

TEXAS OSTEOPATHIC PHYSICIANS JOURNAL

January 1980

TEXAS OSTEOPATHIC POLITICAL ACTION COMMITTEE
Physicians and Surgeons

512 Bailey Avenue

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Fort Worth, Texas 76107

FOR All TOMA Members

ADDRESS State of Texas

DATE Jan. 1980

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pain subsides.

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W. Legel

, D.O.

INSIDE:

Why TOPAC?

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Help Your Colleagues

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Annual Convention Announced:
April 10-12, 1980 - San Antonio

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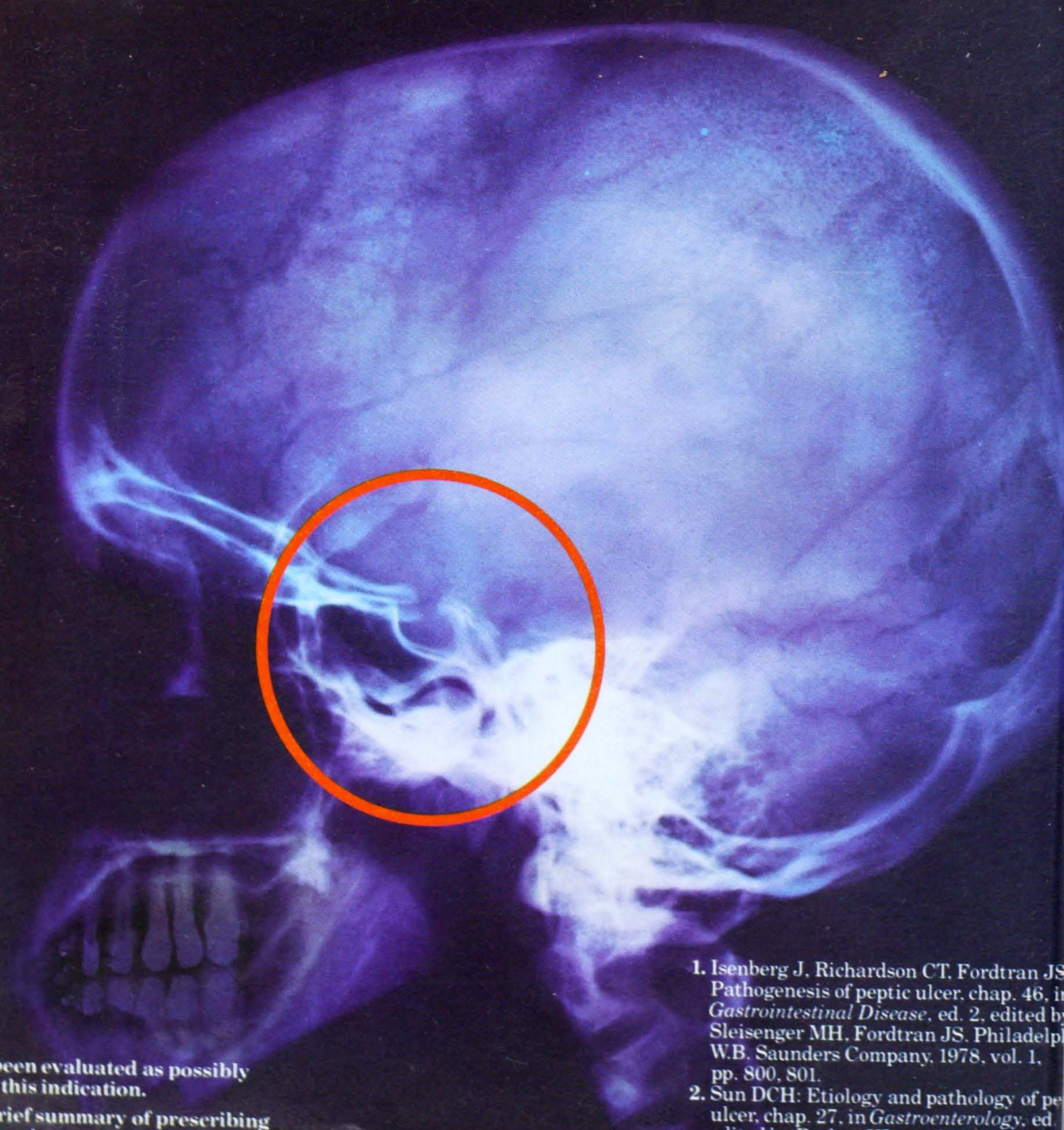
The stress-secretion relationship in duodenal ulcer*

The best available evidence suggests that anxiety and emotional tension stimulate acid-pepsin secretion.¹ Also, the development of an ulcer crater in predisposed individuals, or the aggravation of ulcer symptoms, is often typically preceded by a stressful event or situation. *Anxiety* in particular seems to play a determining role in the course and prognosis of the disease, as well as its etiology.

A psychobiologic treatment

To obtain comprehensive relief, many duodenal ulcer patients need more than specific, acid-inhibiting medication—they also need dependable reduction of associated anxiety and emotional tension. With adjunctive Librax you can conveniently give your patient *both* clinical benefits from a single medication.

The pituitary gland plays a key role in the neurohormonal response to emotional stress, leading to an increase in gastric secretion.²



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

1. Isenberg J, Richardson CT, Fordtran JS. Pathogenesis of peptic ulcer, chap. 46, in *Gastrointestinal Disease*, ed. 2, edited by Sleisenger MH, Fordtran JS. Philadelphia: W.B. Saunders Company, 1978, vol. 1, pp. 800, 801.
2. Sun DCH: Etiology and pathology of peptic ulcer, chap. 27, in *Gastroenterology*, ed. 2, edited by Bockus HL, et al. Philadelphia: W.B. Saunders Company, 1974, pp. 579-

TEXAS OSTEOPATHIC PHYSICIANS JOURNAL

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ON THE COVER: All TOMA members have been issued a prescription to contribute to the Texas Osteopathic Political Action Committee. Please take it to your bank and have it filled.

Published by
TEXAS OSTEOPATHIC MEDICAL ASSOCIATION
Volume XXXVII — No. 1 — January 1980 Publication
Office — 512 Bailey, Fort Worth, Texas, 76107
Phone — 817-336-0549
Copy Deadline — 10th of month preceding publication

Mr. Tex Roberts, Editor

Calendar of Events

JANUARY

1

New Years Day

16

- ★ *TOMA District XII Meeting*
Presidential Visit by John J. Cegelski, Jr., D.O.
The Landing Club
Driftwood Motel
Groves
7 p.m.

19

- ★ *TOMA District I Meeting*
Presidential Visit by John J. Cegelski, Jr., D.O.
Holiday Inn, Interstate 40
Amarillo
7 p.m.

25

- 25-27
6th Indepth Review: Breast Cancer
American College of Osteopathic Surgeons
Opryland Hotel
Nashville, Tennessee

26

- ★ *TOMA District III Meeting*
General and Family Practice
Update: Current Topics in Rheumatic Disease
Sponsored by Texas College of Osteopathic Medicine
Ramada Inn
Tyler

28

- 28-February 1
47th Annual Convention
American College of Osteopathic Obstetricians and Gynecologists
Bal Harbour, Florida

FEBRUARY

1

- 1-3
★ *5th Annual General Practice Seminar*
Sponsored by Harris County Osteopathic Society (TOMA District VI)
Marriott W. Loop
Houston

9

- ★ *TOMA District VIII Meeting*
General and Family Practice
Update: Skin Allergies, Dermatoses and Ear, Nose, Throat Allergies
Holiday Inn-Emerald Beach
Corpus Christi

13

- 13-16
9th Annual Midwinter Conference combining CME programs with skiing
Sponsored by Colorado Society of Osteopathic Medicine
Keystone Resort
Keystone, Colorado

15

★ 15-16

- First Annual Midwestern State University Sports Medicine Symposium*
Sponsored by TOMA District XVI and Midwestern State University Physical Education Department
Midwestern State University
Wichita Falls

- Death and Dying and the Health Care Professional*
Texas College of Osteopathic Medicine
Medical Education Building I
Fort Worth

22

★ 22-24

- TOMA Annual Public Health Seminar*
Co-sponsored by Texas Department of Health
The Regent Hotel
Dallas

April

10

10-12

- ★ *Annual Convention and Scientific Seminar*
TOMA
Marriott Hotel/Convention Center
San Antonio

Support TOPAC

Get Involved In Politics

If You Are In Medicine, You Are In Politics.

And, if you are in politics, you should be in the Texas Osteopathic Political Action Committee (TOPAC).

TOPAC is your voice in Austin and it depends on your support to survive. It must be a thriving entity before any work done by the Governmental Relations Committee can be effective.

P. P. Saperstein, D.O., chairman of the Governmental Relations Committee, notes that a viable PAC is a prerequisite to working with lawmakers. Working with legislators is not a once-every-other-year job. It is

a day-to-day and often hour-to-hour job.

If TOMA is to be actively involved in creating legislation and actively working to benefit each osteopathic physician in Texas, it must have the support of each D.O.

During the next legislative session, TOMA will be actively involved in the rewriting of the Medical Practice Act to include three D.O.s as members of the Texas State Board of Medical Examiners (TSBME). At present, the statute does not provide specifically for appointments of any D.O.s to the Board.

Currently the only osteopathic physician sitting on the TSBME is Michael A. Calabrese, D.O., of El Paso and his term expires in 1981.

"We are going to have to be at maximum strength during the upcoming legislative session to achieve our goals," President John J. Cegelski, Jr., D.O., said.

In addition to seeking a change in the Medical Practice Act, TOMA will be actively involved in introducing legislation to provide for a D.O. president of TCOM, reintroducing legislation to eliminate discrimination against the D.O. and mounting opposition against any attempt to install a dual degree program at TCOM.

In his official visits to the various districts, Dr. Cegelski has urged 100 percent participation in TOPAC.

"I am asking each D.O. across the state to send in a contribution of \$20 per month or \$200 per year immediately. Our friends in the legislature need campaign funds beginning with the May 1980 primary," Dr. Cegelski said.

Make your commitment today and follow it up with a check made out to TOPAC.

It is your practice of medicine and the well being of your patients that will be affected by upcoming legislation. In the last legislative session, over 350 health related bills were introduced and 104 were passed. This demonstrates the increasing need to have your voice expressed in Austin.

Stand up and be counted among the regular contributors to TOPAC. ^

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Colleagues Should Aid Impaired Physicians

The impaired physician — who is he or she?

