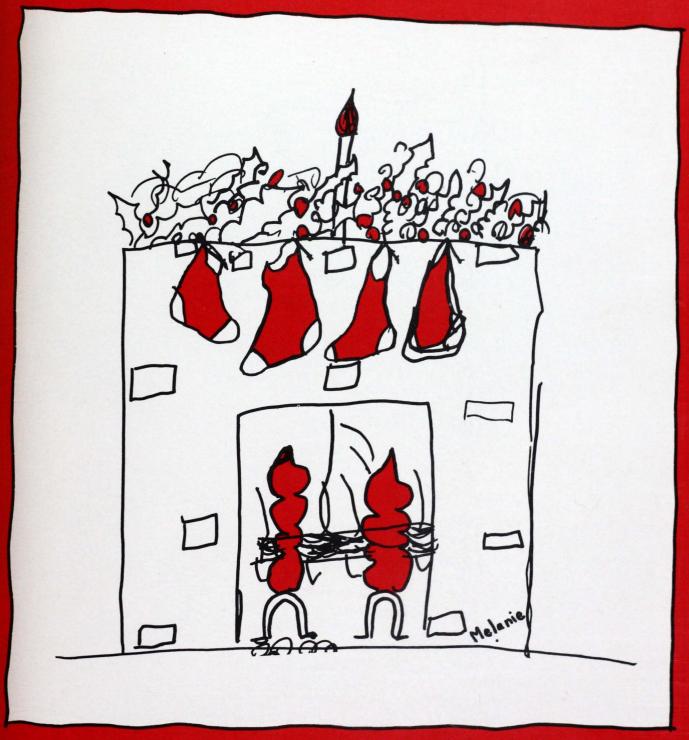
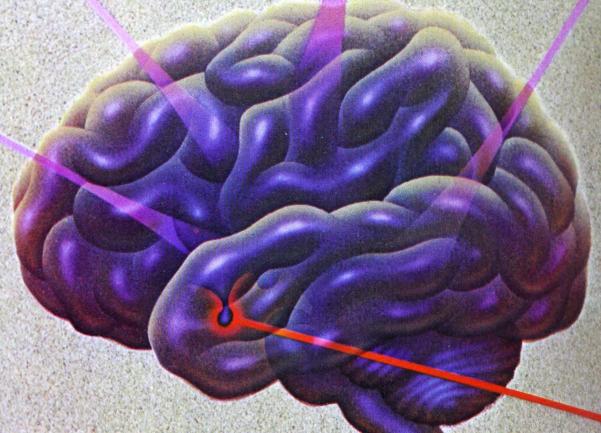
TEXAS OSTEOPATHIC PHYSICIANS

December 1978



A Child's View of Christmas



A psychosocial model of irritable bowel syndrome

A current etiologic concept of disease places psychosocial and biologic factors in dynamic interaction. 1,2 Thus, emotional and physical health may ultimately depend on the ability to cope with one's social stressors. Among gastrointestinal disorders, irritable bowel syndrome has been called the *most psychosocial*. Treatment of this nonorganic, often chronic problem may require physician counseling to help the patient change his way of life, in keeping with his limited capacity to adapt. Reduction of tension as a contributory factor is also recommended.

Librax is a useful adjunct for relief of irritable bowel syndrome because it combats both excessive anxiety and associated G.I. symptoms.

References: 1. Lipowski ZJ: Am J Psychiatry 134:233-244, Mar 1977. 2. Engel GL: Science 196:129-136, Apr 8, 1977. 3. Grossman MI: Gastroenterology 68:1386-1397, May 1975. 4. Texter EC Jr, Butler RC: Am Fam Physician 11(3):168-173, Mar 1975. 5. Kirsner JB: JAMA 237:1263, Mar 21, 1977.

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

Because stress-induced anxiety can exacerbate the irritable colon*

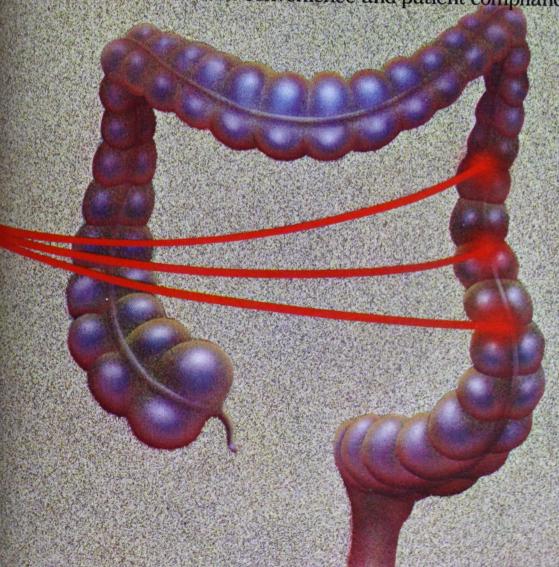
Adjunctive Each capsule contains 5 mg chlordiazepoxide HCl and 2.5 mg clidinium Br.

antianxiety antispasmodic antimotility

 provides the specific antianxiety action of LIBRIUM® (chlordiazepoxide HCl)

• as well as the potent antispasmodic-antimotility actions of QUARZAN* (clidinium Br)

 in a single Rx for maximum convenience and patient compliance





For stress-induced anxiety and associated somatic symptoms in irritable bowel syndrome*

Adjunctive Each capsule contains 5 mg chlordiazepoxide HCl and

antianxiety antispasmodic antimotility

Initial Rx

The initial prescription allows evaluation of patient response to therapy.

Follow-up Rx

2.5 mg clidinium Br.

Follow-up therapy with a prescription for a 2- to 3-week supply of medication usually helps maintain patient gains.

Please consult complete prescribing information, a summary of which follows:

Indications: Based on a review of this drug by the National Academy of Sciences—National Research Council and/or other information, FDA has classified the indications as fol-

"Possibly" effective: as adjunctive therapy in the treatment of peptic ulcer and in the treatment of the irritable bowel syndrome (irritable colon, spastic colon, mucous colitis) and acute enterocolitis

Final classification of the less-than-effective indications requires further investigation.

Contraindications: Glaucoma; prostatic hypertrophy, benign bladder neck obstruction; hypersensitivity to chlordiazepoxide HCI and/or clidinium Br.

Warnings: Caution patients about possible combined effects with alcohol and other CNS depressants, and against hazardous occupations requiring complete mental alertness (e.g., operating machinery, driving). Physical and psychological dependence rarely reported on recommended doses, but use caution in administering Librium® (chlordiazepoxide HCI) to known addiction-prone individuals or those who might increase dosage; withdrawal symptoms (including convulsions) reported following discontinuation of

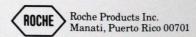
Usage in Pregnancy: Use of minor tranquilizers during first trimester should almost always be avoided because of increased risk of congenital malformations as suggested in several studies. Consider possibility of pregnancy when instituting therapy. Advise patients to discuss therapy if they intend to or do become preg-

As with all anticholinergics, inhibition of lactation may occur. Precautions: In elderly and debilitated, limit dosage to smallest effective amount to preclude ataxia, oversedation, confusion (no more than 2 capsules/day initially; increase gradually as needed and tolerated). Though generally not recommended, if combination therapy with other psychotropics seems indicated, carefully consider pharmacology of agents, particularly potentiating drugs such as MAO inhibitors, phenothiazines. Observe usual precautions in presence of impaired renal or hepatic function. Paradoxical reactions reported in psychiatric patients. Employ usual precautions in treating anxiety states with evidence of impending depression; suicidal tendencies may be present and protective measures necessary. Variable effects on blood coagulation reported very rarely in patients receiving the drug and oral anticoagulants; causal relationship not established

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

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

How Supplied: Available in green capsules, each containing 5 mg chlordiazepoxide HCI (Librium®) and 2.5 mg clidinium Br (Quarzan®)—bottles of 100 and 500; Tel-E-Dose® packages of 100. Prescription Paks of 50, singly and in trays of 10.





