



TOMA Central Office

Dedication Set for Sept. 13

See Page 10

Irritable Bowel Syndrome*

DISPLACED EMOTION.

GI rhythm disturbances may be responsible for IBS symptoms

Myoelectrical studies indicate that there is a qualitative and quantitative difference between the colonic rhythms of normal subjects and patients with the irritable bowel syndrome.¹ In normal subjects, a significant increase in spike potential in the immediate postprandial period is followed by a rapid return to fasting levels in about 50 minutes. In IBS patients, the postprandial spike increase is more gradual and prolonged, with no

indication of a return to fasting levels after more than 80 minutes. These studies provide objective evidence that disordered colonic response to food may be responsible for IBS symptoms.¹

Symptoms that may be influenced by anxiety

It has long been known that severe emotional tension may trigger or aggravate attacks of IBS, augmenting colonic activity. For that reason, treatment may involve control of both emotional and physiological factors.

Distinctive antianxiety action

Librax is a logical choice for the patient with IBS. It provides the well-known antianxiety action of Librium® (chlordiazepoxide HCl/Roche)—a benzodiazepine with an established record of safety. While it seldom impairs mental acuity, patients should be cautioned against taking any CNS-acting agent while performing activities that are hazardous or require complete mental alertness.

Artist's interpretation of myoelectrical activity in the colon—an objective means of showing a possible physiological basis for functional IBS symptoms.

1. Sullivan MA, Cohen S, Snape WJ: *N Engl J Med* 298:878-883, Apr 20, 1978.

*Librax has been evaluated as possibly effective for this indication. Please see summary of prescribing information on next page.

HYPERMOTILITY



otent antimotility-
antispasmodic action

so included in Librax is
carazan® (clidinium bromide/
che)—to help control the
asm and hypermotility respon-
le for the distressing abdominal
ptoms associated with IBS.

conomical and
onvenient

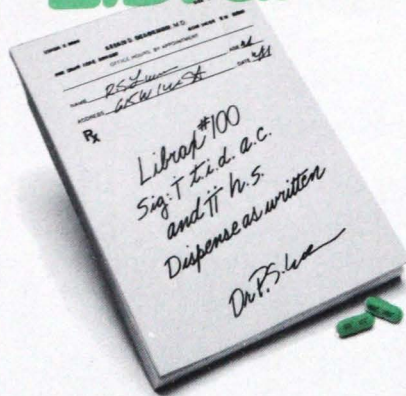
th Librax, IBS patients obtain
anxiety, antispasmodic and
tisecretory actions with one
nvenient and economical pre-
scription. And the simple dosage
chedule can help to enhance
ient compliance.

Specify *Adjunctive*
Librax®

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

Antianxiety/Antisecretory/Antispasmodic

Specify Librax®



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

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

Indications: Based on a review of this drug by the National Academy of Sciences—National Research Council and/or other information, FDA has classified the indications as follows:

"Possibly" effective: as adjunctive therapy in the treatment of peptic ulcer and in the treatment of the irritable bowel syndrome (irritable colon, spastic colon, mucous colitis) and acute enterocolitis.

Final classification of the less-than-effective indications requires further investigation.

Contraindications: Glaucoma; prostatic hypertrophy, benign bladder neck obstruction; hypersensitivity to chlordiazepoxide HCl and/or clidinium bromide.

Warnings: Caution patients about possible combined effects with alcohol and other CNS depressants, and against hazardous occupations requiring complete mental alertness (e.g., operating machinery, driving). Physical and psychological dependence rarely reported on recommended doses, but use caution in administering Librium® (chlordiazepoxide HCl/Roche) to known addiction-prone individuals or those who might increase dosage; withdrawal symptoms (including convulsions) reported following discontinuation of the drug.

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

As with all anticholinergics, inhibition of lactation may occur.

Precautions: In elderly and debilitated, limit dosage to smallest effective amount to preclude ataxia, oversedation, confusion (no more than 2 capsules/day initially; increase gradually as needed and tolerated). Though generally not recommended, if combination therapy with other psychotropics seems indicated, carefully consider pharmacology of agents, particularly potentiating drugs such as MAO inhibitors, phenothiazines. Observe usual precautions in presence of impaired renal or hepatic function. Paradoxical reactions reported in psychiatric patients. Employ usual precautions in treating anxiety states with evidence of impending depression; suicidal tendencies may be present and protective measures necessary. Variable effects on blood coagulation reported very rarely in patients receiving the drug and oral anticoagulants; causal relationship not established.

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



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ON THE COVER: Dedication ceremonies for TOMA's new central office building are set for 2 p.m., September 13 at 226 Bailey Avenue in Fort Worth. All members of TOMA, ATOMA and their families are invited to attend this special occasion. (Cover photo by Tony Record)

Published By
 TEXAS OSTEOPATHIC MEDICAL ASSOCIATION
 Volume XXXVIII — No. 8 — September 1981
 Publication Office — 226 Bailey, Fort Worth, Texas, 76107
 Phone: 817-336-0549 or 1-800-772-5993
 Copy deadline — 10th of month preceding publication

Mr. Tex Roberts, Editor

Calendar of Events

SEPTEMBER

7

Labor Day

12

Diabetes: Facts & Feelings
Dallas City Health Department
8:30 a.m. - 2:15 p.m.
5 CME Hours, Category II

Contact:

Jean Brown, MPA
Dallas City Health Department
Health Education Services
1936 Amelia Court
Dallas, 75235
214-670-6070

13

★ Dedication Ceremony and
Open House
TOMA State Office Building
2 p.m.
226 Bailey Avenue
Fort Worth

Contact:

Tex Roberts,
Executive Director
512 Bailey Avenue
Fort Worth, 76107

13-19

*National Osteopathic Medicine
Week*

14

★ TOMA District VI Meeting
Warwick Hotel
Houston
6:30 p.m.

Contact:

Steven J. Levy, D.O.,
Secretary
713-633-0400

17

17-20

Midyear Seminar
*Florida Osteopathic Medical
Association*

Sheraton Sand Key Hotel
Clearwater, Florida
22 Hours CME, Category I-A

Contact:

Louise H. Martin,
Convention Coordinator
P. O. Box 1444
New Smyrna Beach, FL 32069
904-427-3489

19

★ TOMA District III Meeting
Petroleum Club, Citizens First
National Bank Building
Tyler
7 p.m.

Contact:

H. George Grainger, D.O.,
Secretary
214-593-9731

19

19-20

★ TOMA District VII Meeting
Inn of the Hills
1001 Junction Highway
Kerrville
6:30 p.m., September 19, Dinner
9 a.m., September 20, Meeting
1 CME Hour

Contact:

Daniel Schmidt, D.O.,
Secretary-Treasurer
512-334-3351

23

23-25

Annual Postgraduate Course:
"Controversial Women"
American College of Osteopathic
Obstetricians & Gynecologists
Philadelphia College of Osteo-
pathic Medicine
20 CME Hours, Category I-A

Contact:

Barbara L. Hawkes,
Executive Secretary
900 Auburn Road
Pontiac, MI 48057
313-332-6360

Calendar of Events

OCTOBER

7
Annual Educational Seminar
Vermont State Association of
Osteopathic Physicians &
Surgeons
Camada Inn
South Burlington, Vermont
CME Hours, Category I-A
Contact:
Lester H. Lovell, D.O.,
Executive Director

16
i-17
tness in Well Patient Care
Texas College of Osteopathic
Medicine — Institute for
Human Fitness
601 Merrimac Circle
Fort Worth
Registration:
Physicians, \$110
Allied Health Professions, \$35
CME Hours, Category I-A
Contact:
Carol Eisenberg
Office of CME
Camp Bowie at Montgomery
Fort Worth, 76107
817-735-2539

18

18-21
47th Annual Convention
American Osteopathic Hospital
Association
Islandia Hyatt House
San Diego, California
Contact:
AOHA
930 Busse Highway
Park Ridge, Illinois 60068
312-692-2351

18-22
54th Clinical Assembly of
Osteopathic Specialists
Sheraton Boston Hotel
Boston, Massachusetts
Contact:
Ms. Wanda Highsmith,
Convention Manager
3132 Ponce de Leon Blvd.
Coral Gables, FL 33134
305-444-2267

NOVEMBER

10

10-14
Cancer 1981-2001 — An Inter-
national Colloquium
Sponsored by M.D. Anderson
Hospital & Tumor Institute
Shamrock Hilton Hotel
Houston
Contact:
C. Stratton Hill, M.D.
M. D. Anderson Hospital
6723 Bertner Avenue
Houston, 77030
713-792-2222

15

15-19
Annual Convention
American Osteopathic
Association
Los Angeles Convention Center
Los Angeles, California
Contact:
Ms. Ann M. Wittner,
Executive Assistant
212 East Ohio Street
Chicago, IL 60611
1-800-621-1773

26

Thanksgiving Day

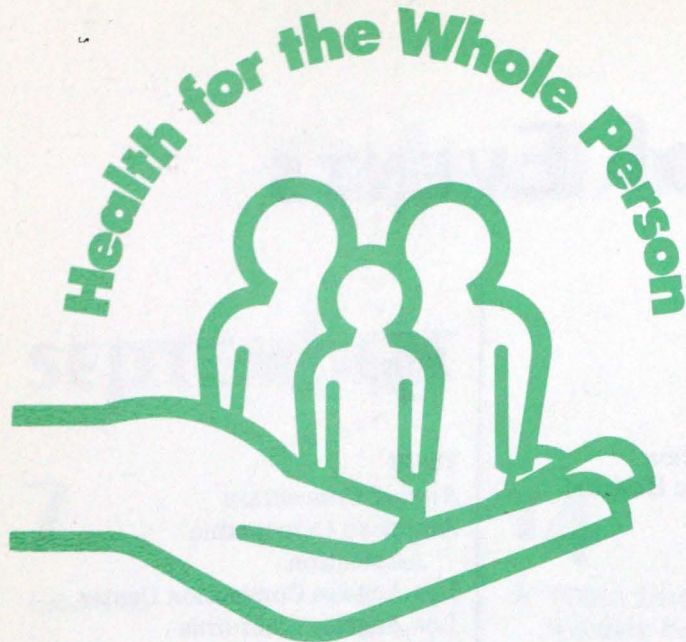
DECEMBER

25

Christmas Day

★ TOMA DISTRICT MEETINGS

| | |
|--------------|-----------------|
| District VI | September 14 |
| District III | September 19 |
| District VII | September 19-20 |



It's for

Health for the Whole Person — It's For You!

