

**Do the new prescription drug laws  
confuse you?**

**See Page 8**

# Irritable Bowel Syndrome\*

## DISPLACED EMOTION

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

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

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

### Symptoms that may be influenced by anxiety

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

### Distinctive antianxiety action

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

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

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

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



# IN MOTION



**Potent antimotility-  
antispasmodic action**

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

**Economical and  
convenient**

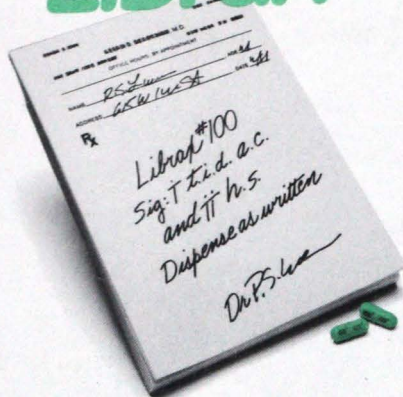
With Librax, IBS patients obtain  
antianxiety, antispasmodic and  
antisecretory actions with one  
convenient and economical pre-  
scription. And the simple dosage  
schedule can help to enhance  
patient compliance.

*Specify* **Adjunctive  
Librax®**

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

*Antianxiety/Antisecretory/Antispasmodic*

# Specify Librax<sup>®</sup>



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

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

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

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

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

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

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

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

As with all anticholinergics, inhibition of lactation may occur.

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

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



Roche Products Inc.  
Manati, Puerto Rico 00701

## For Your Information

### Osteopathic Agencies

American Osteopathic Association 312-280-5800  
800-621-1773

American Osteopathic Association  
Washington Office 202-554-5245

American Osteopathic Hospital  
Association 312-692-2351

Texas College of Osteopathic  
Medicine 817-735-2000  
Dallas Metro 429-9120  
429-9121

Texas Osteopathic Medical  
Association 817-336-0549  
in Texas 800-772-5993  
Dallas Metro 429-9755

TOMA Med-Search in Texas 800-772-5993

TOMA Insurance Program 816-333-4511  
(call collect for Bob Raskins)

### Texas State Agencies

State Board of Health 512-458-7111

State Board of Medical Examiners 512-475-0741

State Board of Pharmacy 512-478-9827

State of Texas Poison Center for  
Doctors & Hospitals Only 713-765-1420  
800-392-8548  
Houston Metro 654-1701

### Federal Agencies

#### Drug Enforcement Administration

For state narcotics number 512-465-2000  
ext. 3074

For DEA number (form 224) 214-767-7203

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# CALENDAR OF EVENTS

## NOVEMBER

### 10

- ★ TOMA District II Meeting  
Trinity Plantation Restaurant  
1201 E. Belknap  
Fort Worth  
6:30 p.m.  
Contact:  
Mrs. Becky Jordan,  
Social Chairman  
817-732-1636

10-14

- Cancer 1981-2001 — An International Colloquim*  
Sponsored by M.D. Anderson  
Hospital & Tumor Institute  
Shamrock Hilton Hotel  
Houston  
Contact:  
C. Stratton Hill, M.D.  
M.D. Anderson Hospital  
6733 Bertner Avenue  
Houston, 77030  
713-792-3030

### 15

15-19

- Annual Convention*  
American Osteopathic  
Association  
Los Angeles Convention Center  
Los Angeles, California  
Contact:  
Ms. Ann M. Wittner,  
Executive Assistant  
212 East Ohio Street  
Chicago, Illinois 60611  
1-800-621-1773

### 19

- ★ TOMA District XV Meeting  
American Airlines Learning  
Center  
Grand Prairie, Highway 360  
6:30 p.m.  
Contact:  
Otto Puempel, D.O.,  
Secretary  
817-277-3469

### 21

- ★ TOMA District III Meeting  
Citizens First National Bank  
Building  
Tyler  
7 p.m.  
Contact:  
H. George Grainger, D.O.,  
Secretary  
214-593-9731

### 24

- ★ TOMA District I Meeting  
Southwest Osteopathic Hospital  
Education Room  
Amarillo  
7:30 p.m.  
Contact:  
Robert J. Sedar, D.O.,  
Secretary  
816-358-3131

#### TOMA District Meetings

District II	November 10
District XV	November 19
District III	November 21
District I	November 24
District VI	February 5

## FEBRUARY

### 5

5-7

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

### 7

7-13

- 11th Annual Midwinter  
Conference*  
Colorado Society of Osteopathic  
Medicine  
Keystone Lodge, Colorado  
51.5 CME Hours  
Contact:  
CSOM  
215 St. Paul Street, Suite 290  
Denver, Colorado 80206

### 24

24-27

- 21st Annual Convention*  
Osteopathic Physicians and  
Surgeons of California  
Sheraton Harbor Island Hotel  
San Diego, California  
35 CME Hours, Category I-A  
Contact:  
Matt Weyuker,  
Executive Director  
921 - 11th Street, Suite 1200  
Sacramento, CA 95814  
916-447-2004

Mark Your Calendar

# TOMA Public Health / Legislative Forum

December 5-6, 1981

Dallas Hilton Hotel

1914 Commerce

Dallas, Texas

REGISTRATION: \$15, includes lunch  
(payable at time of registration)

COMPLETE AND RETURN TO:

TOMA  
226 Bailey Avenue  
Fort Worth, Texas 76107

☐ Yes, I plan to attend the meeting and Saturday lunch

Please make a hotel reservation for \_\_\_\_\_ my spouse \_\_\_\_\_ and me at the Dallas Hilton Hotel.

\_\_\_\_\_ Double, \$68; \_\_\_\_\_ Single, \$52

Name \_\_\_\_\_  
(Please Print)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Arrival Date \_\_\_\_\_ Time \_\_\_\_\_

Departure Date \_\_\_\_\_ Time \_\_\_\_\_

ROOM RESERVATIONS MUST BE MADE BY NOVEMBER 20, 1981

# Do You Know the New Prescription Laws?

By Bob Gammage  
*TOMA Legislative Counsel*

Three new laws enacted by the 67th Legislature affect the prescription-writing practices and filing procedures of all licensed physicians in Texas.

## The "Trip-Scrip" Law

Senate Bill 394—This is part of Governor Bill Clements' War on Drugs anti-crime package, and directly impacts on your method of writing prescriptions for Schedule II drugs. Its intent is to permit Department of Public Safety (DPS) officials to record practitioner's who prescribe, patients who use and pharmacies/pharmacists who dispense Schedule II drugs in order to detect any abuse of these drugs by any of the three parties.

It requires that prescriptions for Schedule II drugs be written in three copies on serially numbered controlled blanks printed by the state and available through the DPS. One copy of each form will be retained by the practitioner. The patient will carry the other two to the pharmacist, who will retain one copy and forward the third to the DPS.

The DPS will code the information into a computer, which will be capable of cross-tabulating the data. This will permit the DPS to determine, in any combination, how often any practitioner prescribes any Schedule II drug to any patient which is dispensed by any pharmacy or pharmacist. The computer will be programmed to alert the DPS to any suspected abuse situations. What constitutes a "suspected abuse situation" will be pre-determined by the DPS.

No Schedule II drug may be dispensed without the written prescription of a practitioner, except in emergency situations, as determined by rule of the director of the DPS. In emergencies, such drugs may be prescribed orally or by telephone, but must be promptly reduced to writing by the pharmacist and filed with the DPS.

All "Trip-Scrip" prescriptions must be filled within 72 hours after they are issued or they become void. Such prescriptions may only be filled once, and subsequent prescriptions to the patient must be given separately on a new form.

You will soon be receiving information on the regulations and guidelines implementing this law,

and the procedure for ordering the blank forms, from the DPS. It is important that you and your office personnel read and be familiar with the applicable rules, regulations and guidelines. Violations can carry stiff criminal penalties and jeopardize your license practice.

Each physician will be responsible for providing his or her own security system for the blank forms and separate file for the used forms. The DPS will advise you when the blanks, which will be issued in booklet form, are available for order and purchase. DPS now estimates your probable cost for blank forms to be around \$10.50 per hundred, and you should allow adequate lead-time when ordering. Thirty days should be more than enough. Remember, you will not be able to write Schedule II prescriptions without the forms after January 1, 1982, unless the DPS grants a grace period in its forthcoming regulations.

For your information, a list of commonly prescribed Schedule II drugs is included at the end of this article.

