

**“ ... what the Texas Medical Association  
accomplished in the Sunset process  
with reference to TOMA is most unjustified.  
It should be a signal to all members of the  
osteopathic profession of the problems  
that lie ahead.”**

*Sen. Lloyd Doggett  
Austin*

**Go Mexican at Annual Convention**  
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**How To Give A Deposition**  
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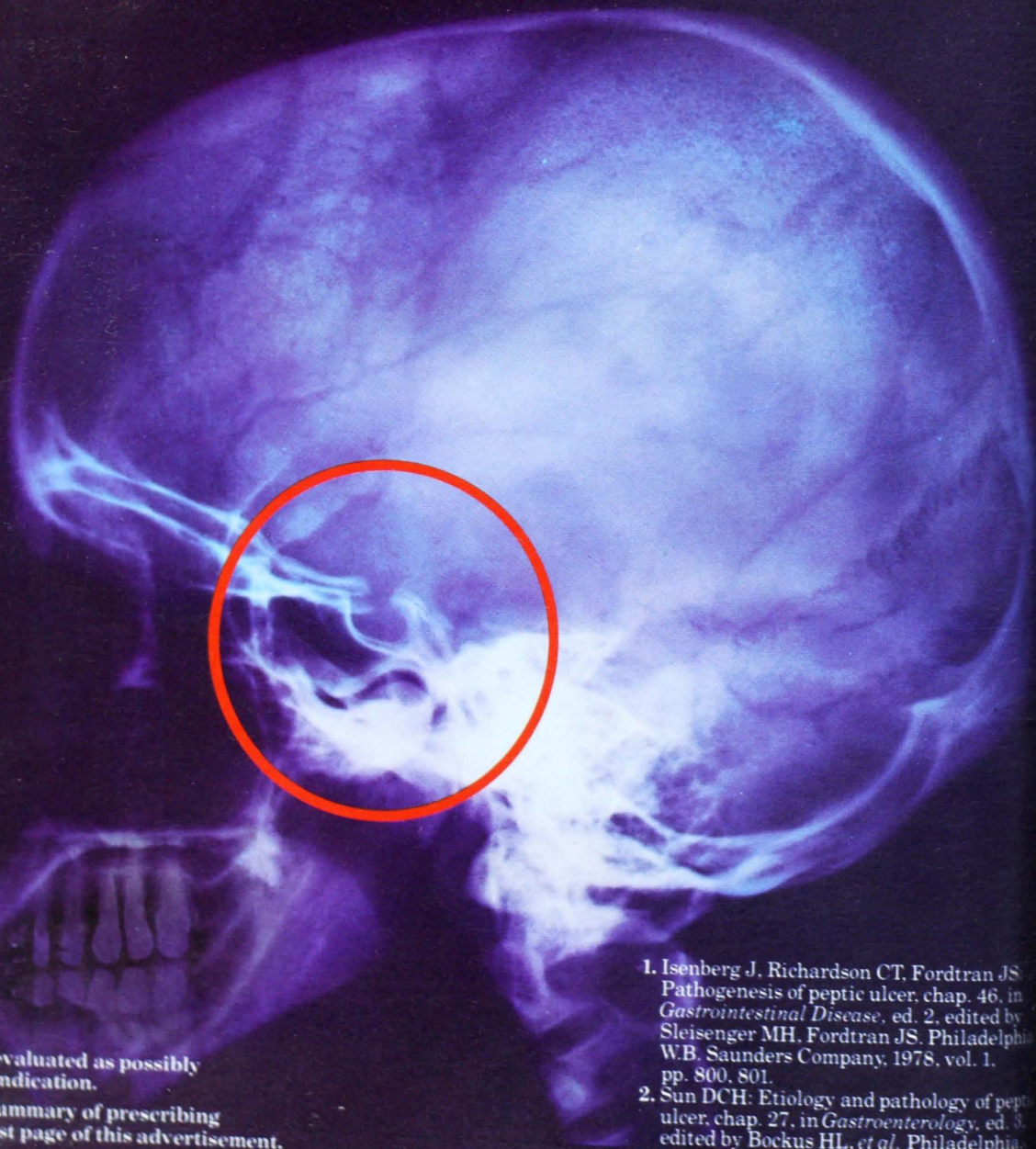
# The stress-secretion relationship in duodenal ulcer\*

The best available evidence suggests that anxiety and emotional tension stimulate acid-pepsin secretion.<sup>1</sup> Also, the development of an ulcer crater in predisposed individuals, or the aggravation of ulcer symptoms, is often typically preceded by a stressful event or situation. *Anxiety* in particular seems to play a determining role in the course and prognosis of the disease, as well as its etiology.

## A psychobiologic treatment

To obtain comprehensive relief, many duodenal ulcer patients need more than specific, acid-inhibiting medication—they also need dependable reduction of associated anxiety and emotional tension. With adjunctive Librax you can conveniently give your patient *both* clinical benefits from a single medication.

The pituitary gland plays a key role in the neurohormonal response to emotional stress, leading to an increase in gastric secretion.<sup>2</sup>



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

1. Isenberg J, Richardson CT, Fordtran JS. Pathogenesis of peptic ulcer, chap. 46, in: *Gastrointestinal Disease*, ed. 2, edited by Sleisenger MH, Fordtran JS. Philadelphia: W.B. Saunders Company, 1978, vol. 1, pp. 800, 801.
2. Sun DCH: Etiology and pathology of peptic ulcer, chap. 27, in *Gastroenterology*, ed. 3, edited by Bockus HL, et al. Philadelphia: W.B. Saunders Company, 1974, pp. 579-595.



More than an  
antisecretory agent... acts on  
the entire disease entity



Adjunctive  
**Librax**<sup>®</sup>

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

antianxiety  
antisecretory  
antispasmodic

The duodenal ulcer reflects the  
erosion of a vulnerable mucosa by  
acid-pepsin secretion.<sup>2</sup>





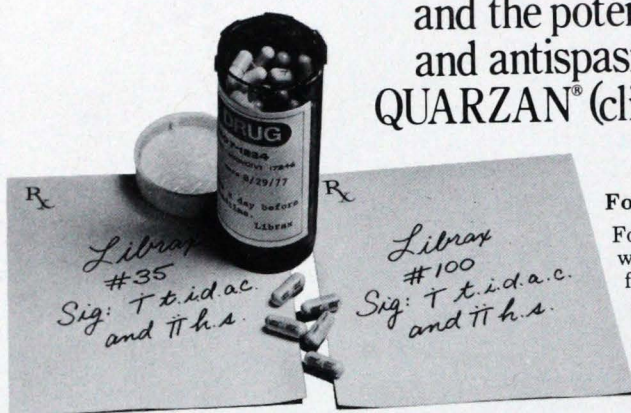
# When your duodenal ulcer\* patient needs more than an antisecretory agent...

## Adjunctive Librax®

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

The only duodenal ulcer therapy that provides the specific antianxiety action of LIBRIUM® (chlordiazepoxide HCl/Roche)

and the potent antisecretory and antispasmodic actions of QUARZAN® (clidinium Br/Roche)



### Initial Rx

The initial prescription allows evaluation of patient response to therapy.

### Follow-up Rx

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

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

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

**Warnings:** Caution patients about possible combined effects with alcohol and other CNS depressants, and against hazardous occupations requiring complete mental alertness (e.g., operating machinery, driving). Physical and psychological dependence rarely reported on recommended doses, but use caution in administering Librium® (chlordiazepoxide 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.

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

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

ROCHE

Roche Products Inc.  
Manati, Puerto Rico 00701



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Copy deadline — 10th of month preceding publication

Mr. Tex Roberts, Editor



# Calendar of Events

## FEBRUARY

7

**7-13**  
*Mid-Year Conference and Post  
 Conference Bahama Cruise*  
 Georgia Osteopathic Medical  
 Association  
 Marriott Hotel  
 Atlanta, Georgia  
 28 CME Hours  
 Contact:

Cathy M. Garris,  
 Executive Director  
 2157 Idlewood Road  
 Tucker, Georgia 30084  
 404-491-1443

8

**8-14**  
*Annual Mid-Winter Conference*  
 Colorado Society of Osteopathic  
 Medicine  
 Keystone, Colorado  
 51½ CME Hours

Contact:  
 Elwyn D. Batchelor,  
 Executive Director  
 4701 E. 9th Avenue  
 Denver, CO 80220  
 303-322-1752

16

★ **TOMA District VI Meeting**  
 Anchorage Restaurant  
 610 Loop N., T. C. Jester exit  
 Houston  
 6:30 p.m.  
 Contact:  
 John L. Mohnney, D.O.,  
 Secretary  
 713-644-3812

25

**25-27**  
*Annual Convention*  
 Osteopathic Physicians and  
 Surgeons of California  
 Fairmount Hotel  
 San Francisco  
 30 CME Hours  
 Contact:  
 Matt Weyuker,  
 Executive Director  
 1020 - 12th Street  
 Sacramento, California 95814  
 916-447-2004

28

*Cowtown Marathon*  
 Sponsored by TCOM, Fort  
 Worth Star Telegram, Fort  
 Worth National Bank  
 9 a.m.  
 Fort Worth  
 Contact:  
 Institute for Human Fitness  
 TCOM  
 817-870-5270

## MARCH

2

★ **TOMA District VI Meeting**  
 Contact:  
 John L. Mohnney, D.O.,  
 Secretary  
 713-644-3812

4

**4-8**  
*Annual Convention*  
 Florida Osteopathic Medical  
 Diplomat Hotel & Resort  
 Hollywood, Florida  
 Contact:  
 FOMA  
 P. O. Box 1444  
 New Smyrna Beach,  
 Florida 32069  
 904-427-3489

8

★ **TOMA District IX Meeting**  
 1101 E. Nueces  
 Victoria  
 3 p.m.  
 Contact:  
 C. Duane Tisdale, D.O.,  
 512-578-9821



# Calendar of Events

## 13

13-15

*Surgery of the Aged*

Sponsored by Texas College of  
Osteopathic Medicine

Hilton Inn

Fort Worth

12 Hours Category I-A CME

Contact:

Office of CME

Camp Bowie at Montgomery

Fort Worth 76107

817-735-2539

## 17

★ TOMA District II Meeting

Fort Worth Club

Fort Worth

6:30 p.m.

Contact:

Bill H. Puryear, D.O.,

President

817-834-7161

## 19

★ TOMA District V Meeting

Contact:

John W. Wilson, D.O.,

Secretary

214-691-1090

★ TOMA District XV Meeting

Contact:

Robert F. Bode, D.O.,

Secretary

214-647-1455

## 21

★ TOMA District III Meeting

Contact:

H. George Grainger, D.O.

Secretary

214-593-9731

## 25

25-28

*Convocation*

American Academy of

Osteopathy

Broadmoor Hotel

Colorado Springs, Colorado

Contact:

Martha I. Drew, Ph.D.,

Executive Director

2630 Airport Road

Colorado Springs, CO 80910

303-632-7164

## 26

★ TOMA District XIV Meeting

Sizzler Steak House

McAllen

7:30 p.m.

