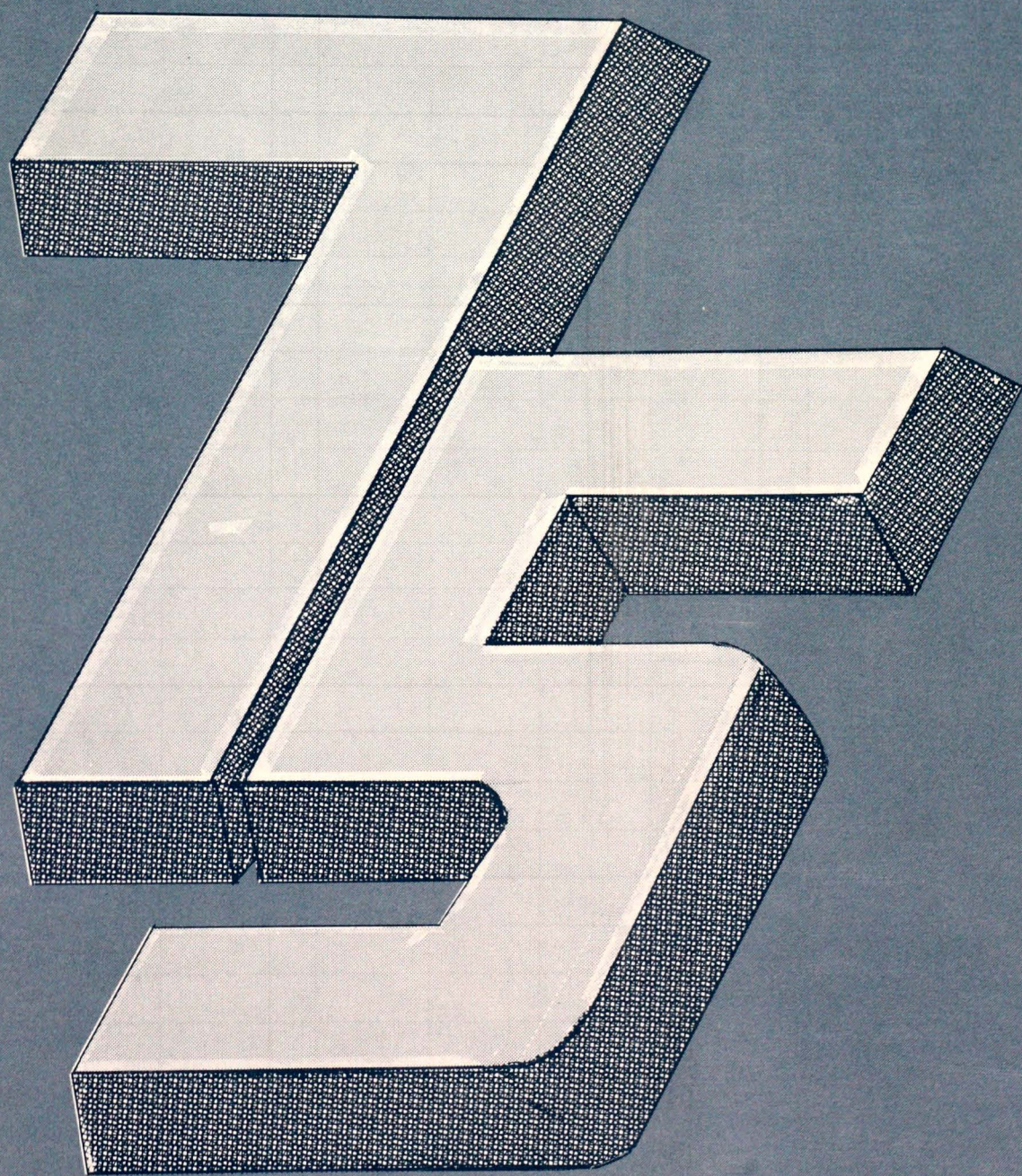


TEXAS OSTEOPATHIC PHYSICIANS  
**JOURNAL**

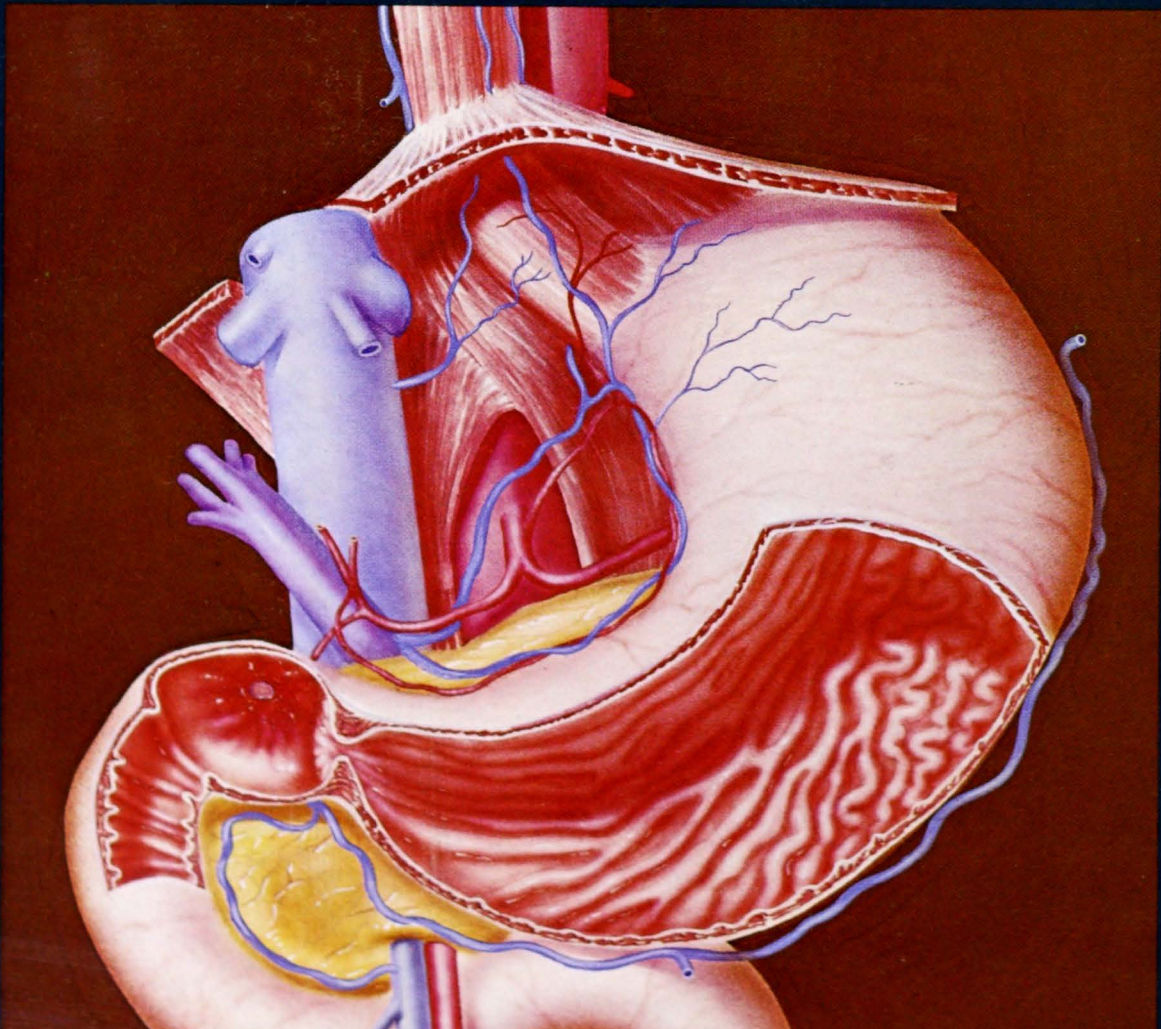
JANUARY





Patients' Gastrointestinal Complaints

When the  
complaint is always  
“indigestion”..  
it may be  
duodenal ulcer





Repeated episodes of vague gastrointestinal discomfort such as heartburn, belching, epigastric pain, and other symptoms commonly called "indigestion" may be indicative of duodenal ulcer and warrant further investigation. When investigation reveals the presence of a duodenal ulcer, healing the lesion may pose less of a problem for the patient than instituting the suggested measures to help prevent exacerbation of his symptoms. Healing the acute lesion may only necessitate disruption of the patient's normal routine for a relatively short period of time. However, long-term management, in order to keep the duodenal ulcer healed, often requires lengthy adjustments in the patient's life style—in eating habits, in handling anxiety-provoking situations—and the patient may need extra help and counseling in successfully achieving these changes, and perhaps at times may also need the benefits of adjunctive medication.

**If it's duodenal ulcer, consider Librax<sup>®</sup> as adjunctive therapy** During the period when the lesion is healing, the patient will probably do better with a comprehensive medical regimen: one that not only takes into account symptomatic relief of hypersecretion and hypermotility, but one that also provides relief of excessive anxiety that may contribute to the exacerbation of these somatic symptoms.

Because Librax offers dual relief for both somatic symptoms and undue anxiety, it is often prescribed adjunctively in cases of duodenal ulcer. Librax can be helpful both in the management of the acute attacks and in helping the patient maintain his gains while the lesion is healing.

**1** Only Librax provides, in a single capsule, the well-known antianxiety action of Librium<sup>®</sup> (chlordiazepoxide HCl) and the dependable antisecretory/antispasmodic action of Quarzan<sup>™</sup> (clidinium Br)—both products of Roche research.

**2** The calming action of Librium makes Librax unique among agents for the adjunctive treatment of certain gastrointestinal disorders.

**3** Librax is relatively free from side reactions and complications. While dryness of the mouth and blurring of vision are the most frequently reported side effects with clidinium Br, and drowsiness, ataxia and confusion are the side effects reported most frequently with chlordiazepoxide HCl (particularly in the elderly and debilitated), physicians should be aware of the possibility of other adverse reactions as noted on following page.

**4** Up to 8 capsules daily in divided doses may be prescribed according to your patient's individual needs—1 or 2 capsules, 3 or 4 times daily.

**helps relieve  
anxiety-linked symptoms  
of duodenal ulcer**

**adjunctive  
Librax<sup>®</sup>**

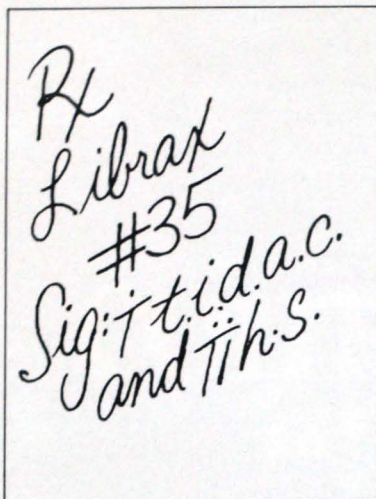
Each capsule contains 5 mg chlordiazepoxide HCl and 2.5 mg clidinium Br.



