

TEXAS OSTEOPATHIC PHYSICIANS
JOURNAL

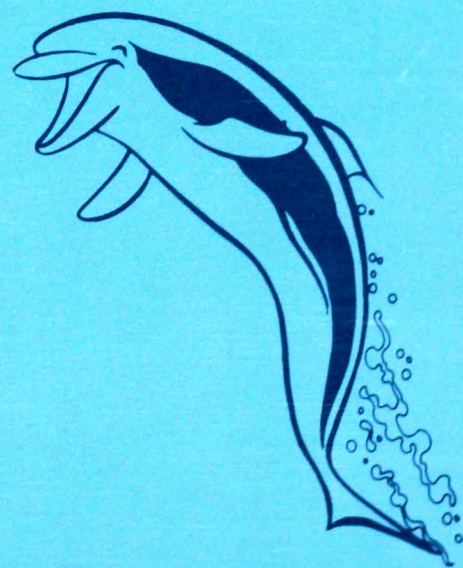
February 1976

**SUPER
17TH**

**GALVESTON
ON THE
GULF**

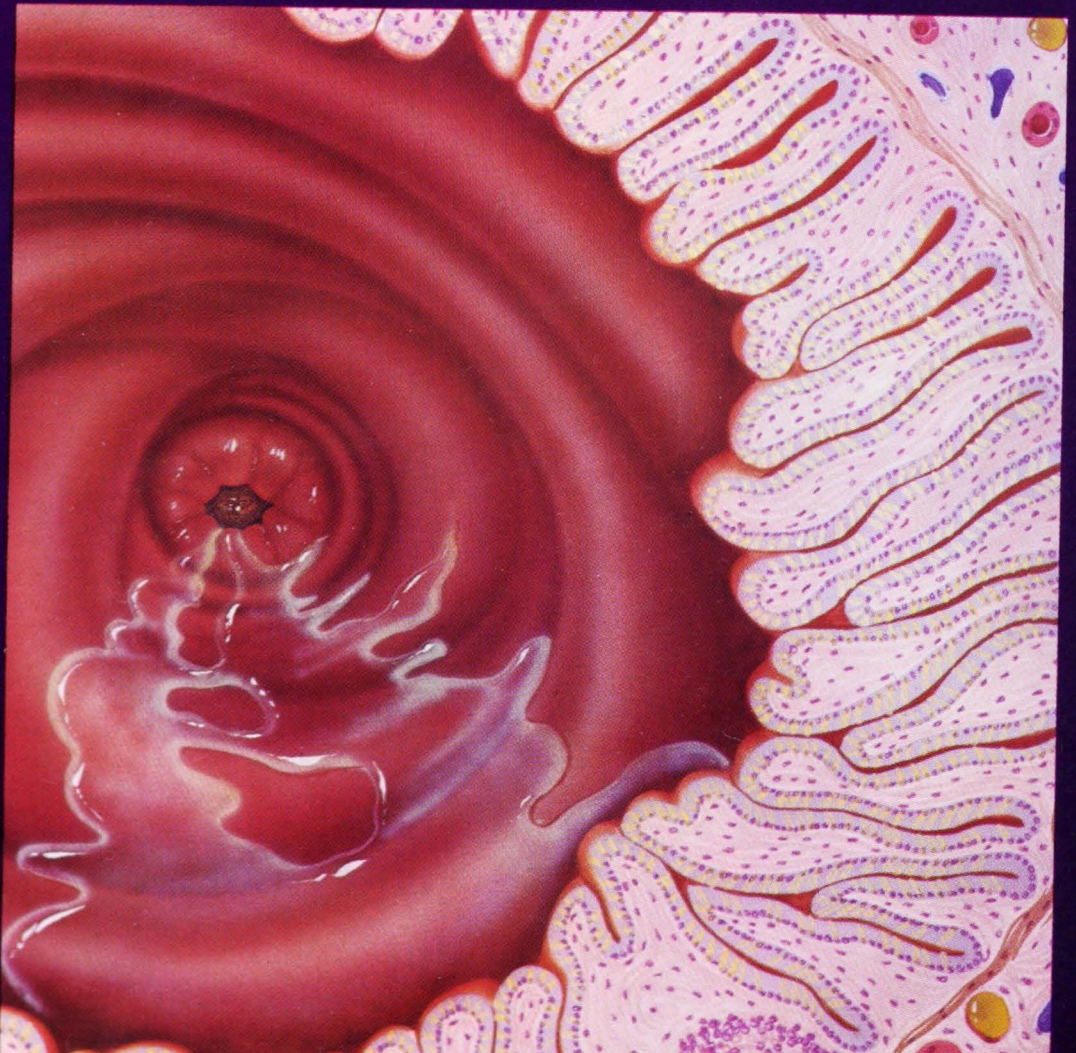


April 8-10



Presenting Gastrointestinal Complaints

**Pain and bloating
with diarrhea
and/or constipation
may indicate irritable
bowel syndrome**



Recurrent episodes of acute G.I. discomfort, associated with constipation, diarrhea or abdominal pain ranging from dull gnawing to sharp cramping sensations, may suggest irritable bowel syndrome and warrant further investigation. If this tentative diagnosis is confirmed, medical relief of the acute episode may be only the starting point of appropriate long-term management. Such patients often have an extended history of dietary reactions and laxative misuse with a tendency, when under severe emotional strain or fatigue, to experience a colonic "protest."

Indeed, careful questioning will usually uncover a significant relationship between periods of undue anxiety or emotional tension and the exacerbation of G.I. symptoms. This type of patient will probably need your counseling and reassurance to assist him in making beneficial modifications in his life style and attitudes.

If it's irritable bowel syndrome, consider Librax as adjunctive therapy In most instances, the patient with irritable bowel syndrome derives maximum long-term benefits from a comprehensive medical regimen directed at both the somatic and emotional aspects of this functional disorder. The dual action of Librax has proved to be highly effective not only in relieving the distressing symptoms of irritable bowel syndrome but also in maintaining patient gains.

A distinctive antianxiety-anticholinergic agent

- 1 Only Librax combines the specific antianxiety action of Librium® (chlor-diazepoxide HCl) with the dependable antisecretory-antispasmodic action of Quarzan® (clidinium Br)—both products of original Roche research.
- 2 The calming action of Librium—seldom interfering with mental acuity or performance—makes Librax a distinctive agent for the adjunctive treatment of certain gastrointestinal disorders. As with all CNS-acting drugs, patients receiving Librax should be cautioned against hazardous occupations requiring complete mental alertness.
- 3 Librax has a flexible dosage schedule to meet your patient's individual needs—1 or 2 capsules three or four times daily, before meals and at bedtime.

**helps relieve
anxiety and associated symptoms
of irritable bowel syndrome**

Librax®

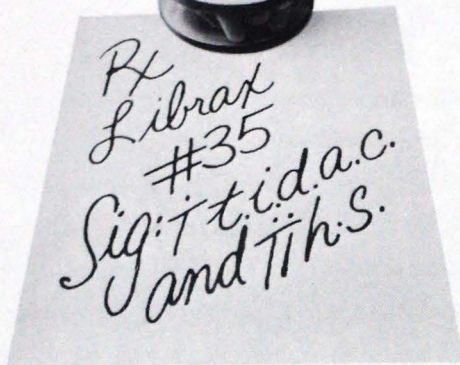
Each capsule contains 5 mg chlordiazepoxide HCl and 2.5 mg clidinium Br.



Please see following page for summary of product information.

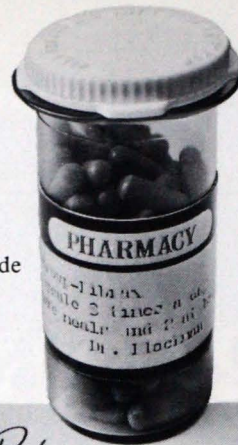
Dual-action adjunctive Librax®

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



Initial Rx

The initial prescription allows evaluation of patient response to therapy.



Follow-up

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

helps relieve anxiety-linked symptoms of irritable bowel syndrome • duodenal ulcer • functional upper G.I. disorders

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

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

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

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

Precautions: In elderly and debilitated, limit dosage to smallest effective amount to preclude development of ataxia, oversedation or confusion (not more than two capsules per day initially; increase gradually as needed and tolerated). Though generally not recommended, if combination therapy with other psychotropics seems indicated, carefully consider individual pharmacologic effects, particularly in use of potentiating drugs such as MAO inhibitors and phenothiazines. Observe usual precautions in presence of impaired renal or hepatic function. Paradoxical reactions (e.g., excitement, stimulation and acute rage) have been reported in psychiatric patients. Employ usual precautions in treatment of anxiety states with evidence of impending depression; suicidal

tendencies may be present and protective measures necessary. Variable effects on blood coagulation have been reported very rarely in patients receiving the drug and oral anticoagulants; causal relationship has not been established clinically.

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

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

How Supplied: Librax® Capsules, each containing 5 mg chlordiazepoxide hydrochloride (Librium®) and 2.5 mg clidinium bromide (Quarzan®)—bottles of 100 and 500; Prescription Paks of 50, available singly and in trays of 10.



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TEXAS OSTEOPATHIC PHYSICIANS JOURNAL

The JOURNAL – & the Postal Service

Although we blame the postal service for many things—especially for the late delivery of the *Journal*—it may not be entirely at fault this month.

Circumstances beyond our control have made it impossible to get the copy for this issue to the printers in time to be mailed the last week in the month—which is what we strive for with every issue.

Except in unusual circumstances the *Journal* is mailed between the 25th and 28th of the month, preceding the date on the cover.

Hopefully this *Journal* will be mailed at Fort Worth February 6. And since we have had many complaints about late delivery, we would be interested in our readers letting us know just when they receive the February issue.

The *Journal* is sent to Auxiliary members at their homes and we have heard that on numerous occasions it is delivered to the home address as much as two weeks before the doctor receives it in his office.

Although the postal service has the prerogative of moving third class mail at leisure, believe it reasonable to expect that it would be delivered to you by the 10th of the month.

The postal service is now supposed to be separate from other government agencies. However, the government still does have much control over it. If it sometimes takes a month for delivery (and we have heard that this has been the case in several instances), perhaps we can do something about it by contacting our Congressman.

Postal rates for third class mail is just about 400% over what it was a half dozen years, and the service is about 25 per cent as good as it was then.

And while we're on the subject of the high cost of postage, it's a good time to mention that when you change your address and do

	Page
Convention Program Includes Your "Big Ideas"	6
The Natives Are Friendly (Now) on Galveston Island	10
Significant progress noted in "connecting circuits" at Second Governmental Operations Seminar	13
Judge in Agreement on Single PSRO for State	14
Bentsen Amendment provides for single PSRO	15
Dr. Harakal teaching cranio-sacral manipulation	17
Medicial Advisory Committee Concerned Over Medical Funds Slashing	18
D.O.s represented on governing bodies of HSAs	19
Margaret Dennis New Professor of Psychology at TCOM	20
We're Doing Something	21
In Memoriam: Donald E. Hackley, D.O.	22
First Ralph H. Peterson, D.O. Scholarship to Be Awarded	23
Make Your Move	25
Texas Ticker Tape	29

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Mr. Tex Roberts, Editor

not notify your State Office, your copy of the *Journal* is returned to us and we have to pay postage for that return. Since we try mightily to conserve the funds of TOMA—which is *your* money, we hate to pay it out to have undeliverable magazines returned to us.

The post office will not forward third class mail unless you specifically ask them to do so. Too often

the only way we have of knowing one of you has a new address is when your *Journal* is returned to us with your new address marked on it.

So we will continue to strive to meet our *Journal* deadlines. And we plead that you let us know where to send your copy. It saves us all time and money.

Thanks in advance.

Convention Program Includes Your "Big Ideas"

In our January issue we gave you a rundown on about half the CME program that has been planned for our 77th Annual Convention to be held in Galveston April 8-10.

We promised you a continuation of that program in this issue, and left you with the expectation of learning about a controversial subject to be discussed Saturday afternoon (April 10). We'll come to that.

