

TEXAS OSTEOPATHIC PHYSICIANS JOURNAL

July 1978

Osteopathic Oath

I do hereby affirm my loyalty to the profession I am about to enter.

I will be mindful of my great responsibility to preserve the health and the life of my patients, to retain their confidence and respect both as a physician and a friend who will guard their secrets with scrupulous honor and fidelity, to perform faithfully my professional duties, to employ only those recognized methods of treatment consistent with good judgment and with my skill and ability, keeping in mind always nature's laws and the body's inherent capacity for recovery.

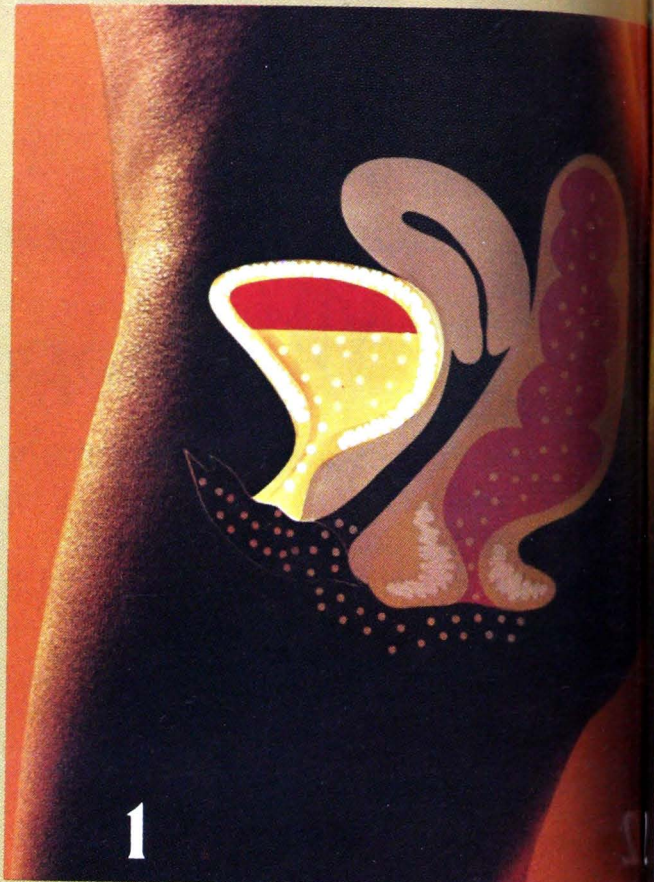
I will be ever vigilant in aiding in the general welfare of the community, sustaining its laws and institutions, not engaging in those practices which will in any way bring shame or discredit upon myself or my profession. I will give no drugs for deadly purposes to any person, though it be asked of me.

I will endeavor to work in accord with my colleagues in a spirit of progressive cooperation and never by word or by act cast imputations upon them or their rightful practices.

I will look with respect and esteem upon all those who have taught me my art. To my college I will be loyal and strive always for its best interests and for the interests of the students who will come after me. I will be ever alert to further the application of basic biologic truth to the healing arts and to develop the principles of osteopathic medicine as taught by my profession.

In the presence of this gathering I bind myself to this oath.

When cystitis recurs... **Bactrim**
fights uropathogens



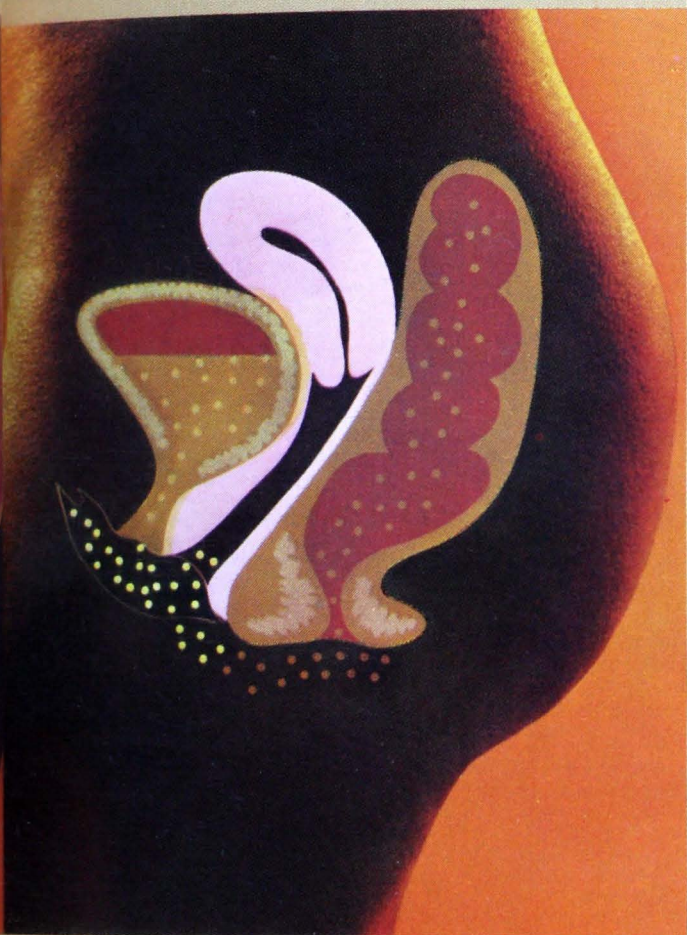
**the Bactrim
three-system
counterattack**

1

in the urinary tract

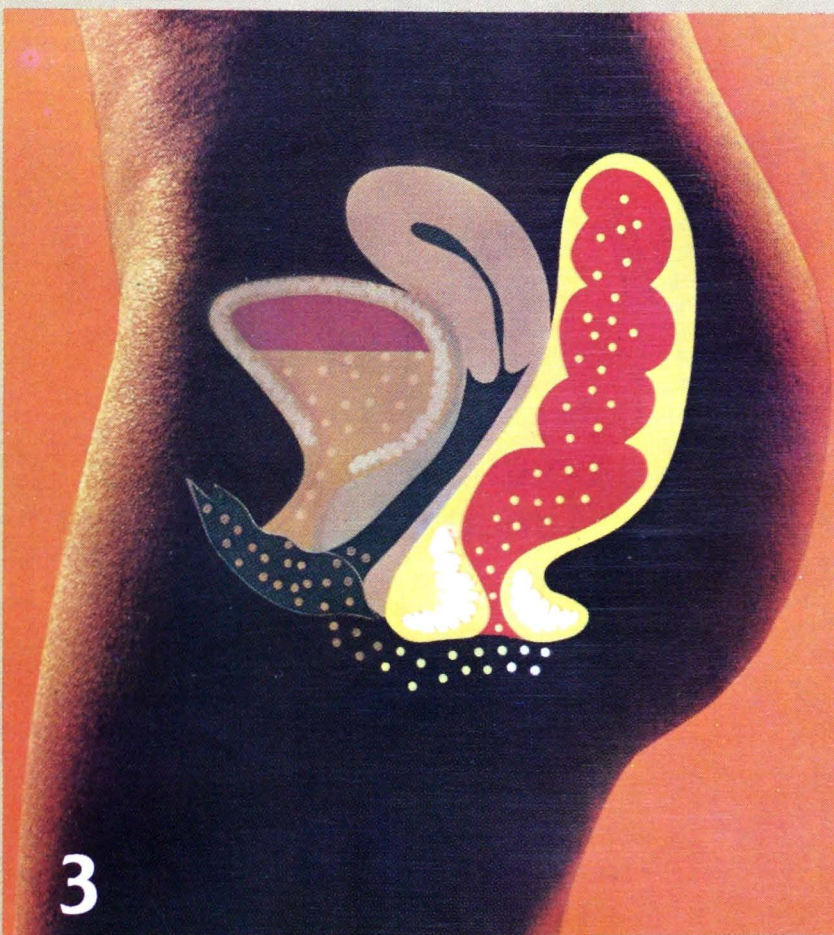
Bactrim provides high antimicrobial levels in the urine and a high degree of clinical efficacy. Its spectrum includes the uropathogens most often encountered in recurring urinary tract infections: *E. coli*, *Klebsiella-Enterobacter* and *Proteus mirabilis*, *vulgaris* and *morganii*.

at 3 important sites



in the vaginal tract

Bactrim attacks uropathogens colonizing the vaginal introitus, a source of urethral contamination and subsequent cystitis. Its trimethoprim component diffuses into the vaginal fluid in effective concentrations, thus combating migration of urinary uropathogens into the urinary system.



3

in the lower intestinal tract

Bactrim markedly reduces the colonic reservoir of uropathogens with negligible emergence of resistance. Moreover, Bactrim rarely causes adverse effects on the balance of colonic flora...seldom causes monilial overgrowth often associated with many antibiotics.

Take one tablet b.i.d. for 10 to 14 days

BACTRIMTM DS DOUBLE STRENGTH TABLETS
(400 mg trimethoprim and 800 mg sulfamethoxazole)

to clear her infection and
to combat reinfesting organisms



Please see summary of
product information on next page.



When
cystitis
recurs...

BACTRIMTM DS DOUBLE STRENGTH TABLETS

(160 mg trimethoprim and 800 mg sulfamethoxazole)

**fight
uropathogens
at 3 important
sites**

- ☐ Highly effective against most urinary invaders
- ☐ Indicated even in presence of structural abnormalities and vesicoureteral reflux (so clinically significant in children)
- ☐ Indicated in patients as young as two months of age
- ☐ Dual action minimizes microbial resistance
- ☐ Generally well tolerated, with or without food
- ☐ Easy-to-follow b.i.d. dosage schedule
- ☐ During therapy, maintain adequate fluid intake; perform frequent CBC's and urinalyses with microscopic examination
- ☐ Contraindicated during pregnancy and the nursing period, in patients hypersensitive to its components and in infants under 2 months of age



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

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

Indications and Usage: For the treatment of urinary tract infections due to susceptible strains of the following organisms: *Escherichia coli*, *Klebsiella-Enterobacter*, *Proteus mirabilis*, *Proteus vulgaris*, *Proteus morganii*. It is recommended that initial episodes of uncomplicated urinary tract infections be treated with a single effective antibacterial agent rather than the combination. *Note:* The increasing frequency of resistant organisms limits the usefulness of all antibacterials, especially in these urinary tract infections.

Also for the treatment of documented *Pneumocystis carinii* pneumonitis. To date, this drug has been tested only in patients 9 months to 16 years of age who were immunosuppressed by cancer therapy.

The recommended quantitative disc susceptibility method (*Federal Register*, 37:20527-20529, 1972) may be used to estimate bacterial susceptibility to Bactrim. A laboratory report of "Susceptible to trimethoprim-sulfamethoxazole" indicates an infection likely to respond to Bactrim therapy. If infection is confined to the urine, "Intermediate susceptibility" also indicates a likely response. "Resistant" indicates that response is unlikely.

Contraindications: Hypersensitivity to trimethoprim or sulfonamides; pregnancy; nursing mothers; infants less than two months of age.

Warnings: Deaths from hypersensitivity reactions, agranulocytosis, aplastic anemia and other blood dyscrasias have been associated with sulfonamides. Experience with trimethoprim is much more limited but occasional interference

with hematopoiesis has been reported as well as an increased incidence of thrombopenia with purpura in elderly patients on certain diuretics, primarily thiazides. Sore throat, fever, pallor, purpura or jaundice may be early signs of serious blood disorders. Frequent CBC's are recommended; therapy should be discontinued if a significantly reduced count of any formed blood element is noted.

Precautions: Use cautiously in patients with impaired renal or hepatic function, possible folate deficiency, severe allergy or bronchial asthma. In patients with glucose-6-phosphate dehydrogenase deficiency, hemolysis, frequently dose-related, may occur. During therapy, maintain adequate fluid intake and perform frequent urinalyses, with careful microscopic examination, and renal function tests, particularly where there is impaired renal function.

Adverse Reactions: All major reactions to sulfonamides and trimethoprim are included, even if not reported with Bactrim. *Blood dyscrasias:* Agranulocytosis, aplastic anemia, megaloblastic anemia, thrombopenia, leukopenia, hemolytic anemia, purpura, hypoprothrombinemia and methemoglobinemia. *Allergic reactions:* Erythema multiforme, Stevens-Johnson syndrome, generalized skin eruptions, epidermal necrolysis, urticaria, serum sickness, pruritus, exfoliative dermatitis, anaphylactoid reactions, periorbital edema, conjunctival and scleral injection, photosensitization, arthralgia and allergic myocarditis. *Gastrointestinal reactions:* Glossitis, stomatitis, nausea, emesis, abdominal pains, hepatitis, diarrhea and pancreatitis. *CNS reactions:* Headache, peripheral neuritis, mental depression, convulsions, ataxia, hallucinations, tinnitus, vertigo, insomnia, apathy, fatigue, muscle weakness and nervousness. *Miscellaneous reactions:* Drug fever, chills, toxic nephrosis with oliguria and anuria, periarteritis nodosa and L.E. phenomenon. Due to certain chemical similarities to some goitrogens, diuretics (acetazolamide, thiazides) and oral hypoglycemic agents, sulfonamides have caused rare instances of goiter production, diuresis and hypoglycemia in patients; cross-sensitivity with these agents may exist. In rats, long-term therapy with sulfonamides has produced thyroid malignancies.

