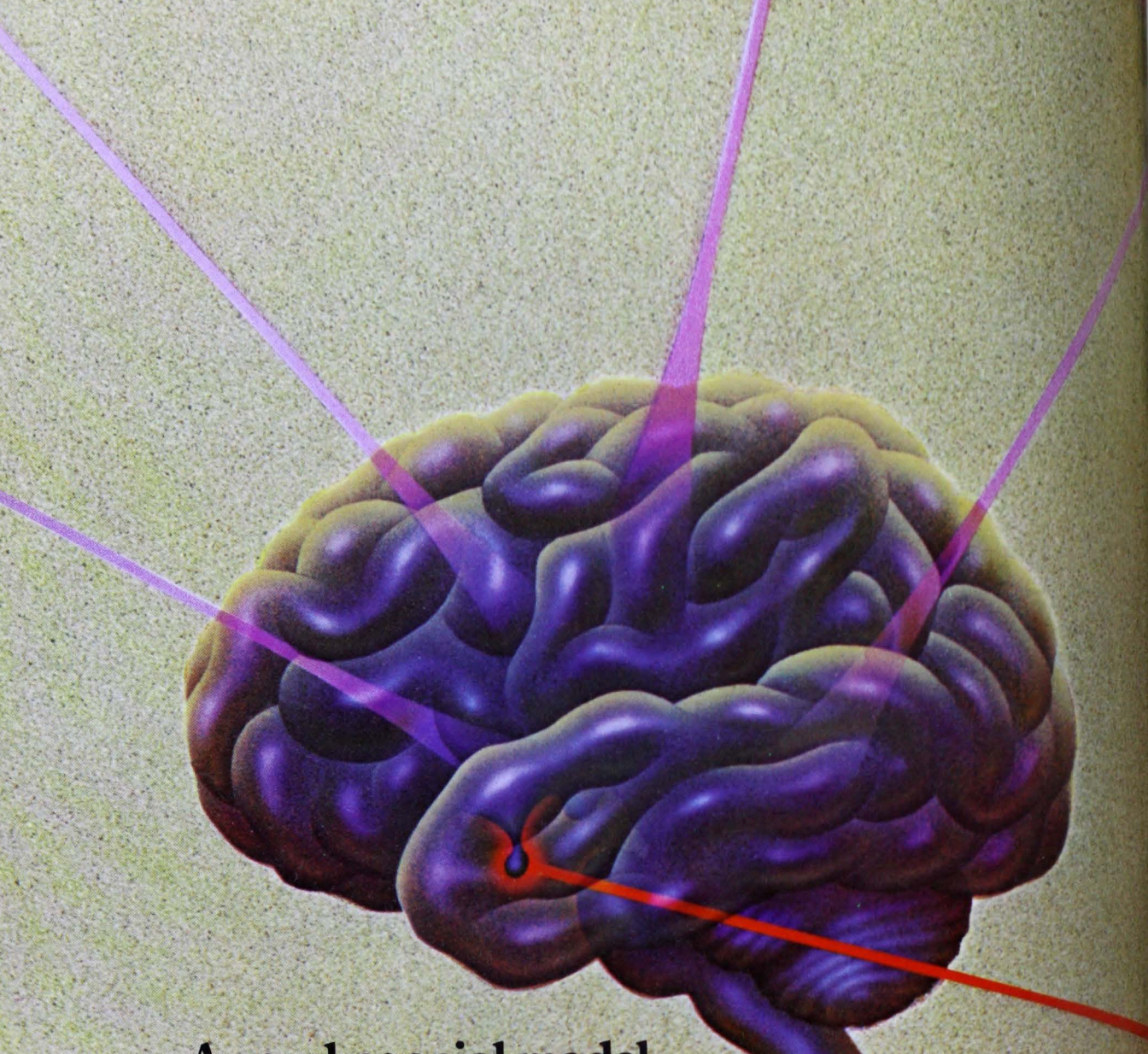
TEXAS OSTEOPATHIC PHYSICIANS
JOURNAL

August 1979

Helsinki, Finland

First Stop on TOMA Tour



A psychosocial model of irritable bowel syndrome

A current etiologic concept of disease places psychosocial and biologic factors in dynamic interaction.[1,2] Thus, emotional and physical health may ultimately depend on the ability to cope with one's social stressors. Among gastrointestinal disorders, irritable bowel syndrome has been called the *most psychosocial*.[3] Treatment of this nonorganic, often chronic problem may require physician counseling to help the patient change his way of life, in keeping with his limited capacity to adapt.[4] Reduction of tension as a contributory factor is also recommended.[5]

Librax is a useful adjunct for relief of irritable bowel syndrome because it combats both excessive anxiety and associated G.I. symptoms.

References: 1. Lipowski ZJ: *Am J Psychiatry 134*:233-244, Mar 1977. **2.** Engel GL: *Science 196*:129-136, Apr 8, 1977. **3.** Grossman MI: *Gastroenterology 68*:1386-1397, May 1975. **4.** Texter EC Jr, Butler RC: *Am Fam Physician 11*(3):168-173, Mar 1975. **5.** Kirsner JB: *JAMA 237*:1263, Mar 21, 1977.