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To review, in the January issue we told you that Thomas R. Turner, D.O., would speak on Disaster Medicine; James Matthews, D.O., on OB-GYN Emergencies; K. Pat McCaffery, D.O., on Emergencies in Pediatrics, and Richard M. Hall, D.O., on Emergencies in a Rural Practice.

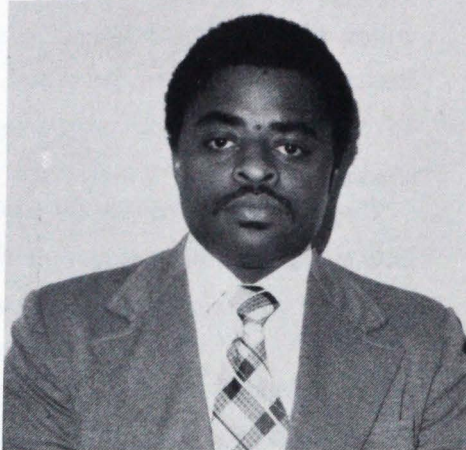
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In a concurrent session Thursday morning (April 8), Mr. John H. Sortore, investigator in charge for the Texas State Board of Medical Examiners, will moderate a panel on "Federal and State Drug Laws Affecting the Physician".



Joining him on this panel will be Mr. Joe Arnette, secretary of the

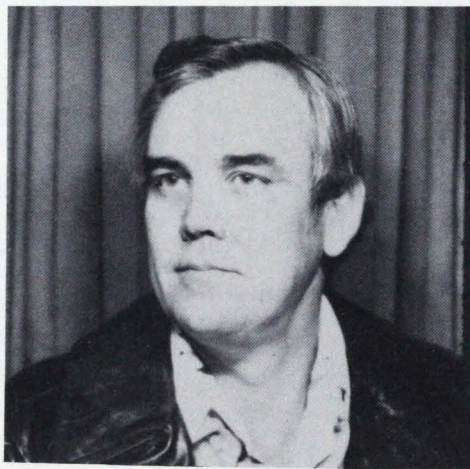
Texas Board of Pharmacy, and Mr.



James Flewellen, compliance supervisor of the Federal Drug Enforcement Administration.

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A session on sports medicine is scheduled for Thursday afternoon.



Speakers will include Samuel S. Morgan, D.O., team physician for Southern Methodist University; Albert R. Miller, D.O., team physician for the Kansas City Chiefs, and Jack Wilhelm, D.O., of San Angelo, who is well-known for his success in treating athletic injuries with OMT.

*Texas Osteopathic Physicians Journal*

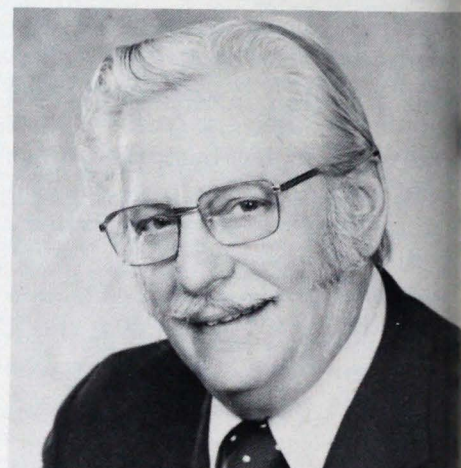
One session Friday morning will concern self-abuse. Joseph E. Wolpert, D.O., of Houston, will discuss drug abuse; Richard L. Stratton, D.O., of Arlington, will speak on alcohol abuse.

We reported in January that Steven van Cordas, D.O., would talk about how we abuse our bodies through poor nutrition; however, Dr. Cordas has had to cancel and we have not had an acceptance as yet from the doctor whom we have asked to handle this subject.

T. R. Sharp, D.O., will wind up the session with a discussion of family counseling concerning the abuses. Following his presentation questions may be put to any of the lecturers.

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In a concurrent session Friday morning there will be a program on the Business Side of Practice. Mr.



Caleb Belove, president of Professional Mutual Insurance Company, will lead off with a discussion of malpractice insurance problems.

Mr. Alexander Tobin, the attorney who has guided the California Association through its court battles to regain licensure of D.O.s in that state, will speak on "Present and Future Dangers to the Profession".

~~~~~

Mr. Stan Stout, who is now director of planning for Seton Medical Center in Austin, has a topic that most members are anxious to learn more about. He will speak on the new Health Services Agencies. Mr. Stout formerly headed the CAPCO Health Advisory Committee and has been active in health planning services in Texas for a number of years.

~~~~~

Included in this Friday morning session will be a presentation by Mr. Vaughn Alexander, executive director of the Texas Medical Foundation (on whose governing bodies D.O.s represent 25 per cent of the membership).



In his position Mr. Alexander is responsible for management and administrative functions of the Foundation, as well as supervision of projects in medical review, services to physicians, and computer support work for physicians.

He was formerly director of the AMA's Computer Systems in Medicine program. In that position he staffed its PSRO Data Task Force and directed a number of national-level computer programs.

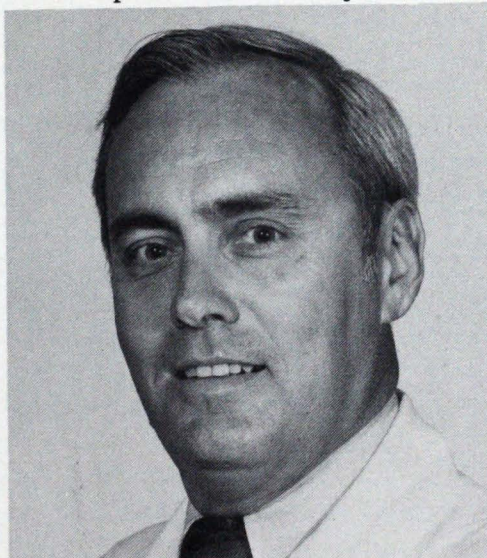
Starting off one of the Friday afternoon sessions will be Robert E. Kappler, D.O., F.A.A.O., with a discussion on "The Psoas Mechanism in Low Back Complaints".

A 1958 graduate of the Chicago College of Osteopathic Medicine, Dr. Kappler is now vice chairman of that school's Department of Osteopathic Medicine.

He is this year's chairman of the American Academy of Osteopathy's Conclave of Fellows, and also serves on the AAO's Board of Governors.

~~~~~

One of the most important fields of medicine today is cancer detection, and Joseph T. Painter, M.D., of the University of Texas System Cancer Center, has accepted our invitation to speak on that subject.



Dr. Painter, who makes his home in Houston, earned his M.D. degree from the University of Texas, Galveston Medical Branch, in 1949. He is president of the Texas Institute for Medical Assessment (TIMA) and immediate past president of the Texas Medical Foundation.

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One of President Michael A. Calabrese's sons, Kenneth, a 1970 graduate of KCCOM, is scheduled to speak Friday afternoon. His topic will be "Hypertension: a Serious Malady".

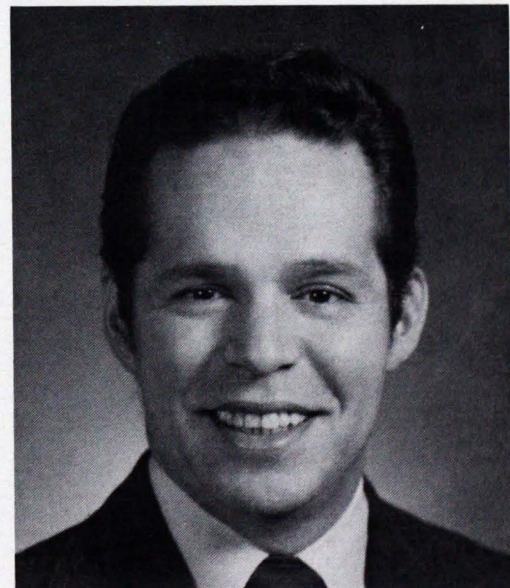


Dr. Kenneth Calabrese interned at Lakeside Hospital, Kansas City, and served a residency in internal medicine at Oklahoma Osteopathic Hospital. Presently he is a fellow (in training) at Cleveland Clinic Foundation, Cleveland, Ohio. He will conclude his fellowship next year.

From 1971 to 1973 he was captain Calabrese, a general medical officer stationed at Brooke Army Medical Center.

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There will be concurrent session Friday afternoon with the general heading, "Politics in Medicine".



Since Senator Tati Santiesteban of El Paso has accepted President Calabrese's invitation to M.C. the President's Banquet Friday night, we are taking advantage of his attendance and have asked him to talk on practical politics.





Although he gave us some insight on this subject when he was keynote speaker at our 1974 convention, it is a topic that could easily be discussed for hours.

An attorney by profession, the Senator is a graduate of the University of Texas School of Law. He served in the Texas House from 1966 to 1972, and was then elected to the Senate where he serves on the Education, Finance, Jurisprudence and Texas Constitution Committees and the Subcommittee for Criminal Matters.

~~~~~

If you did not attend either of the TOMA Governmental Operations Seminars, you missed hearing an accomplished speaker who is considerably knowledgeable on the Texas political scene. Mr. Walter Richter, who will speak on "Political Action in Associations", is a former state senator and is now Director of Governmental Relations for the Texas Electric Cooperatives, Inc.



He has been a director of the State Program on Drug Abuse and of the Texas Office of Economic Opportunity. He is a firm believer in citizen participation in government.

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Logically following these two speakers will be a panel on the Texas Osteopathic Political Action Committee, moderated by John H. Boyd, D.O.



President of TOMA in 1973-74, Dr. Boyd, who now practices in Eden, has continued to be active in Association affairs and in the role government is playing in health care. He was very active in the founding of TIMA and currently serves as its vice president.

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One subject that has not been covered at a TOMA convention is plastic surgery, and it is a topic that several respondents to our "Big Ideas" questionnaire asked for.

Richard J. Davies, D.O., of Albuquerque, is certified in oro-facial plastic surgery, as well as in otolaryngology and otorhinolaryngology.

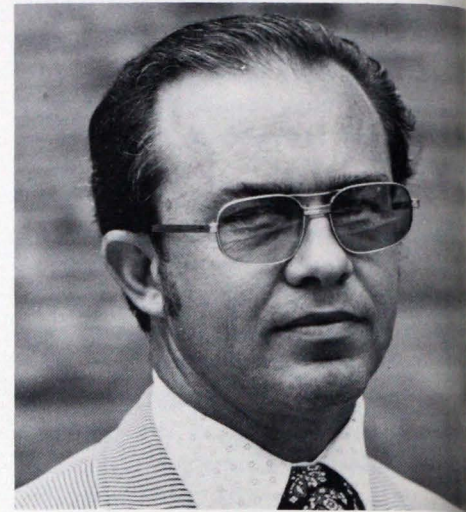
He graduated from Kirksville College of Osteopathic Medicine in 1967 and has practiced in Albuquerque since completing his residency. He is currently president of the New Mexico Osteopathic Medical Association. His topic will be "Basic Principles in Plastic Surgery".

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Royce K. Keilers, D.O., who is a certified G.P. and a surgeon, has devoted most of his practice to acupuncture in the past two years.

His postgraduate study in this field has been with Dr. Johann Bischko of Vienna, Austria, and with Dr. Yoshio Nakatani of Japan. He also has to his credit 130 hours

with the National Acupuncture Research Society.



A graduate of KCCOM, 1965, he has practiced in Arlington for the past nine years. He is presently chairman of the department of general practice at Grand Prairie Community Hospital, where his wife, Elva Keilers, D.O., has just completed a residency in anesthesiology.

In 1975 he was elected to serve a three-year term on TOMA's Board of Trustees.

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One of the busiest men these days in the field of osteopathic education is John Barson, Ed.D., president and acting dean of the new Oklahoma College of Osteopathic Medicine and Surgery in Tulsa.