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N THE COVER: Melanie Powell, 6-year-old daughter of and Mrs. R. Lynn Powell of Fort Worth illustrates a ild's view of Christmas with a fireplace complete with ockings and holly. From Melanie and all the staff of DMA, HAPPY HOLIDAYS!

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Mr. Tex Roberts, Editor

CALENDAR OF EVENTS

13

TOMA District XI Meeting El Paso Club El Paso 7:30 p.m.

JANUARY

New Years Day

TOMA District II Meeting Presidential Visit by Gerald P. Flanagan, D.O. Century II Club Fort Worth National Bank Fort Worth 6:30 p.m.

16-19 ACOOG National Convention Hilton Del Palacio San Antonio

★ TOMA District III Meeting Petroleum Club Party Room Citizens National Bank Building Tyler 7:00 p.m.

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

december february march

TOMA Legislative Reception and Seminar Sheraton Crest Hotel Austin

"Running: Medical Aspects" Medical Education Bldg. I Auditorium **TCOM** 10:30 a.m.

Cowtown Marathon **TCOM**

24-25 The Fourth Annual Seminar for General Practice The Marriott West Loop Houston [16 A-1 CME Credits applied for]

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

20

District II Meeting Colonial Country Club Fort Worth 6:30 p.m.

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

MAY

★ 10-12 TOMA Annual Convention Hyatt Regency at Reunion Dallas

TCOM Senior Banquet

TCOM Commencement

23

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

Christmas 'Pound

The Pospital

was the weeks before Christmas and all through the hospitals, doctors, nurses and workers were hurrying and scurrying to bring Yultide greetings to all.

With each turn of the hall more decorations were found and far in the distance strains of "Hark 'Ye Herald Angels Sing. . ." were heard as the doctors, employees and patients joined the holiday festivities.

Throughout the osteopathic hospitals in Texas, a variety of holiday events are enjoyed by young and old, healthy and ill. It is a season of joy and happiness.

Each hospital celebrates the holiday season in a special way. This year's celebrations include a traditional "at home" Christmas, all-employee parties at many hospitals and special turkey dinners with all the trimmings.

For a look at how several of our hospitals celebrate the holiday season let's take a peek at their plans for 1978.

All employees of Corpus Christi Osteopathic Hospital are anxiously awaiting December 22 when they will meet in the hospital conference from for a buffet lunch and party. Joining in the activities will be the medical staff, all employees and the office staffs from the doctors offices.

Dallas Osteopathic Hospital will begin its festivities on December 16 with a Board of Directors and professional staff dinner/dance hosted by the hospital. This will be the first year for the dinner/dance.

On December 22 the hospital will be filled with a fragrant aroma



Tables laden with the traditional good-tasting delicacies filled the hospital's annual Christmas buffet line at last year's event.

from the dietary department. The 11-7 shift will be honored with a buffet breakfast at 7 a.m. and later that day all hospital employees will be served a Christmas buffet.

Christmas at Doctors Hospital in Groves will be a multi-faceted celebration. There will be an employee Christmas party, a luncheon honoring the medical staff wives and special gifts for the physicians.

On December 19 the Second Annual Doctors Wives Luncheon will be held at the Atrium Club. Each guest will receive a gift from the hospital and door prizes will be awarded. Female department heads and Mrs. John Sielert, wife of the administrator, will serve as hostesses.

December 21 will bring the Employees' Christmas Party. Special guests will be the medical staff members. The holiday affair will be held at the hospital, but will

be catered to allow dietary employees to participate as guests, not as workers. The program will consist of skits prepared by each department and Santa Claus will be on hand to distribute "gifts" from his sack and to take pictures with each employee. The employees will also exchange gifts after having drawn names earlier in the month.

octors Hospital in Groves will present each employee with a Christmas turkey as a token of appreciation for their service during the year. In addition, the hospital administrator will present special Christmas gifts to each member of the medical staff.

Throughout the holiday season patients, guests and employees of Doctors Hospital will enjoy a traditional Christmas tree in the hospital lobby and a smaller tree in the cafeteria.

For the seventh consecutive year Doctors Memorial Hospital in Tyler will have a covered dish dinner in the hospital conference room on December 21. Each person will bring a covered dish and the hospital will furnish the ham, turkey and personnel organization. Following the dinner, gifts are exchanged. Each employee will receive either a bonus, turkey or ham from the hospital.

Earlier in the month, employees from throughout the hospital join in decorating the entire hospital.

eople at Fort Worth Osteopathic Hospital begin sharing the Yuletide spirit in early December when the decorations are brought out of storage and hung in the public areas of the hospital. But, decorating does not stop in these areas. Individual departments are encouraged to "get into the spirit" and decorate their hospital areas. Employees are asked to not buy decorations, but rather to see how creative they can be with the day-to-day disposables and other items found in their department. In the past, the creative efforts have included such creations as an eggshell Christmas tree designed by the Dietary Department and a bedpan Santa designed by the Nursing Department. Prizes will be awarded for the most creative decorations.

This year's all hospital Christmas party is scheduled for December 13 and will feature Santa Claus, Shorty-the-Clown, the Castleberry High School choir and a doctors musical group.

The Board of Directors tradi-



In previous years at the all-hospital Christmas party for Fort Worth Osteo-pathic Hospital, several members of the medical staff entertained the saudience as the FWOH Kazoo Band. They are from left, Drs. H. F. Pearson, Wayne English, Myron Skinner, C. E. Dickey, Stanley Briney, Paul Proffitt, W. R. Jenkins, W. A. Pressly and R. B. Fisher.

tionally hosts a holiday reception for the medical staff membership and their wives at one of the area country clubs during the holiday season.

Other pre-Christmas Day events include departmental parties and a buffet of delicacies for all three shifts. On Christmas Day patients whose hospital diet permits will be able to choose from a menu of roast turkey and all the trimmings. They will also find on their trays favors made by a local Girl Scout troup and the hospital Guild. Pediatric patients hospitalized on this day will get a small gift that is provided by the Guild and, earlier in the week, all patients will be sur-

prised with a visit from Santa Claus himself. Hospital employees working Christmas Day will receive a complimentary dinner with all the trimmings. These employees will also be able to make special arrangements which permit their families to join them at the hospital for this meal.

Any new arrivals born at FWOH during the week before Christmas will go home in red felt Christmas stockings made by the Guild.

Grand Prairie Community Hospital will celebrate Christmas "at home" in the hospital, or hospitals, with the addition of Grand Prairie Community Hospital-Southwest last year.



Members of the Grand Prairie Community Hospital family, including medical staff members, technicians and office workers don red bows each year as they make their way through the GPCH halls singing Christmas carols to co-workers and patients.

Many traditional "in-house" customs will be enhanced by the new climax of the holiday season: a sit-down dinner of turkey and dressing and all the trimmings, served by the department directors and administrative staff on December 21. The dinner will be repeated for the evening meal with the 11-7 shift invited for the luncheon edition of an old-fashioned Christmas dinner.

Following the dinner, Mrs. Jamie Nielsen, wife of GPCH administrator Richard D. Nielsen, will provide accompaniment of the GPCH Choir. The volunteer choir sings carols throughout the halls of both hospitals every Friday in December. The week of Christmas,

carolers step-up their performances to a daily schedule.

nce the GPCH Choir concludes its performance for the hospital family, Employee Service Awards will be presented to those completing three, five, ten, fifteen and twenty years of service. The Employee of the Year will be announced at that time. Concluding the fun-filled event, will be the presentation of a variety of musical and comedy acts by the department directors.

As an added part of the "oldfashioned" celebration, the cafeterias at both hospitals will be decorated with the traditional Christmas tree, garlands and tinsel. The decorations will go up the first week of December and each ancillary department will decorate from the top to the bottom of their doors and walls.

Cash prizes will be awarded for unique homemade decorations that will be placed on the Christmas trees and special prizes will be given for the departmental decorations.

The GPCH Auxiliary will host the first annual Mistletoe Charity Ball on December 8 in the ballroom of the Inn of the Six Flags in Arlington. Music will be provided by the University of Texas at Arlington Jazz Band. Co-chairing the event are Mrs. Marilynn Wilhite and James Matthews, D.O.

