale, D.O.,  
 Secretary  
 512-578-9821

### 22

**22-26**  
*7th Annual Postgraduate Course*  
*American College of Osteopathic*  
*Obstetricians & Gynecologists*  
 Texas College of Osteopathic  
 Medicine & Hilton Inn  
 Fort Worth  
 Contact:  
 Ms. Barbara L. Hawkey,  
 Executive Secretary  
 900 Auburn Road  
 Pontiac, Michigan 48057  
 313-332-6360

### 25

★ **TOMA District XIV Meeting**  
 Sizzler Steak House  
 Harlingen  
 7:30 p.m.  
 Contact:  
 Cleo D. Wilson, D.O.,  
 Secretary  
 512-423-7330



# Calendar of Events

30

- ★ TOMA Morocco Study Tour  
Departs

## OCTOBER

3

- ATOMA Board Meeting  
304 N. Palm Dr.  
Pharr  
Contact:  
Mrs. E. L. Suderman,  
President  
512-787-1600

6

- ★ TOMA District VI Meeting  
Contact:  
Thomas A. Halling, D.O.,  
Secretary  
713-453-8531

11

- ★ TOMA Morocco Study Tour  
Returns

## NOVEMBER

3

- ★ TOMA District VI Meeting  
Contact:  
Thomas A. Halling, D.O.,  
Secretary  
713-453-8531

9

- 9-13  
Annual Convention  
American Osteopathic  
Association  
Las Vegas, Nevada  
Contact:  
American Osteopathic  
Association  
212 East Ohio Street  
Chicago, Illinois 60611

- ★ TOMA District III Meeting  
Contact:  
H. George Grainger, D.O.,  
Secretary  
214-593-9731

18

- ★ TOMA District II Meeting  
Contact:  
R. Lynn Powell, D.O.,  
Secretary  
817-573-5523

20

- ★ TOMA District V Meeting  
Contact:  
John W. Wilson, D.O.,  
Secretary  
214-691-1090

- ★ TOMA District XV Meeting  
Contact:  
Robert F. Bode, Jr., D.O.,  
Secretary  
214-647-1455

23

- ★ TOMA District IX Meeting  
1101 E. Nueces  
Victoria  
3:00 p.m.  
Contact:  
C. Duane Tisdale, D.O.,  
Secretary  
512-578-9821

27

*Thanksgiving Day*

## DECEMBER

1

- ★ TOMA District VI Meeting  
Contact:  
Thomas A. Halling, D.O.,  
Secretary  
713-453-8531

25

*Christmas Day*



# Call 1-800 to Activate TOMA Med-Search

In a small Texas town in a sparsely-populated area, A D.O. has a problem: several of his patients seem to have developed herpes virus infections. The D.O. needs up-to-date information on the diagnosis and treatment of these infections. Apart from the few journals he subscribes to, the few journals available at the local clinic and the help of some of his colleagues via long distance phone calls, the D.O. has little beyond his own professional expertise to aid him in the management of these infections.

This scenario has now been placed in the recent historical past with the advent of a new backup information service, TOMA Med-Search, available to TOMA members through the cooperation of the Texas College of Osteopathic Medicine Library.

The Library, with its 2,400 current journal subscriptions, 40,000 volumes, 1,800 audiovisual titles and over 100 computer data bases is now prepared to extend full use of its resources and services to TOMA members in its capacity as TOMA's resource library. The borrowing of books, audiovisual materials, photocopying of documents and the services of professional reference librarians and data base searches are all available at no charge to TOMA members.

Provided through TOMA's Membership Services and Professional Development Committee and the TCOM Library extension service, TOMA Med-Search services will not even cost the physician a long distance phone call. If the physician is calling from outside the Dallas-Fort Worth Metroplex, call on a toll free number of 1-800-772-5993. If calling from within the metroplex, use the metro line - 429-9755.

Should the requesting physician wish to contact the Library directly, call 817-735-2588 or 735-2590.

The mechanism for requesting a Med-Search is amazingly simple:

1. The physician calls the TOMA office (toll free, 1-800-772-5993 or metro 429-9755) and indicates that library information is needed. A member of the TOMA staff takes the D.O.'s name, and phone number and hangs up.
2. TOMA immediately calls the TCOM Library and relays the name and phone number to a reference librarian.

3. The reference librarian immediately places a call to the member, takes down his request and obtains mailing information.
4. After hanging up, the reference librarian gathers the needed material and sends it to the member.

Turnaround time for these services is usually less than 36 hours.



*Ann Pfaffenberger and Richard Wood, reference librarians at TCOM, discuss the information needed to complete a computer search for specific information needed by a TOMA member. (Photo by Joe Cole).*

Among the various types of materials sent to the physician are books, audiovisual materials, photocopies of articles or computer printouts of bibliographic listings of published articles. If the physician needs photocopies of items found in the computer printouts all he must do is mark which articles are requested and return the printout to the Library with a note of instruction. Marked items are then photocopied and returned to the doctor.

Data bases which may be searched for bibliographic listings include:

**BIOSIS PREVIEWS:** contains citations from *Biological Abstracts* and *Biological Abstracts/RRM*.



**C A SEARCH:** corresponds to the printed *Chemical Abstracts*.

**CANCERLIT:** 180,000 references to articles on all aspects of cancer.

**CANCERPROJ:** 18,000 project descriptions, contact persons, addresses of cancer projects and research.

**CANCERPROT:** 2,000 summaries or protocol descriptions of anticancer agents and treatment modalities.

**EXCERPTA MEDICA:** corresponds to the printed *Excerpta Medica*. 3,500 journals are cited.

**HEALTH:** 117,000 citations dealing with non-clinical aspects of health care delivery.

**MEDLINE:** 630,000 citations from medical journals and selected monographs. 1978 to date is im-

mediately retrievable; other years, back to 1966, are in backfiles. Retrieval of backfiles takes a few days, as results of a backfile search are mailed to the Library from the East Coast.

**PSYCH. ABSTRACTS:** covers the world literature in psychology and the behavioral sciences.

**TOXLINE:** 580,000 references on published human and animal toxicity studies, environmental chemicals and pollutants and adverse drug reactions.

Through the utilization of TOMA's Med-Search, the rural and urban D.O. has an extensive array of information resources to aid in the diagnosis and management of patient conditions.

In addition to these resources, a large collection of CME materials is available to TOMA members through the Library for personal on-going educational interests. All of these services are simply a toll-free call away. ^

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Phone: 214-561-3771



# Texas Society ACGP Presents Annual Mid-Year Meeting

*Self Responsibility — A Model for Wellness and Updating General Practice Skills for the 1980's* will be the themes for the 7th Mid-Year Seminar and Symposium sponsored by the Texas Society of the American College of General Practitioners (ACGP) in cooperation with Texas College of Osteopathic Medicine (TCOM).

Scheduled for August 8-10 at the Inn of the Six Flags in Arlington, the seminar will be held August 8 and the symposium August 9 and 10.

Highlighting the meeting will be a luncheon address by Paul Wrotenberry, Ph.D., director of Governor Bill Clement's Budget and Planning Office, on August 9.

According to the Texas Society of ACGP a new dimension in health care has emerged and is establishing a dominant position in the remodeling of our disease care in a promotion-of-wellness system. The holistic medical model emphasizes the primary role of individual responsibility in health disease. Presenting the seminar on self responsibility will be a group of leaders nationally acknowledged for their contributions to improved human functioning.

Speakers for the seminar will be Stephanie Matthews-Simonton, M.A., a psychotherapist and director of counseling at the Cancer Counseling and Research Center in Fort Worth; Jeanne Achterberg, Ph.D., an associate professor of psychology at Southwestern Medical School in Dallas; Frank Lawless, Ph.D., chief clinical psychologist at Caruth Memorial Hospital; and Irwin Schussler, D.O., a psychiatrist from Fort Worth.

Presenting the symposium will be William Nickey, D.O., of Philadel-

phia, Pennsylvania; Anthony Chila, D.O., of Athens, Ohio; Michael James, D.O., of Williamston, Michigan; Stephen Greenberg, M.D., of Houston; Charles Scoggins, M.D., of Denver, Colorado; John P. Whitecar, Jr., M.D., of San Antonio; William Frazier, M.D., of Dallas; David Fletcher, M.D., of Tyler; James Matthews, Jr., D.O., of Grand Prairie; and Robert Garmon, D.O., William Jordan, D.O., Thomas Trese, D.O., H. William Ranelle, D.O., Jay G. Beckwith, D.O., Lewis Pincus, D.O., Dr. Schussler and Dr. Tyska, all of Fort Worth.