Contact:

Cleo D. Wilson, D.O.,

Secretary

512-423-7330

★ TOMA DISTRICT MEETINGS

District VI February 16

District VI March 2

District IX March 8

District II March 17

District V March 19

District XV March 19

District III March 21

District XIV March 26

## MARK YOUR CALENDAR

### TOMA Annual Convention

May 7 - 9, 1981

Civic Center, El Paso



# TMA Blocks Sunset Action on Practice Act

By Sen. Lloyd Doggett, Austin  
A Minority Report  
Concerning the Sunset Commission Review  
of the State Board of Medical Examiners

*Editor's Note: The following minority report was written by Sen. Lloyd Doggett of Austin, a member of the Sunset Commission. For copies of the appendixes on the Board of Nurse Examiners and the State Board of Medical Examiners, please contact the TOMA office. In a recent letter Sen. Doggett stated that "what TMA accomplished in the Sunset process with reference to TOMA is most unjustified. It should be a signal to all members of the osteopathic profession of the problems that lie ahead."*

## PRINCIPLES

The Sunset process has revealed that some state licensing agencies are too often unresponsive to public needs. Instead, this segment of state government seems to consider a primary responsibility to be protecting the interests of the trade association whose members they are charged with regulating. As a modest step to encourage these state agencies to recognize their broader duty to all Texans, the Sunset Commission adopted certain principles for new enabling legislation for those agencies continued after the 1979 review and those to be considered in the 1981 Session:

1. For the first time each state board must include at least a minority of members who have no direct economic interest in matters within the agency's jurisdiction. Similarly, a minority of public members are to be included at each stage in any hearing process which considers complaints of the public against those being regulated. The professionals licensed are afforded majority representation on each board, but during board members terms of office they are subject to conflict of interest provisions restricting concurrent service as a trade association officer or director.

General counsel for state agencies are also prohibited from serving as registered lobbyists.

2. Complaints and inquiries to the state agency must be systematically maintained and those citizens who have a complaint pending must be periodically advised of its status.

3. To ensure good fiscal management, each state agency must place all its operating funds in the State Treasury.

4. Strict compliance with the Open Meetings and Open Records Acts must be observed, and when in doubt, the public's right to know should be observed.

5. The public interest is not served by unreasonably restrictive rules that deny information about professional services, such as their price. Regulations cannot and should be narrowly drawn to cover only that advertising which is false, misleading or deceptive.

Unfortunately, a number of agencies have resisted the addition of some or all of these Sunset principles to their new statutes. Trade associations having an interest in an agency have likewise been resistant to changes that might diminish association influence over the regulatory policies of the agency. Much of the opposition, however, by both agencies and trade associations, has simply been to doing anything in a different way.

For example, the Sunset Commission has been told how public members on an agency's board or grievance committee would simply not be able to comprehend the technical nature of the agency's duties. State agencies have argued how much better they can handle their funds without the legislative oversight provided through the appropriations process and the deposit of funds in the State Treasury. Trade associations and lobbyists have claimed that any advertising by



members of their profession would not be in good taste, regardless of whether it could benefit consumers by adding a little competition.

For the most part, both the Sunset Commission and the Legislature have responded admirably to this resistance to change by agencies and affected trade associations. They have applied the Sunset principles appropriately and have added public members to boards and grievance committees; they have required agencies to deposit their funds in the State Treasury, and have prohibited agencies from imposing advertising restrictions on licensees beyond those which are necessary to prevent deception. During the last session, no agency escaped without the adoption of most of the major Sunset principles.

## HEALTH CARE IN TEXAS

Texas has some of the finest health care facilities in the world and some of the best health care professionals as well. Unfortunately, the delivery and availability of these services is not the best. Large portions of the state have no physicians, and 185 of 254 Texas counties have been designated as "medically underserved." In many urban areas, where large numbers of physicians concentrate, the cost of care, which is high and soaring ever higher, works to deny access to necessary health care just as surely as if no doctor were available.

In an effort to counteract this lack of balance, taxpayers are each year called upon for millions of tax dollars for medical education and incentive programs to encourage new doctors to move to rural areas, or to improve the delivery of health care in urban settings. These programs have had limited effectiveness. Another approach is to permit nurses to provide certain types of primary health care services within the limits of their training, and to encourage competition through the dissemination of more public information concerning the cost and quality of health care.

Not unlike the Texas Senate Ad Hoc Committee on Rural Health Care in 1978, and the Senate Ad Hoc Committee on Standardized Medical Procedures in 1980, the report of the Sunset staff recommended an expanded role for the nursing profession in Texas.

## TMA – GOVERNMENT INTERFERENCE IS WONDERFUL IF IT'S OUR GOVERNMENT INTERFERENCE

The state leadership of the Texas Medical Association (TMA) is well known both for its shrill attacks on government interference and its opposition to efforts to address the problem of soaring health care costs. The latter has included opposition to making

accessible lower cost generic prescriptions, opposition to health maintenance organizations, and opposition to planning to avoid costly duplication of health care services.

During the Sunset review of the Board of Medical Examiners the TMA has once again rejected efforts to improve the delivery of health care services in Texas. It has ironically done it this time, by demanding that government intrusion in the health care system be continued.

The State Board of Medical Examiners has traditionally been viewed as just the governmental arm of the TMA. The Board has functioned to further TMA domination of all aspects of health care, particularly with regard to denying a more realistic role for the nursing profession.

In this year's Sunset review, TMA initially succeeded in securing the votes to reject all Sunset staff recommendations that an appropriate role for the nursing profession be defined. TMA insisted that its state board continue to intrude in the health care system to deny the public access to other qualified health care professionals.

Next, TMA succeeded in having a number of other Sunset principles rejected for "its" agency:

1. Public participation in the disciplinary process was blocked. Just as a minority of nonlawyers were added to State Bar grievance committees, a minority of nonphysicians were proposed for inclusion on physician Peer Review Committees. That was thwarted.

2. Limitation on the power of the State Board of Medical Examiners to interfere with the advertising of professional services that are not false, misleading or deceptive. This was omitted.

3. Mandatory reporting to the Board of legitimate malpractice complaints against physicians from district committees across the State. Unlike a number of states where one state agency is kept aware of the full extent of physician negligence, Texas has no such system (this problem is described in Appendix B.) That was rejected.

4. Complete conflict of interest provisions for both the Board's legal counsel and physician members similar to those applied to professionals on other health care boards (see Appendix B.) This was not included.

## REPRESENTATION FOR TMA ONLY

While most Sunset concern has been directed toward the nonrepresentation of the public in regulatory agencies, Sunset has also sought to ensure that all those who were affected by state regulation had meaningful



participation in that process. Once again TMA has rejected this approach for anyone but itself.

Traditionally three of the 12 positions on the State Board of Medical Examiners have been occupied by members of the Texas Osteopathic Medical Association (TOMA). While osteopaths are licensed by the Board of Medical Examiners and take the same qualifying examination for their medical licenses as do TMA member physicians, they have a distinctly separate approach to treatment.

Governor Bill Clements recently reduced traditional osteopathic representation on the Board by replacing a retiring member who belonged to TOMA with one from TMA. During the Sunset process TMA effectively overcame efforts to designate statutorily any Board positions for osteopathic physicians. This suggests the eventual goal of TMA is to control all professional positions on the Board to the exclusion of TOMA. Not surprisingly, TOMA members fear selective enforcement and other policy steps by a State Board wholly controlled by TMA.

### TMA — ALL OR NOTHING

TMA was successful on almost every vote the Sunset Commission took regarding the recommendations of the Sunset staff. Among the few exceptions were the adoption, over TMA objection, of a requirement that Board funds be placed in the State Treasury, and the requirement that the Open Records Act apply to this Board in the same manner as all other agencies.

Despite its high (perhaps 95 percent) success rate, TMA decided to reject the very draft it had such a big hand in fashioning. Therefore, the very Sunset Commission members who consistently supported TMA demands altering staff recommendations voted to reject the entire bill. Apparently TMA considered it most advantageous to have only their own one bill up for legislative consideration, with no Sunset bill recommendation available for comparison.

Because I believe the Sunset staff did an admirable job of reviewing the State Board of Medical Examiners, Appendix B includes a summary of staff recommendations that should be considered by all legislators.

In a time of growing citizen concern about excessive government interference in the free enterprise system, the Commission's review of regulatory agencies has presented numerous examples of just such interference. In none is it perhaps as clear, however, as in the regulation of the practice of medicine. The Board of Medical Examiners (composed solely of physicians), in consort with the Texas Medical Association, has worked to make physician domination of the entire health care delivery system absolute. Noted free enterprise economist Milton Friedman recently observed,

"For decades it (the American Medical Association) kept down the number of physicians, kept up the cost of medical care, and prevented competition with physicians by people outside the profession." Today, it correctly points out, "government bureaucrats working on behalf of the profession, are helping assure the continuation of that monopoly."

Through the Sunset Commission's yielding to Texas Medical Association influence the interests of the citizens of Texas have been betrayed, through the very process that was intended to expose and reform the past practices of governmental agencies that chose to forget why they were created and who they were created to protect.▲

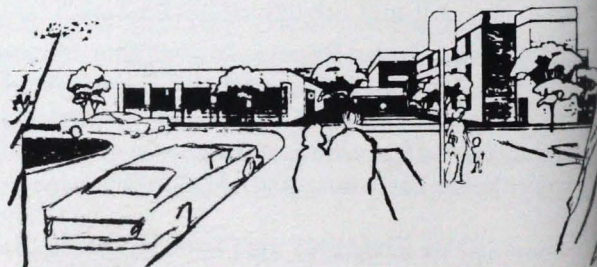
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**AN OPPORTUNITY . . .** for professional growth with a growing not-for-profit medical facility with an outstanding need for many physicians in the heart of the Dallas-Fort Worth Metroplex.

**SECURITY . . .** \$36,000 first year guarantee

**A CHALLENGE . . .** for continued excellence in internship and residency programs, as well as a comprehensive continuing medical education program for the 80 osteopathic and allopathic physicians presently on the staff

**A COMMITMENT . . .** for providing the best diagnostic and treatment capabilities available for the citizens of our community; at present offering cobalt treatment, LASER surgery, nuclear medicine department, and many other services not usually found in hospitals of comparable size.



### Grand Prairie Community Hospital

2709 Hospital Blvd.

Grand Prairie, Texas 75051

CONTACT: Richard D. Nielsen, Administrator

214-647-1141, Extension 200

"Ours is a health care facility that will not be content with less than excellence in everything we do."



# Fiesta de Toros to Highlight Saturday Convention Activities

Come join the *Fiesta de Toros* at TOMA's 82nd Annual Convention and Scientific Seminar May 7-9 in El Paso!

If you are among the hearty, this may be your opportunity to try your hand at training the young bulls for future matadores.

Saturday night's fun starts at the Leinzo Bull Ring in Juarez where you will be welcomed with a complimentary margarita (additional drinks may be purchased at \$1 each), guacamole and chile con queso dips, marimbas, mariachis, folklorico dancers, chariadas, charro on horseback and the grand finale — a bull fight in which you will have an opportunity to become a genuine matador. It will all be in fun and no one, including the young bull, will get hurt.

Following the activities at the bull ring the entire group will board buses for a short trip to the famed Juarez Race Track where you will be entertained by greyhound racing at its best. Upon arrival at the beautiful glass-enclosed Jockey Club, you will be served a second complimentary margarita and dine on an elaborate international buffet dinner.

Everyone at the race track will be made aware of TOMA's presence when the 10th race of the evening is named in honor of our group.

