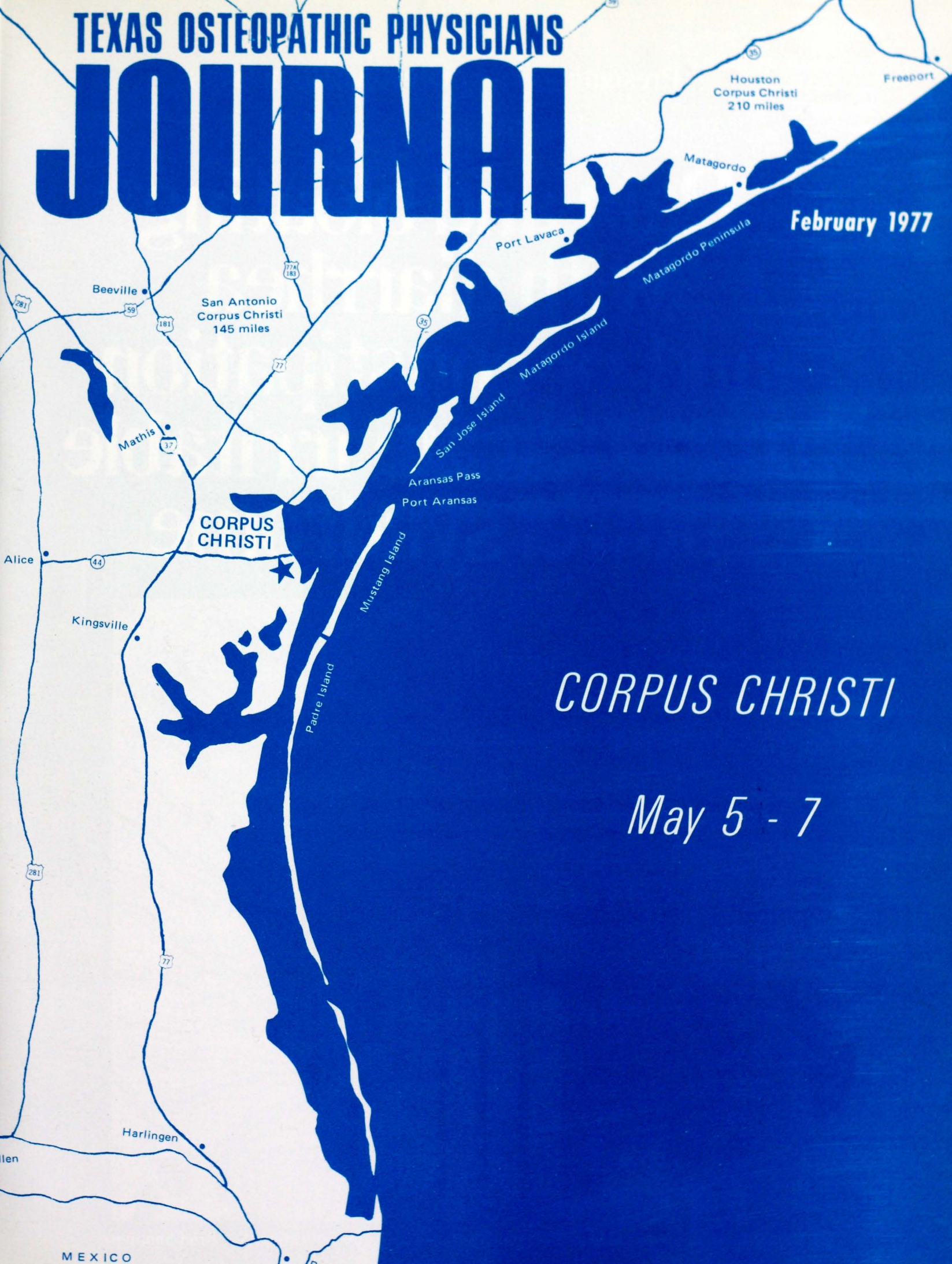
TEXAS OSTEOPATHIC PHYSICIANS

JOURNAL

February 1977

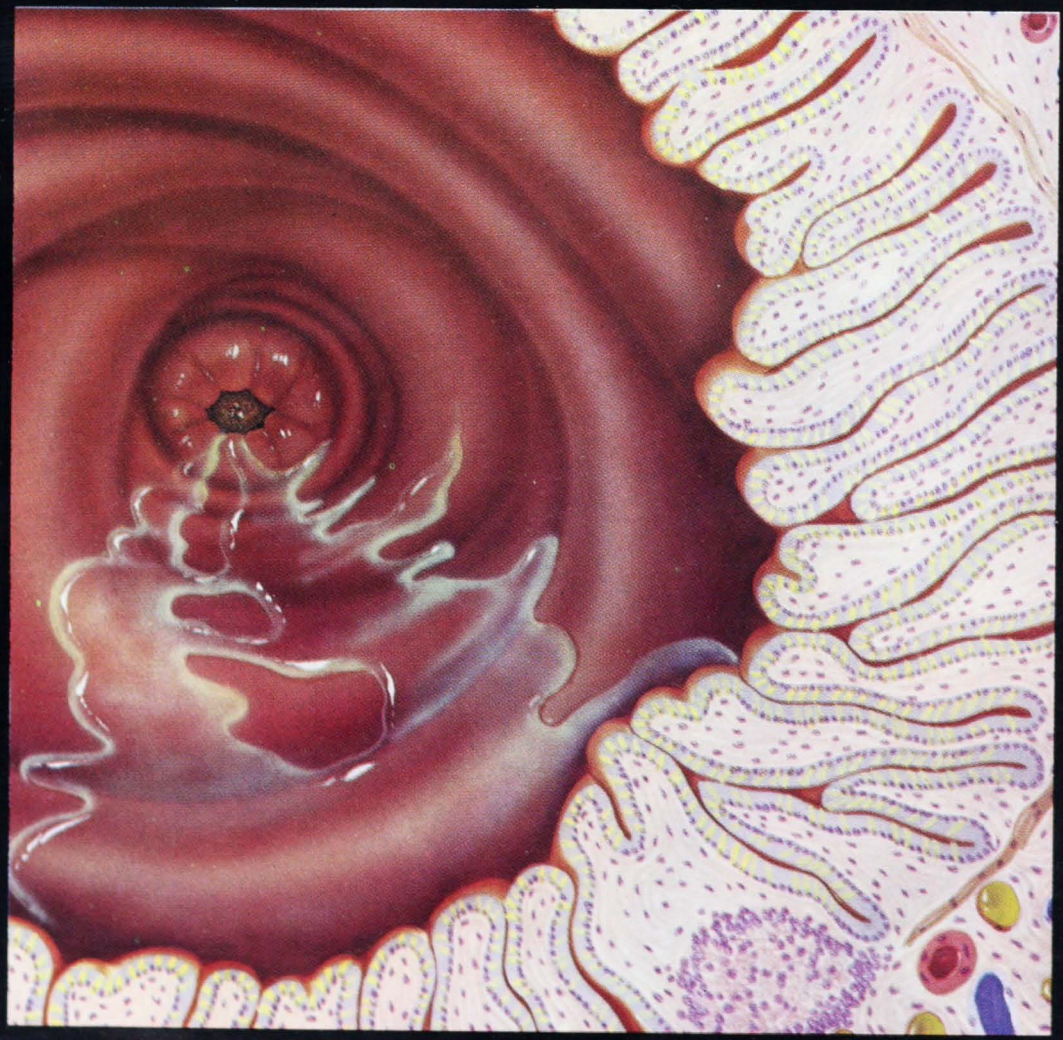


CORPUS CHRISTI

May 5 - 7

Presenting Gastrointestinal Complaints

Pain and bloating with diarrhea and/or constipation may indicate irritable bowel syndrome*



*Librax has been evaluated as possibly effective for this indication. See Brief Summary.

Recurrent episodes of acute G.I. discomfort, associated with constipation, diarrhea or abdominal pain ranging from dull gnawing to sharp cramping sensations, may suggest irritable bowel syndrome and warrant further investigation. If this tentative diagnosis is confirmed, medical relief of the acute episode may be only the starting point of appropriate long-term management. Such patients often have an extended history of dietary reactions and laxative misuse with a tendency, when under severe emotional strain or fatigue, to experience a colonic "protest."

Indeed, careful questioning will usually uncover a significant relationship between periods of undue anxiety or emotional tension and the exacerbation of G.I. symptoms. This type of patient will probably need your counseling and reassurance to assist him in making beneficial modifications in his life style and attitudes.

If it's irritable bowel syndrome, consider Librax as adjunctive therapy

In most instances, the patient with irritable bowel syndrome derives maximum long-term benefits from a comprehensive medical regimen directed at both the somatic and emotional aspects of this functional disorder. The dual action of Librax has proved to be highly effective not only in relieving the distressing symptoms of irritable bowel syndrome but also in maintaining patient gains.

A distinctive antianxiety-anticholinergic agent

1 Only Librax combines the specific antianxiety action of Librium® (chlordiazepoxide HCl) with the dependable antisecretory-antispasmodic action of Quarzan® (clidinium Br)—both products of original Roche research.

2 The calming action of Librium—seldom interfering with mental acuity or performance—makes Librax a distinctive agent for the adjunctive treatment of certain gastrointestinal disorders. As with all CNS-acting drugs, patients receiving Librax should be cautioned against hazardous occupations requiring complete mental alertness.

3 Librax has a flexible dosage schedule to meet your patient's individual needs—1 or 2 capsules three or four times daily, before meals and at bedtime.

helps relieve anxiety and associated symptoms of irritable bowel syndrome*

Librax®

Each capsule contains 5 mg chlordiazepoxide HCl and 2.5 mg clidinium Br.

ROCHE

***This drug has been evaluated as possibly effective for this indication. Please see following page for brief summary of product information.**

Dual-action adjunctive

Librax®

Each capsule contains 5 mg chlordiazepoxide HCl and 2.5 mg clidinium Br.

Initial R_x

The initial prescription allows evaluation of patient response to therapy.

Follow-up

Follow-up therapy, with a prescription for 2 to 3 weeks' medication, usually helps to maintain patient gains.

helps relieve anxiety-linked symptoms of irritable bowel syndrome* and duodenal ulcer*

Please consult complete prescribing information, a summary of which follows:

* **Indications:** Based on a review of this drug by the National Academy of Sciences–National Research Council and/or other information, FDA has classified the indications as follows:
"Possibly" effective: as adjunctive therapy in the treatment of peptic ulcer and in the treatment of the irritable bowel syndrome (irritable colon, spastic colon, mucous colitis) and acute enterocolitis.
Final classification of the less-than-effective indications requires further investigation.

Contraindications: Patients with glaucoma; prostatic hypertrophy and benign bladder neck obstruction; known hypersensitivity to chlordiazepoxide hydrochloride and/or clidinium bromide.

Warnings: Caution patients about possible combined effects with alcohol and other CNS depressants. As with all CNS-acting drugs, caution patients against hazardous occupations requiring complete mental alertness (*e.g.*, operating machinery, driving). Though physical and psychological dependence have rarely been reported on recommended doses, use caution in administering Librium® (chlordiazepoxide hydrochloride) to known addiction-prone individuals or those who might increase dosage; withdrawal symptoms (including convulsions), following discontinuation of the drug and similar to those seen with barbiturates, have been reported.

Usage in Pregnancy: **Use of minor tranquilizers during 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.**

As with all anticholinergic drugs, an inhibiting effect on lactation may occur.

Precautions: In elderly and debilitated, limit dosage to smallest effective amount to preclude development of ataxia, oversedation or confusion (not more than two capsules per day initially; increase gradually as needed and tolerated). Though generally not recommended, if combination therapy with other psychotropics seems indicated, carefully consider pharmacologic effects of agents, particularly potentiating drugs such as MAO inhibitors and phenothiazines. Observe usual precautions in presence of impaired renal or hepatic function. Paradoxical reactions (*e.g.*, excitement, stimulation and acute rage) have been reported in psychiatric patients. Employ usual precautions in treatment of anxiety states with evidence of impending depression; suicidal tendencies may be present and protective measures necessary. Variable effects on blood coagulation have been reported very rarely in patients receiving the drug and oral anticoagulants; causal relationship has not been established clinically.

Adverse Reactions: No side effects or manifestations not seen with either compound alone have been reported with Librax. When chlordiazepoxide hydrochloride is used alone, drowsiness, ataxia and confusion may occur, especially in the elderly and debilitated. These are avoidable in most instances by proper dosage adjustment, but are also occasionally observed at the lower dosage ranges. In a few instances syncope has been reported. Also encountered are isolated instances of skin eruptions, edema, minor menstrual irregularities, nausea and constipation, extrapyramidal symptoms, increased and decreased libido–all infrequent and generally controlled with dosage reduction; changes in EEG patterns (low-voltage fast activity) may appear during and after treatment; blood dyscrasias (including agranulocytosis), jaundice and hepatic dysfunction have been reported occasionally with chlordiazepoxide hydrochloride, making periodic blood counts and liver function tests advisable during protracted therapy. Adverse effects reported with Librax are typical of anticholinergic agents, *i.e.*, dryness of the mouth, blurring of vision, urinary hesitancy and constipation. Constipation has occurred most often when Librax therapy is combined with other spasmolytics and/or low residue diets.

