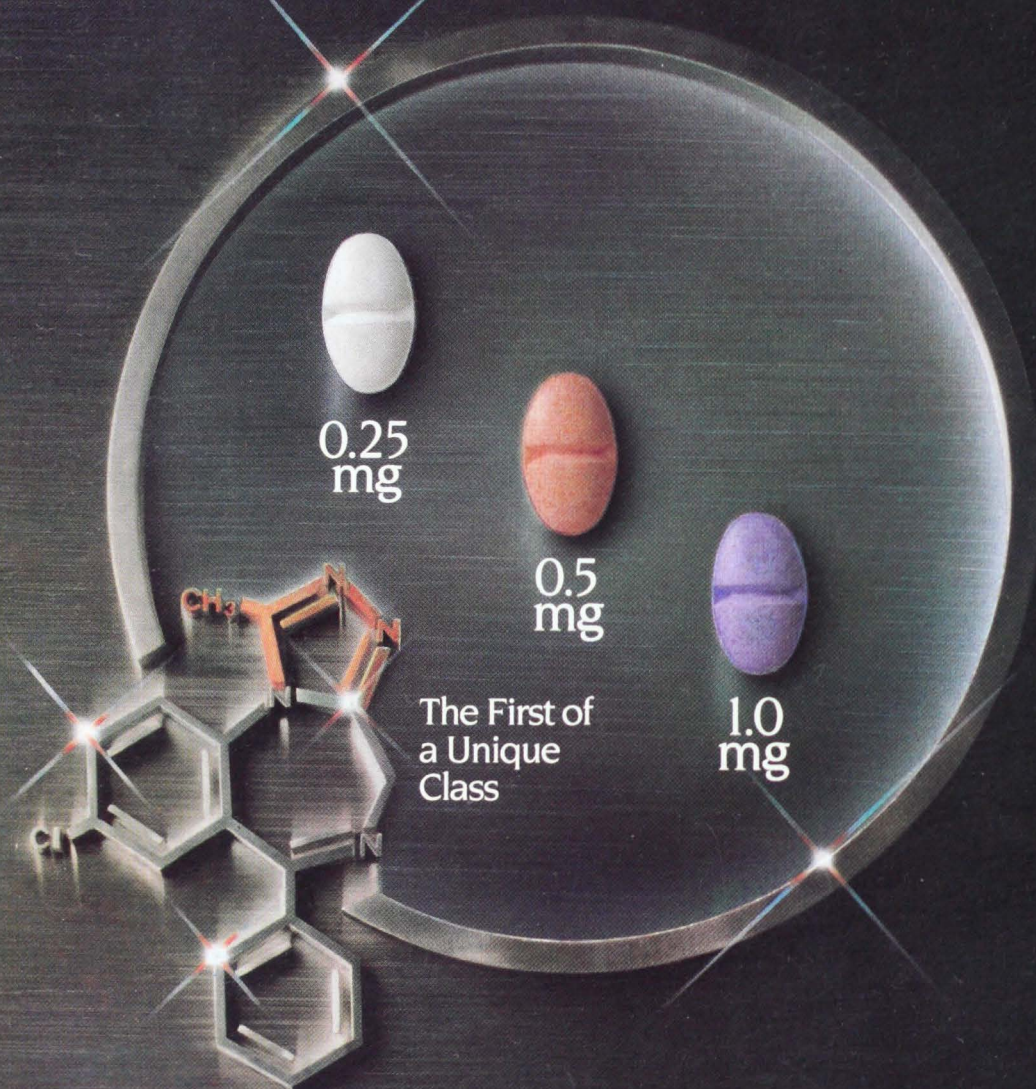


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May 1983





For Your Information

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American Osteopathic Association	312-280-5800 800-621-1773
American Osteopathic Association Washington Office	202-554-5245
American Osteopathic Hospital Association	312-692-2351
Professional Mutual Insurance Company	800-821-3515
Texas College of Osteopathic Medicine	817-735-2000 Dallas Metro 429-9120 429-9121
Texas Osteopathic Medical Association	817-336-0549 in Texas 800-772-5993 Dallas Metro 429-9755
TOMA Med-Search	in Texas 800-772-5993
TOMA Insurance Program	816-333-4511 (call collect for Bob Raskin)

TEXAS STATE AGENCIES

Department of Human Resources	512-441-3355
State Board of Health	512-458-7111
State Board of Medical Examiners	512-452-1078
State Board of Pharmacy	512-478-9827
State of Texas Poison Center for Doctors & Hospitals Only	713-765-1420 800-392-8548 Houston Metro 654-1701

FEDERAL AGENCIES

Drug Enforcement Administration For state narcotics number	512-465-2000 ext. 3074
For DEA number (form 224)	214-767-7203

CANCER INFORMATION

Cancer Information Service	713-792-3245 in Texas 800-392-2040
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ON THE COVER: *Drawing by Penny Lomerson, a sophomore at Boswell High School in Saginaw, Texas.*

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Copy Deadline — 10th of month preceding publication

Tex Roberts, Editor
Diana Finley, Associate Editor

TOMA Membership Applications Received

James B. Beard, D.O.
3340 Camp Bowie Boulevard
Fort Worth, 76107
TCOM '76; C-RAD

Joel Braunstein, D.O.
1860 Texas Avenue
Bridge City, 77611
COMS '73; GP

Charles Q. Honeckman, D.O.
TCOM, Dept. of Pathology
Camp Bowie at Montgomery
Fort Worth, 76107
CCOM '68; CF; C-PATH

Jack McCarty, D.O.
708 South 1st
Muleshoe, 79347
TCOM '78; GP

Dear Tex and Staff,

Thank you so much for the help in arranging the cocktail party and invitations for AAOA President, Lois Mitten. It's so nice to be able to count on our wonderful Executive Director and Staff. If there

Paul R. Sargent, D.O.
P. O. Box 29
Dilley, 78017
CCOM '61; GP

Michael J. Whiteley, D.O.
163 Aldine Bender Road
Houston, 77060
TCOM '78; GP

Letters

is ever a time we can reciprocate feel sure that we will.

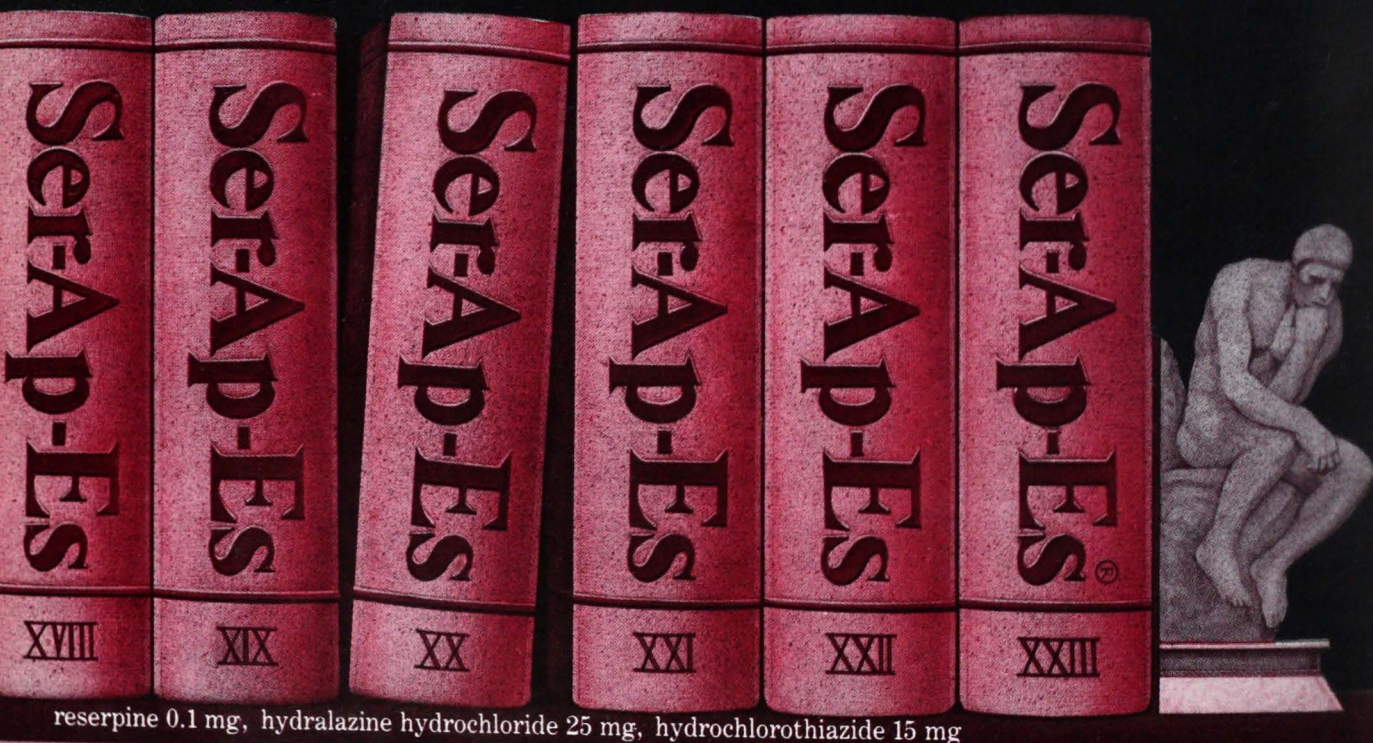
Many thanks,
Chris Godell
Recording Secretary

Dear Dr. Maul,

Thank you for selecting me to receive this year's Stockseth scholarship. An award of this nature is made even more gratifying by the academic encouragement of the TOMA membership it represents. In my case, the financial gain has greatly increased my study-time, for which I am very grateful.