Program officials are P. P. Saperstein, D.O., of Fort Worth, program chairman; Richard W. Anderson, D.O., of Mesquite, president Texas Society ACGP; Dr. Tyska, program coordinator; Douglas R. Sharp, D.O., of Mesquite and Gary W. Earp, D.O., of Fort Worth, program facilitators.

A total of 21.5 CME hours of category I-A have been approved by

the American Osteopathic Association and 23 CME hours have been approved by the ACGP.

At-the-door registration for a state member of the ACGP will be \$45, August 8 seminar and dinner \$115, August 9 and 10 symposium and \$20, August 8 dinner guests. Costs for non-members of the Texas Society will be \$50, August 8 seminar and dinner; \$150, August 9 and 10 symposium; and \$25, August 8 dinner guests.

For more information contact T. Robert Sharp, D.O., 4224 Gu Thomasson Road, Mesquite, Texas 75150.▲

**DAVID H. LEECH, D.O., F.C.A.P.**

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# A7 O M A News

By Mrs. Robert R. Ling  
District VI

Our people had one of their busiest and best times during a recent evening at the Grand Hotel. A large number of doctors and their wives met with Tex Roberts in regards to the Sunset Act. We had a marvelous meal, a chance to visit and then we got down to the business at hand. Right now there is only one osteopathic physician on the State Board of Medical Examiners and the desire of TOMA is for three to be named, thereby facilitating representation of our profession on the Board. If you would like more information on this please use TOMA's new toll-free number 1-800-772-5993.

\*\*\*\*\*

Talked to Lois Mitten the other day. She said that their family won't be able to attend our Aggie wedding in August. Seems as through Dr. Carl's grandfather, who lives in Missouri, will be celebrating his 100th birthday at the same time. Gee, I thought, *that* century affair is really more important than our daughter's wedding. After all, we have more unattached women in the household. So, we'll see them for the next set of nuptials. Hope they have a safe and happy trip up North and give the granddaddy a hug for me.

\*\*\*\*\*

Want to tell y'all what we did to celebrate the 4th of July. We had a big neighborhood picnic, with sack races, etc. Everyone brought lots of food which we washed down with kegs of cold beer and cases of iced cokes. At sundown we all sailed or motored out to the middle of Clear

Lake, rafted together and watched a fantastic display of fireworks put on by the Watergate Yachting Center. We also had a Sunfish race earlier in the day. Dr. Bob came in third. When I saw how big and beautiful the first place trophy was, I knew instantly "the agony of defeat."

\*\*\*\*\*

If you have time would you send a card to Mildred Cunningham and Maomi Bricker? They have recently been hospitalized, but are now at home.

\*\*\*\*\*

Well, Robert Campbell, son of Dr. Dewey and Lois Campbell, has done it again. He showed his excellence by winning the 26 "stone-throw" event at the recent Houston Highland Games held at the Fort Bend County Fairgrounds. He also tied for third in the "cabertoss." The latter idea is to toss a telephone pole for one flip to a twelve-o'clock position. I told Lois that if any of you want any further explanations you can write her or just ask her at the National Convention in Las Vegas in November.

\*\*\*\*\*

The staff of Raleigh Hills General Hospital is going on a deep-sea fishing trip. I hope they remember that my family just loves fish, especially when it's cooked. Now, now little Red Hen!

\*\*\*\*\*

Never knew we had so many cowboys on the staff of Eastway General Hospital until I saw everybody dressed in proper attire at the Texas Tumbleweed the other evening. We had gathered to celebrate the birthday of Ron Colichia, our

former administrator. Among the noted three-steppers were Dr. Duane and Ann Olson; Dr. Victor and Charlotte Zima; Dr. Leo and Elvira Villegas; Dr. Jerry and Carole Wasserstein; Dr. Jim and Jeanette LaRose; Dr. Jim and Eleanor Kritzler; Dr. Jerry and Arlene Loving; Dr. David and Beverly Sufian; Dr. Jerry and Mary Jaffe and many others. If you have a chance, ask Dr. Al and Mary Remechik where they learned to "kicker" dance so well.

\*\*\*\*\*

Our Auxiliary had its early summer board meeting at the home of Mary Jane Platt. After we had stuffed ourselves with some gourmet cooking, compliments of our hostess, we made plans for our fiscal year. Among our prospectus will be a trip to the Wurstfest; a journey to the horse races; a family Christmas party; a membership breakfast at Brennan's and last but not least a Western Dance in conjunction with the Family Practice Seminar held each year in February. Our thoughts and goals will be centered around "our concern for our senior citizens."

\*\*\*\*\*

I hope this year that I can encourage other Auxiliaries to send the *Journal* some news of their district. It's not that difficult. The first district to have its activities reported on the Auxiliary page by its correspondent will receive a gift from me. I can even get Houston Oiler Ken Stabler's autograph for you! He moved in a few doors from us, so I may have to take him over a home-made pie in order to get his signature! Let me know.▲



# The Chinese Medical System

By Keith Frederick and Rick Brubaker  
*Chicago College of Osteopathic Medicine*

*Editor's Note: Keith Frederick and Rick Brubaker are third-year students at Chicago College of Osteopathic Medicine. The following reports on their visit were printed in the April 1980 issue of The Osteopathic Physician.*

Last summer a group of 50 American medical students visited the People's Republic of China for two weeks to study the Chinese system of health care delivery. We were the only students of osteopathy in the group and the first osteopathic students ever to study first-hand the health care system of China.

Selected by the American Medical Student Association from medical, osteopathic, dental and optometry schools around the country, the students visited hospitals, brigade clinics, neighborhood clinics, medical schools, and research centers in and near Peking, Hangchow, Shanghai, and Canton. From this experience came the observations and photos that follow.

When the Chinese Communist Party gained power in 1949, they inherited a medical system that was in turmoil. Widespread disease and famine, along with minimal resources and medical doctors, mandated the development of a unique health care system.

During the first half of the 20th century, Western medicine had dominated China's health care system. In fact, the first eight presidents of the Chinese Medical Association were American-or European-trained. However, there developed a polarity of medical care: traditional Chinese medicine was practiced only by a few aged physicians in rural areas; Western medicine dominated care in the metropolitan areas where it was available only to a small, elitist segment of the population. As a result, there was an unequal distribution of care, and the widespread epidemics of dysentery, tuberculosis, malaria, and parasitic diseases continued.

The First and Second National Health Conference in 1950 to 1951 sought to equalize the distribution of health services and adopted these principles: Health care would serve all the people — workers, peasants and soldiers; traditional Chinese medicine and scientific western medicine must be integrated; prevention would be emphasized; and delivery of health services would be carried out by mass mobilization.

To carry out these principles, the Communists began training large numbers of health care workers, later called barefoot doctors, to help improve sanitation and prevent the spread of infectious diseases in the army and villages. By the late 1950s, however, it still was clear that while China's standard of health had improved significantly, the mainly westernized, urban system was failing to meet the needs of nearly 80 per cent of China's population who lived in rural areas. In 1958 as part of the agricultural land reform, or Great Leap Forward, cooperatives were established and were



*Photos from a medical text demonstrate techniques of Tui-na.*

We wanted to determine whether or not the Chinese use any types of therapy that are consistent with osteopathic philosophy and treatment. At first we were unable to find any information. During the many question and answer sessions and individual discussions with physicians and other medical personnel, our frequent questions relating to diagnosis via palpation of the paravertebral musculature or treatment of reactive areas of soft tissue were answered vaguely. One day, however, while paging through an English version of a Chinese medical book, we encountered the term Tui-na, which was described as a time-honored Chinese therapy, or manipulation.

At a district hospital in Shanghai, we inquired in



Total cost of health care in  
China is about \$20 per  
person per year.

given the order: "In medical and health work, the stress should be put in rural areas." This directive led to the relocation of almost one-third of the urban physicians to the countryside during the cultural revolution of the 1960s.

China's accomplishment of making health care available to nearly 1 billion people is based on the concept of decentralization, and parallels the country's highly-structured, effective, and economical production process.

