

TEXAS OSTEOPATHIC PHYSICIANS **JOURNAL**

November 1975



TOPAC - A Reality

See page 6

Functional upper G.I. disorders may be reflected in episodes of anxiety-linked pain and belching



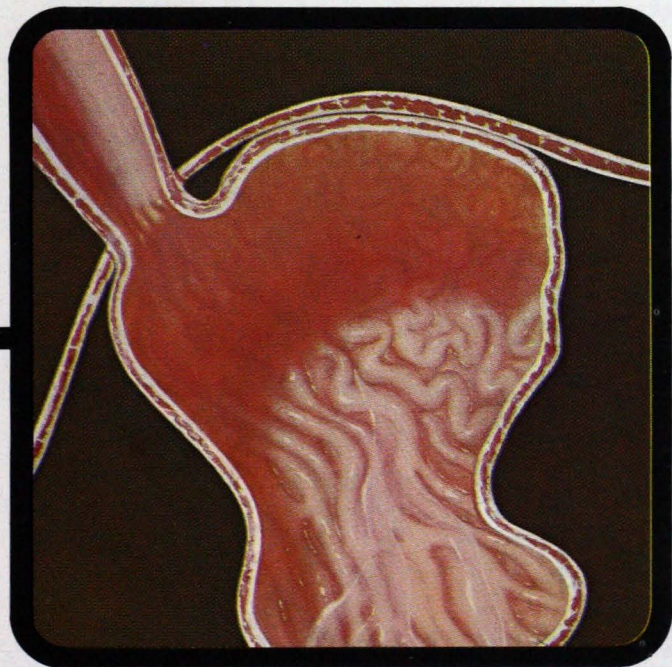
X-ray from upper G.I. series—findings normal.

For patients with a history of recurrent episodes of functional gastrointestinal symptoms associated with hypersecretion and hypermotility, relief with antacids or anticholinergics alone is often inadequate and temporary in benefit. Consideration of the patient's personality and emotional stresses may offer a useful clue to the *causes* of the recurring symptoms when no organic pathology can be demonstrated. Usually, beneficial results are obtained when both the emotional and somatic factors receive adequate attention.

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The distinctive Librax formulation has earned steadily increasing physician favor as an adjunct to counseling, dietetic and other measures in total patient management.

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- The action of Librium, which in proper dosage seldom impairs mental acuity or performance, makes Librax a distinctive medication for adjunctive treatment of the most commonly occurring, anxiety-related G.I. disorders. As with all CNS-acting agents, patients should be cautioned against occupations requiring complete mental alertness.
- And Librax provides dual therapeutic action with the convenience and economy of a *single* capsule—and a flexible dosage schedule: 1 or 2 capsules three or four times daily, before meals and at bedtime.



Artist's conception:
Dysfunction of the upper G.I. tract may be manifested in various distressing symptoms of hypersecretion, hypermotility and excessive anxiety or tension. In such cases, no organic abnormality may be revealed.

Adjunctive

Librax®

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

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antianxiety-
anticholinergic
agent**

Please see following page for summary of product information.

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and T^{h} S.

The initial prescription allows evaluation of patient response to therapy.

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

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

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

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

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

Precautions: In elderly and debilitated, limit dosage to smallest effective amount to preclude development of ataxia, oversedation or confusion (not more than two capsules per day initially; increase gradually as needed and tolerated). Though generally not recommended, if combination therapy with other psychotropics seems indicated, carefully consider individual pharmacologic effects, particularly in use of potentiating drugs such as MAO inhibitors and phenothiazines. Observe usual precautions in presence of impaired renal or hepatic function. Paradoxical reactions (e.g., excitement, stimulation and acute rage) have been reported in psychiatric patients. Employ usual precautions in treatment of anxiety states with evidence of impending depression; suicidal tendencies may be present and protective measures necessary. Variable effects on blood coagulation have been reported very rarely in patients receiving the drug and oral anticoagulants; causal relationship has not been established clinically.

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

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

How Supplied: Librax® Capsules, each containing 5 mg chlordiazepoxide hydrochloride (Librium®) and 2.5 mg clidinium bromide (QuarzanTM)—bottles of 100 and 500.

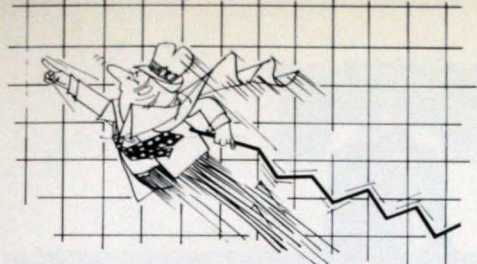


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anxiety-linked symptoms
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Each capsule contains 5 mg chlordiazepoxide HCl
and 2.5 mg clidinium Br.



'76 Exhibit Space Selling Fast...

At our '76 Convention in Dallas, we originally planned for 60 booths for exhibitors; however, we managed to squeeze in a few more—and still had a waiting list (in case of cancellations) of firms who wished to exhibit.

So this year we have laid out space for 70 exhibitors for our '76 Convention in Galveston April 8-10. And we must be doing something right, because nearly 40 per cent of those booths have already been reserved.

Although in the brochure we send to prospects, we include space for them to make a first choice and three alternate ones, we are already having to write letters to a number of firms, telling them that all their choices have been reserved and asking them to make other choices.

Only six weeks after the brochures were mailed to several hundred firms that supply the osteopathic profession, the following have sent in their reservations:

American Med. International Inc.
B. F. Ascher & Co.
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Bristol Laboratories
Comatic Laboratories
Cornish Medical Products Co.
William H. Dean & Associates
Flint Laboratories
Frigitronics, Inc.
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Stuart Pharmaceuticals

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Tutag Pharmaceuticals
Upjohn Company
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TEXAS OSTEOPATHIC PHYSICIANS JOURNAL

TOPAC

Texas Osteopathic Political Action Committee

A New Image—

for your State Office

Color Television

provides new educational tool for students and doctors

AOA Approves Intern Training

for Corpus Christi Osteopathic Hospital following expansion

Emergency Medicine—

new area of clinical training at TCOM

What's It Costing You

Is it "Medically Necessary"?

ATOMA

News from the TOMA auxiliary

We're Doing Something

News from the District

New Convention Manual

to keep up with changing times

Texas Ticker Tape

Make Your Move

Opportunities for D.O.s in Texas

Published by

TEXAS OSTEOPATHIC MEDICAL ASSOCIATION

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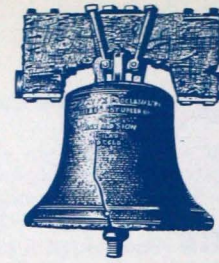
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Mr. Tex Roberts, Editor

TOPAC



*"the right of the people to
petition the government"*

Texas Osteopathic Political Action Committee

The first amendment to the Constitution of the United States of America specifically forbids the Congress from making any law that interferes with the right of the people to petition the government.

Recently, this right has been extended and more specifically spelled out in federal and Texas statutes—making it legal for corporations and associations to organize and administer political action committees. Labor unions have had such political arms for more than two decades.

*Law now allows dealing
on top of the table*

Mark White, Secretary of State, said at a recent meeting of association executives in Austin that he supports the free enterprise system and free government, and he hopes that the Political Funds Reporting and Disclosure Act of 1975 lets business and the professions deal with the Legislature on top of the table.