During the middle of December, Groom Memorial Hospital will host an all-hospital Christmas dinner and party in the high school cafeteria. During the party, gifts will be exchanged by the employees.

Hurst General Hospital will have its annual Christmas party on December 14 at the Americana Inn of the Six Flags in Arlington. The Texas Sundowners will provide music for the evening's festivities. During the party, awards will be presented to long-term employees and also to the departments with the best Christmas decorations.

Lubbock Community Hospital will hold its first annual employeemedical staff Christmas party on December 2 at the Southpark Inn. A chips and snacks dinner will be served. A live band will entertain the partygoers. Employees working on Christmas Day will be provided a free meal that day.

AHA to Sponsor

Life Support Course

The CPR-ECC Task Force of the American Heart Association, Tarrant County Division will conduct an Instructor-Trainer Course in Advance Life Support January 26-28 at Texas College of Osteopathic Medicine. Course director will be Alfonso Pino, M.D., a member of the Texas Affiliate Advanced Life Support Faculty.

The primary objective of the course is to develop additional instructors in advanced life support who will serve as course coordinators of the American Heart Association Advanced Life Support courses and who will initiate, as well as participate in, instructor training courses within their regions.

The goal of the Advanced Life Support program is to elevate the level of emergency cardiac care throughout the state.

Among the topics to be covered are adjuncts for airway breathing, defibrillation and synchronized cardioversion, intravenous techniques and essential drugs.

Fee for the three-day course is \$185, and includes two manuals and a set of 444 slides produced by the American Heart Association. Persons registering will be sent study materials prior to the course. Those attending should be currently certified in basic life support.

Only 48 reservations will be accepted on a first-come, first-serve basis. Deadline for registering is December 30.

For additional information contact Mrs. Jan Gentry, American Heart Association, Tarrant County Division, 3925 W. Freeway, Fort Worth, Texas 76107.

Letters

Mr. Harry Nelson Medical Editor Los Angeles Times

Dear Mr. Nelson:

The September 14, 1978 edition of the Dallas Times Herald carried an article written by you and copyrighted by the Los Angeles Times headed "Neurosurgeon downplays disc surgery for low back pain." The article, which is attached, was datelined Montreal and dealt with information released at a news conference at the Second World Congress on Pain. In the next to the last paragraph of the article you stated, "However, Loeser asked what he thinks about non-medical doctor practitioners such as osteopaths and chiropractors. . ."

I do not know if the term "nonmedical" was used by someone in the audience or if it is your definition of an osteopathic physician. In either case, I feel I must take exception to the statement. Osteopathic physicians are fully licensed physicians and surgeons in all 50 states and the District of Columbia. In many states, including Texas, both D.O.s (doctors of osteopathy) and M.D.s take the same licensing examination and receive their license to practice medicine from the same board of medical examiners. Therefore I do not believe that an osteopathic physician can be called a "non-medical."

As a medical writer, I would like to encourage you to become versed in the practice of the various branches of medicine.

> Tex Roberts, CAE Executive Director

DAVID H. LEECH, D.O., F.C.A.P.

Associate-Affiliated Pathology, P.A. Hospital & Medical Lab Consultant

1401 Scripture Denton, Texas 76201 Dear Mr. Roberts:

Concerning my article about disc surgery, I agree that my use of the term "non-medical doctor" was unfortunate. I am well aware that osteopaths are fully licensed physicians and surgeons. I was trying to make a distinction between M.D.s and non-M.D.s but did not do a good job of it. The next time the occasion arises to make such a distinction I will make it clearer.

> Sincerely, Harry Nelson Medical Editor Los Angeles Times

The College of Osteopathic Medicine of the Pacific invites applications and nominations for the position of the

DEAN OF ACADEMIC AFFAIRS

The college, founded in 1977 and the only college of osteopathic medicine in the western united states is seeking an osteopathic physician who is committed to academic excellence, has demonstrated leadership in academic medicine, is dedicated to shared governance and is sensitive to the needs of faculty and students in an emerging osteopathic college.

The position offers challenges and at the same time demands flexibility and understanding.

The Dean reports directly to the President and is responsible for curriculum and faculty development.

Salary is competitive and fringe benefits are excellent.

Please submit curriculum vitae to the

Dean's Search Committee
c/o Nadir Khan, Ph.D.
Assistant Dean for Basic Sciences
The College of Osteopathic Medicine
of the Pacific
309 Pomona Mall East
Pomona, California 91766

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ACADEMIA News From The Colleges

COMS

David Beachy, a second year student at the College of Osteopathic Medicine and Surgery, has been awarded a MAP-Reader's Digest International Fellowship, according to an announcement by J. Leonard Azneer, Ph.D., president of the college.

The program, made possible by a grant from the founder of Reader's Digest, DeWitt Wallace, provides three-month terms in rural mission hospitals and clinics located in remote parts of the Third World.

Beachy is scheduled to exercise his Fellowship from June 1979 until August 1979. The destination is not final.

The Fellowship program allows students to take part in the daily responsibilities of a hospital or clinic staff, providing first-hand knowledge of health problems in that segment of the world population which has the least access to adequate medical care.

Beachy is one of 38 medical students form the United States and Canada who have been awarded the MAP-Reader's Digest Fellowships for the next 12 month period. More than 500 students have served in 50 developing countries since the program began several years ago.

J. Leonard Azneer, Ph.D., president of the College of Osteopathic Medicine and Surgery, has announced the promotion of two faculty members to discipline head positions.

GEORGE E. MILLER, D.O.

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

Zane Hurkin, D.O., has been promoted to head of the Family Practice Division of the College and Director of Clinics. Also, Richard A. Wilson, Ph.D., has been promoted to discipline head of the Department of Microbiology.

MSU-COM

Dr. Lawrence Mills, former director of the AOA Office of Education, David E. Rogers, M.D., president of The Robert Wood Johnson Foundation, and Frank Merriman, member of the Michigan State University Board of Trustees, presented the Walter F. Patenge Medals of Public Service at the eighth annual convocation of Michigan State University-College of Osteopathic Medicine, October 13. The Patenge medals are presented each year to individuals who have distinguished themselves in the area of medicine, education or public service.

NYCOM

The New York College of Osteopathic Medicine of the New York Institute of Technology held its second annual convocation on September 23 and dedicated a new building to be used entirely by the osteopathic college. Located in the middle of the campus, the ultramodern building houses classrooms and laboratories.

TCOM

Texas College of Osteopathic Medicine has announced the appointment of 17 new faculty members this fall and the upgrading of five part-time faculty members to full-time status.

New to the faculty are Elmer A. Brown, M.S., lecturer rehabilitation/sports medicine: Phillip Cohen, D.O., assistant professor of medicine; Edward Elko, Ph.D., professor of pharmacology; Frank Falbey, D.O., director of medical education/director of clinical clerk education, **Mid-Cities** Academic Health Center/Grand Prairie Community Hospital; Noel Funderburk, Ph.D., assistant professor of microbiology; Richard C. Hochberger, D.O., assistant professor of pediatrics;

Also, Constance I. Jenkins, D.O., assistant professor of general and family practice; John W. Kauzlarich, D.O., assistant professor of rehabilitation/sports medicine; Irvin M. Korr, Ph.D., professor of medical education; Martin Lowery, D.O., assistant professor of pathology; James R. Marshall, D.O., associate professor of pediatrics; Matthew J. Maughan, D.O., assistant professor of radiology;

And, John Measel Jr., Ph.D., assistant professor of microbiology; H. Husain Mumtaz, MBBS, associate professor of medicine; Verney L. Sallee, Ph.D., assistant professor of physiology; Jay H. Shores, Ph.D., associate professor of medical education; and, Robert Wordinger, Ph.D., assistant professor of anatomy.