In addition to a fun-filled Saturday night, this year's convention will feature a special side trip for the ladies.

Thursday afternoon, immediate-

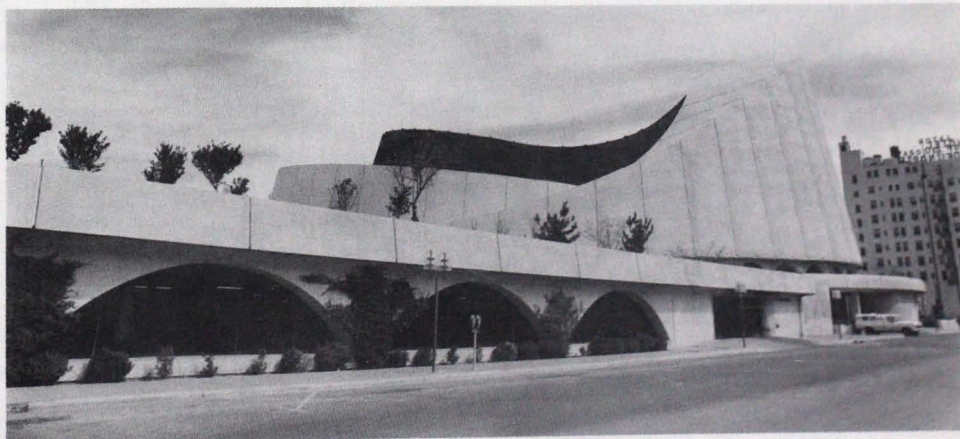
ly following the Keynote Luncheon, interested persons will board a bus for historic La Mesilla in New Mexico.

Travel to La Mesilla, near Las Cruces, New Mexico, will be by way of the Juan de Onate Trail. Enroute, you will stop at La Mesa — an early town along the historic Santa Fe Trail — and see Stahlman Farm, with the largest pecan orchard in the United States. Upon arrival at La Mesilla you will find a quaint Mexican/American village dating from 1847 with La Posta (the Butterfield Stage stop) and numerous small shops surrounding the town square, offering artworks, antiques, books, turquoise jewelry and other interesting gifts of all types. You will be treated to wine and cheese at the Galleria.

On Friday morning the ladies will have an opportunity to take a

shopping tour of Juarez and attend the ATOMA Installation Luncheon. During your tour, you will visit the beautiful and modern Pronaf area with a complimentary margarita at Decor and a five percent discount on all purchases from stores in the Merchant's Association; more shopping at the Old Market where bargaining brings the best prices, visit a crystal store, stroll down historic Juarez Avenue and receive a complimentary margarita or tequila sunrise at a favored liquor store. ATOMA's Installation Luncheon will be held at one of Juarez's finer restaurants where a marimba band and a style show of Mexican dresses will entertain you.

Included in the registration fee will be your choice of either the La Mesilla or the Juarez Shopping Tour. If you wish to take both, please add an additional \$13.50



*The sweeping sombrero shape of the theater highlights the El Paso Civic Center. (Photo courtesy El Paso Convention and Visitors Bureau)*



to your registration fee and mark the appropriate box.

Other activities planned for the three-day meeting will be a Continental Breakfast With Exhibitors each morning from 7:30-8:30 a.m. in the Exhibit Hall. This will enable you to munch on donut holes and sip juice and coffee while strolling among 100 various exhibits. Be sure you participate in this event and show your support for the companies that support the osteopathic profession.

All physicians attending the convention should note that a new method of awarding CME credits will be implemented this year. A total of 17½ hours of Category I-A and three hours of Category I-F hours may be earned at the 1981 meeting if the doctor registers and picks up his pack during early registration from 1-5 p.m., May 6 or between 7:30 a.m. and noon, May 7. A decrease in CME hours will be awarded for those register-

ing or picking up a pre-registered packet after noon on May 7.

A breakdown on allocation of CME hours is as follows:

#### May 6

*Early Registration*

1-5 p.m.

17½ Hours Category I-A

3 Hours Category I-F

#### May 7

7:30 a.m. - Noon

17½ Hours Category I-A

3 Hours Category I-F

Noon - 4:30 p.m.

13 Hours Category I-A

3 Hours Category I-F

#### May 8

7:30 a.m. - Noon

9½ Hours Category I-A

3 Hours Category I-F

Noon - 4:30 p.m.

5 Hours Category I-A

3 Hours Category I-F

#### May 9

7:30 a.m. - Noon

4½ Hours Category I-A

Pre-registration for physicians at the 1981 convention will be \$125 with at-the-door registration costing \$150. A single registration fee of \$75 will be charged for spouses attending the convention.

Most convention activities will be held in the El Paso Civic Center.

Four El Paso hotels have been selected to house convention participants, with the Holiday Inn Downtown designated as headquarters hotel. All hotel reservations will be handled through a central housing bureau with requests for suites subject to approval by TOMA. Other hotels being used are the Sheraton Hotel, Travelodge and Plaza Motor Inn.

Make plans now to visit the Sun City where the sun has failed to shine only 23 days in the last 14 years and attend TOMA's annual Convention May 7-9. ^

## 1981 Convention Supporters

Adria Laboratories

Auxiliary, TOMA

Boehringer Ingelheim, Ltd.

Boots Pharmaceuticals

Bristol Laboratories

Burroughs Wellcome Company

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Fitness First

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International Medical Electronics

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Division

Milex Southern, Inc.

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Pfizer, Inc. (Laboratories Div.)

Pharm-A-Sist, Inc.

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R-B Instruments Company

A. H. Robins Company

Roerig Division (Pfizer, Inc.)

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Sequoia Group, Inc.

Smith, Kline & French Laboratories

E. R. Squibb & Sons, Inc.

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Teledagnostic Systems

Texas College of Osteopathic Medicine

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United States Navy Recruiting

The Upjohn Company

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Wyeth Laboratories

#### GRANTORS:

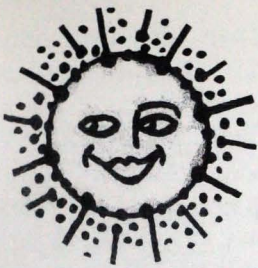
Abbott Pharmaceutical Products Division

Marion Laboratories, Inc.

Merck Sharp & Dohme

Ross Laboratories ^





# Convention Registration

## Texas Osteopathic Medical Association

82nd Annual Convention

Enclosed is \$\_\_\_\_\_ check for advance registration for \_\_\_\_\_ persons at \$125 for physicians and \$75 for spouses

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

Registration Deadline April 15

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

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

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

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# The Physician As Witness

There is something about receiving a deposition or subpoena for court that ruins the rest of the day for many physicians.

After recently spending a few days at a medical meeting, I came away with the impression that there was a well-known expletive prefixed to the word "lawyer" and that it was always only one word.

The purpose of this article is to offer a few hints, hopefully useful, to the physician who finds himself the often unwilling recipient of a deposition or subpoena. The following is primarily directed to the physician who is giving testimony as a medical expert in someone else's case. If you should find yourself as a defendant, it may still be useful, but only after consultation with your attorney.

Your objective as a witness is to be perceived by the finder of fact as knowledgeable, truthful, and believable. Your secondary objective may be to get in and out of court with a minimum of delay. The two are not necessarily incompatible.

## First of All

Dress well but not ostentatiously or exotically. To look like a hit man or movie star is not particularly helpful in most cases. Appearance is more important to both judge and jury than you might suppose. Neatness counts.

## Second

Be on time. Make sure that you discuss with the party who calls you when you are expected and how long you may expect to be there. The contingencies of a court case normally make it impossible to pin down times exactly, but attorneys want to work with an expert witness and may arrange an appearance around his schedule. Insure that the attorney will notify you if for some reason you won't be called at a particular time. Many problems arise when the physician has cleared his schedule only to find out he won't be


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needed until the next day. This may be avoided by discussing the possibilities beforehand.

### Third and Most Important

Insist on going over your testimony beforehand with the party who calls you. If an adverse party brings you in, go over the probable questions with you party's attorney in advance. The key here is no surprises.

Occasionally, an attorney is flying so fast he just puts his witness on the stand and "goes at it." This results in everybody involved looking foolish, and should be avoided when possible.

Remember, you probably know more about medicine than anyone in the courtroom. Preparation insures that everyone else in the courtroom will realize this fact.

Know what you bring to the stand. Keep charts clipped together and be familiar with each paper in the chart. They may be unclipped and offered as evidence afterward, but you should know what's there. You may be the only one who does. This also saves the physician the spectacle of spending 10 minutes nervously ruffling through papers, only to find the paper he's looking for is back at the office.

### Courtesy

It's hard to be courteous to a fellow who is not

trained in medicine and is suggesting to both the judge and jury that you are lying, incompetent, or both. The best prescription here is go slowly, be patient, and pretend that your interrogator is a beloved member of the family with an advanced case of Korsakoff's psychosis. However, avoid being supercilious. Nobody likes a know-it-all. Try not to be a volunteer. Keep your answers short and to the point. Assume that the attorney knows where he is going with his questioning.

However, if it's you attorney getting lost, see the third point above.

Some courts have amplifiers, some don't but everything you say is being recorded for posterity. Speak slowly and loud enough for the finder of fact (judge or jury) to hear you. Look at the judge or jury when talking. If a jury, imagine them to be a gathering of the patient's relatives, anxious to be apprised of the situation. Physicians who are in court regularly tell me it is actually possible to be comfortable in the witness chair. I don't know about that, but those who testify often do seem to be more effective than the infrequent visitor.

Historically, the intimidating atmosphere of a courtroom was designed to insure that the witness told the truth when on the stand. If one looks at the court as merely a place where information is exchanged under certain controlled circumstances, the situation becomes much less traumatic.

### A Word About Depositions

Try to have depositions scheduled at your office or somewhere else where you are comfortable, and at a time convenient to you. Many doctors find the end of a day to be a good time. You should discuss your fees for depositions beforehand, with the attorney calling you. In this connection, it might be pointed out that while the attorney has no control over what you charge, he may inconvenience you if severely antagonized.

Do not equate the informality of some depositions with their importance. The deposition is used to discover what the case is about, how the witness looks and sounds, and what he is going to say. Many cases are won or lost in this stage.

Remember, a deposition may be used in place of your testimony or to compare your testimony with that given later at trial.

Since your goal may be to avoid losing the time at trial, depositions become doubly important and further appearances should be discussed with the attorneys.

In closing, court appearances and depositions may be compared with third party carriers exasperating and time-consuming to be sure, but occasionally rewarding and most of all, an unavoidable part of your practice.

(Reprinted from December, Michigan Osteopathic Journal, by A.E. Mustonen, J.D.)^

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# *Toxic Histories Provide Background For Cancer Education, Prevention*

By Robert Bernstein, M.D., Commissioner  
*Texas Department of Health*

Toxic histories of cancer victims would provide a sound background for cancer education and prevention efforts, believe panelists in a cancer meeting called by State Health Commissioner Dr. Robert Bernstein.

The meeting at the Texas Department of Health (TDH) brought input from physicians, TDH and federal officials, private physicians and citizens, and from educators.

The increase in the number of chemicals in industry, increasing exposure of workers to possible cancer-causing agents and release of chemicals into the environment were cited during the discussions.