Dosage: Individualize for maximum beneficial effects. Usual maintenance dose is 1 or 2 capsules, 3 or 4 times a day, before meals and at bedtime. Geriatric patients–see Precautions.

How Supplied: Librax® Capsules, each containing 5 mg chlordiazepoxide hydrochloride (Librium®) and 2.5 clidinium bromide (Quarzan®)—bottles of 100 and 500; Prescription Paks of 50, available singly and in trays of 10.

ROCHE

Roche Laboratories
Division of Hoffmann-La Roche Inc.
Nutley, New Jersey 07110

TEXAS OSTEOPATHIC PHYSICIANS
JOURNAL

Published by
TEXAS OSTEOPATHIC MEDICAL ASSOCIATION
Volume XXXIV — No. 2 — February 1977
Publication Office — 512 Bailey, Fort Worth, Texas 76107
Phone — 817—336-0549
Copy Deadline — 10th of month preceding publication

Mr. Tex Roberts, Editor

TOMA's 78th Annual Convention & Scientific Seminar — —

WHAT'S IN IT FOR YOU?

Being Annual Program Chairman for the TOMA convention is one of the toughest assignments given by the President to a member, but when Dr. M. Lee Coleman of Dallas was asked to take it on, he accepted the responsibility and, within a very short time, has come up with what is bound to be an excellent scientific seminar.

There will be no central theme for the program, but most of the lectures to be presented will be of interest to all D.O.s, even though some of the topics will not be within the normal scope of their practices.

Although some of the lectures will be concerned with conditions a general practitioner sees frequently, the speakers will have much information they have either gleaned in their own practices, or through research and reading that so many busy physicians don't have the time to do.

The speakers will include some of our own members who are experts in their fields, as well as a number of D.O.s from other parts of the country.

As has been the case in the past several years, the scientific seminar will run from Thursday morning (May 5) through Saturday noon.

Dr. Colonel Brashier of Dallas, who is certified in internal medicine, will lead off the Thursday program and will speak on office cardiology. He is also on the Friday program.

Two Tulsa D.O.s who are well-known throughout the profession and will participate in the program are Dr. Richard C. Staab, a certified internist, and Dr. Robert M. Fogel who is certified in anatomic and forensic pathology. Dr. Staab will speak on cancer chemotherapy and leukemia, and Dr. Fogel on breast cancer.

Dr. K. Patrick McCaffery, a certified pediatrician on the KCCOM faculty, formerly practiced in Texas and has lectured on several TOMA convention programs. He is scheduled to speak on pediatrics Thursday morning.

The Chairman of TCOM's Department of Osteopathic Principles, Practice and Philosophy, Dr. John H. Harakal, Jr., is on the Thursday afternoon program and will discuss that subject.

One of the newer modalities in medicine, sonography, will be Dr. Frank J. Bradley's topic Friday morning. Certified in radiology, Dr. Bradley is on the Dallas Osteopathic Hospital staff.

Another TOMA member who lectured at the convention last year, and who is scheduled to speak on this year's scientific program Friday morning, is Dr. Samuel S. Morgan of Dallas. He is certified in rehabilitation medicine and his presentation will concern diagnoses of common sports injuries.

Treatment of Vaginitis will be Dr. Roy L. Fischer's topic Friday morning. A Dallas physician, Dr. Fischer is ceritifed in Ob-Gyn.

It is a tradition that the program include an OMT presentation, and this year Dr. Catherine K. Carlton of Fort Worth, who is president of the American Academy of Osteopathy, has been invited to handle this topic.

Dr. Lester I. Tavel of Houston will lead off the Friday afternoon program when he will discuss office proctology, a specialty in which he is certified.

Because last year's program included concurrent sessions, rather small rooms were utilized, and sometimes they were too small to hold the registrants who wanted to hear certain lectures. This was the case when Dr. Arthur Kratz spoke on allergies. However, those who were unable to hear his presentation last year will have another opportunity when he speaks this year on Texas allergies—asthma in particular. He is not only a certified G.P., but was certified by the American College of Allergy and Immunology in 1974.

Another Dallasite who is on the Friday afternoon program is Dr. Joseph DePetris, a certified internist, who will discuss the thyroid.

Dr. P. Kelly Miles of Tulsa will be the first speaker Saturday morning at 9:00. His field is endocrinology and he will lecture on renin hypertension, indiopathic edema and treatment of diabetic ketoacidosis with continuous intravenous insulin.

Concluding the scientific seminar will be a lecture on hypertension presented by Dr. Gary L. Slick of Detroit, who is certified in internal medicine. He is the son of Dr. Roy M. Slick of Corpus Christi.

More complete information on the speakers and their topics will appear in the March issue of the *Journal.* You will also find a schedule of the social activities in that issue.

Corpus Christi - -

"What'll we do there? What'll we see there? What'll be the big surprise?"

When we're going to visit a certain city or area, we like to know something about it. Not just "What'll we do there, what'll we see there . . ." but a little about why *it's there, how it came into being; so we do a little research.*

Although we've visited Corpus Christi a number of times, these visits have been hurried and, upon reading some of its history, we feel that our stay there during the TOMA 78th Annual Convention May 5-7 will be much more interesting to us. . . . And we hope the rather sketchy history of Corpus Christi below will make the city more interesting for you.

Because in 1540 a wandering Spaniard arrived at the Bay on the feast day of the Saint of Corpus Christi, it was so named by him. However, the town of Corpus Christi did not come into existence until 1852.

Not that there weren't settlers in the area prior to that. The first one we know of was a Col. H. L. Kinney who opened a general store at what was to be known as Kinney's Post. But he had to have customers, so there must have been some sort of settlement there before that year.

And soon after that it became a bustling city of some 10,000 when U. S. troops were stationed there during the Mexican War. However, on their departure, it settled back into a small hamlet. The 1860 census shows 175 souls in the town of Corpus Christi, which by then was incorporated.

Nueces County, of which Corpus Christi is the seat, was carved out of San Patricio County in 1846, soon after Texas became a state. As are many Texas counties, it bears a Spanish name. Translated into English, Nueces mean nuts. (This is simply a point of information, without editorial comment!)

How did these early settlers find this beautiful area, which was—and is—on the road to nowhere? And why did they stay and lure others until now the population tops 200,000?

Well, you don't have to spend very many days in Corpus Christi to know *why* they came, they saw, and they stayed.

They stayed because of its beauty, its climate, its natural resources, and aptly call it the "Sparkling City by the Sea."

And it does sparkle—even though it isn't literally by the sea. Located on Corpus Christi Bay and Nueces Bay, the city is mostly cut off from the Gulf of Mexico by a series of long, narrow islands.

The most publicized of these is Padre Island, south of Corpus, but Mustang Island is the one that forms most of the barrier between Corpus Christi Bay and the Gulf. And above that is San Jose Island. But connecting roads, causeways and bridges will give you a circle drive around the Bay and to the Gulf.

In the Texas highways "Trails" system, Corpus is located on the Tropical Trail and is only 160 miles from Brownsville, the southernmost tip of Texas. It is the only really large city south of Houston and San Antonio.

Since we have not had a convention in Corpus Christi since 1966, and since TOMA has grown considerably since then, there are probably a number of members who have not been there—not only the new members, but those of long standing, since our records indicate that only 291 members and wives attended the '66 convention. At our '76 convention in Galveston, 502 were registered.

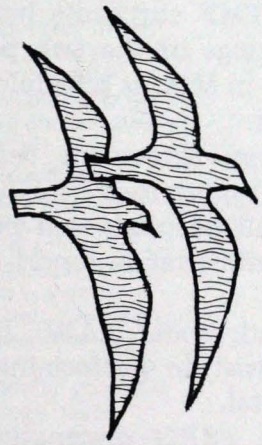
So in addition to all the other reasons you will want to come to the 1977 convention May 5-7, you will want to visit this beautifully clean, lively city which has so much to recommend it.

In addition to the miles and miles of public beaches, the city offers much in the way of sightseeing and recreation.

Texas A & I University is located there, as well as the U. S. Naval Air Station and a NASA Tracking Station. On your tour of the city, you'll see beautiful parks, and many of you will want to tour the several museums.

Tourism is a big industry in Corpus Christi, and since the city *isn't* on the road to anywhere, this industry flourishes simply because of the city itself, and all that it has to offer.

Even though it's at the end of the line, so to speak, it does boast an international airport and is on Interstate Highway 37, which right now is anything but a coast-to-coast or border-to-border highway, since it begins less than 50 miles northwest of Corpus and ends at the city. However, in Texas we have such good highways that often it is difficult to tell the difference between Interstate, U. S. and state highways. There are excellent highways from Houston and San Antonio, which are points that most of you who will be driving to the convention will come through on your way.



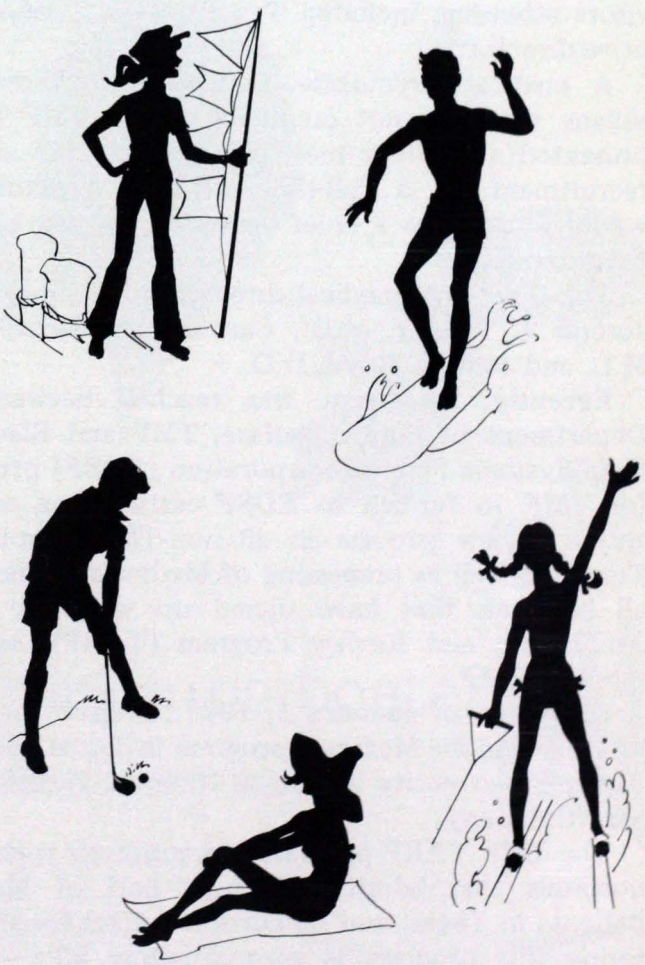
The gull has practically become the city's trademark. And this gull is itself unique. It is not one of the species that Jonathan Livingston Seagull left sitting on the piers waiting for scraps to be washed up by the sea, but is of the ornithological genus known as Laughing Gulls. (No, we can't tell you what the difference is or what they're laughing at—unless it's us!)

Following the departure of the military after the Mexican War, Corpus Christi settled back into just being there, until the 1920's. The Port of Corpus Christi was opened in 1926 to deep-water shipping, which began a boom era for the city. Petroleum shipping accounts for most of the port's business.

In addition to petroleum and petrochemical production, manufacturing and agriculture (along with tourism, of course) account for the healthy economy of the area. But with all this industry, Corpus Christi remains smog-free and sparkling.

If you want to know where the action is, of course you'll find much of it near or on the water. Swimming, fishing, surfboarding and beachcombing are the main attractions. But if action is not what you want, how about just lazing in the sun on a beach?

You may want to be aware that Corpus Christi D.O.s have a very active physician recruitment program and you may find yourself tempted to stay. They're a vocal and persuasive group, so perhaps you should bring along a goodly supply of willpower if you want to return to your already established practice!



As for "What'll be the big surprise?" — well, it wouldn't be if we told you now!

TOMA+TMA=TMF

Gathering the Data for the Provider

Grab on to the data before the government does.

That is a sort of rewrite of the golden rule which seems to pervade the modern relationships between medicine and the government: Do unto others before they do unto you.

That's what the Texas Medical Foundation is all about, and it is the reason why the Texas Osteopathic Medical Association and the Texas Medical Association created TMF to perform services for our members in the area of federal aid health care, but to perform these services required by the government at government expense.

An important meeting of the TMF Board of Directors was held late in January and was attended by all of the D.O. members of that board, including Drs. David R. Armbruster, Samuel B. Ganz, J. Michael Behrens, H. Eugene Brown, John J. Cegelski, Jr., Robert G. Haman, and Dwight H. Hause. Staff advisors attending included Tex Roberts, TOMA executive director.

A medical directorate, composed of three physicians who are not members of the TMF Board, presented a plan for reorganization of TMF and the recruitment of a full-time medical director who would also act as a chief operating executive of the Foundation.