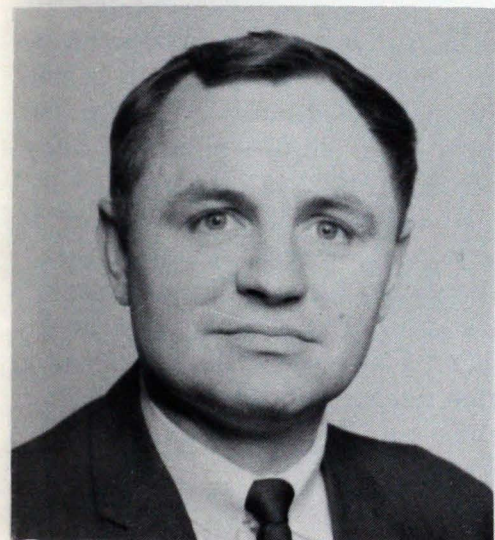
Prior to his selection for this position, he was associate dean of the Michigan State University College of Osteopathic Medicine.

He is particularly interested in applications of the newer media to university and college teaching and he has been invited to speak on these new techniques during one of the Saturday morning sessions. The title of his presentation is "New Wine in Old Bottles".

~~~~~

One of only 20 D.O.s who are certified dermatologists is Roger J. Graumann, D.O., now of Fresno, California, but recently of Albuquerque.

Dermatology in general practice is another subject TOMA members wanted to hear about, and this has been Dr. Graumann's field of practice since 1966.



He graduated from KCCOM in 1961 and took his internship and specialty training following graduation before establishing his first practice in Albuquerque. He will speak Saturday morning.

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Although Arthur W. Kratz, D.O., of Dallas, is well-known to many TOMA members, it may not be generally known that he is certified in general practice and allergies and immunology. He will speak Saturday morning on "Food Allergies: Office Diagnosis and Symptomatology".

Dr. Kratz is the immediate past president of District V of TOMA.

He graduated from the Chicago College of Osteopathic Medicine in 1954 and served his internship at Dallas Osteopathic Hospital.



Although he is a native of Ohio, he spent several years in Texas on military duty during World War II. No doubt that is when he became intrigued with the state, and he has practiced in Dallas since finishing his internship in 1953.

~~~~~

Dr. Kappler will appear again on Saturday morning's program when his topic will be "The Role of Osteopathic Manipulative Treatment in Obstructive Lung Disease".

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Saturday afternoon's session is the one previously described as possibly being very controversial. The general heading is "The Patient's Freedom of Choice". The topics to be discussed are "The Right to Live", "The Right to Die", and "Should There Be a Law?".

Since there has been much in the news media recently concerning the patient's right to die, euthanasia, and controversy over what constitutes legal death, Charles Ogilvie, D.O., of Canton, has a topic with which to deal that is bound to elicit questions, as well as pro and con discussion. He will speak on "The Right to Die".



Dr. Ogilvie was chief of Stevens Park Osteopathic Hospital's Department of Radiology from 1952 until his retirement from that position July 1, 1973.

He is certified by the American Osteopathic Board of Radiology and Diagnostic Roentgenology. He has served in the presidency of the American Osteopathic College of Radiology.

~~~~~

Dr. James Matthews will appear on the CME program for the second time when he speaks Saturday afternoon on "The Right to Live". Since part of his presentation will be on abortion, sterilization and the rights of the newborn, a spirited discussion will no doubt follow his lecture.

~~~~~

Mr. Tobin will also appear during this session and will discuss the legal aspects of the patient's freedom of choice.

Time will be allowed following these three lectures for questions, answers and discussion.

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The Texas Society of Osteopathic Surgeons will have a concurrent program during the Convention.

Carl V. Mitten, D.O., of Houston, a member of the Annual Program Committee, is planning the surgeons' program and details will be reported in the March *Journal*.





# The Natives Are Friendly (now)

## On Galveston Island

On cursory inspection, it appears that the buccaneers, the bunco artists, the brothels, have all but disappeared from the Galveston scene; so it looks like the Island is ripe for TOMA to establish a beachhead come April 8 — D-Day for the invasion.

On our inspection tour we found the natives were friendly, and no longer cannibalistic, as some of them were more than 150 years ago.

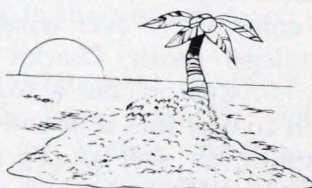


Some members of Jean LaFitte's crew found out about this characteristic the hard way. When some of the pirates tried to make off with an Indian squaw, her tribe took exception and, in essence, must have said, "Off with their heads" — (and their arms and their legs and everything else).

Jean LaFitte and his motley crew had been plundering in the Mexican Gulf for a number of years prior to the War of 1812. The British tried to hire him to fight against the Americans at New Orleans, but even though the Americans had put a price on his head, he offered his services to Andrew Jackson; and history records that he and his men fought with distinction on the side of the Americans. Because of their service to the country, they received a presidential pardon for their past peccadillos.

That was all very well, but how is a pirate to make a living if he has to give up pirating?

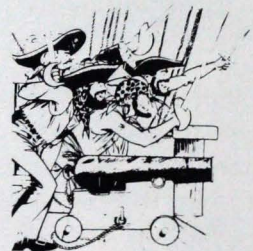
Since New Orleans no longer looked like a good base for his operations, LaFitte decided to move west and made his headquarters on what is now called Galveston Island.



In 1817 it was a rather barren place, but since Texas was not in the Union, he was on foreign soil and apparently considered himself fairly safe from the Americans.

He made a mistake in not considering the *original* Americans, and that's when some of his men learned you don't fool around with an Indian squaw—especially one from a tribe that considers the flesh of a white man to be a particular delicacy.

When four of LaFitte's men met such an end, he must have decided that Galveston Island was not the hospitable place he had expected.



Apparently he loaded all his possessions and his remaining crew on to his pirate vessels and took off for other waters.



Although Galveston Island is now connected to the mainland by causeways, its residents once considered it an island unto itself, free from the laws that governed the rest of Texas and the U.S. In other words, Galveston was wide open, and if gambling wasn't legal there, nobody could tell the difference.

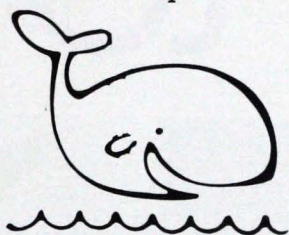


We haven't pinned down the exact time they ran the bunco artists out of Galveston, but it was about the time Las Vegas was setting up as the gambling capital of the country. Although gamblers were unwelcome in Texas, Nevada welcomed them with open arms.

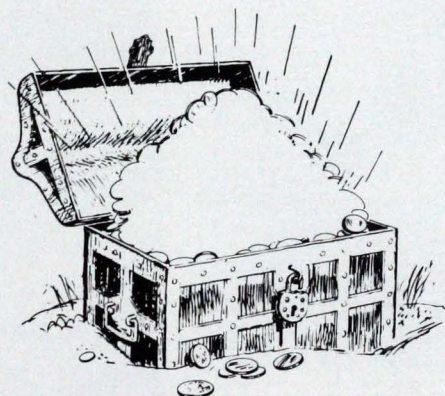


Now instead of being known as the island of buccaneers, brothels and bunco, the Chamber of Commerce touts its 32 miles of sandy beaches. The waters offer surfing, sailing, swimming, skiing almost the year 'round. And don't forget the deep-sea fishing. You can charter boats almost anytime, any size, for

as long as you want, to go after the denizens of the deep.



Returning to Jean LaFitte and his exploits, it is rumored that chests of pirate booty are buried on Galveston Island, so you might want to bring along your pick and shovel and do a little treasure hunting on the side.



In 1900 the city of Galveston was almost destroyed by a hurricane that blew steadily for 18 hours, reaching a velocity of 135 miles per hour. It piled up enormous waves that swept across most of the city. Many lives were lost and the property damage ran to millions of dollars.

The city was quickly rebuilt, but this time on a much more solid basis. The entire grade of the city was raised from one to 15 feet above sea level, and a sea wall was built a foot and a half higher than the high-water mark, and seven and a half feet higher than the previous record.



When, in 1915, a hurricane of even greater velocity swept the Island, not a single loss of life was recorded and the property damage was minimal.

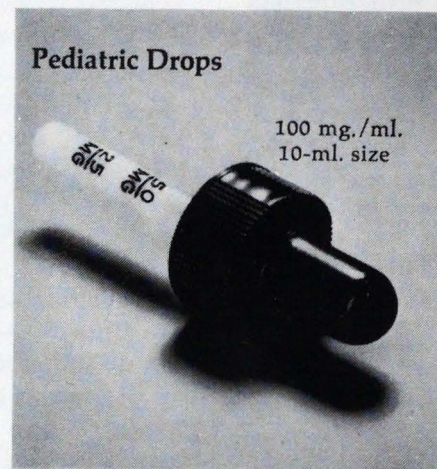
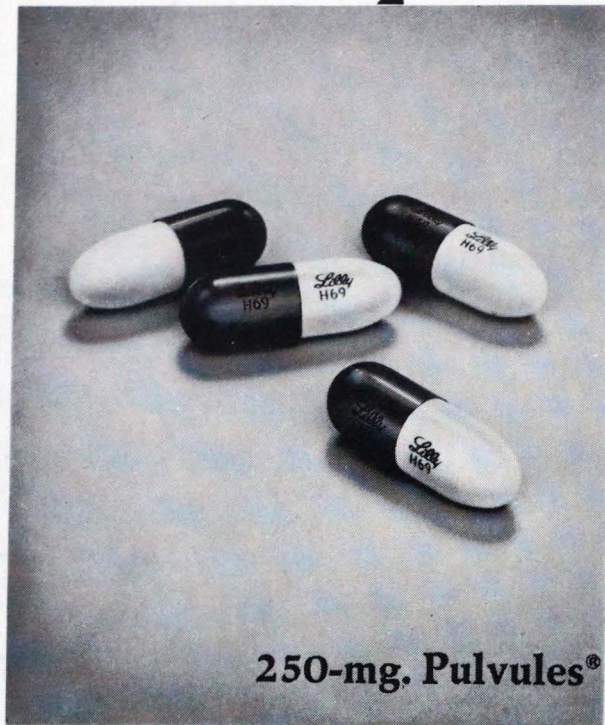
We have found Galveston to be a most hospitable city and we can report (with confidence) that the natives are friendly. We would suggest, however, that you bring your own wife to Galveston. Although the natives are no longer cannibalistic, they aren't likely to take kindly to any stranger trying to make off with their women. So the islanders do welcome us inlanders and flatlanders.

If you're looking for a safe harbor come April 8, the islanders will help to guide you across the bar and to brighten things for you in their corner of Texas ^





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# *Significant progress noted in "connecting circuits" at Second Governmental Operations Seminar*

In December and January, TOMA took two giant steps forward in efforts to achieve a strong stance in legislative and government agency circles in Austin.

In December official approval was given to the formation of the Texas Osteopathic Political Action Committee (TOPAC), and D.O.s and their friends are signing up for monthly contributions to the political action arm of the Association.

The second annual Governmental Operations Seminar was held at Lakeway Inn January 23-25, and significant progress was made in connecting up the "circuits" for legislative action on a coordinated and Association state-level basis.

About 100 D.O.s, wives, faculty and allies of the profession gathered at Lakeway on Friday night for a reception and dinner and the principal address by Walter Richter, a former state senator and currently the executive director of the Texas Electric Cooperatives.

Mr. Richter was the program moderator for Saturday and Sunday morning sessions and conducted an in-depth school on affecting the actions of the legislature and agencies in the health care field.

Rep. Charles Evans attended Friday night and Saturday and was representing House Speaker Bill Clayton, who was originally scheduled to attend but cancelled out his schedule due to injuries received by his son in a serious automobile accident earlier in the week.

Also participating in the seminar were Rep. Gib Lewis of Tarrant County, Sen. Tom Creighton of Mineral Wells, and Rep. Sarah Weddington of Austin.

Included on the faculty were Jack Wheeler, legislative representative for NTSU; Michael R. Sharp, general counsel of the Health Facilities Commission (certificate of need); Ron Godbey, attorney and candidate for Congress; Royce Ashcraft, chief of the hospital licensing division of Texas Department of Health Resources; and Marlin Johnston, executive director of the medical care division of the Department of Public Welfare (Medicaid).

Registering for the Lakeway conference were:

## District I

Mr. Charles Smith, administrator of Southwest Osteopathic Hospital in Amarillo.

