



# *South Seas Adventure*

83rd Annual TOMA Convention & Scientific Seminar  
April 15-17, 1982

Hyatt Regency Hotel

Austin, Texas

See Page 8



# Irritable Bowel Syndrome\*

## DISPLACED EMOTION.

### GI rhythm disturbances may be responsible for IBS symptoms

Myoelectrical studies indicate that there is a qualitative and quantitative difference between the colonic rhythms of normal subjects and patients with the irritable bowel syndrome.<sup>1</sup> In normal subjects, a significant increase in spike potential in the immediate postprandial period is followed by a rapid return to fasting levels in about 50 minutes. In IBS patients, the postprandial spike increase is more gradual and prolonged, with no

indication of a return to fasting levels after more than 80 minutes. These studies provide objective evidence that disordered colonic response to food may be responsible for IBS symptoms.<sup>1</sup>

### Symptoms that may be influenced by anxiety

It has long been known that severe emotional tension may trigger or aggravate attacks of IBS, augmenting colonic activity. For that reason, treatment may involve control of both emotional and physiological factors.

### Distinctive antianxiety action

Librax is a logical choice for the patient with IBS. It provides the well-known antianxiety action of Librium® (chlordiazepoxide HCl/Roche)—a benzodiazepine with an established record of safety. While it seldom impairs mental acuity, patients should be cautioned against taking any CNS-acting agent while performing activities that are hazardous or require complete mental alertness.

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

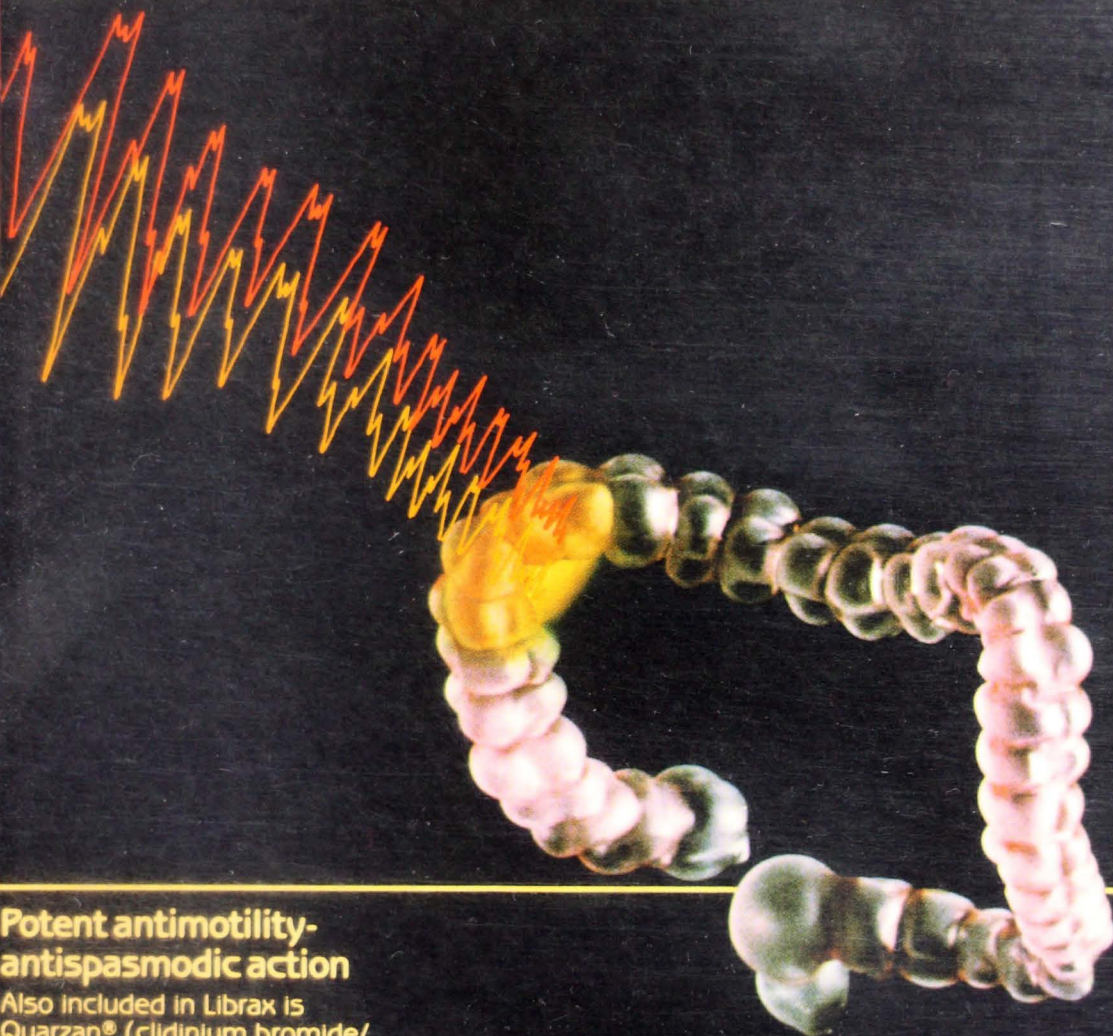
1. Sullivan MA, Cohen S, Snape WJ: *N Engl J Med* 298:878-883, Apr 20, 1978.

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





# IN MOTION



## Potent antimotility-antispasmodic action

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

## Economical and convenient

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

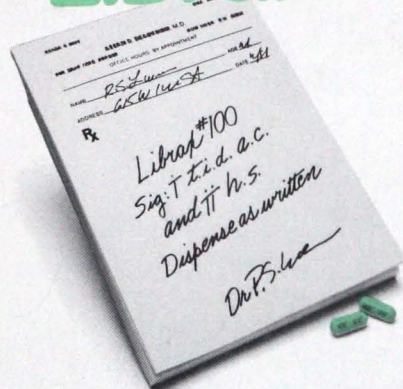
Specify **Adjunctive Librax**

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

*Antianxiety/Antisecretory/Antispasmodic*



# Specify Librax®



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

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

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

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

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

**Contraindications:** Glaucoma; prostatic hypertrophy, benign bladder neck obstruction; hypersensitivity to chlordiazepoxide HCl and/or clidinium bromide.

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

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

As with all anticholinergics, inhibition of lactation may occur.

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

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

ROCHE

Roche Products Inc.  
Manati, Puerto Rico 00701

## For Your Information

### Osteopathic Agencies

American Osteopathic Association 312-280-5800  
800-621-1770

American Osteopathic Association  
Washington Office 202-554-5240

American Osteopathic Hospital  
Association 312-692-2350

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

Texas Osteopathic Medical  
Association 817-336-0540  
in Texas 800-772-5990  
Dallas Metro 429-9750

TOMA Med-Search in Texas 800-772-5990

TOMA Insurance Program 816-333-4510  
(call collect for Bob Raskin)

### Texas State Agencies

State Board of Health 512-458-7110

State Board of Medical Examiners 512-475-0740

State Board of Pharmacy 512-478-9820

State of Texas Poison Center for  
Doctors & Hospitals Only 713-765-1420  
800-392-8540  
Houston Metro 654-1700

### Federal Agencies

Drug Enforcement Administration  
For state narcotics number 512-465-2000  
ext. 3070  
For DEA number (form 224) 214-767-7200



## FEATURES

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**ON THE COVER:** The swaying palm trees of the South Pacific invite you to attend the 83rd Annual Convention and Scientific Seminar of TOMA April 15-17 at the Austin Hyatt Regency Hotel. A Hawaiian Revue will delight and entertain you during the Fun Night Luau.

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 Copy deadline — 10th of month preceding publication

Tex Roberts, Editor



# CALENDAR OF EVENTS

## FEBRUARY

5

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

15

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

### TOMA DISTRICT MEETINGS

District XV	February 25
District II	March 16
District V	March 18
District III	March 20
District XIV	March 25

24

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

25

- ★ TOMA District XV Meeting  
Third Annual Political Awareness Night  
Colonial Country Club  
Fort Worth  
Contact:  
Patrick J. Kirlin, D.O.,  
Program Chairman  
402 Duncan Perry Road  
Grand Prairie, 75050  
214-647-0087

26

- Running Symposium*  
Texas College of Osteopathic Medicine  
Medical Education Bldg. 1  
Fort Worth  
6-9 p.m.  
Contact:  
Institute for Human Fitness  
1501 Merrimac Circle  
Fort Worth, 76107  
817-870-9784

27

- Marathon Run*  
Texas College of Osteopathic Medicine  
Begins at Cowtown Coliseum  
9 a.m.  
Contact:  
Institute for Human Fitness  
1501 Merrimac Circle  
Fort Worth, 76107  
817-870-9784

## MARCH

2-5

- 35th Annual Symposium on Fundamental Cancer Research  
"Perspectives on Genes and the Molecular Biology of Cancer"  
Sponsored by The University of Texas M.D. Anderson Hospital and Tumor Institute at Houston  
Shamrock Hilton Hotel  
Houston  
Contact:  
The University of Texas System Cancer Center  
6723 Bertner Avenue  
Houston, 77030

3

- Practical Techniques of Manipulation for the General Practitioner*  
"Muscle Energy Techniques for Ribs and Thoracic Areas"  
Texas College of Osteopathic Medicine  
Medical Education Building 1  
Fort Worth  
7-10 p.m.  
Contact:  
Carol Eisenberg  
Office of CME  
817-735-2215



# Calendar of Events

**10**

*Practical Techniques of Manipulation for the General Practitioner*  
*"Low Back and Sacroiliac Techniques"*  
 Texas College of Osteopathic Medicine  
 Medical Education Building 1  
 Fort Worth  
 7-10 p.m.  
 Contact:  
 Carol Eisenberg  
 Office of CME  
 817-735-2215

**16**

★ **TOMA District II Meeting**  
 Contact:  
 Mrs. William Jordan  
 817-732-1636

**18**

★ **TOMA District V Meeting**  
 Contact:  
 John W. Wilson, D.O.,  
 Secretary  
 214-691-1090

**20**

★ **TOMA District III Meeting**  
 Dr. Charles Ogilvie's Ranch  
 Ben Wheeler  
 6 p.m. — Dinner with business meeting to follow  
 Contact:  
 Rodney Wiseman, D.O.,  
 Secretary  
 214-839-4396

**24**

*Practical Techniques of Manipulation for the General Practitioner*  
*"Myofascial Release Techniques"*  
 Texas College of Osteopathic Medicine  
 Medical Education Building 1  
 Fort Worth  
 7-10 p.m.  
 Contact:  
 Carol Eisenberg  
 Office of CME  
 817-735-2215

**25**

★ **TOMA District XIV Meeting**  
 Contact:  
 C. D. Wilson, D.O.,  
 Secretary  
 512-423-7330

**27**

★ **TOMA Executive Committee Meeting**  
 9 a.m.  
**TOMA Board of Trustees Meeting**  
 11 a.m.  
 TOMA State Headquarters  
 226 Bailey Avenue  
 Fort Worth  
 Contact:  
 Tex Roberts, CAE  
 Executive Director  
 817-336-0549  
 800-772-5993 (toll-free in Texas)  
 429-9755 (Dallas County Metro)

**April**

**13**

★ **TOMA Board of Trustees Meeting**  
 1 p.m.  
 Big Bend Room  
 Hyatt Regency Hotel  
 Austin  
 Contact:  
 Tex Roberts, CAE  
 Executive Director  
 817-336-0549  
 800-772-5993 (toll-free in Texas)  
 429-9755 (Dallas County Metro)

**14**

★ **TOMA House of Delegates**  
 Hill Country Room  
 Hyatt Regency Hotel  
 Austin  
 8 a.m. — Registration  
 9 a.m. — Meeting  
 Contact:  
 Tex Roberts, CAE  
 Executive Director  
 817-336-0549  
 800-772-5993 (toll-free in Texas)  
 429-9755 (Dallas County Metro)

**15**

★ **15-17**  
**TOMA 83rd Annual Convention & Scientific Seminar**  
 Hyatt Regency Hotel  
 Austin  
 Contact:  
 Tex Roberts, CAE  
 Executive Director  
 817-336-0549  
 800-772-5993 (toll-free in Texas)  
 429-9755 (Dallas County Metro)



*April 15-17*

# *Hawaiian Islands, Medical Lectures Offer Entertainment, Education at Annual Convention*

The Hawaiian Islands are calling you to Austin, Texas. Sound strange? Come to the 83rd Annual Convention and Scientific Seminar of TOMA April 15-17 at the Hyatt Regency Hotel in Austin and see how the beautiful islands can be transported to the middle of Texas.

