

# TEXAS OSTEOPATHIC PHYSICIANS JOURNAL

June 1975



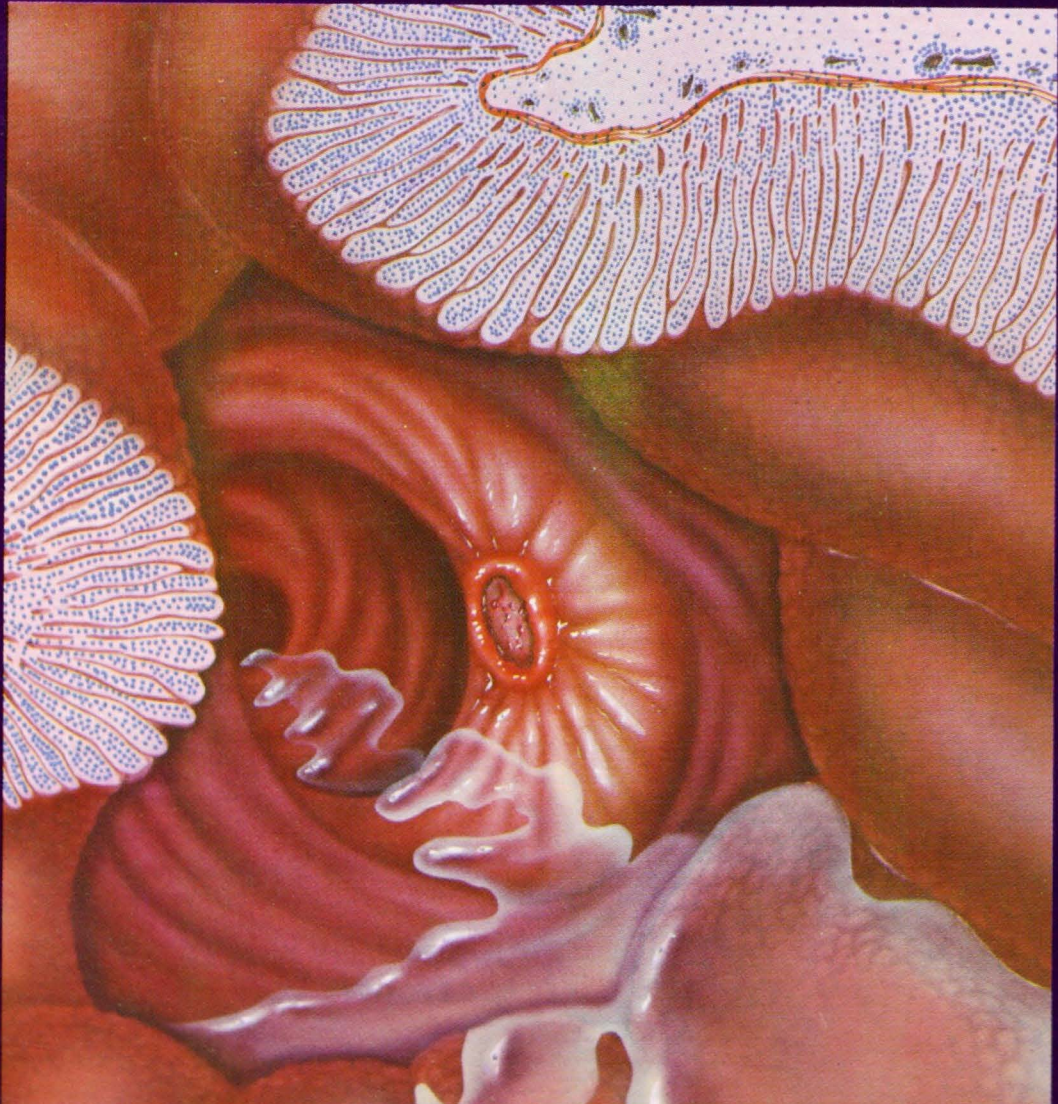
"MIKE"  
Our Main Man



Presenting Gastrointestinal Complaints

**Abdominal pain  
an hour or two  
after midnight...**

**Is it duodenal ulcer?**





Repeated episodes of burning, gnawing, hunger-like pain occurring during periods of increased gastric secretion and usually relieved by food can be strongly suggestive of duodenal ulcer. In many cases, the pain is experienced at night—typically between midnight and 2 A.M.—and may be an important diagnostic clue. The pain is generally located in the middle of the epigastrium or slightly to the right of the midline.

A definitive diagnosis by x-ray requires the demonstration of an ulcer crater and/or deformity of the duodenal bulb. Bulbar deformity, however, does not necessarily indicate an *active* ulcer, since it may be caused by scarring of a healed ulcer. In some instances, as where there is poor filling of a spastic duodenal bulb, the x-ray may be normal even though an ulcer is actually present. When roentgenography fails to confirm other signs suggestive of duodenal ulcer, the diagnosis may be resolved through endoscopy.

**If it's duodenal ulcer, Librax alone offers the action of Librium® (chlordiazepoxide HCl) plus the antisecretory action of Quarzan® (clidinium Br)**

The etiology of duodenal ulcer usually involves both emotional and somatic factors. Thus, in addition to reduction of gastric hypersecretion and hypermotility, comprehensive treatment includes various measures to relieve excessive emotional tension and anxiety.



## A unique\* psychovisceral agent

- \*1** Only Librax provides the well-known antianxiety action of Librium with the antisecretory-antispasmodic benefits of Quarzan.
- 2** The action of Librium, which seldom impairs mental acuity or performance at usual dosages, makes Librax a unique medication for adjunctive treatment of certain gastrointestinal disorders. As with all CNS-acting agents, however, patients should be cautioned against hazardous occupations requiring complete mental alertness.
- 3** Flexible dosage helps meet individual requirements: 1 or 2 capsules three or four times daily, before meals and at bedtime.
- 4** And Librax offers the convenience and economy of a single medication for relief of both emotional and somatic symptoms.

**Helps relieve excessive anxiety  
and associated symptoms  
in duodenal ulcer**

# Librax®

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



Please see following page for summary of product information.



Adjunctive therapy in duodenal ulcer •  
irritable bowel syndrome • functional upper G.I. disorders

Dual-action  
**Librax®**

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



*Rx  
Librax  
#35  
Sig: T t.i.d.a.c.  
and T i h.S.*

**Initial Rx**

The initial prescription allows evaluation of patient response to therapy.



*Rx  
Librax  
#100  
Sig: T t.i.d.a.c.  
and T i h.S.*

**Follow-up**

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

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

**Indications:** Symptomatic relief of hypersecretion, hypermotility and anxiety and tension states associated with organic or functional gastrointestinal disorders; and as adjunctive therapy in the management of peptic ulcer, gastritis, duodenitis, irritable bowel syndrome, spastic colitis, and mild ulcerative colitis.

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

**Warnings:** Caution patients about possible combined effects with alcohol and other CNS depressants. As with all CNS-acting drugs, caution patients against hazardous occupations requiring complete mental alertness (e.g., operating machinery, driving). Though physical and psychological dependence have rarely been reported on recommended doses, use caution in administering Librium (chlordiazepoxide hydrochloride) to known addiction-prone individuals or those who might increase dosage; withdrawal symptoms (including convulsions), following discontinuation of the drug and similar to those seen with barbiturates, have been reported. Use of any drug in pregnancy, lactation, or in women of childbearing age requires that its potential benefits be weighed against its possible hazards. As with all anticholinergic drugs, an inhibiting effect on lactation may occur.

**Precautions:** In elderly and debilitated, limit dosage to smallest effective amount to preclude development of ataxia, oversedation or confusion (not more than two capsules per day initially; increase gradually as needed and tolerated). Though generally not recommended, if combination therapy with other psychotropics seems indicated, carefully consider individual pharmacologic effects, particularly in use of potentiating drugs such as MAO inhibitors and phenothiazines. Observe usual precautions in presence of impaired renal or hepatic function. Paradoxical reactions (e.g., excitement, stimulation and acute rage) have been reported in psychiatric patients. Employ usual precautions in treatment of anxiety states with evidence of impending depression; suicidal

tendencies may be present and protective measures necessary. Variable effects on blood coagulation have been reported very rarely in patients receiving the drug and oral anticoagulants; causal relationship has not been established clinically.

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

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

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

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# TEXAS OSTEOPATHIC PHYSICIANS JOURNAL

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Mr. Tex Roberts, Editor



# All Records Broken at Our 76th!

Everything about the 76th Annual TOMA Convention was out of sight, and far away in excess of all past performances.

All records were broken, including the levels of camaraderie that were returned to the convention, the number of D.O.s, wives and exhibitors in attendance, participation in the CME lectures, the parties and the official functions.

The event was held May 1, 2 and 3 at the Sheraton-Dallas, and the Convention unfolded just like that—1 2 3! The total D.O. registration was 381, the highest in history, and there were 62 exhibitors and grantors participating.

For the last eight to ten years, attendance at the annual convention was free and remained at substantially static levels, which were considerably below the 381 at Dallas. Ninety-seven per cent of the members sent in their paid-in-advance registration, making it possible for all meal and party functions to be staged with maximum satisfaction of the doctors, wives, exhibitors and guests.

Michael A. Calabrese, D.O. of El Paso succeeded H. Eugene Brown, D.O. of Lubbock as president of TOMA, and Mrs. Francis S. Wheeler of Fort Worth succeeded Mrs. David R. Armbruster of Houston as president of ATOMA.



Their separate affiliated societies named Robert G. Haman, D.O. of Irving as General Practitioner of the Year, and T. T. McGrath, D.O. of Bedford as Surgeon of the Year. Waldemar D. Schaefer, D.O. of San Antonio received the first 20-year plaque in history for two decades of service in the TOMA House.



Henry B. Hardt, Ph.D., the first Dean of TCOM, received a TOMA Honorary Membership plaque, an honor bestowed on only three other individuals in recent years.



Keynote speaker for the opening day luncheon was Kenneth Wyatt, a cowboy artist-preacher from Tulia, Texas, who interspersed in his humorous talk the serious message

that doctors should develop an alternating current in the conduct of their lives, rather than existing under a direct pressure situation and its attendant tensions.



The White Hat Gang and spouses, by reason of maintenance of their Sustaining Membership status, enjoyed a Texas Bar-B-Que at the Black Champ Farm of Robert G. Haman, D.O. and Robert B. Finch, D.O., on Thursday evening following the Champagne with Exhibitors party at the Sheraton.

156 D.O.s joined the ranks of Sustaining Members, up from 103 for the year just ended.

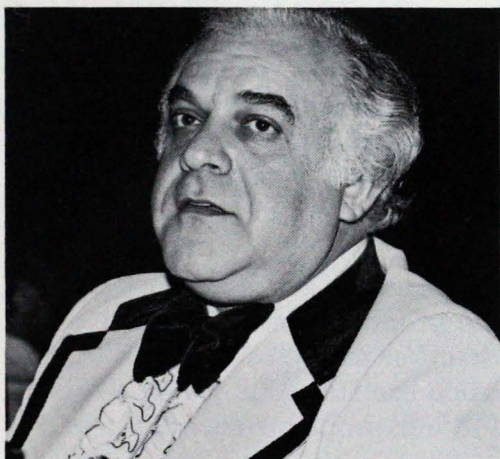
The 21 hours of CME were well attended throughout the three days, and even concurrent sessions were equally monitored by the D.O.s in attendance.

Among the notables at the College Luncheon on the second day were C. C. Nolen, Ph.D., president of North Texas State University, Dr. Charles Moore, president of Kirksville, Dr. Thaddeus Kawalek, pres-



ident of the Chicago College of Osteopathic Medicine, and Earl A. Gabriel, D.O., AOA president-elect.

