

I Resolve To...

(Check the appropriate box.)

- ☐ Pre-register and attend TOMA Annual Convention April 15-17 in Austin
- ☐ Paint the house
- ☐ Become a volunteer within the community
- ☐ Be punctual
- ☐ Remember spouses' birthday
- ☐ Go on a diet
- ☐ Mail 1982-83 TOMA dues on time
- ☐ Quit smoking
- ☐ Compliment at least one person each day
- ☐ Contribute to Texas Osteopathic PAC
- ☐ Remember wedding anniversary
- ☐ Be happy and smile

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.

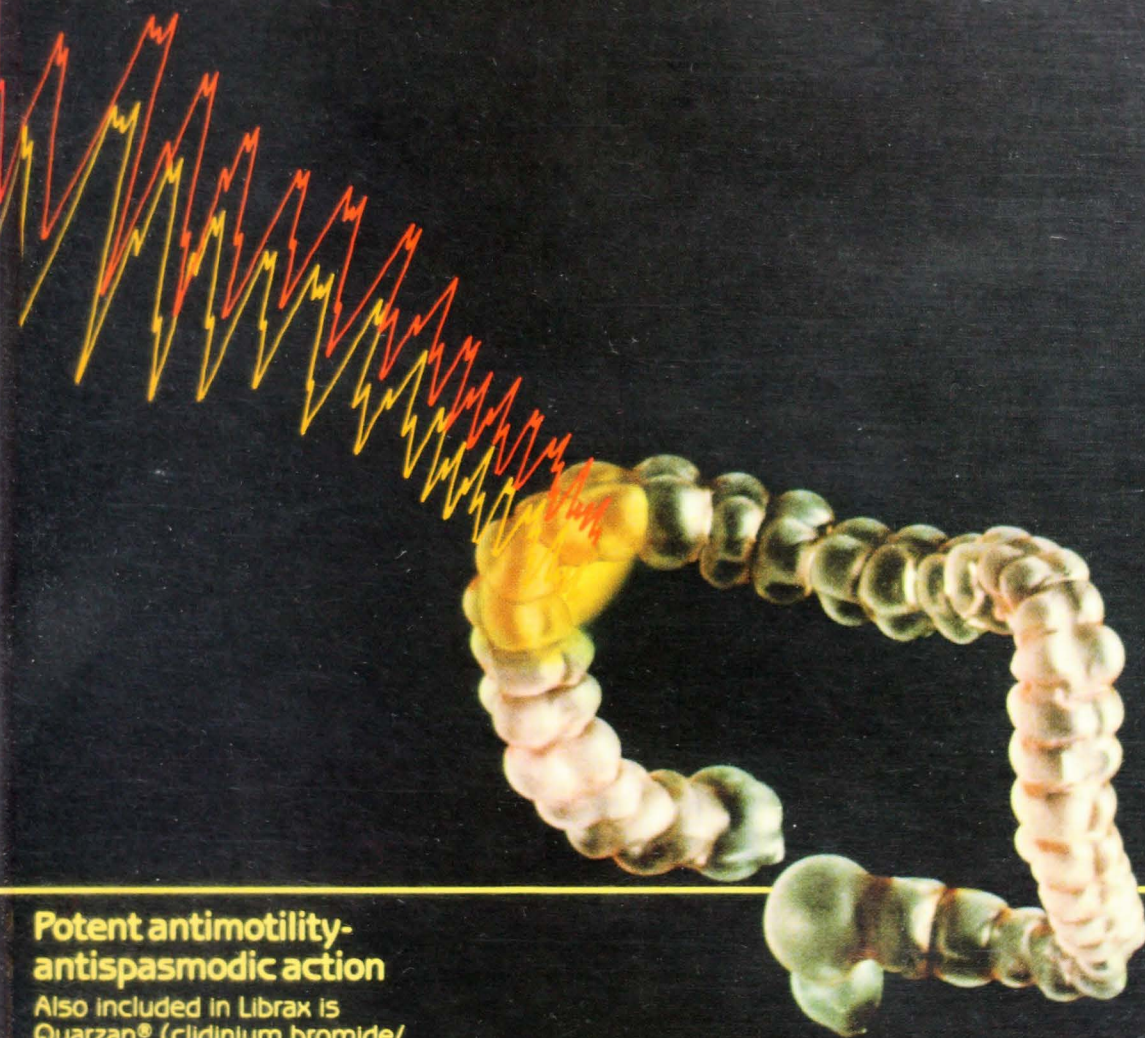
Artist's interpretation of myoelectrical activity in the colon—an objective means of showing a possible physiological basis for functional IBS symptoms.

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.

ROCHE

IN MOTION



Potent antimotility- antispasmodic action

Also included in Librax is Quarzan® (clidinium bromide/Roche)—to help control the spasm and hypermotility responsible for the distressing abdominal symptoms associated with IBS.

Economical and convenient

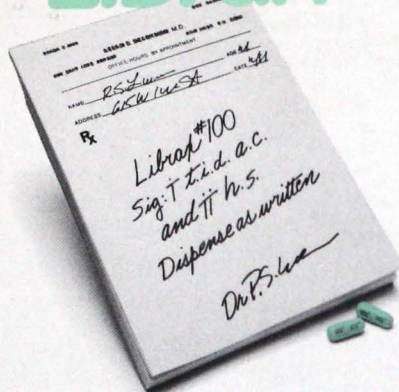
With Librax, IBS patients obtain antianxiety, antispasmodic and antisecretory actions with one convenient and economical prescription. And the simple dosage schedule can help to enhance patient compliance.

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.

For Your Information

Osteopathic Agencies

American Osteopathic Association 312-280-5800
800-621-1773

American Osteopathic Association
Washington Office 202-554-5245

American Osteopathic Hospital
Association 312-692-2351

Texas College of Osteopathic
Medicine 817-735-2000
Dallas Metro 429-9120
429-9121

Texas Osteopathic Medical
Association 817-336-0549
in Texas 800-772-5993
Dallas Metro 429-9755

TOMA Med-Search in Texas 800-772-5993

TOMA Insurance Program 816-333-4511
(call collect for Bob Raskin)

Texas State Agencies

State Board of Health 512-458-7111

State Board of Medical Examiners 512-475-0741

State Board of Pharmacy 512-478-9827

State of Texas Poison Center for
Doctors & Hospitals Only 713-765-1420
800-392-8548
Houston Metro 654-1701

Federal Agencies

Drug Enforcement Administration

For state narcotics number 512-465-2000
ext. 3074

For DEA number (form 224) 214-767-7203

ROCHE

Roche Products Inc.
Manati, Puerto Rico 00701

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ON THE COVER: As each new year begins, individuals resolve to improve their lifestyles and change their ways. To assist you in making your new year's resolutions, we have provided you with an easy-to-check list of resolutions for 1982. Happy New Year from the TOMA staff to each of you.

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Tex Roberts, Editor

Calendar of Events

JANUARY

14

Medicine Grand Rounds
*"Adult Rheumatic Fever, A
 forgotten Disease"*
 Texas College of Osteopathic
 Medicine
 Room 406
 Medical Education Bldg. I
 Fort Worth
 4-5:30 p.m.
 1.5 CME Hours, Category I-A
 Contact:
 Carol Eisenberg,
 Office of CME
 817-735-2215

28

Medicine Grand Rounds
*"Hyperlipidemia: Diagnosis &
 Treatment"*
 Texas College of Osteopathic
 Medicine
 Room 406
 Medical Education Bldg. I
 Fort Worth
 4-5:30 p.m.
 1.5 CME Hours, Category I-A
 Contact:
 Carol Eisenberg,
 Office of CME
 817-735-2215

30

Annual Physicians Seminar
 American Heart Association
 Americana Hotel
 Fort Worth
 Registration: \$50, includes
 luncheon and reception
 Contact:
 Jannett Woodruff,
 American Heart Association
 3929 West Freeway
 Fort Worth, 76107

FEBRUARY

5

★ 5-7
 7th Annual Family Practice
 Seminar
 Harris County Osteopathic
 Society (TOMA District VI)
 Marriott West Loop
 Houston
 Contact:
 Ladd Tucek, D.O.,
 Program Chairman
 6035 Airline, Suite 6
 Houston, 77076
 713-692-2200

15

15-18
Annual Convention
*"Clinical Challenges & Perspectives
 for the 80's"*
 American College of Osteopathic
 Obstetricians and Gynecologists
 Fairmont Hotel
 New Orleans, Louisiana
 27 CME Hours, Category I-A
 Contact:
 Barbara Hawkes,
 Executive Secretary
 90 Auburn Road
 Pontiac, Michigan 48057
 313-332-6360

24

*Practical Techniques of
 Manipulation for the
 General Practitioner*
 Texas College of Osteopathic
 Medicine
 Fort Worth
 7-10 p.m.
 Registration: \$50, osteopathic
 physicians, \$25, TCOM affiliates,
 interns and residents
 Contact:
 Carol Eisenberg,
 817-735-2215

25

★TOMA District XV Meeting
 Third Annual Political Awareness
 Night
 Colonial Country Club
 Fort Worth
 Contact:
 R. Greg Maul, D.O.,
 Program Chairman
 803 Washington Drive
 Arlington, 76011
 817-265-1306

26

Running Symposium
 Texas College of Osteopathic
 Medicine
 Medical Education Bldg. I
 Fort Worth
 6-9 p.m.

Contact:
 Institute for Human Fitness
 1501 Merrimac Circle
 Fort Worth, 76107
 817-870-9784

27

Marathon Run
 Texas College of Osteopathic
 Medicine
 Begins at Cowtown Coliseum
 9 a.m.