During the Fun Night Luau the "Pearls of the Pacific" will entertain you with exotic dances from the South Pacific and provide music for your dancing pleasure.

Preceding the colorful and exciting visit to our 50th state, TOMA members will experience a wide variety of medical lectures presented by a most qualified panel of speakers.

Lectures will begin at 8 a.m. and continue until 1 p.m. with special update sessions slated for Thursday and Friday afternoons.

Kicking off the lecture program at 8 a.m. Thursday will be Stephen E. Kessler, D.O., of Fort Worth. He will speak on "The Rash That Won't Go Away." Following that, he will speak on "Dermatological Recognition of Sexually Transmitted Diseases." At 11 a.m., Jerome Axelrod, D.O., of Shawnee Mission, Kansas, will speak on "Differential Diagnosis of the Acute Abdomen" and at 12 noon on "Post Surgery Do's and Don'ts for Your Patients." Update sessions in osteopathic manipulative treatment will be held at 2:30 p.m. and

3:30 p.m. Conducting these sessions will be Nicholas Nicholas, D.O., of Philadelphia. He will answer all the questions you ever wanted to ask about OMT, but were afraid to ask.

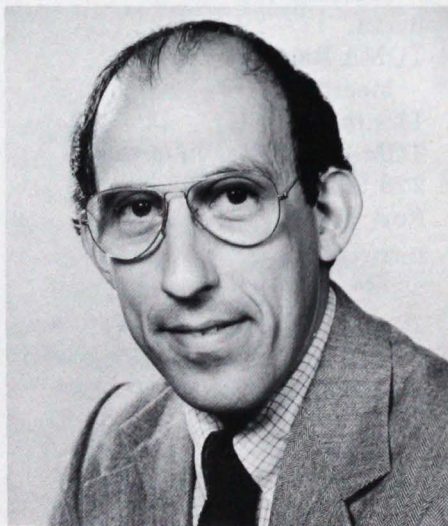
Speaking at 8 a.m., Friday, April 16 will be Robert M. Fogel, D.O., of Tulsa, Oklahoma on "Forensic Pathology in Your Own Backyard." Following him at 9 a.m. will be Lee M. Adler, D.O., of Chicago, who will speak on "Clinical Pearls of Infectious Disease." Speaking at 11 a.m. will be Dr. Axelrod on "Antibiotics — Pre and Post Surgically;" and at noon Gail D. Burchett, D.O., of Kirksville, Missouri will speak on "Office Cardiology for the Young Athlete —

School Physical Screenings."

Dr. Burchett will lead both update sessions on April 16. He will speak on "EKG Interpretation Update for Primary Care Physicians" at both 2:30 p.m. and 3:30 p.m.

On Saturday morning, April 17, Herbert Leiman, M.D., of Dallas will speak at 8 a.m. on "Doctor I Have A Headache" and at 9 a.m. on "Increased Intracranial Pressure." At 11 a.m. Dr. Fogel will address the group on "Analytical Chemistry Profiles — What Do They Mean to You and the Patient." Richard E. Wood, M.D., of Dallas will speak on "When You or Your Patient Needs Cardiac Surgery — What to Expect" at noon.

You will find this year's program



*Lee M. Adler, D.O.*



*Stephen E. Kessler, D.O.*



designed differently from previous years with a one-hour special refreshment break to be held at 10 a.m. each day during the lecture sessions. These breaks will provide an opportunity for the doctors and spouses to visit with our Extra Special Exhibitors and enjoy special surprise refreshments each day. Make plans to be at each of these refreshment breaks and take time to visit our exhibitors.

Both the Keynote and AOA President-elect's Luncheons will be held at 1 p.m. this year, instead of 12 noon.

A total of 20 Category I-A continuing medical education credits will be available during the three-day meeting. Physicians registering at the following times will receive the credits listed.

#### Wednesday, April 14

*Early Registration*

1 - 5 p.m. 20 Hours

#### Thursday, April 15

7 a.m. - Noon 20 Hours

Noon - 4:30 p.m. 16 Hours

#### Friday, April 16

7 a.m. - Noon 13 Hours

Noon - 4:30 p.m. 9 Hours

#### Saturday, April 17

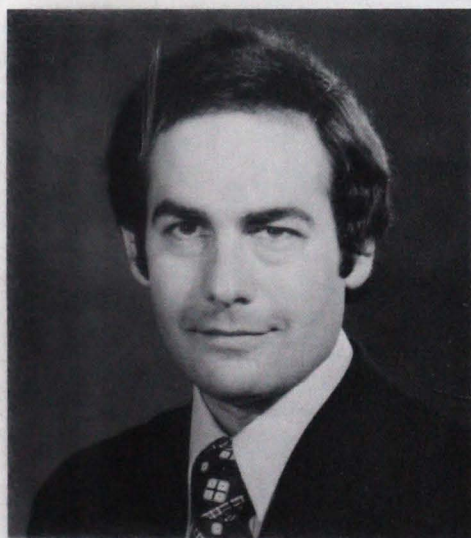
7 a.m. - Noon 5 Hours

Each doctor pre-registering for the convention and sending in his or her registration fee by the April 1 deadline will be entered in a special door prize drawing to be sponsored by the T.E. Williams Pharmaceutical Company of Edmond, Oklahoma. The special prize will be a trip for two to Hawaii. Additional details will be announced as specific plans are finalized.

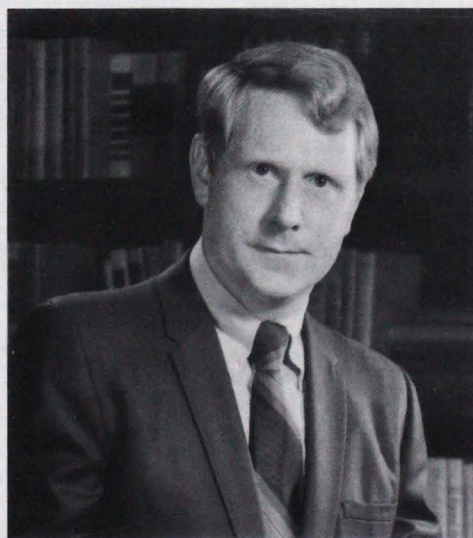
Get your pre-registration in today. *Only those registration forms received in the TOMA office on or before April 1 will be eligible for the drawing which will be held during the Fun Night Luau.*

Pre-registration for physicians is \$200 and \$100 for spouses. At-the-door registration for physicians is \$250 and \$100 for spouses.

Don't delay — fill out the convention registration form found in this issue of the *Texas DO* and mail it with your registration fee TODAY!



Herbert Leiman, M.D.



Richard Wood, M.D.

## Hawaiian Dress Requested for Fun Night Luau

If the winter winds, snows and ice storms have you down, turn your thoughts to tropical breezes, swaying palm trees and the "Pearls of the Pacific" found in our country's Hawaiian Islands. Come April, the Hawaiian Islands will be transported to the new Hyatt Regency Hotel in Austin for the specific enjoyment of TOMA and those attending the 83rd Annual Convention and Scientific Seminar April 15-17.

Dig out your grass skirts, brightly flowered shirts and mumus and bring them along to wear during the Fun Night Luau. The Pearls of the Pacific will bring you an authentic exciting group of musicians, dancers and singers in a beautiful and dynamic Hawaiian Revue. You will be dazzled by the Flaming Knife Dance of Samoa, the POI and the Traveling Dances of Maori or New Zealand, the Comic Hula of the Princess Pupule and the beautiful and graceful hulas of Hawaii. Don't miss the seven costume changes.

You'll be greeted at the door by native dancers with leis, so be sure your attire compliments the evenings fun and festivities.





# ATOMA to Raffle Caribbean Cruise

If the idea of a Caribbean cruise sounds good to you, the opportunity for such a vacation will be made available to you.

During the 83rd Annual Convention and Scientific Seminar, members of the Auxiliary to TOMA will be selling chances for a one week cruise from Miami, Florida to Nassau, San Juan, St. Thomas and a

private island.

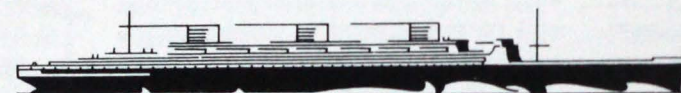
Tickets will sell for \$2 each and may be purchased from members of ATOMA or from Mrs. William Hospers, 4400 Ken Michael, Fort Worth, Texas 76118. Mrs. Hospers is chairperson for the fund raising project.

Your dream vacation will be on board the Starward ship and it can be taken at any time during the

year, according to Mrs. Hospers.

Drawing will be held April during the Fun Night Luau at TOMA's Convention. You do not have to be present to win the trip.

Make plans to attend the TOMA Convention, April 15-17 at the Hyatt Regency Hotel in Austin and to buy plenty of those chances for a dream vacation. ^



BON VOYAGE

## DOCTORS MEMORIAL HOSPITAL TYLER, TEXAS



Open Staff Osteopathic Hospital in Beautiful East Texas

54 beds 6 bassinets 2 surgeries

*Professional Staff*

GENERAL SURGERY  
Keith L. Hull, D.O.

ORTHOPEDIC SURGERY  
Edward Rockwood, D.O.

INTERNAL MEDICINE  
Robert J. Breckenridge, D.O.

RADIOLOGY  
E. B. Rockwell, D.O.

ANESTHESIOLOGY  
Edmund F. Touma, D.O.