## The "Generic Drug" Law

Section 40 of House Bill 1628—This law also becomes effective on January 1, 1982. The intent of this legislation is to save consumers money by allowing a pharmacy or pharmacist to substitute lower priced generically equivalent drugs for brand name drugs unless such substitution is prohibited by the prescribing doctor.

This law requires that all written prescription forms must contain two signature lines of equal prominence side-by-side at the bottom of the form. Under one signature line the words "Product Selection Permitted" must be printed, to indicate that the pharmacist may generically substitute the drug. Under the other signature line the words "Dispense As Written" must be printed, to indicate that the drug may not be generically substituted.

If a prescriber's signature does not clearly indicate that the drug must be dispensed as written, generically equivalent drug substitution is permitted.

This law also prohibits any prescription form furnished to a doctor by third parties from having

pre-printed order for a drug by brand name, generic name, or manufacturer. There is no apparent prohibition on a doctor having his own forms printed with such pre-printed orders.

### The "Designated-Agent" Law

Senate Bill 658—This law became effective on August 31, 1981, and permits practitioners to designate an agent who may communicate a prescription by telephone to a pharmacist. If requested by the

pharmacist, the designation must be provided in writing. The doctor is personally responsible for the actions of his or her designated agent in communicating prescriptions to a pharmacist.

There is no apparent conflict with this law and the "Trip-Script" and "Generic Drug" laws when they become effective on January 1, 1982, but a prescription communicated by telephone may be generically substituted unless it is a refill or unless the doctor or the designated agent states specifically that the drug is not to be substituted. Refills may not be substituted except by permission. ^

## COMMONLY PRESCRIBED SCHEDULE II DRUGS

Brand Name	Dosage Form	Generic Name	Manufacturer
Amytal	tablet/elixir/injection/capsule	(amobarbital)	Lilly
B&O	suppository	(belladonna and opium)	Webcon
Benzedrine	tablet/Spansule	(amphetamine)	SKF
Biphetamine	capsule	(amphetamine)	Pennwalt
Delcobese	tablet/capsule/time-release capsule	(amphetamine)	Delco
Demerol	tablet/elixir/injection	(meperidine)	Winthrop
Demerol APAP	tablet	(meperidine/acetaminophen)	Breon
Demerol, APC with	tablet	(meperidine/a.p.c.)	Winthrop
Desoxyn	tablet/Gradumet	(methamphetamine)	Abbott
Dexedrine	tablet/Spansule	(dextroamphetamine)	SKF
Dicodid	tablet	(hydrocodone)	Knoll
Dilaudid	tablet/syrup/injection/suppository	(hydromorphone)	Knoll
Dolophine	tablet/injection	(methadone)	Lilly
Eskatrol	Spansule	(dextroamphetamine/prochlorperazine)	SKF
Innovar	injection	(fentanyl)	Critikon (McNeil)
Leritene	tablet/injection	(anileridine)	MSD
Levo-Dromoran	tablet/injection	(levorphanol)	Roche
Mepergan	injection	(meperidine/promethazine)	Wyeth
Mepergan Fortis	capsule	(meperidine/promethazine)	Wyeth
Nembutal	capsule/elixir/injection (not suppository)	(pentobarbital)	Abbott
Numorphan	injection/suppository	(oxymorphone)	Endo
Obetrol	tablet	(amphetamine)	Obetrol
Obotan	tablet	(amphetamine)	Mallinckrodt
Obotan Forte	tablet	(amphetamine)	Mallinckrodt
Pantopon	injection	(opium alkaloids)	Roche
Parest	capsule	(methaqualone)	Parke-Davis
Percobarb	capsule	(oxycodone/hexabarbital)	Endo
Percocet-5	tablet	(oxycodone/acetaminophen)	Endo
Percodan	tablet	(oxycodone combination)	Endo
Percodan-Demi	tablet	(oxycodone combination)	Endo
Preludin	tablet/Enduret	(phenmetrazine)	Boehringer Ingelheim
Quaalude	tablet	(methaqualone)	Lemmon
Ritalin	tablet	(methylphenidate)	Ciba
Seconal	capsule/injection	(secobarbital)	Lilly
Sublimaze	injection	(fentanyl)	Critikon (McNeil)
Tuinal	capsule	(secobarbital and amobarbital)	Lilly
Tylox	capsule	(oxycodone/acetaminophen)	McNeil

## COMMONLY PRESCRIBED SCHEDULE II DRUGS BY GENERIC NAME

Generic Name	Dosage Form	Generic Name	Dosage Form
Amobarbital	all dosage forms	Methaqualone	all dosage forms
Amphetamine	all dosage forms	Morphine	all dosage forms
Cocaine	all dosage forms	Opium	powder tincture
Codeine	tablet/powder	Oxycodone	all dosage forms
Meperidine	all dosage forms	Pentobarbital	all oral injectable dosage forms
Methadone	all dosage forms	Secobarbital	all dosage forms

(This is a partial listing, for more information consult your local pharmacy)

# Bruce Street Announces Nutrition Award

E. Bruce Street, Sr. of Graham has announced the establishment of a \$5,000 cash award to be given annually for outstanding contributions in the field of preventive nutrition. The announcement was made during Texas College of Osteopathic Medicine's fourth annual fall convocation September 24.

The award will be funded by a \$50,000 gift from Street to the TCOM Educational Foundation and will be named for Roger J. Williams, a leading researcher in the field.

Street, a member of the North Texas State University Board of Regents that governs TCOM, said, "One of the most important, and perhaps least understood, elements of disease prevention is nutrition.

"My friend Roger Williams said several years ago in the preface to his book on nutrition and disease that 'physicians who do recognize the importance of nutrition in the medical scheme of things have done so as the result of individual research and extra training, and not as the result of anything they were taught in the course of their formal medical education.'

"It is my hope that TCOM will take the lead in teaching, research and public service programs that will have a positive effect on the nutritional environment of our society."

Recipients of the Roger J. Williams Award in Preventive Nutrition will be chosen by a panel representing TCOM, the NTSU Board of Regents, the Clayton Foundation Biochemical Institute at the University of Texas at Austin and the International Academy of Preventive Medicine. Nominees will

be considered on the basis of their direct or indirect contributions to preventive nutrition in several areas—cultural, social, scientific, technical, educational, public service and professional. Nominees may be any person, group or organization who "can be shown to have had a broad effect on promoting and implementing the concepts of positive health and disease prevention, with particular reference to nutrition," Street said.

Edward Stiles, D.O., chairman of osteopathic principles and practice at Oklahoma College of Osteopathic Medicine and Surgery in Tulsa; Pat Patterson of Marion Laboratories Inc., Kansas City, Missouri; T. Robert Sharp, D.O., Mesquite, general practitioner; and Marion Coy, D.O., past president of TCOM and the American Osteopathic Association.

Dr. Williams, for whom the new award is named, is professor emeri-



*Recipients of the 1981 Founders Medal at TCOM are from left, Marion E. Coy, D.O.; Pat Patterson of Kansas City, Missouri; T. Robert Sharp, D.O.; Edward G. Stiles, D.O.; and E. Bruce Street.*

The Graham businessman announced the award as he accepted the TCOM Founders' Medal, the school's highest honor awarded for significant contributions to medical education and health care. Other recipients of the medal were

tus of chemistry at UT-Austin and resident scientist at the university's Clayton Foundation Biochemical Institute. He taught at UT-Austin from 1939 to 1971 and directed the institute from 1940 until 1963.

# Life-style Important to Health, Dr. Stiles Says

"Life-style accounts for 48 percent of an individual's health," according to Edward G. Stiles, D.O., featured speaker at Texas College of Osteopathic Medicine's fourth annual Fall Convocation September 24.

Dr. Stiles noted that the Kellogg Foundation has published data concerning the allocation of contributing factors of mortality for the 10 leading causes of death in the U.S. in 1975. "The contributing factors and their allocation are 1. life-style, 48 percent; 2. hereditary/ biological factors, 26 percent; environment, 16 percent and medical system, 10 percent. The report stated that 'life-style or personal health behavior is clearly the most important determinant of an individual's health', "he said.

The professor and chairman of the department of osteopathic principles and practice at Oklahoma College of Osteopathic Medicine went on to say he feels the answer is in how we motivate people to want to change their life-style lies in the area of stress management. He said "until the 'real problem' which

causes the stress is identified and the person realizes an unhealthy interpersonal problem, for example, triggers the stress reaction which is then handled by inappropriately and ineffectively overeating, smoking or drinking, the patient can start to face and attack the real problem.