In line with all other events of the Convention, President's Night Friday night, and Fun Night Saturday night were attended by approximately 390 persons each night. On Saturday morning, 156 D.O.s turned out to hear Dr. Gabriel at a breakfast meeting. Almost 100 attended the G.P. Breakfast, and more than 75 attended the Auxiliary luncheon and installation.



Voluntary convention personnel included James P. Malone, D.O. of Corpus Christi, program chairman;



Arthur W. Kratz, D.O., of Dallas, District V president; Donald Peterson, D.O., local convention coordinator, and Mrs. M. L. Coleman,



Auxiliary convention coordinator. Especially active in the Sustaining Membership campaign were Mrs. Linda Armbruster and Mrs. Elaine Armbruster of Pearland, and Dr. Haman. Mrs. Gary Kopen of Phoenix, Arizona was the AAOA installing officer for the ATOMA Installation Luncheon.

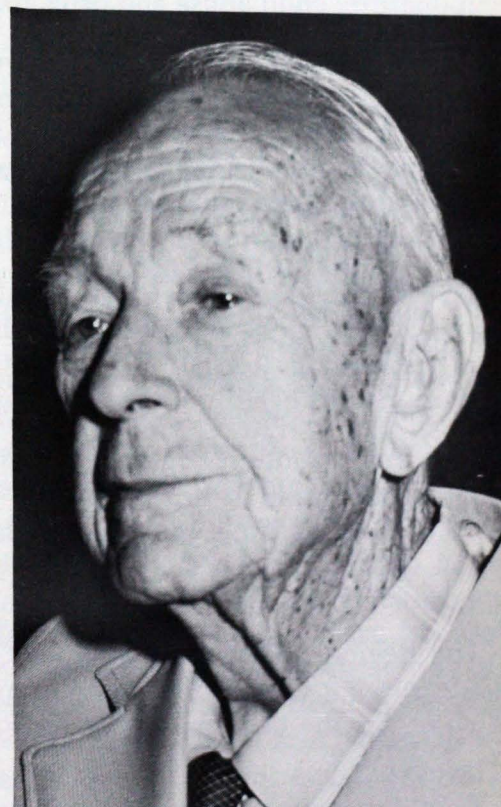
Other speakers and medical lecturers included Richard E. Eby, D.O., Pomona, California; Wayne R. English, D.O., Fort Worth; C. Raymond Olson, D.O., Fort Worth; James W. Lively, D.O., Corpus Christi; J. Dudley Chapman, D.O., North Madison, Ohio; James M. Turnbull, M.D. and Sharon Turnbull, R.N., Essondale, British Columbia; Richard L. Stratton, D.O., Arlington; Charles H. Bragg, D.O., Bedford; Charles R. Gardner, D.O., Bedford; T. T. McGrath, D.O., Bedford; Victor H. Zima, D.O., Houston; James G. Matthews, D.O., Columbus, Ohio (soon to be in practice in Grand Prairie); and Jesse A. Root, Jr. of Austin from the Emergency Medical Services Division of the Texas State Department of Health.

Another new element was added to the Convention this year by Pat Patterson of Marion Laboratories, who staged a slide show on a giant screen both Friday night and Saturday night—showing candid shots of

the Convention antics of almost everyone in attendance during the three days.

Entertainment for the Convention was furnished by the Ray Bloch Orchestra, both Friday and Saturday nights, including The Shoppe and Pinky Hull, with his plinkety-plink piano. The Shoppe, a male quartet, first entertained the TOMA Convention three years ago in Fort Worth, and since have catapulted to national prominence and are now booked by the Ray Bloch Agency.

The next TOMA Convention and Scientific Seminar will be held at the Moody Civic Center, Galveston, on April 8, 9 and 10, 1976.



*TOMA's 76th was the 56th Texas convention that Dr. Phil Russell has attended. His first was in 1920 and he has never missed one since that year. An enviable record!*



# It Was a Very Good Year

by H. Eugene Brown, D.O.  
Immediate Past President, TOMA



In this year of increasing malpractice problems, financial recession and national political chaos, the osteopathic profession has continued to grow and assert its leadership.

On the national level, this year we have seen the California Supreme Court rule that osteopathy was an equal and distinctive profession, and the law passed in that state in the early 1960's was unconstitutional as being unfair to patients and physicians.

The CME reports have been sent to the individual physicians from AOA showing the end of the first year of operation. The AOA has taken positions on acupuncture, child abuse and drug abuse.

This state was fortunate to have the American Osteopathic Hospital Association's national meeting and the American Osteopathic Association of Ophthalmologists' national meeting the past year.

Texas has three national officers of the National Guild Association.

The Congress of the United States has changed much of the medical ballgame with the advent of health planning legislation, new utilization review regulations and health manpower regulations.

The Texas College of Osteopathic Medicine has had a banner year. It has opened its third outpatient facility, had its first graduating class, has had its largest enrollment and is participating in the medical literature analysis and retrieval system (MEDLARS).

The Regional Medical Program, TCOM and TOMA put in place a CME video tape program in a number of cities for the osteopathic profession.

We have seen in this year publication of Dr. Phil Russell's book, more participation by members of our Association in health coordinating agencies and planning agencies. We have seen Dr. Schaefer serve 20 years in our House of Delegates. Dr. Palmarozzi has been appointed to the Board of Medical Examiners, and Dr. Calabrese has been nominated for the Board of Medical Examiners. Dr. Millington is chairman of the Nursing Home Licensing Board.

We have had the largest Convention in the history of this Association. We have had a first—in concurrent programs being offered to give the doctor a better chance to get CME in areas of his personal interest. The Association has given more scholarships than ever in history. There has been more joint communication and work between TCOM and TOMA, as well as the ATOMA and TOMA. There has been increased activity between the TOHA and TOMA.

We have had our first seminar on governmental operations—with increased activity and interest in legislative action and increased realization and understanding of its importance in our practice lives in the future.

Working with the legislature and the Governor's office, we feel that the proposed Certificate of Need program provides protection to the osteopathic facility and its physicians and can state that we have been very well received, and our problems have been well understood.

The Association has had its first called meeting of the House of Delegates and approved participation in the Texas Medical Foundation. This Foundation has established criteria for utilization review, which includes the osteopathic diagnosis of somatic dysfunction. Also included are our distinctive osteopathic manipulating techniques and examination that we use associated with it. Your House of Delegates has taken a strong and positive position on suggestions of the AOA on hospital inspection accreditation program.

As you can see, it is with pride that I can say that my representation of this Association has occurred this year.

However, to continue to show progress and to improve the image of osteopathy in America and Texas today, we must always be on guard to preserve the physician-patient relationship regardless of external forces. We must also always guard over our distinctiveness in the education of our students. This Association must remain strong and vigorous.





# *New President asks for continued "moral courage and active support" of members*

by Michael A. Calabrese, D.O.  
President, TOMA

I noticed this past year in Tex's press releases regarding Gene's visitations to the districts, he would say of him, "one of the youngest presidents to be elected to the office of president of this Association, et cetera, et cetera".

Now Tex has other superlatives to use: the oldest, and the grayest and (since the four consecutive tenures of the hairless fearsome foursome starting with M. G. Holcomb, D.O. and ending with L. G. Ballard, D.O.) the baldest! Have you noticed that every president since them has had a full head of hair? There may be some significance to this (what, I don't know just yet.)

While I was rehearsing this speech this morning, Beryl must have been listening because right after this she yelled out a couple of more "superlatives", but they were on the "expletive" side and besides they're unprintable (thus you may notice a slowing down of the pace of your president this coming year).

As some of you may attest, I've been around a long time. Probably too long for some of you. I've served on the Board and in the House roughly twenty some years, on and off—kind of bridging the gap between the so-called "moustache Pete's" and the "now generation".

I learned much serving under these many able presidents, especially the last few. One basic lesson, which was repeated time and time again, was that one is never fully prepared to meet the contingencies and crises which constantly arise, threatening this noble profession. And when these unexpected stumbling blocks had been encountered, I noticed always that there have been those among you to come forward with the moral courage and active support which carried the profession through another critical storm. This is what I'm expecting from you when my crises arise this coming year.

For the past few years I'm sure you are or have been aware of the drastic and rapid changes in medicine: the great advances in medical technology, the high degree of specialization, the computerization of medicine in diagnosis and treatment, and the classification and the coding of diseases. And now we have H.E.W., P.S.R.O., B.Q.A., C.M.S., C.M.E., T.I.M.A., T.A.R.P., T.M.F., T.O.P.S. to mention a few.

All these are wonderful and I'm sure they mean well, but the experts seem to have forgotten something in this whole setting. It's like a whole bunch of bit players scurrying around trying to upstage each other while the main character is wandering around



in a daze trying to catch the director's eye. This star, whose presence is responsible for the salaries of these bit players (and doesn't even get much of a billing) is the patient.

This is where we as osteopathic physicians can really show the health world that we *do* care and *do* consider the patient as a distinct, integrated and interdependent noble human being, and bring him back center stage in the stream of medicine to his rightful place as the star attraction.

We have arrived at a critical time in our profession. After a century of struggle, we have achieved one of our goals—recognition as a complete school of medicine. So we commence our second century with unlimited practice rights in all fifty states, recognition by all health agencies, acceptance by all branches of the services, acceptance in mixed staffed hospitals—in short it seems that we have arrived. Unfortunately, I don't think so. I think our struggle is just beginning.

For instance, it seems during our first hundred years struggle, we lost sight of our original objective for existence and began to believe the propaganda of our adversaries—that our objective was merely to become accepted into the stream of medicine through a short cut via the back door.

In addressing a graduating class in 1901, Dr. A. T. Still said, "the charter reads thus, . . . 'to improve our present system of surgery, obstetrics and treatment of diseases generally.' I want to draw your attention to one very serious truth that should forever be before the mind of every graduate and student of this school, and that is that the word 'osteopathy' means to improve on other systems of the healing art." He said improve, not imitate.

Why then should we give up our primary objective just because we are accepted or recognized? There must be several ways in which we can improve our "present system of surgery, obstetrics and treatment of diseases generally." It doesn't necessarily have to be along the lines of great technological advancement, or the discovery of another Salk vaccine, or the performance of a vital organ transplant. We can't all be researchers. We can't all be De Bakeys, Bernards or Cooleys but we can all be doctors and humanitarians.

The great philosopher Sir William Osler said, "Half of us are blind, few of us feel, and we are all deaf." That means millions of people who are looking for a kind and considerate word, an understanding and tender touch, a sincere and reassuring smile, a re-

ceptive and attentive ear and an unprejudiced and tolerant eye. We must learn to develop a feel for the patient—an empathy, if you will. I think there's a lot of room for improvement along these lines.

Mark Twain, who was a contemporary of A.T. Still, was a great believer and advocate of osteopathy. About 1910 or 1911, in a letter to one of his friends he said, "Ten years hence no sane man will call a doctor except when the knife must be used. . . The educated physician will himself be an osteopath". He may have missed it by a few years, but there's no reason why we can't make this one of our objectives today. To quote a T.V. commercial, "You've come a long way, baby." Please don't blow it now.

(You see, I love my profession, I'm proud of my degree and there ain't nobody that's gonna change it or take it away from me!)

As I mentioned earlier we have come to a critical time in our profession. I think our sheer survival as a distinct unique profession hangs in the balance here.

Among the many groups in professional sports, especially football and basketball, there is a term that is often used to describe whether a team is going to make it or not. It has almost become trite, but I would like to use it here. The word is "poise". I have made an acronym of it.

