

TOMA Prepares for Annual Convention

An Evening of Caring Hosted by District VJ

Dr. Shaw Receives Award

Dr. Boyd Assumes Presidency

Dr. Mary Burnett Honored

**TOMA Wishes You
A Joyous Holiday Season**



PHONE

For Your Information

OSTEOPATHIC AGENCIES

American Osteopathic Association	312-280-5800 800-621-1773
American Osteopathic Association Washington Office	202-783-3434
American Osteopathic Hospital Association	312-952-8900
Professional Mutual Insurance Company	800-821-3515
Texas College of Osteopathic Medicine	817-735-2000 Dallas Metro 429-9120 429-9121
Texas Osteopathic Medical Association	817-336-0549 in Texas 800-772-5993 Dallas Metro 429-9755
TOMA Med-Search	in Texas 800-772-5993
TOMA Insurance Program	816-333-4511

TEXAS STATE AGENCIES

Department of Human Services	512-450-3011
Department of Public Safety	
Controlled Substances Division	512-465-2188
Triplicate Prescription Section	512-465-2189
State Board of Health	512-458-7111
State Board of Medical Examiners	512-452-1078
State Board of Pharmacy	512-478-9827
State of Texas Poison Center for Doctors & Hospitals Only	713-765-1420 800-392-8548 Houston Metro 654-1701

FEDERAL AGENCIES

Drug Enforcement Administration	
For state narcotics number	512-465-2000 ext. 3074
For DEA number (form 224)	214-767-7250

CANCER INFORMATION

Cancer Information Service	713-792-3245 in Texas 800-392-2040
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Texas DO

Texas Osteopathic
Medical Association

December 1985

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Tex Roberts, Editor
Diana Finley, Associate Editor
Lydia Anderson Smith, Staff Writer

Calendar of Events

JANUARY

21 ★

TOMA District II Meeting
Ridglea Country Club
Fort Worth

Contact: Suzanne Reeves
735-3543

FEBRUARY

2

2-7
Midwest Osteopathic Society of
Anesthesiologists Winter Meeting
Copper Mountain, Colorado
Hours: 17 CME — Category 1-A
Fees: See ad on page 24

Contact: Michael Stanton, D.O. or
Steve Stern, D.O.
817-282-9211 ext 1401

6

6-8
Acute Care Medicine
Kirkville College of Osteopathic
Medicine
The Desert Inn
Las Vegas, Nevada
20 CME - Category 1-A

Contact: Rita Gray, CME Coordinator
KCOM
816-626-2232

7

7-9

*"Ligamentous Articular Strain
Techniques Workshop"*

Texas College of Osteopathic
Medicine

Presented by TCOM and the
Dallas/Fort Worth Osteopathic
Study Group

Fee: \$325.00

CME Hours: 20 Category 1-A

Contact: Neil Pruzzo, D.O.
1109 Hampshire Lane
Richardson, 75080
214-231-7482

7-9

"Family Practice Seminar"

Intercontinental Hotel, Houston
Presented by the Harris County
Osteopathic Society

CME Hours: 18.5 Category 1-A

Contact: Ladd Tucek, D.O., Co-
Chairman
161 Aldine-Bender
FM 525
Houston, 77060
713-999-5992

8

*"Metroplex Trainers Association
Winter Symposium"*

TCOM - Kiva Room

Presented by the Department of
Rehabilitation/Sports Medicine
Texas College of Osteopathic
Medicine

Fee: \$5.00

CME Hours: 4 Category 1-A

Contact: Mr. David Regier
Texas College of
Osteopathic Medicine
817-870-5260

20

20-22

Sports Medicine

Kirkville College of Osteopathic
Medicine

Phoenix, Arizona

Contact: Rita Gray, CME Coordinator
KCOM
816-626-2232

MARCH

1

*Third Annual Conference on
Fitness and Sports: "Consi-
derations in the Diagnosis and
Management of Upper Extre-
mity Disfunction"*

Texas College of Osteopathic
Medicine

Fee: \$75.00 for non-TCOM
affiliates

\$55.00 for TCOM affiliates

CME Hours: 7 Category 1-A

Contact: Susan Larson
CME Director
Department of CME
Camp Bowie at
Montgomery
Fort Worth, 76107
817-735-2539

5

5-9

*"ACGP Annual Convention &
Scientific Seminar for General
Practitioners"*

Del Coronado Hotel
San Diego, California

Contact: Bette Vaught, Executive
Director, or Dr. Harold
Thomas, Convention
Manager
2045 S. Arlington
Heights Rd., No. 104
Arlington Heights,
Illinois 60005
1-800-323-0794



Texas DO/3

April 30 - May 4, 1986

Sneak Preview of TOMA

It's time again to begin planning for the TOMA 87th Annual Convention & Scientific Seminar which is set for April 30-May 4, 1986. The place to be will be The Registry Hotel in North Dallas and the good news is that the main functions will be on the same floor for easier access. It has always been somewhat of a problem in the past to locate a hotel large enough to accommodate all TOMA functions, so we consider it good news indeed that The Registry will be able to house the exhibit hall, the lecture hall and the luncheons in the same ballroom, with air walls to diminish the noise factor. Due to personal preference, a few events will take place on different floors of the hotel. Be sure and read the January 1986 issue of the *Texas DO* for detailed information on this most elegant hotel.

pre-registration saves \$\$

Early registration at the hotel will begin on Thursday, May 1 from 1:00 - 4:00 p.m. in the Exhibit Hall (Crystal Ballroom IV), and Friday and Saturday from 8:00 a.m. to 4:00 p.m. Be sure to watch your mail for pre-registration information soon. Fees are as follows:

Physician members	\$250.00
At-the-door	\$300.00
Spouses, Military, Interns, Residents, Retirees & Associate	\$125.00
At-the-door	\$150.00



refund policy

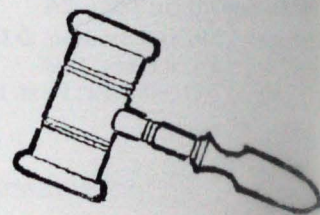
A NEW REFUND POLICY will take effect beginning with the 1986 convention. All cancellations must be received in writing; no telephone cancellations will be accepted. A \$25.00 processing fee will be charged to all registrants who cancel. If cancellation is necessary, the following policy will apply:

*More than 45 days prior to program, FULL REFUND (less processing fee).

*30-45 days prior to program, 50 percent of fees paid will be refunded.

*15-30 days prior to program, 25 percent of fees paid will be refunded.

*Less than 15 days prior to program, NO REFUND.



On Wednesday, April 30, 1986, the TOMA Board of Trustees will have their traditional pre-convention board meeting at 12:00 noon in the Cosmopolitan Room with luncheon served. Donald M. Peterson, D.O., TOMA president, will be wrapping up the year's business as well as discussing future plans for the association.

On Thursday, May 1, the TOMA House of Delegates, the policy-making body of TOMA, will meet in the Lalique Ballroom. Registration will begin at 8:00 a.m. and according to T. Eugene Zachary, D.O., Speaker of the House, the meeting will begin promptly at 9:00 a.m. A lunch break is scheduled for 12:00 noon with business continuing at 2:00 p.m.

Also set for Thursday is the pre-convention Board of Trustees meeting of the Auxiliary to TOMA. This event is scheduled to begin at 8:00 a.m. in the Steuben Boardroom, with breakfast being served.

17th Annual Convention

by invitation

The POPP's Party begins at 6:00 p.m., Thursday, in the Addison Suite, which is on the third floor of the hotel. All past presidents and their spouses are cordially invited to attend this special function, which has always been a very informal and enjoyable gathering.

sustainer party

The Crystal Ballroom VIII will be the scene of the Sustainer's Party which will take place on Thursday at 7:00 p.m. This event is for sustaining members and their spouses only, and is viewed as a "thank you" type party for those "good guys" who contribute an additional \$100 with their membership dues. However, if you wish to sign up as a sustaining member, simply mail us your check for \$100 PRIOR to the convention. You will receive the traditional white hat (which is where the "good guys" phrase comes from), be treated to a delicious dinner and enjoy the sounds of a country and western band. So if you aren't a sustainer already, sign up and come kick up your heels with us!

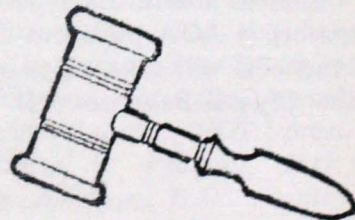
cme program

Stephen F. Urban, D.O., program chairman for the 1986 convention, has been diligently working this past year to ensure topics of interest for the lecture programs. The topics include Middle Life Crisis; Laser (YAG) in Gastrointestinal Disease; Magnetic Resonance Imaging; Ambulatory Evaluation of Peripheral Vascular Disease; Thrombolysis in Acute Myocardial Infarction; Confusion States of the Elderly; Anatomist View of Chest Pain; CA Channel Blockers in Cardiovascular Disease; Non-Surgical Management of the Diabetic Foot; Somatic Dysfunction and Magnetic Resonance Imaging; Therapeutic Approaches to Type II Diabetes; Immunological Markers of Hematopoietic Cells - Clinical Significance and Basic Science; Dyspnea in the

Elderly: Cardiac or Pulmonary; Hyperalimentation in Clinical Practice; Osteopathic View of Chest Pain; Cardiologist View of Chest Pain; Future of Osteopathic Medicine; Office Management of the Arthritic Patient; Gastroesophageal Reflux; Geriatric Drug Reactions; and Depression. Dr. Urban has also scheduled workshops for Friday afternoon to include PFT in the Office; Doppler in P.V.D. or Suture and Ophthalmology. See the January issue of the *Texas DO* for further information on speakers and their topics.

break with exhibitors

Exhibits are scheduled to open on Friday, May 2, at 8:00 a.m. As you very well know, the exhibitors are a primary resource to our conventions, not only from a financial standpoint, but from the opportunity garnered by physicians to view what's new in pharmaceuticals and other related services. Visiting with the exhibitors is an entertaining way to spend part of the day and is certainly a learning experience as well. We urge you to show your appreciation and visit the booths. You will receive CME credits for doing so, and in addition, there will be a break from the lecture programs every morning from 10:00 to 11:00 a.m. at which time a refreshment break will be held in the exhibit hall. This is a great time to visit the booths and take care of the "munchies" syndrome which afflict so many people between breakfast and lunchtime. In addition, door prizes will be awarded at the afternoon breaks, so be prepared to support those who support you.



The Auxiliary's House of Delegates meeting will be held in the Lalique Ballroom at 8:00 a.m. on Friday, May 2. Danish and coffee will be served.



keynote luncheon

Also on Friday, the Opening Day Luncheon will take place at 1:00 p.m. The Keynote Speaker will be none other than Slim Goodbody, America's number one health hero. A superb showman, Slim Goodbody's rallying cry is "I'll take good care of my body." A fabulous entertainer, he sings, dances, writes bubbly lyrics and seems to captivate his audiences. Watch the upcoming issues of the *Texas DO* for more information about this exceptional fellow.

president's night

Friday's events will conclude with the annual President's Night Reception, Dinner and Dance. The reception begins at 6:30 p.m. and will be held in the Garden Court, and the dinner/dance, to begin at 7:30 p.m., will be held in the Malachite. This function will honor the outgoing TOMA president, Donald M. Peterson, D.O.

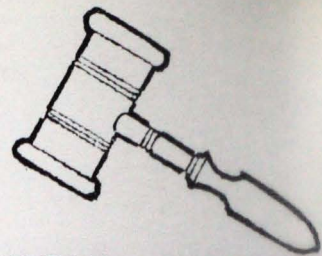
convention breakfast

Saturday will kickoff with a Convention Breakfast at 7:00 a.m. with a lecturer chosen by Stephen F. Urban, D.O., this year's program chairman. Everyone is invited and encouraged to attend as not only will you receive an excellent meal, CME credits will be awarded to physicians. Dr. Urban states that you won't be disappointed. This event will take place in lieu of the traditional Alumni Breakfasts held in the past, however, the various colleges will be scheduling separate meetings throughout the day.

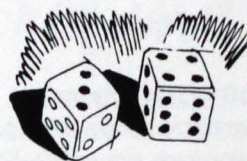
saturday luncheons

The Auxiliary's Installation Luncheon is set up for 10:30 a.m. on Saturday in the Laliue Ballroom. New officers of the State Auxiliary will be installed at this function.

Plan to attend the AOA President-Elect's Luncheon honoring AOA president John H. Burnett, D.O. The luncheon will take place on Saturday at 1:00 p.m. in the Crystal Ballroom VII & VIII.



Both TOMA's and ATOMA's post-convention board meetings are to take place at 2:30 p.m. on Saturday in the Cosmopolitan and the Steuben, respectively. Jerome L. Armbruster, D.O., will be presiding over the physicians and Mrs. Chester (Chris) Godell over the spouses.



fun night



Concluding the Saturday schedule of events will be the Fun Night Party which will also feature the Auxiliary's Fund Raiser. The fun begins at 6:30 with a reception followed by a western buffet. This year, the Auxiliary is planning a casino-type party with games such as Black Jack, Over Under, Chuck A Luck, Wheel of Fortune, Dice and Roulette. The theme for Fun Night will be "The Long Branch Saloon", so use your imagination in regards to attire, but keep in mind that the theme is western. A country and western band will be on hand for those who wish to kick up some dust.

sunday events

A 5-K Run is tentatively scheduled for Sunday morning at 7:30 a.m. with a continental breakfast immediately following, so don't forget those running shoes!