Sincerely,
S/D Jonathan P. Stroud

C I B A



reserpine 0.1 mg, hydralazine hydrochloride 25 mg, hydrochlorothiazide 15 mg

Calendar of Events

DECEMBER

3

★ 3-4

TOMA Public Health Seminar/
Legislative Forum

Lincoln Radisson Hotel

Dallas

Fee: \$20

Contact:

Tex Roberts, CAE

Executive Director, TOMA

817-336-0549 or

429-9755 (Dallas County)

1-800-772-5993 toll free in Texas

JANUARY

13

13-15

*Colon Surgery and Diseases of
the Colon*

American College of Osteopathic
Surgeons

Pavillon Hotel, Miami, Florida

15 CME Hours requested

Fee: 175.00

Contact:

ACOS Administrative Office

3132 Ponce de Leon Boulevard

Coral Gables, Florida 33134

305-444-2267

23

23-27

Basic Craniosacral Manipulation

Michigan State University —

College of Osteopathic Medi-

cine and College of Human

Medicine

Hyatt Hotel

Miami, Florida

40 CME hours, Category 1-A

Contact:

Sandy Kilbourn

A306 E. Fee, MSU-COM

East Lansing, Michigan 48824

517-353-9714

FEBRUARY

3

3-5

*9th Annual Family Practice
Seminar*

Harris County Osteopathic

Society (TOMA District VI)

Contact:

Ladd T. Tucek, D.O.

713-999-5992

10

10-12

*South Padre Island Mid-Winter
Seminar for the Practicing*

Physician

Texas College of Osteopathic

Medicine, Fort Worth

12 CME hours, Category 1-A

Fee: \$100

Contact:

Susan Larson, CME Assistant

TCOM

Camp Bowie at Montgomery

Fort Worth, Texas 76107

817-735-2539

19

19-24

13th Midwinter Conference

Colorado Society of Osteopathic

Medicine

Keystone, Colorado

43 CME hours, Category 1-A

Contact:

CSOM

215 St. Paul Street, Suite 290

Denver, Colorado 80206

MARCH

7

7-10

*Second Annual Clinical Practice
Update*

Lakeland Village Resort

Lake Tahoe, California

12 CME hours, Category 1-A

Fee: \$175

Contact:

Susan Clemens,

Program Director

Clinical Faculty in CME

P. O. Box 470471

Fort Worth, Texas 76047

817-732-2519

21

21-24

*The Convocation of the
American Academy of
Osteopathy*

The Broadmoor

Colorado Springs, Colorado

Contact:

Mrs. Vicki E. Dyson

Executive Director

American Academy of

Osteopathy

12 West Locust St., Box 750

Newark, Ohio 43055

614-349-8701

MAY

10

★ 10-12

*85th Annual Convention &
Scientific Seminar*

Texas Osteopathic Medical
Association

Adams Mark Hotel

Houston

Contact:

Mr. Tex Roberts, CAE

TOMA Executive Director

817-336-0549 or

429-9755 (Dallas County) or

1-800-772-5993 in Texas



Texas DO/5

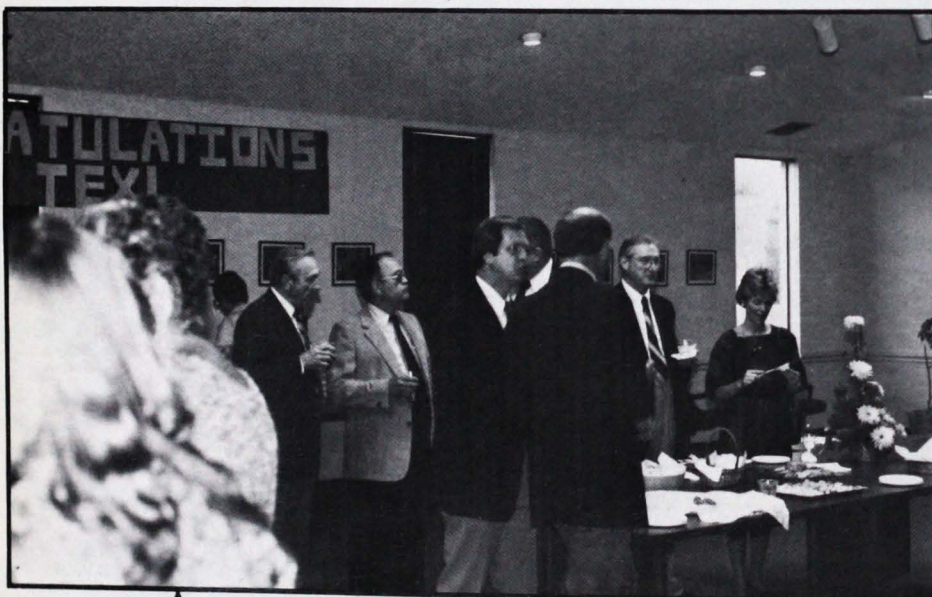
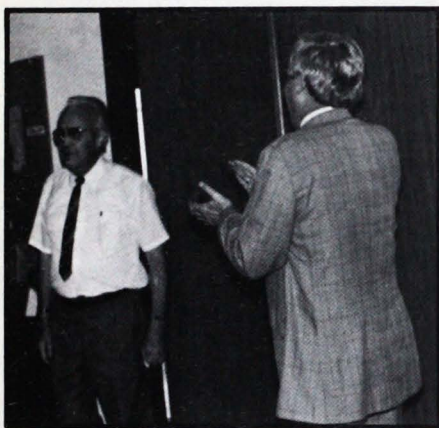
Staff Holds Surprise Reception in

October 31 was a day of muffled conversations, ragged nerves and stealth at the TOMA State Headquarters. Hors d'oeuvres were smuggled in and hidden in out-of-the-way locations and the aroma of various confections drifted down the hallways. Yet everyone agreed it was well worth it, as at a quarter

to 5:00, a surprised Tex Roberts, Executive Director of TOMA, was ushered into the large conference room where friends and family were waiting in anticipation for his entrance.

The scene was a surprise reception held by TOMA staff to honor Mr. Roberts' 15 years of service as Executive Director of TOMA. A seemingly overwhelmed Tex Roberts commented that he had actually forgotten that 15 years ago, he and his wife, Juanita, were undergoing the onerous task of trying to move into their home amidst the trick-or-treaters in order to establish residence in Fort Worth before beginning his first day of work, November 1, 1968.

Approximately 45 guests were on hand to show their appreciation. The attendees included physi-



onor of TOMA Executive Director

icians and wives, staff, friends, family, and Representative Mike Millsap. Various letters of congratulation (carefully hidden by TOMA staff until the appropriate time) were presented from, among others, Representative Mike Millsap, Senators Bob Vale, Hugh Parmer and Chet Brooks and Martie Evans, Director of Sales at the Hyatt




Regency in Austin. Congratulatory telegrams, plants and a Dallas Cowboys pennant personally signed by coach Tom Landry were also presented. The crowning touch was a Senate proclamation prepared by Senator Bob Glasgow honoring Mr. Roberts for his extraordinary de-



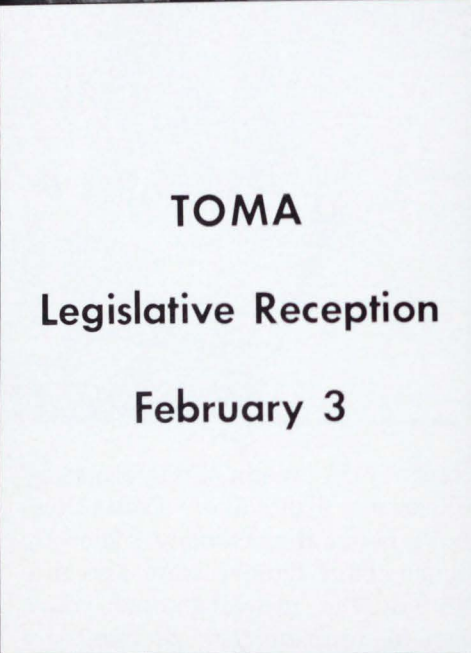
gree of professionalism and dedication to the osteopathic profession.

A good time was obviously had by all attendees, and the TOMA staff, a bit exhausted yet exhilarated from having "pulled it off" without mishap, agreed.

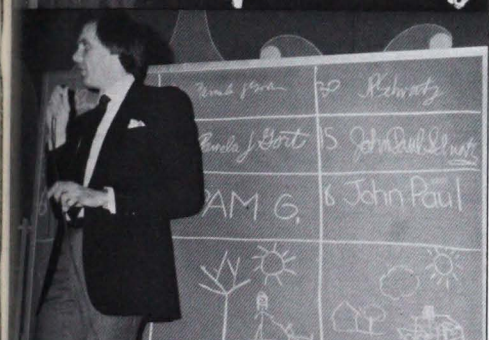
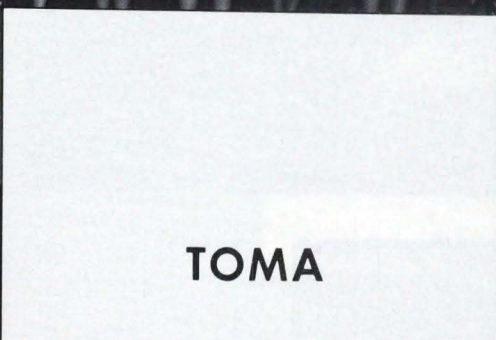
Congratulations, Tex Roberts!^

 Texas DO/7

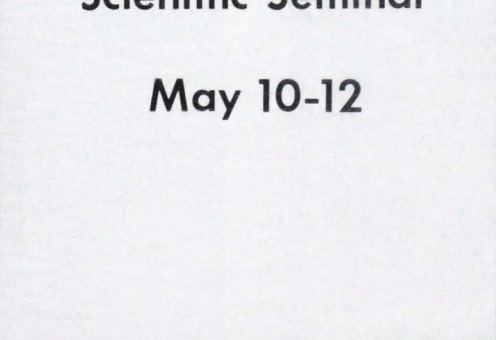
Pictorial v



ew of 1983



TOMA
84th
Annual Convention
&
Scientific Seminar
May 10-12





Governor Mark White signs S.B. 387 (a D.O. chief executive officer for the Texas College of Osteopathic Medicine) during the 68th Legislative Session.