Please see following page  
for a summary of  
product information.

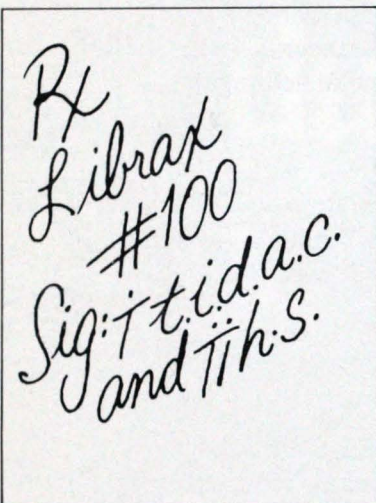


## Initial therapy



The initial prescription allows evaluation of patient response to therapy.

## Follow-up therapy



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

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

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

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

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

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

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

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

**How Supplied:** Librax® Capsules, each containing 5 mg chlordiazepoxide hydrochloride (Librium®) and 2.5 mg clidinium bromide (Quarzan<sup>TM</sup>)—bottles of 100 and 500.



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

helps relieve  
anxiety-linked symptoms  
of duodenal ulcer

adjunctive  
**Librax**®

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



# ANNOUNCING A NEW EDUCATIONAL OPPORTUNITY FOR OSTEOPATHIC PHYSICIANS

## THE ROCHE OSTEOPATHIC HOME STUDY PROGRAM

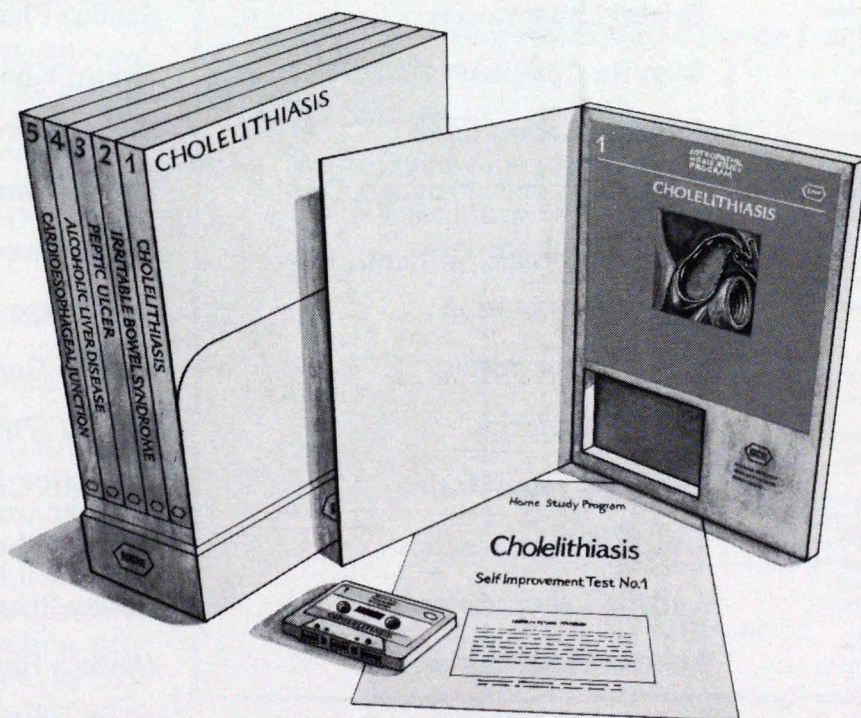
Introduced at the 1974 annual meeting of the American Osteopathic Association, the Roche Osteopathic Home Study Program reaffirms Roche Laboratories' continuing commitment to postgraduate learning programs in gastroenterology. It was coordinated by Dr. George T. Caleel, Professor of Medicine and Dean of Clinical Education at the Chicago College of Osteopathic Medicine and a leading figure in the American College of Osteopathic Internists.

Dr. Caleel is moderator of the five component programs, each comprising several elements: (1) an audiotaped discussion of one of the following topics—Program I. Cholelithiasis; Program II. Irritable Bowel Syndrome; Program III. Peptic Ulcer; Program IV. Alcoholic Liver Disease; and Program V. Cardioresophageal Junction. (2) a monograph on the specific

topic with information pertaining to the case histories presented on the tapes. (3) a self-assessment quiz.

On completion of the test, the physician may then send it to the American College of Osteopathic Internists, where it will be reviewed and returned for his self-evaluation relative to his peer group, in accordance with a quartile peer grading system. At the end of the entire program, the assessment data will be fully evaluated and become the basis for a Clinical Seminar to be sponsored by Roche and the ACOI at the 1975 AOA annual meeting.

**How you can participate**—Physicians interested in taking advantage of this opportunity may do so by informing their Roche representative or writing to Roche Laboratories, Division of Hoffmann-La Roche Inc., Nutley, N.J. 07110.



A professional service of Roche Laboratories...  
another commitment to continuing education in the field of gastroenterology.

Antianxiety/Anticholinergic

# Librax®

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



Please see summary of product  
information on preceding page.



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

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# Suppliers to the Profession Support TOMA Convention

As the first 1975 issue of this *Journal* goes to press, and with four more months before TOMA's 76th annual convention, 42 firms have reserved exhibit space for that event to be held at the Sheraton—Dallas, May 1-3.

In mid-September brochures with information on exhibiting were sent to several hundred suppliers to the

profession. The brochure was also sent to each TOMA member, several of whom have been instrumental in signing up exhibitors.

A total of 59 booths have been laid out in the exhibit hall, so there are 17 remaining to be sold. With the help of TOMA members, this goal should be reached, hopefully within a couple of months.

## EXHIBITORS

Abbott Laboratories

American Medical International

Ayerst Laboratories

Boehringer Ingelheim Ltd.

Bristol Laboratories

Ciba Rx Company

Comatic Laboratories

Cornish Medical Products Co.

Eaton Laboratories

Fisons Corporation

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## President's Message

### Our Autonomy and Independence Protected

On behalf of the Association, I want to express appreciation for the response of the Board, staff and the House to my call for a special session of the TOMA House of Delegates December 14 to decide the question of participation in the Texas Medical Foundation.

The House accepted the Board recommendation that we participate in the affairs of TMF on the basis of 25 per cent voting control in the corporate body, on the Board, and in the officer's list.

I have studied several other medical foundations around the country, and the degree of D.O. control and involvement in TMF is far more massive and meaningful than elsewhere.

The TMF bylaws specifically protect the autonomy and independence of TOMA and TMA, while creating TMF to handle concurrent review of Medicaid cases in Texas. The ramifications of TMF are far greater, however, than just Medicaid at this time.

Final approval of TMF winds up two and a half years of intensive negotiations by your TOMA Executive committee and staff.

On other fronts in TOMA, our membership has reached the highest figure in history; through Dr. Newell's leadership we have received the first federal grant in history for a TCOM—TOMA CME video cassette program; the annual meeting program has been completed by Dr. Malone—the earliest in memory; our new brochure "Osteopathic Medicine Today" is being distributed and is available; the Hospitals and Insurance & Peer Review Committee meets regularly like clockwork; our investment program already this year has earned us more money than at any time in an entire year in our history; Governmental Relations has obtained a grant from Smith Kline & French for a legislative seminar; Interprofessional



# TEXAS OSTEOPATHIC PHYSICIANS JOURNAL

	Page
Seminar on Governmental Operations	8
<i>Dates changed to January 24-26</i>	
TOMA House of Delegates Makes Landmark Decision	9
Amendments to Bylaws of the Texas Medical Foundation	10
Public Health Seminar	13
In Memoriam—G. W. Tompson, D.O.	14
TCOM Has New Director of Curriculum and Academic Development	15
Advice on the 'Care and Feeding of Doctors'	16
RMP Calls in TOMA, Health-Related Groups	17
Letters	18
Spirit of Giving Makes Blood Donor Day Success at FWOH	20
ATOMA News	21
We're Doing Something	23
Make Your Move	25
Coordinating Board Endorses TCOM—NTSU Merger	26

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Mr. Tex Roberts, Editor

Relations (handled by the Executive committee) has been under the gun for two and a half years; and several other committees and activities have been going on at full steam. At the core, of course, helping keep TOMA on the move is a hard working staff.

Elsewhere in this issue of the *Journal* is the final story written about an eloquent wheelhorse of the osteopathic profession in Texas. I hope you will read this story be-

cause G. W. lived what he wrote and said. He said it for me and I hope he says it for you.

REMEMBER, SUPPORT YOUR OSTEOPATHIC HOSPITAL AND THE D.O. SPECIALISTS. YOUR PRESTIGE AND STATUS DERIVE FROM THESE SOURCES. THE GRASS IS NOT ALWAYS GREENER IN THE NEXT PASTURE.

H. Eugene Brown, D.O.



TOMA Members and Legislators to Participate in

SEMINAR ON

GOVERNMENTAL OPERATIONS

Dates changed to January 24 - 26

Another first in TOMA history will be a two and a half day seminar on governmental operations, scheduled at the Lakeway Inn near Austin, opening on the evening of January 24 and continuing until noon January 26.

D.O.s attending will receive AOA-CME credits in category 2-E.

The faculty for the seminar will be selected members of the Texas Legislature and executive agencies of Texas government.

imperative that physicians  
become involved

TOMA, through its Governmental Relations Committee, chaired by Dr. Bobby G. Smith of Arlington, feels that an ever-increasing amount of legislation being enacted in our state affecting the private practice of medicine makes it imperative for physicians to become more involved in shaping appropriate legislation.

This seminar at Lakeway is being conducted to enable D.O.s to establish avenues of communication and develop skills necessary to work with the legislative and executive branches of Texas government.

Smith, Kline & French  
to underwrite faculty expense

Another first is a grant from Smith Kline & French Laboratories to enable TOMA to underwrite the expenses of the faculty. D.O.s attending will do so at their own expense.

This seminar was originally scheduled for the weekend of January 31, but was moved back one week, so as not to conflict with the Public Health Seminar at the Statler-Hilton in Dallas on that weekend.

TOMA is hosting a dinner and reception, beginning at 6:00 p.m., January 24, at Lakeway Inn, to which everyone is invited, including D.O.s and their wives, and legislative and executive guests and their wives.

On Saturday, January 25, there will be several simultaneous group discussions between faculty and D.O.s from 9:00 a.m. to 12:00 noon; and again in the afternoon, 1:00 p.m. to 4:00 p.m. These small group discussions will continue Sunday morning, January 26, with a plenary session scheduled for 11:00 a.m. to 12:00 noon, winding up the two and a half day program.