According to the American Medical Association, the impaired physician is "one who is unable to practice medicine with reasonable skill and safety to patients because of physical or mental illness, including deterioration through the aging process or loss of motor skill, or excessive use or abuse of drugs including alcohol."

John-Henry Pfifferling, Ph.D., medical anthropologist and co-director of the Center for the Well-Being of Health Professional in Durham, North Carolina, recently said in a speech at Texas College of Osteopathic Medicine that the AMA conservatively estimates that one of every 10 certified allopathic physicians is impaired.

Dr. Pfifferling presented a discussion on the ever-increasing incidence of alcoholism, drug abuse and suicide among American physicians in late November as a part of the "Many Faces of Man" lyceum series sponsored by the TCOM department of medical humanities.

A member of the AMA's planning committee for the 1980 impaired physician conference, Dr. Pfifferling also is special consultant to the North Carolina Medical Society's committee on health effectiveness.

He has done research on the impact of psychotherapy on chief residents in internal medicine and on physician reactions to the implementation of the problem-oriented medical record system.

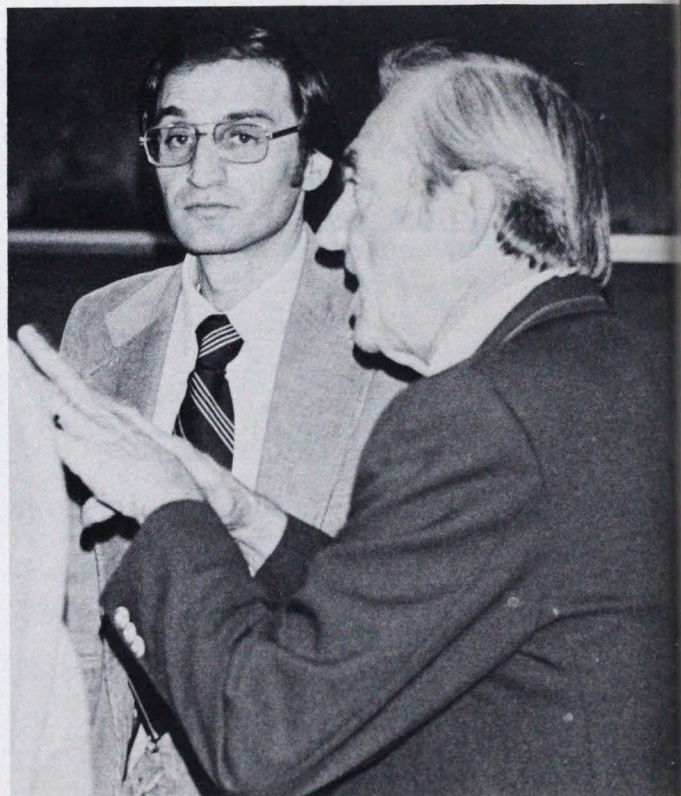
Dr. Pfifferling has been a faculty member in two residency programs in family practice and a post-doctoral fellow in psychiatry at Duke Medical Center. He has lectured and conducted workshops on the impaired physician at a score of medical schools in the last two years, and is co-author of a soon-to-be-released book on prevention of resident impairment for the AMA.

"The impaired or disabled doctors deny their disablement, persist in their professional activities, and are generally unable to seek help spontaneously," Dr. Pfifferling said.

Physicians, he noted, like other humans, suffer from the unpredictable complications of life and become impaired and their personal and cultural values deny them the opportunity for professional and personal support.

The medical anthropologist said that physicians consider being a patient to be a stigma (particularly for emotional syndromes) and that illness will reduce professional referrals and prestige and hasten litigation. Physicians are anxious to preserve their self-concept of omnipotence and resist identification, examination or treatment.

On the other hand, Dr. Pfifferling said a physician's colleagues generally do not respond to the signs of a troubled physician because they believe he can self-diagnose and self-cure. "This is a vicious myth that reinforces the loneliness of the physician as a patient," he said.



John-Henry Pfifferling, Ph.D., left, and George Esselman, D.O., assistant to the assistant dean of clinical affairs at TCOM, visit following Dr. Pfifferling's speech on impaired physicians.

Traditionally considered smarter, more dedicated and harder-working than their peers in other occupations, physicians also run a much higher risk of developing serious disabilities. Painfully aware of their mission to serve mankind as healers, physicians paradoxically neglect their own well-being, at great cost to themselves, their families and their patients.

"In at least two documented areas physicians are slow in seeking treatment for themselves — when they have cancer or psychiatric illness," Dr. Pfifferling said.

He also noted that physicians pay more attention to their patients' treatments than they do their own. "Seventy percent of physicians in one study did not get regular checkups," he said.

The guest lecturer continued by saying that improper patient care is more likely to occur from emotionally impaired physicians, including those with chemical dependencies, than from those suffering from "physical" diseases.

Dr. Pfifferling said both the medical and social family compromises the situation of an impaired physician. "We cover up by saying 'he couldn't be here because he's tied up somewhere' when in fact, he is somewhere with a bottle of booze. If the nurse in the office or the patient smells liquor on a doctor's breath, they shouldn't just ignore it and hope it will go away," he said.

The professional family and the personal family has a responsibility and must be aware of the problem and then break the silence around it. "What is wrong with breaking down the myth that doctors are perfect?" he asked.

In seeking help for the impaired physician, Dr. Pfifferling said his Center for the Well-Being for Health Professionals serves as a referral center. "The first place we suggest the impaired physician contact for help is the committee established for this purpose through his state association. These committees are trained, and if necessary, can refer the physician to special treatment centers located across the U.S.

Devoted to the prevention of the impairment of health professional, the Center for the Well-Being for Health Professionals is active in four major areas: studying the problem, making the public aware through public lectures, holding conferences on impaired health

professionals and including prevention information in the medical school curriculum.

Dr. Pfifferling noted that although the true incidence of emotionally disturbed, or impaired physicians is unknown, current data indicates that there is a much larger problem than is admitted.

"I believe the ones that are identified are really only the tip of the iceberg," he said.

"Compared with their social peers, physicians are twice as likely to misuse psychoactive drugs. Yet, these estimates are considered by physician impairment experts to underestimate the problem."

"The impaired or disabled doctors deny their disablement, persist in their professional activities, and are generally unable to seek help spontaneously."

Dr. Pfifferling said there is much confusion among researchers regarding the extent of alcoholism among physicians. He noted that one report in 1975 estimated there were 17,000 physicians disabled by alcoholism and drug dependence and a 1978 study estimated 25,000 physicians were disabled.

According to national alcoholism probability statistics, there should be 500 or 600 cases among Virginia physicians, yet only two or three cases are brought to the Virginia State Board of Medical Examiners in any year.

In the area of suicide, Dr. Pfifferling said physicians take their own lives with greater frequency and generally at an earlier age than members of the general population.

"Suicides account for about 28 percent of physician deaths before the age of 40, compared with nine percent for all white males of the same age group.

"Suicide rates for women physicians are the highest reported for any general population of women who are more than 25 years old," he said.

In cases in which reliable psychiatric data is available, depression was found to be the underlying cause of drug abuse.

He noted that almost all studies on physician addicts found a pattern of progressive deterioration of the personality with depression, hypochondriasis, inability to withstand stress and development of conflicts associated with the physician role (role strain).

"Many physicians," Dr. Pfifferling said, deny even the existence of problems and problem physicians."

"Physician addicts tend to be reported and diagnosed about the age of 45 when 'success' should be most assured. Rarely are they reported by colleagues," he said.

"Often major stresses such as chronic illnesses, family tragedies and apparent poor coping with practice pressures are implicated as causing the addiction."

Among the reasons Dr. Pfifferling gave for the lack of data on impaired physicians is the self-protection

mechanism within the profession, limited self-reflection on the complexities of psychological transference maintenance of sometimes mythical self-images and lack of research, interest and funds.

Concluding his speech, Dr. Pfifferling said if we fail to confront the variety and consequences of physician impairment, we will allow needless disablement to continue.

"We must confront the conspiracy of silence that surrounds a troubled physician and his family. We must confront the fear of betrayal to self and to the profession when one wishes to aid the impaired physician. We must overcome our fear of contagion and truly hear, listen and respond to a request for nurturance and involvement from a troubled physician.

"We must remember that physicians are individuals first and health care workers second." ^

PHS to Aid General Practitioners

Renal Diseases/Hypertension — Complications, Diagnosis, Management and Treatment; Chest Diseases — Complications, Diagnosis, Management and Treatment; and Timely Public Health Problems will be the three major areas covered by speakers at the annual Public Health Seminar, according to H. Eugene Brown, D.O., of Lubbock, program chairman.

Dates for the Public Health Seminar are February 22-24 at The Regent Hotel in Dallas. Co-sponsors of the annual seminar will be TOMA and the Texas Department of Health.

"All the speakers for this year's program are knowledgeable in the areas of public health. In addition, should specific public health problems arise prior to the seminar, we have several physicians in reserve that can be called in as expert speakers," he said.

Joining the previously announced speakers, William A. Nickey, D.O., of Philadelphia and Kenneth E. Calabrese, D.O., of Tulsa, Oklahoma, three more physicians have been secured as speakers.

Speaking on *Chest X-ray and Pulmonary Diseases* will be Leonard H. Seitzman, M.D., of San Antonio. Dr. Seitzman is chief of radiology at the San Antonio State Chest Hospital and holds a clinical professorship in radiology at The University of Texas Health Science Center in San Antonio. He is also course director of

radiological technology at St. Phillips College in San Antonio.

A thoracic surgeon from Tulsa, Oklahoma, Paul P. Koro, D.O., will be talking on chest diseases. Dr. Koro is a 1961 graduate of Philadelphia College of Osteopathic Medicine (PCOM).

Dean of PCOM, Robert England, D.O., F.A.O., F.A.C.G.P., will discuss an aspect of osteopathic principles and practices during the sessions.

In addition to speaking at the Public Health Seminar, Dr. England will provide the program at the dinner meeting of the Texas Academy of Osteopathy February 23.

Dr. England is a professor of anatomy and a professor of osteopathic philosophy and principles at PCOM. He is a 1956 graduate of PCOM and is certified in general practice.

Registration for the Public Health Seminar will be \$15 per person, including a luncheon on Saturday, and will be payable at the door.

A separate registration of \$12 will be required for the Texas Academy dinner and will be payable at the dinner.

All osteopathic physicians are invited to both the Public Health Seminar and the Texas Academy of Osteopathy dinner meeting. ^

Join a Fiesta — Attend TOMA's 81st Annual Convention

April 10, 11, 12, 1980 in San Antonio

Aye, senors, senoras and senioritas. It's Fiesta Time!

