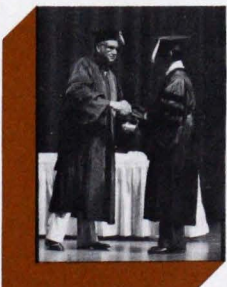
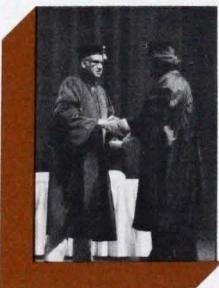
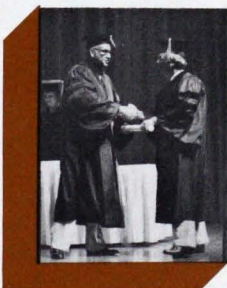
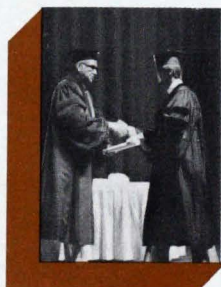
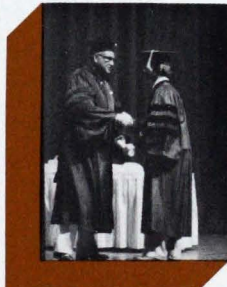
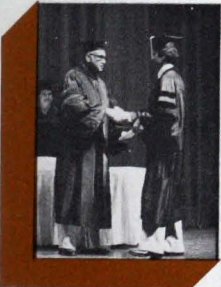
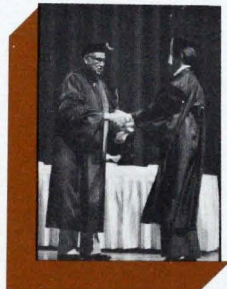
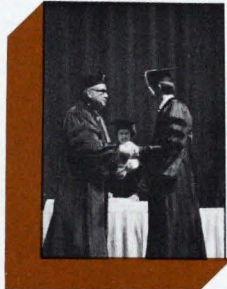
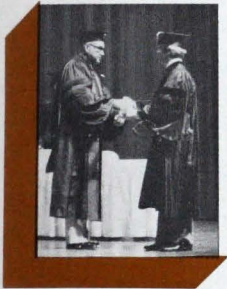


# TEXAS OSTEOPATHIC PHYSICIANS JOURNAL

July 1979





*Beyond other antimicrobials*





# recurrent UTI,\* Bactrim attacks susceptible uropathogens from site to source

Uropathogens originating in the lower intestine have been shown to colonize the vaginal introitus.<sup>1</sup> From this staging they enter the urinary tract, where they cause recurring infections in susceptible women.

Bactrim, highly effective against the most common uropathogens, fights infection at three important points: 1) at the site of infection, 2) in the vaginal introitus and 3) at the original source in the colon.

And Bactrim goes beyond other antimicrobials in its dual action. Each component blocks bacterial folic acid metabolism at a different point in the biosynthetic pathway, minimizing the development of resistant strains.<sup>2</sup>

Bactrim is contraindicated during pregnancy and the postpartum period, in patients hypersensitive to its components, and in children under 2 months. During therapy, maintain adequate fluid intake and perform frequent CBC's and urinalyses with microscopic examination.

1. Brumfitt W, et al: *Br Med J* 2:1471-1472, Dec 18, 1976. 2. Gale EF, et al: *The Molecular Basis of Antibiotic Action*. New York, John Wiley & Sons, 1972, p. 36.

ONE TABLET  
B.I.D. FOR  
10 TO 14 DAYS

# ACTRIM™ DS

(containing trimethoprim and 800 mg sulfamethoxazole)

\*See indications in summary of product information.

ROCHE

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

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

**Indications and Usage:** For the treatment of urinary tract infections due to susceptible strains of the following organisms: *Escherichia coli*, *Klebsiella-Enterobacter*, *Proteus mirabilis*, *Proteus vulgaris*, *Proteus morganii*. It is recommended that initial episodes of uncomplicated urinary tract infections be treated with a single effective antibacterial agent rather than the combination.

**Note:** The increasing frequency of resistant organisms limits the usefulness of all antibacterials, especially in these urinary tract infections.

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

**Also for the treatment of documented *Pneumocystis carinii* pneumonia.** 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  $\beta$ -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. 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.

**Adverse Reactions:** All major reactions to sulfonamides and trimethoprim are included, even if not reported with Bactrim. **Blood dyscrasias:** Agranulocytosis, aplastic anemia, megaloblastic anemia, thrombopenia, leukopenia, hemolytic anemia, purpura, hypoprothrombinemia and methemoglobinemia.

**Allergic reactions:** Erythema multiforme, Stevens-Johnson syndrome, generalized skin eruptions, epidermal necrolysis, urticaria, serum sickness, pruritus, exfoliative dermatitis, anaphylactoid reactions, periorbital edema, conjunctival and scleral injection, photosensitization, arthralgia and allergic myocarditis. **Gastrointestinal reactions:** Glossitis, stomatitis, nausea, emesis, abdominal pains, hepatitis, diarrhea and pancreatitis. **CNS reactions:** Headache, peripheral neuritis, mental depression, convulsions, ataxia, hallucinations, tinnitus, vertigo, insomnia, apathy, fatigue, muscle weakness and nervousness. **Miscellaneous reactions:** Drug fever, chills, toxic nephrosis with oliguria and anuria, periarteritis nodosa and L.E. phenomenon. Due to certain chemical similarities to some goitrogens, diuretics (acetazolamide, thiazides) and oral hypoglycemic agents, sulfonamides have caused rare instances of goiter production, diuresis and hypoglycemia in patients; cross-sensitivity with these agents may exist. In rats, long-term therapy with sulfonamides has produced thyroid malignancies.

**Dosage:** **Not recommended for infants less than two months of age.** **URINARY TRACT INFECTIONS 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 clearance is below 15 ml/min.

**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).





# TEXAS OSTEOPATHIC PHYSICIANS JOURNAL

## FEATURES

### TCOM Graduates 70 New D.O.s

*With the graduation of 70 new osteopathic physicians from TCOM, the total number of graduates swells to a total of 273*

### In Memoriam

*Louis G. Mancuso, D.O.*

### In Memoriam

*J. C. Calabria, D.O.*

### AOA Adopts Statement on Academic Degrees

*Adopted by the AOA Board of Trustees, the statement addresses the subject of making academic degrees a matter of choice*

### My Son the Doctor

*Michael A. Calabrese, D.O., reflects on the recent graduation of his son, Glenn M. Calabrese, D.O., from TCOM*

### Dr. O'Shea, Rainey Receive FWOH Medical Staff Awards

*The presentation of two awards and the recognition of interns and residents highlighted the annual Medical Awards Night*

### TOMA New Members

*A partial listing of members recently approved by the Board of Trustees*

## DEPARTMENTS

### Calendar of Events

### ATOMA News

*News from the Auxiliary*

### Texas Ticker Tape

### Academia

*News from the Colleges*

### Opportunities Unlimited

*Practice Locations in Texas*

ON THE COVER: On May 19, 69 members of the Class of 1979 at Texas College of Osteopathic Medicine received their doctor of osteopathy degrees. Photo courtesy of TCOM.

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Mr. Tex Roberts, Editor



# Calendar of Events

July

July 4th

July 4th

July 4

TOMA Executive Committee Meeting  
D/FW Airport Marina  
1:00 p.m.

July 8

July 14

A House of Delegates Annual Meeting  
Hyatt House  
Orlando, Florida

July 9

TOMA District XIV Meeting  
Matador Room  
Holiday Inn  
Harlingen  
7:30 p.m.

July 15

TOMA District XVI Meeting  
Tradewinds Motor Hotel  
Wichita Falls  
6:30 p.m.

## AUGUST

10

10-12

★ Mid-Year Seminar of the Texas Society of the ACGP  
Inn of the Six Flags  
Arlington

16

★ TOMA District XIV Meeting  
Matador Room  
Holiday Inn  
Harlingen  
7:30 p.m.

22

★ TOMA District XVI Meeting  
Tradewinds Motor Hotel  
Wichita Falls  
6:30 p.m.

27

First day of classes at TCOM

## SEPTEMBER

16

★ TOMA District IX Meeting  
Presidential Visit by John J. Cegelski, Jr., D.O.  
1101 East Nueces  
Victoria  
3:00 p.m.

27

27-29  
North Carolina Osteopathic Society,  
75th Annual Convention  
Hyatt House  
Winston-Salem, North Carolina

28

★ TOMA Russian Study Holiday  
Tour departs for nine-day  
CME tour



# TCOM Graduates 70 New D.O.s

State Rep. Gib Lewis of Fort Worth, speaking to the members of the 1979 graduating class of Texas College of Osteopathic Medicine, said that he felt like a proud parent.