"Until the key stressor is recognized, the manifestations of smoking, drinking, obesity, hypertension, ulcers, colities, asthma, etc. will only be treated symptomatically."

In reference to TCOM's curriculum goals statement, Dr. Stiles said he "envisioned it as an initial step in leading osteopathic medicine, and ultimately the profession, on a path which can assist us in realizing our potential leadership role.

The road will be neither smooth or without danger. Your efforts can enable us to become a distinctive profession. If we just mimic allopathic medicine, the end result will be extension rather than distinction."^

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## IN MEMORIAM

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### Christian B. Hall, D.O.

Christian B. Hall, D.O., 62, of Mission died October 18 at the Valley Baptist Hospital in Harlingen following a two-week illness.

Funeral services were held October 21 at Wilson Funeral Home Chapel in Beeville with burial in the Glenwood Cemetery.

Dr. Hall was born in Bangor, Maine on April 3, 1919. He attended the University of Maine and received his D.O. degree from Kirksville College of Osteopathic Medicine in 1942.

He practiced in Beeville from 1942-56, in Hebbronville from

1956-58 and in Mission from 1958 until his death.

He was a member of TOMA and the Catholic Church.

There are no known survivors.

### Murrell Cline, D.O.

Murrell Linden Cline, D.O., of Mount Pleasant died September 18 at Wadley Hospital in Texarkana. Funeral services were held September 19 at the Bates-Cooper-Weems Chapel with burial at Forest Lawn Cemetery.

He was born October 8, 1913 in Norborne, Missouri and attend-

ed schools in Missouri. He received his D.O. degree from Kirksville College of Osteopathic Medicine in 1941.

Dr. Cline was a member of TOMA and the American Osteopathic Association. He also held membership in the Masonic Lodge and Scottish Rite bodies.

Survivors include his wife, Mrs. Imogene Cline; parents, Rev. and Mrs. B.F. Cline of Mt. Pleasant; three daughters, Merle Jean and Michelle, both of Mt. Pleasant and Patty Morris of Missouri; two sons, Mike of Longview and Dale of Mt. Pleasant; and eight grandchildren. ^

# More Hospital Privileges For GPs?

How can we improve osteopathic hospital utilization by D.O.s?

Should GPs have broader privileges?

What are the two largest obstacles to loyalty, commitment and utilization of osteopathic hospitals by D.O.s? And how can they be overcome?

These and other vital questions about the future of osteopathic hospitals were recently put to leaders of several major osteopathic associations, including Kirk H. Herrick, D.O., president of the American College of General Practitioners in Osteopathic Medicine; Clare W. Elliott, D.O., president of the American College of Osteopathic Surgeons; and Michael F. Doody, president of the American Osteopathic Hospital Association.

Their responses appear in an article, "The Six Vital Questions," in the September issue of *Osteopathic Hospitals* magazine.

The three firmly support quality health care and believe that assuring excellence in osteopathic hospitals is the best way to attract D.O.s. "We have to make the situation attractive enough that osteopathic physicians want to use osteopathic hospitals," Dr. Elliott said. Doody emphasized the need for hospitals to learn about D.O.s in the community and their needs and desires regarding hospitals.

Should GPs have broader osteopathic hospital privileges than they currently do? Dr. Herrick said the privileges should include all procedures a physician is qualified to perform. Doody, however, said "the real question of utilization does not revolve solely around the privileges granted to GPs." Utilization is directly related to the quality of care, and that relates to the physician's experience and training, he said.

Retaining a loyal medical staff is another important issue. Continually upgrading osteopathic medical programs, facilities and image are some solutions. Others relate directly to the physicians's role and position in the community. While maintaining excellence is probably the most important aspect, it is also imperative for the hospital to provide incentives and support programs to help physicians adjust to the community and to develop new practices. The person-centered care that D.O.s and osteopathic hospitals give patients should also be given D.O.s by the hospital administration to foster loyalty.

What are the biggest obstacles to fostering D.O. loyalty? Dr. Herrick said they are totally lay governing boards and the closed shop attitude that fails to

attract new physicians. Inattention to the physician's needs by the governing board and unnecessary harassment from various committees make practicing in a hospital unpleasant, Dr. Elliott said. Doody emphasized quality of hospitals. D.O.s, he said, are more concerned about the quality of the institution than the fact that "osteopathic" is in their name. Osteopathic hospitals must convince D.O.s that the quality of their hospital is competitive with any hospital in the area and that it serves special needs for the D.O. that other hospitals can't fill.

Improving osteopathic hospitals and increasing physician utilization of them can be accomplished if hospitals make an honest effort to fill the needs of D.O.s. They must determine why D.O.s practice where they do and then must develop a plan that involves the governing board, medical staff and administration in its implementation. Efforts taken to support D.O.s will result in increased D.O. utilization of osteopathic hospitals, the trio concluded.

The American Osteopathic Hospital Association represents the majority of the nation's 208 osteopathic hospitals, providing representation, communications, education and management improvement services to its members. Headquarters for the AOHA are in Park Ridge, Illinois, with additional offices in Washington, D.C. ^

## Letters

To Whom it May Concern:

Staying at the Holiday Inn in Fort Worth I picked up a copy of *The Downtown Trib*, September 14, 1981.

I thoroughly enjoyed your centerpiece *Health for the Whole Person*. Not only was it enjoyable but informative. My previous experiences (very few) with D.O.s have not presented themselves with the professionalism you displayed in this newspaper. Thank you for your part in uplifting your image of your profession and my wholesome new outlook toward it.

Sincerely,  
Jacquie Bradshaw  
Ocala, Florida

# Auto Leasing Makes Dollars and Sense

## Why Lease?

Simply, it just makes more sense. Lower Monthly Payments. Less cash needed up front. Another source of capital. More car for less dollars. Saves valuable time, and it's easier. Simplifies bookkeeping. Tax advantages.

## Tax Advantages

In most cases the lease payment is a direct business expense, and eliminates capitalizing the vehicle for depreciation purposes.

## Why Trans-Texas Leasing?

Because of our Revolutionary Leasing Approach! A unique program that lets you lease a car — and not worry about guaranteeing a residual value too high. Still one that gives you the option to buy the car at a predetermined end value! In other words, if you want the car at the end, buy it — if not, walk away. The best of both worlds. . . and with the most competitive payments. Minimum capital required and no security deposit is needed. And it's possible to finance the taxes — that's right. With approved credit, it could only take the first month's payment to drive away in your new car! No 20% to 30% down payment needed to purchase a car. That's hard to beat!

## Any Make Anywhere in Texas

Whenever possible Trans-Texas will purchase any given auto in your trade area, or from a dealer of your choice. If needed, arrangements can be made to deliver the vehicle to your door, statewide!

## Disposition of Present Vehicle

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A Service of TOMA

# Peer Review Is Prevention in Action

Long before the phrase showed up in the language of the bureaucrat peer review by D.O.s in Texas was a fact.

With the advent of Medicare in 1966, peer review began to show up in the regulations and in the early 70's the Federal government mandated professional standards review organizations (PSRO).

About this time the first professional liability insurance panic hit and many were becoming concerned about the survival of the private sector of the health care industry.

Representatives of prepaid health insurance carriers, hospitals and medical associations were predicting an end to peer review in the private sector, but now the pendulum is swinging back the other way. The Federal government is faltering in its support of PSRO's and for several reasons it's time for state osteopathic associations to recommit their organizations to the principles of self-evaluation, so the thinking goes in TOMA.

The leaders in TOMA believe that the peer review committee, in its 25-year history, has prevented the filing of thousands of cases of malpractice and in the process enhanced the public image of osteopathic physicians and facilities in Texas.

The committee was originally named the Hospitals & Insurance Committee and in recent years the title was expanded to Hospitals & Insurance & Peer Review Committee. Membership on the committee has been expanded to include representatives of prepaid health insurance carriers, Federal intermediaries and osteopathic hospital administrators.

Access to the committee is open to patients, osteopathic physicians, osteopathic hospitals, the carriers, including the Feds, and workman's compensation cases.

The committee does not set fees but over the years its prestige has commanded universal compliance by all of the parties involved.

The evaluations and recommendations of the committee show a consistent effort to be fair and impartial and candid in the handling of complaints. Every effort is made to protect the confidentiality of the medical records reviewed.