That's the message being spread across Texas and the entire U.S. during September 13-19 as osteopathic institutions, physicians and friends of the profession celebrate National Osteopathic Medicine Week.

In Texas, the profession is telling the osteopathic story from the Panhandle to West Texas, the Gulf Coast, North Central Texas and East Texas.

Kicking off the activities for the special week will be the dedication of a new central office building for TOMA. Set for 2 p.m., September 13, the ceremony will feature an address by Rep. Charles Evans of Hurst followed by a reception. Throughout NOM Week TOMA will host an open house for members and friends of the osteopathic profession to visit the new facility. Each person visiting during the week will be given a NOM Week lapel button to show their support for osteopathic medicine.

Other activities planned by TOMA will be using envelope stuffers with outgoing business mail, request for a proclamation from Fort Worth's mayor and a presentation of NOM Week T-shirts to each member of the Fort Worth City Council.

In addition, a camera-ready, four-page tabloid section will be distributed to any hospital or TOMA district that wants to have it put in their local newspaper or TOMA will provide, at no cost, 1,000 copies of the section. At press time, the following osteopathic institutions are using the special section in some way: Doctors Memorial Hospital in Tyler, Osteopathic Medical Center in Fort Worth, Hurst General Hospital, East Town Osteopathic Hospital in Dallas, Southwest Osteopathic Hospital in Amarillo, Doctors Hospital in Groves, Texas College of Osteopathic Medicine and TOMA.

The section is being produced by TOMA and the Office of News and Information Services at TCOM.

Through the efforts of the Auxiliary to TOMA, Mrs. Lois Campbell, ATOMA president, has obtained a proclamation from Gov. William P. Clements, Jr., proclaiming September 13-19 as Osteopathic Medicine Week in Texas.

In Dallas, TOMA District V and its Auxiliary are working to obtain television coverage of NOM Week activities in their area.

At Southwest Osteopathic Hospital (SOH) in Amarillo a wide range of activities ranging from news media coverage to community service projects are being planned. "We will have five short, two to three minutes each, segments on the nightly television news covering such topics as osteopathic manipulative treatment, one-day surgery, economic impact of SOH on Amarillo, holistic medicine and the osteopathic philosophy, difference between D.O.s and M.D.s and a night at the hospital. We will also have *Medical Mission to Mayaland*, the AOA film, broadcast on the Amarillo College public service TV network and a 15-minute talk show on the local TV station," W. L. (Dub) Davis, administrator, said.

Davis also noted that he has arranged for the local newspaper to run several articles during NOM Week.

On the community service side, SOH will provide free blood pressure screenings at two shopping centers during the week and special photo displays will be set up in various banks and shopping centers.

In the hospital itself, Davis said a photo exhibit will be on display in the lobby and each employee will receive a special letter of appreciation for their loyalty and support of the hospital. Throughout the special week complimentary coffee and doughnuts will be

YOU

be available for the medical staff and tray favors will be placed on each patient's tray. Also, each newborn baby will be dressed in a special NOM Week T-shirt.

On September 12, SOH will sponsor a garage sale and provide free blood pressure screenings during the sale. During the garage sale, participants will register for a free hot air balloon ride for three across the City of Amarillo.

Corpus Christi Osteopathic Hospital (CCOH) will be taking to the radio and TV airways, as well as, the pages of the local newspaper to bring attention to NOM Week. They will have 14 30-second segments on KIII-TV station and will be furnished 14 public service announcements. On KRYS radio, the osteopathic message will be heard via approximately 30 announcements during a 24-hour period on September 18. On that same day, CCOH will sponsor an open house and provide free blood pressure screenings and give visitors tours of the facility. Bill Condor, CCOH public relations director, is working to have special interviews with D.O.s on the Morning Magazine and PM Magazine television programs. In addition to these activities, CCOH will have a T-shirt Day, September 16.

September 16 has been set aside as Employee Appreciation Day at East Town Osteopathic Hospital (ETOH) in Dallas, according to Pamela Franks, director of public relations. Employees will be treated to a complimentary meal in the cafeteria and will be given corsages and boutineers from the hospital. With pay-day falling during the special week, she said each employee will receive, with their paychecks, a special "thank you" letter from the hospital administration. ETOH will also sponsor several radio announcements recognizing the various members of their medical staff.

They will host an open house for community members throughout the week and a dinner for area osteopathic organizations.

In Houston, District VI of TOMA will sponsor a two-page advertisement on NOM Week which will run in *Zest*, the Sunday magazine of the *Houston Chronicle*.

Fort Worth Osteopathic Medical Center (OMC) will sponsor a pre-NOM Week Blood Drive during the week of September 7. During the week-long celebration representatives from the dietary department will visit pre-school and elementary students and provide information on nutrition. Also as a community service, a representative from the nursing inservice department will visit senior citizen groups and present talks on how to prevent hypertension and provide free blood pressure screenings.

On September 19, OMC plans to sponsor a hospital golf tournament and fish fry for employees, medical staff members, student-doctors, interns, residents and their families.

Doctors Hospital (DH) in Groves is planning to distribute the special NOM Week supplement in a local newspaper and the medical staff will sponsor a picnic for all hospital employees and their families on September 19. In addition, DH will present each member of the medical staff a NOM Week T-shirt. During the week various offices will include special inserts telling the osteopathic story in mail sent from the hospital and patients will be treated to specially designed tray cards explaining osteopathic medicine and NOM Week.

At Texas College of Osteopathic Medicine, the Student Spouses Auxiliary will distribute NOM Week posters and informational literature on osteopathic medicine to public libraries and businesses in Fort Worth. ^

Join TOMA for Dedication

A new State headquarters building for TOMA will be formally dedicated at 2 p.m., September 13 at 226 Bailey Avenue in Fort Worth.

State Representative Charles Evans of Hurst will make the dedicatory address. The 1,200 members of TOMA and dignitaries from the metroplex and the state have been invited to attend the brief ceremony. Hors d'oeuvres and champagne reception will follow.

Under roof in the new structure is 6,400-square-feet of space including a 1,700-square-foot conference room that will be utilized for continuing medical education lectures and meetings of affiliated and allied health care groups.

The new office building was built by the Association with proceeds from investments made over the past decade and a trade of the Association property at 512 Bailey Avenue to the Bank of Fort Worth for the new property.

In 1969 the Association bought two 50-foot lots adding 12,500-square-feet of land to the property at 512 Bailey Avenue. In the early 70's the Association bought 4.20 acres of land in Southlake near the new airport and recently sold that property for \$92,000.

The new project has been completed without a dues increase or assessment of the membership.

Total investment in the property at the time of dedication will be approximately \$400,000.

The TOMA headquarters staff includes Tex Roberts, executive director, Diana Finley, Verlie Edwards, Sandra Lee, Lydia Anderson and Louise Johnston. In addition to private offices for the staff, the building will contain extra offices and a small (14x30) conference room for future expansion, as well as, a printing room, mailing room, photographic and litho darkroom, graphics art room and kitchen/

lunchroom. The building will be carpeted throughout with the exception of certain work areas and tile in the entrance way and lobby.

The heating and cooling system is divided into three zones and vari-

able speed reversible fans will assist in the large conference room and lobby area.

The Frymire Company of Fort Worth is general contractor on the project. ^



Gov. Bill Clements signs the Medical Practices Act as TOMA officials Bob Gammage, left, Dr. Frank Bradley and Tex Roberts watch. Inserts are from left, Dr. W.R. Jenkins and Dr. David Beyer, outgoing and incoming governmental relations chairmen.

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Delegates Report on AOA House Meeting

HANK J. BRADLEY, D.O.
Report on
Ad Hoc Reference Committee

This year I have had the opportunity to serve on the Ad Hoc Reference Committee. Many items were discussed and decided in committee and we will be reporting on the resolutions that made it to the House floor and were voted on by the House of Delegates.

Resolution 200— *Continued medical education credit for peer review activity. Submitted by Florida.*

It was felt by most people that if submitted properly, CME credit would be given depending on the actual educational benefit. It was also felt that reviewing charts for insurance companies was not usually valid.

DISAPPROVED

Resolution 204— *Re-emphasizing development and recognition of preceptorships and sabbatical training in mandatory continuing medical education programs of the AOA. Submitted by Missouri.*

This would require the re-designing of CME credits emphasizing more physician involvement and de-emphasizing passive attendance.

This resolution was referred to the CME Committee of the AOA and they are to report back to the 1982 House of Delegates meeting.

Resolution 205— *Urging the termination of PSRO and Health Systems programs. Submitted by Missouri.*

This was covered in resolutions 222 and 217.