The three-man medical directorate is composed of Joseph T. Painter, M.D., Carmault B. Jackson, Jr., M.D. and John H. Boyd, D.O.

Recently, agreement was reached between the Department of Public Welfare, TMF and Electronic Data Systems Federal Corporation (EDSF) providing for TMF to furnish to EDSF certification of utilization review process in all non-TMF hospitals in Texas, as well as processing of Medicaid claims from all hospitals that have signed up with the Texas Admissions and Review Program (TARP), administered by TMF.

EDSF, as of January 1, 1977, became the intermediary for the Medicaid program in Texas under the Austin-based entity known as National Health Insurance Company.

The TMF TARP program has contracts with Texas hospitals that admit well over half of Medicaid patients in Texas, and its current budget for administering this program is approximately $3½ million.

At the January meeting of the TMF Board, TOMA presented a bylaws change which was adopted, and which provides that any physician in Texas, belonging to TMF, must first be a member in good standing of TMA or TOMA, depending on whether his earned degree is M.D. or D.O.

Plans were also adopted for a TMF individual membership drive, which would be based, among other things, on the physician office service program offered under contract to TMF by Comtrol of San Antonio.

Data gathered by TMF through administration of the Medicaid review program and physicians office service will provide practicing physicians with the statistical data to negotiate with DPW and the feds.

The Foundation, acting in behalf of TOMA and TMA, addresses itself to the business side of medical care, backed up by data systems resources, performance evaluation, and management system.

The corporate body of TMF is composed of the houses of delegates of TOMA and TMA, with additional at-large D.O.s to make up 25 per cent of the corporate body membership. Dr. H. Eugene Brown of Lubbock is vice president of TMF.

A meeting of the TMF corporate body, separate from the annual meetings of the two parent associations that occur early in May, is scheduled to be held in March or early April.

Under the three-way agreement between DPW, TMF and EDSF, new report forms for utilization review committees of all hospitals will be developed, as will new TARP administrative report forms yet to be developed.

TMF also trains and, under TARP, hires medical care analysts who assist in performing the review function in each hospital.

If the single state PSRO designation of Texas stands up and Texas Institute for Medical Assessment (TIMA) receives the contract to administer PSRO in Texas, it will contract with TMF to perform certain functions, including data processing area; however, TIMA will maintain responsibility and control of the PSRO program.

In all of the areas mentioned in TMF activity, it must be remembered that the Foundation was created by and is controlled by the two medical associations in Texas, and its enormous task is to represent health care providers in the daily struggle with the problems connected with federal aid health care programs.

Individual members of TOMA and TMA are urged to join TMF and to at least monitor its activities—if not participate in its program. ^

Brief Summary of Prescribing Information

Actions: Pyrvinium pamoate appears to exert its anthelmintic effect by preventing the parasite from using exogenous carbohydrates. The parasite's endogenous reserves are depleted, and it dies. Povan is not appreciably absorbed from the gastrointestinal tract.

Indication: Povan is indicated for the treatment of enterobiasis.

Warnings: No animal or human reproduction studies have been performed. Therefore, the use of this drug during pregnancy requires that the potential benefits be weighed against its possible hazards to the mother and fetus.

Precautions: To forestall undue concern and help avoid accidental staining, patients and parents should be advised of the staining properties of Povan. Care should be exercised not to spill the suspension because it will stain most materials. Tablets should be swallowed whole to avoid staining of teeth. Parents and patients should be informed that pyrvinium pamoate will color the stool a bright red. This is not harmful to the patient. If emesis occurs, the vomitus will probably be colored red and will stain most materials.

Adverse Reactions: Nausea, vomiting, cramping, diarrhea, and hypersensitivity reactions (photosensitization and other allergic reactions) have been reported. The gastrointestinal reactions occur more often in older children and adults who have received large doses. Emesis is more frequently seen with Povan Suspension than with Povan Filmseals.

How Supplied: Each Povan Filmseal® contains pyrvinium pamoate equivalent to 50 mg pyrvinium, supplied in bottles of 50 (NDC 0710-0747-50; NSN 6505-00-134-1966). Povan Suspension, a pleasant-tasting, strawberry-flavored preparation containing pyrvinium pamoate equivalent to 10 mg pyrvinium per milliliter, is supplied in 2-oz bottles (NDC 0071-1254-31; NSN 6505-00-890-1093).

RC/RD PD-JA-1699-2-P (8-76)

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When it's pinworms, treat the family

Povan® (pyrvinium pamoate)

- over 17 years of proved clinical effectiveness and safety
- no measurable absorption from the GI tract—minimal systemic side effects
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- two dosage forms: Tablets and Suspension—suitable for the entire family

Povan—there's a form for every member of the family.

PARKE-DAVIS

"Hot lines" for ambulances included in emergency medical services

Ambulance attendants in Tarrant and seven other nearby counties will soon have their own "hot lines" to medical help for their patients, according to information received by Thomas R. Turner, D.O., Chairman of the TOMA Disaster Medicine Committee.

They will reach that medical help through electronic machines which have the power to think, and select, and decide, and then dial the medical specialist who is needed for each particular problem.

Tim Thomas, communications director for Trinity Emergency Medical Services, said the machines were part of an emergency medical service communications system which began undergoing tests in January in Wise, Johnson and Tarrant Counties, selected because they are closest to an existing EMS system in the city of Dallas.

"All advanced life support communications systems use the same medical radio channels," he said, "and we want to also test a built-in protective device designed to prevent our communications from interfering with theirs."

Trinity EMS will connect a telephone to the radio equipment in each ambulance. "Every doctor has a telephone," Thomas said. "So we're giving one to the paramedic in the ambulance, and then, using our own channels, we can make use of the telephone company's switching network to let the paramedic talk to anyone, anywhere, anytime when he needs to get help for his patient."

Thomas said the "thinking machines," called microprocessors, will play a major part in the use of the touch-tone telephones. The paramedics will punch up the first three letters of the county they are in, to receive a dial tone. Then they will punch the first three letters of their patient's emergency condition.

For a heart attack in Wise County, for instance, the paramedic will spell out "W-I-S", and wait for a dial tone. Then he will spell out "H-E-A". A microprocessor in a switching station, which has been programmed under medical control, hears the first three tones, alerts itself, then gives a dial tone. When it hears the next three tones, it dials the telephone number of the proper medical responder for that emergency in that county. And when the call is completed, the micro-processor shuts the station off and waits for the next call.

There will be four switching stations in Tarrant County, and two stations each in the counties of Erath, Hood, Johnson, Palo Pinto, Parker, Somervell and Wise.

In its first communications phase, Trinity EMS provided basic life support by equipping 30 ambulances in the eight counties with two-way radios, permitting attendants to call ahead to emergency rooms in 15 participating hospitals, describing their patient's condition and allowing the doctors and nurses to be ready to begin treatment at the moment of arrival. Installations are now being made in an additional 17 ambulances.

Trinity's new advanced life support system will permit paramedics to send a graph of the patient's heart pattern to a doctor in a hospital emergency room. "This will permit the doctor to make a first-hand diagnosis," said Thomas. "Then the doctor can use the paramedic as his remote-controlled eyes, ears and hands to actually begin treatment of the patient before he is taken to a hospital."

During three months of testing, staff members of Trinity EMS will use themselves as guinea pigs rather than having actual patient involvement. They will wire each other for EKG tests and send strips by radio to a receiving unit in a simulated emergency room in their Fort Worth offices. Test transmissions will be made from various locations throughout the three counties to learn the possible effects of hills, valleys, and barriers such as tall buildings.

EKG strips made in the field will be checked against those made in Fort Worth, to verify that they are identical.

A 24-hour recording device can also reproduce any EKG strip and all voice transmissions any time they might be desired by rewinding the tape to correspond to the clock-time of the emergency incident.

From April to July limited tests will be conducted under controlled conditions in emergency vehicles during actual medical emergencies. Then designs will be completed and Thomas expects the system to be installed and working in all eight counties early in 1978.^

A LETTER WRITER'S GUIDE TO CONGRESS AND HILL TALK

95th CONGRESS 1st SESSION

Today's Congressional work schedule no longer permits the frequent and extended visits back home that used to keep Members of Congress in close personal touch with their constituents. As a result, *letters* from home have become the main form of voter contact and the prime source of constituency views. Your Senators and Representative *need* to hear from you.

Writing an effective letter to your Senators or Representative is not a difficult task. Here are a few guidelines to ease you along.

- Write on your personal or business letterhead, if possible, and sign your name over your typed signature at the end of your message.
- Be sure your exact return address is on the letter, not just the envelope. Envelopes sometimes get thrown away before the letter is answered.
- Identify your subject clearly. State the name of the legislation you are writing about. Give the House or Senate bill number, if you know it.
- State your reason for writing. Your own personal experience is your best supporting evidence. Explain how the issue would affect you, or your family, business, or profession—or what effect it could have on your state or community.
- Avoid stereotyped phrases and sentences that give the appearance of "form" letters. They tend to identify your message as part of an organized pressure campaign—and produce little or no impact.
- Be reasonable. Don't ask for the impossible. Don't threaten. Don't say, "I'll never vote for you unless you do such and such." That will not help your cause; it may even harm it.
- Ask your legislator to state his or her position on the issue in reply. As a constituent, you're entitled to know.
- Consider the factor of timing. Try to write your position on a bill while it is in committee. Your Senators and Representative can usually be more responsive to your appeal at that time rather than later on when the bill has already been approved by a committee. Of course, this is not always the case. Sometimes your legislator may reserve judgment—and vote—until the sentiment of his or her constituency has crystallized.
- Thank your legislator if he or she pleases you with a vote on an issue. Everybody appreciates a complimentary letter—and remembers it. On the other hand, if a vote is contrary to your position, don't hesitate to let him or her know. That will be remembered, too. ^

[Reprinted from Congressional Action published by Chamber of Commerce of the United States]

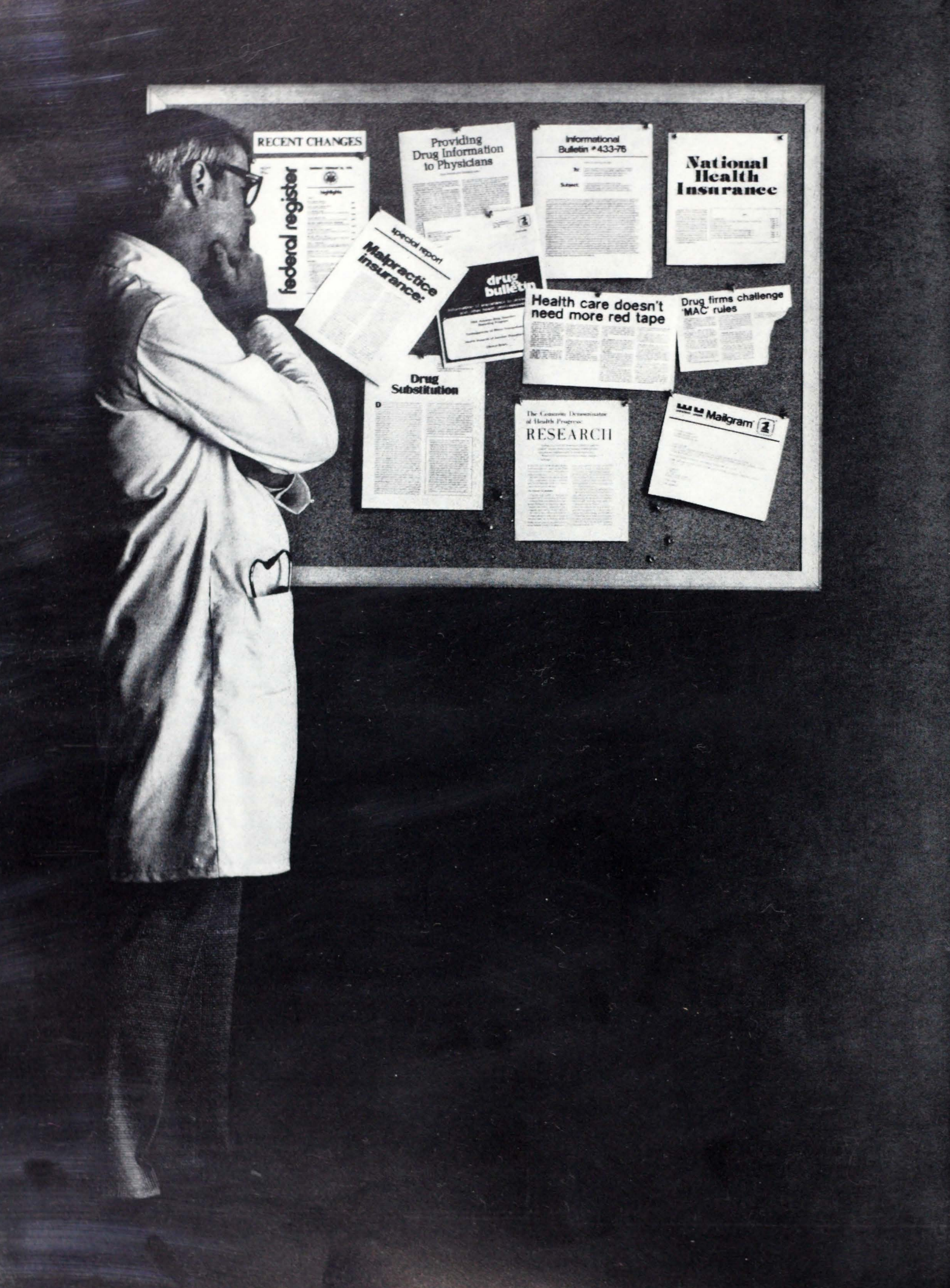
Suggested Addresses and Salutations

Honorable John Doe
House of Representatives
Washington, D. C. 20515

Dear Mr. Doe:

Honorable John Doe
United States Senate
Washington, D. C. 20510

Dear Senator Doe:


RECENT CHANGES
federal register
Providing Drug Information to Physicians
Informational Bulletin #433-76
National Health Insurance
special report
Malpractice insurance:
drug bulletin
Health care doesn't need more red tape
Drug firms challenge 'MAC' rules
Drug Substitution
The Common Denominator of Health Progress
RESEARCH
Mailgram

THERE ARE A LOT OF PEOPLE GETTING BETWEEN YOU AND YOUR PATIENT.