"I consider myself fortunate to have had the great privilege to have dedicated part of my legislative career in assisting with the birth and growth of the college," Rep. Lewis told the audience that gathered for the sixth annual commencement at the Tarrant County Convention Center Theater, May 19.

"With each graduating class of TCOM, the State of Texas and its people are enriched with physicians who have to a large degree turned away from lucrative urban centers and highly specialized fields to return to the honorable profession of caring for the well-being of the family unit."

Rep. Lewis, who in 1975 sponsored legislation which provided state support to the once private medical school, told the Class of 1979 — the first student-doctors to complete their four years of training in the public medical school, that "in the graduating classes that have preceded you, some 77 percent of your fellow classmates have dedicated their lives to family practice in urban, suburban and rural areas of our state."

Referring to the one-year internships which await the new osteopathic physicians, the Fort Worth representative told them that "here again, your worth is being recognized by the State of Texas.

"In the last several years, the Texas Legislature has dedicated much of the State's wealth to insure that those internships which you now seek, and which many of you have already found, will be available. It is the State's great desire and goal that you as a healer will remain with us during your life's work."

The legislator suggested to the graduates that medical practice in small communities and rural areas is rewarding and fulfilling — "more so than you can ever imagine."

"Practice in smaller cities and in rural areas will be rewarding because you will become an integral part of the community itself," Rep. Lewis said.

But he also had advice for the new D.O.s who will enter practice in larger communities. "Take heed of your brother physicians and attempt to take small town values into those larger urban centers. . . . It will

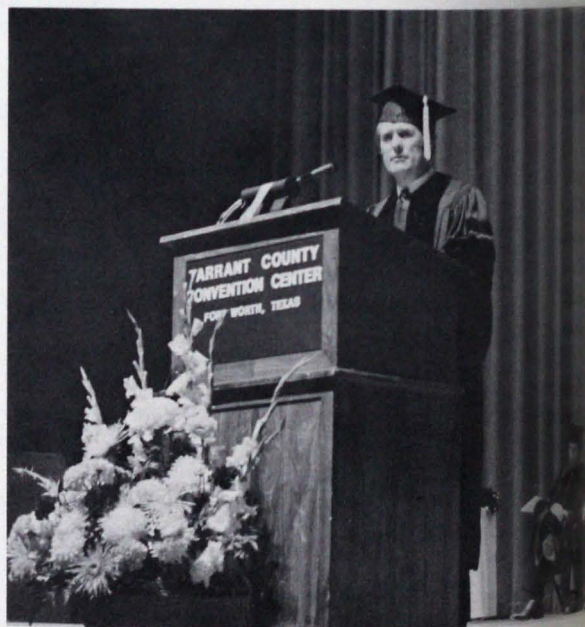
be your additional burden to help, not only as a doctor, but also as a social guide, to transform a part of the larger urban center into a community, a tapestry of family units."

Ralph L. Willard, D.O., dean, presented the candidates for the D.O. degree and John L. Carter, acting president of North Texas State University, conferred the doctoral degrees.

Recognized as graduating cum laude were Jeff Barton Alpern, Fernando Gonzalez, Robert Charles Kent, Kari Lane Rollins-Olsson, Christian John Roemer, Courtney Denny Scott, Jr., William F. Sorrell, Christopher William Vanderzant and Jay Van Wright.

Marshals for the ceremony were Joel Alter, D.O., associate professor of surgery, and Raymond A. Conrad, D.O., chairman and associate professor of psychiatry.

The members of the 1979 graduating class, the largest in the school's nine-year history, included students from Texas, four from Pennsylvania, two from California and one each from Arkansas, New Mexico, New York, Ohio and Washington. ▲



*Presenting the commencement address to the 1979 graduates of TCOM was Rep. Gib Lewis of Fort Worth.*



# Awards Banquet Honors Graduates

They were the largest graduating classes in the history of TCOM and spotlight was on them during Senior Awards Banquet May 18 Ridglea Country Club in Fort Worth.

The presentation of awards was highlight activity of the annual event. Making the presentations was John L. Willard, D.O., dean.

The Upjohn Award, presented for academic excellence to the best ranking student in the class, went to Christopher Vanderzant of the Sandoz, Inc. Award, presented to the second highest student, went to Fernando Gonzalez. The recipient of the Wayne O. Ecksteth Award for outstanding comprehension of osteopathic concepts was H. Gerhart Smith. Recognized for his outstanding contribution to his profession was Paul Mills, the recipient of the T. Bert Sharp Award.

Presented as the outstanding member of Sigma Sigma Phi was Courtney Scott. Edwin Hendricks named the outstanding senior in the Atlas Club and Christopher I received the Noble Skull Award from the Atlas Club.

Three students, Stephen Derdak, Gonzalez and Vanderzant, were recognized as recipients of the Shy Book Award for academic excellence.

Recognized as teaching assistants in osteopathic philosophy, principles and practice were William I. Garretson, Christian Roen, Alan Trimmer, Robert Umstattd, Courtney Scott and Smith.▲