Joining the faculty full-time are Joel Alter, D.O., associate professor of surgery; David L. Bilyea, D.O., associate professor of surgery; Wayne R. English, D.O., chairman and professor of rehabilitation/sports medicine; W. R. Jenkins, D.O., chairman and professor of surgery; and R. Lynn Powell, D.O., assistant professor of surgery.

Sen. Kennedy Introduces NHI Plan

Editor's Note: During the final days of Congress Sen. Edward Kennedy (D-Mass.) made public the outline for a new national health insurance program prepared by the labor-backed Committee for National Health Insurance (CNHI). According to the Congressional Action, published by the Chamber of Commerce of the United States, the plan will not be introduced as legislation until early next year, which will coincide with President Carter's national health insurance timetable.

Following is a summary of the national health insurance plan outline placed in the October 2 "Congressional Record" by Sen. Edward Kennedy. The summary was prepared by the Committee for National Health Insurance, which worked with the Senator in drafting the proposal.

Universal Coverage — Every resident of the United States will be covered by mandated health insurance plans, with federal financing of coverage for the poor, the unemployed and the aged.

Comprehensive Benefits — There will be full coverage of inpatient hospital services, physicians' services in and out of hospital, home health services, x-rays, and lab tests. Costs of catastrophic illness will be covered since there will be no arbitrary non-medical limits on number of hospital days or physician visits. Medicare will be upgraded for the elderly and will also be covered for prescription drugs.

Immediate Cost Controls — Upon enactment of the bill, budget caps will immediately be used to control hospital and physician costs. Wages of non-supervisory employees will be protected. When benefits begin two years later, prospective budgeting of hospital and physician expenditures will become the principal method of cost control.

Budgeting Costs — Hospitals and doctors will be paid on the basis of pre-negotiated amounts. They will not be permitted to charge patients more than the insurance plan pays. National, area-wide and state budgets for health services will be set and any increases tightly controlled.

Public Authority — The program will be administered by a federal Public Authority whose members will be appointed by the President, subject to Senate confirmation. A majority will be consumer representatives

State Authorities — The Public Authority will contract with each state and territory to establish State Authorities as agents of the federal authority in helping to implement the national health insurance program. A majority of the members of each State Authority will be consumer representatives.

Insurance Plans and HMO Consortia — Most Americans will be insured by an insurer or health maintenance organization which is certified and regulated by the federal Public Authority. The insurer must be a member of a consortium of (1) insurance companies (2) Blue Cross/Blue Shield plans, or (3) federally qualified health maintenance organizations.

Medicare — The elderly and eligible disabled people will continue to be covered by Medicare which wil be upgraded so that benefits will at least equal the privately mandated benefits. Physicians will no longer bill Medicare patients but will be paid directly by the insurance plan. Prescription drugs will be covered for the elderly.

Medicaid — The poor and near-poor will be covered by the national health insurance plan for all man dated benefits. Medicaid will cover only those services such as long-term nursing home care which are not incorporated in the national health insurance program State budgets will be relieved of over \$4.5 billion in existing Medicaid costs.

Health Insurance Card — Every resident of the United States will be issued a health insurance card

Federal Regulations — In order to be included in the program, an insurer will require federal certification and will be subject to ongoing federal regulation. The effect of certification and regulation will be to eliminate such long-standing practices as "risk selection" and discriminatory pricing, and to bring existing private insurance expenditures into conformity with

public policy on cost controls and equity of benefits and financing.

Financing — Employers will pay a premium related to total wages. The premium will cover the full costs of the covered benefits. The wage-related amount will mean that employers paying high wages will pay more for health insurance than employers paying low wages, although the rate will be the same. Unless other arrangements are made, employees may pay up to 25 per cent of premium costs. This method of financing will relieve marginal employers of onerous premium costs and assure inclusion of migrant workers, part-time workers and other low-income working people and their families.

Costs — Total costs of health care will be less within a few years of the national health insurance program than they would be under current programs, because of the immediate and long-range cost controls applied. For example, total costs will be an estimated \$361.6 billion in 1985 without national health insurance, and \$330.6 billion, or \$31.0 billion less with national health insurance. New on-budget costs would be \$14.1 billion in 1978 dollars.

Quality Control — A national quality control commission will develop quality standards. State Authorities will be required to implement these quality standards.

Health Maintenance Organizations — HMOs and other non-traditional forms of health care delivery will be fully supported and their development encouraged through incentives.

Competition — Insurers and HMOs will compete for enrollees, but not by selecting "risks." They will know what premium they will be entitled to receive for each person or family covered. They will compete on the basis of administrative efficiency and for supplemental coverages.

Equalization and Reinsurance Program — To assure that no consortium member will be able to profit by selecting risks, there will be equalization funds to counter-balance member companies and consortia. A reinsurance program will protect individual companies

or plans against unforeseen costly events.

Existing Employer-Employee Arrangements — An employer will be obligated to maintain existing contractual or other arrangements for health benefits.

Preventive Medicine and Health Promotion — Services for the prevention and early detection of disease will be covered.

Consumer and Provider Advisory Councils — An advisory Council and State Councils with consumer majorities will advise federal and State Public Authorities on policy, regulations and performance.

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District Communiqués

DISTRICT III by H. George Grainger, D.O.

Well, we've got a new general surgeon at Doctors-Memorial—Keith L. Hull, D.O. Dr. Hull comes to Tyler from a surgical practice at Hurst General and Grand Prairie Community hospitals. Comes with tremendous credentials: Board certified, Fellow, and member of the Board of Examiners of the National College of Surgeons, D.O. More about the Hull darn family later.

Your reporter and spouse attended the feting of Dr. & Mrs. L. D. Lynch, November 10, on the occasion of their first half century together. We met lots of beautiful children, grandchildren, and some great. We personally honor Dr. Lynch for among many other things, a great service he once performed for our family.

Two District III members attended the TCOM Seminar on Aging November 11. The other member was Pat Trinkle. At the National Honolulu Convention Dr. & Mrs. Earl Kinzie reported seeing Dr. & Mrs. Bob Hamilton of Mabank in spite of the rain that almost washed them out.

DISTRICT XV

District XV physicians were pleased to have at one of their recent meetings Dr. Gerald Flanagan, as special guest. Dr. Flanagan is president of the Texas Osteopathic Medical Association.

Officers for District XV include Drs. J. D. Johnson, president; James Matthews, president-elect; Gus Mancuso, treasurer; and James Dowling, secretary.

Dr. Johnson recently noted that he was extremely pleased to have Dr. Matthews as president-elect in District XV.

The District XV president, himself, was just reappointed to the Medical Advisory Board of the Department of Human Resources for an additional three-year term.

If many physicians in the area seem to be sporting unseasonable tans, it is not due to unorthodox Texas weather, but faithful attendance at the national conference held in Hawaii recently. However, the exquisite tans, we hope, were acquired prior to or after the official proceedings in the balmy islands!

A70MA News

DISTRICT II by Mrs. Brian Ranelle

Many auxiliary members gave of their time November 3-5 to assist in the annual Senior Citizens Fair of Fort Worth. Those who volunteered not only helped the senior citizens by working but also by buying many of the lovely handmade items. Profits from the August Antique Show, sponsored by the District II Auxiliary, resulted in a \$1,000 scholarship being awarded to TCOM sophomore Carol Gilmore. The check was presented November 21 at the district meeting.

The November District Meeting was held at Woodhaven Country Club. Auxiliary members and guests met after dinner for a special crafts program presented by Polly St. Clair and Susie Worley. They showed us how to make "easy" Christmas decorations and helped to get us all into the holiday spirit. Dr. Jim Marshall, neonatologist, who recently joined the department of pediatrics at TCOM was guest speaker for the physicians program.

Dr. Everett Elected TCOM Foundation Head

After Carl E. Everett, D.O., was elected president of the newly formed Texas College of Osteopathic Medicine Foundation in October, he quickly assumed the leadership role by donating the first charitable remainder unitrust to benefit the college.