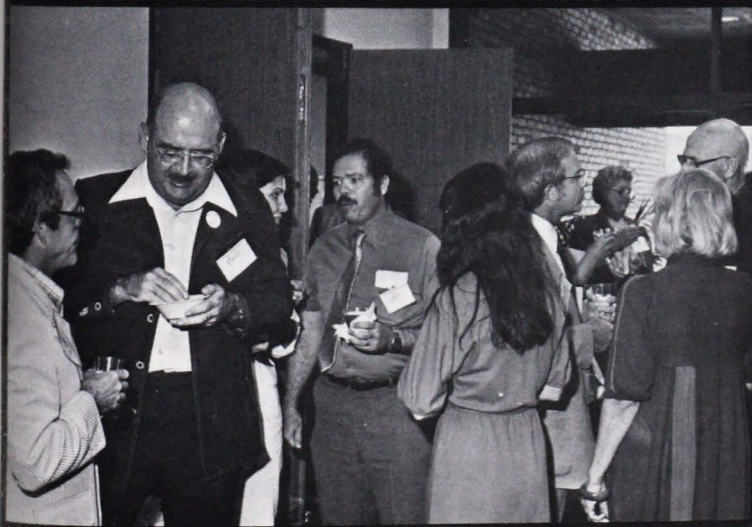
Tex Roberts (left) presents Robert G. Maul, D.O., TOMA president, with flag that had flown over the capitol of Texas August 29, 1983, the day the new state law prohibiting discrimination against D.O.s by private hospitals went into effect.



Frank Bradley, D.O. (left) presents scholarship award to S/D Doug Vick, one of many TCOM students who received a scholarship from TOMA in 1983.



2nd Annual
TOMA
Leadership Conference
September 17-18



Appeal May go to Supreme Court

Hospital Board Fights Osteopathic Ruling

John Peter Smith Hospital has not given up the fight to retain its medical staff eligibility requirements that effectively bar osteopathic physicians from practicing there.

The fight could end up before the U.S. Supreme Court.

The hospital's board of managers has voted to appeal the ruling of U.S. District Judge Eldon B. Mahon that a requirement in the hospital's bylaws that discriminates against osteopaths is "invalid and unconstitutional" and thus cannot be enforced by the Tarrant County Hospital District.

The provision in the hospital's medical staff bylaws states that in order to practice at John Peter Smith an applicant must have undergone post-doctoral training in a program approved by the Liaison Committee on Graduate Medical Education.

The committee is affiliated with the American Medical Association and is made up solely of M.D.s.

Five osteopathic physicians filed suit against the John Peter Smith Hospital board of managers and medical staff last year in Judge Mahon's court, claiming they were being deprived of their constitutional rights to practice at the hospital "solely on basis that their post-doctoral training was in a program other than one approved by Liaison Committee on Graduate Medical Education, which is, in effect, an arm of the American Medical Association, for the purpose of effectively excluding osteopathic physicians from the medical staff."

In his ruling, Judge Mahon noted that "The evidence before the court shows that the obvious differences which once distinguished osteopathic physicians (D.O.'s) from allopathic physicians (M.D.'s) have virtually disappeared."

However, Tarrant County Legal Adviser Marvin Collins told the *Fort Worth News-Tribune* yesterday that the district attorney's office, which represents the Tarrant County Hospital District as legal counsel, has filed an appeal from Judge Mahon's ruling with the U.S. Court of Appeals, 5th Circuit.

The case probably will not be heard until next spring, Collins said.

"If the Circuit Court rules on it, the case could go to the U.S. Supreme Court," Collins reported. "It could be a landmark case because Judge Mahon's decision departed from precedent. There was a similar case in 1927 and the Supreme Court held at that time that it was all right to impose medical staff requirements of this type."

However, Collins conceded, "This was before the period of so-called judicial activism, so there is no telling what might happen today. The law does get changed."

District Attorney Tim Curry told the *News-Tribune* after Judge Mahon's verdict, "Right now only Tarrant County is affected. But you can bet the ruling will be studied nationwide with a great deal of interest."

The five plaintiffs in the suit are Drs. Paul A. Stern, Lee J. Walker, C. Raymond Olson, Joel Alter and W.R. Jenkins, all osteopathic physicians who practice in Fort Worth.

[Reprinted from the October 21, 1983 edition of the *Fort Worth News-Tribune*]▲

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Distorted Information Creates Climate of Unreasonable Fear Concerning AIDS

By Jerome H. Greenberg, M.D.

Associate Commissioner for Preventable Diseases

Acquired immune deficiency syndrome (AIDS) is a condition for which definitive information regarding etiology and transmission is lacking. It is still relatively rare; 2,640 cases have been reported in over 240,000,000 people as of October 31, 1983, but it has a high fatality rate, 41.4 percent of the reported cases having died.

AIDS is definitely associated with certain life-styles. Homosexual males and intravenous drug abusers constitute almost 90 percent of the cases. No cases have been proven to be due to casual contact and no health professional has contracted AIDS through professional contact. The relatively few cases which have been reported in persons other than homosexual males and intravenous drug abusers have involved mostly persons in intimate contact with AIDS patients or those at high risk of AIDS and in Haitians, and hemophiliacs. Because there are many causes of immune deficiency it is still not certain that all reported cases are actually AIDS.

The determination of the etiology and routes of transmission of AIDS requires not only clinical and laboratory research, but epidemiological studies as well. Accordingly, data on as many cases as possible are needed. These data are forwarded by state health departments to the Centers for Disease Control (CDC) for analysis. It is for this reason that AIDS was added to the list of diseases reportable in Texas and it is imperative that reporting be as complete as possible.

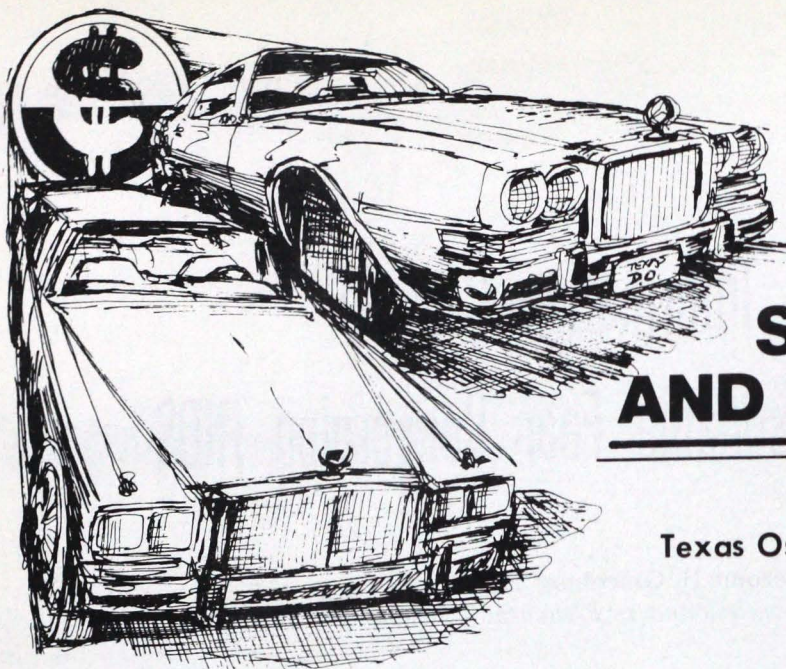
Sensationalized publicity and distorted information have created a climate of unreasonable fear in the general public and even in some physicians. There is absolutely no evidence that AIDS requires methods of isolation and quarantine any more drastic than those used for hepatitis B patients and contacts. Unreasoning fear and hysteria threaten to turn AIDS victims and suspects into pariahs and to interfere with both the discovery and reporting of cases and the collection of

the epidemiological information so vitally necessary. In addition, there is the danger that shortages of blood supplies will result because of the unfounded fear that transmission by blood donation will cause unnecessary deaths far in excess of anything which might be attributed to AIDS, even if transmission was a possibility.

It is necessary for physicians to act reasonably and responsibly with regard to AIDS and to reassure the public at every opportunity. It is highly unlikely that AIDS is caused by a new and deadly organism. As was the case with Legionnaires' Disease, it is more likely that AIDS is caused by a combination of factors and organisms which have always been present but which have emerged as a result of life-styles which provide the necessary milieu. The many deaths among AIDS patients have not been due to the immune deficiency per se, but to the opportunistic infections which intervene, infections caused by common organisms which the immunologically competent person wards off.

Neither the opportunistic organisms, nor Kaposi's sarcoma nor homosexuality is new. What is new is the degree of promiscuity and the widespread use of drugs. The transmission and perhaps the evolution of disease organisms has undergone a quantum leap, apparently more than the immune systems of those involved can tolerate. As of today, treatment is specific only for the various intercurrent infections. Otherwise it is supportive. Prevention must be through modification of life-style. No one knows at what point acquired immune deficiency becomes irreversible, but certainly the greater the promiscuity and the more challenges, the more likely that AIDS will result. Physicians must advise modification of life-style to eliminate promiscuity and drug abuse. These recommendations are based on current medical and epidemiological knowledge, and those who choose to ignore them must accept the risks and the consequences.▲





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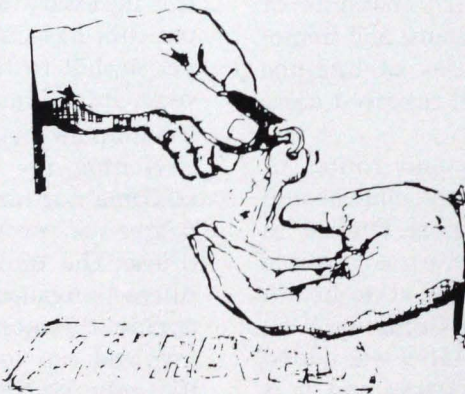
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Physicians: Do you remember to label drugs supplied from your medical office, including samples? If not, you could be subjecting your patient to criminal charges.