On Sunday, May 4, lectures will run from 8:00 a.m. to 1:00 p.m. The speakers and their topics were selected with a great deal of care to ensure an interesting and informative morning, so plan to attend and receive your CME credits.

This promises to be an excellent convention in regards to hotel accommodations, interesting speakers and topics, and of course, the camaraderie to be experienced in great degree. Make your plans now and watch for further information in the mail and the *Texas DO*.^



New Diagnostic Imaging Centre to Offer Limited Partnerships

Fort Worth is offering an innovative facility to area residents which will certainly aid in making the Metroplex one of the more technologically advanced areas with regards to health care.

An ultramodern diagnostic medical facility, whose scheduled opening date is December 20, 1985, will become the first joint venture program between Fort Worth Osteopathic Medical Center and its active medical staff, according to Claude G. Rainey, president of the hospital's parent organization.

The Diagnostic Imaging Centre will be located at 3825-29 Camp Bowie Boulevard, near the main hospital campus. The facility is being designed to offer a full range of radiology and fluoroscopy services on an outpatient basis.

A limited partnership has been formed to permit individual physicians to invest as shareholders in the diagnostic facility. The imaging center will also have two general partners, which are Health Care of Texas, Inc., the hospital's parent corporation, and Westside Radiology Consultants, a professional association of radiology specialists. The limited partnership is the first of its kind for the medical center.

Joint ventures between hospitals and physicians

are a relatively new development in the health care field. Although an estimated 40 percent of hospitals nationally are considering joint ventures, less than 20 percent have actually created such programs.

"This clearly places the osteopathic medical center in a leadership role for cooperative ventures between hospitals and their physician staffs in this area," Mr. Rainey said. "The rapid changes in health care will require more cooperative ventures between hospitals and doctors to share risks as well as rewards."

The Diagnostic Imaging Centre will offer sophisticated x-ray and CT scanning services in a homey, caring atmosphere. A special aspect of the facility will be NOVUS, the woman's diagnostic breast cancer center. A combination breast examination and patient education program will be provided for clients.

"NOVUS will receive its patients in a living room setting," Mr. Rainey said. "Diagnostic procedures will be conducted with dignity and sensitivity to insure patient satisfaction."

Several thousand procedures are projected for the first year of operation. The center will emphasize short waiting times for patients and a lower price structure than is charged by inpatient facilities.▲



The ultra-modern facility will be a joint venture between physicians on the medical staff of Fort Worth Osteopathic Medical Center and Health Care of Texas, Inc., the parent corporation for the hospital. (From left) Jay Sandelin, HCT chairman of the board; Claude G. Rainey, HCT president; Harris F. Pearson, D.O.; E. Wayne Johnson, D.O.; Stanley R. Briney, D.O.; and Raymond E. Beck, D.O. The physicians are principals in Westside Radiology Consultants, which is a general partner in the project.

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Texas Researchers Win 1985 Nobel Prize

The 1985 Nobel Prize for medicine has been awarded to Drs. Michael Brown and Joseph Goldstein, researchers at the University of Texas Health Science Center at Dallas. They were awarded the coveted prize for their discovery of the molecule that controls blood cholesterol levels.

The pair will share an award of \$225,000 for their work which began about 13 years ago at the health science center. In addition to the cash award, each winner will receive a gold medal and a diploma bearing his name and field of achievement.

The Nobel prize is one of five annual awards which were provided for by the will of Alfred Bernhard Nobel, (1833-1896), a Swedish inventor, chemist and philanthropist who studied mechanical engineering and developed mines, torpedoes and other explosives. In his search for a safe way to handle nitroglycerin, he finally achieved his goal in 1867 by using an organic packing material, reducing the volatility of the nitroglycerin, thus producing what he called dynamite. Nobel later produced ballistite, one of the first smokeless powders. At the time of his death, he controlled factories for the manufacture of explosives in many parts of the world.

Nobel's will provided that the major portion of his \$9 million estate be set up as a fund to establish annual prizes for merit and outstanding contributions in the fields of physics, chemistry, medicine and physiology, literature, and world peace. The first Nobel prizes were awarded on December 10, 1901. In addition, in 1967, in commemoration of its 300th anniversary, the national bank of Sweden endowed the Alfred Nobel Memorial Prize in economics, which is awarded, as are the other prizes, by the Swedish Academy of Science.

The Nobel Institute said Brown's and Goldstein's work had "revolutionized our knowledge about the regulation of cholesterol metabolism and the treatment

of diseases caused by abnormally elevated cholesterol levels in the blood." Dr. Donald Seldin, chairman of internal medicine at the health science center commented that their discovery of how large molecules enter cells also has far-reaching implications in a variety of diseases. In fact, their work is already being applied to help save lives.

The molecule discovered by the two researchers is called an LDL receptor, a protein on the surface of cells. LDL is short for low-density lipoprotein, which is a type of cholesterol necessary to maintain life. However, if too much LDL floats in the bloodstream, deposits can begin to form on artery walls, and as the deposits thicken, can block blood flow to the heart, thus causing possible fatal heart attacks.

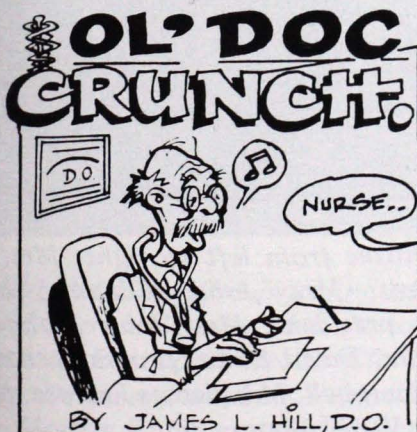
LDL receptors remove cholesterol from the blood and admit it into the body's cells on a continuing basis. One out of 500 people are born with a genetic disorder whereas their bodies do not make enough LDL receptors to remove the cholesterol, thus leading to clogged arteries, possibly leading to heart attacks.

Another factor that affects LDL receptors is lifestyle, as certain hormones, drugs and diets high in cholesterol seem to shut off the receptors. Drs. Brown and Goldstein are currently involved in attempts to find what causes the receptors to turn on and off, and eventually, how to regulate them.

In hearing of the award, A. Starke Taylor, Dallas Mayor, said that Brown's and Goldstein's achievement was "the most exciting thing that's happened since I've been mayor."

Dr. Brown is a native of New York City, while Dr. Goldstein is from Sumpter, South Carolina. Both have worked with the UT center in Dallas since the early 1970s.

All fellow Texans are tremendously proud of their recognition by the Nobel Institute.▲



TOMA District VI Hosts "An Evening of Caring"

On October 12, the Harris County Society of Osteopathic Medicine, TOMA District VI, literally put their money where their hearts are by sponsoring "An Evening of Caring", held at the Northgate Country Club in Houston. The theme of the event was appropriate indeed, as proceeds will benefit the Eastwood Health Clinic, a non-profit medical clinic founded by the late Arthur Johnson, D.O., who had been a longtime TOMA member and had served several terms as treasurer for District VI.



Participants of the charity fashion show gala "An Evening of Caring" are pictured from left to right: Mrs. Jeanette LaRose; Mrs. Doug Brown; Doug Brown, master of ceremony, from Channel 13; Mrs. Angela Solce, program chairperson; Dr. Morton Rubin, president of District VI.

Doug Brown, who serves as weather person for Channel 13, was the master of ceremonies, directing the black tie affair. Members and guests enjoyed an evening of dining, entertainment by Dean and Jeanne Romanelli, and a special fashion show by K. Squyres, Inc., which included rare antique jewelry, as well as contemporary one-of-a-kind items.

Among the dignitaries present were Donald Peterson, D.O., TOMA President, and his wife, Wilma; Mr. Ben Reyes, Houston City councilman, in whose district the Eastwood Health Clinic is located; and Doug Brown and his wife, June, as well as a large turnout of District VI members.

The event was an enormous success, bringing attention to a quality health care non-profit facility, as well as positive publicity to TOMA District VI and the osteopathic profession. Several guests were interviewed by some of the local television stations and an impressive front page article appeared in a major



Left to right: Dr. Donald Peterson, president of TOMA, with his wife, Wilma, and Dr. Morton Rubin, president of District VI, TOMA and his wife, Thelma, president of the auxiliary of District VI.

local newspaper.

The unmitigated success of the event belongs to Mrs. Angela Solce, program chairperson and wife of David Solce, D.O. She received a well-deserved standing ovation from those present.

The Eastwood Health Clinic, located at 412 Telephone Road, is a special clinic that tries to catch those the "safety net" misses. Most of the patients are poor and many are Hispanics with only a small knowledge of the English language. Gaye McDonald, a registered nurse and administrator of the clinic, is the only paid employee. Patients come to Eastwood when they can't get into Harris County Hospital District or city health department clinics because



The gala committee from left to right: Mrs. Morton Rubin, president; Mrs. John Williams; Mrs. Gil D'Alonzo, vice president; Mrs. John Mohnney; Mrs. Barry Sachs; Mrs. David Solce, program chairperson; Mrs. Deweese Campbell; Mrs. James LaRose, Mrs. Jack Leach; and Mrs. Victor Zima.



they lack the proper papers or are intimidated at the front desk, said Ms. McDonald. Eastwood is one of a handful of low-cost (or free) health clinics here staffed mainly by volunteers. Those who cannot pay are not turned away.



Dr. James LaRose and friends with entertainers Dean and Jeanne Romanelli.

Some of the doctors who volunteer their time to the clinic are Dewese Campbell, D.O., Reginald Platt, III, D.O., John Mohny, D.O., Carl Mitten, D.O., and Morton Rubin, D.O., who presently serves as president of District VI.

Ms. McDonald says that it is common for volunteer physicians to refer the difficult cases to Ben Taub Hospital, but patients often have a hard time getting through the Ben Taub system. This is why she believes her clinic is crucial in this inner-city area.

Better lab equipment, a stable source of funding for medications and money to renovate examination space



Dr. Donald Peterson (3rd from the left), president of TOMA, is surrounded by the doctors who donate their time to Eastwood Health Clinic. From left to right: Drs. Dewese Campbell, Reginald Platt, III, John Mohny, Morton Rubin and Carl Mitten.

are what the clinic needs.

Thanks to TOMA District VI and its innovative "Evening of Caring" event, Eastwood Health Clinic administrator McDonald was presented a check for \$8,000 from Mrs. Solce and Dr. Rubin from the proceeds of the evening, to be applied in the areas most desperately needed by the clinic.

When a volunteer was asked about the need for such a clinic, most would have to agree with her answer. "I think if there wasn't a need for this clinic, all these people wouldn't be here."▲



Houston's most famous model Elsa Rosbrough in a creation from K. Squyres, Inc. at the gala sponsored by District VI, TOMA.

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Center of Osteopathic Research
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Topics

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Ligamentous Articular Strain
Techniques and Hands-on
Experience in:*

*Cervical Spine
Thoracic Spine
Lumbar Spine
Rib Cage
Sacrum and Pelvis
Upper & Lower Extremities
General Fascial*

Location

Camp Bowie at Montgomery
Fort Worth, Texas 76107

For Further Information

TCOM, Office of CME
Camp Bowie at Montgomery
Fort Worth, Texas 76107
817-735-2539

District Communiqués

By George Grainger, D.O.
District III

We had our September District III meeting at K-Bob's, a little place out on Southwest Loop 323. A young fellow named Christian Hansen, a D.O. from Tulsa, traveled down to elucidate those present relative to the current drug treatments of diabetes. Listed as a fellow in Endocrinology, as well as Metabolism and Hypertension, he came well qualified. A total of six D.O.s, and four of their wimmen constituted the audience.

During the recent Texas Osteopathic Medicine Week, the Tyler papers gave the profession a nice writeup, the local angle featuring comments by Dr. Dave Norris, some of which your correspondent thinks were interpreted a little sideways.

Three or four issues ago we made the statement, "All three of the Brontë sisters had dieresis", etc. How many of you thought it was a typographical error? No, the spelling was correct. As far as we know, none of the sisters had kidney trouble. The word "dieresis" refers to the two dots over the last letter of their given name. That, in case you didn't know (I didn't) is called a dieresis.

The Bunn, Russell and Mary, of Mt. Enterprise, spent a late summer vacation in "The North Country". They took in Iceland, Denmark, Sweden, Norway - you name it. Like Kilroy, they've already been there.

Catching up on things both great and small . . . Surgeon Keith Hull in late June attended the American College of Osteopathic Surgeons meet in Hilton Head, South Carolina. While gone he visited Keith, Jr., a neurologist there . . . Chuck Ogilvie, who admits of 68, finished fourth at TOMA's Corpus Christi 5 kilometer marathon . . . The Doctors Wiseman and Breckenridge were pictured in another nice piece in the Tyler papers gracing the front of Doctors Memorial Hospital. It was by way of announcing that they, along with the absent Dr. Greg Smith of Chandler, had joined the Mobile Nurses Home Health Care program.

Now that the Christmas - New Year season is nigh Geneva and I wish you, dear faithful reader, a happy Yuletide, and healthful New Year!