Dosage: Not recommended for infants less than two months of age.

Urinary tract infections: Usual adult dosage—1 DS tablet (double strength), 2 tablets (single strength) or 4 teasp. (20 ml) b.i.d. for 10-14 days. Recommended dosage for children—8 mg/kg trimethoprim and 40 mg/kg sulfamethoxazole per 24 hours, in two divided doses for 10 days. A guide follows: Children two months of age or older:

Weight		Dose—every 12 hours	
lbs	kgs	Teaspoonfuls	Tablets
20	9	1 teasp. (5 ml)	½ tablet
40	18	2 teasp. (10 ml)	1 tablet
60	27	3 teasp. (15 ml)	1½ tablets
80	36	4 teasp. (20 ml)	2 tablets or 1 DS tablet

For patients with renal impairment:

Creatinine Clearance (ml/min)	Recommended Dosage Regimen
Above 30	Usual standard regimen
15-30	½ the usual regimen
Below 15	Use not recommended

Pneumocystis carinii pneumonitis: Recommended dosage: 20 mg/kg trimethoprim and 100 mg/kg sulfamethoxazole per 24 hours in equal doses every 6 hours for 14 days. See complete product information for suggested children's dosage table.

Supplied: Double Strength (DS) tablets, each containing 160 mg trimethoprim and 800 mg sulfamethoxazole, bottles of 100; Tel-E-Dose® packages of 100. Prescription Paks of 20. Tablets, each containing 80 mg trimethoprim and 400 mg sulfamethoxazole—bottles of 100 and 500; Tel-E-Dose® packages of 100. Prescription Paks of 40, available singly and in trays of 10. Oral suspension, containing in each teaspoonful (5 ml) the equivalent of 40 mg trimethoprim and 200 mg sulfamethoxazole, fruit-licorice flavored—bottles of 16 oz (1 pint).



TEXAS OSTEOPATHIC PHYSICIANS JOURNAL

FEATURES

Calendar of Events

A listing of upcoming events in the profession 6

D.O.s Take Oath, Enter Profession

TCOM Graduation brings number of alumni to 204 7

Class of 1978

Listing of TCOM graduates and where they will intern 9

PSRO Proposed Procedures

Outline of procedures proposed for review of hospital services 14

There's Reason to Fear Ted Kennedy

Writer James Kilpatrick presents his views on Senator Kennedy 22

Election Highlights Texas ACGP Meeting

During the annual meeting of the Texas Society of ACGP members elected new officers and heard from the national president 24

Don't Be Deceived By a Drug Addict

A former addict tells physicians how to spot a drug addict 31

DEPARTMENTS

Texas Ticker Tape 12

District Communiqués

News from the Districts 18

TOMA New Members

Partial listing of members recently approved by the Board of Trustees 26

Academia

News From the Colleges 29

Opportunities Unlimited

Practice Locations in Texas 34

Published by
TEXAS OSTEOPATHIC MEDICAL ASSOCIATION
Volume XXXV — No. 6 — July 1978
Publication Office — 512 Bailey, Fort Worth, Texas 76107
Phone — 817-336-0549
Copy Deadline — 10th of month preceding publication

Mr. Tex Roberts, Editor

Calendar of Events

july

11

11-19
*Annual Meeting of the AOA
Board of Trustees and House
of Delegates*
Cincinnati, Ohio

AUGUST

28

28
*First day of classes for Texas
College of Osteopathic Medicine*

SEPTEMBER

21

21-24
*Annual Convention of the New
England Osteopathic Assembly*
Dunfey's Family Resort
Hyannis, Massachusetts

25

25-29
*Annual Meeting of the
American College of
Osteopathic Pediatricians*
Omni International
Atlanta, Georgia

OCTOBER

4

4-5
*Annual Meeting of the Vermont
State Association of Osteopathic
Physicians & Surgeons*
Ramada Inn
South Burlington, Vermont

14

14-18
*Annual Meeting of the American
Osteopathic Hospital Association,
Academy of Osteopathic Di-
rectors of Medical Education
& American College of Osteo-
pathic Hospital Administrators*
Alameda Plaza
Kansas City, Missouri

15

15-19
*51st Annual Clinical Assembly
of Osteopathic Specialists*
Atlanta Hilton
Atlanta, Georgia

26

26-28
*Annual Meeting of the North
Carolina Osteopathic Society*
Hyatt House
Winston-Salem, North Carolina

29

29 - Nov. 3
*83rd Annual Convention
of the AOA*
Sheraton Wakiki
Honolulu, Hawaii

NOVEMBER

7

7-11
*Annual Convention of
the American College of
Osteopathic Internists*
Contemporary Hotel
Orlando, Florida

New D.O.s Take Oath, Enter Profession

I do hereby affirm my loyalty to the profession I am about to enter.

These are the opening words of the Osteopathic Oath which was repeated by 57 new osteopathic physicians during the fifth graduation ceremony for Texas College of Osteopathic Medicine, May 20. As the graduates repeated the oath, they passed through the door of academics and entered the world of medicine.

Calling the healing profession the most personal of all services the human being may perform for fellow creatures," U.S. Congressman Jim Wright told the graduates that the personal confidence of the patient in the medical practitioner is indispensable.

"And that is the reason we reject the ultimate end of what has come to be called socialized medicine. Every patient must be free to select his own physician. A patient is entitled to know his doctor."

Congressman Wright told the new osteopathic physicians that "a doctor, if he is to perform his function to the fullest of his potential, has the duty at least to know his patient. He is a better diagnostician, of course, when he does.

"In our increasingly computerized age, with medical specialization replacing what once was called family practice, the personal character of this relationship is more and more in jeopardy."

Congressman Wright, majority leader of the U.S. House of Representatives, said that opinion polls reveal an alarming decline in public confidence for almost every institution in American society. "The medical profession, the legal profession, the news media—and, yes, Congress—all have suffered in public esteem," he said.

Wright noted writer Kevin Phillips' warning of an "us against them" syndrome, the fragmentation and disintegration of society into hostile and mutually mistrustful regional ethnic and economic groupings."

"What all of this pleads for, of course, is a return to human relationships and restoration of interpersonal trust. It will not be easy in a complex society. But it is absolutely essential if America is to regain its vitality, its sense of oneness, and faith in itself," the congressman told the graduates.

"If America is to realize this necessary renaissance of trust, the members of your profession—in your one-on-one relationships with patients—have an enormously important role to play.

Receiving their degrees with honors were Michael Whiteley of Houston, Carrol Wheat of Liberal, Kansas, Thomas Halling of Houston, Ronald Jackson of Joshua, Frederick Hill of Houston and Michael Cawthon of Fort Worth.

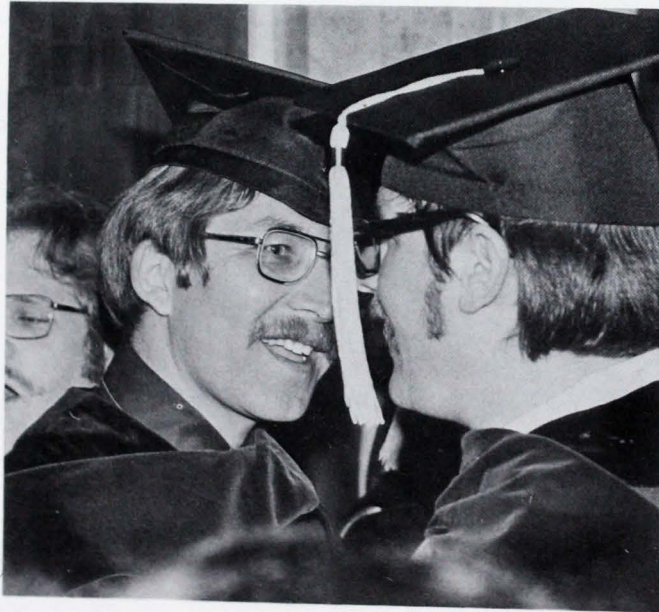
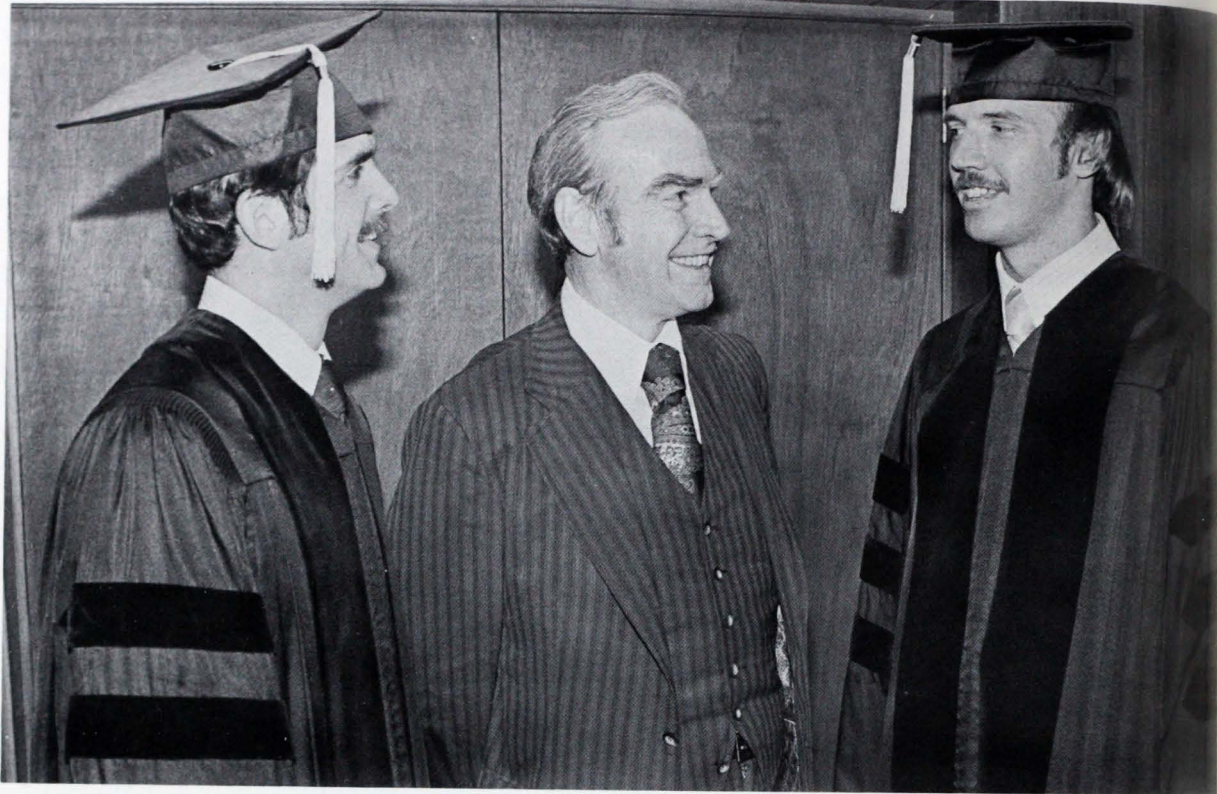
At the senior banquet the previous evening, class president Ron Jackson walked away with the honors. He received the Sigma Sigma Phi Outstanding Senior Award, the T. Robert Sharp Award for outstanding devotion to his profession and was recognized, along with Bruce Hawyard of Denver, Colorado and Betsy Schenck of Denton, for being named to Who's Who Among Students in American Colleges and Universities. The Upjohn Award, presented for academic excellence to the highest ranking student in the class, went to Michael Whiteley and the Sandoz Award, presented to the second highest student, went to Carrol Wheat. Wheat and Whiteley also were recipients of the Mosby Book Award for academic excellence.

The Wayne O. Stockseth Award for outstanding comprehension of osteopathic concepts was presented to Ashley M. (Bud) Classen of El Paso.▲



Members of the TCOM Class of 1978 repeat the Osteopathic Oath during the fifth annual graduation ceremony, May 20. The 57-member class brings TCOM's total number of alumni to 204.