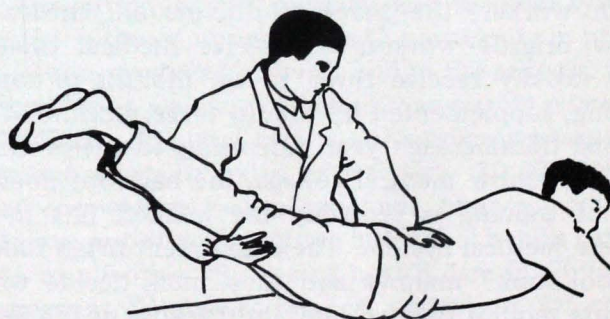
The Chinese system emphasizes low-technology,

outpatient services and delivery by paraprofessionals. While wages and salaries account for 55 percent of U.S. hospital costs, they are responsible for less than 25 percent of Chinese hospital costs. In fact the total cost of health care in the People's Republic of China is strikingly low — about \$20 per person per year, compared to the U.S. cost of \$646.

In rural areas, the basic unit of production is the commune, which is comprised of approximately 50,000 people and is the lowest level of formal state



the acupuncture department about the use of Tui-na. We were told that a physician who was knowledgeable about the therapy was in the hospital, and he was sent for. Through an interpreter he explained that Tui-na consists of various forms of treatment which include a type of massage of muscles near the spine as well as manipulation of the vertebrae. To confirm that we had understood correctly, we requested a demonstration of the techniques. After being shown a type of treatment applied to the muscles, similar to the soft tissue treatment we had been taught, we asked to be shown some techniques of manipulation. We were used as subjects for his demonstration of an aggressive cervical technique done with the patient sitting and for his demonstration of another technique almost identical to the side-lumbar technique we had been taught.



After the demonstrations, the physician indicated that Tui-na could be understood as a procedure to relax the muscles, but emphasized that it is not used solely for back pain or muscle spasm but for many other illnesses as well. He added that one must know the exact therapy for each condition.

At the Shanghai First Medical College we met Dr. Heu Suen, a professor of pediatrics. When he saw the list of the members of our delegation, he noticed that two of us were from an osteopathic medical school and he was quick to strike up a conversation with us. He spoke perfect English and was wonderful to talk to. Dr. Heu Suen said he was one of the few physicians in China who was familiar with osteopathy, and remarked, "I think the medical profession should give osteopaths a fair chance." The three of us marveled at the striking similarities between osteopathic medicine and Tui-na.



In China's least productive  
organizations people pay  
approximately \$2 per  
year into cooperative  
medical funds.

government. Communes are divided into production brigades, which are comprised of fewer than 3,000 people, and are further subdivided into production teams of 30 to 40 families.

Each production team chooses several members who will receive training in basic health areas such as hygiene, nutrition and first aid. In addition to their production duties, these health workers maintain immunization records, schedule routine physical examinations and screenings.

If commune members become ill or injured, they are treated at brigade clinics which are staffed by a para-professional known as a barefoot doctor. Like the health worker, the barefoot doctors are chosen by fellow brigade workers to receive medical training. They usually receive three to six months of formal training, supplemented by one to three months of additional training each year. According to one professor at a Hangchow medical college, the barefoot doctors' lack of training is probably the weakest link in the Chinese medical system. Their treatment often follows a "cookbook" manner and they must decide which patients require further care. But because of the severe shortage of physicians in China, the barefoot doctors are now the primary health care providers there.

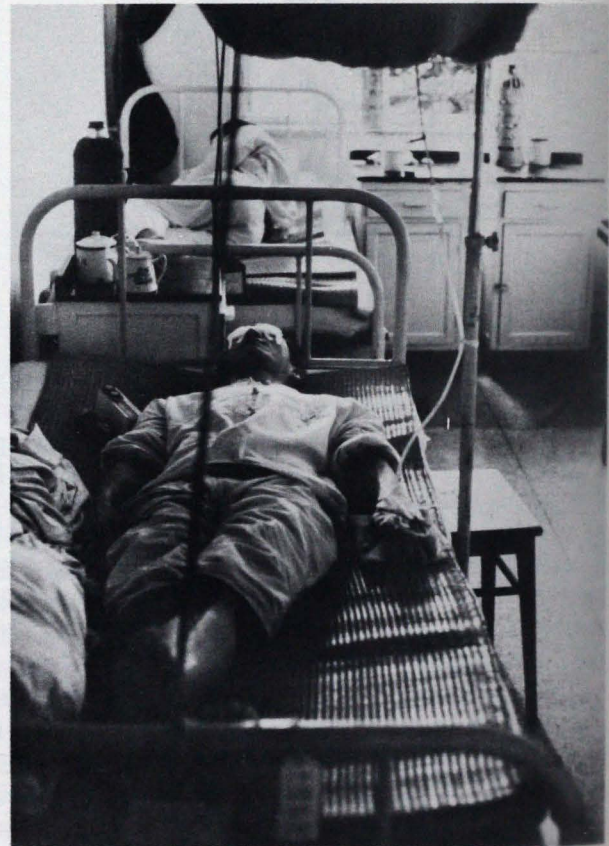
Patients who do require further care are referred to the commune level, which usually has a 50-to 100-bed hospital staffed primarily by general physicians. Patients then needing more elaborate procedures, surgery or specialty consultation are transferred to a county or municipal facility which is operated by the central government.

Funding for rural health care is allotted from profits at the team, brigade, and commune levels, respectively. Only in the least productive organizations do people have to pay directly into cooperative medical funds. Contributions are usually less than \$2 per year.

Urban medical care is delivered through 2 systems: the factories and neighborhoods. The factories deliver primary health care to workers and their families in clinics and first aid stations within its facilities. These are funded by the factory and usually require payments of only 50 percent of costs incurred by a worker's dependants. Some of the larger plants have

their own 20- to 50-bed hospitals where limited secondary care and emergency care are provided.

For those citizens who do not work in factories health care is delivered through a metropolitan system. The basic unit in the cities is the neighborhood, which is comprised of 50,000 people and is the lowest level of formal government. Analogous to the commune, it is divided into "lanes" of approximately 5,000 people where primary health care is provided at "lane stations" by urban counterparts of the barefoot doctors. Those patients who require hospitalization can receive further care at neighborhood hospitals. In case of emergency, a person can go directly to the hospital. However, if



*Patients rest in a ward at the Ching Hua Hospital affiliated with the Hangchow Second Medical College.*



Five key medical colleges  
in China are controlled  
and funded directly  
by the ministry of  
health.

true emergency does not exist the patient will be sent to a lane station for treatment.

Funding for these lower levels of care is provided by contributions directly from the salary of the inhabitants of the neighborhoods and lanes. Support for hospitals affiliated with higher levels of care is provided by the state.

Medical care in urban centers in China is much more sophisticated than in the rural areas. Patients can be referred to district hospitals which can serve areas of up

to a half million people and which offer both specialty and inpatient and outpatient services. Municipal and county hospitals also accept referrals of acute and complicated cases. These hospitals are teaching institutions that specialize.

China's health problems reflect the increased availability of health care. According to a Chinese microbiologist, cancer, cerebro- and cardiovascular disease are the leading causes of mortality; chronic bronchitis, lumbar strain, and arthritis are the major public health problems. In rural China, barefoot doctors treat mostly colds, diarrhea, sunstroke, and back pain.

These changes have been made possible because of the integration of the political and medical systems. Pressure is placed upon people to participate in preventive health programs at work and in the schools. Some immunization programs reach as many as 99 percent of the children. Prenatal care is also emphasized resulting in infant mortality rates of less than 10 per 10,000. Since cooperative health programs finance most care, cost does not affect adequate individual health care.

As in all other aspects of health care in China, the government dominates medical education. Of course, the anarchy of the cultural revolution is just a memory now. Educators are no longer sent to the countryside for reindoctrination. Nor must someone labor in a factory or on a farm before being considered politically capable of becoming a physician. Entrance requirements have been reinstated.

Two levels of medical education exist in China. There are five key medical colleges which are controlled and funded directly by the ministry of health. Admission is limited to a few selected students from throughout the country and training is directed towards developing medical educators and research investigators.

The remainder of the medical colleges are provincial, admitting students using a regional bias. Training is directed towards producing clinicians, with only the brightest students being selected for teaching or research.

Besides the difference in educational goals, the key and provincial colleges differ in their funding and clinical

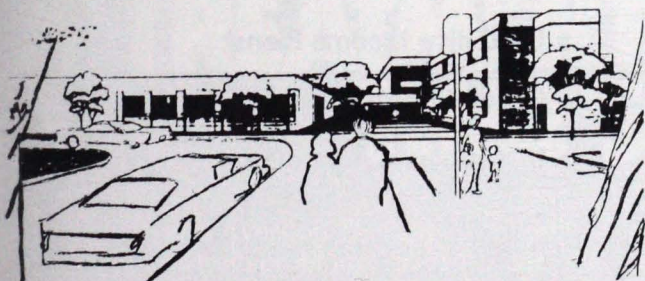
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Medical colleges reflecting  
Western medicine and  
traditional Chinese  
medicine exist  
in China.

cal facilities. The limited available resources go to the larger hospitals and research centers affiliated with the key colleges.