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

Because stress-induced anxiety can exacerbate the irritable colon*

Adjunctive

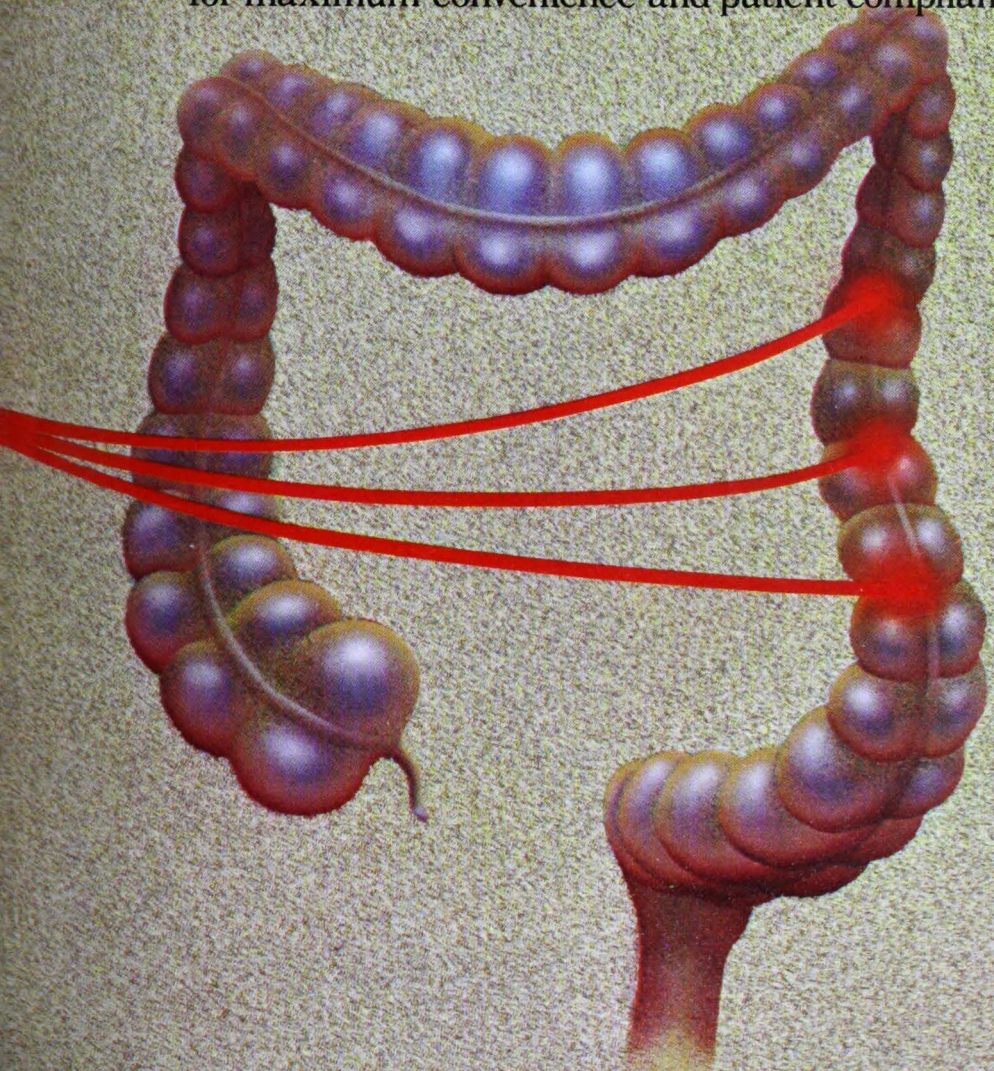
Librax®

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

antianxiety
antispasmodic
antimotility

- provides the specific antianxiety action of LIBRIUM® (chlordiazepoxide HCl)
- as well as the potent antispasmodic-antimotility actions of QUARZAN® (clidinium Br)
- in a single Rx

for maximum convenience and patient compliance



ROCHE

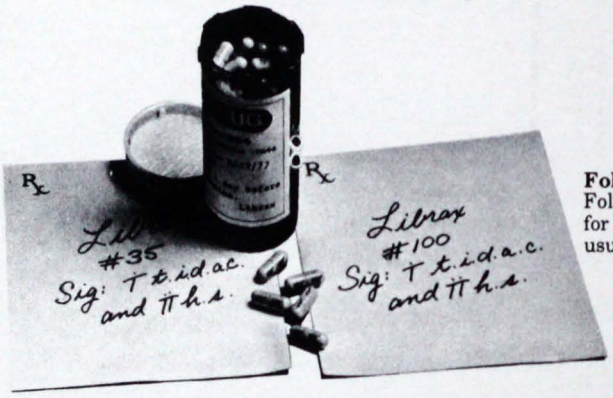
For stress-induced anxiety and associated somatic symptoms in irritable bowel syndrome*

Adjunctive Librax®

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

antianxiety
antispasmodic
antimotility

Initial Rx
The initial prescription allows evaluation of patient response to therapy.



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

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

*

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

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

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

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

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

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

As with all anticholinergics, inhibition of lactation may occur.

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

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

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

How Supplied: Available in green capsules, each containing 5 mg chlordiazepoxide HCl (Librium®) and 2.5 mg clidinium Br (Quarzan®)—bottles of 100 and 500; Tel-E-Dose® packages of 100; Prescription Paks of 50, singly and in trays of 10.

ROCHE

Roche Products Inc.
Manati, Puerto Rico 00701

TEXAS OSTEOPATHIC PHYSICIANS
JOURNAL

FEATURES

DEPARTMENTS

ON THE COVER: *First stop on the TOMA Russian Study Holiday '79 will be the capital of Finland, Helsinki. The Cathedral of Helsinki stands out above the neoclassical center of this modern city.*

Published by
TEXAS OSTEOPATHIC MEDICAL ASSOCIATION
Volume XXXVI—No. 7—August 1979
Publication Office—512 Bailey, Fort Worth, Texas 76107
Phone—817—336-0549
Copy Deadline—10th of month preceding publication

Mr. Tex Roberts, Editor

Calendar of Events

AUGUST

10

10-12

★ *Mid-Year Seminar of the Texas Society of the ACGP*
Inn of the Six Flags
Arlington

16

★ *TOMA District XIV Meeting*
Matador Room
Holiday Inn
Harlingen
7:30 p.m.

22

★ *TOMA District XVI Meeting*
Tradewinds Motor Hotel
Wichita Falls
6:30 p.m.

27

First day of classes at TCOM

SEPTEMBER

6

6-9
Annual Convention of the New England Osteopathic Assembly
Sheraton Sturbridge
Sturbridge, Maine

16

★ *TOMA District IX Meeting*
Presidential Visit by John J. Cegelski, Jr., D.O.
1101 East Nueces
Victoria
3:00 p.m.

27

27-29
North Carolina Osteopathic Society, 75th Annual Convention
Hyatt House
Winston-Salem, North Carolina

28

★ *TOMA Russian Study Holiday Tour departs for nine-day CME tour*

OCTOBER

7

7-11
52nd Annual Clinical Assembly of Osteopathic Specialists
MGM Grand
Las Vegas, Nevada

10

10-11
Annual Meeting of the Vermont State Association of Osteopathic Physicians and Surgeons
Ramada Inn
Burlington, Vermont

28

28-31
Annual Convention of the American Osteopathic Hospital Association
Hyatt on Union Square
San Francisco, California