## Class of 1979

**Jeffrey Barton Alpern**  
Philadelphia, Pennsylvania  
Cherry Hill Medical Center  
Cherry Hill, New Jersey

**Stephen Odell Anders**  
Midland  
Pontiac Osteopathic Hospital  
Pontiac, Michigan

**Alan S. Bailer**  
Philadelphia, Pennsylvania  
Tri-County Hospital  
Springfield, Pennsylvania

**Rodolfo Cantu Barrera**  
Corpus Christi  
Corpus Christi Osteopathic Hospital

**Barry Lee Beaty**  
Fort Worth  
Fort Worth Osteopathic Hospital

**Charles Floyd Beck**  
McKinney  
Oklahoma Osteopathic Hospital  
Tulsa, Oklahoma

**Larry Edward Burch**  
Fort Worth  
Grand Rapids Osteopathic Hospital  
Grand Rapids, Michigan

**Glenn Michael Calabrese**  
El Paso  
Fort Worth Osteopathic Hospital

**Robert Ross Coleman**  
Fort Worth  
Stevens Park Osteopathic Hospital

**Elizabeth Ann Fry Connelly**  
Cuyahoga Falls, Ohio  
Akron General Medical Center  
Akron, Ohio

**John David Cowsar, Jr.**  
Bryan  
Jacksonville General Hospital  
Jacksonville, Florida

**Allen E. Denton, III**  
College Station  
Pontiac Osteopathic Hospital  
Pontiac, Michigan

**David Dale Ellis**  
Odessa  
Tripler Army Medical Center  
Honolulu, Hawaii

**Stephen Alan Fletcher**  
Fort Worth  
Grandview Hospital  
Dayton, Ohio

**Charles Eugene Fontanier**  
Fort Worth  
Interboro General Hospital  
Brooklyn, New York

**Gregory Glen Friess**  
Arlington  
Eisenhower Army Medical Center  
Fort Gordon, Georgia

**Paul Martin Garmon, Jr.**  
Dallas  
Dallas Osteopathic Hospital

**William Karl Garnet Garretson**  
Fort Worth  
Grand Rapids Osteopathic Hospital  
Grand Rapids, Michigan

**Fernando Gonzalez**  
Irving  
Oklahoma Osteopathic Hospital  
Tulsa, Oklahoma

**Vernon Charles Haverlah**  
Floresville  
Corpus Christi Osteopathic Hospital

**Edwin Patton Hendricks, Jr.**  
Mount Pleasant  
Doctors Hospital  
Tucker, Georgia

**Bret Harold Holland**  
Fort Worth  
Grand Rapids Osteopathic Hospital  
Grand Rapids, Michigan

**Christopher Kirkpatrick Hull**  
Canyon  
Mount Clemens General Hospital  
Mount Clemens, Michigan

**William Riley Jones**  
Big Spring  
Mount Clemens General Hospital  
Mount Clemens, Michigan

**Robert Charles Kent**  
Dallas  
Grand Prairie Community Hospital

**George Samuel Kouns**  
Houston  
Texas Medical Center

**Brandt Halbert McCorkle**  
Mineola  
Oklahoma Osteopathic Hospital  
Tulsa, Oklahoma

**Jerry Michael McShane**  
Deer Park  
Grand Prairie Community Hospital

**Brian Terry Miller**  
Houston  
William Beaumont Army Medical Center





# Class of 1979

**Paul Franklin Mills**  
Fort Worth  
Fort Worth Osteopathic Hospital

**Rocco Lee Morrell**  
Beaumont  
U.S. Public Health Service  
New Orleans, Louisiana

**Kari Lane Rollins-Olsson**  
Fort Worth  
Jacksonville General Hospital  
Jacksonville, Florida

**Thomas Benjamin Pennington, Jr.**  
Richardson  
Fitzsimmons Army Medical Center  
Denver, Colorado

**John Carl Phillips**  
Amarillo  
Dallas Osteopathic Hospital

**David George Powley**  
Hurst  
Eastmoreland Osteopathic Hospital  
Portland, Oregon

**Sidney Lynn Redels**  
Albuquerque, New Mexico  
Pontiac Osteopathic Hospital  
Pontiac, Michigan

**Steven Wayne Reid**  
Foreman, Arkansas  
Dallas Osteopathic Hospital

**Christian John Roenn**  
Brooklyn, New York  
Grand Prairie Community Hospital

**Jeffrey Dean Russell**  
Baytown  
Grand Prairie Community Hospital

**Melvin David Russell**  
Dallas  
William Beaumont Army Medical Center

**Peggy Martin Russell**  
Dallas  
Oklahoma Osteopathic Hospital  
Tulsa, Oklahoma

**Danny Everett Sailsbury**  
Lubbock  
Fort Worth Osteopathic Hospital

**Gary Aaron Samberg**  
Jenkintown, Pennsylvania  
Lancaster Osteopathic Hospital  
Lancaster, Pennsylvania

**Courtney Denny Scott, Jr.**  
Fort Worth  
Eastmoreland Osteopathic Hospital  
Portland, Oregon

**Paul Melford Slaughter**  
Fort Worth  
U.S. Air Force Regional Hospital  
Carswell AFB

**Carla Browning Smith**  
Keller  
Lansing General Hospital  
Lansing, Michigan

**Harry Gerhart Smith**  
Pittsburgh, Pennsylvania  
Lansing General Hospital  
Lansing, Michigan

**James N. Smith**  
Brenham  
Osteopathic General Hospital  
North Miami Beach, Florida

**David Lee Sneed**  
Dallas  
Oakland Naval Regional Medical Center  
Oakland, California

**William F. Sorrels**  
Ephrata, Washington  
David Grant Medical Center  
Travis AFB, California

**Jon Barton Spain**  
Fort Worth  
Doctors Hospital  
Columbus, Ohio

**David Wayne Spinks**  
Deer Park  
Oklahoma Osteopathic Hospital  
Tulsa, Oklahoma

**P. Timothy Sullivan**  
Dallas  
Grand Prairie Community Hospital

**Trygve Olaf Tollefsbol**  
Houston  
Ph.D. Program, NTSU

**Kenneth Bryan Trimmer**  
Fort Worth  
Pontiac Osteopathic Hospital  
Pontiac, Michigan

**William Robert Umstaddt**  
Austin  
Mount Clemens General Hospital  
Mount Clemens, Michigan

**Barry Irwin Ungerleider**  
San Antonio  
Stevens Park Osteopathic Hospital

**Christopher William Vanderzant**  
Bryan  
Doctors Hospital  
Columbus, Ohio

**Russell Lee Vinson, II**  
Colleyville  
Stevens Park Osteopathic Hospital

**James Gregory Vretis**  
Fort Worth  
Jacksonville General Hospital  
Jacksonville, Florida

**Bill E. Weldon**  
Fort Worth  
Dallas Osteopathic Hospital

**William Stovall White, III**  
Crockett  
Riverside Hospital  
Newport News, Virginia

**Craig D. Whiting**  
Corpus Christi  
Corpus Christi Osteopathic Hospital

**John W. Wilkinson**  
Fort Worth  
Naval Regional Medical Center  
San Diego, California

**Robert Edward Winans**  
Whittier, California  
Tucson General Hospital  
Tucson, Arizona

**Phillip Harlan Woods**  
Houston  
William Beaumont Army Medical Center

**Jay Van Wright**  
Garland  
Doctors Hospital  
Columbus, Ohio

**Darrell Jay Youngman**  
Vista, California  
David Grant Medical Center  
Travis AFB, California

**Irvin Edwin Zeitler, Jr.**  
Midland  
Regional Academic Health Center  
Amarillo

Henry S. Saulsberry completed requirements for his degree in September 1978, but participated in the spring commencement.





*Members of the TCOM Class of 1979 are bottom row from left, Gregory G. Friess, William S. White, II, Bill E. Weldon, Russell L. Vinson, II, Stephen A. Fletcher, Brian T. Miller, Brandt H. McCorkle, Phillip H. Woods, Sidney L. Redels, Irvin E. Zeitler, Jr., Vernon C. Haverlah, Peggy M. Russell, Gary A. Samberg, Elizabeth F. Connelly, George S. Kouns; second row from left, Glenn M. Calabrese, Rodolfo C. Barrera, Danny E. Sailsbury, Christopher K. Hull, Steven W. Reid, David W. Spinks, Allen E. Denton, III, Bret H. Holland, Kenneth B. Trimmer, Stephen O. Anders, William F. Sorrels, Fernando Gonzalez, Charles F. Beck, Barry L. Beaty, James N. Smith, John W. Wilkinson; third row from left, Robert C. Kent, Christian J. Roenn, Paul M.*

*Garmon, Jr., P. Timothy Sullivan, Rocco L. Morrell, Kari L. Rollins-Olsson, James G. Vretis, Melvin D. Russell, Jeffrey B. Alpern, David D. Ellis, David L. Sneed, Trygve O. Tollefsbol, Jay V. Wright, Jeffrey D. Russell, Darrell J. Youngman, Christopher W. Vanderzant, William R. Umstattd, John C. Phillips, Courtney D. Scott, Jr. and Craig D. Whiting; top row from left, Paul M. Slaughter, Jon B. Spain, Larry E. Burch, William R. Jones, Robert E. Winans, Jerry M. McShane, Paul F. Mills, John D. Cowsar, Jr., William K.G. Garretson, Robert R. Coleman, Edwin P. Hendricks, Jr., David G. Powley, Carla B. Smith, H. Gerhart Smith, Alan S. Bailer, Barry I. Ungerleider, Charles E. Fontanier and Thomas B. Pennington, Jr.*



# OPPORTUNITIES

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## IN MEMORIAM

Louis G. Mancuso, D.O.

Louis G. Mancuso, D.O., of Dallas died May 31 at the Richardson Medical Center following a lengthy illness from cancer.

Funeral services were held at the Our Redeemer Lutheran Church with burial in Hillcrest Memorial Cemetery.

A 1951 graduate of Kirksville College of Osteopathic Medicine, Dr. Mancuso attended the University of Buffalo and Northeast Missouri State University for his pre-medical training.

He established the Mancuso Clinic in Dallas in 1952, where he practiced until his death.

He was a member of numerous

professional and civic organizations including the American Academy of Osteopathic Surgeons, American Osteopathic Association, Texas Osteopathic Radiological Society, American Osteopathic College of Proctology and TOMA.

He was a Fellow of the International Academy of Proctology.

Survivors include his wife, Veronika; two daughters, Veronika of Dallas and Christina a student at Baylor University; one son, Louis G. of the home; his mother, Mary Mancuso of Fredonia, New York; and his sister, Mrs. Rosella Potkovick of Warren, Pennsylvania. ▲

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# ATOMA News



Officers for the Auxiliary to TOMA are from left, Mrs. M. L. Coleman, immediate past president; Mrs. Jerome Armbruster, president; Mrs. E. L. Herman, president-elect; Mrs. Carl V. Mitten, vice-president; Mrs. T. T. Grath, secretary; and Mrs. Richard Wiltse, treasurer.

by Mrs. J. Thomas O'Shea  
ATOMA News Chairman

about this growth.

♦ ♦ ♦ ♦ ♦

While working on an annual funding event, our committee discovered that it was very effective to find our sponsors early in their year that we would again be citing their business. That way we were able to budget for us and did not have to say "I'm sorry; we already used our quota for the year." And that is why I'm asking you, early in the summer, to remember your Auxiliary year when you "budget" for coming year.

Granted, every activity you are involved in where you are known as the wife of an osteopathic physician is good public relations for the Auxiliary—national, state and district. But for you to play the most effective role you can as a member of the osteopathic community, you really should be an active, dues-paying member! Osteopathy is growing by leaps and bounds, and you need to know

Board members on the national, state, and district level spend a great deal of time and energy trying to "recruit" active, interested members. Much of the Post-Convention Board Meeting following the exciting, well-planned Dallas convention was spent discussing plans to increase membership and motivate present members. So, remember when you "budget" your time and energy this year to pay your dues and allot a place in your life for the Auxiliary to the Texas Osteopathic Medical Association. The osteopathic profession will be better for it; and hasn't osteopathy always been good to you? Maybe it's time we all returned the favor.

by Mrs. D. Y. Campbell  
and  
Mrs. J. Thomas O'Shea

Your ATOMA Board would like to encourage all members to be alert to newspaper, magazine, TV

and radio presentations that give incorrect or misleading information about osteopathic physicians or the osteopathic profession.