Space is limited to 75 D.O.s and wives, and already by mid-December 36 D.O.s had sent in their registration forms. By the time you receive this issue of the *Journal*, another mailing should be on your desk.

doctors have part in legislative process

Specific legislation will not be discussed in the small group sessions between legislators, executive branch personnel and D.O.s on Saturday and Sunday, but there will be enlightening exchanges of information on how the legislature and the executive branches of Texas government work, how to develop meaningful communication between state government and the people, how legislation can be developed and shaped, how interested groups can achieve input into the governmental process, and how a bill is initiated, developed and finally brought to a vote.

In the 1973 session of the Texas State Legislature, hundreds of bills affecting health care and medical practice were introduced. They had to be studied daily by the TOMA Governmental Relations Committee and TOMA staff. A gradually increasing number of D.O.s are becoming aware of the part they play in the legislative process, and are making themselves available to TOMA for appropriate responses during sessions of the legislature.

avenues of communication widened

The Lakeway Legislative Seminar is especially designed to impress upon state government that the D.O. is here, is interested and capable. In addition, avenues of communication are widened and improved for the Association and state government.



IN FIRST SPECIAL CALLED MEETING

## TOMA House of Delegates Makes Landmark Decision

In its first special called session in history, the TOMA House of Delegates voted unanimously December 14 in support of the Board of Trustees' recommendation that the Association participate in the Texas Medical Foundation on the basis of 25 per cent D.O. voting membership.

At the climax of two and a half years' negotiations between TOMA and TMA, Dr. H. Eugene Brown, president of TOMA, issued the call for the special session in November. Dr. Brown presented the TMF proposal with slides and moved that the House concur with the Board recommendation. The House meeting lasted less than one and a half hours.

Additional background on the TMF program, which includes the Texas Admissions Review Program (TARP), is on page eight of the November and pages six and seven of the December *Journals*.

The Texas Medical Foundation (TMF) bylaws were amended November 3 to provide for the 25 per cent D.O. representation. The corporate body of TMF is composed of the TMA House of Delegates and the TOMA House of Delegates plus 25 additional D.O.s nominated by the TOMA House. The corporate body elects the Board of Directors of TMF from nominations submitted by the respective Boards of TMA and TOMA.

One-fourth of the Board of Directors will be D.O.s and at least one of the four officers of TMF will be a D.O.

The pattern of representation was taken from the D.O.—M.D. representation on the Texas State Board of Medical Examiners: nine M.D.s and three D.O.s.

TMF is in the advanced stages of signing a contract with the State Welfare Department through the federal fiscal intermediary (Blue Cross-Blue Shield) to handle concurrent review in all hospitals in Texas on Medicaid patient admissions.

Within one day of admission all Medicaid cases will be reviewed by a medical records analyst in the

hospital in relationship to the criteria of care already generated, and if the admission is not deemed medically necessary, on the second day a physician advisory committee will so notify the patient, the hospital and the doctor, and the patient will be sent home or at least denied Medicaid coverage.

This pattern of procedure is expected to eventually move into Medicare cases and National Health Insurance, if and when it passes.

TMF secured a one-third million dollar grant from the federal government earlier this fall to create the criteria of care for Medicaid cases and for 100 diagnoses and 25 surgical and elective procedures. The osteopathic concept and the HICDA applicable numbers have been fed into the criteria of care code book. Earlier this fall at least two dozen D.O.s worked on the criteria of care and met with the TMF committee to work out the required and optional management procedures in the care of Medicaid patients.

The degree of control and the weight of influence of the D.O.s in Texas in the Texas Medical Foundation far outdistances those in other states where medical foundations have been organized to cope with federal regulations and programs.

The TMF bylaws contain no provisions that place the D.O. in conflict with the AOA and TOMA prohibition against D.O.s joining political subdivisions of the American Medical Association (AMA). TMF is a free-standing nonprofit corporation in Texas. Other programs and services to individual physician members of TMF have been or are being created, including an office practice profile system for the physician to generate patient billing, insurance claims and practice demographic data.

Participating membership by the individual licensed physician is \$15.00 annually and membership application forms are available at the TOMA office in Fort Worth or at the Texas Medical Foundation in Austin.▲



# Amendments to Bylaws of

(Approved November 3, 1974)

1. Amend Chapter I, Section 3A. on line 22 by inserting, following the words "county medical societies", the following:

"and the Texas Osteopathic Medical Association and its district societies"

2. Amend Chapter I, Section 3, Subsection f to read as follows:

"f. To establish for and on behalf of its Participating Members who are not members of the Texas Medical Association or the Texas Osteopathic Medical Association, and the general public a standard uniform procedure by which an individual receiving medical or health service and care and physicians rendering same will have the opportunity of a fair hearing of any dispute or grievance in relation thereto. If a physician or physicians involved are members of the Texas Medical Association or the Texas Osteopathic Medical Association, the matter shall be referred to the appropriate Texas Medical Association or Texas Osteopathic Medical Association component or committee."

3. Amend Chapter II, Section 2 to read as follows:

"Section 2. Qualifications of Corporate Members: Corporate Members shall consist of those persons who are members of the House of Delegates of the Texas Medical Association, a Texas nonprofit corporation, and the House of Delegates of the Texas Osteopathic Medical Association, a Texas nonprofit corporation, and an additional 24 members of the Texas Osteopathic Medical Association appointed and certified by the Texas Osteopathic Medical Association House of Delegates to the Texas Medical Foundation as corporate members. The 24 additional members of the Texas Osteopathic Medical Association appointed and certified to the Texas Medical Foundation as Corporate Members shall be Participating Members of the Texas Medical Foundation in order to qualify for appointment as Corporate Members by the Texas Osteopathic Medical Association.

Every such person becoming a member of the House of Delegates of the Texas Medical Association or the House of Delegates of the Texas Osteopathic Medical Association shall become, without any further proceeding, a Corporate Member of the Texas Medical

Foundation unless the member indicates to the contrary in writing before the next meeting of the corporate body. Each corporate member shall remain such only during the time that he is a duly qualified and acting member of the House of Delegates of the Texas Medical Association or in the House of Delegates of the Texas Osteopathic Medical Association shall become, without any further proceeding, a Corporate Member of the Texas Medical Foundation unless the member indicates to the contrary in writing before the next meeting of the corporate body. Each corporate member shall remain such only during the time that he is a duly qualified and acting member of the House of Delegates of the Texas Medical Association or the House of Delegates of the Texas Osteopathic Medical Association or, in the case of the 24 additional members, only so long as each shall retain appointment and certification to act as a corporate member from the Texas Osteopathic Medical Association. Each Corporate Member, upon ceasing to be a member of the said House of Delegates, or upon losing certification and appointment by the Texas Osteopathic Medical Association, shall immediately and automatically and without notice, hearing, or affirmative action on the part of this Foundation lose and forfeit such corporate membership, and all rights, powers, or privileges pertaining thereto.

Upon becoming a corporate member by virtue of membership in either House of Delegates, a physician shall not automatically become a Participating Member, but may apply for Participating Membership as hereinafter provided in this chapter.

This section shall be interpreted as requiring, as nearly as possible, that the corporate body be composed of members 75 per cent of whom hold corporate membership by virtue of their membership in the Texas Medical Association and 25 per cent of whom hold corporate membership by virtue of their membership in the Texas Osteopathic Medical Association. The By-Laws Committee of the Texas Medical Foundation shall review at least annually prior to the annual meeting of the Corporate Members the percentage representation in the Corporation Body of those holding membership in the Texas Medical Association and those holding membership in the Texas Osteopathic Medical Association and make recommendations for amendment of the By-Laws, if necessary, to retain the aforesaid percentage representation."



# the Texas Medical foundation

4. *Amend Chapter II, Section 4, second paragraph to read as follows:*

"Cumulative voting and voting by proxy shall not be permitted provided, however, that a properly seated alternate delegate to the Texas Medical Association House of Delegates or the Texas Osteopathic Medical Association House of Delegates may vote as a Corporate Member of the Foundation if the delegate for whom he is the alternate is not seated and voting as a Corporate Member."

5. *Amend Chapter II, Section 5, first paragraph to read as follows:*

"Section 5. Selection and removal of Participating Members: Any physician, whether a Corporate Member or other physician who desires to become a Participating Member of this Foundation shall complete and file such application for that purpose as may be required by the Board of Directors. Such applications shall contain a provision whereby the applicant agrees to be bound by the By-Laws of the Foundation and such rules and regulations as may be adopted by the Foundation and agrees to be bound by the principles of medical ethics, as interpreted by the American Medical Association and the Texas Medical Association, if such participating member is a member of the Texas Medical Association, and be bound by the principles of medical ethics, as interpreted by the American Osteopathic Association and the Texas Osteopathic Medical Association, if such participating member is a member of the Texas Osteopathic Medical Association. The Board of Directors of the Foundation shall have the right to censure, suspend or expel from membership any Participating Member who has been found by the Board of Directors to be guilty of a violation of the By-Laws or rules and regulations of this corporation or of said principles of medical ethics, or not to be of good moral character or in any other way not qualified to practice medicine, or to have been guilty of unprofessional conduct, or of conduct unbecoming a person licensed to practice medicine, or of conduct detrimental to the best interest of the public, or who has been placed upon probation by the Texas State Board of Medical Examiners. Revocation of one's license by the Texas State Board of Medical Examiners will automatically terminate Participating Membership."

6. *Amend Chapter IV, Section 1 by deleting the second paragraph of Section 1.*

7. *Amend Chapter V, Section 1 to read as follows:*

"Section 1. Corporate Powers Vested in Directors: The corporate powers of this Foundation shall be vested in a Board of Directors. A majority of the Directors shall constitute a quorum for the transaction of business. As nearly as possible, 25 per cent of the Directors shall be members of the Texas Osteopathic Medical Association and 75 per cent shall be members of the Texas Medical Association."

8. *Amend Chapter VI, second paragraph to read as follows:*

"The seven Trustees of the Texas Medical Association, by virtue of their election to that office, shall automatically become Directors of the Texas Medical Foundation and the term of office for such Directors of the Foundation shall be concurrent with their terms of office as Trustees of the Texas Medical Association. For election of the remaining Directors who are members of the Texas Medical Association, the Corporate Body shall receive nominations from each of the Regional District Councils. Such Texas Medical Association nominees shall become Regional District Directors upon election by the Corporate Body. In the event of failure of the Corporate Body to elect any nominee, the Regional District Council will be requested to submit another nominee. Only participating members of the Foundation may serve as Regional Directors. The terms of office for Regional Directors shall be for three years, provided, however, that the initial election of such Directors shall be arranged, so far as possible, so that one-third of the Regional Directors shall be elected for a term of one year, one-third for a term of two years, and one-third for a term of three years. Annually, thereafter, there shall be an election for the office of Director for each vacancy on the Board of Directors, such election being for a three year term. Such Directors shall be eligible for reelection to the Board of Directors provided, however, that the tenure of office of such Director elected by the Corporate Members shall not exceed three consecutive elected terms."