A sizable pledge from Dr. Everett, a \$2,500 gift from Foundation Board member Wayne Stockseth of Corpus Christi and \$10,048.34 which has been held in trust by the North Texas State University Educational Foundation are providing a strong nucleus for an endowment which will perpetually provide income for a variety of TCOM programs, explained Dr. Pamelia Hillmer, executive director of the Foundation.

Other officers elected at the mid-October meeting were Stockseth, vice-president; Jay Sandelin, treasurer; and David Beyer, D.O., secretary.

Joining the four officers with three-year appointments on the board are A. M. Willis Jr., Longview, chairman of the NTSU/TCOM Board of Regents, and H. J. Ranelle, D.O., Fort Worth. Drawing two-year terms were George Luibel, D.O., Fort Worth, and NTSU Regent Hugh Wolfe, Stephenville.

Non-voting members of the TCOM Foundation Board of Trustees are C. C. Nolen, president of NTSU and TCOM, and Ralph L. Willard, D.O., vice-president for medical affairs for NTSU and dean of TCOM.

THE HARRIS COUNTY OSTEOPATHIC SOCIETY

announces the

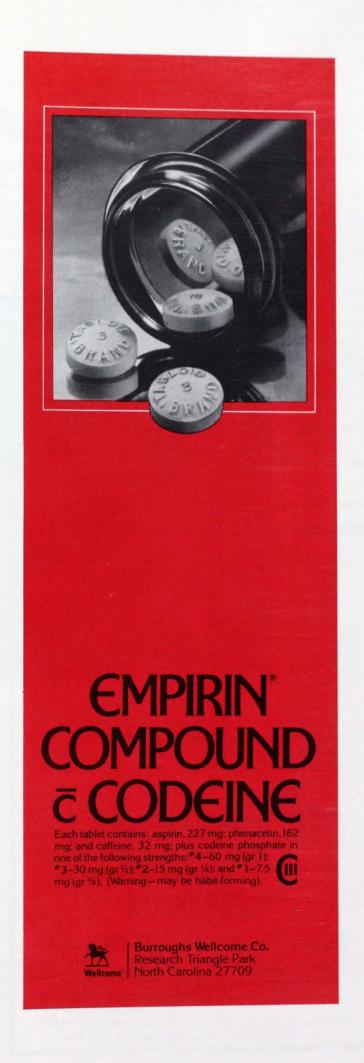
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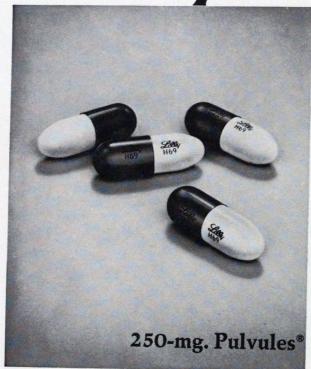
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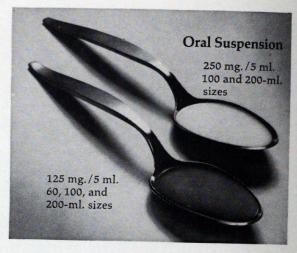
John L. Mohney, D.O., Chairman 1400 S. Post Oak, Suite 1300 Houston, Texas

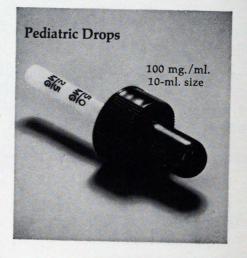
16 A-1 CME Credits applied for



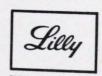
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Final Column From A Great Texan

by Omar Burleson, M. C. 17th District, Texas

WASHINGTON, D. C. — Now that the Congress is in adjournment until January 15, 1979, this release will be discontinued.

Only in the closing days of the session, just concluded, were we really able to realize that never again, after 32 years, would we be participating in the daily activities of the Congress. Certainly, this does not mean we will not continue to have a great interest in all phases of our government, both foreign and domestic. It does mean that we will not be in the daily whirl experienced over these years.

It has been an honor and a privilege to have served the people of the 17th Congressional District. The responsibility has at times seemed awesome. Naturally, one wishes to please his constituents. Satisfaction comes in helping people with their problems with the government and there are many since there are so many programs with which people become involved—such as veterans' benefits, farm programs, disability claims and the many facets of Social Security. Other calls for help come from those under all the rules and regulations with which they must cope in their business.

No human endeavor lacks frustrations and frequent disappointments but in this position there must be more than about any other. Not only is this the case in trying to do those things which appear best for the nation, our state and our district but in trying to deal with the complexities of day-to-day operations of this huge government.

One's judgement is constantly tested. Certain issues may have an attractive appeal when first presented but often the "fine print" may cast it in a perspective not readily discerned at an initial examination.

On matters involving national defense, foreign policy and domestic economic policy, what may seem right today can prove wrong tomorrow. Expert advisors can fail in their estimates of certain situations and often disagree with one another. When this occurs, choices have to be made, drawing on all available sources to reach a decision, finally relying on personal judgement.

To say that mistakes have not been made would indeed be a misrepresentation. To attempt to justify those errors would be to exacerbate the harm. In those instances when this has been true, we have sought to rectify, instead of justify.

In all the years in writing this bit, there has generally

been favorable reaction for which we are grateful. Not always is there agreement and that is expected. An effort is always made to be factual and objective in discussing issues. While attempting to be informative in the essentials, it is elemental that opinions and philosophies be projected. In our opinion, it is essential that our system of representative-republic form of government requires that your representative in the Congress reflect the views of his constituents. It is also a responsibility to recognize the republic element and try, by interpreting the issues, to project his own opinions and philosophy in shaping those views.

Again, we are deeply grateful for the privilege of serving and fervently hope we have been worthy, to the greatest possible degree, of your trust and confidence.

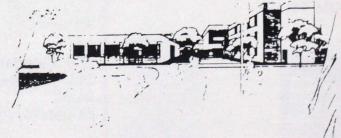
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TOMA New Members

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

REGULAR



David A. Abbott, D.O. 113 South Main Street Duncanville MSU-COM '76; GP



Mark A. Baker, D.O. 3946 Franklin, Suite C Groves TCOM '76; GP



Edward M. Brooks, D.O. 813 Brown Trail Bedford CCOM '71; ALR; OPL; CF



Edmund Buckalew, D.O. 322 N.E. 8th Grand Prairie KCOM '70; GP



Carla Butts, D.O. 214 Northeast Wilshire Blvd. Burleson TCOM '77; GP



C. H. Cathcart, D.O. 202 South Temple Diboll KCOM '76; GP



Robert Chisolm, D.O. 3701 Fairmount Dallas TCOM '76; GP



James W. Czewski, D.O. 1515 Gus Thomasson Road Suite 110 Mesquite TCOM '77; GP



Bennie D. Embry, D.O. P. O. Box 267 Mabank TCOM '77; GP



John E. Garner, D.O. 211 South Austin Comanche TCOM '77; GP



Karen Gillum, D.O.
1515 Gus Thomasson Road
Suite 102
Mesquite
KCOM '76; GP



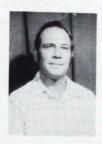
Sally Hallgren, D.O. 3340 Camp Bowie Blvd. Fort Worth TCOM '76; GP



Richard Hochberger, D.O. Camp Bowie at Montgomery Fort Worth TCOM '75; PD; CF



Robert Irvin, D.O. 2419 Mistletoe Blvd. Fort Worth TCOM '77; GP—ER



James Kightlinger, D.O. 821 Martin Road Amarillo KCOM '63; APLM



Albert M. Kincheloe, D.O. 105 West Dallas Mansfield TCOM '77; GP; A-15%



Dennis Kost, D.O. 2922 West Commerce San Antonio TCOM '77, GP



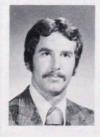
James Marshall, D.O. 3600-B West 7th Street Fort Worth KCCOM '71; PD; CF



Gary Neisler, D.O. 999 Montgomery Fort Worth KCOM '74; ANES



C. E. Pfeffer, D.O. Dawson Clinic Dawson KCCOM '47; GP



Joe Bob Porter, D.O. 3312 Phoenix Drive Fort Worth PCOM '77; GP



Westley E. Raborn, D.O. 1721 North Garrett Dallas KCOM '73; S



Donald M. Ross, D.O. 999 Montgomery Fort Worth KCCOM '56; US



Douglas R. Sharp, D.O. 4224 Gus Thomasson Road Mesquite KCOM '77; GP



Robert D. Sparks, D.O. 103 North First Street Rockwall TCOM '77; GP



Arthur Speece, D.O. 2709 Hospital Boulevard Grand Prairie KCCOM '75; ANES*



James E. Stevens, D.O. 3514 East Berry Street Fort Worth TCOM '77; Fam. Prac.