As an outgrowth of its peer review mechanism, TOMA formed a non-profit corporation known as the Texas Osteopathic-Insurance Liaison (TOIL) Com-

mittee which brought into membership representatives of TOMA, the Texas Osteopathic Hospital Association, the various insurance organizations of underwriters and claims personnel as well as Blue Cross Blue Shield representatives. TOIL was the final appeal on cases submitted for review. TOIL has been relatively inactive in recent years because carriers have been accepting the recommendations of the Association's peer review committee.

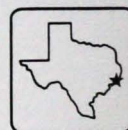
The work of the committee has had considerable effect upon potential malpractice suits because in the process of its work it acts as a counselor to physicians and hospitals when complaints begin to indicate faulty procedures or inadequate communication with patients.

Peer review is prevention in action. ^

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# Health Care Costs Rise Again

For the second consecutive month, the cost of hospital care increased faster than inflation, according to the August Consumer Price Index (CPI). The overall percentage change for August was 0.8 for the CPI and 1.3 for medical care. Other item changes are:

Medical care services:	1.3
Physician's services:	0.7
Hospital and other medical care services:	2.0
Hospital room:	2.2
Other hospital and medical care services:	1.7

"If these trends continue through December, we will certainly hear renewed calls for stricter limits on health care cost expansion in 1982," according to a Voluntary Effort economic report. This year's health care economic trends reflect continued growth in the use of hospital services, the report concludes.

*Reprinted from October 2, 1981 OHA Newsletter*^

## **FAMILY PRACTICE RESIDENCIES AVAILABLE at Fort Worth Osteopathic Medical Center**

Two residency positions in family practice available now at the Osteopathic Medical Center in Fort Worth, Texas.

Offered after internship, the 2-year program is AOA approved.

Program content tailored to meet applicant needs, interests, and includes exposure to outpatient/ambulatory care areas, intensive study in specialty areas.

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**Phone: (817) 735-3121**

# ACADEMIA

## News From The Colleges

### OU-COM

Ohio University will be the site of a special intensive study program beginning next summer to enhance the preparation of students from disadvantaged backgrounds for admission to osteopathic medical school.

The program will be administered by the American Association of Colleges of Osteopathic Medicine (AACOM) under a \$455,144 grant from the Department of Health and Human Services.

The eight week study program on the Ohio University campus, representing \$220,000 of the total, will consist of formal instruction in premedical subject matter as well as workshops and training sessions on the development of study skills, time and stress management, and the application process and admissions interviews.

Beginning in late June of 1982 some 70 to 75 students from all over the nation will come to the Ohio University campus to participate in the program. Students will be undergraduate pre-med majors and they will be selected by AACOM. They will also be from ethnic minority and economically disadvantaged backgrounds.

A second part of the AACOM project grant calls for each of the 12 participating osteopathic colleges to undertake a variety of activities to help the disadvantaged student. To assist in this effort each college was awarded \$10,000.

\*\*\*\*\*

Two governmental officials and two osteopathic physicians received Phillips Medals of Public Service at the Ohio University College of Osteopathic Medicine sixth annual Convocation held recently. Receiving the awards were U.S. Rep. Louis Stokes, D-Ohio, the featured speaker; Ohio Senate President Paul

E. Gillmore, R-Port Clinton; Dale Dodson, D.O., of Northfield, Minnesota; and Ralph S. Licklider, D.O., of Columbus, Ohio.

### TCOM

Two new osteopathic physicians have joined the faculty of TCOM. Daniel K. Siegel, D.O., hospital commander at Myrtle Beach AFB, South Carolina, has joined the department of medicine as a professor and Robert M. Woodworth, D.O., former member of the pediatrics faculty at Ohio University College of Osteopathic Medicine, has joined the department of public health and preventive medicine.

\*\*\*\*\*

Evangelo Arvanetes, D.O., a general practitioner in Parsippany and Denville, New Jersey, since 1966, has been named associate professor of rehabilitation/sports medicine at Texas College of Osteopathic Medicine.

\*\*\*\*\*

Robert P. O'Reilly, Ph.D., formerly with the Texas Tech University Health Sciences Center, School of Medicine, has been named associate professor of medical education at TCOM.

\*\*\*\*\*

James J. Dearing, a sophomore at the College of Osteopathic Medicine of the Pacific (COMP) and president of the Student Council, has been appointed a consultant to the National Osteopathic Board of Examiners. He is one of four students chosen nationally.^

# Signs of an acute exacerbation of chronic bronchitis\* Cough



\* Due to susceptible strains of *H. influenzae* or *S. pneumoniae*

# color, quantity

Reducing cough severity, clearing sputum purulence and lessening sputum production are important goals of antimicrobial therapy in acute exacerbations of chronic bronchitis. Bactrim DS can usually achieve those goals.

**Efficacy unexcelled by ampicillin *q.i.d.*** In three double-blind comparisons,<sup>1-3</sup> Bactrim DS *b.i.d.* proved at least as effective as ampicillin *q.i.d.* Also, the

development of *in vitro* resistance to Bactrim by strains of *H. influenzae* and *S. pneumoniae*—the two primary pathogens in acute exacerbations of bronchitis—is rare.

**Efficacy superior to tetracyclines.** In 10 clinical comparisons involving nearly 700 patients, Bactrim consistently produced superior levels of improvement, judged by such parameters as clinical assessment, change in sputum purulence, reduction in sputum volume and microbiological clearance of pathogens.<sup>4</sup> (In two studies, tetracyclines resulted in a lower incidence of mucoid sputum 4 weeks posttherapy.)<sup>4</sup> Even though some of the studies employed higher daily dosages of Bactrim than

recommended, the incidence of G.I. discomfort was lower with Bactrim (7%) than with tetracyclines (12%) (see adverse reactions in summary of product information).

**And...its *b.i.d.* dosage** makes Bactrim DS an even more attractive choice because it encourages patient compliance. During therapy maintain adequate fluid intake. Use cautiously in patients with impaired renal or hepatic function, severe allergy or bronchial asthma.



Clears the sputum, lowers the volume...  
with B.I.D. convenience

## Bactrim™ DS

160 mg trimethoprim and 800 mg sulfamethoxazole



Please see next page for references and a summary of product information.

Contraindicated in pregnancy, lactation, infants under two months, and patients hypersensitive to either component.

# Bactrim™ DS

(160 mg trimethoprim and 800 mg sulfamethoxazole)

**References:** 1. Chodosh S. Treatment of acute exacerbations of chronic bronchitis: results of a double-blind crossover clinical trial, in *Chronic Bronchitis and its Acute Exacerbations. Current Diagnostic and Therapeutic Concepts*, Princeton Junction, NJ, Communications Media for Education, Inc., 1980, pp. 15-16. 2. Chervinsky P. Double-blind clinical comparisons between trimethoprim-sulfamethoxazole (Bactrim™) and ampicillin in the treatment of bronchitic exacerbations. *Ibid.*, pp. 17-18. 3. Dulfano MJ. Trimethoprim-sulfamethoxazole vs. ampicillin in the treatment of exacerbations of chronic bronchitis. *Ibid.*, pp. 19-20. 4. Medici TC. Trimethoprim-sulfamethoxazole (Bactrim™) in treating acute exacerbations of chronic bronchitis: summary of European clinical experience. *Ibid.*, pp. 13-14.

**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; patients with documented megaloblastic anemia due to folate deficiency; pregnancy at term; nursing mothers because sulfonamides are excreted in human milk and may cause kernicterus; infants less than 2 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: General:** 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.

**Pregnancy:** Teratogenic Effects: Pregnancy Category C. Because trimethoprim and sulfamethoxazole may interfere with folic acid metabolism, use during pregnancy only if potential benefits justify the potential risk to the fetus.

**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, periarthritis 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® 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® packages of 100; Prescription Paks of 40. Pediatric Suspension, containing 40 mg trimethoprim and 200 mg sulfamethoxazole per teaspoonful (5 ml); cherry flavored—bottles of 100 ml and 16 oz (1 pint). Suspension, containing 40 mg trimethoprim and 200 mg sulfamethoxazole per teaspoonful (5 ml); fruit-licorice flavored—bottles of 16 oz (1 pint).

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Frank J. Bradley, D.O., right, president of TOMA, was joined by Mrs. D.Y. Campbell, president of the Auxiliary to TOMA, to watch as Gov. Bill Clements signed a proclamation designating September 13-19 as Osteopathic Medicine Week in Texas. The proclamation signing was one of numerous events that took place across Texas in observance of the special week.