## District II

Dr. and Mrs. J. Clyde Chapman, Dr. and Mrs. Wayne R. English, Dr. Jack H. Gramer, Dr. and Mrs. Forrest Kennedy, Mr. and Mrs. Lynn Rusk of Arling-

ton, Dr. and Mrs. Richard Wright, Dr. Ralph L. Willard and Dr. Margaret Dennis.

## District III

Dr. and Mrs. R. Anton Lester, Dr. and Mrs. Lester D. Lynch and Dr. Carter W. McCorkle.

## District IV

Dr. and Mrs. John H. Boyd and two children, Dr. and Mrs. B. B. Jagers and Dr. and Mrs. Joe P. Alexander.

## District V

Dr. and Mrs. R. J. Davis, Mr. and Mrs. Bob Halbrook (Mr. Halbrook is administrator of East Town Osteopathic Hospital), Dr. and Mrs. W. H. Ingram, Mr. G. L. Saffle, assistant administrator of Stevens Park Osteopathic Hospital and Dr. Donald M. Peterson.

## District VI

Dr. and Mrs. David R. Armbruster, Dr. and Mrs. Jerome Armbruster, Dr. and Mrs. Arthur W. Johnson, Dr. James H. LaRose, Ms. Jean Boulden, Dr. and Mrs. R. A. McClimans, Dr. and Mrs. Loren Rohr and Dr. and Mrs. D. Y. Campbell.

## District VII

Dr. Robert E. Bennett, Dr. and Mrs. Joseph L. Love, Dr. Katherine Paterson, Dr. Robert L. Peters, Jr., Dr. and Mrs. John J. Cegelski, Jr.

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Dr. and Mrs. David L. Bruce, Dr. and Mrs. Samuel B. Ganz and Dr. Evalyn Hall Kennedy.

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Dr. Wyman P. Sandlin

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Dr. and Mrs. R. Z. Abell, Dr. and Mrs. H. Eugene Brown, Dr. and Mrs. Robert C. Burns, Dr. Samuel H. Hitch and Dr. Max Stettner.

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Dr. Michael A. Calabrese

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Dr. and Mrs. Richard W. Hall, Dr. and Mrs. J. D. Johnson, Dr. Royce K. Keilers, Dr. and Mrs. John C. Kemplin and Dr. and Mrs. Richard L. Stratton.



# Judge in Agreement on Single PSRO for State

**Judge Roberts calls HEW's designation of multiple**

**PSRO's for Texas "arbitrary and capricious"**

United States District Judge Jack Roberts of Austin has decreed that the designation of the nine PSRO areas for Texas is unlawful and invalid, and not in accordance with the law. He has referred the issue back to the secretary of HEW for appropriate action, and has enjoined him from preceeding in any manner with the implementation of PSRO in Texas until the administrative process, or remand, has been fully and finally completed.

The suit was brought by the Texas Medical Association (TMA).

The court further agreed with the plaintiff's contention that the decision by HEW to designate multiple PSROs in Texas must be struck down as arbitrary, capricious, and an abuse of discretion, and remanded the case to the secretary to perform anew his statutory function of appropriate PSRO designation for the State of Texas.

Judge Roberts emphasized in his opinion that there was no question that testimony reflected that Jay Constantine was hostile toward medicine in Texas, and that he would not permit HEW to enter into a single state-wide PSRO.

He stated that good government could not tolerate the external and extraneous pressure and influence which was brought to bear upon HEW's PSRO administrative process by Senator Wallace Bennett and Mr. Jay Constantine.

Three years ago the TOMA House instructed three officers, board and staff to work for a state-wide PSRO in Texas. Officers of TOMA testified or gave depositions in the suit against the secretary of HEW and, also, considerable work has been done to push the amendment by U. S. Senator Bentsen which was passed by Congress and allows for a state-wide PSRO if none has been formed in a state and a majority of the physicians in each area votes for a state-wide PSRO.

TOMA and TMA have formed the Texas Institute for Medical Assessment (TIMA) which is submitting application to the secretary of HEW to administer PSRO in Texas as a single area.

Judge Roberts said in his opinion: "It is uncontested that the proposal of Texas Institute of Medical Assessment (TIMA) of a single state-wide PSRO, in-

cluding area designation, was thoughtfully developed by competent and responsible representatives. The TIMA proposal had, and still has, an unprecedented unanimity of broadbased support among virtually all health deliverers in Texas.

"No one with HEW had at any time questioned the good faith of the TIMA proposal and its representatives," Judge Roberts said.

The judge, in his opinion, included information of the events of mid-October, 1973, when HEW said a state-wide PSRO was approved for Texas and then, the following day, repudiated that statement. Judge Roberts continued: "Plaintiffs have ferreted out the evidence reflecting a prima facie probability, if not certainty, that the HEW action at issue here was based, at least in part, upon pressures emanating from congressional sources. In contrast, the evidence presented by HEW to rebut plaintiff's proof on this critical point has been meager and unconvincing."

"Through pleadings, discovery, and briefs on file, HEW had plain and early forewarning that plaintiffs were taking dead-aim at proving that the OPSR director's 'overnight' renunciation of the October 14/15th policy statement and application thereof to Texas was not only arbitrary and abuse of discretion but, also, was tainted by undue influence from congressional sources (to wit, Senator Bennett and Mr. Jay Constantine).

"Yet, plaintiffs having introduced at trial corroborated testimony that on the night of October 17th, the OPSR director had, out of his own mouth, revealed a meeting with Senator Bennett and Mr. Constantine lasting into the early morning hours of the very day wherein the PSRO area designation matter was thrashed out, HEW produced not a shred of evidence to refute that such a meeting actually happened. Furthermore, plaintiffs having likewise placed in evidence corroborated testimony that the next day the word at HEW's Region VI, per its PSRO representative who is still employed there, was that the OPSR director's job was at stake unless he changed the October 14/15th policy statement. HEW closed its evidence without the HEW official or any witness denying that such statement was made."



(Senator Bennett is the former senator from Utah who sponsored the PSRO amendment written by Jay Constantine, chief staff officer for the U. S. Senate Finance Committee, which hears all Social Security amendments).

Judge Roberts continued: "When the post-enactment views of Senator Bennett and Mr. Constantine are excised from HEW consideration, as they must be, neither the PSRO statute itself nor its legitimate legislative history can be soundly said to mandate division of Texas into multiple PSROs. Stripping away the 'legislative intent' trappings generated by Senator Bennett and Mr. Constantine after PSRO passage, what remains does not reflect a legislative intent either for or against setting up any maximum number of doctors for a PSRO area. The PSRO statute itself is silent as to any such maximum. So also is its accompanying Senate Finance Committee report.

"HEW does tout one pre-enacted statement by Senator Bennett on the Senate floor as reflective of a legislative mandate against administratively allowing a 'large' state to 'opt' for a single, state-wide PSRO. However, that statement addresses an 'average' doctor-size for PSROs, as foreseen by Senator Bennett, which

is patently distinguishable from a 'maximum' doctor-size for a PSRO.

"All factors considered, this court is of the opinion that there is no reasonable basis in either the PSRO statute itself or its legitimate legislative history for ascribing thereto a mandate against a 'large' state like Texas opting in good faith for a single, state-wide PSRO, including area designation; that Senator Bennett and Mr. Constantine were mistaken in their post-enactment assertions otherwise; that HEW's personnel were, as a matter of law, in error in reasoning otherwise; and that there is, in truth, simply no legislative intent either way as to any maximum doctor-number for PSRO areas."

Judge Roberts decreed that the nine PSRO areas designated in Texas were unlawful, invalid and set aside as being not in accordance with law, and remanded such designation back to the secretary of HEW for further proceedings and appropriate action and enjoined the secretary from proceeding in any manner nor to any extent with implementation of PSRO designation in the State of Texas until the administrative process, on remand, has been fully and finally completed.

## Bentsen Amendment provides for single PSRO

Included in HR 10284, passed by Congress, and signed into law (P.L. 94-182), is an amendment by U. S. Senator Bentsen of Texas, providing for designation of a state as a single PSRO area, if a majority of physicians in each currently designated PSRO area approve.

This further reinforces the drive by M.D.s and D.O.s in Texas to join together in a state-wide organization called TIMA to implement the PSRO amendment as originally signed into law 1972.

There are several amendments attached to HR 10284 which became P.L. 94-182, and following are summarized the amendments:

1. Prevailing fees recognized by Medicare for 1976 *cannot be less than fees for 1975.*

2. Certain states may opt for a state-wide PSRO rather than regional organizations if a poll indicates this is to be the preference of the physicians of the state (the Bentsen amendment).

3. The waiver on the 24-hour R.N. nursing requirement for rural hospitals is extended to January 1, 1979.

4. There is an extension until January 1, 1978, of the priority period during which the secretary *must* negotiate *only* with physicians' organizations in establishing PSROs, unless PSRO has been rejected by poll or by the policy of the medical associations of the area.

5. PSRO review for Medicare will be reimbursed, as will Title XIX and Title V review in full, regardless of what other hospital patients are reviewed.

6. *Less than 100 per cent utilization review of Medicaid hospital admissions is now permitted.*

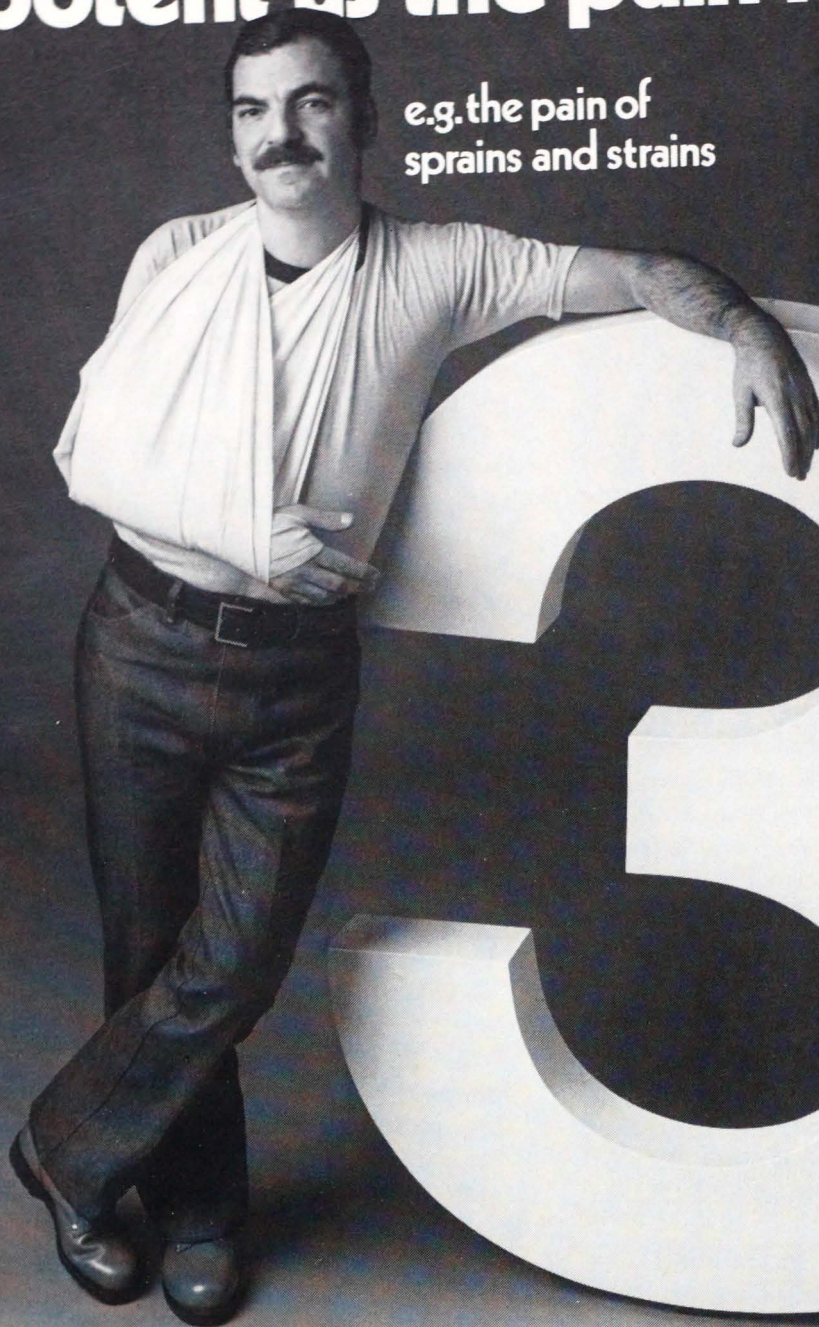
7. The secretary (DHEW) is to conduct a study on the feasibility of covering optometrists' diagnostic services (other than refractions) to aphakia patients, and report back within four months from date of passage of the amendment.