Here is an example: If you hand a patient a prescription item in an unmarked container, the patient is stopped for a minor traffic violation, and the officer notices the pills laying on the car seat, that patient could be charged with illegal possession of a dangerous drug or controlled substance.

Further, the dispensing physician may be subject to prosecution for violation of the dangerous drug law, Article 4476-14, Section 3(a) (2), T.C.S., and/or the Texas Food, Drug and Cosmetic Act, Article 4476-5, Section 15 (k), V.C.S. (relating to misbranded drugs).

To prevent problems, you are urged to label *all medications* supplied from your office or from your stock of drugs. The following information is advisable:

- Date medication supplied
- Name of medication
- Directions for use
- Patient's name and address
- Doctor's name, address and telephone number ^

Fractured Flex?

Texas examinees undergoing the June, 1983 FLEX were required to sign an affidavit prior to receipt of license due to a breach of security. After administration of the test, it was learned that one or more candidates in

another state had received a copy of part of the examination and the possibility existed that it was available throughout the U.S. Accordingly, the FBI, with cooperation of the National Board of Medical Examiners and the Federation of State Medical Boards, has begun an investigation and the Texas board expects a full report shortly.

All state boards had to make a decision regarding action to be taken due to this disturbing information. The Texas board required that each examinee sign a sworn affidavit certifying that he or she had no prior access to test material nor knew of anyone who did, and in no way compromised the exam. Any falsification of the affidavit would be grounds for license revocation. ^

Hepatitis A, Critical in Day-Care Centers

According to a recent report by the Texas Department of Health, published in *Texas Preventable Disease*, the spread of infection of Hepatitis A is extremely critical in day-care centers, especially in centers that care for diapered children. Poor sanitation and hygiene are often the major contributing factors in outbreaks traced to day-care centers. Thorough hand washing (before handling food, after diaper changing, etc.) is the single most important measure in preventing the transmission of this disease. Effective action to stop transmission is dependent upon the timely reporting of cases to the proper health authorities.

Although the Texas Communicable Disease Control Act of 1983 delineates requirements for reporting hepatitis and other communicable diseases to local health authorities not only by

physicians, but virtually all health professionals, the same law allows for the reporting of suspected cases of reportable diseases without violating patient confidentiality. Health authorities are encouraged to foster such reporting by the establishment of open and unrestricted communication with physicians and others who can help with this program. ^

You and Your Armadillo

According to a report published by the Texas Department of Health, recent studies of leprosy in wild Texas armadillos captured in areas known to have indigenous human cases have documented that the agent causing disease in humans and armadillos is the same.

Hansen's disease (leprosy) is a chronic infection caused by a slow growing acid-fast bacillus, *Mycobacterium leprae*, which affects primarily nerves, skin and the mucosa of the upper respiratory tract. Worldwide it is estimated that 15 million people have Hansen's disease, making it an infection of major health importance.

The role, if any, that armadillos play in producing human disease remains to be determined. However, armadillos with Hansen's disease have the lepromatous type of infection (which in humans is considered the most infectious form) and, when studied, have been found secreting large numbers of organisms from their nasal mucosas.

These studies have also determined that there is no reliable way to determine by physical examination if a given armadillo is infected. Texas' love affair with this unique animal, therefore, may be in need of some revision. ^



District Communiqués

Dr. Campbell
Sponsors Symposium

District II

W. R. Jenkins, D.O. has been appointed to the Task Force on Indigent Health Care, by Governor Mark White, Lieutenant Governor Bill Hobby and Speaker of the Texas House of Representatives Gib Lewis.

The task force is made up of about 75 elected officials, health care providers, administrators and citizen-consumers. Helen Farabee, wife of Senator Ray Farabee, will chair the committee.

The Task Force was charged with the duty of exploring and collecting information about the needs and problems in the delivery of health care to indigents. They will also recommend legislative action by the 69th Texas Legislature.

The main areas, according to Dr. Jenkins, that will be addressed are: who is at risk and what eligibility criteria should be applied to those individuals; the scope of services to be provided; administrative structure to operate a program; and methods of finance.

The Task Force will be meeting throughout Texas from now until November 1984.



Elva Wickliffe has been installed as president of the Fort Worth Osteopathic Medical Center Guild.

Other Guild members assuming office for the 1983-84 term are Clara Harvison, vice president; Mildred Smith, recording secretary; Lynn West, corresponding secretary and Nan Dean Mitchell, treasurer.

A native of Fort Worth, Mrs. Wickliffe joined the OMC Guild in 1975. Since that time she has

served more than 3,500 hours as a hospital volunteer and was voted National Volunteer of the Year by the National Osteopathic Guild Association.

Appointed Guild officers assuming responsibilities are Jane Sowers, parliamentarian; Janis Hawkins, historian; Mary Luibel, chaplain; and Jane Sowers, advisor to the OMC Junior Guild.

Chairmen of the Guild's standing committees are Faith Burt, hospital gifts; Clara Harvison, osteopathic seals and membership; Jane Sowers, programs and social; Idella Gates, year book; Betty High and Bette Phipps, Christmas decorations; Beth Tout, tray favors; Ruby Rainey, gift shop; Faith Burt, public relations; Lynn West, sunshine; Norman Beard and Elmer Sowers, auditing; and Phyllis Johnson, NOGA convention.

District XII

The internship program at Doctors Hospital in Groves, which began this year and is the first of its kind in the Golden Triangle, is already expanding. Leo Villegas III, D.O., from Houston, becomes the fourth and latest addition to the intern class.

Dr. Villegas, who has been in an internship program at Eisenhower Osteopathic Hospital in Colorado Springs, Colorado, for the past eight months will complete the rest of his internship requirements at Doctors.

He graduated from Southwest Texas State University in San Marcos in 1978 with a Bachelor of Science in Biology and received his medical degree from the Texas College of Osteopathic Medicine in Fort Worth in 1982.

Gary Campbell, D.O. associate professor in preventive medicine at the Texas College of Osteopathic Medicine will be one of the sponsors of the Second Annual International Symposium on Man and His Environment in Health and Disease being held at Wadley Institutes of Molecular Medicine in Dallas, February 16-19, 1984. The Symposium, with speakers from around the United States, Canada and Europe, will focus on the contribution of the environment to human disease with special attention to chemical effects.

The Symposium is directed to the professional who is interested in research and the treatment of patients that are "sensitive" to their environments. The four day seminar will discuss environmental influences on various systems of the body.

Companies sponsoring this Symposium will be displaying ecologically safe products that can be used by sensitive people.

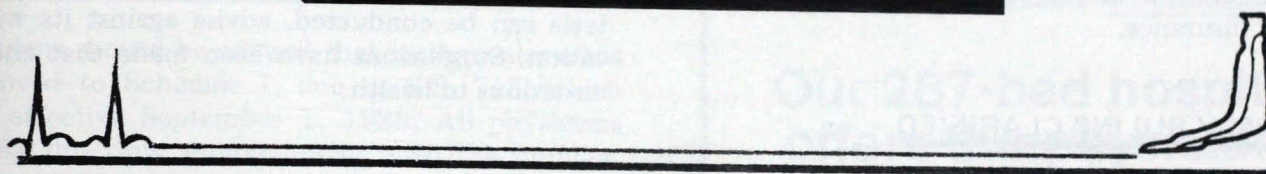
Pre-registration is \$200 and registration at the door is \$225. For more information contact: The Human Ecology Research Foundation of the Southwest, Inc., Professional Plaza 2, Eight Medical Parkway, Suite 305, Dallas, Texas 75234 or call 214-620-0630. A

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Texas Ticker Tape

JOHN H. BURNETT, D.O. IS CANDIDATE FOR AOA PRESIDENT-ELECT

John H. Burnett, D.O. is TOMA's candidate from Texas for the Office of President-Elect of the American Osteopathic Association. A practicing physician in Dallas since 1954, Dr. Burnett graduated from Kansas City College of Osteopathic Medicine in 1952 and interned at Dallas Osteopathic Hospital from 1952-53. He is a certified general practitioner and has served the AOA House of Delegates for 20 years. Dr. Burnett has been a member of the AOA Board of Trustees for nine years and is now serving as chairman of the AOA Bureau of Insurance.

NEW JERSEY RULING CLARIFIED

The Texas Osteopathic Medical Association has received a clarification of an earlier reported story on a ruling by the Supreme Court of New Jersey dealing with displaying a physicians earned degree.

The Court ruled that the State Board of Medical Examiners could not issue a license that stated D.O. or M.D. That was beyond their scope as a licensing board. The degree, D.O. or M.D., is given by the medical school that one graduates from. For an M.D. to state he is a D.O., and vice versa, is still illegal, but the board may not put that "classification" on a license issued.

FAILURE TO VACCINATE...

According to a recent report from the Centers for Disease Control publication, *Morbidity and Mortality Weekly Report*, the major reason for a two fold increase in measles morbidity in the first quarter of 1983 was the failure to vaccinate, not vaccination failure.

The Centers for Disease Control recommend that the college campus outbreaks that have been reported could be easily stopped by establishing vaccination requirements for all students born after 1956.

CHELATION THERAPY—HELP OR HAZARD?

The Texas State Board of Medical Examiners, in its Autumn newsletter, has recommended against the use of chelation therapy until its benefits are confirmed. The Board is concerned that this therapy, as used in cases of circulatory disorder and coronary or other arterial atherosclerosis, may constitute treatment that is non-therapeutic in nature, in violation of the Medical Practice Act.