We must maintain our "poise" by forever "Perpetuating Osteopathic Insight Stressing Enlightenment" and that spells POISE.

Permit me to paraphrase an oft quoted expression which also may have become trite, but I think appropriate here: "Ask not what your profession can do for you, but ask instead what you can do for your profession."

In closing, I'm going to continue stealing other people's ideas. I'm sure most of you have heard Lincoln's Gettysburg Address. A few years ago I did a take-off of this address using the osteopathic profession as its theme. This too, I think is appropriate here today in spite of our rapidly changing times. I should like to read it to you now, with a few revisions, and this thought paraphrasing one of Winston Churchill's famous lines—"Never did so many of us owe so much to so few."



Five score and a year ago, Andrew Taylor Still brought forth into this country a new concept of health and disease, conceived in liberty and dedicated to the proposition that all persons are created with an interrelated and interdependent unity of the body. Now we are engaged in a great struggle, testing whether that philosophy or any philosophy so conceived and so dedicated can long endure.

We have come to the crossroads of that struggle. We have reached the point where we need to dedicate a place of honor and respect for those who here have given of themselves that this philosophic concept

of health might live. It is altogether fitting and proper that we should do this.

But in a larger sense we cannot dedicate, we cannot consecrate, we cannot memorialize these doctors. The brave doctors, living and dead, who struggled against seemingly overwhelming odds have nourished the osteopathic concept far above our poor power to add or detract.

The world will little note, nor long remember, what we say here, but it can never forget what they gave to the world of medicine. It is for us, the living, rather to be dedicated here to the unfinished work

that they have thus far so nobly advanced.

It is rather for us to be dedicated to the great task remaining before us; that from these honored pioneers of the osteopathic profession, we take increased devotion to that cause for which they gave their last full measure of devotion, giving us cause and reason for existence; that we here highly resolve that these doctors shall not have practiced in vain; that this profession under skilled hands, shall have a new birth of freedom; and that the osteopathic concept toward health for all the people shall not perish from the earth.▲

## Letter from Mama

*(Although the following was not transmitted to us as a part of President Calabrese's acceptance speech he gave during President's Night at the Convention, he did begin his talk with what he described as a letter his mother would have written him on this occasion, if she could write. Although something may be lost in an effort to commit it to the printed page, we know that those who heard Dr. Calabrese read it will remember it with pleasure and will be able to supply the Italian accent that the typewriter can't quite pick up—Ed.)*

Caro Filgie Mio (My dear son)

You sistre, she'sa tol' me you wanna me a commin' Tex'. a'cause you'se gonna be de presidente de tutte le doctore de TOMA.

Ah aska you sistre, "What'sa dis TOMA?" She'sa tol' me, at'sa de groupe de tutti le doctore whosa de 'Ostopatic'." Ah aska her, "What'sa dis Ostopatic?" She'sa say

you'se a differente doctore an' esplane a me you do disa an' you do data, an' you ponch the peoples in the back.

She'sa talk a longa time and tink Ah no unnerstand, but Ah say a' her, "You mean de Ostopatic he'sa listen to da peoples and maka da peoples feela good again an' no talka so long?" An' she'sa say, "Si," an' Ah say, "Why you no say he'sa maka de betta doctore an' no talka so much?"

You remembre la senora Campenella—she'sa commin wit' on de boat when we commin from de ol' countre. She'sa gotta de son whosa gotta de M.D. Ah tol' her you'se de Ostopatic, what'sa maka de besta doctore, an' she'sa no tink so, an she'sa tink Ah'm crazy. She'sa maka me so mad, Ah no talka her for too week.

Ah'm sorrie ah no can a commin a Tex' an' see you maka de presidente. Ah tinka you maka de good presidente. Remembre all de time,

you gotta tol' da trut' an' no trusta nobody. Den you no getta da impeach.

Con tutti mia amora  
Mama



*Dr. Calabrese examines the digital watch presented to him by Dr. Brown on behalf of TOMA.▲*



# Pat Patterson's Camera Catches a Few of the 156 Good Guys in their White Hats

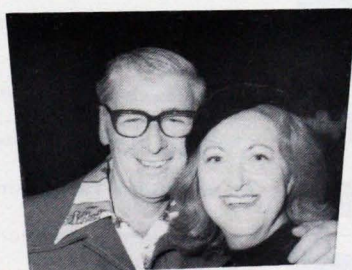
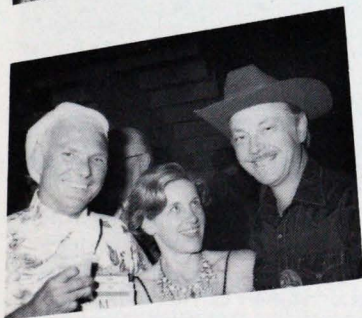
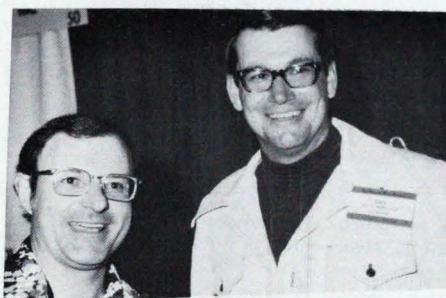
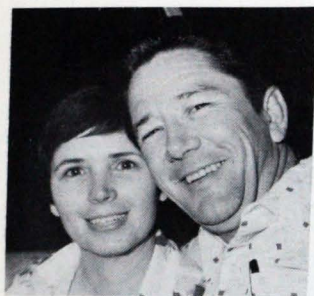


During the Convention, with the White Hat Gang out in force collecting \$100 bills or pledges for same, TOMA now has 156 Sustaining Members. Dr. Bob Haman and Dr. Bob Finch invited all of them, along with their spouses, to be guests at their Black Champ Farm for a Texas Bar-B-Q the first night of the Convention.

The Sustaining Membership form provides a choice of categories and the member may designate in which of these he wishes his \$100 to be used. They include scholarship funds for osteopathic medical students, osteopathic college support, legislative activities in Austin and Washington, and support of TOMA programs in regard to third party and federal intrusion into medicine.



# Happiness is - -



## - A TOMA Convention



# Texas Osteopathic Medical Association

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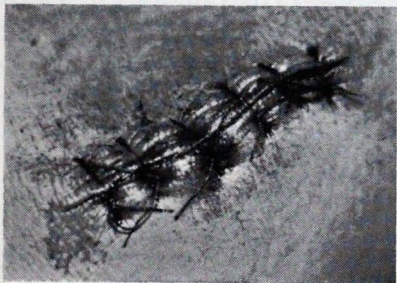
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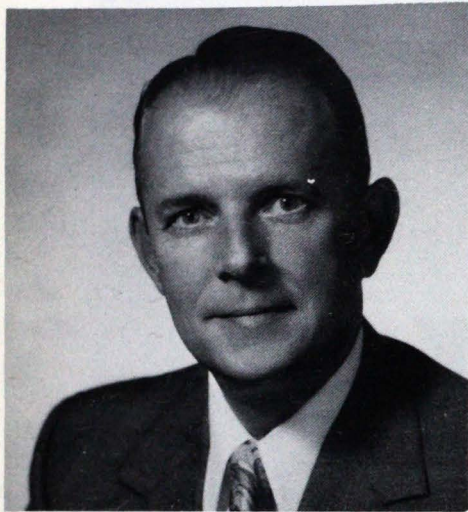
#3, codeine phosphate\* (32.4 mg.) gr. ½  
#4, codeine phosphate\* (64.8 mg.) gr. 1



# TCOM Graduates 25 New D.O.s

For 25 prospective graduating seniors at Texas College of Osteopathic Medicine June 2 will be the beginning of a new career.

At 10:30 a.m. in the William Edrington Scott Theater, across from the TCOM campus, these seniors will end their formal medical education and become osteopathic physicians. They will have earned the right to place the D.O. designation after their names.



Keynote speaker for the graduation service will be Edward P. Crowell, D.O. of Chicago, executive director of the AOA.

Following the graduation ceremonies, the new graduates will be honored at a reception given by the Students' Wives Auxiliary.

Baccalaureate services for the second graduating class of TCOM will be at 2:00 p.m., June 1, at the Ridglea Presbyterian Church. Speaker will be Rabbi Isadore Garsek, D.H.L., of Congregation Ahavath Sholom.

The graduating class will be honored at a Senior Banquet at 7:30 p.m., May 31, at Shady Oaks Country Club. Speaker will be C. Raymond Olson, D.O.

Dr. Crowell became AOA's chief administrative officer in September of 1968 after serving as both associate and assistant directors of AOA since he joined the organization in 1964.

A 1952 graduate of Kirksville College of Osteopathy and Surgery,

he interned at Waterville (Maine) Osteopathic Hospital.

He returned to Waterville as medical director and chairman of the hospital's department of osteopathic medicine. Three years later, he was appointed director of its clinical laboratory.

Dr. Crowell took his specialty training in internal medicine from 1953-56 at the Hospitals of the Philadelphia College of Osteopathic Medicine and was named chief resident physician during his last two years there.

Dr. Crowell is a member of the American Heart Association, a fellow of the American College of Osteopathic Internists and a former trustee of that specialty group.

Born in Chillicothe, Ohio, Dr. Crowell graduated from the Skowhegan (Maine) High School in 1944, served two years in the Navy and took his pre-med training at the University of Maine before entering Kirksville in 1948. ▲

---

## Merger Bill Goes to Governor

As this issue of the *Journal* went to press, a bill merging the Texas College of Osteopathic Medicine with North Texas State University had been passed by the Texas Legislature and word has been received that a public signing of this legislation by Governor Dolph Briscoe was to be held May 22.

The Coordinating Board of Higher Education, which is in charge of planning and funding colleges and universities, had recommended passage of the legislation. Texas Osteopathic Medical Association actively and officially supported the bill. Sen. Betty Andujar and Rep. Gib Lewis, both of Fort Worth, sponsored companion bills in their respective houses of the legislature.

In the final stages S.B. 216 was amended slightly and accepted by the House for final passage. This was

the identical route taken four years ago when state funding was made possible for TCOM under S.B. 160. TOMA carried the heavy burden of getting the original S.B. 160 signed into law.

Under the new legislation, the Fort Worth campus of TCOM can be donated to the state, and TCOM will be under the control of the Board of Regents of NTSU.

Tax support for TCOM for the 1974-75 academic year is \$1.9 million dollars, and the proposed appropriation authorized by the bill on the Governor's desk amounts to \$3,038,028 for the 1975-76 academic year and \$2,298,472 for the 1976-77 academic year.

Final vote in the House was 121 to 11. Current enrollment at TCOM is 234 student doctors. ▲



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Serum K<sup>+</sup> and BUN should be checked periodically (see Warnings section).

Before prescribing, see complete prescribing information in SK&F literature or PDR. The following is a brief summary.

#### WARNING

This fixed combination drug is not indicated for initial therapy of edema or hypertension. Edema or hypertension requires therapy titrated to the individual patient. If the fixed combination represents the dosage so determined, its use may be more convenient in patient management. The treatment of hypertension and edema is not static, but must be reevaluated as conditions in each patient warrant.

**Indications:** *Edema:* That associated with congestive heart failure, cirrhosis of the liver, the nephrotic syndrome; steroid-induced and idiopathic edema; edema resistant to other diuretic therapy. *Mild to moderate hypertension:* Usefulness of the triamterene component is limited to its potassium-sparing effect. **Contraindications:** Pre-existing elevated serum potassium. Hypersensitivity to either component. Continued use in progressive renal or hepatic dysfunction or developing hyperkalemia.