John P. Thompson, D.O. 408 Chisolm Valley Drive Round Rock TCOM '77; GP

Otto E. Gutierrez, D.O. 1302 S. General McMullen San Antonio TCOM '76; GP

In Memoriam

Edward Yurkon, D.O.

Edward J. Yurkon, D.O., a Dallas radiologist, was found dead following an apparent cardio vascular failure November 20 at the home of his daughter in Mesquite.

Rosary for the 54-year-old physician was read November 21 at Dudley-Hughes Funeral Home in Dallas and a Mass was said November 22 at St. Pious Catholic Church. Burial was at Calvary Hill Cemetery in Dallas.

A 1953 graduate of Kirksville College of Osteopathy and Surgery, Dr. Yurkon was a radiologist at East Town Osteopathic Hospital. He served his internship at Normandy Osteopathic Hospital in St. Louis, Missouri and his residency in diagnostic roentgenology and radiology Burton Heights Osteopathic Hospital in Grand Rapids. Michigan and Art Centre Osteopathic Hospital in Detroit, Michigan.

A former president of the American Osteopathic College of Radiology, Dr. Yurkon was active in numerous professional organizations. He had served as a delegate to a TOMA convention, president and secretary of the Texas Osteopathic Radiological Society, president of the Southwestern Radiological Society and a member of the board of directors and program chairman of the ACOR. He was a Sustaining Member of TOMA.

Survivors include his wife, Peggy J. Yurkon, D.O., of Dallas; one son, Andrew C., 8 of the home; and two daughters, Mary Michelle, 13, of the home; and Caroline of Mesquite.

Exhibitors Confirm 'Space Stations' for Convention

The countdown is T - minus - 5 months and counting as the crew of the TOMA Starship prepares to lift off for the 80th Annual TOMA Convention and Scientific Seminar at the Hyatt Regency at Reunion in Dallas, May 10-12.

Flight plans are being readied and intergalactic stops are being planned for your visits at the more than 90 space stations along the way. For those who do not make a habit of space travel, the space stations will be the exhibit booths and the planets will be the lectures.

Make your plans today to be on the TOMA Starship

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when it lifts off on May 10 for its journey into outer space with pre-arranged stops at the more than 90 space stations and numerous planets along the medical galaxy.

As of press time, 43 companies have confirmed exhibits, 16 have indicated they plan to attend, but have not confirmed space, and five have declined. One company will participate as a grantor. Listed below are companies that have already confirmed their space station (exhibit) at the 80th Annual Convention and Scientific Seminar.

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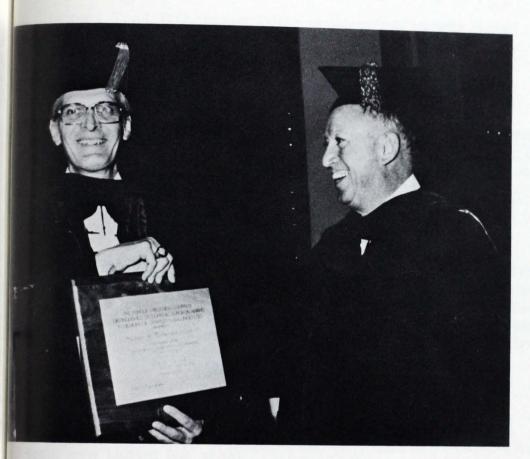
Mr. Olie Clem, Administrator

1400 Southwest Loop 323

Tyler, Texas 75701

Phone: 214-561-3771

Distinguished Surgeon' Award



Vicholas G. Palmarozzi, D.O., of Groves, right, accepts the "Surgeon of the Year" award presented to him at the recent Clinical Assembly in Atlanta, Georgia. Presenting the award is a representative of The Purdue Frederick Company, sponsor of the award.

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 Nicholas G. Palmarozzi, D.O., of Doctors Hospital in Groves, has been named Distinguished Osteopathic Surgeon by the American College of Osteopathic Surgeons. Announcement of the award was made at the Annual Clinical Assembly in Atlanta, Georgia.

The award, presented for the seventh time in the organization's history, was given in recognition of Dr. Palmarozzi's outstanding accomplishments and leadership in the field of surgery. The Distinguished Osteopathic Surgeon Award is a tribute to a doctor's life's work in surgery.

Dr. Palmarozzi, who serves on the Texas State Board of Medical Examiners, received his B.S. degree from Mount St. Mary College in Emmitsburg, Maryland, and his D.O. degree from Kirksville College of Osteopathy and Surgery. He served an internship at Art Centre Hospital in Detroit and a surgical residency at Kirksville Osteopathic Hospital.

Active in numerous professional organizations, Dr. Palmarozzi has also served on the faculty of the Kirksville College and the American College of Osteopathic Surgeons (ACOS). He has served as governor of the Board of Governors of the ACOS and as president of the Texas Society of Osteopathic Surgeons (TSOS).

Named Surgeon of the Year in 1974 by the TSOS, Dr. Palmarozzi holds membership in the AOA, ACOS, Sigma Sigma Phi, District XII of TOMA, Iota Tau Sigma and TSOS.

A member of the staff of Doctors Hospital since 1956, he is certified in general surgery and is a Fellow of the ACOS.

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Cancer In Texas

The Facts Come Together

Lung cancer is almost epidemic in Texas a just-released study on the impact of all cancer in the state shows.

The study was undertaken last year as a joint effort between The University of Texas System Cancer and the Texas Department of Health to compile data on the incidence of cancer in the state, identify specific problem areas and suggest a state plan for prevention and control. An analysis of the cancer problem in Texas had never been done before.

Results indicate a need for a coordinated effort in cancer prevention and education in Texas, says Dr. Joseph T. Painter, vice president for administration, M. D. Anderson Hospital, Houston.

Lung cancer mortality rates are significantly higher in the Gulf Coast region, study statistics reveal. Deaths from lung cancer have increased 53 per cent from 1969 to 1976 and today account for one in four cancer deaths in the state.

"We had suspected that the incidence of lung cancer was high in this area. We can speculate that the reasons for this are mainly environmental (pollution and cigarette smoking), but no one can say positively that this is the case," Dr. Painter says.

One objective of the study was to identify epidemiologic clues that indicate why the disease occurs where it does and in the populations it affects. Findings show that cancer death rates vary by ethnic group. This was a "surprise" to researchers compiling the study, Dr. Painter says.

The white population was found to have a greater incidence of cancer deaths than was expected, based on predictions made from 1970 Texas Department of Health Bureau of Census population statistics. Lung, colon and beast cancer were dominant diseases in this group.

The black population had approximately the expected death rate based on the 1970 figures. Some cancers were more prevalent in the black population, including prostate, stomach, cervical and uterine cancers.

The Spanish-surnamed population was generally found to have less cancer than the 1970 statistics predicted. Cancers of the stomach, cervix and thyroid were more frequent in this population according to statistics.

The susceptibility of these groups to particular cancers might be attributed to lifestyle, social mores, age and the region in Texas where the group resides, Dr. Painter says. This cannot be proved positively, he says.

The study will be sent to local physicians, state agencies and health planners in Texas to enable them to forecast cancer health care needs and plan to meet them. A proposal is before the UT Board of Regents and the Texas Board of Health to authorize an Interagency Center for Cancer Prevention and Control to be established to reduce the economic and human impact of cancer in the state. The Center would update the cancer report annually.