**Give Your Patients
A Chance . . .
Use Osteopathic Seals**





J. Leonard Azneer, Ph.D. Named Educator of the Year

Donald M. Peterson, D.O., President of the Texas Osteopathic Medical Association, urges all state association members to participate in the Osteopathic Seal Program which honors J. Leonard Azneer, Ph.D. as the Osteopathic Educator of the Year.

There are four ways to participate in the program: (1) send a personal contribution, (2) mail or hand out packets to patients and friends of the profession requesting their support, (3) order holiday greeting cards, and (4) make memorial contributions, when appropriate. Osteopathic Seals have financed all or part of the education of over 8,000 osteopathic students. Dr. Peterson said "Government cutbacks in educational

grants and research support have made it essential that we all support this most important program. In the last five years over \$2.3 million has been awarded in student loans." These loans were made possible through one-half the proceeds from Seals and the repayment of former loans (the payback rate is over 95 percent).

Last year's total of \$150,328 was the highest amount in the history of the program. Dr. Peterson said "Every osteopathic physician will receive materials from the National Osteopathic Foundation. I strongly urge all members of our association to join me in supporting this program which has benefited our students, researchers, and colleges for over 50 years."▲

TOMA Membership Applications Received

Cynthia Tinsley Dott, D.O.
TCOM '84; b '53; GP
6451 Lange Circle
Dallas, TX 75214

J. Robert Gershon, Jr., D.O.
KCOM '80; b '53; GP
913 Cottonwood
Pilot Point, TX 75090

Laurie G. Harris, D.O.
TCOM '84; b '58; GP
P.O. Box 267
Mabank, TX 75147

Karen J. McCrain, D.O.
KC '82; b '52; GP
1805 N. Garrett
Dallas, TX 75206

Laura L. Rice, D.O.
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Chinese Physicians Tour MRI Facilities

Two representatives of the People's Republic of China Medical Community were in the Dallas/Fort Worth area October 14-18 to tour and train in the new technology of magnetic resonance imaging (MRI) at Dallas/Fort Worth Imaging Corporation (DFWIC) in Grand Prairie.

Drs. Mulan Shi and Xuezheng Su, both of the Chinese Academy of Medical Science in Beijing, China, are in the United States on a seven-week tour which will include Kettering Medical Center, Ohio; Vanderbilt University Hospital, Tennessee; Massachusetts General Hospital, Boston; Diag-

nostic Networks Inc., California; and, of course, DFWIC.

Wayne Hey, D.O., a urologist and president of DFWIC said, "We are pleased to have the opportunity to share our experience and knowledge with this important diagnostic instrument. MRI has proven to be very helpful in the early diagnosis of certain diseases involving the brain, spinal column, pelvis, abdomen and joints, and we learn about new benefits every day."

The reason for the tour is the recent purchase by the People's Republic of China of a magnetic

resonance imaging system from Technicare Corporation, a division of Johnson & Johnson. This will be the first MRI system installed in China, thus, prior to installation of the system, Drs. Shi and Su are in the United States for training. The purpose of the training is twofold; first to learn how to operate the system and second, to learn how to interpret the MRI films or data provided by an MRI scan.

Training will include a combination of university hospital training and outpatient community medicine training.▲

Medicare Premature Discharges Denied

Last fall, Senator John Heinz, (R.-Pa.), after hearing numerous reports that thousands of Medicare patients were being discharged from hospitals prematurely due to the prospective payment system, ordered staff of the Senate Select Committee on Aging to investigate the matter. Research indicated that a problem existed, but statistical evidence was pretty much vague because the government could not collect information about all Medicare patients.

C. McClain Haddow, acting administrator of the Health Care Financing Administration, is defending Medicare's payment system and recently said that there was no evidence that elderly patients are being systematically discharged too early from hospitals, however, he added his agency would investigate any "anecdotal" evidence of patients being pushed out of hospitals.

In 1983 the Medicare payment system went into effect whereby under a diagnostic related groups method, physicians are paid a flat fee based on diagnosis of the patient. In the past, physicians billed Medicare for their services after work was performed. An estimated 30 million elderly people are served by Medicare annually.

Haddow said that in an analysis of available data, the statistics reveal that only 4,500 cases involved a "quality problem," including premature discharge, out

of a total of 8.6 million people released from hospitals. Responding to questions from Senator Heinz, Haddow said that Medicare has only kept track of patients in the hospital and those who are admitted again within seven days of discharge. He also commented that "although data indicate that a systematic problem does not exist, we have heard . . . anecdotal episodes of premature discharge. While it is unrealistic to expect that we can eliminate all such instances of poor quality of care, when we learn of them, we will take immediate action." He commented that it would be far too expensive to monitor all Medicare patients after hospital release to nursing homes or home environments.

Although Haddow said that monitoring the effect of the payment system on patients could be refined in some areas, he believes that the congressionally mandated program has been, by large, a success. "Patients are protected from incidents of unnecessary hospitalization, unnecessary surgical intervention and possible resulting infection," states Haddow.

In mid-November, the aging committee issued a subpoena claiming it could not get certain information including a 1984 administration report on quality of care under the new payment system. Haddow said his agency responded by handing over documents regarding the Medicare program.▲



New TOMA Member Receives Award



John D. Goodwin, regional sales manager of Lederle Laboratories, second from left, presents plaque to Dr. Shaw, far left, as Larry Guin, Lederle representative, second from right, and Steve Peterson, administrator of Metropolitan Hospital, Dallas, look on.

Clayton T. Shaw, D.O., a board-certified family practitioner and obstetrician/gynecologist located in Dallas, was the recipient of a plaque and an award upon presentation of a paper entitled *Colposcopic Examination of 100 Consecutive Class II Pap Smears* at the 11th Annual Academic Course of the United States Academy of Family Practice in Williamsburg, Virginia.

The plaque was presented to Dr. Shaw by John D. Goodwin, region-

al sales manager of Lederle Laboratories, Larry Guin, Lederle representative and Steve Peterson, administrator of Metropolitan General Hospital in Dallas.

Dr. Shaw received his D.O. degree from the College of Osteopathic Medicine and Surgery, Des Moines, Iowa in 1974 and interned at Malcolm Grow Medical Center, Andrews Air Force Base from 1974-75. He went on to take a family practice residency at Malcolm Grow and a family prac-

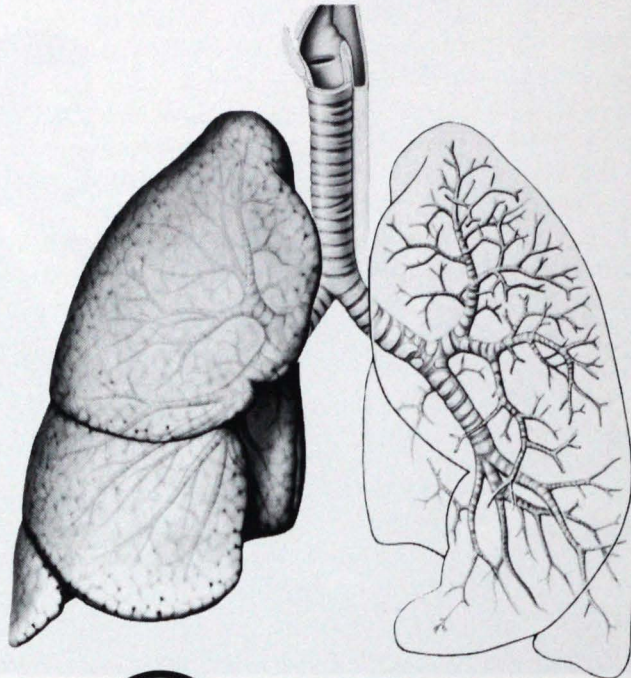
tice fellowship in OB/GYN at the same medical center. Dr. Shaw also furthered his postgraduate training by taking a residency in obstetrics and gynecology at Tripler Army Medical Center in Hawaii.

Prior to his August relocation to the Family Medical Clinic located at 9709 Bruton Road in Dallas, Dr. Shaw was chief of OB at Offutt Air Force Base, Omaha, Nebraska. He has been a TOMA member since October 19.▲

SEASON'S GREETINGS



Consider the causative organisms...



Cecilor®
ceftiofur
250-mg Pulvules® t.i.d.

offers effectiveness against the major causes of bacterial bronchitis

H. influenzae*, *H. influenzae*, *S. pneumoniae*, *S. pyogenes
(ampicillin-susceptible) (ampicillin-resistant)

Brief Summary: Consult the package literature for prescribing information.

Indications and Usage: Cecilor (ceftiofur, 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 Cecilor.

Contraindication: Cecilor 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, INCLUDING ANAPHYLAXIS, TO BOTH DRUG CLASSES.

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

Pseudomembranous colitis has been reported with virtually all broad-spectrum antibiotics (including macrolides, semisynthetic penicillins, and cephalosporins); therefore, it is important to consider its diagnosis in patients who develop diarrhea in association with the use of antibiotics. Such colitis may range in severity from mild to life-threatening.

Treatment with broad-spectrum antibiotics alters the normal flora of the colon and may permit overgrowth of clostridia. Studies indicate that a toxin produced by *Clostridium difficile* is one primary cause of antibiotic-associated colitis.

Mild cases of pseudomembranous colitis usually respond

to drug discontinuance alone. In moderate to severe cases, management should include sigmoidoscopy, appropriate bacteriologic studies, and fluid, electrolyte, and protein supplementation. When the colitis does not improve after the drug has been discontinued, or when it is severe, oral vancomycin is the drug of choice for antibiotic-associated pseudomembranous colitis produced by *C. difficile*. Other causes of colitis should be ruled out.

Precautions: General Precautions — If an allergic reaction to Cecilor (ceftiofur, Lilly) 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 Cecilor 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.

Cecilor should be administered with caution in the presence of markedly impaired renal function. Under such conditions, careful clinical observation and laboratory studies should be made because safe dosage may be lower than that usually recommended. As a result of administration of Cecilor, a false-positive reaction for glucose in the urine may occur. This has been observed with Benedict's and Fehling's solutions and also with Clinistest® tablets but not with Tes-Tape® (Glucose Enzymatic Test Strip, USP, Lilly).

Broad-spectrum antibiotics should be prescribed with caution in individuals with a history of gastrointestinal disease, particularly colitis.

Usage in Pregnancy — Pregnancy Category B — Reproduction

studies have been performed in mice and rats at doses up to 12 times the human dose and in ferrets given three times the maximum human dose and have revealed no evidence of impaired fertility or harm to the fetus due to Cecilor. There are, however, no adequate and well-controlled studies in pregnant women. Because animal reproduction studies are not always predictive of human response, this drug should be used during pregnancy only if clearly needed.

Nursing Mothers — Small amounts of Cecilor® (ceftiofur, Lilly) have been detected in mother's milk following administration of single 500-mg doses. Average levels were 0.18, 0.20, 0.21, and 0.16 mcg/ml at two, three, four, and five hours respectively. Trace amounts were detected at one hour. The effect on nursing infants is not known. Caution should be exercised when Cecilor is administered to a nursing woman.

Usage in Children — Safety and effectiveness of this product for use in infants less than one month of age have not been established.

Adverse Reactions: Adverse effects considered related to therapy with Cecilor are uncommon and are listed below.

Gastrointestinal symptoms occur in about 2.5 percent of patients and include diarrhea (1 in 70).

Symptoms of pseudomembranous colitis may appear either during or after antibiotic treatment. Nausea and vomiting have been reported rarely. Hypersensitivity reactions have been reported in about 1.5 percent of patients and include morbilliform eruptions (1 in 100). Pruritus, urticaria, and positive Coombs' tests each occur in less than 1 in 200 patients. Cases of serum-sickness-like reactions (erythema multiforme or the above skin manifestations accompanied by arthritis, arthralgia and, frequently, fever) have been reported. These reactions are apparently due to hypersensitivity and have usually occurred during or following a second course of therapy with Cecilor. Such reactions have been reported more frequently in children than in adults. Signs and symptoms usually occur a few days after initiation of therapy and subside within a few days after cessation of therapy. No serious sequelae have been reported.

Antihistamines and corticosteroids appear to enhance resolution of the syndrome.

Cases of anaphylaxis have been reported, half of which have occurred in patients with a history of penicillin allergy. 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 test 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).

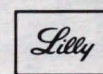
Renal — Slight elevations in BUN or serum creatinine (less than 1 in 500) or abnormal urinalysis (less than 1 in 200).

(061782R)

Note: Cecilor® (ceftiofur, Lilly) 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.

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

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TEXAS TICKER TAPE

PATIENT LOYALTY IS ALIVE AND WELL

A recent study by the American Hospital Association regarding HMOs and PPOs has revealed a most interesting fact. Even though these two health care alternatives have dramatically increased in numbers during the past few years, patients are not as drawn to their benefits as believed. Almost half the patients surveyed, who are covered by traditional employer-paid plans, indicated they would not trade their private physicians for better coverage from HMOs and PPOs because they would rather keep and/or choose their own physicians.

FEE-FOR-SERVICE LOSES ANOTHER BATTLE

The Saturn Corporation, General Motors' newest and largest automobile plant, will have no fee-for-service health coverage. Instead, the 6,000 United Auto Workers to be employed by Saturn will be offered a PPO or an HMO to provide medical coverage. Dental and vision care will be offered through alternative systems. The elimination of fee-for-service health care marches on.