Come stroll along San Antonio's picturesque Riverwalk and remember the days of the Spanish missions and the Alamo. Spend three fun-filled days at the Fiesta De Los Medicos.

Join your compadres at the 81st Annual Convention and Scientific Seminar April 10-12 sponsored by the Texas Osteopathic Medical Association.

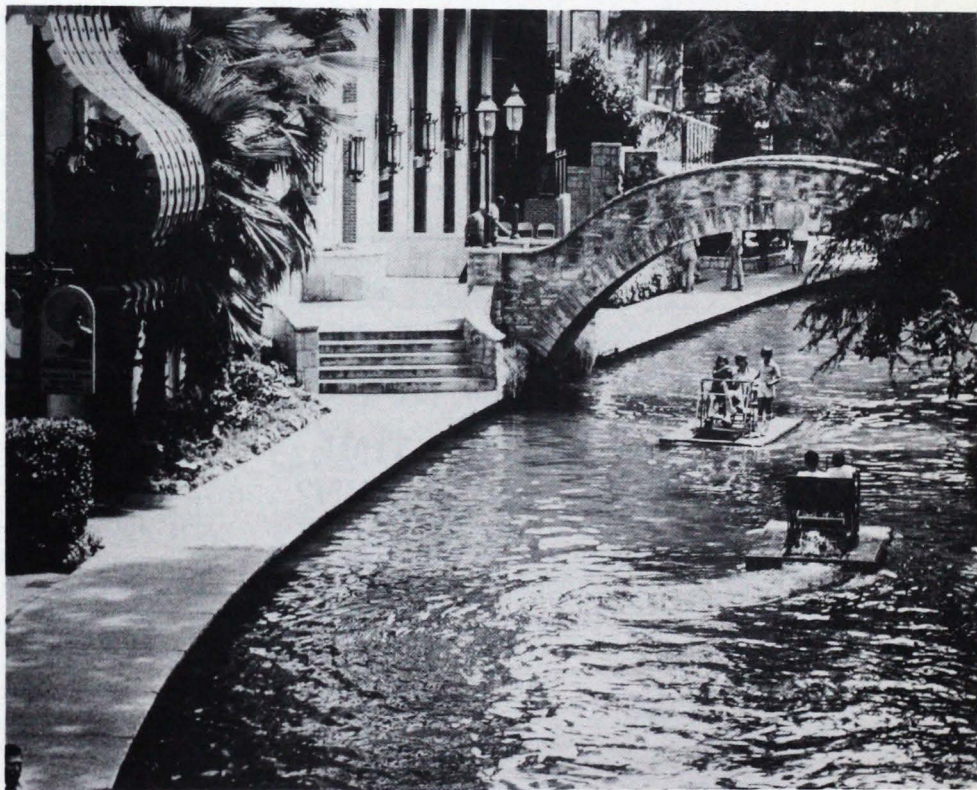
Pre-registration for the 1980 convention will be \$100 per person, if paid by March 31. At the door registration will be \$125 per person. Fill out the registration form and mail today to receive a \$25 savings.

This year's convention will be headquartered at the new Marriott Hotel with the exhibits and medical lectures at the San Antonio Convention Center across the street.

Program Chairman Ron Owens, D.O., of Dallas is planning a series of lectures geared toward general practitioners and osteopathic medicine in the 1980's.

Among the list of speakers he has invited to participate in the three-day meeting are Frank J. Bradley, D.O.; Roy L. Fischer, D.O.; Neil R. Schneiderman, M.D.; Joseph F. De Petris, D.O.; James R. McLean, D.O.; all of Dallas and Paul Kimberly, D.O., of Kirksville, Missouri.

The Fiesta de los Medicos will officially open on April 10 with the Keynote Luncheon to be held in



Walk along the banks of the meandering San Antonio River during the 1980 TOMA convention and visit the shops along the Paseo Del Rio. (Photo courtesy the San Antonio Convention & Visitors Bureau)

the San Antonio Convention Center. Thursday evening will find the fiesta continuing in the exhibit hall as the 100 expected exhibitors serve margaritas as you pass through the maze of bright green exhibit booths and visit with the various representatives.

Following the Margaritas With Exhibitors, the Sustainers will be treated to a private party in the Marriott Hotel featuring a country

and western band. If you aren't a Sustainer now, make sure you are one in time to attend the big C & W bash.

Friday will be highlighted by a luncheon with Floyd Krengel, D.O., of Asbury Park, New Jersey, president-elect of the American Osteopathic Association.

The Ladies Brunch is slated for Friday morning and will be held at



poolside in the Marriott Hotel.

Friday night will be the installation of Dwight H. Hause, D.O., of Corpus Christi as president of TOMA. At that time Dr. Hause will introduce his new slate of officers that will serve during the following year.

Saturday afternoon the ladies will board busses for a fun-filled shopping excursion to San Antonio's Market Square which features a variety of Mexican curios and pottery.

Saturday night will bring the Fiesta de los Medicos to a close

with a fun-filled mexican fiesta complete with strolling mariachis and music by the Paul Elizondo Orchestra of San Antonio.

Make plans now to attend the 81st Annual Convention and Scientific Seminar April 10-12 in San Antonio. ^

TOMA 81st ANNUAL CONVENTION

Enclosed is \$ _____ check for advance registration for _____ persons @ \$100.00 per person

To take advantage of this advance registration fee, payment must accompany this form

Registration deadline March 31, 1980

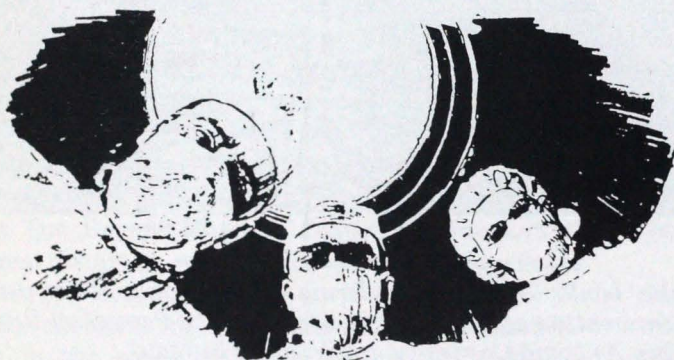
Name _____ First Name for Badge _____
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(first name for badge)

City _____ State _____ AOA Membership No. _____

D.O. College _____ Year Graduated _____

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AIR FORCE. HEALTH CARE AT ITS BEST.

MOROCCO, SPAIN INVITE D.O.s TO A FOREIGN STUDY TOUR

Tour ancient Kasbahs, souks (colorful markets) and mosques of Morocco; enjoy the restful beaches of Spain and visit medical facilities of both countries with the 1980 TOMA Morocco/Spain Study Tour September 30 - October 11.

Second in a series of continuing medical education trips abroad, medical visits are currently planned in Casablanca and Tangier, Morocco and Marbella, Spain.

Arranged through Orbit International Travel, Ltd. in Dallas and Royal Air Maroc Airlines, the cost will be \$1,100 and will include round-trip air fare from Dallas/Fort Worth, surface transportation, hotels, sightseeing, transfers, service charges, taxes, tips and 20 meals.

According to Tom McCrosson, Royal Air Maroc's representative, Morocco's Minister of Health has already been contacted and is "most pleased and excited to have a group of American physicians visit his medical facilities."

Included in the towns to be visited will be Casablanca (of Humphrey Bogart fame), Marrakesh, Fez and Tangier, all in Morocco; and Marbella on Spain's Costa del Sol.

Following a six-hour flight from New York to Morocco, you will arrive in Casablanca in the morning and have the remainder of the day to recover from "jet lag."

Casablanca, despite its modern walls, retains the spirit of old Morocco. Don't be surprised at the cry of a street vendor or an imploring wail to Allah that rises up out of nowhere.

Encircled by adobe ramparts, Marrakesh withstands the assault of time. At the Djemaa El-F'na Square, you are a Moroccan, living in the 15th century. A juggler calls out to you, a snake charmer woos his serpents and a faith-healer offers his moon stone.

Fez, founded around 790 by Moulay Idriss I, grew rich from the Mohammedans driven out of Cordoba and became the religious center of Morocco. By 1330 its medersas (Koran schools) had spread over all Islam, with an intellectual stimulus so strong that, at the mosque of Quaraouine, manuscripts were sold by auction.

Be sure to visit the tower to admire Fez from above, before plunging again into the myriad seductive mysteries of its alleyways.

Tangier, burdened with a false, romantic past, is neither darkly secret nor turbid. It is just a simple, warm, hospitable city, like all Moroccan towns. In Tangier the bazaars of the Socco market with its bustling mixture of sights, sounds and smells awaits

you. The hats of peasant women are decorated with bright orange and multi-colored pompons. Jumbled cries of vendors and poultry pierce the air. A fire eater holds out a grubby palm to spectators and a child smiles up at you.

Only a short distance from Spain, Tangier will be your final destination in Morocco. You will board a ferry and sail past Gibraltar and very shortly disembark on Spain's Casa del Sol.

Shopping in the colorful souks can be a real experience. Bartering is the order of the day and a suggestion is to pay about 50 percent of the asking price.

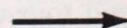
Good buys in Morocco are items of brass, copper, gold, silver; handcrafted leather goods; and handmade rugs and caftans.

The dirham is the Moroccan currency and the current rate of exchange is about four dirhams to the American dollar.

Following is an itinerary for the Morocco/Spain Study Tour. More detailed information regarding deposits and reservation forms will be mailed to all TOMA members in the near future. Make plans now to join the second overseas CME tour.



Plan to join TOMA on its second foreign CME study tour and see Marrakash's beautifully decorated gates.



ITINERARY

September 30 — October 11

Tuesday, Sept. 30 Dallas-Fort Worth/New York

Mid-day departure by non-stop jet for New York where you will be transferred on arrival to the International Departures Building. Board the Royal Air Maroc 747 jet for the non-stop crossing of the Atlantic.

Wednesday, Oct. 1 Casablanca

Arrive in the morning; after completion of entry formalities you will be met and transferred to the hotel. Balance of the day free, to rest from the "jet lag". Dinner at the hotel.

Thursday, Oct. 2 Casablanca

Breakfast. Morning sightseeing tour of the city, including the ancient Kasbah and the modern center. In the afternoon, medical visits to a hospital and a clinic. Dinner.

Friday, Oct 3 Casablanca/Marrakesh

Breakfast. Depart by motorcoach on a four-hour ride southward, arriving in beautiful Marrakesh in the early afternoon. After transferring to the hotel, the balance of the day is at leisure.