Mr. Olie Clem, Administrator  
Tyler, Texas 75701

1400 West Southwest Loop 323

Phone: 214-561-3771



April 15-17, 1982  
Hyatt Regency Hotel  
Austin, Texas



# Convention Registration

## Texas Osteopathic Medical Association

83rd Annual Convention

Enclosed is \$\_\_\_\_\_ check for advance registration for \_\_\_\_\_ persons at \$200 for physicians and  
\$100 for spouses

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

### REGISTRATION DEADLINE – APRIL 1

Name \_\_\_\_\_ First Name for Badge \_\_\_\_\_  
(please print)

My Spouse \_\_\_\_\_ will \_\_\_\_\_ will not \_\_\_\_\_ accompany me.  
(first name for badge)

City \_\_\_\_\_ State \_\_\_\_\_ AOA Membership No. \_\_\_\_\_

D.O. College \_\_\_\_\_ Year Graduated \_\_\_\_\_

My spouse plans to attend the Austin tour

#### TOMA Annual Golf Tournament Registration

Name \_\_\_\_\_

Address \_\_\_\_\_

Handicap \_\_\_\_\_

\$30 per person  
includes  
½ cart, green fees, transportation  
2:30 p.m. – April 16

CHECK ENCLOSED \_\_\_\_\_  
(please make payable to TOMA)

#### TOMA Annual Tennis Tournament Registration

Name \_\_\_\_\_

Address \_\_\_\_\_

\$15 per person  
includes  
Court fee and transportation  
2:30 p.m. – April 16

CHECK ENCLOSED \_\_\_\_\_  
(please make payable to TOMA)



# Sustaining Memberships Beneficial To Your family

Are you aware that becoming a TOMA Sustainer can be beneficial to your family and to your pocketbook? It can.

If you become a Sustainer you will have an opportunity to win a fully prepared Chianina steer, ready and waiting to be packed in your freezer.

Donated by Drs. Robert Finch and Robert Haman, the steer will be awarded at the Fun Night Luau April 17 during TOMA's 83rd Annual Convention and

Scientific Seminar at the Hyatt Regency Hotel in Austin.

You must be present to win, so make plans to attend the final party of this year's meeting.

If you are a Sustainer prior to 7 p.m., Thursday, April 15, you will be treated to a special dance complete with hors d'oeuvres and entertainment at the Hyatt Regency.

Entertaining you during the evening will be The Strawberry Pickers, an all-female dance band

featuring country-western, pop and a variety of music from the 1930's to the 1980's. The Strawberry Pickers are six women that have been playing professionally around Austin for nine years.

Complete the attached application, make out a \$100 check and get ready for a fun filled evening with The Strawberry Pickers April 15 in Austin.

Don't forget — you may be the winner of a freezer full of beef!

## Texas Osteopathic Medical Association

### SUSTAINING MEMBERSHIP APPLICATION



Name \_\_\_\_\_ District \_\_\_\_\_ Paid? \_\_\_\_\_  
(please print)

Office Address \_\_\_\_\_ Phone \_\_\_\_\_

☐ Check Enclosed ☐ Bill Me White Hat Size \_\_\_\_\_

I hereby elect to become a Sustaining Member of TOMA and authorize you to increase my dues billing \$100 annually.

My preference(s) for use of this money:

- ☐ Legislative activities in Austin and Washington
- ☐ Support of TOMA programs in regard to third party and federal intrusion into medicine
- ☐ Scholarship funds for osteopathic medical students
- ☐ College support: Specify college \_\_\_\_\_

Other \_\_\_\_\_

Date \_\_\_\_\_ Signed \_\_\_\_\_



# Letters

*The following is in response to Dr. Emmett Dunlap's letter published in the January 1982 Texas DO.*

## DHR Responds to Letter

Dear Tex:

The following comments are in response to your letter regarding Dr. Emmett E. Dunlap's concerns over the December 1981 Medical Care Identification Card Message regarding payment for certain drugs.

Dr. Dunlap should be made aware of the fact that the Department is implementing policy that has been defined by the Department of Health and Human Services (HHS). This policy is in response to findings of a drug efficacy study conducted by the Food and Drug Administration (FDA). The outcome of that study was the identification of certain drugs that lacked substantial evidence of effectiveness for all labeled indications. These drugs were subsequently defined as "less than effective" by FDA.

The findings of FDA's drug efficacy study are reflected in the Omnibus Reconciliation Act of 1981 (H.R. 3982), which requires that Medicaid programs no longer pay for drugs that FDA considers to be less than effective. Through this legislation, it became the state's responsibility to identify those drugs that are identical, similar, or related to those identified by FDA as less than effective. The Department must comply with this policy as it was implemented under court order by the Health Care Financing Administration (HCFA), and failure to do so would result in the withdrawal of federal financial participation (FFP) in the Texas

Medical Assistance Program.

We recognize the predicament this presents for physicians when prescribing drugs; however, it is beyond the Department's control, at this time, to alter the situation. It is suggested that physicians counsel their recipient patients when a change in drugs is called for, explaining why the change is necessary in an effort to alleviate some of the negative feelings alluded to by Dr. Dunlap.

We also recognize that the choices of many of the drugs identified as less than effective by the FDA are controversial. It is hoped that subsequent lists will alleviate some of the major concerns. But, as state government plays no role in determining those drugs that appear on the FDA lists, it is beyond our control to impact their content, and we can only carry out the mandate of the Federal government regarding this issue.

Please assure Dr. Dunlap that the issuance of the identical, similar, or related drug list by the Department should in no way be construed as an attempt on the Department's part to "get its foot in the door" in determining medical practice. We are obligated to keep the provider community informed of federal regulations governing the Medicaid Program, which consequently impact practices within the community.

Regarding the language of the message, itself, since there are varied levels of literacy and comprehension within the Medicaid recipient population, I.D. card messages tend to be worded in direct and basic terms. Also, the message space is extremely limited, allowing little, if any, room for explanation. However, we regret the choice of both

the English and Spanish wording if it seems inappropriate. The Department is very sensitive to concerns of this nature; therefore, Dr. Dunlap's comments have been forwarded to the unit that prepares these messages. If another message on this subject is issued, his comments will be addressed in its preparation.

In conclusion, I would like to stress that the Department's position on this policy is a mandated one, and that there was no intention on our part to place physicians in an onerous situation. Please relay to Dr. Dunlap that his concerns are well-founded, and his input is appreciated.

Enclosed is a copy of the section of H. R. 3982, covering the limitation on Medicare and Medicaid payments for certain drugs. You may wish to reference this section in your response.

Hopefully, these comments are of assistance.

Emmett W. Greif, M.D.  
Deputy Commissioner  
Medical Specialties  
Texas Department of  
Human Resources

## Thank You

Dear Mr. Roberts:

I want to thank you for my recent membership to TOMA. You have been more than kind and especially helpful to me during my years at TCOM.

I can hardly believe that the school tenure is almost over. My next step is a rotating internship



at Doctor's Hospital at Tucker, Georgia. It is just outside of Atlanta, in a part of the country which is extremely beautiful. Following that, I want to do a pediatrics residency but I do not know exactly where yet.

When all is said and done, I'll be back. You know that true blood Texans can never leave permanently. I look forward to a practice right here in the Metroplex somewhere.

Well, I must go now but once again, thank you so very much for your help and encouragement through the last four years. Have a Merry Christmas and a Happy New Year.

Sincerely,  
George Cowan  
TCOM, Class of 1982

*Thanks for the kind words. When you are ready to search for a location, call us. Our communication system is open to you without charge.▲*

## ETOH Hostess Provides Special Services

At East Town Osteopathic Hospital in Dallas, patients and their visitors are given special treatment through the hospital's hostess program.

Daily, from 6:30 a.m. to 6:30 p.m., and especially during visiting hours, one of East Town's staff of four hostesses is traveling through the corridors with her flower-bedecked cart of coffee, tea and other refreshments.

After the program began some months ago, it proved to benefit in many ways - it provided someone who could console family members during a serious operation or after a death; someone who could, because of being acquainted with the family, suggest post-hospital care and assist in making the arrange-

ments; someone who could provide immediate refreshments and hospitality for administrative guests; and someone whose sole responsibility it was to help people make good impressions about East Town Osteopathic Hospital.

Eva Norwood, "chief hostess," said that it is the perfect job for her because she enjoys people. She feels that in this position she can offer much needed help and a homelike touch to patients and visitors who are in what they think are strange and frightening surroundings.

The hostesses are employees of the hospital and are not involved with the volunteer group, which also shows special attention to East Town's patients and employees.

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## Lobbying Can Affect D.O. Community

Effective lobbying can greatly affect the osteopathic community and hospital trustees should play an active role in that lobbying. As an example of its possible results, osteopathic lobbying in Missouri was responsible for gaining legislative recognition of the osteopathic profession and assured equitable consideration of osteopathic facilities in Missouri's Certificate of Need Law.

When lobbying, remember that being reelected is very important to your legislator. You will make more of an impact if someone from his legislative district is with you during the meeting. W. Craig Biddle, lobbyist and former California legislator, recommends:

- Clear, concise meetings

- Preparing position papers on issues the legislator's staff can use in developing their own memos
- Getting your message to the legislator just before the vote
- Developing a continuing relationship with the legislator
- Volunteering to work in his campaign
- Playing to his ego.

Biddle also advised becoming involved with a Political Action Committee (PAC). This makes it possible to make contributions the legislator will remember, he said. A PAC contribution doesn't buy a vote, but it can keep the doors open.▲



# A7OMA News

## TOMA Membership Applications Received

*The following physicians have made application for membership in TOMA.*



Tom W. Ewing, D.O.  
1600 Eighth Street  
Wichita Falls, 76301  
TCOM '76; GP



Leslie Michael Kalman, D.O.  
11412 Garland Road  
Dallas, 75218  
KCOM '75; OR



Kari L. Olsson, D.O.  
Camp Bowie at Montgomery  
Fort Worth, 76107  
KC '79; GP; CF

Denise L. Tarver, D.O.  
1920 Burnet Street  
San Antonio, 78202  
MSU-COM '79; GP

By Mrs. Carl E. Everett  
District II

State President: Mrs. Deweese Y. Campbell (Lois) from Houston was guest speaker for the District II meeting January 19 at Colonial Country Club.

\* \* \* \* \*

Plans and preparations for the Scholarship Ball (February 20 at Ridglea Country Club) are accelerating. The theme is Mardi Gras and the decorations and donations sound exciting.

General chairpersons for the special event are Mrs. Bill Puryear and Mrs. Philip Reese. Committee heads are Mrs. William Jordan, decorations; Mrs. Larry Burrows, invitations; Mrs. James Czewski, donations. She reports that this year's prizes will include a Persian rug and a fur coat!

\* \* \* \* \*

Dr. and Mrs. Stan Briney recently returned from an exciting trip over New Years to the Rose Bowl. They are Iowa exes and enjoyed seeing old classmates, even if they didn't win the game. ^

Spouses of TOMA members attending the 1982 convention will, for the first time, have an opportunity to make their trip tax deductible. On Friday and Saturday mornings, April 16 and 17, William H. Dean and Associates of Fort Worth will present a seminar on estate and financial planning. If you would like to be able to deduct the convention at tax time next year, you must attend the seminar and sign an attendance roster each day. The seminar will be open to all spouses, but just because you register for the convention, you won't be able to deduct your trip. You must attend the seminar.

In addition to the seminar, all spouses are invited to join a tour of our capital city with stops at the Capitol Building, newly remodeled Governor's Mansion and the LBJ Library. The tour is scheduled from 2:30 - 5:30 p.m., Thursday, April 15.

There is no cost for either the seminar or the tour.

It is essential that all persons planning on touring Austin with the TOMA group mark the appropriate space on the convention registration blank. Deadline for making reservations will be April 1.