At this same seminar, that also covered the Texas Lobby Control Act amendments and political action committees, Gaylord Armstrong, Texas Society of Association Executives attorney, said that organized political committees must be the answer in affecting state government. He said political action committees were first recognized in Texas law in 1973; and it was September 1, 1975, that, for the first time, the employees of corporations can solicit political funds. He said business, industry and the professions must participate in government and he cited that Common Cause, the so-called citizens lobby, has \$7 million to run its Washington lobby.

*Need for lobbying for the profession
in Texas recognized in 1900*

Members of TOMA, at its first organizational meeting on November 29, 1900, heard the plea that D.O.s in Texas engage in lobbying in Austin, and political activity to further the cause of the osteopathy philosophy of medicine. The following is an excerpt from that meeting:

"The medical bill, or what is known as the 'Wilson Bill', being of a nature hostile to the practice of osteopathy, it was thought necessary to send someone to Austin to look after our interests there; and for this work, ex-Senator Smith of Sherman was elected to receive \$750 if he succeeded in adding a favorable amendment and \$200 in case of failure. The amendment was added, and the osteopaths can practice in peace until the next legislature, at least, at which time I trust we may be able to have an osteopathic bill passed, regulating our practice."

TOMA Board endorses TOPAC

Now, in 1975, comes the Texas Osteopathic Political Action Committee, which is endorsed by the Board of Trustees and which has as its governing body, the TOMA Executive Committee.

TOPAC funds will be used to support candidates for the Texas Legislature. No contributions will be received from corporations or professional associations. Contributions will be received from individual physicians and friends of the profession and are not deductible; except with the proper filing, and doctor and spouse can receive a \$200 exemption on their federal income tax return by contributing to TOPAC.

PACs rigidly controlled

Under the current Texas statutes, the record keeping of contributions and expenditures by political action committees are rigidly controlled. Reporting procedures required in statutes and regulations set up the timing and the content, thereby making it relatively simple but detailed to operate a political action committee.

TOPAC can reimburse TOMA for start-up and administration costs incurred in the operation of its political action committee.

It should be pointed out that legislative action (lobbying) comes under separate Texas statutes, such as the Lobby Control Act, passed in 1973 and amended in 1975. The last Legislature also amended chapter 36 of the Texas Penal Code—spelling out the fact that legislators—under certain conditions—may receive honorariums.

There is also a separate set of reporting forms for association members and staff who engage in lobbying and contacting state officials, but these are separate from the PAC activity.

Course to follow in lobbying spelled out

The fact is that, for the first time in history, there is a reasonably well spelled out course to follow in lob-

bying at the state and federal level and participating in political action committees and the election process. The 1971 Federal Election Campaign Act, and its 1974 amendments, spell out the operation of political action committees active in federal elections.

Several features of the Texas statutes relating to PACs are patterned after the federal Act; but in both instances, associations and corporations may spend their funds to establish, administer and solicit contributions to a separate, segregated fund to be utilized for political purposes.

TOPAC is a separate, segregated voluntary fund that now has its basic Trust Agreement completed and only awaits the formal convening of the Executive Committee and appointment of the Executive Trustee-Campaign Treasurer, which is specifically required by Texas law.

Regs severe for health care professions

The health care industry, and more particularly, physicians, both M.D. and D.O., are under more severe federal and state regulations than any other profession or industry.

To make any headway at all in meeting the challenge of increasing governmental intervention, doctors and hospitals need allies. To gain allies, the doctors need to bring to politics the same spirit of progress they routinely display in their quest for better health care for their patients. Showing a willingness to cooperate with the American people in the management of change will help the doctor gain the political influence necessary to the future of medicine.

Physicians can't afford loss of freedoms

To remain aloof from politics in America today will most surely result in losing some of the freedoms gained 200 years ago.

The machinery is now in place for the D.O.s in Texas. All that needs to be done is start the motor and get into gear. ▲



A NEW IMAGE FOR YOUR STATE OFFICE



Since it was built 20 years ago, upkeep on the TOMA headquarters has been minimal (an understatement if there ever was one!). So when the TOMA Board met in October, it was agreed that some much-needed remodeling must be done in the State Office.

Among the reasons for the decision was that the building fell far short of the Occupational Safety and Hazards Administration (OSHA) requirements and must be brought up to standard. Just to bring it up to the city code, 21 new electrical outlets were needed!



Representatives of OSHA have the authority to visit an office at will and assess its compliance to federal laws. Those that do not measure up are given a certain length of time to correct any deficiencies. If they are not corrected within the specified time, a fine is levied for each day thereafter that the requirements are not met.



Another very practical reason for the remodeling was for greater efficiency of the office staff. The volume of work necessary to give service to the membership requires well-defined work stations, placement of equipment in easily accessible areas, et cetera.



Two sets of remodeling plans were presented to the Board. One included desirable (but not necessarily essential) changes. The second—which was accepted—included only those that would bring the building up to standards at a minimum cost for maximum efficiency. What was not anticipated was extensive termite damage that was discovered when the job was actually begun.



We were lucky to find a competent contractor who, with a small crew, did not confine the work to a 40-hour week. They worked nights and weekends, as well as trying to work around the office staff during the day. They started the work the day after their bid was accepted and the job was completed in 12 days.

Aside from the extensive electrical work (which ate up about a third of the remodeling budget), several new walls were installed, creating work areas where jobs could be handled with much greater efficiency; the 20-year-old green tile floors were covered with inexpensive but durable carpeting, and the whole interior was painted.



It isn't plush (as is the Oklahoma Osteopathic State Office), but it should be much more serviceable . . . and the dirty, scarred walls are now a pleasing pale yellow that goes with the gold carpet. ▲

Color television provides new educational tool for students and doctors

A class of student doctors at Texas College of Osteopathic Medicine sit in a room with their eyes focused on a color television watching a surgical procedure which is being performed at Fort Worth Osteo-Hospital.

At the same time the picture is seen by the students is also being shown in a conference room at FWOH and is being videotaped for future playback.

Designed to increase the learning experiences of the student-doctors, the closed circuit microwave color television system between TCOM and FWOH has the capabilities of either live or videotaped transmission from FWOH's operating and emergency rooms where the cameras are located.

Licensed by the FCC, the \$150,000 system is the only one of its type in Tarrant County. Conceived by Ken Coffelt, director of learning resources, and Bob Combs, instructional technology technician, the system was approximately a year in planning and implementation.

Transmission of the surgical or emergency procedures can be shown in two TCOM classrooms and instructional technology department and three FWOH conference rooms and emergency room.

"In the near future we will be able to transmit what is happening in OR or emergency into pathology and radiology labs at FWOH enabling the radiologist, pathologist and surgeon to be in constant voice contact," Combs said.

By videotaping certain procedures, doctors can then view the tape and decide which portion he wants to use in teaching a certain lesson. After the videotape is made, the doctor can add audio and describe the procedure used.

"The microwave TV link existing between FWOH and TCOM provides an excellent medium for bringing together the academic world of TCOM and the laboratory setting of our hospital," Claude G. Rainey, executive vice-president of FWOH said.

In addition in being used as a teaching tool for student-doctors at TCOM, the television system also operates as a means for providing continuing medical education to doctors.

