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Texas DO

Texas Osteopathic
Medical Association
November 1984

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ON THE COVER: A reminder to all of you to be sure and vote during the general election to be held on November 6, 1984.

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Upjohn

Five Receives Founders' Medals at TCOM Fall Convocation

Five recipients of Founders' Medals and the incoming freshman class were honored September 27 at Texas College of Osteopathic Medicine's seventh annual fall convocation.

Ray Stokes, curator of special collections at TCOM's Health Sciences Library, gave the main address at the 2:00 p.m. event in the auditorium of Medical Education Building 1. Stokes, who has held several positions at TCOM in the last 15 years, recalled some of the experiences he's had since he was hired as the school's first employee. He also received a Founder's Medal.

Other recipients of the Founder's Medal, TCOM's highest award for contributions to medical education and health care, were John Burnett, D.O., of Dallas, president-elect of the American Osteopathic Association; Mary Burnett, D.O., of Dallas, past president of the American College of General Practitioners in Osteopathic Medicine and Surgery and vice chairman of the National Osteopathic Foundation; Lanny Hall of Austin, director of college, university and governmental relations for the Teacher Retirement System of Texas and former legislator; and State Representative Mike Millsap of Fort Worth.

TCOM President Ralph L. Willard, D.O. presided at the event, and Chancellor Alfred F. Hurley gave

welcoming remarks. Dr. Richard Millsap, minister of Overland Park United Methodist Church and father of Representative Millsap, gave the invocation. President Willard introduced the Class of 1988, and Class President Robert Lock of Tucson, Arizona responded.

A reception followed in the atrium of Medical Education Building 1.

The convocation was the kick-off event for a weekend that included a reunion for the Class of 1974, TCOM's first graduating class, and a continuing medical education program on primary care.

They remember when their anatomy lab was held in a garage apartment and classes were in a renovated bowling alley. They also remember when they were promised places in other medical schools if theirs didn't make it.

While they aren't really "old timers," a lot has happened at Texas College of Osteopathic Medicine since the first 18 doctors of osteopathic medicine graduated in 1974. That first TCOM class held its 10-year reunion September 27-30 at TCOM.

The reunion was highlighted by an evening at Billy Bob's, the world's largest honky-tonk, on September 28. The agenda included a barbecue dinner, an hour program of slides and toasts especially for the TCOM group, and entertain-

ment by singer Shelley West and guest bands.

The Class of 1974 and their spouses also were guests at a luncheon at the Texas Osteopathic Medical Association September 29.

Members of the Class of 1974 and their current practice locations are: Gene Bond, D.O., general practice, Grand Prairie; Robert Breckenridge, D.O., internal medicine, Tyler; Kenneth Brock, D.O., psychiatrist, Killeen; Jobey Claborn, D.O., general practice, Mesa, Arizona; Nelda Cuniff, D.O., general practice, Burleson; Ronald Daniels, D.O., general practice, Quitman; Gilbert Greene, D.O., emergency medicine, Stockton, California; Robert Holston, D.O., general practice, Grand Prairie; Shelley Howell, D.O., general practice, Temple; Sterling Lewis, D.O., internal medicine, Aptos, California; Paul Livingston, D.O., general practice, Comanche; Terry Parvin, D.O., general practice, Austin; Jesse Ramsey, D.O., pediatrics, Cape Girardeau, Missouri; David Ray, D.O., general practice, Bridgeport; John Sessions, D.O., general practice, Kirbyville; Ronald Sherbert, D.O., general practice, Grand Saline; John Williams, D.O., obstetrics/gynecology, Houston; David Wiman, D.O., general practice, Snyder.

Down Memory Lane

By Ray Stokes

EDITOR'S NOTE: Ray Stokes, first employee of the Texas College of Osteopathic Medicine, gave the main address at TCOM's Seventh Annual Fall Convocation. Below is his address in full:

In part, this has been a long countdown. . . Last October at the alumni luncheon in New Orleans, I was given my first hint of things to come when Dr. Willard announced my selection as a 1984 recipient of the coveted TCOM Founders Medal. My second mountain top experience occurred when the president called me into his office a few weeks ago to invite me to be the Convocation speaker. . . to add my name to the lofty list of notable predecessors.

Dr. Willard suggested my subject, which he assured me would be easy to handle. His only admonishment was clothed in a terse remark "You can do it in 20 minutes. . ."

So, I now invite you and the "YOU" is particularly directed to the honor class today — Class of '88, to accompany me on a walk down memory lane as we turn back the pages of time. . . As we begin the journey, let me take a personal privilege to lift up several of my peers and contemporaries, without whose exceptional skills and determinations, we possibly would not be in assembly here today. Will all those who were identified in any way with TCOM in 1970 please stand and remain standing long enough for the audience to see you. . . Thank you. . . Now let's take that first step. . .

Ralph Waldo Emerson said "An institution is the lengthened shadow of one man" . . . To me that man is a co-founder of TCOM by the name of George Luibel, D.O. I will share more of his profile as we move along. Another in the group of my favorite "characters," and I use the term affectionately, is

C I B A



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Dr. Henry B. Hardt, our first dean and chief administrative officer. He too will be extolled later. . .

This monolog is directed mainly to this special group of student-doctors, one of whom, upon graduation in 1988, will become number 1000.

The Texas College of Osteopathic Medicine was born in a hospital. . . and 14 years later her physical appearance conveys the impression that she has grown to maturity minus the ill-effects of childhood diseases. That is NOT the case. TCOM suffered the trauma of pain and hurt even prior to her birth.

In 1961, Dr. G. W. Tompson, president of Texas Association of Osteopathic Physicians and Surgeons later changed to Texas Osteopathic Medical Association) appointed a special committee to examine the merit of establishing an osteopathic medical college in Texas. . . At that moment in time, five schools of osteopathy were educating physicians who espoused the concept handed down by the founder of osteopathy, Dr. Andrew Taylor Still, an allopathic surgeon during the Civil War who bolted from traditional medicine in 1874 — just 110 years ago.

Dr. Still introduced the premise that by studying the attributes of health he could better understand the process of disease. He believed that man should be studied as a total unit and that the musculoskeletal system directly affects the nervous system, the circulatory system and other physiological systems of the body. The founder of osteopathy and later day proponents maintained that osteopathic medicine is more than allopathic medicine plus manipulation. It is a comprehensive form of medical thinking.

Osteopathic colleges in 1969 were supplying some 100 physicians annually. This total was failing to keep up with attrition and growing demands from the public. In fact, in 1970 the economic theory of supply and demand was beginning to show pronounced signs that health demands of people — particularly in the scarcely populated areas — were exceeding the medical supply of allopathic and osteopathic professions.

During this time period, the Texas osteopathic profession continued to examine the feasibility of establishing a Texas school. Included on the special study committee appointed by Dr. Tompson was a member of equal conviction and determination to perpetuate the osteopathic concept.

This member, whose host of friends and some adversaries agree that he takes no neutral position on medicine, politics, economics or social implications, was Dr. George J. Luibel.

Dr. Luibel, a general practitioner who was graduated from Kirksville College of Osteopathic Medicine in

1936, was no stranger to medical politics. He, too, had held the honored chair as president of TOMA and was a member of the Board of Trustees of the American Osteopathic Association. (In 1976-77 Dr. Luibel held the enviable office of president of AOA).

When the College of Osteopathic Medicine and Surgery in Des Moines, Iowa, experienced a financial deficit in 1965-66 and threatened to move elsewhere, tongues began to wag, with rumors running wild. During this course of events, interest in preventing a setback for osteopathic education became the common cause for administration and trustees of the Des Moines school. Minds were of one accord: "Save COMS."

News of this possibility reached the Dallas-Fort Worth area, particularly since one the trustees of the troubled school was a resident of Dallas.

During the interim years following Dr. Tompson's appointments, considerable efforts were employed by the study committee. Interest began to build, commitments were sought, involvement was solicited, but, little headway was gained until a proposal was introduced to move the Des Moines facility to the Dallas area. The temptation to move became strong when a group of Arlington civic leaders made a statement of intent to donate sufficient raw land as enticement to justify the move.

Step one — necessary to ascertain the removal of COMS almost became a reality. Only a concerned constituency in Iowa brought a halt to the change of address.

In the meantime, step two was given immediate attention. Maybe, not from the profession in general, but at least from three members of the TOMA committee, including Dr. Luibel.

With common consent from the official osteopathic family, but purely as a personal move, Drs. Luibel, Carl E. Everett and Dan D. Beyer determined a charter would be necessary regardless of any other contingency offered.



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Out of pocket expense was paid by the three founders who hired A. M. Herman, local attorney, to apply for a Texas Charter. Mr. Herman, using the charter of Texas Christian University as a pattern, quietly appeared in the Office of the Secretary of State on June 15, 1966. No overture was sounded. The monumental action went unnoticed by the watchdogs of the Texas Medical Association.