## Seen In A Health Spa

### Energy Expenditure Chart for Executives

Activity	Calories Expended Per Hour
Jogging Memory	125
Beating around the bush	75
Climbing walls	150
Passing the buck	25
Throwing weight around	50-300
Wading through paperwork	250
Sticking neck out	175
Making mountains out of molehills	500
Dragging heels	100
Pushing luck	250
Climbing ladder of success	750
Wrapping up the day	12

# District Communiqués

By H. George Grainger, D.O.  
*District III*

Dr. Bill Clark has left his successful practice in Whitehouse and moved to Fort Worth, where he is now on the clinical faculty of TCOM. One reason: wife Marianne, who has enrolled as a freshman student there. Marianne brings to TCOM a succession of scholarly achievements that bode well for her as a student and as a physician. Marianne got her RN degree in 1971 and followed that with a BS and MS in psychology with a 4-point grade average. In between that, she has had time to rear two children, which isn't bad.

Dr. Rodney Wiseman, who recently came to Tyler from the military service in El Paso, has arranged to take over Dr. Clark's practice starting November 1.

\*\*\*\*\*

We are sorry to report on the critical illness of Dr. Kenneth Ross, who suffered a massive stroke in mid-September. Dr. Ross has continued to be unconscious since then. Arrangements, at this writing, are being made to have him transferred from Tyler's Medical Center Hospital to Doctors Memorial.

\*\*\*\*\*

Doctors Memorial Hospital has at last succeeded in securing the services of an internist. Robert J. Breckenridge, D.O., late of Enid, Oklahoma, opened his office adjacent to the hospital for the practice of internal medicine on October 12. Bob is a graduate of the first class of TCOM and got his residency training at Dallas Osteopathic Hospital.

\*\*\*\*\*

We are sorry to report the news that we received on going to press of the recent death of Murrell Cline, D.O., of Mt. Pleasant. Dr. Cline was a longtime member of TOMA as well as District III.

\*\*\*\*\*

From all accounts, Anton Lester, III, D.O., has been a busy, busy boy. Young Dr. Lester recently rejoined the U. S. Army Reserves and was commissioned a captain in the medical corps. Dr. Lester served as first lieutenant in the Army prior to attending Kirksville. He will attend the convention of military surgeons in San Antonio in early November. Dr. Lester is also on the board of the KCOM Alumni Association and will attend the board meeting in Los Angeles during the convention in mid-November.

He is also on the board of The University of Texas Health Center located in Tyler and he attends the board meetings regularly (once a year). Tone, as a board member, recently attended a reception in honor of the new president of UTHC at Tyler, Dr. George Hamm. It was held at the Willow Brook Country Club in Tyler.

By T.T. McGrath, D.O.  
*District XV*

Jerry Gurkoff, D.O., is serving his fourth year in orthopedic surgery at Grand Prairie Community Hospital. He, his wife and two daughters (and a new dog) reside in Arlington.

\*\*\*\*\*

Joel Boyd, D.O., and his wife, Trudy, also reside in Arlington. Dr. Boyd is in his second year of training in orthopedics at GPCH.

\*\*\*\*\*

Hurst General Hospital is off to a flying start toward increasing their staff by 14 new applicants.

\*\*\*\*\*

Dr. and Mrs. R.W. Hall report that all went well during their tour through the British Isles this summer.

\*\*\*\*\*

Dr. and Mrs. Robert Crawford enjoyed their visit to Italy last month. Bob states that it takes more than four weeks to speak Italian.

\*\*\*\*\*

Dr. and Mrs. T.T. McGrath and son, Patrick, enjoyed their trip to Ireland, Britain and Denmark. Patrick added a great deal to his international coin collection. ^

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# Researchers Transfer Genetic Material

A team of researchers associated with the Ohio University College of Osteopathic Medicine have successfully transferred genetic material from rabbits to mice, resulting in two generations of mice being born with a functional rabbit gene that directs production of rabbit hemoglobin.

The research is apparently the first in which functional genetic material has been transferred from one mammalian species to another.

Led by Thomas E. Wagner, Ph.D., adjunct professor of biomedical sciences, the researchers transferred rabbit blood protein genes into mouse embryos. The mouse pups born as a result expressed the rabbit gene and produced a rabbit hemoglobin protein, the researchers said.

The announcement was made at a recent press conference at Ohio University. Publication of the research was scheduled for the October issue of the "Proceedings of the National Academy of Science."

Wagner, a molecular geneticist, says the research opens new avenues for the study of gene expression

in embryonic development and for the study of genetic diseases. It also suggests that agricultural researchers may be able to produce farm animals with genetic traits not originating with their natural parents.

"This research may have major implications for the agricultural animal industry," Wagner stressed. "Application of this technique to animal breeding could dramatically shorten the time necessary to selectively breed species of animals with improved food-producing characteristics. It may allow direct genetic delivery of a wide variety of agents including growth stimulants."

According to the researchers, they microinjected 20,000 copies of a rabbit blood protein gene into male "pronuclei" in one-celled fertilized mouse eggs. Pronuclei are sperm cells that have swollen in preparation for combining with female genetic material in the eggs that they have recently penetrated.

The rabbit genes were microinjected into 312 embryos, which were cultured in test tubes in the laboratory for several days. Two hundred and eleven embryos survived the incubation period and were transferred to mice foster mothers.

The mothers produced 46 offspring, including five mice that were shown by immunological and other analytical techniques to contain rabbit hemoglobin protein in their red blood cells. These mouse pups were also mated and their offspring contained rabbit protein, suggesting that the artificially-introduced gene was inherited in subsequent generations.

Team members associated with the College of Osteopathic Medicine include Wagner, Joseph D. Jollick, Ph.D., associate professor of biomedical sciences; Janice A. Gault, M.S., lecturer in biomedical sciences; David R. Scholl, Ph.D., and Richard L. Hodinka, Ph.D., student. Both Scholl and Hodinka held teaching assistantships which were supported by the osteopathic college during the time this research was being conducted.

Wagner, 38, conceived the idea of pronuclear injection of foreign DNA early in 1980 and is the senior author of the paper describing the experiment. His innovation was the result of earlier studies of mammalian fertilization processes that have increased the understanding of gene regulation in general and, specifically, the regulation of viral genes.

A Denver-based firm, Genetic Engineering Inc., holds a license agreement with Ohio University for commercial application of the patent on the research, according to university spokespersons. ^

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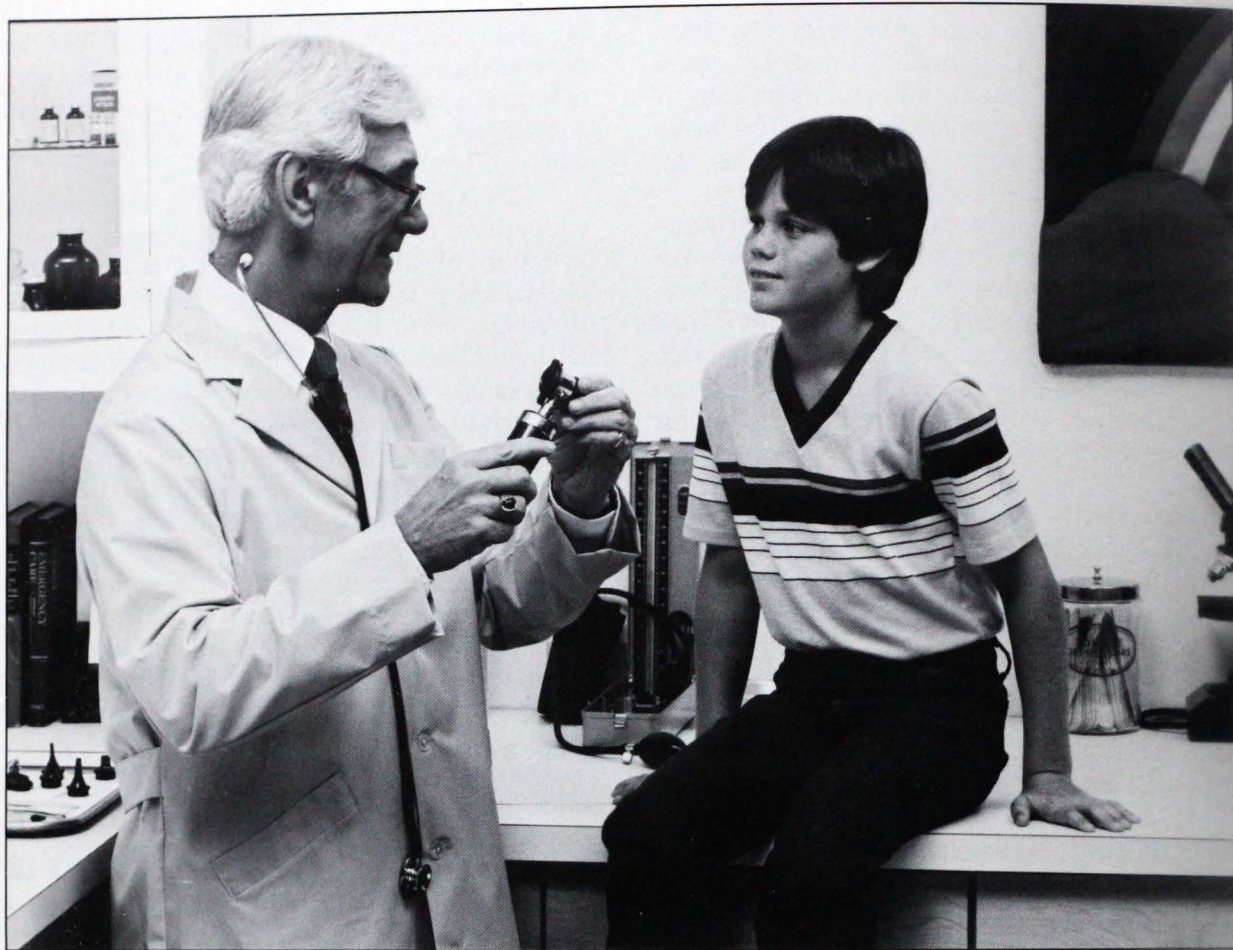
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# TOMA Urges Abolishment of HSAs