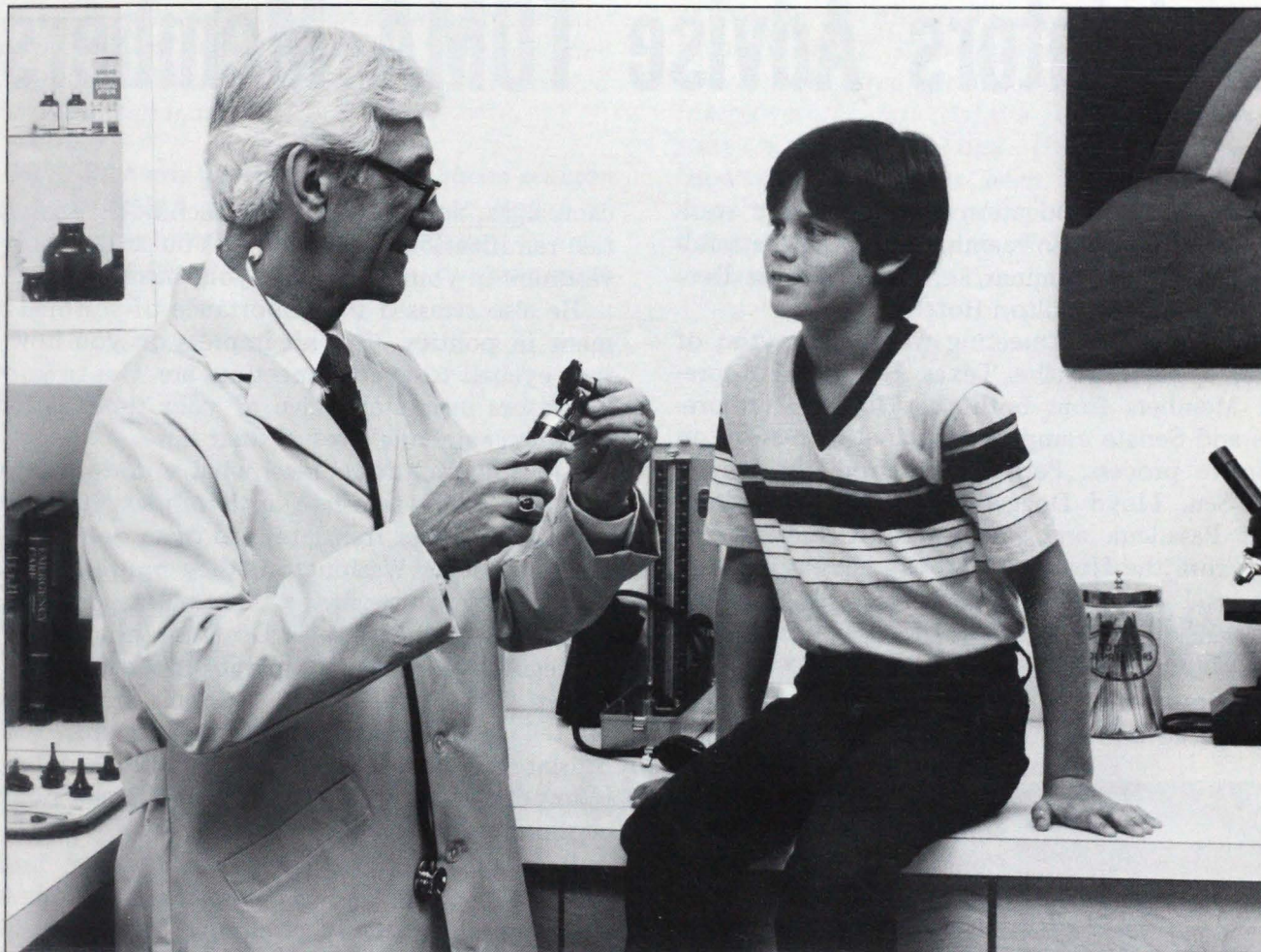
Contact:
 Institute for Human Fitness
 1501 Merrimac Circle
 Fort Worth, 76107
 817-870-9784

TOMA DISTRICT MEETINGS

District VI
 District XV

February 5-7
 February 25

Thanks to Medicaid, Johnny is healthy.



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TOLL FREE 1-800/252-9224.
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Legislators Advise TOMA Members

Involvement, communication and credibility were the messages presented to members of TOMA attending the Public Health Seminar/Legislative Forum December 5-6 at the Dallas Hilton Hotel.

Opening the two-day meeting was Bill Clayton of Springlake, speaker of the Texas House of Representatives. Members from both the House of Representatives and Senate comprised a panel discussion on the legislative process. Participating from the Senate side were Sen. Lloyd Doggett of Austin, Sen. Chet Brooks of Pasadena and Sen. Mike Richards from Houston. From the House side of the legislature were Rep. Charles Evans of Hurst and Rep. Gib Lewis of Fort Worth. Moderator was Bob Gammage of Austin, TOMA legislative counsel.

In his keynote address, Speaker Clayton said that to have good government, there has to be participation. "Whoever represents you in the House and the Senate and in Congress needs to know who you are. They need to hear from you — visit with them, communicate with them," he instructed TOMA members.



Speaker Bill Clayton

"The only way a true representative form of government can work is when everyone is involved in the process. The legislature must address the issues facing

the people of this state and to do so intelligently everyone needs to be heard. Everyone needs access to the process."

To be effective in Austin, Sen. Doggett said there must be three things working together to achieve an association's goal. First, there must be a good product; second, there must be effective presentation; and third, every person in the organization must be organized and participate in a political action committee. "The key to getting the job done is to have grass roots support," he said.

Individuals are making an investment in their futures when they make contributions to political

campaigns, according to Sen. Richards. "Disregard the tax ramifications," he said. "You are making an investment in your future and your business."

He also stressed the importance of personal involvement in politics. "I can't impress on you how important eyeball to eyeball meetings are. Get to know your legislators intimately, give of your time. It impresses me when someone gives of their time.

"At the grass roots level what you do in a person's campaign will translate into money, translate into relationships and translate into open doors. Your laws aren't made in Washington, they are made in Austin. Your relationship with a state senator is critical with your professional needs. Do your homework before the legislative session and plant the seeds early."

Rep. Gib Lewis added to Sen. Richard's message by telling the group to become acquainted with the legislators before they go to Austin. He noted that it is important to show up at your friends political receptions and be seen.

Rep. Evans strengthened the message further by telling the physicians to "pick up the phone and call the legislators. Get to know us on a personal basis."

Rep. Evans listed three items he feels are vital to the political arena. First, register to vote. "You can't do anything if you aren't registered to vote," he said. Second, pick up the phone and call your senator or representative. Get to know them on a personal basis. Finally, do a little work for the legislator. "You'll reap what you sow," he said.

The importance of credibility was the message Sen. Chet Brooks brought. He noted that credibility is crucial in the legislative process. "Be honest in your word and fair in your dealings and you'll be okay in the legislature," he said.

ABOUT OUR SPEAKERS: Speaker Bill Clayton is serving an unprecedented fourth term as Speaker of the House of Representatives. He stood firm in the 67th Legislature and said the osteopathic profession would have an adequate voice on the State Board of Medical Examiners or have a separate Board of Osteopathic Examiners. He is a former lecturer at TOMA's Lakeway Seminars held in the early 1970s. Sen. Chet Brooks is a longtime friend of the osteopathic profes-

sion and also served as a lecturer at our Lakeway Legislative Seminars. The dean of the Texas Senate, he serves as chairman of the Human Resources Committee. He stood solidly behind TOMA in the recent legislative session in spite of tremendous pressure from the Texas Medical Association. Sen. Lloyd Doggett served as a member of the Human Resources Committee and played an important role in our legislative battle over the Medical Practice Act. He also lectured at our Lakeway seminars.

Sen. Mike Richards was the only Republican senator to vote with TOMA to create a separate Board of Osteopathic Examiners in the 67th Legislature. A newcomer to the Legislature, he serves on numerous

committees. As chairman of the House Government Organizations Committee, Rep. Charles Evans chaired the committee that held many, many hearings on the Medical Practice Act. Also a Lakeway graduate, he served a crucial role in our legislative efforts. Rep. Gib Lewis has been a supporter of both TOMA and TCOM during his entire career in the House which began in 1971. Also a former Lakeway lecturer, he has served three terms as chairman of the House Intergovernmental Affairs Committee. A former state representative and U. S. Congressman, Bob Gammage has always been a friend of the D.O.s. A person who knows the political picture from both sides, he now serves as TOMA's legislative counsel in Austin.▲

Senator Brooks Addresses Problems of Elderly

In a time when Americans life spans are growing longer, the recent White House Conference on Aging addressed itself to several areas involving the elderly including barriers to reasonable health care, preventive care, preservation of Medicare and Medicaid benefits and cost containment. These health care topics were discussed by Sen. Chet Brooks of Pasadena at the TOMA Public Health Seminar/Legislative Forum December 5 in Dallas.

The dean of the Texas Senate and Chairman of the Senate Human Resources Committee in the 67th Legislature, Sen. Brooks has recently returned from the Conference as a representative of the State of Texas.

Sen. Brooks noted that there are two barriers to reasonable access to health care — rising costs

and limited coverage of Medicare and Medicaid which continues to dwindle because of cutbacks.

He noted that TOMA was one of the first associations to recognize the escalating drug costs and supported the generic drug bill. Sen. Brooks went on to say he believes that the use of generic drugs will be of great benefit to the state's elderly citizens.