Abe Herman returned home the next day with a perpetual document that authorized not only the granting of the usual customary academic degrees for the practice of osteopathic medicine but also such other scientific and honorary degrees as may have been desirable to bestow. The charter also authorized such other facilities as a nursing and medical technology school and other appropriate allied hospital and health.

As far as the founders were concerned, they were in business, with Dr. Luibel heading the non-profit corporation as chairman. Dr. Beyer was named vice chairman and Dr. Everett served as secretary-treasurer.

But they had no business. The spark that almost spread into a blaze before it was doused left Dr. Luibel and associates empty-handed. They held a "genie" (charter) in their hands. Even the disappointment caused by the decision of the COMS officials to remain in Des Moines, had challenged and survived

their first test. So, step two actually became step one. And after the proverbial smoke cleared, the architects of the Texas "paper college" began work on other steps in their staircase of academic achievement in medical education.

With charter authority to elect directors from three to twenty, the board continued to increase until it was represented by ten D.O.s and four lay persons, including one of our honorees today, Dr. John Burnett, who was a member of the executive committee and served as chairman of the house and grounds committee.

The "paper college" administrators conducted their first fund raising campaign during TOMA's 1968 convention in Houston, during which some \$100,000 was pledged from those in attendance. This was the first sign that interest and personal involvement were beginning to advance beyond just conversation. The TCOM board members likely would admit to having made various errors during their founding year, but the most serious might have been their procrastination. Following the enthusiasm at the convention, members each returned to their respective niche, failing to take advantage of the acceleration generated in Houston. The snowball effect started out fast but soon lost its momentum and melted away. Almost a year passed. . . Now the mood, tense and person changes.

The setting becomes more personal — an eyewitness account of a "flirtation, engagement and marriage," which led to the birth of a medical school.

Ray Stokes, the first eyewitness, a native Texan with a background in public relations and some experience in fund raising, passed the inspection of, first, Dr. Luibel and later Drs. Beyer and Everett. All were in general practice and Stokes was "sandwiched in" between patients. My red letter day was April 15, 1969, when my interviewers agreed to "see if the applicant lives up to his clippings. . ."

My first assigned task — "Prepare a list of goals," prompted a suggestion that I read a history of osteopathy, one in particular, *Osteopathic Medicine: An American Reformation*, by George W. Northup, D.O., soon offered some comfort and reassurance that the task was surmountable. The scintillating assignment was essential. Little time was left before the annual convention of Texas D.O.s.

Dr. Luibel, with a pronounced characteristic bordering on parental perfection, requested "some kind of goals statement to be distributed at the convention," which was less than two weeks away.

The college office, where we struggled to finish the first assignment, was our apartment den. Our first office of record was in the Summit Building, 1500 W.

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The finished product was approved by the executive committee with just enough time for the printer to do his first job for TCOM. The printed material was ready for distribution from the first makeshift display booth at the Dallas Royal Coachman Inn.

Goals

- To provide a four year postgraduate course in medical education leading to the granting of the D.O. degree;
- To graduate 64 physicians annually commencing in 1974;
- To conduct research in basic science and clinical application of the osteopathic concepts of medicine;
- To provide health services to the community through the college hospital and clinics;
- To provide training for personnel in the allied health professions;
- To provide opportunity for postdoctoral and continuing education to practicing physicians and allied health professions personnel.

Acceptance by the Texas profession at the Dallas convention was significant and gratifying; however, there seemed to exist an air of uncertainty. . . a feeling that most everyone was waiting for something that would shroud the future of TCOM with an early demise. Nothing fatalistic happened. To the contrary — excitement, with degrees of open curiosity, prevailed. Harmony, sometimes hindered by faulty communications, was the paramount ingredient that produced a strong foundation for cooperation between the association and the paper college.

TOMA's confidence in the future of TCOM was evidenced by a \$20,000 grant to be used as seed money to help prime the pump. This, coupled with a \$30,000 grant from a prior commitment by the American Osteopathic Association, lent some assur-

ance that the paper college would actually become number seven to serve the profession.

Shortly after the Dallas convention, my first failure occurred. I was given an assignment to reclaim a lost gift — a sixty acre parcel of land that now houses the Northwest campus of Tarrant County Junior College. A letter of intent from the F. Howard Walsh family, oil and cattle barons, had been withdrawn for some unknown reasons. My task was to try to open new negotiations. I failed . . . It was some consolation at least to learn soon afterward that the land was donated to Fort Worth's junior college.

My next assignment was successful — possibly the best move I've made in the 15 years with TCOM. The greatest single step in the overall development of osteopathy's seventh medical college came during the "flirtation" period. The assignment — "Find us a dean."

It occurred to me that my former dean at TCU might give me a few leads. So, my visit to the office of Dr. Jerome Moore, dean of Ad-Ran College of Arts and Sciences, proved fruitful. When asked who had a profile that met TCOM's need, Dr. Moore, with no hesitation, said "Dr. Henry Hardt is your man."

Needless to say, Dr. Hardt succumbed to our friendly persuasion and accepted the leadership role October 1, 1969. Dr. Hardt, former chairman of the chemistry department, Texas Christian University, served as president of the Texas State Board of Examiners in the Basic Sciences since his first appointment in 1949 by former Governor Allan Shivers. He immediately resigned from the basic sciences board to prevent any conflict of interest. Dr. Hardt remained until the first class — Class of 1974 was graduated before resuming his retirement.

Life's darkest moment happened to me as a result of an interview I gave to a local reporter a few years back. He wrote a feature story on the history of TCOM and used several quotes I gave him. The most embarrassing is found in the following paragraph:

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"Our first property here was out on Camp Bowie, the old bowling alley formerly owned by Jack Turner (should have been Taverner) of the old Fort Worth Cats baseball team. And, among my first jobs was to locate an administrator, a dean for the school. I finally sold Dr. Ralph Willard, of Michigan State University, a surgeon and retired Air Force Colonel, on taking the job. He provided the spark that enabled us to make real progress," says Stokes. We all know the name should have been Dr. Hardt not Dr. Willard.

TCOM had two basic problems during her prenatal existence: Creating a positive image and a total identity. . . Even today the condition continues to exist. Friends occasionally ask me "How's things at the hospital?" I try to answer without sounding indignant, "Fine I guess; I don't really know because I don't work for the hospital."

Identity between a D.O. and an M.D. has been no easy undertaking since the day Dr. Still first "discovered" another approach to medicine. That a D.O. is a complete physician has been difficult to sell and to educate the laity. After 110 years, conversation continues to include "if I get a sore back, I go to an osteopath, but when I have pneumonia I want a medical doctor."

The D.O. profession has earned a good image within the borders of Texas, in part because of the rapport built through patient-physician contact between Dr. Phil R. Russell, the dean of Texas Osteopathy and the late Amon G. Carter during the 30's and 40's and part of the 50's.

Mr. Carter, former publisher of the *Fort Worth Star-Telegram* and extrovert extraordinary who was labeled Mr. Fort Worth, became an ardent advocate of the osteopathic approach to medicine. The editorial coverage during his lifetime gave the D.O. an opportunity to prove his medical competence before his peers and critics, while receiving good exposure within the community and a good "press" from the media.

With this type of recognition, the image and identity of osteopathy were given a tremendous assist. So, by the time TCOM was conceived the profession was no stranger to the community.

Dr. Russell and Mr. Carter are no longer on the scene. . . but their input on medical education — from the osteopathic concept — gave the profession the impetus to reach beyond its grasp and TCOM is the result.

There have been several chronological contributions to TCOM's history. One in particular appears in the introduction of the 1974 *Speculum*, the first yearbook. It was written and edited by Dr. Pat Pasco, Class of '75. Surely it is a collector's item. But no historical

version of the TCOM story can be complete without recounting the major segments that had paramount scenes in the unabridged narrative. In my opinion, such indelible happenings include: The leadership of Dr. Hardt, the assistance of Fort Worth Osteopathic Medical Center as a benevolent landlord, State legislation that enabled TCOM to receive financial aid prior to becoming a state-supported school when we joined hands with NTSU in 1975, and a 1970 land grant from W. T. Vandergriff and Carlisle Craven of Arlington enhanced our assets. This was the deciding factor that influenced the AOA Board of Trustees to give provisional accreditation on July 9, 1970. And finally, sizable grants from the Amon G. Carter, J.E. and L. E. Mabey and Sid W. Richardson Foundations.

That's the story, in part, of the birth and adolescent years of the Texas College of Osteopathic Medicine. And in the concluding words found in the first *Speculum*, "We know what we are, but know not what we may be."

To you, members of the Class of '88, a legacy of 14 years of TCOM's contribution to the healing arts is your inheritance. . . May you build that inheritance a hundred-fold. Thank you.▲

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25

Christmas

JANUARY

22 ★

22
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Headliners Club
Austin

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DECEMBER

3

14
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MAY

2 ★

2
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3 ★

3-5
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and Scientific Seminar
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Corpus Christi

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"What everyone should know
about Osteopathic Physicians"

"The Osteopathic Profession"



TOMA President Reports

By Royce K. Keilers, D.O.