DEFEATED

Resolution 222— *Peer Review Policy Statement. Submitted by the Committee on Health Related Policies.*

Resolved, that the AOA believed that the voluntary hospital peer review process is the most natural and appropriate vehicle through which to effect institutional peer review.

PASSED

Resolution 207— *Continued support for the PSRO. Submitted by New York.*

This resolution called for the support of PSRO by the AOA.

DISAPPROVED

Resolution 237— *AOA support for public health service. Submitted by the Association of Military Osteopathic Physicians and Surgeons.*

With resolve the AOA supports the continued existence of the U. S. Public Health Service Commission Corps.

APPROVED

Resolution 238— *Timely information to AOA members outside the continental United States. Submitted by Hawaii.*

Resolved that the members of the AOA outside the continental United States be sent either a pre-publication of the "newsbriefs" by first class mail or a copy of the "newsbriefs" by first class mail in order to keep all AOA members apprised of pertinent current events.

APPROVED

Resolution 239— *Policy statement of the impaired physician. Submitted by Oregon.*

It is resolved that a report of this investigation be presented at the next meeting of the House of Delegates in regard to a process to aid the impaired physician.

APPROVED

This ends my portion of the report from the AOA House of Delegates; and again it has been my privilege to serve as one of your delegates this year.

JOHN H. BURNETT, D.O.
Report on
Bureau of Insurance

The Bureau of Insurance held a meeting on June 7. At that time all of the AOA Insurance plans were reviewed. Carroon and Black of Illinois, plan administrator, has maintained an on going solicitation of the profession for the various plans, which has increased participation. Loss ratios during the past year have also been favorable.

The AOA Student Medical Plan, underwritten by Mutual of Omaha, is getting off to a good start. AOA President Dr. Floyd Krengel wrote to each AOA student representative, school administrator, and SOMA representative announcing the plan and encouraging enrollment. Phelps Connell of Carroon and Black has recently visited the Michigan college and the California college. Two colleges have endorsed the program, one has accepted it as mandatory, and several are considering endorsement at this time. The plan is being promoted in the July and August issue of the D.O.

It was reported to the Bureau that the plan administrator is exploring the possibility of several new programs for AOA members. These include dental insurance, kidnap and violence coverage, loss of use (limbs, eyesight, hearing), and a new type of savings cash value insurance.

The House approved the following resolution that was submitted by the Professional Affairs Reference Committee:

RESOLVED, that the AOA House of Delegates directs the AOA Bureau of Insurance to explore ways and means of promoting or instituting a physician owned and managed insurance company for AOA members and report to the House in July, 1982.

The Bureau has continued to monitor and keep current on the status of the malpractice insurance marketplace. There is some question whether or not a need actually does exist for the AOA to affiliate with any carrier of malpractice insurance



on a national level. A recent survey revealed interest in such a program in states with small D.O. populations, but little interest in states with large D.O. populations. A substantial majority of the AOA membership currently is served satisfactorily by existing sources of insurance (i.e., physician owned companies, state association sponsored programs, etc.). Meetings have been held with representatives of Professional Mutual Insurance Company. The purpose of these meetings was to continue to open lines of communication between Professional Mutual and the Bureau of Insurance.

JOHN J. CEGELSKI, JR., D.O.
Report on
Committee on Public Affairs

The Committee on Public Affairs appeared to reaffirm and update resolutions of the past six years.

Resolution 211—*Cost-effective Health Care Policy Statement. Submitted by the AOA Board of Trustees.*

"We believe that unless dramatic changes in our system are effected soon, the result will be an unresponsive, hamstrung and even more wasteful and expensive health care system which the American patient neither wants nor can afford. The American Osteopathic Association pledges its fullest cooperation with the Administration and Congress in effecting the changes necessary to bring about greater cost-effectiveness in health care delivery."

APPROVED

Resolution 212—*Capital Punishment Policy Statement. Submitted by Committee on Health Related Policies.*

The resolution stated that an opinion on capital punishment should remain the personal decision of an individual osteopathic physician and that as a member of a profession dedicated to preserving life, when there is hope for doing so, an osteopathic physician should not be an active participant in a legally authorized execution and that a D.O. may make a certification of death as provided by law in any situation.

DISAPPROVED

Resolution 213—*"Cut the Salt" Campaign Policy Statement. Submitted by Committee on Health Related Policies.*

This resolution resolved that the AOA join with other interested groups in requesting that the Food and Drug Administration set limits on salt and other sodium-containing additives in processed foods, the way it limits the levels of other food additives that pose a risk in large amounts, and that all such foods be labeled with the sodium content.

APPROVED

Resolution 214—*Emergency Medical Identification—Protocol and Guidelines. Submitted by Committee on Health Related Policies.*

This resolved that the protocol and guidelines for a system that will lead to relative uniformity and rapid accessibility of emergency medical identification and information be adopted. The guidelines endorse that the method of identification may be by bracelet, pendent or wallet-sized emergency information card

with essential medical information and a telephone number to call a data retrieval center for further information.

APPROVED

Resolution 215—*Health Care Regulation — Federal/Congressional Rule Making Policy Statement. Submitted by Committee on Health Related Policies.*

The resolution was reaffirmed as adopted in July 1976 and resolved that the AOA supports the concept of closer congressional scrutiny of the administrative rule-making process to more effectively monitor the development of regulations and insure their conformity with expressed congressional intent.

APPROVED

As a delegate, I called the attention of all delegates to the fact that the American Osteopathic Association's annual yearbook and directory of osteopathic physicians, which was revised two years ago, has been of great public relations assistance to all of us, especially in the federal, state and local government inquiring about our profession. As the AOA goes forward with its "I DO Believe" campaign, I would hope more foreign governments, such as England, would recognize our esteemed profession as fully licensed and qualified physicians in the near future. This section was covered in the foreign section of the AOA Directory.

MICHAEL A. CALABRESE, D.O.
ROBERT G. HAMAN, D.O.
W. R. JENKINS, D.O.
Report on
Professional Affairs Committee

Resolution 206—*Actions of meetings of the AOA Board of Trustees. Submitted by New York.*

RESOLVED, that some mechanism be set up by the AOA Central Office to expeditiously inform divisional societies through their secretaries by way of a summary report of the important or major actions of these meetings of the Board of Trustees.

APPROVED

Resolution 209—*Procedure for candidates seeking AOA specialty certification who are presenting non-AOA educational credentials. Submitted by Pennsylvania.*

RESOLVED, that the AOA House of Delegates extend the provisions of the procedure for candidates seeking AOA specialty certification who are presenting non-AOA educational credentials (Resolution 104) for a period of three (3) years.

APPROVED

Resolution 219—*Medical Liability Insurance Policy Statement. Submitted by Committee on Health Related Policies.*

RESOLVED, that the AOA House of Delegates direct the AOA Bureau of Insurance to explore ways and means of promoting or instituting a physicians owned and managed insurance company for AOA members and report to the House in July 1982.

APPROVED

Resolution 221— *National Health Insurance Policy Statement. Submitted by Committee on Health Related Policies.*

RESOLVED, that the policy adopted in July 1979 by the AOA House of Delegates on "National Health Insurance" be affirmed as amended.

APPROVED

Resolution 223— *Primary Health Care Policy Statement. Submitted by the Committee on Health Related Policies.*

This resolution was referred to the Committee on Health Related Policies to be rewritten, in consultation with the American College of General Practitioners in Osteopathic Medicine and Surgery, and reported back to the House in July 1982.

Resolution 224— *Pre-competition Health Insurance Policy Statement. Submitted by Committee on Health Related Policies.*

RESOLVED, that the American Osteopathic Association favors the evaluation of various pre-competitive health insurance proposals now being considered by Congress.

APPROVED

Resolution 225— *Small States Policy Statement. Submitted by Committee on Health Related Policies.*

This resolution calls for preceptorship programs to be developed and promoted matching interested students with practicing physicians in small states and that the AOA, its affiliates and the Bureau of Small States' Concerns be encouraged to work cooperatively with the appropriate osteopathic student organizations in publicizing and administering these programs and that the Bureau of Small States' Concerns be continued to oversee, assist and implement the program.

APPROVED

Resolution 227— *Policy of Rubber Stamp Signatures on Hospital Reports. Submitted by Ohio Osteopathic Association.*

Referred to Committee on Hospital Accreditation to be reported to the House in July 1982.

Resolution 228— *Use of Facsimile Signatures. Submitted by Ohio Osteopathic Association.*

DISAPPROVED

Resolution 230— *Definition of a General Practitioner. Submitted by American College of General Practitioners in Osteopathic Medicine and Surgery Board of Governors.*

The following definition was submitted: "A general practitioner is a doctor of osteopathy whose training and experience qualifies him/her to practice in the fields of medicine and surgery and is able to accept the total continuing responsibility for the patient and/or the family as a whole as their physician and medical advisor. The general practitioner may devote particular attention to one or more fields of specialty practice. The general practitioner recognizes the need for and uses

qualified consultants when the medical or surgical conditions warrant their professional expertise.

APPROVED

Resolution 234— *Ad Hoc Committee on Sports Injuries. Submitted by Ohio Osteopathic Association.*

RESOLVED, that the AOA consider an ad hoc multidisciplinary committee on sports injuries to gather statistics and make recommendations to the public sector regarding both professional and amateur sports.

APPROVED

This concludes our report. We wish to express our gratitude for being selected to represent TOMA at the AOA House of Delegates meeting.