Since June 1973, the American Osteopathic Association (AOA) has required its members to continue their medical education by completing 150 hours of of continuing medical education within every three-year time period.

The closed-circuit television system between FWOH and TCOM makes it conveniently possible for staff physicians to accumulate as many as 90 CME credits, 30 hours each year, toward each three year commitment to AOA, according to Dr. George Esselman, director of medical education at FWOH.

Continuing medical education programs, both commercially prepared and those prepared by TCOM's instructional technology department, are transmitted to the FWOH conference rooms for doctors to view. Combs said between 30 and 50 CME programs are being transmitted to FWOH each week.

At each viewing terminal located at FWOH there is a catalogue of all the CME tapes available through TCOM. All a doctor has to do is call the instructional technology department and request which tape he wants to view.

"We are now able (via the TV system) to offer our physicians, allied professionals, health professionals, nurses—all who are participating members of the health care team—a convenient in-house opportunity to continue their medical education," Dr. Esselman said.

AOA Approves Intern Training for Corpus Christi Osteopathic Hospital Following Expansion

by John C Woodson, Administrator
Corpus Christi Osteopathic Hospital

"This system is an immediate way of capturing a situation and replaying it as a learning tool. You are able to demonstrate to a large number of people what is being seen by the doctor.

"There are only a certain number of persons that can be in the operating room and this system allows a whole class to see and learn. It is a means of capturing the rare and the unusual," Coffelt said.

The camera used to record the procedure can either be attached to an operating microscope for minute surgery or can be attached to the ceiling to show a large operating area.

"This type of link-up is not a common practice, and we're certainly privileged to have this type of teaching facility available to us. The teaching faculty in our hospital and the students are extremely pleased with this tremendous education aid," Rainey said.

The videotapes are also used with the Texas Regional Centers for Continuing Medical Education. Located in Lubbock at Lubbock Osteopathic Hospital and in Tyler at Doctors Memorial Hospital, the federally funded program supplies continuing medical education for doctors in the field.

"This is a most effective means for providing continuing medical education," Coffelt said.

"The emphasis today in health professions is on retraining and this helps keep health care people current in their knowledge," he added. ▲

Dr. D. H. Hause, president of the Board of Trustees of Corpus Christi Osteopathic Hospital, advises that the hospital has completed current building program which includes a 52-bed addition, a seven bed ICU/CCU, Department of Physical Therapy, Department of Nuclear Medicine, and an Inservice Education Conference Room.

With this new addition, CCOH will be a 140-bed osteopathic general hospital. At 140 beds, it now becomes the third largest general hospital in the Corpus Christi metropolitan area, and the third largest osteopathic hospital in Texas.

This expansion program consists of 11,000 square feet of new facilities at a cost of \$700,000 with \$150,000 of capital equipment being added.

CCOH presently has 160 employees and, with the wing, will eventually employ an additional 120 at full occupancy. The hospital presently has an annual payroll of \$930,000.

The hospital was approved by the American Osteopathic Association on July 15, 1975, for intern training. Four interns are scheduled to begin their internship in July, 1976. Corpus Christi Osteopathic Hospital presently has a medical staff of 30 D.O.s and 28 M.D.s, dentists and podiatrists.

Dr. Hause states that Corpus Christi Osteopathic Hospital initiated this construction program approximately two years ago in anticipation of approval by the AOA for intern training, and to accommodate the increased demand for health care services at the hospital due to the growth in the number of osteopathic physicians in Corpus Christi.

During 1974, the hospital had 5,000 hospital admissions which accounted for 25,000 days of hospitalization. Additionally, the hospital treats about 5,500 outpatients and emergency cases each year. With the new facilities and intern program, it is anticipated that there will be an increase of 60% in the number of patients served.

A ribbon cutting ceremony and open house was held Sunday, October 19, at the hospital. Mayor Jason Luby participated in the ceremony. Tours of the new facilities followed. ▲



Emergency Medicine --

new area of clinical training at TCOM

Texas College of Osteopathic Medicine student-doctors are working in a new area of clinical training—emergency medicine.

The new program began operating with the 1975-76 school year and is in cooperation with Fort Worth Osteopathic Hospital, TCOM's primary teaching hospital.

Through a contractual agreement, TCOM staffs FWOH's emergency room on a 24-hour a day basis, 365 days a year and fourth-year student doctors work under the direct supervision of licensed physicians.

Dr. Donald Paxston, director of emergency medicine at TCOM, said the program was started to provide additional clinical areas for the student-doctors to work in. All fourth-year students will rotate and work through the emergency room program.

"Fort Worth Osteopathic Hospital has operated an emergency room service for some time. Now, we are very pleased to be affiliated with the medical school in an expanding emergency room service—not only as we are able to render service to emergency patients, but as we are able to provide an excellent facility for the training medical students in emergency medicine," Claude Rainey, executive vice-president of FWOH said.

Between 600 and 700 patients are treated each month in FWOH's emergency room. "We treat everything from serious to minor emergencies," Dr. Paxston said.

"This program provides an excellent classroom for senior students, is a service to the hospital staff and provides round-the-clock services," he added.

In addition to working in the emergency room, the doctors and students have daily discussions, view films on emergency medicine and make clinical rounds.

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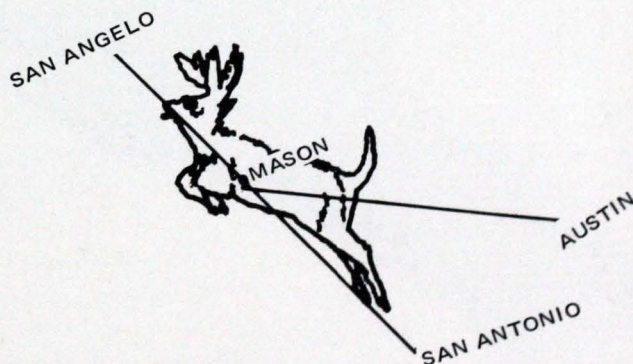
Currently two full-time physicians, Dr. Paxston and Dr. Roger Allen are staffing the emergency room. Ultimately Dr. Paxston hopes to have four full-time physicians working with him.

A 1965 graduate of Kansas City College of Osteopathic Medicine, Dr. Paxston received a bachelor of arts degree in psychology from Drake University in 1955. He also attended the University of California at Berkley and Regis College at Denver, Colorado.

Prior to joining TCOM as director of emergency medicine, he was in private practice in Fort Worth and was a clinical instructor in family medicine at TCOM.

Dr. Paxston holds membership in the American Osteopathic Association and Texas Osteopathic Medical Association.

Dr. Allen is a 1973 graduate of the College of Osteopathic Medicine and Surgery, Des Moines, Iowa, and received a bachelor of science degree from East Texas State University in 1969. He also attended Paris Junior College and the University of Texas at Austin.



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Codeine

Phenaphen with Codeine No. 2, 3, or 4 contains: Phenobarbital ($\frac{1}{4}$ gr.), 16.2 mg. (warning: may be habit forming); Aspirin ($2\frac{1}{2}$ gr.), 162.0 mg.; Phenacetin (3 gr.), 194.0 mg.; Codeine phosphate, $\frac{1}{4}$ gr. (No. 2), $\frac{1}{2}$ gr. (No. 3) or 1 gr. (No. 4) (warning: may be habit forming).