Make your plans to attend both the estate and financial planning seminar and the Tour of Austin during the TOMA Convention.

### SOUTHWESTERN CLINIC OF BONE & JOINT DISEASES

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F. J. Quatro, D.O., P.A.  
William E. Button, D.O., P.A.

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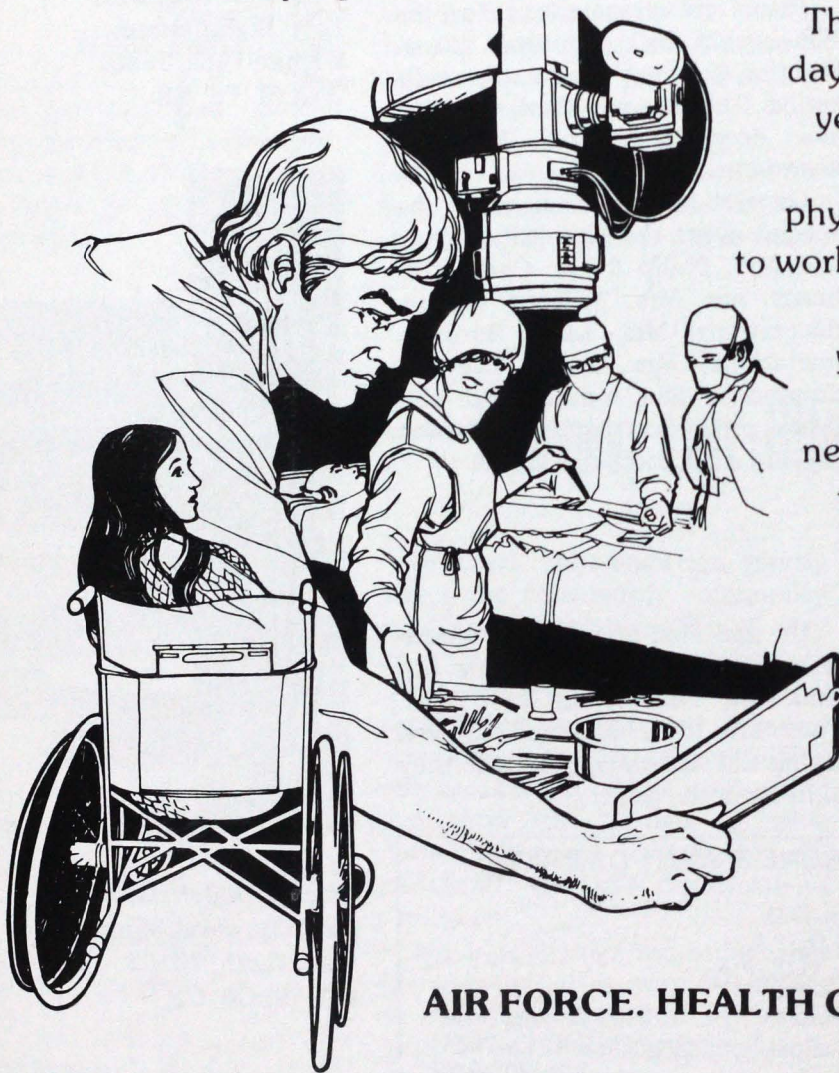
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# IN MEMORIAM

## Carl J. Sohns, D.O.

Carl J. Sohns, D.O., of Cross Plains died January 3 in Cross Plains. Funeral services were held at the First United Methodist Church with burial at the Cross Plains Cemetery.

A 1951 graduate of Kirksville College of Osteopathic Medicine, Dr. Sohns served his internship at the Hospital of KCOM. Prior to

entering medical school, he attended Southwestern University, The University of Texas at Austin, and Northeast Missouri Teachers College.

A member of both TOMA and the American Osteopathic Association, Dr. Sohns had been active in the state association since 1953. He had served as president of TOMA District IV and as a member of the TOMA House of Delegates for three years.

In 1978 Dr. Sohns was honored by the citizens of Cross Plains with "Dr. Carl J. Sohns Day" in recognition of his 25 years of service to the community. In addition to serving as the town's "country doctor," he had served on the Cross Plains School Board for 17 years, was the City Public Health Officer and Chairman of the Administrative Board of the First United Methodist Church.

In 1972 he was the subject of a cover story in the "Southwest Scene" magazine of the *Dallas Morning News* and in 1973 was featured in an article about "The Texas Flyer," magazine of Texas International Airlines.

Survivors include his mother, Mrs. Louise Sohns of Houston; one daughter, Katherine Sohns Davies of Houston; and one son, Carl J. Sohns, Jr., of Cross Plains. ^

## John Ryan, D.O.

John Ryan, D.O., of Garland died November 7, 1981. Funeral was held November 9 at the Sparkman-Hillcrest Garland Road Chapel in Dallas with burial in Royce City.

Dr. Ryan was born November 16, 1910 in Vandalia, Missouri.

A 1936 graduate of Kirksville College of Osteopathic Medicine, Dr. Ryan had been a member of TOMA since 1952. He was also a member of the American Osteopathic Association.

Among his civic activities, Dr. Ryan was chairman of the board of First Citizens Bank of Dallas, former president of the Eastern Hills Country Club and a member of the Dallas Athletic Club.

He was a member of the White Rock Methodist Church in Dallas.

Survivors include his wife, Billie; two sons, Paul Ryan of Houston and William Ryan, D.O., of Riverside, California; one sister, Mary Richardson of North Carolina; and four grandchildren. ^

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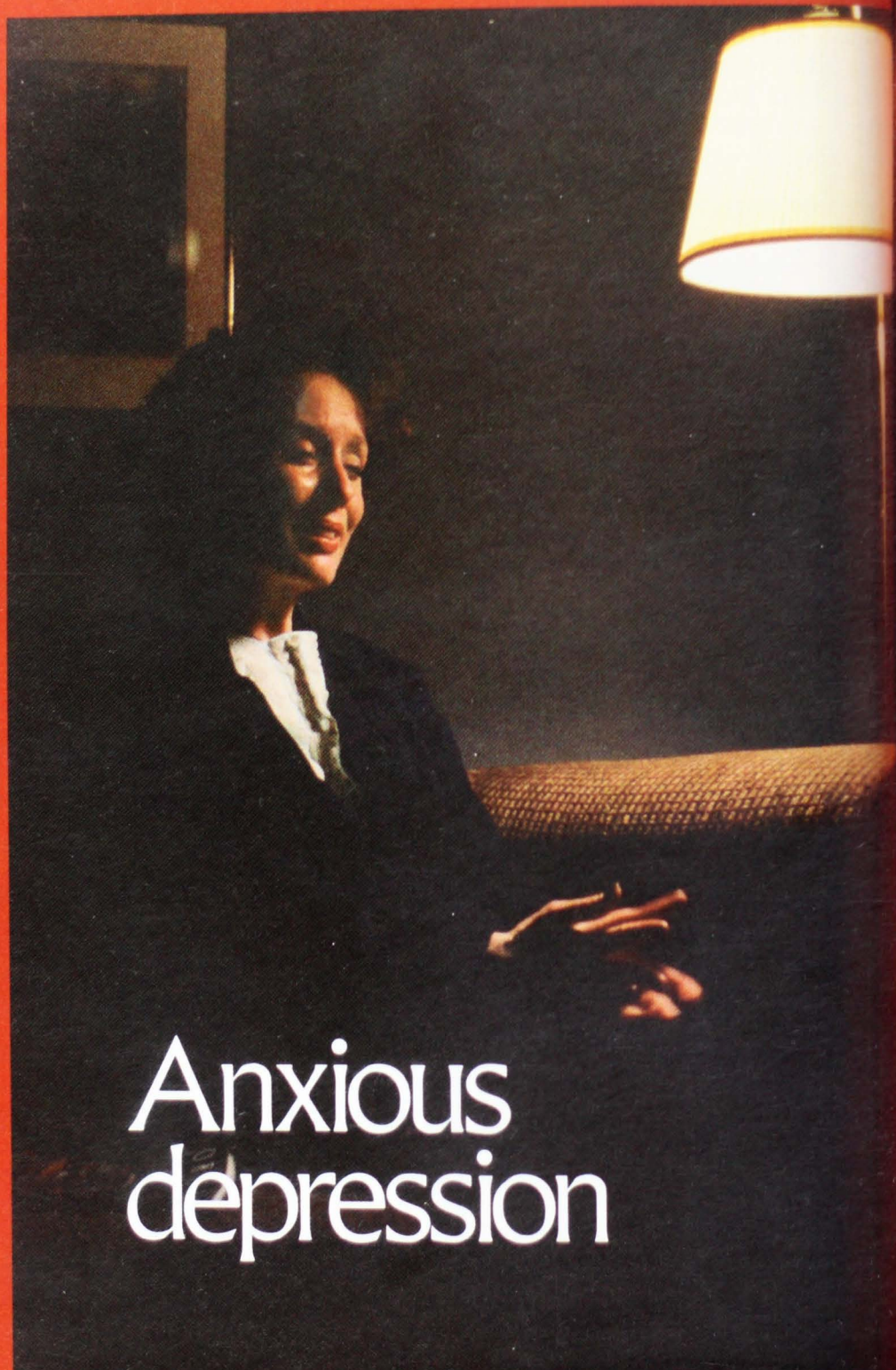
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## Tales of New Math

Little Mary entered first grade and soon came home telling her parents about the New Math. She brought home colored rods of graduated sizes and practiced her math with great enthusiasm. Red was twice as long as blue, orange three times as long, green four times, etc. One night her father decided to test her to see if the method worked. He asked her what two plus three was. "Two plus three is purple," replied Mary brightly. ^



Behind the  
tears...



Anxious  
depression





## Most depressed patients are also anxious

When you see the crying spells or steady sobbing that signal depression, you will most likely find anxiety, too. Clinical depression has been associated with anxiety states,<sup>1</sup> and it has been estimated that 70 percent of nonpsychotic depressed patients are "anxious depressed."<sup>1</sup>

## Most also have somatic complaints

Many anxious depressed patients suffer from somatic complaints—particularly fatigue, headache and G.I. upset.<sup>2</sup> Indeed, in a primary-care practice these are likely to be the presenting complaints and the patient may be more willing to discuss his/her physical condition than his/her emotional state.

## Their symptoms respond early to Limbitrol

Patients experience early relief of anxiety and depressive symptoms with Limbitrol, a clear advantage of prescribing dual medication that provides the specific antianxiety action of Librium® (chlordiazepoxide/Roche) as well as the antidepressant action of amitriptyline. Symptoms most likely to respond within a week include anorexia, insomnia, agitation, psychic and somatic anxiety, and feelings of guilt and worthlessness.

Patients receiving Limbitrol should be cautioned about the combined effects with alcohol or other CNS depressants. Warn pregnant patients and patients of childbearing age that the safety of Limbitrol in pregnancy has not yet been established.