Texas Ticker Tape

DR. TAVEL ASSUMES PRESIDENCY

Lester I. Tavel, D.O., former TOMA president, was recently elected vice-chairman of the American Board of Osteopathic Proctologists. Dr. Tavel practices in Pearland.

GPCH HOSTS LOCAL ORGANIZATION

The Grand Prairie chapter of Epsilon Sigma Alpha visited the Grand Prairie Community Hospital November 2 and toured the neo-natal intensive care unit. Tom Clark, D.O., co-chairman of the Department of Pediatrics at GPCH and Margaret Cauthern, R.N., explained the various functions of the neo-natal unit to the 30-member organization.

AOHA ELECTS OFFICERS, APPROVES NEW MEMBERS

John B. Isbell, administrator of Stevens Park Osteopathic Hospital in Dallas has been elected first vice-chairman of the American Osteopathic Hospital Association. Serving with Isbell will be Gerson I. Cooper of Farmington Hills, Michigan, chairman; A. R. Pirolli of Stratford, New Jersey, chairman-elect; Roy D. Pilasky of Warren, Ohio, second vice-chairman; and Jon R. Pirtle of Tulsa, Oklahoma, treasurer. Approved for personal membership was John P. Hawkins, administrator of Corpus Christi Osteopathic Hospital.

ARLINGTON D.O. NAMED BANK DIRECTOR

Bobby G. Smith, D.O., of Arlington has been named to the board of directors of the First State Bank of Bedford.

MMUNIZATION RECORDS REQUIRE DATES

The Texas Department of Health has asked that doctors be sure to note at least the month and year a child receives an immunization. According to Euel A. Smith, director of the immunization division, dates are essential in order to determine whether a child meets the immunization requirements for schools and child-care facilities, and to maintain complete records on each child. According to the immunization requirements (Adopted Rule 301.41.04) "Any validated document of immunization presented by a student is acceptable, provided it shows at least the month and year when each immunization was received." Notations such as "B" or "booster" or "series completed" are acceptable if the date of completion is indicated.

IOMA PRESIDENT-ELECT TO WELCOME ACOOG TO TEXAS

John J. Cegelski, D.O., of San Antonio, will represent TOMA and welcome members of the American College of Osteopathic Obstetricians and Gynecologists to Texas when their 46th Annual Convention opens January 16 at the Palacio Del Rio-Hilton in San Antonio. The convention will continue through January 19. Lee J. Walker, D.O., of Fort Worth serves as vice-president of the ACOOG.

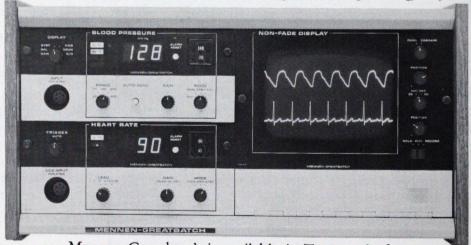
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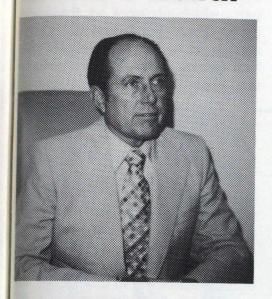
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Dr. Hause To Chair Health Council



Dwight H. Hause, D.O.

Dwight Hause, D.O., of Corpus Christi has been elected to chair the Coastal Bend Subarea Health Advisory Council, which is created by the Board of Directors of the South Texas Health Systems Agency (STHSA).

Purpose of the Subarea Health Council is to advise the STHSA in conducting comprehensive health planning and resource development in the 12 surrounding counties centered around Nueces County. Dr. Hause will chair the Council, which consists of both providers and consumers of health care.

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Legislative Reception, Seminar Rescheduled

The Legislative Reception and Seminar, originally scheduled for February 23-24 in Austin has been rescheduled for February 6-7 at the Sheraton Crest Hotel in Austin.

Present plans for the two-day event call for a reception to be held from 6-8 p.m., February 6 with a half-day seminar the following morning. Representatives from the executive branch and legislative leaders from both the Senate and House of Representatives will be asked to speak to the osteopathic physicians during the February 7 sessions.

Sponsored by TOMA, Texas Political Action Committee (TOPAC) and the TOMA Governmental Relations Committee, the sessions will provide you with the opportunity to meet new legislators and renew acquaintances with returning members of the Texas Legislature. The sponsoring groups have set a goal of 100 D.O.s and 100 legislators to attend the reception. Make sure you are at the Sheraton Crest in Austin, February 6-7 and be among the 100 in attendance.

Registration is \$50 per person if you did not contribute to TOPAC during 1978. If you are a TOPAC contributor, no registration fee is necessary.

To facilitate registration and so we can already have your name tag ready and waiting for you at the door, please fill out the attached registration form and mail it to the state office today. See you in Austin!

Legislative Reception & Seminar
February 6-7, Sheraton Crest Hotel
Austin, Texas

I will attend the Legislative Seminar & Reception.

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Name
Address
City
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\$50 per person, if non-contributor to TOPAC

No charge, 1978 TOPAC contributor
AOA Number

Ankle Replacement Surgery Performed

Replacing damaged or worn out body parts is becoming more and more commonplace as a part of today's medicine.

Hips and heart valves are replaced by the thousands each year with plastic, metal and other substances to add years of useful life for Americans.

In addition, the replacement parts are now being used to repair birth defects and even, old, healed injuries which have left many young persons with handicaps and debilitating conditions.

One such young person is Maria Flores of Dallas.

Severely injured in an automobile accident in Mexico three years ago, both Maria's ankles and legs were broken. When her bones healed, she was left with severe stiffness in one ankle and total immobility in the other ankle, making it impossible for her to move the ankle joint in any way.

A team of orthopedic surgeons and orthopedic surgery residents, consisting of T. T. McGrath, D.O., Kenneth Bayles, D.O., and Fred Quatro, D.O., at Grand Prairie Community Hospital (GPCH) explained Maria's condition, "She suffered from total inability to move her left ankle. The ankle joint was completely fused."

One orthopedic surgeon went on to explain, "The normal ankle has about a 40 degree range of mobility. Maria has zero degree range of motion in her left ankle, since all the bones enabling movement were literally 'stuck' together."

The operation, which "unstuck" Maria's ankle, was the first of its kind performed at GPCH. The orthopedic surgeons at the local not-for-profit hospital also stated that the procedure is still rather uncommon in many general hospitals of appreciable size.

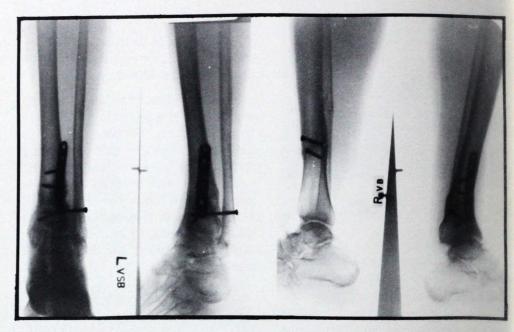
What the doctors did, was totally replace Maria's ankle joint with two

artificial pieces.

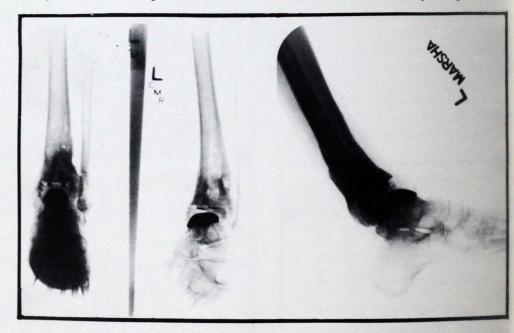
The operation, officially called, "total ankle joint arthroplasty," entailed breaking down the arthritis built up in the joint, which was the cause for the fusion of the two bones, removal of the scar tissue and arthritic growth, and replacement of the bones of the ankle

joint with the plastic and metal substitutes.

The artificial ankle joint is made of two pieces: the plastic upper part, which attaches to the lower leg or ankle bone, and the lower metal part in which the plastic portion rotates to allow movement in the joint.