Benefits of chelation, in reports from the American Heart Association and the Food and Drug Administration, are not substantiated, and until further controlled tests can be conducted, advise against its wide application. Suggestions have been made that chelation is hazardous to health.

TCOM STUDENTS WIN SCHOLARSHIPS

The Scholarship Awards Committee of the Auxiliary of the American Osteopathic Association has presented checks to two students of the Texas College of Osteopathic Medicine in Fort Worth.

Alice J. Ferrell and Fredrick Wayne Kersh, both freshman students, were among the 28 chosen out of 383 applications.

A SUCCESS... THE FIRST MEETING OF ANOM

The state of Texas was well represented at the inaugural conference of ANOM, the Association of Nurses in Osteopathic Medicine. Eight nurses from Texas were among the 85 attendees that made the trip to Columbus, Ohio.

The 50-bed Southwest Osteopathic Hospital in Amarillo sent six of those representatives. In a combined effort, the hospital footed the bill for the Director of Nursing Services and the room and board at the convention for any nurse who wished to attend. Five other nurses convinced D.O.s to pay their travel costs.



Texas Ticker Tape

THANKS TO ELECTRONIC AGE, BATTERIES ARE BEING SWALLOWED

Thanks to the electronic age, button batteries, or the tiny batteries common in electronic watches and calculators, are being swallowed by children as well as adults. The National Capital Poison Center in Washington, D.C. has asked that all cases in which a button battery is swallowed be reported to the Center by calling collect (202) 625-3333.

METHAQUALONE MOVES TO SCHEDULE I

Physicians should be advised that methaqualone has been moved to Schedule I, due to S.B. 715, which became effective September 1, 1983. All physicians possessing this drug should return it to the supplier, or execute DEA's form 41. Send the drugs and form by registered mail to the U.S. Department of Justice, DEA, 1880 Regal Row, Dallas 75235. A physician must hold a special permit from DEA in order to possess, prescribe, dispense, administer or cause to be administered any Schedule I drug.

SUMMIT HEALTH LTD, NAMES VICE PRESIDENT OF HOSPITAL DEVELOPMENT

Herzig, the new vice president, received his bachelor of science degree from Bloomsburg State College in Bloomsburg, Pennsylvania. He is a member of the American Management Association and Medical Marketing Association.

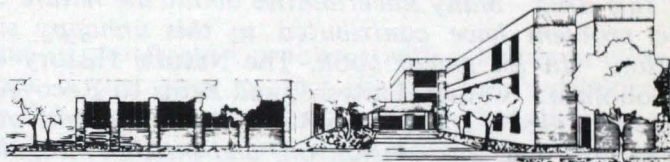
Summit Health, Ltd., located in Studio City, California is an integrated health care company that operates 41 facilities in California, Arizona and Texas which includes Community Hospital of Lubbock.

FRANKLIN JOINS DOCTORS HOSPITAL

A native of Dickinson, Texas, Mike Franklin has joined the staff of Doctors Hospital in Groves as assistant administrator. Franklin holds a bachelor of arts degree in business administration with a minor in radio/television from Sam Houston State University in Huntsville. He completed his masters of science degree in health administration in 1981 from the University of Houston, Clear Lake campus.

HAWKINS APPOINTED FIRST VICE CHAIRMAN

John P. Hawkins, administrator of the Fort Worth Osteopathic Medical Center, was appointed as first vice chairman of the board of the American Osteopathic Hospital Association (AOHA) during its 49th Annual Meeting at Lake Tahoe, Nevada in October.



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Can Alcoholics go Ba

Misuse of alcohol—call it problem drinking, alcohol abuse, or alcoholism—is one of the major threats to health in this country. Yet, as a society, we have no clear program for dealing with the harmful effects of this drug. Many uncertainties about the nature of the problem have contributed to this unhappy situation. In his recent book, The Natural History of Alcoholism: Causes, Patterns, and Paths to Recovery (Harvard 1983), Dr. George Vaillant has brought out important new information on, and insights into, the nature of alcoholism. We have asked Dr. Vaillant, a Professor of Psychiatry at Harvard Medical School, to discuss one of the most controversial aspects of alcoholism treatment: whether the proper goal is abstinence or a return to social drinking.

Why is there controversy about such a basic question?

The dispute exists because honorable investigators have obtained different answers, depending on how they asked the question. The debate has been passionate because the subject is terribly important, and because both sides are defending political and social viewpoints as well as attempting to solve a complex factual problem.

In brief, what has happened is this. Between 1973 and 1978, two major studies were completed and reported. One of them was conducted by a group at the Rand Corporation; the other was carried out by psychologists Mark and Linda Sobell, then at Patton State Hospital in California. Both reports indicated that certain alcoholics had successfully returned to asymptomatic ("controlled" or "social") drinking after treatment with behavioral methods. At the time this research was begun, there were several reasons for thinking that "social" drinking could be achieved by at least some alcoholics. Laboratory studies, for example, had shown that even people who seemed to be very dependent on alcohol could modify their drinking patterns in response to learning or to a change in their social environment while in the laboratory. And questionnaire results from community studies identified people who claimed to have recovered control after a period of alcohol abuse.

Both the Rand investigators and the Sobells alleged that, after treatment, many of the study subjects

were able to control their drinking for months to years. Moreover, the Sobells found that the subjects who attempted social drinking were more successful at avoiding relapse into alcoholism than those who were trying to remain abstinent, at least in the year or two after treatment. There were, however, some serious flaws in the design of the Rand study, and its standards of "control" over alcohol use seemed rather low. More to the point, long-term follow-up has shown that the Sobell's subjects did not fare well. Within one to five years after treatment, all but one lost control over their drinking.

I have had the opportunity to study drinking behavior in two large groups of men who were followed for more than thirty years, from youth through middle age. All of these men were psychologically "normal" to begin with, but some of them lost control over their drinking for periods of time, and some became severely alcoholic. To be sure, there were men followed in this study who lost and then regained control over their drinking without having to give up alcohol altogether. These were the individuals who had developed relatively few alcohol-related problems (such as illness, black-outs, difficulty with employment) and they had not yet come to the attention of a professional who actually diagnosed them as alcoholics. By contrast, those men who had ever developed more than a few alcohol-related problems, or whom a clinician had diagnosed as alcoholic, evidently had progressed too far in their illness to manage a return to asymptomatic drinking. They either became abstinent or they continued to suffer from alcoholism.

What this means is, first, that we have to believe reports from community studies showing that some alcoholics have been able to return to controlled drinking. But we also have to recognize that virtually nobody who has gone so far as to require admission to an alcohol-treatment program will be able to go back to symptom-free drinking for very long.

I don't think, however, that we should perpetuate a common error in interpreting this finding. It does not imply that there are two distinct classes of people—"problem drinkers" versus "alcoholics"—with a basically different ability to handle their drinking. There is no real difference except of degree. Individuals who recognize the early warnings of lost control and respond by taking measures to limit their use of alcohol may succeed in achieving some stability in their

to "Social Drinking"?

drinking patterns. (By comparison, some cases of high blood pressure or adult-onset diabetes can be controlled if they are caught early and are effectively managed with such measures as diet and exercise. Later on, more extreme therapy may be needed.) The process of becoming dependent on alcohol begins with the first drink. Whether we avoid alcoholism is determined, in part, by our learning to control how we use alcohol—for example, only with food, only at a fixed time each day, only to celebrate, only so that we have no regrets the morning after.

**Do you tell your patients
that they can never drink again?**

You really can't tell someone that. It's not helpful, and it may not be true. I follow the principle that Alcoholics Anonymous uses: to advise abstinence one day at a time. Alcoholics are extremely reluctant to give up the hope of taking another drink, as would be many nonalcoholics. As an analogy, someone who has never even run around the block would be horrified to be told, "You will have to jog three miles a day for the rest of your life." It makes much more sense to start with today's goal.

Some people do come to me with a clear alcohol problem but hoping they can manage the shift to social drinking. I offer them the following strategy: "Drink any day you like, but never have more than three drinks in a 24-hour period; come back in two months and let's see how you are doing." By a "drink" I mean one shot (1.5 ounces) of whiskey, one 12-ounce can of beer, or one 6-ounce glass of wine.

My experience is that nobody to whom I have given this prescription has been able to stay within it. At that point, both the patient and I get the message. They have lost the ability to control their drinking. Abstinence, a day at a time, becomes the treatment goal. But I think the exercise is worth a try. It is a structured experiment from which the alcoholic can learn about herself or himself; it helps to define the task and to cut through the denial that is a universal feature of alcoholic thinking. Alcoholism is a lifelong disease, like diabetes or high blood pressure. One has a lifetime-but potentially a shortened lifetime-with which to work.

**How can those close
to an alcoholic help him or her?**

One of the greatest problems with relatives or close friends is that they protect the alcoholic's drinking. Like the alcoholic, they tend to deny what they know is really happening. That's the worst thing they can do. The earlier this disease is caught, the better one's chances of halting its progression.

If your own life is made painful because someone close to you has an alcohol problem, *you* have an alcohol problem. Your first step is to recognize that. Your second step is to go to Al-Anon, an organization of alcoholics' relatives, to learn what other people have done to get comfort for themselves and help for their relatives. Your third step is to find a professional, through Al-Anon or an alcoholic clinic, and think through, very carefully, how to confront your alcoholic relative or friend and begin the treatment process. You have time. Alcoholism is never a problem of the moment; it puts the individual at risk for a lifetime, and it has to be approached as a lifelong disease.

Treatment may have to begin with a professional (alcoholism counselor, psychologist, social worker, psychiatrist, or other), but such help is by its nature scarce and expensive; it may also be somewhat counterproductive because it is likely to undermine the alcoholic's already poor sense of self-esteem. Sooner or later, and preferably sooner, the alcoholic should be induced to attend meetings of Alcoholics Anonymous (AA). There's nothing magic about AA; it may not even be altogether correct in its view of alcoholism. But that's not the point. AA is available, it's free, and it offers a behavior-modification program that even its psychologist-critics would have to respect. It provides contact with people who have succeeded in staying sober. And it offers a variety of ways to restore the alcoholic's hope and self esteem.