Sen. Brooks said that in addition to providing a better quality of life for the state's elderly with a variety of home health services, approximately \$40 million in tax money can be saved. TOMA, he said, has been very helpful in speaking in favor of home health care as long as it is possible and helpful.

In an area directly related to osteopathic medicine, the Conference on Aging called for more

emphasis on preventive care. Not only does it save money, it also saves pain and suffering, he said.

The conference also stated it wanted to preserve the Medicare and Medicaid benefits wherever possible and put an emphasis on home health care.

The fourth area Sen. Brooks addressed was that of cost containment. He reported that the Conference on Aging issued a strong appeal to do whatever can be done relating to cost containment, both by the providers and the patients.

In closing Sen. Brooks said he was pleased with the final product on the Medical Practice Act in the last legislature and noted that his committee heard over 70 hours of testimony on the practice act — more than any other area under consideration.▲

Environmental Illness- As Common as the Common Cold

"Environmental illness is as common as the common cold and probably is the reason for everyone having the common cold," Gary Campbell, D.O., said.

An associate professor in the department of public health and preventive medicine at Texas College of Osteopathic Medicine, Dr. Campbell spoke on common environmental illness at the Public Health Seminar/Legislative Forum December 5 in Dallas.

"Without a doubt, the final common pathway leading to unwellness or illness is through the immune and autonomic nervous systems," he said. "Whatever the insult, these two systems' inter-

relating role plays a major role in an individual's susceptibility to illness."

He continued by noting that the immune system plays on every cell of the human body and it is obvious that the state of a person's level of health plus the sole sum of the environmental influences may be the determinate of illness in that individual.

"There is an alternative to the system oriented pharmacological approach so evident in medicine today," he said. "You have a runny nose, you give an antihistamine. We don't try to understand why the nose is running.

"The patient may not be aware

that the things he lives with every day or works with eight hours a day may have an effect on his health. An example he gave dealt with natural gas. Dr. Campbell said the worse thing to have in the home of an asthmatic person was natural gas.

He noted that all systems may be susceptible to environmental adverse impacts depending on genetic makeup and somatic dysfunction specific to an individual.

"There is little doubt that when you begin to approach illness through the eyes of the environmentalist that few illnesses cannot be shown to have significant correlation with these factors."^

TDH Ready to Assist Doctor

The Texas Department of Health is ready to be of assistance to physicians whenever the need arises. This was the message representatives of the TDH brought to TOMA members at the Public Health Seminar/Legislative Forum December 6 in Dallas.

Speaking on behalf of the department were Robert A. MacLean, M.D., of Austin, deputy assistant commissioner of health; Hal J. Dewlett, M.D., of Arlington, regional director for public health region 5; and H. Eugene Brown, D.O., member of the Board of Directors, from Lubbock.

"We are not in primary care treatment. Among the most important activities we are involved in are the fields of environmental control, waste control, radiation control, shellfish control and water hygiene," Dr. MacLean said. He noted that water hygiene will be a continuing problem in the years to come because of the use of surface water as opposed to well water.

Dr. Dewlett listed a variety of programs the department is involved in such as venereal diseases, nursing services, hospital licensing and certification of Medicare and Medicaid for nursing homes. He

said that physicians need to be oriented to the criteria of the level of care because the nursing homes are reimbursed on the level of care given by the department's staff. This is done, he said, through a contract with the Texas Department of Human Resources.

In the area of tuberculosis services, Dr. Dewlett said the department provides medication for the patients and through the regional TDH office or the local or state health departments laboratory resources have been made available to perform sensitivity studies ordered by the physician.^

Doctors Should Set Examples for Patients

Physicians should be examples to their patients, Johannes Steenkamp, D.O., told participants at TOMA's Public Health Seminar/Legislative Forum December 6 in Dallas.

"It is important that we be healthy and set an example for our patients," he said. As chairman and associate professor of public health

and preventive medicine at Texas College of Osteopathic Medicine, Dr. Steenkamp provided an overview of his department and its importance to the medical curriculum at TCOM.

"It is important to realize that we as a preventive medicine department are central to the edu-

cational goals of TCOM. As far as I know, it is the only preventive medicine department in the whole country that has a central role in the educational goals of the school. That is what sets us apart."

Following is an article co-authored by Dr. Steenkamp on "Wellness — a new challenge for medical education."^

Wellness: A New Challenge for Medical Education

Johannes Steenkamp, D.O., M.P.H.

Robert P. O'Reilly, Ph.D.

Kari Olsson, D.O.

What do medical schools teach today? Essentially, the approach has and still emphasizes recognition and treatment of specific diseases that frequently afflict us all. What if a medical school tried to go a few steps further and aimed at training its graduates to eliminate disease and promote health? What would teaching be like in such a school and would its graduates practice any differently because of it?

To evaluate this possibility, let us briefly examine the four major contributors to morbidity and mortality today—heart disease, cancer, stroke, and chronic obstructive pulmonary disease and consider the likelihood of their response to curative as opposed to preventive approaches to medicine. All have been closely linked to lifestyle or environmental causes or both. Heart disease, for example, appears to be largely determined by what people eat, the amount of exercise they engage in, how much stress they experience and certain negative health habits such as smoking. If physicians were able to help people change their lifestyles in terms of these factors, it appears that pre-

mature disability or death from heart disease could be eliminated in the very great majority of cases.

Curative medicine, however, does not appear to offer the the same promise. Since curative medicine does not strike directly at the causes of diseases, which develop over considerable periods of time, it cannot hope to have the same effect as preventive approaches soundly based on epidemiological data. Often, such as in the case with chronic heart disease, it can only hope to restore some degree of normal function and partially mitigate the damage done by a lifetime of unhealthy living.

Physicians who are trained to emphasize prevention and wellness may not only help to raise the health status of the Nation, but may also provide some relief from the spiraling costs of health care. Between 1960 and 1978, for example, total spending for health in the Nation increased from \$27 billion to \$192 billion—a 700 percent increase! Only modest gains in life expectancy were achieved during this period, while



even more modest gains and higher costs are expected in the next 20 years. Clearly, changes in philosophy and approach are needed and these, it appears to us, will involve the effort of many disciplines. Fundamental changes are needed to incorporate preventive measures into personal health services, into the workplace and the broader environment, and into education and mass communications. A key factor in this shift, as we noted at the outset, is a basic reorientation in the way in which many of our health care personnel, particularly physicians, are educated.

A partial solution to the problem lies in the contemporary emphasis on the preparation of general and family practitioners who are in a better position to take into account lifestyles factors in providing health care services. However, the effective education of the primary care physician that we are thinking about here, will require a major reorientation toward prevention and the attendant development of a range of new skills to be applied in patient care. Since the focus of treatment will often be on issues of lifestyle, the new physician must learn to deal as effectively with changing patient behavior as he has always dealt with biomechanics, physiology and biochemistry. He must learn how to work with patients in a way that will identify and avoid major health risks and engage the patient in activities that will enhance well-being, psychologically and physically.

Texas College of Osteopathic Medicine (TCOM) is one of the first medical schools to seriously attempt a shift in its educational program towards the ideals of disease prevention and health promotion. Beginning with a traditional emphasis in primary care, TCOM has initiated an ongoing effort to orient its graduates toward the cultivation of health, although students will, of course, continue to learn how to treat disease. In the remainder of our discussion here, we will outline some of our initial attempts to establish this new orientation.

The college's current emphasis on wellness cultivation, rather than disease treatment, began with a lengthy self-study exercise where we began to question the efficacy of a treatment oriented, disease specific system. The self-study culminated in a goals statement which stressed the need for thinking of health as a positive state of well-being rather than the mere absence of disease. From there we moved to an emergent state as an organization and began to explore the enormous complexities of working out a coherent model of wellness in the medical school curriculum. Our goal was to produce a new breed of physicians, physicians who would be well themselves, who would aggressively promote health among their patients, and who would be skilled in aiding their patients in achieving and maintaining optimal states of health.


Our first step in this direction was taken with the Fall 1981 class of students, when we brought together a multidisciplinary team of clinicians, basic scientists

and medical educators to present a new perspective on health care. Carefully documenting the logic of the need for a preventive approach to health care, we moved by stages to show how the current health care system might be effectively modified to facilitate the concept of wellness. Moving from perspectives to reality we next involved the students in a personal wellness program based on the sensible idea that a personal commitment to wellness cultivation was required if the goals statement was to be realistically achieved.


The wellness program, however, offered more than an opportunity to try on the idea of being well. The student initially became aware of potential current and long-term health risks through the completion of a lengthy data base. The focus was primarily on health risk factors which could be manipulated personally by the student by modifying elements of life style such as wearing seat belts, changing diet, driving more carefully and eliminating smoking and excessive drinking. In the course of completing the data base, a beginning was also made in providing the students with some of the skills they would ultimately need to work in a comparable fashion with patients.

The data base, though not yet fully developed or completed applied, includes a psychological assessment, a complete physical and history, a health hazard appraisal, stress testing, and skeletal and body com-

People



.... Caring
for
People



**Doctors
Hospital**
A health care center of
5500 Thirty-Ninth Street
Groves, Texas 77619
713-962-5733

position assessments. These data bases were analyzed with the help of the computer, assembled into a folder, and returned to the student. Following the wellness model, the student evaluated his own data, assembled a problem list, and began to develop a tentative plan for modifying major risks uncovered in the analyses.

At this point, the class was grouped into small units for a two-hour consultation with a faculty member where the emphasis was on reviewing the data bases and encouraging each student to develop a contract with himself. Contracts are formal written statements of the changes in life style that are to be made under given conditions and by particular point in time.