# TMF Bylaws Amendments

9. Amend Chapter VI, Section 1 by adding two additional paragraphs to read as follows:

"In addition, at least seven osteopathic physicians and the President of the Texas Osteopathic Medical Association shall serve as Directors of the Texas Medical Foundation. The procedure for election of osteopathic physicians to the Board of Directors shall be as follows: The Texas Osteopathic Medical Association Board of Trustees shall provide the Corporate Membership with a slate of nominees who are participating members of the Texas Medical Foundation. From this slate, initially a total of seven osteopathic physicians shall be elected to serve as Directors of the Texas Medical Foundation. The terms of office for such Directors shall be for three years provided, however, that the initial election of such Directors shall be arranged so that two of such Directors shall be elected for a term of one year, two for a term of two years, and three for a term of three years. Annually, thereafter, there shall be an election for the office of Director for each such vacancy on the Board of Directors, such election being for a three-year term. Such Directors shall be eligible for reelection to the Board of Directors provided, however, that the tenure of office of such Director elected by the Corporate Members shall not exceed three consecutive elected terms. The President of the Texas Osteopathic Medical Association shall automatically become a Director of the Texas Medical Foundation for the duration of his term of office as President.

If one or more additional Directors are required to be elected in order that 25 per cent, or as nearly so as possible, of the Texas Medical Foundation Directors shall hold membership in the Texas Osteopathic Medical Association, the Board of Trustees of the Texas Osteopathic Medical Association shall submit nominees who are also participating members of the Texas Medical Foundation to the Corporate Body to fill the one or more positions on the Board of Directors necessary to insure the 25 per cent representation of the Texas Osteopathic Medical Association. Such additional Directors, who are members of the Texas Osteopathic Medical Association shall be elected for a term of three years by the Corporate Body. Such Directors shall be eligible for reelection to the Board of Directors provided, however, that the tenure of office of such Director elected by the Corporate Members shall not exceed three consecutive elected terms."

10. Amend Chapter VIII, Section 1 to read as follows:

"Officers. The Officers of this Foundation shall be elected by the Board of Directors and only members of the Board of Directors shall be eligible for election to office. The officers of this Foundation shall be President, Vice President, Secretary and Treasurer, as required by the corporate laws of Texas. However, other names for the officers may be designated for regular usage if deemed advisable by the Board of Directors. For example, the word Foundation may be

used to designate each officer, such as Foundation President, Foundation Vice President, et cetera. At least one of the four officers of the Foundation shall be a member of the Texas Osteopathic Medical Association."

11. Amend Chapter XIII, Section 6 to read as follows:

"Section 6. Rules of professional conduct: The principles of medical ethics of the American Medical Association, the rulings of the Board of Councilors of the Texas Medical Association, and such principles of professional conduct as this Foundation may adopt, shall govern the Foundation and all members thereof who are members of the Texas Medical Association; the principles of medical ethics of the American Osteopathic Association, the rulings of the Texas Osteopathic Medical Association, and such principles of professional conduct as this Foundation may adopt, shall govern the Foundation and all members thereof who are members of the Texas Osteopathic Medical Association." ▲

## THE TEXAS STATE BOARD OF EXAMINERS IN THE BASIC SCIENCES

December 9, 1974

### NOTICE

The Texas State Board of Examiners in the Basic Sciences has discontinued its reciprocity agreement with the State of Washington. Anyone holding a Washington Basic Science Certificate which was acquired by examination of July 1, 1956 or subsequent examinations until January 1, 1970 may wish to check with the Texas Board to determine if they are acceptable for reciprocal endorsement of their Washington certification under the previous agreement. Any endorsement of Washington Basic Science Certification will be on an individual basis only.

Betty J. Anderson  
Executive Secretary



# PUBLIC HEALTH SEMINAR

GYNECOLOGY, INTERNAL MEDICINE, OPHTHALMOLOGY, OTORHINOLARYNGOLOGY,  
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February 1-2, 1975  
Statler Hilton Hotel — Dallas, Texas

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*and the*  
TEXAS OSTEOPATHIC MEDICAL ASSOCIATION

**TENTATIVE CREDIT GRANTED FOR 9½ HOURS OF C.M.E. IN CATEGORY I**

## SPEAKERS

*Nicholas S. Nicholas, D.O.*  
Philadelphia, Pennsylvania  
Department of Osteopathic Principles  
Philadelphia College of Osteopathic Medicine

*Andrew D. De Masi, D.O.*  
Cherry Hill, New Jersey  
Chief of Obstetrics and Gynecology Department  
John F. Kennedy Memorial Hospital, Stratford, N. J.

*Jay G. Beckwith, D.O.*  
Fort Worth, Texas  
Department of Internal Medicine  
Fort Worth Osteopathic Hospital

*Arnold Melnick, D.O.*  
Philadelphia, Pennsylvania  
Department of Pediatrics  
Philadelphia College of Osteopathic Medicine

*John E. McDonald, D.O.*  
Kansas City, Missouri  
Department of Ophthalmology & Otorhinolaryngology  
Kansas City College of Osteopathic Medicine

### SATURDAY, FEBRUARY 1 SECTION A

- 8:30— 8:55 a.m. REGISTRATION
- 8:55— 9:00 a.m. Address of Welcome  
*H. Eugene Brown, D.O.*  
*President, T.O.M.A.*
- 9:00— 9:30 a.m. "Examination of Premenarchal and Adolescent Gyn Patient"  
*Andrew D. De Masi, D.O.*
- 9:30—10:00 a.m. "Osteopathic Upper Extremities Technique Useful in Athletic Injuries"  
*Nicholas S. Nicholas, D.O.*
- 10:00—10:20 a.m. Recess
- 10:20—10:50 a.m. "Hepatitis Clinic Spectrum"  
*Jay G. Beckwith, D.O.*
- 10:50—11:20 a.m. "Some Uncommon Views on Some Common Problems"  
*Arnold Melnick, D.O.*
- 11:20—12:00 noon Questions and Answers Panel
- 12:00 noon Lunch

### SECTION B

- 2:00— 2:30 p.m. "Vertigo"  
*John E. McDonald, D.O.*
- 2:30— 3:00 p.m. "Management of the Rape Victim"  
*Andrew D. De Masi, D.O.*
- 3:00— 3:20 p.m. Recess
- 3:20— 3:50 p.m. "Osteopathic Lower Extremities Technique Useful in Athletic Injuries"  
*Nicholas S. Nicholas, D.O.*

- 3:50— 4:20 p.m. "Colitis"  
*Jay G. Beckwith, D.O.*
- 4:20— 5:00 p.m. Questions and Answers Panel
- 5:00 p.m. Adjourn

### SUNDAY, FEBRUARY 2 SECTION C

- 9:00— 9:30 a.m. "Caring for the Adolescent Patient"  
*Arnold Melnick, D.O.*
- 9:30—10:00 a.m. "Nasal Dysfunctions"  
*John E. McDonald, D.O.*
- 10:00—10:20 a.m. Recess
- 10:20—10:50 a.m. "Changing Indications for the Hysterectomy"  
*Andrew D. De Masi, D.O.*
- 10:50—11:20 a.m. "General Osteopathic Techniques"  
*Nicholas S. Nicholas, D.O.*
- 11:20—11:50 a.m. "Acute Upper G.I. Bleeding"  
*Jay G. Beckwith, D.O.*
- 11:50—12:20 p.m. Questions and Answers Panel
- 12:20 p.m. Lunch
- 2:00— 2:30 p.m. "Coping with the Psychological Problems of Children"  
*Arnold Melnick, D.O.*
- 2:30— 3:00 p.m. "Middle Ear Reconstruction"  
*John E. McDonald, D.O.*
- 3:00— 3:30 p.m. Questions and Answers Panel
- 3:30 p.m. Adjourn



## In Memoriam

# G. W. TOMPSON, D.O. -- Dedicated to Osteopathic Medicine and Osteopathic Education



*Dr. G. W. Tompson addresses the TOMA annual convention in 1961 after accepting the president's gavel.*

Gilbert Ware Tompson, D.O. (KCCOM '45), a former president of the Texas Osteopathic Medical Association, died while watching television at his home at 10:00 p.m. Friday, December 13, 1974, in Houston.

He would have been 67 on December 20. He was known as G. W. to a wide acquaintanceship throughout Texas in the health industry, politics, business, ranching and education. To some of his close friends, he was known as Tommy.

Dr. Tompson began his career as a physician relatively late in life, having graduated from the Kansas City College of Osteopathic Medicine in 1945 at age 38. He interned at the Kansas City College Hospital and began his practice in 1947 in Houston.

He was a long-time sustaining member of TOMA and was awarded life membership at the McAllen annual meeting last April.

G. W. was one of the key leaders in getting recognition of and full practice rights for D.O.s in Texas. He was the second chairman of the TOMA Hospitals and Insurance & Peer Review Committee, which was established in 1950, and served in that capacity for many years. Also in the '50s he became an organizer, member and later president of the Texas Osteopathic-Insurance Liaison (TOIL) Committee, where he served until two years ago. One of his close associates during this period of development, Dr. Phil Russell of Fort Worth, recalls Dr. Tompson played a vital role in getting D.O.s and osteopathic hospitals recognized by Blue Cross in Texas. Dr. Phil recalls that G. W. delivered an address in 1963 to the Commission on Higher

Education (which later became the Coordinating Board of Higher Education) that resulted in the state osteopathic scholarship fund, which reached \$100,000 annually in the '70s. This was the beginning of tax support of osteopathic medical education in Texas.

Dr. Tompson, an educator himself before entering osteopathic medical school, developed the theme that D.O.s could make a significant contribution to general health care in Texas, but there were no osteopathic medical schools in the state. His scholarship program was presented on the basis that it would be carried forward until there was a Texas school of osteopathic medicine.

He was instrumental in building two hospitals in the Houston area, including Community Hospital in Jacinto City and Eastway General in Houston.

Early in his career he returned to Kansas City College Hospital and did a residency in anesthesiology.