GERALD P. FLANAGAN, D.O.
Report on
Joint Board/House Budget Review Committee

The Joint Board/House Budget Review Committee for the July 1981 House of Delegates was convened by Dale Dodson, D.O., chairman, and the following information was evident after review:

1. AOA expenses were reduced.
2. Annual Convention income (profit) was increased significantly.
3. Dues income increased with excess set aside for income taxes and establishment on a reserve fund for contingencies.
4. Hospital accreditation & inspection fee income increased.
5. Investment income increased.
6. Publication income increased over last year (less loss).

Committee recommended to the House that 1981-82 budget be approved.

ROYCE K. KEILERS, D.O.
Report on
Ad Hoc Committee

It was my duty and pleasure to observe and participate in several of the committee hearings. It is exciting and reassuring to see the democratic process of the AOA at work. You do have input through your delegates voice in decisions which guide and direct your AOA and eventually your future practice opportunities.

Resolution 210— *Golden "50th" Anniversary of Seal Program.*

1981 is the 50th year of the Osteopathic Seal Program. The resolve emphasized support by all osteopathic physicians and its auxiliary organizations. Special note, the Texas delegation unanimously pledged support of the program by becoming NOF members. This helped to challenge many other delegations to follow suit.

APPROVED

Resolution 231— *Second Opinion — Policy Statement. Submitted by the Committee on Public Relations.*

Resolution 231 encourages the voluntary use of second opinions in cases where the diagnosis is obscure and to enhance better patient care and to preserve the high standards of osteopathic medical care.

APPROVED

Resolution 232— *Patients Bill of Rights — Policy Statement. Submitted by the Committee on Public Relations.*

This resolution was submitted in response to the March, 1981 Harris Poll and was discussed at great length by the committee. It contains ten "Rights" which reflect the AOA's "recognition of and answer to concerns of the public".

APPROVED

This concludes my report on the Committee on Public Affairs.

**S/D ELIZABETH PALMAROZZI
Report on
Ad Hoc Reference Committee**

During the 1981 House of Delegates meeting, I attended the Ad Hoc Reference Committee meetings. At this time, I would like to report on three of the Resolutions that were presented to the committee.

Resolution 233— *Hospital Identification. Submitted by New Jersey.*

This resolution deals with the fact that some hospitals that are accredited solely by the AOA are not clearly identified as "Osteopathic Institutions".

The resolution was withdrawn to be studied by a committee and presented again next year.

Resolution 235 — *Peer Review. Submitted by New York.*

The Resolution was adopted in the same form that it was presented to the committee. There were no amendments added. Therefore, the resolution reads: Be it

RESOLVED, that physicians maintain control and direction over peer review; and be it further

RESOLVED, that peer review be done only by physician sponsored organizations regardless of the funding source; and be it further

RESOLVED, that peer review of Osteopathic diagnosis and therapeutics be done by Osteopathic physicians.

APPROVED

Resolution 236— *Osteopathic Progress Fund. Submitted by Oklahoma.*

After the discussion and promotion of the "support through dues" program, Resolution 236 was adopted as written. It therefore, reads: Be it

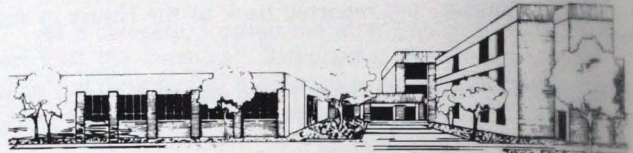
RESOLVED, the Osteopathic Progress Fund seek new

voluntary methods of accomplishing its goals with the full cooperation of the AOA and its divisional societies, and be it further

RESOLVED, that the AOA encourage its members to assist, in every way possible, the voluntary efforts used by the OPF to accomplish its goals.

APPROVED

At this time, I would like to express my sincere gratitude to the State Association for its recognition and support of the student delegates. I am extremely proud to be serving both TCOM and TOMA. If there is any way in which I can better the communication between the State and the school, please contact me at school or at home. ^



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A COMMITMENT. . . for providing the best diagnostic and treatment capabilities available for the citizens of our community; at present offering cobalt treatment, LASER eye surgery, outstanding nuclear medicine department, and many other services not usually found in hospitals of comparable size.

Grand Prairie Community Hospital
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(214) 641-5001

Contact Richard D. Nielsen, Administrator

"Ours is a health care facility that will not be content with less than excellence in everything we do."

Resolution 218— Health Maintenance Organization (HMO's) — Policy Statement.

RESOLVED, that further Federal funding in promotion of HMO's is neither necessary or appropriate.

APPROVED

Resolution 220— Medicare: Payment Increase Policy.

RESOLVED, that the AOA initiate action through all available channels to secure a future increase in Medicare fee schedule allowances to absorb the huge increases in malpractice insurance premiums.

APPROVED

Resolution 222— Peer Review Policy Statement.

RESOLVED, that the AOA hereby affirms its commitment to promote and facilitate true peer review among and through its members and

BE IT FURTHER RESOLVED, that the AOA believes that the voluntary hospital peer review process is the most natural and appropriate vehicle through which to affect institutional review.

APPROVED

JES W. LIVELY, D.O.

Report on
Constitution and Bylaws Committee

It was my privilege to again serve as chairman of the House of Delegates Committee on Constitution and Bylaws. There were no resolutions submitted to this House of Delegates that involved the Constitution and Bylaws.

There was a recommendation from an ad hoc committee of the House that a comprehensive study of the AOA Constitution and Bylaws be performed during this coming year by the AOA Committee on Constitution and Bylaws. Recommendations from this committee will be submitted to the 1982 House of Delegates of the AOA. I suspect that my report next year will be quite lengthy.

There were three unassigned resolutions that were evaluated by the House of Delegates as the committee of the whole. The resolutions and House actions were as follows:

Resolution 237— AOA support for Public Health Service.

This resolution places the AOA on record as supporting the continued existence of the U. S. Public Health Service Corps, recognizing the contribution of the PHS Commission Corps to the health care of the United States.

PASSED

Resolution 238— Timely information to AOA members outside the continental United States.

This resolution requires the members of the AOA outside of the continental United States be sent either a pre-publication copy of the "Newsbriefs" by first class mail, or a copy of the "Newsbriefs" by first class mail in order to keep all AOA members apprised of pertinent current events.

PASSED

Resolution 239— Policy statement on the Impaired Physician.

This resolution instructed the AOA to investigate the means to implement an effective program to aid the impaired physician and required the report of the investigation be presented at the next meeting of the House of Delegates.

PASSED

**S/D JIM MITCHELL
Report on
Public Affairs Committee**

I am pleased to report the actions of the Committee on Public Affairs as it acted on six of the 11 resolutions referred to it during the July, 1981 meeting of the AOA House of Delegates.

Resolution 216— Health Care Regulation — State Government Rule-Making Policy Statement. Submitted by the Committee on Health Related Policies.

This resolution amended policy adopted in July, 1976 changed the use of the word Congress to Legislatures in seeking closer scrutiny of rule-making processes.

APPROVED

Resolution 217— Health Planning Policy Statement. Submitted by the Committee on Health Related Policies.

This resolution dealing with health planning reaffirms the AOA's scrutiny of such planning and states that the AOA is in favor of a "new voluntary provider-oriented planning process" if the present national and state health planning law is terminated.

APPROVED

Resolution 226— Voluntary Effort Policy Statement. Submitted by the Committee on Health Related Policies.

This resolution supercedes the current AOA policy (July/79-139) and supports the voluntary effort, recommends that education programs include medical staff utilization and cost effectiveness in the curricula, and finally that there be continued improvement of utilization review programs.

APPROVED

Resolution 229— Physical Fitness Program. Submitted by the Maine Osteopathic Association.

This resolution states the AOA's position that physical fitness can aid patients in preventing and decreasing chronic disease.

APPROVED

District Communiqués

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

Editor's Note: We are pleased to report that Dr. Grainger is home from Houston following heart surgery and doing well. In the following report on District III news, he brings you an up-to-date account of his experience.

We welcome four new doctors into District III. Three of them have set up shop in Tyler and one in the good city of Mount Pleasant, to wit: Rodney Wiseman, D.O., who comes to us following his stint as a flight surgeon and regimental surgeon in the U.S. Army. Rodney only has four children, I think, and his wife responds to the name Marie. Rodney is a TCOM graduate, class of '78.

Brad Burns, D.O., and Bob Wray, D.O., who are so far childless, have located in Tyler too. Brad's wife is Pam and Bob's is Barbara. One is a TCOM graduate, the other Kansas City, in that order. Brad is a graduate pharmacist from the University of Houston while Bob finished at the University of Kansas. They got together while interning at Oklahoma City's Hillcrest Hospital and, somehow, were persuaded to settle down in Tyler.

Then there is Michael Oscar Reichert, D.O., a Texas A&M graduate (Hooray!) who elected to take on the good city of Mount Pleasant. Mike is a product of TCOM and interned at Grand Prairie Community Hospital. I have no data on whether he is a bachelor or married, and if so, how many children he may have.

From perusing his application for TOMA membership, as secretary of District III, I feel he should do all right prescription-wise, in as

much as a fellow can hardly read his writing.

We are indeed saddened by the death of Dr. L. D. Lynch, whose funeral was August 6. Dr. Lynch was the founding member of Doctors Memorial and had been active in community affairs. Your correspondent, personally, is indebted to Dr. Lynch for, as I feel, saving his wife's life following an inadvertent penicillin injection. Our heart goes out to Oleta, his widow, and their fine family.