For example, one student who regularly drank some 12 gallons of whole milk a month decided to modify this habit to two glasses of two-percent fat milk per day within a three-week period. Another who had a severe problem with stress (One of the tests we gave categorized students on Type A or Coronary Prone Personality) developed a complex contract involving dietary changes, increased exercise, elimination of smoking, and frequent meditation. A considerable number of student contracts included further evaluation of physical fitness and a program of aerobic exercise at TCOM's Institute for Human Fitness.

The initial wellness program culminates in contract completion and behavioral change, these being the first steps in a gradual approach toward achieving a state of positive health. The student is expected to continue to develop his or her strengths through better living and gradually involve and encourage the same in others in an ever widening circle of personal and professional relationships.

The technical skills needed to support this activity are further refined and extended through other curricular changes which will, for example, achieve a closer integration of basic and clinical sciences. Biochemistry now incorporates a new unit on nutrition emphasizing prevention and, later, the student will apply these skills clinically through nutritional analysis and behavioral counseling with patients. Other modifications now being considered for the curriculum include the development of a behavioral medicine program and a range of electives in areas such as a biofeedback and stress control, diet and stress, and how to modify Type A behavior.

To create a suitable context for skill development and application, the concept of the model practice has evolved and is now being funded and developed. When fully staffed and equipped, the model practice will be a place where the student will first become his own patient in the preventive mode. Faculty and staff of the college will be the initial patient base but this base will be gradually extended to include families from the wider community. One possibility is to give the student a continuity experience with a small panel of patients beginning as early as the freshman

year. As a start, the student might observe families in their homes and gradually expand his professional involvement over time as his skills develop.

The most difficult problem we face in this program is in developing the concept of wellness and then making it work in economically feasible modes of patient-physician care. It has never been easy to sell the idea of prevention to the public, but we now seem to be moving into a new era where large segments of the population are concerned with physical and psychological well being. Not long ago, the public became used to the idea of preventive dentistry in the format of the periodic dental checkup. A task force of Canadian physicians recently proposed a complex series of periodic health examinations coordinated with risk rate data that goes far beyond the annual checkup, that mainstay of prevention established in the early 1900's. The concept of wellness proposed in the TCOM goals statement goes farther yet. To accomplish this goal, we will not only need to produce physicians who understand it, live it, and are capable of implementing it, but the public must be educated to understand it and motivated to participate in it.

Osteopathy has faced many challenges and the idea of wellness is a natural and implicit element of a philosophy of health care which emphasizes the wholeness of the individual and marshalling the natural defenses of the body against disease. Wellness, however, goes beyond the idea of defense. Wellness is a continuing creative process of becoming, of achieving and maintaining an optimal state of well being. It involves people much more directly in the process of determining their own health status. As the college and osteopathic profession engage this new challenge, which we note is but a logical extension of the philosophy that made us unique, we can look down the road to a new model of patient care embedded in constructive social responses to the environmental dangers that now combine with life style to contribute to chronic disease. The model will probably have as its reference point a profile of the healthy individual as opposed to the profile of the sick. It will be aided by new procedures and new technologies and it will be oriented toward health as an ability to be cultivated in everyone.

About the Authors: Johannes Steenkamp, D.O., M.P.H., is chairman and associate professor in the Department of Public Health and Preventive Medicine at TCOM. He is a 1972 graduate of Chicago College of Osteopathic Medicine and received his M.P.H. from the University of Texas School of Public Health in 1978. Robert P. O'Reilly, Ph. D., is an assistant professor of medical education at TCOM and received his doctorate in education psychology from Cornell University in 1969. An assistant professor of public health and preventive medicine at TCOM, Kari Olsson, D.O., received her doctorate from that school in 1979.

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Stevens Park Gains OK for New Facility

1982 will begin a new era for Stevens Park Osteopathic Hospital in Dallas when groundbreaking for a new 104-bed acute, medical-surgical osteopathic medical center is held early in the year.

SPOH passed the last official hurdle when the Texas Health Facilities Commission granted its approval on October 6, 1981.

The new facility will be located on an 18-acre site, 2.9 miles from the current location on Hampton Road. The proposed construction and landscaping will compliment Kiest Park, which is across the road from the new site in Dallas' Oak Cliff area.

Included in the medical complex will be the hospital, an education building and modular physicians offices. Total cost will be \$16.9 million. It is expected that \$14 million will come from tax exempt long-term bonds, \$1.2 million from the community and the remainder from current equity.

According to information released by Stevens Park, the present facility does not provide for expansion to accommodate the necessary space needed for modern medical care and patient expectancies in the near future. It is anticipated that more primary care physicians will be trained in the new facility and

the hospital will provide for the future care needed by the community.

The new medical facility will provide for a larger emergency room, expanded out-patient department, more community health education and disease prevention programs and adequate parking.

Presently, the hospital is one of the largest employers in Oak Cliff with an annual payroll of over \$2.6 million. Upon completion of the new structure the payroll is expected to increase to \$4.2 million with an employee increase from 240 to 300. [^]

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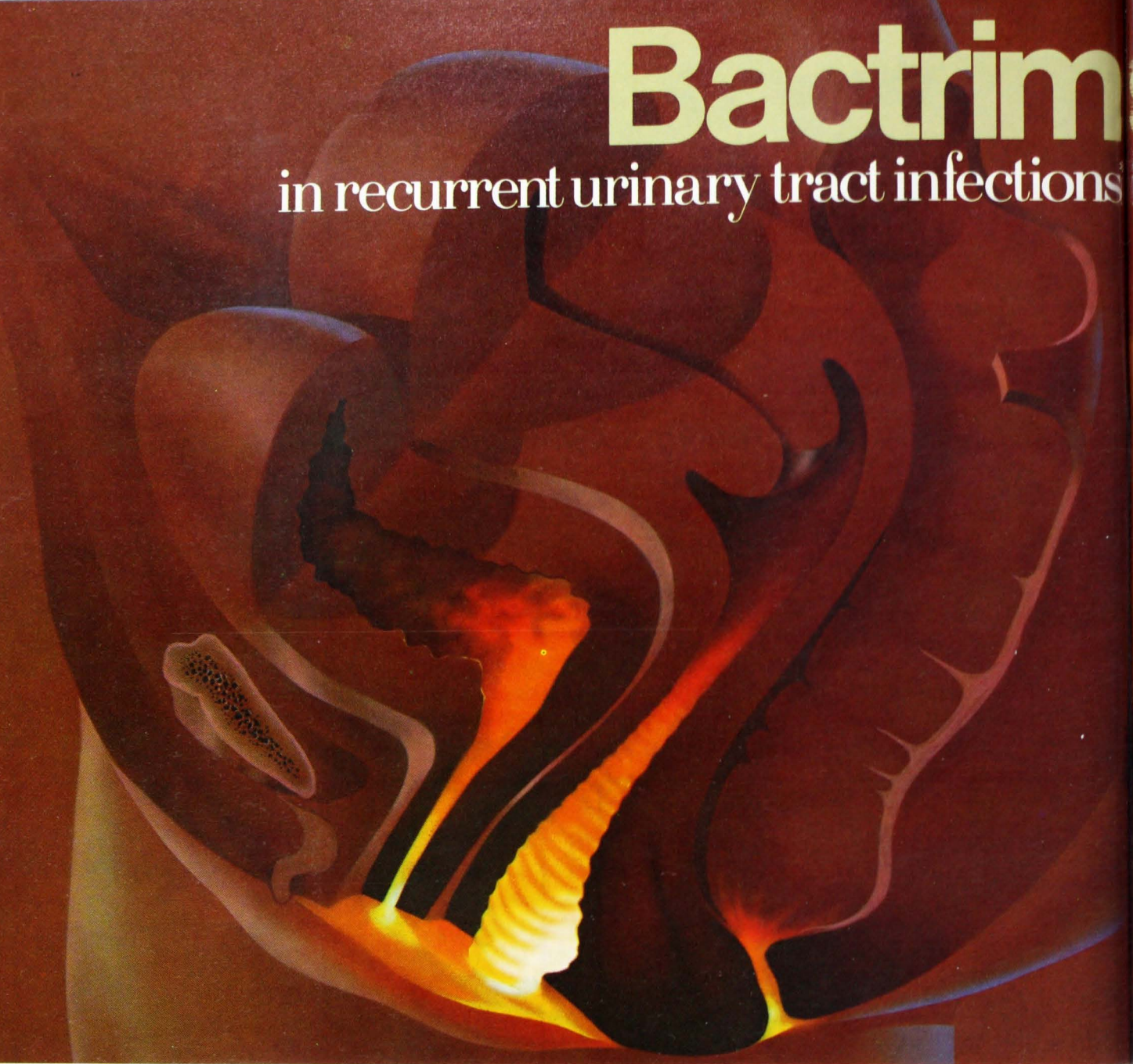
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lowers the volume, clears the sputum

[†] Due to susceptible strains of *Haemophilus influenzae* or *Streptococcus pneumoniae* when in the judgment of the physician Bactrim offers some advantage over the use of a single antimicrobial agent.

1. Rubin RH, Swartz MH. *N Engl J Med* 303:426-432, Aug 21, 1980.

2. Data on file, Medical Department, Hoffmann-La Roche Inc.

In controlled multicenter studies involving *H. influenzae* and *S. pneumoniae*, a 7-day follow-up after 14-day treatment showed the causative organisms were eliminated in 50 of 55 patients (91%).² Five patients did not return for follow-up.

During therapy, maintain adequate fluid intake. Bactrim is contraindicated during pregnancy at term and lactation, in patients hypersensitive to its components, and in infants less than two months of age.

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Please see next page for summary of product information.