8. A provision to substitute the 1973 Life Safety Code for the 1967 Life Safety Code for skilled nursing facilities—facilities currently qualified under the 1967 Code, or a state code approved by the secretary, would not lose their eligibility to participate.



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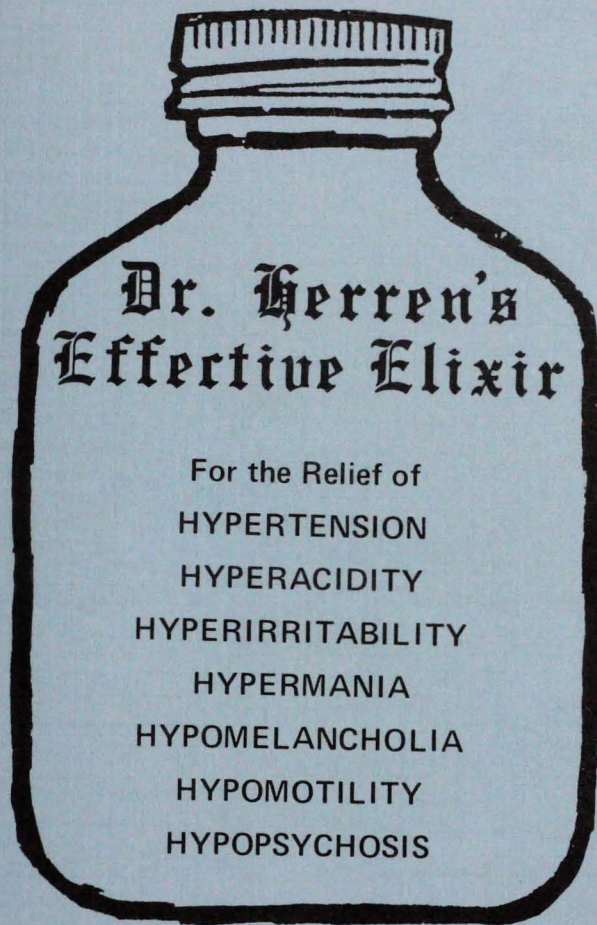
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*Texas Osteopathic Medical Association*  
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*Texas Osteopathic Medical Association*

77th ANNUAL CONVENTION

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# Dr. Harakal teaching cranio-sacral manipulation

As a member of the Sutherland Cranial Teaching Foundation, Dr. John Harakal, chairman of the department of osteopathic philosophy, principles and practice at Texas College of Osteopathic Medicine, has traveled thousands of miles since 1969 to teach special courses in cranio-sacral mechanics, the relationship between the function of the cranium and the tailbone.

Dr. Harakal has traveled to England twice, once in 1972 and again last September, to teach the method of the cranio-sacral mechanism. "Cranio-sacral manipulation is a very refined method of manipulation and it takes an average doctor a minimum of two years to learn the technique. It takes a lot of patience," he said.

Cranio-sacral manipulation is used to adjust an abnormally structured cranium and its relationship to the tailbone which moves in correlation with the movement of the cranium. "This method of treatment is possible because the cranium moves and anything that moves can be manipulated. The converse is true when something designed for motion does not move properly; the result is physiologic change we call by various names. They all mean disease," Dr. Harakal explained.

One of the ten members of the Sutherland Cranial Teaching Foundation, Dr. Harakal said this advanced method of treatment is practiced by about 250 osteopathic physicians in the United States. "Not everybody can do it. Only about 10 per cent of each graduating class are candidates for learning management of the cranio-sacral mechanism."

Cranio-sacral manipulation is a relatively new method of treating patients. It was developed by Dr. William Garner Sutherland who began teaching the cranial concept in the late '40s. Dr. Sutherland created the Sutherland Cranial Teaching

Foundation, a nonprofit organization for the purpose of teaching the cranial concept to physicians, and continuing investigation and research into the primary respiratory mechanism and its clinical application. Today, through the foundation cranial courses are offered as postgraduate education to physicians and are being taught at the pre-doctoral level in some osteopathic colleges. "It (the foundation) is the teaching arm of the organization," Dr. Harakal said.

When Dr. Harakal and three additional osteopathic physicians first introduced the cranial concept at the British School of Osteopathy in London, England, in 1972, 16 British D.O.s participated. This last September about 22 doctors participated in the courses taught by Dr. Harakal and Dr. Rollin Becker of Dallas, clinical assistant professor of OPP&P at TCOM.

"This time the faculty was half English and half American. Next year only one American will go to England to teach. The British faculty is now able to carry on the teaching responsibilities of the course," Dr. Harakal said. The British doctors traveled to the U.S. in 1973 and 1974 to take courses.

According to Dr. Harakal, several of the osteopathic colleges teach cranio-sacral manipulation as an elective course and he hopes to offer it to TCOM students this summer.

In addition to his teaching duties, Dr. Harakal visited several osteopathic physicians in England and France to observe the European osteopathic profession.

Unlike its American counterpart, British osteopathy is a limited practice. "The doctors don't have laboratories or X-ray and can't prescribe medicine or perform surgery. It is not unlike it was here before full practice rights were granted D.O.s."

Dr. Harakal said he feels the D.O.s in Europe have a very personal involvement with their patients because they have to rely so heavily on osteopathic practices. "They have a profound feeling for osteopathy," he said.

Compared to about 15,000 osteopathic physicians in this country, England only has 250 and France only one. The D.O.s in England and France do not practice under the social service system, as do the medical doctors. There is a fee for services, Dr. Harakal explained.

A 1957 graduate of Kirksville College of Osteopathic Medicine, Dr. Harakal was in private practice in Dallas prior to joining TCOM. He holds memberships in the American Osteopathic Association, Texas Osteopathic Medical Association, Cranial Academy, American Academy of Osteopathy, Sutherland Cranial Teaching Foundation and the International Academy of Preventive Medicine. He was named a Fellow of the AAO in 1973.

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# *Medical Advisory Committee Concerned Over Medicaid Funds Slashing*

*The Medical Advisory Committee to Title XIX for the Texas State Department of Public Welfare has become quite concerned and alarmed over the slashing of reimbursement funds to health care providers for Medicaid and is urging the Department to transfer funds to be used for this purpose.*

*Representing the osteopathic profession on this Committee are Dr. Luz A. Candelaria, Dr. Jimmy D. Johnson and Dr. Roy C. Mathews. They have been very active in their advisory capacity and are in agreement with the committee chairman, Milton V. Davis, M.D. in the points he makes in the following letter to Commissioner Raymond Vowell of the State Department of Welfare.*

Dear Commissioner Vowell:

The Medicare Advisory Committee, as you are aware, has discussed the consequences of the projected deficit in purchased health services on the Title XIX program during committee meetings, and recently with the Board of Public Welfare. I would like briefly to summarize for you the Committee views of what will happen to the Title XIX program if sufficient funds are not made available.

The physicians in their offices and clinics are the key to the system and the open door of access to care for the recipients. As a result of tighter controls and cutbacks in reimbursements, many physicians are dropping or curtailing participation in the program. If physicians decrease their participation in the program, the recipients are forced to use the hospitals as their entry point into the system. The cost to the department of the recipients entering the program by going to emergency rooms of hospitals rather than the physician's offices or clinics is 3 to 4 times greater, thus a decline of physician participation will actually aggravate the deficit situation tremendously.

Historically, the hospitals are paid less than their cost for treatment and services for Medicaid patients. As in the physician's office, the private paying patient, the physician and the community make up the deficit and thus subsidize the program for care of the Medicaid patient. Because they are already caring for Medicaid patients at a loss, many of the smaller hospitals will fall into serious financial problems if they receive an abrupt influx of these recipients. This added burden at this time could result in bankruptcy and closing of some of our hospitals. Such a loss would adversely affect care and treatment not only

for Medicaid patients but also for all persons of the servicing locality.

The Medical Care Advisory Committee has reviewed this matter in considerable depth and has probably been exposed to most of the ramifications of this complex situation. It is my opinion that the following is representative of the Committee's feelings, although not having been acted upon by the Committee formally:

1. The Committee appears satisfied with the current mechanism, that of purchasing health services by the Department.

2. While many problem areas have come to our attention, the overall program appears excellent, especially in the following areas:

- a. Welfare recipients are received and treated in all facilities the same as private patients in Texas.
- b. Bilateral "free choice" for recipient and provider has been maintained.
- c. Benefits apply in office, clinic and out-patient settings as well as hospital thus, allowing for professional and fiscal discretion in patient care.
- d. The supercharged, superexpensive general hospital is utilized only when adequate care requires this setting. Intermediate care and long term care facilities are approved and serve to lessen utilization of the general hospital.

3. According to reports from health care journalists and national evaluation experts, the Texas Title XIX program scores highest of all 50 states in all categories. In our opinion, this is due to the validity of the purchased health care concept, the diligence of the Department and its staff and the cooperation of providers from all segments of the health care team.

4. The current financial dilemma is far more than a temporary squeeze, it threatens the visibility of the entire program.

5. The public has repeatedly expressed its reservations regarding Welfare programs, and the legislature has listened. However, can we be sure that the public is aware that 60% or more of the entire Welfare Department's expenditures are for health care?



The design of the Title XIX program requires action and appropriations by the State Legislature. In our system the Legislature must remain responsive to the public. The Medical Care Advisory Committee recognizes the difficult position of the elected officials in State Government but feels constrained to point up the critical nature of the present situation. We know that the Legislature has voiced opposition to transfers of funds within the Department, but we believe that such opposition was based on public pressures to restrain welfare appropriations. We feel that such public pressures could well be softened if the public appreciated fully how much of the welfare dollar goes for health care. Further, our Committee seems unanimous in its concern that curtailing funds will not result in a true decrease in costs, but instead will force patients to seek care under more costly conditions. We also have a real concern that some could even be denied necessary care. Considering the above, we *recommend* the following course of action:

1. That the Department seek approval for transfer of funds in order to continue the Title XIX at 1975 levels.

2. That the Legislative Budget Board be apprised of our concerns and our recommendations.

3. That the Governor, the Lieutenant Governor and the Speaker of the House of Representatives be apprised of our concerns and our recommendations.

4. That the public be appropriately informed of our concerns and recommendations.

5. The utilization review mechanism be strengthened.

6. That physicians and all other providers be requested to exercise maximum voluntary restraint, working towards shaving services to the essential for patient safety during this period of fiscal difficulty, but relying on the physicians and other providers to fulfill a key role in determining necessity.

7. That the Department and the intermediary pursue realistic reimbursement policies which will allow continued service to the public through this vital program.

Respectfully,  
Milton V. Davis, M.D., Chairman  
Medical Care Advisory Committee

## *D.O.s represented on governing bodies of HSAs*

At press time, Health Systems Agencies (HSAs) were reported in various stages of development by press clippings and telephone calls from around the state.

As some of the dust began to settle it appeared that at least seven or eight of the HSAs would have D.O.s on their governing bodies or on their interim steering committees.

They are:

Richard M. Hall, D.O., of Eden, Tri-Region HSA.

Mickie G. Holcomb, D.O., of El Paso, West Texas HSA.

Harvey H. Randolph, Jr., D.O., of Groves, Southeast Texas HSA.

Robert G. Maul, D.O., of Lubbock, South Plains HSA.

John J. Prendergast, D.O., of Panhandle, Panhandle HSA.

George D. Smith, D.O., of Hughes Springs, Northwest Texas HSA.

And as previously announced, Dwight H. Hause, D.O., of Corpus Christi, Coastal Bend HSA.