Students are admitted to medical college directly from senior middle school (age 17). Unlike the United States, a university degree is not required. Students are selected primarily by a national examination, without interviews. Recently, the student's record of "past behavior and ability to study" has been considered in the selection process. Generally, colleges accept unmarried persons younger than 25 years old, about half of whom are women. Admission bias is used to recruit both Chinese minorities and students from rural areas, who usually do poorly on national examinations because of the poorer quality of primary education available in certain regions.

The curriculum of a Chinese medical college is divided into three preclinical years, one year of clinical training, and one year in a rotating internshiplike program. As in U.S. pre-medical programs, the preclinical education includes study of the basic sciences and liberal arts. The final year in this phase of the program training diverts from basic science to lectures in physical diagnosis, internal medicine, pathology, surgery and traditional Chinese medicine. Actual clinical experience begins in the fourth year. Students spend half their time attending lectures and case studies on clinical medicine and half in hospitals and clinics. The final year is served at a teaching hospital and includes 4 months of internal medicine, 4 months of surgery, 1½ months of ob/gyn, and 1 month of traditional Chinese medicine.

Two types of medical colleges exist in China and reflect Western and traditional Chinese medicine. The curriculum of the traditional schools devotes approximately 75 percent of time to the study of Chinese medicine, with emphasis on herbal medicine pharmacology, classical Chinese language, acupuncture, and pulse diagnosis. Although Chairman Mao directed that Western medicine and traditional medicine be integrated, very little emphasis has been placed on the use of traditional Chinese medicine, except acupuncture and herbal pharmaceuticals. Only one of the five key medical colleges emphasizes traditional medicine and

the vast majority of provincial colleges are also western-oriented. Western medicine is the treatment of choice at most hospitals, especially for serious illnesses.

Although graduates are allowed to "select" the location in which they wish to practice, the ministry of health ultimately assigns positions to meet the needs of the Chinese society. The current shortage and maldistribution of physicians demands that a majority of new physicians be assigned to rural areas that are not often the first choices of the predominantly urban-bred students.

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\*Source: Facts Consolidated Study

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# Original Photo of A. T. Still Complements TCOM Memorabilia

Andrew Taylor Still sat there, peering out from beneath several decades of neglect, until Fredia Burns recognized him and took him home to Mesquite with her.

The 1904 autographed portrait of the founder of osteopathic medicine, which Mrs. Burns found in a New Orleans antique store, was given by her and husband Clinton Burns, D.O., to Texas College of Osteopathic Medicine recently.

Dr. Burns had graduated from TCOM and was doing an obstetrics-gynecology residency in New Orleans in 1976. In their free time, he and Fredia enjoyed hunting bargains along the city's Magazine Street, famous for its antique stores.

The day she found the portrait, Fredia was shopping with a visitor from Chicago. They walked into one of Magazine Street's shops, and there was A. T. Still. She recognized his face from a picture she'd seen in one of Clinton's textbooks and called her husband to come down to the store.

They bought the old photograph for \$20, then told the store owner—who thought they wanted it for the 17-by-24 mahogany and gold-leaf frame—the story of A. T. Still.

The dealer had acquired the framed portrait in a shipment of antiques from Amsterdam the year before. Dealers often buy large crates of potluck antiques, filled with pieces gathered from through-

out Europe, off ocean freighters, Dr. Burns explained.

Why the portrait was in Amsterdam, or elsewhere in Europe, is a mystery, although during his lifetime Dr. Still was probably as famous in Europe as in America. Many young doctors from Europe came to America to study with him.

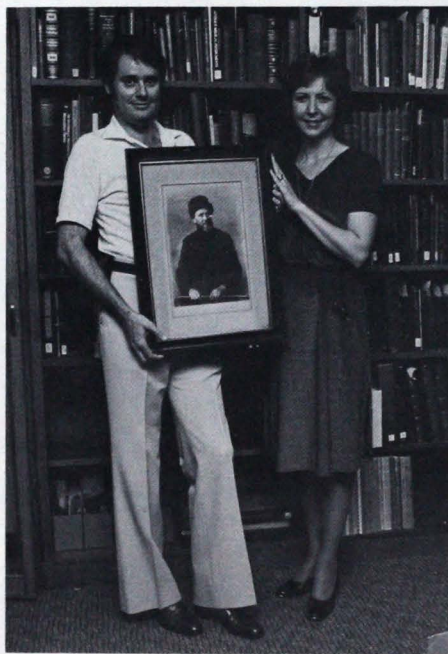
At the time the photograph was

Osteopathy in Kirksville, Missouri (now Kirksville College of Osteopathic Medicine) which he had founded in 1892 after he was barred from teaching his philosophy at other medical schools. The former Union Army surgeon had broken with the medical tradition of the day, believing that prevailing practices were ineffectual and needlessly painful.

The 9-by-11 photograph was taken by an I. L. Solem and copyrighted in 1904. It shows Dr. Still with almost no facial wrinkles at 75 years of age, dressed in a dark fur hat and heavy dark coat over dark scarf or shirt. It is autographed in the doctor's large, flowing handwriting. The same photograph was used in at least one book on the profession, E. R. Booth's 1908 *History of Osteopathy*.

A gold sticker on the back of the frame advertises Young's Art Store of Richmond, Virginia, apparently the framer of the photograph.

The new acquisition will become part of the TCOM Library's special historical collection.▲



*Dr. and Mrs. Clinton Burns of Mesquite have presented a 1904 signed photograph of A. T. Still to the special collections in the TCOM Library.*

taken — it is dated 1904 — Still was running the American School of

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## Manager Offers Advice

When he retired, a particularly successful and beloved manager was asked what advice he had for younger men. His answer is worth repeating:

*Belong to something bigger than yourself.*

*Work with others toward a common goal.*

*Do your part.*

*Take pride in doing your job well.*

*Work hard to make your ideas take shape in reality.*

*Help build something of lasting value.*

## IN MEMORIAM

### Earle H. Mann, D.O.

Earle H. Mann, D.O., 77, of Amarillo died June 25. He was a life member of TOMA.

Dr. Mann was born in Willow, Arkansas and moved to Amarillo in 1927 from Wichita, Kansas.

A graduate of Blackwell High School, he received his doctor of osteopathy degree in 1926 from Kansas City College of Osteopathic Medicine and served an internship at Wichita, Kansas. Dr. Mann received his board certification for surgery in 1946 and his Fellow designation from the American College of Osteopathic Surgeons in 1951.

He served as chief of surgery at Amarillo Osteopathic Hospital and chief of staff at Southwest Osteopathic Hospital and was president of the Texas Society of Osteopathic Surgeons.

He held membership in the American Osteopathic Association, TOMA, and was a past president of the American Business Club of Amarillo. He was a member of Polk Street United Methodist Church.

Survivors include his wife, Harriette; two sons, Maurice Mann, D.O., of Amarillo and Raymond Mann, D.O., of Lubbock; one sister, Mrs. H. K. Bell of Memphis, Tennessee; seven grandchildren and three great-grandchildren.

The family has requested that memorials be sent to Southwest Osteopathic Hospital or to favorite charities. Texas College of Osteopathic Medicine has begun a scholarship fund in memory of Dr. Mann. Contributions may be sent to the TCOM Office of Financial Aid, Camp Bowie at Montgomery, Fort Worth, Texas 76107.▲

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# Texas Ticker Tape

## **DR. CEGELSKI ELECTED TO ADVISORY BOARD**

John J. Cegelski, Jr., D.O., of San Antonio has been elected to represent Texas on the Advisory Board of Professional Mutual Insurance Company. Dr. Cegelski is the immediate past president of TOMA.

## **PRIMARY HEALTH CARE CLINIC TO OPEN**

A primary health care clinic in Onalaska which will serve persons in Polk and portions of San Jacinto and Trinity Counties will open in 1981, according to Buddy C. Rogers, acting project coordinator for the Greater Lake Livingston Health Services, Inc. The new clinic expects to have a staff which will include two full time physicians, nurses and allied health professionals.

## **GROOM MEMORIAL HOSPITAL TEMPORARILY CLOSED**

Groom Memorial Hospital is temporarily closed and is expected to reopen October 1, at which time it will be operated by Southwest Osteopathic Hospital in Amarillo. J. M. Brooks, former administrator of Groom Memorial is now in Tahoka as administrator of Lynn County Hospital. W. L. Davis, Jr., FACHA, will serve as executive director of both facilities.