GRADUATION



Class of 1978

Roy Louis Caivano
Elmont, New York
Massapequa General Hospital
Seaford, Long Island, New York

David Gary Carpenter
Humble
Corpus Christi Osteopathic Hospital

Randall Allen Cary
Houston
Rocky Mountain Hospital
Denver, Colorado

Michael Allen Cawthon
Fort Worth
U.S. Army

Peter Hsien Cheng
Los Angeles, California
Community Hospital of South Broward
Hollywood, Florida

Aulton Dale Chisum
Uvalde
U.S. Navy

Ashley M. Classen
El Paso
U.S. Navy

Kevin W. Cleary
Fort Worth
Phoenix General Hospital
Phoenix, Arizona

Michael Keith Cole
San Antonio
Undecided

David Paul Colvin
Mansfield, Louisiana
Art Centre Hospital
Detroit, Michigan

Fred J. Cotton
Carlsbad, New Mexico
Fort Worth Osteopathic Hospital

John Vernon Cox
Palestine
Methodist Hospital
Dallas

George H. Davis, IV
Dallas
Lansing General Hospital
Lansing, Michigan

Mercedes McKim Davis
New Castle, Pennsylvania
Warren General Hospital
Warren, Ohio

Kyle Tyson Demler
Port Arthur
Grand Prairie Community Hospital

David John Eckberg
San Antonio
U.S. Army

Vivian Elizabeth Ellis
San Antonio
U.S. Navy

Mary Lucinda Ganz
Corpus Christi
Oklahoma Osteopathic Hospital
Tulsa, Oklahoma

Stephen Dee Gleason
Longview
U.S. Air Force

Robert Stephen Grayson
Humble
U.S. Air Force

Manuel Griego, Jr.
Wichita Falls
Grand Prairie Community Hospital

Lance Eliot Hafter
Philadelphia, Pennsylvania
Oklahoma Osteopathic Hospital
Tulsa, Oklahoma

Thomas Arthur Halling
Houston
Phoenix General Hospital
Phoenix, Arizona

Glen Ross Harsdorff, Jr.
Woodsboro
Dallas Osteopathic Hospital

Bruce Thomas Hayward
Denver, Colorado
Rocky Mountain Hospital
Denver, Colorado

Frederick Leonard Hill
Houston
Rocky Mountain Hospital
Denver Colorado

Mark D. Hughes
Dallas
Fort Worth Osteopathic Hospital

Jim P. Hussey
Forney
Fort Worth Osteopathic Hospital

Ronald Earl Jackson
Joshua
Zieger Osteopathic Hospital
Detroit, Michigan

John Thomas James
Dallas
Flint Osteopathic Hospital
Flint, Michigan

David Alan Katz
Willingboro, New Jersey
Martin Place Hospital
Madison Heights, Michigan

Michael Guy Keller
Houston
Fort Worth Osteopathic Hospital

James Howard Kravetz
Dallas
Grand Prairie Community Hospital

Stephen Douglas Laird
Fort Worth
Fort Worth Osteopathic Hospital



Class of 1978

Kenneth David Leckie
Dallas
Detroit Osteopathic Hospital
Detroit, Michigan

Jerry Brys Liles
Arlington
Corpus Christi Osteopathic Hospital

Elmore Jackson McCarty
Lubbock
Grand Prairie Community Hospital

Marcia Beth Pehr
New York, New York
Interboro General Hospital
Brooklyn, New York

Lester Mark Puretz
Seaford, New York
Garden City Hospital
Garden City, Michigan

James Donald Reeves
Idalou
Stevens Park Osteopathic Hospital

Donnie Lee Rinker
Jayton
Grand Prairie Community Hospital

Linda Sue Rossel
Dallas
Undecided

Steve Edward Rowley
Fort Worth
Stevens Park Osteopathic Hospital

Betsy Brown Schenck
Denton
Fort Worth Osteopathic Hospital

Arthur Weldon Schott
Humble
Corpus Christi Osteopathic Hospital

Frank Dwayne Setzler, Jr.
Gladewater
U.S. Army

Arthur Charles Steinman
New York, New York
Memorial General Hospital
Union, New Jersey

Robert Alfred Strzinek
Dallas
Grand Prairie Community Hospital

Herbert N. Sutherland, Jr.
Lubbock
Detroit Osteopathic Hospital
Detroit, Michigan

Twila Vassey Wade
Groom
U.S. Public Health Service
New Orleans, Louisiana

Gordon Phillip Ward
Arlington
U.S. Air Force

Terry R. Watson
Clifton
Parkland Hospital
Dallas

William Reed West
Glen Rose
Grand Prairie Community Hospital

Carrol Eugene Wheat
Liberal, Kansas
Phoenix General Hospital
Phoenix, Arizona

Michael Joe Whiteley
Houston
Oklahoma Osteopathic Hospital
Tulsa, Oklahoma

Norman Lynn Willis
Big Spring
Fort Worth Osteopathic Hospital

Rodney Marvin Wiseman
Houston
U.S. Army

DALLAS OSTEOPATHIC HOSPITAL

A NONPROFIT CHARITABLE INSTITUTION

Accredited by the
American Osteopathic
Association



Approved for
Intern and Resident
Training

MEMBER OF THE DALLAS EDUCATIONAL CONSORTIUM

Franklin E. Wells, Administrator
H. Gill King, Ph.D., Director of Medical Education

5003 Ross Avenue

Dallas, Texas 75206

Phone 214-824-3071

DALWORTH

Medical Laboratories, Inc.

Accuracy/Service/Economy

1410 W. Rosedale
Fort Worth, Texas 76104
Phone 817-336-0376

GEORGE E. MILLER, D.O.

PATHOLOGIST
P.O. BOX 64682

1721 N. GARRETT
DALLAS, TEXAS 75206



Standing with Texas College of Osteopathic Medicine's new Medical Education Building I in the background are the 57 members of the TCOM Class of 1978. From left to right they are: (front row) Vivian Ellis, Glen Harsdorff, Marsha Pehr, Fred Cotton and Mary Ganz; (second row) Betsy Schenck, Tom Halling, David Carpenter, Les Puretz, Ken Leckie, Bruce Hayward, Jim Kravetz, Kyle Demler, Bill West and Manual Griego; (third row) Mike Cawthon, Michael Keller, Linda Rossel, Steve Grayson, Twila Wade, Dale

Chisum, Peter Cheng, Kevin Cleary, M. McKim Davis and Mike Whiteley; (fourth row) Steve Gleason, David Colvin, Steve Laird, Dave Eckberg, George Davis, Robert Strzinek, Terry Watson, Randy Cary, Lance Hafter and Arthur Steinman; (fifth row) Ashley Classen, Don Rinker, Weldon Schott, Rod Wiseman, Jack McCarty, Jim Hussey, David Katz, Frank Setzler, Mike Cole, Lynn Willis, Steve Rowley, John Cox, John James, Jerry Lyles, Don Reeves, Ron Jackson, Carroll Wheat, Herb Sutherland, Gordon Ward and Rick Hill.

Texas Ticker Tape

924 AOA-APPROVED INTERNSHIP PLACES WERE AVAILABLE IN 1978

In the 1978 AOA intern matching program 971 seniors were eligible for matching, and 914 participated in the program. Of these participants a total of 758 were matched to internship places in AOA-approved osteopathic hospitals. In addition, 121 seniors chose internships in the military services or in the US Public Health Service.

As of February 1978 there were 924 AOA-approved internship places in osteopathic hospitals. As the number of D.O. graduates increases in the next few years, the number of internship places is expected to keep pace. Additional osteopathic hospitals are being approved for internship training; other hospitals are increasing the number of internship places; and other small hospitals are forming consortia arrangements in order to create new internship opportunities. *[Reprinted from June 15, 1978 issue of AOA Newsbriefs.]*

HEALTH CARE COST INCREASES SLOW DOWN

The nationwide effort of hospitals and medical groups to voluntarily slow down the increase in health care cost has taken effect. The Labor Department Consumer Price Index showed that hospital services rose by only 0.5 per cent for the second straight month. This compares to increases in January and February of 1.5 per cent and 1.3 per cent, respectively.

RELATIVE VALUE STUDIES RECALLED

Although relative value studies are used by some government agencies to determine payment levels to physicians, the Federal Trade Commission has obtained a consent decree from the California Medical Association to recall 27,000 copies of its RVS. The California RVS was used extensively across the country, but is now termed price fixing by the FTC. That now leaves the price fixing up to the HEW.

HOSPITAL ADDS NEW BOARD MEMBERS

Fort Worth Osteopathic Hospital has named Fort Worth businessmen Barclay R. Ryall and Jay E. Sandelin to three-year terms on the Board of Directors. Ryall is president of the Bank of Fort Worth and Sandelin is vice-president and manager of the Business Development Department of Fort Worth National Bank.

OSTEOPATHIC HOSPITALS LEAD HEALTH CARE INDUSTRY IN HOLDING DOWN COSTS

According to a report presented by Michael F. Doody, AOHA president, figures reveal osteopathic hospitals expenses only increased 12.6 per cent (several points lower than for all hospitals) in the past year and outpatient activity increased by 7.3 per cent (compared to 6.0 per cent growth in all hospitals). Data for the report was based on information supplied by the National Survey of Osteopathic Hospitals and the American Hospital Association.

TOMA PARTICIPATES IN TEXAS VOLUNTARY EFFORT

Twenty Texas health agencies, including TOMA, have joined the Texas Voluntary Effort to reduce the rising costs of hospitalization. Their efforts are in response to proposed federal legislation.

Texas Ticker Tape

POMA PLACES EXHIBIT IN MUSUEM

The Pennsylvania Osteopathic Medical Association and the Auxiliary to POMA have placed an exhibit depicting the educational and historical story of osteopathic medicine at the state museum in Harrisburg, Pennsylvania.

DR. BEYER ELECTED TO OFFICE

David M. Beyer, D.O. of Fort Worth has been elected president of the Fort Worth unit of the American Cancer Society.

DR. FLANAGAN JOINS KCCOM CLASSMATES IN LEADING THE PROFESSION

Gerald P. Flanagan, D.O. of Denton joins two of his classmates from Kansas City College of Osteopathic Medicine as presidents of three state associations for the coming year. Other presidents of their associations are Edward A. Loniewski, D.O. of the Michigan Association of Osteopathic Physicians and Surgeons and O.J. Looper, D.O. of the Oklahoma Osteopathic Association.

TEXAS HOSPITAL COVERAGE

The Texas Hospital Association said establishment of its own malpractice insurance firm has led to a 9 per cent reduction in premiums for the 107 hospitals it covers. The THA president said the Texas Hospital Insurance Exchange is charging \$211 per bed for basic coverage, while the state's Joint Underwriting Association is charging about \$363 per bed.

DOCTORS NAMED TO OFFICES

David Bilyea, D.O. of Fort Worth and Wayne English, D.O. of Euless have been named to offices with the Texas Affiliate of the American Heart Association. Dr. Bilyea was elected to the Board of Directors and Dr. English was named to the state Medical and Scientific Committee.

DR. FLEMING ASSUMES POSITION

Brady K. Fleming, D.O. of Harlingen has accepted the position of physician-advisor for the Emergency Room of the Brownsville Medical Center.

DR. CEGELSKI SPEAKS TO NURSING STUDENTS

John J. Cegelski, Jr., D.O., TOMA president-elect, spoke on "Osteopathic Medicine Today and Tomorrow" to the School of Nursing of the University of Texas at San Antonio last month. The address was heard by the student body and faculty. In the near future, Dr. Cegelski has been invited to speak to the dental branch of the UT at San Antonio.

PSRO Proposed Procedures

Professional Standards Review Organizations (PSROs) were mandated by a bill signed in October, 1972. The preliminaries of PSRO will arrive in Texas in the fall of 1978. During that interim, the Texas Institute for Medical Assessment (TIMA) was organized by TMA, THA and TOMA to contract with HEW to administer the program.

At a Board meeting early in June, John H. Boyd, D.O. of Eden was re-elected president of TIMA, and it was announced that HEW had said they would publish regulations designating Texas a single state PSRO area sometime before the September 30 funding cycle deadline. In anticipation of such designation, TIMA had already filed a proposal for funding and is in the process of updating that.

For the guidance and information of participating physicians and hospitals, after PSRO is in place, herewith is published an outline of procedures proposed for review of hospital services. All states in the union have PSROs functioning excepting Texas and one other. PSRO is mainly viewed as a vehicle to assure quality care, and it is not necessarily a cost containment device. An important by-product of the medical care evaluation studies connected with it is CME for the physician.