Fall is here and it is time for our districts to get active! Your president has been invited to five districts, so far, and conflicts in scheduling are already occurring — please confirm your presidential visit time as soon as possible.

The District IV meeting was held in Sweetwater on September 16th. After a warm, relaxing evening at the Smola's ranch, the next day saw us touring the fine local hospital and meeting with the staff doctors. The noon meeting was highlighted with a discussion of problems and concerns of the members of District IV. Mr. Roberts and I shared TOMA's concern for its members and reminded the doctors of TOMA's services and support for the profession.

On the following weekend, Dr. Elva and I were pleased to be hosted by the Mauls and District X. This viable, progressive city is anxious to house more D.O.s. They asked TOMA to assist in assuring that TCOM students are encouraged to experience a portion of their training in amiable West Texas.

As you all know, the fee freeze and assignment issue has demanded much of our attention. Numerous telephone calls to and from TOMA members, board members, your executive director and the AOA office resulted in reemphasis of the AOA House of Delegates' action to vigorously fight this legislation. Your Council on Federal Health Legislation and your AOA President have established communication and have offered support to the filing of suit, challeng-

ing the constitutionality of the "fee freeze." The TOMA stands by the policy of the AOA to leave the decision as to whether or not to participate up to the individual physician, realizing that extreme economic hardships could be brought about by dictating a hard policy.

The expressed concerns of you TOMA members helped us to catalyze reactions with the AOA and spread the word among all state societies. You see, you *CAN* make a difference!^

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FWOH Inc. Restructures to Form Health Care of Texas

Corporate members of Fort Worth Osteopathic Hospital Inc. voted recently to adopt bylaw changes allowing for total corporate restructuring. As a result, a parent company, Health Care of Texas Inc. was created.

The formation of Health Care of Texas Inc. is in response to the highly competitive and steadily changing health care environment brought about, in part, by broadened state and federal health care regulations.

This corporate restructuring will allow for diversification, making

it possible to create new sources of income through subsidiary acquisitions, broaden the corporation's financial base and capture other opportunities as they become available.

Claude G. Rainey, FACOHA, FACHA, has been named president of Health Care of Texas Inc. He will retain his position as executive vice president of Fort Worth Osteopathic Hospital Inc. and John Hawkins remains administrator of Fort Worth Osteopathic Medical Center.^

IN MEMORIAM

R. L. Peters, Sr., D.O.

R. L. Peters, Sr., D.O., 83 of Austin, passed away October 2, 1984.

He was a member of University Hills Church of Christ, Austin Lodge No. 12, AF & AM and was also a member of the Shrine. A graduate of the University of Texas, he also graduated from the Kirksville College of Osteopathic Medicine and had been in practice in Austin since 1931.

Funeral services were held on Wednesday in the Cook-Walden Funeral Home, with Frank Dunn officiating. Interment was in Forest Oaks Cemetery.

Dr. Peters was the husband of Mary Peters of Austin; father of Robert L. Peters, Jr., D.O., of Round Rock and Norma Ann McFarland of Junction; step-father of Dr. Charles Arnold of San Antonio; brother of Estelle Gifford of Rusk; grandfather of 12; and great-grandfather of three.

In lieu of flowers, expressions of sympathy may be made to the American Heart Association or to the University Hills Church of Christ, Memorial Library Fund, 7506 Ed Bluestein Blvd. and Highway 290 East, Austin, Texas 78723.▲

H. Eugene Brown, D.O.

In the October *Texas DO*, the In Memoriam on H. Eugene Brown, D.O., stated he passed away on November 5, however it should have read September 5. Our apologies go to his family.

David D. Matthews, D.O. Icey Matthews

David D. Matthews, D.O., and wife Icey, of Sherman, passed away September 22. The couple was involved in an airplane crash after Dr. Matthews apparently lost consciousness at the controls and his wife was unable to land the couple's single-engine plane.

Funeral services were held at Travis Street Church of Christ, Sherman, on September 25, with burial at Cedarlawn Memorial Park. Waldo Funeral Home was in charge of arrangements.

A member of TOMA since 1954, Dr. Matthews graduated from Kirksville College of Osteopathic Medicine in 1954 and was a certified general practitioner in Sherman since 1963. He was an aviation medical examiner as well as a member of the American College of General Practitioners in Osteopathic Medicine and Surgery. He was also chief executive officer of Gulf American Resources, an oil, gas and drilling company and had been active in mission work in foreign countries.

Mrs. Matthews was a homemaker and was active in the Republican Women's Association.

Survivors of the couple are a son, Daniel Matthews of Austin; daughter Cynthia Louise Roberts of Chouteau, Oklahoma, and a grand-daughter.

Dr. Matthews is survived by a brother, Thomas Keller Matthews, II. Mrs. Matthews is survived by a sister, Pauline Brumley of Wichita Falls.▲

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Use of Benzodiazepines

Chemical Dependence

Psychotherapy Update

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Decipher Documents 'Bureaucratese'

By William P. Fisher, Exec. VP
National Restaurant Association

It is well established in contemporary business organizations that the written word, be it in memo, letter, report, proposal or project form, is expressed at a higher and more formal level of English than ordinary everyday conversation.

Most of the reasons for this, at least on the part of the writer, are defensive. For example, the writer, with his/her name on the document, is held to a higher level of accountability for the content of the document than someone who expresses "off-the-cuff" verbal comments or reactions since, presumably, more careful and deliberate thought goes into committing something to paper.

This gives rise to some interesting speculation as to what a person really means when relatively simple statements are transformed into "bureaucratese." Here are some examples that you may recognize — the written (formal) statement appears first and the possible hidden meaning follows:

1. We entered the data into the computer, but we don't have the results yet. (We've got analysis paralysis. I don't know when I can decipher the results.)
2. It's in process. (We're all tied up. The process is delaying progress.)
3. We're going to have to negotiate. (We'll have to bash heads if minds are going to meet.)

4. See me ASAP. (Come down to my office now. I'm all caught up, and I'm looking for something to do.)
5. We're researching it. (We've got the conclusion we want. Now we have to select and arrange the right data to support it.)

The Real Meaning May Not be in the Words but Between the Lines

6. Please initial and route to the next person listed. (We have to spread the responsibility for this.)
7. I'll look into it. (I hope you'll forget about it in a few days.)
8. It's under consideration. (I never heard of it.)
9. We're actively pursuing it. (We're searching our files to see if we can find it.)
10. Can you clarify your points: (You've given us so much background that the foreground is indistinguishable from the underground.)
11. Let's discuss! (I think you are as confused as I am.)
12. It's moving through channels. (Not everyone has had a chance to write a memo on it.)

13. We'd appreciate your thoughts on this. (It's OK to talk to us, but we've already made the decision.)
14. I'll get back to you shortly. (When I figure it out, I'll let you know.)
15. We've assigned a task force to study it. (We found out it couldn't be handled by one telephone call.)
16. It's an eye for an eye, and a tooth for a tooth. (If that's the way they want to play, we'll match 'em a lie for a lie and a truth for a truth.)
17. We'll see if we can expedite it. (The boss is out of town and I'll see if I can slip it through.)
18. We better have a meeting of all interested parties. (Mass confusion abounds. We better get the master minds together.)
19. Can you give us any more information? (We lost what you gave us. Please send us another copy.)
20. Why don't you re-think it and get back to me. (This is the dumbest idea I've ever heard. If you press it, be prepared for the consequences.)

(Fisher's 53rd law springs to the fore: "In written communication, one needs to read behind the lines and between the lines, as well as on the line, to deduce the real meaning of the message.")

(Reprinted from Association Trends, August 1984)

Drug Abuse Trends Cited

Early reports from Chicago, St. Louis, Detroit and 15 other major U.S. cities, presented by epidemiologists attending a recent National Institute of Drug Abuse meeting, indicate several new drug abuse trends.

They include:

Heroin continues to appear at elevated levels in several cities, primarily in the New York-Washington, D.C., corridor. In addition, many cities have noted an increase in the purity and availability of heroin.

Prescription opiates — such as Dilaudid, Demerol, Percodan and codeine — appear to be gaining popularity as heroin substitutes. Cocaine continues its high visibility on the drug scene, with increasing use at all socioeconomic levels.

Methaqualone is becoming harder to obtain on the street since its manufacturer ceased production of the drug. Consequently, emergency room admissions for other sedative-hypnotics are increasing.

A pair of prescription drugs known as "T's and Blues" have gained in use, following the chemical reformulation of "T's" (Tal-

win, or pentazocine) to include a narcotic antagonist. Abusers were using two Talwin tablets and one tablet of the "Blues" (the antihistamine tripeleminamine), in a crushed liquid form, to get a high similar to that produced by heroin. A large wave of resultant psychiatric disturbances and serious medical complications were being reported in emergency rooms nationwide.