G. W. was known as a fighter for the osteopathic profession. He was immensely proud of his heritage as a D.O. In his inaugural address as newly elected president of TOMA in 1961 he said, "There are those who would sell their very self-respect and forfeit their rights as free men in order to chase a nebulous promise of greener grass on the other side of the fence.

"Are you willing to be steadfast for the things in which you believe? Are you willing to organize rather than criticize? Do you account for something? Do you actually count? Are you ready to stand up and be counted—or counted out?"



"May I be pardoned if I ask you to examine closely your goals and philosophies. I have one goal and one goal only: that is to help you to see and to properly evaluate the very high place you occupy in the hearts and minds of men, to stimulate and refresh the high self-respect to which you are entitled, to have and to show the proper pride and humility because you are physicians and surgeons, D.O., and belong to one of the finest organization of doctors in this world today," he concluded.

He was born in Mexico, Missouri, December 20, 1907, attending McMillan High School there, William Jewell College, and the University of Missouri. Upon graduation, he became a teacher, a public school administrator, lecturer and traveler, before entering KCCOM. He received wide recognition for

his work in bringing about cooperation for the mutual benefit of the patient, doctor, hospital and the insurance carrier.

Dr. Thompson attended his last TOIL Committee meeting May 24, 1974, at the Executive Inn in Dallas.

He is survived by his wife, Edythe; a son, Dr. Willard Thompson of Dallas; a daughter, Mrs. Kathryn Howard of Houston and seven grandchildren.

Dr. Phil Russell has started a Dr. G. W. Thompson Memorial at TCOM in honor of Dr. Thompson's unstinting efforts and interest in osteopathic education. Contributions may be sent to the Texas College of Osteopathic Medicine, 3516 Camp Bowie Boulevard, Fort Worth, Texas 76107. ▲

## *TCOM Has New Director of Curriculum and Academic Development*

James B. Reeves, Ph.D., will join the Texas College of Osteopathic Medicine January 1 as Director of Curriculum and Academic Development, announced Marion E. Coy, D.O., TCOM president.

Dr. Reeves is currently coordinator of health related programs and professor of biological sciences at the University of Texas at El Paso. In addition to his present position, Dr. Reeves has served as head of the Department of Biological Sciences at the University of Texas at El Paso.

"Dr. Reeves will be reviewing syllabi of all departments and courses and course content to determine whether the courses contain all the material medical students should have," Dr. Coy said.

"He will be weeding out any extraneous material, if there is any, and determining if there is any overlapping or gaps between courses," Dr. Coy added.

Dr. Reeves has served as general editor and contributor for the *Laboratory Manual for General Biology* (first and second editions) and has had articles published in the *Journal*

*of Sewage and Industrial Wastes, Compost Science and Journal of Bacteriology.*

As an educator, Dr. Reeves has taught general zoology, general biology, general microbiology, pathogenic microbiology, microbiology for nurses, industrial microbiology, parasitology and graduate courses in biological sciences.

The new director has received research grants from the Department of Health, Education and Welfare, the Research Corporation, the University Research Institute and the Bureau of Health Manpower for medical technology.

Dr. Reeves received his Bachelor of Science and Master of Science from the Louisiana State University in 1948 and 1949, respectively. He earned his doctor's degree from the University of Texas at Austin in 1964.

He holds memberships in the American Society for Microbiology, Society of Sigma Xi, Beta Beta Beta, Phi Beta Pi, Sigma Chi and is a Fellow of the American Society for the Advancement of Science.

He is listed in the American Men of Science, Who's Who in the South and Southwest, Royal Blue Book, International Dictionary of Biography and Outstanding Educators for 1970.

Married, Dr. Reeves and his wife, Jeanne, have two children, James P. and Jeanne C.





# Advice on the 'Care and Feeding Of Doctors'

## 12 rules for physicians on how to avoid malpractice suits

1. If the patient is a known troublemaker, refuse to take the case. It may not be good humanity or good medicine but it is good law.
2. Never guarantee a cure.
3. Watch the time factor. Remember your obligations under the statute of limitations.
4. Keep up with the advances in medicine.
5. Get informed consent.
6. Don't let the patient dictate the treatment. You have superior knowledge of medicine, and you are expected to prevail in any dispute with the patient in regard to the best therapy.
7. Maintain good housekeeping. Medical records should be neat, legible, and generously informative. Opinions should be given only by those who have the authority to make opinions, and should be so stated on the record. Facts should be stated as facts. If a mistake is made line it out without obliterating it, identify it as an error, initial it, and note the time and date.
8. Cooperate fully with members of your profession.
9. Practice heads-up medicine.
10. Be as careful with your tongue as you are with your scalpel.
11. Maintain good rapport with your patients.
12. When the chips are down and you are forced to act, do what you consider to be the best for your patient, and to hell with the courtroom.

[Reprinted with permission from *The Journal of Legal Medicine*, September/October 1974]



# RMP Calls in TOMA, Health-Related Groups

TOMA during December participated in several sessions of the new Texas Health Legislation Policy Committee in Houston and at the D/FW Airport. More meetings are set early in January.

In one of its final projects before anticipated phasing out next June, the Regional Medical Program is funding the sessions of the committee in a new approach designed to react *before* a legislative hammer falls.

The committee hopes to formulate recommendations to the governor for implementation of legislation expected to be passed by Congress setting up Health Systems Agencies that would combine the functions of existing area-wide health planning agencies, experimental health services delivery, RMPs, and take over the Hill-Burton programs.

Certificate of need is in the bills that were in conference committee in Washington at the time of this report. The bills are H.R. 16204 and S. 2994, companion bills.

The policy committee sessions were attended by about two dozen Texas representatives of health-related associations, state governmental agencies, COGS, RMP

and consumers.

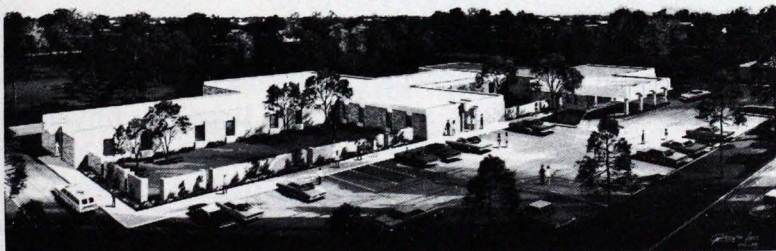
Object of the sessions is to come up with a health legislation policy in Texas to recommend to the governor and to the HEW regulations writers.

About a billion dollars will be appropriated to establish these Health Systems Agencies that will control health planning and services, take over the functions of comprehensive health planning and Regional Medical Programs and the Hill-Burton programs, promote group practice, promote what is called physician extenders, and regulate rates for health care services.

At the time of this report, a bill was expected to be passed by both Houses and signed by the president. Some observers at the Texas policy sessions thought that Texas would be left at some disadvantage, because it has no certificate of need program in effect, and the state would particularly be hurt in the area of facility expansion if the recertification provisions remained in the Senate version of the bill.

Watch your mail from TOMA. The changes are drastic, and you will need all the information you can absorb. ▲

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## INCOME TAX !!!

1974

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# LETTERS

(Editor's note:

The following letters are a few examples that give some indication of the amount of time this Association still must spend in putting out "brush fires". Sometimes educating the public—and the government—can be a slow process!)

Mr. Ed Foreman  
Regional Representative  
U.S. Department of Transportation  
Dear Ed:

I have just run across an ad placed by the U.S. Department of Transportation, National Highway Traffic Safety Administration, that was placed in the October 1974 issue of *The Osteopathic Physician* that contains a coupon for doctors to send for "background material on problem drinkers".

Now, where this Department goofed. . . is that at the end of the line where the doctor is to put his name, the letters "M.D." are printed. In other words, apparently a D.O. (Doctor of Osteopathy) is being discriminated against.

Although osteopathic medicine has only about one-tenth as many practitioners as does allopathic medicine (M.D.), it is still recognized as an ethical school of medical practice. The U.S. Armed Services finally took cognizance of this fact, as have most other federal health services. How about the Department of Transportation?

In regard to my complaint above, if you would like further information concerning D.O.s or the osteopathic profession, I would be glad to supply it. You may not be aware that in Texas D.O.s take the same examination for licensure as do M.D.s, the Medical Examining Board being composed of nine M.D.s and three D.O.s.

Tex Roberts

Dear Tex:

Thanks for your thoughtful letter and comments about U.S. Department of Transportation activities. Certainly there was no offense intended on the "M.D." instead of "D.O." line. Just a simple goof. I am sure it will be corrected in future issues. For their information and/or comments, I am referring a copy of your letter to Mr. Robert Anderson, Regional Administrator, National Highway Traffic Safety Administration, 819 Taylor, Fort Worth, Texas 76102.

Ed Foreman

J. Dudley Chapman, D.O.  
Editor-in-Chief  
*The Osteopathic Physician*

Dear Dr. Chapman:

Perhaps this rightly should be addressed to either your president or director of advertising sales, but someone should have caught the discriminatory coupon in the ad on page 178 of your October issue!

If you have to be an M.D. to send for the "background material on problem drinkers", put out by the U.S. Department of Transportation, then how come that agency is advertising in *The Osteopathic Physician*?

Tex Roberts

Dear Tex:

Many, many thanks for the note about the crude, lewd and obscene ad from our beloved government.

I have asked our advertising director and publisher to correct this and declare bias and prejudice in their format.

I am ashamed that I did not pick this up, and am therefore most grateful to you for calling it to our attention.

My very best to you and warmest personal regards.

J. Dudley Chapman, D.O.

H. Eugene Brown, D.O.

Dear Dr. Brown:

Since our operation is only a very small segment of the U.S. Public Health Service, employing only two licensed physicians at one time, I can speak for the U.S.P.H.S. only in a very limited manner. I can tell you that the U.S.P.H.S. does employ D.O.s and that they are utilized in all aspects of the medical programs. Visits are also made by U.S.P.H.S. personnel to osteopathic schools in an effort to recruit osteopaths for service in the U.S.P.H.S. Commissioned Officer Corps. D.O.s are also sought by the Civil Service Commission for other various medical positions in the government.

If you desire further information on more specific issues, I would like to refer you to Mr. Chandler Waggoner, Commissioned Personnel Management Specialist, Commissioned Personnel Operations Division, Parklawn Building, 5600 Fishers Lane, Rockville, Maryland 20852.