While agreeing that information on toxic substances in the workplace would provide a base for life-saving, educational efforts, the participants agreed that comprehensive, uniform information is unavailable at this time. Many variables exist, such as the type of chemical, length of exposure, amount of exposure in the environment, and knowledge as to the cumulative effects of chemicals.

Dr. Janet Springer, with the Environmental Protection Agency in Washington, D.C., said there is not that much research information available on toxic chemicals. There are, however, good studies on cancer caused by asbestos exposure. The effects of asbestos coupled with smoking is five times greater than asbestos-caused cancer alone, she said.

While information on animal studies is available, human data is limited in terms of environmental exposure, said George Pettigrew, with the Dallas office of the National Institute of Occupational Safety and Health (NIOSH). He noted that toxic information is available on some 35,000 chemicals and that 2,000 chemicals have been identified with some effects on humans. Determining the relationship of chemical exposure to human cancer is a different matter, he said.

Of all the cancer causes, smoking was repeated time and time again as the top factor in cancer, as well as in other diseases.

In a meeting with smoking employees of TDH, held before the cancer meeting, Dr. Bernstein said, "Cigarette smoking is the single most important preventable factor in illness, disability, and death in this country.

All in all, smoking contributes to 350,000 premature deaths in the United States each year."

"A recent report of the Surgeon General," said Dr. Bernstein, "says that smoking costs this country \$27 billion a year in medical care, absenteeism, accidents and decreased productivity. Smoking men miss 33 percent more working days than nonsmoking men, while smoking women miss 45 percent more work days than nonsmoking women." He noted that the lung cancer rate among women had increased 500 percent over the past two decades. Lung cancer is expected to overtake breast cancer as the leading cause of cancer deaths among women in this decade if current trends continue, said Dr. Bernstein.

While agreeing that there has been an increase in total cancer in Texas, Dr. George Anderson of TDH said, "We do not have an epidemic of cancer in Texas. More cancer is being reported, but we have more older people who are more likely to develop cancer." He predicted a continuing increase in total cancer numbers.

Nationally, 400,000 persons die each year from cancer. In Texas, reported Dr. C.R. Allen Jr., chief of the TDH Bureau of Personal Health Services, 40,000 new cases of cancer and 20,000 cancer deaths are reported annually in Texas. "One of five deaths in Texas last year was due to cancer," he said.

The Texas Department of Health has a wide range of cancer-related activities. Among these is operation of the Texas Cancer Registry, a statewide cancer data system. Currently, 150 institutions are in the registry system, including 128 hospitals of more than 100 beds, 17 hospitals under 100 beds, and five radiation treatment centers.

The cancer registry system identifies the incidence and prevalence of cancer in the state and provides a mechanism of followup. By determining patterns of cancer incidence, it is an invaluable tool in directing preventive efforts to those environments, geographic areas, and population subgroups where they are likely to prove most effective.

The cancer registry gives service to the medical profession and hence to the cancer patient, provides information for planning control measures, evaluates treatment and screening programs, conducts epidemiological studies, and provides education of the public.



# BACTRIM<sup>TM</sup>

(trimethoprim and sulfamethoxazole)

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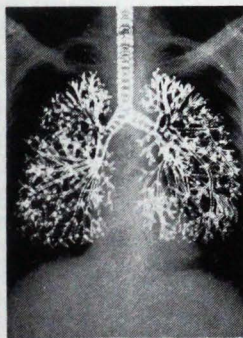
## A MAJOR ANTIMICROBIAL WITH MULTI-SYSTEM USEFULNESS

The clinical usefulness of Bactrim continues to grow. Now Bactrim is useful for all of the following infections when due to susceptible strains of indicated organisms (see indications section in summary of product information):



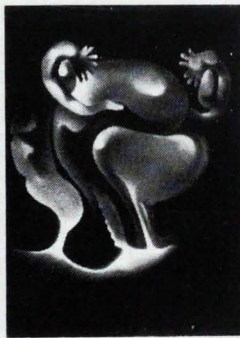
### UPPER RESPIRATORY

acute otitis  
media in  
children



### LOWER RESPIRATORY

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exacerbations  
of chronic  
bronchitis  
in adults  
—documented  
*Pneumocystis*  
*carinii*  
pneumonitis



### GENITO- URINARY

recurrent  
urinary tract  
infections



### GASTRO- INTESTINAL

shigellosis

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

**Indications and Usage:** For the treatment of urinary tract infections due to susceptible strains of the following organisms: *Escherichia coli*, *Klebsiella-Enterobacter*, *Proteus mirabilis*, *Proteus vulgaris*, *Proteus morganii*. It is recommended that initial episodes of uncomplicated urinary tract infections be treated with a single effective antibacterial agent rather than the combination. *Note:* The increasing frequency of resistant organisms limits the usefulness of all antibacterials, especially in these urinary tract infections.

For acute otitis media in children due to susceptible strains of *Haemophilus influenzae* or *Streptococcus pneumoniae* when in physician's judgment it offers an advantage over other antimicrobials. Limited clinical information presently available on effectiveness of treatment of otitis media with Bactrim when infection is due to ampicillin-resistant *Haemophilus influenzae*. To date, there are limited data on the safety of repeated use of Bactrim in children under two years of age. Bactrim is not indicated for prophylactic or prolonged administration in otitis media at any age.

For acute exacerbations of chronic bronchitis in adults due to susceptible strains of *Haemophilus influenzae* or *Streptococcus pneumoniae* when in physician's judgment it offers an advantage over a single antimicrobial agent.

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

Also for the treatment of documented *Pneumocystis carinii* pneumonitis. To date, this drug has been tested only in patients 9 months to 16 years of age who were immunosuppressed by cancer therapy.

**Contraindications:** Hypersensitivity to trimethoprim or sulfonamides; pregnancy; nursing mothers; infants less than two months of age.

**Warnings:** BACTRIM SHOULD NOT BE USED TO TREAT STREPTOCOCCAL PHARYNGITIS. Clinical studies show that patients with group A  $\beta$ -hemolytic streptococcal tonsillopharyngitis have higher incidence of bacteriologic failure when treated with Bactrim than do those treated with penicillin. Deaths from hypersensitivity reactions, agranulocytosis, aplastic anemia and other blood dyscrasias have been associated with sulfonamides. Experience with trimethoprim is much more limited but occasional interference with hematopoiesis has been reported as well as an increased incidence of thrombopenia with purpura in elderly patients on certain diuretics, primarily thiazides. Sore throat, fever, pallor, purpura or jaundice may be early signs of serious blood disorders. Frequent CBC's are recommended; therapy should be discontinued if a significantly reduced count of any formed blood element is noted.

**Precautions:** Use cautiously in patients with impaired renal or hepatic function, possible folate deficiency, severe allergy or bronchial asthma. In patients with glucose-6-phosphate dehydrogenase deficiency, hemolysis, frequently dose related, may occur. During therapy, maintain adequate fluid intake and perform frequent urinalyses, with careful microscopic examination, and renal function tests, particularly where there is impaired renal function. Bactrim may prolong prothrombin time in those receiving warfarin; reassess coagulation time when administering Bactrim to these patients.

**Adverse Reactions:** All major reactions to sulfonamides and trimethoprim are included, even if not reported with Bactrim. *Blood dyscrasias:* Agranulocytosis, aplastic anemia, megaloblastic anemia, thrombopenia, leukopenia, hemolytic anemia, purpura, hypoprothrombinemia and methemoglobinemia. *Allergic reactions:* Erythema multiforme, Stevens-Johnson syndrome, generalized skin eruptions, epidermal necrolysis, urticaria, serum sickness, pruritus, exfoliative dermatitis, anaphylactoid reactions, periorbital edema, conjunctival and scleral injection, photosensitization, arthralgia and allergic myocarditis. *Gastrointestinal reactions:* Glossitis, stomatitis, nausea, emesis, abdominal pains, hepatitis, diarrhea and pancreatitis.

*CNS reactions:* Headache, peripheral neuritis, mental depression, convulsions, ataxia, hallucinations, tinnitus, vertigo, insomnia, apathy, fatigue, muscle weakness and nervousness. *Miscellaneous reactions:* Drug fever, chills, toxic nephrosis with oliguria and anuria, periarteritis nodosa and L.E. phenomenon. Due to certain chemical similarities to some goitrogens, diuretics (acetazolamide, thiazides) and oral hypoglycemic agents, sulfonamides have caused rare instances of goiter production, diuresis and hypoglycemia in patients; cross-sensitivity with these agents may exist. In rats, long-term therapy with sulfonamides has produced thyroid malignancies.

**Dosage:** Not recommended for infants less than two months of age.

**URINARY TRACT INFECTIONS AND SHIGELLOSIS IN ADULTS AND CHILDREN, AND ACUTE OTITIS MEDIA IN CHILDREN:**

*Adults:* Usual adult dosage for urinary tract infections — 1 DS tablet (double strength), 2 tablets (single strength) or 4 teasp. (20 ml) b.i.d. for 10-14 days. Use identical daily dosage for 5 days for shigellosis.

*Children:* Recommended dosage for children with urinary tract infections or acute otitis media — 8 mg/kg trimethoprim and 40 mg/kg sulfamethoxazole per 24 hours, in two divided doses for 10 days. Use identical daily dosage for 5 days for shigellosis.

*For patients with renal impairment:* Use recommended dosage regimen when creatinine clearance is above 30 ml/min. If creatinine clearance is between 15 and 30 ml/min, use one-half the usual regimen. Bactrim is not recommended if creatinine clearance is below 15 ml/min.

**ACUTE EXACERBATIONS OF CHRONIC BRONCHITIS IN ADULTS:**

*Usual adult dosage:* 1 DS tablet (double strength), 2 tablets (single strength) or 4 teasp. (20 ml) b.i.d. for 14 days.

**PNEUMOCYSTIS CARINII PNEUMONITIS:**

*Recommended dosage:* 20 mg/kg trimethoprim and 100 mg/kg sulfamethoxazole per 24 hours in equal doses every 6 hours for 14 days. See complete product information for suggested children's dosage table.

**Supplied:** Double Strength (DS) tablets, each containing 160 mg trimethoprim and 800 mg sulfamethoxazole, bottles of 100; Tel-E-Dose<sup>®</sup> packages of 100; Prescription Paks of 20 and 28. Tablets, each containing 80 mg trimethoprim and 400 mg sulfamethoxazole — bottles of 100 and 500; Tel-E-Dose<sup>®</sup> packages of 100; Prescription Paks of 40. Pediatric Suspension, containing in each teaspoonful (5 ml) the equivalent of 40 mg trimethoprim and 200 mg sulfamethoxazole; cherry flavored — bottles of 16 oz (1 pint). Suspension, containing in each teaspoonful (5 ml) the equivalent of 40 mg trimethoprim and 200 mg sulfamethoxazole, fruit-licorice flavored — bottles of 16 oz (1 pint).



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# Surgery of the Aged

Hilton Inn, Fort Worth  
March 13-15, 1981

PRE-REGISTRATION DEADLINE – FRIDAY, MARCH 6, 1981

FEE: Physicians \$130  
Interns & Residents \$ 90

12 CME CREDITS APPLIED FOR

## PROGRAM

### Friday, March 13, 1981

- 5:45 p.m. – 7:45 p.m. Registration  
7:45 p.m. – 8:00 p.m. Welcome  
William R. Jenkins, D.O.,  
Program Chairman  
8:00 p.m. – 9:30 p.m. *Vascular Diseases of the Aged*  
John S. Schuessler, M.D.