**References:** 1. Rickels K: Drug treatment of anxiety, in *Psychopharmacology in the Practice of Medicine*, edited by Jarvik ME. New York, Appleton-Century-Crofts, 1977, p. 316 2. Talley JH: Depression as seen in family practice, chap. 13, in *Mood Disorders: The World's Major Public Health Problem*, edited by Ayd FJ Jr, Taylor LJ. Baltimore, Ayd Medical Communications, 1978, p. 200

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**Tablets 10-25** each containing 10 mg chlordiazepoxide and 25 mg amitriptyline (as the hydrochloride salt)

in moderate depression and anxiety



## **LIMBITROL® TABLETS** Tranquilizer—Antidepressant

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

**Indications:** Relief of moderate to severe depression associated with moderate to severe anxiety.

**Contraindications:** Known hypersensitivity to benzodiazepines or tricyclic antidepressants. Do not use with monoamine oxidase (MAO) inhibitors or within 14 days following discontinuation of MAO inhibitors since hyperpyretic crises, severe convulsions and deaths have occurred with concomitant use; then initiate cautiously, gradually increasing dosage until optimal response is achieved. Contraindicated during acute recovery phase following myocardial infarction.

**Warnings:** Use with great care in patients with history of urinary retention or angle-closure glaucoma. Severe constipation may occur in patients taking tricyclic antidepressants and anticholinergic-type drugs. Closely supervise cardiovascular patients. (Arrhythmias, sinus tachycardia and prolongation of conduction time reported with use of tricyclic antidepressants, especially high doses. Myocardial infarction and stroke reported with use of this class of drugs.) 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).

**Usage in Pregnancy:** Use of minor tranquilizers during the first trimester should almost always be avoided because of increased risk of congenital malformations as suggested in several studies.

**Consider possibility of pregnancy when instituting therapy; advise patients to discuss therapy if they intend to or do become pregnant.**

Since physical and psychological dependence to chlordiazepoxide have been reported rarely, use caution in administering Limbitrol to addiction-prone individuals or those who might increase dosage; withdrawal symptoms following discontinuation of either component alone have been reported (nausea, headache and malaise for amitriptyline; symptoms [including convulsions] similar to those of barbiturate withdrawal for chlordiazepoxide).

**Precautions:** Use with caution in patients with a history of seizures, in hyperthyroid patients or those on thyroid medication, and in patients with impaired renal or hepatic function. Because of the possibility of suicide in depressed patients, do not permit easy access to large quantities in these patients. Periodic liver function tests and blood counts are recommended during prolonged treatment. Amitriptyline component may block action of guanethidine or similar antihypertensives. Concomitant use with other psychotropic drugs has not been evaluated; sedative effects may be additive. Discontinue several days before surgery. Limit concomitant administration of ECT to essential treatment. See Warnings for precautions about pregnancy. Limbitrol should not be taken during the nursing period. Not recommended in children under 12.

In the elderly and debilitated, limit to smallest effective dosage to preclude ataxia, oversedation, confusion or anticholinergic effects.

**Adverse Reactions:** Most frequently reported are those associated with either component alone: drowsiness, dry mouth, constipation, blurred vision, dizziness and bloating. Less frequently occurring reactions include vivid dreams, impotence, tremor, confusion and nasal congestion. Many depressive symptoms including anorexia, fatigue, weakness, restlessness and lethargy have been reported as side effects of both Limbitrol and amitriptyline. Granulocytopenia, jaundice and hepatic dysfunction have been observed rarely.

The following list includes adverse reactions not reported with Limbitrol but requiring consideration because they have been reported with one or both components or closely related drugs:

**Cardiovascular:** Hypotension, hypertension, tachycardia, palpitations, myocardial infarction, arrhythmias, heart block, stroke.

**Psychiatric:** Euphoria, apprehension, poor concentration, delusions, hallucinations, hypomania and increased or decreased libido.

**Neurologic:** Incoordination, ataxia, numbness, tingling and paresthesias of the extremities, extrapyramidal symptoms, syncope, changes in EEG patterns.

**Anticholinergic:** Disturbance of accommodation, paralytic ileus, urinary retention, dilatation of urinary tract.

**Allergic:** Skin rash, urticaria, photosensitization, edema of face and tongue, pruritus.

**Hematologic:** Bone marrow depression including agranulocytosis, eosinophilia, purpura, thrombocytopenia.

**Gastrointestinal:** Nausea, epigastric distress, vomiting, anorexia, stomatitis, peculiar taste, diarrhea, black tongue.

**Endocrine:** Testicular swelling and gynecomastia in the male, breast enlargement, galactorrhea and minor menstrual irregularities in the female and elevation and lowering of blood sugar levels.

**Other:** Headache, weight gain or loss, increased perspiration, urinary frequency, mydriasis, jaundice, alopecia, parotid swelling.

**Overdose:** Immediately hospitalize patient suspected of having taken an overdose. Treatment is symptomatic and supportive. I.V. administration of 1 to 3 mg physostigmine salicylate has been reported to reverse the symptoms of amitriptyline poisoning. See complete product information for manifestation and treatment.

**Dosage:** Individualize according to symptom severity and patient response. Reduce to smallest effective dosage when satisfactory response is obtained. Larger portion of daily dose may be taken at bedtime. Single *h.s.* dose may suffice for some patients. Lower dosages are recommended for the elderly. Limbitrol 10-25, initial dosage of three to four tablets daily in divided doses, increased to six tablets or decreased to two tablets daily as required. Limbitrol 5-12.5, initial dosage of three to four tablets daily in divided doses, for patients who do not tolerate higher doses.

**How Supplied:** White, film-coated tablets, each containing 10 mg chlordiazepoxide and 25 mg amitriptyline (as the hydrochloride salt) and blue, film-coated tablets, each containing 5 mg chlordiazepoxide and 12.5 mg amitriptyline (as the hydrochloride salt)—bottles of 100 and 500; Tel-E-Dose® packages of 100, available in trays of 4 reverse-numbered boxes of 25, and in boxes containing 10 strips of 10; Prescription Paks of 50.

# Procedures and

By Clyde A. Gallehugh, D.O.  
Martin E. Hammer, Ph.D.  
Bruce David White, J.D.

Physicians are called to testify in law cases more and more today. Whether it be in the courtroom giving testimony before a judge and jury or in an office answering depositional questions in preparation for trial, their role as expert witness in establishing the facts of trial are absolutely essential in a number of cases. In fact, giving testimony is itself part of the practice of medicine in our litigious society.

## INTRODUCTION: *The Expert Witness*

The expert witness is an integral feature of the judicial system. As a general rule, the opinion of one testifying in court is not admissible.<sup>1</sup> The witness must, with few exceptions, give evidence as to facts within his own knowledge or facts deducted from his own experiences.<sup>1</sup> However, expert witnesses (that is, witnesses qualified "by knowledge, skill, experience, training, or education"<sup>2</sup>) may testify as to facts within their own knowledge or they may give their opinions upon assumed facts.<sup>3</sup>

With the great advances in medicine, science and technology (which will undoubtedly increase in the future), the importance of the physician-expert witnesses in litigation is becoming widely recognized. Just a few examples of controversies arising from cases illustrate this point: cases concerned with environmental pollutants, cancer-causing agents, drug products, poisons, health care delivery, as well as the more common workmen's compensation and disability and malpractice cases.

It is important for physicians who may testify as expert witnesses to be familiar with the trial process and be aware of some "problems" that may occur. This article is designed as a list of "pointers" or "tips" for the expert witness. The sections that follow emphasize the character of the process at various stages in the trial preparation and at the trial itself.



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# Factors for the Physician-Expert Witness

## SELECTION

The physician-expert witness is selected because of his particular expertise and ability to make a specific contribution to a litigant's case. Attorneys may develop availability lists for experts and then choose one that best fits the needs of the case.

The list may be compiled from various sources: pertinent departments at colleges or universities, or from directories of experts (as from the American Dental, Medical and Osteopathic Associations and their local societies or other professional), or from other lawyers who have handled similar cases, or because of the client's personal preferences.

However, when a list of possible candidates is developed, the following criteria (as suggested by eminent trial lawyers<sup>4</sup>) will probably be used in making the final choice:

1. The ability of the expert witness to communicate with the jury (That is, can the candidate expert translate complicated technical material into clear language, comprehensible to the average juror and will he address the jury in a down-to-earth fashion that creates an attitude of receptivity with the jury?).
2. The vulnerability of expert witness to cross-examination.<sup>5</sup>
3. The expert's experience as a witness (That is, the veteran expert witness can be of great assistance in the trial, but the exposure of a "professional" expert may damage the witness' credibility with the jury.).
4. The expert witness' fee (That is, reasonable compensation for services, expenses, and last wages, rather than "exorbitant payment for testimony" "made contingent upon the outcome of the trial.").

## PREPARATION

Preparation for the physician-expert's testimony is absolutely essential and will begin soon after selection. A close working relationship between attorney and expert witness is very important. The expert will usually be given a comprehensive review of the entire case and be informed of the relevancy of his testimony to the major issues in the trial. The attorney and expert will then develop the most persuasive format for their presentation of the evidence. If more than one expert witness is involved, a conference will normally be held so that each issue can be presented logically in a systematic progression.

The period of time allotted for preparation must be considered; for example, the expert must have sufficient time in order to conduct tests, make examinations, analyze results, consider the possibilities and evaluate opinions. This is an element of the "discovery" process in trial procedures, allowing the parties to establish the merits of their allegation as well as explore the strengths and weakness of positions.

The physician, in preparing for the case, must be alert to the fact he may not be called to testify at all. The case may be settled without going to trial. However, one must prepare as if the case will be heard in court. Therefore, when determining an appropriate fee for services the expert should carefully consider including all the time he spends in preparation. Frequently, attorneys contact expert witnesses a number of times (by telephone and letter) when learning or coping with the intricacies of the facts that lead to the expert's opinion or conclusion. Or the expert may be called to give a deposition or to testify and the date will subsequently be changed or a trial continuance granted. The expert should keep accurate records to show time expenditures, not only to explain the reasonableness of the fee but also prove that the fee is not "exorbitant" when cross-examined by the opposing party's counsel.



## EXAMINATION OF THE EXPERT WITNESS

The expert witness will probably give his testimony or "be examined" before the trial during the "discovery process." That is, the expert will be *deposed* preliminarily or give his *deposition* or he may answer question under oath or *interrogatories* posed by the attorneys. Then during the trial, the expert's testimony will be given again (probably in much the same fashion as during the discovery). Therefore, the discussion of direct examination and cross-examination that follows is important for the expert for discovery purposes as well as trial purposes.

**Direct Examination.** Direct examination of the expert witness is conducted by the party's attorney who "calls" the experts or asks the expert to testify. As an introductory matter, the expert will be *qualified* (to be discussed below), then testify as to the questions or issues in the case, for example, in toxicity problems one might expect testimony on the cause of the toxicity, or the steps that could be taken to avoid toxicity (usually direct examination ends with the expert's answer to a *hypothetical question*, also discussed below).

**Qualification.** At the very beginning of the expert's testimony, the attorney will "qualify" his witness as an expert, that is, establish the witness' credentials and credibility in the minds of the jurors. Questions will normally elicit answers showing schooling, specialized training, description specialty experience, academic appointments or company affiliations or consultantships, membership in associations, societies, publications, and professional honors received.<sup>4</sup> An agreed format between lawyer and physician will prevent careless omissions that can create doubts about the expert's qualifications.