It is the feeling of the Board that when any inaccuracies occur, individual ATOMA members should write letters to the source involved and provide the correct information.

Now, for a few hints in writing your letters. Try to be brief, be pleasant and be factual. Following is a letter that could be used as a sample. Feel free to tell the person you are writing to contact either yourself or the TOMA office at 512 Bailey Avenue, Fort Worth, Texas 76107 for further information on the osteopathic profession.

Date

Your address

Heading (Such as newspaper, book, magazine, TV or radio station)

Address

Dear Sir:

In your article (here insert name of article) of the (insert date of article) there occurs a statement that needs (insert either "correction" or "clarification"). The article states (insert the statement, enclosing it in quotation marks).

According to information available from the American Osteopathic Association, 212 E. Ohio Street, Chicago, Illinois 60611, (insert correct information).

For more information on the osteopathic profession, I suggest you contact Mr. Tex Roberts, executive director, Texas Osteopathic Medical Association, 512 Bailey Ave., Ft. Worth, Texas 76107.

I enjoy and appreciate your fine (newspaper, magazine, broadcast, etc).

Yours truly,

Your name ▲



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# IN MEMORIAM

## J. C. Calabria, D.O.

J. C. Calabria, D.O., 63, died suddenly of a heart attack June 16.

A 1943 graduate of Kirksville College of Osteopathic Medicine, Dr. Calabria was one of the founders of Stevens Park Osteopathic Hospital in southwest Dallas. He was a driving force behind the establishment of the hospital which had its formal opening on August 8, 1948.

Dr. Calabria was born in Italy

and attended Cambridge (Ohio) High School. He earned a bachelor of arts degree from Ohio State University at Columbus.

After graduating from KCOM he interned at Greencross Hospital in Akron, Ohio.

One of his sons, Steven J. Calabria, D.O., is a 1971 graduate of KCOM and a brother, James T. Calabria, D.O., is a 1950 graduate of KCOM. Both

practice in Dallas at Stevens Park Osteopathic Hospital.

Other survivors include his wife, Miriam; a daughter, Ann Mintz Calabria of Bernardsville, New Jersey; three sons, Dan of Dallas, Stephen of New Orleans and Randy of Austin; a brother, Rudy Calabria who is a dentist in the Stevens Park area; and two sisters, Mrs. Pauline Graham Moore of Colorado and Mary Lou Calabria of California.▲

## FDA Issues Warning On Illegal Tablets

The Food and Drug Administration (FDA) has warned physicians prescribing diuretic furosemide and patients taking the drug that three manufacturers have illegally marketed tablets that may be ineffective and therefore harmful to patients who need the drug. FDA advises patients taking furosemide to be sure the name

Hoechst is on the tablets. Hoechst, the only manufacturer with FDA approval to market furosemide, sells it under the trade name Lasix.

Patients taking furosemide tablets that do not have the Hoechst name on them should ask their pharmacist for a replacement.

The three manufacturers that illegally marketed the unapproved

versions of the drug are Pharmadyne Laboratories of Hackensack, New Jersey, Camall Company of Washington, Michigan and Superpharm Corporation of Central Islip, New York. All have suspended marketing, but patients and pharmacies may still have these illegal tablets in their possession.▲

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# The Maker

## Examining a Few Myths About Prescribing.

Increasing pressure is being put on the practicing physician to prescribe drugs generically. You are told that brand-name products are universally “expensive” and generic versions are relatively “cheap.” To make this case, the most extreme (rather than typical) price differentials are cited. Thus, consumers are led to believe that such differentials are commonplace. Even your knowledge and your motives as a physician are questioned.

Understandably, these views have created myths. We think it's time to examine them in the light of all the facts and ramifications.



*MYTH: There are no differences in quality and performance between brand-name products and their generic counterparts. The corollary is that there are no differences among products made by high-technology, quality-conscious, research-based companies and those made by commodity-type suppliers.*

**FACT: The Food and Drug Administration does a good job in monitoring a generally excellent drug supply. Still, it has nowhere near the resources to guarantee the quality and bioavailability of all marketed products at any given time. Just a few months ago, for example, it noted that batches of tetracycline HCl capsules which met official monograph requirements were**

not bioequivalent to a reference product. As you know, there is substantial literature on this subject affecting many drugs, including such antibiotics as tetracycline and erythromycin. The record of drug recalls and court actions affirms strongly that there are differences among pharmaceutical companies and their products. Research-intensive companies have far better records than those that do no research and may practice minimum quality assurance.

*MYTH: Industry favors only “expensive” brand names and denigrates all generics.*

**FACT: PMA companies make 90 to 95 percent of the drug supply, including, therefore, most of the generics. Drug nomenclature is not the important point; it's the competence of the manufacturer and the integrity of the product that count.**



# Matters.

**MYTH:** Generic options always exist.

**FACT:** About 55 percent of prescription drug expenditure is for single-source drugs. This means, of course, that for only 45 percent of such expenditure, is a generic prescribing option available.

**MYTH:** Generic prescriptions are filled with expensive generics, thus saving consumers large sums of money.

**FACT:** Market data show that you invariably prescribe—and pharmacies dispense—both brand and generically labeled products from known and trusted sources, in the best interests of patients. In most cases the patient receives a proven brand product. Savings from voluntary mandated generic prescribing are grossly exaggerated.

**MYTH:** Drugs account for a major portion of the rise in health care costs.

**FACT:** Drugs represent a very small part of such costs. The amount of the health care dollar spent for prescription drugs was about 12 cents in 1967; today it is about 8 cents. And you as a physician are most conscious of how drug therapy can cut hospitalization, avert surgery, reduce office visits and keep patients on the job.

**MYTH:** Government intrusions into the marketplace will save tax money.

**FACT:** Government schemes always cost the taxpayer something, and the costs often exceed the benefits. Certainly, any federal "help," such as lists of wholesale drug prices sent to all physicians and pharmacists, will be no exception. Just think of the expense of keeping them current! Moreover, wholesale prices are poor guides to actual transaction prices and even worse guides to retail prices.

## The PMA Position

We believe your freedom to prescribe, either by generic or brand name, should be totally unabridged. Otherwise, your prescribing prerogatives and your relationships with patients will be seriously impaired.

## The maker does matter

After the myths about price and equivalency have been shattered, one fact stands out more clearly than ever: *The maker does matter.* As always, your best guide to drug therapy for your patients is to select products—both brands and generics—from manufacturers with credentials and performance records you have come to respect.



Pharmaceutical Manufacturers Association  
1155 Fifteenth Street, N.W.  
Washington, D.C. 20005



# Texas Ticker Tape

## WRITE YOUR U.S. SENATOR AND CONGRESSMAN

This year's most hotly debated legislation is probably the campaign finance bills — HR1 and S623 — sometimes referred to as "The Incumbents Protection Act." Write your U.S. senator or congressman in opposition to another raid on the Federal treasury. HR1 and S623 call for taxpayer financing of congressional campaigns. Among other things these bills protect incumbents and hamper challengers.

## D.O.s SPEAK AT MEETING

Rollin E. Becker, D.O., of Dallas and John H. Harakal, D.O., of Fort Worth participated in an advanced course on "Osteopathy's Contribution to the Dental Field" at the Annual Cranial Conference June 27 at the College of Osteopathic Medicine of the Pacific.

## PROBLEMS CONTINUE IN CALIFORNIA

The California Medical Association is at it again. They have had a bill, SB1199 introduced into the state senate which would allow the Board of Medical Quality Assurance to grant the M.D. degree to anyone who had graduated from a college of medicine, allopathic or osteopathic. The bill is identical in wording to last year's Assembly Bill 2691, containing provisions that would make it financially impossible for the Board of Osteopathic Examiners in that state to operate, and allowing a state agency to grant academic degrees to persons who had not earned them.

## DR. FALBEY ATTENDS MEETING

Francis B. Falbey, D.O., of Grand Prairie attended the spring meeting of the Academy of Osteopathic Directors of Medical Education May 21-23 in Scottsdale, Arizona.

## FTC TO CONTINUE ITS MAJOR PROGRAM

In a speech to the Chamber of Commerce of the U.S., Federal Trade Commission Chairman Michael Pertschuk said the FTC will continue its "major program" of reviewing possible restraint of trade through licensing of professionals. "We're looking for restrictions imposed, either by professions on themselves or by state laws on professions, that don't appear to be related to quality of service," he said. Pertschuk noted that the commission is especially interested in the idea of replacing licensing with certification.