At least as important as all these other features, AA provides a community of caring people whom the alcoholic has not injured in the past. One of the greatest burdens in any alcoholic's life is knowing that he or she has hurt everyone that he or she loves. The people at an AA meeting are not angry at the newly arriving alcoholic, and the alcoholic does not come into the room feeling guilty towards anyone there. This can be true of nobody in his or her family. ^

[Reprinted from the Medical Forum, October 1983]



Texas DO/21

Lois Mitten Assumes AAOA Presidency

By Cheryl Smith
ATOMA President



New Orleans was the setting for the American Osteopathic Association convention and the installation of Mrs. Lois Mitten as National AAOA President. She was escorted to the AAOA House of Delegates by her husband, Dr. Carl Mitten, daughters Kathy, Marva, and Laura, TOMA President Dr. Robert Maul, ATOMA President Cheryl Smith, District VI President Dr. Dewey Campbell, District VI ATOMA Treasurer Mrs. Vicki Prangle. ATOMA and District VI presented Mrs. Mitten with Boehm porcelain gifts.

Following her installation, Mrs. Mitten was honored with a recep-

tion given by the Texas Osteopathic Medical Association and the Auxiliary to Texas Osteopathic Medical Association. She was greeted with a round of "The Eyes of Texas are Upon You" and toasts of Dr. Bobby Smith's Texas wine.

Special thanks to Dr. and Mrs. Dewey Campbell, Dr. and Mrs. Art Johnson, Mrs. Vicki Prangle, Mrs. Doris Grainger, Mrs. Eleanor Kritzler, Mrs. Joan McGrath, Mrs. Priscilla Briney and to my husband, Dr. Ed Smith, for their assistance and help with the reception.

Pat Patterson of Marion Laboratories attended Lois' reception and photographed the event.▲

By Cheryl Smith
ATOMA President

October was a "Road Trip" for your president. Toronto was the site of the Specialists convention and some delightful sightseeing. Dr. Frank & Nona Swords accompanied Ed and I on the Maid of the Mist for a romantic view of Niagra Falls and a tour of the Canadian countryside. During the convention many of the specialist's wives met to form an auxiliary. They later presented their request to the National AAOA House of Delegates in New Orleans, and soon will be receiving their charter.

Following Toronto, we headed to New Orleans for the National AOA convention. Joan McGrath and myself indulged in the chocolate feast presented by Syntex Laboratories. Everything your chocoholic sweet tooth could want was served at this reception. We had a complete selection of the finest chocolate pastries, drinks, cookies, cakes . . . simply delicious. This indulgence was preceded by a fantastic dinner at Brennen's and nothing I own fits anymore.

During Toronto and New Orleans Priscilla Briney was active and present. She managed to include a trip to College Station as her daughter was inducted into a sorority between her week at Toronto and New Orleans. She walked untold miles shopping and sightseeing at both cities. No sooner had she recovered from her travels when she was involved in an automobile accident. She is now a patient of my husband, Ed, at Fort Worth Osteopathic Medical Center, and her recovery time is expected to be a month. Not a very fun way to spend Thanksgiving, Priscilla. Our thoughts and prayers are with you.

ATOMA News

By Virginia Ling
ATOMA News Chairman

I would like to introduce a couple of friends to you who are some of the nicest people around. Too, they are very involved in the osteopathic profession as well as volunteers in school and community activities and best of all - good parents. Meet Dr. John and Marilyn Mohney. John graduated from Youngstown University and received his D.O. degree from the Chicago College of Osteopathic Medicine. Marilyn was raised in Pennsylvania and Connecticut. She graduated from Northwestern University and worked for Pan American Airlines and as a high school teacher. John and Marilyn met in Chicago, married and served an internship in Corpus Christi, Texas. Dr. John is now in general practice in Houston. They have two children, Shawna, 11, and John, 4. The Mohneys enjoy boating, swimming and farming on the weekends. At this time, John is a Trustee on the TOMA Board and serves on the committee for impaired physicians. Marilyn is presently the recording secretary for the Auxiliary to the Texas Osteopathic Medical Association. Look them up next year at the state convention in Houston - you'll be glad you did.

By Alleen Bailes
District II

Mark the evening of December 7 on your calendar! The auxiliary is planning a holiday gala at the high-in-the-sky Petroleum Club on that evening. Mary Hope Everett and Barbara Beyer are hard at work on plans for this event.

I tried to phone Mary Hope several times and received no answer.

Then found out that the Everetts are presently on a tour of the Orient. No wonder there was no answer! Hope they are having a wonderful time.

On October 8, Hillsdale College, Hillsdale, Michigan, presented their Alumni Achievement Award in recognition of outstanding service in the field of medicine to Lee Walker, D.O. Lee is a graduate of that school which was established in 1844. Marilyn and Lee then celebrated his signal honor by vacationing in Myrtle Beach, South Carolina. Our congratulations to you, Lee.

The Irwin Schusslers celebrated Halloween with a "few of their friends" when they hosted a costume party. Lots of original costumes, with interesting people inside them, attended the fun evening.

A dog who lives near Aledo owes his life to Priscilla Briney. On November 4 she was driving along a rainy highway when a dog ran in front of her car. She swerved, braked sharply and the car skidded into a tree. Priscilla is presently in Fort Worth Osteopathic Medical Center recuperating from her injuries. We all wish her well and say "get well soon".

Steve and Sue Urban have joined the ranks of proud new grandparents. Their granddaughter, Christina Amber Kutez, was born on October 15.

District II Auxiliary, with help from the Student Associates Auxiliary, is learning to do fingerprinting and is planning a pilot program for a Saturday in December (hopefully December 3). All faculty, staff and students of TCOM as well as hospital physicians and personnel are invited to bring their children to the Kiva Classroom, 2-106, Med. Ed. 2, between the hours of 9:00 a.m. and 4:00 p.m. All children from newborn through age 17 are welcome. So look for letters and notices of the date for this event. By doing this, TCOM will be the site of the city's first *Fingerprints for Safety*, a nationwide program designed to help find some of the 100,000 children missing in the United States each year. The program will be taken to the Fort Worth schools by the Fort Worth Police Department in the spring. Our own Virginia Budd is working diligently with the police to help implement this city-wide program.

A Merry Christmas to each and every one of you!

By Virginia Ling
District VI

For those of you who didn't attend our national convention in New Orleans, you sure missed a good time; for those who did participate, we had such a wonderful few days that we all had sore feet, heartburn, sore ribs (from laughing so much) and tears in our eyes from watching Lois Mitten being installed in the highest office of our organization. Right on!



Texas DO/23

My personal feelings and thoughts about the lectures and the shopping always seem to run through my mind while on the plane ride home. Dr. Bob is so tired at this time that he can't stand my chattering so I try real hard to just think and keep my mouth shut. I do believe that's why he walked down the street to the bookstore on Basin Street to buy me a book to read so I would give him some peace.

The first day after checking the exhibit hall and running into old friends, we decided to walk to the French Quarter. By the time we arrived, looked in all the windows, said "hello" to the St. Louis Cathedral, my very favorite pair of high heels turned on me and some great big blisters started to appear. Well, "el Cheapo" (Dr. Bob) wouldn't take a cab back to the Hilton think-

ing that if my feet really hurt it would keep me out of the stores. Aha - the next day bright and early, with my tootsies ensconced in my K-Mart bedroom slippers, I hailed a cab and had the best time buying what I couldn't live without. You see, when you get just a little bit older, it's comfort that counts - to heck if you see anybody you know. The problem with trying to dress up all day long like a successful doctor's wife and "putting on the Ritz" is that the rest of the year, you're running around in tennis shoes and jeans. My feet began to feel better, especially after having some coffee and beignets at the Cafe du Monde and a big bowl of seafood gumbo at the Gumbo Shop so I got my act together, returned to the hotel and sat in as an observer in the Auxiliary House of Dele-

gates. Items on the agenda flowed along while I listened in awe of all the magnificent things we are involved in. During the coffee break I visited all the booths and had a long talk with our group from California. Nice people.

The last day of our convention Dr. Dewey and Lois Campbell hosted a party given by our District VI for Lois Mitten in honor of her presidency. The food was great but the fine addition to all was the wine served from the vineyard of Dr. Bobby Gene Smith. Everyone is still talking about it.

We said goodbye to one of our favorite cities - the Crescent City, she is called. When I waved from the plane I told her that we would be back.

See you next time. ^

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Texas DO/25

The Ghost of Herbert Hoover Returns

By Richard L. Leshner, President
Chamber of Commerce of the United States

Herbert Hoover had a problem. The year was 1930 and the nation was in a recession. A recession—not yet a depression. Unemployment was just below nine percent, but earlier recessions had seen unemployment approach 10 percent and recovery had begun within a year. The nation had experienced recessions in 1910-1912, 1907-1908, and 1899-1900, and each time wages and prices had adjusted to contractions in the money supply and the American economy had surged ahead once again.

But this time, Hoover declared, things would be different. The federal government would not wait for the free market to restore growth. The government would take the lead in “fixing” the economy. In his memoirs, Hoover wrote, “the primary question at once arose as to whether the President and the federal government should undertake to investigate and remedy the evils.” Hoover’s answer—tragically—was yes.

Massive make-work projects such as the Hoover Dam were begun to “put America back to work.” Yet, employment continued to fall.

The Smoot-Hawley Tariff Act was finally passed on June 13, 1930, and signed by Hoover two days later. Protectionism was supposed to raise the price of imported goods and thereby put Americans to work. Instead, nations around the world retaliated by raising their own tariffs and American exports could find no buyers. The stock market fell to 41 from a high of 381 in September 1929. Protectionism did not create more American jobs—it destroyed them.