**Warnings:** Do not use dietary potassium supplements or potassium salts unless hypokalemia develops or dietary potassium intake is markedly impaired. Enteric-coated potassium salts may cause small bowel stenosis with or without ulceration. Hyperkalemia (>5.4 mEq/L) has been reported in 4% of patients under 60 years, in 12% of patients over 60 years, and in less than 8% of patients overall. Rarely, cases have been associated with cardiac irregularities. Accordingly, check serum potassium during therapy, particularly in patients with suspected or confirmed renal insufficiency (e.g., elderly or diabetics). If hyperkalemia develops, substitute a thiazide alone. If spironolactone is used concomitantly with 'Dyazide', check serum potassium frequently—both can cause potassium retention and sometimes hyperkalemia. Two deaths have been reported in patients on such combined therapy (in one, recommended dosage was exceeded; in the other, serum electrolytes were not properly monitored). Observe patients on 'Dyazide' regularly for possible blood dyscrasias, liver damage or other idiosyncratic reactions. Blood dyscrasias have been reported in patients receiving Dyrenium (triamterene, SK&F). Rarely, leukopenia, thrombocytopenia, agranulocytosis, and aplastic anemia have been reported with the thiazides. Watch for signs of impending coma in acutely ill cirrhotics. Thiazides are reported to cross the placental barrier and appear in breast milk. This may, result in fetal or neonatal hyper-

bilirubinemia, thrombocytopenia, altered carbohydrate metabolism and possibly other adverse reactions that have occurred in the adult. When used during pregnancy or in women who might bear children, weigh potential benefits against possible hazards to fetus.

**Precautions:** Do periodic serum electrolyte and BUN determinations. Do periodic hematologic studies in cirrhotics with splenomegaly. Antihypertensive effects may be enhanced in postsympathectomy patients. The following may occur: hyperuricemia and gout, reversible nitrogen retention, decreasing alkali reserve with possible metabolic acidosis, hyperglycemia and glycosuria (diabetic insulin requirements may be altered), digitalis intoxication (in hypokalemia). Use cautiously in surgical patients. Concomitant use with antihypertensive agents may result in an additive hypotensive effect. 'Dyazide' interferes with fluorescent measurement of quinidine.

**Adverse Reactions:** Muscle cramps, weakness, dizziness, headache, dry mouth; anaphylaxis; rash, urticaria, photosensitivity, purpura, other dermatological conditions; nausea and vomiting (may indicate electrolyte imbalance), diarrhea, constipation, other gastrointestinal disturbances. Necrotizing vasculitis, paresthesias, icterus, pancreatitis, xanthopsia and, rarely, allergic pneumonitis have occurred with thiazides alone.

**Supplied:** Bottles of 100 capsules; in Single Unit Packages of 100 (intended for institutional use only).

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# ATOMA News

## MRS. WHEELER NEW ATOMA PRESIDENT

by Mrs. Francis S. Wheeler  
President, ATOMA

I accept the presidency of the Auxiliary to the Texas Osteopathic Medical Association with pride, humility, and a deep sense of responsibility. In the thirty-five year history of the Auxiliary there have been numerous members who have accounted for the great strides in its development.

Naturally, the retiring members are vitally interested in the destiny of this organization. To enrich the continuation of this fine Auxiliary, each osteopathic physician's wife is responsible for bolstering her husband's enthusiasm for a great profession and present a favorable image of the osteopathic physicians by community service participation.

She should support the National Scholarship Program and earnestly

work for the Seals Program. Each member has a responsibility to support the Osteopathic Progress Fund. More and more women are entering our profession so that our members should encourage well-motivated young people to become osteopathic physicians. The Osteopathic Guild Program deserves our support and encouragement. Another one of the goals should be to seek new members for the Texas Auxiliary and to encourage inactive districts to renew their meetings. This is an important responsibility of all who are here today.

My chief aim during the coming year will be to help all of us work toward these goals for the continuing progress and growth of ATOMA and TOMA.



## DISTRICT VI

by Mrs. Jerry W. Smith

Mrs. Floyd Hardimon was presented the "Most Outstanding Member" award at the May meeting held at the Hyatt Regency. Betty won first place with her scrapbook and yearbook at the state convention.

\* \* \*

Installation of officers was conducted by our past president, Donna Spak. The new officers are:

*President*—Mrs. Jerry Armbruster (Linda); *President-Elect*—Mrs. D.Y. Campbell (Lois); *Vice President*—Mrs. Robert Prangle (Vickie); *Secretary*—Mrs. James LaRose (Mary Jo); *Treasurer*—Mrs. Richard Wiltse (Bea); *Past President*—Mrs. Floyd Hardimon (Betty); *Parliamentarian*—Mrs. David Armbruster (Elaine).

Chairmen are:

*Membership*—Mrs. D. Y. Campbell (Lois); *Program* — Mrs. Robert Prangle (Vickie); *Ways & Means*—Mrs. Floyd Hardimon (Betty); *Social* — Mrs. Ladd Tucek (Phil); *Public Relations & Health*—Mrs. Arthur Johnson (Nan); *Community Service*—Mrs. J. Kritzler (Eleanor); *Yearbook* — Mrs. George Hiney (Betty); *Courtesy* — Mrs. David Sufian (Beverly); *Newsletter*—Mrs. Jerry Smith (Joy) and Mrs. Leo Villegas (Elvira); *Scholarship*—Mrs. D. Y. Campbell (Lois); *Telephone Committee*—Mrs. J. R. Cunningham (Mildred); *Historian*—Miss Jenny Campbell.



Mrs. Gary Kopen, AAOA Trustee of Phoenix, installed new Auxiliary officers at its Friday luncheon. From left: Mrs. Francis S. Wheeler, President; Mrs. J. Michael Behrens, President-Elect; Mrs. Bill Puryear, Vice President; Mrs. M. L. Coleman, Recording Secretary; Mrs. Carl V. Mitten (standing in for Mrs. John J. Cegelski, Jr., Treasurer); Mrs. David R. Armbruster, Immediate Past President, and Mrs. Kopen.



## MEMORIES — —

We welcome three new members and their families. They are:

Dr. and Mrs. Ladd Tucek who moved from Oklahoma City. Dr. Tucek is an ENT and Plastic Surgery specialist. They have three children, Steve 12, Julie 10, and Krista 6.

Dr. and Mrs. David Harmon, specialist in Anesthesia, have two children, Jeffrey Alan 6 and Laurie Ann 2. They moved to Houston from Kirksville, Missouri. Mrs. Harmon's hobbies are gourmet cooking, cake decorating and sewing.

Irene Oruzl is our other new member but had to leave to catch a plane before I could talk to her.

\* \* \*

Dr. and Mrs. Wiltse are planning a trip to Helsinki to a convention with a possible side trip to Russia.

\* \* \*

Jennifer Ann Smith won first place in the district tennis tournament. She is a freshman at Clear Creek High School in League City. Her parents, Dr. and Mrs. Jerry Smith will celebrate their 22nd wedding anniversary at Lake Tahoe this month.

\* \* \*

Dr. and Mrs. James LaRose have a new son born on April 23rd. Everyone is doing fine.

\* \* \*

Dr. and Mrs. Leo Villegas, Jr. attended his ten year reunion at the Kansas City College. They attended the Senior Banquet and saw old friends. Highlight for Leo was to see Dean Davis.

\* \* \*

### GRAINGERGRAM

*If you don't have termites, you'd better knock on wood.*

*When you get old it takes more time to do things, and more toilet paper.*

Nostalgia was the order of the evening Fun Night when the theme was "Memories Are Made of This".

Although not too many who attended Fun Night heeded the Auxiliary's plea that costumes of a favorite era be worn, those who did were real standouts.



*President-Elect Dr. David Armbruster and his wife, Elaine, made a hit in their swimming attire (circa 1900).*



*District V President, Dr. Arthur Kratz, along with his moll, seem to have been intrigued with the Al Capone era, even though the good doctor could only have been a babe in arms at that time.*



*The '20s must have been good years for Dr. George and Geneva Grainger, although he was struggling through KCOM for some of those years.*




*Apparently the South Seas is the big attraction for Dr. and Mrs. Carl Everett. (Was that where they honeymooned?)*





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# THE ATTORNEY GENERAL OF TEXAS

AUSTIN, TEXAS 78711

JOHN L. HILL  
ATTORNEY GENERAL

April 17, 1975

The Honorable Cecil M. Pruett  
County Attorney  
Hutchinson County  
630 North Deahl  
Borger, Texas 79007

Opinion No. H- 584

Re: Constitutionality of  
article 4590e, section 3  
V.T.C.S.

Dear Mr. Pruett:

You have requested our opinion regarding the constitutionality of article 4590e, section 3, V.T.C.S., and the interpretation of that statute by the Texas State Board of Medical Examiners. The statute reads, in pertinent part:

*Sec. 3. Every person licensed to practice the healing art . . . by . . . the Texas State Board of Medical Examiners . . . shall in the professional use of his name on any sign, pamphlet, stationery, letterhead, signature, or on any other such means of professional identification, written or printed, designate in the manner set forth in this Act the system of the healing art which he is by his license permitted to practice. The following are the legally required identifications, one of which must be used by practitioners of the healing art:*

*(1) If licensed by the Texas State Board of Medical Examiners on the basis of the degree Doctor of Medicine: physician and/or surgeon, M.D.; doctor, M.D.; doctor of medicine; M.D.*

*(2) If licensed by the Texas State Board of Medical Examiners on the basis of the degree Doctor of Osteopathy: physician and/or surgeon, D.O.; Osteopathic physician and/or surgeon; doctor, D.O.; doctor of osteopathy; osteopath; D.O.*

The Board interprets this statute to prohibit the use of the designation "M.D." by a person whose medical license is based upon the degree of Doctor of Osteopathy. You ask whether such prohibition violates the equal protection clauses of article I, section 3 of the Texas Constitution and the Fourteenth Amendment to the United States Constitution.

"Osteopathy" has long been recognized as within "the practice of medicine" in Texas. Attorney General Opinion 0-1298 (1939). We have previously held, however, that the Board of Medical Examiners is neither authorized nor required to issue a license as a "doctor of medicine" to a practitioner who received his education at an osteopathic school, and whose M.D. degree was awarded merely by making application for it under the laws of California. Attorney General Opinion C-48 (1963). "The degree M.D. connotes an education obtained at a medical school and a D.O. degree likewise contemplates a degree obtained and based upon study at an osteopathic school." *Id.*, at 220.

That opinion reflected a correct interpretation of the statute, but it did not reach the question of constitutionality. A three-judge federal court in Georgia, however, recently considered, in *Oliver V. Morton*, 361 F. Supp. 1262 (N.D. Ga. 1973), the constitutionality of a Georgia statute similar to article 4590e. The court upheld the statute's facial validity and stated that it is reasonable for a state to impose separate classifications for M.D.'s and D.O.'s and consequently to prohibit the use of the designation of M.D. by a person whose medical license is based on the degree of Doctor of Osteopathy. However, the court also held that the Composite State Board of Medical Examiners violated the equal protection clause of the United States Constitution in its application of the Georgia statute.

The Georgia State Board had been licensing as M.D.'s foreign-trained practitioners who had not been awarded a degree which was the equivalent of the M.D. degree, and simultaneously had been refusing to license as M.D.'s practitioners with a D.O. degree. The court held that the state could not "differentiate between two qualified physicians who have not earned an M.D. degree and allow one to parade under an unearned M.D. degree while refusing to allow the other to do so." *Id.*, at 1269.