NOVEMBER

4

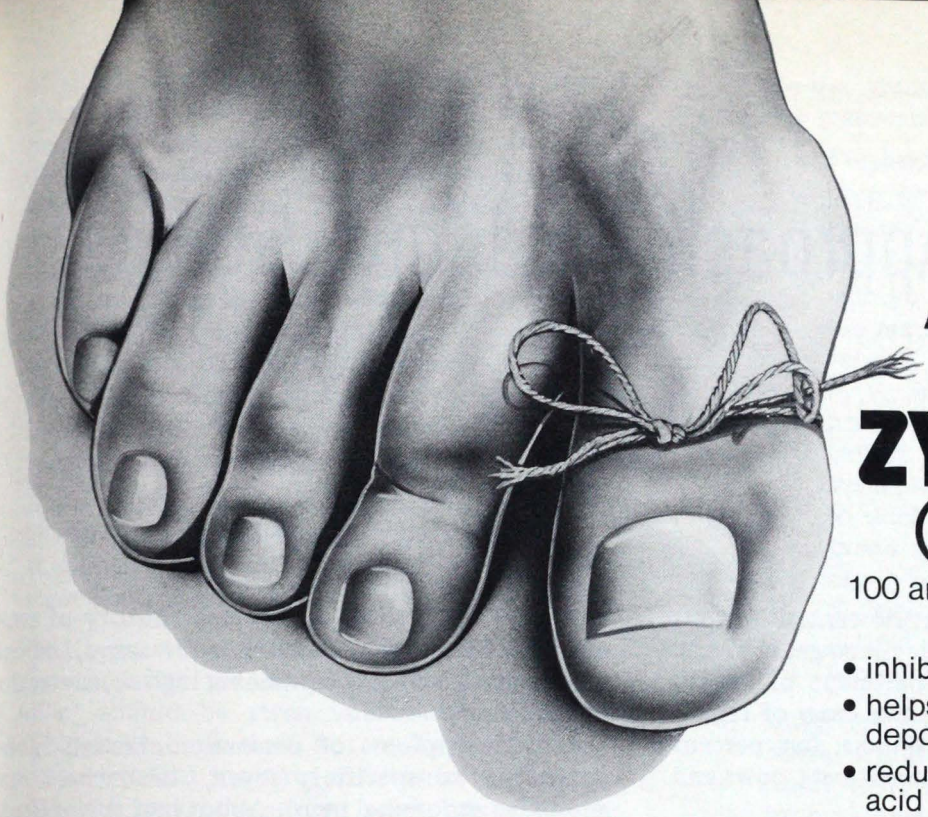
4-8
84th Annual Convention of the American Osteopathic Association
Fairmount Hotel
Dallas

13

13-17
Annual Meeting of the American College of Osteopathic Internists
Hotel del Coronado
Coronado, California

22

Thanksgiving Day



A reminder

ZYLOPRIM®
(allopurinol)

100 and 300 mg scored Tablets

- inhibits uric acid formation
- helps prevent urate crystal depositions in synovia
- reduces risk of uric acid lithiasis

INDICATIONS AND USE: This is not an innocuous drug and strict attention should be given to the indications for its use. Pending further investigation, its use in other hyperuricemic states is not indicated at this time.

Zyloprim® (allopurinol) is intended for:

1. treatment of gout, either primary, or secondary to the hyperuricemia associated with blood dyscrasias and their therapy;
2. treatment of primary or secondary uric acid nephropathy, with or without accompanying symptoms of gout;
3. treatment of patients with recurrent uric acid stone formation;
4. prophylactic treatment to prevent tissue urate deposition, renal calculi, or uric acid nephropathy in patients with leukemias, lymphomas and malignancies who are receiving cancer chemotherapy with its resultant elevating effect on serum uric acid levels.

CONTRAINDICATIONS: Use in children with the exception of those with hyperuricemia secondary to malignancy. The drug should not be employed in nursing mothers.

Patients who have developed a severe reaction to Zyloprim should not be restarted on the drug.

WARNINGS: ZYLOPRIM SHOULD BE DISCONTINUED AT THE FIRST APPEARANCE OF SKIN RASH OR ANY SIGN OF ADVERSE REACTION. In some instances a skin rash may be followed by more severe hypersensitivity reactions such as exfoliative, urticarial and purpuric lesions as well as Stevens-Johnson syndrome (erythema multiforme) and very rarely a generalized vasculitis which may lead to irreversible hepatotoxicity and death.

A few cases of reversible clinical hepatotoxicity have been noted and in some patients asymptomatic rises in serum alkaline phosphatase or serum transaminase have been observed. Accordingly, periodic liver function tests should be performed during the early stages of therapy, particularly in patients with pre-existing liver disease.

Patients should be alerted to the need for due precautions when engaging in activities where alertness is mandatory.

Nevertheless, iron salts should not be given simultaneously with Zyloprim. This drug should not be administered to immediate relatives of patients with idiopathic hemochromatosis.

In patients receiving Purinethol® (mercaptopurine) or Imuran® (azathioprine), the concomitant administration of 300-600 mg of Zyloprim per day will require a reduction in dose to approximately one-third to one-fourth of the usual dose of mercaptopurine or azathioprine. Subsequent adjustment of doses of Purinethol or Imuran should be made on the basis of therapeutic response and any toxic effects.

Usage in Pregnancy and Women of Childbearing Age: Zyloprim® (allopurinol) should be used in pregnant women or women of childbearing age only if the potential benefits to the patient are weighed against the possible risk to the fetus.

PRECAUTIONS: Some investigators have reported an increase in acute attacks of gout during the early stages of allopurinol administration, even when normal or subnormal serum uric acid levels have been attained.

It has been reported that allopurinol prolongs the half-life of the anticoagulant, dicumarol. This interaction should be kept in mind when allopurinol is given to patients already on anticoagulant therapy, and the coagulation time should be reassessed.

A fluid intake sufficient to yield a daily urinary output of at least 2 liters and the maintenance of a neutral or, preferably, slightly alkaline urine are desirable to (1) avoid the theoretic possibility of formation of xanthine calculi under the influence of Zyloprim therapy and (2) help prevent renal precipitation of urates in patients receiving concomitant uricosuric agents.

Patients with impaired renal function require less drug and should be carefully observed during the early stages of Zyloprim administration and the drug withdrawn if increased abnormalities in renal function appear.

In patients with severely impaired renal function, or decreased urate clearance, the half-life of oxipurinol in the plasma is greatly prolonged. Therefore, a dose of 100 mg per day or 300 mg twice a week, or perhaps less, may be sufficient to maintain adequate xanthine oxidase inhibition to reduce serum urate levels. Such patients should be treated with the lowest effective dose, in order to minimize side effects.

Mild reticulocytosis has appeared in some patients.

As with all new agents, periodic determination of liver and kidney function and complete blood counts should be performed especially during the first few months of therapy.

ADVERSE REACTIONS:

Dermatologic: Because in some instances skin rash has been followed by severe hypersensitivity reactions, it is recommended that therapy be discontinued at the first sign of rash or other adverse reaction (see WARNINGS). Skin rash, usually maculopapular, is the adverse reaction most commonly reported.
Exfoliative, urticarial and purpuric lesions, Stevens-Johnson syndrome (erythema multiforme) and toxic epidermal necrolysis have also been reported.
A few cases of alopecia with and without accompanying dermatitis have been reported.
In some patients with a rash, restarting Zyloprim (allopurinol) therapy at lower doses has been accomplished without untoward incident.