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 folic 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, 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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TDHR Releases Preliminary Report

The Omnibus Budget Reconciliation Act of 1981 recently passed by Congress has adjusted the spending authorization for many state and federal programs administered by the Texas Department of Human Resources.

Following is the medical services portion of a preliminary report of the impact the new act will have on the department. Marlin W. Johnston, commissioner of the Texas Department of Human Resources, stated in a letter to TOMA that "Congress has not finished debate on the budget and the impact could be significantly altered from this preliminary report."

"A variety of health care services is furnished Texas residents who are poor enough to qualify for Medicaid (Title 19 of the Social Security Act) benefits. Generally, the group is made up of people receiving either Aid to Families with Dependent Children (AFDC) or Supplemental Security Income (SSI) benefits for the aged, blind or disabled. The federal government through Medicaid provides 55.75 percent of the funding in fiscal year 1982, while the state provides the remaining 44.25 percent of the funds.

The Omnibus Reconciliation Act of 1981 set a target for FY 1982 of 109 percent of the estimated 1981 expenditures. The Act further requires states to reduce their expenditures by three percent, thus establishing a net target on 1982 expenditures of 106 percent of 1981. In following years the target is indexed according to the medical care expenditures category of the Consumer Price Index with reductions of four percent in 1983 and four and one-half percent in 1984.

Texas expenditures for 1982 are projected to be below the 106 percent target, which results in Texas not having to make significant changes in the program in 1982. In addition to the target, the Act contained the following provisions.

- Allows states greater flexibility in coverage of the medically needy and individuals age 18-20 (Texas does not participate.)
- Requires that hospitals be reimbursed according to rates that are reasonable and adequate to meet the costs incurred by economically and efficiently run facilities.
- Allows greater flexibility in establishing fees for physicians services under Medicaid.
- Allows competitive bidding for lab services.
- Allows the state to limit the recipient's freedom of choice in selecting medical services and providers.
- Allows the state greater flexibility in providing home or community based services.
- Limits payment for certain drugs approved before 1962 if the Secretary of Health and Human Services determines they are less effective than newer drugs.
- Makes the use of Professional Standards Review Organization optional.
- Increases the Medicare Part B deductible from \$60 to \$75."

ATOMA News

By Mrs. D.Y. Campbell
ATOMA President

Thanks to everyone concerned, my installation as ATOMA president, which took place in Juarez in May, 1981, was one of the most memorable events in my life. After the USA, Mexico is the country I love most so I was very happy to be installed there.

On May 19, I made my first official visit. This was a well attended meeting held in the Corpus Christi home of my good friend, Lily Hause. I debuted my president's speech setting forth the aims and plans of ATOMA as follows:

Our aims as ATOMA are to enhance the public image of the osteopathic physician, and to aid deserving causes of elderly Americans.

We propose to do this as outlined below:

1. Encourage blood pressure booths in each district—often.
 - A. Put up a large sign saying something to this effect: "Free—Blood pressure taken—Courtesy of (your title) Society of Osteopathic Physicians."
 - B. Provide the pamphlet *Osteopathic Medicine Today* on which to write with magic marker the person's BP. Get the pamphlets from Tex Roberts at the TOMA office.
2. We'll have a *Speaker's Bureau*. It works like this:
 - A. Local auxiliary finds places such as PTA, clubs, senior citizens' groups, churches, schools, etc. for the D.O. to speak to.
 - B. TCOM has written speeches on the following subjects: Alcohol and Drug Abuse

Preventive Health Care
Teenage Pregnancy
CPR
Heimlich Maneuver
V.D.
Poison Control
Problems of the Elderly

These are sent to each district auxiliary president. She makes copies and distributes as needed.

C. The D.O. chooses his topic from those written (adds to or deletes from as he sees; or he may choose a different topic of his own) and goes to the place the auxiliary found for him to speak.

D. Try to match times and areas to accommodate your D.O.'s schedule.

E. Be proud.

3. Volunteer your services—as an organization or an individual—to the health groups needing your help. We are emphasizing senior citizen interest and service. Those groups have such real and varied needs—legislative, as well as, health. Find your niche and pitch in. Then, always say "My osteopathy auxiliary sent me to help." This approach has been used in Houston and is working well. The Houston auxiliary is becoming visible as an osteopathic group concerned about the well being of senior citizens. Remember, don't accept any recognition individually for your services, but always give credit to "my osteopathic auxiliary."
4. From this time on, refer to our D.O.s not as osteopaths, but as osteopathic physicians, and they don't practice osteopathy, they practice medicine.
5. This is very important: We want to place our friends who favor osteopathic medicine on the

State of Texas health committees, or on other committees that would be important to us. Think about this and suggest people whose names may be submitted for applications. We are all living by rules. We should be making more of the rules we live by. Please, consider this thoughtfully and be in touch with me or Tex Roberts.

Further official acts included are:

August 19, I attended a "Thank you" party at The Summit in Houston for osteopathic medicine's good friend, Senator Chet Brooks. He's from nearby Pasadena. I was impressed by his charm and charisma.

September 14, because no planes were available, my husband, Dewey, and I drove to Austin. There we met with TOMA President, Dr. Frank Bradley, and TOMA Legislative Counsel, Bob Gammage. For quite a long time we waited our turn in the crowded Reception Room, but then we were rewarded by having our picture made with Governor Bill Clements as he signed our National Osteopathic Medicine Week proclamation. I was impressed with his courtliness and *very good manners*.

The week of September 13 was observed as NOM Week and the activities were many, but I can't express how proud I was of our doctors for their footing the big bills for newspaper displays about osteopathic medicine that reached almost two million readers. Your money was well spent.

On October 20, I made my official visit to District II in Dallas. At the beautiful new home of Marty Henshaw, Leann Speece conducted an enthusiastic group of

ladies in their plans for the year. They appeared receptive to my speech.

On October 31, we had a great Mid-year Board Meeting held at our new state office building in Fort Worth. Tex Roberts and his staff, did everything they could to assist in planning and carrying out this meeting, and that's a big part of why everything went so smoothly. There were about 20 board members present, Dr. D.Y. Campbell, ATOMA liason officer, and Attorney Bob Gammage.

The film with sound "Clean Hands Are Fun" is a way of getting the word "osteopathic" before the public. It is about a many handed creature called Salamandro, germs, and washing hands. A large poster is displayed in the classroom while the film is shown, and each child receives a notepaper size picture of Salamandro to color. Of course, at the bottom of the picture which goes home with the child there is stamped "Courtesy of (Your own local) Osteopathic Auxiliary." District presidents, write me so you can receive this film to show in your district.

November 15-19, I attended the AAOA Convention in Los Angeles. The State Presidents' Council, held all day Sunday, offered many suggestions and displays for furthering osteopathic education of the public. The exchange of ideas here is always productive to me. Monday, Tuesday, and Wednesday I was in the House of Delegates. I missed a lot of the action on Tuesday and Wednesday because Wanda Puryear (chairman) and I served on the Election Committee and were kept busy counting votes and making reports. That's an interesting job but I believe I'll pass it up next time. Wanda Puryear was elected to the Scholarship Awards Committee and Lois Mitten was elected to an AAOA Director's position. I know this looks a little funny, but honest, Wanda and I were very straight in counting votes.

Our new AAOA President is

Orpha Harnish of Enid, Oklahoma, and her theme for the year is "Effort Counts." I think we will be very proud of her.

AAOA has something new. It's a calendar about health and osteopathic medicine but not overtly so. The artwork is by Nancy Slater, whose late husband Wesley R. Slater, D.O., practiced orthopedic surgery in Tulsa. What I'm trying to say is that the calendar is lovely and makes its point subtly. You'll be proud of it for your own use and to give as gifts. Trust me on this. You may obtain this by writing:

AAOA Calendar

AAOA

212 East Ohio Street
Chicago, Illinois 60611

The size of the calendar is 9x11 inches. Enclose \$5 for each calendar ordered.

Also available to you for distribution or use are "How To" leaflets on how to write a news release, a report, plan a state convention, plan for NOM week and survive a hotel fire. There is an excellent leaflet "Tips for Latch Key Children." This has been distributed by local auxiliaries to schools throughout the nation and has been so successful AAOA has back orders. There are many other brochures, etc. available for your use. Write to AAOA at the above address for any you might need.

Many of our D.O. wives will not see this report. If you know of one, please pass this along and ask her to read about ATOMA.

For our state convention in April, to be held in Austin, we hope we'll have a program that will entitle each D.O. spouse attending to claim her trip as an IRS deduction. That's not for certain, but we're working on it. That's my report for now. I believe in osteopathic medicine and that my efforts in behalf of osteopathic medicine do count. I am asking each of you to join me and the ATOMA Board in carrying out our plans. No effort is

too small.

If your district has not invited me to make an official visit to one of your meetings, I'm asking your membership to consider inviting me. I think I have an important message for you and I want to hear what your district has to say.

Any questions, any comments are welcome.

Lois Campbell
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By Mrs. Robert R. Ling
District VI

Our condolences to Dr. Esther Roehr on the recent death of her husband, Tom. Dr. Roehr also had surgery a few weeks ago, so you might want to send her a card.

Dr. Ed and Catherine Vinn just left on going after the National Convention right across the Pacific Ocean to visit such places as Tokyo, Ceoto, Hong Kong, Taiwan and so on. When they arrived in Bangkok, Thailand the whole country was celebrating the King's birthday. I told Catherine they should have brought him a jazz record from New Orleans, since from what I have read about him he is quite the "jazz buff." Catherine said "Now you tell me!" Ed and Catherine were allowed to spend one day in the People's Republic of China, and felt as though they had stepped back 100 years in time. Everything is done with the assistance of only hand labor. Farms are still tilled by peasants aided by water buffalo. One word of caution though is to take a trip like this while you are still young and agile — said the travellers.