Here is the paper presented by Joseph Painter, M.D., at the June TIMA Board meeting:

PSROs — Procedures for Review of Hospital Services General Remarks on the Review System

Major Components

1. Concurrent review — admission review and continued stay review
2. Medical Care Evaluation studies — quality of service and nature of utilization
3. Profile analysis — physician, institution, patient
4. Pre-admission review

Data Base

A data base must be established against which:

1. The PSRO can judge the effectiveness of the review program by comparing profile data over a given time period;
2. Aberrant practice patterns can be discovered;
3. Potential care and delivery problems can be identified for MCE attention;
4. Consistent problem areas can be identified and review focused toward those areas. Ideally, PSROs will thus be able to devote their review resources to priority areas while simultaneously monitoring the effectiveness of the entire system. No system

for automatic certification of admission can be established until a PSRO has sufficient review capability and data base.

Concurrent Review

Routine Concurrent Review

1. Admissions are subjected to screening review by a non-physician using explicit written criteria to determine those cases in which the medical necessity for hospitalization is evident without further review by peer practitioners.
2. For those cases in which screening review does not clearly establish the need for hospitalization, the determination of the medical necessity and appropriateness of hospital care is made by peer review.
3. Continued stay review is conducted by the same process: first, screening review, then peer review if necessary.

Automatic Admission Certification

1. PSROs may establish situations and categories in which admission is certified and initial length of stay assigned automatically.
2. PSROs may in certain situations provide for automatic continued stay certification as well, eliminating the need for admission or continued stay review in these cases.
3. All data reporting requirements must be met for all cases under all circumstances.

Adverse Findings

1. The PSRO can make an adverse determination only in those cases where it is clear that hospital care is not necessary.
2. Denial of payment for hospital care will only occur when an adverse determination is made by a peer of the attending physician.
3. Any reasonable doubt is sufficient reason for approval of admission or continued stay.

Time Limitations

1. Admission review should be initiated as soon as possible following admission and must be completed as quickly as possible, at the longest within three working days.
2. Approval should be given to admissions even when no diagnosis has been established unless there is no clear reason for continuing a diagnostic workup at the hospital level.
3. Elective surgical and major diagnostic and therapeutic procedures should be reviewed within three days of admission. If any evidence suggests inappropriate or unnecessary utilization, the review should take place before the procedure. In a case where PSRO review would increase the patient's length of stay, every effort should be made to conduct review before the patient is admitted or minimize review time.

Medical Care Evaluation Studies

1. The purpose of MCEs is to identify problems in the quality or administration of health care services.
2. Those practitioners whose delivery of care is to be assessed are involved in the design of the study and in the development of the criteria and standards to be used.
3. Continuing medical education may be fostered by review of health care quality through MCEs.
4. MCEs are designed to evaluate current local clinical or administrative practices to determine if they match local expectations.
5. Each PSRO must provide written results of all MCEs to appropriate members of the hospital medical and administrative staff.

Profile Analyses

1. PSROs must maintain profiles for patients, physicians and institutions.
2. Data sets must compare institutional and physician practice patterns and evaluate these patterns over time, showing which areas of care PSROs need to focus their reviews.
3. Problem areas so identified are then subjected to more intensive review in MCEs and concurrent reviews.

Alternative Plans

Alternative concurrent review plans may be submitted to the Secretary of HEW for approval and use

MEDICAL CENTER

**Unique office space available
offering luxurious, comfortable
accommodations for the professional**

**Located I-20 at Gus Thomasson Road,
Mesquite, adjacent to JCAH accredited
hospital (Rutherford General).**

Call or write
Robert H. Tidwell
Rutherford Medical Center
1515 Gus Thomasson Road
Mesquite, Texas 75149
214-285-6391

in any PSRO area. Any alternative plan must still contain the components of profile analysis and MCE studies, and must provide for the same functions fulfilled by concurrent review.

Relationship of the PSRO to Hospitals Utilization of Hospital Review Committees

The PSRO may use hospital review committees in the performance of PSRO pre-admission and concurrent review, or MCE studies or both if the hospital review committees are capable of handling the responsibility effectively. The PSRO remains responsible for assurance of effective performance.

Delegation Process [short-stay hospitals]

1. The PSRO must notify hospitals of procedures and criteria it will use to delegate authority.
2. The hospital must notify the PSRO of its interest in assuming responsibility for review functions.
3. A hospital review plan which meets PSRO requirements must be developed.
4. The PSRO must determine whether the hospital is capable of performing effective delegated review.
5. The PSRO and the hospital must make agreements governing administrative procedures.
6. The PSRO must monitor the hospital's review performance and must periodically reassess its capabilities.

Notification to Hospitals

[subject to approval by the Secretary of HEW]

The PSRO must notify hospitals of procedures and criteria it will use to delegate authority, including:

1. Pertinent regulatory requirements,
2. Types of review which may be delegated,
3. Factors which the PSRO will use for evaluating a hospital's review capability,
4. Procedures for application to assume review responsibility.

Letter of Interest

A hospital seeking to assume review responsibilities must submit a letter of interest signed by the chief administrator and a medical staff representative. The letter must state:

1. Specific functions the hospital wishes to assume,
2. The hospital's willingness to submit to PSRO evaluation and monitoring of its review activities,
3. A delegation review plan (optional).

The PSRO must send a second notification letter if the hospital does not respond with a letter of interest within 30 days. If the hospital does not respond to the second letter within 10 days, the PSRO will assume responsibility and will accordingly notify the hospital. A hospital can send a letter of interest at any time.

Delegation Review Plan

The hospital must submit a delegation review plan to the PSRO including:

1. A description of the hospital's internal organization structure which would carry out review;
2. A description of proposed review operations, including:
 - a) number and types of hospital personnel to be used for each type of review,
 - b) plan for selection, training and reimbursement of review personnel,
 - c) methods of involving nonphysician practitioners in review functions,
 - d) description of proposed use of norms, criteria and standards,
 - e) methods for review findings to lead to appropriate continuing education activities and administrative changes,
 - f) functions which the hospital review committee expects to leave with the PSRO and its personnel.
3. A description of expected or proposed relationships with Medicare, Medicaid, and Title V agencies, and channels for notification of review decisions;
4. Data collection and provision plans;
5. The number of medical staff physicians who are eligible for PSRO membership and the number of those who are actually members;
6. Specific information on the hospital's present review system, including narrative material concerning operating procedures, results, and followup.

7. Hospital characteristic data, including:
 - a) total number of beds,
 - b) total admissions per year,
 - c) Medicare, Medicaid and Title V admissions per year,
 - d) type of ownership,
 - e) teaching affiliations,
 - f) size and specialization of medical staff.

Determination of Capability

The PSRO must determine within 90 days after receipt of delegation review plan whether a hospital is capable of performing effective delegated review.

1. The PSRO can only use delegation criteria approved by the Secretary of HEW.
2. Minimum evaluation factors:
 - a) degree to which the hospital's proposal equips it to meet the PSRO's formal plan and program objectives, (i.e., to determine through review whether services are medically necessary, of adequate quality, and delivered at an appropriate setting);
 - b) adequacy of the hospital's UR performance;
 - c) degree to which delegation assists the PSRO in fulfilling its objective of establishing an effective areawide review system;
 - d) assurance that 25% of physicians with active staff privileges actually have membership in PSRO;
 - e) proof of data collection and transmittal capacity
3. An evaluation committee consisting of at least two PSRO members who have neither financial interest nor staff privileges in the hospital will make the determination of capability.
4. The PSRO will notify the hospital of its decision and its rationale, with an explanation of the hospital's right to a reconsideration.
5. The PSRO must maintain records on all such decisions.
6. The PSRO may reconsider its decision at any time a hospital applies for reconsideration.

Initiation of PSRO Review in Nondelegated Hospitals

The PSRO must assume review responsibility after a reasonable period of time for all nondelegated hospitals, even if a reconsideration of delegation is in process. The PSRO must develop procedures in consultation with each hospital and approved by the Secretary of HEW. These should include:

1. Specific functions the PSRO will perform;
2. Review procedures the PSRO will follow in accordance with its formal plan;
3. A schedule indicating the time for phasing-in of each function;
4. norms, criteria and standards to be used;
5. Notification mechanisms to Medicare, Medicaid and Title V agencies;
6. Data collection and information release stipulations for review personnel;
7. Selection, training and reimbursement procedures for review personnel;
8. Plan for reconsiderations and appeals;
9. PSRO plan for transmittal of MCE results, profiles, etc. to the hospital;
10. Plan for involvement of nonphysician personnel in review;

TAX ACT OF '76

May Have Adversely Effected Your Financial Plans

Changed Areas

Estate Tax Gift Tax Keogh Plans

Pension & Profit Sharing Plans

Disability Income Income Tax

Life Insurance

For Information Call or Write:



William H.

Dean and Associates
ESTATE ANALYSTS

Suite 215 — University Plaza Bldg.
Fort Worth, Texas 76107
817-335-3214

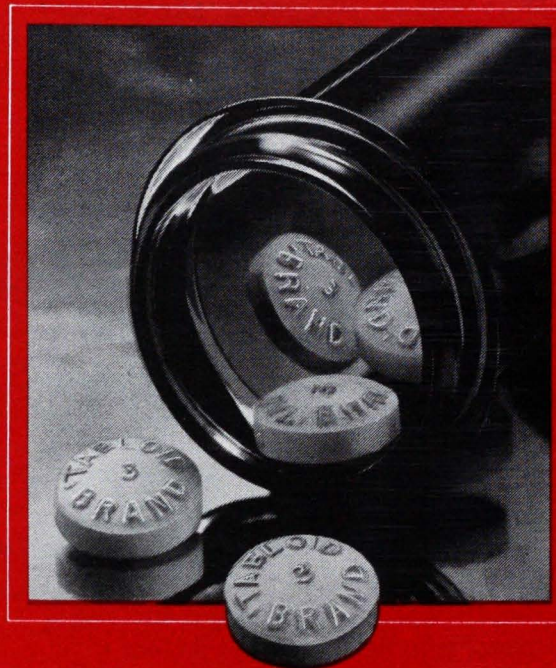
11. Mechanism for resolving disputes with the hospital regarding procedures.

Agreement with Delegated Hospitals

1. The PSRO must submit a model agreement to the Secretary of HEW before it actually makes such an agreement with a hospital.
2. The agreement must be made for not more than one year.
3. The Chief official of the PSRO, an authorized representative of the hospital medical staff, the chief administrator of the hospital, and the hospital chairman of the board must all sign the agreement.
4. The agreement must state:
 - a) specific review functions to be performed by the hospital,
 - b) specific review functions to be performed by the PSRO,
 - c) statement that the hospital will respect requirements for the PSRO and will perform review in accordance with such requirements,
 - d) schedule indicating the time for phasing-in of each function,
 - e) norms, criteria and standards which the hospital will use,
 - f) hospital involvement in the PSRO's plan for reconsiderations and appeals,
 - g) PSRO methods for monitoring delegated review functions, including inspection of hospital operations and records,
 - h) PSRO methods for reporting profiles, MCE studies, etc. to the hospital,
 - i) hospital capability reassessment procedures,
 - j) procedures for referral of any disputes between the PSRO and the hospital to the Secretary of HEW,
 - k) procedures for termination of the agreement at the initiative of either party,
 - l) procedures for modification of the agreement with the approval of both parties.

PSRO Monitoring and Reassessment of Capability

1. Purpose: assure compliance with hospital-PSRO agreements, assess effectiveness of delegated hospital review, reassess appropriateness of continued delegation, based on factors subject to the approval of the Secretary of HEW including:
 - a) degree to which the hospital has performed its delegated functions,
 - b) effectiveness of its performance,
 - c) maintenance of PSRO membership at 25% of eligible physicians,
 - d) degree to which a particular hospital's program fulfills the PSRO objectives for the area
2. Method: analysis of profiles and reports provided by the hospital; on-site inspections.
3. If the PSRO determines that the hospital is not performing its review functions adequately, it will notify the hospital and the Secretary of HEW and will initiate a review. ▲



EMPIRIN[®] COMPOUND c CODEINE

Each tablet contains: aspirin, 227 mg; phenacetin, 162 mg; and caffeine, 32 mg; plus codeine phosphate in one of the following strengths: *4-60 mg (gr 1); *3-30 mg (gr ½); *2-15 mg (gr ¼); and *1-7.5 mg (gr ⅛). (Warning—may be habit-forming).



Burroughs Wellcome Co.
Research Triangle Park
North Carolina 27709

District Communiqués

DISTRICT III

by H. George Grainger, D.O.

There's good news tonight in District III! It's about who's gonna be at our next District III meeting. The Dean of our burgeoning Texas College of Osteopathic Medicine will be our featured guest speaker, come the meeting in Tyler in September. Dr. Ralph Willard, who you will recall, had to cancel his December speaking appearance in Tyler due to that paralyzing snow-storm that engulfed us all—will keep his September date with us, he says, come hail or high water. Mark the date, folks, on your calendar: September 16th. President Kinzie calls upon—nay, urges—all his D-III constituents to be on hand in Tyler in September. This is a big deal. (more in the August Journal).