## **SUPREME COURT RULES ON ABORTION FUNDING**

In a recent decision the U.S. Supreme Court has ruled that the federal government does not have to pay for most abortions wanted by women on welfare. The spending restriction for fiscal year 1978 barred Medicaid spending for abortions unless a woman's life would be endangered by childbirth, in cases of promptly reported rape or incest, or when two doctors said childbirth would cause "severe and long-lasting physical health damages to the mother."

## **SENATE COMMITTEE BACKS CHIROPRACTORS**

In a recent report to the U.S. Senate, Harrison Williams (D-N.J.) chairman of the Senate Human Resources Committee said his committee had voted to add the science of chiropractic to health professions education assistance legislation (S.2375). Chairman Williams, a proponent of the move, agreed to a scaled-down amendment that was adopted without debate. Chiropractic schools would not receive institutional support, but students would be eligible for loans. In addition, the Human Health Services would be required to study the safety and efficacy of chiropractic.

## **HEALTH CARE FACILITIES PLAN EXPANSIONS**

Pre-application reports recently received by the Area 5 Health Systems Agency include a \$22 million project to replace Hurst General Hospital's present facility, expanding services by 83 beds and a \$26 million project to replace Boulevard, Northwest and White Settlement hospitals, all in Fort Worth. The \$26 million project would result in 83 additional beds and a professional office building. The pre-application is the first step in securing approval for major expansion projects.



# Texas Ticker Tape

## DENTAL BOARD RULES ON ADVERTISING

The Texas State Board of Dental Examiners has adopted a policy which states that the use of words "credit available," "Master Charge," "VISA," "American Express," "BankAmericard," or other time payment "plan(s)," is permissible in any announcement, advertisement, listing, or notice. The policy was printed in the June 27, 1980 *Texas Register*.

## STATE BOARD OF MEDICAL EXAMINERS RULES ON P.A.s

The Texas State Board of Medical Examiners has adopted a policy which states that physicians may delegate duties which do not require the exercise of independent medical judgement to physician's assistants and that the P.A.s may perform such functions as are included within the scope of "standing delegation orders" as authorized by the rules of the board. For more information see the June 27, 1980 issue of *Texas Register*.

## DR. BUCKHOLTZ RECEIVES STATE APPOINTMENT

Charles Buckholtz, D.O., of Austin has been appointed acting assistant commissioner for medical applications with the Texas Department of Human Resources. He was appointed by Emmett W. Greif, M.D., deputy commissioner for medical/dental policy medical programs.

## CCOH ELECTS BOARD OFFICERS

James W. Lively, D.O., of Corpus Christi has been re-elected president of the Board of Trustees for Corpus Christi Osteopathic Hospital. Serving with him will be Dean Glen Kost, Ph.D., who was re-elected vice-president and Gene Carter, who was re-elected secretary-treasurer.

## CHILDREN MUST HAVE VISION SCREENING PRIOR TO ENTERING SCHOOL

The Children's Vision Screening Act of 1979 was enacted by the 66th Texas Legislature to identify children who are in need of a professional eye examination to determine whether they are visually handicapped. The statute requires that approved vision screening tests be performed on all children enrolling in any public, private, parochial or denominational school for the first time. In cooperation with TOMA, the Vision, Hearing and Speech Services of the Texas Department of Health has sent information to Texas D.O.s on the new requirement.

## NOF MAKES AUDIO-VISUAL PRESENTATION AVAILABLE

The National Osteopathic Foundation has a new audio-visual presentation explaining the purpose of NOF and the roles of the Osteopathic Progress Fund and the Osteopathic Seal Program that is available for public use. For more information and to reserve the film, contact Lee Stein, NOF, 212 East Ohio Street, Chicago, Illinois 60611.



# Help Available for Prescription Drug Abusers

The existence of abuse of prescription drugs is undeniable and the Family and Individual Services Association of Tarrant County is offering a new drug abuse treatment program to serve prescription drug abusers.

The program will offer individual, group and family counseling in addition to medical supervision on an out-patient basis.

The program operates on the basic assumption that the drugs in and of themselves are not the problem, rather, drug abuse is a

symptom of other disturbances in a person's life. Through the combination of medical supervision of withdrawal and out-patient counseling, the program will assist the patient in achieving a drug free state and a more productive life style.

The Family and Individual Services Association is interested in working with the referring physician to assure quality care to the patient. The staff views the program as a service to the physician as well as to the patient. The prescrip-

tion abusing patient can consume inordinate amounts of time in physician's practice and the program staff can provide assistance to the physician by providing an additional helping resource not previously available.

Located at 716 West Magnolia Fort Worth, the office is open from 8:30 a.m. - 8:30 p.m. Monday and Tuesday, and 8:30 a.m. - 5 p.m. Wednesday through Friday. For more information on the service call 817-335-2401.▲

Medicine/Osteopathy

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# Sunset Battle Continues for Three Seats on Examining Board

The staff of the Sunset Advisory Commission has recommended that the new Medical Practice Act include a Texas State Board of Medical Examiners composed of nine medical doctors (M.D.s), two osteopathic physicians (D.O.s), three public members and one physician's assistant (P.A.).

TOMA officially advocates that three D.O.s be written into membership on the new medical examining board.

TOMA representatives have met with Sunset staff representatives at least four times during the past year and with members of the Sunset Commission.

Legislators who are serving on the Sunset Advisory Commission are: Sen. Lloyd Doggett of Austin, Sen. O. H. (Ike) Harris of Dallas, Sen. Ed Howard of Texarkana, Sen.

A. R. (Babe) Schwartz of Galveston, Rep. Bennie Bock, II of New Braunfels, Rep. Bill Severha of Dallas, Rep. Charles W. Evans of Hurst and Rep. Mike Ezzell of Snyder.

W. R. (Russ) Jenkins, D.O., chairman of the TOMA Governmental Relations Committee, has conducted special Sunset programs at several TOMA District meetings this summer. Heavily attended meetings in Houston, Arlington, Fort Worth and Dallas have been held with other District Sunset meetings scheduled between now and the November 4 general election.

The TOMA House of Delegates and Board of Trustees have agreed that the legislative priorities of TOMA in the 1981 session of the Legislature are: (1) to have a Medical Practice Act that has three D.O.s written into membership on the Board of Medical Examiners; (2) to elevate the title of the D.O. dean of Texas College of Osteopathic Medicine to that of president; and (3) to oppose any plan that would install a dual degree program at TCOM.

The Sunset staff has recommended to the Commission that the board should employ a full time executive director rather than using a member of the board as secretary-treasurer and the agency's administrative officer.

The Sunset Commission has adopted a number of across-the-board approaches to help minimize possible conflicts of interest in agency operations. One of the approaches prohibits board members from being officers in the professional association of the regulated profession. The staff

review indicated that a number of such ties exist in the case of the examining board.

Next step in the Sunset process is an August 29 public hearing on the Medical Practice Act. The Commission is expected to unveil the Practice Act before the end of the calendar year 1980 and in time for introduction into the next session of the Legislature which opens early in January.

TOMA testimony at the August 29 hearing will generally support the Commission's staff report while continuing to advocate that three D.O.s be written into membership on the new examining board.▲

## TCOM Schedules Emergency Seminar

Emergency medicine will be the topic of a one-day seminar August 23 at Lakeway Inn in Austin.

Co-sponsors of the program will be TOMA District VII and Texas College of Osteopathic Medicine (TCOM). Program chairmen will be James F. Grate, D.O., of Fort Worth and Thomas Castoldi, D.O., of San Marcos.

Faculty members will be Scott C. Taylor, D.O., Frank J. Papa, D.O., and Dr. Grate, all of TCOM's department of emergency medicine and Richard B. Zemenick, D.O., of White Settlement Hospital in Fort Worth.

Registration will be \$75 for physicians, \$30 for interns, residents and allied health professionals and \$10 for students. Registration deadline is August 13.▲

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Due to airline deregulation, the cost of air transportation from Dallas/Fort Worth to Morocco has increased since the original booking of the tour. To cover these increases, it has become necessary to increase the total tour package from \$1,249 per person to \$1,345 per person. *This price will hold providing the entire tour costs are in the TOMA office on or before August 28, so tickets can be purchased prior to September 1, when another airfare increase will become effective.* Persons signing up after August 28 will be subject to an additional increase of \$50.