Indications: Provides relief in severe grades of pain, on low codeine dosage, with minimal possibility of side effects. Its use frequently makes unnecessary the use of addicting narcotics.

Contraindications: Hypersensitivity to any of the components.

Precautions: As with all phenacetin-containing products, excessive or prolonged use should be avoided. **Side effects:**

Side effects are uncommon, although nausea, constipation and drowsiness may occur. **Dosage:** Phenaphen No. 2 and No. 3—

1 or 2 capsules every 3 to 4 hours as needed; Phenaphen No. 4—1 capsule every 3 to 4 hours as needed. For further details see product literature.

 Phenaphen with Codeine is now classified in Schedule III, Controlled Substances Act of 1970. Available on written or oral prescription and may be refilled 5 times within 6 months, unless restricted by state law.

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What's it Costing You?

by: U. S. Congressman Robert E. Bauman (R-MD)

It's time to start telling each American family exactly how many dollars they are shelling out for every federal spending program. And it's time to stop bombarding taxpayers with billion-dollar appropriation figures, whose dizzying digits are absolutely meaningless for most families.

You probably don't realize it, but the individual taxpaying family this year will shell out a total of \$990.54 for defense, \$86.52 for education, \$32.54 for foreign aid, \$30.16 for housing and another \$6.55 for energy research.

Isn't that easy to understand? You bet it is. These terms mean a lot more to the average taxpayer than this year's authorization of \$82.1 billion for defense, \$7.2 billion for education, \$2.6 billion for foreign aid, \$2.5 billion for housing and \$5.43 million for energy research. Having to plow through 10-digit figures is a mind boggling chore. And it prevents a taxpayer from easily balancing the possible benefits of a bill against the cost.

To emphasize this point, I have co-sponsored a "truth in spending bill" that would require Congress to reveal exactly how much each appropriation will cost the average taxpaying family. The measure has already passed the Senate and is awaiting House action.

Under the proposal, a mathematical formula would give the amount each family pays for every program. When taxpayers learn how much they and their families are having to pay for some of these wasteful programs they will most certainly rise up in outrage and demand a speedy end to this absurd spending. ▲

Is it "medically necessary"?

by: George W. Northrup, D.O.

According to recent rules promulgated by the Department of Health, Education, and Welfare, if a physician wants to be sure that his patient gets exactly what he prescribes and that a cheap generic substitute is not used in its place, he must write on his prescription "medically necessary."

As far as most physicians are concerned, this phrase should be applied to any prescription. Certainly the implication that a physician would write a prescription that was not "medically necessary" is both insulting and demeaning.

It would seem particularly obvious that it is "medically necessary" that the physician have some idea of where the prescription he has written has been manufactured and have basic information about the various vehicles by which the active ingredient is transported to the patient.

It is "medically necessary" that the patient at least get a pill or a liquid that has some consistency in size and color and does not change at the whim of whatever pharmacist decides to fill it.

It is "medically necessary" that the physician and the patient have some assurance that the bioequivalency of the prescription is precisely what the physician intended the patient and not some lesser quantity.

It is "medically necessary" that the physicians of America be permitted to use their expertise and training in the proper practice of medicine and not delegate that authority to some bureaucratic rule or regulation for which cost is the sole yardstick and which can be used to overrule pharmacological efficiency, safety, and patient/physician security. ▲

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PATHOLOGIST

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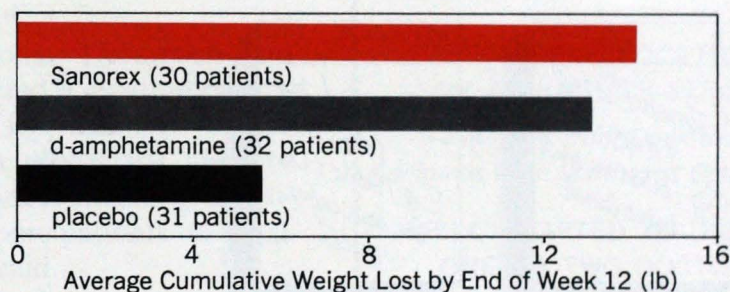


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Sanorex is chemically unrelated to d-amphetamine—or any other “nonamphetamine” anorexiant available—and cannot be converted into an amphetamine-like substance in a biologic system.

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

Action of d-Amphetamine*

In animal studies, d-amphetamine (like food) activates afferent neurons leading to appetite centers in the

hypothalamus. Resulting release of norepinephrine activates the receptor neurons. Unlike food, however, d-amphetamine also suppresses norepinephrine synthesis. Thus, increasingly larger doses of d-amphetamine become necessary to produce an effect.

Action of Sanorex*

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

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

*The significance of these differences for humans is uncertain.

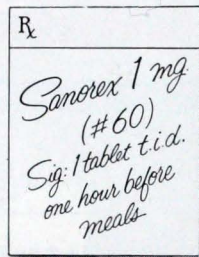
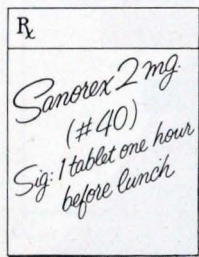
For Brief Summary, please see following page.



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1. Vernace BJ: Practical considerations for managing obese patients: Initial interview and effective treatment in the office. Scientific Exhibit presented at the American Medical Association, 27th Clinical Convention, Anaheim, Calif, Dec 1-4, 1973.

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

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

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

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

Drug Dependence: Mazindol shares important pharmacologic properties with amphetamines and related stimulant drugs that have been extensively abused and can produce tolerance and severe psychologic dependence. Manifestations of chronic overdosage or withdrawal with mazindol have not been deter-

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

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

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

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


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

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

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

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A7 O M A News

DISTRICT VI

by Mrs. Jerry W. Smith

Ostie Owl Art Show and Sale was held at the Lions Building, Pearland, by the Texas Osteopathic Medical Association Auxilliary. Proceeds are for the Scholarship Fund. Varied art media, plants, door prizes and snack bar were part of the big event. Some 25 artist were represented.

* * *

The October meeting at the Whitehall Hotel in Houston was one of the best attended in some time. Dr. Floyd Hardimon spoke on "Current Status of Total Hip and Knee Replacement." Linda Armbruster, district president presided over the auxiliary meeting. November 3 is the date of the next meeting with place to be announced.

* * *

Dr. and Mrs. F. O. Hardimon and son attended the surgical convention in Washington, D.C. Dr. Hardimon was the moderator for the "Problem Cases" panel.

* * *

Dr. and Mrs. David Harmon were in attendance at the National Convention of the Anesthesiologists in Washington, D.C. which was held at the Hilton.

* * *

Virginia, Mary, Cara and Robert Campbell, children of Dr. and Mrs. D. Y. Campbell competed in the

Houston Hunter and Jumper Charity Show in October. This show is rated as among the top ten in the nation and Cara and Robert were pleased to receive ribbons in some of the events.

* * *

The Jerry Armbruster's attended the neurological seminar in Corpus Christi and enjoyed a round of golf with Dr. and Mrs. Sam Ganz.

* * *

Dr. and Mrs. Ladd Tucek, and Dr. Mitchell Porias attended the Ophthamological convention in Dallas.