Saturday, Oct. 4 Marrakesh

Breakfast. Your grand tour of Marrakesh will feature the Saadian Tombs, Riad Zitoun handicrafts center, the Mellah (Jewish quarter), the main souks (markets) in the Medina, and finally the fabled Djemaa El-F'na Square. In the afternoon continue touring - see the exotic gardens of Jacques Majorelle, the Hivernage and Menara Gardens, and the outer ramparts of the medieval city. Dinner.

Sunday, Oct. 5 Marrakesh/Fez

Breakfast. Depart on a full day's scenic drive, with the Atlas Mountains on the horizon. Lunch will be served enroute, and you will arrive at your hotel in Fez - one of the greatest Imperial Cities of Morocco, in the late afternoon. Dinner at the hotel.

Monday, Oct. 6 Fez/Tangier

Breakfast. Tour Fez this morning, visiting the bazaars of the Medina, Bou Jeloud Gate, Mosque of Moulay Idriss II and the handicraft shops. In the early afternoon depart for Tangier; time permitting, a stop will be made at the magnificently preserved ruins of the Roman city of Volubilis. Arrive at the hotel in Tangier in the late afternoon. Dinner.

Tuesday, Oct. 7 Tangier

Breakfast. This morning visit the Kasbah where you will tour on foot through the narrow streets; after that

drive to the Hercules Caves near the Phoenician ruins of Cotta, and the Cape Spartel Lighthouse. Medical specialty visits will be made this afternoon to hospitals and clinics. Dinner at the hotel.

Wednesday, Oct. 8 Tangier/Marbella

Breakfast. This morning will be at leisure until you are transferred to the harbor to board the ferry for Algeciras. After sailing past Gibraltar, disembark and transfer to your hotel on Spain's Costa del Sol. Dinner.

Thursday, Oct. 9 Marbella

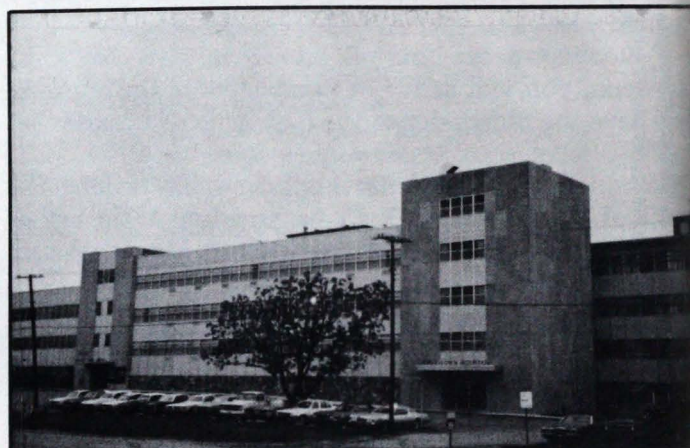
Breakfast. A tour of this fabulous resort area this morning will be combined with a visit to a nearby hospital - after which the balance of the day is all yours. Dinner at the hotel.

Friday, Oct. 10 Marbella

Breakfast. A full day at leisure, to enjoy the beaches and casinos of Marbella. Farewell dinner will be arranged for tonight.

Saturday, Oct. 11 Marbella/Dallas-Fort Worth

Breakfast. Transfer to the airport in nearby Malaga, to fly to Casablanca where you will connect to Royal Air Maroc's non-stop 747 for New York. Arrive in the early afternoon and connect to the non-stop jet for Dallas/Fort Worth where you will arrive early this evening. ^



EAST TOWN OSTEOPATHIC HOSPITAL

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Dallas, Texas 75227
(214) 381-7171

General Practice Seminar

Marriott West Loop, Houston

February 1-3, 1980

sponsored by
HARRIS COUNTY OSTEOPATHIC SOCIETY

PRE-REGISTRATION FEE: \$90.00

Registration at Door: \$100.00

PROGRAM

FRIDAY, FEBRUARY 1, 1980

7:00— 8:00 p.m. *Gastro-Intestinal Bleeding:
A Diagnostic Dilemma*
Joel Alter, D.O.

2:30 p.m.

Diagnosis Ultrasound Today
Jerry Jaffe, D.O.

3:00 p.m.

Orthopedics in Family Practice
Floyd Hardimon, D.O.

3:30 p.m.

Round Table Discussion
Doctors Hoffman, Jaffe, Hardimon
Afternoon Presider - Ladd Tucek, D.O.

SATURDAY, FEBRUARY 2, 1980

7:30— 8:30 a.m. Registration
Coffee & Rolls
Morning Presider — Victor Zima, D.O.

3:50 p.m.

Dysfunctional Uterine Bleeding
James Genglebach, D.O.

8:00 a.m. Welcome—Introductions & Announcements—Jack Blumenthal, D.O.

4:20 p.m.

New Concepts in Arthritis
Stevan Cordas, D.O.

8:15 a.m. *Dermatology in Family Practice*
Jarek Fisher, M.D.

7:30— 9:30 p.m.

Carcinoma of the Gastrointestinal Tract
David Sufian, D.O.
Jack Blumenthal, D.O.

9:05 a.m. *New Concepts in Rheumatology*
Stevan Cordas, D.O.

9:40 a.m. *Round Table Discussion*
Doctors Zima, Fisher, Cordas, Tucek
Morning Presider —
Jack Blumenthal, D.O.

SUNDAY, FEBRUARY 3, 1980

7:30— 8:00 a.m.

Registration
Coffee & Rolls
Morning Presider -
Jack Blumenthal, D.O.

10:00 a.m. *Carcinoma of the Breast*
Ted Jenczynski, M.D.

8:00 a.m.

Professional Corporations: 1980
Professor Jack Evans
Arthur Goldblum, BS, MBA, BBA

10:45 a.m. *Female Infertility*
Veasy C. Buttram, M.D.

9:30 a.m.

Round Table Discussion
Doctors Goldblum, Blumenthal, Tucek

11:30 a.m. *Panel Discussion*
Dr. Jenczynski
Dr. Buttram

10:00 a.m.

Re-vascularization 1980
Michael DeBakey, M.D.

12:00 Luncheon
Presider - Dr. Blumenthal
Speaker - U. S. Senator John Tower
Politics and Medicine

Afternoon Presider -
Jerry Hoffman, D.O.

24 CME CREDIT HOURS APPLIED FOR
Category 1-A

2:00 p.m. *Latest Laboratory Tests to Aid
the Physician in Diagnosis*
Dr. Hoffman

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(trimethoprim and sulfamethoxazole)

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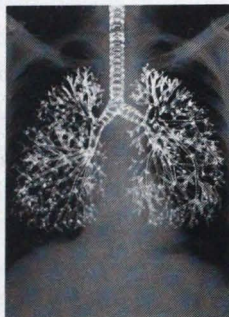
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acute otitis
media in
children



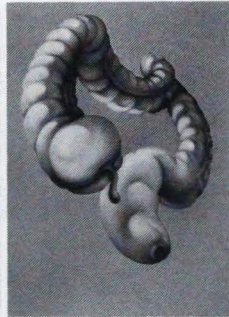
LOWER RESPIRATORY

acute
exacerbations
of chronic
bronchitis
in adults
—documented
Pneumocystis
carinii
pneumonitis



GENITO- URINARY

recurrent
urinary tract
infections



GASTRO- INTESTINAL

shigellosis

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; pregnancy; nursing mothers; infants less than two 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: Use cautiously in patients with impaired renal or hepatic function, possible folate deficiency, severe allergy or bronchial asthma. 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.

Adverse Reactions: All major reactions to sulfonamides and trimethoprim are included, even if not reported with Bactrim. *Blood dyscrasias:* Agranulocytosis, aplastic anemia, megaloblastic anemia, thrombopenia, leukopenia, hemolytic anemia, purpura, hypoprothrombinemia and methemoglobinemia. *Allergic reactions:* Erythema multiforme, Stevens-Johnson syndrome, generalized skin eruptions, epidermal necrolysis, urticaria, serum sickness, pruritus, exfoliative dermatitis, anaphylactoid reactions, periorbital edema, conjunctival and scleral injection, photo-

sensitization, arthralgia and allergic myocarditis. *Gastrointestinal reactions:* Glossitis, stomatitis, nausea, emesis, abdominal pains, hepatitis, diarrhea and pancreatitis.

CNS reactions: Headache, peripheral neuritis, mental depression, convulsions, ataxia, hallucinations, tinnitus, vertigo, insomnia, apathy, fatigue, muscle weakness and nervousness. *Miscellaneous reactions:* Drug fever, chills, toxic nephrosis with oliguria and anuria, periarteritis nodosa and L.E. phenomenon. Due to certain chemical similarities to some goitrogens, diuretics (acetazolamide, thiazides) and oral hypoglycemic agents, sulfonamides have caused rare instances of goiter production, diuresis and hypoglycemia in patients; cross-sensitivity with these agents may exist. In rats, long-term therapy with sulfonamides has produced thyroid malignancy.

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 in each teaspoonful (5 ml) the equivalent of 40 mg trimethoprim and 200 mg sulfamethoxazole; cherry flavored—bottles of 16 oz (1 pint). Suspension, containing in each teaspoonful (5 ml) the equivalent of 40 mg trimethoprim and 200 mg sulfamethoxazole, fruit-licorice flavored—bottles of 16 oz (1 pint).



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The Importance of District Societies

Editor's Note: The following editorial is reprinted from the October/November issue of News Briefs and Newsmakers of the Illinois Association of Osteopathic Physicians and Surgeons. A few minor changes have been made to make it more pertinent to Texas.

Active District organizations are necessary in the field of medicine (especially under today's conditions and many types of pressures).

Many programs are sponsored by Federal, state and county governments which need verbal explanation and discussion at the local level. Only by physicians being organized, and meeting on a regular basis in their counties or districts will they be able to receive the required (and essential) information concerning the increasingly complicated practice of medicine.

For Texas, this means a regular and expanding role for each District organization. There are six reasons:

1. To have a better understanding of various regulations, plans, programs, and problems which are, and will be, a part of medicine from now on.

2. To have a full understand-

ing of the PSRO program, particularly how it affects doctors, hospitals, nursing homes and patients.

3. Federal Health Insurance will come into being some time in the future. As various proposals and programs are discussed, physicians in their District meetings should discuss them and make known their reactions and recommendations to the TOMA leadership.