# Check Policy Defense Against Bad Checks

Texas Gov. William P. Clements is being urged to do away with the 12 federally financed Health Systems Agencies in Texas by the four major health providers associations in the state.

In a joint effort TOMA, Texas

Osteopathic Hospital Association, Texas Medical Association and the Texas Hospital Association have asked Gov. Clements to exercise his option under new federal legislation and ask the secretary of health and human services to remove the planning agencies. According to the new legislation Gov. Clements will have to act by November 1. At press time no word had been received on his decision.

Should Gov. Clements agree to such a move, Texas could become the first state to do away with HSAs under federal provisions for phasing out the organizations set up six years ago to implement the federal Health Planning Act.

If closed, the HSAs would be cut off from federal money in July 1982 and the functions of planning and development could be moved to a state agency.

The four associations believe that the HSAs have not succeeded in their main functions. Even though the HSAs were established to permit and encourage local health planning and development, the opponents told the governor that the HSAs have become completely subject to the control of the Federal planning agency which has consistently overridden local action.

Among the reasons given for opposing the continuation of the agencies are that the Federal government needs to get out of health planning and development and because Texas' osteopathic physicians have no representation on seven of the 12 HSAs in the state, Tex Roberts, executive director of TOMA said. ^

The best defense against being victimized by bad checks—whether it's an all bad check written by a crooked person, or a salvageable one written by somebody who is just slightly "bent"—is to institute and enforce sound check cashing procedures in your place of business. According to the Small Business Administration, for every merchant who refuses to accept a check because it is improperly written, or contains abbreviated information or for lack of proper identification, many other merchants will cash the same check without hesitation.

Business and professional people who compound weak check cashing systems with leisurely collection practices make themselves doubly vulnerable to bad check losses. Regardless how good a procedure you have, it isn't foolproof. Bad checks have a way of finding their way through the door of most any business. That's why TOMA has gone to the trouble of approving I.C. System, as the recommended collection service for members. If you are not already enrolled, contact the office and a representative will be out to explain the service which includes a guide to heading off bad checks.

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# *Med-Search Provides Complete Library*

School has just started and you receive a phone call asking you to serve as the team physician for the local high school and sports medicine is not a major part of your practice. Where can you go for current information on sports medicine?

This is the situation that faced a South Texas member of TOMA last fall. His solution to the problem was to call TOMA's Med-Search for information on the management of emergency athletic injuries.

TOMA Med-Search is provided through the Membership Services and Professional Development Committee and the Texas College of Osteopathic Medicine Library extension service. The program is provided at no cost to all TOMA members.

Through the program that began in August of 1980, TOMA members continue to have the services

of a complete resource library available to them at no cost. Among the services offered are the borrowing of books, audiovisual materials, photocopying of documents, computerized data based bibliographic searches and the services of professional reference librarians.

"We usually overkill the doctors with information when they call us. We want to provide them with as much information to choose from as we can," Richard Wood, a research librarian at TCOM, said.

"We are pleased with the program. We are averaging about five computer searches and 30-40 requests for photocopying each month. We are very pleased with the progress of the program and would like more physicians to take advantage of it," Wood said.

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Pulmo Sonic — The Personal Ultrasonic Nebulizer

Newtron-Electrostatic Air Cleaner — Permanent Air Filter to Replace your Disposable Air Conditioner Filter  
Just take out and wash — 5 Years Warranty Removes Over 96% of Airborne Particles Allergy Sufferers can Breathe a lot Easier

ALSO — RENTAL, SALES and SERVICE of Staodyn Transcutaneous Nerve Stimulators (Used for Pain Control)

# TOMA Members

simply :

1. Call the TOMA office (toll free, 1-800-772-5993 or metro 429-9755 if in Dallas) and indicate that library information is needed. A member of the TOMA staff will take the physician's name and phone number.

2. TOMA will immediately call the TCOM Library and relay the name and phone number to a reference librarian.

3. The reference librarian immediately places a call to the member, determines what information is needed and obtains the necessary information.

4. Finally, the reference librarian gathers the needed material and forwards it to the physician.

Wood said that generally the computer search is run the same day as the call and the bibliographic listing is placed in that day's mail to the physician. "If the doctor is requesting information more than five years old, it will take longer because the information must be sent from the National Library of Medicine in Bethesda, Maryland. Also, if there is an initial request for photocopying, it will take longer to pull the information, get it copied and in the mail."

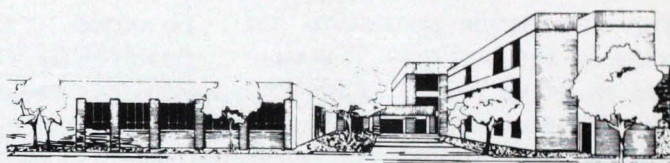
Currently over 200 computer data bases covering such areas as toxicology, sociology, history of medicine, business management, news and information, cancer and numerous aspects of medicine are available for researching.

Wood said he has received information that a family practice data base will be available in the future. "I haven't been told exactly when it will be operational, but we are looking forward to having it available. It should include some information that hasn't been indexed before. We're excited about it."

By utilizing TOMA's Med-Search, both the rural and urban D.O.s have an extensive array of information resources available to aid in the diagnosis and management of patient conditions.

In addition to these resources, a large collection of CME material is available to TOMA members through the Library for personal on-going education interests.

Through TOMA's Med-Search all of this information is simply a toll-free phone call away. Don't wonder where to obtain current medical information. Simply call Med-Search toll free at 1-800-772-5993 for assistance. ^



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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.** . . \$50,000 first year guarantee

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Contact Richard D. Nielsen, Administrator

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# D.O.s Should Stand Tall!

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

The osteopathic profession has become of age in Texas. It is time for us to let all people know who we are. We no longer have to hide behind the shield of allopathic medicine.

The victory in the legislature this year, plus the tremendous exposure our profession has received through the media because of the Medical Practice Act and the great work you have done as individuals, is the reason we are enjoying the highest prestige of any time in our history. Now you add the college, TCOM, and the reputation they are building as a good, sound medical training institution with their physicians going into the needed areas of practice in this state, and you have a rapidly expanding, well educated, prestigious profession.

Did you know that Texas and Kansas are the only states with composite boards that have three D.O.s on their Board of Medical Examiners? Colorado, Missouri and New York each have two. The other states with composite boards have only one token member. This, my fellow physicians, is something very significant.

Because of this representation and because of the osteopathic profession coming of age in Texas, you have a great responsibility. You must let people know who you are. Tell them you are an osteopathic physician. Tell them what you do, and be proud of your training and background. If you do not tell them what a D.O. is, you can be sure that your M.D. friends will tell them what you are and what your training has been. So don't

be afraid to stand up and tell the people that you are a D.O. You will be surprised at how many friends you have.