### Saturday, March 14, 1981

(David Bilyea, D.O., Moderator)

- 7:15 a.m. – 8:00 a.m. Sign-in and Continental Breakfast  
8:00 a.m. – 8:30 a.m. *Pre-and Postoperative Evaluation of the Geriatric Patient*  
Cheri Quincy, D.O.  
8:30 a.m. – 9:00 a.m. *The Current Approach to Diagnosis and Treatment of Vascular Diseases of the Elderly*  
John S. Schuessler, M.D.  
9:00 a.m. – 9:30 a.m. *Carotid Surgery and the Aged Patient*  
David Bilyea, D.O.  
9:30 a.m. – 9:45 a.m. Coffee Break  
9:45 a.m. – 10:15 a.m. *Abdominal Aortic Aneurysm in Older Patients*  
Pat J. Marshio, D.O.  
10:15 a.m. – 10:45 a.m. *Pulmonary Resection of the Aged Patient*  
David Bilyea, D.O.  
10:45 a.m. – 11:00 a.m. Break  
11:00 a.m. – 12:00 p.m. *Management of Renal Cell Carcinoma, Including Metastatic Disease, in the Aged*  
Paul C. Peters, M.D.  
12:00 p.m. – 1:00 p.m. Luncheon Discussion:  
*Nutritional Assessment of Older Individuals*  
Ivan E. Danhof, Ph.D., M.D.

(Wayne A. Hey, D.O., Moderator)

- 1:30 p.m. – 2:00 p.m. *Benign Prostatic Hypertrophy of the Elderly*  
Wayne A. Hey, D.O.

- 2:00 p.m. – 2:30 p.m. *Inguinal Hernia of Older Patients*  
William R. Jenkins, D.O.  
2:30 p.m. – 3:00 p.m. *Reconstructive Surgery on Geriatric Patients*  
Dennis I. Schuster, M.D., D.D.S.  
3:00 p.m. – 3:15 p.m. Break  
3:15 p.m. – 3:45 p.m. *Using Antibiotics in Conjunction with Gastrointestinal Surgery of the Aged*  
Lonson L. Barr, D.O.  
3:45 p.m. – 4:15 p.m. *Management of Peritonitis in Elderly Patients*  
Jerome L. Axelrod, D.O.

### Sunday, March 15, 1981

(Joel Alter, D.O., Moderator)

- 7:30 a.m. – 8:00 a.m. Sign-in and Continental Breakfast  
8:00 a.m. – 8:30 a.m. *Intestinal Obstructions in Older Patients*  
Jerome L. Axelrod, D.O.  
8:30 a.m. – 9:00 a.m. *Geriatric Colon Diseases*  
Joel Alter, D.O.  
9:00 a.m. – 9:30 a.m. *Cholecystitis in the Older Patient*  
R. Lynn Powell, D.O.  
9:30 a.m. – 10:00 a.m. *Surgical Treatment of Arthritis in the Aged*  
James E. Laughlin, D.O.  
10:00 a.m. – 10:15 a.m. Coffee Break  
10:15 a.m. – 10:45 a.m. *Wrist Fractures of the Elderly*  
James E. Laughlin, D.O.  
10:45 a.m. – 11:15 a.m. *Normo Tensive Internal Hydrocephalus*  
James R. Tyler, D.O.  
11:15 a.m. – 11:45 a.m. *Ambulation Difficulties of Older Patients*  
James R. Tyler, D.O.

Program may change as announced



Pre-registration Form  
**Surgery of the Aged**

March 13-15, 1981

Hilton Inn \* Fort Worth, Texas

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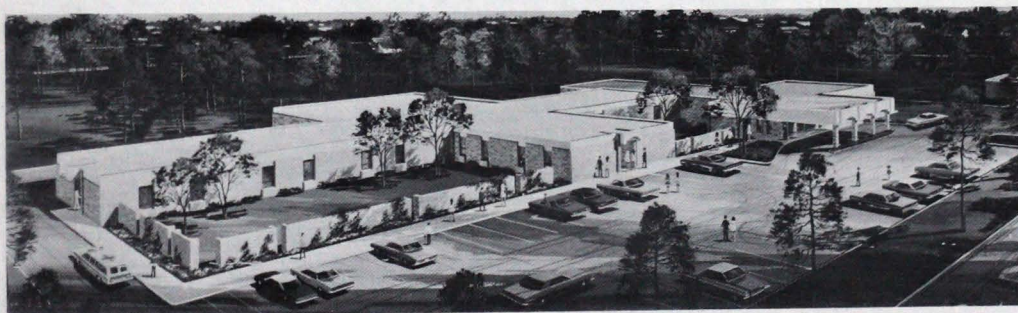
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If you plan to attend Saturday evening entertainment with your spouse, please check this box and include the \$30 fee in your remittance, to cover additional food, transportation and entertainment costs.

**FOR MORE INFORMATION:**

Contact: Texas College of Osteopathic Medicine, Department of Surgery and Office of Continuing Medical Education, Camp Bowie at Montgomery, Fort Worth, TX 76107. Phone: 817-735-2539

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# ACADEMIA

## News From The Colleges

### CMDNJ

A vaccine against bacterial meningitis, a disease that strikes 10,000 youngsters each year in this country and causes upwards of 800 deaths, is the target of scientists from the New Jersey School of Osteopathic Medicine of the College of Medicine and Dentistry of New Jersey (CMDNJ).

The research project, which is based at the Piscataway campus of CMDNJ, is being supported through grants from The Foundation of CMDNJ and the National Institutes of Health. The Foundation of CMDNJ is a private, non-profit corporation which encourages and supports excellence at the college.

Thus far in the research project, investigators have determined two methods of protecting laboratory mice from the disease by injecting them with parts of the infecting bacterium, an organism called *Haemophilus influenzae*. That organism is also responsible for a handful of other childhood ailments, including epiglottitis, an inflammation in the throat that can cause strangulation, asthma, middle ear infections and a variety of upper respiratory ailments.

### OU-COM

The Ohio University College of Osteopathic Medicine (OU-COM) scholarship fund recently received a \$5,000 contribution from the Upjohn Company of Kalamazoo, Michigan, for use during the 1981-82 academic year.

Darrell Rishel, Ed.D., associate dean of student affairs, has been seeking aid from various organizations for the OU-COM scholarship program to help offset the rising costs of a medical education.

### TCOM

Four first-year students at Texas College of Osteopathic Medicine (TCOM) have received Rural Medical Education Board funding this fall.

The four are Mark Fletcher Gan of Huntsville, Edward Gates of Talpa, Larry Howard of San Angelo and Donald Beyer of Great Bend, Kansas.

The loan program is funded by the State of Texas to encourage graduating physicians to set up practices in rural Texas communities. The awards range from \$3,500 to \$5,500 a year depending on financial need. Nine TCOM students are currently on the program.

\*\*\*\*\*

Experts on the practice of medicine from ancient times to modern day recently began a weekly series of talks on the history of medicine at TCOM.

Speakers from universities, medical centers and private practice in five states will lecture each Tuesday at 7:30 p.m. The talks, open to the public at no charge, will be in the auditorium of TCOM's Medical Education Building I, Camp Bowie at Montgomery. Each is illustrated with films and slides.

"The program is a reciprocal cooperative venture with the University of Texas Health Science Center at Dallas," said Charles Ogilvie, D.O., chairman of TCOM's medical humanities department and one of the designers of the program. "Our students went there last year for a similar program. Theirs will come here this year. But these lectures are open to the public, too."

Physicians and nurses can receive continuing medical education credit

according to the number of lectures attended.

Dates and topics of the lectures are:

February 10 — "The Concept of Death Through the Ages"

February 17 — "Colonial and Revolutionary Medicine."

February 24 — "Early 19th Century American Medicine."

March 3 — "Historiography of Medicine in the United States"

March 10 — "Sectarianism in Mid 19th Century American Medicine."

March 17 — "Medicine in Antebellum Texas and the Civil War Period."

March 31 — "European Medicine 1850-1900."

April 7 — "The History and Literature of Anesthesiology."

April 14 — "The Development of American Medical Education"

April 28 — "Osteopathic Medicine — An American Social Movement." ^

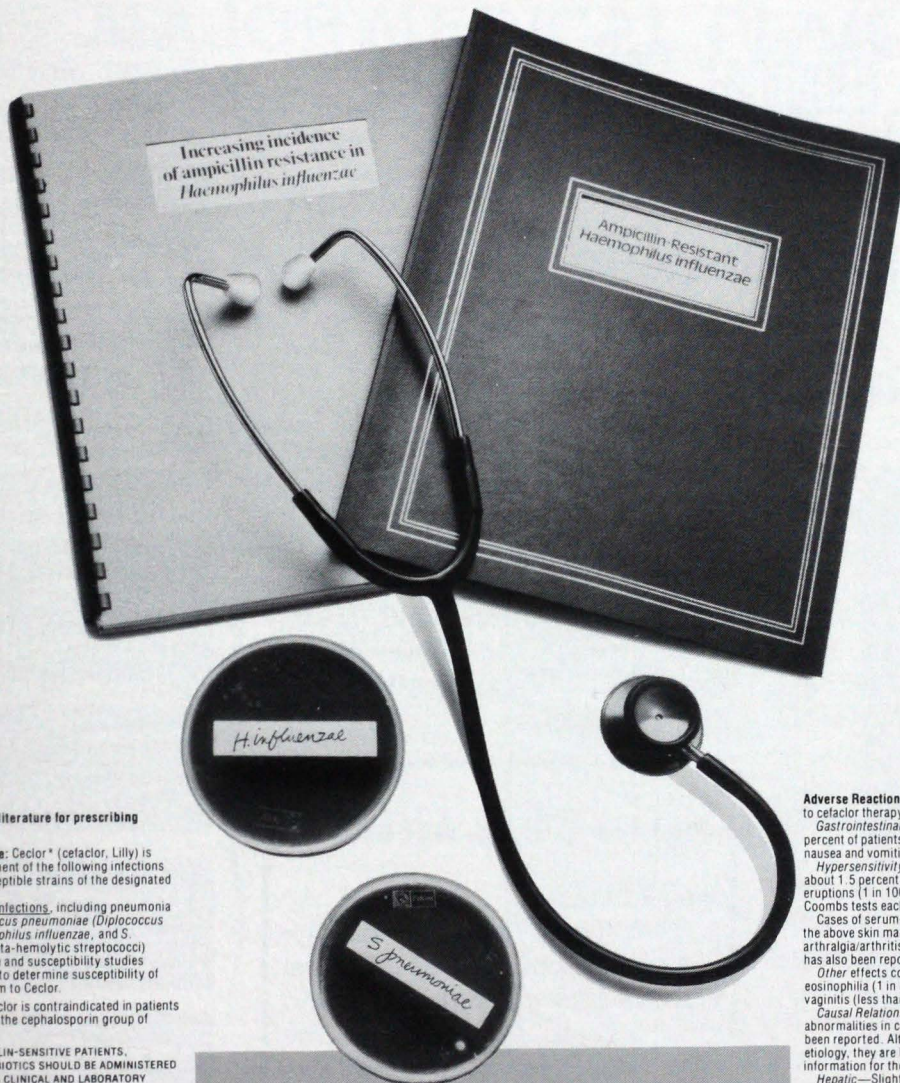
DAVID H. LEECH, D.O., F.C.A.P.