4. The latest and most important regulations from Texas and Federal departments should be carefully digested and discussed at District meetings. Complete understanding is essential for each physician — and it is also for the benefit of his or her patients.

5. Regular meetings are necessary if your District is to be represented at major TOMA meetings.

6. If your District cannot meet regularly (monthly or bi-monthly) make sure that at least quarterly meetings are held.

To sum up these points: (a) Now is the time to revitalize your District organization if it needs it; (b) begin a schedule for meeting, if your group has not met regularly. ^

February Meeting Scheduled

Methodist Hospitals of Dallas and the American Heart Association, Dallas Chapter are co-sponsoring an Advanced Cardiac Life Support (ACLS) Provider Level Program to be held February 29 and March 1 in the Weiss Auditorium located at Methodist Hospital.

Topics to be discussed include acid-base balance, airway management, techniques of defibrillation, recognition of cardiac arrhythmias, cardiac drugs, and stabilization and transport.

These and other topics will be presented in formal lecture and workshops. The course fee is \$100 for physicians and \$75 for nurses and other allied health workers.

Enrollment is limited to 48 participants.

For more information contact Carl Smoot, D.O., course director, or Michael Laman, RRT, pulmonary division, Methodist Hospitals of Dallas, P. O. Box 225999, Dallas, Texas 75265, 214-944-8572. ^

Make Plans Now

Attend Public Health Seminar

Feb. 22 - 24 Dallas

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TCOM Announces CME Programs

Upcoming continuing medical education programs sponsored by Texas College of Osteopathic Medicine throughout the state will cover rheumatic disease; skin allergies, dermatoses and ear/nose/throat allergies; and death and dying and the health care professional.

On January 26, David Norris, D.O., will chair a program on "General and Family Practice Update: Current Topics in Rheumatic Disease" at the Ramada Inn in Tyler.

Presented by the TCOM Office of Continuing Medical Education in cooperation with District III, TOMA, the seminar will begin at 8:30 a.m. and end about 5 p.m. Faculty for the program will include Richard Hall, D.O., general practitioner from Eden and John Zuzga, D.O., associate professor of medicine, section of rheumatology and clinical immunology, Chicago College of Osteopathic Medicine.

The program, which has a registration deadline of January 18, has been submitted to AOA for approval for 7.5 hours of Category I-A CME credit. Fees are \$40 for physicians; \$20 for interns, residents and allied health professionals, and \$5 for students. Enrollment is limited to 40.

Another general and family practice update, on skin allergies, dermatoses and ear/nose/throat allergies, will be conducted in Corpus Christi, February 9, at the Holiday Inn-Emerald Beach by the TCOM CME office.

The program, which will be limited to an enrollment of 40, will begin at 8:30 a.m. with registration and close around 5 p.m. Faculty will be Earl U. Bachenberg, D.O., dermatologist, Tulsa; Arthur W.

Kratz, D.O., of Dallas, who is certified in general and family practice, allergy and immunology; Martin E. O'Brien, D.O., Irving, who has a private practice in otorhinolaryngology and allergy; and Donald M. Peterson, D.O., associate professor of general and family practice, TCOM.

Dr. Peterson is program chairman for the seminar, which has been submitted for approval by AOA for 8 hours of Category I-A credit. Deadline for registration is February 4. Fees are \$75 for physicians; \$20 for interns, residents and other allied health professionals; and \$5 for students.

"Death and Dying and the Health Care Professional" will be the topic of a program February 15-16, at TCOM, sponsored by the college's departments and offices of CME, general and family practice, internal medicine, medical humanities, pediatrics, psychiatry, social services and student affairs, as well as the Student Osteopathic Medical Association and the Family and Individual Services Association.

Highlight of the February 15 session, which begins with late registration at 6:30 p.m., will be a dramatic presentation, "You Didn't Know My Father," followed by a discussion of the play.

The February 16 session will begin at 9 a.m., following 8:30 registration, and Russell McIntyre, Th.D., of the New Jersey School of Osteopathic Medicine and Rutgers Medical School, will present the keynote address on "Medical Ethics and the Dying Patient" at 9:10 a.m.

The faculty will include Carla Dowben, J.D., Southwestern Medical School, Dallas; Roy Martin, D.Min., staff counselor, M.D. Anderson Hospital, Houston; James

D. Williams, Ed.D., Southwestern Baptist Theological Seminary, Fort Worth; Larry Bugen, Ph.D., St. Edwards University, Austin; and Sharon Sobczak, M.S.W., clinical social worker at Children's Medical Center, Dallas.

TCOM faculty participants will include Charles Ogilvie, D.O.; John H. Deagle, D.O., Ph.D.; David L. Bilyea, D.O.; C. Raymond Olson, D.O.; and Bruce G. Gilfillan, D.O.

Fees for the program, which will carry nine hours of Category I-A CME credit, are \$40 for physicians; \$20 for interns, residents and allied health professionals; and \$5 for students. Enrollment is limited to 150.

For more information on any of the three programs, contact Nancy Smith, Office of CME, TCOM, Fort Worth, Texas 76107 or call 817-735-2539. ^

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District Communiqués

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

The November district meeting will go down in history as the last one to be held in Tyler's old Petroleum Club. The whole thing, the club, the Citizens Bank, the building and all the offices in it will be imploded (blown down) mid-January, just at the time our next scheduled district meeting would come due. Such is progress. For in its place a much larger edifice is already being constructed.

So, a little come-to-order meeting will be held on the side during the TCOM—District III Seminar when we will present a slate of delegates and officers to be voted on.

At Doctors Memorial we had a real good staff meeting at the famous Tara (restaurant) Dec. 11 with a free dinner compliments of Pfizer, where we were given a talk on hypertension by Robert Good, D.O., a certified cardiologist, now of Dallas. Turn out-wise, we can't say as much regarding the recent District III meeting though the speaker on Child Abuse was very informative.

The next regular meeting will be March 15 at a place to be specified in the *Journal*, when our president, John J. Cegelski, Jr., D.O., will be the honored guest speaker. ^

Give Me A Doctor . . .

"There are only good doctors and bad doctors. There is compassion, and there is the personal touch.

"Give me a well-trained doctor, give me a doctor who reads. And give a doctor who feels for his patient. This one will talk to people, and in plain little words. And he will listen. He will not be hurried. He will identify the patient.

"He has the touch, the personal touch.

"He will explain, gently and slowly, and over and over if necessary. He will share his patient's discomfort, he will know his fears, and he will feel his pain."

Not the words of Andrew Taylor Still—although I can almost hear him say them—but the words of a later-day physician, Frank Cole, M.D., anesthesiologist and editor of the *Nebraska Medical Journal*.

Personal touch. Listen. Compassion. Share the patient's discomfort.

Sounds to me like a good description of osteopathic medicine in its purest form. Caring. And caring about the person one treats. I'd like to think it describes you — *Michael F. Doody, President AOHA.*

[Reprinted from Exchange American Osteopathic Hospital Research and Education Foundation] ^

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A7 O M A News

District VI

By Mrs. Robert R. Ling

Welcome to a new decade! Here's hoping that you and yours had a good Christmas and Happy New Year.

We had our annual district Christmas party at Dr. Esther Roehr's home and a marvelous time was had by all. Among the crowd were. Dr. Edward and Catherine Vinn; Dr. Bill and Marguerite Badger; Dr. Dewey and Lois Campbell and their son Robert; Dr. Tom and Valoris Halling; Dr. David and Marty Harman; Dr. Jack and Doris Grainger and many, many more. The highlight of the evening was a silent auction held for a seascape painting donated by Dr. Ernest and Mary Schwaiger with the proceeds going to our scholarship program.

I thought a "silent auction" was where you whispered your bid, but that's not true. Everyone participating hands in their bid in a sealed envelope and the highest amount wins. I tell you, I have got to get out more often to find out how the other side of the world lives! Anyway, the winners were Dr. Bill and Marguerite Badger. Now you know that's not really fair. Even though they own a 17-foot outboard named "Golddigger" and just returned from a National Power Squadron Conference in Miami, Florida — Dr. Bob and I are the ones who live on the water in Nassau Bay. Wonder if these lucky people will let us borrow this lovely painting just for old times sake.

Talked to Charlotte Zima and she said that she and Dr. Victor Z. had Dr. John Rushing over for dinner. Dr. Rushing was one of our popular physicians from way back. He retired and moved away and is

now thinking of living in the "city of the future" again.

It was so great to see Dr. Bill and Mona Thomas again. I tell you, I don't know who's more Irish, Mona or me. Found out that their son, Tony, is a sophomore at TCOM and was married last summer to a marvelous gal by the name of Ilene.

I called Chris Sealey to see how she and Dr. Bill are doing and she is recuperating from a broken leg. Nope, she didn't injure herself skiing, she fell in the bathtub. How unglamorous, I thought — but typical of home accidents. You be sure and send her a card.

Dr. Norman Vinn was home for the holidays to visit his parents, Dr. Norman and Catherine. He is now in his second year of general practice in Long Beach, California. This bright young doctor is a graduate of PCOM, class of '77.

Dr. Floyd and Betty Hardimon vacationed at a golf tournament held at Casa de Campo in the Dominican Republic. Dr. Floyd came in second in this contest. I tell you that this is the year of the Aggies!

Now I want all Auxiliary members to start working on your cowboy outfits for our Western-Disco

dance to be held the evening of February 2 in conjunction with the Fifth Annual General Practice Seminar in Houston. Hope I see all of you there — gotta go so I can practice the "Two-Step" and the "Cotton-Eyed-Joe".

District VI

By Mrs. D. Y. Campbell

When the Houston District VI Western-Disco Dance takes place at the Marriott-West Loop on Feb. 2, they'll be featuring Al Denson of Houston as D. J.

Al is a multi-talented young performer who attends the University of Houston on a music scholarship and intends to make show business his career. He plays many musical instruments, excelling on piano and percussion and will be using these when he assists the Auxiliary ladies in their floor show numbers.

Al is a composer as well as a performer and has used some of his own music on stage and in teaching.

He has toured Greenland, Labrador, Finland, Denmark and New York for the USO with the "Fantasy" music group as keyboard player and singer.



Al Denson, one of Houston's D.J.s, will be featured at the District VI Western-Disco Dance.