To combat the mounting deficits Hoover raised taxes on June 6, 1932. The top income tax rate was increased from 25 percent to 63 percent. The lowest rate jumped from one percent to four percent—a 400 percent increase. Other taxes were also raised. The corporate income tax was increased. The inheritance tax doubled. A gift tax imposed. Postal rates jumped 50 percent. Sales taxes were placed on

autos, tires and gasoline. New taxes were imposed on telephone, telegraph and radio communication.

And yet, the deficit was not reduced. It increased. The increased taxes were such a burden on the economy that total tax revenues actually fell.

Of course, Hoover was not satisfied to simply raise taxes, increase protectionism, and begin make-work projects. The federal government got into the business of fixing wages and prices, subsidizing whole industries, and printing more money.

The American people, quite wisely, voted Hoover and his interventionism policies out of office in 1932 and elected Franklin Delano Roosevelt, who promised to reduce the tariffs, cut the federal bureaucracy by 25 percent, and maintain the gold standard.

Once elected, however, FDR continued the policies of Herbert Hoover and repackaged them as the “New Deal.” As a result, the 1929 recession became the Great Depression and lasted 11 years.

This little known slice of history is important for two reasons. First, most Americans still believe that Hoover was a devoted supporter of the free market. (What is the saying, “with friends like these, who needs enemies?”) As a result the history of the Great Depression has been wrongly interpreted as the failure of the free market—rather than the example of failed government intervention that it truly was.

Second, it is important to keep Herbert Hoover and his response to the 1929 recession in mind as we listen to our present-day politicians explain their “solutions” to today’s unemployment situation. What is their program?

They want to raise taxes. Just like Hoover did. They would bring back protectionism. Just like Hoover did. And they would pass more make-work jobs programs. Just like Hoover.

And they would trigger another depression. Just like you-know-who.▲

ACADEMIA

News From The Colleges

CCOM

Gary L. Slick, D.O., has been appointed professor and chairman of the department of internal medicine at the Chicago College of Osteopathic Medicine.

Dr. Slick received a Master of Arts in physiology from the University of Kansas Medical Center and his Doctor of Osteopathy from the Kansas City College of Osteopathic Medicine in 1969. He completed his internship and medical residency at the Oklahoma Osteopathic Hospital in Tulsa from 1969-1972 and received an N.I.H. Public Health Service Special Research Fellowship to complete his subspecialty training with the renal-hypertension-electrolyte division of the department of internal medicine at the University of Iowa College of Medicine from 1972-1974.



Christopher L. Surek, D.O., has been appointed assistant professor and acting chairman of the department of otorhinolaryngology, head and neck/facial plastic and reconstructive surgery at the Chicago College of Osteopathic Medicine.

Dr. Surek received his Doctor of Osteopathy degree from CCOM in 1978, interned at the Chicago Osteopathic Medical Center and the Olympia Fields Osteopathic Medical Center from 1978-1979, and completed a residency in general surgery at St. Joseph Hospital in Chicago from 1979-1980 and in otorhinolaryngology, head, neck medicine and surgery, facial plastic and reconstructive surgery at the Northwestern University Medical Center, Chicago, from 1980-1983.

Among his professional affiliations, Dr. Surek is a member of the

Osteopathic College of Ophthalmology and Otorhinolaryngology, the Illinois Association of Osteopathic Physicians and Surgeons, and the American Osteopathic Association.

TCOM

Bernard R. Rubin, D.O., former fellow in rheumatology at Jefferson University School of Medicine in Philadelphia, has joined the faculty of Texas College of Osteopathic Medicine as assistant professor of medicine.

Dr. Rubin earned his B. S. degree at the University of Illinois at Urbana and his D.O. degree at Chicago College of Osteopathic Medicine. His rotating internship was done at Chicago Osteopathic Hospital, followed by a residency in internal medicine and a fellowship in rheumatology at Albert Einstein Medical Center in Philadelphia.

He is a diplomate of the National Board of Examiners for Osteopathic Physicians and Surgeons and the American Board of Internal Medicine. He has published several articles in professional journals.

UOMHS

A unique art museum, existing within a medical school through the generous bequests of friends and alumni, was introduced to the Des Moines community in showings September 30 and October 2 by the University of Osteopathic Medicine and Health Sciences. The Museum is located in the Azneer Academic Center, 3440 Grand Avenue, on the University campus.

More than 800 visitors viewed the art works during the premier showings. "Most left with words of praise for the Museum and the exquisite collection," said J. Leonard Azneer, Ph.D., University president and the museum's creator.

Gifts from alumni and friends to the University Museum have provided a collection of more than 2,500 pieces of art and a large collection of interesting and historically significant medical instruments.

The University Museum is open for public viewing by appointment. Interested persons are invited to call the Museum office (515/271-1664) to schedule a tour.



The student branch of the American Medical Women's Association (AMWA) at the University of Osteopathic Medicine and Health Sciences, Des Moines, Iowa, won first place in a contest held by the National Chapter for its program on "Child Abuse and Neglect in the 80's."

A cash prize will be awarded to the branch officers at the 68th Annual Meeting, to be held November 9-13, in Dearborn, Michigan. An analysis of the planning, goals, outcome, cost and problems was reported on each program to aid other student branches sponsoring programs.

According to Cindy Katanick, past president of the University's chapter and program coordinator, "Our goal was to raise public awareness about child abuse and to educate participants of the available preventive measures and practical solutions."



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Brief Summary Consult the package literature for prescribing information.

Indications and Usage: Cefclor* (cefclor, Lilly) is indicated in the treatment of the following infections when caused by susceptible strains of the designated microorganisms:

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

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

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

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

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

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

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

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

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

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

Some ampicillin-resistant strains of *Haemophilus influenzae*—a recognized complication of bacterial bronchitis*—are sensitive to treatment with Cefclor.¹⁻⁶

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

Cefclor®

cefclor

Pulvules®, 250 and 500 mg

Adverse Reactions: Adverse effects considered related to cefclor therapy are uncommon and are listed below. Gastrointestinal symptoms occur in about 2.5 percent of patients and include diarrhea (1 in 70) and nausea and vomiting (1 in 90).

Hypersensitivity reactions have been reported in about 1.5 percent of patients and include morbilliform eruptions (1 in 100). Pruritus, urticaria, and positive Coombs tests each occur in less than 1 in 200 patients. Cases of serum-sickness-like reactions, including the above skin manifestations, fever, and arthralgia/arthritis, have been reported. Anaphylaxis has also been reported.

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

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

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

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

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

* Many authorities attribute acute infectious exacerbation of chronic bronchitis to either *S. pneumoniae* or *H. influenzae*.⁸

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

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

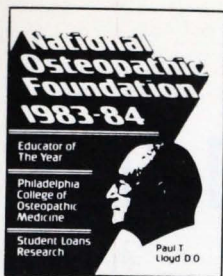
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Additional information available to the profession on request from Eli Lilly and Company, Indianapolis, Indiana 46285. Eli Lilly Industries, Inc., Carolina, Puerto Rico 00630.

100061



Give Your Patients A Chance. . . Use Osteopathic Seals

Mervin E. Meck, D.O., president of the American Osteopathic Association, has announced that the goal for the 1983-84 Osteopathic Seal Program is \$150,000. The seal features Paul T. Lloyd, D.O., the Osteopathic Educator of the Year. All funds received from the program are distributed between the profession's student loans and research programs.

Dr. Meck said that "government cutbacks in educational grants and research support have made it essential that we all support this most

important program. Last year 644 students received \$637,000 in student loans." These loans were made possible through one-half the proceeds from Seals and the repayment of former loans (the pay-back rate is over 95 percent).

There are three ways to participate in the program: (1) send a personal contribution, (2) mail packets to patients and friends of the profession requesting their support, and (3) order holiday greeting cards through The National Osteopathic Foundation. All contribu-

tions, including purchasing holiday greeting cards, are tax-deductible. Osteopathic Seals have financed all or part of the education of over 8,000 osteopathic students.

Dr. Meck noted "the goal can be met if every osteopathic physician would make at least a \$10 contribution." The Texas Osteopathic Medical Association strongly urges all its members to support this program which benefits our students, researchers, and colleges.▲

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Cancer

Self Examination Saves Lives

Jason, a successful 32-year-old architect first discovered the tiny lump on his left testicle while taking a shower.

A week later after his wife persuaded him to see a doctor, he was shocked to learn he suffered from testicular cancer. Treatment proceeded: his testicle was removed and chemotherapy followed. Two years later, Jason cradles a three-month-old son in his arms, living proof that a knowing touch saves lives.

Cancer patients are most often the first to discover symptoms for testicular, breast, skin and oral cancer, say physicians. "No one can detect an abnormality better than a patient," says Edward M. Birdsong, D.O., a general practitioner at Doctors Hospital in Groves. "A patient who reports a symptom to a physician helps the doctor to focus in on a specific area during an annual exam."

Though studies have yet to prove self examination as a defense against cancer, common sense suggests that those who practice routine self examination stand a better chance at beating cancer, reports Wendell Gabier, D.O., Director of Medical Imaging at Doctors Hospital, Groves. "The earlier cancer is detected, the greater the chance for cure."

Testicular cancer, the most common form of cancer afflicting men between the ages of 29 and 35, is one of the most curable cancers and the easiest to detect.

"Many men fail to examine for testicular cancer because they feel uncomfortable examining themselves," reports Cathy Patterson, Assistant Nursing Director at Doctors. Complicating the problem are doctors who hesitate to discuss the subject with their patients, she adds. "What men fail to realize is that if testicular cancer is discovered early enough, the chance for complete cure is greater than 90 percent. And if only one testicle is removed, the man is not impotent and rarely infertile."