Associate-Affiliated Pathology, P.A.  
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# An added complication... in the treatment of bacterial bronchitis\*



**Brief Summary.** Consult the package literature for prescribing information.

**Indications and Usage:** Cefclor\* (cefclor, Lilly) is indicated in the treatment of the following infections when caused by susceptible strains of the designated microorganisms:

**Lower respiratory infections,** including pneumonia caused by *Streptococcus pneumoniae* (Diplococcus pneumoniae), *Haemophilus influenzae*, and *S. pyogenes* (group A beta-hemolytic streptococci).

Appropriate culture and susceptibility studies should be performed to determine susceptibility of the causative organism to Cefclor.

**Contraindication:** Cefclor is contraindicated in patients with known allergy to the cephalosporin group of antibiotics.

**Warnings:** IN PENICILLIN-SENSITIVE PATIENTS, CEPHALOSPORIN ANTIBIOTICS SHOULD BE ADMINISTERED CAUTIOUSLY. THERE IS CLINICAL AND LABORATORY EVIDENCE OF PARTIAL CROSS-ALLERGENICITY OF THE PENICILLINS AND THE CEPHALOSPORINS, AND THERE ARE INSTANCES IN WHICH PATIENTS HAVE HAD REACTIONS TO BOTH DRUG CLASSES (INCLUDING ANAPHYLAXIS AFTER PARENTERAL USE).

Antibiotics, including Cefclor, should be administered cautiously to any patient who has demonstrated some form of allergy, particularly to drugs.

**Precautions:** If an allergic reaction to cefclor occurs, the drug should be discontinued, and, if necessary, the patient should be treated with appropriate agents, e.g., pressor amines, antihistamines, or corticosteroids.

Prolonged use of cefclor may result in the overgrowth of nonsusceptible organisms. Careful observation of the patient is essential. If superinfection occurs during therapy, appropriate measures should be taken.

Positive direct Coombs tests have been reported during treatment with the cephalosporin antibiotics. In hematologic studies or in transfusion cross-matching procedures when antiglobulin tests are performed on the minor side or in Coombs testing of newborns whose mothers have received cephalosporin antibiotics before parturition, it should be recognized that a positive Coombs test may be due to the drug.

Cefclor should be administered with caution in the presence of markedly impaired renal function. Under such a condition, careful clinical observation and laboratory studies should be made because safe dosage may be lower than that usually recommended.

As a result of administration of Cefclor, a false-positive reaction for glucose in the urine may occur. This has been observed with Benedict's and Fehling's solutions and also with Clinistix® tablets but not with Tes-Tape® (Glucose Enzymatic Test Strip, USP, Lilly). **Usage in Pregnancy**—Although no teratogenic or antifertility effects were seen in reproduction studies in mice and rats receiving up to 12 times the maximum human dose or in ferrets given three times the maximum human dose, the safety of this drug for use in human pregnancy has not been established. The benefits of the drug in pregnant women should be weighed against a possible risk to the fetus.

**Usage in Infancy**—Safety of this product for use in infants less than one month of age has not been established.

## Some ampicillin-resistant strains of *Haemophilus influenzae*—a recognized complication of bacterial bronchitis\*—are sensitive to treatment with Cefclor.<sup>1-6</sup>

In clinical trials, patients with bacterial bronchitis due to susceptible strains of *Streptococcus pneumoniae*, *H. influenzae*, *S. pyogenes* (group A beta-hemolytic streptococci), or multiple organisms achieved a satisfactory clinical response with Cefclor.<sup>7</sup>

# Cefclor®

## cefclor

Pulvules®, 250 and 500 mg

**Adverse Reactions:** Adverse effects considered related to cefclor therapy are uncommon and are listed below. **Gastrointestinal** symptoms occur in about 2.5 percent of patients and include diarrhea (1 in 70) and nausea and vomiting (1 in 90).

**Hypersensitivity** reactions have been reported in about 1.5 percent of patients and include morbilliform eruptions (1 in 100), Pruritus, urticaria, and positive Coombs tests each occur in less than 1 in 200 patients.

Cases of serum-sickness-like reactions, including the above skin manifestations, fever, and arthralgia/arthritis, have been reported. Anaphylaxis has also been reported.

**Other effects** considered related to therapy included eosinophilia (1 in 50 patients) and genital pruritus or vaginitis (less than 1 in 100 patients).

**Causal Relationship Uncertain**—Transitory abnormalities in clinical laboratory test results have been reported. Although they were of uncertain etiology, they are listed below to serve as alerting information for the physician.

**Hepatic**—Slight elevations in SGOT, SGPT, or alkaline phosphatase values (1 in 40).

**Hematopoietic**—Transient fluctuations in leukocyte count, predominantly lymphocytosis occurring in infants and young children (1 in 40).

**Renal**—Slight elevations in BUN or serum creatinine (less than 1 in 500) or abnormal urinalysis (less than 1 in 200).

[1030804]

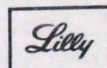
\*Many authorities attribute acute infectious exacerbation of chronic bronchitis to either *S. pneumoniae* or *H. influenzae*.

**Note:** Cefclor\* (cefclor) is contraindicated in patients with known allergy to the cephalosporins and should be given cautiously to penicillin-allergic patients.

Penicillin is the usual drug of choice in the treatment and prevention of streptococcal infections, including the prophylaxis of rheumatic fever. See prescribing information.

### References

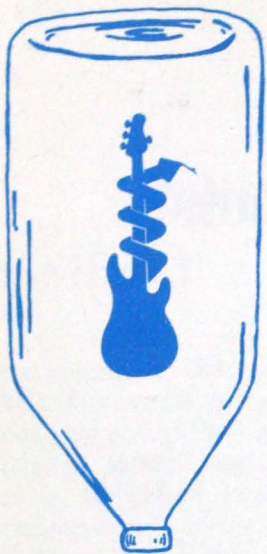
1. Antimicrob. Agents Chemother., 8:91, 1975.
2. Antimicrob. Agents Chemother., 11:470, 1977.
3. Antimicrob. Agents Chemother., 13:584, 1978.
4. Antimicrob. Agents Chemother., 12:490, 1977.
5. Current Chemotherapy (edited by W. Siegenthaler and R. Luthy), II, 880. Washington, D.C.: American Society for Microbiology, 1978.
6. Antimicrob. Agents Chemother., 13:861, 1978.
7. Data on file, Eli Lilly and Company.
8. Principles and Practice of Infectious Diseases (edited by G. L. Mandell, R. G. Douglas, Jr., and J. E. Bennett), p. 487. New York: John Wiley & Sons, 1979.



Additional information available to the profession on request from Eli Lilly and Company, Indianapolis, Indiana 46285. Eli Lilly Industries, Inc. Carolina, Puerto Rico 00630

100061





MEDICAL SCHOOL BOOGIE BAND

## Students Sing 'Medical School Blues'

Throughout the medical profession the "medical school blues" is a well known ailment and frequent topic of discussion. Now, a group of Texas College of Osteopathic Medicine students have done something about these blues. Instead of simply talking about them, they are now singing about them.

Known as Plexus, the seven-member boogie band has recently released a seven-inch, 33 1/3 rpm disc titled *Medical School Blues*. The original hits contained on the recording are *Medical School Blues*, *Crash and Burn* and *The Virologists Country Love Song*.

Members of the group are third-year students Steve Bander, Ken Nowotny and Dave Ferdo; second-year students Chuck Suits and Dan Saylak and para-professionals Mark Bander and Carol Scott.

According to Student-doctor Bander, the band hopes to establish a \$500 scholarship fund from the proceeds of the record sales. Plans are to award the scholarship each spring.

"The motto of our scholarship fund is 'Sanity Through Diversity'," he said. "Among the scholarship requirements is that the applicant be actively involved in something separate from medical school." Scholarship information is available from the TCOM Financial Aid Office.

Cost of the record is \$2.95 and it may be purchased at the TCOM Student Services Office or by sending a check payable to Plexus Medical Scholarship Fund, in-care-of Student-doctor Steve Bander, Box 9121, Fort Worth, Texas 76107. ^

### Names Being Accepted

Dear Doctor:

The Texas Society of the American College of General Practitioners wants to know who you feel is deserving of the "General Practitioner of the Year" award. It is presented to the osteopathic general practitioner who, in the opinion of his peers and patients, is most deserving of recognition and merit, and awarded to him/her at the annual TOMA Convention.

If you know a deserving physician, please submit a brief resume or curriculum vitae with your reasons for the nomination to the Awards Committee for consideration.

Send all nominations as soon as possible to:

David F. Norris, D.O.  
626 S. Broadway  
Tyler, Texas 75701

## IN MEMORIAM

Edward S. Gardiner, D.O.

Edward S. Gardiner, D.O., of Houston died November 8, 1980. A longtime member TOMA, Dr. Gardiner was a 1930 graduate of the College of Osteopathic Medicine and Surgery in Des Moines, Iowa. He moved to Houston in 1933 where he had been in practice until his death.

Dr. Gardiner was born July 23, 1902 in London, Ontario, Canada. He was a naturalized U.S. citizen.

He was a member of the Canadian Legion (Canadians living in the U.S.) and the First Methodist Church of Houston.

During his practice, Dr. Gardiner's office was robbed three times and he himself was pistol-whipped on two occasions and stabbed once.

His only survivor is his daughter Mrs. Mary Jane Thompson of Houston. ^

### L. R. Lind, D.O.

L. R. Lind, D.O., of Dallas died December 24, 1980 following lengthy illness. He had been a longtime member of TOMA.

Funeral services were held December 27 in Dallas.

A 1942 graduate of Kirksville College of Osteopathic Medicine, Dr. Lind had been retired for about 10 years.

He was born February 3, 1919 in Junction City, Kansas and served in the U.S. Navy during World War II.