Medicine today is in the spotlight, subjected to all kinds of scrutiny. Your control over patient therapy is being monitored, judged and occasionally abrogated, sometimes by unknown third parties.

The worry is that in the wake of this focus, the relationship between you and your patient will be weakened, without offsetting benefits. Consider three examples:

Drug substitution In most states, pharmacy laws, regulations or professional custom stipulate that your non-generic prescriptions be filled with the precise products you prescribe. But in the last five years, a dozen or more State laws have been changed, permitting the pharmacist in most cases to select a product of the same generic drug to fill any prescription.

Ironically, this dilution of physician control has taken place against a background of growing evidence that purportedly equivalent drug products may be inequivalent, since neither present drug standards nor their enforcement are optimal. In fact, the FDA itself says it has not enforced the same standards for hundreds of "follow-on" products that it had applied to the original NDA approvals. Thus physician control over patient therapy is being eroded with a risk that patients may be exposed to drugs of uncertain quality.

The major advertised claim for substitution is reduced prescription prices for consumers. Yet no documentation of any significant savings has been produced.

MAC Maximum Allowable Cost, MAC for short, is a Federal regulation designed to cut the Government's drug bill by setting price ceilings for drugs dispensed to Medicare and Medicaid patients. Unless the prescriber certifies on the prescription that a particular product is medically necessary, the Government intends to pay only for the cost of the lowest-priced, purportedly-equivalent, generally-available product. The effect of the program may be that elderly and indigent patients will be restricted to products which someone in Washington believes are priced right. Practicing doctors will have little to say about administration of the program, since Government will have absolute authority to make its choices stick.

The drug lag The future of drug and device research depends upon a scientific and regulatory environment that encourages therapeutic innovations. The American pharmaceutical industry annually is spending more than $1 billion of its own funds and evaluating more than 1,200 investigational compounds in clinical research. Disease targets include cancer, atherosclerosis, viruses and central nervous system disorders, among others. But there is a major barrier to the flow of new drugs to your patients: The cost of the research is more than ten times what it was, per product, in 1962; and whereas governmental clearance of new drug applications took six months then, it commonly consumes two years now.

The FDA needs adequate time, of course, to consider data. But it is equally clear that the present approval process contributes to needless delay of needed therapy. That's why the increased efficiency of the drug approval process is vital to all our futures.

If these issues concern you, we suggest that you make your voice heard—among your colleagues and your representatives in State legislatures and in Washington.

It could make a difference in your practice tomorrow.

Pharmaceutical Manufacturers Association
1155 Fifteenth Street, N.W., Washington, D.C. 20005

Texas Supreme Court rejects "captain of the ship" doctrine in handing down decisions

Last month, the Texas Supreme Court handed down two decisions rejecting, for the first time, the "captain of the ship" doctrine as it has been generally understood, according to information furnished the *Journal* by James A. Williams, Texas attorney for Professional Mutual Insurance Company.

He said these decisions will relieve a number of physicians from responsibility for such things as leaving sponges and other foreign objects in the body where the responsibility for counting and removal of these objects is that of hospital employees.

These cases do not destroy the borrowed servant rule which would apply if a physician had ordered a nurse to do something, or not to do something, and that act or failure to act was found to be negligent, he said. However, a great majority of the so-called sponge cases, or such similar cases, now will become the responsibility of the hospital.

In one of the precedent-setting cases, the patient sued a Texas hospital and the surgeon for injury resulting from the failure to remove a sponge from her abdominal cavity after an operation. The trial court rendered judgment on a jury verdict for the plaintiff against the hospital only, but the Court of Civil Appeals reversed that judgment and held that the surgeon under the captain of the ship doctrine was liable as a matter of law. The Supreme Court reversed the Appeals Court decision and affirmed the judgment of the trial court.

The trial court jury found that the nurses in the operating room failed to make a correct sponge count, and this negligence was the proximate cause of the patient's injury. The jury refused to find that in watching after the sponges, the three nurses were the borrowed servants of the surgeon.

The Supreme Court cited the hospital's policy and procedure manual to support its finding that the nurses had the specific responsibility for all counts of sponges, needles, penrose drains, peanut sponges, umbilical tapes, screws, and any other similar articles which may be brought into the operative field.

The manual further stated that all counts are taken before the case begins and are recorded in writing on the operative record. All these must be accounted for before the closure of the operative incision, according to the manual. On the basis of these hospital manual provisions, the court found that the nurses were not the borrowed servants of the surgeon.

In naval parlance, the captain of a ship is in total command and is charged with full responsibility for the care and efficiency of the ship and the welfare of all hands. His authority over his own ship and crew is supreme. The captain does not, however, assume personal responsibility for the acts of misconduct or for the criminal deeds committed by the individuals aboard his ship.

The analogy of the surgeon being the captain of the ship was first made by courts in other states, but the January ruling of the Texas Supreme Court disapproved the analogy in so far as it suggests that a surgeon's mere presence in the operating room makes him liable as a matter of law for the negligence of other persons.

The court said that in some cases the fact may make someone in the operating room a surgeon's employee or borrowed servant as a matter of law, but that wasn't so in the two cases cited.

In a second case involving a sponge left in the abdomen, the court agreed with the Appeals Court that the trial court had not proved the nurse's negligence and remanded the case for retrial.

Texas Ticker Tape

IHA SUES MEDICARE

The Indiana Hospital Association has filed suit in Federal Court in Indianapolis challanging HEW medicare regulations that deny reasonable reimbursement for bad debt write-offs, charity allowances, allowable depreciation, educational expenses and a fair return on the value of property utilized in rendering services to medicare patients. The suit charges that the regulations violate the medicare law and the U. S. Constitution, requiring non-medicare patients to make up the cost difference. This pioneering litigation was filed for IHA by its attorneys, Bill Hall and John Render.

NEW D. O. IN EDEN

Don L. Gardner, D.O., recently of St. Louis, Michigan, has established practice in Eden in association with Richard M. Hall, D.O., and John H. Boyd, D.O.

A new addition is being made to the osteopathic clinic there, including a minor surgery, two treatment rooms, an insurance office and other facilities.

The three D.O.s in Eden practice in the Concho County Hospital, a nursing home and the clinic.

DR. MARY BURNETT ON NATIONAL ADVISORY COMMITTEE

Dr. Mary Burnett of Dallas, a member of the AOA committee on postdoctoral training, has been invited to become a member of the new 21-member Graduate Medical Education National Advisory Committee, which was recently formed and which is expected to hold its first meeting in February. She is one of two D.O.s named to the committee, which also includes M.D.s, medical educators, hospital administrators and other lay persons.

TCOM S/D NAMED TO COUNCIL

Pedro Gonzales, a second-year student at TCOM will be the Texas representative on the National Advisory Council on Health Professions Education. Members of the Council also include a D.O., a pharmacy student, a public health nurse, a veterinarian and a radiology professor.

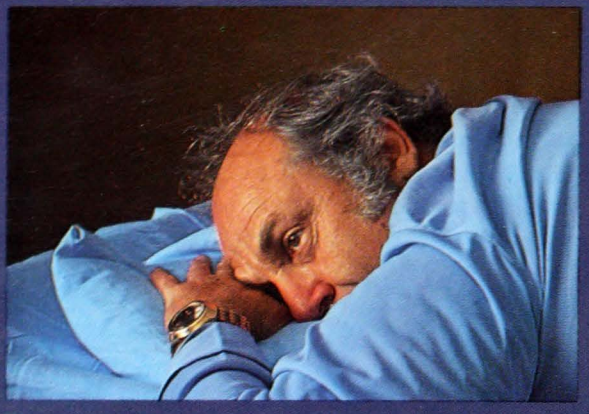
HALBROOK TO HEAD CHAMBER OF COMMERCE

The adminstrator of East Town Osteopathic Hospital in Dallas, Mr. Robert Halbrook, was recently elected president of the Pleasant Grove Chamber of Commerce to serve during 1977. Dr. John Walton was named to serve on the board of directors for a three-year term.

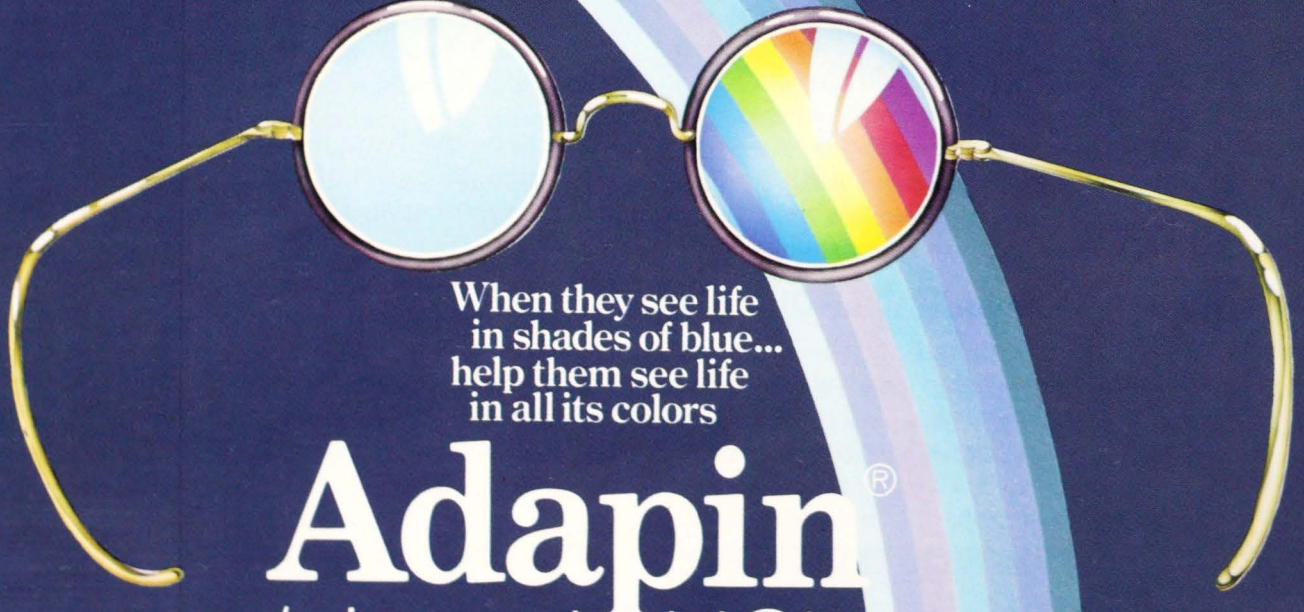
TCOM JUNIOR CLASS ELECTS OFFICERS

Ron Jackson of Joshua was recently elected president of the TCOM third-year class. Serving with him are Dale Chisum of Uvalde, vice president; David Katz of Winnipeg, Canada, secretary; and Betsy Schenck of Denton, treasurer. Bruce Hayward of Denver and Rick Hill of Houston are the Student Council representatives for the class.

Depression comes in shades of blue



Insomnia is a shade of blue that often accompanies depression



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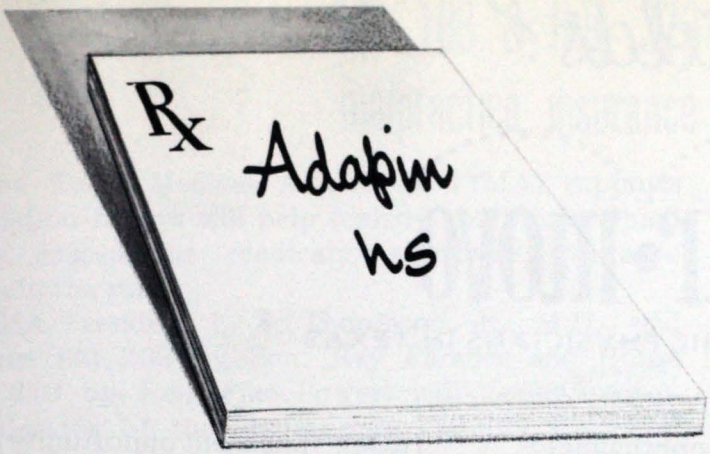

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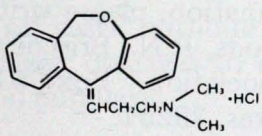

ACTIONS

Adapin has a variety of pharmacological actions with its predominant action on the central nervous system. While its mechanism of action is not known, studies have demonstrated that it is neither a monoamine oxidase inhibitor nor a primary stimulant of the central nervous system.