## CCOH ANNOUNCES MEDICAL STAFF OFFICERS AND NEW MEMBERS

James P. Archer, D.O., has been elected chief of staff at Corpus Christi Osteopathic Hospital. Elected vice-chief of staff is John C. Longacre, D.O. James W. Lively, D.O., was re-elected secretary-treasurer. Maria Driscoll, D.O., has recently joined the staff of CCOH.



# Texas Ticker Tape

## DOCTOR-DIRECTED PSRO PROGRAMS ACROSS THE COUNTRY HAS PAID FOR THEMSELVES

PSRO has reduced medicare hospital utilization and reduced the days of care. At present there are parts of three states without PSROs. This report is from the national professional standards review council composed of ten M.D.s and one D.O.

## OREGON PASSES OSTEOPATHIC CON

Consideration for osteopathic facilities in the health planning process was approved unanimously by the Oregon Senate last month and signed into law by Gov. Victor Atiyeh May 25, according to the *AOHA Newsletter*. The law provides for separate consideration of osteopathic hospitals and additional protective consideration for institutions with training programs for general practice or family practice physicians.

## TOMA PRESIDENTIAL ACTIVITIES

TOMA President John J. Cegelski, Jr., D.O., recently attended a meeting of the TCOM Dean's Advisory Council, a meeting of the Hospital and Insurance Committee, a meeting of the Executive Committee and will attend a AOA House of Delegates meeting July 18-24 in Orlando, Florida. Dr. Cegelski is anxious to visit all TOMA Districts this fall and awaits your invitation to your District meeting.

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#### CONTACT:

Dr. John Miller, Administrator, Hurst General Hospital, 837 Brown Trail, Hurst, Texas, 76053: 817-268-3762



# My Son The Doctor

by Michael A. Calabrese, D.O.

How many times have you heard that expression, "My Son the Doctor?" I don't know what thoughts come to your mind when you hear it, but when I hear the phrase I usually conjure up the image of a little old Jewish mother standing on a corner with a bag full of groceries under her arm jabbering away to a neighbor about the latest exploit of "My Son the Doctor." Well, I am not a Jewish mother nor am I a Jewish father (and there were times when I wished I were, especially after reading "The Exodus") but I am a son of two illiterate ignorant parents from the central hills of Italy who came to this country seeking a better way of life and to walk "the streets of gold of America." Did you know that some of those European immigrants actually believed it? That the streets were literally paved with gold? I can remember the old-timers sitting around the old pot-bellied stove, in the neighborhood Italian grocery store where I swept floors, talking about the dreams they had had before leaving the dried soil that their ancestors had plowed and re-plowed for generations. Can you imagine what their dreams and visions were when they viewed the New York skyline and the Statue of Liberty for the first time? And I have yet to see it!! And the disappointment when they learned that the streets were not paved with gold? But in spite of the disappointment, the life here apparently was far better than the life in Europe at the turn of the century where the peasant was considered part of the land and was treated as such. Here they had a chance to improve themselves.

I can also remember the days of the "Gray Ladies." This was a group of ladies of the old established families of the community that volunteered their time and efforts to visit the homes of the immigrant mothers with primers and books of grammar to teach them the alphabet and to read such words as "cat," "dog" and "house." This is vivid in my mind because when I started school (after I learned to speak 'American') my mother would get her books out, that the Gray Ladies had given her, and before I could skip out with the gang I would have to go over her lessons with her. Ironically my aunt, my mother's older sister who lived across the

street and thus had authority over her younger sister insisted that I give her the same instruction. I guess she did not want her younger sister to get ahead of her. She would get special favors from her like some extra meatballs on the holidays (I still hold a record, 18 at one sitting at her house) and letting me take a bath sometime with my cousins; she had the only bathtub in the neighborhood.

My father, God bless him, was a hard working fellow who worked in the foundry for 35 to 40 years which eventually got the best of him via emphysema and asthma. He had had some schooling and could write his name and was proud of the fact that he had taught himself to read a few words of English. Incidentally, I did teach my mother to write her name and for years after I left home she would send me a birthday card signed in very childish scrawl "Carmela."

You may wonder what the hell all of this has to do with the title "My Son the Doctor." Would you believe that this whole thing started less than two hours ago when I received a card from Ft. Worth announcing the commencement exercises of "The Dean, Faculty and Students of Texas College of Osteopathic Medicine?" In the announcement was a little note scribbled in hand about as illegible as mine which read "Well, this is it! Four years of support, work and worry and all you get is a piece of paper inviting you to come watch me walk upon a stage. Whatever happens thank you for everything....Dad." Tears came to my eyes and I said "No, thank you son" and I thought 'My Son the Doctor' which prompted me to sit down and start writing. This is not my first experience to witness a son becoming a doctor. We, Beryl and I, have an older son who graduated from Kansas City College about nine years ago. We were as proud of him to have become a D.O. as we are now of our third son. He practices now in Tulsa, Oklahoma as a Nephrologist.

Between the two doctor sons we have another son who is apparently more intelligent because he decided not to be a doctor. He and his wife operate and manage a day care center of 40-50 human dynamos between



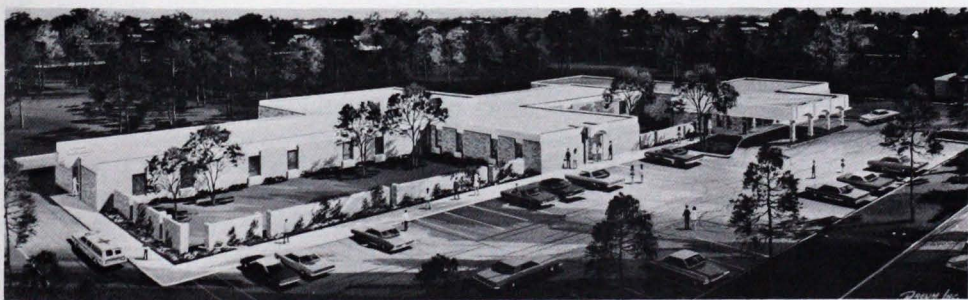
the ages of 2-6 who are forever climbing, crawling, rolling, jumping, screaming, eating, drinking and wetting their pants and sniffing their snotty noses that I can't stand more than five minutes in the place at one time. And he thought doctoring was nerve wracking.

Oddly enough my father was at my graduation in Kansas City in March of 1949, and strangely enough we did not communicate too well or too much, we were in kind of different worlds. I have often wondered what his thoughts were at the time. I guess I really never gave him a chance to express himself, I had so many other things on my mind. I know my thoughts were not the

best at the time because he was to accompany me and my family to Fort Worth where we would part — I to go to Comanche to intern, and he to Phoenix to visit my uncle (my mother's brother whom I taught to read English from the evening newspaper in the grocery store that I had worked). I am sure he was as proud of his sons as I am of my three sons and possibly more proud of himself knowing where he had had his lowly beginning in life and possibly thinking "My Son the Doctor" and I never gave him the chance to say it. Perhaps it's really for him that I have written this and saying "Thank you for everything....Pa."▲

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# ACADEMIA

## News From The Colleges

### CCOM

Five faculty appointments have been announced at the Chicago College of Osteopathic Medicine. Receiving the appointments are Thomas W. Allen, D.O., professor of medicine (pulmonary); Philip M. Hommes, D.O., associate professor of pediatrics; James C. Murray, D.O., associate professor of surgery (orthopedics); Richard A. Strnad, D.O., assistant professor of family medicine; and Paul G. Vandervort, D.O., associate professor of medicine.

### KCOM

Clinical and research capabilities will be extended at the Kirksville College of Osteopathic Medicine by the recently acquired services of an electron microscope.

The sophisticated equipment will be used clinically as a diagnostic tool for the indication of early cellular changes which precede visible symptoms of pathology. Although clinical use will take priority, researchers at the College will be able to expand their work by seeing the structural changes that are accompanying functional changes.

### OU-COM

Harold C. Thompson, III, D.O., has joined the faculty of the OU-COM as an assistant professor of family medicine. His primary

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responsibility will be to work as an emergency room physician at O'Bleness Memorial Hospital

### PCOM

During graduation ceremonies June 3 at the Philadelphia College of Osteopathic Medicine, a total of 199 D.O. degrees were awarded to the class of 1979. Presenting the commencement address was C. Everett Koop, M.D., who led surgical teams that separated Siamese twins at the Children's Hospital of Philadelphia in 1974 and again in 1978.

\*\*\*\*\*

A research team at Philadelphia College of Osteopathic Medicine (PCOM) has developed an extraction technique that may eventually lead to a malaria vaccine for humans.

Lawrence D'Antonio, D.O., associate professor of microbiology and director of research at PCOM, reported his findings in Los Angeles at the 79th annual meeting of the American Society for Microbiology.

Dr. D'Antonio, and associates Thomas F. Morley and Jeanne M. Johnston, successfully separated active vaccine material from the malaria parasite by dissolving portions of the parasite with an agent

known as Lithium 3, 5 Diiodosalicylate.