*To freeze the cost of the tour at \$1,345, send in your money today. If you would like to use your credit card to freeze the air costs, call the TOMA office toll-free at 1-800-772-5993 and provide us with your*

*credit card number and expiration date.* The land portion of the excursion will be billed to you on August 15 with the balance due by August 28. Remember, after August 28 the price will increase another \$50.

To expedite handling of reservations, please send all payments, both deposits and balances due, to TOMA, 512 Bailey Avenue, Fort Worth 76107. A \$150 deposit is required at the time of booking.

Your once-in-a-lifetime CME tour to Morocco will include round trip air fare from Dallas/Fort Worth, surface transportation in Morocco, deluxe and superior hotel accommodations, two meals a day, professional visits, sightseeing tours, transfers and portorage of two standard sized suitcases, service charges, tips and taxes.

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Enclosed is a deposit of \$150.00 for each person registered for the T.O.M.A. 1980 MOROCCO STUDY HOLIDAY.



# ACADEMIA

## News From The Colleges

### CCOM

Ninety-five seniors from the Chicago College of Osteopathic Medicine (CCOM) gathered in Rockefeller Memorial Chapel in Chicago on June 8 to receive the doctor of osteopathy degree and hear Philip Thorek, M.D., clinical professor of surgery at the University of Illinois College of Medicine, deliver the commencement address.

### COMS

The College of Osteopathic Medicine and Surgery (COMS) awarded the D.O. degree to 173 graduates during commencement exercises held in the Auditorium of Des Moines Technical High School on June 6. J. Leonard Azneer, Ph.D., president, presided at the 81st anniversary ceremony.

\*\*\*\*\*

COMS has received a federal grant to train physicians' assistants, according to an announcement made recently by J. Leonard Azneer, Ph.D., college president. This award is the first granted a college of osteopathic medicine for this purpose.

### KCOM

Kirksville College of Osteopathic Medicine (KCOM) conferred 115 doctor of osteopathy degrees June 2.

Robert A. Kistner, D.O., vice president for medical education affairs, Chicago College of Osteopathic Medicine, delivered the commencement address.

### OU-COM

Ohio University-College of Osteopathic Medicine (OU-COM) has received full accreditation from the American Osteopathic Association. On the same day the AOA granted approval, the Ohio Board of Regents approved the university's program leading to the D.O. degree. These two actions made it possible for the first class of 21 D.O.s to graduate on June 7.

### PCOM

Philadelphia College of Osteopathic Medicine (PCOM) graduated 202 osteopathic physicians in ceremonies held June 8 at Philadelphia's historic Academy of Music. This was the college's 89th commencement.

An honorary doctor of science degree was awarded to George W. Northup, D.O., editor-in-chief and former president of the American Osteopathic Association.

### TCOM

Robert J. Amato of Greenlawn, New York, a sophomore at Texas College of Osteopathic Medicine (TCOM), has been awarded a medical student fellowship by the Epilepsy Foundation of America for his research with anticonvulsant drugs.

With Gary L. Jones, Ph.D., TCOM assistant professor of pharmacology, student-doctor Amato is studying the mechanism of action of the drugs. Amato and Dr. Jones are the first researchers to describe a complete quantitative structure-

activity relationship for anticonvulsants.

\*\*\*\*\*

Susie B. Neel of Amarillo has donated \$5,000 to TCOM to fund scholarship in memory of Earle H. Mann, D.O.

Dr. Mann was an Amarillo surgeon for many years before his death June 25 at age 77.

The Earle H. Mann Scholarship Fund will remain open for additional contributions, which can be mailed to TCOM's Office of Financial Aid, Camp Bowie, Montgomery, Fort Worth 76107.

### ANESTHESIOLOGY RESIDENCIES

*Texas College of Osteopathic Medicine now accepting applications for residency in anesthesiology.*

Contact: Paul A. Stern, D.O.  
Professor and Chairman  
Dept. of Anesthesiology  
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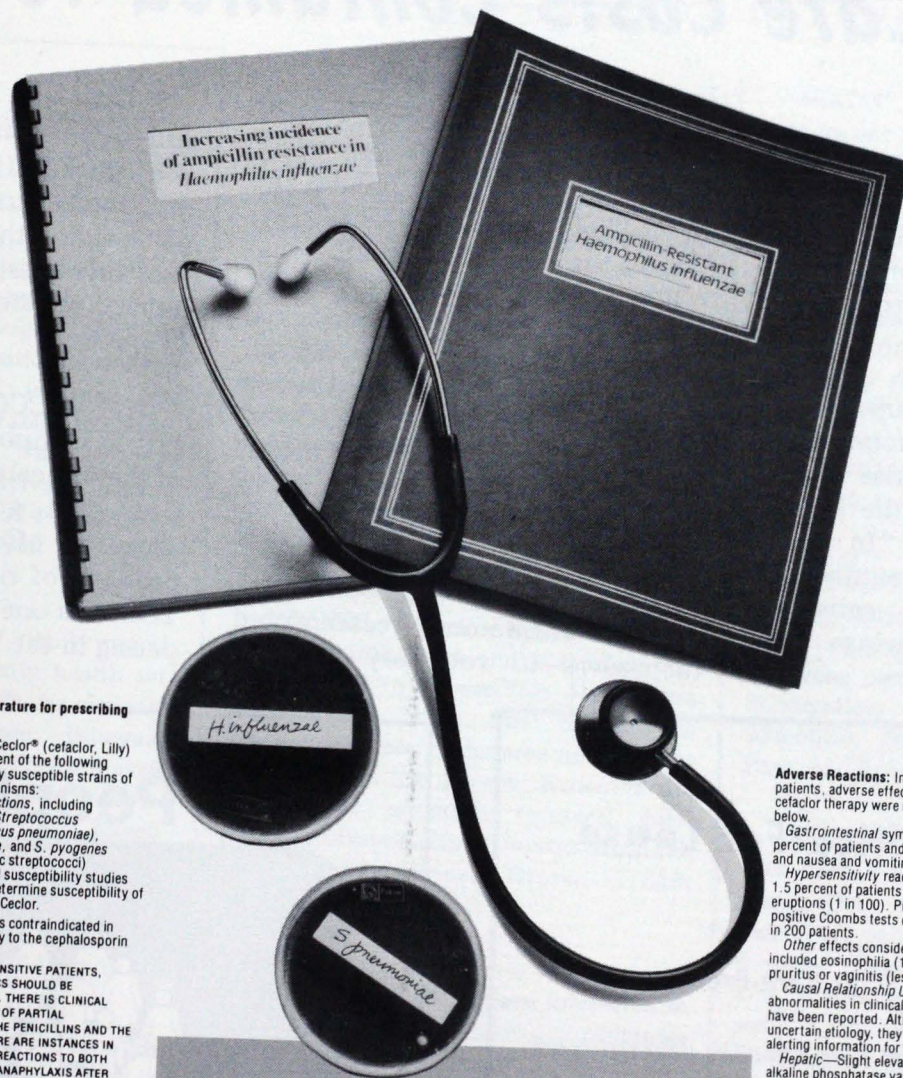
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**Indications and Usage:** Cefaclor\* (cefaclor, Lilly) is indicated in the treatment of the following infections when caused by susceptible strains of the designated microorganisms:

**Lower respiratory infections**, including pneumonia caused by *Streptococcus pneumoniae* (*Diplococcus pneumoniae*), *Haemophilus influenzae*, and *S. pyogenes* (group A beta-hemolytic streptococci). Appropriate culture and susceptibility studies should be performed to determine susceptibility of the causative organism to Cefaclor.

**Contraindication:** Cefaclor is contraindicated in patients with known allergy to the cephalosporin group of antibiotics.

**Warnings:** IN PENICILLIN-SENSITIVE PATIENTS, CEPHALOSPORIN ANTIBIOTICS SHOULD BE ADMINISTERED CAUTIOUSLY. THERE IS CLINICAL AND LABORATORY EVIDENCE OF PARTIAL CROSS-ALLERGENICITY OF THE PENICILLINS AND THE CEPHALOSPORINS, AND THERE ARE INSTANCES IN WHICH PATIENTS HAVE HAD REACTIONS TO BOTH DRUG CLASSES (INCLUDING ANAPHYLAXIS AFTER PARENTERAL USE).

Antibiotics, including Cefaclor, should be administered cautiously to any patient who has demonstrated some form of allergy, particularly to drugs.

**Precautions:** If an allergic reaction to cefaclor occurs, the drug should be discontinued, and, if necessary, the patient should be treated with appropriate agents, e.g., pressor amines, antihistamines, or corticosteroids.

Prolonged use of cefaclor may result in the overgrowth of nonsusceptible organisms. Careful observation of the patient is essential. If superinfection occurs during therapy, appropriate measures should be taken.