TCOM STUDENT/DOCTOR NAMED TO FEDERAL COUNCIL

Nancy B. Chasteen, a senior student at Texas College of Osteopathic Medicine (TCOM) and a student/doctor member of TOMA has been named as a member of the National Advisory Council on Health Professions Education.

The purpose of the Council is to advise the Secretary of the U.S. Department of Health and Human Services in the preparation of general regulations and also policy matters that arise in the administration of Title VI (Health Research and Teaching Facilities and Training of Professional Health Personnel) of the Public Health Service Act. The Council makes recommendations on contract and grant applications for special projects and financial need, thus enabling the health professions education institutions to meet the nation's health manpower requirements.

1985-86 AOA YEARBOOK NOW AVAILABLE

The 1985-86 edition of the AOA "Yearbook and Directory of Osteopathic Physicians" is now available. Single copies are sent to all AOA members and second-year osteopathic medical students at no charge. In addition, complimentary copies are sent to all AOA affiliates and other osteopathic organizations and institutions. If more copies are needed, they are available for \$35 for one copy and \$17.50 for additional copies. Prepaid orders should be sent to the AOA Order Department.

AD ON UNINTENDED PREGNANCIES TO AIR

Last summer, a public service announcement involving preventing unintended pregnancies was turned down by all three major TV networks as being too controversial in that it stated unintended pregnancies have "greater risks than any of today's contraceptives."

Now, however, ABC television has announced it will broadcast a revised version. The time has not been scheduled yet for broadcast of the 30-second spot produced by the American College of Obstetricians and Gynecologists.

NEW PRESIDENT FOR OKCOMS

Rodney T. Houlihan, Ph.D., has been named president of the Oklahoma College of Osteopathic Medicine and Surgery (OkCOMS). He had served as acting president since November of 1984.

A graduate of the University of California - Davis, he holds a doctorate in endocrinology - zoology. Dr. Houlihan has served in several capacities at OkCOMS since 1974, at which time he was associate dean for curriculum and professor of physiology. In 1976, he became associate dean for academic affairs, while retaining his position of professor of physiology. Dr. Houlihan was named dean for academic administration in 1978, dean of research and development in 1979, and in 1981, vice-president of research and development.

He has had extensive research experience in such areas as the role of the adrenal cortex and epinephrine oxidation in oxygen toxicity, pulmonary function, and the lung as a metabolic unit, and has been published extensively in scientific journals.

Newsbriefs

OHIO PHYSICIAN ARRESTED FOR FIGHTING CANCER

Jerome Axelrod, D.O., of Athens, Ohio was recently arrested as part of the Athens County Cancer Society's "Jail and Bail" program. According to prison officials, Dr. Axelrod was incarcerated for "cutting up all over town."

During his 30-minute imprisonment, the associate professor of surgery at the Ohio University College of Osteopathic Medicine raised \$560 in bail money, which was donated to the American Cancer Society.

His contributions to the fight against cancer go far beyond that of calling friends and colleagues for bail donations. At the present time, Dr. Axelrod is coordinating a new tumor registry as well as starting a cancer-screening program in Athens.

CALIFORNIA MALPRACTICE LAW UPHELD

The U.S. Supreme Court recently left standing as constitutional a California law limiting medical malpractice awards for "noneconomic losses" to \$250,000. By an 8-1 margin, the Court refused to hear an appeal of a California Supreme Court verdict upholding the law.

Associate Justice Byron White, who disagreed with the verdict, commented that while California and Indiana have been successful in having their malpractice award limits upheld, courts in Texas, New Hampshire, North Dakota and Ohio have overturned similar limits.

STUDENTS TO STUDY AIDS

Ohio state health officials have developed a course for public school students about acquired immune deficiency syndrome (AIDS) and how to avoid it. The course is to be taught in sex education and health classes.

DRUNKEN DRIVING DOESN'T PAY IN NEW YORK

New York has passed a law which will impound the vehicles of motorists who drive drunk or on suspended or revoked licenses. The law also calls for fines of up to five thousand dollars and jail terms of up to four years for repeat offenders.

FINES FOR HOSPITALS FAILING TO SEEK ORGAN DONATIONS

In May, Oregon passed a law making it a requirement for hospitals to ask families for organ donations whenever a potential donor dies.

Beginning next year, New York has passed a similar law, however, the difference is that the New York law carries a fine for hospitals failing to seek donations. The only way to be exempt from the fine is if the family or patient has expressed opposition to the idea.

TASK FORCE TAKES A DIFFERENT LOOK AT MALPRACTICE REFORM

New Jersey has established a task force to propose ways to curb the ever-growing malpractice crisis in the state. The task force has recommended that in order to eliminate baseless lawsuits, as well as increase efficiency of the courts, a good solution would be to go after inefficient medical-malpractice attorneys. If this solution gains firm ground, other states may begin establishing peer review and certification programs for such attorneys.

CHIROPRACTORS ADMITTED TO NEW ENGLAND HOSPITAL

A decision endorsed by the medical staff of Cranston General Hospital - Osteopathic by 15-7 has given the Rhode Island hospital the distinction of becoming the first hospital in New England to allow chiropractors to practice, stated officials of the hospital. However, others in the medical field have criticized Cranston's decision.

FED'S DEFAULTED MED-SCHOOL LOAN DRIVE HITS JACKPOT

The widely publicized drive by the federal government to collect on defaulted med-school loans has hit it big, money-wise, that is. An Iowa physician paid \$294,219.94 recently, which was triple the amount of the original loan plus interest, due to the fact that he had failed to serve in a health-manpower shortage area, as agreed upon under the terms of the loan. This was the largest single repayment ever made in the history of the National Health Services Corps Scholarship program.



Ten Years Ago in the Texas DO

Catherine K. Carlton, D.O., was named president-elect of the American Academy of Osteopathy. At that time, the number of Texans elected to high offices in the American Osteopathic Association reached a total of five, the other four being George J. Luibel, D.O., AOA president-elect; Sam Ganz, D.O., Speaker of the AOA House; David Armbruster, D.O., member of the AOA Board of Trustees; and Tex Roberts, TOMA executive director, as president of the Association of Osteopathic State Executive Directors.

Dwight H. Hause, D.O., was the only D.O. appointed to date to a Health Systems Agency (HSA)

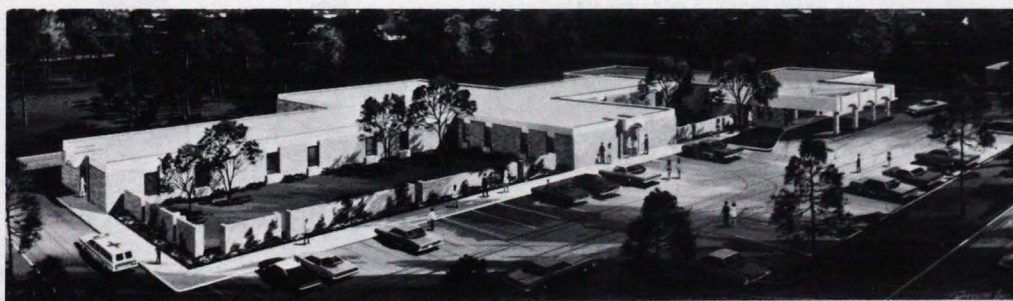
board. He was one of the original members of the group that established the first health planning council in the Corpus Christi area, and had been a member of the Coastal Bend Council of Governments Health Planning Council since its establishment. Dr. Hause was recommended as a member of the board of the proposed new HSA by Harlan J. Borcharding, D.O., president of TOMA District VIII.

By a majority vote, the City Council of Dallas approved a development plan for East Town Osteopathic Hospital, to allow for construction for a new four-story building attached to the

present structure, to better provide more efficient medical care for patients.

Three colleges of osteopathic medicine received grants for construction of teaching facilities from the Department of Health, Education and Welfare. Texas College of Osteopathic Medicine received \$4,817,170 for an ambulatory care facility; Kirksville College of Osteopathic Medicine received \$1,200,423 for a primary care facility; and the West Virginia School of Osteopathic Medicine received \$1,400,000 for a clinical teaching facility.▲

DOCTORS MEMORIAL HOSPITAL TYLER, TEXAS



Open Staff Osteopathic Hospital in Beautiful East Texas

54 beds 6 bassinets 2 surgeries

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Roche salutes TEXAS MEDICINE TODAY

Bypassing the good life?

In the first multi-clinic survey of its kind, headed by Dr. C. David Jenkins of the University of Texas Medical Branch (Galveston), quality of life after coronary artery bypass was examined.¹ Generally optimistic findings went beyond earlier surveys that focused on strictly medical and survival aspects.

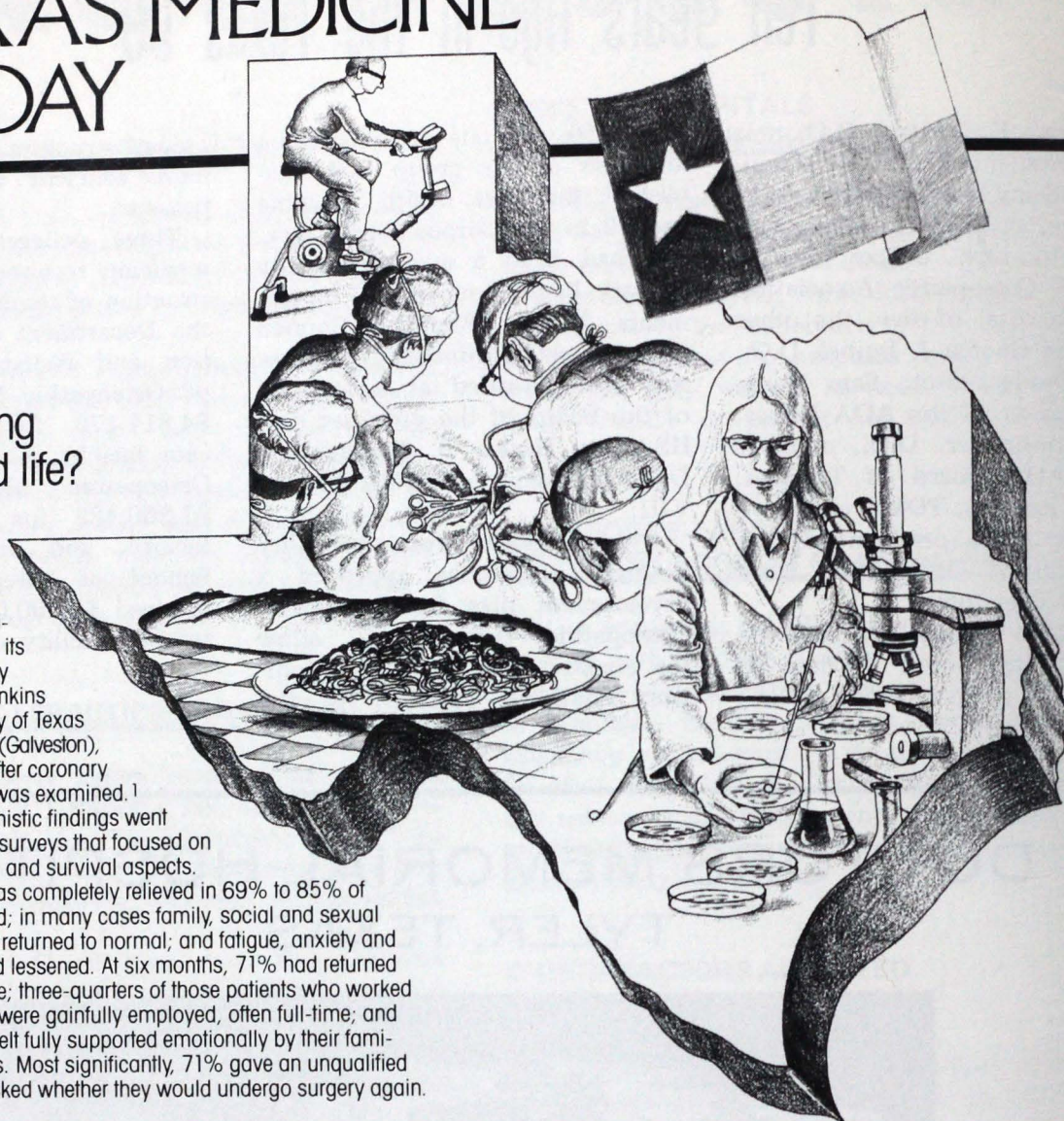
Angina was completely relieved in 69% to 85% of patients studied; in many cases family, social and sexual lives and roles returned to normal; and fatigue, anxiety and depression had lessened. At six months, 71% had returned to mild exercise; three-quarters of those patients who worked preoperatively were gainfully employed, often full-time; and most patients felt fully supported emotionally by their families and friends. Most significantly, 71% gave an unqualified "yes" when asked whether they would undergo surgery again.

Texas Star may lead antibacterial cavalry

The battle against cholera may have a new weapon called "Texas Star." It is an oral vaccine intended to protect against cholera in such places as Bangladesh, where severe diarrheal disease is endemic.² Texas Star was developed by Richard Finkelstein and Takeshi Honda, at the University of Texas, Southwestern Medical School, Dallas. The vaccine is a live, mutated strain of the pathogen *Vibrio cholerae*, which Dr. Finkelstein isolated in 1979. So far, Texas Star has given "significant clinical protection" in volunteers. Just a few years ago, an oral vaccine for cholera was nowhere on the horizon. Texas Star could be the one.