Now, because of the concerted efforts of federal research and regulatory agencies and the private sector, the rampant abuse of "T's and Blues" has abated. The new version of Talwin contains naloxone, a narcotic antagonist. Naloxone is inactive when taken orally; however, if crushed and injected, naloxone counteracts the desired effects and may trigger withdrawal symptoms.

Now in its eighth year, the institute's work-group of epidemiologists compiles local-level information that provides the earliest signal of emergency drug abuse problems.▲

(Reprinted from the American Medical News, August 1984.)

Sodium Pamphlet Available

A leaflet has been developed by the Food and Drug Administration to help practitioners discuss with patients the importance of controlling dietary sodium intake.

After discussing the relationship between dietary sodium and hypertension, the leaflet explains how to use food labels to help reduce sodium intake, which spices can be substituted for salt in cooking and

the use of salt substitutes.

Health professionals who would like 25 copies of the brochure "A Word About Low-Sodium Diets" should write to:

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_____, Yes, my spouse will attend.

Clinic for the Severely Overweight Helps Patients take Control of Lives

The Obesity and Risk Factor Reduction Clinic at Oak Creek Medical Center in Arlington teaches patients about more than weight reduction.

"The purpose of the center — the umbrella over the whole place — is to give individuals the opportunity to establish a sense of well-being," said Lewis M. Pincus, D.O., medical center director.

Dr. Pincus' goals are reflected in the upbeat, positive atmosphere of his clinic. The scales are unobtrusive and wide corridors are designed with the overweight person in mind — plenty of room to move. The light, spacious examining and seminar rooms are decorated with cheerful art.

"Most morbidly obese persons feel they are doomed to a life of obesity and failure," said Dr. Pincus. "It takes so much courage to attempt or even consider weight loss for many."

"But we have a secret. What happens is much more than weight loss — if they want to play, they gain a total sense of well being," Pincus said.

But Pincus' game is not all play. In fact, he's dead serious about obesity and the medical risks involved.

Applicants will be accepted in the program if they are 40 percent over their ideal body weight or greater. This means the patients will usually be at least 50 pounds overweight. Also accepted are patients who are 25 percent overweight with additional medical,



Lewis Pincus, D.O.

surgical or psychological indications for weight loss — hypertension, arthritis, gall bladder disease and cardiovascular disease.

The clinic does not undertake primary care and the patient is urged to continue to receive care for problems other than obesity through a private physician.

Rapid weight loss is accomplished through the technique of supplemented fasting. Supplemented or modified fasting involves the use of a scientifically formulated powder called Optifast.

"There is so much skepticism in the medical community and the public about weight loss and diets. If any one program can make a difference, your standard must be impeccably high.

"We found a supplement that has a long track record. I'd use jelly beans if they worked. Optifast works — so we use it," Pincus

said.

During the supplemented fasting phase of the program, the patient participates in a 16-week seminar series which includes psychological support, nutrition education and individualized exercise programming.

The weight loss phase is followed by a 12 to 18-month weight loss maintenance program which continues to stress skills necessary for permanent lifestyle changes. A long-term commitment by the patient goes beyond the first stage of weight loss, according to Pincus.

"Another reason for skepticism about weight loss is that no one has been able to produce results," Pincus said. "There is a 95 percent failure rate after five years on conventional diets."

About 50 percent of the people who complete the Optifast program and continue with the maintenance program will still have the weight off five years later, said Pincus.

"There's a whole mentality about food that says 'I can't look good or feel good without giving something up,'" he said.

Pincus calls this type of thinking the "diet mentality."

Diet mentality, according to Pincus, is a little voice that tells you: 1. You are fat and ugly. 2. Wait until Monday to start your diet. 3. Don't buy clothes until you've lost weight. 4. Go ahead and eat it — it doesn't matter anyway. 5. You blew your diet, you

may as well go all the way. 6. I'll only eat salad.

Pincus says his vision goes beyond behavior modification. Simply substituting one system for another doesn't give people the natural choices for successful weight maintenance.

The patient is prepared for a

permanent lifestyle change through a re-education process which stresses good nutrition, exercise and psychological well-being. A buddy system is initiated and doctors and counselors are on call 24 hours a day.

An orientation for the public is offered every other Tuesday at

the Oak Creek Medical Center. These orientation seminars are free to the public.

For more information regarding the program or to register for the orientation program, call (metro) 640-1384.▲

(Reprinted from the Arlington Citizen's-Journal.)

FDA Drug Bulletin

Ibuprofen Marketed OTC

Ibuprofen, a nonsteroidal anti-inflammatory drug, has been approved for over-the-counter (OTC) use in a 200 mg tablet dosage form. The product will carry a warning concerning its cross sensitivity with aspirin. Its OTC brand names are Advil and Nuprin.

Ibuprofen continues to be marketed as a prescription medication in 300, 400 and 600 mg tablets (Motrin, Rufen).

In addition to the difference in dosage in the OTC and prescription products, there is also a difference in labeled indications. The OTC products have been approved for temporary relief of minor aches and pains of the common cold, headache, toothache, muscular aches, backaches; for minor arthritis pain, menstrual cramps and for fever reduction.

The prescription products continue to be marketed for mild to moderate pain, for rheumatoid arthritis and osteoarthritis and for primary dysmenorrhea.

In reaching its decision to allow OTC marketing of ibuprofen, FDA considered data from clinical studies, as well as from the nine years of use as a prescription medication in the United States.

The FDA also considered drug experience reports from the United Kingdom where ibuprofen had been marketed for 15 years as a prescription drug and for six months as an OTC product at the same dosage level being considered here.

These studies and reports confirmed the safety and effectiveness of ibuprofen. However, there was concern that if the product were promoted through labeling or advertising as a "non-aspirin" pain reliever, consumers might mistakenly conclude that if they were sensitive to aspirin, they could safely take ibuprofen. This would be a dangerous error, as cross sensitivity with aspirin is virtually total.

To avoid any impression that ibuprofen can be used by aspirin-sensitive persons, the manufacturers have placed a warning at the beginning of the labeling stating:

"WARNING: ASPIRIN SENSITIVE PATIENTS" Do not take this product if you have had a severe allergic reaction to aspirin, e.g. asthma, swelling, shock or hives, because even though this product contains no aspirin or salicylates, cross-reactions may occur in patients allergic to aspirin."

The labeling also warns against: —taking ibuprofen for more than 10 days for pain, or more than three days for fever, unless directed by a doctor.

—taking the medication with aspirin or acetaminophen.

—if pregnant or nursing, taking ibuprofen without discussing it with a doctor. It is especially important not to use this drug during the last three months of pregnancy.

The labeling also instructs consumers that if they have any condition requiring them to take prescription drugs or if they have had any problems or serious side effects from taking any nonprescription pain reliever, they should not take ibuprofen without first consulting their doctor.

In addition, consumers are advised not to exceed the recommended dosing schedule unless directed by a doctor. The recommended dose is one tablet every four to six hours. If pain or fever do not respond, two tablets may be taken, not to exceed six tablets in 24 hours. The OTC product is not recommended for children under 12.▲

Ten Years Ago in the Texas DO

The November, 1974, *Texas DO* announced that three-way negotiations were underway for the permanent affiliation of Texas College of Osteopathic Medicine (TCOM) with North Texas State University (NTSU) subject to action by the Coordinating Board and the Texas Legislature.

Gerald P. Flanagan, D.O., and Arthur S. Wiley, D.O., contracted to man the NTSU Student Health Center during the period that the University was looking for a permanent director for that facility.

The first full-fledged recruiting program for TCOM was in process to better acquaint college and

university pre-med advisors and students with TCOM and osteopathic medicine. This program was brought about through a coordinated and cooperative effort between TCOM, Texas Osteopathic Medical Association and the Student Osteopathic Medical Association.

Dr. Lee J. Walker assumed chairmanship of the department of obstetrics and gynecology at TCOM.

The Secretary of HEW announced that the inpatient hospital deductible under Part A of Medicare would be increased from \$84 to \$92 for the benefit periods beginning January 1, 1975.

History Buffs

When was the first osteopathic hospital established in Texas?

Who was the first D.O. to establish practice in Texas?

TOMA Journals from 1924 forward needed.

TOMA Needs what's on your book shelves, in scrapbooks or in your attic that relate to the History of Osteopathy in Texas.

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To Be or Not To Be, That Was The Option

Participation or Non-participation

By Patricia J. Allison

Director, TCOM's Medical Practice Plan

All physicians were recently given a most important decision regarding participation vs. non-participation in the voluntary acceptance of Medicare assignments. Regardless of whether the physician wanted to choose, or she had to do so! If the physician did *not* sign the Participation Agreement and return it by the October 1984 deadline, then his or her choice was to be a "non-participating physician." This choice brings with it some strict regulations regarding the fees charged to Medicare patients.