Tone Lester (pronounced *Tone*) scion of the Lester fortunes and grandson of Anton Lester the first, who got his D.O. degree from Kirksville last September, has been brushing off his DOH internship with a month's hitch in June with his daddy. Now, as this goes to press Tone will have gone into full practice with Anton Junior, who

has one of the heaviest practices of any kind in Tyler.

Young Tone already has a family of four: lovely wife, Karen; sweet little Amy; and then there's Brandy, who wags his tail, and Aries, who softly purrs.

Several D-IIIer's made interesting news of various sorts at the Fort Worth convention in early May. There were Kenneth Ross and Richard Cordes who were honored with life memberships. Then Anton Lester II and Bob Hamilton were credited with attaining the lowest and second lowest net golf scores, while Jack Kennedy scored with the lowest gross. At the big Saturday Fun Night Bob Hamilton won a GE Mini-recorder as a door prize while your reporter carried off a 12

cup automatic coffee maker. Finally, Lester Lynch, who should have stuck around longer, would have won a valuable door prize too. Summing up: Along with gathering in those umpteen CME credits, us folks from East Texas did quite all right.▲

Agencies Produce Paperwork

The Commission on Federal Paperwork has reported that government agencies produce about 10 billion sheets of paper each year that must be completed by businessmen. That amounts to 50 forms for every man, woman and child in the country. . . enough paper to fill Yankee Stadium from the field to the top of the grandstand 51 times!

Writing, reviewing and enforcing regulations employs more than 100,000 federal workers at a cost of \$3 billion. Responding to the government's demand for information costs at least \$40 billion a year, according to the Commission.

[Reprinted from May 26, 1978
AOHA Newsletter] ▲

ACGP to Sponsor Behavioral Change, Awareness Seminar

A behavioral change and awareness workshop designed to introduce the participants to new tools available to enhance awareness and promote self-change will be sponsored August 11 by the Texas Society of the American College of General Practitioners. The one-day seminar will be held from 2-7 p.m. at the Inn of the Six Flags in Arlington.

Facilitators for the workshop will be Mary Paroski, M.S., of the Department of Philosophy at Northlake College in Irving; Bill Pennal, Ph.D., a clinical psychologist from Irving; and Gail Wilson, M.S.S.W., a social psychotherapist in Dallas.

Among the areas to be utilized in the workshop are Gestalt, guided fantasy, imagery conditioning, meditation, body awareness and cognitive function techniques.

Five hours of CME credit will be earned.

Registration is limited to 40 participants. Cost is \$25 per person and includes a buffet. Registration should be sent to T. Robert Sharp, D.O., 4224 Gus Thomasson Road, Mesquite, Texas, 75149.▲

The Texas Osteopathic Medical Association thinks enough of you to provide the best - Blue Cross and Blue Shield of Texas.

Why is Blue Cross and Blue Shield Insurance the best group health insurance coverage...and the best group health insurance value?

Lots of reasons.

It's the best because your blue and white I.D. card is instantly recognized by doctors and hospitals everywhere.

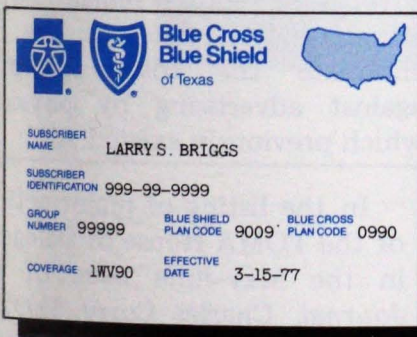
It's the best because your plan provides a wide range of benefits at the least possible cost.

It's the best because claims filing is easy, and claims are paid promptly. And last, but hardly least, Blue Cross and Blue Shield Insurance is the best because it gives you and other TOMA members protection and peace of mind.

Aren't you glad the Texas Osteopathic Medical Association thinks enough of you to provide the best?

For more information on TOMA's insurance program, contact TOMA

Mr. Tex Roberts, Executive Director,
512 Baily Avenue
Ft. Worth Texas 76107
Phone (817) 336-0549



**Blue Cross
Blue Shield**
of Texas

® Registered Service Mark Blue Cross Association
® Registered Service Mark Blue Shield Association

PRIVATE PRACTICE

In association with...

OPPORTUNITIES

COMMUNITY
HOSPITAL OF
LUBBOCK

- General Practice
- Anesthesiology
- Obstetrics / Gynecology
- Orthopedic Surgery

Generous guarantee of
annual gross billings,
Free office rent
Other financial assistance
available.

Contact:

Joyce R. Wallace, Director
Physician Relations
National Accommodations, Inc.
4070 Laurel Canyon Boulevard
Studio City, California 91604
or call collect (213) 985-8386

States Enact Laws Favorable to D.O.s

Editor's Note: The following items are reprinted from the AOA Executive Director's Report issued in April/May 1978 by Edward P. Crowell, D.O. executive director.

One of the most controversial issues before both sessions of the Maine Legislature was an effort to establish a certificate-of-need statute. The Maine Osteopathic Association, aided by allopathic and dental organizations, protested imposition of the proposed regulations on individual practitioners, and gained at least a partial victory. The statute, now enacted, does exempt the private practitioner from the regulatory process, but requires certification of need when provider investment exceeds \$150,000.

Most important in the statute, however, is the provision requiring the state agency to separately assess osteopathic and allopathic needs in the certification process. A statement in the new statute asserts that the public's choice of osteopathic or allopathic medical care must be measured and considered in evaluating the community's need for new or expanded services and facilities.

The Maine Legislature also developed a new compact to provide access and assistance for Maine students seeking the D.O. degree. For those interested in osteopathic medicine, the new compact provides that state funded contracts may be made for up to 10 students a year, to a total of 40, at the New England College of Osteopathic Medicine. Loans will continue to be available to those Maine students who are now enrolled in other colleges of osteopathic medicine.

In Missouri, osteopathic and medical students can receive loans of up to \$6,000 a year in return for their promise to practice in areas where there are not enough doctors, under a bill approved recently by the Missouri General Assembly.

The plan will allow students to receive loans for as many as four years. One-fourth of the loan and pending interest would be dismissed for each year the physician agreed to practice in any unincorporated rural area or in a county with 6,000 or fewer inhabitants. The repayment plan also would apply to physicians who agree to serve for identical periods in inner-city "areas of defined need" as designated by the State Board of Health.

The Missouri General Assembly also passed bills recently relaxing the prohibition of advertising by physicians, and providing fair hearings to providers on Medicaid claims. Both bills were written and introduced by the Missouri Association of Osteopathic Physicians and Surgeons.

Guidelines for advertising by D.O.s and M.D.s will be established and administered by the State Board of Healing Arts. While all advertising must remain within ethical limits, the new law does eliminate the total prohibition against advertising by physicians which previously existed.▲

In the listing of major actions of the TOMA House of Delegates in the May-June issue of the *Journal*, Charles Curry, D.O. of Hurst was inadvertently listed among the members who died during the past year. The listing should have read Palmore Currey of Mt. Pleasant. Our apologies to Dr. Charles Curry.

PREVENTATIVE MEDICINE FOR HOSPITAL EQUIPMENT.

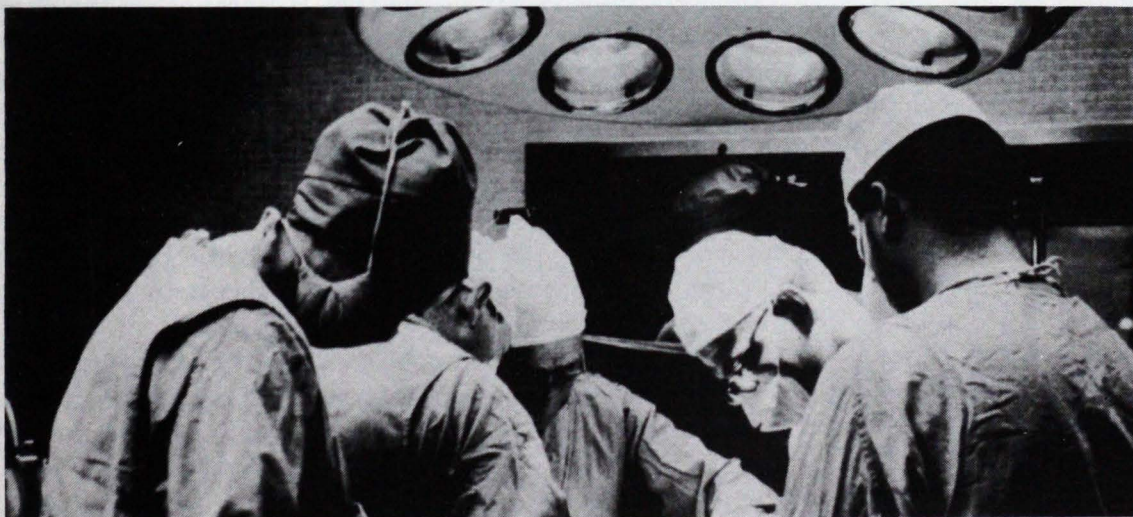
At Gentec, we know how critical it is to minimize the risk of equipment failure.

That's why we offer three kinds of "preventative medicine" for our equipment and supplies:

- 90-day guarantee for all supplies and service.
- Thorough training programs to make certain your staff can operate equipment quickly and confidently.
- Complete periodic equipment checkups — to keep your machinery in perfect working order.

This complete program applies to all Gentec products—one of the most well-stocked, reasonably priced quality hospital lines in the Southwest.

For more about preventative medicine for your hospital equipment and supplies, call today.



GENTEC

HOSPITAL SUPPLY COMPANY

Division of Foremost-McKesson, Inc. Terrell Supply Division

FORT WORTH/DALLAS, P.O. Box 310 76101, (817) 336-8731, (214) 429-2566 / AMARILLO, P.O. Box 2829 79105, (806) 376-4696
USTIN, P.O. Box 4860 78751, (512) 478-2559 / LUBBOCK, P.O. Box 2913 79408, (806) 763-4655 / SAN ANTONIO, P.O. Box 59
78291, (512) 532-5227 / HOUSTON, P.O. Box 1609 77001, (713) 237-9678

There's Reason to Fear Ted Kennedy

by James J. Kilpatrick

Editor's Note: The following article is reprinted from the April 18, 1978 edition of the Fort Worth Star-Telegram with permission of the Washington Star Syndicate, Inc. of New York, New York.

Edward M. Kennedy, the senior senator from Massachusetts, turned up in Palm Beach the other day. He had come down to visit his mother and to make a major speech. Before he left town, he provided new evidence to demonstrate why conservatives hold him in respect and fear alike. Mr. Kennedy was in top form. His chief purpose was to address the National Association of Chain Drug Stores, whose influential members are divided on the senators several proposals in the field of medical care. An estimated 1,600 were on hand to give him a standing welcome.

"I've always wanted to make a keynote speech to a great national convention" he said. "Of course, this is not exactly the one I had in mind." The crowd loved it, "I went to see President Carter last Thursday. Mother always said I would make it to the White House some day." The druggists whooped and hollered. "You have to give it to the Democrats: When I see that all you small businessmen can afford five days at the Breakers, we must be treating you pretty well." Comfortable chuckles.

"But, then, under the Democrats, the dollar is worth so little it doesn't matter." Wild applause. "You're not supposed to laugh at that!"

Mr. Kennedy, at 46, is one of the most attractive men in politics. He was looking exceptionally fit on Sunday. A couple of years ago, badly overweight, he looked puffed and bloated. This morning he was clear of eye and crisp of speech.

After the one-liners, he turned to a ringing advocacy of the two bills that are most on his mind. One of them would rewrite the laws on prescription drugs; the other would provide for national health insurance.

It was a revealing speech, perfectly expressing the senator's concept of the proper role of the state in our society. He perceives the federal government not as all-powerful—that is too much to say—but as benevolently authoritarian. He sees the Department of Health, Education and Welfare as a kind of loving father figure, solicitous, wise and firm.

In Mr. Kennedy's philosophy, there is little room for individual freedom. The values of federalism are not values he holds in high regard. His preference is for national regimentation as compared to the disorder that accompanies the private sector. He exudes a breathtaking confidence in the wisdom of the federal establishment.

In one remarkable passage, the senator was extolling his bill to expand federal regulation of pharmaceuticals. Under existing law, he lamented, "Once one drug is approved, the government says goodbye — there is virtually no further regulation." Mr. Kennedy deplored this situation.

"Drugs may be used for any purpose, in any dosage, or in any combination that the individual practitioner wishes. The current system allows individual doctors to substitute their judgment for that of the Food and Drug Administration."