He is survived by his wife; one son, Michael of Houston; two daughters, Claudia Hale of Midland and Laurie Vaughan of Dallas; and two sisters, Louise Wulford of Portsmouth, New Hampshire and Freda Grote of Los Alamos, New Mexico. ^



# Texas Osteopathic Medical Association

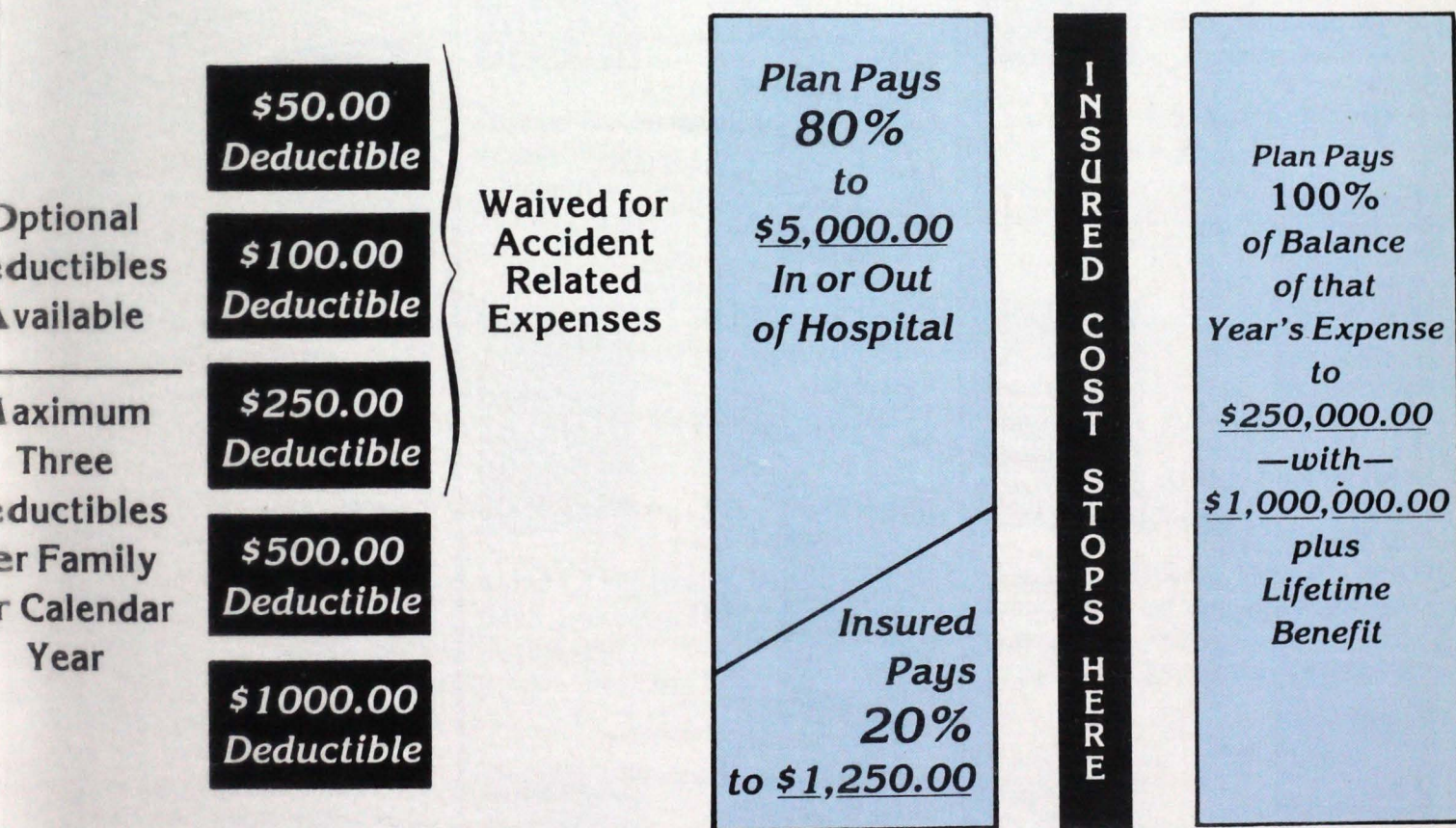
## C.A.R.E.

Continental Association of Resolute Employers

### GROUP LIFE & COMPREHENSIVE MAJOR MEDICAL PLAN

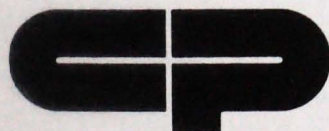
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**OPTIONAL FEATURES:** Group Long Term Disability Plan, offering benefits to \$1,500 monthly; Group Dental Plan with NO deductible, NO coinsurance and \$1,500 annual benefit (12 month period).

**\$5,000 TERM LIFE INSURANCE** included in plan. On or off the job coverage with accidental death and dismemberment benefits.



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# TOMA New Members

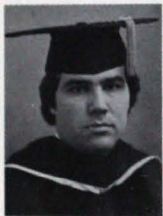
*The following physicians were recently approved as regular members of TOMA by the Board of Trustees.*



Steven L. Paillet, D.O.  
5003 Ross Avenue  
Dallas  
TCOM '76; ANES



Lewis M. Pincus, D.O.  
Camp Bowie at Montgomery  
Fort Worth  
PCOM '75; I; CF



Arthur H. Propst, D.O.  
P. O. Drawer 2020  
Kountze  
TCOM '76; GP



Fred J. Quatro, D.O.  
2100 Virginia Street, Suite B  
Grand Prairie  
UHS-COM '74; OR



Cheri Quincy, D.O.  
3513 Mattison  
Fort Worth  
TCOM '76; I; GER; CF



S. Lynn Redels, D.O.  
5202 Weber Road  
Corpus Christi  
TCOM '79; GP



I. Philip Reese, D.O.  
3108 W. 6th Street  
Fort Worth  
PCOM '75; I; C



Christian J. Roenn, D.O.  
2313 Arkansas Lane  
Arlington  
TCOM '79; GP



Les T. Sandknop, D.O.  
2306 Ridge Road  
Rockwall  
KCOM '78; Fam. Prac.





Robert J. Sedar, D.O.  
2828 SW 27th Street  
Amarillo  
COMS '47; I

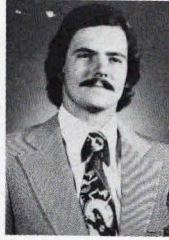
James B. Shook, D.O.  
1501 Red River Street, Suite 203  
Victoria  
COMS '73; OR



Don W. Smith, D.O.  
USAF Regional Hospital  
Carswell AFB, Fort Worth  
TCOM '77; MS; C-EM



James N. Smith, D.O.  
3514 E. Berry Street  
Fort Worth  
TCOM '79; GP



Jon B. Spain, D.O.  
2223 N. E. 28th Street  
Fort Worth  
TCOM '79; GP



William R. Umstattd, D.O.  
1103-C Williams Drive  
Georgetown  
TCOM '79; GP



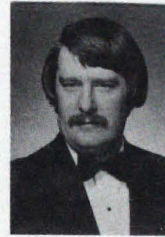
Barry I. Ungerleider, D.O.  
6613 Jacksboro Highway  
Fort Worth  
TCOM '79; Fam. Prac.



Theodore S. Varas, D.O.  
Camp Bowie at Montgomery  
Fort Worth  
CCOM '75; I; C; CF



Russell L. Vinson, II, D.O.  
3233 Denton Highway  
Fort Worth  
UHS-COM '54; GP



Lloyd Kent Weldon, D.O.  
3515 Mattison Avenue  
Fort Worth  
UHS-COM '75; S



Charles H. Wheeler, D.O.  
USAF Hospital Dyess/SGAS  
Dyess AFB, Abilene  
TCOM '76; MS; RAD



Craig D. Whiting, D.O.  
5202 Weber Road  
Corpus Christi  
TCOM '79; GP







John H. Williams, D.O.  
7333 N. Freeway  
Houston  
TCOM '74; OBG



Richard G. Wood, D.O.  
1910 Coldwater Lane  
Arlington  
OkCOM '79; GP

(UHS-COM was formerly KCCOM)

## COMS Adds Podiatry School

After 82 years of continuous existence as a free-standing osteopathic medical school, the College of Osteopathic Medicine and Surgery (COMS) will expand the number of medical education programs it offers to become a "University of Osteopathic Medicine and Health Sciences."

According to J. Leonard Azneer, Ph.D., college president, the Board of Directors has approved a new program to train podiatrists. The first class of approximately 40 students is expected to be enrolled in the fall of 1982. The college is currently developing a 24-month education program to train physician assistants.

"The growth of the University culminated several years of planning and evolved into a multi-institution corporation in June when the College received a grant from the federal government to develop a physician assistant education program," said Dr. Azneer. Shortly thereafter, the College was site visited by a team of reviewers from the Department of Health and Human Services and the decision was made to proceed with a College of Podiatric Science.

Podiatrists are licensed to diagnose and treat foot problems and may prescribe drugs, perform surgery and use various physical therapy devices. The podiatry educational program involves three to four years of professional training after a bachelor's degree has been obtained. Dr. Azneer also pointed out that the pre-professional educational requirements are similar for podiatrists and physicians.

Only five schools in the United States offer training in podiatric medicine. "Podiatry is an allied health profession with delineated shortages by every standard set by the federal government," Dr. Azneer stated.

Dr. Azneer also announced that the Board has approved the appointment of Leonard Levy as Consultant/Dean Designate of the Podiatry College. Levy is currently Assistant to the President of the University of Texas at Houston and was the founding dean of the College of Podiatry at the State University of New York. Levy is expected to join the University on a full-time basis in July 1981.

When the podiatry and physician assistant programs are operational, the University will award the degree

of Doctor of Osteopathy (D.O.) for osteopathic physicians and surgeons; the degree Doctor

Podiatric Medicine (D.P.M.) to podiatrists; and a Bachelor Science in Biological Science as well as a special certificate for physician assistants who successfully complete their curriculum. In addition, graduate programs will be offered in clinical psychology and in basic sciences.

The physician assistant (P.A.) program will be operational July 1981 when the first class of ten students will begin training. The University of Osteopathic Medicine and Health Sciences is the only osteopathic institution in the nation offering a P.A. training program. Julian Melhado, Ph.D., D.O., associate professor of behavioral sciences at the institution, is program director.

According to Dr. Azneer, the Des Moines institution is the only university limited to strictly health sciences in the state of Iowa. "It is envisioned that this institution will add other health care programs for which there are not educational programs in existence in the area or, if in existence, the programs are unable to meet the needs of the State," Dr. Azneer said. <sup>^</sup>





# A TREATMENT FOR ALCOHOLISM THAT'S 65 PROOF.

The treatment is Aversion Therapy. What it does is train problem drinkers to avoid alcohol. And it works. The proof is a 65%\* success rate among those who come to us for help.

Schick Shadel Hospital is a state licensed hospital and JCAH accredited. We're also a Blue Cross/Blue Shield member hospital. Our patients are treated by skilled physicians and nurses trained in alcohol withdrawal and counter-conditioning therapy. Experienced counselors, including psychiatrists and psycholo-

gists, are also consulted to help recovering alcoholics identify and deal with problems related to the disease.

The cost for treatment at the Schick Hospital may be claimed under Medicare/Medicaid, Blue Cross/Blue Shield, and many other major medical insurance plans. Patients are admitted 24 hours a day and are provided with limousine service from the airport.

For more information about the therapy and facilities available, send for the Schick Hospital brochure. Re-

member, alcoholism is a disease that can be treated medically. Just ask any of the thousands of recovered Schick patients. They're the living proof.

\*Source: Facts Consolidated Study

## Schick Shadel Hospital

Medical Director in Fort Worth: Call collect 817/284-9217 or Metro 817/589-0444.  
4101 Frawley Drive/Fort Worth, TX 76118  
For referral information: 817/589-0444



# ATOMA News

## Women Are Better!

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

Well, here it is "after the holidays" already. Remember all those things you were going to do "after the holidays?!" Take a deep breath and let's go. . .

Did you receive your membership brochure when your husband received his (and your) 1981 notice for dues? Did you read it? The information contained is interesting and thought-provoking. Let's all hope that President Inez Suderman has hit on a solution to a problem that has troubled ATOMA for years. . . How to reach all those potential ATOMA members when we can't always get hold of their names and home addresses.

\*\*\*\*\*

Plans are shaping up nicely for the TOMA Convention in El Paso May 7-9. President-elect Reagan was kind enough to check it out for us last week and reports the facilities excellent and the people hospitable! Plan to attend!