Governor Dolph Briscoe has recommended to the secretary of HEW that 12 HSA's be created in Texas—to be coordinated under the newly designated Texas Department of Health Resources.

Robert Humble has been named by the Texas De-

partment of Health Resources as the chief of the Division of Health Planning, and he will also be coordinator, at the state level, for the HSAs.

In the North Central Texas area, which includes the Dallas-Fort Worth metroplex, there are several applicants for HSA designation, and at least two of them plan to have a D.O. on their governing boards.

Under public Law 93-641, the federal government will fund the HSAs and will look to them to control health planning and the continued existence of health facilities and services, or their expansion or termination.

They will be the initial control over loans, loan guarantees and interest subsidies for the modernization of medical facilities, construction of new outpatient facilities and conversion of existing facilities.

Once in place, the HSAs will have considerable impact upon decisions of the Health Facilities Commission when it considers the issuance of certificates of need.

Dr. Hall of Eden has also been named member of a ten-man statewide RMP Committee that will review and comment on all HSA grant applications for federal funds.

Robert L. Peters, D.O., of Round Rock, is on the steering committee of the Capital Area group seeking HSA designation.



Dr. Margaret Dennis, formerly professor of community medicine at Michigan State University College of Osteopathic Medicine, has been named professor of psychology at TCOM, pending the approval of the NTSU Board of Regents.

Announcement of her appointment was made by Dr. Gustave Ferre, vice president for medical affairs, ad interim, at TCOM.

In making the announcement, Dr. Ferre said Dr. Dennis will be on leave from the psychology department this semester to serve in an advisory capacity to his office.

"Among her designated responsibilities will be to evaluate the role of psychology and psychiatry in the total curriculum and to do in-depth evaluations of student affairs, tenure and promotion policy and to establish a counseling program for students," Dr. Ferre said.

A native of Johnson County, Dr.

Dennis has held professorships at KCOM, University of Tulsa, Central Missouri State College and Hardin-Simmons University.

Dr. Dennis received a doctor of education degree from the University of Tulsa, a master of education degree from NTSU and a bachelor of arts degree from West Texas State College.

At KCOM she developed and served as chairman of the department of educational psychology. She also served as a clinical psychologist in a consulting role to physicians at Kirksville Osteopathic Hospital in the community.

At MSU-COM, she was a member of the University Elected Faculty Council, Coordinator of Academic Advisers, and a seminar instructor in areas such as mental retardation and human sexuality.

Dr. Dennis holds membership in the National Association for Mental

Health, American Association of University Professors, American Association for Mental Deficiency, American Association for Public Health and Association for Sex Education. She is also an affiliate member of the AOA and is an honorary lay member of the Michigan Association of Osteopathic Physicians and Surgeons, and recently became an associate member of TOMA.

She has served on the AOA Coordinating Committee on Continuing Medical Education, Board of Directors of the Missouri Association of Mental Health, Committee for Child Advocacy of the National Association for Mental Health and as president of the Missouri Association for Mental Health. She is currently on the AOA Permanent Committee on Continuing Medical Education.

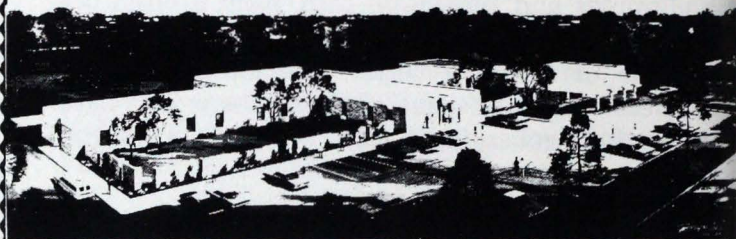
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# We're doing something

## DISTRICT I

by Mrs. John Witt

Everyone was shocked and saddened at the death of Dr. Donald Hackley of Spearman. Services were held January 21 at the high school auditorium in Spearman.

\* \* \* \* \*

Dr. and Mrs. J. Paul Price of Dumas are the proud grandparents of Laine Elizabeth, daughter of Mr. and Mrs. Rick Price of Jefferson City, Missouri. She arrived December 6 — a special Christmas gift.

\* \* \* \* \*

Dr. Gerard K. Nash of Amarillo was appointed a medical examiner for the Atchison, Topeka and Santa Fe Railway Company.

\* \* \* \* \*

Mrs. John L. Witt of Groom was installed January 20 at ceremonies in Amarillo as president of the Panhandle Pen Women, an area organization of published writers.

## DISTRICT III

by H. George Grainger, D.O.

Dr. Carter McCorkle, Mineola, was installed president of District III at the regular bimonthly meeting in Tyler January 17. Dr. Charles Ogilvie, Canton, was named president-elect; Dr. Carl List, Troup, vice president, and Dr. George Grainger, Tyler, secretary.

Delegates named to the Galveston convention were Drs. William Clark, Grainger, David Norris and List. Alternates are Drs. Ogilvie, John Sartori, Richard Cordes and Anton Lester.

The membership increased by two with the welcoming of Drs. George Smith and Patrick Trinkle of Sulphur Springs to the dues-paying group.

Dr. Ogilvie gave the program, titled "What the Radiologist Sees on the X-ray Film". It was excellent and well received.

\* \* \* \* \*

Dr. Norman Truitt ran broadside into a big van in mid-November, and came out of it stove up in the

right knee. It was novel seeing the young doctor making his patient rounds in a wheelchair. He's been okay for some time now, but the Honda's in the junkyard.

\* \* \* \* \*

Doctors-Memorial Hospital is at last graced with a genuine roentgenologist in the form of Dr. John Sartori, COMS '65. He took his residency at Flint Osteopathic Hospital and practiced in Coral Springs, Florida before moving to Tyler. Incidentally, he's another dues-paying member of District III. He joined at the November meeting.

\* \* \* \* \*

At the unreported meeting held in November, George Hurst, M.D., head of the East Texas Chest Hospital, talked to the group on the clinical and educational responsibilities of the hospital. Dr. Hurst was more than pleased with the calibre and type of students being sent from TCOM.

## *Funds for land acquisition number one priority for TCOM*

Funds for land acquisition is the number one priority this year of the director of development office, according to Ray Stokes, who is also the director of alumni affairs at TCOM.

He planned several fund raising activities for TCOM this year. "Before the legislature enacted the TCOM bill into law—making TCOM under the governance of NTSU's Board of Regents—it was stated that TCOM will have to acquire additional land for any expansion of capital improvement from sources other than state funds.

Other prime areas of need, Stokes said, include financial assistance for recruitment of prospective D.O.s, scholarships, research and a program to promote citizens' awareness of their state supported osteopathic medical college.

Stokes said he is appealing to all persons who have made prior pledge commitments to continue their financial support to TCOM.

He also stressed the fact that the former board of directors, headed by Dr. George Luibel, and the schools administration are totally appreciative of the profession's sup-

port, which made it possible for TCOM to open in October, 1970.

"Approximately one-third of all Texas D.O.s have contributed to our financial support, Stokes said. "We failed to raise our one million dollar goal, but we are most grateful for the more than \$500,000 from the profession.

"Our greatest strength during our formative years," Stokes continued, "lay in the organization called TCOM Sustainers. Membership now includes 126 persons, with some fifty per cent having contributed more than \$2,000 each."



## In Memoriam

### DONALD E. HACKLEY, D.O.

Donald E. Hackley, D.O., of Spearman, Civic leader and well-known osteopathic physician, died January 19 of cancer.

Dr. Hackley was active in affairs of TOMA, served as mayor of Spearman for several terms, was active in Panhandle regional health planning, and was a director of the Texas Municipal League in the early '70s.

He served as president of the Spearman Chamber of Commerce, president of the school board and, in recent years, was a commissioner of the Texas Rural Development Commission.

He was instrumental in the establishment of the Texas Rural Medical Education Board, which is designed to aid student doctors from rural communities to get a medical education in either allopathic or osteopathic medical schools.

Other offices he has held are presidency of the Lions Club and physician to high school athletic teams in the Panhandle area. He was a Mason and active on committees for Boy Scouts and Girl Scouts in his community.

After practicing medicine in the Panhandle for 20 years, in the early '70s he sued Hansford County Hospital to put an end to discrimination against D.O.s being on the professional staff. Dr. Hackley was admitted to the staff.

His wife, Effie, is a past president of the Auxiliary to TOMA.

Dr. Hackley served as a member of the TOMA House of Delegates for more than a decade and was active on several of its committees.

He was born in Oskaloosa, Iowa, September 15, 1921, and graduated from Oskaloosa High School in 1939. He attended William Penn College in Oskaloosa, and graduated from Kirksville College of Osteopathic Medicine in September, 1944.



He interned at Southwest Osteopathic Hospital in Amarillo.

He became one of the most prominent physicians in the Panhandle, in spite of M.D. discrimination in denying him hospital privileges, an inequity he fought all his practice life in Spearman.

Funeral services were conducted at the Spearman High School Auditorium and burial was in Spearman.

## ATOMA News

### DISTRICT II

by Mrs. H.J. Ranelle

The District II Christmas party was held at Ridglea Country Club. Members donated gift-wrapped toys to the Fort Worth Osteopathic Hospital at this event for the pediatrics department.

\*\*\*\*\*

A joint holiday tasting party was held by District II and SWA Auxiliaries. Suzan Garner, SWA President, and Mrs. Tom O'Shea, District II Auxiliary president, were hostesses for the evening.

The FWOH Guild was honored by Mrs. Faith Burt at a Christmas brunch at her home. Thirty-five guests attended and enjoyed excellent food and visiting with old friends.

\*\*\*\*\*

Marie Wheeler was honored with a luncheon at the Fort Worth Club by District II. Marie gave members an interesting talk on her travels throughout the state as president of ATOMA. Judy Alter was the program chairman for the afternoon and gave an interesting and thought-provoking book review.

\*\*\*\*\*

Sorry about that: Tommy Wheeler broke a leg while ice skating.

\*\*\*\*\*

Our sympathies to Dr. Olson and Dr. Benson on the loss of their dad. Also, how sorry to hear Dr. and Mrs. Benson lost their home by a fire.

\*\*\*\*\*

Congratulations to Beth Beyer and her beau, married in January.

\*\*\*\*\*

Dr. Dan Beyer is on the mend after a hospital stay, can have visitors or a phone call at his home.

\*\*\*\*\*

deCordova Bend Country Club was the scene of a banquet for District II, NTSU Board, and many friends of Drs. Noel and Virginia Ellis, who were host and hostess. We were honored to have been among them. We were wine and dine, there was much visiting with old friends and a very good time.

\*\*\*\*\*

The District II Scholarship Dance will be held February 28. For information call Beverly Proffitt; phone 292-9371.



# First Ralph H. Peterson, D.O. Scholarship to Be Awarded

When Ralph H. Peterson, D.O., of Wichita Falls died February 17, 1974, a trust account, to be administered by TOMA, was set up to receive memorials in his name.

At that time Mrs. Peterson asked that the funds be held in trust and the decision on how they were to be used would be made at a later date.

She has now decided that she would like to establish a scholarship in Dr. Peterson's name, and has added a very generous check to the trust funds so that a new \$1,000 scholarship can be awarded this year.

The Ralph H. Peterson, D.O., Scholarship will be awarded through TOMA and will be handled by the Membership Services Committee, as are the other scholarships that TOMA awards annually.

Although all other TOMA scholarships go to the first-year students in osteopathic medical schools, this one will be awarded to a Texas resident who is a second-year student; one whose scholastic record during his freshman year is of such high standards—and who is definitely in need of further financial help—that he is considered by his professors as a student who will become an outstanding osteopathic physician. And although there may be no absolute guarantee that the recipient will re-

turn to Texas to practice, he will be considered as an applicant only if, he now has definite plans to do so.

In the March 1974 issue of this *Journal*, it was noted that Dr. Peterson, throughout his professional career of nearly 60 years, contributed much in both time and money toward education of promising osteopathic students.

Mainly because of this interest, he served 24 years on the Texas State Board of Medical Examiners—seven and a half of those as vice president of that body.