Positive direct Coombs tests have been reported during treatment with the cephalosporin antibiotics. In hematologic studies or in transfusion cross-matching procedures when antiglobulin tests are performed on the minor side or in Coombs testing of newborns whose mothers have received cephalosporin antibiotics before parturition, it should be recognized that a positive Coombs test may be due to the drug.

Cefaclor should be administered with caution in the presence of markedly impaired renal function. Under such a condition, careful clinical observation and laboratory studies should be made because safe dosage may be lower than that usually recommended.

**Usage in Pregnancy:** Although no teratogenic or antifertility effects were seen in reproduction studies in mice and rats receiving up to 12 times the maximum human dose or in ferrets given three times the maximum human dose, the safety of this drug for use in human pregnancy has not been established. The benefits of the drug in pregnant women should be weighed against a possible risk to the fetus.

**Usage in Infancy:** Safety of this product for use in infants less than one month of age has not been established.

## Some ampicillin-resistant strains of *Haemophilus influenzae*—a recognized complication of bacterial bronchitis\*—are sensitive to treatment with Cefaclor.<sup>1-6</sup>

In clinical trials, patients with bacterial bronchitis due to susceptible strains of *Streptococcus pneumoniae*, *H. influenzae*, *S. pyogenes* (group A beta-hemolytic streptococci), or multiple organisms achieved a satisfactory clinical response with Cefaclor.<sup>7</sup>

# Cefaclor®

## cefaclor

Pulvules®, 250 and 500 mg

**Adverse Reactions:** In clinical studies in 1493 patients, adverse effects considered related to cefaclor therapy were uncommon and are listed below.

Gastrointestinal symptoms occurred in about 2.5 percent of patients and included diarrhea (1 in 70) and nausea and vomiting (1 in 90).

**Hypersensitivity reactions** were reported in about 1.5 percent of patients and included morbilliform eruptions (1 in 100). Pruritus, urticaria, and positive Coombs tests each occurred in less than 1 in 200 patients.

**Other effects** considered related to therapy included eosinophilia (1 in 50 patients) and genital pruritus or vaginitis (less than 1 in 100 patients).

**Causal Relationship Uncertain:** Transitory abnormalities in clinical laboratory tests results have been reported. Although they were of uncertain etiology, they are listed below to serve as alerting information for the physician.

**Hepatic:** Slight elevations in SGOT, SGPT, or alkaline phosphatase values (1 in 40).

**Hematopoietic:** Transient fluctuations in leukocyte count, predominantly lymphocytosis occurring in infants and young children (1 in 40).

**Renal:** Slight elevations in BUN or serum creatinine (less than 1 in 500) or abnormal urinalysis (less than 1 in 200).

[0703798]

\*Many authorities attribute acute infectious exacerbation of chronic bronchitis to either *S. pneumoniae* or *H. influenzae*.

**Note:** Cefaclor\* (cefaclor) is contraindicated in patients with known allergy to the cephalosporins and should be given cautiously to penicillin-allergic patients.

Penicillin is the usual drug of choice in the treatment and prevention of streptococcal infections, including the prophylaxis of rheumatic fever. See prescribing information.

## References

1. Antimicrob. Agents Chemother., 8:91, 1975.
2. Antimicrob. Agents Chemother., 11:470, 1977.
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5. Current Chemotherapy (edited by W. Siegenthaler and R. Luthy), IL: 880. Washington, D.C.: American Society for Microbiology, 1978.
6. Antimicrob. Agents Chemother., 13:861, 1978.
7. Data on file, Eli Lilly and Company.
8. Principles and Practice of Infectious Diseases (edited by G.L. Mandell, R.G. Douglas, Jr., and J.E. Bennett), p. 487. New York: John Wiley & Sons, 1979.



Additional information available to the profession on request from Eli Lilly and Company, Indianapolis, Indiana 46285. Eli Lilly Industries, Inc. Carolina, Puerto Rico 00630



# Health Care Costs Contained for 1979

"Texas health care costs were contained and the goal for 1979 was met!" So stated the Texas Voluntary Cost Containment Committee (TVCCC) during a recent meeting in Austin.

"The Texas Voluntary Effort (TVE) has again been successful in decreasing the rate of rise in the cost of health care in the state," stated the Committee. "In 1978, savings in Texas amounted to \$105.7 million. 1979 estimates indicate that similar savings have been generated. These savings,

coupled with those of past years, amount to nearly \$400 million and are currently being realized by citizens throughout our state."

With these impressive results, Texas continues to be a national leader in the Voluntary Effort. The Committee attributed such success to the unselfish and determined effort of numerous health care agencies and organizations in the state and the dedication of those they represent.

During its meeting, Committee members unanimously recommitted themselves to voluntary restraint

and to yet another highly ambitious goal during 1980. The TVCCC is determined to continue the effort of "holding the line" of health care cost increases despite the dramatic impact of the inflationary factors of today.

The TVCCC was formed in 1977 and is composed of representatives of major health, business, insurance, and state government groups in Texas to effectively deal with the problem of rising health care costs. TOMA is one of 21 agencies participating in the TVE.▲

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# Opportunities Unlimited

Practice Locations in Texas

## PHYSICIANS WANTED

**DALLAS** — Interested pediatrician needed in community health services. Competitive salary. Bilingual, English/Spanish preferred. Position available August 1, 1980. Send inquiries and C.V.s to Mr. Horace Sarabia, Executive Director, Los Barrios Unidos Community Clinic, 3316 Sylvan Avenue, Dallas, 75212. Phone: 214-651-8691. Equal Opportunity Employer.

**DALLAS** — Interested family practitioner needed in community health services. Competitive salary. Prefer someone with obstetrics experience. Bilingual, English/Spanish preferred. Position available August 14, 1980. Direct inquiries and C.V.s to Mr. Horace Sarabia, Executive Director, Los Barrios Unidos Community Clinic, 3316 Sylvan Avenue, Dallas, 75212. Phone: 214-651-8691. Equal Opportunity Employer.

**FORT WORTH** — Doctor's office for lease — first 90 days rent free. Located in Haltom Health Center, 2900 Denton Highway, Haltom City. Excellent location for one or two family practitioners. For more details please see display ad elsewhere in this issue. Contact: Richard 817-284-8026 or 535-2525.

**FORT WORTH** — D.O. in practice for 32 years in bariatrics and some general practice, needs associate. Salary and possibilities open. If interested call or write: J. Graham Bray, D.O., 314 Seminary South Office Bldg., Fort Worth, 76115. Phone: (office) 817-926-8289 or (home) 817-292-6063.

**FORT WORTH** — Texas College of Osteopathic Medicine faculty positions available. Clinical departments, family practice, specialists. Contact: Ralph L. Willard, D.O., Dean, TCOM, Camp Bowie at Montgomery, Fort Worth, 76107.

**GARLAND** — Near L.B.J. Centerville Professional Building, 1200 sq. ft. available for family practitioner. Four treatment rooms, private office, etc. Five other professionals in the building. For more information, call Frank J. Musso, D.D.S., 214-271-4488 or 214-387-1325.

**GROVES** — Practice opportunities for general practitioners and specialists currently exists in Groves/Port Arthur area of Southeast Texas. Solo or associate settings available in the area predicted to have the best job growth. Expenses and office rent available. Contact: John Sielert, Administrator, Doctors Hospital, 5500 - 39th Street, Groves, 77619. Phone: 713-962-5733.

**HOUSTON** — Physicians interested in Houston area (family practice or pediatrics urgently needed). Contact: Lanny Chopin, Administrator, Eastway General Hospital, 9339 N. Loop East, Houston, 77026. Phone: 713-675-3241.

**HURST** — GPs needed immediately, 115-bed Hurst General Hospital, located between Fort Worth and Dallas, needs general practitioners to serve rapidly growing area. Excellent opportunity for experienced or young eager physicians wanting to build a practice. Hospital will assist with start-up and relocation expenses. Contact: John Miller, Executive Director, Hurst General Hospital, 837 Brown Trail, Hurst, 76053. Phone: 817-268-3762.

**NIXON** — seriously needs another osteopathic physician interested in doing general practice including osteopathic manipulative therapy. (Only physicians willing to practice OMT need respond.) The town is growing, has a new refinery that is presently being tripled in size, plus an expanding poultry and egg industry. Beautiful new clinic building to office in, along with another D.O., a dentist and an optometrist. Contact: W. G. Millington, D.O., 200 E. Second St., Nixon, 78140 or call (day phone) 512-582-1222 (night phone) 512-582-1336.