In our opinion, section 3 of article 4590e, similar to the Georgia statute, is constitutional on its face. Of course, this statute, like any other statute is subject to discriminatory and constitutionally proscribed application. We have no facts before us to indicate that the Texas State Board of Medical Examiners is applying the statute in such discriminatory manner.

## SUMMARY

*Section 3 of article 4590e, which authorizes the Texas State Board of Medical Examiners to prohibit the use of the designation of "M.D." by a person whose medical license is based upon the degree of Doctor of Osteopathy is, on its face, constitutional.*

Very truly yours,  
/s/ JOHN L. HILL  
Attorney General of Texas



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# Texas Ticker Tape

## **DR. SHARP FEATURED SPEAKER AT SEMINAR**

Dr. T. Robert Sharp of Mesquite was a featured speaker at the Florida Osteopathic Medical Association's 72nd Annual Convention and Postgraduate Seminar, March 16 through 19, at the Carlton House Resort Inn in Orlando. Dr. Sharp spoke on "Residency Programs in Family Practice." Some 450 osteopathic physicians and surgeons, their wives and guests, attended the four-day Convention sponsored by the FOMA.

## **TEXAS ACADEMY NAMES OFFICERS**

New officers of the Texas Academy of Osteopathy who were elected May 1 are Dr. Wiley Rountree of San Angelo, President; Dr. Frank McLamb of Houston, Vice President; Dr. Evalyn Kennedy of Beeville, Secretary-Treasurer; and Dr. Catherine Carlton of Fort Worth, Educational Director.

## **DR. LOVE PRESIDENT OF TEXAS KCOM ALUMNI**

The Texas Chapter of the Kirksville Osteopathic Alumni Association met May 2, and elected Dr. Joe Love of Austin, president. Other officers are Dr. Peter W. Eaton of Abilene, Vice President; and Dr. Catherine Carlton of Fort Worth, Secretary.

## **DR. VAN SCHOICK HEADS HEART FUND CAMPAIGN**

Dr. R. D. Van Schoick is serving as chairman of the 1975 American Heart Association's fund campaign in Fannin County. The *Bonham Daily Favorite* reported his appointment in a three-column picture story recently. In a note to this *Journal* concerning his appointment, Dr. Van Schoick expressed his hope that other D.O.s would become interested in working with this group, pointing out that heart disease is the leading cause of death in the United States.

## **MEDICAL PROFESSIONAL ASSOCIATION FORMED**

Three Corpus Christi D.O.s have formed the Weber Medical Professional Association to render services in general family medicine, internal medicine and cardiology. They are Drs. Harlan J. Borcharding, James P. Malone and Roy M. Slick.

## **DR. FLEMING DIRECTOR OF MEDICAL-SURGICAL UNIT**

Brady K. Fleming, D.O. has been designated as Director of the Medical-Surgical Unit at Rusk State Hospital. In this capacity he will be responsible for the direction of the hospital program and its supporting services, including X-Ray, EKG, EEG, Laboratory and Emergency Room Services.



## Governor Nominates Dr. Calabrese to Medical Examining Board

May 9, 1975

*To the Senate of the 64th Legislature, Regular Session:*

To be a member of the State Board of Medical Examiners: for a six-year term to expire April 15, 1981: Dr. Michael A. Calabrese, El Paso, El Paso County, is replacing Dr. Glen Garland Porter of Lubbock, Lubbock County, whose term expired.

Respectfully submitted,

Dolph Briscoe  
Governor of Texas

Dear Dr. Calabrese:

As Chairman of the Senate Subcommittee on Nominations, I have been notified that Governor Briscoe has nominated you as a member of the State Board of Medical Examiners. Please accept my sincere congratulations and best wishes.

According to the Constitution of the State of Texas, your nomination must be confirmed by the Senate during this session of the Texas Legislature. Your nomination was referred to the Subcommittee on Nominations, and a meeting will be

held on it as soon as possible. If your personal appearance is necessary, you will be notified. In the meantime, if you have any questions pertaining to the nomination procedure of the Senate, please feel free to call me.

Senator Mike McKinnon  
Chairman, Senate Subcommittee  
on Nominations

▲

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ogic Surgery  
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G. E. Miller, D.O.

Medical and Surgical  
Anesthesiology  
H. H. Beckstrom, D.O.  
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Paul A. Stern, D.O.

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K. S. Wooliscroft, D.O.

Orthopedics  
T. R. Turner, D.O.  
J. A. Yeoham, D.O.  
M. L. Glickfeld, D.O.

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Otorhinolaryngology  
R. M. Connell, D.O.

Ophthalmology  
Hubert M. Scadron, D.O.

Otorhinolaryngology  
Martin E. O'Brien, D.O.

## California Board Establishes Criteria for Licensing and Reciprocity

The California Board of Osteopathic Examiners met in special session on March 12, 1975, to establish a new criteria for licensing osteopathic physicians.

It was unanimously decided to uphold the state statutes and the revised rules of the Business and Professions Code as it relates to California osteopathy. The code specifies that a physician applying for reciprocity licensure to California must have graduated five or more years prior to the date of filing his application. If the application is based on a certificate that has been issued five or more years prior to his application filing date, then he must sit an oral, written and practical examination.

Therefore, the Board wishes to announce that, after June 30, 1975, all applicants will have to abide by the above rules and regulations.▲

### Technique Tip

#### GEARSHIFTING THE KNEE TO RELAX THE ABDOMEN

When muscle spasm makes palpating the abdomen difficult, try this technique used by H. G. Grainger, D.O., family physician, Tyler, Texas.

With the patient supine and the knees bent, take the more convenient knee with one hand and move it around (much as you would an old-fashioned gearshift) while palpating with the other hand.

This passive motion relaxes the abdominal muscles and increases your ability to feel things, especially in the epigastrium.

What direction the knee is moved does not matter, "Indeed," says Dr. Grainger, "your palpating fingers will 'unconsciously' tell you precisely how far and which way to move the knee around to obtain relaxation."▲



# We're doing something

## DISTRICT II

by George M. Esselman, D.O.

The regularly scheduled meeting of District II, TOMA, was held on Tuesday, March 18, at the Colonial Country Club. The meeting was called to order by the President, Dr. Donald K. Paxston. Dr. H. W. Ranelle presented an educational program on "New Concepts in Cataracts."

\* \* \*

District II will support an anticipated American Cancer Society mobile screening program.

\* \* \*

Welcome to District II—Dr. Lee J. Walker on transfer from District XV; and Dr. Thomas Nelson!

\* \* \*

New officers of District II, to take office May 1, are:

President...Dr. W. T. (Tommy) Giles  
President-Elect...Dr. Paul Saperstein  
Vice President...Dr. Thomas O'Shea  
Secretary .....Dr. Bryce Beyer  
Treasurer .....Dr. William Ranelle

Trustees approved were:

3-year term.....Dr. Donald Eakin  
2-year term.....Dr. David Bilyea  
Dr. Arthur Wiley is the remaining  
Trustee on the Board.

## DISTRICT III

by H. George Grainger, D.O.

District III D.O.s recipients of Convention honors at the recent Dallas meeting were:

To Mount Pleasant's Dr. Jack Kennedy (who probably never reads this column) for a gross low score on a wet golf course;

To Tyler's Dr. Anton Lester for simply participating in the inundation;

To Whitehouse's Dr. Bill Clark, a consolation prize for trying;

To Tyler's Dr. Dave Norris for winning something or other in tennis.

\* \* \*

Mabank's brown Dr. Bob Hamilton should get an award for the best looking pair of sideburns in East Texas.

\* \* \*

Mount Pleasant's Dr. Palmore Curry and TVs Burl Ives are look-alikes. ^

### Osteopathic

### Sophomore Student

desires arrangement whereby financial aid to complete medical training is exchanged for his services and/or monetary repayment. Available upon licensure in 1979. Contact:

William M. Billington  
4128 N.E. Davidson, Apt. 125  
Kansas City, Missouri 64116  
Phone 618-455-1632

## BULLETIN IUD Devices

by Caleb M. Belove, President  
Professional Mutual Insurance Co.

The FDA issued a drug bulletin in December, 1974, which was subtitled, "Information of interest to Physicians and other Health Professionals".

In the bulletin it discussed the findings of the Ad Hoc Advisory Committee on Obstetrics and Gynecology. The bulletin, in effect, warns of a registry system for IUD's which will be packaged with the kit and which will be necessary for the doctor to use.

In a sense, this sets up use requirement standards which infer compliance by the doctor. If these standards are not heeded by you and trouble ensues, it would appear that it would be impossible for your insurance company to defend you.

IUD's have given us problems. They have had a great deal of adverse publicity. I suggest that you follow whatever requirements are issued by the FDA.

If you do not have a copy of the bulletin, which we understand was sent to every physician in the country, it can be secured from:

Department of Health, Education  
and Welfare  
Public Health Service  
Food and Drug Administration  
Rockville, Maryland 20852

^

Southwestern Clinic of  
Bone and Joint Diseases | 524 BEDFORD ROAD  
BEDFORD, TEXAS 76021  
282-9363 METRO 268-1179

**T. T. McGrath, D.O., F.A.C.O.S.**

**C. Gardner, D.O.**

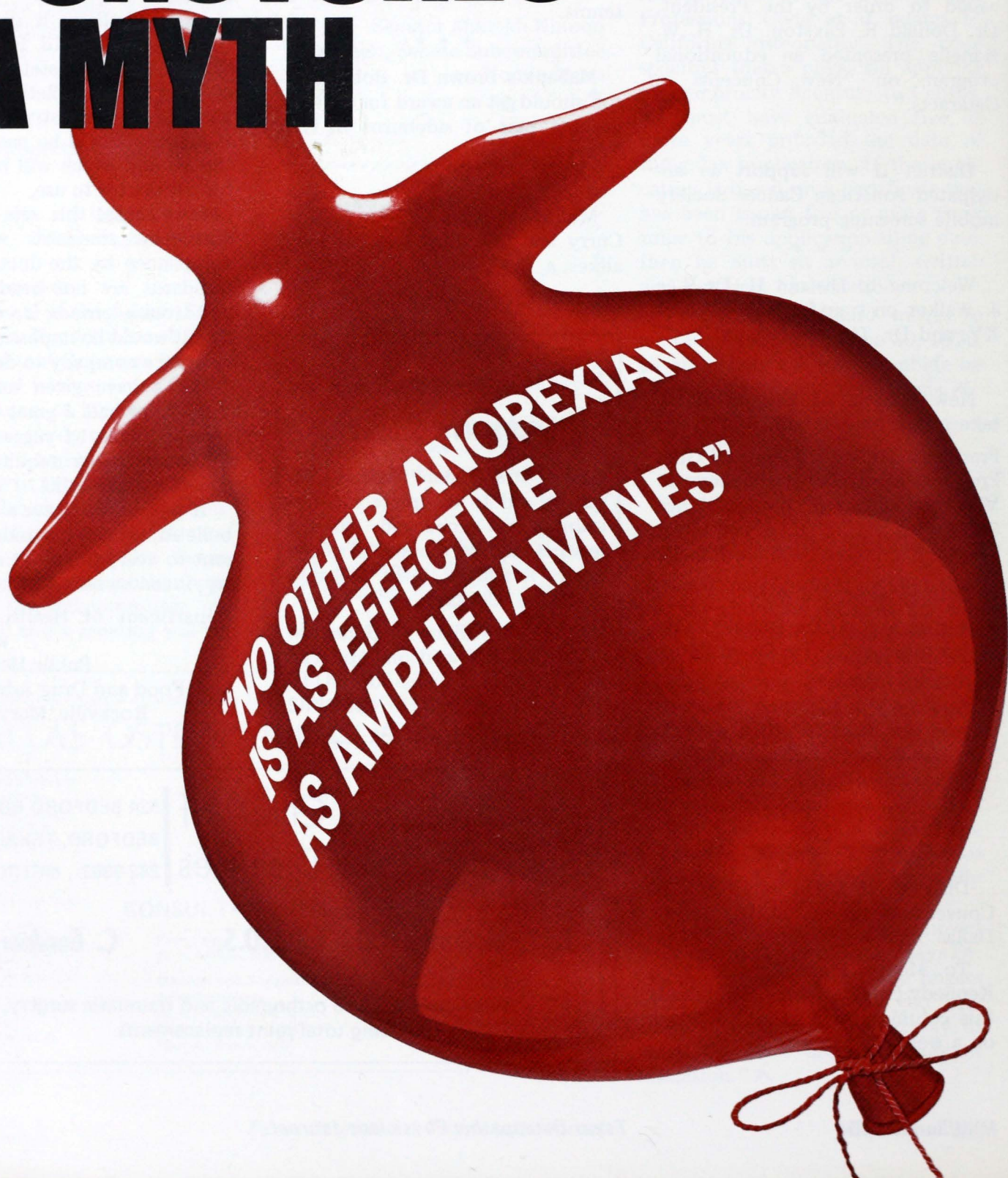
Practice limited to orthopedic and traumatic surgery,  
including total joint replacements