In the July *Texas Do* your correspondent mentioned about his ordeal in a Tyler hospital following a little cardiac spell. He said he had planned to go to Houston following recovery and have a little check-up under the guiding hand of his cardiologist son, Jack Grainger, D.O. I tell you this, if you think you can get by with a little heart catheterization and then go home, don't do it. I ended up with a quintuplet bypass and pacemaker to boot. One thing though, if you ever have one done, you'll know whether or not you married the right girl. I certainly did. ^

TCOM Sets Fall Convocation Sept. 24

Edward Stiles, D.O. a distinguished physician and educator who currently heads the department of osteopathic principles at Oklahoma College of Osteopathic Medicine, has been invited to deliver the fourth annual fall convocation address September 24, at Texas college of Osteopathic Medicine.

Dr. Stiles also will join four other friends at TCOM in receiving the college's highest honor, the Founders' Medal, awarded for significant contributions to medical education and health care.

Other recipients of the 1981 Founders' Medals will be E. Bruce Street Sr., member of the North Texas State University Board of Regents; Pat Patterson, director of professional relations, pharmaceutical division, Marion Laboratories Inc. and a member of the TCOM Advisory Council; T. Robert Sharp, D.O., Mesquite general practitioner and TCOM clinical professor of general and family practice; and Marion Coy, D.O., TCOM professor of osteopathic philosophy, principles and practice and past president of TCOM and the American Osteopathic Association.

The 2 p.m. convocation ceremony in the auditorium of Medical Education Building I also will honor the TCOM Class of 1985.



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TOMA New Members

Melody Bellinghausen, D.O.
9 South Corinth
Dallas 75203
TCOM '80; GP



David G. Haman, D.O.
1239 East Irving Blvd.
Irving 75060
TCOM '80; GP



Ingrid Muijsson-Arnold, D.O.
4725 Gus Thomasson
Mesquite 75149
TCOM '80; GP



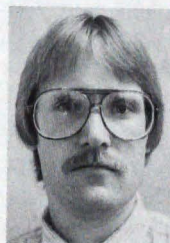
Ed Burns, D.O.
18 West SW Loop 323
Ft. Worth 75701
TCOM '80; GP

Scott J. Hopkins, D.O.
104 N. Hwy. 81
Kyle 78640
TCOM '80; GP

Scott B. Neff, D.O.
805 Medical Circle Drive
Longview 75601
COMS '73; OR

Andrew B. Burke, D.O.
21 N. Garrett Avenue
Dallas 75206
TCOM '80; Fam. Prac.

Tom Jones, D.O.
1502 Tarlton, Box 7807
Corpus Christi 78415
KC '78; I



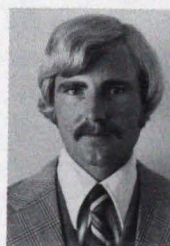
James D. Caddell, D.O.
405 E. Northwest Highway
Ft. Worth 75238
TCOM '80; GP



Stephen L. Vinson, D.O.
3233 Denton Highway
Fort Worth 76117
TCOM '80; ER-75%



Duane Kirkdorffer, D.O.
1709 Precinct Line Road
Hurst 76053
COMS '80; GP



Erion A. Groff, III, D.O.
8 N. First Street
Ft. Worth 75087
TCOM '80; Fam. Prac.



Paul S. Worrell, D.O.
2929 Forest Avenue
Dallas 75215
TCOM '80; GP



Richard J. Layman, D.O.
USAF Hospital
Laughlin AFB
Del Rio 78840
TCOM '80; MS; GP

George E. Gross, D.O.
20 W. Colorado Blvd.
Dallas 75211
TCOM '80; GP

Cancer Program Open to D.O.s

Three Houston medical institutions have joined together in a unique program to train physicians in how to detect and treat cancer, thanks to the generosity of a Mission family.

The Joe and Jessie Crump Fund has awarded more than \$130,000 to support the joint venture of the Kelsey-Seybold Clinic, St. Luke's Episcopal Hospital and The University of Texas M. D. Anderson Hospital and Tumor Institute.

Together, the three institutions will sponsor Joe and Jessie Crump Senior Fellowships in Cancer to provide a year of highly specialized training in cancer patient management for physicians who are planning to enter the private practice of medicine.

Open to both D.O.'s and M.D.'s, the program got under way in July with the appointment of David Patton, M.D., as the first fellow. Dr. Patton, who already has completed five years of advanced training in internal medicine and pulmonary diseases at the UT Medical School at Houston, will devote the next year to studying lung cancer.

Plans call for expanding the Crump Senior Fellowships in coming years to include other types of cancer training, such as nuclear medicine, surgery, radiology and pediatrics. Crump fellows, who will be supervised by UT M.D. Anderson Hospital staff, also will care for patients at both the Kelsey-Seybold Clinic and St. Luke's Episcopal Hospital.

For more information on the fellowship program contact the UT Cancer Center. ^

IN MEMORIAM

D.D. Beyer, D.O.

D.D. Beyer, D.O., of Fort Worth died August 21 at Fort Worth Osteopathic Medical Center, where he was a longtime member of the medical staff. Funeral services were held August 22 at Greenwood Cemetery.

A life member of TOMA, Dr. Beyer was one of the founders of Texas College of Osteopathic Medicine. In 1977 TCOM awarded him the doctor of humane letters degree and in 1978 presented him with the college's highest award, the Founder's Medal.

Dr. Beyer was a fellow of the American College of General Practitioners. He had been a member of TOMA since the 1940's and was a member of the American Osteopathic Association.

Originally from Sully, Iowa, Dr. Beyer received a bachelor of science degree from Central University of Iowa at Pella. He was a 1936 graduate of Kirksville College of Osteopathic Medicine.

He was survived by his wife, Helen; son, Bryce Beyer, D.O.; daughter, Beth Beyer; brother, R.B. Beyer, D.O.; sister, Marie Beenstra of Pella; grandchildren, Angela and Christopher Beyer; and nephew, David Beyer, D.O.

L.D. Lynch, D.O.

L. D. Lynch, D.O., of Tyler died August 5 following a short illness. Funeral services were held August 6, at Lloyd James Funeral Home with burial in the Cathedral in the Pines Cemetery.

Dr. Lynch was a member of District III, TOMA and a life member of the American Osteopathic Association. He was an active staff member and one of the founders of Doctor's Memorial Hospital in Tyler. He was a Sustaining Member of TOMA.

He was a lifetime member of the Optimist Club and a past lieutenant governor of the Optimists.

Dr. Lynch was a 1950 graduate of Kansas City College of Osteopathic Medicine and served an internship at Coats-Brown Clinic and Hospital.

Survivors include his wife, Oleta; three sons, Huland Douglas of Ben Wheeler, Waldo Wilson of Whittier, California and Robert Noice of Fairfacts, California; three daughters, Mrs. Ann Breckel of Hobbs, New Mexico, Mrs. Martha Ellen Highnote and Mrs. Oleta Marie Carnes, both of Lufkin; 17 grandchildren and 10 great-grandchildren. ^

SOUTHWESTERN CLINIC OF BONE & JOINT DISEASES

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F. J. Quatro, D.O.

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A7 O M A News

By Mrs. Robert R. Ling
District VI

with all great writers, I am losing my column this month resting at our ranch. Some might call it a farm, but we have a ranch since we live in it. I'll tell you about that "ing" stuff. Dr. Bob and I work hard up here in East Texas that absolutely thrilled to see the city again.

We had our annual family picnic at Dr. Bob's Villa and the whole affair, for me, was a smashing success. Dr. Ed and Catherine Vinn own a beautiful old home right on the bay at Seabrook and this is where we gathered. Those celebrating a beautiful, breezy day were: Dr. Bob Badger, Dr. Reginald and Mary Platt, Mrs. Cecile Platt, Dr. Ed and Marguerite Badger, Dr. Ed and Joy Smith, Dr. Jerry Carole Wasserstein, Dr. Ralph Mildred Cunningham, Dr. Ed and Nan Johnson, Dr. Ed and Catherine Vinn, Dr. Dewey and Lois Campbell, Dr. Bob and Catherine Ling and all the children belong to these prolific physicians.

The Ling family brought their boat over for a day of sailing. I admit when I saw Dr. Ed go overboard in 15 knot it was exciting. Especially I knew that the water was three feet deep. It looked while that we were having baptisms. Some of the people went wading while others went fishing off the boat. The rest of the crowd were enjoying themselves with pretty active games of horseshoes. Later on, we all chowed for the best bar-b-que and cooking. I'm afraid that because of all the good ice-cold beer,

the good vittles and the Gulf breezes everyone began looking for a chair or corner to catch a short nap. It was only after the day began to fade into one of those glorious coastal evenings that anyone even thought of going home. It was so fine seeing everyone's families and how all the babies are growing up. Dr. Ed Vinn took some home movies of everyone which will be shown for our annual family Christmas party. We are on a good start of a pictorial history of District VI.

Did you know that September 13 is Grandparents Day? Well, be sure and congratulate Dr. Dewey and Lois Campbell, for they are grandparents for the first time. Their daughter, Virginia, and husband Darrell are the proud parents of a son named David Robert Scott.

Now that school has started why don't you contact your local grade school and inform them we have a wonderful film for their viewing entitled "Clean Hands Are Fun." This film is preferably for preschoolers and first graders. Naturally, you would tell them that this is all under the auspices of our osteopathic Auxiliary. If you wish further information please call or write Mrs. Lois Campbell in Houston.

National Osteopathic Medicine Week is being celebrated the week of September 13-19. You don't have to organize a big party or even a large march on city hall—just simply volunteer as an individual at your local hospital or nursing home for a few hours and tell them that you're doing this in the name of the osteopathic profession. Simple, yes—but very effective.