Since I am president of this organization, I think I will take the prerogative to preach to you.

One of my pet peeves and one of the most devastating factors of this profession is the way we continually belittle and downgrade our fellow physicians and institutions. Just this week, in fact, one day I heard two very detrimental remarks. One was stated by a physician in front of fellow physicians, hospital employees and students, and was about another physician. He simply stated "Dr. \_\_\_\_\_ is illiterate." This type of remark only lets those around us think that we allow illiterates in our schools and in our specialty training programs.

The same day, I heard the remark that we had too many osteopathic schools and some of these were very, very poor. This type remark is not needed to improve the morale and self image of our young physicians and students. It certainly is not the type of conversation to be carried on around hospital employees and lay people.

Our profession is not perfect, but we should be proud of the progress we have made and the stature we have obtained.

Derogatory remarks and innuendoes do nothing but show your own prejudices and weaknesses, as well as, lack of self-confidence. Be positive and get about the business at hand taking care of the people that need you. ^

## TDH Begins Statewide Program

A statewide program aimed at preventing long term handicapping conditions in children—the Early Childhood Intervention (ECI) Program—has begun functioning with headquarters in the Texas Department of Health (TDH).

Acting on a bill introduced by Senator Pete Snelson of Midland, the 67th Legislature established the program to locate and bring to treatment children from birth to three years of age who are developmentally delayed. Target groups are those with learning disabilities, speech handicaps, mental retardation, autism, orthopedic handicaps, learning impairments, visual handicaps, emotional disturbances, multiple handicaps or those with other impairments.

The law has made \$6.25 million available for the intervention program and established an ECI inter-agency council composed of representatives from the TDH, Texas Department of Mental Health and Mental Retardation, Texas Department of Human Resources, Texas Education Agency and a public member.

The council currently is in the process of doing a needs assessment survey of existing programs actively dealing with children in the birth to three age group. Under the law, current programs may be expanded and new ones established with appropriated funds. An awareness campaign also is being drawn up to let the public and professionals know about the ECI Program. ^

# SKI THE SUMMIT

at the

COLORADO SOCIETY OF OSTEOPATHIC MEDICINE

## 11th Annual Midwinter Conference

KEYSTONE, COLORADO

February 7-13, 1982

### PROGRAM HIGHLIGHTS

#### Monday, February 8

Rehabilitation through Swimming Exercises  
The Effects of High Altitude Hypoxia  
Fickle Fractures of Fingers  
Forensic Pathology  
\*Advanced Cardiac Life Support Instruction (5 consecutive days)  
O.M.T. Clinical Sessions (each day)  
Things to Watch for in Managing the Emphysematous and Asthmatic Patient  
Clinical Manifestations of Rheumatic Diseases  
Review of Anatomy

#### Tuesday, February 9

Medical Evaluation and Treatment of Urolithiasis  
Common Orthopedic Problems in Children  
Physicians' Use of Time  
Planning the Future of Your Practice  
Better Utilization of Office Staff  
Reyes Syndrome  
Management of Coronary Risk Factors  
Caring for a High Risk Pregnancy

Osteopathic Research and Osteopathic Advances  
in the Last Century

Benefits Derived by Utilizing O.M.T. in Your Office Practice  
Stress from an Osteopathic Perspective  
Causes and Treatment of Scoliosis - Spinal Curvature

#### Wednesday, February 10

Head Injuries in Children - When to Become Concerned  
Advances in Management of the Epileptic Patient  
Child Seizure Disorders  
Childhood Diseases - Pathology

#### Thursday, February 11

Aerospace Medicine Program - U.S. Air Force  
The Clinical Aspects of Hyperbaric Therapy  
The Clinical Aspects of Decompression Sickness and Air Embolism  
Physicians' Role in Politics Nationwide  
Physicians' Role in Colorado Politics  
Politics Within the Osteopathic Profession and How It Effects You, the General Practitioner  
What You Can Do to Help Your Profession Be Heard in Colorado Politics

#### Friday, February 12

Breast Cancer - Pathology  
The Osteopathic Management of Patients with Pulmonary Diseases  
Lipids, Cholesterol and Hyperlipidemia  
Fracture Healing with Electrical Bone Growth Stimulation

\*Must attend five (5) consecutive days of the conference to be certified as provider and/or instructor.

### FACULTY

Don Ankerholtz, M.B.A.  
Robert L. Campbell, D.O.  
Thomas Canfield, M.D.  
Joel B. Cooperman, D.O.  
M. Larry Copeland, D.O.  
Robert E. Eilert M.D.  
Robert M. Fogel, D.O.  
H. Dale Gatchell, D.O.  
James Gillman, M.D.  
Lyle W. Graham, D.O.

Col. Kenneth R. Hart, D.O.  
Col. Richard Heimbach, M.D.  
Douglas M. Hill, D.O.  
Senator William Hughes  
Michael Iseman, M.D.  
Jerald B. Johnson  
Jerry Kirk, Ph.D.  
U.S. Rep. Ray E. Kogovsek  
A. B. Loken, D.O.

Daryl K. MacCarter, M.D.  
Harold I. Magoun, Jr., D.O.  
Gene F. Mahaffey, D.O.  
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APPROVED BY A.O.A. FOR 48.5 CME 1-A CREDITS and 3 CME 1-F CREDITS

COLORADO SOCIETY OF OSTEOPATHIC MEDICINE

11th ANNUAL MIDWINTER CONFERENCE

KEYSTONE, COLORADO

FEBRUARY 7-13, 1982

### REGISTRATION

NAME \_\_\_\_\_ (Please print) Degree \_\_\_\_\_

ADDRESS \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

C.S.O.M. Members ..... \$250.00  
C.S.O.M. Members (Half week) ..... 165.00  
Out-of-state Physicians (Must be members  
of State Osteo. Assn.) ..... 325.00  
Out-of-state Physicians (Half week)  
(Must be members of State Osteo. Assn.) ..... 225.00  
Non-Members ..... 450.00

Spouses ..... \$ 50.00  
A.C.L.S. Provider Certification ..... 50.00  
A.C.L.S. Instructor Certification ..... 75.00

Spouse registration includes Sunday and Wednesday social functions.

Physician registration fee includes conference breakfast each morning, 6:00 - 7:30 AM and Sunday and Wednesday social functions.

Add \$50.00 to physician registration fee after January 7, 1982.

Add \$10.00 to spouse registration fee after January 7, 1982.

No refunds on cancellations received after January 25, 1982.

50% refund if cancelled before January 7, 1982.

Full refund if cancelled two (2) months prior to conference.

I understand that I am responsible for making my own reservations at Keystone Lodge, Box 38, Keystone, CO 80435 (303) 468-2316

All checks should be made payable to C.S.O.M., 215 St. Paul Street, Suite 290, Denver, Colorado 80206

By my signature, I certify I am a member in good standing with my respective State Osteopathic Association.

Signed \_\_\_\_\_

# Texas Ticker Tape

## PRESIDENT WILLARD TO BE INAUGURATED

Ralph L. Willard, D.O., president of Texas College of Osteopathic Medicine, will be inaugurated as president in ceremonies April 29, 1982 at the Tarrant County Convention Center Theater. Preliminary plans call for a 10 a.m. inaugural ceremony followed by a luncheon for invited guests, campus tours and an afternoon reception in Med Ed I.

David M. Richards, D.O., dean for academic affairs and planning committee chairman, said "The inauguration of President Willard will give us an opportunity to draw attention not only to the college, but also to the commitment TCOM has made to a health-oriented curriculum for its student-doctors."

## ACUTE HEMORRHAGIC CONJUNCTIVITIS REPORTED IN LATIN AMERICA

Extensive outbreaks of acute hemorrhagic conjunctivitis (AHC) have been reported from Northern South America, Central America and the Caribbean, according to the *Texas Morbidity This Week* publication for the week ending October 3. AHC, the report says, is extremely contagious and is transmitted by contaminated fingers, clothing or towels; and is characterized by a short incubation period, high secondary attack rate and rapid spread in the community. While the introduction of AHC into the U.S. from Latin America is possible, the likelihood of community spread is, as yet, unknown. Physicians in the U.S. are encouraged to report cases of conjunctivitis compatible with AHC to their local and/or state health departments.