Gastrointestinal: Nausea, vomiting, diarrhea, and intermittent abdominal pain have been reported.

Vascular: There have been rare instances of a generalized hypersensitivity vasculitis or necrotizing angiitis which have led to irreversible hepatotoxicity and death.

Hematopoietic: Agranulocytosis, anemia, aplastic anemia, bone marrow depression, leukopenia, pancytopenia and thrombocytopenia have been reported in patients, most of whom received concomitant drugs with potential for causing these reactions. Zyloprim® (allopurinol) has been neither implicated nor excluded as a cause of these reactions.

Neurologic: There have been a few reports of peripheral neuritis occurring while patients were taking Zyloprim. Drowsiness has also been reported in a few patients.

Ophthalmic: There have been a few reports of cataracts found in patients receiving Zyloprim. It is not known if the cataracts predated the Zyloprim therapy. "Toxic" cataracts were reported in one patient who also received an anti-inflammatory agent; again, the time of onset is unknown. In a group of patients followed by Gutman and Yü for up to five years on Zyloprim therapy, no evidence of ophthalmologic effect attributable to Zyloprim was reported.

Drug Idiosyncrasy: Symptoms suggestive of drug idiosyncrasy have been reported in a few patients. This was characterized by fever, chills, leukopenia or leukocytosis, eosinophilia, arthralgias, skin rash, pruritus, nausea and vomiting.

OVERDOSAGE: Massive overdosing, or acute poisoning, by Zyloprim has not been reported.

HOW SUPPLIED: 100 mg (white) scored tablets, bottles of 100 and 1000; 300 mg (peach) scored tablets, bottles of 30, 100 and 500. Unit dose packs for each strength also available.

Complete information available from your local B. W. Co. Representative or from Professional Services Department PML.

U.S. Patent No. 3,624,205 (Use Patent)

Wellcome

Burroughs Wellcome Co.
Research Triangle Park
North Carolina 27709

Rabies Approach Epidemic Stages in Texas

Rabies, a disease which affects the central nervous system, is rapidly approaching epidemic stages in Texas. As of early July, the Texas Department of Health laboratory has diagnosed 582 positive cases of rabies. Of these, 80 percent have been skunks, five percent dogs, five percent cats and five percent bats, cows and horses.

Three persons have died recently in Texas as a result of rabies.

Raymond T. Moore, M.D., commissioner of health, is appealing to all physicians to consider beginning human immunization immediately if a person has received a bite that is unprovoked or no information is available about the animal. "I solicit the help of all physicians in helping to overcome the spread of rabies," Dr. Moore said.

According to information obtained by David F. Norris, D.O., chairman of the TOMA Environmental Health and Preventive Medicine Committee, physicians may never see even one patient with rabies because of the rarity of the disease. But, if you should encounter a person that is suspected of having come in contact with a rabid animal, the Department of Health is urging you to begin treatment even before the animal has been analyzed.

John J. Cegelski, Jr., D.O., TOMA president, notes that regardless of whether a person is bitten by their own pet or any other animal or creature, the person should see a physician immediately. "You cannot rely on the behavior of the animal that bit the person as an indication of whether or not it is infected and, of course, every effort should be made to capture the animal for observation and testing," he said.

TOMA, through the Environmental Health and Preventive Medicine Committee, is preparing a mailing to all association members regarding the rabies situation across the state.

When questioning a patient, a doctor should ask whether he or she has actually come in contact with saliva or other material likely to contain rabies virus. Rabies is almost always spread by the bite of a rabid animal. In rare instances where rabies have occurred without a bite, there was a clear history of contamination of an open wound with saliva, laboratory specimens or aerosols containing high concertrations of rabies virus.

Initial symptoms of persons contacting rabies are generally nonspecific (fever, headache, malaise, anorexia, abdominal pain). About half the patients feel pain or paresthesia around the bite itself. These two symptoms indicate rabies. After a few days of nonspecific symptoms, progressive behavioral or neurologic abnormalities develop, including hyperactivity, hypersalivation and pharyngeal spasms. The clinical condition gradually deteriorates over four to 10 days, and the patient lapses into coma. Death usually results from one of many complications.

If the animal carrying the disease is not available for examination and it was a species likely to have rabies, the physician is advised to start treatment as soon after the exposure as possible, giving both serum and vaccine.

If however, the animal was a dog or cat that escaped, and the animal only licked, but did not bite the patient, doctors should give serum and vaccine.

Recommendations for post-exposure treatment of patients exposed to rabies has been streamlined somewhat and is as follows:

(1) While Zephiran may be preferred as a means of cleaning out the initial wound, almost any washing of the wound, whether with green soap, with Zephiran or almost any detergent soap or detergent, is acceptable. Vigorous lavage is the first and most urgent part of the treatment, because much of the virus can be removed or perhaps inactivated this way.

(2) All patients who are significantly exposed are to get HRIG ("Hyperrab") and to receive a series of 21 daily doses of Duck Embryo Vaccine plus the two boosters at 10-day intervals after the 21-day course is completed.

(3) It is recommended that Equine Serum be used only if HRIG is not available within 24 hours after the decision to treat is made. 46 percent

of all adults get serum sickness, or worse, when given horse serum. Local reactions occur in nearly all people who receive duck embryo-derived vaccine post-exposure prophylaxis, and systemic symptoms (fever, malaise, rash, headache) occur in about one third. Continue treatment unless potentially life-threatening symptoms develop (bronchospasm or hypotension). Give antihistamines to reduce symptoms (50 mg. of diphenhydramine four times a day, for an average adult), but avoid steriods because they reduce the immune response to post-exposure prophylaxis.

If the patient is allergic to egg-based vaccines, give duck embryo-derived vaccine with caution. If serious allergic reactions occur, consult your state health department.

(4) HRIG is still worthwhile even when given months after the bite-exposure. While treatment should be given immediately, the old "72-hour" limit does not really apply. It is suspected that the virus survives in the wound site and may take several weeks to penetrate nervous tissue. Therefore, recommended administration of half of the total dose of HRIG into the site of the wound (even if it is at the fingertip or on a small finger) is very strongly recommended.