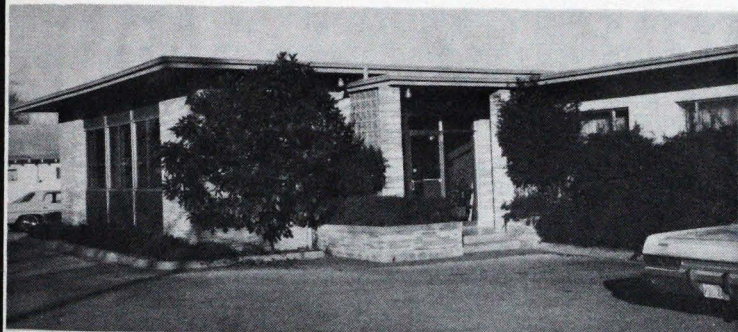
The specifications for the two physician positions in our operation do allow for a licensed physician regardless of whether he has an M.D. or a D.O. degree. These positions are filled on a contract basis for a length of time agreeable to both parties, usually a six month period. I have found it somewhat difficult to keep these positions filled because of the constant travel involved. If you have any knowledge of D.O.s who might be interested in such a position, I would certainly appreciate hearing from them.

Henry W. Miller  
Chief, Health Examination  
Field Operations Branch  
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*January 24, 25, 26*

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*Dallas*

*February 1, 2*

Mickie G. Holcomb, D.O., Chairman

### TOMA ANNUAL CONVENTION

*Sheraton-Dallas*

*Dallas*

*May 1, 2, 3*

James P. Malone, D.O., Chairman

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**SUNDAY, JANUARY 12 -- 9:00 a.m. to 2:00 p.m.**



## SPRIT OF GIVING MAKES BLOOD DONOR DAY SUCCESS AT FWOH

Blood Donor Day at Fort Worth Osteopathic Hospital reflected the seasonal spirit of giving when more than 165 men and women turned out en masse to give blood.

The day's goal, set at 125, was surpassed late in the afternoon, December 10, when 130 of the more than 165 willing participants were tagged as eligible donors.

A mobile unit from Carter Blood Center was set up in the hospital's East/West meeting rooms to accept blood donations during the short five-hour drive, sponsored jointly by Fort Worth Osteopathic Hospital and Texas College of Osteopathic Medicine.

Three women, all FWOH volunteers, assisted the Carter team throughout the drive. Ms. Lucille Harris helped with the preliminary paperwork, and Mrs. Kay Graves, a registered nurse and the wife of a staff doctor, took blood pressures.

Mrs. Marj Greiner was at the end of the line to greet all the donors with a glass of orange juice and a smile.

Immediately after giving blood, each donor was presented a five inch "heart," trimmed in red and reading, "I've given! Have YOU?" The hearts, designed by the hospital's volunteers, were worn on the donor's dress as a reminder to his fellow employees that they also should make a blood donation at some time during the day.

At the conclusion of the drive, two groups—the FWOH medical staff and the Department of Radiology—were awarded trophies in recognition of their leadership roles on Blood Donor Day. With more than 30 pints of blood to its credit, the medical staff led all other areas in the total number of blood donations made. Radiology, with 14 of its people giving blood, had more than 70 per cent of its full-time personnel

making blood donations.

Though the medical staff made the greatest number of blood donations, nursing service added more than 20 units of blood to win second place in the departmental standings. Radiology and laboratory/pathology, each area giving 14 pints of blood, tied for third place honors. Sharing fourth place honors were food services and TCOM, each with 10 pints of blood to their credit.

Everyone able to participate in the drive with an actual blood donation became a member of the newly established FWOH—TCOM Blood Reserve Fund. In essence, this is an additional employee benefit and assures each donor member that he and his immediate family will always find blood available to them, in case of accident or illness.

▲

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American Board of  
Psychiatry and Neurology



# A7OMA News

## DISTRICT II

by Mrs. H. J. Ranelle

The visit of State President Dr. Eugene Brown was well received. His talk was informative and his words of wisdom were enjoyed by all 89 doctors and wives attending the district meeting on November 19 at Rivercrest Country Club.

\* \* \* \*

TCOM Student Wives will hold their regular meeting at the home of Dorothy Whittle. District II Auxiliary will be the evening program.

\* \* \* \*

Glad to see Dr. D. D. Beyer up and around after surgery.

\* \* \* \*

Kay and Bill Graves are welcomed back after a stay in Detroit.

\* \* \* \*

Open house at the Tom O'Sheas' beautiful new home also honored their little daughter Erin, who was christened December 1.

\* \* \* \*

Also moving into new homes are, George and Elsie Pease, Gary and Erma Earp and H. F. and Pat Pearson.

\* \* \* \*

Clifford and Vivian Dickey were in Oklahoma over the weekend attending the wedding of Barbara Snow to Walter Gilson. Congratulations Barbara and best wishes.

\* \* \* \*

Are you interested in antiques? Norma Baker has them at 3550 West Seventh Street. Her shop has many goodies.

\* \* \* \*

R. B. and Dorothy Beyer have just returned from Hawaii, another one of their glamour trips.

\* \* \* \*

Dave Beyer will be spending a week at Purgatory, Colorado for a ski spree.

~

## DISTRICT VI

by Mrs. Jerry W. Smith

Elaine Armbruster, our state president, reports a lovely trip to Amarillo and a district meeting. Dr. and Mrs. John Taylor were her host and hostess.

\* \* \* \*

Robert Bruce and Cara Campbell won first place at a recent Houston Hunter and Jumper Charity Horse Show at Pin Oaks. Their parents are Dr. and Mrs. D. Y. Campbell.

\* \* \* \*

Dr. and Mrs. Bill Keith had a fantastic trip to a Norwegian-owned island in the British Virgin Islands. The name of the interesting and delightful place was Peter Island.

\* \* \* \*

Gay Schoettle and her thoroughbred, Kessler's Spirit, won the championship at Castlewood Farms Horse Show, Shepard, Texas. Kessler and Gay also won reserve championship at Pin Oaks Charity Horse Show, Houston, and at Remuda Horse Show, Fort Worth.

Gay has also been winning with her Connemara pony, Tom Dooley, and is now fourth in the State of Texas.

Gay Schoettle is the daughter of Dr. and Mrs. R. W. Schoettle.

\* \* \* \*

The following invitation was sent to District VI members:

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You are cordially invited to be with us in *Spirit* December 7, 1974.

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## IAPM Holds Fall Conference in Houston

The recently concluded Fall Conference at the Hyatt Regency in Houston was a resounding success according to all who participated. If you weren't able to attend you can order cassette tapes, video tapes or the proceedings book from International Academy of Preventive Medicine Headquarters. Jot a note on a postcard or prescription form and you will receive order forms by return mail.

Highlights of the conference included presentation of the First Annual Tom Spies Memorial Award to Dr. Roger J. Williams and the First Annual John J. Miller Biomedical Award for furthering the goals of International Academy of Preventive Medicine to Dr. R. O. Brennan, founder of the Academy.

Officers elected to serve for the coming year are: E. Cheraskin, M.D., D.M.D., Honorary President; Leon R. Pomeroy, Ph.D., President; R. O. Brennan, D.O., Chairman of the Board; Robert D. McCullough, D.O., Vice President, Stevan Cordas, D.O., Secretary; Sibyl W. Anderson, D.O., Treasurer; and Lester I. Tavel, D.O., Sergeant-at-Arms.

In addition to the officers, the new Board of Trustees is composed of Harold W. Harper, M.D., Immediate Past President; Harold Rosenberg, D.O., Past President; Linus Pauling, Ph.D., Past Honorary President; Roger J. Williams, Ph.D., Past Trustee Advisor; and the following Trustees: James E. Bates, D.P.M.; C. E. Blunck, M.D.; Carlton Fredericks, Ph.D.; V. L. Jennings, D.O.; Morgan Raiford, M.D.; Harold Sparks, D.O.; Murray Susser, M.D.; Robert Vance, D.O.; Jerome S. Mittelman, D.D.S.; Special Trustee Advisor Lyle A. Baker, D.V.M.; and Honorary Trustees Hans Nieper, M.D.; John Yudkin, M.D. and Wilfrid Shute, M.D. ▲

[Reprinted from the International Academy of Preventive Medicine Newsletter, November 1974]

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L. T. Cannon, D.O.  
J. R. McLean, D.O.

### Radiology

R. N. Dott, D.O.  
Frank J. Bradley, D.O.

### General Surgery

E. G. Beckstrom, D.O.  
W. R. Russell, D.O.  
Charles H. Bragg, D.O.

### Obstetrics and Gynecol- ogic Surgery

R. L. Fischer, D.O.



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#### Medical and Surgical Anesthesiology

H. H. Beckstrom, D.O.  
S. S. Kababjian, D.O.  
Paul A. Stern, D.O.

### Proctology and Urology

K. S. Wooliscroft, D.O.

### Orthopedics

T. R. Turner, D.O.  
J. A. Yeoham, D.O.  
M. L. Glickfeld, D.O.

### Ophthalmology and Otorhinolaryngology

R. M. Cornell, D.O.

### Ophthalmology

Hubert M. Scadron, D.O.

### Otorhinolaryngology

Martin E. O'Brien, D.O.

## In Memoriam

### Bernard B. Goldman, D.O.

News of the death of Dr. Bernard B. Goldman on October 7, 1974, reached the State Office in December.

A member of TOMA and AOA, Dr. Goldman was a 1934 graduate of KCOM and served his internship at Sparks Hospital in Dallas.

He was born in Brooklyn, New York August 4, 1909 and received his pre-med schooling at Pittsburgh University and Ohio University.

Dr. Goldman practiced in Texas during his entire professional life, the last 20 years in the same location in Dallas. He was a member of the staff of Dallas Osteopathic Hospital.

He is survived by his wife, Lillian, one daughter and three grandchildren.

### Paul R. Owen, D.O.

Dr. Paul R. Owen of Corpus Christi died at his home November 13. A 1941 graduate of KCCOM, Dr. Owen interned at Lakeside Hospital in Kansas City and practiced in Erick, Oklahoma before moving to Corpus Christi in 1956. Except for a short period in Washington, D.C., he practiced in Corpus Christi until his death.

Dr. Owen was born in Miles City, Montana October 28, 1918, but received his pre-med education in Missouri. He was a member of TOMA and of AOA.

His wife, Lona, survives him.

### Mrs. James H. Miles

TOMA extends its sympathy to Dr. James H. Miles of Grapevine, whose wife passed away December 2 after a long illness.

Services were held at the Dove Road Church of Christ in Grapevine.



# We're doing something

## DISTRICT II

by George M. Esselman, D.O.

The regularly scheduled meeting of District II of TOMA was held on November 19 at River Crest Country Club. The meeting was called to order at 7:30 p.m. by President Dr. Donald Paxston. A nominating committee for new delegates was appointed by the president, with Dr. W. R. Jenkins to serve as chairman. Members of this committee are Drs. C. E. Dickey, F. D. Giles, R. B. Fisher, and D. D. Beyer. Dr. George Esselman was appointed District II reporter for the TOMA Journal.