Did you know that Dr. Carl and Lois Mitten, their three daughters, Kathy, Marva Jo and Laura, along with both grandmothers, took a lovely tour of Europe? Some of the countries they visited were Holland, Belgium, Germany, France, Austria, Switzerland, Italy and England. They thoroughly enjoyed Nice on the French Riviera, but one of their favorite spots was the old Monte Carlo Casino in Monaco. After their return home, Laura spent some time up at Texas A&M University attending swim camp.

Want you to know that Dr. Bob and I are now the proud owners of a 37-foot Crealock boat. We have her berthed at Bal Harbour which is situated on Clear Lake near the Manned Space Craft Center. We have christened her Starling. Dr. Bob wants to buy so many things for her, I suggested we change the name to "Mama's Mink."

Remember, our next District VI meeting is on September 14. It is to be held at the Warwick Hotel (wow) with cocktails at 6:30 p.m. and dinner and meeting to follow. Please RSVP to Dr. Steven Levy at 713-623-0040.

Love doing this column. See you next month. ^

YOU'RE INVITED

Dedication and Open House
TOMA Office
2 p.m.
September 13, 1981
226 Bailey Avenue
Fort Worth, Texas

Texas Ticker Tape

HCFA HOPES TO BE ON SCHEDULE BY END OF SEPTEMBER

Jerry Sconce, regional administrator for the Health Care Financing Administration, was quoted in the *Dallas Morning News* as saying that if things go according to plan, the Medicare backlog should be corrected and everything back to normal by the end of September. The backlog of 1.3 million Medicare claims resulted when Blue Cross converted to a new computer system in early May.

AOA LEADERSHIP CHANGES

Edward P. Crowell, D.O., executive director of the American Osteopathic Association, retired August 28. He served in that position for 13 years and has been with AOA for 17 years. A search is underway for his successor.

NEW YORK MALPRACTICE RATES SOAR

According to the July-August *Arizona Osteopathic Digest*, commercial carriers are asking an increase of 368 percent in New York State. (Stick with your physician owned companies, they are your salvation.) The worst effect has been on Nassau County neurosurgeons, whose premiums have risen from \$23,000 to \$108,000. The primary reason for this rise is litigation. The public does not understand the difference between a poor result and malpractice.

CCOH ELECTS BOARD MEMBERS

Dean Glen Kost, Ph.D., has been elected president of the Board of Trustees of Corpus Christi Osteopathic Hospital. Elected to serve as vice-president was G. Leroy Howe, D.O. Re-elected to the office of secretary-treasurer was Gene Carter, B.S., Ph.

AOA ELECTS NEW OFFICERS

Frank J. McDevitt, D.O., of Livonia, Michigan assumed the presidency of the American Osteopathic Association during the recent House of Delegates meeting. During the same meeting the House elected A. Archie Feinstein, D.O., of Bristol, Pennsylvania as president-elect. Texans re-elected to national office were David Armbruster, D.O., of Pearland to the Board of Trustees and Samuel B. Ganz, D.O., of Corpus Christi as speaker of the House of Delegates.

PROFESSIONAL MUTUAL EXPANDS NATIONAL OSTEOPATHIC INSURANCE COVERAGE

Professional Mutual Insurance Company has announced that their firm has recently been licensed to offer medical malpractice insurance to osteopathic physicians in Florida, Illinois and Washington. With the addition of these states, PMIC is now licensed to provide medical malpractice insurance of D.O.s in 25 states. PMIC, which was founded in 1959, is the oldest osteopathically owned malpractice insurance firm in the U.S.

ACADEMIA

News From The Colleges

CCOM

Neil Stanton Levy, D.O., has been appointed associate professor and chairman of the department of Pediatrics for the Chicago College of Osteopathic Medicine (CCOM).

Thomas P. Kelly, D.O., a specialist in plastic and reconstructive surgery, has been appointed an assistant professor of surgery at the CCOM. Dr. Kelly is one of only four osteopathic physicians in the country with a specialty in plastic and reconstructive surgery.

Michael D. Settecase, D.O., has been appointed an instructor in osteopathic medicine at CCOM and assistant medical director of the Olympia Fields Osteopathic Medical Center.

TCOM

Dedication activities for the new educational complex at the University of Osteopathic Medicine and Health Sciences/College of Osteopathic Medicine and Surgery will be

DAVID H. LEECH, D.O., F.C.A.P.

Associate-Affiliated Pathology, P.A.
Hospital & Medical Lab Consultant

1401 Scripture
Denton, Texas 76201

held September 17-20, according to plans announced recently by the college's Board of Trustees.

Activities tentatively scheduled are an academic convocation on September 17; a continuing medical conference on September 18 and 19; a Dedication Dinner on September 19; and an Open House for the community on September 20.

The Board also approved the striking of the S.S. Still Medal to be awarded at Dedication to an individual or individuals who have made significant contributions to the progress and professional stature of the College. In subsequent years the award will be presented at Commencement. All recipients will be named by the Board of Trustees.

TCOM

A reorganization of the TCOM administration, approved July 15 by the North Texas State University Board of Regents, has resulted in title changes of three current administrators.

David M. Richards, D.O., who joined TCOM April 1 as associate dean for academic affairs, was made dean for academic affairs. Assistant deans Richard B. Baldwin, D.O., and Edward E. Elko, Ph.D., were named associate dean for clinical affairs and associate dean for basic sciences, respectively.

Reorganization of the administration was one of the priorities of Ralph L. Willard, D.O., after he was named president of the school last February. He had been TCOM's dean since 1975.

A new clinic, the Clinical Ecology Clinic, has been added to the list of seven specialty clinics at TCOM.

The new facility is under supervision of the department of public health and preventive medicine. It is located on the second floor of Medical Education Building I, next to the Central Clinic.

"We deal with environmental problems caused by such things as food intolerance, air pollution and synthetic chemical reactions," said Gary Campbell, D.O., head of the department's environmental and occupational health division. Currently he and Johannes Steenkamp, D.O., chairman of the department, are the only two physicians in the clinic.

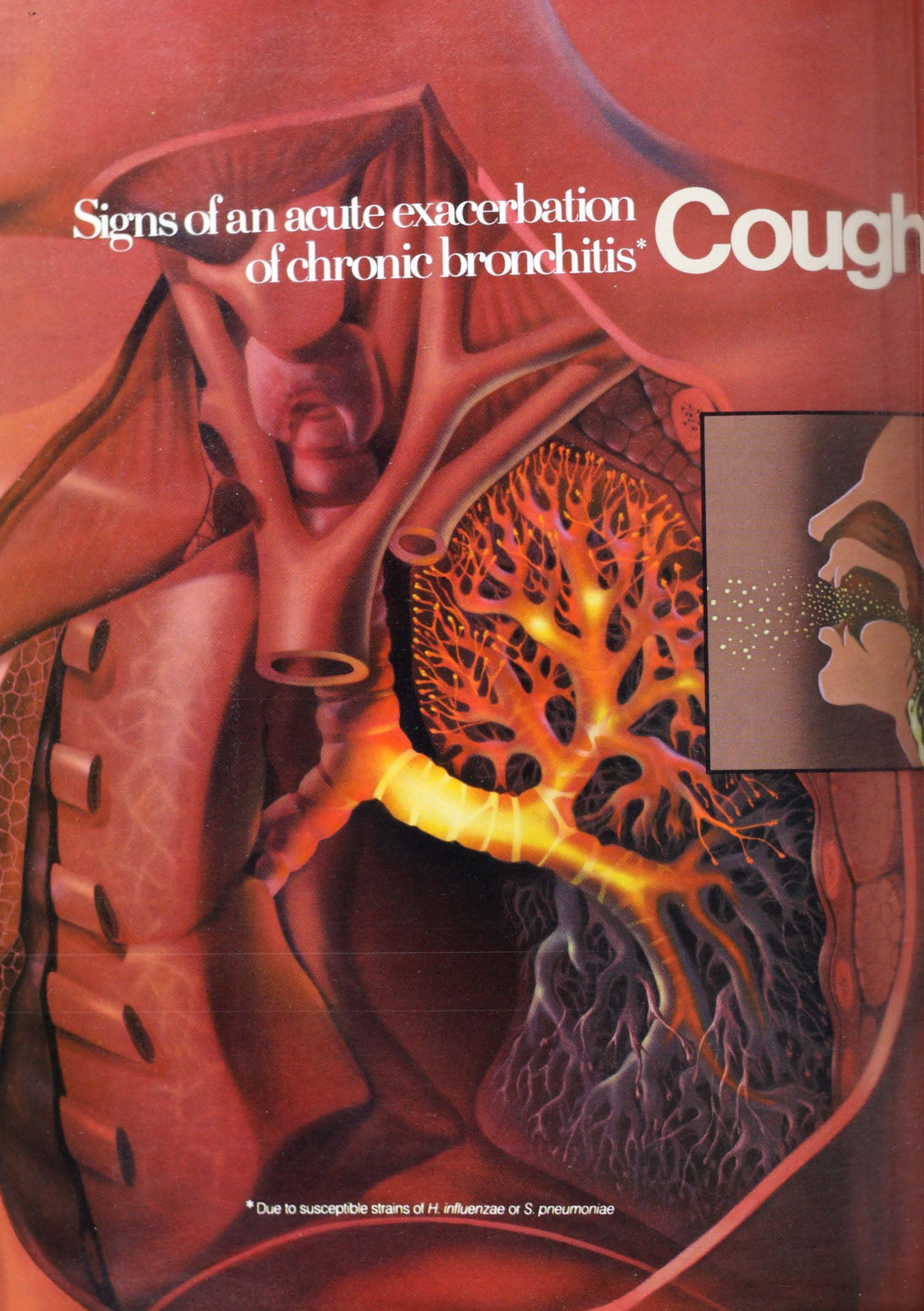
"We are emphasizing prevention in the clinic," Dr. Campbell added, "and looking at illness in its early stages. We will examine industrial problems if they have something to do with one of our patients."