**Hypothetical Question.** Since in most instances, the expert witness will not have first-hand knowledge of the facts that led to the trial, the expert must assume the correctness of other witnesses' testimony in order to render an opinion that often the expert does not hear other witnesses' testimony, but rather listens to a narrative read by counsel based on evidence previously presented upon which an opinion is given.

Since, Anglo-American legal tradition dictates that parties testify by responding to questions asked by counsel or the court, the expert witness testifies by answering the lawyer's questions. The attorney's queries are based on assumptions or hypothetical facts as derived from previous witnesses' testimony. Each assumption in the questions has some evidence offered to sustain its proposition. This scheme of questions-and-answers was developed to allow the expert to testify when he has no first-hand knowledge. The form of questioning is cumbersome, but accepted in most

jurisdictions.

The answer the expert gives to these assumptions or "hypothetical questions" is the culmination of the expert's testimony, it establishes the expert's opinion in the case (usually the very reason for calling the expert to the witness stand). A discussion of "hypothetical questions" is very difficult without a specific example. But a narrative here would be of little value when experts are employed they will probably help formulate the questions that the lawyers will ask. Suffice it to say that lawyers will see that the "hypothetical question" is in proper form since it is the essence of the expert's testimony.

**Objections.** Occasionally, attorneys may object to the questions asked of a witness (the objection may be based on improper wording (that is, a leading question), or the question may call for a conclusion of the witness not within his scientific expertise, or the question may lack relevancy). Whatever the reason for the objection, the expert should not answer the question until the court has either over-ruled the objection or sustained the objection. If the objection is over-ruled the attorney will normally repeat the question for an answer.

**"Pointers" for Direct Examination.**<sup>6</sup> In preparing for direct examination, the expert might find the following "pointers" helpful:

- *Be prepared.* In order to be creditable, the expert must be thoroughly conversant with all the facts of the case which bear upon the opinion he expects to express during testimony and with other scientific data pertinent to his testimony.
- *Be courteous.* The obnoxious or patronizing witness usually does not impress the jury.
- *Avoid esoteric or scientific terminology.* The witness must explain his opinion and not confuse the case. Medical or technical terms are not easily understood by the average juror.
- *Remain objective.* Even though the issues may strike emotional chords, the expert must remain aloof from subjective feeling.
- *Keep within expertise.* The physician cannot stray afield of his area of specialization without jeopardizing credibility.

## CROSS-EXAMINATION OF THE EXPERT WITNESS

After direct examination, the other party's counsel is given the opportunity to cross-examine the expert



witness. The purpose of the cross-examination is to show the following: (1) a lack of qualification, (2) a bias or motivating interest in testimony, (3) an error in observation or testimony, (4) an error in professional opinion, or (5) prior inconsistent or contradictory, oral or written, statements which are grounds for impeachment. Cross-examination of the expert witness can boomerang against the questioner; if the attorney does cross-examine it is a sign that there may be "cracks" in the expert's testimony.

**"Pointers" for Cross-Examination.** Just as the expert should be prepared for direct examination, there are "pointers" for cross-examination:

- *Be straight-forward.* The expert should not attempt to evade a question. Even when questions such as "How much money are you being paid to testify today?" are asked, it is important to have a logical, sensible answer ready.
- *Maintain composure.* Some questions are asked simply to irritate the expert and cause him to lose his temper. Under such pressure it is important to remain calm and unruffled.
- *Answer only the question asked.* The witness should answer only questions posed by counsel, thereby avoiding the tendency to volunteer information.
- *Consider all questions carefully.* Think the questions through; even subtle distinctions (as between "probability" and "possibility") can be confusing at first hearing.

## CONCLUSION

Because physician-expert witnesses are important to the judicial process, they should be familiar with trial procedures and thereby prepared to give their expert opinion in testimony. They also should be aware of the manner in which their testimony will be elicited, making them better participants in the administration of justice and trial process.

## REFERENCES

1. Cleary EW (ed): McCormick's Handbook of the Law of Evidence, 2nd ed, St. Paul, Minn, West Publishing Co., pp. 20-22, 1972.
2. Federal Rules of Evidence, Rules 702, 1975.
3. Op. Cit. note 1, supra, pp. 29-41.
4. Figg, RMC, McCullough, RC, and Underwood, JL: Civil

Trial Manual, student ed, Philadelphia, Penn, The American Law Institute, Inc. 1974.

5. Ibid., p. 247 citing Hilton, A: Elements of effective expert testimony, J For Sci 2:73, 74, 1957.
6. The following texts were used in addition to the Civil Trial Manual, note 4, supra, in developing the article and the "pointers:" (1) J.R. Waltz, E.E. Inbau: Medical Jurisprudence, New York, N.Y., Macmillan Publishing Co. Inc., 1971; (2) W.J. Curran: Tracy's the Doctor as a Witness, 2nd ed. Philadelphia, Penn., W. B. Saunders Co., 1975; and (3) A. R. Moritz, R.C. Morris: Handbook of Legal Medicine, 4th ed., St. Louis, Mo., The C. V. Mosby Co., 1975.

● Adapted from an article entitled "Procedures and Pointers for the Expert Witness" which appeared in *Clinical Toxicology Consultant*, 3:30-34, 1981. Used with permission.

About the Authors: Clyde A. Gallehugh, D.O., is an associate professor of medical humanities and anesthesiology at Texas College of Osteopathic Medicine. Bruce David White, J.D. is a clinical assistant professor in the medical humanities department at TCOM. Martin E. Hamner, Ph.D., is on the faculty of the College of Pharmacy at the University of Tennessee Center for the Health Sciences. ^

## People



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# Half of All People Die Because of Unhealthy Behavior

In 1974, the Government of Canada introduced a concept that viewed all causes of death and disease as having four contributing elements:

1. Unhealthy lifestyle (behaviorial factors).
2. Human biological factors (heredity),
3. Environmental hazards (pollution), and
4. Inadequacies in the health care system.

Using this framework, in 1976 a group of American experts developed a method of assessing the relative contributions of each of these elements and applied it to the 10 leading causes of death. The results showed that environmental hazards and human biological factors accounted for 16 percent and 26 percent respectively of the United States mortality in 1976. Another 10 percent was related to inadequacies in the health care system, and approximately one-half (48 percent) of this mortality was related to unhealthy behaviors or lifestyle.

At a recent conference at the Texas Department of Health (TDH), William Foege, M.D., director of the Centers for Disease Control (CDC), commented further on the adverse effects of unhealthy lifestyles on this nation's health. "Today accidents, cancer, heart disease, homicides, and suicides are leading causes of death in the U.S., with alcohol abuse involved in one-third of the accidents, homicides, and suicides." In addition, "We've seemed to accept cigarette smoking, which is a cruel epidemic much worse than infectious disease. In fact, more than 1,000 premature deaths per day in the U.S. are connected with cigarette smoking."

According to Dr. Foege preventive health care is now a top priority for the first time in this country. The CDC have therefore restated their goals to: 1. reduce unnecessary illnesses; 2. prevent premature deaths; and 3. to improve the quality of life.

What is being done in Texas to combat these problems? One approach is the TDH's LIFE Program. In January of 1980, the Chronic Disease Division began a Life-style Improvement From Education (LIFE) Program funded by a grant from CDC's Bureau of Health Education (since renamed the Center for Health Promotion and Education).

The LIFE Program started by developing and initiating a Selected Risk Factors Questionnaire. This questionnaire is used to assess risk factors of clients using public health clinics. Nine major risk factors are surveyed in this "health risk appraisal": hypertension,

hyperglycemia, obesity, stress, alcohol use, smoking, lack of exercise, cancer signals, and excessive fat, salt, and sugar intake.

The questionnaire assists the LIFE Program in pursuing several objectives. One of these is the develop-

The questionnaire assists the LIFE Program in pursuing several objectives. One of these is the development or improvement of surveillance systems to identify and record the morbidity and mortality of chronic diseases in Texas and their related risk factors. This is to be coordinated with existing data collection systems. The TDH LIFE Program utilizes this risk factor prevalence data to assess the most commonly occurring risk factors in Texas. This allows development of programs which may more effectively meet public health needs. Suggestions and comments regarding surveillance of chronic disease morbidity and related risk factors are invited.

Another, and perhaps most important, objective of the LIFE Program is to provide patient education and encourage more personal responsibility for health by reducing an individual's risk factors. Persons completing the questionnaire receive counseling on ways to modify unhealthy personal habits. Recommendations advising such things as good dental practices, seat belt usage, or visits to the doctor may be offered, or the client may be referred to community health services.

The LIFE Program began operation in Public Health Regions 6 (Temple) and 11 (Rosenberg). The questionnaire is now offered in three other Public Health Regions as well as several local health departments. Future efforts will encourage more community, school, and industrial involvement as well.

All of this serves to indicate that life-style risk reduction is receiving increased recognition by public health professionals as an effective preventive health measure. In the event that this becomes further accepted and adopted by lay persons, it may lead to a significant shift in the delivery of health care services.

For additional information in the LIFE Program contact the Bureau of Chronic Disease, TDH at 512-458-7534 or STS 824-9662.

*Report prepared by Roger A. Diamond, M.P.H., Health Program Specialist, Bureau of Chronic Disease, TDH.*

*(Reprinted from October 31, 1981 "Texas Morbidity This Week" published by the Bureau of Epidemiology of the Texas Department of Health.)*^



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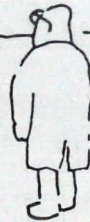
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# ACADEMIA

## News From The Colleges

### CCOM

Chicago College of Osteopathic Medicine faculty members Paul Wolfson, D.O., associate professor of medicine (cardiology), and director, section of cardiology; Frank C. Walton, D.O., associate professor of osteopathic medicine, and Richard D. Bell, Ph.D., associate professor of physiology were recently honored by their professional associations.

Dr. Wolfson was elected a fellow of the American College of Physicians. Dr. Walton was elected to a three-year term as a member of the Board of Governors of the American Academy of Osteopathy. Dr. Bell was one of 36 Chicago area research investigators who received a certificate of recognition from the Chicago Heart Association for work he is conducting on the connection between kidney lymph and kidney disease, hypertension, heart disease, and other problems related to kidney function.

### TCOM

Ten Texas College of Osteopathic Medicine (TCOM) student/physicians have been named to the 1982 edition of "Who's Who Among Students in American Universities and Colleges."

They are seniors Weldon E. Glidden, Steve P. Buchanan, Karen A. Calabria and Bruce Faber; juniors Mark T. Gleba, Timothy B. McGuinness and Jim Mitchell; and sophomores Robert C. DeLuca, Elizabeth A. Palmarozzi and David E. Teitlebaum.

\* \* \* \* \*

Harbans Lal, Ph.D., chairman of

the department of pharmacology at TCOM is co-editor of a new book, *Psychopharmacology of Clonidine*, published recently by Alan R. Liss, Inc., New York.

Part of a series entitled "Progress in Clinical and Biological Research," the monograph is based on a special symposium at the April 1980 meeting of the Federation of American Societies for Experimental Biology in Anaheim, California.

Clonidine, an antihypertensive agent, was chosen as the book's subject because of its broad, multifaceted pharmacological effects in both animals and man, said Dr. Lal and co-editor Stuart Fielding, Ph.D., department of biological sciences, Hoechst-Roussel Pharmaceuticals, Inc., Somerville, New Jersey.