Some of us in the hall heard that sentence and shuddered. This is the bone and marrow of Mr. Kennedy's view of the body politic. The judgment, experience and professional skill of the individual practitioner must be subordinated to the judgment of the bureaucracy.

His idea is to vest in the FDA vast new powers over the practice of medicine. He envisions a complex and costly program of government "surveillance" of drug usage for years after a drug has been approved. He would create a National Center for Clinical Pharmacology. He would severely regulate the advertising and marketing practices of drug companies. He would prepare a national drug compendium. He would increase the cost of drugs to the consumer by requiring new informational notices. And so on.

It was the same in his advocacy of national health insurance. Variety, diversity, choice — none of these values appeals to the senator. His goal is to impose a uniform, national, comprehensive, compulsory system of hospitalization insurance on the people.

How, exactly, would he pay for it? The senator's noble brow clouds with a passing frown. The ways and means, he says, are yet to be worked out.

Yes, the senator gives lip service to the private sector, but the whole thrust of his political philosophy is toward an ever-expanding government. The gentleman is charming. The gentleman is shrewd. The gentleman is young. Who's afraid of Teddy K?

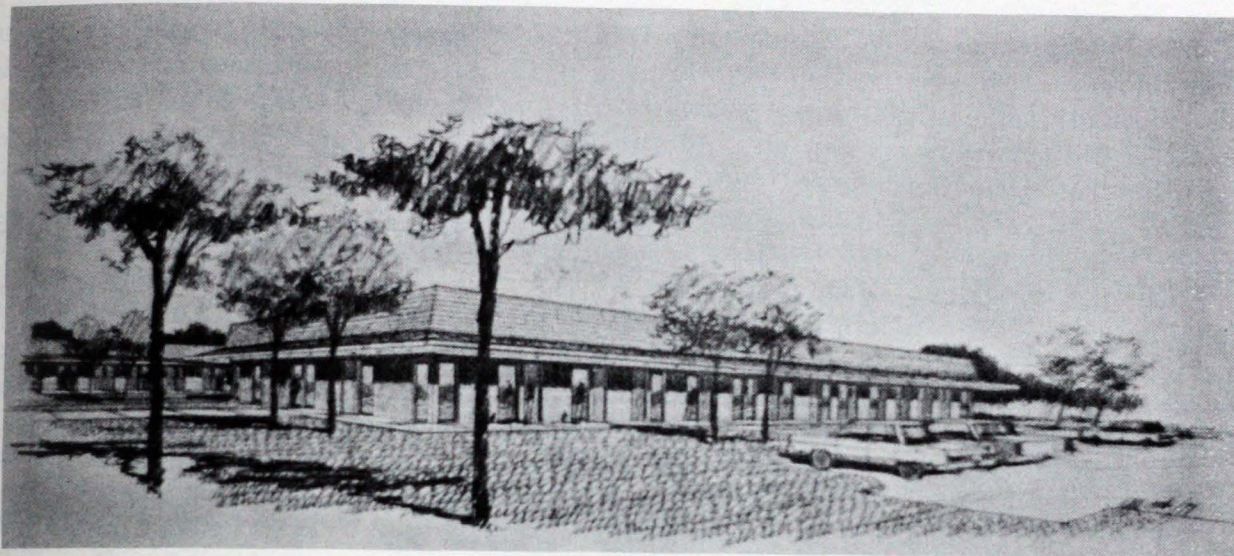
I watched him in action that Sunday; and I am. ▲

OFFICE SPACE FOR LEASE
3615-C Camp Bowie Boulevard

AVAILABLE AUG. 1 — 1300 sq. ft. doctor's office. Located across from FWOH & TCOM; off street parking.

Contact: Dan Fillingim
Phone: 817-731-8775

METROPLEX MEDICAL PLAZA



Complex of Garden Mall offices with ample parking
just a few feet from individual office entrances
Medical Office Tower in center of complex leasing now
Office planning & layout available

ONLY FOUR HUNDRED YARDS FROM
GRAND PRAIRIE COMMUNITY HOSPITAL

in the center of the growing Mid-cities area
5 minutes to highways 360,303, and D-FW turnpike

CONTACT: RICHARD D. NIELSEN, (214) 641-1313 EXT. 200
2709 HOSPITAL BLVD. GRAND PRAIRIE, TX. 75051

Election Highlights Texas ACGP Meeting

Highlighting the 1978 state meeting of the Texas State Society of the American College of General Practitioners was the presentation by the national president, Delbert E. Maddox, D.O. of Kirksville, Missouri and the election of officers.

Assuming the office of president for the upcoming year was Mary Burnett, D.O. of Dallas. Elected to serve with Dr. Burnett were Dareld Morris, D.O. of Smithville, president-elect, P. Paul Saperstein, D.O. of Fort Worth, vice president; T. Eugene Zachary, D.O. of Richardson, parliamentarian; and T. Robert Sharp, D.O. of Mesquite, secretary-treasurer.

Named to two-year terms on the Board of Trustees were Richard

Instructorship (Fellow) in Osteopathic Philosophy, Principles and Practice

Teaching, clinical, and clinical research opportunities commensurate with interest and abilities.

Academic rank of Instructor in State supported college of Osteopathic Medicine.

D.O. applicants with AOA approved internship may acquire complete description by contacting:

*John H. Harakal, D.O., F.A.A.O.
Department of Osteopathic
Philosophy, Principles & Practice
Texas College of Osteopathic
Medicine
Camp Bowie Boulevard
at Montgomery
Fort Worth, Texas 76107*

W. Anderson, D.O. of Mesquite and Royce Keilers, D.O. of La-Grange. David Norris, D.O. of Tyler was elected to fill the unexpired term of Dr. Saperstein. Continuing to serve on the Board of Trustees is Harvey Randolph, D.O. of Groves.

Among the items discussed at the meeting were the development of the osteopathic general practice residency, which conforms with Texas H.B. 282. Under this law Texas state tax funds are distributed to hospital facilities and programs in GP residencies. It was noted that Dallas Osteopathic Hospital and Grand Prairie Community Hospital have received the first of their support funds. Other hospitals soon to qualify for funds are Fort Worth Osteopathic Hospital and East Town Osteopathic Hospital.

During an awards presentation Dr. Burnett presented a plaque to outgoing President Robert Finch, D.O. of Dallas. Dr. Finch was also honored by the national president



Delbert Maddox, D.O. of Kirksville, Missouri (left) accepts a white hat and black boots from Robert Finch, D.O. of Dallas. Dr. Maddox is national president of the ACGP and Dr. Finch is past president of the Texas Society of ACGP.

with a bronze life membership card for his service to the state society.

Dr. Finch also made a presentation of a special gift to Dr. Sharp for his work as secretary-treasurer.

As incoming president, Dr. Burnett announced the following committee assignments: Dr. Norris, awards; Dr. Zachary, constitution and bylaws; Drs. Anderson and Tyska of Dallas, education and program; Dr. Morris, government and legislation; Dr. Randolph, hospital; Dr. Saperstein, liaison to TCOM Zeta Chapter; Dr. Anderson, membership; Dr. Keilers, public information; Dr. Burnett, nominating; and Dr. Finch, auditing.▲

Directory Information Requested

The time of year has come for the staff of TOMA to compile information for the 1978-79 Directory. In an effort to publish a complete and accurate directory, the state office is enlisting your help in updating information.

Each TOMA member that was listed in last year's directory has been sent a form with his or her listing from the 1977-78 Directory attached. Please check this listing very carefully. If there is any incorrect information, please make the corrections in the space provided. It is urged that these changes be made, even if you have already informed the state office of changes.

Deadline for submitting the changes is August 1. If the corrected forms are not in the state office by this date, it will be assumed that your listing is correct.▲

Devine needs Physicians

Two General and Family Practice
Osteopathic Physicians are
needed to staff an outpatient
clinic.

Located 30 miles south of
San Antonio on IH-35

Population 3,683 with an immediate
area of approximately 11,000

Medically Underserved Area. . .

Joint staff hospital privileges
available in near-by area
hospitals

FOR MORE INFORMATION CONTACT:

Jack Morris, Treasurer

Devine Chamber of Commerce

day or night call 512-663-4445

or write to

Devine Chamber of Commerce

P.O. Box 443

Devine, Texas 78016

New Claim Form to be Issued in July

The development and approval of a new claim form for Medicaid, Medicare and Blue Shield of Texas has been announced by the National Heritage Insurance Company (NHIC). The claim form will be used by physicians and has been approved by all three major health insurance programs—Medicaid, Medicare and Blue Shield of Texas.

The acceptance of the new claim form is a significant step toward reducing paperwork and simplifying the administrative workload of the doctor's staff, according to NHIC.

Physicians should continue to use the current claim form until the existing supply is exhausted. Requests for the new claim forms will be filled in July 1978. Prior to distribution, an announcement will be mailed to all Medicaid providers with details for completion and a sample form. The new form is similar to the current Medicaid form. No additional information will be required.

The form will be available in two versions: loose, single sheets and continuous forms for computer-generated claims. It is requested that physicians order the version that best serves their needs and in quantities necessary for their patient load.

NHIC notes that the form should be mailed to the proper third party payor to avoid delays in payment for services.

For any problems or questions concerning the new form, contact NHIC by calling toll free 1-800-252-9224.▲

TOMA NEW MEMBERS

The following physicians have been approved by the TOMA Board of Trustees.

Regular



Randall D. Barnes, D.O.
3009 Scott Boulevard
Temple
TCOM '76, GP



George E. Blanton, D.O.
1031 Gateway West
El Paso
KCOM '74, S



Larry J. Breitenstein, D.O.
1110 Kingwood
Suite 201
Kingwood
COMS '69; GP



Melinda A. Duncan, D.O.
804 South Sycamore
Palestine
TCOM '76; GP



Robert F. Eggert, D.O.
837 Brown Trail
Hurst
COMS '52; C-RAD



James E. Fannin, D.O.
1502 Tarlton
Corpus Christi
KCCOM '50; RAD



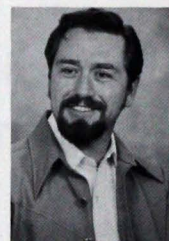
Michael A. Grund, D.O.
322 Berry Ranch Road
Pearsall
COMS '68; S



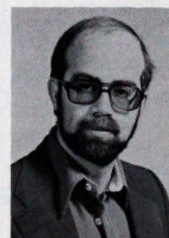
Oziel D. Gutierrez, D.O.
1110 El Paso Street
San Antonio
TCOM '76; GP



David R. Harmon, D.O.
5009 University
Lubbock
TCOM '76; GP



H. S. Hewes, D.O.
1515 Gus Thomasson Road
Mesquite
KCCOM '65; S



Steven J. Levy, D.O.
10711 Atwell Street
Houston
PCOM '70; I



Harold Lewis, D.O.
1110 Wm. Cannon Dr., No. 202
Austin
TCOM '76; GP



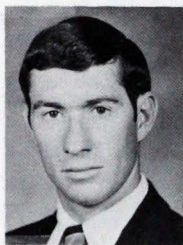
L. A. Masters, D.O.
1228 Avenue O
Huntsville
KCOM '57; C-GP; P-25%



R. Greg Maul, D.O.
303 Washington Street
Arlington
KCOM '76; GP



Dean L. Peyton, D.O.
1114 East Pioneer Parkway
Suite D
Arlington
MSU-COM '75; GP



Robert J. Philips, D.O.
P. O. Box 307
Spearman
KCCOM '74; GP



Walter R. Pyron, D.O.
802 North Avenue C
Elgin
TCOM '76; GP



Hernan A. Salazar, D.O.
3106 W. Woodlawn
San Antonio
TCOM '76; GP



Ronald N. Skufca, D.O.
1805 North Garrett
Dallas
KCOM '76; GP



Randal P. Sparks, D.O.
106 North Second
Rockwall
KCOM '73; GP



Scott C. Taylor, D.O.
TCOM
Camp Bowie at Montgomery
Fort Worth
KCCOM '74; CF; GP



Denny K. Tharp, D.O.
802 North Avenue C
Elgin
TCOM '76; GP



Jansen S. Todd, D.O.
1702 East Denman
Lufkin
KCOM '76; GP



Arnold D. Wallace, D.O.
1515 Gus Thomasson Road
Suite 202
Mesquite
TCOM '75; GP

Associate



Charles G. Skinner, Ph.D.
TCOM
P. O. Box 13048, NTSU
Denton



C. Ray Stokes
TCOM
Camp Bowie at Montgomery
Fort Worth

'Osteopathic Profession Should Stay Separate' -- M.D. Says

From the Round Robin AAOA Newsletter the following from Dr. Edna Feige:

"As a physician (M.D.) who is also the wife of an osteopathic physician, I have enjoyed a unique opportunity to understand and appreciate the added dimension which osteopathy brings to the "healing arts". Within a year of our marriage I was invited to join the Auxiliary to the New Jersey Association of Osteopathic Physicians and Surgeons.