* * *

Rep. Senfronia Thompson and assistant attended a meeting recently hosted by Dr. and Mrs. A. W. Johnson. Area physicians meet to talk about changes affecting the tri-racial low income patients on medicare and medicaid.

* * *

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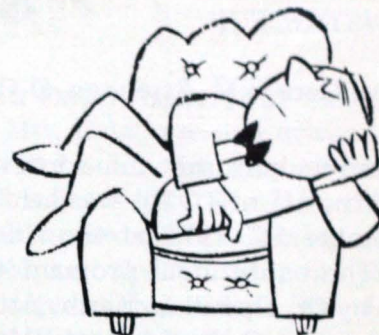
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DISTRICT II

by: George M. Esselman, D.O.

The regularly scheduled meeting of District II of TOMA was held on September 16, 1975 at the Hilton Inn. The educational program was given by Dr. Darrell L. Keith, Attorney-at-Law, on the topic of "Medical Malpractice: In Need of Surgery?" A timely report was given by Dr. W. T. Giles on a meeting which he attended on the malpractice problem as seen by the Trial Lawyers Association.

* * *

Dr. H. J. Ranelle was honored during the Texas State Convention as one of the past Presidents of the Texas State Society of the American College of General Practitioners. He was given a Life Membership in the Organization. In addition, Dr. Ranelle received a gold pin from the Carter Blood Bank for having donated over a gallon of blood.

* * *

Congratulations are also in order for Dr. H. William Ranelle. He was recently selected as a member of the advisory group of ophthalmologists for the Lions Organ and Eye Bank, Inc. of the North Texas District. He has been certified in Ophthalmology by the Osteopathic College of Ophthalmology and Otorhinolaryngology, and has been named Chairman of the Department of Optamology at TCOM.

* * *

District II voted to recommend to the TOMA House of Delegates that Dr. Cliff Dickey be granted life membership. His friends and his colleagues all wish him well.

* * *

Dr. Marion Coy made an announcement that 16 of the 25 graduating students from the Texas

College of Osteopathic Medicine passed the full Board of the Texas State Board of Medical Examiners, and there were no failures.

* * *

District II has the following new members: Drs. Randall Perkins, John Alderman, Nelda Cunniff, Robert Shields, and Paul Livingston.

* * *

Dr. Henry B. Hardt spoke on the United Way Campaign, and requested contributions from each of the members of District II. Team Members for District II are Drs. Virginia Ellis, Catherine Carlton, Jarvis Bull, and Bryce Beyer. The goal is \$120 from each member, and 100% participation is urged. Pledge Cards were passed to the members present.

DISTRICT III

by: H. George Grainger, D.O.

District III members and friends had a real cozy get-together in Tyler September 20th, in spite of foul-ups perpetrated by your reporter--who is also District III secretary-treasurer, P.R. man, leg man and slave.

* * *

Some thirty-odd persons, extending from Mabank to Texarkana, gathered at the newly renovated Petroleum Club, only to witness a wedding party in progress in our private room.

* * *

So we all sat down in a corner of the big dining room, right next to the bandstand, and quaffed and ate with the rest of the hoi polloi.

* * *

The big thing, we were all waiting for the Presidential address, by our beloved Michael Calabrese. But just

then the band started whooping it up, so what to do? Why turn it into a progressive party, of course.

* * *

So we all hastily repaired ourselves out to Mrs. Grainger's house, where we set up, on the floor and everywhere for the business at hand.

Mike gave us a fine talk; consisting of the malpractice lowdown on the profession in Texas and so forth. Then he treated us to a projector full of slides on our burgeoning TCOM.

* * *

Another piece of business, and surely one no less important to the district, was the welcoming of four new doctors into the group. The first three are, by the way, graduates of the very first class of TCOM. We look forward with high expectations to new members; Drs. Ronald Sherbet of Grand Saline, Ronald Daniels of Mineola, Robert Holston of Mabank, as well as Lendell Cook, a Kansas City graduate, who is now practicing in Edgewood.

Next meeting will be again in Tyler in November with another good show promised, and it will be all at one place, the Petroleum Club, in its very private room.

DISTRICT VIII

On September 12-14, District VIII sponsored a seminar, (worth CME I-A hours) Office Neurology at Ramada Inn, Corpus Christi. Dr. H. J. Borcharding, President of District VIII, acted as a moderator-participant.

* * *

The guest lecture included Dr. Thomas Vigoarito, neurologist, of Tucker, Georgia. Local speakers were A. J. Ashmore, M.D., Dexter Koon, M.D., Alexander Lim, M.D., James

We're doing something

Lively, D.O., Craig W. Norstrom, M.D., R. McGregor Slick, D.O. and William E. Swan, Jr., M.D.

* * *

The format of the seminar was lectures in the morning with afternoons free for recreation and or leisure time. The lectures were not dry text book variety, but represented each speaker's own practical experience. This was thoroughly enjoyed by and held the interest of all in attendance.

* * *

The seminar attracted 90 doctors from around the state, who came to Corpus Christi to enjoy the Gulf, unfortunately the weatherman did not cooperate, it rained most of the weekend.

* * *

Rumor has it that another similar seminar is being planned for 6 months from now. The topic of the next seminar hasn't been decided. Any suggestions will be appreciated.

DISTRICT XVI

by: Ted C. Alexander, Sr., D.O.

The regular meeting of District XVI of TOMA, was held September 25, 1975, at the Wichita Club in Wichita Falls. For the third consecutive meeting, 100% attendance was recorded.

* * *

Those present included Dr. and Mrs. Ron Nelms, Dr. and Mrs. Roy Fisher, Dr. and Mrs. Ted Alexander, Sr., Dr. and Mrs. Ted Krohn, Dr. and Mrs. Ted Alexander, Jr., and Dr. and Mrs. Jerry Alexander.

* * *

Earl Singleton, M.D., E.N.T. Specialist from Wichita Falls gave an interesting talk on Common Otologic problems.

* * *

DISTRICT XV

by: T. T. McGrath, D.O.

We are still remembering the wonderful party hosted by Dr. and Mrs. Jess Hall in September, but now that summer has passed we are back to the routine of professional and business matters.

I am pleased to announce the splendid progress of Dr. Larry Greif in his bout with a little trouble with his "ticker". He is doing well and will be home soon.

I believe you know that Dr. Gerald Dickman is taking post-graduate work at Oklahoma Children's Hospital in Oklahoma City. We are looking forward to his return to us when he finishes his program. In the meantime, we must fill this position, of vice president of District XV, if at all possible, at the next general meeting.

DISTRICT IV

by: Wiley B. Rountree, D.O.

District IV, TOMA, met in Midland on October 19, at the Holiday Inn. Dr. and Mrs. Bill Jagers hosted the dinner featuring a true Texas-size prime rib.

Our President, Dr. Mike Calabrese and Mrs. Calabrese had driven over from El Paso on Saturday afternoon (300 miles - just a routine West Texas house call!). Coming from TCOM on the 10:30 a.m. plane was sophomore student, Mr. Jerry Waits, Highland Park, Dallas and UT Arlington graduate who was hosted by Doctors V. Mae and Norman Leopold.

The Presidential report and meeting were held at the office of Dr. Jagers with Evelyn Jagers entertaining the wives during the business meeting.

All of the group heard Dr. Calabrese, in what he called his "spaghetti-western outfit", give a resume of State Association activities. His feature that he has initiated this year was then introduced: Student Doctor Waits emceed a sound movie of TCOM family practice presentation, which was appreciated.