INDICATIONS

In controlled clinical evaluations, **Adapin** has shown marked antianxiety and significant antidepressant effects. **Adapin** has been found to be well tolerated even in elderly patients.

Adapin is indicated for the treatment of patients with:

1. Psychoneurotic anxiety and/or depressive reactions.
2. Mixed symptoms of anxiety and depression.
3. Anxiety and/or depression associated with alcoholism.
4. Anxiety associated with organic disease.
5. Psychotic depressive disorders including involutional depression and manic-depressive reactions.

Target symptoms of psychoneurosis that respond particularly well to **Adapin** include: anxiety, tension, depression, somatic symptoms and concerns, insomnia, guilt, lack of energy, fear, apprehension and worry.

Because **Adapin** provides antidepressant as well as antianxiety effects, it is of particular value in patients in whom anxiety masks depression. Patients who have not responded to other antianxiety or antidepressant drugs may benefit from **Adapin.**

In a large series of patients systematically observed for withdrawal symptoms, none were reported—a finding which is consistent with the virtual absence of euphoria as a side effect and the lack of addictive potential characteristic of this type of chemical compound.

CONTRAINDICATIONS

Because **Adapin** has an anticholinergic effect, it is contraindicated in patients with glaucoma or a tendency toward urinary retention.

Use of **Adapin** is contraindicated in patients who have been found hypersensitive to it.

WARNINGS

Usage in Pregnancy—Adapin has not been evaluated in pregnant patients. Therefore, it should not be used during pregnancy unless, in the judgment of the physician, it is essential to the welfare of the patient.

In animal reproduction studies of **Adapin (doxepin hydrochloride),** gross and microscopic examination of the offspring gave no evidence of drug-related teratogenic effect. Following doses of up to 25 mg./kg./day for 8 to 9 months, no changes were observed in the number of live births, litter size, or lactation. A decreased rate of conception was observed when male rats were given 25 mg./kg./day for prolonged periods—an effect which has occurred with other psychotropic drugs and has been attributed to drug effect on the central and/or autonomic nervous systems.

Usage in Children—The use of **Adapin** in children under 12 years of age is not recommended, because safe conditions for its use have not been established.

MAO Inhibitors—Serious side effects and even death have been reported following the concomitant use of certain drugs with MAO inhibitors. Therefore, MAO inhibitors should be discontinued at least two weeks prior to the cautious initiation of therapy with **Adapin.** The exact length of time may vary and is dependent upon the particular MAO inhibitor being used, the length of time it has been administered, and the dosage involved.

PRECAUTIONS

Drowsiness may occur with **Adapin;** therefore, patients should be warned of its possible occurrence and cautioned against driving a motor vehicle or operating hazardous machinery while taking the drug.

Patients should also be cautioned that the effects of alcoholic beverages may be increased.

Since suicide is an inherent risk in depressed patients and remains a risk through the initial phases of improvement, depressed patients should be closely supervised.

Although **Adapin** has shown effective tranquilizing activity, the possibility of activating or unmasking latent psychotic symptoms should be kept in mind.

Compounds structurally related to **Adapin** can block the effects of guanethidine and similarly acting compounds. However, at the usual clinical dosages, 75 mg. to 150 mg. per day, **Adapin** has been given concomitantly with guanethidine without blocking its antihypertensive effect. But at dosages of 300 mg. per day or higher, **Adapin** has exerted a significant blocking effect.

Adapin, like other structurally related psychotropic drugs, potentiates norepinephrine response in animals. But this effect has not been observed with **Adapin** in humans, which is in accord with the low incidence of tachycardia reported clinically.

ADVERSE REACTIONS

Anticholinergic Effects: Dry mouth, blurred vision and constipation have been reported. These are usually mild, and often subside as therapy is continued or dosage reduced.

Central Nervous System Effects: Drowsiness has been observed. It usually occurs early in the course of therapy and tends to subside as therapy continues. (See Dosage and Administration section.)

Cardiovascular Effects: Tachycardia and hypotension have been reported infrequently.

Other infrequently reported adverse effects include extrapyramidal symptoms, gastrointestinal reactions, secretory effects (such as increased sweating), weakness, dizziness, fatigue, weight gain, edema, paresthesias, flushing, chills, tinnitus, photophobia, decreased libido, rash, and pruritus.

DOSAGE AND ADMINISTRATION

In most patients with mild to moderate anxiety and/or depression: 10 mg. to 25 mg. t.i.d. to start. A starting dosage of 10 mg. t.i.d. for a period of four days may reduce the initial drowsiness experienced by some patients, and may be tried in cases where drowsiness is clinically undesirable. Decrease or increase the dosage at appropriate intervals according to individual response. Usual optimum dosage is 75 mg. to 150 mg. per day.

In some patients with mild symptomatology or emotional symptoms accompanying organic disease, dosage as low as 25 mg. to 50 mg. per day has provided effective control.

In more severe anxiety and/or depression: 50 mg. t.i.d. may be required to start—if necessary, gradually increase to 300 mg. per day. Additional effectiveness is rarely obtained by exceeding 300 mg. per day.

Although optimal antidepressant response may not be evident for two to three weeks, antianxiety activity is rapidly apparent.

OVERDOSAGE

Symptoms—An increase of any of the reported adverse reactions, primarily excessive sedation and anticholinergic effects such as blurred vision and dry mouth. Other effects may be: pronounced tachycardia, hypotension and extrapyramidal symptoms.

Treatment—Essentially symptomatic; supportive therapy in the case of hypotension and excessive sedation.

HOW SUPPLIED

Each capsule contains doxepin, as the hydrochloride, 10 mg. (NDC 0018-0356), 25 mg. (NDC 0018-0357), and 50 mg. (NDC 0018-0358) capsules in bottles of 100 and 1000.

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EYE REFRACTION — Tutorial short course training in eye refraction wanted. If available, please write to: Gerard K. Nash, D.O., P. O. Box 7482, Amarillo, Texas, 79109.

GRAND PRAIRIE—Three AOA-approved residencies are available: They are in anesthesiology, general surgery and orthopedics. Apply immediately by contacting Mr. R. D. Nielsen, Administrator, Grand Prairie Community Hospital, 2709 Hospital Blvd., Grand Prairie, 75050.

HOUSTON—General Practitioners and internists needed in expanding Texas Hospitals. Guaranteed income. Group and solo practices available. No fee. Excellent facilities. Send curriculum vitae to: Director, P. O. Box 2128, Houston, Texas, 77001.

HOUSTON — Working partner with eventual take over and sale; lucrative, prestigious preventive medicine, chronic degenerative disease office practice. Contact Dr. R. O. Brennan, 5615 Richmond, Suite 151, Houston, Texas 77057.

DALLAS—Well established, successful and financially rewarding practice. Architecturally designed building suitable for two plus general physicians or specialists available for lease or purchase. Building 20 minutes from any place in Dallas and only 5 minutes from D.O.H. Reason for leaving - full time faculty position with T.C.O.M. Contact John H. Harakal, D.O., 3516 Camp Bowie Blvd., Fort Worth, Texas 76107. 817—338-9011.

TEXAS—Certified ophthalmologist (D.O.) would like to relocate. Contact Mr. Tex Roberts, 512 Bailey Avenue, Fort Worth, Texas 76107.

FORT WORTH—Texas College of Osteopathic Medicine needs G.P.s as faculty members in Department of General and Family Practice. Expanding clinical and academic program. Request C.V. and/or contact L. L. Bunnell, D.O., Chairman, 3516 Camp Bowie Blvd., Ft. Worth, Texas 76107. 817—731-2741.

MORTON—In Cochran County (56 miles west of Lubbock) with 7,000 population, 36-bed hospital, desperately needs G.P. Center for oil and agricultural trade. Good recreational and cultural activities. Contact Truman Swinney, Administrator, Cochran Memorial Hospital, 201 East Grant, Morton, Texas 79346. Phone 806—266-5565.

DALLAS—Internist for clinic-hospital practice with emphasis on out-patient care. Contact Dr. Robert Moore, Grove Medical Center, 1143 South Buckner, Dallas, Texas 75217, 214—391-5692.

(For information call or write Mr. Tex Roberts, Executive Director, TOMA Locations Committee, 512 Bailey, Fort Worth, Texas 76107, 817—336-0549.)

TROUP—Excellent opportunity in East Texas. Share established practice with only physician in area. Separate rent free office available. Hospital facilities nearby. Nursing home. Good location easily accessible to major cities. Contact Carl F. List, D.O., 705 West Duvall, Troup, Texas 75789. Call 214—842-3366 or 214—842-3325.

SILVERTON—physician needed in town that has none. Modern, well-equipped clinic with enough space for two doctors. For more information, please write Elizabeth J. Woods, R.N., Briscoe County Clinic Association, Box 540, Silverton, Texas, 79257.

HOUSTON—Professional Medical & Surgical Clinic Association has openings for Specialists in the fields of Int. Medicine, Pediatrics, General Practitioners, General Surgery, OB-Gyn. Contact Chris S. Angelo, D.O., 2902 Berry Road, Houston, Texas 77016. Phone 713—695-5149 or 713—335-4881.

DALLAS—Oak Cliff Medical Center and Hospital (including 3 clinics) needs General Surgeon willing to do General Practice and 2 G.P.s. Busy E/R and Outpatient; daily referrals. Fully equipped rent free office. Contact C. Richard Harrell, Administrator, South Oak Cliff Medical Center, 728 S. Corinth, Dallas, Tx. 75203. Call 214—946-4000.

S.B. 103 & H.B. 370 – Remedial legislation on malpractice insurance crisis proposed by TMA

The Texas Medical Association (TMA) supports legislation it says will help remedy conditions which have caused the medical malpractice insurance crisis in the state.

TMA President L. S. Thompson, Jr., M.D., said Senate Bill 103 by Sen. Ray Farabee and House Bill 370 by Rep. Pike Powers will "enact recommendations of the Professional Liability Insurance Study Commission and help correct many of the problems which have combined to create the medical malpractice crisis."

Dr. Thompson said these companion bills "implement the recommendations of the Study Commission, which was created by the Legislature to analyze the malpractice insurance situation and make recommendations for remedial legislation."

"The Study Commission represented all sides of the complex situation, and its work represents the most thorough study of the malpractice insurance situation ever undertaken in our state. We believe the Commission's recommendations need to be acted upon by the 65th Legislature."

Provisions of S.B. 103 and H.B. 370:

Allow filing of cases without specific dollar amounts of alleged damages to eliminate unnecessary sensational publicity,

Set up a procedure for the screening of health care liability claims by a Health Care Screening Panel;

Implement procedures to allow binding voluntary arbitration,

Tighten the statute of limitation, so that claims must be made within one year from the date the claimant knew or should have known of the claim, or three years from the time of the alleged incident, whichever time occurs first;

Eliminate double recovery for damages through collateral sources;

Set reasonable limits on liability: $500,000 for civil liability for damages, plus the probable cost of future medical expenses; $100,000 for non-economic losses, and, in the event of death without dependents, up to $50,000;

Allow judges to structure awards to permit periodic payments to claimants, rather than a single lump sum;

Implement a sliding scale for attorneys' fees;

Permit countersuits against claimants and attorneys for bringing suits in bad faith;

Require that physicians' alleged statements guaranteeing results be in writing as a basis for legal action;

Clarify the non-application of certain business and commercial penalties to medical services;

Create a Texas Medical Disclosure Panel to determine which risks and hazards for treatments and procedures should be communicated in advance to patients;

Strengthen disciplinary powers of the Texas State Board of Medical Examiners and provide for district review committees to assist that Board;

Continue the State Board of Insurance's regulatory authority for professional liability insurance for physicians, podiatrists, certified nurses, anesthetists and hospitals; and

Extend the lifetime of the Joint Underwriting Association for two years and make improvements in the authority of the JUA.

The medical association also released initial results of a survey of more than 5,500 doctors conducted late in 1976. Dr. Thompson said the survey "strongly supports the findings of the Study Commission and indicates the medical malpractice insurance situation continues to increase medical and health care costs and restrict the services available to the public."

Results of the survey included information that:

The number of claims and lawsuits against doctors continues to increase sharply;

Seventy per cent of all claims and suits ever filed against doctors have been filed since Jan. 1, 1972;

Claims of $500,000, $1,000,000, and more are becoming common,

Seventy-five per cent of Texas doctors are covered by less than the $1 million liability protection most doctors say they need;

Family physicians are having to avoid some types of treatment because they cannot afford liability insurance coverage for high-risk procedures, including deliveries; and

Fifty-six per cent of doctors in private practice have had to raise fees because of malpractice insurance premium increases.