It is important that you understand your choice of Participation or Non-Participation. Listed below are some important items regarding this choice:

NON-PARTICIPATION PHYSICIAN

Physicians can bill directly for services rendered to Medicare patients, or may accept assignment on a case by case basis as in the past.

Physicians are locked into a single option for reimbursement. It is IMPORTANT to understand that the non-participating physician is prohibited during the freeze period (July 1984 through October 1985) from increasing their actual charges to Medicare beneficiaries above the actual charges made during the "base period" of April, May and June, 1984. Any fee increases to Medicare beneficiaries is illegal and punishable by fines and possible suspension from the Medicare Program.

Physician fee profiles are scheduled to be updated on October 1, 1985. However, the update will be based on charges in effect prior to July 1984.

PARTICIPATION PHYSICIAN

Physicians *must* accept Medicare assignments on ALL services rendered to Medicare beneficiaries during the period of July 1984 to October 1985. The patient is still responsible for the 20% co-payment and the deductible as in the past.

Physicians can increase their charges billed to Medicare during the freeze period. However, their actual reimbursement will be limited during

the freeze period to the Medicare-allowed amount by virtue of the acceptance of assignment for all claims. The ability to include normal increases in their bills will enable the participating physicians to increase their customary charge profiles for a possible increased Medicare reimbursement when the freeze on customary and prevailing charge levels ends. It should be understood that this increase in the customary charge profile would not allow an actual increase in Medicare reimbursement when the freeze ends if the physicians' customary charge level exceeds the prevailing charge level at that time.

3) When Medicare beneficiaries have supplemental medical coverage (commonly called "Medigap") the physician will be able to bill the supplemental insurance carrier directly for the entire Medicare approved amount. The Medigap carrier will pay the physician both the Medicare and Medigap portions and subsequently receive the Medicare portion directly from the Medicare carrier.

All physicians who are presently non-participating are to be given an annual opportunity to elect to become a 'participating physician,' just as the participating physicians are to be given an opportunity to opt out and become 'non-participating.'

Newly licensed physicians and physicians who move to a new area will be allowed to enter into a participation agreement within 90 days, for the remainder of the year.

Obviously, there are numerous other rules and regulations not mentioned in this article and we do not know, at this time, how they will affect both classes of physicians; only time will tell.

It is my opinion that the Deficit Reduction Act of 1984 is only a "stop-gap" until HCFA can report to Congress on physician reimbursement by DRG's. The due date for this report was advanced from December 31, 1985 to July 1, 1985.

I am particularly concerned about the physician's public image. If Congress would pass such a law as the Deficit Reduction Act of 1984 during an election year, then the message to me is clear. The physician must give serious consideration to what can be done to improve this image problem.▲

TEXAS TICKER TAPE

HEARING LOSS FROM CORDLESS TELEPHONES INCREASING

Complaints of hearing loss from the use of cordless phones is increasing, according to the American Academy of Otolaryngology-Head and Neck Surgery, and one researcher warns that the damage can be permanent. The telephones have excessively loud ringers located in the earpiece, says University of Florida hearing specialist George Singleton. The phone continues to ring until the user manually switches it to the talk mode. If the user forgets to do this, temporary or even permanent hearing loss can result from the piercing ring, which can exceed 130 decibels.

THREE-FOURTHS OF HOSPITALS UNDER PPS

Some 74 percent of all hospitals are now under Medicare's prospective payment system (PPS), according to the Health Care Financing Administration (HCFA). The group of hospitals that joined PPS on July 1 was the largest since the system began in October 1983.

The average length of stay remained at 7.5 days and outlier cases remained at two percent of total PPS discharges.

HMO ENROLLMENT INCREASES

HMO enrollment increased 15.4 percent between June 1982 and June 1983 — the largest enrollment gain since 1978, according to a report by the Minnesota health policy research and education center. According to the report, 290 HMOs were serving almost 14 million people at the end of last year.

Western states contain almost half of all HMO members but have only 19 percent of the population, while the South has approximately 10 percent of the HMO members but has a third of the population, said the report.

DIVISION TRUSTEE ELECTED

W. L. "Dubb" Davis, Jr., FACHOA, president, Southwest Osteopathic Hospital, Amarillo, has been re-elected for another three-year term as American Osteopathic Hospital Association Trustee.

US GOVERNMENT PRINTING OFFICE PUBLISHES FREE DIRECTORY

The U.S. Government Printing Office produces valuable reference and resource volumes on subjects such as health, research, occupation and labor, and statistical analysis and demographics. To announce what publications are available from the government the printing office publishes New Books, a quick comprehensive listing of all new government books, magazines, manuals, reports and analyses. New Book is mailed monthly, with about 600 new titles appearing in each issue. To receive the free listing, write to New Books, U.S. Government Printing Office, Stop MK, Washington, D.C. 20401.

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TEXAS TICKER TAPE

CHICKENPOX VACCINE FOUND EFFECTIVE

A new vaccine has been shown to be highly effective in protecting susceptible children against varicella, or chickenpox. In a test involving 914 children in suburban Philadelphia, none of the 468 vaccinated children contracted the disease during the following nine months, although 33 of them were exposed to siblings who had chickenpox. Of the 446 children who received a placebo, 39 contracted the disease in the same period. The findings were reported in the May issue of the *New England Journal of Medicine*.

Between 100 and 150 of the estimated three million yearly cases of chickenpox in the U.S. are fatal, yet the vaccine is not recommended for widespread use until more study is done, according to a spokesperson for the Centers for Disease Control in Atlanta.

Future uses for the drug, developed by Merck Sharp & Dohme Research Laboratories, may include protecting adults and leukemia patients from the disease; both populations suffer more dangerous effects from chickenpox.

DR. JOHNSON JOINS TCOM FACULTY

Melvin E. Johnson, D.O., an internal medicine specialist in Fort Worth since 1956, has recently joined the faculty of Texas College of Osteopathic Medicine as professor of medicine. A 1952 graduate of Kansas City College of Osteopathic Medicine, Dr. Johnson did his internship and internal medicine residency at Kansas City Osteopathic Hospital. He is a fellow of the American College of Osteopathic Internists.

DR. BEYER NAMED DIRECTOR

David M. Beyer, D.O., president of the board of Fort Worth Osteopathic Medical Center and practicing physician here since 1969, has been named a director of Camp Bowie National Bank. He is past president of the Steeplechase Club and member of the Fort Worth Arts Commission. Dr. Beyer is currently a member of the Board of Trustees of the Texas Osteopathic Medical Association.

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In Search of the Elusive "L" Cell

By Michael I. Abraham, D.O.
Chairman, ACOS Editorial Committee

Sometime during the mid 1950's a few physicians and patients stopped believing in Medicine as an art and placed it in the realm of Science — albeit Medical Science.

In the three ensuing decades since then, I doubt if there is anyone anymore who really believes that medicine does not have all the answers, all the cures. Everyone knows we doctors can do anything. If someone doesn't get well in spite of our treatment, no matter what their condition or disease, it must be our fault and we should notify our malpractice carrier.

Fortunately, and none too soon, another marvelous medical breakthrough has been achieved.

The "L" Cell has been identified and located in the Hypothalamus. From that location, the L nucleus (no more in size than 2-3 mm) elaborates the neurotransmitter "L."

The search for "L" has not been easy. Physicians, scientists, philosophers, theologians have all theorized its existence and have recognized that not all human beings have "L" in equal amounts, if at all.

Researchers have confirmed all the previously held theories.

There are areas of the world, for example, where "L" is in short supply, especially during flood, famine, volcanic eruptions, earthquakes, tornados and hurricanes.

Some areas of the world have very low serum "L" levels, while others are exceptionally high.

Central Africa, Vietnam, Laos, Cambodia, all are in the low category. While in Western Europe and North America, the concentration of "L" was high during various times. A good example is John Kennedy, whose levels were high during World War II, (Remember PT 109?) and into the early 60's but rapidly declined through 1963.

Recently, following an airline crash at Logan airport in Boston, where there were no fatalities, all the airline passengers and crew were tested, all had very high levels of "L."

In my own experience, several recent trauma victims were tested during various stages of resuscitation. Of those that survived, all had high levels which remained high, or, low levels which rose during treatment. Of those that succumbed, all had abnormally low levels. One individual who fatally shot himself actually had no "L."

Future reports will discuss the quantitative measurement of "L," the attempt to artificially manufacture "L," as the Japanese are doing and how to administer "L." There are some who even believe you may be able to stimulate higher levels of "L" with rest, diet

and exercise.

Finally, a friend of mine recently won a state lottery for several million dollars. Immediately after the announcement, we measured his serum "L" level.

You guessed it, he has a lot of "L."^

(Reprinted from ACOS News, September 1984)



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TB Remains a Major Health Problem

By Buck Scheib
Bureau of Radiation Control

Even though the number of new cases of tuberculosis in Texas is decreasing and there have been major accomplishments in combatting the disease, TB remains a stubborn, major health problem in the state.