It was an honor to have Mike and Mrs. Calabrese with us, and we enjoyed his friendly, personable presentation. Mike explained that a different student is used for each of the District meetings. The presentation by Mr. Waits and his question and answer period, along with his friendly, competent personality were very much appreciated by the membership in attendance. Our thanks once again to Jerry and we send our regards to Mrs. Waits and their four-month-old daughter.

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New Convention Manual

to keep up with changing times

Probably there have been more changes in the past decade than in any other one in history--and TOMA tries to keep in step.

One of the areas of change concerns conventions, and we have been working with two very much outdated convention manuals for a number of years.

At the October meeting of the TOMA Board, the Convention Manual Committee presented a new manual, which was accepted subject to House action next April. The new manual is in effect for the 1976 convention.

It begins with a preamble, excerpts of which are printed below.

The Annual Meeting, Convention and CME Seminar of the Texas Osteopathic Medical Association has been held continuously since 1900 for purposes of gaining cohesion of the membership in obtaining common objectives, providing a podium for continuing medical education, conducting business affairs of the Association, and nurturing camaraderie among D.O.s across Texas.

The purpose of a convention manual is to provide *suggested* procedures for conducting a convention and to provide *guidelines* for convention management.

Certain procedures are adhered to each year; some by official policy as set forth by the House of Delegates and Board of Trustees and contained in Association documents, and some by tradition.

A completely structured and stereotyped convention is not considered to be in the best interests of the membership, as it is not conducive to attendance by the members. Therefore, innovation and ingenuity on the part of those involved with the conduct of the convention are encouraged.

It is to be remembered at all times that the procedures concerning the *program* suggested herein are flexible and are not hard and fast rules and regulations which must be adhered to to the letter.

As times change and the Association grows in numbers and scope of interests, changes may be indicated in the format and suggested procedures for the general program.

TOMA now has a State Office staff trained in the handling of many details that were necessarily left to

the host District in former years. The TOMA Annual Convention is now close to \$35,000 business and must be conducted in a businesslike manner. It has become self-supporting and need no longer ask for free labor from the host District.

As is the case of the AOA, the Executive Director is the convention manager. Assistance of the District or State Auxiliary is welcomed and encouraged in any area in which they may wish to participate; however, they need not feel responsible for carrying out any phase of the TOMA convention.

All responsibility for a smooth-running, successful convention must lie in the hands of the convention manager and, in the case of the CME Seminar, those of the Annual Meeting Committee. ▲

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Physician Recalls Woodrow Wilson's Advice

by: George Grainger, D.O.

It has been more than fifty years since I last saw Woodrow Wilson, but I well remember the good advice he gave me then. It was Armistice Day, 1923 (as Veterans Day was called), the fifth anniversary of the end of World War One. I was an idealistic teen-ager; he was a broken, palsied old man.

It has become something of an annual custom since the ex-president left the White House, for some of his fellow Washingtonians to gather outside his "S" Street home on November 11th in simple tribute to the man and his ideals. The autumn day we had waited—some two or three hundred of us—to greet the stricken leader as he left for his afternoon ride.

I had commanded a nice view of action from an embankment near the sidewalk about a half a block away. I could see the frail World War One president and champion of peace, as he was carefully helped into the high back seat of the open car. And I watched with some concern as several huge floral arrangements were hurriedly placed about him in the back of the car. Then the car, with Woodrow Wilson ensconced in the floral offerings, start-

TCOM S/D Wan-Bang Lo Receives Ciba Award

Dr. Wan-Bang Lo, third-year student-doctor at Texas College of Osteopathic Medicine, has been named recipient of the CIBA Award for Outstanding Community Service.

Awarded annually by the CIBA Pharmaceutical Company, Dr. Lo is the first TCOM student to receive the award.

Presented to sophomore medical students who have performed outstanding community services, mem-

ed toward us down the street. There were no bands on this anniversary, there was no ceremony. Only two newsreel cameras and the muffled clapping of hands such as the few of us well-wishers could make.

Just as the big car came alongside where I was standing, one of the arrangements, a large floral horse-shoe teetered and fell into the street. Before I knew it I was in the street picking up the fallen arrangement and replacing it on the back seat from where it fell. As I began to turn away President Wilson bent over and extended me his bony hand, I remember how I took it and squeezed it with all the enthusiasm of an admiring youth.

Leaning toward me Woodrow Wilson said, with a thin smile, "Please don't do that to me!"

bers of the second-year class selected Dr. Lo to receive the award. Among the areas of community service cited as reasons for his selection was his work with the community blood drive.

Dr. Lo received a complete six-volume, eight-book set of the CIBA Collection of Medical Illustrations as the recipient of the award.

A native of Zechuan, China, Dr. Lo received a bachelor of science degree in agricultural chemistry from the National Taiwan University, Taipei, Taiwan; a master of science degree in biochemistry from Emory University, Atlanta, Ga. and a doctorate degree in biochemistry from Emory University.

Prior to entering TCOM, he was on the faculty of Baylor College of Medicine in Houston and worked at the medical school of Northwestern University in Chicago.



George L. Finch, left, CIBA Pharmaceutical Co. representative from Dallas, presents third-year S/D Wan-Bang Lo with a set of The CIBA Collection of Medical Illustrations.

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Texas Ticker Tape

AAOA SCHOLARSHIP GOES TO IRVING S/D

Fernando Gonzalez, Irving, is one of the AAOA scholarship recipients. He attended the University of Texas at Austin and received a B.S. degree in biology from the University of Texas at Arlington. Fernando is married; he will attend the Texas College of Osteopathic Medicine (TCOM).

DR. RANELLE ON TCOM FACULTY

Dr. H. William Ranelle, practicing ophthalmologist in Fort Worth, was recently named chairman of TCOM department of ophthalmology.

MC ALLEN RESIDENT KCOM FRESHMAN

Mr. Felix R. Mestas of McAllen, Texas is one of the 122 students, plus two special students, accepted by the Kirksville College of Osteopathic Medicine (KCOM) in Missouri for a four-year professional program leading to the degree of Doctor of Osteopathy. He is the son of Jorge G. and Mercedes Mestas of McAllen, Texas.

Enrollment of KCOM has reached 493. The 1975 freshman class of 122, plus two special students, is the largest in recent years. Members of the class were selected from 1,706 applicants.

SOCIAL SECURITY INCREASES MEDICARE DEDUCTIBLE PAYMENT LEVEL

The Secretary of Health, Education and Welfare has announced that the inpatient hospital deductible under Part A of Medicare will be increased from \$92 to \$104. The new level applies to benefit periods beginning in 1976. The increase of \$12 is based on calculations of the Social Security Administration of the average cost for one day of inpatient hospital care. The notice was published in the *Federal Register* on October 1.

WHITE HOUSE FELLOWSHIPS FOR PHYSICIANS

Physicians under the age of 35 have until November 28, 1975 to apply to the White House Fellowship Program. Individuals selected for participation will be assigned as special assistants to Cabinet members, the Vice President, and miscellaneous White House Staff. Interested D.O.s may contact the AOA Washington Office or write directly to the Presidential Commission on White House Fellowships, 1900 E. Street, N.W., Washington, D.C. 20415 for information and applications. All interested and eligible and eligible D.O.s are urged to apply for the program.