# **SANOREX<sup>®</sup>** **(MAZINDOL)<sup>©</sup>**

TABLETS, 1 mg and 2 mg

## **PUNCTURES A MYTH**

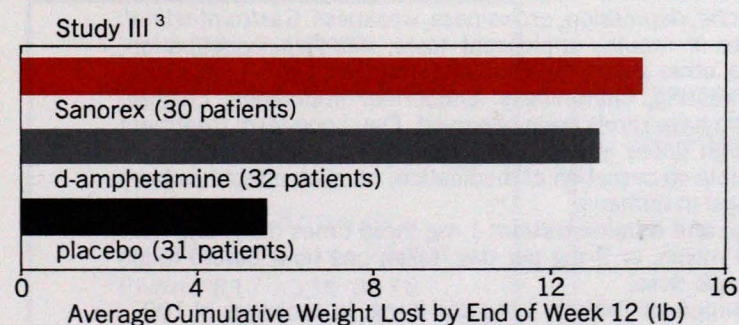
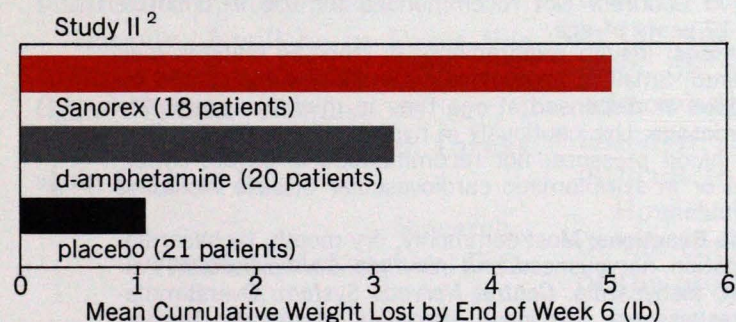
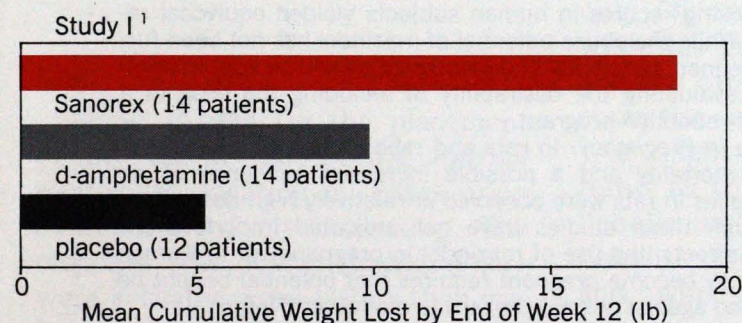


**"NO OTHER ANOREXICANT  
IS AS EFFECTIVE  
AS AMPHETAMINES"**



## SANOREX IS AS EFFECTIVE AS d-AMPHETAMINE

Double-blind studies<sup>1-3</sup> show that not only is Sanorex (1 mg t.i.d.) considerably more effective than placebo in helping patients achieve weight loss—but in these studies Sanorex has equaled or surpassed d-amphetamine (5 mg t.i.d.) in clinical efficacy. (Copies of these three studies are available on request.)



## SANOREX IS THE ONLY PRESCRIPTION ANOREXIANT NOT CHEMICALLY RELATED TO THE AMPHETAMINES

Although the pharmacologic activity of Sanorex and that of amphetamines are similar in many ways (including central nervous system stimulation in humans and animals, as well as production of stereotyped behavior in animals), animal experiments also suggest that there are differences.\*

### Different Chemical Structure

Sanorex is chemically unrelated to d-amphetamine—or any other “nonamphetamine” anorexiants available—and cannot be converted into an amphetamine-like substance in a biologic system.

### Different Neurochemical Action\*

Animal studies suggest that Sanorex, unlike d-amphetamine, does *not* interfere with norepinephrine synthesis.

### Action of d-Amphetamine\*

In animal studies, d-amphetamine (like food) activates afferent neurons leading to appetite centers in the hypothalamus. Resulting release of norepinephrine activates the receptor neurons. Unlike food, however, d-amphetamine also suppresses norepinephrine synthesis. Thus, increasingly larger doses of d-amphetamine become necessary to produce an effect.

### Action of Sanorex\*

After intake of food stimulates the release of norepinephrine from afferent neurons, Sanorex blocks its re-uptake without disturbing normal synthesis and release.

### Simplicity and Flexibility of Dosage

Simple one-a-day dosage is facilitated by 2-mg tablets (taken one hour before lunch). New flexibility (for the patient in whom 1 mg t.i.d. is preferred) is now facilitated by new 1-mg tablets (taken one hour before meals).

\*The significance of these differences for humans is uncertain.

75-391



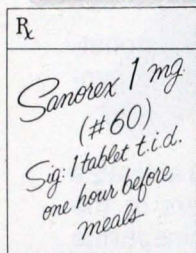
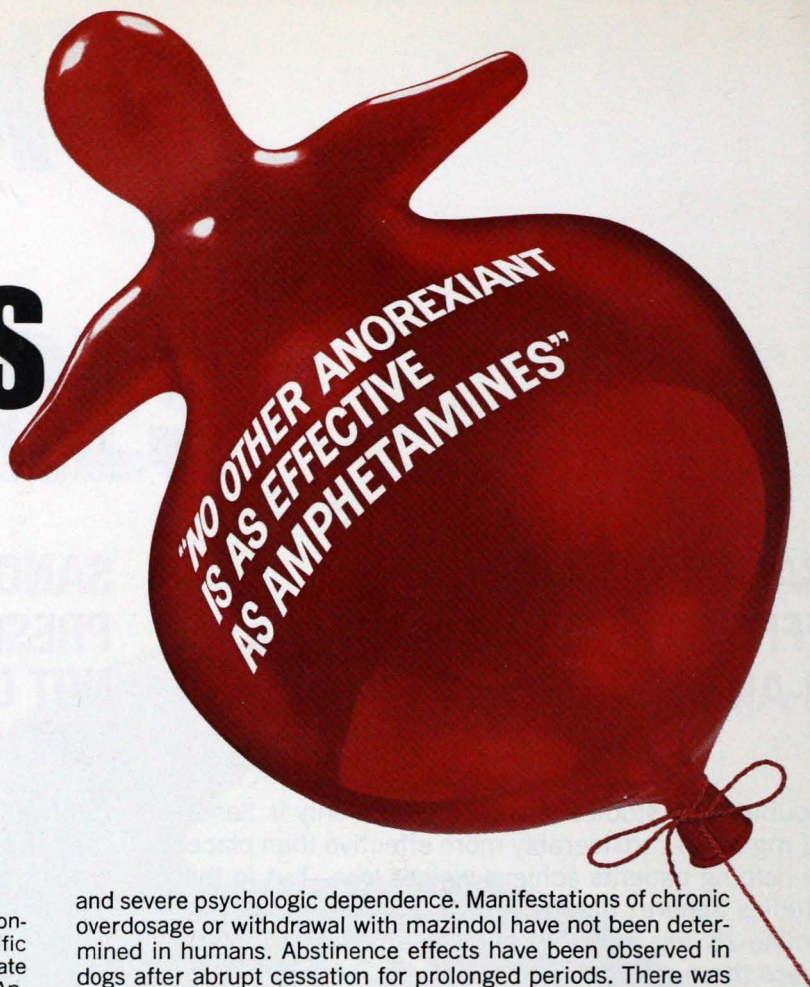
For Brief Summary, please see following page.



# SANOREX<sup>®</sup> (MAZINDOL)<sup>©</sup>

TABLETS, 1 mg and 2 mg

## PUNCTURES A MYTH



### References

1. Kornhaber A: Problems and current concepts in the treatment of obesity. Scientific Exhibit presented at the New York State Academy of Family Physicians 25th Annual Scientific Convention, McAfee, NJ, May 8-10, 1973.
2. DeFelice EA, Chaykin LB, Cohen A: Double-blind clinical evaluation of mazindol, dextroamphetamine, and placebo in treatment of exogenous obesity. *Curr Ther Res* 15:358-366, July 1973.
3. Vernace BJ: Practical considerations for managing obese patients: Initial interview and effective treatment in the office. Scientific Exhibit presented at the American Medical Association, 27th Clinical Convention, Anaheim, Calif, Dec 1-4, 1973.

**Indication:** In exogenous obesity, as a short-term (a few weeks) adjunct in a weight-reduction regimen based on caloric restriction. The limited usefulness of agents of this class should be measured against possible risk factors.

**Contraindications:** Glaucoma; hypersensitivity or idiosyncrasy to the drug; agitated states; history of drug abuse; during, or within 14 days following, administration of monoamine oxidase inhibitors (hypertensive crisis may result).

**Warnings:** Tolerance to many anorectic drugs may develop within a few weeks; if this occurs, do not exceed recommended dose, but discontinue drug. May impair ability to engage in potentially hazardous activities, such as operating machinery or driving a motor vehicle, and patient should be cautioned accordingly.

**Drug Interactions:** May decrease the hypotensive effect of guanethidine; patients should be monitored accordingly. May markedly potentiate pressor effect of exogenous catecholamines; if a patient recently taking mazindol must be given pressor amine agents (e.g., levarterenol or isoproterenol) for shock (e.g., from a myocardial infarction), extreme care should be taken in monitoring blood pressure at frequent intervals and initiating pressor therapy with a low initial dose and careful titration.

**Drug Dependence:** Mazindol shares important pharmacologic properties with amphetamines and related stimulant drugs that have been extensively abused and can produce tolerance

and severe psychologic dependence. Manifestations of chronic overdosage or withdrawal with mazindol have not been determined in humans. Abstinence effects have been observed in dogs after abrupt cessation for prolonged periods. There was some self-administration of the drug in monkeys. EEG studies and "liking" scores in human subjects yielded equivocal results. While the abuse potential of mazindol has not been further defined, possibility of dependence should be kept in mind when evaluating the desirability of including the drug in a weight-reduction program.

**Usage in Pregnancy:** In rats and rabbits an increase in neonatal mortality and a possible increased incidence of rib anomalies in rats were observed at relatively high doses.

Although these studies have not indicated important adverse effects, the use of mazindol in pregnancy or in women who may become pregnant requires that potential benefit be weighed against possible hazard to mother and infant.