Three French physicians spent two days recently at TCOM touring facilities and talking over curriculum and teaching philosophies.

Drs. Andre Ratio, Jean-Pierre Guiliani and Marc Bouchoucha, private practitioners who also teach at the European School of Osteopathy, a bilingual school in Mainstone, England, were the guests of John Harakal, D.O., chairman of TCOM's department of osteopathic philosophy, principles and practice.

The trio spent one morning seeing patients at TCOM's Osteopathic Consultants Clinic with Dr. Harakal, Jack H. Gramer, D.O., William W. Grimes, D.O. ^

Signs of an acute exacerbation of chronic bronchitis* Cough



* Due to susceptible strains of *H. influenzae* or *S. pneumoniae*

color, quantity

Reducing cough severity, clearing sputum purulence and lessening sputum production are important goals of antimicrobial therapy in acute exacerbations of chronic bronchitis. Bactrim DS can usually achieve those goals.

Efficacy unexcelled by ampicillin *q.i.d.* In three double-blind comparisons,¹⁻³ Bactrim DS *b.i.d.* proved at least as effective as ampicillin *q.i.d.* Also, the

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Efficacy superior to tetracyclines. In 10 clinical comparisons involving nearly 700 patients, Bactrim consistently produced superior levels of improvement, judged by such parameters as clinical assessment, change in sputum purulence, reduction in sputum volume and microbiological clearance of pathogens.⁴ (In two studies, tetracyclines resulted in a lower incidence of mucoid sputum 4 weeks posttherapy.)⁴ Even though some of the studies employed higher daily dosages of Bactrim than

recommended, the incidence of G.I. discomfort was lower with Bactrim (7%) than with tetracyclines (12%) (see adverse reactions in summary of product information).

And...its *b.i.d.* dosage makes Bactrim DS an even more attractive choice because it encourages patient compliance. During therapy maintain adequate fluid intake. Use cautiously in patients with impaired renal or hepatic function, severe allergy or bronchial asthma.



Clears the sputum, lowers the volume...
with B.I.D. convenience

Bactrim™ DS

160 mg trimethoprim and 800 mg sulfamethoxazole



Please see next page for references and a summary of product information.
Contraindicated in pregnancy, lactation, infants under two months, and patients hypersensitive to either component.

Bactrim™ DS

(160 mg trimethoprim and 800 mg sulfamethoxazole)

References: 1. Chodosh S: Treatment of acute exacerbations of chronic bronchitis: results of a double-blind crossover clinical trial, in *Chronic Bronchitis and its Acute Exacerbations: Current Diagnostic and Therapeutic Concepts*. Princeton Junction, NJ: Communications Media for Education, Inc., 1980, pp. 15-16. 2. Chervinsky P: Double-blind clinical comparisons between trimethoprim-sulfamethoxazole (Bactrim™) and ampicillin in the treatment of bronchitic exacerbations. *Ibid.*, pp. 17-18. 3. Dulfano MJ: Trimethoprim-sulfamethoxazole vs. ampicillin in the treatment of exacerbations of chronic bronchitis. *Ibid.*, pp. 19-20. 4. Medici TC: Trimethoprim-sulfamethoxazole (Bactrim™) in treating acute exacerbations of chronic bronchitis: summary of European clinical experience. *Ibid.*, pp. 13-14.

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.

For acute otitis media in children due to susceptible strains of *Haemophilus influenzae* or *Streptococcus pneumoniae* when in physician's judgment it offers an advantage over other antimicrobials. Limited clinical information presently available on effectiveness of treatment of otitis media with Bactrim when infection is due to ampicillin-resistant *Haemophilus influenzae*. To date, there are limited data on the safety of repeated use of Bactrim in children under two years of age. Bactrim is not indicated for prophylactic or prolonged administration in otitis media at any age.

For acute exacerbations of chronic bronchitis in adults due to susceptible strains of *Haemophilus influenzae* or *Streptococcus pneumoniae* when in physician's judgment it offers an advantage over a single antimicrobial agent.

For enteritis due to susceptible strains of *Shigella flexneri* and *Shigella sonnei* when antibacterial therapy is indicated.

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.

Contraindications: Hypersensitivity to trimethoprim or sulfonamides; patients with documented megaloblastic anemia due to folate deficiency; pregnancy at term; nursing mothers because sulfonamides are excreted in human milk and may cause kernicterus; infants less than 2 months of age.

Warnings: BACTRIM SHOULD NOT BE USED TO TREAT STREPTOCOCCAL PHARYNGITIS. Clinical studies show that patients with group A β -hemolytic streptococcal tonsillopharyngitis have higher incidence of bacteriologic failure when treated with Bactrim than do those treated with penicillin. 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: General: 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. Bactrim may prolong prothrombin time in those receiving warfarin; reassess coagulation time when administering Bactrim to these patients.

Pregnancy: Teratogenic Effects: Pregnancy Category C. Because trimethoprim and sulfamethoxazole may interfere with folate acid metabolism, use during pregnancy only if potential benefits justify the potential risk to the fetus.

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, periarthritis 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 AND SHIGELLOSIS IN ADULTS AND CHILDREN, AND ACUTE OTITIS MEDIA IN CHILDREN:

Adults: Usual adult dosage for urinary tract infections—1 DS tablet (double strength), 2 tablets (single strength) or 4 teasp. (20 ml) b.i.d. for 10-14 days. Use identical daily dosage for 5 days for shigellosis.

Children: Recommended dosage for children with urinary tract infections or acute otitis media—8 mg/kg trimethoprim and 40 mg/kg sulfamethoxazole per 24 hours, in two divided doses for 10 days. Use identical daily dosage for 5 days for shigellosis.

For patients with renal impairment: Use recommended dosage regimen when creatinine clearance is above 30 ml/min. If creatinine clearance is between 15 and 30 ml/min, use one-half the usual regimen. Bactrim is not recommended if creatinine clearance is below 15 ml/min.

ACUTE EXACERBATIONS OF CHRONIC BRONCHITIS IN ADULTS:

Usual adult dosage: 1 DS tablet (double strength), 2 tablets (single strength) or 4 teasp. (20 ml) b.i.d. for 14 days.

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 and 28. 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. Pediatric Suspension, containing 40 mg trimethoprim and 200 mg sulfamethoxazole per teaspoonful (5 ml); cherry flavored—bottles of 100 ml and 16 oz (1 pint). Suspension, containing 40 mg trimethoprim and 200 mg sulfamethoxazole per teaspoonful (5 ml); fruit-licorice flavored—bottles of 16 oz (1 pint).

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The Quality of the Nation's Drugs

By Lawrence H. Block, Ph. D.

Professor

Pharmaceutical Chemistry and Pharmaceutics
Duquesne University School of Pharmacy

The consumer, in almost all instances, "is totally incapable of being able to discern that (a drug) product is defective—he is incapable of even determining its identity. He has...to rely absolutely on the credibility and integrity of the manufacturer: to place implicit trust and faith in the labeling of the product he has to take" (A. S. Arambulo, *Drug Development and Industrial Pharmacy*. Vol. 5, 1979).

FDA's recent analysis of recall rates for the prescription drugs and drug products most likely to be substituted concluded that the probability of recall was very low. This analysis, however, reflected an examination of only 77 recalls out of more than 1000 citations in FDA's weekly reports during fiscal years 1974-1978 and involved only Class I and Class II recalls of multisource, (ostensibly) therapeutically equivalent prescription drug products. The FDA analysis did not include those quality control lapses characterized as Class III recalls, nor did it include quality control defects involving nonprescription, single source, or "inequivalent" drug products. Furthermore, the analysis did not include products that were the subject of FDA-initiated court actions. As a result of the latter exclusion, drug products cited because of nonapproval (no current NDA or ANDA) were absent from the data base. Given the limited size of the data base and the constraints placed on admissibility of citations in the FDA analysis of recall rates, the effectiveness of FDA's drug quality assurance program cannot be inferred from the FDA study.

A more extensive analysis of the drug and drug-product citations published in FDA's weekly reports between 1970 and 1978 disclosed almost 3300 citations resulting from lapses in quality control among 590 manufacturers and 65 distributors. The vast majority of citations in FDA's weekly reports involved only about 7 percent of all pharmaceutical firms regulated by FDA. These data appear to support the contention that, in general, the quality of the nation's drug supply can be ensured through a program of product sampling and on-site inspection.

A closer examination of the data in conjunction with dollar sales or prescription volume data, however, revealed that 79 percent of the 3300 citations and about 96 percent of all court actions from 1970 to 1978 were incurred by firms whose aggregate volume amounted to only 15 percent of the industry total. In addition 85 percent of the citations involving potentially impaired bioavailability stemmed from firms whose total dollar sales were less than \$5 million in 1978. Further, more than 90 percent of all quality control lapses were recalls, court actions (seizures, prosecutions, complaints for injunction), or regulatory letters involving products already in channels of commercial distribution.

If one also reflects on the fact that 45 percent of all recalls since mid-1973 involved quality control lapses serious enough to pose some risk of adverse health consequences to the consumer, one would have cause for concern. The assurance of drug-product quality in the marketplace is far from absolute, since more than 40 percent of the published quality control lapses involve a reasonable probability of some adverse health effect and have not been detected until after distribution has begun. The detection of significant product defects after distribution is evidence of incomplete or inappropriate in-process control. How can we be complacent about current quality assurance programs, then, whether FDA-or manufacturer-maintained? The current regulatory position may be that all manufacturers are equal, but some, in fact, are more equal than others, since lapses in quality control are more frequent among some manufacturers than among others.