\*\*\*\*\*

Minutes from the Still National Osteopathic Museum indicate that they have had a successful year and are making plans for 1981. One especially interesting item on the agenda is reported by President Carole Stookey. If approved by the AOA at their board meeting in January, the Still Museum Committee will have a movie made for the opening of the 1981 AOA Convention. Using professional actors,

the film will also be used for the Museum dedication on October 9, and for television programs, recruiting, and in schools. Very interesting. ^

The Auxiliary to TOMA is selling tickets now through the TOMA Convention for a chance to win a Caribbean cruise for two. Proceeds from the sales will go to support osteopathic scholarships, research and the Osteopathic Progress Fund. The cruise will be awarded during the Annual Convention May 7-9 in El Paso. To purchase the \$1 tickets, contact members of ATOMA or Mrs. Hugo Ranelle of Fort Worth, project chairman. ^

Why do women live longer than men?

A University of California researcher, Dr. Deborah L. Wingard, suggests that women live longer because they are biologically superior, and not because men's jobs tend to be more hazardous. As a matter of fact, Dr. Wingard found that women have more high risk characteristics than men.

Among the 16 high risk factors used in her study are smoking, drinking, physical inactivity, age, race, occupation, socio-economic status and weight. Despite the risk factors, Dr. Wingard said, "Women have lower death rates in virtually every country, at almost every age and for most causes of death."

In the United States men's life expectancy is 69 years compared with 77 years for women.

(Reprinted from October, 1980 New Jersey Association of Osteopathic Physicians and Surgeons Journal.) ^

## DALLAS OSTEOPATHIC HOSPITAL

A NONPROFIT CHARITABLE INSTITUTION

Accredited by the  
American Osteopathic  
Association



Approved for  
Intern and Resident  
Training

Franklin E. Wells, Administrator

5003 Ross Avenue

Dallas, Texas 75206

Phone 214-824-3071



# Texas Ticker Tape

## DR. WILLARD RECEIVES APPOINTMENT

Ralph L. Willard, D.O., dean of Texas College of Osteopathic Medicine, has been appointed as a grant reviewer for the U.S. Department of Health and Human Services. He will serve as a consultant to the National Institutes of Health for the 1981 fiscal year on Health Careers Opportunity Program grant applications.

## HOSPITAL SEEKING CON FOR IMPROVEMENTS, EXPANSION

Fort Worth Osteopathic Medical Center has made pre-application with the state health systems agency for a body scanner and for approval to expand its bed capacity by 144 beds in a \$6 million expansion plan.

## TEXAS D.O.s NAMED TO COMMITTEES

The American College of Osteopathic Surgeons has named Nicholas G. Palmarozzi, D.O., of Groves to its Membership, Certificate of Need and Related Federal Regulatory Problems and Self-evaluation Committees for 1981. David P. Sufian, D.O., of Houston has been named to the Annual Postgraduate Course Committee and William R. Jenkins, D.O., of Fort Worth to the Continuing Surgical Education and Osteopathic Surgical Research Committee. Joel Alter, D.O., of Fort Worth has been named chairman of the Osteopathic Surgical Research Committee.

## FORT WORTH ADMINISTRATOR RECUPERATING FROM CORONARY

Claude G. Rainey, executive vice-president of Fort Worth Osteopathic Medical Center, is recuperating at home following a coronary December 29 while on vacation. Persons wishing to send cards and well wishes are requested to mail them to Fort Worth Osteopathic Medical Center, 1000 Montgomery, Fort Worth 76107, and the administrative staff will see they are forwarded to Rainey.

## INFORMATION SOUGHT ON TOMA MEMBERS

The *Texas DO* is constantly seeking information about our members and affiliated hospitals. If you, your district, auxiliary or hospital is involved in a special project, let us know. All we ask is that you remember the deadline is the 10th of month preceeding publication. Send all news items to *Texas DO*, 512 Bailey Avenue, Fort Worth 76107.

## TOMA DUES NOW PAYABLE

Your 1981-82 TOMA membership dues are now due and payable. They will be considered delinquent April 1. If you have not received your dues billing or have a question, please call the State Office at 800-772-5993. Please note that dues for the Auxiliary to TOMA have increased to \$20 this year.



## ACGP Sets March Meeting

March 1-5 has been set for the American College of General Practitioners in Osteopathic Medicine and Surgery (ACGP) certified-CME post-graduate course. Location will be the Hyatt Regency Hotel in Houston.

The areas to be covered in the seminar will be general medicine, pediatrics, general medicine — geriatrics and gynecology.

In addition to the four-day seminar a Las Vegas program make-up has been set for persons who did not attend the recent AOA Convention. The make-up sessions will be held February 27 and 28. CME credits will be given for those who register and attend the Las Vegas make-up.

Among the speakers participating in the seminar will be Bruce Gilfillan, D.O., of Fort Worth. Also, Elroy Cantrell, Ph.D., of Texas College of Osteopathic Medicine, will address the participants.

For more information contact Bette Vought, ACGP executive director, 2500 E. Devon, Suite 311, Des Plaines, Illinois 60018 or call toll-free 800-323-5919. ▲

### TIGUA GENERAL HOSPITAL "An Osteopathic Institution"

Fifty Bed Acute Care Facility  
Twenty-Four Hour Emergency Room  
7722 North Loop Road  
El Paso, Texas

Jim Chamberlain, Administrator  
(915) 779-2424

# Opportunities Unlimited

Practice Locations in Texas

## PHYSICIANS WANTED

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

**BIG SPRING** — 48-bed hospital and clinic has urgent need for one family practitioner and one internist to engage in group practice with two other physicians. Excellent salary and fringe benefits available with no professional overhead. Contact: Charles A. Weeg, administrator; Phone: 915-267-7411.

**CORPUS CHRISTI** — Opportunity available immediately for a general internist at a 140-bed hospital with a progressive seven-bed ICU-CCU unit. Hospital has an active teaching program with five approved intern positions. Affiliated with Texas College of Osteopathic Medicine. Fast growing community located on the Gulf of Mexico with a population of about 260,000. Contact: John P. Hopkins, administrator, Corpus Christi Osteopathic Hospital, P.O. Box 7807, Corpus Christi, 78415 or call 512-884-4592.

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

**FORT WORTH** — Adding 1600 sq. ft. to medical building on Camp Bowie Boulevard. To share common x-ray, laboratory and patient waiting areas. Lease applications now being taken. Contact: W.A. Pressly, Jr., D.O., Phone: 817-737-3132.

**GROOM** — Needs general practitioners, D.O.'s. 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** — Anesthesiologist needed in Groves/Port Arthur area of Southeast Texas. Contact: John Sielert, Administrator, Doctors Hospital, 5500 - 39th Street, Groves, 77619. Phone: 713-962-5733.

**HALTOM CITY** — needs one or two family practitioners. Located five-minutes from downtown Fort Worth. Next to established pharmacy and dental office. Large reception area, six exam rooms, x-ray, lab, two restrooms with showers, private office for physician, break room, large storage area, 2300 square feet available, parking plentiful. Call 817-284-8026 or 831-1269 and ask for Richard.

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

**HURST** — GPs, Pediatrics, OB/GYN. Needed immediately, 115-bed Hurst General Hospital, located between Fort Worth and Dallas, needs GPs, Pediatricians, OB/GYN to serve rapidly growing area. Excellent opportunity for experienced or young eager physicians wanting to build a practice. Hospital will assist with start-up and relocation expenses.



# Opportunities Unlimited

Practice Locations in Texas

Contact: John Miller, Executive Director, Hurst General Hospital, 837 Brown Trail, Hurst, 76053. Phone: 817-268-3762.

**INTERN POSITIONS AVAILABLE —**  
Applications now being taken for five 1981-82 internships. Stipends \$18,000. Contact: John Chesnick, D.O., Director of Medical Education, or John P. Hawkins, administrator, Corpus Christi Osteopathic Hospital, P.O. Box 7807, Corpus Christi, 78415.

**JUNCTION —** needs general practitioner. D.O.s welcomed. Town located in Kimble County. Community wide population of about 4,500. Has 18-bed short term general hospital with lab, x-ray, EKG computer service, respiratory care and coronary care unit for ancillary support services. A beautiful place to live. For more information write Don Hopkins, administrator, Kimble Hospital, Junction, 76849.

**MEDICAL DIRECTOR - DIRECTOR OF MEDICAL EDUCATION —** 157-bed full service acute general care teaching hospital requires a D.O. to assume combined responsibilities of Medical Director and Director of Medical Education. Inquiries held in strict confidence. Call or write Franklin E. Wells, administrator, Dallas Osteopathic Hospital, 5003 Ross Avenue, Dallas, 75206. 214-824-3071.

**PORT ARTHUR —** Equipped clinic for General Practice, three exam rooms, x-ray and laboratory. For lease or purchase. Excellent practice and location. D.O. and M.D. hospital to be replaced by new eight and one-half million dollar institution. Large payroll city. Contact: W.H. Sorenson, D.O., 9th Avenue Clinic, 847 - 9th Avenue, Port Arthur, 77640. Phone: 713-982-7446.

**TYLER —** Population 70,000 plus, General/family practice in beautiful East Texas. Free office space adjacent to a 54-bed general osteopathic hospital, relocation expense and financial assistance available until practice is established. Excellent schools including Tyler Jr. College and University of Texas at Tyler. Beautiful lakes and trees. Outdoor activities unlimited. This is one of the most beautiful places in the country to live and raise a family. Contact: Mr. Olie Clem, administrator, Doctors Memorial Hospital, 1400 West SW Loop 323, Tyler, 75701. Phone: 214-561-3771.

## POSITIONS DESIRED

**GENERAL / EMERGENCY MEDICINE —** 32-year-old osteopathic physician with six years experience in general and emergency medicine seeking general practice in Fort Worth area. Will entertain an association, partnership, or consider taking over a practice. Contact: TOMA, Box "S", 512 Bailey Avenue, Fort Worth, 76107.

**GENERAL INTERNIST —** 28, desires to establish practice in Texas when Internal Medicine residency is completed. Available August 1981 — Texas licensed. Curriculum vitae available upon request. If interested write Box "T", TOMA, 512 Bailey, Fort Worth, 76107.

**GENERAL SURGERY —** Physician wanting General Surgery practice. Native Texan. Completes residency July 31, 1981. Abdominal surgery with exposure to chest, vascular and urology. Married with two children. Previous GP and OB experience. Contact: L.D. Farr, D.O., 3921 Beecher Road, Flint, Michigan 48504. Phone: 313-762-4571 (wife).

**INTERNIST —** Looking for active practice in larger city of Texas. Willing to associate with other physician or to buy practice. Does general practice and rheumatology work, also. For more information contact: Joel M. Shavelle, D.O., 7654 Timber Ridge Drive, Birmingham, Michigan 48010. Phone: (office) 313-541-5260 or (home) 313-855-2450.

**ORTHOPEDIC SURGEON —** will be out of residency July '81 and wishes to practice in Texas. For more information write or call Robert Chouteau, D.O., 106 Westridge Drive, West Des Moines, Iowa 50265. Phone: 515-225-1417.

**PEDIATRICIAN —** Looking to relocate in Texas. Prefers to practice within a 150 mile radius of Fort Worth. For more information write TOMA, Box "D", 512 Bailey, Fort Worth, 76107.

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(For information call or write Mr. Tex Roberts, Executive Director, TOMA Locations Committee, 512 Bailey Avenue, Fort Worth, 76107. Phone: 817-336-0549 or toll free in Texas 1-800-772-5993.)

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