By Mrs. E. L. Suderman
President-elect

Letters

As I'm sitting here trying to think of the ways in which to encourage wives of osteopathic physicians to become involved in their husband's profession by joining other wives in the Auxiliary, my mind takes a personal turn to my own circumstances. Frankly, my knowledge of the osteopathic profession and the fine members included in that profession was, at best, questionable before I became a member of the Auxiliary Board. I knew they had a hard time getting on hospital staffs in some places through my own experience. I also knew that these reasons for not letting a man as qualified as my husband on the staff were rather ridiculous and definitely didn't make any sense. After attending numerous conventions and listening to some outstanding doctors delve into the various aspects of the problems that osteopaths face, I decided it was something I NEEDED to be involved in.

I realize that one person can only do so much, but if each person did something, think of the magnitude of tasks that could be accomplished. The association with other osteopathic wives has been a priceless one. I find I now look forward to the Auxiliary functions because of the cherished friendships I've made with energetic Auxiliary members from across the state of Texas; and that, ladies, is quite an area.

Not only do you personally derive satisfaction from new friendships, but young men and women are able to attend one of our fine osteopathic medical schools because of funds raised by our Auxiliaries. So, please, for your own benefit and the benefit of others like you, join the Auxiliary to the Texas Osteopathic Medical Association today. The present membership fee is \$10 which may be sent to the state office at 512 Bailey, Fort Worth, Texas 76107.

Together we can accomplish much for ourselves . . . and others.▲

Faculty Thanked

Dear TCOM Fulltime Faculty Physicians:

On behalf of the Board of Trustees of the Texas Osteopathic Medical Association and the TOPAC Board, I wish to personally thank you for your generous and enthusiastic support of TOPAC.

The initial response has been over 90 percent participation. For the most, those not able to respond now have pledged their support within 30 days.

This overwhelming response to a crisis, again, demonstrates the faculty's leadership qualities, its sincere interest in the progress of the osteopathic profession and its acute sensitivity to the needs of the profession.

Again, for TOMA, thank you. You're great.

W. R. Jenkins, D.O.

President Recognized

Dear Dr. Cegelski:

I would like to commend you on your fine leadership as the current president of TOMA as exhibited in the goals for 1980 for TOMA as outlined in the December 1979 *TOMA Journal*.

I assure you of my wholehearted support and commend you on your aggressive stance in representing the interests of all D.O.s in Texas and assuring myself and fellow students of a bright future practicing osteopathic medicine in Texas.

Sincerely yours,
David L. Grisell
TCOM class of '83

Appreciation Expressed

Dear Mr. Roberts:

It has been a pleasure to receive the *Texas Osteopathic Physicians Journal* this past year while in retirement in Illinois.

I just can't express how pleased I was with Dr. Chris Vanderzant's record at TCOM and especially having the highest grade on the FLEX test this spring of all D.O.s and M.D.s in Texas.

I learned about the progress of TCOM and of the Aggies there through the *Journal* and appreciate it so much.

Howard L. Gravett
Former Premed Advisor
at Texas A&M

GEORGE E. MILLER, D.O.

PATHOLOGIST

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ACADEMIA

News From The Colleges

CCOM

George T. Caleel, D.O., professor of medicine, director of nuclear medicine, and dean of clinical education at the Chicago College of Osteopathic Medicine (CCOM) has been appointed vice president, medical center affairs, Louise Burg Hospital.

Vernon C. Showalter, M.S., has been appointed administrator of the Louise Burg Hospital, a 124-bed general hospital offering medical-surgical, pediatric, emergency, intensive-care, and outpatient services. Louise Burg recently merged with the Chicago College of Osteopathic Medicine (CCOM) and will be operated as a separate division of the college.

Showalter previously served as assistant administrator (1952-1958), administrator (1958-1967), and executive director (1968-1979) of Bethany Hospital in Chicago. He also holds a B.S. in business administration and economics from Juniata College in Huntingdon, Pennsylvania, and an M.S. in hospital administration from Northwestern University in Evanston, Illinois.

Dr. Caleel is a graduate of CCOM and has served on its faculty since 1956, as assistant professor of pharmacology (1956-1964), associate professor of medicine (1964-1967), and as its present professor of medicine.

KCCOM

A birthing room has been added to labor and delivery area of the Center for Health Sciences at the Kansas City College of Osteopathic

Medicine (KCCOM). The room is designed to provide a warm, home-like atmosphere for the prospective mother and still provide the necessary medical equipment to insure a safe delivery for the mother and child.

The birthing room is equipped with a special birthing bed that is used for both labor and delivery. The room has a 'radiant warmer' designed to keep the newborn at the proper temperature even while being held by the mother, and a bassinet for the infant. In addition, the room is wall papered with a rustic orange design and has indirect lighting to maintain a comfortable setting.

The room also has a rocking chair and a recliner for family members, a telephone so that friends and relatives can be notified of the happy event, and a television set.

The birthing room is available at no additional charge to prospective mothers who are enrolled for maternity care at the Center for Health Sciences.

The only mobile critical care unit (M.C.C.U.) in the Kansas City area designed for both neonatal and adult transport began operations from the Center for Health Sciences at KCCOM on December 15, 1979.

The M.C.C.U. is a 26-foot GMC Transmode that has been specifically modified for medical use to transport critically ill infants and adults from rural areas when they require the presence of a physician, attending staff, sophisticated diag-

nostic, monitoring, and treatment equipment.

The unit is designed to provide the same level of care as given a patient who has been admitted to a hospital's intensive care unit. This will permit the safe transfer of critically ill patients from rural clinics and hospitals to the larger medical centers in the Kansas City area.

The majority of transports are expected to be for high risk infants in Western Missouri. Statistics show that infant mortality is significantly lowered if high risk infants are transferred to a hospital which offers neonatal intensive care.

TCOM

Applications are now available for the Second Annual Cowtown Marathon, set for February 23 in Fort Worth.

Sponsored by Texas College of Osteopathic Medicine's Institute for Human Fitness, the Fort Worth National Bank and the *Fort Worth Star-Telegram*, the Cowtown Marathon will start at 9 a.m. A 10-kilometer companion race will begin at 9:30 a.m.

The marathon will be preceded on February 22 by "Tips from the Top," a seminar for runners conducted by nationally known marathoners.

Race registration forms and further information on both races and the seminar are available by mail from the TCOM Institute for Human Fitness, Camp Bowie at Montgomery, Fort Worth, 76107.▲



COMMUNITY HOSPITAL OF LUBBOCK

Community Hospital of Lubbock, 76-bed acute care hospital with a full range of patient services in its medical-surgical, OB-gynecological, pediatric departments. Accredited by the American Osteopathic Association.

To assure continuance of excellent patient care, Community Hospital of Lubbock is actively seeking osteopathic physicians to relocate and establish private practices in the community.

Facts About Living in Lubbock:

- + Eighth largest city in Texas (188,000) and growing
- + Attracts the nation's most dynamic industries
- + Unemployment rate of 3.4%
- + Low real estate costs, taxes, utilities
- + No personal or corporate income tax
- + Education among best in Texas including Texas Tech University
- + 3550 hours sunshine annually — mild winters
- + Cultural and recreational interests available for all

Facts About Establishing a Practice:

- + Excellent guarantee of income for first year
- + Office rent and staff salary support
- + Excellent future for success

For more information, send coupon to address listed below.



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Texas Ticker Tape

PRESIDENTIAL ACTIVITIES FOR JANUARY

TOMA President John J. Cegelski, Jr., D.O., of San Antonio will make two official visits during January. On January 16 he will speak to District VII at the Landing Club in Groves, and on January 19 he will address District I at the Holiday Inn in Amarillo.

DEPARTMENT OF HEALTH NAMES ACTING COMMISSIONER

Robert Bernstein, M.D., a retired major general with the U.S. Army, has been named acting commissioner of health for the Texas Department of Health. Prior to accepting his new position, Dr. Bernstein was commander of Walter Reed Army Medical Center in Washington, D.C. He received his M.D. from the University of Louisville in 1946 and B.A. from Vanderbilt University in 1942.

TEXAS MEMBER TO SPEAK AT ACOS MEETING

David P. Sufian, D.O., of Houston will speak on *Preoperative Preparation and Follow-up* at the "6th In-Depth Review: Breast Cancer" sponsored by the American College of Osteopathic Surgeons January 25-27 in Nashville, Tennessee. Dr. Sufian will also moderate a morning session.

DR. BUNNELL RECEIVES HONORS

Larry L. Bunnell, D.O., chairman of the department of general and family practice at Texas College of Osteopathic Medicine was recently named a Fellow of the American College of General Practitioners in Osteopathic Medicine and Surgery. In addition, Dr. Bunnell was re-elected chairman of the general and family practice division of the American Association of Colleges of Osteopathic Medicine.

TIGUA ADMINISTRATOR ELECTED PRESIDENT

Jim Chamberlain, administrator of Tigua General Hospital in El Paso, has been elected president of the Texas Osteopathic Hospital Association.

DR. BEYER HOSTS FOREIGN VISITOR

Dr. and Mrs. R. B. Beyer of Fort Worth were hosts to one of England's best known osteopathic physicians, Dr. C. L. Johnson, following the recent AOA convention. Drs. Beyer, Johnson and Roy Fisher played racket ball together while in Kirksville.

DR. CARLTON ASSUMES PRESIDENCY

Catherine K. Carlton, D.O., of Fort Worth was installed as president of the Kirksville Osteopathic Alumni Association during the Alumni Luncheon held in conjunction with the AOA convention.

Texas Ticker Tape

TEXAS D.O. RECEIVES AAO HONOR

Rollin Becker, D.O., of Dallas was recently named the recipient of the A. T. Still Medallion of Honor presented by the American Academy of Osteopathy. The highest award of the AAO, the Medallion of Honor, was presented during the AOA Luncheon held during the AOA convention. Dr. Becker was recognized for his "unique interpretation and utilization of the osteopathic concept, its principles and its therapy."

FORTH OFFICIAL RECEIVES APPOINTMENT

Claude G. Rainey, executive vice-president of Fort Worth Osteopathic Hospital, has been appointed chairman-elect of the American College of Osteopathic Hospital Administrators. Rainey, who had been serving as treasurer, was appointed to fill the office vacated by a recent resignation. He will be inaugurated as chairman on March 16 at the Annual ACOHA Convocation in Sarasota, Florida.

DOCTOR WALTON MOVES TO DES MOINES

John A. Walton, D.O., former Dallas City Councilman and president of TOMA District V, is now in Des Moines, Iowa, in charge of the family practice residency training program at Des Moines General Hospital. He was formerly on the TCOM faculty in charge of Dallas osteopathic training consortium.