The program was an address by Dr. H. Eugene Brown of Lubbock, President of TOMA. The topic of the address was "The Federal Government and Health Care Programs".

♦♦♦♦♦

Eleven physicians have been added to the medical staff at Fort Worth Osteopathic Hospital during 1974. The decision of Dr. Lee J. Walker, president of the American College of Osteopathic Obstetricians and Gynecologists, to join us was great. He is now chairman of our Department of Obstetrics and Gynecology at FWOH and holds a similar post at Texas College of Osteopathic Medicine.

♦♦♦♦♦

The next TOMA District II meeting will be held at Ridglea Country Club on January 21, 1975. The educational program for the evening will be "Disaster Medicine and the impact upon the Community". Coordinators of the program will be Dr. William P. Neal and Dr. T. R. Turner.

♦♦♦♦♦

From the most recent class of graduated interns, four elected to remain in Fort Worth to practice general medicine: Drs. William Jordan, Bryce Beyer, Gary Earp and Robert Hames. In addition, Dr. C. J. Godell maintained his affiliation with our medical staff upon completion of his residency in internal medicine at FWOH. Dr. Stanley Briney, radiologist, has joined the staff with Dr. H. F. Pearson and Dr. R. E. Beck.

♦♦♦♦♦

The annual Christmas party of TOMA District II will be held December 19 at Charlie's Place. This should be a gala occasion!

♦♦♦♦♦

## DISTRICT III

by H. George Grainger, D.O.

Tyler and environs, which pretty well constitutes District III was, along with the Lubbock area, chosen last month as the site of a year-long pilot C.M.E. audiovisual program. Sponsored by our burgeoning TCOM, the equipment is installed at Tyler's Doctors—Memorial Hospital for individual use on a 24 hour day, 7 days a week basis. And its free.

You fellows out there—this is an easy way to get your C.M.E. credits. Set up in the doctor's lounge, all you've got to do is view it, then turn in a slip at the nurses desk, and the hospital will do the rest. The set of three short video tapes is changed for us twice a month.

♦♦♦♦♦

A lady of unknown hue called in the other day wanting to know if the doctor would prescribe her some contraception pills.

♦♦♦♦♦

We hear through a mutual patient that Athens' A. M. Duphorne, who had a pretty good heart attack earlier this year, is back on the job, but taking it a little easier. McGrath, Haman, Duphorne—these heart attacks, they're no respecter of the nicest people.

♦♦♦♦♦

Friend Ross McKinney broke a couple ribs in a car accident one Sunday morning in November. Back again in the office, Ross must forego for a while his manipulative skills for which he is famous.

Ross, it seems, broke his ribs on the way to church.

♦♦♦♦♦

At the called House of Delegates meeting December 14 at Dallas—Fort Worth, your district was well represented by its full complement of delegates and one to spare in alternate Palmore Curry. Few other districts could make that claim.

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**RIO GRANDE VALLEY**—Now that you have seen McAllen and some of the surrounding areas, (and Reynosa) I hope some of you became interested in this part of Texas to look at it again. And although this is an "economically depressed area" you can also get a maid for \$20 a week; one that speaks English for \$25. Contact Joe Suderman, D.O., 710 South Cage, Pharr 78577. 512-787-4271

**DALLAS**—G.P. wanted, M.D. or D.O. Regular hours. No OB or Surgery necessary. Salary \$36,000+. Opportunity for future association. Contact Robert B. Gold, D.O. 6211 West Northwest Hwy., Suite 251, Dallas, Texas 75225. Phone 214-363-0026.

**KIRBYVILLE**—Lorenzo Galatas Memorial Clinic will be available, fully equipped on a lease-purchase basis. Doctor now operating clinic will be leaving July 1, 1974 to take residency. Buna Medical Center is near where staff privileges will be available to suitable doctor. Contact R. W. Bradford, D.O., Buna Medical Center, P.O. Box 520, Buna, Texas 77612 or Wayne Butchee, Administrator, Buna Medical Center.

**TROUP**—Young G.P. badly needed to take over established practice in small town in East Texas. One D.O. already there. Good opportunity. Can see 20 to 30 patients the first day of practice. Hospital privileges available in nearby osteopathic hospital. Contact: Carl F. List, D.O., 705 West Duval Street, Troup, 75780; Phone 214-842-3366.

**ELSA** — (Lower Rio Grande Valley) Must retire from my practice because of health and age. Will sell, lease or make other arrangements for 2,500 square foot brick building containing office and home (duplex). Building is ten years old. Appraised at \$35,000. Gross easily \$55,000 to \$60,000. Contact George W. Diver, D.O.; Phone 512-262-1327.

**HOUSTON**—G.P. needed to assist with medical clinic, within walking distance of hospital. Six months rent free. Emergency room coverage if desired. Excellent practice site in area where doctor is badly needed. Call collect: Don Wenglar, Administrator, Gulfway General Hospital; 713-644-2241.

**HOUSTON**—Excellent salary. Liberal fringe benefits. Pension and profit sharing. GP and opportunity to get Board Certified in Proctology. Contact Lester Tavel, D.O., 3430 Reveille, Houston 77017. Phone 713-644-3812.

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

**WINTERS**—Needs two family physicians willing to do some surgery. New 25-bed hospital, office space and financial assistance available. Population 3,000 plus with 15,000 drawing area. Contact J. Shook, R.N., Adm., North Runnels Hospital, Winters 79567. Phone 915-754-5097.

**CORPUS CHRISTI**—Emergency Room Physician position, available immediately, excellent salary, expanding 88 bed hospital. Contact Administrator, Corpus Christi Osteopathic Hospital. 512-884-4592.

**FORT WORTH SUBURB**—Due to illness, must sell new ten-room clinic in a desirable, prosperous, Fort Worth suburb. Convenient to Fort Worth Osteopathic Hospital, and TCOM. General and Industrial medicine. Building 2,327 sq. ft., reasonably financed. A bargain! Contact A. H. Clinch, D.O., 120 W. Watauga Rd., Saginaw, 76079.

**INTERN** desires association in an active general practice in North Central Texas area. Will be available about August 1. Contact: W. W. Hedges, D.O., 1321 Provincetown Lane, Richardson 75080. Phone 214-231-5959.

**QUITMAN**—Wood County Central Hospital seeking one or two physicians; GPs or GP and surgery. Will assist in building office and clinic. Contact Stanley Parks, Administrator, Drawer A, Quitman 75783. Phone 214-763-4306 or 214-763-2226.



# *Coordinating Board Endorses TCOM - NTSU Merger*

## *Proposal to be presented to State Legislature*

With the blessings of the Texas College Coordinating Board behind them, Texas College of Osteopathic Medicine and North Texas State University will submit a proposed merger of the two institutions to the Texas Legislature when it convenes in January.

The Coordinating Board unanimously endorsed the proposed merger December 6 and recommended legislative approval for a quality state supported osteopathic medical school.

The proposed merger, already agreed upon by the governing boards of both institutions, calls for North Texas State University to acquire the assets of the private osteopathic college. Although the Texas College of Osteopathic Medicine will become a part of the North Texas State University, the medical school campus will remain in Fort Worth.

The Texas College of Osteopathic Medicine and North Texas State University have had a close working relationship since 1972 when North Texas State University began teaching basic health sciences for first- and second-year students on a contract basis.

After studying the basic health sciences at North Texas State University, the students now transfer to the Fort Worth campus for training in the clinical sciences.

Texas College of Osteopathic Medicine President Marion E. Coy, D.O., said work on the merger has just begun and he hopes each D.O. in the state will respond when called upon to help—particularly in the next few months.

"We must convince each legislator that he must vote for the full funding of this institution because this will provide the way for the training of family physicians which are so badly needed in Texas.

"We expect this to be the finest osteopathic medical school in the country," Dr. Coy said.

North Texas State President C. C. Nolen said at the Coordinating Board meeting that the development of first quality facilities for medical education, to produce about 100 doctors of osteopathy annually, will require at least \$38 million and possibly \$40 million over a five-year period for land acquisition, building construction and equipment.

The 1975-77 biennial request for the merger will require over \$8 million for 1976 and 1977.

Legislative action will be required in two areas: approval of the merger and approval of building programs.

Coordinating Board member Robert W. Baker, a Houston attorney and chairman of the finance committee, said the Board's action is merely recommending approval of the proposed merger by the legislature. "We are not making any recommendations on the funding . . . or cost factors," he said.

Baker also called for "continuing support for state aid" to the Texas College of Osteopathic Medicine should the plan fail to win legislative endorsement.

The Texas College of Osteopathic Medicine is now in its fifth year of operation and graduated its first class of 18 doctors in June.

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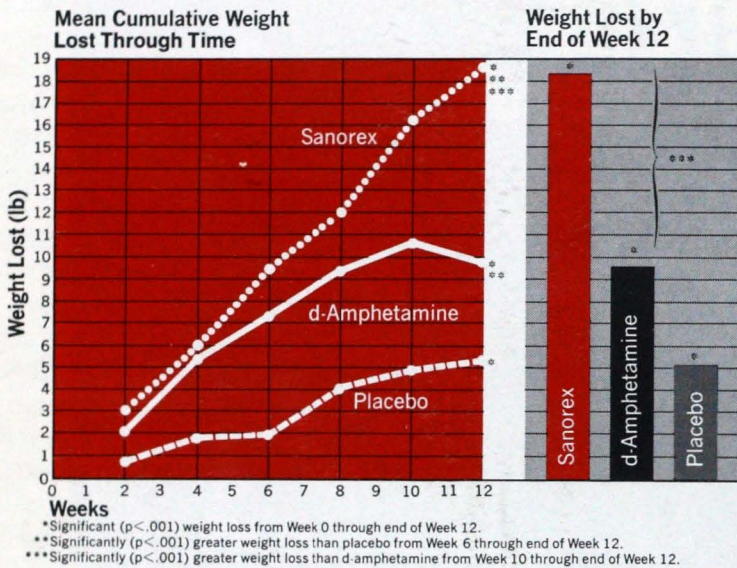
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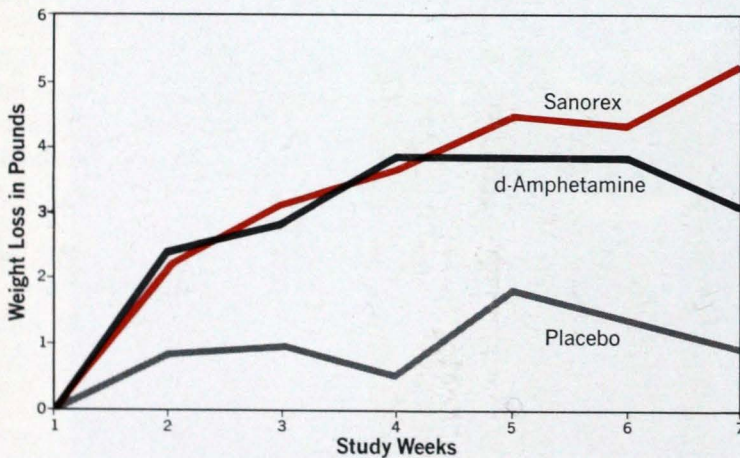
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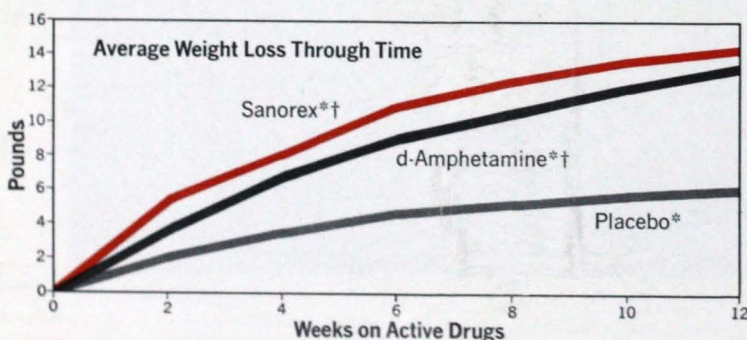
## AS EFFECTIVE AS d-AMPHETAMINE