Well, I guess I might as well get it over with — yep, I goofed in last month's column. Dr. Bob caught it. That was *not* Dr. Frank Bradley at our District dinner at the Inn On The Park. It was Dr. David Beyer. Boy, I sure hope I didn't get anybody in trouble with their respective families.

I have a great devotion to St. Francis of Assisi and know he had a hand in this situation, for he knows that anyone can get good and loving care from an osteopathic hospital. Let me explain. . . one

evening last week a mama cat slipped in the emergency room door at Eastway General Hospital and immediately delivered six kittens. After all the feline patients were made comfortable, Dr. Ray Knight took them to his home out in the country. Boy, I tell you these animals have a "bird nest on the ground," with Dr. Ray looking after them.

The beautiful home of Dr. Art and Nan Johnson was opened to all of us for a wonderful family Christmas party. I saw people I hadn't seen in a year (Houston is getting so big). Everyone just kept eating, laughing, drinking and bragging about their new grandchildren. One of the highlights of the day was the presentation by Dr. Steve and Fran Levy of the celebration of Hanukkah. Later, all the children participated in the breaking of the Pinata while the rest of us gathered around the piano and harmonized on Christmas carols.

Among those attending were: Dr. Reginald and Mary Jane Platt, Mrs. Cecile Platt, Dr. Steve and Fran Levy, Dr. Ralph and Mildred Cunningham, Dr. Dewey and Lois Campbell, Dr. Ken and Eliana Ballard, Dr. Bob and Virginia Ling, Dr. Mitch and Rachel Porias, Dr. Carl and Lois Mitten, Mr. and Mrs. O. D. White, Dr. Ralph and Carolyn Clarke, Dr. Victor and Charlotte Zima, Dr. Jack and Doris Grainger, Dr. John and Marilyn Mohney, and, of course, Mr. and Mrs. Santa Claus.

TDH Reports on Malaria

Seventy-three malaria cases have been reported in Texas this year and it is the belief of the Texas Department of Health that these represent cases contracted outside the United States in U. S. travelers, foreign students and visitors and in refugees.

The TDH notes that the surveillance forms from private physicians and medical facilities tend to confirm that belief. But, the TDH feels the forms are not received or are incomplete for many cases. As a result, the department cannot be certain there has not been transmission within Texas and knowledge of such transmissions would be extremely important.

The mosquito vectors of malaria are still plentiful in Texas and the Gulf states, and it is possible for one or more malaria foci to be established within the state and to become a significant public health problem.

The TDH is requesting all physicians and medical facilities diagnosing malaria to report the case to local or state health authorities and to complete and submit a surveillance form.

Surveillance forms and epidemiologic assistance are available by writing Bureau of Epidemiology, Texas Department of Health, 1100 W. 49th Street, Austin, Texas 78756 or calling 512-458-7328.▲

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Tuberculin Testing Information Available

EDITOR'S NOTE: The following information was released by the Texas Department of Health regarding routine tuberculin testing of infants and children. For additional information, please contact your regional office of the TDH.

1. **Material:** The U. S. Public Health Service for a number of years has disapproved the use of various types of multiple puncture tests. In this area, particularly, there is considerable tendency to over-read results, and these over-readings lead to unnecessary alarm, since 2+ reactions to this type of test almost invariably are the result of sensitization by atypical mycobacteria. If, in spite of this recommendation, multiple puncture tests remain in use, the first significant reaction, as indicated by literature accompanying the testing kit, is 3+, the production of a complete "doughnut" type of response.

2. **Indications:** The incidence of casual or accidental infections with tuberculosis in the population is now so small that we do *not* recommend *routine* tuberculin testing at any age. Tests should be applied if there is verified exposure to an open case for some days.

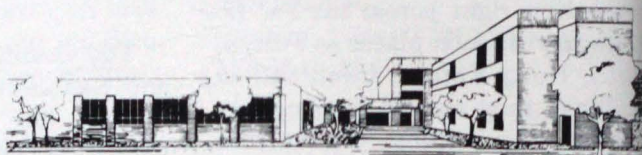
3. **Exceptions:** At present it seems highly desirable to test routinely children who have immigrated to this country from areas in which the known prevalence of tuberculosis is high—these are chiefly (in 19 counties of Region 5) children of immigrants from Southeast Asia, Latin America and Africa. (Note: Certain children have received BCG before arrival in the United States; these usually produce reactions of 10mm or less to 5 T U of PPD, but occasionally, when vaccination is recent, response may be larger.)

Naturally, tests of children of whatever age are obligatory if there is persistent domiciliary contact with a case of transmissible tuberculosis.

4. Infants and children who produce reactions of 10mm or larger should have x-rays of the chest. In children under three or four years of age there will almost always be manifest disease involving a segment of the lung and hilar lymph nodes. If the chest film is entirely normal, if there is no demonstrable tuberculosis among adults in contact and if other siblings are negative, the large response may be the result of atypical mycobacterial infection. Prophylactic isoniazid administration is *not* called for in such circumstances.

5. Young infants or children with extensive tuber-

culosis may be anergic to all tests. Other studies are essential if tuberculosis appears probable.▲



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

Be Cautious of Oyster Bootleggers

By Robert Bernstein, M.D., Commissioner
Texas Department of Health

You may see them throughout Texas — along highways, in parking lots or near shopping centers. They're oyster bootleggers who may be doing business from the back of a pickup truck or camper or directly from their boats on the coast.

The present economic crunch is providing support for illegal or "bootleg" shellfish activities in the state, reports the Shellfish Sanitation Control Division of the Texas Department of Health.

During the past few years, as oyster prices have soared, the bootleg operators have proliferated. A bootleg operation is one that is not under state inspection. The sanitary quality of the product could be highly questionable since such operations do not have the necessary facilities to process shellfish under conditions which will produce a safe product.

In addition, the shellfish may have been taken illegally from polluted shellfish growing areas and stored or handled under unsanitary conditions.

"Normally," said Richard E. Thompson, chief sanitarian in the Shellfish Sanitation Control Division, "such products are sold in glass 'mayonnaise type' jars with no seals, numbers or identification relative to who packed the oysters. These oysters are usually cheaper than the oysters processed by certified dealers. The certified dealers have an investment in buildings, equipment and containers to produce safe oysters."

Anyone who purchases oysters from unknown sources faces the prospect of becoming ill, said Thompson. "The Texas Department of Health makes every effort to properly classify growing waters, certify and inspect processors, and eliminate bootleg operations, but the consumer is the ultimate decision maker."

Various illnesses can be caused by eating oysters taken from polluted waters, including cholera, hepatitis, dysentery, typhoid and several types of gastroenteritis.

While cholera isn't identified too often, cases stemming from contaminated oysters were reported in Florida in the past two years, according to Neil B. Travis, Director of the Shellfish Sanitation Control Division. Cholera has been confirmed in Jefferson County in two persons this year and 12 workers on a drilling rig off the Texas-Louisiana Coast.

Hepatitis remains a serious threat in oysters taken from unapproved waters. In an outbreak in 1973 in Houston, a total of 268 cases was confirmed in one

incident. Cause of the outbreak was traced to an out-of-state shipment of oysters, which were found to have been harvested illegally from polluted waters.

A number of prominent citizens and public officials in Wharton County became ill with nausea, fever and vomiting after eating oysters bought from a bootleg dealer last year.

"As long as some people continue to buy oysters from people driving around in a truck, or parked down the street or in a parking lot, without demanding a certified product, these operations will continue and people will continue to get sick," said Thompson.

Why Use Osteopathic Hospitals?

Why should DOs use osteopathic hospitals? Aside from reasons of tradition, there are many valid enhancements to the DO's daily practice.

Many of these reasons are cited in *Exchange No. 5*, published by the American Osteopathic Hospital Research and Education Foundation (AOHREF). Reasons include the opportunity to assure the hospital's philosophy underscores the DO's authority and professionalism and working with others who understand osteopathic medicine and concepts. Other reasons include direct interaction with the administration and governing board to preserve osteopathic identity, helping develop future osteopathic physicians and assuring osteopathic care for patients, according to Michael F. Doody, president of the foundation and of its affiliate, the American Osteopathic Hospital Association.

A physician surplus is predicted for the next decade. This means there will be more competition among all physicians for staff positions and for patients. The question remains as to whether DOs will still be needed in other institutions when non-osteopathic family physicians abound. Whatever the answer, practicing in osteopathic hospitals is a sound investment for the DO. Opportunities exist there for regular interaction with other DOs who are committed to preserving their profession, and the opportunity to mold the hospital environment is very real.

Letters

Doctor Speaks Out on Prescription Regs

Dear Tex:

A few days ago I telephoned you concerning a message written to welfare recipients, on the bottom of the "Medical Care Identification Card for the Texas Medicaid Program" which is sent to the recipient each month, for their three "free" prescriptions allowed by Medicaid.

You asked me to send you a copy with my comments attached (copy attached).

If you will read the first paragraph, it says in essence "if your doctor is giving you a drug that is not approved, and does not order a new drug, then you will have to pay for it."

The second paragraph, (Spanish version) is even worse. "if your doctor "persists" in giving you a drug that is not approved, then you will have to pay for it."

To the average person an "approved drug" is one that has been scientifically and medically approved. A drug is not approved is one that is scientifically and medically "no good."

We will discuss two medications, Ruvert and Antivert. Who is it that approves or disapproves these medications? Most G.P.s and certain of the specialties prescribe these two medications. They are listed in the Physician's Desk Reference and approved by the F.D.A. for the indications listed. Who, besides the F.D.A. has the authority to disapprove them? What "new drug" can you prescribe for these indications? Personally I know of none.