(5) Every patient who receives the Pasteur (Duck embryo vaccine) treatment should have an anti-rabies antibody titer drawn at the time of the final booster shot. Such sera should be sent to the Center for Disease Control (CDC) to determine whether a suitable titer was achieved by the immunization series. If not, there are two reasonable courses of action:

a. Further boosters may be administered, or

b. "WR-V" vaccine may be administered. WR-V vaccine is anew, still experimental vaccine; it may be far superior to the duck embryo vaccine and possibly will come on the market in a couple of years. The new vaccine is grown in human fibroblasts (l. (l. e., in tissue culture). During the experimental period usage is being controlled closely by the CDC. It is made available only to patients who are allergic to duck eggs or to those who fail to respond adequately to a series of duck embryo vaccine. (The CDC requires each physician who uses WR-V to provide patient date on prescribed questionnaire forms.)

(6) Interference between the vaccine and HRIG (or horse serum) antibodies is not a problem. There is no reason not to start the duck embryo vaccine and the HRIG at the same time. The attending physician should not delay the commencement of the vaccine series or the HRIG, but should begin vaccine treatment of the rabies-exposed patient immediately. If not immediately available, HRIG should be given as soon thereafter as possible. HRIG is probably the most protective form of treatment. While its effectiveness declines rapidly during the first 72 hours after the bit, it may be given even if the vaccine series has been underway for several days, weeks or more.

POSTEXPOSURE ANTIRABIES TREATMENT GUIDE

The following recommendations are only a guide. They should be applied in conjunction with knowledge of the nimal species involved, circumstances of the bite or other exposure, vaccination status of the animal, and resence of rabies in the region.]

SPECIES OF ANIMAL	CONDITION OF ANIMAL AT TIME OF ATTACK	TREATMENT OF EXPOSED HUMAN
Skunk Fox Coyote Raccoon Bat	Regard as Rabid	RIG + DEV [1]
Dog Cat	Healthy Unknown (escaped) Rabid or Suspected Rabid	None [2] RIG + DEV RIG + DEV [1]
Other	Consider individually	

Discontinue vaccine if fluorescent antibody (FA) tests of animal killed at time of attack are negative.
Begin RIG + DEV at first sign of rabies in biting dog or cat during holding period (10 days).

Russian Study Holiday '79

For a vacation you won't forget, join the *TOMA Russian Study Holiday '79* continuing medical education tour to Helsinki, Finland and Moscow and Leningrad in the USSR.

Departing September 28 from Dallas/Fort Worth Regional Airport, the nine-day tour will take you to the far corners of the world. From New York you will travel to Helsinki, the modern capital of Finland. From Finland you will enter the USSR and make stops in Moscow and Leningrad.

Below is a day-by-day itinery of your dream tour.

If you have already signed up for the tour, see if any of your friends or family wish to join you. The tour is open to them. If you haven't signed up, fill out the coupon found in the advertisement in the issue and reserve a seat today.

A $150 deposit is required at the time of booking and reservations must be made by August 15. Total cost for the tour including airfare, hotel, meals and sightseeing tours is $998 per person.

You go all the way, to beautiful Leningrad and its fabulous art treasures. . .to marvelous Moscow and its imposing buildings. . .and, finally, to Helsinki, classical capital of modern Finland.

Day 1

NEW YORK/HELSINKI/MOSCOW. Tonight you'll depart from New York and discover the special delights of flying Finnair's DC 10 bound for Moscow via Helsinki.

Day 2

You will arrive this morning in Helsinki and transfer to your hotel. The afternoon is free for you to take in the city at your leisure. Dinner will be served this evening at your hotel.

Day 3-5

HELSINKI/MOSCOW. This morning you take city sight-seeing tour here in the beautiful capital city of modern Finland where the "old" contrasts with the "new", yet nothing seems out of place. From centuries-old Senate Square in the heart of the city, to the impressionistic and soaringly imaginative Sibelius Monument, you'll witness the growth of world-renowned Finnish architectural genius. Helsinki's natural friendliness will delight you. After your tour you go direct to the airport for your flight to Moscow. You will meet your Intourist Guide upon arrival in Moscow. Check into your hotel and freshen up for dinner.

Next day, you enjoy a sightseeing tour of Red Square, Lenin's Mausoleum, onion domes St. Basil's Cathedral, the huge GUM department store, and the Metro, Moscow's art-filled subway. In the evening one of the city's fine theatrical performances awaits your pleasure. As your tour progressess, you'll visit the Kremlin where you'll be dazzled by the Faberge jewels, furniture, carriages and other czarist regalia housed in the Armory; impressed by the Grand Kremlin Palace (Home of the Supreme Soviet); and awed by the cathedrals and towers.

Day 6

MOSCOW/LENINGRAD. Today your flight takes you to Leningrad, city of 101 islands connected by 350 bridges. Your local Intourist Guide greets you and soon you are seeing Nevsky Prospect, the city's main thoroughfare, crowded with enticing attractions. You'll have days to see them all! In the evening, you'll enjoy a taste of cultural fare Leningrad is known for—an opera, concert, or ballet.

ay 7-8

NINGRAD. Back to Nevsky Prospect where you'll the impressive Admiralty Building; the Palace Quay h its elegant baroque mansions; Smolny Institute, ere Lenin directed the revolution; the Leningrad sque and Kazansky Cathedral. There are more sights see — you visit the sumptuous Winter Palace of the rs, with its incomparable Hermitage Musuem. nd the afternoon on your own, seeing more of this rming city.

ay 9

NNINGRAD/NEW YORK/YOUR HOME TOWN. ningrad is left behind as you return to Helsinki ere you board your Finnair jet for the flight back to U.S.A. and home.

- Medical study visits in U.S.S.R. to hospitals, medical schools and polyclinics
- An Intourist Guide who meets you in Leningrad and accompanies you throughout U.S.S.R.
- Local host in Helsinki
- Sightseeing in each city, with local English-speaking guide (in addition to Intourist Guide). Where inside visits are scheduled, entrance fees to museums, etc.
- Two theater performances in U.S.S.R.
- Dinner Saturday in Helsinki
- Flights to and from Dallas
- All international transportation and transfers
- Baggage handling between airports/hotels
- Twin-bedded rooms with private bath or shower at first class hotel
- All meals in the U.S.S.R., continental breakfast in Helsinki
- Wine and Cheese Party at JFK before departure ^

Above: A businessman sells food at a typical Russian "McDonald's." Below: Onion domes adorn the building.

ATOMA News

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

The Fort Worth Osteopathic Hospital Service Association just recently completed an event for the third straight year that many of us felt several years ago could not be done. What was it? It was "High Fever", the musical which all the people affiliated with the Service Association have brought to Fort Worth on three consecutive nights during the month of June at the Scott Theater. The theater holds almost 500 people and each of these three nights the theater is almost filled to capacity—some nights there are even people sitting in the aisles! In three short years, the profits from the event have almost tripled—from less than $6,000 the first year to this year's more than $15,000. But even that is not the story of "High Fever."