Mice injected with the extracted material and later exposed to the disease developed very low levels of infection. Those not injected with the material and exposed to malaria developed high levels of infection. Many died.

\*\*\*\*\*

Roy Nolan Pasker, D.O., formerly of Collingswood, New Jersey, has been appointed assistant professor of neurology and psychiatry at PCOM. In addition to his teaching, Dr. Pasker will provide psychoanalytic psychotherapy for patients who require long term inpatient and outpatient treatment.

### TCOM

Two faculty members at TCOM have received research grants from the American Osteopathic Association.

John W. Measel, Jr., Ph.D., assistant professor of microbiology and immunology, was awarded a \$7,000 grant for a one-year study of lymphatic fluid. James Caffrey, Ph.D., assistant professor of physiology, also received a \$7,000 grant to support his research of betaendorphin, a natural painkiller which is found in the body.

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# IC System Offers Advice on Collections

"Buy this book if you want to discover how to lead a comfortable life on other people's money. . ." is the lead phrase on the flyleaf of a book called, *Your Check Is In The Mail*. This is just one of many books now counseling debtors on how to counter a businessman's efforts to collect on a bill or make good on a bad check.

The books are all pretty much alike. They start out by helping the debtor rationalize his situation. It soon becomes apparent to the reader that he is a mere reed buffeted by the winds of too much advertising, too easy credit and too much salesmanship. What's more, the businessman who advertises, extends credit and sells his goods or services is, himself, preceived to be grasping fiend who enjoys the

same credit advantages in his business that he refuses to extend to his customers. In short, the businessman is a devil, and, everybody knows, "the devil made me do it!"

Then comes the advice. The debtor learns such things as how to use the mail to delay payments; how to rate his creditors according to collection effectiveness; how to make a *good* check bounce; how to cope with different types of creditors; and, how to sue the creditor if he gets carried away in his effort to collect. And the advice is given in a very practical way.

In certain situations the debtor is told to write a letter. But the advice doesn't stop there. A form letter is provided. Sometimes a series of form letters are shown. All the

debtor has to do is fill in the blanks and he can stall off paying a bill for weeks, for months or forever. That stall is the most important tactic recommended.

For all his faults, the businessman is granted one virtue. He is viewed as busy. Too busy to stick with a persistent debtor long enough to see a bill paid or a bad check made good.

Here is where I. C. System, Inc., your Association approved collection service, can help. They are also persistent. Depending upon the situation, they will maintain contact with a debtor for six months in an effort to make good a bad check or debt. Contact the Association office to learn more about the service.▲

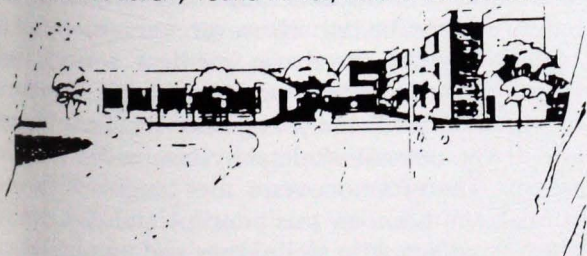
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# AOA Adopts Statement on Academic Degrees

*At the most recent midyear meeting of the AOA Board of Trustees the following statement was unanimously adopted. It should be thoughtfully read and understood by every osteopathic physician.*

*The attack on academic degrees goes far beyond an individual legislative proposal or law suit. It attacks the meaningfulness of earned degrees. It is a violation of educational integrity and freedom. It seeks to deceive the public who has the right to know the earned degrees of the physicians they choose. Every osteopathic physician should read this statement carefully and realize fully the stakes that are involved.*

There appears to be a movement to make academic degrees a matter of personal choice, regardless of what course of study the individual has completed, or what degree the individual has actually earned. Substantially similar lawsuits have been filed in several states, claiming that all licensed physicians should have the right to use the academic degree M.D., regardless of whether such physicians had been conferred with that particular degree from a properly accredited medical school. Also, legislation has been proposed in state legislatures to allow individual medical school graduates to choose between using the appellation D.O. or M.D. in professional practice, again regardless of whether such individuals had earned such degrees.

To date, none of these lawsuits or legislative efforts have been successful, but the lawsuits are still pending and the legislative activities continue. The similarity of these lawsuits and the brief time span in which these lawsuits and proposed legislation have been initiated give rise to a suspicion that there is a minority segment within the medical profession that is pursuing a goal within a professional context that threatens academic integrity and independence and will confuse and mislead the public. These are serious matters which should be fully aired and, to that end, it is necessary to understand their background.

The great majority of physicians practicing in the United States today attended U.S. medical schools where the M.D. (doctor of medicine) degree was conferred. However, a minority of

practicing physicians attended U.S. osteopathic medical schools where the D.O. (doctor of osteopathy) degree was earned. The majority school of medicine, sometimes referred to as the allopathic school, and the osteopathic school of medicine are the only two schools whose members are accorded unlimited medical practice rights as a matter of law. Licensing laws vary from state to state. Allopathic (M.D.) physicians and osteopathic (D.O.) physicians may, in some cases, receive identical licenses, or their licenses may be different, albeit both unlimited. In either case, this means that duly licensed osteopathic physicians have unlimited medical practice rights in all 50 states, the same as their allopathic counterparts. Osteopathic physicians may prescribe all kinds of drugs and medicine, perform surgery, and generally can qualify to practice all types of medical specialties.

An osteopathic medical school grants the D.O. (doctor of osteopathy) degree. This is a distinctive degree resulting from a distinctive course of study. An osteopathic medical school requires that its graduates satisfactorily complete a full curriculum of recognized medical subjects. Like allopathic medical schools, completion of this course of study usually takes four years, roughly divided into two years of basic science courses and two years of clinical experience. Both types of medical schools generally have the same entrance requirements. However, in osteopathic medical schools the basic medical courses are taught with a distinctive osteopathic content. Osteopathic medicine recognizes the basic function of the musculoskeletal system in health and disease. Therefore, courses are taught with additional emphasis on this concept and distinctive palpatory diagnostic techniques and manipulative therapy. In addition, the curriculum requires further study in osteopathic philosophy and concepts and manipulative therapy.

Both osteopathic and allopathic medical schools produce competent and fully qualified physicians, but the osteopathic curriculum does produce a different kind of doctor and this difference does carry over into later years of treating patients.



Osteopathic medicine maintains that its philosophy results in treating a patient as a whole being and in supporting and maintaining the natural state of health as opposed to treating disease as it occurs. Therefore, osteopathic medicine emphasizes family health and preventive medicine. Osteopathic physicians are usually found in general or family practice rather than in the various specialties. The very opposite situation prevails in allopathic medicine. Osteopathic physicians feel that they offer unique palpatory diagnostic techniques and manipulative therapy.

There are greater concentrations of osteopathic physicians in various parts of the country, but almost everywhere osteopathic medicine has many adherents and the public has a right to be informed as to a physician's school of practice. As previously stated, licensing laws vary from state to state, but generally one thing currently remains constant; only those who have properly earned either a D.O. or an M.D. degree can legally use that respective appellation in professional practice.

This restriction on the use of the academic degree is the public's best way of informing itself as to a doctor's school of practice, and it is that very restriction which is presently under attack in the courts and legislatures. The court cases have been brought on the basic premise that "M.D." is no longer primarily an academic degree but has evolved into a generic term for "doctor." Therefore, it is maintained that because an osteopathic physician is granted the same unlimited practice rights as an allopathic physician, this restriction violates the osteopathic physician's constitutional rights to deny the use of the appellation "M.D." in professional practice. The proposed legislation seeks the same goal. It is proposed to enact laws whereby graduate D.O.s or M.D.s would have the right to apply to the state licensing authority for the use of either degree suffix, regardless of which degree the individual actually earned. It is felt that this apparently concerted effort in no way reflects the majority views of either school of medicine. Clearly, if the legal restrictions on the use of academic suffixes are removed, the public will be misled and the public health will not be served. Nowhere is it more important than in the health care field that the public be properly informed as to the credentials and qualifications of practitioners.

It should be understood that "D.O." and "M.D." are degrees recognized by the various states' boards of higher education, the various associations in the field of higher education (including the American Association of Medical Colleges), the Council on Post-Secondary Accreditation, and the U.S. Office of Education.

Therefore, it creates a dangerous precedent in this case to allow an academic degree to become formally recognized as a generic term for a trade or profession and, thereby, simply become a matter of state licensure. A possible result of these court and legislative efforts would be to effectively confer on state licensing bodies the right to officially confer the use of suffixes representing certain academic degrees.