**Usage in Children:** Not recommended for use in children under 12 years of age.

**Precautions:** Insulin requirements in diabetes mellitus may be altered. Smallest amount of mazindol feasible should be prescribed or dispensed at one time to minimize possibility of overdosage. Use cautiously in hypertension, with monitoring of blood pressure; not recommended in severe hypertension or in symptomatic cardiovascular disease including arrhythmias.

**Adverse Reactions:** Most commonly, dry mouth, tachycardia, constipation, nervousness, and insomnia. **Cardiovascular:** Palpitation, tachycardia. **Central Nervous System:** Overstimulation, restlessness, dizziness, insomnia, dysphoria, tremor, headache, depression, drowsiness, weakness. **Gastrointestinal:** Dryness of mouth, unpleasant taste, diarrhea, constipation, nausea, other gastrointestinal disturbances. **Skin:** Rash, excessive sweating, clamminess. **Endocrine:** Impotence, changes in libido have rarely been observed. **Eye:** Long-term treatment with high doses in dogs resulted in some corneal opacities, reversible on cessation of medication; no such effect has been observed in humans.

**Dosage and Administration:** 1 mg three times daily, one hour before meals, or 2 mg per day, taken one hour before lunch in a single dose.

**How Supplied:** Tablets, 1 mg and 2 mg, in packages of 100. Before prescribing or administering, see package circular for Prescribing Information.

75-391



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# LETTERS

Dear Tex:

Well, Tex, you did it again. It must be monotonous to be so successful every year. It simply seems that a Texas convention is always upper case.

What a fine "gang" you have to work with. Naturally, I am almost in love with my former students who chose you and Texas for their grazing land: Malone, Lively, Brown, Keilers and Keilers, and more! How lucky can an "Exec" get to have those workers on board?

Thanks for inviting me and for the superb hospitality throughout. If I had a white hat I would doff it to you. Instead I will jerk my bolo and swallow hard to contain my sincere hopes that you and your troops will continue to overcome.

Dick  
Richard E. Eby, D.O.

Dear Tex:

Many thanks for the placement of my ad in the TOMA *Journal* relative to locating in Texas upon completion of my internship. The response was overwhelming. There were actually more letters than was feasible for me to answer.

Happily, I will be in Texas this summer at the Mid-Cities Clinic in Grand Prairie. Needless to say, I would like the ad cancelled. Thanks again for your help.

Sincerely,  
James A. McLaughlin, D.O.

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Dear Mr. Roberts:

The April, 1975 issue of the *Texas Osteopathic Physicians Journal* carries a copy of the letter to the Editor of the *Caller-Times* of Corpus Christi presented by Dr. D. H. Hause presenting the obvious and self-evident truism pin-pointing the contingency fee as one of the three primary factors in the promotion of malpractice suits, suggesting that the solution is "a very simple one".

I would be very interested in knowing how legislators, most of whom are attorneys themselves are going to vote against themselves in eliminating the contingency fee, which is economic motivation responsible for the increasing flood of malpractice suits across the country, in which it has been pointed out that "the average patient who wins a suit against his doctor receives only 38 cents out of every dollar, while his lawyer receives 35 cents, and the other 27 cents is needed to cover the costs of the suit.

It might also be a matter of interest as to who is going to do the "abolishing" when it is suggested "abolish the contingency fee"... and who is going to "let" the lawyers representing both parties in the suit be compensated on the basis of work done. The author acknowledges that though "the solution is simple, although perhaps difficult to achieve".

How to achieve the elimination of the contingency fee is the crux of the problem.

Sincerely yours,  
J. Edward Vinn, D.O.

**GEORGE E. MILLER, D.O.**

**PATHOLOGIST**

P. O. BOX 64682  
1721 N. GARRETT  
DALLAS, TEXAS 75206

My good friends:

A superb highlight in my fortunate association with the osteopathic profession culminated in my being accorded the rare status of Honorary Member of the Texas Osteopathic Medical Association.

It is now my profound privilege to send to you personally, and thru you to your profession—more correctly, to OUR profession—my deepest appreciation for this action.

Your award and cherished plaque constitute further proof that, in addition to quality professional care, one of the basic characteristics of osteopathic physicians is an abiding personal concern for every person.

Please call on me, and count on me, for any and every service I may be able to render in support of your great service to humanity.

Most cordially,  
Henry B. Hardt, Ph.D.

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One Complete Skull  
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208 Norwood Drive  
Hurst, Texas 76053  
Phone: 817-282-2200



# AOHA Adopts National Health Plan Position

Park Ridge, Illinois—The American Osteopathic Hospital Association announced in May its position on a national health plan. The position was recently adopted by the Board of Trustees of the association. A summary of the position statement is below.

The national health program adopted by the Congress, the paper states, should not be a governmental financed program but should be paid for through multiplicity of sources, including funds from the private sector. "We (AOHA) distinguish a national health program from a national health insurance program in that the latter is a federally financed and administered governmental program which the association does not believe would meet the health needs of the people of this country," the paper states. It goes on to explain that the role of the federal government should be one of a catalyst and supporter, and the federal government should not directly be involved in the delivery of health care. The paper also emphatically states that the federal government should not be the primary source of financing such a program. "The association is unalterably opposed to the trust fund approach to financing health care benefits," states Michael F. Doody, Executive Director of the association.

The adopted paper sets out three specific goals to be included on a national health program: 1) universal coverage of all Americans; 2) availability, accessibility, and affordability of comprehensive health care by all Americans; 3) comprehensive health care benefits that include ambulatory care, including preventive and health maintenance benefits, inpatient care at all levels of patient care; mental health as well as catastrophic health benefits.

The paper points out that there are special considerations necessary for a national health plan to be successful. There are: a multiplicity of financing sources; a limited role of the federal government; local determination for the delivery system; and the continuation of osteopathic hospitals.

Doody states that although osteopathic hospitals comprise only four per cent of the community hospitals in the country, they play a very important role in the delivery of primary health care to millions of Americans. He went on to say, "A national health program should include separate and distinct con-

sideration for osteopathic facilities and institutions in any planning or certificate of need process."


In the details of the position paper, the AOHA spells out many of the financial mechanisms it would prefer in a national program. Essential to the position is the idea of flexibility to permit experimentation in the development of innovative financing mechanisms. The association is opposed to a retrospective cost reimbursement system as the only method of payment to hospitals.

The AOHA believes that individuals who can afford to contribute to their own health care should do so and those who are unable to pay for such care should be aided through federal tax dollars.

The paper holds to the retention of local control of community hospitals and the delivery system. "The association feels strongly that one should not superimpose a system of delivery of care over those systems that have been developed locally by the communities and their hospitals," Doody explained. He said that if new systems of delivery of health care were to develop they should be based on broad standards and objectives established at the national level but implemented locally.

"All reimbursement mechanisms must take into account the differences in size, type and scope of service provided by hospitals in thousands of communities throughout the country. Thus any mechanism to provide reimbursement to health care providers must take into account the full financial requirements needed by the health care institution to fulfill its community health service objectives."

The paper speaks directly to one pressing problem in the health care field today—malpractice and general liability insurance. The paper states, "A national health program enacted in the mid-1970's cannot ignore one of the most serious crises facing the health care industry at this time—the medical malpractice insurance problem. It is increasingly difficult to obtain appropriate insurance protection of this kind at a reasonable cost. It is important in the debate that surrounds a national health program and in the legislation enacted to implement such a program that consideration be given and remedies be provided for this important issue."





The position taken by the osteopathic hospitals calls for the federal government to establish guidelines and standards basic to a sound national health program and—without interference—permit local hospitals, physicians and communities the ability to reach those standards. Doody explained that this type of challenge to each health care institution would resolve the kind of problems that are sure to arise with a federal program overlaying those facilities and systems which now exist. "When required to meet standards and objectives, Boards of Trustees, administrators and physicians at the local level can best determine how to reach those standards once the question of who's going to pay for the care is taken out of the picture," Doody said.

The association makes clear the need to have osteopathic physicians and hospitals represented on advisory councils and committees involved in decision making under a national health program.

Technical expertise concerning osteopathic hospitals is pledged to lawmakers, committees or others who are involved with a National Health Program through the adopted statement.

The AOHA represents 210 osteopathic hospitals in the country.▲

## Attention!

### FOURTEENTH ANNUAL CONVENTION of the TEXAS ASSOCIATION OF OSTEOPATHIC MEDICAL ASSISTANTS

Date: June 7, 8, 9, 1975

City: McAllen, Texas

Place: Fairway Motor Motel

Registration Fee: \$20.00

Registration will be June 7, 1975 at 8:00 a.m.

If you plan to attend please send your reply to:

*Frances Gonzales, Convention Chairman*

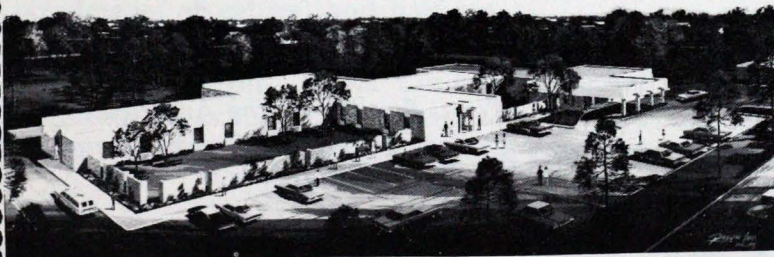
*120 North Dogwood*

*Pharr, Texas 78577*

You will enjoy the trip into MEXICO Saturday, June 8, 1975.

See you all in McAllen!

## Doctors-Memorial Hospital Tyler, Texas



1400 Southwest Loop 323

214-597-3771

54 BEDS

Mr. Olie Clem, Administrator

### Open Staff Osteopathic Hospital in Beautiful East Texas

#### STAFF:

Ben Beall, D.O.  
William H. Clark, D.O.  
R. E. Cordes, D.O.  
H. G. Grainger, D.O.  
S. E. Jones, D.O.  
E. C. Kinzie, D.O.  
R. A. Lester, D.O.  
C. F. List, D.O.  
L. D. Lynch, D.O.  
Carter McCorkle, D.O.

D. F. Norris, D.O.  
Charles Ogilvie, D.O.  
Neal A. Pock, D.O.  
Kerry Rasberry, D.O.  
K. E. Ross, D.O.  
L. N. Sanders, D.O.  
Allen D. Schmitt, D.O.  
Norman Truitt, D.O.  
M. H. Weaver, D.O.  
Calvin D. Cannon, D.D.S.

## INCOME TAX !!! 1975

### H.R.-10?? OR P.A.??

The Employee Retirement Income Act of 1974 contains many important Liberalizations for you, as a self-employed professional or as an employee of a Professional Association.

For Information on the 1974 Act, without obligation, write or call

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817-335-3214

State-wide references furnished on request!



# New Health Resources Department Proposed

Legislation was pending in the Texas Legislature at press time that would create a new Texas Department of Health Resources in place of the present State Health Department.

Membership on the new Board would be increased from the present nine to eighteen, and would include six physicians, two hospital administrators, one dentist, one veterinarian, one registered nurse, one pharmacist, one optometrist, one civil engineer (sanitary), one nursing home administrator and three health care consumers.

The bill under consideration would also create a Texas Health Facilities Commission, attached to the Board, that would administer a Certificate of Need program under three commissioners.

The act (H.B. 2164) came about because of federal legislation passed earlier this year (P.L. 93-641) mandating that the state be divided into Health Service Areas and that a state agency be designated to administer the Certificate of Need statute and regulations already in force federally.

Future expansion of health facilities and services must have approval of the Health Facilities Commission

or be ineligible for federal aid to patients under Medicare, Medicaid and—further down the road—the possible NHI program.