When we were first approached about doing this musical—I'm not sure where the idea came from—there were only several people who felt it could be done. Carol White, Director of Community Relations at FWOH, and Dr. Sam Pearson were very confident. Bill Poteet, assistant administrator at FWOH, was pretty sure. But there were many of us who knew it could not be done. Finally, we were swayed by the argument that financial gain was not our main objective—improved public relations was our main goal. And somehow, some way it *was* accomplished—both the financial aspect and the public relations aspect. It's an incredible story.

The first year a handful of people showed up for auditions—this year there were more than 150. The first year we begged, cajoled, and threatened to sell tickets—this year they almost sold themselves. The first year the ads in the souvenir program were almost impossible to sell. This year we topped the impossible $15,000 goal in ad sales we had set for ourselves. Topped it! The first year we answered over and over "What kind of hospital is FWOH? What is an osteopath? Why are you doing all this?" This year, many of our friends and neighbors who had learned last year and the year before answered for us.

Yes, it is an incredible story. The time and effort put forth by many people was enormous. And we did have a lot of fun. But, more than that, we have made friends for osteopathic medicine, "spread the word," accomplished many things. And I for one will always believe that the growth in appreciation and understanding of the osteopathic profession in Fort Worth was aided considerabley by the wonders of "High Fever"! ▲

DISTRICT II
by Mrs. Brian Ranelle

The third Annual Antique Show and Sale, sponsored by District II Auxiliary, will be held August 10, 11 and 12 at Fort Worth's Round-Up Inn, 3900 Crestline Road. All advance ticket sales will benefit the scholarship fund at the Texas College of Osteopathic Medicine and are tax deductible. Proceeds of tickets sold at the door will go to the organization managing the show, Sooner Shows, Inc. of Tulsa.

On August 10, the Auxiliary is sponsoring "Morning Coffee and Lectures" with two of the dealers who will be showing their antiques during the show. Speaking on "American Art Pottery" will be Mrs. Phyllis Larson of the Chelsea Fair in Newkirk, Oklahoma. Mrs. Helen Buchanan of the Copper Lamp in Dallas will speak on "Quilts and Needlework." These are scheduled for 10 a.m. and 11 a.m., August 10 at the TCOM Auditorium, Camp Bowie at Montgomery.

Admission to the Antique Show is $2 (good all 3 days) and tickets to the morning coffee and lectures are $2. There will be $50 in gift certificates given away each day.

An intensive pre-show ticket sale campaign is planned. Tickets may be ordered by mail from Mrs. Brian Ranelle, 3708 Parkcrest Court, Fort Worth, Texas 76109. Checks should be made payable to ATOMA District II and marked "Scholarship Fund." Tickets are $2 admission to the Antique Show and $2 admission to the Friday morning lectures. Send $4 per person for both events. *Remember — we only receive the proceeds from the pre-sale tickets and lectures.* ▲

Open Letter to ATOMA Members

Dear ATOMA Member:

Lily Hause, ATOMA Fund Chairman, has begun an ambitious financial project for our Auxiliary that can make us about $35,000 for scholarships for future D.O.s.

She sent a request to 800 D.O.s (as listed in the directory) asking each to donate $25 for five tickets on a 1979 240-D Mercedes Benz automobile to be raffled at the next TOMA convention.

An affirmative response from the doctors could underwrite the dealer cost of the car and then ATOMA members could pursue with vigor the sale of $5 tickets to the public — hopefully, $35,000 worth — that's our profit.

A little scary to a cautious person like me. It seems a big risk to be involved in.

But, I hesitate only until I see the alternative. It's simply this — if we back off now we accept an image of ourselves that's small and it may be years before we have nerve enough to aim this high again.

Lily says response has been good, but slow and she has set an August 15 deadline after which if not enough money is received, the deal is off and she will return all checks.

I hope we hang in there and make this succeed. It will show us we can and should be doing big things in ATOMA.

If your husband has not sent his check, please encourage him to do so and support this project.

Lois Campbell

District Communiqués

DISTRICT III

by H. George Grainger, D.O.

The first two district meetings for the fall have been set by Donald R. Lash, D.O., program chairman. They will be held at 7 p.m. on September 15 and November 17 in the Party Room of the Petroleum Club in the Citizens First National Bank Building in Tyler.

Speaker for the September meeting will be John Short, M.D. A neuroradiologist, he will speak on The Use of Computerized Tomography. Dr. Short is on the staff of Mother Francis and Medical Center Hospitals in Tyler.

Speakers for the November meeting will be Brenda Williams, director of social work at Medical Center Hospital and Park Hill, a social worker and supervisor of child protective services in the Department of Human Resources in Tyler. Both have masters degrees in social work. They will be speaking on Child Abuse.

DISTRICT XVI

by Ted Alexander, Jr., D.O.

District XVI met June 27 at the Wichita Club in Wichita Falls with John Cegelski, Jr., D.O., TOMA president as our speaker. He brought our district up to date on vital matters concerning TOMA and we appreciated his visit even more since he is the first TOMA President to visit our district. Dan Alexander, a third-year student at KCOM was also an honored guest.

IN MEMORIAM

Nicholas H. Wolff, D.O.

Nicholas H. Wolff, D.O., 46, a Houston general practitioner, was shot and killed June 22 on the parking lot of his office.

A native of Beaumont, Dr. Wolff was a graduate of Lamar State College and received his D.O. degree in 1964 from Kansas City College of Osteopathic Medicine.

He served an internship at Flint General Hospital in Flint, Michigan. Dr. Wolff served in the U.S. Air Force from 1951-1954.

In addition to holding membership in TOMA, he was a member of the American Osteopathic Association.

IN SYMPATHY

Mrs. Effie Pearl Hackley

Mrs. Effie Pearl Hackley, 58, a past president of the Auxiliary to TOMA, died June 28. She was the wife of the late Donald E. Hackley, D.O.

Services were held at the Spearman Church of Christ with burial in Holt Cemetery.

Mrs. Hackley was born in Hansford County and was a lifetime resident of the area. She was a member of the Spearman Church of Christ.

Dr. Hackley preceeded her in death in 1957. Survivors include a son, Bobby Archer of Spearman; a daughter, Mrs. Cathy Patterson of Spearman; a stepdaughter, Mrs. Joan Crum of Amarillo; three sisters; five brothers and seven grandchildren.