## TEXAS CONTROLLED SUBSTANCES SCHEDULES AVAILABLE FROM TOMA

Copies of the last published listing of the Texas Controlled Substances Schedules for classifications I-V are available from the State Office. Interested persons should write TOMA, 226 Bailey Avenue, Fort Worth 76107 or call toll-free in Texas 800-772-5993 or 817-336-0549 to request a copy.

## GREAT AMERICAN SMOKEOUT SET FOR NOVEMBER 19

The fifth Great American Smokeout has been set for November 19 and all smokers are asked to take a pledge to stop smoking for a 24-hour period on November 19. Larry Hagman, "J.R." of the *Dallas* TV Show, is national chairman of the 1981 Great American Smokeout. Hagman is a former smoker.

## AACOM RECEIVES GRANT

The American Association of Colleges of Osteopathic Medicine (AACOM) has been awarded a three-year grant of over \$1 million through the Health Careers Opportunity Program of the Health Resources Administration, Department of Health and Human Services to continue its national services to disadvantaged students.

The project will be implemented by a consortium composed of 12 colleges of osteopathic medicine and the AACOM. The colleges have established two major objectives to be achieved during the next three years: 1. to significantly increase the enrollment of disadvantaged students in the colleges of osteopathic medicine and 2. to decrease the attrition of disadvantaged students in the colleges.

# TOMA Membership Applications Received



**M. Lee Coleman, D.O.**  
1805 N. Garrett  
Dallas, 75206  
KC '70; GP



**Gary L. Polk, D.O.**  
8736 Highway 80 West  
Fort Worth, 76116  
TCOM '80; GP



**Robert E. Wray, D.O.**  
1418 West SW Loop 323  
Tyler, 75701  
KC '80; GP



**Rudy L. Edwards, D.O.**  
5003 Ross Avenue  
Dallas, 75206  
KC '80; GP

**Barry Sachs, D.O.**  
8300 Homestead Road  
Houston, 77028  
CCOM '61; S

**Daniel K. Siegel, D.O.**  
999 Montgomery  
Fort Worth, 76107  
PCOM '50; I; CF

*Membership applications from the above listed physicians have been received at the State Office.*

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Springs or Snowmass,  
Colorado with this Ski  
Package:**



- Round Trip Air Transportation to Denver
- Ground Transportation to Ski Destination
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- Six days of lift tickets

#### **For Steamboat**

from Chicago: From \$639 pp dbl. occ.\*  
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#### **For Snowmass**

from Chicago: From \$698 pp dbl. occ.\*  
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Take 325 inches of champagne powder, drop it on a mountain with 2300 permitted acres of skiing, served by a gondola and 15 ski lifts — that's Mt. Werner at Steamboat.

Luxury lodging offered at the Sheraton at Steamboat Hotel or plush condominiums at The Lodge at Steamboat.

★★★★★★

In Snowmass you just suit up and ski off — to one of the 90 spectacular runs. With twelve chair lifts and 1400 acres of trails you'll probably never ski the same run twice. Your Snowmass lift ticket also lets you ski at nearby Aspen Mountain and Buttermilk.

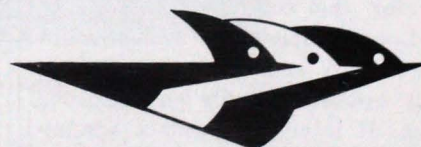
Accommodations at the Wildwood Inn.

\*Prices subject to change without notice.

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Practice Locations in Texas

## PHYSICIANS WANTED

**AMHERST** — General Surgeon board certified or eligible, willing to combine family practice in beginning, needed for hospital — clinic setting. Join three other physicians with specialties in OB/Gyn, family practice and internal medicine. Small rural agricultural community with well established, wide trade area. Fifty miles from Texas Tech University School of Medicine. Facilities, personnel, supplies, accounting and billing services provided in addition to generous guaranteed salary, plus percentage over annual guarantee. New hospital with clinic facilities scheduled for occupancy in early spring of 1982. Contact: Mrs. Louise S. Landers, administrator, South Plains Hospital — Clinic, Inc., Amherst, 79312. Phone: 806-246-3536, ext. 23.

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

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



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Pathology  
Services**

George E. Miller, D.O., F.A.O.C.P.  
Richard R. Keene, M.D., F.C.A.P.

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**COMMERCE** — East Texas State University/Head Student Services. Excellent location 55 miles from Dallas. University enrollment of approximately 8,000 — located in Commerce, a city of 7,500. The University desires to employ a physician to head the Student Health Center and perform other University related health duties. Ideal opportunity for the starting physician or an individual who wishes a less demanding schedule. Competitive salary and fringe benefits including substantial time off. Must be interested in young people, possess good communication skills, and be able to function as an administrator. References required. Contact Ron Robinson, Executive Director/Division of Student Affairs, ETSU Commerce, 75428. Phone: 214-886-5983.

**DIRECTOR of Osteopathic Services** — Oklahoma Osteopathic Hospital in Tulsa is seeking an osteopathic physician to fill this full-time position. Successful applicant will have skills in all forms of osteopathic manipulative treatment. This hospital-based physician will direct the department of osteopathic services; serve as a consultant; and will have teaching responsibilities to a large housestaff. Inquiries should be made to James M. Short, D.O., Medical Director; 9th at Jackson, Tulsa, OK 74127. Phone: 918-587-2561.

**ELECTRA** — Attractive well-equipped office with established practice. Perfect for two physicians or solo. For sale or lease with low-cost financing. Modern excellent hospital facilities. Economy for area is based primarily on oil industry and is, therefore, booming. 28 miles west of Wichita Falls. Guarantee of first year's income is available from Hospital Management Corporation. Contact: Ron L. Nelms, D.O., 301 W. Garrison, Electra, 76360. Phone: 817-495-2101 (office) 817-495-2424 (home).

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

**FAMILY PRACTICE** — available in small town (2,500) near Austin. Present practitioner leaving for residency. Rent paid. Partially furnished office. Replies confidential. Contact: TOMA, Box "A", 226 Bailey Avenue, Fort Worth, 76107.

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

**FORT WORTH** — Physician needed to share 2,300 sq. ft. office with podiatrist in growing suburb 5 minutes from downtown. Near hospitals. Call 817-831-1269 or 589-1362.

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

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

**PEDIATRICIAN Wanted** — Moderate-size South Texas community in need of pediatrician. Contact: Box "M", TOMA, 226 Bailey Avenue, Fort Worth, 76107.

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

## POSITIONS DESIRED

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

**REHAB JOBS NEEDED** — The Impaired Physicians Committee of TOMA is looking for opportunities for employment for osteopathic physicians as part of a rehabilitation program. These D.O.s,

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

## MISCELLANEOUS

**FOR RENT (SKI VAIL)** — Streamside condo, west Vail, deluxe one-bedroom, two bath, sleeps six. Fully equipped, fire place, maid service, free shuttle bus. Available December 5-12. \$800. Contact: Darrel Clark, D.O., 615 Meander Drive, Grand Junction, Colorado 81501. Phone: 303-242-7522.

**FOR SALE** — Ames Thyrimeter-Ratio Gamma Counter. Cost \$1,800.00. Will sell for \$1,000.00. Used one time. Contact: Family Medical Clinic, 1702 E. Denman, Lufkin, 75901. Phone: 713-639-1224.

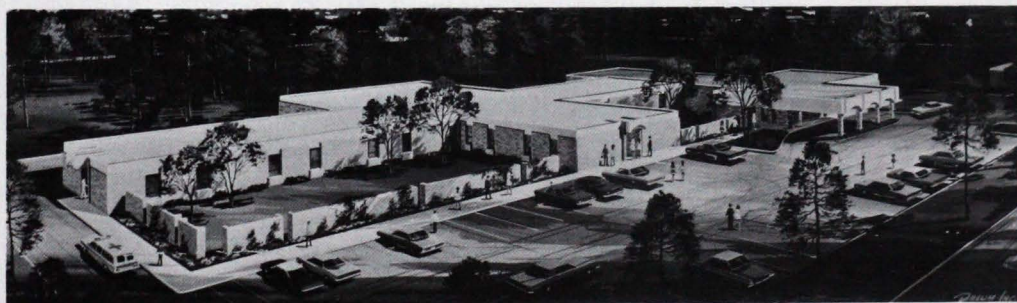
**FOR SALE** — Complete set of orthopedic surgical instruments with many implants. Also, general surgical instruments. For information write Box "Z", TOMA, 226 Bailey Avenue, Fort Worth, 76107.

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

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

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

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