Starch blockers don't!

Do amylase inhibitors, also known as "starch blockers," actually reduce absorption of calories from starch? Dr. George W. Bo-Linn and other Baylor University Medical Center researchers found the answer: they don't.³ Using a one-day calorie-balance technique, healthy volunteers were fed a high-starch test meal of spaghetti, tomato sauce and bread. Fecal calorie excretion was measured after subjects had taken either starch blocker or placebo tablets. If starch blockers performed as advertised, they would increase the number of excreted calories by 400 kcal. But fecal calorie excretion remained at normal levels. Texas medicine showed there is still no calorie-free lunch.



TODAY: FOR THE PATIENT WITH MIXED DEPRESSION AND ANXIETY

A rational approach, combining

- The standard antidepressant: amitriptyline
- The proven anxiolytic action of Librium® (chlordiazepoxide HCl/Roche) (IV)

Marked improvement often occurs as early as the first week

Headache, insomnia or GI upsets associated with mixed depression and anxiety often respond quickly

Feeling better, patients feel encouraged to stay the course—therefore, fewer dropouts: $P = .006$ compared to amitriptyline*

Convenient single h.s. dosing sufficient in some patients; helps patients with mixed depression and anxiety sleep through the night. Patients should be cautioned about the combined effects of Limbitrol with alcohol and other CNS depressants, and about activities requiring complete mental alertness such as operating machinery or driving a car.

In moderate depression and anxiety

IN PLACE OF
LIMBITROL 5-12.5 WRITE:

Limbitrol®

Each tablet contains 5 mg chlordiazepoxide and 12.5 mg amitriptyline (as the hydrochloride salt) (IV)

IN PLACE OF
LIMBITROL 10-25 WRITE:

Limbitrol DS®

Each tablet contains 10 mg chlordiazepoxide and 25 mg amitriptyline (as the hydrochloride salt) (IV)

Easier to remember... easier to prescribe

*Feighner JP, et al: *Psychopharmacology* 61:217-225, Mar 22, 1979.

Please see summary of product information on following page.

LIMBITROL® Tranquilizer-Antidepressant

Before prescribing, please consult complete product information, a summary of which follows:

Indications: Relief of moderate to severe depression associated with moderate to severe anxiety.

Contraindications: Known hypersensitivity to benzodiazepines or tricyclic antidepressants. Do not use with monoamine oxidase (MAO) inhibitors or within 14 days following discontinuation of MAO inhibitors since hyperpyretic crises, severe convulsions and deaths have occurred with concomitant use; then initiate cautiously, gradually increasing dosage until optimal response is achieved. Contraindicated during acute recovery phase following myocardial infarction.

Warnings: Use with great care in patients with history of urinary retention or angle-closure glaucoma. Severe constipation may occur in patients taking tricyclic antidepressants and anticholinergic-type drugs. Closely supervise cardiovascular patients. (Arrhythmias, sinus tachycardia and prolongation of conduction time reported with use of tricyclic antidepressants, especially high doses. Myocardial infarction and stroke reported with use of this class of drugs.) Caution patients about possible combined effects with alcohol and other CNS depressants and against hazardous occupations requiring complete mental alertness (e.g., operating machinery, driving).

Usage in Pregnancy: Use of minor tranquilizers during the first trimester should almost always be avoided because of increased risk of congenital malformations as suggested in several studies. Consider possibility of pregnancy when instituting therapy; advise patients to discuss therapy if they intend to or do become pregnant.

Since physical and psychological dependence to chlordiazepoxide have been reported rarely, use caution in administering Limbitrol to addiction-prone individuals or those who might increase dosage; withdrawal symptoms following discontinuation of either component alone have been reported (nausea, headache and malaise for amitriptyline; symptoms [including convulsions] similar to those of barbiturate withdrawal for chlordiazepoxide).

Precautions: Use with caution in patients with a history of seizures, in hyperthyroid patients or those on thyroid medication, and in patients with impaired renal or hepatic function. Because of the possibility of suicide in depressed patients, do not permit easy access to large quantities in these patients. Periodic liver function tests and blood counts are recommended during prolonged treatment. Amitriptyline component may block action of guanethidine or similar antihypertensives. Concomitant use with other psychotropic drugs has not been evaluated; sedative effects may be additive. Discontinue several days before surgery. Limit concomitant administration of ECT to essential treatment. See Warnings for precautions about pregnancy. Limbitrol should not be taken during the nursing period. Not recommended in children under 12. In the elderly and debilitated, limit to smallest effective dosage to preclude ataxia, oversedation, confusion or anticholinergic effects.

Adverse Reactions: Most frequently reported are those associated with either component alone: drowsiness, dry mouth, constipation, blurred vision, dizziness and bloating. Less frequently occurring reactions include vivid dreams, impotence, tremor, confusion and nasal congestion. Many depressive symptoms including anorexia, fatigue, weakness, restlessness and lethargy have been reported as side effects of both Limbitrol and amitriptyline. Granulocytopenia, jaundice and hepatic dysfunction have been observed rarely.

The following list includes adverse reactions not reported with Limbitrol but requiring consideration because they have been reported with one or both components or closely related drugs:

Cardiovascular: Hypotension, hypertension, tachycardia, palpitations, myocardial infarction, arrhythmias, heart block, stroke.

Psychiatric: Euphoria, apprehension, poor concentration, delusions, hallucinations, hypomania and increased or decreased libido.

Neurologic: Incoordination, ataxia, numbness, tingling and paresthesias of the extremities, extrapyramidal symptoms, syncope, changes in EEG patterns.

Anticholinergic: Disturbance of accommodation, paralytic ileus, urinary retention, dilatation of urinary tract.

Allergic: Skin rash, urticaria, photosensitization, edema of face and tongue, pruritus.

Hematologic: Bone marrow depression including agranulocytosis, eosinophilia, purpura, thrombocytopenia.

Gastrointestinal: Nausea, epigastric distress, vomiting, anorexia, stomatitis, peculiar taste, diarrhea, black tongue.

Endocrine: Testicular swelling and gynecomastia in the male, breast enlargement, galactorrhea and minor menstrual irregularities in the female, elevation and lowering of blood sugar levels, and syndrome of inappropriate ADH (antidiuretic hormone) secretion.

Other: Headache, weight gain or loss, increased perspiration, urinary frequency, mydriasis, jaundice, alopecia, parotid swelling.

Overdosage: Immediately hospitalize patient suspected of having taken an overdose. Treatment is symptomatic and supportive. I.V. administration of 1 to 3 mg physostigmine salicylate has been reported to reverse the symptoms of amitriptyline poisoning. See complete product information for manifestation and treatment.

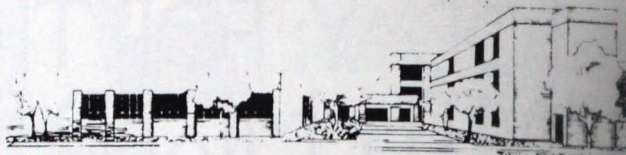
Dosage: Individualize according to symptom severity and patient response. Reduce to smallest effective dosage when satisfactory response is obtained. Larger portion of daily dose may be taken at bedtime. Single *h.s.* dose may suffice for some patients. Lower dosages are recommended for the elderly.

Limbitrol DS (double strength) Tablets, initial dosage of three or four tablets daily in divided doses, increased up to six tablets or decreased to two tablets daily as required. Limbitrol Tablets, initial dosage of three or four tablets daily in divided doses, for patients who do not tolerate higher doses.

How Supplied: Double strength (DS) Tablets, white, film-coated, each containing 10 mg chlordiazepoxide and 25 mg amitriptyline (as the hydrochloride salt), and Tablets, blue, film-coated, each containing 5 mg chlordiazepoxide and 12.5 mg amitriptyline (as the hydrochloride salt)—bottles of 100 and 500; Tel-E-Dose® packages of 100; Prescription Paks of 50.



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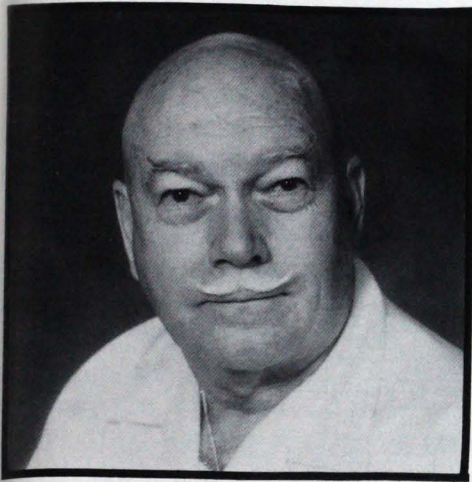
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TOMA Member Heads Civil Aviation Medical Group



John H. Boyd, D.O., of Eden assumed the presidency of the Civil Aviation Medical Association at its 20th Annual Meeting and Second Global Symposium on Aviation Medicine, October 26 at the Marriott Hotel North in San

Antonio.

A TOMA member since 1955, Dr. Boyd received his D.O. degree from Kirksville College of Osteopathic Medicine in 1955 and has practiced in Louise, Silvertown and Eden, where he is presently located.

Active in medical affairs throughout his professional life, Dr. Boyd has served as TOMA president from 1973-74; member of the TOMA House of Delegates for 18 years, with eight of them as vice speaker; and as a member of the AOA House of Delegates. He has also been president of the Texas Institute for Medical Assessment; member of the Texas Medical Foundation; and has served on the Committee on Medical and Dental Education, Coordinating Board, Texas College

and University System, as a member of the State Rural Medical Education Board.

In addition, Dr. Boyd is a Texas Member of the American Academy of Osteopathy and the American Osteopathic Academy of Public Health and Preventive Medicine. He is a fellow of the American College of Utilization Review Physicians, certified by the American Board of Quality Assurance and Utilization Review Physicians and a director of the Texas Medical Foundation.

A clinical associate professor in general and family practice at Texas College of Osteopathic Medicine, Dr. Boyd has been an FAA Aviation Medical Examiner since 1971.▲

TCOM Forms Diabetes Care Unit

Diabetics can learn to control their disease themselves at the new Diabetes Care Unit at Texas College of Osteopathic Medicine (TCOM). Under the direction of Ray Olson, D.O., and Steven Weis, D.O., the center will bring to the metroplex resources previously available in only a few large centers across the country.

More than 11 million Americans are diabetic, with an estimated 50,000 of them in Tarrant County alone. "Effective self care can not only help these diabetics enjoy more normal and healthful lifestyles," said Dr. Olson, "but also aid in the prevention or reduction of diabetes' most devastating complications — blindness, kidney failure and cardiovascular disease."

At the center, participants will learn advanced skills in how to use measurements of blood sugars in adjusting and administering oral agents or insulin, how to judge and plan proper diets (even in restaurants) and how to use exercise as an effective control tactic. Type I diabetics will learn to balance dietary carbohydrate intake with insulin dose and exercise to keep blood glucose levels normal 24 hours a day. Overweight (Type II) diabetics will enter a weight reduction program consisting of a low-calorie diet, balanced exercise program and psychological support. All participants will be evaluated for physical fitness and be assisted in setting appropriate personal goals.

Upon completion of the program, medical records will be forwarded to personal physicians, who will supervise treatment and assure continuity in the control of the disease. Graduates of the program are invited to free weekly problem-solving clinics.

Dr. Olson, a TOMA member since 1960, is a diplomate of the American Osteopathic Board of Internal Medicine and a fellow in the American College of Osteopathic Internists.

A TOMA member since March of 1985, Dr. Weis is a Texas member of the American Osteopathic Academy of Public Health and Preventive Medicine and a member of the American College of Osteopathic Internists.▲



Midwest Osteopathic Society of Anesthesiologists Winter Meeting

February 2-7, 1986

17 Hours CME - Category 1-A
Tentative Approval

Copper Mountain, Colorado

REGISTRATION FEE SCHEDULE (Prior to January 1, 1986)

Physicians	\$275.00
Nurse Anesthetists	\$225.00

(After January 1, 1986)

Physicians	\$325.00
Nurse Anesthetists	\$275.00

REFUND POLICY

All cancellations must be received in writing. Telephone cancellations will not be accepted. A \$25.00 processing fee will be charged to all registrants who cancel. If cancellation is necessary the following policy will apply: 1) More than 45 days prior to program Full refund (less processing fee); 2) 30-45 days prior to program 50% of fees paid; 3) 15-30 days prior to program 25% of fees paid; 4) Less than 15 days prior to program No Refund.