Under the requirements of the federal statute, Governor Dolph Briscoe early in May designated 12 Health Service Areas in Texas. By fall, each of these areas will be administered by boards composed of a majority of health care consumers.

TOMA officially transmitted to Governor Briscoe an official plea for two D.O.s and one osteopathic hospital administrator to be appointed to the proposed new Texas Department of Health Resources.

Osteopathic physicians and hospitals are urged to be alert to active participation in the regional HSAs.

## In Memoriam

### Winton L. Welsh, D.O.

Winton L. Welsh, D.O. (KC 1939) died April 23, 1975, in Dallas. Dr. Welsh was born in Kansas City, Kansas, November 28, 1916.

He graduated from high school in Shawnee, Kansas, attended Kansas City Junior College, and interned at Lakeside Hospital in Kansas City.

### Larry A. Giffen, D.O.

Larry A. Giffen, D.O. (KCOM 1954) was found dead May 12, 1975, at his home in Beaumont.

Dr. Giffen interned at Laughlin Hospital and clinic, Kirksville, Missouri, and established his practice as a general practitioner in Beaumont in 1955.

## CALENDAR OF EVENTS

### JUNE

*Texas Association of  
Osteopathic Medical Assistants  
Fourteenth Annual Convention*  
June 7-9

Fairway Motor Hotel  
McAllen

### JULY

*American Osteopathic Association  
Board Meeting*  
July 16-20

Continental Plaza Hotel  
Chicago, Illinois

*American Osteopathic Association  
House of Delegates*

July 20-22  
Continental Plaza Hotel  
Chicago, Illinois

### AUGUST

*Texas Society of the American  
College of General Practitioners  
Scientific Seminar*  
August 16-17  
Arlington (Six Flags Area)

### NOVEMBER

*American Osteopathic Association  
80th Annual Convention and  
Scientific Seminar*  
November 9-13  
Las Vegas, Nevada

### APRIL

*TOMA  
77th Annual Convention*  
April 8-10, 1976  
Moody Civic Center  
Galveston

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## CAPCO Panel Honors Dr. Peters

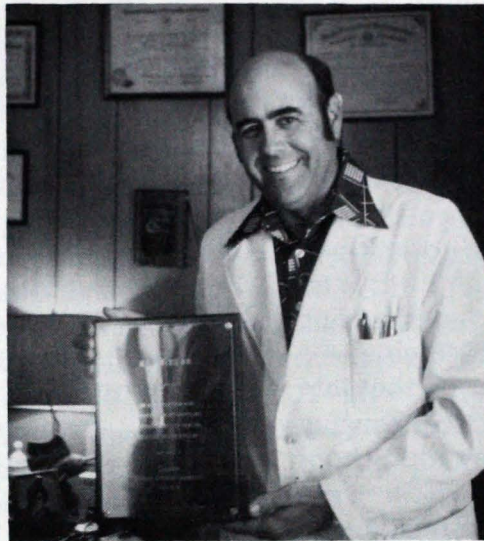
Progress in improving health care delivery has been great in Central Texas during the past year, and more will be done in the future, according to Dr. Robert L. Peters, chairman for the past year of the Health Advisory Committee of the regional planning council.

The Round Rock physician was honored in April by the committee with a gold plaque commemorating his year of service as chairman of the health arm of the Capital Area Planning Council (CAPCO). The meeting was held at the Zilker Garden Center in Austin.

Dr. Peters has been a member of the 36-member committee since 1973 and will continue to serve as a member now that his term as chairman has expired.

CAPCO, through this committee, reviews plans and proposed funding for hospitals, county health units, expansion of nursing homes, medical schools, and other health related programs requesting state or federal funds in the 10-county area.

Half the members are "providers" (physicians, et cetera) and half are "consumers" (lay persons). It has 18 members from Travis County



and two members from each of the other nine counties.

Dr. Stan Burnham of the University of Texas is chairman of the committee this year.

Dr. Peters said that during the past year, CAPCO became the first (and only) regional planning body in Texas to complete formulation of its regional health care delivery plan, as required by the U.S. Department of Health, Education and Welfare.

*[Reprinted from the Round Rock Leader, April 10, 1975]*

## PROFESSIONAL LIABILITY INSURANCE

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## TEXAS G.P. SOCIETY PLANS SEMINAR

AUGUST 16-17, 1975

by Edmund R. Tyska, D.O.  
President, Texas Society  
of the American College  
of General Practitioners

The Texas Society of the American College of General Practitioners will again sponsor an educational seminar in the Arlington-Six Flags area. The seminar is being funded by the Regional Medical Foundation of Texas and will feature the practical office management of Rheumatologic and Myofascial pain syndromes.

Returning as one of our featured lecturers is David Fletcher, M.D., Rheumatologist, Tyler, Texas. Dr. Fletcher's ability to present complex material in a homespun Texas fashion was resoundingly applauded at the last symposium which was attended by 141 physicians.

Also featured is J. Donald Smiley, M.D., Department of Rheumatology, Southwestern Medical School; Wayne English, D.O., Department of Physical Medicine and Rehabilitation, Texas College of Osteopathic Medicine; and Charles D. Ogilvie, D.O., Problem-Oriented Practice, Canton, Texas. Lectures covering joint replacement, trigger point therapy, physical therapy, intra-articular injections and acupuncture will be presented.

Fun and educational stimulation will be had by all who attend. The amusement attractions of Six Flags Over Texas, Lion Country Safari, Ranger Stadium, the Wax Museum and Sportsworld are available for the wives and children. Many excellent dining establishments are conveniently located.

Watch for the final program schedule in the next *Journal*. You will soon be receiving a pre-registration form.

Remember August 16 and 17!

▲



# CONGRATULATIONS TO WEST VIRGINIA

The osteopathic profession is rightfully proud of the development of new osteopathic colleges in Michigan, Texas, Oklahoma and West Virginia. In West Virginia, however, an unusual event occurred which should be shared with the entire profession. We believe that for the first time in the history of the profession a bill to support an osteopathic college was introduced in the state legislature by the governor of the state. Governor Arch A. Moore, Jr., of West Virginia caused to be introduced a bill designating the Greenbrier College of Osteopathic Medicine as a state supported institution. On February 25 the state house, by a 87-12 vote, passed legislation changing the name of the college to the West Virginia School of Osteopathic Medicine and making it a state institution. Because the bill was originally introduced by the governor it became law automatically five days

after final passage by the legislature.

The legislation provides \$1,290,000 in state support to the school for the 1975-76 academic year. According to the West Virginia School of Osteopathic Medicine's president, Roland Sharp, D.O., the current enrollment is 36 freshmen with an additional 42 new students anticipated to enroll next fall.

West Virginia now joins the legislatures of Michigan, Texas and Oklahoma in allocating state support for the development of the rapidly expanding osteopathic medical education system.

In 1974 701 new D.O.s were added to the growing osteopathic profession. By 1980 this number is expected to have reached the 1,000 mark. It is a splendid start and a significant challenge to our profession as we enter our second hundred years of public health service.

## Indiana Enacts First State Malpractice Law

A Chicago Tribune report on April 24 calls Indiana the "first state in the nation to enact a law to drastically curb medical malpractice claims, including a limit on claims of \$500,000."

The bill, recently signed by Gov. Otis Bowen (an M.D.), includes these provisions: (1) Liability to insurance companies for claims up to \$100,000; judgments of between \$100,000 and \$500,000 (the top limit) will be paid by the state from assessments on professional health care workers. (2) Investigation of all claims by a medical review panel composed of three physicians and a nonvoting lawyer; while the panel's findings are not binding, they are admissible as court evidence. (3) A two-year statute of limitations set for any alleged malpractice. (4) A written guarantee from a doctor concerning results of cures or specific treatment results must have been obtained before a patient can sue the doctor for not providing that result.

A spokesman in the Indiana Governor's office told *Newsbriefs* that the bill, which becomes effective July 1, further guarantees insurability of all competent physicians

(including D.O.s) who cannot obtain insurance through the normal market (new physicians beginning practice and those who have current claims against them). These individuals will be reviewed by the state board of medical registry, and if found competent to practice, will be provided insurance from a state subsidized fund established for this purpose.

*[Reprinted from AOA Newsbriefs, May 15, 1975]*

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**QUITMAN**—Wood County Central Hospital seeking one or two physicians; GPs or GP and surgery. Will assist in building office and clinic. Contact Stanley Parks, Administrator, Drawer A, Quitman 75783. Phone 214-763-4306 or 214-763-2226.

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**FORT WORTH** — Professional Association needs to add to its medical staff. Acute group general practice with many fringe benefits. Stipend based on qualifications of applicant. Call or write Tom W. Whittle, D.O., 1305 E. Seminary Drive, Fort Worth, Texas 76115. Phone: 817-926-2641

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**DALLAS**—New medical office building now leasing. Prime location next to Dallas' largest osteopathic hospital. High patient volume area. Contact M. L. Coleman, D.O., 1711 North Garrett, Dallas, 75206. Phone: 214-826-9390

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**CORPUS CHRISTI** — Associate wanted in group practice. Will talk to general practitioner or other specialties. Samuel B. Ganz, D.O., 3933 Upriver Road, Corpus Christi, Texas 78408. Phone 512-884-6414

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**INTERN**—now in AOA approved internship in Kansas City, Missouri, seeking partnership with G.P. Prefers small town within close proximity to a metropolitan community. Available September 1 after wife graduates from Pharmacy School. Contact George N. Smith, D.O., 9801 Locust, Apt. 301, Kansas City, Missouri 64131. Phone 816-942-2817.

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**ANSON**—Brand new clinic has space for two young G.P.s. Accredited joint staff 45-bed hospital. Located 22 miles north of Abilene; 2,800 town population; 20,000 in county. Contact Wendell Barber, Administrator, Anson General Hospital, Anson, Texas 79501. Phone: 915-823-3231.

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**OMAHA**—G.P. needed by August 1 to take over established practice. Close to Mt. Pleasant Hospital and joint staff hospital at Naples. Call collect: Dr. Adron Tenbrook, 214-884-2142.

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**ARANSAS PASS**—Excellent opportunity available for physician desiring to practice in this small Gulf Coast town located near the north Padre Island gateway. D.O. recently moved, leaving large practice behind. Contact C. H. Lewis, D.O., Chief of Staff, Aransas Hospital, Inc., phone 512-776-2571.

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

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**WINTERS**—Needs two family physicians willing to do some surgery. New 25-bed hospital, office space and financial assistance available. Population 3,000 plus with 15,000 drawing area. Contact J. Shook, R.N., Adm., North Runnels Hospital, Winters 79567. Phone 915-754-5097.

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**THROCKMORTON** — General Practitioner needed for solo practice—30-bed hospital—free office space provided—one other physician on staff—minimum annual salary guarantee—excellent school system—good hunting and fishing—60-bed rest home in immediate area. Contact Administrator, Throckmorton County Memorial Hospital, Box 487, Throckmorton, Texas 76083. Phone 817-849-2151 or 817-345-3206.

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**ROSEBUD**—Needs Osteopathic G.P. interested in rural medicine. For information contact: Artes McCauley, Executive Director, Rosebud Medical Services, Inc., Box 618, Rosebud 76570.

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**RAYMONDVILLE**—One or two-year free occupancy for office and home for one or two D.O.s who would move to a young, prosperous community, 16,000 population. Hospital District has built and paid for a new 24-bed institution. Four clinics to choose from. Call collect, Frank T. Williams, Jr., Administrator, Willacy County Hospital, Raymondville, Texas 78580. Phone 512-689-2149 or 512-689-5131.

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