"Many chemical substances have been useful in the treatment of diseases; very few, however, become investigational tools that motivate critical research in medicine," the editors said. "Clonidine, because of its broad multifaceted pharmacological effect in both man and animals, can be used not only as a tool of research, but also as a means of developing new treatment modalities for several diseases."

*Psychopharmacology of Clonidine*, which reviews the most recent research on clonidine including the locus coeruleus, will be of value to pharmacologists, psychologists, toxicologists, as well as clinicians in the areas of psychopharmacology, neuroscience, internal medicine and cardiovascular pharmacology, added the editors.

### UOMHS

William J. Dyche, Ph.D., associate dean for pre-clinical affairs at the University of Osteopathic Medi-

cine and Health Sciences (UOMHS), Des Moines, has been notified that his research findings on "Are Lysosomes Involved in the Regression of the Male Fetal Mullerian Ducts?" have been confirmed by a research group at the Hopital Des Enfants Malades, Paris, France. Dr. Dyche's study was published in the *Journal of Morphology* in November, 1979.

Dr. Dyche's research "elucidated the mechanism of mullerian duct involution using fetal mice as a developmental model." According to his research, "the mullerian ducts, if allowed to develop, become uterine tubes and uterus in the female. The ducts in the presence of fetal testicular hormones involute in the male leaving only vestiges such as the appendix testis."

The confirming research report appeared in the November, 1981 issue of *Biology of Reproduction*.

\* \* \* \* \*

Four alumni of UOMHS have been named recipients of the MAP Reader's Digest International Fellowship program (MAP-RDIF).

The MAP-RDIF program was established to provide medical students with an opportunity to experience a first-hand view of medicine as practiced in a third world country. The four are among 774 senior medical students, interns and residents to receive these fellowships.

The recipients are Laurence Wickler, D.O., Country Club Hills, Illinois; Lt. William Noble, III, D.O., Twentynine Palms, California; Capt. David Wilder, D.O., Fort Knox, Kentucky, and David Beachy, D.O., Des Moines, Iowa.

\* \* \* \* \*





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to the service of humanity. . .”*

*— from THE PHYSICIAN'S OATH*

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# *Osteopathic Profession at the Crossroads*

By Frank J. Bradley, D.O.  
TOMA President

The osteopathic profession has been at the crossroads many times in its short life and 1982 is no different. Medicine, in general, has many decisions to make and many problems to solve, all the way from the number of physicians to be licensed to the complete control of medicine by the Federal government. We, as the osteopathic profession, also have these problems to solve, but on top of this we have our own unique problems that we must address. At present we have what most people would consider as a good problem and that is the problem of growth. We are by far the fastest growing health profession in this country. Because of this growth, we have more students and more colleges. We need more teachers and more teaching facilities. These are good problems.

In the past we have, as a profession, made good decisions at the crossroads. One of these was to continue as a separate school of medical practice. In order to continue down this road, I would like to look at four areas that I feel are extremely important, both now and in the long range plan of our profession.

1. Support the osteopathic profession and support the osteopathic hospitals. This is a crossroad decision that we as individuals must make. By supporting the profession I mean politics; I mean get involved and let your opinions be heard. Support the many different phases of our profession. First your colleges, then the national, state and local societies, your specialty colleges, specialty society and also the political action committee of your Association.

Also, we must make the decision to support the osteopathic hospitals. Where would we be as a profession without our hospitals? By supporting the hospitals we must try to make them better than any other hospital in the community of comparable size. We can do this by providing top care and service to our patients. But, since most of our hospitals are small, we should maintain a good working relationship with larger institutions for some special procedures and treatment. There is a place for good, small to medium sized hospitals. You do not have to be 500 beds to give good patient care.

2. Another decision the profession must make is how long it will take to train a general practitioner. The general practitioner has always been the backbone of this profession. We have prided ourselves in getting 90 percent of our people into general practice and

getting them in practice after four years of medical school and one year of a rotating internship. I realize that medicine is changing fast and there is a lot to learn but I have confidence that our osteopathic medical schools can take a qualified college graduate with premed requirements and make a good doctor out of the student in four years. Our hospitals can then put the doctor through a good rotating program and the doctor becomes a physician and a qualified general practitioner. Certainly he must keep up by taking continued medical education, but in my opinion, he or she does not need two more years of post graduate education. The M.D.s may need this, but I don't think we should do it just because they do. Our doctors should be trained as if they are going to be general practitioners from the start. This is what we advertise and this is what we do. Our crossroad decision is whether

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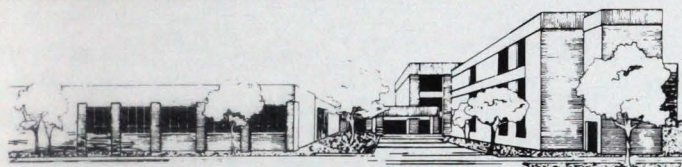
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to stay with that approach or to change it.

3. The last two decisions I would like to suggest are decisions I feel the profession should make to continue with its uniqueness in the practice of medicine.

The third one relates to specialty training and this is



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an idea I have had a long time and feel that it certainly has merit. That is, require a candidate to spend two years in general practice before starting into a residency program. This will give the person a good background and understanding of the problems the G.P. faces. It will distinguish us from the other school of practice and it would help us to continue to emphasize our basic philosophy of training general physicians. There may be a number of physicians who get introduced to general practice who will enjoy it so much that they will decide against specialization and will continue serving as general community physicians, where the need still exists in this country.

4. The fourth and final crossroads I want to discuss has to do with our degree. For the past several years our colleges have been changing their names, and incorporated medicine in their title; for example, Texas College of Osteopathic Medicine. This is true of many of the colleges we have throughout the country. This is more descriptive of what these institutions are doing in training the young physician. Our state organizations have almost all changed their name to include osteopathic medicine in their title. I feel that it is time that our colleges give the degree that best describes our training; and, that agrees with the titles of our schools and our societies. That degree is Doctor of Osteopathic Medicine or M.D.O. In opinion this would not only best describe what we are and what we do, but it would save our profession thousands of dollars on public relations campaigns. I feel like we, as individuals, have to be the best public relations for the profession. With the degree M.D.O., we will get plenty of opportunity to explain what the "O" stands for.

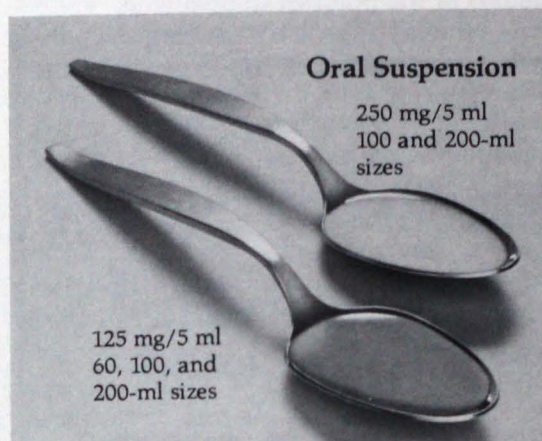
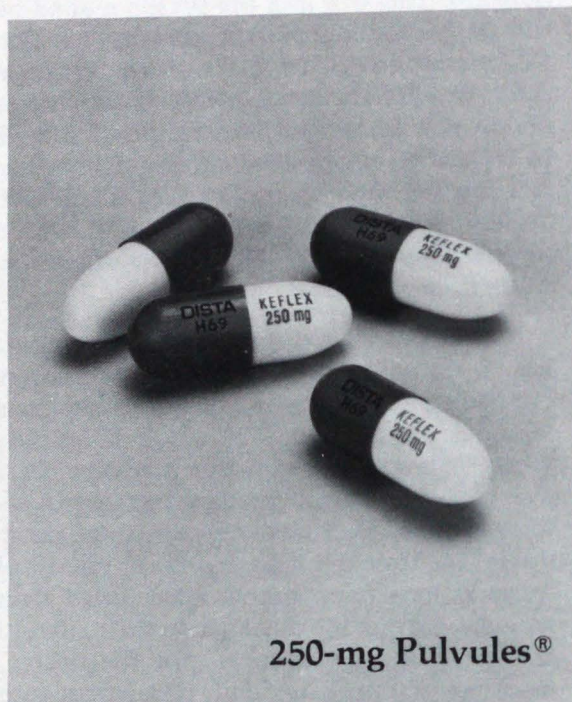
I have mentioned subjects that I feel are hot issues but they are issues that many people in the field are concerned and talking about.

It seems to me that it is very easy for us who are heavily involved with the Association work and those of us who are somewhat insulated by our large institutions, to be unaware of some of the problems that the individual physician may be facing. That is why I have raised these questions and I would appreciate any input you may have in regards to these, or any other crossroads that we face.

Some of you may not believe this, but the Texas Osteopathic Medical Association exists only for the purpose of representing and serving the osteopathic profession of Texas. I cannot accomplish this without the input and the thoughts of its membership. ^



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# 'Emphasize Health Maintenance,' Secretary Says

"We are overdue for a re-orientation of our health care system — emphasizing health maintenance rather than treatment of disease," said Richard S. Schweiker, secretary of the Department of Health and Human Services (HHS), in an interview published in a recent issue of *Osteopathic Hospitals*.

One of Schweiker's goals is to put preventive health care and preventive medicine at the top of the federal medical agenda. He told *OH* that although the cost of such programs is an important consideration, it must be remembered that prevention is a cost effective strategy. But the savings must be documented, Schweiker said. "We must direct research funds toward identifying cost-effective preventive

measures. . . and we must move cautiously."

Citing the success and active support of voluntary groups in preventive medicine, he urged continued efforts to use existing resources prudently. "The work setting is an ideal location for health promotion activities, and business and industry are discovering that the benefits to employer and employee alike warrant their support."

Overregulation is another major problem in health care, in Schweiker's view. "For the 40 HHS programs now proposed for the consolidated block grants initiative, there are currently 613 pages of law and 1,409 pages of federal regulations," he said. Rather than duplicative categorical grants, the

Administration has proposed legislation to create four block grants, thus making the states less accountable to Washington.

One aspect of decreased regulation is competition. Through implementing the changes less regulation will create for the health care system, competition will ultimately be far more effective than the changes proposed by previous administrations, he said.

Schweiker's views on the competition issue, as well as those of other major figures in government and in health care, are presented in *Osteopathic Hospitals'* November/December issue on competition. Single issues are available from the publisher for \$2 each.▲

## Dr. Barrera Receives Chief Resident Status

Rodolfo Barrera, D.O., of Corpus Christi has been appointed chief resident at Driscoll Foundation Children's Hospital in Corpus Christi effective January 1.

Dr. Barrera is the only osteopathic physician to be accepted for a residency at Driscoll Hospital.

A native of Corpus Christi, he is a 1979 graduate of Texas College of Osteopathic Medicine and served his internship at Corpus Christi Osteopathic Hospital in 1979-80. Dr. Barrera began his

pediatric residency at Driscoll in July 1980 and will complete it in June 1983. Following his residency, he plans to set up his practice in Corpus Christi.

Driscoll Foundation Children's Hospital is a 123-bed pediatric hospital operated by a private benevolent foundation for the benefit of the poor children of South Texas. It has become a tertiary referral center for rich and poor whose programs in neonatology, cardiology, oncology, endocrino-

logy and pediatric surgery draw patients from the entire Brownsville-Laredo-Victoria triangle which has over one million people.