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Guest Editorial

Where can I get an osteopathic treatment?

by Howard J. Morrell, D.O., President
Wisconsin Association of Osteopathic Physicians and Surgeons

Where can I get an osteopathic treatment?

How many times have we heard this question in the past? It seems that this is being asked more and more.

I have always been under the impression that a D.O. was, in reality, the only complete physician that was available today, yet we find an ever increasing number of D.O.s who are giving up the one basic form of treatment that has made us what we are today.

For those of you who do not know, prior to the change in the law in 1950, we D.O.s were not in a position to "treat the sick" the way we can today. In fact before 1950, 90 percent of all patients that came to see us were given good old Osteopathic Manipulative Therapy. Today the percentage has dropped considerably and thus the question, "Where can I get an osteopathic treatment?"

This past summer there was a seminar held on the west coast for the M.D.s and the only topic on the entire program was "manipulation." Now it seems to me that if our M.D. friends are that interested in manipulative therapy, then we better not throw away the basic concept of our profession.

I realize that all patients that come to see us do not and should not receive manipulation. Also, that to give good osteopathic treatments is time-consuming and hard work, but I cannot see the D.O.s sitting back and letting other professions take over the one form of treatment that we have spent years in perfecting. I cannot believe we will.

Ask most of us who have been in practice over thirty years and we will tell you that we are giving more osteopathic treatments today than we were ten or fifteen years ago.

Some of us use the excuse that "I do not know how to manipulate"; then, to use the words of Past President Scalone, send those people to someone who can and does give manipulation.

The public is expecting to receive osteopathic manipulation and I feel if we are to remain the leaders in that particular form of therapy, we had better make a New Year's resolution that we will never again hear the question, "Where can I get an osteopathic treatment?"

EXAM NOTIFICATION

The next examination of the Texas State Board of Examiners in the Basic Sciences has been set for Friday and Saturday, April 1-2, 1977. Locations will be determined by number of applicants in a specific area.

Details as to time and place may be obtained by writing to the Executive Secretary of the Board at 319 Sam Houston State Office Building, Austin, Texas 78701.

Applications for the April Examination must be complete and in the Board's office by March 1, 1977 and all necessary information and documents required of examinees by the Board must be completed and in the applicant's file by that date. Those interested in participating in this examination should act immediately.

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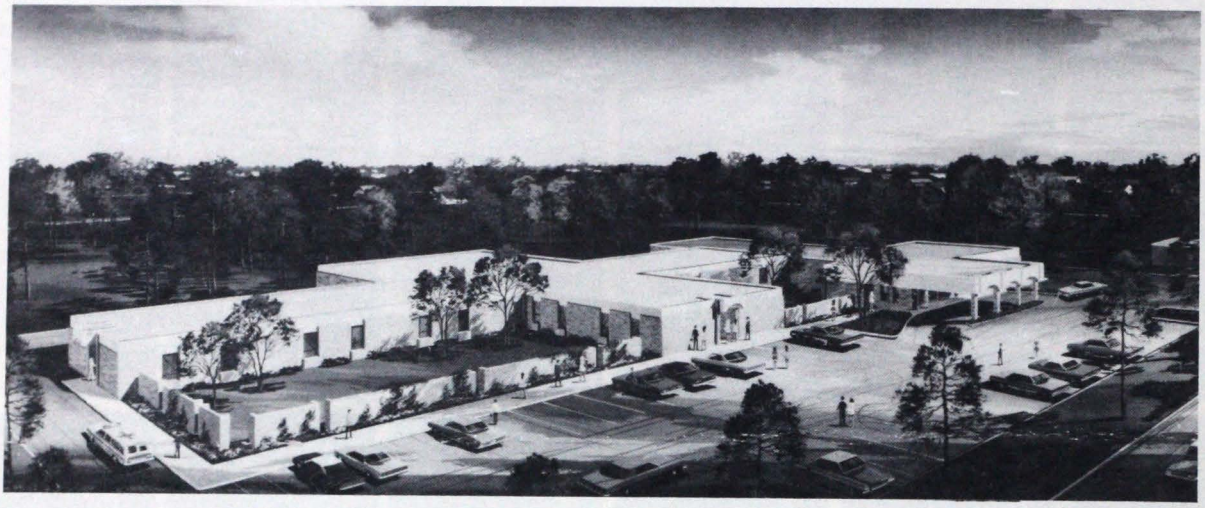

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Associations--

"they ain't what they used to be"

Just about everything in this world is constantly changing, and the role of associations is also changing. Back in the old days, the role of associations was to put on a convention once a year, to put out some sort of a magazine or newsletter once a month in which they tried to say something nice about some of their members once in a while, and to collect dues. If the associations did this well enough, they thought they were doing all that was expected of them.

Little by little, as association members found themselves under more and more pressure in the conduct of their own businesses or professional practices, they started to demand more help from their associations. And so, little by little, associations entered the fields of education, research, legislation, and public relations. The associations' gains in these areas ranged all the way from sending members an occasional reprint of "an educational type" speech made months or years before by some self-styled expert, to expensive and highly developed, intensive, laboratory-level research programs.

The association may through its officers, directors, staff, or upon urgings from individual members, take the lead in anticipating member needs, developing possible solutions, and establishing programs well before crisis points are reached.

Although it is frequently possible for the leadership of most associations to recognize new member needs and adopt new programs and services to help meet those needs, it is less possible to change the operating structure of the association itself.

In private corporations, as they grow and expand, it is a relatively simple matter for the organizational structure to be adapted to the different needs of the organization, but an association is different, for several reasons.

First, most associations are tradition bound. Some members say, "We have a very strong tradition of. . ." and, for fear of violating tradition, structural changes are tabled.

Another reason is fear of the unknown. We are all comfortable with those things with which we are familiar and with which we have had reasonably satisfactory experience. It is only human to be very reluctant to exchange the known, even though it is less than perfect, for the unknown . . . "which could be worse."

Another problem is the fear of centralization of authority or power. In private industry, every business has one boss. In a trade or professional association, the business has as many bosses as it has members—or being a bit more realistic, as many bosses as it has active and vocal members.

In order to fix responsibility, it is necessary also to fix authority. Although there are members in most associations who are ready to do the former, many are not ready to do the latter.

In the middle of this dilemma sits the association manager. It is his job to manage the Phase One parts of the association program, such as the convention and the magazine, to the best interests of all members, whether they be large or small, old or new.

The lay leadership of any association has two great general areas of responsibility. First, to recognize the changing needs of members and to enact new and improved programs to meet them. And secondly, to recognize the changing needs of the association management structure, and to take the necessary bold, realistic, and imaginative steps to permit it to function.

Just like the old gray mare, associations ain't what they used to be.

Excerpted from Southwest Association News, *and reprinted with permission.*

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ATOMA News

District II
by Mrs. J. Thomas O'Shea

The holiday season was a busy, exciting one. District II is an active, growing district and everyone seems to thoroughly enjoy entertaining and being entertained!

Lexa Hodges of Lexa's Greenhouse provided the after dinner program for the Auxiliary at the Rivercrest Country Club for our November meeting. And Beverly Proffitt, our Auxiliary president, planned a great District II Christmas party at the Colonial Country Club on December 16th. Harvey Anderson provided the terrific music, and everyone enjoyed the cocktail buffet. Many brought gift-wrapped toys for the patients in the Pediatric Department at Fort Worth Osteopathic Hospital.

On January 18 we were pleased to have a visit from our State President, Sandy Behrens, an interesting meeting and a program provided by Elizabeth Hynes, a soprano with the Fort Worth Opera Association, at the Century II Club.

Judy Beyer, our Scholarship Ball Chairman, tells us plans are under way for the Ball which will be held this year in March. And Nell Pressly tells us to ready our paint brushes and hammers — the Hospital Fine Arts Project committee is ready to work!

District V
by Mrs. W. Duane Hinshaw

District V Auxiliary will hold an art auction Friday evening, February 11 at the Marriott-Dallas. Proceeds from this will be earmarked for TCOM.

Featured original works by international masters Chagall, Dali, Miro, Picasso and others have been selected from the Collier Art Corporation Collection.

The auction will begin at 7:00 p.m. in the Conquistador II Room. Make a point to attend for your own enjoyment and for the benefit of TCOM.

Verlie McAlister Named Secretary of P.R. Group

In an effort to share specific problems dealing with the osteopathic profession and colleges of osteopathic medicine, the public relations directors from the colleges of osteopathic medicine have joined forces and formed the Public Relations Directors of Osteopathic Colleges (PRDOC), according to Maggie Ferguson of the Philadelphia College of Osteopathic Medicine, Chairman.

"PRDOC will enable the college public relations personnel to meet and discuss similar areas of concern and be of better assistance to each other," Ms. Ferguson said.

Other officers elected to assist Ms. Ferguson are Jane Bishop of Kirksville College of Osteopathic Medicine, program chairman; and Verlie McAlister of Texas College of Osteopatic Medicine, secretary-treasurer.

Meetings for the new organization will be held twice a year, in March prior to the American Osteopathic Association Public Relations Seminar in Washington, D.C. and during the fall semester. The fall meeting will be rotated among the colleges of osteopathic medicine. ^

Out of the frying pan into the fire

by Omar Burleson, M.C.
17th District, Texas

Most people will agree that welfare programs need reform. Most people will agree that there should be a willingness on the part of all able-bodied people to work. It is neither economically nor morally right for the Government to make it more attractive *not* to work. Sure, there have to be jobs available but jobs are going begging and something is wrong. The several jobs-training programs have turned out people who either can't get work or don't want it.

The next thing is how can the government give millions of people employment without running the public debt higher and higher, decreasing the value of our money, thus raising the cost of living for everyone? Who gains? Just about everyone loses.

In seeking solutions is the danger of "out of the frying pan into the fire". The State of Massachusetts is advancing a plan which has as its purpose to turn Government welfare and unemployment benefits into paychecks. Massachusetts has one of the highest rates of unemployment and one of the most generous welfare payments of any State. Placing the jobless in self-sustaining economic enterprises rather than the familiar succession of dead end, "make work" Government employment has an appeal and could catch the attention of the Carter Administration and the Congress as it considers pumping billions into public employment.

From what has appeared on the plan, nonprofit corporations would be set up for such activities as building renovation and repairs, lead and paint removal; energy-saving insulation of old housing; harvesting of forest on state-owned land; day care child facilities to free welfare mothers for work; and rehabilitation of railroads.

Governor Dukakis of Massachusetts says any able-bodied and employable person who has been jobless for six months and is collecting Government assistance payments should be required to go to work or face cutoff of such payments. Workers would be recruited from welfare and unemployment rolls.

The theory of this approach to welfare reform has its appeal. The assumption is that the new job-providing business would get an infusion of capital from money that would otherwise be paid out in direct welfare benefits and unemployment compensation. There seems to be the further assumption that the corporate enterprise would be well managed and would not only be self-sustaining but would make money to support permanent jobs and hire more people as it developed.

As might be expected, this plan, like most, has some fine print. The Governor and his 30-person Task Force on Job Creation reckons that their plan will require an ongoing subsidy and an additional $6 million to get it off the ground. (This is not one of the assumptions but a requirement.)

Well, it might be said that about anything is better than the welfare mess we have now. This adds an incentive to this venture in reform. But there is another ingredient in this scheme. It comes down to this: Should the Government get into business for itself? Where would such operations end and how good is the Government's track record in managing the business it's already in? In socialist economics, business is run by Government. Although there is a sort of desperation to "do something", this sort of thing may not be it.

You're entitled – if you voted

Despite a record turnout in actual numbers, some 80 million Americans, the number of eligible voters who did go to the polls on November 2, 1976, was disappointing.

Beginning in 1960, a downward trend in the percentage of eligible electors voting has been noted. The most recent election kept the trend alive, as shown by these statistics:

YEAR	CANDIDATES	% VOTING
1960	Kennedy-Nixon	63.1
1964	Johnson-Goldwater	61.8
1968	Nixon-Humphrey	60.7
1972	Nixon-McGovern	55.4
1976	Ford-Carter	53.3

The only consolation, if any, can be found in the fact that mid-campaign predictions of a vote less than 50% did not materialize. ▲

LETTERS

Inoculate the swine?

To the Editor;

Now that the abortive swine flu immunization program has petered out I should like to pose this question: If people catch swine flu originally from swine, why couldn't we simply have inoculated the swine?

Surely the ideal of one hundred percent immunization (or rather, inoculation) could have been more closely attained with this captive porcine population.

And, should an untoward reaction have occured among them, I can't imagine any swine, or his relatives, suing anybody for very much.

H. G. Grainger, D.O.

Critical need for D.O.

Dear Mr. Roberts:

Jack Robertson tells me you are fully aware of our need for a physician here in Silverton, but I wanted to write you myself and express appreciation for your past help and encourage you to continue in your efforts to help us.

Our town has such a wonderful modern, well equipped clinic with enough room for two doctors, that it seems such a waste not to have a doctor in it. The towns people have expressed their desires for us to have doctors and I think everyone here is doing the best they can to locate one.

The clinic association is preparing a picture and facts notebook to promote our town. I am certain you will be sent one of these as soon as they are done.