Medicaid has placed the monkey on the back of the physician. The pharmacist will tell the recipient to have his doctor change the medi-

cation. If you don't change the medication the patient will be mad, if you do change it, the patient assumes you were giving him a "no good" medication in the first place. So the physician is damned if he does and damned if he doesn't.

The list sent to pharmacies and physicians include many medications used by physicians for many years, and now someone besides the F.D.A. has decided to disapprove them. The list also states that other lists will follow. (The old foot in the door technique).

Theoretically, a good lawyer could have a "field day" before a jury, in a malpractice case based on unapproved drugs.

In my opinion these two paragraphs are unfair to the practicing physician, and the Texas Osteopathic Medical Association and the Texas Medical Association, owe it to their members to have them corrected or reworded.

"Recent federal law prohibits payment for certain drugs by the medicaid program. Effective December 1, 1981, if the drug ordered for you is not an approved drug, and your doctor does not order a new drug, you will have to pay for it.

Una nueva ley federal prohíbe que medicaid pague ciertas drogas. Comenzando el primero de Diciembre, 1981, si su doctor persiste en recetarle una droga no aprobada, usted tendrá que pagarla."

Yours truly,
E. E. Dunlap, D.O.
San Diego, Texas

IN MEMORIAM

William J. Hutton

William J. Hutton of El Paso was killed Thanksgiving Day, November 26, in a traffic accident in El Paso.

Hutton, 37, was business manager at Tigua General Hospital and former director of accounting at Texas College of Osteopathic Medicine.

Funeral services were held November 28 at King Memorial United Church in Childress with burial in Ochiltree Cemetery near Perryton.

A native of West Point, Virginia, he attended Clarendon public schools and was a graduate of Clarendon Junior College and North Texas State University. He had served in the U.S. Army and was a veteran of the Vietnam War. He was a Methodist.

Survivors include his mother, Ruby Hutton of Childress; a son, Todd Hutton of Borger; a daughter, Traci Hutton of Borger; a brother, Robert Hutton of Canyon; and a sister, Gayla Boshart of Houston.

TOMA Membership Applications Received

Membership applications from the following physicians have been received by the TOMA State Office.

William W. Halcomb, D.O.
8311 Shoal Creek Blvd.
Austin, 78758
LACOPS '52; GP

Scott R. Elkin, D.O.
P. O. Box 4008
Austin, 78765
MSU-COM '75; P*

District XV Sets Political Awareness Night



Visiting during District XV's Second Annual Political Awareness Night were from left, Rep. and Mrs. Lanny Hall of Fort Worth, Rep. Bob McFarland of Arlington and Rep. and Mrs. Bob Leonard of Fort Worth.

February 25 is the date that has been set for TOMA District XV's Third Annual Political Awareness Night. "Heart of Politics" is the theme chosen for this year's dinner which will be held at Colonial Country Club in Fort Worth.

Special guests will be representatives from city, county and state governments, according to R. Greg Maul, D.O., of Arlington, program chairman.

Purpose of the evening is to provide an opportunity for members of the osteopathic profession from TOMA's District XV to visit and become better acquainted with their elected officials. ^

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Phone: 214-561-3771

1400 West Southwest Loop 323

Begin Training Now for Cowtown Marathon

Runners who plan to compete in the Fourth Annual Cowtown Marathon in Fort Worth February 27 should begin their training now, according to John Ayres, Activity Center manager at Texas College of Osteopathic Medicine's Institute for Human Fitness.

The 26.2-mile race will follow the same route as in previous years, beginning near 25th Street and Exchange Avenue in the historic Stockyards and ending in front of Cowtown Coliseum, race headquarters for the day. Co-sponsoring the race are the TCOM Institute, Fort Worth National Bank and *The Fort Worth Star-Telegram*.

Prior to the marathon, TCOM will present a running symposium on February 26 from 6-9 p.m. in the auditorium of Medical Education Building I.

Speakers and their topics include Johannes Steenkamp, D.O., "Running Injuries"; Scott Taylor, D.O., "Medical Preparations for the Marathon"; Robert Kaman, Ph.D., "Nutrition and the Marathon"; and Robert Patton, Ph.D., "Fluid and Electrolyte and the Marathon."

Urging serious runners to make their commitment now to train for the marathon, Ayres suggests that potential entrants must consider the length of time they have been running and the number of miles they average per week.

Before attempting a marathon, the average runner should have been running regularly for six months to a year and should have been doing at least 25-30 miles

a week for three months. Ayres said this solid base helps avoid injury. If a runner increases mileage too fast, he or she also increases the likelihood of physical damage.

The 15-week training program recommended by Ayres is the one developed and used in marathon training clinics at the Fort Worth institute. He emphasized that the plan is for runners who have never attempted a marathon before. Veteran marathoners, Ayres said, can often increase the distance in their training because they are more aware of their own capabilities and training level.

The program emphasizes distance rather than time because the goal is to train a runner so that he or she can finish a marathon feeling "tired but not abused." The time of the run is secondary for the first-time marathoner, said Ayres. The average training pace is about a 9-or 10-minute mile.

During the 15 weeks, runners should increase their mileage to about 50 miles a week and hold it there for five or six weeks, before tapering off just prior to the race. Training should also include one long run a week, and at least one of 20 miles. However, Ayres emphasized that the schedule should be flexible enough to absorb occasional missed workouts without sacrificing training.

More information on the marathon or the accompanying 10-kilometer (6.2) mile race is available from the Cowtown Marathon office, 817/870-9784.▲

Feb. 5-7 Set for District VI Seminar

"Problems in Family Practice" will be the theme of the Seventh Annual Family Practice Seminar February 5-7 at the Marriott Hotel, West Loop in Houston.

Sponsor for the program is the Harris County Osteopathic Society (TOMA District VI). Program chairman is Ladd T. Tucek, D.O., of Houston.

Lecturers for the three-day meeting include Earl Bachenberg, D.O., of Tulsa, Oklahoma; J. Dudley Chapman, D.O., of North Madison, Ohio; Tom Carney, D.O.; James Genglebach, D.O.; Sheldon Goren, D.P.M.; Jerry Hoffman, D.O.; Alvin Jaffe, M.D.; Steven Levy, D.O.; Alexander Remenchik, M.D.; Henry Ruehle, D.O.; David Solce, D.O. and John Williams, D.O., all of Houston.

Among the topics to be discussed are melanoma diagnosis and treatment, diagnosis with laparoscopy, radiology for general practice, pediatric antibiotics and arterial blood base evaluation and acid base balance for general practice.

Speaking at the February 6 luncheon will be Robert Gammage, J.D., TOMA legislative counsel from Austin. Leonard Roth, attorney-at-law, will speak on the Tax Recovery Act of 1981 at the February 7 luncheon.

Pre-registration is \$175 and must be paid by January 30. After January 30, the fee will be \$200. The registration fee includes two luncheons, coffee breaks and continental breakfast. Make checks payable to Harris County Osteopathic Society and send to Ladd T. Tucek, D.O., 161 Aldine Bender, Houston 77060.

For hotel room reservations, contact the Marriott Hotel, 1750 W. Loop S., Houston 77027 or call 713-960-0111.▲

Texas Ticker Tape

MISSOURI CHALLENGES OTHER OSTEOPATHIC ORGANIZATIONS

The Board of Trustees of the Missouri Association of Osteopathic Physicians and Surgeons recently authorized a contribution of \$1,000 to the Still National Osteopathic Museum and challenged all other osteopathic associations, societies and organizations nationally to meet or exceed their gift.

The Still National Osteopathic Museum, which is located on the Kirksville College of Osteopathic Medicine campus, was founded to ensure the continued collection and display of invaluable documents, artifacts and memorabilia of the founding and early years of the profession and Dr. A. T. Still, its founder. Contributions should be sent to Box 949, Kirksville, Missouri 63501.

ATOMA TO ESTABLISH STATE-WIDE SPEAKERS BUREAU

East district of the Auxiliary to TOMA is being asked to establish a speakers bureau to provide local organizations with speakers on a variety of medical topics and to gain additional exposure and understanding of the osteopathic profession. ATOMA will arrange the speaking engagements and request TOMA members to serve as the speakers. For more information on the program, see Mrs. D. Y. Campbell's President's Report on page 19 of this issue of the *Texas DO*.

HHS COMPETITION TASK FORCES REPORT

In December the external and internal competition task forces of HHS recommended that Medicare beneficiaries have the option of enrolling in private health plans; that employers be encouraged to offer a choice of cost-effective health plans; that employees receive a tax free rebate if they join lower cost health care plans; that catastrophic benefits be mandated; that incentives be offered to the states to eliminate certificate of need and state laws that frustrate innovation and price competition; and that PSRO's and health planning be eliminated.

YELLOW FEVER VACCINATION

In the past, U.S. Public Health Service hospitals and clinics have administered yellow fever vaccinations. Except for a few which may remain open until September 30, 1982, most of these facilities closed September 30, 1981. Public Health professionals who wish to obtain the location of remaining yellow fever vaccination centers in Texas may do so by contacting the appropriate local health department or the Epidemiology Bureau, Texas Department of Health at 512-458-7218, according to the November 28 *Texas Morbidity This Week*.

DR. ALEXANDER NAMED CHAIRMAN OF THE DEPARTMENT OF FAMILY PRACTICE

Ted C. Alexander, Jr., D.O. was named chairman of the Department of Family Practice at the Bethania Hospital in Wichita Falls and was also named to the Executive Committee of that hospital.