TCOM BUYS LAND FOR MED ED II

At the end of November, Texas College of Osteopathic Medicine had almost completed the purchase of about seven acres on the north and east side of presently owned college property. Condemnation proceedings are being filed on three lots in the approximately 48-lot acquisition in preparation for the beginning of design and construction of the clinical science building known as Med Ed II. Money for Med Ed II was appropriated by the 1977 Legislature.

TIMA MEMBERSHIP IMPORTANT TO YOU

The Texas Institute for Medical Assessment (TIMA) recently mailed you a folder about free membership in TIMA and the importance of all doctors in Texas participating. Attached to the folder is a business reply postage free membership application. It will cost you nothing but it is important to the osteopathic profession.

TCOM FACULTY 99.9 PERCENT ENROLLED IN TOPAC

Russ Jenkins, D.O., chairman of the TOPAC drive at TCOM, reports that almost all of the full time D.O.s on the faculty at TCOM have contributed to TOPAC in recent weeks. John J. Cegelski, Jr., D.O., TOMA president, reports that in his district visitations, he has been able to generate increased participation in TOPAC from D.O.s around the state.

First Annual Midwestern State University Sports Medicine Symposium

Midwestern State University, Wichita Falls

February 15-16

sponsored by
TOMA District XVI
and
Midwestern State University Physical Education Department

(No Registration Fee Required)

PROGRAM

FRIDAY, FEBRUARY 15, 1980

Bolin Science Hall

7:00- 8:00 p.m.

Overuse Injuries In Joggers
John Kauzlarich, D.O.

8:00- 9:00 p.m.

Biomechanics of the Foot
Karl Klein, Ph.D.

3:15- 4:00 p.m.

*On-the-Field Assessment of Knee
and Ankle Injuries*
David Borman, M.D.

4:00- 4:45 p.m.

Round Table Discussion
Ted Alexander, Jr., D.O., Moderator

FACULTY

SATURDAY, FEBRUARY 16, 1980

Bolin Science Hall, Room 101

7:00- 7:30 a.m.

Registration

8:00- 8:45 a.m.

The Female Athlete
John Kauzlarich, D.O.

8:45- 9:30 a.m.

*Rehabilitation of Running
Injuries*
Karl Klein, Ph.D.

9:30- 9:45 a.m.

Break

9:45-10:30 a.m.

*Soccer, The Ideal Sport
for Youth*
John Kauzlarich, D.O.

10:30-11:15 a.m.

Short Leg Syndrome In Athletes
Karl Klein, Ph.D.

11:15-NOON

Round Table Discussion
Jerry Alexander, D.O., Moderator

NOON-1:30 p.m.
Lunch

Unusual Sports Injuries
David Borman, M.D.

1:30- 2:15 p.m.

Dermatology in Athletics
Thomas Taylor, M.D.

2:15- 3:00 p.m.

Head and Neck Injuries In Sports
Joe Hilburn, M.D.

3:00- 3:15 p.m.

Break

Jerry Alexander, D.O.

Family Practice

Team Physician, Wichita Falls Coyotes

Ted Alexander, Jr., D.O.

Family Practice

Team Physician, Wichita Falls Coyotes

David Borman, M.D.

Orthopedist

Team Physician, Midwestern State University Indians

Joe Hilburn, M.D.

Neurologist

Team Physician, Holliday Eagles

John Kauzlarich, D.O.

Associate Professor of Sports Medicine

TCOM Institute of Human Fitness

Team Physician, Dallas Tornados

Former Team Physician, Tampa Bay Rowdies

Karl Klein, Ph.D.

Professor of Biomechanics and Rehabilitation

The University of Texas at Austin

Thomas Taylor, M.D.

Dermatologist

Wichita Falls

10 Hours CME Category I-A

You've Got a Nameless, Faceless Dependent

Though IRS won't let you claim him as a dependent, you probably support or help support someone you don't even know. As the U.S. Chamber of Commerce - compiled chart at right shows, each of the 78,896,000 Americans who holds a private sector job has a counterpart who regularly receives one or more government checks. And these government payments are one reason income taxes rose by a whopping 70 percent from 1971 to 1977. Taxes even outpaced prices, which increased only 45 percent over the same period.

With taxation and inflation increasing at those hearty rates, it's no wonder Americans' real disposable incomes have fallen. And it's also not surprising new Federal Reserve Board Chairman Paul Volcker recently said, "I don't think you can escape [it] The

standard of living of the average American has to decline."

Federal civilian and military employees	4,887,000
State and local government employees	12,723,000
Federal civilian retirees	1,502,000
State and local government retirees	2,271,000
Military retirees	1,200,000
Railroad retirees	1,108,000
Veterans' benefits	4,911,000
Unemployment compensation benefits	2,359,000
Federal black lung benefits	440,000
General welfare benefits	790,000
Aid for Dependent Children	10,550,000
Social Security	34,587,000
Supplemental Social Security benefits	4,246,000

Total recipients of one or more government income payments 81,574,000

[Reprinted from November 16, 1979 Congressional Action]▲

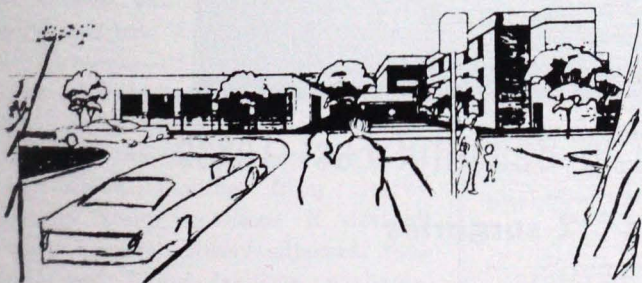
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AN OPPORTUNITY . . . for professional growth with a growing not-for-profit medical facility with an outstanding need for many physicians in the heart of the Dallas-Fort Worth Metroplex.

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A CHALLENGE . . . for continued excellence in internship and residency programs, as well as a comprehensive continuing medical education program for the 80 osteopathic and allopathic physicians presently on the staff.

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



Grand Prairie Community Hospital

2709 Hospital Blvd. Grand Prairie, Texas 75051

CONTACT: Richard D. Nielsen, Administrator

214-647-1141, Extension 200

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

How To Kill An Association In

11 Easy Steps

1. Stay away from meetings.
2. If you come, find fault.
3. Decline office or appointment to a committee.
4. Get sore if you aren't nominated or appointed.
5. After you are named, don't attend board or committee meetings.
6. If you get to one, despite your better judgment, clam up until it's over. Then sound off on how things really should be done.
7. Do not work if you can help it. When the Old Reliables pitch in, accuse them of being a clique.
8. Oppose all banquets, parties and shindigs as being a waste of the members' money.
9. If everything is strictly business, complain that the meetings are dull and the officers a bunch of old sticks.
10. Never accept a place at the head table.
11. If you aren't asked to sit there, threaten to resign because you aren't appreciated.▲

D.O.s Will Double in 20 Years

While the number of M.D.s entering primary care has been shrinking each year, osteopathic physicians committed to primary care are projected to double their number in less than 20 years.

"The profession, which is projected to grow from 17,962 physicians to 29,094 in a decade and from 1,004 graduating seniors to 1,844 in the same time frame, is overwhelmingly a family practice profession," said Gerald A. Faverman, Ph.D., project director of a W.K. Kellogg Foundation grant to study graduate osteopathic medical education.

Of the 17,962 doctors of oste-

opathy, 3,491 are certified specialists. "If one removes the 1,443 certified general practitioners, the 303 certified in internal medicine, the 103 obstetric and gynecological specialists and the 95 pediatricians, one finds that only 1,547 certified specialists remain," said Dr. Faverman. There are 108 individuals certified in more than one area.

"That means," added Dr. Faverman, "that 91.4 percent of the osteopathic profession is committed to primary care or other related activities, a figure even those familiar with the profession's commitment to family medicine probably would not have guessed."

Just how the rapid expansion of the osteopathic profession will affect the increase in physicians entering residency programs is not yet clear. If the percentages entering the various residency programs expand as is expected, the number as well as the percentage of residencies will increase to serve the public need.

Osteopathic medical education must provide enough specialists to handle the referrals chain of medical practice, but not more specialists than are needed. Such a balance is not only compatible with osteopathic medicine's holistic philosophy of treatment but also cost effective. ^

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Mr. Olie Clem, Administrator

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Tyler, Texas 75701

Phone: 817-561-3771

Opportunities Unlimited

Practice Locations in Texas

PHYSICIANS WANTED

ARANSAS PASS — Need physicians who desire active practice or who desires partial retirement in a new clinic which is associated with hospital. Located in expanding community at the north gate of Mustang and Padre Island. If interested contact: Glenn Kumm, D.O., 1401 West Wheeler, Aransas Pass, 78336. Phone: 512-758-3278.

DALLAS — Excellent practice opportunities for energetic General Practitioners interested in community D.O./M.D. hospital located in progressive city. Office space available adjacent to hospital for solo practice or join established physician. Guaranteed part time income through ER coverage up to \$45,000 annually. Contact: Henry T. Duke, Administrator, East Town Osteopathic Hospital, 7525 Scyene Road, Dallas, 75227. Phone: 214-381-7171.

DALLAS — G.P. Associate needed in Dallas Suburb. Busy G.P. in Southeast Dallas Community desires an active associate in Family Medical Practice. Must be well trained, mature, stable & happily married. Every other weekend off, 8-12 weeks off per year, as desired. Practice provides ample time off, total coverage and excellent income. This is an excellent practice location now and in the future. Extra income from nearby emergency room coverage if desired. Excellent hospital closely adjacent. Fine schools and living facilities available. Initial guarantee available if desired. If interested call: Dr. Jack Royder 214-225-1111 (No collect calls).

DALLAS — Unusual opportunities for hospital oriented practice. Solo or group practice locations. Guaranteed income. Staff membership available at 117-bed teaching hospital, affiliated with Texas

College of Osteopathic Medicine. Call collect, John Isbell, Administrator, Stevens Park Osteopathic Hospital, 2120 West Colorado Blvd., Dallas, 75211. Phone: 214-943-4631.

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

FORT WORTH — Texas College of Osteopathic Medicine, Department of Emergency Medicine has faculty position opened. For information contact: James F. Grate, D.O., Director of Emergency Medicine, TCOM, Camp Bowie at Montgomery, Fort Worth, 76107. Phone: 817-735-2301.

GARLAND — Near L.B.J. Centerville Professional Building, 1200 sq. ft. available for Family Practitioner. Four treatment rooms, private office, etc. Five other professionals in the building. For more information, call Frank J. Musso D.D.S., 214-271-4488 or 214-387-1325.