There were 1,965 cases of tuberculosis reported in 1983 compared to 2,045 in 1982. In 1982, Texas ranked 13th in the nation in case rates, but third in the actual number of new cases. It is expected that the 1983 rankings may improve for case rates but remain the same for the number of new cases.

In 1965 the State Legislature enacted a statute which consolidated under the TDH all responsibility, authority and operations for finding, treating and curing TB cases and for controlling, preventing and eradicating the disease.

The Tuberculosis Control Division provides personnel, resource and assistance to the regions and local health departments to support their efforts in finding cases of infection and disease, operating clinics for outpatient care, providing referral sources for hospital care and establishing systems for follow-up treatment and monitoring after hospitalization.

The highest numbers of tuberculosis cases are found in large metropolitan areas and counties bordering Mexico. There are many cases of drug resistant TB in Texas in part because of the large daily influx of people from Mexico where there is inadequate screening and treatment of the disease.

Texas is fortunate to have two state chest hospitals strategically located in South Texas, one in Harlingen, the other in San Antonio. The chest hospitals provide outpatient care for tuberculosis and chest diseases, and other medical and surgical disorders in support of authorized TDH programs.

"The state chest hospitals are an important part of the team effort which transfers many of the newly found TB cases from a regional program to the hospital for necessary treatment — and then back again to the region for completion of therapy and follow-up," Dr. Luis G. Escobedo, Acting Chief of the Bureau of Communicable Disease Services in Austin.

"This coordinated effort is reinforced by the hospital staffs participating in regional clinics," he added. Because some tuberculosis patients live considerable distances from the state chest hospitals, the Department

also has contractual agreements with four community hospitals to provide short-term inpatient care.

Since 59 percent of the TB cases were counted in the six major metropolitan areas of Texas last year, the TDH has entered into contracts with large metropolitan health departments to support improved TB control activities in Dallas, San Antonio, Austin, Houston and Fort Worth.

In addition, during 1983, the Department entered into a cooperative agreement with the Centers for Disease Control to develop and expand outreach service to high risk individuals of certain sub-groups in Dallas, San Antonio and Fort Worth.

Much has been accomplished in TB control in Texas since the State Legislature acted in 1965 to create a statewide eradication program administered by the TDH. The number of newly reported cases since the 1960s has dropped by about 30 percent, the duration of treatment has been cut in half and hospitalization of those in need has been cut from an average of nine months to one month.

But there is some bad news. "In 1983, the 1,965 reported cases were comprised of a higher proportion of difficult to manage subgroups such as undocumented aliens, refugee immigrants, foreign-born students and the extremely poor. Many in these subgroups suffer with drug resistant TB organisms and have noncompliance attitudes," Dr. Escobedo said.

He said that since 1979, when short course chemotherapy was introduced, there has been an increasing acceptance by physicians to place patients on shorter durations of therapy.

In 1983, the American Thoracic Society, the Centers for Disease Control and the TDH endorsed the nine-month regimen as the treatment of choice with the drugs isoniazid and rifampin for adults and children with uncomplicated pulmonary and extrapulmonary tuberculosis.

"Reducing the period of chemotherapy for the standard treatment of TB from about two years to nine months has resulted in improved patient compliance and also a considerable saving in resources required for patient management," Dr. Escobedo said. ▲

District COMMUNIQUE'S

By H. George Grainger, D.O.
District III

The events reported district-wise for September-October, were, in order of their occurrence: 1) District III meeting in mid-September; 2) Attendance of district member to the TCOM reunion of the first graduating class and 3) Addition of new practitioners into district folds.

The September meeting featured Tyler — East Texas Public Health unit physician, Kerfoot Walker, M.D., who took us, screen-wise down to the Guatemala outreaches, where he, as one of a small group of physicians, undertook to bring a measure of health to some of the medically—economically—culturally deprived natives. No D.O.s were included in the group of missionaries, Dr. Walker said. Guatemala, being a remnant of the British Political System, does not yet consider osteopaths as physicians. . . . The meeting was held at the new Tyler Ramada Hotel, and we had an al-

most satisfactory turnout. . . . Three new D.O. families came to the meeting: Melinda and Gregory Smith, TCOM '83, Elizabeth and James Marvin, TCOM '81 and Linda and Samuel Remer, OkCOMS '79.

Only at the ballot box can the American citizen freely exercise his right to say "NO".

We see by the papers that Lindale's Earl Kinzie was recently reappointed a member of Tyler Junior College's Foundation and Development Counsel for another three year term.

Dr. Greg Smith was endocrinated into the mysteries of Tyler's Doctors Memorial Staff at the October hospital staff meeting. We note that Dr. Smith didn't waste any time at admitting patients, either. Dr. Smith

practices in Troup.

A lot of people don't know, but Tyler's Bob Breckenridge is a member of the very first matriculating (and graduating) class of TCOM. (Your correspondent had the honor of teaching him all he knows about this here osteopathy — which ain't very much).

Well, bearded Bob went to the reunion of his class held at Billy Bob's in Fort Worth late September. It was the tenth anniversary of the Class of '74 and they had a good old time eating, dancing and reminiscing, as old timers will. One hundred percent of the women graduates were in attendance in the form of Nelda Cuniff. This compares with 82 1/4 percent of the men. Of those in attendance, .0714 percent were bearded: Bob Breckenridge, who's getting more and more to look like Dr. A. T. Still.

You Know It's A Bad Day When. . .

- You want to put on the clothes you wore to the party and there aren't any!
- You turn on the morning TV news and they're displaying emergency routes out of the city!
- The Sun comes up in the west!
- Your boss tells you not to bother to take off your coat!
- You jump out of bed in the morning and miss the floor!
- You wake up and your braces are locked together!
- Your horn gets stuck when you're following a group of Hell's Angels on the freeway!
- You put both contact lenses in the same eye!
- You call your answering service and they tell you it's none of your business!
- Your wife says good morning, Bill, and your name is George!
- Your income tax return check bounces!
- You wake up to discover your waterbed has broken and then you discover you don't have a waterbed!
- You put your bra on backwards and it fits better!
- You see the 60 Minutes news team waiting for you in your office!
- Your bar of Ivory soap sinks!
- Suicide prevention hotline puts you on hold!
- You call a telephone number you took off the restroom wall and your wife answers!
- You are playing golf with "one of the guys from the office" and notice two women playing golf up ahead — and one man looks startled as he looks at the women — and says "Gad! That's my wife playing golf with my mistress — and the other man says, "Hum! Small world isn't it!"

TMF Awarded PRO Contract for Texas

The Texas Medical Foundation (TMF) has been designated as the Peer Review Organization (PRO) for Texas and was awarded a two year, \$18.5 million contract, effective October 1, 1984. Negotiations were held in Baltimore, Maryland, at the central office of the Health Care Financing Administration, the division of the Department of Health and Human Services that is responsible for federally funded health care programs.

Texas physicians were represented by W. Gordon McGee, M.D., of El Paso, TMF President and by Donald M. Peterson, D.O., of Fort Worth, TMF Vice-President. Mr. S. Robert King, Jr., Executive Director and Mr. Phillip K. Dunne,

PRO Project Director, represented the TMF administrative staff.

The national PRO program was established by federal legislation in late 1982 as an adjunct to the government's new Medicare prospective payment system. The PRO program was designed to assure that Medicare funds are used to pay for medically necessary and high quality health care for the elderly.

As the Peer Review Organization of Texas, TMF will be responsible for evaluating the medical necessity of hospitalization for Medicare patient admissions after October 1, 1984. The program will rely on medical necessity decisions made by Texas physicians who practice in the local areas where review will

take place.

The program will be in the local areas where review will take place.

The program will be implemented within 45 days of the contract effective date in approximately 500 hospitals across the state that accept Medicare patients. The goals of TMF's PRO program will be to assure the medical necessity of hospital admission for Medicare patients and to assure that high quality medical care is provided in the most cost-effective setting.

The Texas Medical Foundation is owned jointly by the Texas Osteopathic Medical Association (D.O.) and the Texas Medical Association (M.D.).▲

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ATOMA News

District II
By Alleen Bailes

Wrote my column a few days early last month because I was expecting a telephone call telling of the arrival of our second grandchild. Sure enough on September 4th a mighty sweet little girl arrived. She was named Alicia Rose Waldrup and grandmother Bailes traveled to San Marcos to devote practically all of my time for the following two weeks to her care and welfare.

During the month of September, I received a packet in the mail telling about Hulen Travel Services. Becky Beckwith is the sales representative and if I have occasion to travel for any distance, I will give her a call.

Looking ahead, November 20, 1984, District II meeting is scheduled for 6:30 p.m. at Robert's Restaurant. I must confess this is a new place to me and I suppose it is very new for I could not find it listed in the telephone directory. There seems to be a number of very good new restaurants so am looking forward to sampling this one next month.