Texas Ticker Tape

DR. ENGLISH INSTALLED AS PRESIDENT

Wayne R. English, D.O., chairman of Texas College of Osteopathic Medicine's rehabilitation/sports medicine department, was installed as president of the American Osteopathic College of Rehabilitation during the annual meeting in Los Angeles recently. He was also program chairman for the conference.

DR. WISEMAN OPENS OFFICE

Rodney M. Wiseman, D.O., a 1978 graduate of Texas College of Osteopathic Medicine, has opened a general practice and obstetrics office in the Whitehouse Clinic. His office is the former location of William H. Clark, D.O., who recently joined TCOM.

U. S. TAX COURT UPHOLDS ONE-MAN CORPORATIONS

The U. S. Tax Court recently ruled that it is legal to establish a one-man corporation for the purpose of receiving tax and benefit breaks. The ruling is crucial to one-man professional corporations formed by doctors or lawyers. Corporations are afforded more liberal tax breaks than are individuals. Check with your accountant for specific details.

U. S. PUBLIC HEALTH SERVICE TO SURVEY EL PASO COUNTY

Beginning January 4, interviewers from Westat, a private research organization working under contract with the National Center for Health Statistics, will call on selected households in El Paso County to obtain demographic information used to identify and select about 555 people for examination. This will be a pretest for the Hispanic Health and Nutrition Survey which will be the first large-scale study of Hispanics and will be used to assess their health and nutritional status and their needs for health care. The medical examinations will be conducted from January 20 through March 19 in the survey's mobile examination center.

OMNIBUS RECONCILIATION ACT OF 1981 PROHIBITS PAYMENT FOR CERTAIN DRUGS

The Omnibus Reconciliation Act of 1981 prohibits Medicare or Medicaid from paying for prescriptions which were approved before the 1962 amendment of the Federal Food, Drug and Cosmetics Act or lack evidence of effectiveness. The act also prohibits payment for identical, related, or similar drug products which are not medically necessary. This means that the Department of Human Resources cannot pay for compounded prescriptions which include any of these drugs as an ingredient. For a listing of the drugs effected, please contact TOMA. The new law went into effect December 1.

AOHA NAMES NEW VICE-PRESIDENT

Lin Fish, director of communications for the American Osteopathic Hospital Association since November 1976, has been promoted to vice-president. "Lin has contributed significantly to the Association as she has steadily assumed a broader range of responsibilities. She will continue to head the communications department and be responsible for support staff, in addition to her other duties," Michael F. Doody, AOHA president said.

Texas Ticker Tape

DR. BUTTON JOINS SOUTHWESTERN CLINIC OF BONE AND JOINT DISEASES

William E. Button, D.O., has joined the Southwestern Clinic of Bone and Joint Diseases in Bedford and begun an orthopedic practice with T. T. McGrath, D.O., and F. J. Quatro, D.O. Dr. Button is a 1956 graduate of the College of Osteopathic Medicine and Surgery in Des Moines, and served a residency at Normandy Osteopathic Hospital. He is a Fellow of the American College of Osteopathic Surgeons and a Fellow and past president of the American Osteopathic Academy of Orthopedics.

WOLFE REAPPOINTED TO BOARD OF REGENTS

Hugh Wolfe of Stephenville has been reappointed by Gov. Bill Clements to the Board of Regents of Texas College of Osteopathic Medicine and North Texas State University. A member of numerous Board committees, Wolfe is chairman of the TCOM committee.

TRIPPLICATE PRESCRIPTION REQUIRED FOR ONE SHOT

The new Triplicate Prescription Act passed by the last legislature calls for a radical departure from your normal routine in dispensing Schedule II drugs. You must fill out the triplicate prescription form provided by the Department of Public Safety for even a single shot dispensed to a patient in a setting outside of the hospital. You received a mailing from the DPS in October. Check your files. It all takes effect January 1, 1982.

AN ATTRACTIVE ALTERNATIVE TO PRIVATE PRACTICE — AIR FORCE MEDICINE

Did you go to medical school to become a doctor or an office manager, supply clerk, or repairman? If you want to concentrate on your medical practice and leave the administration to someone else, then Air Force medicine can be an attractive alternative to your private practice. You see, the Air Force uses a group practice system of health care. This system allows maximum contact between patient and physician with a minimum of administrative responsibilities. Nurses and technicians take care of the paperwork while you take care of the patients. You'll get to use the skills gained through years of education; to stay abreast of new methods and techniques; and, for qualified physicians, to specialize. These benefits, along with our excellent employment package, make Air Force medicine an attractive alternative to private practice. Find out how you can be a part of the Air Force health care team. We'll answer all your questions promptly and without obligation.

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Russ Stansell collect at 817-461-1946
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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. Louise S. Landers, administrator, South Plains Hospital — Clinic, Inc., Amherst, 79312. Phone: 806-246-3536, ext. 23.

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

COMMERCE — East Texas State University/Head Student Services. Excellent location 55 miles from Dallas. University enrollment of approximately 8,000 — located in Commerce, a city of 7,500. The University desires to employ a physician to head the Student Health Center and perform other University related health duties. Ideal opportunity for the starting physician or an individual who wishes a less demanding schedule. Competitive salary and fringe benefits including substantial time off. Must be interested in young people, possess good communication skills, and be able to function as an administrator. References

required. Contact Ron Robinson, Executive Director/Division of Student Affairs, ETSU Commerce, 75428. Phone: 214-886-5083.

DALLAS — Primary care physicians needed for the southwest section of Dallas. Local hospital and clinics under new ownership and management. Tremendous opportunity for an aggressive physician. If interested contact administrator at 214-946-4000.

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).

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 — Physician needed to share 2,300 sq. ft. office with podiatrist in growing suburb 5 minutes from downtown. Near hospitals. Call 817-831-1269 or 589-1362.

FRITCH — Needs family practice physician or GP in successful rural health clinic located in Fritch, Hutchinson

County, Texas. Town and surrounding area is 9,000 population. 14 miles from Borger, Texas. Full service hospital. 30 miles from Amarillo. Salary \$52,000 plus percentage of inpatient revenue. Relief time provided. Contact: Johnny Raymond, Director, Panhandle Rural Health Corporation, 168 Hamlet Center, Amarillo, 79107; Phone 806-383-8111.

GARLAND — Near LBJ. Prime location for family practitioner. Four treatment rooms. Private office, etc. Five other professionals in building. Call F. J. Musso, D.D.S. at 214-271-4488 (office) or 214-387-1325 (home).

GROOM — Needs D.O. general practitioners. 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. Davis, Jr., Executive Director, Southwest Osteopathic Hospital, P. O. Box 7408, Amarillo, 79109. Phone: 806-358-3131.

HALLETTSVILLE — Recent TCOM graduate looking for an individual to associate in a clinic practice located between San Antonio and Houston. Excellent opportunity for energetic individual. First year guarantee with full partnership thereafter. If interested call 512-798-3612.

HOUSTON — Young ambitious family practice physician to take over active practice of retiring D.O. Office grossing in excess of \$475,000 per year. Contact: Joanne Miller, Northeast Memorial Hospital, 8214 Homestead Road, Houston 77028. Phone: 713-631-3400.

Opportunities Unlimited

Practice Locations in Texas

POSITIONS DESIRED

FAMILY PRACTICE — Physician completing residency in August 1982, wants to join established group practice in the Dallas/Fort Worth metroplex area. For more information write: Charles Cook, D.O., 25400 Rockside Rd., Apt. 609, Bedford Heights, OH 44146.

GENERAL PRACTICE — TCOM graduate seeking practice opportunities in Northwest Houston area. Available July '82. Resident training in proctology/colonoscopy. For more information contact: Charles E. Fontanier, D.O., P. O. Box 2023, Tulsa, OK 74101.

INTERN — Seeking practice opportunities for GP with obstetrics. Available June '82. Prefers town with hospital and population of 3,000 - 10,000. Prefers solo practice but will consider partnership. Write Box "B", TOMA, 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-Ratio 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.

NEED HELP? — If you or a colleague are having trouble with drugs or alcohol, we can help.

We are an anonymous self-help group of doctors in the D/FW metroplex with personal experience in recovery. Strict confidence assured. Contact: after 5 p.m. 214-263-0685 or 214-349-3004.

(For information call or write Mr. Tex Roberts, Executive Director, TOMA Locations Committee, 226 Bailey Avenue, Fort Worth, 76107. 817-336-0549, Dallas County Metro 429-9755 or toll-free in Texas 1-800-772-5993.)

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Louis O. Garcia, Administrator
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JERSEY VILLAGE — Suburb of Houston — GP and/or internist needed. If interested contact: Jack Grainger, D.O., 713-937-0312 (home) or 713-695-9117 (office).

MEDICAL DIRECTOR/DIRECTOR OF MEDICAL EDUCATION — needed. 200-bed medical center with a D.O. staff of 145 with an intern, resident and TCOM student teaching programs. The Medical Director/DME combined position as a full time employee of the medical center should be challenging and would be well received by the medical staff. An osteopathic physician from the college is responsible for all predoctoral student training. Will work closely with the corporate Executive Vice President. An experienced person is required. Salary commensurate with previous demonstrated experience and qualifications. Please send confidential CV and letter of interest to Claude G. Rainey, Executive Vice President, Fort Worth Osteopathic Medical Center, 1000 Montgomery Street, Fort Worth, 76107.

WINNIE — Family practice physician needed in Winnie/Stowell area of Southeast Texas. Contact: David Shelby, administrator, Medical Center of Winnie, P. O. Box 208, Winnie, 77665. Phone: 713-296-2131.



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