The states' right to regulate the health professions is well recognized and justified. However, it serves no demonstrable regulatory purpose in the health care field to erase true distinctions and, thereby, misinform the public. This attempted tampering with a matter uniquely academic is equally dangerous from an educational standpoint. The states do have the right to regulate the educational system in many respects. However, the academic community has insisted on certain limitations on such regulation. Also, such regulatory power over education has traditionally been vested in those governmental agencies expert in matters of education. Consequently, this movement not only has the effect of posing a threat from without to something uniquely within the academic field—the earned and properly recognized degree—but it also results in an intrusion into the educational field by certain governmental agencies (that is, professional licensing bodies) having no expertise in education. While it is true that a licensing authority has the right and duty to require certain educational attainment of licensees, it is also true that the licensing authority generally must rely on educational and accrediting bodies to evaluate the content and adequacy of courses of study. Certainly, it should never be within the province of the licensing authority to do more than accept or reject educational credentials. This is all that serves the purpose of licensure. Making an earned academic degree meaningless does not serve that purpose.

It is anticipated that the courts generally will reject the proposition that a physician's constitutional rights are violated by denying the right to use that degree "commonly" associated with the physician's profession. However, an aberrational court decision is possible, and such a decision could prove troublesome as a matter of precedent. The greater cause for concern lies in continuing legislative efforts. There is a strong legal bias in favor of a state's power to regulate through legislation. Therefore, the best way to thwart this misguided effort to tamper with earned degrees is to prevent such legislation from being enacted by persuading the various legislatures that such legislation serves no legitimate purpose and poses a threat to the best interests of the field of education and the general public.▲



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# Dr. O'Shea, Rainey Receive FWOH Medical Staff Awards

J. Thomas O'Shea, D.O., and Claude G. Rainey shared the spotlight June 8 at Fort Worth Osteopathic Hospital's annual Medical Awards Night.

Dr. O'Shea, who has been chief of staff at FWOH for the past four years, was presented with the Medical Staff Award. Myron G. Kinner, D.O., newly elected chief of staff, presented Dr. O'Shea with an engraved plaque, citing his years of outstanding leadership and dedicated service to the hospital during its past years of growth and community involvement.

Rainey, executive vice-president and administrator of FWOH for the past five years, was paid special tribute by the hospital's medical staff with the presentation of a plaque from Roy B. Fisher, D.O., chairman of the FWOH Board of Directors.

A Fellow of the College of American Pathologists, Dr. O'Shea is also certified by the American Osteopathic Board of Pathology. He joined the FWOH medical staff in 1972, after moving here from Michigan. He is a 1965 graduate of the Kirksville College of Osteopathic Medicine and received a bachelor of arts degree from the University of Michigan at Ann Arbor.

Dr. O'Shea is a member of the Board of Trustees of TOMA, Board of Directors of the Tarrant County Unit of the American Cancer Society and the Carter Blood Center. He holds membership in the American Osteopathic Association, American Osteopathic College of Pathologists, Tarrant County Society of Pathologists and TOMA. He is also chairman of the department of pathology at Texas College of Osteopathic Medicine (TCOM).

President of the Texas Osteopathic Hospital Association

(TOHA), Rainey was recently elected treasurer and a member of the Board of Trustees of the American College of Osteopathic Hospital Administrators (ACOHA). He is a Fellow of both the American College of Hospital Administrators and the ACOHA.

A member of numerous local, state and national committees, Rainey is also a member of the Board of Examiners of the ACOHA. He holds membership in the ACOHA, AOHA, American Hospital Association, Texas Hospital Association and the Hospital Financial Management Association.

In addition to the presentation of these two awards, special recognition was given to 12 new physicians who have joined the active medical staff during the past year, to the hospital's six residents and the intern classes of 1979 and 1980.

Physicians who have joined the active medical staff are Carla J. Butts, D.O.; Phillip E. Cohen, D.O.; Paul D. Flaggman, D.O.; Robert G. Garmon, D.O.; Richard C. Hochberger, D.O.; Robert E. Irvin, D.O.; William M. Jordan, D.O.;

James R. Marshall, D.O.; Pat J. Marshio, D.O.; Thomas D. Nelson, D.O.; Michael W. Rochowiak, D.O.; and Donald M. Ross, D.O.

Residents who were recognized were C. Wayne Burris, D.O., anesthesiology; Cheri Q. Dziamba, D.O., internal medicine; Richard C. Hudson, D.O., general surgery; Eric R. Johnson, D.O., internal medicine; G. L. Tilma, Jr., D.O., radiology; and L. Kent Weldon, D.O., general surgery.

Members of the 1979 intern class are Robert T. Brengel, D.O.; Fred J. Cotton, D.O.; Mark D. Hughes, D.O.; Jim P. Hussey, D.O.; Michael G. Keller, D.O.; Stephen D. Laird, D.O.; and Betsy B. Schenck, D.O.

Members of the 1980 intern class include Barry L. Beaty, D.O.; Paul F. Mills, D.O.; Glenn M. Calabrese, D.O.; Danny E. Salisbury, D.O., all of TCOM; Catherine Carpenter, D.O., and Cornelius McDermott, D.O., both of the College of Osteopathic Medicine and Surgery in Des Moines, Iowa; and Robert P. Chandler, D.O., of the Oklahoma College of Osteopathic Medicine. ▲



J. Thomas O'Shea, D.O.



Claude G. Rainey



# TOMA New Members

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



**Elmer G. Beckstrom, D.O.**  
7505 Scyene Rd., Suit 201  
Dallas  
KCCOM '47; S



**Kirk Chandler, D.O.**  
Naval Air Station  
Kingsville  
KCOM '76; MS



**Phillip E. Cohen, D.O.**  
3513 Mattison Ave.  
Fort Worth  
COMS '73; CF



**Frank P. Cundari, D.O.**  
2737 Sherman Rd.  
Grand Prairie  
KCCOM '74; OPH



**Walter A. Dobson, D.O.**  
2737 Sherman Rd.  
Grand Prairie  
COMS '73; S



**Garrett W. Duckworth, D.O.**  
Public Health Service Hospital  
210 State Street  
New Orleans, Louisiana  
COMS '73; PHS



**Francis B. Falbey, D.O.**  
2709 Hospital Blvd.  
Grand Prairie  
PCOM '52; C-Fam. Prac.



**Anesia K. Garmon, D.O.**  
P. O. Drawer K  
Weatherford  
KCOM '73; GP



**Robert G. Garmon, D.O.**  
3609 West 7th St.  
Fort Worth  
KCOM '72; I



**Jack Grainger, D.O.**  
5815 Airline Dr.  
Houston  
KCCOM '73; C-I



**Patrick M. Kelly, D.O.**  
P. O. Box 90053  
Houston  
KCCOM '63; GP





Robert A. McClimans, Jr., D.O.  
 525 Airline Dr.  
 Houston  
 COM '77; GP



Russell N. McDonald, D.O.  
 749 Franklin  
 Groves  
 COM '77; GP



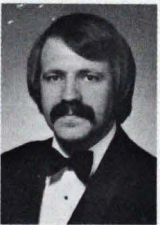
Frank Maccanelli, D.O.  
 722 North Loop Rd.  
 El Paso  
 COM '77; GP



J. Marshio, D.O.  
 Camp Bowie at Montgomery  
 Fort Worth  
 KCCOM '71; CV\*, TS, CF



Wilford V. Morris, D.O.  
 526 5th St.  
 Sealy  
 KCCOM '74; GP



Gary L. Patzkowsky, D.O.  
 123 Parks  
 Claude  
 KCCOM '75; GFP



Michael Podolsky, D.O.  
 837 Brown Tr.  
 Hurst  
 PCOM '64; C-RAD



Pat A. Thomas, D.O.  
 505 Chestnut St.  
 Colorado City  
 TCOM '77; GP



Jeffrey C. Thompson, D.O.  
 134 East Church  
 Grand Prairie  
 TCOM '77; GP



Lawrence J. Walsh, D.O.  
 418 Hollyhill La.  
 Denton  
 TCOM '77; GP



Joe D. Whittemore, D.O.  
 817 Brown Tr.  
 Bedford  
 KCOM '47; S



Eric J. Williams, D.O.  
 Camp Bowie at Montgomery  
 Fort Worth  
 MSU-COM '74; CF, GFP



# Opportunities Unlimited

Practice Locations in Texas

## PHYSICIANS WANTED

**AMARILLO** — Guaranteed income plus moving expenses for surgeons with skills in orthopedics and urology, ob-gyn specialist as well as G.P.s. Urgently needed. Fast growing community in a city of 165,000. Contact: W. L. Davis, Jr., administrator of Southwest Osteopathic Hospital, 2828 West 27th, Amarillo, 79109. Phone: 806-355-8181.