Six Ways to Deal with Anger

Without Cutting Your Own or Someone Else's Throat

What can you do when, for one reason or another, you can't tell off the person whose actions or words have made you righteously, blisteringly mad? *How do you deal with the frustration, as well as the anger?*

The first thing is to avoid spilling it all to the first audience handy according to this plan by Research Institute for Executives. And the second is to be sure you don't take it out on any innocent bystander. After that, one or more of the following will help. First off:

* *Destroy something that deserves it.* A good way to vent your desire to "kill" is to "kill" something you've wanted to get rid of anyway. Could be an actual thing, like a bunch of old files or last year's phone book that you can tear into shreds. Or it could be an idea that you rip to pieces in your mind, or an old procedure that you could put a timely end to.

* *Put it all in writing — and then shred.* You might try writing a memo to the person who has gotten your dander up — if you have enough control not to send it. But be sure you destroy the evidence, without showing it to anyone.

Too Hot To Handle/Dissolving your anger quickly should be your first priority. However, sometimes that isn't possible — or you find that the cool you thought you'd attained vanishes into another blistering rage whenever you remember what happened. In that case:

* *Get a good physical workout.* Run around the block twice. Time yourself, trying to beat your own record. Or close your office door and see how many pushups you can do before sheer physical tiredness forces your anger to dissipate.

* *Give your mind a challenge.* Close your office door and do a crossword puzzle. Or take some figures you have to add up anyway, try to do them in your head, then check the results on the calculator. The idea is to concentrate on meeting a self-imposed, limited challenge that gives you direct feedback.

* *Compete physically with someone else.* If you enjoy any competitive sport — squash, say, or tennis — this is an ideal outlet. Make a date for right after work. The "other guy" expects you to be "out to kill," so it's a situation to which you can readily transfer your pent-up hostility.

* *Compete mentally with someone else.* And do it for immediate results. It could be a small bet on something mundane, such as who can come closest to guessing the exact outside temperature. No matter whether you win or lose, you will be turning your aggression into a harmless channel.

* *Observation:* When you're raging and know that you could harm your own interests or your relationships with other people, remind yourself that:

1) You've got to regain your self-control and your ability to think clearly as quickly as possible.

2) You've got to do something *constructive* about the situation that fired your anger in the first place. ▲

[Reprinted from the April ACOS News]

Texas Ticker Tape

MERCK, SHARPE AND DOHME PRESENTS GRANT

Merck, Sharpe and Dohme pharmaceutical company has presented TOMA with a $300 grant in support of the speaker's program at the 80th annual convention last May in Dallas. The grant is in addition to supporting the profession with two exhibit booths at the convention.

LUBBOCK D.O. ELECTED TO HOSPITAL BOARD

Raymond E. Mann, D.O., of Lubbock has been elected president of the Board of Directors of the Community Hospital in Lubbock. Other TOMA members serving on the board are Richard M. Mayer, D.O., Leland B. Nelson, D.O., and Harlan O. L. Wright, D.O.

AUGUST NAMED SPECIAL MONTH

The month of August has been designated as *Good Nutrition Month.* Purpose of the special designation is to make America conscious of the wonderful foods available in the USA and how to use them wisely and well. Sponsor of *Good Nutrition Month* is the Gourmet Advertures Club and Mme. Ginette's Cordon Blue Ouest French Cooking School.

AOA HAS TOLL FREE PHONE NUMBER

A new toll free telephone line has been installed at the American Osteopathic Association in Chicago. To call the AOA on this new line, dial 1-800-621-1773. It will connect you with the main switchboard and you can then request the specific office you are calling.

AOA-APPROVED INTERNSHIPS RECOGNIZED BY NORTH CAROLINA

The North Carolina Board of Medical Examiners has passed a resolution which recognizes AOA-approved internships for the purposes of licensure in the state, according to North Carolina Attorney General Rufus L. Edmisten. Prior to this time, in order for a D.O. to obtain a license in North Carolina, it was necessary to serve an AMA-approved internship.

J. JERRY RODOS LEAVES AOA OFFICE

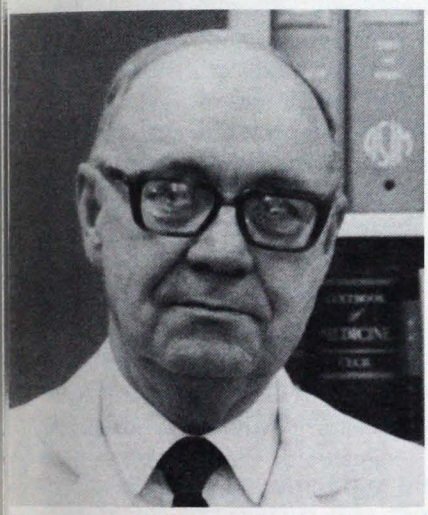
J. Jerry Rodos, D.O., who has served as AOA associate executive director since last July, has left the AOA to serve as dean of the New England College of Osteopathic Medicine. His new appointment was effective in July.

TOMA PRESIDENTIAL ACTIVITIES FOR AUGUST

During August, TOMA President John J. Cegelski, Jr., D.O., took a brief vacation following the AOA House of Delegates meeting in Orlando, Florida and plans to round out his visitation schedule for all 16 districts of TOMA. Each district is urged to contact the State Office with at least a couple of dates this fall at which time Dr. Cegelski could make an official visit.

"THE PHYSICIAN IS A DECISION MAKER, AND ALMOST EVERY DECISION HE MAKES COSTS OR SAVES MONEY."

—Dr. William Felts, Past President, American Society of Internal Medicine



More and more physicians today are beginning to realize the extent of the economic influence they have, and are finding ways of holding costs down.

A number of studies show that the more physicians *know* about costs, the more they try to *reduce* them.* And this reduction can be done without reducing the quality of care to the patient.

How are they doing this? As a start they have become thoroughly familiar with the costs they incur on behalf of their patients. They know how much an X-ray costs, how much their hospital charges for routine lab tests. They're requesting copies of patients' hospital bills. And asking their hospitals to print the charges for diagnostic tests right on the order sheet.

What else are physicians doing? Minimizing their patients' hospital stays, whenever possible. Reevaluating routine admissions procedures. Questioning the real need of the diagnostic tests they order for their patients. Avoiding duplicate testing. Trying to discourage their patients' demands for unnecessary medication, treatment or hospitalization. Compiling daily logs of their medical decisions and what they cost. And more.

More physicians today realize what a tough problem we're all faced with. They know this is a challenge for medicine. And that physicians are in the best position to deal with and solve the problem.