Testicular self examination (TSE) is best performed after a shower since warm water helps to relax the scrotum. Each testicle should be gently examined with the fingers of both hands, placing the index and middle fingers on the underside of the testicles and thumbs on top. Check for pea-sized lumps on the sides or front of the testes. Also note any changes in size, shape or sensitivity to pressure of the testes. Risks increase for men born with undescended testicles, and the incidence is greater among men in higher social classes.

Though breast self examination (BSE) has overcome much of the embarrassment that plagues TSE,

only 18 percent of American women examined themselves on a monthly basis last year, reports the Gallup poll. The most common reasons given for not practicing BSE included ignorance, fear and lack of confidence. Dr. Gabier notes that even though most breast cancers are discovered by women, often the lump is found too late because self examination was not practiced on a regular basis. "The real power of BSE comes after six or seven exams when a woman gets to know her breasts well enough to be able to detect subtle changes," he adds.

Breasts should be examined in the shower, before a mirror and lying down, checking for lumps, hard knots or thickening as well as changes in the contour and nipples. Complete BSE instructions and diagrams are available from the American Cancer Society or from a physician.

With one out of every 11 women expected to develop breast cancer, Dr. Gabier urges that women use BSE as one part of a total program to detect early cancer.

"When the pap smear was introduced in the 1930's, the mortality rate for uterine cancer dropped dramatically; we'd like to see some similar results from breast diagnostic screening," explains Dr. Gabier. "Today the cure rate for breast cancer is approximately 60 percent; we hope that it can be increased dramatically with BSE and proper screening."

Oral and skin cancer, like breast cancer, also can be caught by vigilant self examinations. Men 40 and older who smoke and drink heavily are most at risk of contracting oral cancer, but now dentists and oral surgeons report an alarming increase of the disease among the young. The culprit: chewing tobacco and snuff — the latest rage to sweep the nation's campuses. The warning signs of oral cancer, according to the American Dental Association are: sores inside the mouth that will not heal; swelling of the neck, lips, tongue or palate; soreness in the mouth or throat; or bleeding of the mouth for no apparent cause.

Symptoms of skin cancer — the most common of all cancers — include change in the size or color of a mole, and patches of scaly skin on the face, neck or hands. Repeated overexposure to the ultraviolet rays of the sun is the principle cause of skin cancer. Sun block lotions and limited exposure to the sun are the best means of protection.

Self examination should be practiced vigilantly, but should never replace routine checkups, cautions



Dr. Gabier. "Patients need to be observant, but many cancers cannot be detected easily and require the expertise of a physician," he adds.

Dr. Birdsong concurs; "The more aware a person is of his or her body, the more valuable they are to their physician. In daily hygiene, all of us have plenty of chances to examine ourselves." ^

Mid Cities Surgeons Offer Alternative to Surgery

During the Toronto specialty convention, Frank Swords, D.O. and Ed Smith, D.O. of Mid Cities Bone and Joint Surgeons received the necessary training for the use of chymopapain on patients with herniated lumbar discs.

Since their return they have selected several patients to participate in this type of treatment as opposed to surgical intervention for herniated disc. Patients can be treated on an outpatient basis and the injection is performed with the patient under local anesthesia. The results are promising and the patients response enthusiastic. Not all patients are candidates for the Chymopapain injection and sensitivity screening must be performed prior to consideration of the procedure.



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

CHAIRMAN, DEPARTMENT OF MICROBIOLOGY AND IMMUNOLOGY: Texas College of Osteopathic Medicine is seeking a professor and chairman for the Department of Microbiology/Immunology. Candidate should be a recognized leader in the field with established research accomplishments, teaching experience in a medical college, and adequate administrative abilities. Applications and nominations should be sent to Dr. Harbans Lal, Chairman, Search Committee for Microbiology / Immunology, Texas College of Osteopathic Medicine, Fort Worth, 76107. TCOM is a state medical school under the Board of Regents of North Texas State University and is located in cultural/recreational area of Dallas/Fort Worth Metroplex. TCOM is an Equal Opportunity/Affirmative Action Employer.

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

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

DALLAS — General Practitioner needed to take over practice. Office fully equipped. For more information call Mrs. Durkee at 214-824-4362.

DEER PARK — Associate needed for a two-member family practice. Contact: J. McShane, D.O. or D. Spinks, D.O. at 713-476-0780.

EXCELLENT PRACTICE SITE — available in the mid-cities area of Dallas/Fort Worth. D.O. currently there is going into residency program. Clinic is newly built and has two exam rooms, a doctor's office, reception room and a waiting room. Plenty of storage area. The leasing company will be happy to work with doctor who takes over the lease. I am also interested in selling my equipment (E.K.G. machine some office equipment, etc.) If interested in either, please contact: William W. Grimes, D.O., 8701 Airport Freeway, Suite 101, Fort Worth, 76118 or call 871-656-1727.

FORT WORTH — Physician with strong interest in wellness care, Health and Fitness Assessment and its implementation. Faculty position with tenure track. Call or write Stanley Weiss, D.O. or Robert L. Kaman, Ph.D., Institute for Human Fitness/Texas College of Osteopathic Medicine, Camp Bowie at Montgomery, Fort Worth, 76107. 817-870-5280. Salary: \$50,000 plus, negotiable. TCOM is an equal opportunity/affirmative action employer.

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

GENERAL PRACTICE FOR SALE — Excellent income and location. Between Houston and San Antonio. Growing community. Reasonable terms. Call 512-798-3612.

IF YOU ARE INTERESTED — in an Army Reserve Opportunity, contact: H. H. Randolph, D.O. at 409-963-1127.

NORTH DALLAS — General practitioner needed for clinic. Thirty miles north of Dallas. Good hospital connection. Clinic and acute general practice since 1947. Write TOMA, Box "M", 226 Bailey Avenue, Fort Worth, 76107.

SAN ANTONIO — Seeking full-time personable family and/or emergency room physician for young aggressive group with two minor emergency clinics and a third to open soon. Remuneration based on percentage of gross charges. Work 3-4 shifts per week. CV requested. Contact: B. Swift, D.O., 512-696-5599.

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Practice Locations in Texas

PHYSICIAN NEEDED — One general surgeon and one general practitioner for established clinic with 80-bed hospital. Full time. Adequate guarantee plus percentage. Contact J. B. Stavinocha, M.D., Chief of Staff or Mr. Zahler or Mr. Anderson, Assistant Administrators, Yale Clinic and Hospital, 510 W. Tidwell, Houston, 77091. Phone: 713-691-1111.

SUNDOWN — General/Family Practitioner needed for clinic in Sundown, a community of 2,000, 40 miles west of Lubbock. Community Hospital of Lubbock, a modern 76-bed full service AOA accredited hospital, will assist in supporting and developing this practice. Guarantee and other financial assistance provided. For more information, please call collect: Susan Wyninegar, Director of Physician Recruitment, Summit Health, Ltd., 213-985-8386.

WANTED — Texas College of Osteopathic Medicine/Institute for Human Fitness: physician with strong interest in wellness care and its implementation, including Health and Fitness Assessment. Faculty position with tenure track. Call or write Stanley Weiss, D.O., Director, Institute for Human Fitness, Texas College of Osteopathic Medicine, Camp Bowie at Montgomery, Fort Worth, 76107. Phone: 817-870-5280. Salary negotiable. TCOM is an equal opportunity/affirmative action employer.

WICHITA FALLS — Full-time/part-time positions open with private group staffing a moderate volume ED in Wichita Falls, a city of 100k. Full-time directorship and staff position available in FEC spring 1984. Exceptional remuneration in form of minimum guarantee/FFS. Reply to Frances Vinson, 817-723-7086, or send CV to ECS, Suite 830, The Wichita Tower, Wichita Falls, 76301.

POSITIONS DESIRED

WANTED — The Impaired Physicians Committee of TOMA is looking for opportunities for employment for osteopathic physicians as part of a rehabilitation program. These D.O.'s, who have been voluntarily surrendering their licenses to practice and have entered a treatment program, need employment while awaiting a hearing by the Texas Board of Medical Examiners. These D.O.s would be able to work in the following areas:

- 1) Dictating discharge summaries
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- 3) Lab work as phlebotomist
- 4) Doing electrocardiograms

We need your help in building an employment resource file and would appreciate your help in this regard. Please contact Tex Roberts, Executive Director, Texas Osteopathic Medical Association, at 1-800-772-5993 with your questions or employment opportunities.

GENERAL PRACTITIONER — Current Texas license, D.O., looking for new practice location. Will consider all parts of Texas. Good health, no legal problems. Contact TOMA, Box "A", 226 Bailey Avenue, Fort Worth, 76107.

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

OPHTHALMOLOGIST — 1980 TCOM graduate looking for practice location for 1984. Open to all areas of Texas and will consider solo or partnership. CV available upon request. Write TOMA, Box "G", 226 Bailey Avenue, Fort Worth, 76107.

PCOM GRADUATE — seeks office, ER or clinic position. North Dallas area preferred but will consider any location in Texas. Write TOMA, Box "J", 226 Bailey Avenue, Fort Worth, 76107.

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AUSTIN — 1,800 sq. ft. office space available for lease. Excellent area for general practice or OB-Gyn. Near 100-bed full service hospital with ER. For more information contact: Harold Lewis, D.O., 512-444-2661.

FORT WORTH — 1,200 sq. ft. of office space for lease. Share waiting room, central supplies & laboratory with dentist. Located in west Fort Worth next to Western Hills Nursing Home. Hospital nearby. If interested contact: Dr. Robert White (office) 817-732-6677 or (home) 817-921-4440.

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FOR RENT — Red River, New Mexico townhouse. Two bedroom, 2½ bath. Sleeps (8) on beds. For information contact: S. R. Briney, D.O., 14 Lake View Court, Aledo, 76008. Phone: 817-441-9373.

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