The National Osteopathic Guild Association Convention met in Fort Worth on October 3-6, 1984, at the Americana Hotel. There were 135 delegates from over the United States who attended. Phyllis Johnson and Jane Sowers were the local "planners" for this event. The first evening there was a Texas Bar-B-Q dinner sponsored by Fort Worth Osteopathic Hospital. The following morning, a Continental Breakfast was sponsored jointly by ATOMA and District II ATOMA.

This was followed by the formal opening of the convention. There was a noontime luncheon at Rivercrest Country Club sponsored by the TCOM faculty. The program was a Good Will Fashion Show that was delightful. The Friday morning Continental Breakfast was courtesy of East Town and Dallas Hillcrest Osteopathic Hospitals. For ATOMA District II, Mary Luibel, Peggy Fisher and Mary Hope Everett were the ladies who helped with the many details to make the convention a huge success. The Saturday morning Continental Breakfast was courtesy of the Fort Worth Osteopathic Medical Staff.

Oh, I forgot the big banquet on Friday night. Here the ladies wore their finest gowns and looked so very pretty. Jane Sowers was the Toastmistress and awards were presented. The speaker of the evening was Bobby Wygant who was sparkling as usual. It was a

nice evening and, in fact, was a nice convention.

It was my pleasure on the evening of September 26 to attend an Autograph Party celebrating the publication of "Luke and the Van Zandt County War" written by Judy Alter. This affair was held at Log Cabin Village and provided the perfect place and setting for this book, because the time was just after the Civil War that the story of this book takes place. It is advertised as a book for young adults.

Guess I am beginning my second childhood for the story I found most intriguing. I enjoyed the party. It was good to see Judy. Part of the food that was served was East Texas blackeyed peas. These peas have come to be regarded as a good luck symbol and I hope they are for her in the sales of this book.

WHO IS THAT WOMAN?

By Ellen O'Toole

With great love for family, always on the run,
Only to finish one project and start another one.
Not a lot of time taken for herself,
Doing just enough though, to reflect very good health.
Ever looking forward to a quiet moment or two,
Reaching out to many, not just a few.

What would you say to describe such a woman,
Over the years, older, wiser, but still lots of fun,
Mother, spouse, volunteer and career girl, all rolled into one.
Another attempt to describe her should not be done,
No, just say it simply, the D.O. wife is Wonder Woman!

IRS Disallows Physicians Deductions for Dining

The IRS, extending its get-tough policies in never ending detail, now looks more closely at deductions which may have formerly been allowed, or overlooked. Business expenses have frequently been challenged, but as one court case illustrates, one key to a disallowment is frequency.

One physician, who will remain nameless, found this out after apparently flaunting good judgment if not actually trying to dodge a fair tax schedule. See if you agree with the finding.

The doctor practiced and taught medicine, chiefly through his hospital affiliation. For the year the IRS was auditing, he picked up

the lunch tab three or four times a week, treating the doctors and nurses who worked with him. At the end of the year he marked down a deduction for luncheon costs — 180 meals for himself and his closest nurse associate, 110 for other nurses, 75 for resident physicians and half a dozen for practicing doctors working on cases with him.

When he lunched with the nurses, they talked about office matters and scheduling of patient care and important phone calls, etc., all official medical matters. When he dined with other doctors, the conversation was almost strictly patient treatment. The entire tab

for the year's lunches came to \$3,000, and he put it all in as a deduction.

The IRS disallowed the whole \$3,000.

The Tax Court, citing Section 262, which bars deduction of personal expenses, said that section takes precedence over Section 162, which allows business expense. Their opinion: "Daily meals are an inherently personal expense, and a tax-payer bears a heavy burden in proving they are routinely deductible."▲

(Reprinted from *ACOS News*, September 1984.)

C I B A



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Opportunities Unlimited

PHYSICIANS WANTED

ANESTHESIOLOGY Residencies — Texas College of Osteopathic Medicine now accepting applications for residencies in anesthesiology. Contact: Paul A. Stern, D.O., TCOM, Department of Anesthesiology, Camp Bowie at Montgomery, Fort Worth, 76107.

ASSOCIATE NEEDED — in a well established clinic in small town, one hour from Austin. D.O. current there, has excellent practice and additional help is needed. Town is a county seat and is located in a high growth area. If interested in practicing in a small, clean, growing community, please contact: TOMA, Box 104, 226 Bailey Avenue, Fort Worth, 76107.

BONHAM — Golden opportunity exists for G.P. in town of 7600, one hour northeast of Dallas. Large D.O. practice vacated in June with no physician to take over. Young D.O. in same town seeks association with G.P./F.P. or surgeon willing to do some general practice. Modern 60-bed hospital draws from area of approximately 15,000. Guarantee available. Call or write Chief of Staff, J. E. Froelich, D.O., 214-583-3191 (office) or 214-583-4812 (home) or Administrator Mike Moseley, 214-583-8585 at Fannin County Hospital, 504 Lipscomb Avenue, Bonham, 75418.

BONHAM — For sale or lease: office and vacant lot, across street from 65-bed hospital. One hour northeast of Dallas. Population 7,500. Excellent churches, schools, recreation, airport. Unlimited opportunity. Call Max Ayer, D.O., 214-388-7861.

BONHAM — in need of general surgeon, ob-gyn or especially a general practice physician with interests in OB. If interested call J. E. Froelich, D.O., 214-583-3191.

CHAIRMAN, Department of Manipulative Medicine (formerly Department of Osteopathic Philosophy, Principles and Practice), Texas College of Osteopathic Medicine. Applicant must have a D.O. degree and have been awarded the F.A.A.O. degree or have achieved candidate status. Minimum of 3-5 years of classroom teaching experience in a Department of Osteopathic Philosophy, Principles and Practice. Must have acknowledged leadership and administrative skills, as well as proven commitment to academic excellence. Interested individuals should submit curriculum vitae and three references to: Clyde A. Galleghue, D.O., Chairman, Search Committee, T.C.O.M., Camp Bowie at Montgomery, Fort Worth, Texas 76107-2690. Deadline for applications: January 15, 1985. Texas College of Osteopathic Medicine is a state-supported medical school under the Board of Regents of North Texas State University and is dedicated to academic and research excellence. Applications will be held in confidence.

CROSS PLAINS — Excellent opportunity. Physician needed to take over deceased physician's general practice. Large existing clientele is anxiously awaiting arrival of new doctor. Recently remodeled nine room clinic includes custom cabinetry, new carpet, paneling and waiting. Extensive equipment inventory with OB/GYN table, surgery table, treatment table, x-ray and some lab and office equipment. Several hospitals in nearby towns. Cross Plains is located 52 miles SE of Abilene. For additional information contact: Katherine Davies, 915 Genova, Sugarland, 77478. Daytime phone: 713-757-8259.

DALLAS — Fully equipped doctor's office available for immediate move-in. Terms negotiable. If interested, call 214-946-2193.

DALLAS/FORT WORTH AREA — Seeking full-time, personable, family-oriented physicians to staff several primary care and minor emergency clinics in the metropolitanplex. Income guarantee vs percentage gross charges. Clinic medical directorships are available to qualified, caring physicians and the opportunity for partnership ownership. Flexible schedule, malpractice paid, independent contractor status, excellent future for growth and success. Contact Dr. Steve Anders, medical director, 4101 Airport Freeway, Suite 101, Bedford, 76021, or call 817-640-4333.

FORT WORTH — Position open for general internist to join busy established group practice. For information write TOMA, Box "103", 226 Bailey Avenue, Fort Worth, 76107.

GENERAL/FAMILY PRACTICE — Town of 2,000 in the farming and ranching area of the hill country of Texas. Only doctor in county needs associate/partner. No OB/surgery. 18-bed hospital in town. Excellent facility 65 miles away with services up to and including CT scanning. Two hours from Austin and San Antonio. Relaxed country living. Write TOMA, Box "100", 226 Bailey Avenue, Fort Worth, 76107.

HOUSTON — Position open for general practitioner and internist. For further information please call 713-964-9709 or 713-937-0312 (home).

HOUSTON — Looking for young, general practitioner/family practitioner to assume solo practice. An excellent opportunity. Call 713-674-7691 or write 2203 Clinton Drive, Galena Park, 77547.

Opportunities Unlimited

NEW FAMILY MEDICAL CLINIC IN DALLAS — seeking energetic and ambitious orthopedic surgeon and obstetrician/gynecologist. Positions available fall 1984. Multi-specialty, family centered, primary health care unit will facilitate physicians. Clinic built to accommodate full medical departments of x-ray, laboratory and pharmacy. Each medical suite finished out at no cost with six months free lease. Program to subsidize salary. Located two miles from the hospital in one of Dallas/Fort Worth's most exciting active real estate markets. Unlimited potential for aggressive, dedicated physicians to build a flourishing and successful medical practice. Interested physicians please contact:

Henry T. Duke, Admin.
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NORTH DALLAS — General Practitioner slowing down to quit. Acute family practice for 35 years. Dallas 10 minutes away; excellent hospital 15 minutes away. Perfect for emergency care unit or DO in general or family practice. Contact M. W. Graham, D.O., Box 488, Celina, 75009 or phone 214-442-2345.