Mrs. Peterson shared Dr. Pete's devotion to the profession and continues her interest in it. As time allows, she is cataloguing his extensive medical library, with the hope that it may be used in osteopathic institutions to further students' medical education.

At present, funds are available for a scholarship for the 1976-77 academic year only. Anyone wishing to continue this memorial to one of Texas' finest examples of an osteopathic physician may send a check to the Texas Osteopathic Medical Association, indicating that it is to be used to perpetuate the Ralph H. Peterson Scholarship. Mrs. Peterson will be notified of each such memorial received.

## Letters

Dear Mr. Roberts:

Mrs. Flick Suydam has just sent me a copy of the announcement on Dial Access which appeared in the December 1975 issue of the *Texas Osteopathic Physicians Journal*. It is well written and we appreciate this publication concerning our Dial Access Program. As you know, we are revising the systems with an addition of approximately one hundred new tapes and a retaping of many of the three hundred tapes previously available. We are still undergoing negotiations over the printing of our new catalogue, but as soon as they are available, we still plan to submit to you ten thousand copies as promised by Flick.

We sincerely appreciate your interest in our program and we hope that it will be of interest and assistance to the Osteopathic physicians of Texas.

Sincerely yours,  
Charles K. Tashima, M.D.  
Medical Breast Service  
Department of Medicine  
The University of Texas System  
Cancer Center

Dear Tex:

I have just read in the *Texas Osteopathic Physicians Journal* an article concerning approval by the Ways and Means Health Subcommittee of a bill I introduced which would extend a three-year waiver for small hospitals which can not meet nurse staffing requirements called for by Health, Education and Welfare regulations.

I do appreciate your including this article in the December issue of the *Journal*.

With warm good wishes, I remain

Sincerely yours,  
Omar Burleson

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Recently, a letter was sent to the Texas delegation in Congress objecting to the publication of the names of physicians who received \$100,000 or more for services rendered Medicaid patients.

Among the answers received was one from U. S. Congressman Jim Wright, of Fort Worth, who said that publication of the list came under the authority of the Freedom of Information Act, and he sent a letter from the acting administrator of the DHEW Social and Rehabilitation Service, John A. Svahn.

Mr. Svahn said that the list was requested by the news media under the Freedom of Information Act; and he added that it was compiled from lists provided by the states which administer the Medicaid program within federal guidelines.

His letter continues: "I would like to emphasize that the list does not imply fraud or abuse of the Medicaid program by the physicians

named. The dollar amounts listed represent gross reimbursements and do not reflect expenses or other costs incurred by physicians. In most instances, these reimbursements represent payment for a large number of services to needy patients who could not otherwise obtain Medicaid services.

"Your constituents should also know that the states are required to have an effective utilization control program to assure that all Medicaid services provided are actually necessary."

The letter to the congressman objected to calling out physicians because, in many instances, those physicians still rendering services to Medicaid patients are finding their patient load is increasing because other doctors are dropping out of the program because of regulatory problems and interference with what they consider good medicine.

## CALENDAR

### FEBRUARY

*Public Health Seminar*  
February 14-15, 1976  
Statler Hilton Hotel  
Dallas

### APRIL

*TOMA 77th Annual Convention*  
April 8-10, 1976  
Moody Civic Center  
Galveston

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W. R. Russell, D.O.  
Charles H. Bragg, D.O.

**Obstetrics and Gynecologic Surgery**  
R. L. Fischer, D.O.



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**Medical and Surgical Anesthesiology**  
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S. S. Kababjian, D.O.  
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**EMERGENCY PHYSICIANS**—Immediate opening available for Texas licensed physicians; good working conditions with all supportive services; two weeks vacation, flexible schedule and good specialty back-up; work ten days per month, starting salary \$40,000. Contact Mr. Tom Baugher, 2379 N.E. Loop 410, San Antonio, Texas 78217 (512) 653-7750.

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**ARANSAS PASS**—Excellent opportunity available for physician desiring to practice in this small Gulf Coast town located near the north Padre Island gateway. D.O. recently moved, leaving large practice behind. Contact C. H. Lewis, D.O., Chief of Staff, Aransas Hospital, Inc., phone 512-776-2571.

---

**NEW BOSTON**—Needs D.O. in family practice. Guaranteed income, relocation expenses, office space—and more; new fully accredited 63-bed hospital, strong economic base. Contact: Sam Holtzman, Admin., New Boston General Hospital, New Boston, Texas 75570 or call collect 214-628-5531.

---

New D.O. will finish internship at Grand Prairie Community Hospital July 1, 1976. Interested in finding practice location in central or East Texas in association with established D.O. Contact Roger L. Hamilton, D.O., Route 1, Box 1250, Mansfield, Texas 76063. Phone 817-478-0296

**KNOX CITY**—This North Texas community welcomes a D.O. Staff privileges on Knox County Hospital, associateship, excellent gross existing. Contact Glen Rumley, Knox County Hospital, 817-658-3535.

---

**INTERN**—At Stevens Park seeking G.P. associateship beginning July '76. KCOM graduate '75. Contact Mark A. Heaver, D.O., 1930 Atlantic, Apt. 226, Dallas, 75211.

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**FAMILY PHYSICIANS**—solo or associate practice available in north central Texas community serving 35,000. Strong consultative support and exceptional hospital facility available. Relaxed living, outskirts of metroplex. Contact: Palo Pinto Area Foundation, c/o James F. Berg, M.D., 208 N.W. 2nd Street, Mineral Wells, Texas 76067. Phone: 817-325-0741.

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**MABANK**—Needs General Practitioner. Two doctor clinic. Guaranteed \$3,000 month salary; expectations much more. For further information contact: Robert L. Hamilton, D.O., Box 267, Mabank, 75-147 or call 214-887-2161.

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**ROSEBUD**—Needs Osteopathic G.P. interested in rural medicine. For information contact: Artes McCauley, Executive Director, Rosebud Medical Services, Inc., Box 618, Rosebud 76570.

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

**FAMILY PRACTICE PHYSICIAN**: well established and financially rewarding practice in north Texas community of CHILLICOTHE. Guaranteed minimum income, relocation expense, equipped office and clinic space. New 34 bed modern hospital with strong consultative support in Texas' most friendly community. Contact: Robert E. Meeks, Administrator; call collect 817-852-5131 or write P. O. Box 788, Chillicothe, 79225.

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**GULFWAY GENERAL**—Houston: Needs G.P.s and orthopedic surgeons. Clinic space available with six-months free rent. Emergency room coverage for first doctor joining staff on 5½ day basis at \$2,000/month plus fees for services; effective until doctor's practice is large enough that he no longer desires emergency room coverage during day. Gulfway is a 70-bed hospital, excellently equipped.

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**HOUSTON**—General Practitioners and internists needed in expanding Texas Hospitals. Guaranteed income. Group and solo practices available. No fee. Excellent facilities. Send curriculum vitae to: Director, P. O. Box 2128, Houston, Texas, 77001.

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**AUSTIN**—Assistant or partner wanted in large office practice. Salary open. Contact: Joseph L. Love, D.O., 4400 Red River Street, Austin, Texas 78751, Phone: 512-452-7541.

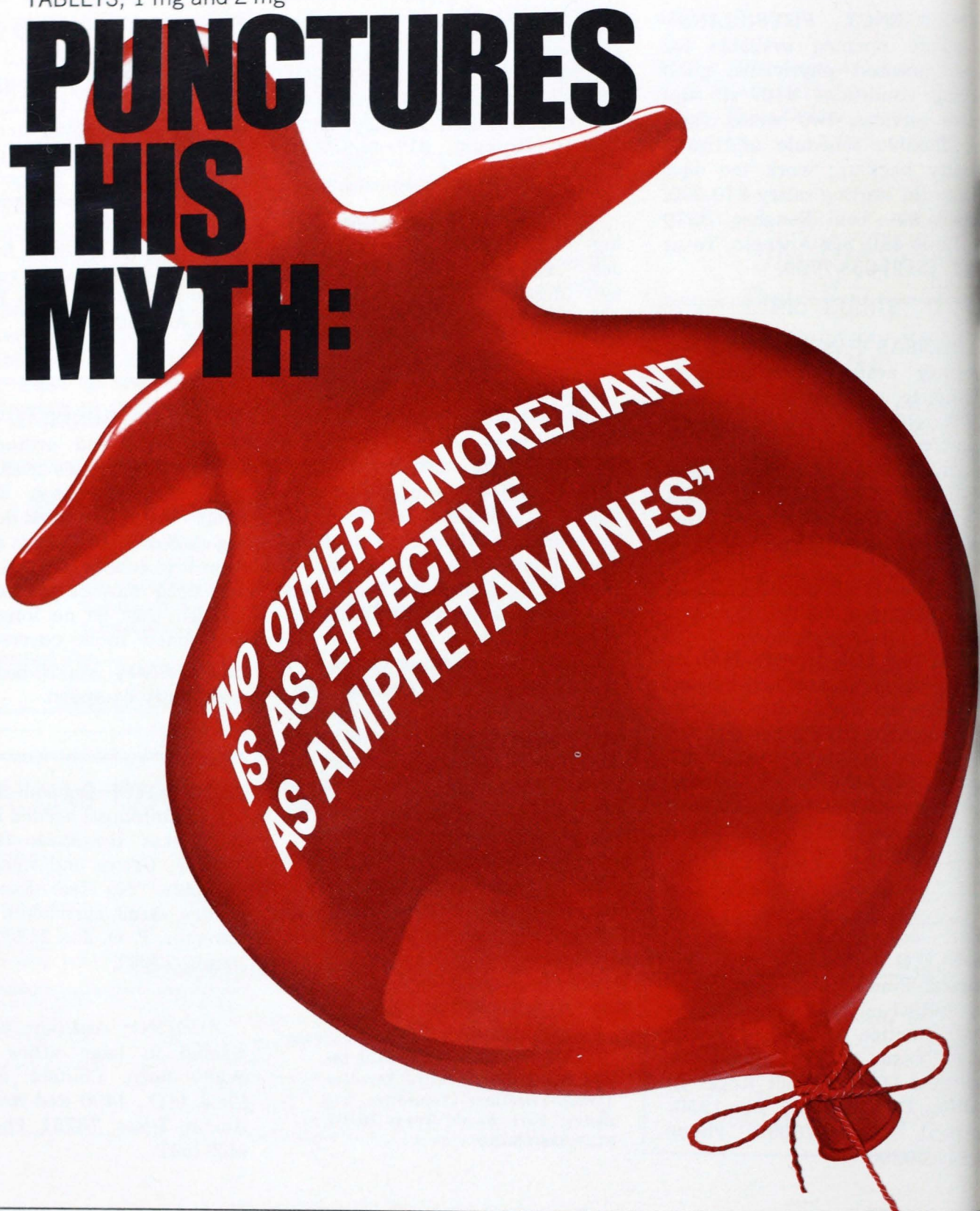


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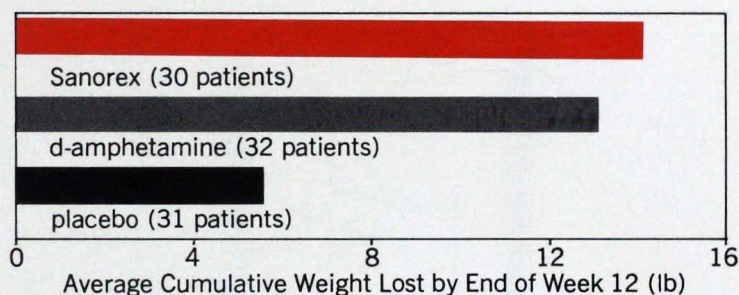




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In a double-blind study<sup>1</sup> of 93 obese patients (all of whom completed the study), 30 patients received Sanorex (1 mg t.i.d.), 31 received placebo, and 32 received d-amphetamine (5 mg t.i.d.).

During the 12-week phase of active medication, patients on Sanorex lost an average of 14.1 lb, compared with 13.1 lb for d-amphetamine patients and 5.6 lb for placebo patients. Throughout the active medication phase, 63% of patients on Sanorex lost more than 1 lb/wk, compared with 38% of the d-amphetamine group and 29% of the placebo group.