SUNDAY, FEBRUARY 2, 1986

5:00 - 7:00 PM	Registration
7:00 - 8:00 PM	Get Acquainted

MONDAY, FEBRUARY 3, 1986

7:00 - 8:00 AM	Management of the Diabetic Patient <i>Ted Nophske, D.O.</i>
8:00 - 9:00 AM	Update on AIDS — <i>Ted Nophske, D.O.</i>
4:30 - 5:30 PM	Differential Diagnosis of the Patient with Abnormal Liver Function Tests <i>Jeffrey Mills, D.O.</i>
5:30 - 6:00 PM	Open Forum Discussion

TUESDAY, FEBRUARY 4, 1986

7:00 - 8:00 AM	Acute Epiglottitis — <i>Richard Grossman, D.O.</i>
8:00 - 9:00 AM	Supra-Clavicular Nerve Blocks <i>Leonard Becker, D.O.</i>
4:30 - 5:30 PM	Diagnostic Chest Imaging <i>Charles Wheeler, D.O.</i>
5:30 - 6:00 PM	Open Forum Discussion

WEDNESDAY, FEBRUARY 5, 1986

7:00 - 8:00 AM	Malpractice — <i>Charles Evans, Attorney</i>
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8:00 - 9:00 AM	How We Can and Why We Must Get Involved in the Government Process <i>Charles Evans</i>
4:30 - 5:30 PM	HMO; PPO; IPA; DRG; A Whole New Language — <i>Rob Martin</i>
5:30 - 6:30 PM	Panel Discussion

THURSDAY, FEBRUARY 6, 1986

7:00 - 8:00 AM	Herpetic Neuralgia: Does the Patient Have to Suffer? — <i>Keith Patrella, D.O.</i>
8:00 - 9:00 AM	"Surgery Can't Wait" The Orthoped <i>Edward Smith, D.O.</i>
	"Surgery Should Wait" The Anesthesiologist <i>Stephen Stern, D.O.</i>
4:30 - 5:30 PM	Chemonucleolysis — Is It Worth the Risk? <i>Edward Smith, D.O.</i>
5:30 - 6:00 PM	Panel Discussion

FRIDAY, FEBRUARY 7, 1986

7:00 - 8:00 AM	Anesthesia at High Altitudes <i>Robert Hallworth, D.O.</i>
8:00 - 9:00 AM	Understanding Hyperalimentation <i>Jeffrey Mills, D.O.</i>
4:30 - 5:30 PM	Ambulatory Surgery: Who's a Candidate? <i>J. Michael Stanton, D.O.</i>

COPPER MOUNTAIN RESORT RESERVATIONS Midwest Osteopathic Society of Anesthesiologists Winter Meeting P.O. Box 3001, Copper Mountain, Colorado 80443

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Reservations accompanied by one night's lodging deposit is required by December 1, 1985 to insure conference center lodging. The above rates do not include 5.1% sales tax.

IMPORTANT: In order to obtain these special rates be sure to use this reservation form when arranging lodging by mail. If reservations are made by telephone specify that you are attending the Midwest Osteopathic Society of Anesthesiologists Seminar.

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College _____ Year Graduated _____

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For Further Information Contact:

Michael Stanton, D.O. or Steve Stern, D.O. at 817-282-9211 ext 1401

ATOMA News

By Nancy Hawa
District II



A happy holiday season to everyone! Can you believe it is already December? Time flies when you are busy and December is the busiest time of all!



Due to construction delays Fort Worth Osteopathic Medical Center will have to delay the opening of the new patient tower to mid-January, 1986. Right now the opening schedule is as follows: January 15 - Employee Day; January 16 - Office Staff Day for physicians' office staff; January 17 - a luncheon for Carswell Air Force Base personnel; January 18 - a V.I.P. Champagne Reception; and January 19 - a public open house and formal dedication.



Fort Worth Osteopathic Medical Center's staff holiday party will take place Thursday, December 12, 1985 at Shady Oaks Country Club in Fort Worth from 7:00 p.m. to 9:00 p.m. The annual TOMA/ATOMA holiday party will take place on Tuesday, December 3, 1985 at the Petroleum Club in Fort Worth.



Welcome! Dr. Larry and Jackie Sharp welcomed Taylor Richard Sharp to Fort Worth and the world on October 13, 1985. Taylor weighed in at nine pounds and two ounces with brown hair and blue eyes—and 21 inches in length. How did two people from Michigan grow such a long, tall Texan?



The Auxiliary to the District II Texas Osteopathic Medical Association had a board meeting in October where several important decisions were made. The board decided to adopt the recommen-

dations made by the Search Committee headed by Carolyn Bilyea and put before the general membership the following charitable organizations as the recipients for money raised at the Wintercrest Charity Ball slated for Saturday, March 8, 1986.

The organizations are: *A Wish with Wings* - a locally incorporated group from Arlington that grants wishes for catastrophically ill children. The group, which is manned by volunteers, responds quickly to wishes, sometimes within a week of the initial request.

Gill Children's Services - an organization that meets the medical needs of children with medical equipment, special therapies, dental work, etc., when other sources have been exhausted. Gill Children's Services were the recipients of last year's funds from the Wintercrest Charity Ball.

Pathfinders Camp - founded in 1977, the Pathfinders Camp is a camping program that helps youngsters with epilepsy develop a positive self-concept and strategies for coping with this often misunderstood illness. No camper is ever turned away for lack of funds.

Adopt-A-School-Program - Northside High School, Health Professions Magnet - the Texas College of Osteopathic Medicine adopted Northside High School in the year of 1985 to help the Fort Worth Independent School District establish the Health Professions Magnet. The Magnet helps high school students interested in a career in the health professions pursue more indepth studies in the sciences. Research positions are also made available to some of these Magnet students during the summer at TCOM. Money from the Wintercrest Charity Ball will be used to

help purchase microscopes for Magnet students' use.



Also, the board passed a motion to begin the process of establishing a self-perpetuating scholarship at TCOM. The scholarship will be called the Auxiliary to the District II Texas Osteopathic Medical Association Memorial Scholarship Fund and will be given annually to a deserving osteopathic medical student. Criteria for who will receive this scholarship are still being worked out. The fund will be started with \$900.00 from last year's Holiday Card Project.



By Bessanne Anderson
ATOMA Guild Chairman

As ATOMA Guild Chairman I was pleased to attend the National Osteopathic Guild convention in Tulsa last month. The host guild auxiliary had worked very hard all year to prepare for this 30th year celebration. The "pearl" theme was carried out to every advantage.

I believe it is important to all physicians's wives to financially support their hospital's guild. If they can join, fine, but support projects whenever you are asked. These volunteers in our hospitals do so much goodwill for the osteopathic profession and give freely of themselves with no remuneration.

Fort Worth Osteopathic Medical Hospital, Metropolitan Hospital (Dallas) and a new member Northeast Community, Bedford are members of NOGA but any hospital guild would welcome your membership and/or financial support.



OU-COM Honors Mary M. Burnett, D.O.

Mary M. Burnett, D.O., a family practitioner from Dallas, was recently awarded the Phillips Medal of Public Service. Named for J. Wallace and Jody Galbreath Phillips, longtime friends of Ohio University-College of Osteopathic Medicine (OU-COM), the medal is given to individuals who have made significant contributions to health care and public service.

The award was presented in October during the 10th Annual Convocation of OU-COM. The event is held each year in the fall

to honor the incoming freshmen class of osteopathic medical students and to present the Phillips Medals.

Keynote speaker was Senator Stanley J. Aronoff (R-Cincinnati) who said, "It seems only yesterday I was approached by representatives of Ohio University for support in establishing a college of osteopathic medicine. To say that there was opposition is to understate the case. There was outright antagonistic lobbying in many parts of the state. I will never regret the decision to

cast my vote in support of establishing the college. All the promises, hopes and expectations have been met and then some."

Dr. Burnett, a TOMA member since 1969, graduated from Kansas City College of Osteopathic Medicine in 1949 and interned at Kansas City Osteopathic Hospital. She has been extremely active in national and state affairs and is a past president of the American College of General Practitioners in Osteopathic Medicine and Surgery.▲

TCOM Students to Receive Scholarships

Four students at Texas College of Osteopathic Medicine (TCOM) will receive \$5,000 scholarships over the next four years from Dallas Southwest Physicians, Inc., a private foundation.

The Dallas-based organization gave \$80,000 to the school for the awards, after having already donated \$25,000 to TCOM's continuing medical education programs. The first four recipients of the scholarship will be announced in January.

Dallas Southwest Osteopathic Physicians was formed in July, 1983 as a result of the sale of Stevens Park Osteopathic Hospital to University Health Services. At the time of the sale, physicians at the hospital decided that the proceeds from the sale - approximately \$7 million - should be returned to the community from which the monies generated. The doctors invested the money and have already provided

more than \$400,000 in assistance to worthy projects and programs.

Board members of the organization are Richard B. Helfrey, D.O., chairman; A.G. Bascone, D.O., vice chairman; Ross M. Carmichael, D.O., secretary-treasurer; J. T. Calabria, D.O.; George B. Clark, D.O.; Hyman Kahn, D.O.; Joe L. LaManna, D.O.; Lloyd C. Woody, D.O.; and Roland Young, D.O. Executive director is Don L. Hicks.▲

Legislator Seeking to Repeal Texas Seat Belt Law

Texas' mandatory seat belt law was introduced by Senator Ted Lyon of Mesquite during the 69th Legislature, was passed by a majority and went into effect September 1, 1985. Fines will not be assessed, however, until December 1, 1985. The law requires the wearing of seat belts by all front seat passengers in passenger cars, as well as in trucks with a carrying capacity of 1,500 pounds.

Now, State Representative Kelly Godwin of Odessa is beginning a

petition drive throughout Texas for repeal of this law and plans to introduce his legislation during the 1987 session.

Representative Godwin's reasoning is that Texans should be given the right to make their own decisions about their own personal safety and that the law is "an infringement on personal freedom." Representative Godwin states that he has been contacted by many of his constituents who feel wearing

seat belts is a good idea, but despise the idea of their use being mandatory by state law. He also feels that the law is not equally applied inasmuch as it doesn't apply to persons riding in the rear of an open pickup truck.

Godwin says he is "introducing the petition to establish broad support for my efforts to introduce legislation to repeal the mandatory seat belt law" and plans to make copies available to the Legislature.▲



FYI

MEDICARE FEE FREEZE AT STALEMATE AGAIN

Under legislation approved by Congress and signed by President Reagan in mid-November, Medicare payments to hospitals and physicians will remain frozen at their fiscal 1985 levels through December 14. This delay is the second such measure enacted this year. A temporary extension on fiscal 1985 spending levels has been approved until December 12 due to stalled action on a fiscal year 1986 HHS appropriations bill.

In other related matters, the staff of the Office of Management and Budget (OMB) is now considering a fiscal 1987 freeze in Medicare payment rates to physicians and hospitals to remain at the fiscal 1986 levels, however, according to agency officials, the plan must first be reviewed by the OMB director. This proposal of the OMB is related to the Gramm-Rudman balanced budget plan, which is now before Congress.

HEED YOUR HEART, SAY RESEARCHERS

At the recent annual meeting of the American Heart Association, the entire session focused on atrial natriuretic factor, a family of hormones manufactured in the heart which send messages throughout the body.

During the meeting, researchers exchanged and relayed information garnered from their various investigations.

Now acknowledged as not just a pump, the heart is an "intelligent" organ that communicates with other parts of the anatomy on a regular basis, even giving advice to the brain.

The prevailing theme of love songs, as we all know, is that the heart is the seat of human emotion and scientists are now saying this notion may have more basis in science than previously thought.

NEW HORMONE BEING TESTED FOR OSTEOPOROSIS

Osteoporosis is a condition whereby the bones become thin and brittle, leading to fractures, often of the hip and collapse of vertebrae. About 20 million postmenopausal American women suffer from this condition which frequently leads to death. About 15 percent of women with hip fractures who suffer from osteoporosis eventually die within three months from complications. Although much more frequent in women, men can also become afflicted.

USV Laboratories, a division of the Revlon Health Care Group, is currently engaged in a program involving 10 centers who are performing clinical trials with a hormone found in salmon to see if it can prevent osteoporosis. The salmon hormone is called calcimar and is believed to aid in the prevention of calcium loss. It is similar to a human hormone called calcitonin, which cannot be obtained for use as a drug.

Scientists are hoping that treatment with calcimar will prevent or at least slow down the deterioration experienced by those plagued with osteoporosis.

NEW PUBLICATION TO HELP CONSUMERS

The American Association of Retired Persons (AARP) has released, in cooperation with the Federal Trade Commission, a publication entitled *Healthy Questions*, as part of AARP's national "Cut the Cost, Keep the Care" campaign. The campaign is designed to reduce the ever-rising increase in health care costs through political and consumer action, as well as through health promotion activities.

Healthy Questions is a free guide and includes specific measures on choosing and evaluating physicians, pharmacists, dentists and vision-care specialists to be used by consumers. It is printed as a file folder, thus, can be used to keep medical bills, prescriptions, appointment cards and other health records.

The guide says, "The decisions you make about which health-care services and products to purchase are some of the most important and expensive decisions you make as a consumer. Yet, like many people, you spend less time choosing a health professional than you would choosing a TV set. And you may feel reluctant to actively question your doctor about diagnosis or treatment. If so, you are not alone."

Individuals copies of the publication are available at no charge by writing: *Healthy Questions*, AARP, 1909 K. Street, N.W., Washington, D.C., 20049.



It's here, on I-30 at the Montgomery Street exit, that is. The raging battle over the sign began about six years ago when the State Highway Department denied a request, their reasoning being that TCOM did not have 5,000 students, even though various health science centers, who also did not have the required amount of enrollees, were permitted highway signs. The case was then appealed to the Federal Transportation Department, who also gave their refusal. Finally, thanks to the efforts of the Tarrant County Legislative Delegation, who put a rider in the Highway Appropriations Bill effective September 1, 1985, and the support and backing of Gib Lewis, Speaker of the House and Representatives Mike Millsap and Doyle Willis, the battle was finally won. The sign also points out the direction of Fort Worth Osteopathic Medical Center. Another chalk mark for the osteopathic profession!