"Never did a new member receive a warmer or more cordial welcome. As for my belonging to the other branch of medicine—it was a welcomed asset. In a very short time I was persuaded to serve on the state board as Chairman of Public Health. It has been a rewarding experience and I cherish the friendships which grew out of this professional contact.

"As an allopathic doctor I am

firmly convinced that osteopathy should 'remain a separate profession.' Only so will the care now given to osteopathic patients be certain to continue. Merging with the much larger medical association would inevitably be SUBmerging for the osteopathic practitioners. At close range, in our own office (in our home) I have seen, firsthand, too many remarkable results to doubt the essential importance of the osteopathic philosophy and practical approach to treatment.

"While offering no suggestions about AAOA publications, I thought that it was worthwhile to add one more vote for the resolution to remain a separate and distinct branch of medicine."

(Reprinted from March 1978 issue of News Notes from the Osteopathic Physicians and Surgeons of California.)

Bank Financing for Osteopathic Physicians

We specialize in equipment leasing and financing, unsecured loans and lines of credit to Osteopathic Physicians. And we handle it all by mail.

Unsecured loans with optional dollar amounts (to \$10,000), optional payment schedules. Equipment leasing to give you tax advantages, restore operating capital, convert unused depreciation to cash. And lines of credit to provide for future cash needs.

We charge tax deductible bank rates. You won't spend any of your valuable time at your bank, and you'll reserve your regular bank credit for times when you really need it.

For further information, complete and mail this coupon today. I want to know more about:

- ☐ Unsecured Loans ☐ Sale & Lease Back Plans ☐ A Line of Credit
☐ Lease-Purchase Plans ☐ Equipment Leasing ☐ Equipment Financing
☐ Other: _____

Dr. _____ Phone _____
Address _____ City _____ State _____ Zip _____

Professional
Services Division



**TEXAS BANK
AND TRUST COMPANY**

P. O. Box 101 Jacksonville, Texas 75766

ACADEMIA

News From The Colleges

PCOM

Chicago College of Osteopathic Medicine dedicated the new Olym-
a Fields Osteopathic Medical
center, May 24. The health care
facility has 201 inpatient beds, an
outpatient clinic and a 24-hour
emergency department.

PCOM

Four Texans received their D.O.
degrees from Kirksville College of
Osteopathic Medicine during June
commencement exercises.

Receiving their degrees were
Gary Gene Doss and Frank Harvey
Swords, both of Dallas; James
Donald McKay of Houston and
James B. Wright of Fort Worth.

Doss will serve an internship
at Normandy Osteopathic Hospital
in St. Louis, Mo. and Swords will
intern at Grandview Hospital in
Dayton, Ohio. Swords is a past
recipient of the TOMA Phil R.

Russell Scholarship. McKay will
intern at Oklahoma Osteopathic
Hospital in Tulsa, Oklahoma and
Wright will intern at Dwight D.
Eisenhower Army Medical Center
in Augusta, Georgia.

PCOM

Newly appointed executive di-
rector of alumni relations at the
Philadelphia College of Osteopathic
Medicine is John J. Burns of
Philadelphia. The announcement
was made by Dr. Thomas M. Row-
land, Jr., PCOM president.

Burns, a native Philadelphian,
is the former associate director
of development at Presbyterian-
University of Pennsylvania Medical
Center, a position he held for six
years. He is a member of the
Council for Advancement and Sup-
port of Education, the National
Association for Hospital Develop-
ment and the Philadelphia Estate
Planning Council. He is also a mem-

ber and past director of the Na-
tional Society of Fund Raising
Executives.

TCOM

Texas College of Osteopathic
Medicine second-year student
Stephen Derdak of Elmont, N.Y.
has been awarded a \$1,000 scholar-
ship by the Auxiliary to District
II of TOMA. The scholarship is
awarded on the basis of academic
achievement and represents pro-
ceeds from the Auxiliary's antique
show and sale last November.

UT System

Cancer Center

A major center devoted to the
study of environmental causes of
cancer was dedicated June 8 at
the Research Division of The
University of Texas Science Park
near Smithville.

The Research Division will serve
as the site for a major effort aimed
at determining what causes some
cells to become cancerous and at
identifying hazardous materials in
the environment which may cause
cancer.

We suspect that environmental
factors may contribute to as much
as 80 per cent of all human cancers,"
said Dr. R. Lee Clark, president of
the UT System Cancer Center.
"The long-range goal of the Re-
search Division will be the reduction
of cancers that are caused by
environmental factors."

THE X-RAY SALES & SERVICE CO.

X-Ray Equipment & Supplies
Burdick EKG — Intensive Care
Physiotherapy equipment
Cuinier G-5 percussive apparatus
Spinalator Tables

2530 Mansfield Highway
Fort Worth, Texas 76119

P. O. Box 15344
817-535-3251

WESTSIDE OFFICE SPACE FOR LEASE

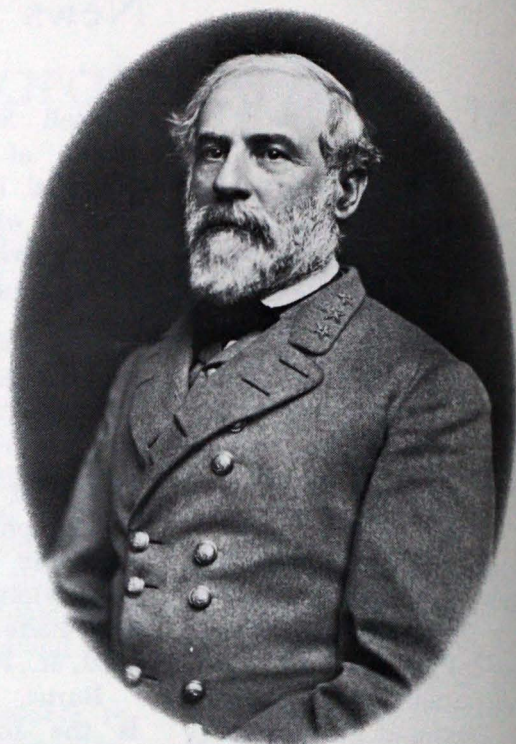
1600 sq. ft. reception area plus four offices
central air and heat — — new carpet

For Further Information:
Doug Ford
3504 West 6th Street
Fort Worth, Texas 76107
Phone: 817-332-8770

Space located at 612 Norwood near West 7th & University

**“WHISKEY...
I LIKE IT,
I ALWAYS DID,
AND THAT IS
THE REASON
I NEVER USE
IT.”**

—Gen. Robert E. Lee



As a doctor, you may have many patients who use and enjoy alcohol. Some of them probably enjoy it too much. And sooner or later they don't enjoy it at all — they need it.

These patients have become alcoholics. As a result, many will lose their jobs. Many will lose their families. And, without treatment, most will lose their lives.

Schick Shadel Hospital can be a most valuable resource for physicians who have patients suffering from this cruel disease. Using aversion therapy, Schick Shadel trains people to avoid alcohol — with an excellent success rate.

With Emetine-induced nausea experienced the moment the patient's senses perceive alcohol, nausea and all alcohol become linked in the patient's memory.

This program has been successful in more than 40 years of research and treatment at Shadel Clinic in Seattle, Washington. Both programs are staffed by trained physicians, including psychologists and psychiatrists. RNs trained in alcohol withdrawal are exclusively employed.

For patient referral information, call or write for the Schick Shadel Hospital brochure.



**SchickShadel
Hospital**

4101 Frawley Drive
Fort Worth, Texas 76118
(817) 284-9217

Don't Be Deceived By A

DRUG ADDICT



by Larry Abbott: From material supplied by the U.S. Justice Department

Some doctors are unknowingly contributing to the growing problem of drug abuse in this country.

I say this because I myself was a drug addict, and for several years physicians were my main source of drugs. Like a lot of other addicts I know, I obtained drugs by defrauding doctors. (Addicts call it "making a doctor"—that is, obtaining a drug prescription by fraud.)

I am writing this with the hope

that I can give doctors some tips on how to spot an addict from among patients who come in with symptoms calling for drugs that tend to be abused.

At present I am serving a 10-year sentence at the Kirkland Correctional Institution of the South Carolina Dept. of Corrections, in Columbia. I was sentenced in April of this year, and I will be eligible for parole after serving three years and four months. Drugs have caused my family and me plenty of heartaches. As a result, I have no desire ever to abuse drugs again.

Since I have been such a nuisance to doctors, it is only right that I should try to make up for it. I think the best way I can do this is to list the drugs that addicts try to get from physicians, suggest how to deal with a new patient who is asking for narcotics, and explain some of the approaches and excuses addicts use.

Of all the narcotics, Demerol seems to be one of the most popular and most widely used especially by the younger addicts. The older abusers tend to favor morphine, Dilaudid, Pantopon, and Percodan. Except for Percodan, these drugs are harder for the less-experienced, younger addicts to obtain.

Addicts also try to get hold of paregoric. One of the most widely used excuses is to complain of diarrhea. Another good one is to claim that your child is cutting teeth and is restless and in pain—"I've tried paregoric before with the child and it worked fine." It is simple to extract the opium from

paregoric. One ounce will yield about one-fourth grain of opium.

A drug addict gets to be very good at fooling doctors. One of the oldest and most successful approaches is to pretend you have kidney stones.

If acted out right, this can be very convincing. For example, I would go into a doctor's office complaining of pains in my left side, the pain shooting down into my groin and originating from my back on the left side. I used my left side to avoid having my "ailment" mistaken for appendicitis, which would require hospitalization.

I would also tell the doctor that it burned when I passed water and that I'd had stones before and passed them while at home. If he suggested that I be put in the hospital, I would say that I had just gotten medical insurance in a group policy, but that the policy wouldn't be effective for about two weeks, and I wanted to try to hang on until then.

When asked for a urine specimen, I would pass just enough water in the cup or vessel. Then I'd stick my fingertip with a needle and drop in enough blood to barely darken the color of the urine. After the doctor had diagnosed my illness as probably due to kidney stones, I'd volunteer the information—if he didn't ask for it—that I am allergic to codeine and Talwin.

Both of these drugs will ease the pain of drug withdrawal, but more potent drugs produce a more desirable effect. Since I would say I was allergic to codeine and Talwin, that

Clinic For Sale

Physician entering military service
must sell

*\$150,000 per year practice in Orange,
Texas on or before July 1, 1978

*Fully equipped 13-room clinic

*No outlay of cash necessary

*Facilities leased with two five-year
options available

For more information contact:

Benjamin C. Young, D.O.
Federal Building
Room 209
5th and Austin Streets
Port Arthur, Texas 77640

Phone between 8 a.m. and 4 p.m.
713-982-2732

would leave only a few other drugs a doctor could prescribe to relieve the distress from kidney stones.

If I didn't think the doctor would prescribe one of the stronger drugs (such as morphine or Dilaudid), I'd tell him that on another occasion I'd taken a pain medication that worked fine, one that had a codeine substitute in it (I'd be angling for Percodan). I would either describe what the medication looked like or give him its name.

I rarely went back to the same doctor more than two or three times. I'd still make use of him, however, by getting other addicts or friends to go to him. Then we'd divide the dope. The others would pay all the expenses because I was furnishing them with a new source. Then they would do the same thing with their friends. So a doctor should watch out for a series of new patients, all complaining of similar illnesses, like kidney stones. Don't let age or appearance fool you. Addicts are of all races, ages and both sexes. I know of a man that has been abusing drugs since 1914. He is 79 years old and still "makes" doctors every day. He lives with a man and a woman who are also addicts. These two are in their 50s. The three of them have been in prison several times for drug-related offenses.

Sometimes you can spot an addict pretty easily. When you are examining a new patient who complains of pain, be on the lookout for the usual signs of drug use—the excessive yawning, sneezing, and nervousness of withdrawal, or the "pinpoint" pupils, the nose that is red from scratching or rubbing, the unusual thirst and, sometimes, slurred speech of a person who is "high."

If you can, ask the patient to remove his or her shirt. Then examine the backs of the arms, the shoulders, the forearms, and the wrists for needle marks. Also, directly after taking a specimen of urine, examine the fingers for

puncture marks, squeezing each fingertip in turn. Usually, a recent puncture will bleed again. If not, old marks will show. Occasionally, a patient will sneak in a prepared urine specimen, in his pocket, but this is the exception.