**SAN ANTONIO** — Good opportunity for aggressive Spanish speaking doctor. Very low overhead, no rent or utilities to pay. No part time please. For further information call: Rudy Davila, 512-226-5293, Davila Pharmacy, 1110 El Paso, San Antonio, 78207.

**SWEETWATER** — General Practice D.O. needed to associate with established young D.O. Salary or percentage first year. Full partnership second year. Busy practice. Large clinic with own x-ray and laboratory. If interested call or write L. R. Moses, D.O., 1401 Hailey, Sweetwater 79556; phone: 915-235-1784 or after 7 p.m. 235-5215.

**TAHOKA** — Physicians wanted immediately in the rich cotton country of the South Plains of Texas. One Family Practice Physician or General Surgeon for office practice and Obstetrical services, in 24-bed facility located 30 miles south of Lubbock on Highway 87. Guaranteed salary for first year, free office rent, and other benefits. Tahoka is a town of approximately 3500 with about 9500 in Lynn County. Potentially good practice available if physician wants to work for financial security. Good schools and churches. Social activities plentiful in Lubbock. Osteopathic Physicians are welcome. If interested call John Brooks, Adm., Lynn County Hospital, Tahoka, 79373. Phone: 806-998-4533. →



# Opportunities Unlimited

Practice Locations in Texas

**THINKING OF RETIRING?** — Any age physician, medical directorships available across the USA. List valid licenses, when able to relocate. Salary \$30,000/year; 35 hrs./week, malpractice insurance paid. No fee. Write Box "H", TOMA, 512 Bailey, Fort Worth, 76107.

**TYLER** — Multi specialty general osteopathic hospital (54 beds) in East Texas has immediate need for an internist. Excellent income potential. Contact Mr. Olie Clem, Administrator, Doctors Memorial Hospital, 1400 West SW Loop 323, Tyler, 75701. Phone: 214-561-3771.

**TYLER** — Fifty-four bed general osteopathic hospital has immediate opening for a radiologist. Excellent income. Lots of time off for sports and recreation. Contact: Mr. Olie Clem, Administrator, Doctors Memorial Hospital, 1400 West SW Loop 323, Tyler, 75701. Phone: 214-561-3771.

**YORKTOWN** — Fully equipped clinic available. Solo practice. Six months to one year free rent. Contact: Sister Rosanne, Yorktown Memorial Hospital, 728 W. Main, Yorktown, 78164. Phone: 512-564-3361.

## POSITIONS DESIRED

**GENERAL INTERNIST** — 28, desires to establish practice in Texas when Internal Medicine residency is completed. Available August 1981 — Texas licensed. Curriculum vitae available upon request. If interested write Box "T", TOMA, 512 Bailey, Fort Worth, 76107.

**GENERAL PRACTICE** — D.O. physician would like to establish solo or partnership practice preferably in 100 mile radius of Austin. Would consider other areas. Write John Schepman, D.O., 604 Pennsylvania Avenue, Nutter Fort, West Virginia 26301. Phone: 304-622-2957.

**GENERAL PRACTICE** — 1976 graduate of COMS wishes to establish practice with someone in or around Dallas or Houston; certified in family practice; served family practice residency at Detroit Osteopathic Hospital; available mid-August. Contact: Larry D. Stark, D.O., 10109 Woodlake, Apt. J, Cockeysville, Maryland 21030 or phone 301-666-7213 (home) or 301-338-3067 (work).

**GENERAL SURGEON** — Homesick Texan would like to return after completing General Surgical residency on January 31, 1981 in Michigan. This lovable 30-year-old man has a wife and three children. Would like to work with a group but has no qualms in going solo as starvation sets in. Those interested please contact: Steven R. Price, D.O., 2943 Barth Street, Flint, Michigan 48504. Phone: 313-238-4384.

**ORTHOPEDIC SURGEON** — desires to relocate from mid-west. Age 38, board eligible. General orthopedics including some hand surgery. Write Box "M", TOMA, 512 Bailey, Fort Worth, 76107.

**ORTHOPEDIC SURGEON** — will be out of residency July '81 and wishes to practice in Texas. For more information write or call Robert Chouteau, D.O., 106 Westridge Drive, West Des Moines, Iowa 50265. Phone: 515-225-1417.

**PEDIATRICIAN** — Looking to relocate in Texas. Prefers to practice within a 150 mile radius of Fort Worth. For more information write TOMA, Box "D", 512 Bailey, Fort Worth, 76107.

(For information call or write Mr. Tex Roberts, Executive Director, TOMA Locations Committee, 512 Bailey Avenue, Fort Worth, Texas 76107. Phone: 817-336-0549 or toll free in Texas 1-800-772-5993.)

## ROBAXISAL®

(Methocarbamol, NF, 400 mg/Aspirin, USP, 325 mg)

**INDICATIONS:** Robaxisal is indicated as an adjunct to rest, physical therapy, and other measures for the relief of discomfort associated with acute, painful musculoskeletal conditions.

The mode of action of methocarbamol has not been clearly identified but may be related to its sedative properties. Methocarbamol does not directly relax skeletal muscles in man.

**CONTRAINDICATIONS:** Hypersensitivity to methocarbamol or aspirin.

**PRECAUTIONS:** Products containing aspirin should be administered with caution to patients with gastritis, peptic ulceration, or those receiving hypoprothrombinemic anticoagulants.

Methocarbamol may cause a color interference in certain screening tests for 5-hydroxyindoleacetic acid (5-HIAA) and vanilmandelic acid (VMA).

**Pregnancy.** Safe use of Robaxisal has not been established with regard to possible adverse effects upon fetal development. Therefore, Robaxisal should not be used in women who are or may become pregnant and particularly during early pregnancy unless in the judgment of the physician the potential benefits outweigh the possible hazards.

**Nursing Mothers.** It is not known whether methocarbamol is secreted in human milk; however, aspirin does appear in human milk in moderate amounts. It can produce a bleeding tendency either by interfering with the function of the infant's platelets or by decreasing the amount of prothrombin in the blood. The risk is minimal if the mother takes the aspirin just after nursing and if the infant has an adequate store of vitamin K. As a general rule, nursing should not be undertaken while a patient is on a drug.

**Pediatric Use.** Safety and effectiveness in children 12 years of age and below have not been established.

**Use in Activities Requiring Mental Alertness.** Robaxisal may rarely cause drowsiness. Until the patient's response has been determined, he should be cautioned against the operation of motor vehicles or dangerous machinery.

**ADVERSE REACTIONS:** The most frequent adverse reaction to methocarbamol is dizziness or lightheadedness and nausea. This occurs in about one in 20-25 patients. Less frequent reactions are drowsiness, blurred vision, headache, fever, allergic manifestations such as urticaria, pruritus, and rash.

Adverse reactions that have been associated with the use of aspirin include: nausea and other gastrointestinal discomfort, gastritis, gastric erosion, vomiting, constipation, diarrhea, angio-edema, asthma, rash, pruritus, urticaria.

Gastrointestinal discomfort may be minimized by taking Robaxisal with food.

**DOSAGE AND ADMINISTRATION:** Adults and children over 12 years of age: Two tablets four times daily. Three tablets four times daily may be used in severe conditions for one to three days in patients who are able to tolerate salicylates. These dosage recommendations provide respectively 3.2 and 4.8 grams of methocarbamol per day.

**OVERDOSAGE:** Toxicity due to overdosage of methocarbamol is unlikely; however, acute overdosage of aspirin may cause symptoms of salicylate intoxication.

**Treatment of Overdosage.** Supportive therapy for 24 hours, as methocarbamol is excreted within that time. If salicylate intoxication occurs, especially in children, the hyperpnea may be controlled with sodium bicarbonate. Judicious use of 5% CO<sub>2</sub> with 95% O<sub>2</sub> may be of benefit. Abnormal electrolyte patterns should be corrected with appropriate fluid therapy.

**HOW SUPPLIED:** Robaxisal® is supplied as pink and white laminated, compressed tablets in bottles of 100 and 500 and Dis-Co® Unit Dose Packs of 100 (NDC 0031-7469).

Rev. May 1979

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In the Robaxisal group studied\*, up to 12 tablets a day were administered. The usual recommended dose in most conditions is the "2 x 4 Regimen" of 2 tablets four times a day.

\* Tisdale, S. A., Jr., M.D., & Ervin, D.K., M.S.: *Controlled Clinical Trial of Robaxisal, Current Therapeutic Research*, 23:2, pp. 166-172, February, 1978.

See prescribing information on adjacent page.

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