Governmental responsibility for assuring the public of the safety and freedom from defect of the nation's drug supply rests primarily with FDA. More than 130,400 food, drug, and cosmetic establishments are subject to FDA regulation, but only 5100 of these (3.9 percent) are involved in the manufacturing, repackaging, or relabeling of some 106,000 drugs or drug products. FDA's drug quality assurance program, operating on a budget that was \$24.7 million in 1980, oversees manufacturing and distribution of more than \$12 billion's worth of pharmaceutical preparations through the efforts of 584 field staff and 187 headquarters staff.

Is the apparent inequality of manufacturers' quality assurance programs a reflection of FDA's inability to monitor all pharmaceutical production? After all, FDA's commitment of funds and personnel to drug quality assurance is dwarfed by the scope of pharmaceutical manufacturing in the United States, that is, by the volume of production, the number of sites at which production takes place (not infrequently for 16 to 24 hours a day), and the multitude and complexity of pharmaceuticals.

This regulatory nightmare cannot be dissipated by increasing the extensiveness of FDA's sampling program to the point at which every batch of every product is assessed by FDA and by the manufacturer prior to product distribution. Some increase in the extent of sampling—along with changes in sampling methodology—may be warranted, but consideration should be given to stricter monitoring of manufacturer adherence to and compliance with Current Good Manufacturing Practices, particularly among manufacturers whose incidence of quality control lapses in the past has been exceptionally high.

The key to an improvement in the efficacy of drug-product quality assurance programs is two-fold: (1) the collaborative development of "master" quality control procedures specifically elaborated in accordance with CGMPs, and (2) validation of the manufacturing process, from the receipt of drug-product components (drugs, adjuvants, containers, closures, labels, cartons, and so on) to the certification of finished lots for distribution.

The value of master quality control procedures resides in their use as a template for the development of more specific, individualized quality assurance programs. These master procedures would be attuned to the dosage form, the type(s) of active ingredient(s) and the method(s) of manufacturing.

Validation, or the determination of the reliability of each critical step in a manufacturing process, necessarily involves an evaluation of the elements of quality (men, materials, methods, and equipment and machinery) at each step. It would involve an adaptation of the master quality control procedures to the operation at a specific manufacturing site.

FDA and the industries it regulates have an obligation to the consumer that overrides the balance sheet; they should not be adversaries. The joint development of master quality control procedures and the individual validation of the manufacturing process can only serve to improve the efficacy of the quality assurance programs of FDA and industry alike. The consumer deserves no less!

(Reprinted from April 1981 issue of Pharmaceutical Technology)

Opportunities Unlimited

Practice Locations in Texas

PHYSICIANS WANTED

AMHERST — General surgeon board certified or eligible, willing to combine family practice in beginning, needed for hospital — clinic setting. Join three other physicians with specialties in OB/Gyn, family practice and internal medicine. Small rural agricultural community with well established, wide trade area. Fifty miles from Texas Tech University School of Medicine. Facilities, personnel, supplies, accounting and billing services provided in addition to generous guaranteed salary, plus percentage over annual guarantee. New hospital with clinic facilities scheduled for occupancy in early spring of 1982. Contact: Mrs. Louis S. Landers, Administrator, South Plains Hospital—Clinic, Inc., Amherst, 79312. Phone: 806-246-3536, ext. 23.

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

ELECTRA — Attractive well-equipped office with established practice. Perfect for two physicians or solo. For sale or lease with low-cost financing. Modern excellent hospital facilities. Economy for area is based primarily on oil industry and is, therefore, booming. 28 miles west of Wichita Falls. Guarantee of first year's income is available from Hospital Management Corporation. Contact: Ron L. Nelms, D.O., 301 W. Garrison, Electra, 76360. Phone: 817-495-2101 (office) 817-495-2424 (home).

FLOYDADA — Two general practitioners needed for solo practice in modern, attractive Hospital/Clinic facilities. Floydada is located 50 miles northwest of Lubbock. Excellent opportunity for

young physician to build a rewarding practice. Minimum guarantee, relocation expenses paid and help with interview expenses are available. Contact: Nell McClung, administrator, Caprock Hospital District, 901 West Crockett Street, Floydada, 79235 or call 806-983-2875.

FORT WORTH — Texas College of Osteopathic Medicine faculty positions available, Clinical departments, family practice, specialists. Contact: Ralph L. Willard, D.O., President, TCOM, Camp Bowie at Montgomery, Fort Worth, 76107.

FORT WORTH — Private practice or minor emergency clinic for lease. Five minutes from downtown, 2300 sq. ft. and is next to established pharmacy and dental office. Has large reception area, six exam rooms, x-ray, lab, ambulance entrance, two restrooms with showers, private office, breakroom, large storage area and plenty of parking. Call metro 589-1362 or 817-831-1269.

GENERAL INTERNIST — We have an urgent need for a general internist willing to start in solo practice. Incentive package includes fully equipped office adjacent to the hospital rent free the first year, relocation expenses covered plus additional financial assistance. Contact: Olie Clem, administrator, Doctors Memorial Hospital, 1400 W., SW Loop 323, Tyler, 75701. Phone 214-561-3771.

GROOM — Needs general practitioners, D.O.s. Excellent opportunity for experienced and young, eager physicians. 32-bed hospital closed due to the lack of a physician. Will re-open upon establishment of physicians. Excellent opportunity and hospital will assist with start-up and relocation expenses. Contact: W. L. (Dub) Davis, Jr., Executive Director, Southwest Osteopathic Hospital, P. O. Box 7408, Amarillo, 79109. Phone: 806-358-3131.

GENERAL PRACTICE — Deceased doctor's practice and offices available in Laguna Vista, South Padre Island Texas area. Excellent practice terms available. Please call Mr. Davis 512-943-5106.

GORMAN — 39-bed hospital needs family practice physicians. Gorman is located 85 miles west of Fort Worth. The hospital serves an area of 4,000. Furnished clinic. Farm community. For more information contact: Gene Hisey, administrator, Phone: 817-734-2294 or write: Blackwell Hospital, P. O. Box 368, Gorman, 76454.

HOUSTON — Physicians interested in Houston area (family practice or pediatricians urgently needed). Contact: Lanny Chopin, administrator, Eastway General Hospital, 9339 N. Loop East, Houston, 77026. Phone: 713-675-3241.

NORTHEAST TEXAS — Completely equipped clinic with lab and x-ray for sale in Northeast Texas. Available immediately. Doctor presently sees 40-45 patients a day. Town population of 1,100 with large drawing area. Located 50 miles from Arkansas, Oklahoma & Louisiana borders. For further information write: TOMA, Box "O", 226 Bailey Avenue, Fort Worth, 76107.

POSITIONS DESIRED

GENERAL PRACTITIONER — 47-year-old GP, married with two children, wishes to locate to a better climate, preferably in small East Texas community; currently sees about 1,500 patients per month and delivers about 50 babies per year. Will consider solo or associate practice. Write TOMA, Box "C", 226 Bailey Avenue, Fort Worth, 76107.

Opportunities Unlimited

Practice Locations in Texas

PEDIATRICIAN — Looking to relocate in Texas. Prefers to practice within a 150 miles radius of Fort Worth. For more information write TOMA, Box "D", 226 Bailey Avenue, Fort Worth, 76107.

RADIOLOGIST—Certified radiologist wishing to relocate in Texas. Graduate of KCOM in 1959. For further information, please write TOMA, Box "B", 226 Bailey Avenue, Fort Worth, 76107.

REHAB JOBS NEEDED — 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; (2) Performing history and physicals; (3) Lab work as phlebotomist; and (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 of the Texas Osteopathic Medical Association, 226 Bailey Avenue, Fort Worth, 76107 with your questions or employment opportunities.

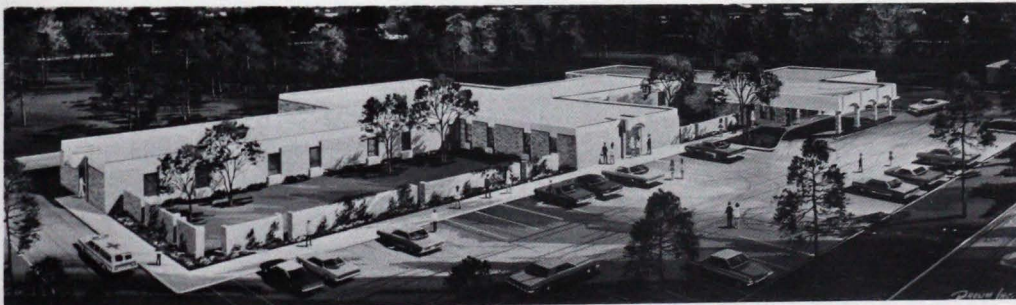
MISCELLANEOUS

FOR SALE — Ames Thyrimeter-Radio Gamma Counter. Cost \$1,800.00. Will sell for \$1,000.00. Used one time. Contact: Family Medical Clinic, 1702 E. Denman, Lufkin, 75901. Phone: 713-639-1224.

WANTED: McManis table (any condition). Contact: Dr. Dingle, 309 W. Liberty Road, Atoka, Oklahoma 74525. Phone: 405-889-3338.

(For information call or write Mr. Tex Roberts, Executive Director, TOMA Locations Committee, 226 Bailey Avenue, Fort Worth, 76107. Phone: 817-336-0549 or toll-free in Texas 1-800-772-5993).

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