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### Different Chemical Structure

Sanorex is chemically unrelated to d-amphetamine—or any other “nonamphetamine” anorexiant available—and cannot be converted into an amphetamine-like substance in a biologic system.

### Different Neurochemical Action\*

Animal studies suggest that Sanorex, unlike d-amphetamine, does *not* interfere with norepinephrine synthesis.

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In animal studies, d-amphetamine (like food) activates afferent neurons leading to appetite centers in the

hypothalamus. Resulting release of norepinephrine activates the receptor neurons. Unlike food, however, d-amphetamine also suppresses norepinephrine synthesis. Thus, increasingly larger doses of d-amphetamine become necessary to produce an effect.

### Action of Sanorex\*

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

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Simple one-a-day dosage is facilitated by 2-mg tablets (taken one hour before lunch). New flexibility (for the patient in whom 1 mg t.i.d. is preferred) is now facilitated by new 1-mg tablets (taken one hour before meals).

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

For Brief Summary, please see following page.

75-391 R2

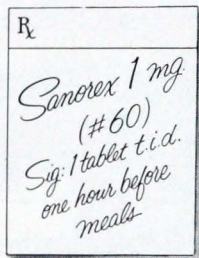
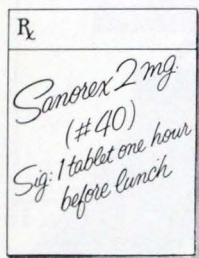
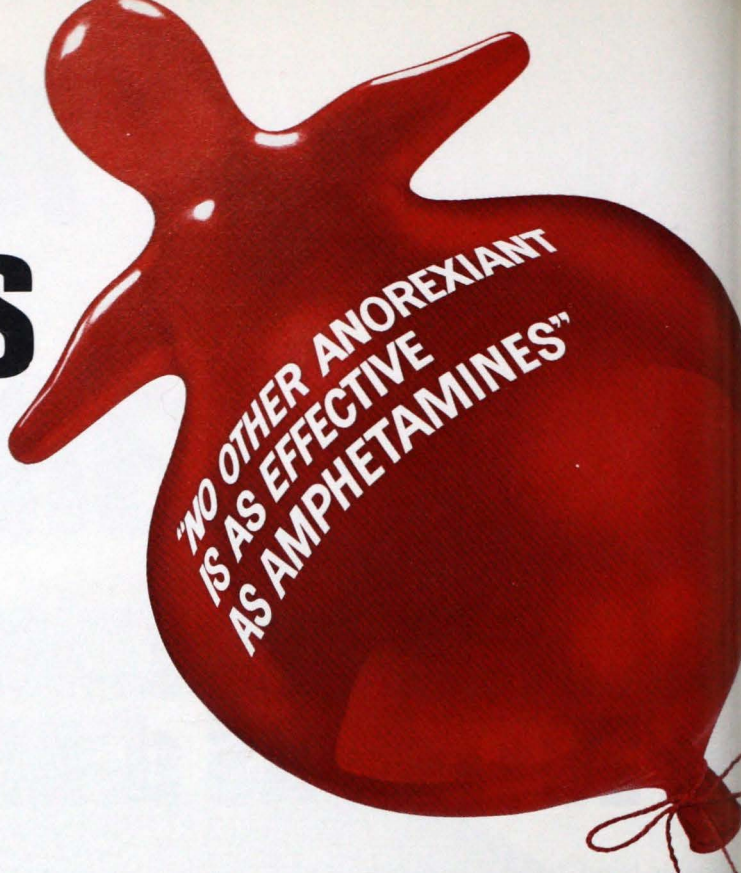




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1. Vernace BJ: Practical considerations for managing obese patients: Initial interview and effective treatment in the office. Scientific Exhibit presented at the American Medical Association, 27th Clinical Convention, Anaheim, Calif, Dec 1-4, 1973.

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

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

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

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

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

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

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

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

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

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

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

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

**How Supplied:** Tablets, 1 mg and 2 mg, in packages of 100. Before prescribing or administering, see package circular for Prescribing Information.

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# Texas Ticker Tape

## NOT ALL WELFARE DEPARTMENT MONEY GOES TO HEALTH CARE

Some of the most active members of the Medical Care Advisory Committee to the State Department of Welfare Medicaid program are D.O.s and osteopathic hospital administrators. The Medicaid program is plagued by money problems but research by Jimmy D. Johnson, D.O., of Dallas, shows that some of the money is being squandered in social service programs rather than on direct medical care. He and Charles H. Smith, administrator of Southwest Osteopathic Hospital in Amarillo, were in a meeting recently with the department and advised them against implementation of some of the current guidelines.

## CARIBBEAN SEMINAR PROPOSED

Arthur W. Kratz, D.O., of Dallas, certified in general practice and allergy and immunology, reported to the JOURNAL that he wants to organize a seminar in allergies combined with a Caribbean cruise in February, 1977. He says that if 30 or 40 Texans indicate an interest, he will proceed to put together a seven-day cruise on the S.S. Bolero and a 28-hour course in Fundamental Allergy and Immunology.

Those interested should write or call Dr. Kratz as soon as possible. His address is 7525-A Military Parkway, Dallas, Texas 75227 and his phone is 214-381-4150.

## DR. HALL NAMED TO HSA - ARC

Richard M. Hall, D.O., of Eden, who represents TOMA on the Regional Medical Program advisory group, has been named to the special committee to review Health Systems Agencies (HSA's) applications for designation in 12 areas of Texas. The name of the committee is the Health Systems Agency Application Review Committee. Dr. Hall has also been named to the governing board of the Region IV HSA.

## DERMATOLOGY SEMINAR AT FWOH

Dr. David Beyer called and requested that we put on our calendar in our February JOURNAL that the Fort Worth Osteopathic Hospital will be conducting a seminar on March 13, 1976, during the hours of 9 A.M. to 2 P.M.

It is going to be about the practicing aspects of office dermatology (the diagnosis and treatment of common dermatological problems).

It is to be sponsored by the department of Family Practice and will have a two-man faculty (unknown at this date). This seminar will be credited five (5) CME hours.



# The Role of Medical Records

by George W. Northup, D.O.

Donald Siehl, D.O., the distinguished president of the American College of Osteopathic Surgeons recently wrote a message for publication in the *ACOS News*. Its importance should be shared with every osteopathic physician. Dr. Siehl writes, "Prompt completion of accurate medical records is becoming more important in medical practice. Promptness contributes to the accuracy of a record. The doctor will do himself a big favor by getting the paperwork of practice done promptly; in turn there will be benefits to his patients. Prompt completion of insurance forms, reports to attorneys, hospital case summaries, and all other forms of hospital and office records is now an important part of medical and surgical practice. From the standpoint of our patients and third parties, as well as ourselves, there is no adequate reason for any gross delay in completing various types of medical reports. Think about it. Every medical record should be processed and complete within the time limit prescribed by hospital rules and you should apply the same time limits in your own office. Delayed completion of records contributes to inaccuracies and to poor patient-physician relationship."

This admonition to the American College of Osteopathic Surgeons from its president is applicable to all of us. There is no substitute for a complete and accurate medical record. It is a most important facet in quality patient care. It is a responsibility and an opportunity. The accurate medical record serves well the patient, the physician and the profession he or she represents.

## Smith Named to TCOM Post

Allan Smith, bursar for Tarrant County Junior College South Campus, was named director of purchasing for TCOM, by the North Texas State University Board of Regents at its November 21 meeting.

Smith, who has worked with the state purchasing system for 13 years, began his new position November 10, according to Milton Glenn, business manager.

Smith said, "It is a great pleasure to help TCOM build and grow and the only way it can go is up."

A native of Wichita Falls, Smith has been at TCJC South Campus for nine years. Prior to that, he was director of purchasing for the Tarrant County Junior College District and was purchasing agent for Midwestern University in Wichita Falls.

## SMALLPOX ERADICATED

Smallpox is now occurring only in Ethiopia, and there it is rapidly being brought under control. This is the result of intensive and systematic worldwide efforts to eradicate the disease, according to the Center for Disease Control, Atlanta, Georgia.

Since the risk of smallpox importation into the United States is now essentially nil, the Committee no longer recommends systematic programs of routine vaccination of hospital and health personnel.

Vaccination is still necessary for travelers going to countries that require valid International Certificates of Vaccination, for travelers who have been in Ethiopia in the two weeks before returning to the United States, and for personnel of laboratories working with variola virus.

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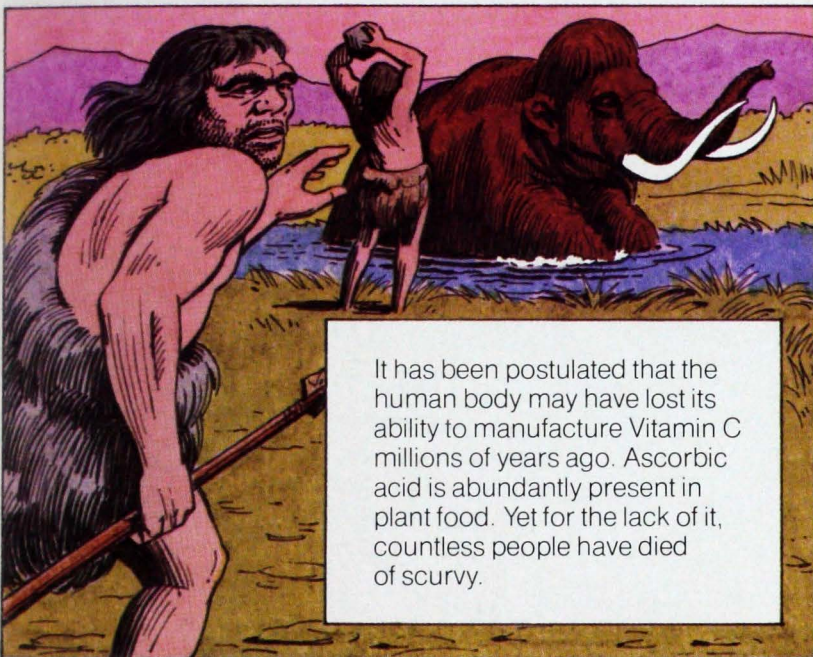
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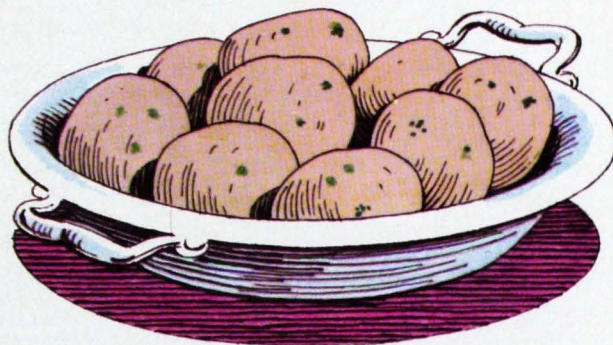


# The **ALLBEE® with C** Scrapbook of Vitamin Facts & Fallacies

Lind's famous experiment which proved that patients on lemon juice recovered from scurvy, while those without it did not, is one of the earliest controlled clinical trials. His success in freeing the British fleet of scurvy and typhus probably helped as much as Nelson to break Napoleon's power.



It has been postulated that the human body may have lost its ability to manufacture Vitamin C millions of years ago. Ascorbic acid is abundantly present in plant food. Yet for the lack of it, countless people have died of scurvy.



A potato in storage for 3 months loses about half its Vitamin C from oxidation and leaching. If scrubbed, scraped, pared and boiled for 20 minutes, it loses half of the remaining ascorbic acid. Hence, the 26 mg in a new potato may be reduced to about 6.5 mg when it reaches the dinner table. That's a 75% loss!



Riboflavin was once known as the "old yellow enzyme."

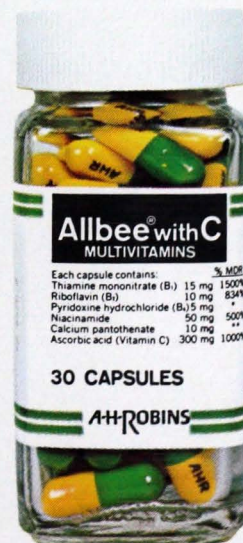


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