When you're examining the ankles for the swelling that occurs with kidney stones, look for more needle marks. Many addicts keep a needle—or whatever they use for

sticking their finger — in their sock. One time, a doctor discovered a needle and syringe in my sock in this way.

Addicts are desperate. They are always thinking of new ways to feed their habit and will do almost anything to get hold of the drugs they need. For this reason, if you find it necessary to give a patient medication for pain, never let him see where you keep the drug. If an

You are a professional. You know the value of professional expertise. You shouldn't be wasting your valuable time worrying about pension and profit sharing plans. That's **our** profession.

Texas Commerce Trust Company was organized six years ago for the specific purpose of providing pension-related services to incorporated professionals (accountants, attorneys, dentists, physicians) by serving as trustee of their retirement plans. That is one of the benefits of incorporation you should be utilizing, and we can give you help with your current or future retirement plans.

Texas Commerce Trust Company speaks a special language . . . the language of ERISA. Unlike other trust companies, we concentrate on designing and administering retirement plans and investing

the money we earn for you. (Like you, we sell services, not products.)

Texas Commerce Trust Company offers:

- Assistance in managing your own retirement assets
- Creation of a Master Plan tailored to your specific needs
- Personalized service
- Complete administrative services

Don't spend **your** time on our job. We'll take care of your tomorrow while you focus on today. If you are considering a retirement plan, or question the management of your current one, call Philip Simpkins at (214) 233-2592, or mail in the attached coupon.



**We
take the tension
out of
pension plans.**

Texas Commerce Trust Company, 13101 Preston Road, Suite 506
Valley View Bank Building, Dallas, Texas 75240

- ☐ Please send me more information regarding services furnished by Texas Commerce Trust Company.
- ☐ Please have a representative call me regarding services furnished by Texas Commerce Trust Company.

Name _____ Profession _____
Address _____ Phone _____
City _____ State _____ Zip _____

addict knows that there are drugs in an office, and has learned where they are, it will be a big temptation for him to break in later. Once that happens, a physician can expect a lot more break-ins, not only by the first person, but by others as well, for drug addicts have a kind of grapevine operating about good sources of supply. When addicts are together, they

are always trading tips on what doctors they've "made," what a particular doctor prescribed, how "easy" he was, and what drugs they noticed in his office.

Doctors' cars, usually with special insignia, are easy to identify. Some physicians have a bad habit of leaving their bag in plain view on the seat or floorboard of their cars. This can result in loss of the bag,

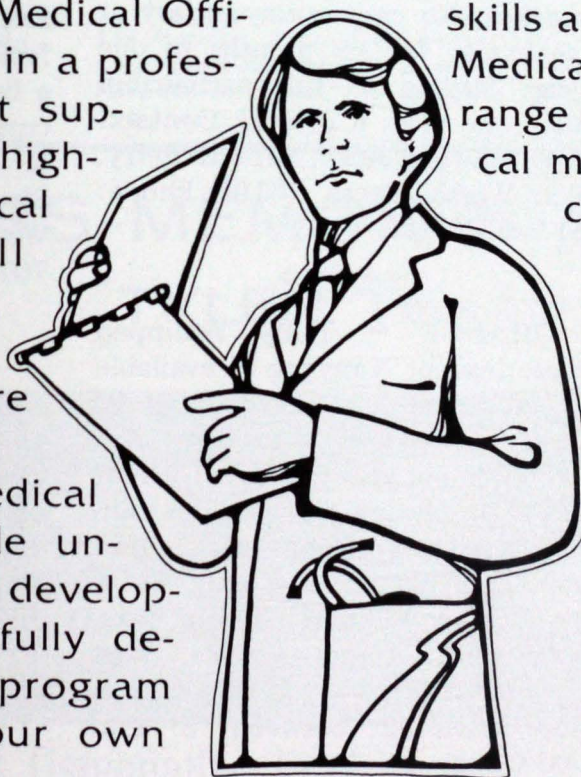
and usually a broken window. An addict who steals a doctor's bag may be encouraged to break into his office. The addict will figure that if there is a small amount of drugs in the bag, there will be a larger quantity somewhere in the office.

(Reprinted from May 1978 issue of ACOS News.)▲

Physicians: we treat you seriously in the Air Force

As an Air Force Medical Officer, you'll practice in a professional environment supported by a team of highly qualified technical assistants. You'll treat your patients in modern, well-equipped health care facilities.

The Air Force Medical Service will provide unlimited professional development, with a carefully designed individual program to complement your own



skills and objectives. Air Force Medical Centers offer a full range of opportunities in clinical medicine, including clinical investigation.

Avoid the time consuming burdens of private practice. Consider the benefits of Air Force medicine. Health care at its very best.

Air Force. A great way of life.

Opportunities Unlimited

Practice Locations in Texas

GRAND PRAIRIE — Three 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 Boulevard, Grand Prairie, 75050.

WEST TEXAS — D.O. for general practice in public health agency. Salary plus opportunity for private practice. Near medical school. E.O.E. Contact: Howard Maddera, P. O. Box 610. Levelland, Texas, 79336. 806-894-7872.

ARLINGTON — Medical Space available in office complex. Three blocks from Arlington Community Hospital. Will design space to suit tenant. 2625 Matlock, Arlington, Texas 76015 or Call 817-460-6131 or 817-265-4342.

HOUSTON — The Professional Medical & Surgical Clinic Association has openings for Physicians in family practice, general surgery, pediatrics and internal medicine. Write or call Chris S. Angelo, D.O. at 2902 Berry Road, Houston, Texas 77093 or P. O. Box 340 East Bernard, Texas 77435. Phone 713-695-5149 or 713-335-4881.

HALTOM CITY — needs physicians devoted to family practice, unusual opportunity to design your own clinic in approximate 3000 sq. ft. building. Large parking area in front and on side. Contact Tom Abbott at 817-838-6048.

AMARILLO — Guaranteed income plus moving expenses for G.P.s and an Internist. Urgently needed. Fast growing community in a city of 165,000. Contact W. L. Davis, Jr., Administrator of Southwest Osteopathic Hospital. 2828 West 27th, Amarillo, Texas, 79109, Phone 806-335-8181.

FORT WORTH — G.P. needed for association in a two man family practice. No cash outlay, salary or percentage for six months to one year, leading to full partnership after one year, if desired. Contact: J. G. Dowling, D.O., 3514 E. Berry, Fort Worth, Texas 76105; Phone: 817-531-2801.

ORANGE — Fully equipped clinic (except X-ray) to be available on or before July 1. No outlay of cash needed to purchase this \$150,000 per year practice. Current physician leaving to enter the military service. For more information contact Benjamin C. Young, D.O., at Federal Building, Room 209, Fifth and Austin Streets, Port Arthur, Texas 77640. Phone: 713-982-2732 between 8 a.m. and 4 p.m.

HOUSTON — Physicians interested in the Houston area (family practice or pediatrics urgently needed). Contact Ronald Colicha, Administrator, Eastway General Hospital, 9339 North Loop East, Houston, Texas 77029; Phone: 713-583-8585.

MC ALLEN — D.O. needed to do physical exams for Cutler Laboratories. Cutler makes various vaccines. Will pay \$30,000 per year with moving expenses to McAllen. Two weeks paid vacation and six paid holidays each year. For more information contact: Cleo Wilson, D.O., in Harlingen 512-423-7330.

FORT WORTH — Wanted immediately a specialist in Internal Medicine to join 2-doctor practice. Excellent working conditions and facilities with great possibilities for a busy and fulfilling practice. Send curriculum vitae or contact Melvin E. Johnson, D.O., F.A.C.O.I., 7th Street Medical Clinic, P.A., 3609 West 7th Street, Fort Worth, Texas 76107 Phone: 817-737-3155.

FORT WORTH — Office space for lease. New building. Suitable for medical or dental practice. 1500 square feet. Located at 4201 Camp Bowie Blvd. Contact David M. Beyer, D.O., 4201 Camp Bowie Blvd., Fort Worth, Texas 76107. 817-731-0801.

MATADOR — Guarantee of 3,000 monthly, free clinic rent, newly remodeled 13-bed Motley General Hospital, available to qualified D.O. Clinic has 2,000 current active charts. Prosperous West Texas area embracing population of 6,000 in service area. Contact John Burnett or Sut Brazelton at 806-347-2811. 347-2780 or 347-2825.

Opportunities Unlimited

Practice Locations in Texas

D.O. FAMILY PHYSICIAN/
EMERGENCY PHYSICIAN —
Desires to work in central or
southern Texas. Will consider all
offers. Prefer Dallas, Austin, or
Houston areas. Write Box "T",
TOMA, 512 Bailey, Fort Worth,
Texas, 76107.

DUNCANVILLE — Near Dallas.
One or two completely furnished
and equipped office suits for lease.
This 8,000 sq. ft. building already
houses one G.P., one optometrist
and one podiatrist. Contact J. L.
Hill, D.O., 113 South Main,
Duncanville, Texas 75116.

DALLAS—well established, large,
successful D.O. clinic, with equip-
ment for sale. Write Box "L",
TOMA, 512 Bailey Avenue, Fort
Worth, Texas, 76107.

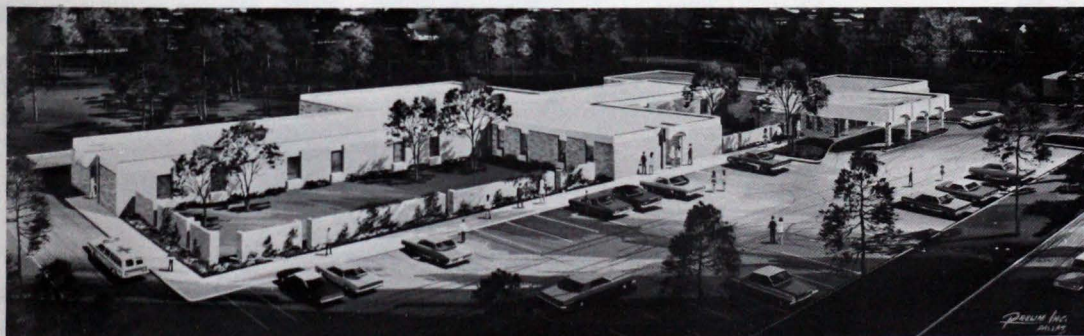
MEXIA—Physician needed at the
Mexia State School. For infor-
mation call: John F. Falk, D.O.,
817-562-2821.

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

PEARSALL — Needs one general
practitioner to do a wide range of
practice including pediatrics and
obstetrics. Pearsall is a community
of 8,000 with a 20-bed hospital that
is expanding. Hospital Board will
find or build an office and offer
financial assistance. Contact Michael
Grund, D.O., 512-334-3110.

D.O. ANESTHESIOLOGIST —
with Texas license looking for full-
time opportunity, preferably in
smaller community. No G.P. work.
Write Box D, TOMA, 512 Bailey,
Fort Worth, Texas 76107; or call
Tex Roberts 817-336-0549.

DOCTORS-MEMORIAL HOSPITAL TYLER, TEXAS



Open Staff Osteopathic Hospital in Beautiful East Texas

54 beds

6 bassinets

2 surgeries

Professional Staff

GENERAL SURGERY

Paul Moran, D.O.

ORTHOPEDIC SURGERY

Edward Rockwood, D.O.

ANESTHESIOLOGY

Edmond F. Touma, D.O.

INTERNAL MEDICINE

Bruce Petermeyer, D.O.

RADIOLOGY

Donald R. Lash, D.O.

Mr. Olie Clem, Administrator

1400 Southwest Loop 323

*

Tyler, Texas 75701

*

Phone: 214-561-3771

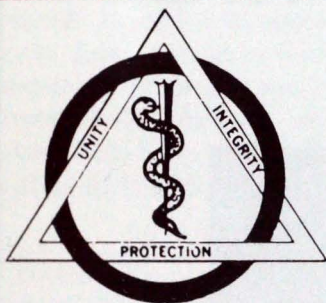
TEXAS OSTEOPATHIC MEDICAL ASSOCIATION
512 Bailey Avenue
Fort Worth, Texas 76107

Address Correction Requested

BULK RATE
U. S. POSTAGE
PAID
FORT WORTH, TEXAS
Permit No. 1646

INSURE IN YOUR OWN COMPANY

For your professional liability insurance
join with other members of the
Osteopathic Medical Profession



PROFESSIONAL MUTUAL INSURANCE COMPANY

2 East Gregory

Kansas City, Missouri 64114

816-523-1835

Financed and Operated by
OSTEOPATHIC PHYSICIANS

COMPETITIVE PREMIUMS

SERVICE ORIENTED

SERVING THE OSTEOPATHIC PROFESSION EXCLUSIVELY SINCE 1959