GRAND PRAIRIE — Three approved residencies are available: They are in anesthesiology, general surgery and orthopedics. Apply immediately by contacting Mr. R. D. Nielsen, Administrator, Grand Prairie Community Hospital, 2709 Hospital Boulevard, Grand Prairie, 75050.

GROVES — Practice opportunities for general practitioners and specialists currently exists in Groves/Port Arthur area of Southeast Texas. Solo or associate settings available in the area predicted to have the best job growth. Expenses and office rent available. Contact John Sielert, administrator, Doctors Hospital, 5500 39th Street, Groves, 77619; 713-962-5733.

HOUSTON — GP wanted, to associate with another D.O. in general practice in the Houston area. Must be willing to do some obstetrics. Please reply to: Box "M", TOMA, 512 Bailey Avenue, Fort Worth, 76107.

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

HOUSTON — The Professional Medical & Surgical Clinic Association has openings for physicians in family practice, surgery, internal medicine, radiology, and lab technicians. The Association consists of four clinics—2 in Houston, and 2 within 50 mile radius of Houston. Negotiable salary with excellent benefits. Send curriculum vitae to Chris S. Angelo, D.O., 2902 Berry Road, Houston, 77093. Phone: 713-695-7756.

HOUSTON — D.O. Internist wanted. Recent graduate to associate with Internist-Cardiologist. For more information contact: Jack Grainger, D.O., 15702 Lakeview, Houston, 77040. Phone: (home) 713-937-0312 or (office) 713-695-9117.

HURST — G.P.s needed immediately. 115-bed Hurst General Hospital, located between Fort Worth and Dallas, needs general practitioners to serve rapidly growing area. Excellent opportunity for experienced or young eager physicians wanting to build a practice. Hospital will assist with start-up and relocation expenses. Contact: John Miller, Administrator, Hurst General Hospital, 837 Brown Trail, Hurst, 76053. Phone: 817-268-3762.



Opportunities Unlimited

Practice Locations in Texas

LUBBOCK — D.O.s needed in areas of general practice, anesthesiology, ob-gyn and orthopedics surgery at Community Hospital of Lubbock. Generous guarantee, free office rent and other financial assistance available. Contact: Joyce R. Wallace, Director of Physician Relations, Summit Health, Inc., 4070 Laurel Canyon Blvd., Studio City, Calif., 91604 or call collect 213-985-8386.

MABANK — General Practitioner needed immediately in family clinic in Mabank. \$3,000 per month guaranteed plus percentage. To replace third doctor deceased. Contact: Robert L. Hamilton, D.O., P. O. Box 267, Mabank, 75147. Phone: 214-887-2161.

MESQUITE — Rutherford General Hospital, 165-bed facility, has positions open for GPs, pediatricians, urologists, ENT and emergency physician. Mesquite is an urban community of 70,000 which is a part of the Dallas-Fort Worth metroplex. If interested please contact: Sherry Lackland, P. O. Box 1481, Mesquite, 75149. Phone: 214-285-6391.

MUNDAY — Opportunity for energetic GP to locate in city with surrounding rural population 3,000. Equi-distant Wichita Falls-Abilene. Doctor retired. Complete medical office and equipment ready. Community support negotiable. County hospital 12 miles, supported by taxing authority. Contact: Chamber of Commerce and Agriculture, Phone: 817-422-4540, Munday, 76371.

SAN ANTONIO — Office space available free in Medical building, next to pharmacy. If Doctor would be happy treating patients of Medicare-Medicaid and developing a highly profitable practice very fast, this opportunity is for you. Doctor should be fluent in Spanish, as this area is low income Mexican-American neighborhood. There are 4 offices in the building, 2 of which are occupied by 2 other D.O.'s. Both are doing well. No rent, light, gas, water or other utilities to

pay. All is free. Contact: Rudy Davila, Davila Pharmacy, 1110 El Paso Street, San Antonio, 78207. Phone: 512-226-5293.

SWEETWATER — Complete, well-equipped medical office with lab and x-ray. Includes EKG, 3 exam rooms complete with medical and office equipment. Includes everything to begin a practice immediately. Rent office space-room for expansion. All business items included. Sweetwater has an estimated population of 15,000 and has three area lakes. Will sell for \$25,000. Leaving for Surgery Residency. Available for immediate possession. Also home for sale, 3400 sq. ft. located three blocks from office. Contact: Christopher V. Moses, D.O., 1305 East 14th, Sweetwater, 79556. Phone: 915-235-8731.

TATUM — GP wanted; population 1,500 with total community area of 6-8,000 people; numerous industries; opportunity for industrial medicine; near Longview. Contact: Jesse Inman, P.O. Box 1104, Tatum, 75691. Phone: 214-836-2353 or 214-947-2283.

TEMPLE — Family practitioner seeking young family practitioner (residency training preferred) with interest in obstetrics for busy practice in fast growing mid-size city. (Approximately 50,000) in central Texas. Partner returned to residency program. Associate times one year with opportunity to own with mutual agreement. Lease graduated to reduce expenses while beginning. All equipment furnished. Hospital privileges. Please contact Shelley M. Howell, D.O., Family Practice Clinic, 3009 Scott Blvd., Temple, 76501. Phone: 817-778-2734.

TRINIDAD — Physician office available for family practice in small East Texas town near fast growing Cedar Creek Lake, Dallas and Tyler. Drawing area 15,000, two 100-bed hospitals within 20 miles. For more information write R. H. Sharp, Trinidad, 75163.

POSITIONS DESIRED

CARDIOLOGIST — TCOM graduate 1975 internal medicine CCOM; two year cardiology fellowship at Cleveland Clinic; trained in all invasive and noninvasive procedures; Available July 1980. Contact: Ronald Sebold, D.O., 2 Washington Square, Euclid, Ohio 44143. Phone: 216-531-7333.

GENERAL INTERNIST — Desires to move to Texas and establish practice. Currently senior resident at St. Elizabeth Hospital Medical Center in Youngstown, Ohio. A 1975 graduate of PCOM and a Diplomate of the National Board of Osteopathic Examiners. Contact: F. G. Miller, Jr., D.O., 492 Georgetown Street, Sharpsville, Pennsylvania, 16150 or call 216-746-7231 or 412-962-9077, hospital and home respectively.

GENERAL PRACTICE — Two D.O.s looking for established practice with older physician or group practice. Prefers Austin or East Texas. Now taking out-of-state internship and will be available July 1980. If interested, please write Box "G", 512 Bailey Avenue, Fort Worth, 76107.

GENERAL PRACTICE — Desires group general practice in immediate Austin area. Prior experience, 3 years USAF as flight surgeon & general practitioner. Texas and Ohio license, applying for FAA licensure. For further information contact: John G. Kmetz, D.O., 5205 Langwood Drive, Austin, 78754.

Opportunities Unlimited

Practice Locations in Texas

GENERAL PRACTICE — D.O. wishes to associate with another D.O. in Dallas/Fort Worth area. Presently interning at Oklahoma Osteopathic Hospital. Available Summer of 1980. If interested, contact: Brandt H. McCorkle, D.O., 105 Narcissus, Broken Arrow, Oklahoma, 74012; Phone: 918-258-6908.

INTERNIST, CARDIOLOGIST—D.O. desires to relocate in a Texas city of about 100,000 population. Board certified. Graduated from PCOM in 1970. Osteopathic internship at Parkview Hospital in Philadelphia, Pa. Three-year residency in internal medicine and two-year cardiology fellowship. For more information, please write Box "J", TOMA, 12 Bailey Avenue, Fort Worth, 76107.

OB-GYN — Board eligible D.O. looking for practice opportunities in Texas. Available July 1980. Contact: John H. Williams, D.O., Box 155, Naval Regional Medical Center, Charleston, South Carolina, 29408.

PEDIATRICIAN — Looking to relocate in Texas. Prefers to practice within 150 mile radius of Fort Worth. For more information write TOMA, Box "D", 12 Bailey Avenue, Fort Worth, 76107.

RADIOLOGIST — Board certified radiologist is wishing to relocate in Texas. Prefers large cities. For more information contact: Bruce Rosenberg, D.O., 223 Parkclay Circle, Sheltenham, Pennsylvania, 19012.

RADIOLOGIST (D.O.) — Actively looking for hospital positions or partnership with another radiologist. Available immediately. For more information write Box "E", TOMA, 512 Bailey Avenue, Fort Worth, 76107.

TYLER — Population 70,000 plus. General family practice in beautiful East Texas. Office space adjacent to a 54-bed general osteopathic hospital. Excellent schools including Tyler Junior College and Texas Eastern University. Beautiful lakes and trees. Outdoor activities unlimited. This is one of the most beautiful places in the country to live and raise a family. Financial assistance available for the right person. Contact: Mr. Olie Clem, Administrator, Doctors Memorial Hospital, 1400 W. Southwest Loop 323, Tyler, 75701. Phone: 214-561-3771.

WEST — General Practitioner or pediatrician willing to do GP needed; town of 3,500 with large drawing area; currently D.O. GP and M.D. internist; 47-bed general hospital across the street; 17 miles north of Waco; 90 miles south of Dallas-Fort Worth; guarantee with bonus and potential partnership. Contact: George N. Smith, D.O., 500 Meadow Drive, West, 76691; call 817-826-5372.

EQUIPMENT WANTED

MC MANUS TABLE — Any condition. Call or write Dr. Dingle, 309 West Liberty Road, Atoka, Oklahoma, 74525. Phone: 405-889-3338.

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

ETOH Announces New Administrator

Henry T. Duke, 33, has recently been named administrator of East Town Osteopathic Hospital (ETOH) in Dallas. He replaces Robert Halbrook who had been at ETOH since 1973.

Prior to his current position, Duke served as assistant administrator at Mesquite Community Hospital. Previously, he served as an assistant administrator at John Peter Smith Hospital in Fort Worth and in a similar position at The Medical Center in Columbus, Georgia.

Duke served five years in the U.S. Navy and U.S. Marine Corps. He holds a bachelor of science degree from Columbus College, University System of Georgia, and has attended several medical technical schools in conjunction with his Navy and Marine Corps tours of duty. ^

STANTON Needs G.P.

- ^ General or Family Practitioner needed at prosperous rural community with 26 bed hospital and 60 bed nursing home.
- ^ Town of 3,000 friendly people; serving population area of 6,000.
- ^ Presently has two physicians
- ^ Must be interested in rendering quality medical care. Be of good moral character, prefer non-drinker.
- ^ New Clinic building with free office space.

Write or call

Martin County Hospital
P. O. Box 549
Stanton, Texas 79782
915-756-3345

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