Thank you again for your support and continued help.

Elizabeth J. Woods, R.N.
Briscoe Co. Clinic Assoc.

TCOM needs support

Dear Tex:

Just a short note to thank you for the information that you gave me the other day on the phone about the dues statement. It was educational for me to find out that $100 of the $300 regular membership dues went to our Alma Mater, unless I would stipulate it to go elsewhere. Although I do believe it is part of every physician's responsibility to support his Alma Mater and thereby support osteopathic education, I feel at this time, I would like for you to transfer that $100 to the Texas College of Osteopathic Medicine. I feel that my Alma Mater, Kansas City College of Osteopathic Medicine, has had a longer time to get its feet on the ground, and I also feel that since the Texas College is just starting they would benefit more from the $100 of my dues to help in the support of osteopathic education. Also, I feel a more personal dedication to osteopathic education within the state in which I practice.

Neil A. Pruzzo, D.O.

Also call TOMA

The following letter from one of our newer members was printed in the Fort Worth Star-Telegram evening edition January 18.

I sent this letter to Ed Brice after reading his column Jan. 3:

"Tonight, and on several occasions previously, people have asked you how to go about finding a doctor. . . Obviously, I understand you can't recommend any individual, but all I've ever seen you do is refer them to the Tarrant County Medical Society. That is fine, but there are many osteopathic physicians in the Fort Worth area, also. I feel that in all fairness you should also include or suggest a call to the Texas Osteopathic Medical Association (TOMA) here in Fort Worth (336-0549).

The osteopathic profession in this area offers services from general practice to subspecialty care in medicine and surgery, etc. There are also clinics in the Fort Worth area associated with the Texas College of Osteopathic Medicine where patients can be seen by student doctors in their clinical training for reduced fees."

Al Faigin, D.O.

Our error!

Editor:

On page 7 of your December issue you showed me the author of prefiled House Bill 49. This is an error. I will not return to the legislature next session, and will become judge of the Tenth District Court on January 1, 1977. My recollection is that I opposed including drunkenness (alcoholism) in the health and accident coverages when it was proposed last year, and I still do. The condition is self-induced and in no way accidental. I have never been even sympathethic to such a concept.

Ed J. Harris

— — —

Thanks for pointing out our error and we hasten to make the correction and report that H.B. 49 was authored by Jim Clark of Harris County.

Although we appreciate having your views on alcoholism, this condition has *been medically accepted as a disease.*

Glad to know you read our Journal!*—T.R.*

Personal taxes strangle British economic growth

"The major point that critics of the Great Britain economy make is that the government's share of the people's income is so vast it is approaching 60% of their national economy and is strangling the investment capital and profits that are necessary to finance new jobs and increase production of the supply of goods and services. The results are rising unemployment and runaway inflation.

"A strong case can be made for saying that the United Kingdom's appalling economic condition is due to a lack of growth in the private industry sector.

"What most people today in Britain recognize is that there has been a counterproductivity to the idea of 'Government spending as the road to prosperity.' As the growth of government has taken place the private economy has concomitantly shrunk, leading to more government and less freedom.

"If we can get government to stop confiscating so much of the people's earnings and leave them more money to spend, save, and invest in the private sector, it would lead to more production, more real growth and more opportunity for all those Americans who want to work and support themselves."— *Rep. Jack F. Kemp (R-N.Y.), in a recent House budget debate* ^

Survey shows decrease in number of smokers

A recent survey reported in the Center for Disease Control's *Morbidity* and *Mortality Weekly Report* indicates that the percentage of adult smokers in the U. S. population has decreased in the last decade. The survey of 12,000 persons over the age of 21 was conducted under auspices of the National Clearinghouse for Smoking and Health, CDC, in cooperation with the National Cancer Institute.

Except for a few age categories (women 21 to 24, women 55 and over, and men 65 and over), the percentage of male and female smokers was down from that indicated in previous surveys that were conducted in 1964/66 and 1970. Overall, 39.3% of men and 28.9% of women surveyed were current regular cigarette smokers in 1975, compared with 42.2% and 30.5%, respectively, in 1970, and 52.4% and 32.5%, respectively, in 1964/66 (survey figures for 1964 and 1966 were combined). ^

[Reprinted from AOA Newsbriefs, September 1976]

8 TCOM S/Ds listed in Students' Who's Who

Eight Texas College of Osteopathic Medicine student-doctors have been named to Who's Who Among Students in American Universities and Colleges.

Fourth-year students receiving the honor are Steve Farmer of Lubbock, J. B. Gilleland of Page, Arizona, Mike Klett of Fredericksburg, Tommy Noonan of San Antonio and Fred White of Cisco.

Also named to the organization are third-year students Ron Jackson of Joshua and Carrol Wheat of Liberal, Kansas. Second-year S/D Christian Roenn of Justin completes TCOM's entries. ^

Clinical Faculty Positions Available

The Texas College of Osteopathic Medicine, under the Board of Regents of North Texas State University, seeks additional clinical faculty members in the Departments of Family Practice, Pediatrics, Obstetrics and Gynecology, Internal Medicine, Neurology and Hematology, Nephrology and Osteopathic Principles and Philosophy.

The pleasant City of Fort Worth affords a comfortable, unhurried life. Excellent instructional salary levels with additional benefits and practice augmentation possible. For full details write:

Charles A. Kline, D.O., FACOP
Associate Dean, Clinical Sciences
TEXAS COLLEGE OF OSTEOPATHIC MEDICINE
3516 Camp Bowie Boulevard
Fort Worth, Texas 76107

Dr. Donovan is first D.O. appointed to Seton staff

John B. Donovan, D.O., 1938 graduate of Kirksville, has been successful at opening the staff of Seton Medical Center in Austin to D.O.s.

Dr. Donovan obtained his license by examination in Texas in 1938 and has practiced in Austin continuously since that time.

He received a letter recently from Sister Mary Rose, administrator of Seton Medical Center in Austin, saying that he had been admitted to the professional staff and that the bylaws, rules and regulations of the hospital were being revised to provide for the acceptance of osteopathic physicians on the staff.

The Daughters of Charity of Saint Vincent de Paul operate the Seton Medical Center hospital.

Dr. Donovan pointed out to the hospital that Seton and the osteopathic profession could be mutually supportive in the public interest. He said in a letter to the hospital, "We have the top medical schools in the country, one being in Fort Worth. Each year we have many fine young men and women graduating and wanting to come to Austin. The young D.O.s cannot make it without the help of a hospital, so we do not have any new blood coming into our city. This is a great waste of osteopathic skill not to allow them in.

"I am over 80 years of age, still practicing three days a week. I hope before I fully retire I can ask one of these fine young people to come take over for me and let them know that they can be assured of a place in the community with full benefits of hospital care," Dr. Donovan said.

He is a native of Flint, Michigan, and a graduate of Michigan State University at East Lansing. He has been active in TOMA governmental relations activities over the years and is a life member of TOMA and the American Osteopathic Association.^

AAO Convocation in March

The Annual Convocation of the American Academy of Osteopathy will be held March 9-12 in Colorado Springs, according to Dr. Catherine K. Carlton, Academy president.

Philip E. Greenman, D.O., F.A.A.O., Associate Dean for Academy Affairs, Michigan College of Osteopathic Medicine, is program chairman.

The Convocation will be held at the Broadmoor West, and 24½ CME credit hours have been applied for, plus an additional three hours for attendance at the Conclave of Fellows' presentation Saturday afternoon, March 12.

In addition to the Convocation program, registrants are invited to take advantage of the laboratory tests and the structural consultation and treatment service that will be available.

Further details may be obtained by writing the American Academy of Osteopathy, 2630 Airport Road, Colorado Springs, Colorado 80901.

Dr. Harakal on Nat'l Board

The National Board of Examiners for Osteopathic Physicians and Surgeons has, with the recent approval of the AOA Board of Trustees, expanded from 15 to 16 members.

Filling the chair for osteopathic principles is John H. Harakal, Jr., D.O., of Fort Worth, Texas.

Dr. Harakal is chairman of the Department of Osteopathic Philosophy, Principles and Practice at Texas College of Osteopathic Medicine, and is chairman of the school's curriculum committee. He is also on the consulting staff of Fort Worth Osteopathic Hospital.

In 1973 Dr. Harakal was made a fellow of the American Academy of Osteopathy. He is currently on the board of the Sutherland Cranial Teaching Foundation.^

[Reprinted from The D.O., published by the AOA, December 1976]

TCOM opens fourth outpatient clinic

Texas College of Osteopathic Medicine began the new year by opening its fourth outpatient clinic and the third college-operated clinic in the City of Fort Worth on January 3. Located at N.W. 18th and Harrington Streets, the Northside Clinic is housed in a Multi-Purpose Center built by the City of Fort Worth.

The clinic, which is staffed by senior student-doctors under the supervision of a licensed osteopathic physician, is open from 10:00 a.m. to 5:00 p.m., Monday through Friday.

The physician-in-charge of the newest clinic is Robert R. Brown, D.O., associate professor of general and family practice.

According to Dr. L. L. Bunnell, chairman of TCOM's Department of General and Family Practice, the Northside Clinic will provide the same services available in a physician's office.

In addition to the Northside Clinic, TCOM operates clinics at 3440 Camp Bowie Blvd., 2825 E. Rosedale and in Justin.

A 1965 graduate of the College of Osteopathic Medicine in Des Moines, Iowa, Dr. Brown moved to Texas from Dayton, Ohio, where he was in private practice. He is a member of AOA and of TOMA.

Our Sympathy

To Dr. and Mrs. Richard L. Stratton on the death of his brother, James A. Stratton, January 13.

At the time of his death Mr. Stratton was a lab technician at the Cuero Community Hospital.

For a number of years he was connected with the Stratton Hospital in Cuero, and had been acting administrator at Crews Hospital in Gonzales.

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DEPARTMENT OF PSYCHIATRY

JOHN PAUL BRADY, M.D.
Kenneth E. Appel Professor of Psychiatry
and Chairman of the Department

January 1977

Dear Doctor:

In response to the growing awareness of depression, its far-reaching effects and the extent to which it is encountered in medical practice, the Department of Psychiatry of the University of Pennsylvania is pleased to sponsor a continuing medical education course on clinical depression under a grant from Pfizer Laboratories. The course is designed to expand the primary care physician's knowledge of depression, with particular emphasis on accurate diagnosis and effective treatment.

To give the physician better insight into this common disorder, the course will include an historical perspective of depression as well as current clinical concepts. The complete course is approved for up to 9 Category 1 credits toward the AMA Physician's Recognition Award.

I sincerely hope that you will find this course informative and useful. This department takes pleasure in joining with Pfizer Laboratories to bring this program to the medical community. Physicians will be receiving specific information about this course by mail in the near future. Those wishing to enroll now may complete and return the form below.

Sincerely,

John Paul Brady

John Paul Brady, M.D.

Please enroll me in **A COURSE ON CLINICAL DEPRESSION**

Mail to: UNIVERSITY OF PENNSYLVANIA
Department of Psychiatry
P.O. Box 7950
Philadelphia, Pa. 19101

NAME _____
(Please Print)

ADDRESS _____ ☐ Office ☐ Home

CITY _____ STATE _____ ZIP _____

SPECIALTY OR FIELD OF PRACTICE _____

We're doing something

DISTRICT III

Dr. C. D. Ogilvie, Canton, was installed as president of District III, TOMA, at the groups bi-monthly meeting held at the Petroleum Club, Saturday, January 15.

Dr. Earl C. Kinzie, Lindale, was named president-elect; Dr. Bruce Petermeyer, Tyler, vice president; and Dr. George Grainger, Tyler, secretary-treasurer.

Delegates elected to the coming TOMA convention were, Dr. Grainger; Dr. Kinzie; Dr. John S. Turner, Sr., Canton; and Dr. Anton Lester and Dr. Don Lash, both of Tyler.

Dr. Lash, Tyler radiologist, spoke to the group on some of the newer advances in diagnostic radiology at the meeting.

"Sophisticated instruments are already in use," he said, "which could render the current x-ray procedures obsolete within 10 years."

"Some of the diagnostic hardware is now being regularly used in Tyler," he said.^

So many of them!

Sen. Robert P. Griffin (R-Mich.) tells the story of a young Senator who complained to the late Alben Barkley, Senate majority leader, that a certain colleague was a real S. O. B. "But think how many of them are in the country," Barkley replied. "Surely, they're entitled to representation, too."^

AOHA Forms Small & Rural Hospital Task Force

The AOHA has appointed a new Task Force on Small and Rural Hospitals to deal with the many problems faced by these institutions in their attempts to provide adequate health care for the American people.

The new Chairman of the Board of the AOHA, Howard F. Potter from Mesa General Hospital in Mesa, Arizona, has identified this area of concern as a top priority for 1977.

"Small and rural hospitals", said Potter, "provide vital care to many people. They are, however, often isolated from the mainstream of the health care delivery system. In addition, they frequently have great difficulty in dealing with the voluminous red tape resulting from regulation by the Federal and state governments."