Texas Ticker Tape

TIMA APPLIES FOR PLANNING GRANT

The Texas Institute of Medical Assessment (TIMA) voted September 28 to make application immediately for a PSRO planning grant in Texas.

The TIMA Board, composed of M.D.s and D.O.s, noted in its meeting that it has the support of 90 per cent of the physicians in Texas, although the federal planning grant guidelines call for only 25 per cent support.

CONGRATULATIONS

To Dr. and Mrs. M. Lee Shriner, of Bowie, on the birth of a 6 lbs. 10 oz. boy. September 25 at Grand Prairie Community Hospital. Derrin Roy is the third Shriner boy. They also have one girl.

HSA GUIDES AVAILABLE

Standard Guides for Organizing and Developing Health Systems Agencies in the State of Texas is available by calling or writing the Texas Advisory Commission in Intergovernmental Relations, Stephen F. Austin State Office Building, 1700 North Congress, Austin, Texas 78701 or telephone 512-475-3728.

If you want to be in on forming one of 12 HSAs in Texas, get a manual and go to work.

G.D. REIMBURSEMENT SCHEDULES UPGRADED

Surgical fees and other reimbursement schedules for General Dynamics prepaid health insurance group are being upgraded to reflect slightly higher levels. The 1964 California Relative Value Schedule in its latest version is the basis for determining reimbursement levels. Any physician needing additional information about the GD insurance coverage can call the insurance office at GD in Fort Worth.

STATE ASSOCIATION MEMBERSHIP NEEDED FOR RECIPROCITY

Non-POMA members have met snags recently in attempts to seek certification by an osteopathic board or licensure by reciprocity in another state. President Harold F. White, D.O. reports that most state licensing boards will not honor a request for licensure by reciprocity unless the D.O. is a member of the professional society of the state in which he practices. A prerequisite for certification is current membership in your state osteopathic association. Dr. White urges members to inform colleges of this fact.

(from POMA Newsletter)

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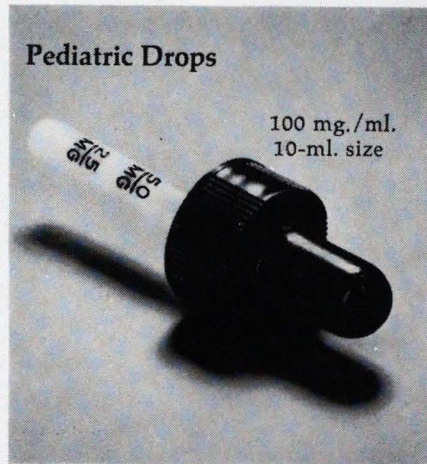
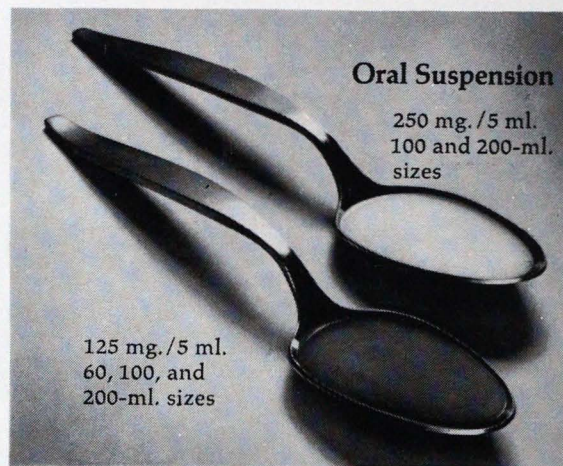
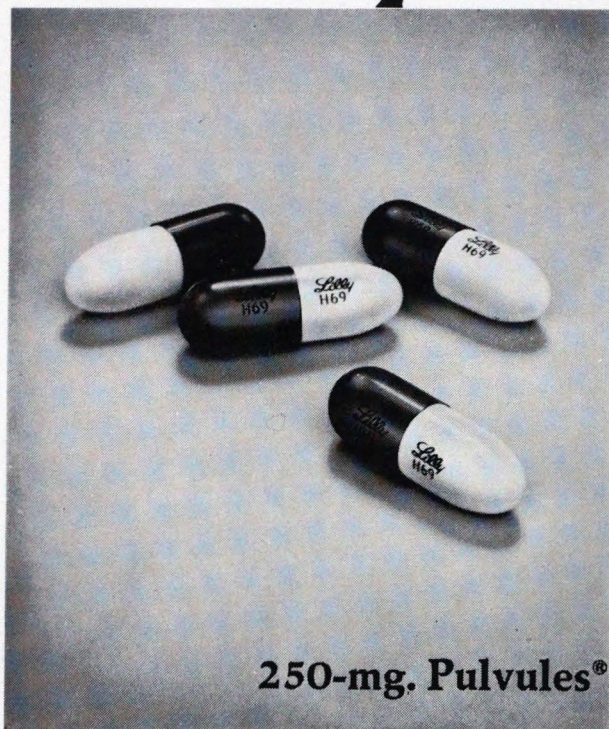
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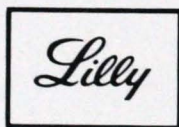
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OPPORTUNITIES FOR OSTEOPATHIC PHYSICIANS IN TEXAS

PHYSICIAN NEEDED—General Practitioner, Internist, OB—GYN, Surgeon, or Pediatrician. Wanted to associate with our family practice clinic in Duncanville. Three D.O.s in general practice. Clinic established in Duncanville twelve years. Growing area near Dallas. Financial arrangements open. Contact James L. Hill, D.O., 113 S. Main, Duncanville, 75116 or call (214—298-1447).

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

DALLAS SUBURB — Acute practice available in Dallas suburb 4 miles out of city limits. Practice available free with all charts and x-rays. Purchase modern 2,000 sq. ft. building fully equipped at reasonable price. Annual gross over \$150,000 for ten years and no malpractice suits. Phone collect: Jack Royder, D.O.; Office 214—225-1111 and 225-1112; home 214—227-1005

New D.O. will finish internship at Grand Prairie Community Hospital July 1, 1976. Interested in finding practice location in central or East Texas in association with established D.O. Contact Roger L. Hamilton, D.O., Route 1, Box 1250, Mansfield, Texas 76063. Phone 817—478-0296

KNOX CITY—This North Texas community welcomes a D.O. Staff privileges on Knox County Hospital, associateship, excellent gross existing. Contact Glen Rumley, Knox County Hospital, 817—658-3535.

SURGEON — Completed four years residency in General Surgery. Interested in location of 5,000 to 25,000 population. Contact Vincent J. Strangio, D.O., 4063 Magnolia Avenue, St. Louis, Missouri 63110

WINTERS—General Practitioner willing and qualified to do some surgery and O.B., if desired, needed for a well established practice. Office and new equipment available for small monthly rent. Well trained office staff to handle average of 30 patients per day. Open staff at 2-year old 25-bed hospital with Lab, X-Ray, O.B. and Surgery facilities. 2950 town population; excellent school system. Contact James Shook, R.N., Administrator, North Runnels Hospital, P. O. Box 185, Winters, Texas 79567. Phone 915—754-5097.