Administrative Changes for the Institute of Human Fitness

Scott Taylor, D.O., former clinic director at the Institute for Human Fitness at Texas College of Osteopathic Medicine (TCOM), has been named assistant director of the institute.

Among Dr. Taylor's responsibilities will be management of the Activity Center, which encompasses the institute's strength training rooms, shower and jacuzzi facilities, and numerous group exercise classes. He will also be in charge of evaluation of current educational programs for both medical students and the public, as well as implementing improvements to make the center more competitive in the Fort Worth market. Robert Kaman, Ph.D., associate director of the institute said,

"Our fitness center will be the only one in town with a physician as chief administrative officer."

Dr. Taylor, a TOMA member since 1978, received his D.O. degree from Kansas City College of Osteopathic Medicine in 1974.

Two other staff members, Harvey Micklin, D.O., and Perri Carr, were promoted to clinical director and special programs director, respectively.

Dr. Micklin, a TOMA member since March of 1985, was formerly a general practitioner from New York with residency training in psychiatry. He will manage the health assessment division at the institute, which includes individual screenings and lifestyle change programs. Dr. Micklin graduated

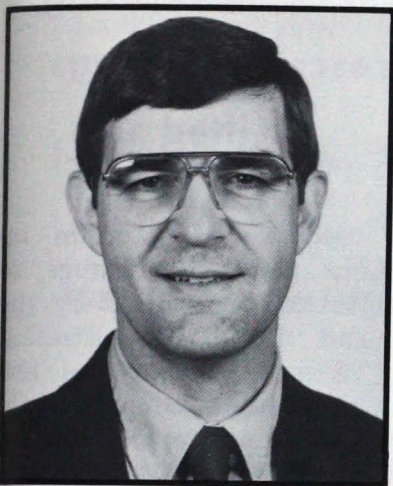
from the College of Osteopathic Medicine and Surgery, Des Moines, Iowa in 1960.

Perri Carr, who received her M.S. degree in kinesiology from Texas Christian University in 1984, will be responsible for designing programs as marketable products for the business community.

The institute has had fitness assessment contracts with the Fort Worth and Arlington fire departments and the Arlington Police Department for the last several years. Located on the Trinity Trail south of Trinity Park, it was Fort Worth's first fitness center offering health assessments and individualized exercise/nutrition prescriptions. Stanley Weiss, D.O., is director of the institute.▲



TCOM Names Acting Executive Assistant



J. Warren Anderson, Ph.D.

J. Warren Anderson, Ed.D., associate dean for medical education at Texas College of Osteopathic Medicine (TCOM), has been named acting executive assistant to the

president. He will retain his associate dean title.

In the new position, Dr. Anderson will be responsible for policy formation and implementation, institutional planning, institutional research and evaluation and word processing for TCOM.

Dr. Anderson came to TCOM as associate dean in 1976. He earned his B.S. degree in psychology at Iowa State University, his M.S. in the same field at San Diego State University and his Ed.D. at Indiana University. He was with Michigan State University from 1971 to 1975 as assistant professor in the Office of Medical Education, Research and Development. ^

Below is a list of material that can be ordered
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Natural Death Form
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Brochures for Office Distribution:
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generations . . .
then one of
the nephews
got his hands
on things . . .
sold it off to pay his
gambling debts."*



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Texas DO/29

Clergy Upset Over Child Abuse Ruling

Texas Attorney General Jim Mattox's recent interpretation of Texas' child abuse law, which requires clergy to report on cases disclosed during counseling sessions or confession or risk facing up to a \$1,000 fine and a sentence of 180 days in jail, has clergy in a real quandry. The conflict between obeying the law and remaining true to their vows has prompted a priest who advises the state welfare department to comment that the attorney general's opinion smacks of Hitlerism. Monsignor Vincent Fecher of Uvalde, a member of the Church Relations Advisory Group of the Texas Department of Human Services stated, "This reminds me a lot of another era, in Nazi Germany, when children were encouraged to report on their parents. I have a problem with our American system telling anybody that you've got to snitch on somebody else." The ruling raises serious problems for priests who pledge to keep their parishioners' confessions secret.

Other members of the Church Relations Advisory Group joined him in expressing their feelings of concern in a meeting with the primary author of the opinion, Assistant Attorney General Tony Guillory. Attorney General Mattox publicly stated that he disagrees with the law, but as attorney general, was forced to interpret it as he did.

Senator Ray Farabee of Wichita Falls, chairman of the powerful Senate State Affairs Committee, sent an observer to the meeting and later commented that he is considering sponsoring a bill giving ministers the right to remain silent about child abuse confessed to them in private. He also said he would like to give similar privileges

to psychologists, counselors and others in the hope that it would encourage child abusers to seek professional help.

Senator Farabee noted, "If you cut off the opportunity for people to get straight with the Lord and their preacher, you may have an adverse effect on the child."

A Promising New Treatment for Hydrocephalus

John M. Freeman, M.D., director of pediatric neurology at Johns Hopkins Children's Center, has hopes that a new drug treatment may replace surgery in many cases of hydrocephalus, a condition in which fluid builds up in the brain. About 2,300 infants develop this condition each year nationwide. To relieve the pressure, since this condition can cause severe brain damage, surgeons now insert a shunt to drain the fluid from the head to the heart or abdominal cavity, where it is reabsorbed. Although shunts are usually successful, there are often complications necessitating repeated operations to replace the drainage tubes.

The new drug treatment is a combination of the drugs acetazolamide and furosemide, rather than either drug alone. This combination was found to be the most effective therapy in decreasing the production of fluid, and is not only safer, but less expensive than traditional shunt surgery.

Researchers found that the drug therapy was successful in 17 of 30 infants with hydrocephalus resulting from intraventricular hemorrhage, meningitis and shunt complications. Infants with spina bifida, in which hydrocephalus progresses more quickly, had less success with the drug therapy.

Dr. Freeman commented that the drug therapy probably works because it provides time for the

bones in the skulls of infants to fuse, and once the skull is firm, pressure inside the head creates increased absorption of the fluid.

Ban on Advertising Prescription Drugs is Lifted

The two-year moratorium on advertising prescription drugs to consumers has been lifted by the Food and Drug Administration (FDA). Several years ago, a few drug companies attempted consumer-oriented ads in major newspapers, however the FDA requested that drug companies stifle any further advertising and the moratorium went into effect. The purpose was to give the FDA, patients, physicians and drug companies time to discuss and consider the aspects of consumer-oriented ads.

At that time, the drug companies were concerned that 30-second TV commercials might be a poor way of explaining any adverse reactions, and feared they might risk losing physicians, their best customers.

The FDA completed a study during the moratorium regarding the drug companies' fears and their research showed that any risk information could successfully be relayed to consumers, even in television ads. Of great interest was the fact that viewers recalled the benefits of a drug with much greater frequency than any adverse side effects. The study also found, however, that not every viewer understood such ads, and the therapeutic purpose of a drug was misunderstood in some cases.

The government is taking the same position it took before the moratorium which is that the ads must contain the same information as ads to the medical profession. Some drug companies had hoped that the FDA might revise its regulations somewhat, but this is obviously not the case.

In the meantime, drug companies



are seemingly hesitant to rush into major public ad campaigns. Speculation is that companies are waiting to see what their competition does first. With the added pressure for generic substitutions abounding these days, it may not be too long before a blitz of consumer-oriented ad campaigns begin.

New Virus May be Linked to Multiple Sclerosis

A new virus has been discovered by researchers in the blood and brain fluid of multiple sclerosis victims in Key West, Florida and Sweden. The unidentified virus is similar but not identical to the virus that causes an unusual form of human leukemia, HTLV-I.

Multiple sclerosis is a disease which strikes the brain and nervous system, causing tremors, muscular weakness and other debilitating symptoms. It attacks myelin, which is a kind of insulation surrounding electrical nerve fibers, thus causing the hardening or sclerosis of nerve cells.

Genetic material from the new virus has been identified in T-cells, a type of white blood cells, taken from the cerebrospinal fluid of some patients afflicted with multiple sclerosis. The fluid bathes the brain and spinal cord.

Elaine DeFreitas, one of the researchers making the new discovery said, "We are not claiming—because we do not have the data to support the fact—that this is the cause of multiple sclerosis."

Dr. Wallace Tourtellotte, neurologist and multiple sclerosis expert at Wadsworth Veterans Administration Hospital in Los Angeles commented, "This is a Nobel Prize-winning paper if it's true. Everybody in the country who can do genetic engineering will be working on this virus."

New Studies on Kidney Disease in Progress

Currently, there are more than 14 million people in the United States alone who are either afflicted with, or are at risk for kidney disease, a deterioration that if left untreated, results in death. Nearly \$2 billion will be spent by the federal government this year to provide dialysis, transplantation and medical care to patients with kidney failure.

Scientists had believed that the main risk factor was high blood sugar, or hyperglycemia, however, two new studies by nine hospitals nationwide are now testing whether a low-protein diet or a drug to reduce blood pressure can slow or stop the progression of early-stage kidney disease. The goal of both treatments is to reduce high blood pressure in the kidney. Test patients are already being accepted for the studies.

Brigham and Women's Hospital in Boston is conducting the study involving the use of blood pressure drugs. Dr. Barry Brenner, director of the kidney division at Brigham and Women's Hospital said, "We believe that if we intervene with aggressive restriction of protein or blood pressure control, we can stop the progression of the disease."

Dr. Brenner and his colleagues became the first to document that the main cause of loss of kidney function in diabetic animals is increased blood pressure, published in the September issue of the *Proceedings of the National Academy of Sciences*.

Physicians have been using low-protein diets and hypertension drugs for years to slow the loss of kidney function in the latter stages of the disease. The new studies will focus on high blood pressure in the kidneys, using

therapies to treat it before it progresses very far.

Applications for Student Fellowship Program Available

Fellowships for osteopathic and allopathic medical students under the SmithKline Beckman Medical Perspectives Fellowship Program have been announced. The program, created to provide students with other learning opportunities not ordinarily encountered in the course of their education, is funded by SmithKline Beckman and administered by the National Fund for Medical Education.

Fellowships will be awarded for creativity in concept and/or originality in execution. Due to the fact that the program is intended to stimulate creative thinking, there are no limits imposed on the nature or scope of the projects except they must have potential for improving students' understanding of clinical medicine and/or the delivery of health care.

Students must apply before receiving their D.O. or M.D. degree and projects must be completed before graduation. Application deadline is March 1, 1986, and brochures and application forms are available at the deans' offices.

HPSL Program Terminated at Eight Schools

Problems resulting in the Health Professions Student Loan (HPSL) program are surfacing due to the stringent standards imposed in the collection of student loans. Final regulations, which were published August 23, include two rules which directly apply to health

professions loans. The first is that as of June 30, 1986, these schools must use only the dollar delinquency rate, based on the amount of unpaid principal on delinquent loans to calculate the delinquency. The second gives procedures to be implemented in collecting the loans, including entrance and exit interviews with the borrowers, regular billing, attempts to contact the borrowers, and the use of collection agents, credit bureaus and legal proceedings.

Since January 1, 1985, 25 schools were suspended for failure to reach the five percent delinquency rate or reduce their rate by 50 percent. Eight have now received notice of termination of the HPSL program. Seven of these eight are schools of pharmacy and one a school of podiatry. Since they were unable to meet the reduction as of June 30, 1985, they have been dropped from the program and must return funds in the account to the federal government.

Eight of the 25 have achieved the desired five percent delinquency rate and are now on active status. Five have met the required 50 percent reduction and are on probation and four schools are suspended for not submitting reports. There are no osteopathic medical schools included in the last two categories.

Of nine schools on probation since January 1, 1985, five are now active. ▲

Senator Hatch Introduces Liability Bill in Congress

Senator Orrin Hatch (R., Utah) has recently introduced legislation which would encourage states to reform tort law and peer review systems. The first major attempt to solve the problem of soaring medical professional liability costs, the bill is noted as the first step in a frantic search for the best possible federal and state approach to the problem. He is challenging persons to step forward to either concur or respond with alternatives.

Senator Hatch commented that because of the malpractice crisis, some physicians are leaving medicine altogether, while others are drastically changing their style of practice.

Physicians have watched as medical liability premiums increased by more than 80 percent between 1975 and 1983, with some reaching as high as \$80,000 for physicians in high-risk practices. Unfortunately, the size of awards have almost tripled during the same period. In 1984, the average verdict was \$338,463.

The Supreme Court recently endorsed a similar solution in a California law that sets limits on high malpractice awards for non-economic losses such as pain and suffer-

ing. The ruling upholds that a ceiling on damages is constitutional.

The bill provides for development and incentive grants to any state that makes administrative changes to ease the current crisis. Funds could be used to improve malpractice compensation and disciplinary systems, public health programs, or studies of the liability problem within the particular state.

Senator Hatch has predicted that if the legislation is enacted, \$500 million in savings could be seen annually, while only costing \$224.9 million to implement over a three-year period. These savings would be achieved for the federal government in Medicare, CHAMPUS, and other programs, while state governments would most likely see the savings under their Medicaid programs.

The bill will probably face opposition by trial lawyers who are well represented in Capitol Hill chambers so modification will more than likely be inevitable.