**AUSTIN** — After 41 years, retiring June 1, 1979 at age 83. For Sale: OMT and Cranial Practice. Macklin treating table, plain treating table, office furniture, and equipment. For more information contact: John B. Donovan, D.O., 601 West 10th Street, Austin, 78701. Phone: 512-478-2300.

**COMMERCE** — Excellent location just outside the Dallas-Fort Worth Metroplex. Community of 10,000 in Northeast Texas desires to attract physicians. High level of middle income families due to university located in the community. Facilities and medical staff include 30 bed hospital and other practicing physicians. Ideal climate, recreation and cultural opportunities in a community that cares. Contact Ron Robinson, Co-Chairman, Health Care for Commerce Committee, 1107½ Main Street, Commerce, Texas, 75428, Phone: 214-886-3950.

**CORPUS CHRISTI** — Energetic young G.P. to join with our group in a busy general practice. \$40,000 salary guarantee/ all ancillary services provided/professional liability insurance paid/ownership in Association offered after first year. Located in a growing area on the Gulf Coast. Drs. Ganz-Chodosh Association (512-884-6414).

**DALLAS** — Well established, large, successful D.O. clinic, with equipment for sale. Write Box "L", TOMA, 512 Bailey Avenue, Fort Worth, Texas, 76107.

**DALLAS SUBURB** — Mature, qualified general practitioner urgently needed to take over active acute general practice. Present physician has accepted a full time teaching position with TCOM. Gross income in six figures for 13 years. No welfare, 97 per cent collection experience, no malpractice suits, four miles out of Dallas city limits, 12 minutes to downtown Dallas. References required. Financial arrangements available. For more information, write Box "H", TOMA, 512 Bailey Avenue, Fort Worth, Texas, 76107.

**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 E. R. coverage up to \$45,000 annually. Contact: R. J. Halbrook, Administrator, East Town Osteopathic Hospital, 7525 Seyene Road, Dallas, 75227 or call 214-381-7171.

**DALLAS** — Pediatrician interested in community health services. Competitive salary. 40 hours week, no week-ends, no night calls. Bilingual (English and Spanish) preferred. Position available August 1, 1979. Send inquiries and C.V.'s to Dr. Robert Wilson, Medical Director, Los Barrios Unidos Community Clinic, 3201 Herbert Street, Dallas, 75212. Phone: 214-651-8739.

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

**FAMILY PHYSICIAN (D.O.)** — Needed for North East Texas town with practice area of 5,000+; Minimum salary guarantee; office rental and equipment purchase negotiable. Write Box "W", TOMA, 512 Bailey Avenue, Fort Worth, Texas, 76107.

**FORT WORTH** — North Texas State University Health Sciences Center/Texas College of Osteopathic Medicine faculty positions available. Clinical departments family practice, specialties. Contact: Ralph L. Willard, D.O., Dean, Texas College of Osteopathic Medicine, Camp Bowie at Montgomery, Fort Worth, 76107.

**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, Texas, 75050.

**GPs 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, Texas, 76053 or Phone 817-268-3762.

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



# Opportunities Unlimited

Practice Locations in Texas

HOUSTON — G.P. 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 2, TOMA, 512 Bailey Avenue, Fort Worth, Texas, 76107.

LUBBOCK — D.O.s needed in areas of general practice, anesthesiology, obstetrics and orthopedic surgery at Community Hospital of Lubbock. Generous salary, free office rent and other financial assistance available. Contact: Dr. R. Wallace, Director of Physician Services, National Accommodations, 4070 Laurel Canyon Blvd., Studio City, Calif., 91604 or call collect 213-8386.

MATADOR — \$3,000 monthly guaranteed free clinic rent, newly remodeled 13-bed Motley General Hospital is available to a qualified D.O. Clinic has 2,000 patient active charts. Prosperous West Texas area embracing population of 100,000 in service area. Contact John Nett or Sut Brazelton at 806-347-1111, 347-2780 or 347-2825.

MCCALLEN — Citizens of McAllen are seeking an osteopathic physician to locate in their city. Located in the Rio Grande Valley, McAllen has a population of 100,000 and is growing. It is a beautiful city with lovely homes and churches, fine schools and many cultural advantages. McAllen's only D.O. retired two years ago.

MESQUITE — Rutherford General Hospital, 165-bed facility, has positions for G.P.s, pediatricians, urologists, and emergency physician. Mesquite is an urban community of 70,000 which is part of the Dallas-Fort Worth metroplex. If interested please contact: Sherry Kland, P. O. Box 1481, Mesquite, Texas 79049 or call 214-285-6359.

MOONLIGHTING — Opportunities for extra money. Cover every 5th weekend with group of D.O.s. Competitive pay plus bonus at Hood General Hospital, Granbury. For more information contact: L. G. Padget, D.O., 115 South Houston, Granbury, 76048 or call 817-443-0630.

OB-GYN Office — All medical equipment, supplies, and furniture for sale. Also office equipment and furniture. Contact Attorney for estate: Charles Carruth, 1000 Capital Bank Bldg., Dallas, 75206, or call 214-821-4500.

SMITHVILLE — Earn while you learn. Post-doctoral preceptorship available to a preceptee in a rural community with a small 35-bed hospital, 60-bed nursing home and a four-doctor clinic arrangement. If interested, please contact: Dareld R. Morris, D.O., Smithville Medical Clinic, Smithville, 78957. Phone: 512-237-2443.

SPEARMAN — Opportunity for general practitioner to locate in city of between 4,000 to 5,000 population, 90 miles northeast of Amarillo. Hospital will provide office space and furnish a minimum salary guarantee. For more information contact: Jerry Taylor, Administrator, Hansford Hospital & Clinics, 707 South Roland, Spearman, Texas, 79081. Phone: 806-659-2535.

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.

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.

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## POSITIONS DESIRED

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ANESTHESIOLOGIST — Is interested in relocating in Texas. Certified in anesthesiology. For more information contact: Howard Scalone, D.O., 18390 Surrey Lane, Brookfield, Wisconsin 53005. Phone: 414-782-5130.

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.



# Opportunities Unlimited

## Practice Locations in Texas

**GENERAL PRACTITIONER — D.O.** desires solo or group general practice in Panhandle, north Texas or northwest Texas. (no OB please). Has been in solo practice since 1972, is 37 years of age and is a U. S. Citizen. Financial and relocation assistance a must. Present licenses DNB, CA, NJ, and IND (pending). DME or administrative positions will be considered. For more information contact: Robert R. Migliorino, D.O., P. O. Box 188, Madera, California 93639 or call 209-674-7686.

**INTERNIST, RADIOLOGIST—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 resi-

dency in internal medicine and two-year cardiology fellowship. For more information, please write Box "J", TOMA, 512 Bailey Avenue, Fort Worth, Texas, 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 —** Board eligible pediatrician with neonatal interests, currently completing military obligation, desires practice in an urban Texas location. Contact Jesse R. Ramsey, D.O., Chief, Dept. Peds., U. S. Army Hospital, Augsburg, W. Germany, APO, NY 09178

**RADIOLOGIST (D.O.) —** Actively looking for hospital position or partnership with another radiologist. Will be available June 1979. For more information write Box "E", TOMA, 512 Bailey Avenue, Fort Worth, Texas, 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, Sheltentham, Pennsylvania, 19012.

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

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2. He drinks faster than those around him. As a natural consequence, he becomes "drunk" more often than others.
3. Now he "has a few" before the party, or orders doubles. He has developed the addicts' classic tolerance for the drug. Drinking more and more, he experiences temporary amnesia.
4. He begins to find himself drunk nearly every time he drinks. The social consequences of drinking are now causing noticeable problems in his work and relationships.
5. He then loses the ability to control his drinking. He drinks until he can drink no more, and sometimes goes on weekend binges.
6. Eventually early morning drinking becomes necessary. He now begins to hide his dependence — and his bottles.
7. At this time most victims are beginning to enter the stage of severe physical deterioration. During periods of alcohol withdrawal, tremors and "butterflies" begin to appear.
8. In many cases delirium tremors begin. Hallucinations are very subjective and the excessive drinker now has difficulty obtaining rest. He is assailed by waves of unwarranted fear and emotional trauma.
9. With this deterioration comes brain damage sufficient enough that less and less alcohol is needed to induce intoxication. At this stage, his tolerance plummets greatly.
10. Liver damage is now severe, due to the toxic effects of the alcohol, inadequate diet and, some research indicates, the inability of the alcohol-ridden body to absorb vitamins. The cardiovascular system deteriorates.
11. Excessive drinking can now be fatal with an increased risk of accident, stroke or heart attack. Chance of death from other mortal diseases becomes much higher than normal.
12. Without immediate professional treatment the prognosis is guarded.

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