QUANAH — Northwest Texas town of 1,800 population has young busy D.O. who needs partner. In practice two years; OB, pediatrics, geriatrics, surgery. Hospital has 48 beds and fully equipped. Guarantee and extras negotiable. Send resume to TOMA, Box "203", 226 Bailey, Fort Worth, 76107.

PHYSICIANS NEEDED — Family practice physicians, OB/GYN's ENT's, orthopedic surgeons and ophthalmologists are needed for practice situations in Texas. Financial assistance is available. For additional information send curriculum vitae to: Corporate Director, Professional Relations, 16633 Ventura Blvd., 10th Floor, Encino, California, 91436.

RETIRING OPHTHALMOLOGIST & ENT — Selling 15-year successful practice, active files. Good location in central Dallas. Send inquiries to TOMA, Box "101", 226 Bailey Avenue, Fort Worth, 76107.

RICHARDSON — Bio-Basics Unlimited, a holistic health and beauty care center with a new concept toward combining medicine and wellness life styling through nutrition, vitamins and minerals and therapy involving weight management and smoking cessation, preventive medicine, needs a doctor for new practice; small investment required. If interested call 214-231-6638.

SOUTHEAST TEXAS — For sale. Well established family practice in Southeast Texas town of 8,000, one and a half hours from Houston. Financially secure practice; established 31 years ago. Six blocks from excellent community hospital. Latest in automated lab; x-ray with automatic processor; physical therapy, EKG, etc. High quality, honest employees. OB optional. Area provides excellent hunting, water sports, camping. Will introduce. Owner continuing education. If interested write TOMA Box 105, 226 Bailey Avenue, Fort Worth, 76107.


TEXAS — American Medi+Centers, Inc., is now offering full and part-time positions in its organization of Family Health/Minor Emergency Centers. Facilities are now operational in Wichita Falls and Abilene, Texas, with subsequent facilities coming on line in the Denton/Lewisville and Dallas/Fort Worth areas fourth quarter 1984. Full-time remuneration based on hourly guarantee and percent profit over breakeven. Paid medical liability insurance. Directorships are available to qualified individuals. Reply to BVD Associates, P.A., Ste 830, The Wichita Tower, Wichita Falls, Texas, 76301; or phone 817-723-7086.

TEXAS, WICHITA FALLS: Private group staffing moderate volume emergency department has opening for full and part-time physician staff. Full-time remuneration based on fee for service vs. guaranteed minimum. Minimum yearly guarantee in excess of 85K. Paid medical liability insurance. Independent sub-contractor status. Interested parties reply to BVD Associates, P.A., Ste 830, The Wichita Tower, Wichita Falls, Texas, 76301; or phone 817-723-7086.

TYLER — Tired of Medicare and Medicaid? Looking for good guaranteed salary with profit sharing benefits? ER clinic is looking for physicians in East Texas area. Expense paid for interview. For more information contact: Hamlin Offard, 414 Dublin, Tyler, 75703 or call 214-839-7739 or 214-566-1608.

TYLER — General or family practitioner. If you are looking for a place to start your practice, we have an excellent opportunity in beautiful east Texas. For more information contact: Olie Clem, Admin., Doctors Memorial Hospital, 1400 West S.W. Loop 323, Tyler, 75701, phone 214-516-3771.

WHITESBORO — Seeking full-time family physician for family practice and minor emergency clinic. Guaranteed salary with help from hospital in area. Call Whitesboro Family Clinic, 214-564-3503 or write 304 Charlie Drive, Whitesboro, 76273.

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P.O. Box 64682 Dallas, Texas 75206	

POSITIONS DESIRED

CERTIFIED GENERAL SURGEON — with a sub-specialty in vascular surgery, is interested in moving to Texas. Will consider all areas of Texas. Contact: TOMA, Box "202", 226 Bailey Avenue, Fort Worth, 76107.

MOBILE RELIEF PHYSICIAN — Have Motor Home/Will Travel. General practice physician is semi-retired. Wife is qualified nurse. Can have both or just physician. Current state license and malpractice insurance in effect. No legal action past or present against. For more information contact: TOMA Box "201", 226 Bailey Avenue, Fort Worth, 76107.

PHYSICIAN ASSISTANT — 1980 graduate of U.T. School of Allied Health Sciences' Physician Assistant Program — Board Certified — seeks position in Dallas area. Interested in surgery, internal medicine and family practice. Contact: John G. Henevadl, 1111 N. O'Connor Road, Suite 121, Irving, 75061, 214-254-6523.

INTERNIST — active in hospital ICU practice is considering a change. Will consider all areas of Texas, Oklahoma, Arkansas and Colorado. Please mail inquiries to: Robert Sedar, D.O., P.A., 2828 S.W. 27th, Amarillo, Texas, 79109.

OB/GYN — Board eligible. Texas licensed. Individual or group practice. CV upon request. For more information contact: TOMA, Box "200", 226 Bailey, Fort Worth, 76107.

PEDIATRICIAN — Board certified with varied experience. Texas license. Quite flexible. G.L. Dickman, D.O. Call 405-734-8287 or write 12701 Steve Drive, Moore, Oklahoma, 73165.

PATHOLOGIST — Board certified osteopathic pathologist seeking a position as chief or associate. Solo or group practice desired. Experienced, well trained in clinical, anatomic pathology and laboratory management including knowledge of TEFRA & DRG's. Please reply to C.I. Gordon, D.O., 1233 Crane Drive, Cherry Hill, New Jersey, 08003.

ARMY TRAINED — American Board of Family Practice — seeking associate for July 1985 in north central or east Texas area. Write James Wright, D.O., No. 2 Night Wind Court, Columbus, Georgia, 31909.

GENERAL INTERNIST — completing residency June 1985 with additional training in nutrition, geriatrics and rheumatology. Seeking group or solo practice opportunity. Will perform endoscopy and non-invasive cardiology. Contact Karen J. Nichols, D.O., 2605 S. 98th East Ct., Tulsa, Oklahoma, 74129 or call 918-827-3058.

OFFICE SPACE AVAILABLE

MEDICAL OFFICE SPACE — for rent in Medical-Dental Complex. Ready for occupancy — near Northeast and HEB Harris Hospitals in Euless, Texas. Approximately 1,500 sq. ft. (bills paid except telephone and cleaning) \$1,100.00 per month. Fixtures and equipment in place may be purchased at reasonable price. Laboratory and pharmacy on premises. Call Bill Wyatt, Metro 817-268-6143 or Metro 817-481-5158.

BEDFORD — Deluxe office space in new two story building, busy intersection in affluent, rapidly growing Bedford. Excellent location for a physician. Call 817-498-3883.

FORT WORTH WEST SIDE — Doctor's facility in area of medical professionals. Reception room, lab space, exam rooms and office. Beautifully decorated. 8008 Highway 80 West, Suite 108; phone 817-731-7588.

FOR LEASE — 1,419 sq. ft. Doctor's Suite in Professional Plaza on South Hampton Road in Dallas. Available September 1. For more information call: 214-331-4155.

FORT WORTH — Office space for sale or lease. All or part of 10,000 sq. ft. Share waiting room with pharmacy. Lab, x-ray, physiotherapy plus plenty of room to sub-lease. Includes dental suite. Will make excellent minor emergency clinic. Contact J. G. Dowling, D.O., 817-868-3308.

OFFICE SPACE AVAILABLE — North Star Vision — Health Care Center is looking for a physician. Any specialty welcomed. Located at North Star at Buckingham, North Garland. Contact: Dr. Stendig, 214-494-2020.

OFFICE SPACE AVAILABLE — Center of H.E.B. area. Corner of Glenview Drive and Grapevine Highway. Traffic count 20,000 cars per day. Design your own office. 1,200 sq. ft. and up. Will provide temporary space during construction. Contact: 817-284-8271 or 817-283-6913.

MISCELLANEOUS

FOR SALE — McManis Table, good condition: \$750. If interested call Dr. Jennings, 817-268-3955.

RENT — BUY — LEASE — New and used medical equipment. Call or write La-Der, P. O. Box 9620, Suite 118, Fort Worth, 76107; 817-294-6092.

FOR SALE — Nitrox Crio Unit suitable for multiple (lesions) with straight and curved applications compact rolling stand. Also, electric padded tables on swivel base, excellent condition, foot control raises and lowers table and lowers and upper sections. Contact: William Van De Grift, 2503 W. Jefferson Boulevard, Dallas, 75211.

FOR RENT — Ready for a winter holiday? Try Red River, New Mexico; Ski TAOS, Red River and Angel Fire. Two bedroom townhouse; 2 1/2 baths. Sleeps (8) on beds. For information contact: S. R. Briney, 14 Lake View Court, Aledo, 76008. Phone: 817-441-9373.

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