"For these reasons, I have appointed the Task Force which will make every attempt to help these institutions survive and thrive in a time when the services they provide are more important than ever before."^

[Reprinted from Osteopathic Newsletter, December 17, 1976]

New disease classification publication to be issued

Plans for publication of a new disease classification for clinical use in the U. S. were announced in December by Robert A. Israel, deputy director of the National Center for Health Statistics, U. S. Department of Health, Education, and Welfare, and Vergil N. Slee, M.D., president of the Council on Clinical Classifications. The new classification will be *ICD-9-CM—the International Classification of Diseases, 9th Revision, Clinical Modification.*

In 1979, *ICD-9-CM* will provide a single classification to replace the two classifications now in use: *ICDA-8*, published by HEW, and *H-ICDA-2*, published by the Commission on Professional and Hospital Activities. The new *ICD-9-CM* is to be available by January 1978 in order to provide a full year for hospitals, insurance companies, data systems, and other organizations to prepare to put new classification into effect on January 1, 1979. The new classification will be a modification of the *International Classification of Diseases*, revised every ten years by the World Health Organization.^

[Reprinted from AOA Newsbriefs, January 1977]

Exhibit Hall Overflowing

At press time 54 exhibitors had requested space at the TOMA convention in Corpus Christi May 5-7; and although only 50 booths had been laid out originally, it is expected that the exhibit area can be rearranged slightly to make room for all those requesting space, without reducing the size of the booths already planned.

In addition to those listed below, a number of other suppliers to the profession have written that they plan to exhibit. If they confirm their intentions, room will be made for them!

Exhibitors

Armour Pharmaceutical Co.
Ayerst Laboratories
Beecham-Massengill Pharm.
Blue Cross Blue Shield of Texas
Boehringer Ingelheim Ltd.
Bristol Laboratories
Ciba Pharmaceutical Co.
Comatic Laboratories, Inc.
Compu-Center, Inc.
Cornish Medical Products
William H. Dean & Associates
Dista Products Company
Flint Laboratories
Frigitronics of Connecticut, Inc.
Geigy Pharmaceuticals
Hill Laboratories
International Medical Electronics
Ives Laboratories, Inc.
Kremers-Urban Co.
Landry Pharmaceuticals, Inc.
Lederle Laboratories
R. J. Legere & Co.
Mallinckrodt, Inc.
Marion Laboratories, Inc.
Merrell-National Laboratories
Milex Southern, Inc.
Miller Pharmacal, Inc.
Nutri-Dyn
Ortho Pharmaceutical Corp.
Pfizer Laboratories, Inc.
Phone-A-Gram Systems, Inc.
Professional Mutual Insurance Co.
Rachelle Laboratories, Inc.
Reed & Carnrick
Riker Laboratories
A. H. Robins, Inc.
Roche Laboratories
Ross Laboratories
Sandoz Pharmaceuticals
Southwest & Johnson X-Ray Co.
E. R. Squibb & Sons, Inc.
Stuart Pharmaceuticals
Syntex Laboratories
TCOM
Texas Medical Examining Board
Texas Vitamin Co.
Tex-E-Comp Corporation
Tutag Pharmaceuticals, Inc.
The Upjohn Company
USV Pharmaceutical Corp.
Vita-Mix Corporation
Western Research Labs
Wyeth Laboratories
X-Ray Sales & Service Co.

Grantors

Abbott Laboratories
Eli Lilly
Mead Johnson
Parke-Davis
Smith, Kline & French

In addition to the annual golf tournament scheduled for Friday, May 6 during the convention, there will be a tennis tournament if enough members indicate an interest in holding one.

For those who want something out of the ordinary in the way of recreation, Dr. Bill Albarado has gathered information on fishing.

He says that if you wish to fish with a group of physicians in the bay, it will cost approximately $10.00 per person for tackle and fishing. This is a four-hour trip and you will most likely catch trout, redfish and drum.

For those who want to go after bigger fish, many private charter boats are available. "Most of the boats are between 24 and 45 feet long and can hold up to six passengers. A few boats are air conditioned. Each boat has a captain and a deck hand to help you fish," Dr. Albarado says.

The larger fish you may want to go after include dolphins, tuna and marlin.

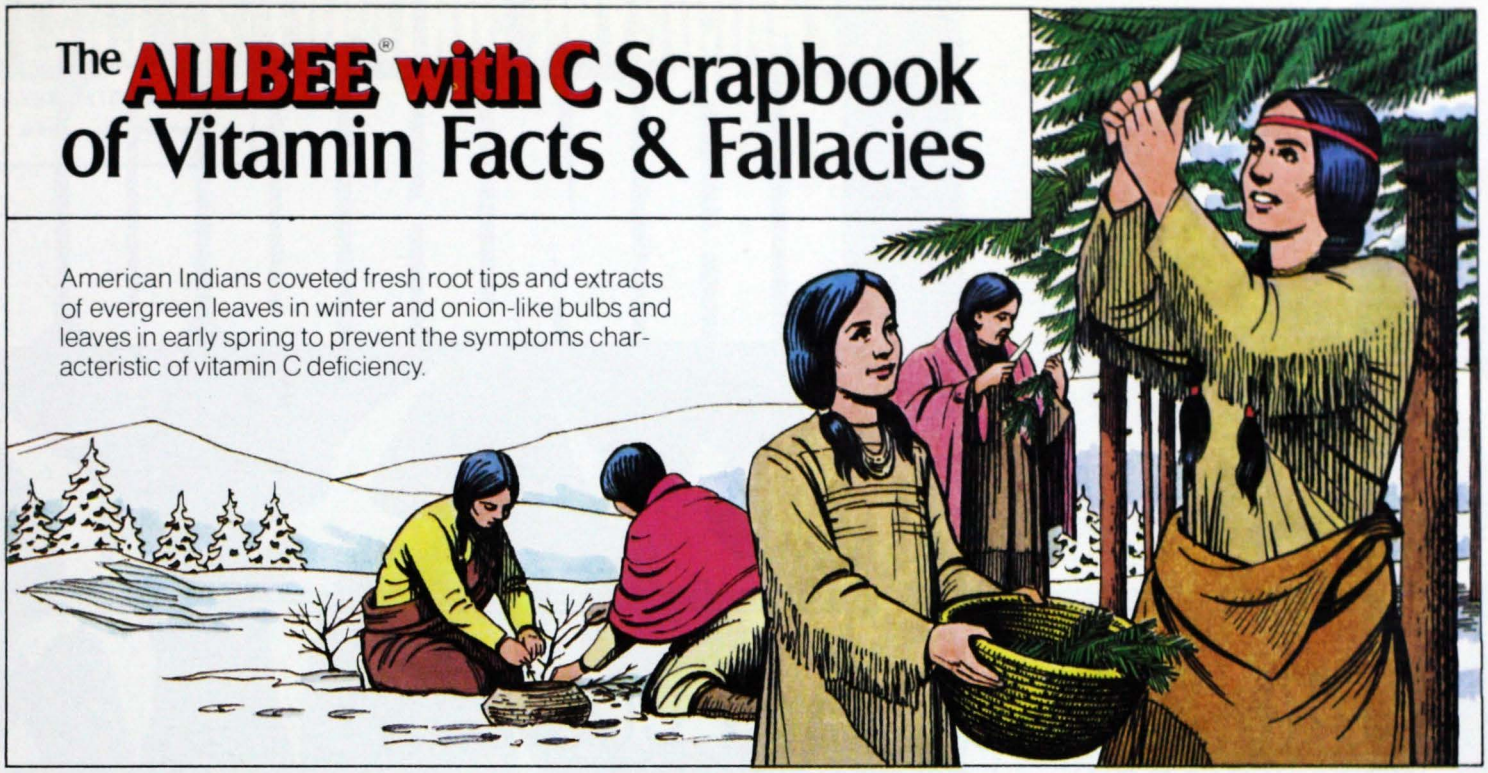
If a group is interested in chartering a boat, contact Dr. Bill J. Albarado, 2731 Morgan, Corpus Christi, 77301, or call him at 512—882-5417.

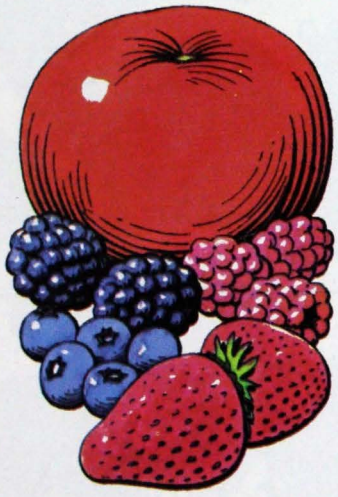
Missing link?

"Is it possible that the much-sought-after 'missing link' between the primates and homo sapiens may be staring at us in the mirror every morning?" This question was posed by columnist Sydney Harris recently.

The ALLBEE® with C Scrapbook of Vitamin Facts & Fallacies

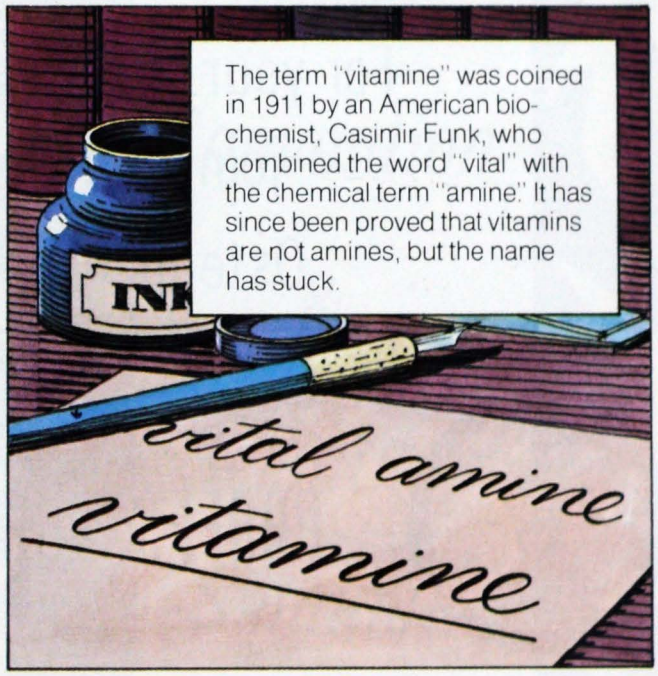
American Indians coveted fresh root tips and extracts of evergreen leaves in winter and onion-like bulbs and leaves in early spring to prevent the symptoms characteristic of vitamin C deficiency.



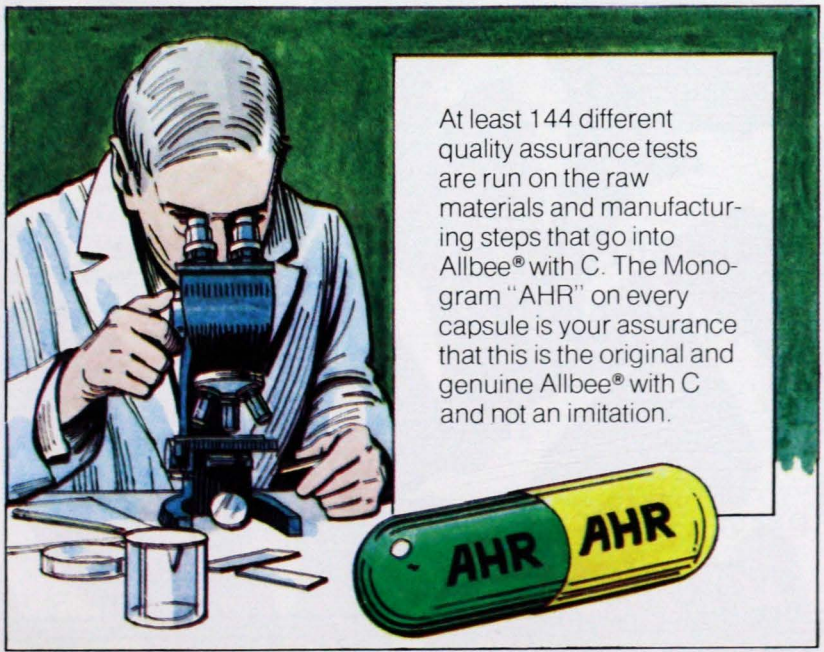


A tomato is botanically classified as a berry!

It is ironic that many of the vegetables highest in vitamin C and riboflavin are considered unappetizing by many people. These include turnip greens, kale, chard, mustard greens, spinach, water cress, broccoli and brussels sprouts.



The term "vitamine" was coined in 1911 by an American biochemist, Casimir Funk, who combined the word "vital" with the chemical term "amine." It has since been proved that vitamins are not amines, but the name has stuck.



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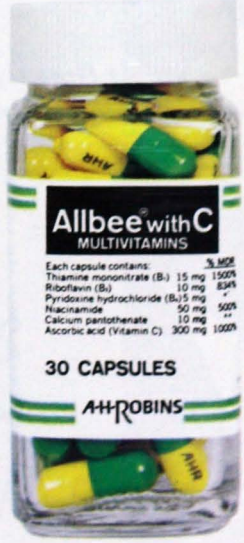

A.H. Robins Company, Richmond, Va. 23220 A·H·ROBINS

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