Anterior-posterior, lateral and oblique views of the distal ends of the tibia and fibula when the patient came to Grand Prairie Community Hospital.



Anterior-posterior, lateral and oblique views of the distal ends of the tibia and fibula after surgery was performed on the patient.

at GPCH

"Before surgery, Maria had severe pain in the ankle, she suffered from swelling in the joint and walked with a definite limp," explained the chief specialist in the orthopedic team. "The foot and leg were atrophied from their lack of use."

Maria's stiff ankle and the resulting inability to walk properly and without pain resulted in the muscles and tendons of her leg and foot weakening and losing their tone due to lack of use.

Ten days after the ankle replacement surgery, Maria was walking with little problem. Her doctors say she has no complications and the surgery is completely successful. She can put all of her weight on the left ankle without feeling any pain. Her "new" ankle joint moves just as well as the original joint prior to the accident.

Orthopedic surgeons at GPCH say she will still have to undergo physical therapy in the next few months to strengthen the weakened muscles in her leg and foot, but in time, Maria will be roller skating and riding her bicycle as well as any other 28-year-old.

State Board Rules on Separate Licensing Exams

The Texas State Board of Medical Examiners has notified M. E. Coy, D.O., of Fort Worth, president of the National Board of Examiners for Osteopathic Physicians and Surgeons, Inc., that separate licensing examinations for D.O.s and M.D.s would be unlawful.

The ruling came in response to a request from Dr. Coy for a member of the Texas State Board of Medical Examiners (TSBME) to sit on the National Board to assist in developing an examination for licensure for osteopathic physicians to be utilized by the various state boards.

Although the TSBME said a separate examination would be unlawful, it appointed Michael A. Calabrese, D.O., of El Paso, a member of the TSBME, as a liaison representative to the National Board committee.

In a letter to Dr. Coy, Max C. Butler, M.D., president of the TSBME, said, "We are appointing M. A. Calabrese, D.O., . . . in order that both of our groups may keep informed as to policy decisions which effect our activities. I know

that Dr. Calabrese will bring to your committee experience and expertise which will be valuable. We look forward to receiving his reports."

In stating the reasons a separate examination would be unlawful in Texas, Dr. Butler wrote:

"The Texas Medical Practice Act provides in Article 4503, Texas Civil Statutes, in part:

'All applicants examined at the same time shall be given identical questions.'

"Further, since all physicians in Texas are licensed by the Texas State Board of Medical Examiners and authorized by law, upon licensure, to practice medicine under an identical license, it is clear that the same examination must be administered to all examinees.

"Even if the Legislature was inclined to amend the Medical Practice Act to allow for differing examinations, the provision of Article XVI, Section 31 of the Texas Constitution would probably render any such amendment unconstitutional. Article XVI, Section 31 prohibits the Legislature from passing any law giving a 'preference to any school of medicine.' The courts have interpreted 'school of medicine' to mean any discipline of medicine. Thus either the allopathic or osteopathic candidates would be given a 'preference' by examining them differently from the other candidates. For these reasons, our attorney advises us that incorporation of your suggestion into our examination procedure would be unlawful."

Dates for the administration of the FLEX exam, used by the TSBME as the licensing exam, will be December 11-14 at the Municipal Auditorium in Austin.

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Practice Locations in Texas

AMARILLO — Guaranteed income plus moving expenses for G.P.s and an Internist. 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. Telephone 806—355-8181.

FORT WORTH — Brick veneer office building — 1357 square feet, ideal doctor's location. Price \$55,000. For further information contact: Howard L. Brasher, D.D.S., 2924 West 6th Street or call 817—336-2928.

MATADOR — \$3,000 monthly guarantee, free clinic rent, newly remodeled 13-bed Motley General Hospital is available to a qualified D.O. Clinic has 2,000 current active charts. Prosperous West Texas area embracing population of 6,000 in service area. Contact John Burnett or Sut Brazelton at 806—347-2811, 347-2780 or 347-2825.

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

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, 77029. Phone: 713—583-8585.

D.O. FAMILY PHYSICIAN / EMERGENCY PHYSICIAN — Desires to work in central or southern Texas. Will consider all offers. Prefer Dallas, Austin, or Houston areas. Write Box "T", TOMA, 512 Bailey Avenue, Fort Worth, 76107.

TYLER - Population 70,000 plus. General Family Practice in beautiful East Texas. Office space adjacent to a 54-bed general osteopathic hospital. Excellent schools including Tyler Junior College and Texas Eastern University. Beautiful lakes and trees. Outdoor activities unlimited. This is one of the most beautiful places in the country to live and raise a family. Financial assistance available for the right person. Contact: Mr. Olie Clem, Administrator, Doctors Memorial Hospital, 1400 W. Southwest Loop 323, Tyler, 7570l. Phone: 214-561-3771.

FORT WORTH — Wanted immediately a specialist in Internal Medicine to join 2-doctor practice. Excellent working conditions and facilities with great possibilities for a busy and fulfilling practice. Send curriculum vitae or contact Melvin E. Johnson, D.O., F.A.C.O.I., 7th Street Medical Clinic, P.A., 3609 West 7th Street, Fort Worth, 76107. Phone: 817—737-3155.

CISCO — Hunting & Fishing. . . come and see. Two physicians needed. Clinic and office help furnished first year. "Track Record" already established. Two local M.D.s on staff. One Rising Star D.O. on staff. For further information call collect, Garner Altom, Administrator, E. L. Graham Memorial Hospital, Cisco, 817—442-3951.

DALLAS — Oldest group in Texas needs General Practitioner capable of helping in busy clinic in Dallas. Contact Richard Olson, D.O., 1143 South Buckner Blvd., Dallas, Texas 75217. Phone: 214—398-8471.

CORPUS CHRISTI — Energetic young G.P. to join with our group in a busy general practice. \$40,000 salary guaranteed/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).

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Practice Locations in Texas

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

STANTON — General or Family ractitioner needed at prosperous ural community with 26-bed hospital and 60-bed nursing home. Town of 3,000 friendly people; erving population area of 6,000. Town presently has two physicians. Must be interested in rendering quality medical care. Be of good moral character, prefer non-drinker. New clinic building with free office pace. Write or call Martin County Hospital, P. O. Box 549, Stanton, 19782; phone: 915—756-3345.

GENERAL INTERNIST—Desires move to Texas and establish ractice. Currently senior resident at St. Elizabeth Hospital Medical Center in Youngstown, Ohio. A 1975 graduate of PCOM and a Dipomate of the National Board of Osteopathic Examiners. Contact Prederick G. Miller, Jr., D.O., 492 Georgetown Street, Sharpsville, Pennsylvania 16150 or call 216—146-7231 or 412—962-9077, hospial and home respectively.

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 "M", 512 Bailey, Fort Worth, 76107.

SPEARMAN — Opportunity for general practitioner to locate in city of between 4,000 - 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, 79081. Phone: 806—659-2535.

COLONY — General Practitioner needed in city of 10,000 without physician. Cash unlimited. For further information contact: R. Emanuel, M.D., 214—692-5829.

D.O. ANESTHESIOLOGIST — with Texas license looking for full time opportunity, preferably in smaller community. No G.P. work. Write Box D, TOMA, 512 Bailey Avenue, Fort Worth, 76107; or call Tex Roberts 817—336-0549.

(For information call or write Mr. Tex Roberts, Executive Director, TOMA Locations Committee, 512 Bailey Avenue, Fort Worth, 76107. Phone: 817—336-0549.) CANTON — Unusual Medical Facility. Exceptional practice opportunity. Handsome 2100 sq. ft. clinic partially equipped. For sale with good terms or subsidized lease. Problem-oriented records intact. Will introduce. 817—921-4457.

MEXIA — Physician needed at the Mexia State School. For information call: John F. Falk, D.O., 817—562-2821.

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, 11071/2 Main Street, Commerce, Texas, 75428, telephone: 214-886-3950.

D.O. RADIOLOGIST — 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.

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