In a double-blind study<sup>1</sup> of 40 obese patients (all of whom completed the study), Sanorex (1 mg t.i.d.) was more effective than either placebo or d-amphetamine (5 mg t.i.d.) in helping patients lose weight. The 14 patients on Sanorex experienced a substantially greater mean weight loss—1½ to 2 lb/wk, as compared with 1 to 1½ lb/wk for the 14 d-amphetamine patients—throughout the 12-week phase of active medication. After the sixth week, the superiority of Sanorex became increasingly evident. And as treatment progressed, so did weight loss in patients on Sanorex—whereas after the tenth week, patients on d-amphetamine began to regain some weight.



In a double-blind study<sup>2</sup> of 90 obese patients (59 of whom completed the study), Sanorex (1 mg t.i.d.) was more effective than either placebo or d-amphetamine (5 mg t.i.d.) in helping patients lose weight. By the end of the third week of active medication, weight loss in the 20 d-amphetamine patients began to plateau, and by the end of the fifth week, these patients began to regain some weight. On the other hand, the 18 patients on Sanorex continued to lose weight throughout the six-week course of therapy.



In a double-blind study<sup>3</sup> of 93 obese patients (all of whom completed the study), 30 patients received Sanorex (1 mg t.i.d.), 31 received placebo, and 32 received d-amphetamine (5 mg t.i.d.). During the 12-week phase of active medication, patients on Sanorex lost an average of 14.1 lb, compared with 13.1 lb for d-amphetamine patients and 5.6 lb for placebo patients. Throughout the active medication phase, 63% of patients on Sanorex lost more than 1 lb/wk, compared with 38% of the d-amphetamine group and 29% of the placebo group.



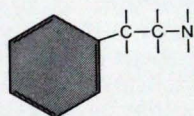
# OBESENITY

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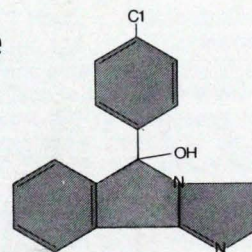
## BUT WITH CERTAIN DIFFERENCES

Although the pharmacologic activity of Sanorex and that of amphetamines are similar in many ways (including central nervous system stimulation in humans and animals, as well as production of stereotyped behavior in animals), animal experiments suggest that there are differences.\* Sanorex also differs in basic chemical structure from amphetamines and all other prescription anorexiant.

### Different Chemical Structure



An important chemical similarity between amphetamines and all other prescription anorexiants except Sanorex is the basic phenethylamine structure to which their differentiating chemical radicals are attached.

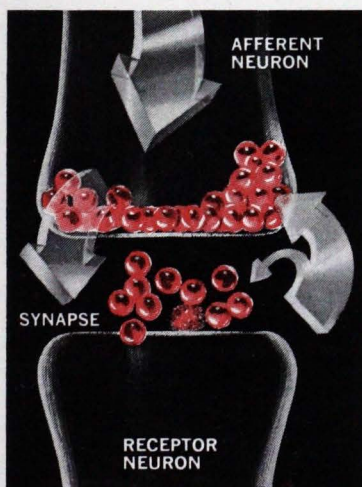



An important chemical difference between Sanorex and all other prescription anorexiants is that Sanorex is an isoindole; it does not contain a phenethylamine structure.

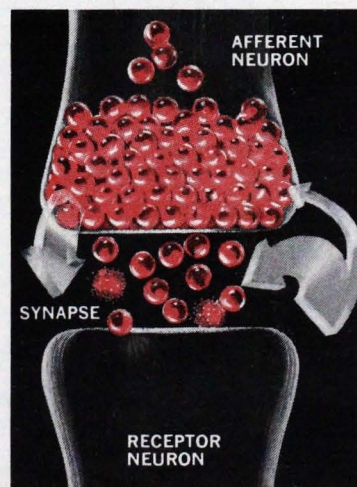
### Different Neurochemical Action\*


#### Action of d-Amphetamine

In animal studies, d-amphetamine (like intake of food) activates afferent neurons leading to appetite centers in the hypothalamus. Resulting release of norepinephrine activates the receptor neurons. Unlike food, however, d-amphetamine also suppresses norepinephrine synthesis. Thus, increasingly larger doses of d-amphetamine become necessary to produce an effect.\*



 NOREPINEPHRINE



 NOREPINEPHRINE

#### Action of Sanorex (mazindol)

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

\*The significance of these differences for humans is uncertain.

### Simplicity and Flexibility of Dosage

Simple one-a-day dosage is facilitated by 2-mg tablets (taken 1 hour before lunch).

New flexibility (for the patient in whom 1 mg t.i.d. is preferred) is now facilitated by new 1-mg tablets (taken 1 hour before meals).

For Brief Summary, please see following page.



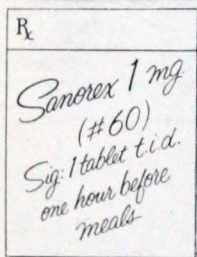
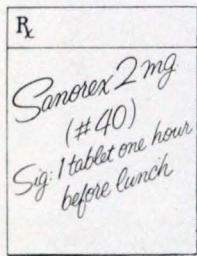


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## AS EFFECTIVE AS d-AMPHETAMINE BUT WITH CERTAIN DIFFERENCES



### References

1. Kornhaber A: Problems and current concepts in the treatment of obesity. Scientific Exhibit presented at the New York State Academy of Family Physicians 25th Annual Scientific Convention, McAfee, NJ, May 8-10, 1973.
2. DeFelice EA, Chaykin LB, Cohen A: Double-blind clinical evaluation of mazindol, dextroamphetamine, and placebo in treatment of exogenous obesity. *Curr Ther Res* 15:358-366, July 1973.
3. Vernace BJ: Practical considerations for managing obese patients: Initial interview and effective treatment in the office. Scientific Exhibit presented at the American Medical Association, 27th Clinical Convention, Anaheim, Calif, Dec 1-4, 1973.

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

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

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

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

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

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

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

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

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

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

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

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

**How Supplied:** Tablets, 1 mg and 2 mg, in packages of 100.

Before prescribing or administering, see package circular for Prescribing Information.

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# Lubbock's Lee Baker Elected to AOHA Office

The American Osteopathic Hospital Association, meeting for its 40th annual convention in the Fairmont Hotel, Dallas, Texas, November 3-6, elected new officers and trustees for 1975.

Elected president was Robert S. Wildish, administrator, Art Centre Hospital, Osteopathic, Detroit, Michigan. He succeeds Harry R. Bouton, administrator, Phoenix General Hospital, Phoenix, Arizona.

Elected to serve with Wildish were: president-elect, B. A. Zeiher, administrator, Parkview Hospital, Toledo, Ohio; first vice president, Howard F. Potter, administrator, Mesa General Hospital, Mesa, Arizona; second vice president, Lee Baker, administrator, Lubbock Osteopathic Hospital, Lubbock, Texas; and secretary-treasurer, Gerson I. Cooper, administrator, Zieger Osteopathic Hospital, Detroit, Michigan.

Newly elected to the nine member board of trustees were: Joseph H. O'Neill, Jr., executive director, Cranston General Hospital, Osteopathic, Cranston, Rhode Island, and Allan Breakie, executive director, Garden City Osteopathic Hospital, Garden City, Michigan.

Reelected to the board was John R. McGraw, administrator, Osteopathic Hospital of Wichita, Kansas.

John B. Isbell, administrator of Stevens Park Hospital in Dallas, remains on the Board representing Division VIII of AOHA.

The American Osteopathic Hospital Association, headquartered in Park Ridge, Illinois, represents more than 200 hospitals in 27 states. The Association's main activities are in the areas of representation, education, communications and research.

# AOA Announces Annual Journalism Awards Competition

The American Osteopathic Association announces the opening of its 18th annual Journalism Awards Competition.

According to Edward P. Crowell, D.O., AOA executive director, this year's contest will be taking on a new look. A modernly designed brochure will be replacing the old contest announcement, the cash award will be raised from \$100 to \$250, and wider distribution of the announcement will be made. "It is hoped that through these efforts, a better understanding of our profession, by the media and general public, can be obtained," he said.

The cash award and plaque will be presented for the most outstanding stories published during 1974, which deal with any aspect of the osteopathic profession.

The contest is open to writers on newspapers, magazines, wire services, or other regularly published periodicals. Members of the osteopathic profession and their employees are not eligible to enter. Up to three separate articles may be submitted and must be postmarked no later than March 1, 1975. A series of stories may be entered as a single piece if continuity is evident.

Entries must be mounted on white paper with the name of the author and publication, typed, in the upper right-hand corner. Each entry will be judged, according to the usual standards of good journalism and the contribution which the

article makes toward a fuller public understanding of the osteopathic profession, by a panel of professional writers.

Any question of scientific accuracy will be considered by a committee of osteopathic physicians, but these doctors will not participate in the final judging.

All entries become the property of the American Osteopathic Association and permission is implicit to reprint winning articles in AOA publications—giving full credit to the author and his periodical.

Entries should be mailed to Journalism Awards Competition, American Osteopathic Association, 212 East Ohio, Chicago, Illinois, 60611.

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