Also urged is state tort reform in such areas as allowing periodic payment of damage awards exceeding \$100,000; allowing reduction of awards by amounts received from other sources for the same injury; limiting non-economic damages to \$250,000; implementing increased funding for state disciplinary boards; urging the formation of risk management programs by hospitals; and encouraging increased peer review by state medical societies. ▲



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TOMA President Reports on Midyear Board Meeting

As the days get shorter, they also get busier. I reported last month that we had a Board meeting but did not have the opportunity to report much on its activities. We had excellent attendance and met for over seven hours, covering your business. We listened to a report from George Esselman, D.O., regarding the Impaired Physicians Committee, which now has five subcommittees throughout the state in various areas. The committee is functioning well and has helped put 18 physicians back into the mainstream of practice. There will be a three-hour seminar on November 23, 1985 at the TOMA State Headquarters entitled "Identifying and Assisting the Impaired Health Care Professional, Physicians, Dentists, and Nurses." Russ Jenkins, D.O., gave an excellent report on the governmental relations and TOPAC situations. Steve Urban, D.O., gave a good report on the 1986 convention program and reported that he has all of his speakers lined up and accepted. Gerald Flanagan, D.O., gave a good

report on the always hardworking Hospitals and Insurance and Peer Review Committee, and also informed the Board about sanctions and sanction procedures which can be expected from the Medicare and Medicaid programs. Charles Ogilvie, D.O., gave an excellent report on the Archives Committee.

Much of the morning and early afternoon were spent on the finances of the association, as well as projections for the future. We are still in a tight position when it comes to our overall financial situation. However, your Board will continue to work on this serious situation.

Your Board received an excellent report that our newest employee, John Sortore, is working very well and has already brought about some good vibes toward the state organization, as well as excellent PR work for TOMA.

The TOMA State Headquarters continues to correspond with HCFA, TDHR and Blue Cross regarding Medicare and Medicaid

reimbursement procedures and limitations on patient contact codes and medical services.

We are still working with the TMA and others in coalition against "alternative benefits" insurance policies and any other programs which limits freedom of choice by the patient in securing health care.

In the near future there will be an Impaired Physicians Committee meeting as well as a Governmental Relations Committee meeting. Also, Mr. Roberts and I have been working on a planned office management seminar for the spring, which the Board felt might be a much needed seminar for the membership. The date will be announced later but it is expected to be held sometime in March of 1986.

Remember, this is your organization - any suggestions you have for the betterment should be passed on to any Board member, myself or Mr. Roberts. We still need suggestions for lay names to state commissions and boards.▲

Wilford Hall Establishes Centralized Management Project

As of October 1, 1985, persons eligible for Civilian Health and Medical Program of the Uniformed Services (CHAMPUS) health benefits needing allogeneic bone marrow transplant operations are being directed to Wilford Hall Air Force Medical Center, San Antonio, for tests and evaluation and possibly the surgery itself.

Allogeneic transplants are those in which bone marrow to be used for transplant is obtained from a donor.

The new project enables patients approved for transplants to have the procedures done at Wilford Hall in a centralized management setting at minimal cost. Family members will also receive special assistance with regards to transportation and temporary housing.

Wilford Hall is assuming the responsibility for all

inpatient medical care and outpatient follow-up related to the transplants, for patients who do require surgery. The hospital will also evaluate and work up the cases of any patients who have bone marrow surgery done by civilian providers.

The Air Force facility has established a 24-hour telephone line to the medical center for patients and physicians. The number is 512-670-7080. The Health Benefits Advisor at Wilford Hall can be reached at 512-670-6857, or at AUTOVON 554-6857.

The purpose of handling transplant care at one military medical facility is to see if such centralization can improve the quality of care, while making more efficient use of government health care resources.

Defense officials also hope to learn from the five-year project whether the concept of centralized management can be used with other kinds of treatment.▲



Ex-Governor Nominated for HHS Secretary Position

In the effort to replace outgoing Secretary Margaret Heckler of the Department of Health and Human Services (HHS), several prospective candidates had dropped out of the running, while new names were surfacing. The list seemed ever-changing for a while.

Definitely out are David Swoap, former California Health Secretary, who withdrew, and Karl Bays, American Hospital Supply Corporation (AHSC) president. Bays apparently objected to a White House request that he sell his AHSC stock, valued at \$9-10 million, to avoid conflict of interest. James Cavanaugh, president of Smith Kline & French Laboratories, was expected to have the same problem as Bays.

Physician candidates were then being considered to replace Secretary Heckler. Prospects were William Mayer, M.D., Assistant Secretary of Defense for Health Affairs, and former Indiana Governor Otis "Doc" Bowen, M.D., who had chaired a commission on Medicare's future, recommending several controversial changes in the program.

On November 7, it was learned that President Reagan had nominated Dr. Bowen, 67, for the position.

The announcement was made during a picture-taking session in the Oval Office. President Reagan commented that he picked Dr. Bowen "Because of all the qualifications he had in excess

for this particular position," which includes experience as a family physician and medical professor, as well as eight years as governor.

Dr. Bowen served as Indiana's governor from 1973 to 1981 and was a four-term speaker of the Indiana House. Before his political career, he was a general practitioner serving the rural Amish community of Bremen in northern Indiana.

Easy Senate confirmation is expected, although Dr. Bowen will more than likely face questions regarding the last year of his governorship, at which time he repudiated federal drug laws by prescribing three unauthorized drugs for his wife, who was dying of bone cancer in 1980.▲

TMF Works For You

The Texas Medical Foundation (TMF) is an organization that believes physicians should be in charge of Texas medicine's future and its members actively work towards answering the current serious challenges to the medical profession in Texas through participation in physician-directed hospital review.

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Medicare Coverage Being Sought for Magnetic Resonance Imaging

A service which may soon be covered by Medicare is the use of the new multi-million dollar Magnetic Resonance Imaging machines, which is currently being recommended by the Public Health Service (PHS). The machines provide superior pictures of the central

nervous system and of soft tissues inside the human body, much better than x-rays or CAT scan devices. Use of the imaging machines would be a revolutionary step, and according to sources, this recommendation is likely to be adopted.

Each machine costs anywhere from \$800,000 to \$2 million and require a special room, which in addition, costs hundreds of thousands of dollars, and each scan can cost from \$360 to \$1,400.

The PHS says that the machines have become a "standard diagnostic tool," and that, "to date, there have been no evidence that magnetic resonance imaging causes biological harm."▲

from TMF, 7800 Shoal Creek Drive, Suite 150E, Austin, Texas, 78757, phone 512-459-3341.

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Medicare May Soon Cover Some Heart Transplants

Health officials of the Department of Health and Human Services (HHS) are recommending that the government begin paying for a limited number of transplants for Medicare patients, those under about the age of 55. Secretary Heckler is "favorably disposed" to the idea, according to sources.

In May, Heckler seemed ready to give the go-ahead on the transplant recommendation, making it quite clear that she would favor Medicare heart transplants under limited conditions that would keep health costs from ballooning. However, at that time, she postponed her decision, according to some sources, at White House insistence, and instead ordered the Public Health Service (PHS) and the Health Care Financing Administration (HCFA) to study the issue at length.

These two agencies now have come up with a plan for Medicare coverage of heart transplants that would limit eligible recipients to those whom medical specialists consider the best candidates, which will probably mean those under their "mid-50s with adequately young physiologic age to permit successful transplantation," and who are free of other serious health problems.

Although immediate costs would be small because of the age limit, many health specialists and politicians speculate that political pressure would sooner or later lead to a change in the age cutoff date to include many more recipients.

According to a memorandum issued by PHS and HCFA, the age limit will exclude the majority of Medicare's 30 million beneficiaries, most of whom are over 65, leaving the categories of the disabled and certain young adults.

As a result, the memo estimated that 63 people in 1986, 91 the next year, 103 in 1988, 115 in 1989 and 128 in 1990 would be eligible for the Medicare-funded heart transplants, thus making costs relatively small, from no more than \$10 million in 1986 to no more than \$50 million and probably half that by 1990.

This plan would limit the number of medical centers eligible to perform Medicare transplants, with only about 10 qualifying the first year due to substantial transplant experience.

The report went on to estimate that if Medicaid and the Defense Department both decided to pay for heart transplants with identical medical restrictions, annual costs by 1990 would add up to \$37.8 million.▲

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Active-Duty Military Personnel Can Sue Government

The House passed, by 317 to 90, and sent to the Senate House Bill 3174 which enables members of the military to sue for medical or dental malpractice occurring in a stationary hospital or clinic.

This bill nullifies a United State Supreme Court ruling that active-duty personnel lack the standing to sue military doctors for malpractice. The legislation came

about due to recent accounts concerning poor medical care at military medical facilities. Not subject to malpractice claims under the bill, however, will be field treatment and overseas treatment, according to sponsors.

Members voting yes to this bill want active-duty personnel to be able to sue military physicians. One sponsor commented that under

the bill, the government can be sued by a large range of civilians, military dependents and retirees, as well as penitentiary inmates.

An opponent of the bill noted that it will "potentially add thousands of cases to an already overburdened civil court system" and the end result will probably make no attempt to upgrade the quality of military medicine. ^

Medford Named Planning and Development Director

J. Mitchell Medford has been named director of Planning and Development for Health Care of Texas, Inc., (HCT), the parent corporation of Fort Worth Osteopathic Medical Center and Southwest Osteopathic Hospital in Amarillo. The announcement was made by Claude G. Rainey, president of

HCT, Inc.

As director of Planning and Development, he will be responsible for planning and marketing health care services as well as fund-raising for the corporation's affiliates.

Prior to his association with HCT, Inc., Medford served as administrator of Milestone Family

Centre, an alcoholism and drug dependency facility in Arlington. He has also managed a consulting firm providing marketing and public relations to hospitals and non-profit organizations. Medford is accredited as a development officer by the National Association for Hospital Development. ^

New Rules to Prevent Patient Dumping are Criticized

New rules to prevent patient dumping were criticized by hospital representatives who fear that hospitals will run legal risks and rural areas with a shortage of physicians will be overburdened with indigent care.

Representative Jessie Oliver, sponsor of the state's new indigent health care laws, listened to complaints at a recent Department of Health public hearing. He responded by saying most of the hospitals' fears are groundless but did agree that changes are needed in regards to the rules on the transfer of patients.

Various elements of the rules that are bringing about complaints are those requiring a physician to

examine each patient before transfer and a clause requiring hospitals to "assure" that doctors are authorizing transfers only for appropriate medical reasons.

Another clause concerning the hospitals is one requiring them to be responsible for patients during the transfer. It states, "The hospital and physician shall document and assure that the transfer is not predicated upon arbitrary, capricious, or unreasonable discrimination based upon the race, religion, national origin, age, sex, physical condition or economic status of the patient." What concerns physicians and hospitals is the word "assure", which they feel makes the hospitals legally responsible for a doctor's

decision. Representative Oliver and health department officials have agreed that the word should be changed to "provide."

Also under fire is the requirement that a doctor examine each patient before transfer. Speakers from rural areas are concerned that this may drive physicians away from rural emergency rooms. Representative Oliver agreed that problems could occur in situations where no doctors are available.

The new indigent health care laws came about mainly because of charges in the past that indigents were transferred in an unsafe manner, resulting in some deaths, because private hospitals did not want to accept non-paying patients. ^

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FULL TIME FACULTY POSITION — available in the Department of Psychiatry at Texas College of Osteopathic Medicine. Must be residency trained; academic experience preferred. Salary and academic rank commensurate with experience. Send curriculum vitae to acting chairman: Harvey G. Micklin, D.O.
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Texas College of Osteopathic Medicine
Camp Bowie at Montgomery
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GENERAL SURGEON WANTED — for a rural community of 5,000. Guaranteed salary is negotiable. Contact: Bruce Gross, D.O., 520 Main, Goodland, Kansas, 67735, 913-899-5651, (office) or 913-899-6120, (home).

GREAT OPPORTUNITY — Sixty-bed hospital needs surgeon. Town of 7500, in county of 22,000, seeking general surgeon willing to do obstetrical and gynecological surgery. Excellent physical facilities with good support staff. Thirty miles from Denison/Sherman, 75 miles from Dallas. Guarantees available through Fannin County Hospital. For information contact: Chief of Staff, Pat A. Thomas, D.O., at 214-583-3191 or Administrator Mike Mosley at 214-583-8585.

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TARRANT COUNTY MEDICAL EXAMINERS OFFICE — is seeking immediately a board certified pathologist to work full-time as a Deputy Medical Examiner in the expanding County Medical Examiner's Office in Fort Worth. Prospective candidates must have a license or be eligible to practice in the State of Texas. Send inquiries and C.V. to Nizam Peerwani, M.D., 3440 Camp Bowie Boulevard, Fort Worth, 76107, 817-335-2607.

WHITESBORO FAMILY CLINIC and Minor Emergency Center — in need of family practitioner. Help from area hospital available. Guaranteed salary first year plus percentage. Contact: John Galewaler, D.O., 214-564-3503 (office) or 214-564-5298 (home).

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PEDIATRICIAN — Board certified with interest and experience in developmental and learning disorders would like to relocate to Texas. Have current Texas license. Contact G. L. Dickman, D.O., 12701 Steve Drive, Oklahoma City, Oklahoma.

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