All patients at Driscoll are cared for by the residents under the supervision of an attending physician. Residents are not responsible for private patients unless they elect the surgical service. The hospital has 18 pediatric residents.

Driscoll Hospital has about 4,000 medical, 1,000 surgical and 400 neonatology admissions per year with 33,000 outpatient visits.▲



# Texas Ticker Tape

## DR. WILKINS ELECTED TO NATIONAL OFFICE

Frederick M. Wilkins, D.O., of Fort Worth was recently elected secretary-treasurer of the American Osteopathic Board of Radiology.

## TOMA SCHOLARSHIP APPLICATIONS AVAILABLE

Applications for TOMA's scholarships for the 1982-83 academic year are available to interested students from the State Office. Scholarships are available for Texas residents entering their first year at an osteopathic college and for second- and third-year students at Texas College of Osteopathic Medicine. To request a scholarship application, write TOMA, 226 Bailey Avenue, Fort Worth, Texas 76107. Deadline for completing the applications is March 15.

## DR. MILLS OPENS OFFICE IN SPRINGTOWN

Paul Mills, D.O., a 1979 graduate of Texas College of Osteopathic Medicine, has opened a general practice office in Springtown at the Springtown Medical Clinic. Springtown is about 40 miles northwest of Fort Worth.

## DOCTOR JOINS MEDICAL GROUP IN QUINLAN

Les T. Sandknop, D.O., has opened his office for the practice of family medicine and surgery at the Westlake Medical Group in Quinlan. Dr. Sandknop joins Carl K. McKenney, D.O., and Ron W. Jones, D.O.

## AACOM TO HOLD NATIONAL CONFERENCE IN JUNE

The American Association of Colleges of Osteopathic Medicine will hold its Second Annual Educational Conference from June 23-25 in Tulsa, Oklahoma in conjunction with the national meeting of the National Association of Advisors for the Health Professions. The joint conference is viewed as a valuable opportunity to increase the understanding of osteopathic medical education among the health professions advisors and as an opportunity for the AACOM and the NAAHP to establish formal and informal networks of communications. For more information contact the AACOM at 4720 Montgomery Lane, Suite 609, Bethesda, Maryland 20814 or call 301-654-5600.

## DR. TRUITT MOVES TO INGRAM

Denzil J. Truitt, D.O., has moved from Petersburg to Ingram and opened an office for general and family practice. He is the only physician in Ingram and the only D.O. in the area.

## H. GEORGE GRAINGER, D.O. IS THE WINNER

Dr. George Grainger, of Tyler, will once again carry TOMA membership card number 1 in his billfold for 1982-83. For a dozen years he and Joseph L. Love, D.O., of Austin, have been in a contest to see who delivers their check for their annual dues first to the TOMA state headquarters. The first five, this year, in the order of receipt of their checks are: (1) H. George Grainger, D.O., of Tyler (2) Joseph L. Love, D.O., of Austin (3) Carl Everett, D.O., of Fort Worth (4) Graydon J. Carlstrom, D.O. of Dallas and (5) Ted C. Alexander, Jr., D.O. of Wichita Falls.

## THIRD ANNUAL DISTRICT XV POLITICAL NIGHT

TOMA District XV is holding its third annual Political Awareness Night at the Colonial Country Club, in Fort Worth, February 25. Chairman, Dr. Pat Kirlin, has sent formal invitations to all District XV members and spouses and state legislative candidates in the Mid-cities and Tarrant County area.



# Texas Ticker Tape

## MEMORIAL TO DR. CARL SOHNS

Drs. Allen M. and Sue K. Fisher, of Stanton, made a memorial contribution to TOMA in memory of Carl J. Sohns, of Cross Plains who passed away January 3, 1982. Dr. Sohns served the people in his community for more than 30 years after graduating from Kirksville College of Osteopathic Medicine in 1951.

## STUDENT-DOCTORS MEET AT TOMA HEADQUARTERS

Several groups of student doctors from TCOM, have begun holding their meetings at the new state headquarters at the Texas Osteopathic Medical Association, 226 Bailey Avenue, Fort Worth.

The groups include the Atlas Club, the student chapter of ACGP, the freshman class and Women Students Organization of TCOM.

## TOMA MEMBERSHIP AT ALL-TIME HIGH

Membership in the Texas Osteopathic Medical Association during the past decade has more than doubled, reaching an all-time high at the end of 1981 of 1,385. Last fall 303 TCOM student-doctors joined TOMA. They will have official student-doctor delegates at the TOMA House and the AOA House of Delegates. In addition, they will receive the same mailings sent to doctor members who are in active practice.

## TOMA COMMENTS ON BME LICENSURE RULES

Preparatory to hearings scheduled February 19-21 by the Texas State Board of Medical Examiners on proposed rules, TOMA has filed formal comments pointing out that a proposed additional one-year postdoctoral training for licensure is not provided for in the Medical Practice Act passed last summer. TOMA seeks recognition of the osteopathic and M.D. National Boards of Medical Examiners and opposes proposed recertification rules. TOMA supports stricter rules concerning licensure of foreign medical graduates.

## OUR SEVEN BIGGEST MISTAKES

Management consultants surveyed by *Medical Economics* names the seven biggest mistakes made by doctors. They are: (1) signing your name to legal documents too obligingly; (2) taking advice from the wrong source on matters of business; (3) rushing into computer billing; (4) succumbing to the tax write-off fever; (5) locating or relocating an office; (6) running scared from the Internal Revenue Service (failure to file aggressive income tax returns); and (7) running an inefficient office. Call the TOMA state headquarters if you would like more details on the seven big mistakes.

## R. GRAINGER FIRST ON 1982 TOPAC ROLL

TOMA members are asked officially to contribute \$200 annually to the Texas Osteopathic PAC and this year H. George Grainger, D.O., of Tyler, sent in his TOMA dues and 1982 TOPAC check in the same envelope to discharge both responsibilities first in the state. Ted C. Alexander, Jr., D.O. Wichita Falls; Joseph L. Love, D.O., of Austin; and Katherine G. Paterson, D.O., of Austin made their 1982 TOPAC contribution in that order. Thanks for getting the ball rolling.

## PROFESSION MOVES FORWARD

The first D.O. established practice in Texas in 1898 and TOMA was organized in 1900. Last fall a new state office headquarters was dedicated at 226 Bailey Avenue, Fort Worth and in mid-April the Association will hold its 83rd Annual Convention & Scientific Seminar in Austin. Time marches on.



# Opportunities Unlimited

Practice Locations in Texas

## PHYSICIANS WANTED

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

**COMMERCE** — East Texas State University/Head Student Services. Excellent location 55 miles from Dallas. University enrollment of approximately 8,000 — located in Commerce, a city of 7,500. The University desires to employ a physician to head the Student Health Center and perform other University related health duties. Ideal opportunity for the starting physician or an individual who wishes a less demanding schedule. Competitive salary and fringe benefits including substantial time off. Must be interested in young people, possess good communication skills, and be able to function as an administrator. References required. Contact: Ron Robinson, Executive Director/Division of Student Affairs, ETSU, Commerce, 75428. Phone: 214-886-5083.

**CROSS PLAINS** — G.P. needed to take over deceased doctor's practice. Town located in west Texas near Abilene. For further information write TOMA, Box "A-1", 226 Bailey Avenue, Fort Worth, 76107.

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

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

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

**FRITCH** — Needs family practice physician or GP in successful rural health clinic located in Fritch, Hutchinson County, Texas. Town and surrounding area is 9,000 population. Fritch is located 14 miles from Borger and 35 miles from Amarillo. Full service hospital. Salary \$52,000 plus percentage of inpatient revenue. Relief time provided. Contact: Johnny Raymond, Director, Panhandle Rural Health Corporation, 168 Hamlet Center, Amarillo, 79107. Phone: 806-383-8111.

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

**GROOM** — Needs D.O. general practitioners. Excellent opportunity for experienced and young eager physicians. 32-bed hospital closed due to the lack of a physician. Will re-open upon establishment of physicians. Excellent opportunity and hospital will assist with start-up and relocation expenses. Contact: W. L. Davis, Jr., Executive Director, Southwest Osteopathic Hospital, P. O. Box 7408, Amarillo, 79109. Phone: 806-358-3131.

**GROVES** — Otolaryngology solo practice opportunity is available with Doctors Hospital in Groves on the Texas Gulf Coast. 2½ hours drive from Houston, vibrant economy, varied recreation, congenial medical staff. Relocation and financial assistance available. Contact: Director of Physicians Relations, P. O. Box 2128 Houston, 77001.

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

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

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

**KEMP** — Office space available for GP in town of 1,200 people. Surrounding population 150,000 with 60-bed hospital located 10 miles away in Kaufman. Kemp is located 40 miles southeast of Dallas on Cedar Creek Lake. For more information contact: Edmund Horton, Pharmacist, P. O. Drawer 449, Kemp, 75143 or call collect 214-498-8523.



# Opportunities Unlimited

Practice Locations in Texas

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

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

## POSITIONS DESIRED

**ANESTHESIOLOGIST** — TCOM '76 graduate finishing military duty in July '82. Desires to practice in Texas. Contact: Walter L. Irwin, D.O., MOQ, H66, Camp Le Jeune, North Carolina 28542. Phone: 919-353-7285.

**FAMILY PRACTICE** — Physician completing residency in August '82, wants to join established group practice in the Dallas/Fort Worth metroplex area. For more information write: Charles Cook, D.O., 25400 Rockside Road., Apt. 609, Bedford Heights, Ohio 44146.

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

**INTERN** — Seeking practice opportunities for GP with obstetrics. Available June '82. Prefers town with hospital and population of 3,000 - 10,000. Prefers solo practice but will consider partnership. Write Box "B", TOMA, 226 Bailey Avenue, Fort Worth, 76107.

**REHAB JOBS NEEDED** — The Impaired Physicians Committee of TOMA is looking for opportunities for employment for osteopathic physicians as part of a rehabilitation program. These D.O.s, who have been voluntarily surrendering their licenses to practice and have entered a treatment program, need employment while awaiting a hearing by the Texas Board of Medical Examiners. These D.O.s would be able to work in the following areas: (1) Dictating discharge summaries; (2) Performing history and physicals; (3) Lab work as phlebotomist; and (4) Doing electrocardiograms. We need your help in building an employment resource file and would appreciate your help in this regard. Please contact: Tex Roberts, Executive Director of the Texas Osteopathic Medical Association, 226 Bailey Avenue, Fort Worth, 76107 with your questions or employment opportunities.

**SEMI-RETIRED SURGEON** — desires locum tenens as general practitioner in near South Houston area. Phone: 713-595-3491, ext. 188.

## MISCELLANEOUS

**FOR SALE** — Dispensary items, including vaccines. Write TOMA, Box "A-2", 226 Bailey Avenue, Fort Worth, 76107.

**FOR SALE** — Ames Thyrimeter-Ratio Gamma Counter. Cost \$1,800. Will sell for \$1,000. Used one time. Contact: Family Medical Clinic, 1702 E. Denman, Lufkin, 75901. Phone: 713-639-1224.

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

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

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



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