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

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

LUBBOCK — New office space available for two doctors; next door to clinic. You can come in on a percentage basis, hang up your shingle and begin a lucrative practice without any cash outlay except for insurance and auto. Contact Richard M. Mayer, D.O., 3728 34th, Lubbock, 79410. Phone 806—799-4331

DALLAS—Well established and financially rewarding practice (primarily manipulative) is available for rent or sale. Office is centrally located five minutes from D.O.H. For further information contact: John H. Harakal, D.O., 3516 Camp Bowie Blvd., Fort Worth, 76107; or call 817—338-9011.

VAN—East Texas location on I-20, large practice built by general practitioner. Available on lease with option. Location is 20 minutes from Tyler and Doctors Memorial Hospital. Contact Jenks Garrett collect 817—277-3591 or 214—261-8781, or W. J. Garrett, Jr., M.D., 214—963—5221.

HOUSTON—General Practitioners and internists needed in expanding Texas Hospitals. Quaranteed income. Group and solo practices available. No fee. Excellent facilities. Send curriculum vitae to: Director, P. O. Box 2128, Houston, Texas 77001

AUSTIN— Assistant or partner wanted in large office practice. Salary open. Contact: Joseph L. Love, D.O., 4400 Red River Street, Austin, Texas 78751, Phone: 512-452-7541.

More than 1,000 First-year Students in Osteopathic Colleges

The largest number of first-year students in the profession's history began classes at the nation's nine colleges of osteopathic medicine in September justifying predictions of more than 1,000 D.O. graduates a year.

Since three colleges have accelerated three-year programs, 325 of these students will receive D.O. degrees in the Spring of 1978, with the remaining 679 in 1979. Total enrollment at the college for the 1975-76 academic year is 3,155, also a new high.

Statistics by colleges are as follows:

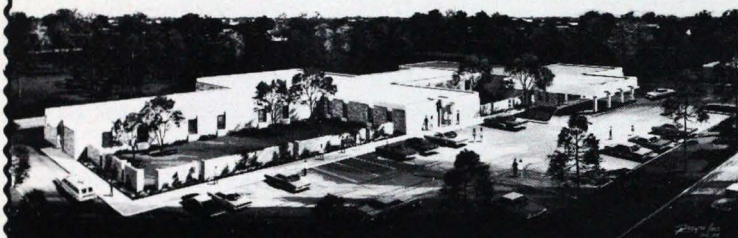
College	Freshmen	Total Enrollment
Chicago College of Osteopathic Medicine	96	376
* College of Osteopathic Medicine and Surgery	174	494
* Michigan State University-College of Osteopathic Medicine	95	236

College	Freshmen	Total Enrollment
Kansas City College of Osteopathic Medicine	152	462
Kirkville College of Osteopathic Medicine	122	474
* Oklahoma College of Osteopathic Medicine and Surgery	56	90
Philadelphia College of Osteopathic Medicine	200	755
Texas College of Osteopathic Medicine	68	190
West Virginia School of Osteopathic Medicine	41	78
TOTAL	1004	3155

* Denotes three-year academic program

(from the AOA Executive Director's Report)

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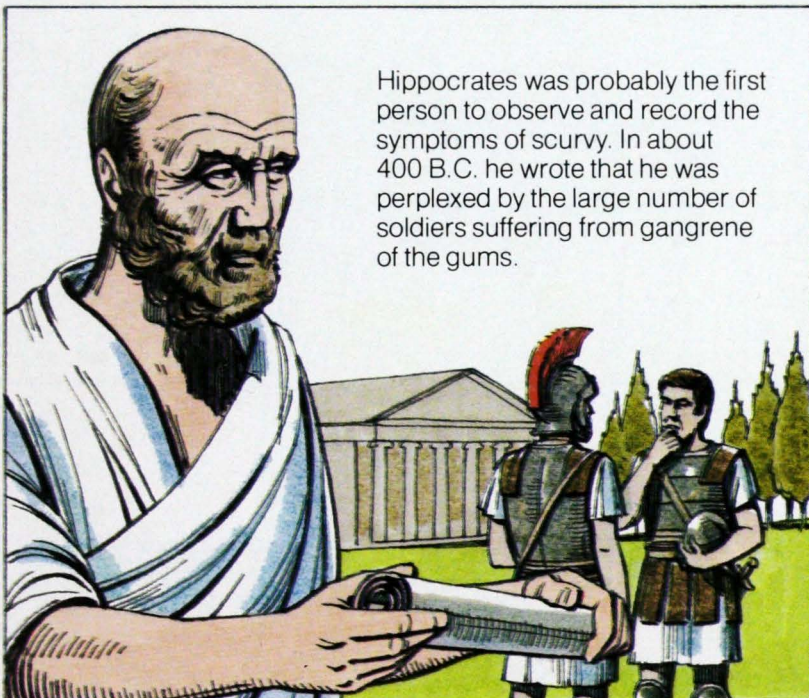
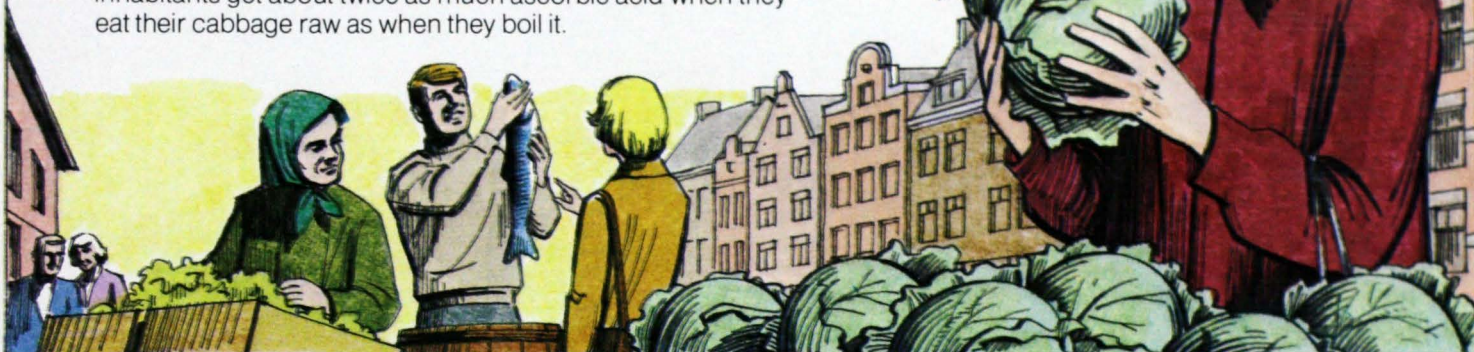
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State-wide references furnished on request!

The **ALLBEE® with C** Scrapbook of Vitamin Facts & Fallacies

Northern and Central Europeans must obtain their vitamin C primarily from cabbage because these countries don't have a Florida or California as a source of citrus fruits. These inhabitants get about twice as much ascorbic acid when they eat their cabbage raw as when they boil it.



Hippocrates was probably the first person to observe and record the symptoms of scurvy. In about 400 B.C. he wrote that he was perplexed by the large number of soldiers suffering from gangrene of the gums.



People in more primitive, less commercialized societies often eat better balanced diets than affluent Americans. These natives instinctively choose nourishing foods because their bodies tell them what they need. The dietary habits of Americans are often influenced by television commercials that appeal to our wants instead of our needs.



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