Blue Cross
Blue Shield
of Texas

® Registered Service Marks of the Blue Cross Association
® Registered Service Marks of the Blue Shield Association

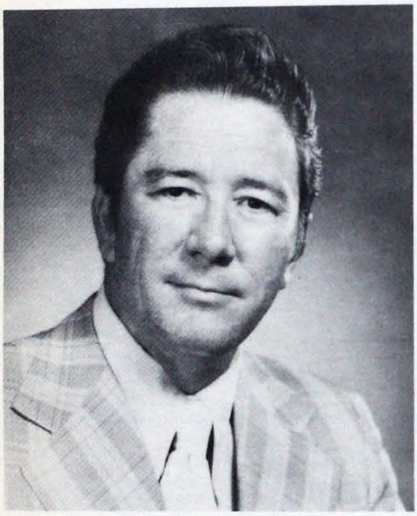
Commemorating fifty years Working for a healthier America

PATIENT CARE Magazine—Outlook 1977, "Face-Off: Cost Containment vs. Chaos," January 1, 1977.

Hyle CB, et al. "Practice habits in a group of eight internists," ANNALS OF INTERNAL MEDICINE 84 (May 1976), 594-601.

Schroeder SA, et al. "Use of laboratory tests and pharmaceuticals: variation among physicians and effect of cost audit on subsequent use," JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION 225 (Aug. 20, 1973), 969-73.

Dr. Lively Re-elected Hospital Board President



James W. Lively, D.O.

James W. Lively, D.O., of Corpus Christi has been re-elected president of the Corpus Christi Osteopathic Hospital Board of Trustees. The election was held May 22 at the annual meeting.

Dr. Lively has been filling the unexpired term brought on by the resignation of George Horine.

Other officers elected to serve with Dr. Lively are Dean Glen Kost, Ph.D., vice-president; and Gene Carter, secretary-treasurer.

A 1964 graduate of Kansas City College of Osteopathic Medicine, Dr. Lively received his pre-med training at Del Mar Junior College and the University of Corpus Christi, from which he received a bachelor of arts degree.

Active in TOMA, Dr. Lively serves as vice-speaker of the House of Delegates and chairman of the Ethics Committee.

Doctoring the Distresses of Modern Life

Twenty-two percent of the U.S. adult population uses some prescriptive psychoactive drug, an another nine percent uses an over-the-counter psychoactive drug. Prescriptions for tranquilizers alone totaled 270 million in 1977, or about 25 percent of all the prescriptions written. An estimated 14 percent of adults increase their alcohol comsumption as a means of coping with distress. These were among the reasons given by Gerald Klerman, M.D., administrator of HEW's Alcohol, Drug Abuse, and Mental Health Administration, for suggesting that the medical care system is increasingly used for relief of problems previously considered to be more properly within the jurisdication of religion, law, education, or simply personal choice. "As our society becomes more urban, more industrial, more secular, and more individualistic, the health care system in general, and mental health services in particular, are expected to deal more and more with problems that were previously regarded as social, legal, or moral," *Dr. Klerman said.

* Klerman, Gerald L., "Mental Health: Recommendations for Public Policy." (In Carlson, R., editor, "New Directions in Health Care: A New Public Policy." Cambridge, Mass.: Ballinger Publishing Co., 1978). Reprinted from the PSRO Letter.

ENOUGH IS ENOUGH

For months on end the medical profession has been deluged with figures pointing out the rising cost of medical care and how physicians' fees have gotten out of hand. The health care industry has been singled out for proposed legislation that, if passed, would constitute compulsory price controls on physicians and hospitals. These price controls are being promoted by many individuals who have had little experience in the health care field and who, when discussing other problems of our inflationary times, abhor the very thought of price controls except for those to be imposed on the health care industry.

In his article "Doctors' Incomes: Concern is Inflated—Not the Fees" *Medical World News*, Sept. 18, 1978), E. Noel Preston, M.D., cited some interesting statistics from the Consumer Price Index. According to the government, physicians' fees from 1967 to June, 1978, have increased 223.8 percent. In the same period, again according to the government, the legal fee for drawing up a simple will has increased 230.7 percent; auto repairs, 219.9 percent; reshingling a roof, 274.9 percent; and replacing a sink, 237.5 percent. The list could be expanded if one wanted to use the space to further emphasize the point.

Simply stated, physicians' fees are not out of line in comparison with other areas of the economy. So how is it that there are professions which do not receive the same criticism from the government?

Three years ago airline pilots who flew less than 60 hours a month averaged $46,920 in income and this was exclusive of such fringe benefits as retirement, health insurance, and reduced airline fares. A self-employed doctor has to take care of all these expenses himself.

If we're so concerned about the income, why isn't the government concerned with the salaries of people such as Joe Namath and Barbara Walters?

Within the government itself, the secretary of the Department of Health, Education and Welfare, Joseph A. Califano, Jr., receives an annual income of $66,000 plus benefits and it is reported that a top economist at the Council on Wage and Price Stability gets $63,000 or more in salary and benefits. This is the council that points a finger at the many "greedy" physicians who make less than $63,000.

If fees are going to be frozen, then so should expenses. The problem is not the health care industry alone or physicians' fees. The problem is runaway inflation, and the health care field has become the whipping post for bureaucratic and media attack.

It seems to me that it is about time that the health care industry launch an information campaign to inform the public of the truth. The American Osteopathic Association and the American Osteopathic Hospital Association have long been concerned about the high cost of medical care. Programs of voluntary cost containment have been adopted and pursued with greater vigor than in any other branch of society.

A recent example identifies the point. A nurse on her way to work was stopped to wait to pass through an area of road construction. As she stopped, standing beside her car was a young lady wearing a hard hat and acting as a flagman. They got to talking and the nurse asked, if you don't want to answer this question, just say so. But I wonder if you would mind telling me how much you make an hour being a flagman? The young lady replied that she didn't mind at all. She made $9.50 an hour.

The question is not whether a flagman at a place of road construction deserves $9.50 an hour. But as the nurse proceeded on to her job at the hospital, she couldn't help but wonder whether her job that pays far less was worth the satisfaction she received from her work.

It's no wonder that there is a shortage of nurses in many areas of the country. They would be financially better off forgetting about their professional duties, buying hard hats and flags, and going to work!

It is agreed that there is no simplistic answer to our inflationary times. However, the government is blatantly unfair to attack a profession that is making a greater voluntary effort than almost any other group to hold down costs while at the same time increase its expenses to maintain the services which the public demands.

Strikes by physicians is an unthinkable solution to many of us. The fact of the matter is that more and more physicians are being encouraged into early retirement, sharply curtailing the services which they formerly offered and becoming a frustrated and

disillusioned profession.

Sooner or later, if compulsory price controls are applied to the health care industry, the quality will deteriorate. And guess who will be blamed?

If the government says the ban on physician advertising must be lifted, then let us use that advertising space to accurately inform the public that it is the government that must realize that if cost is ever to be curtailed, something must be done to control the inflationary spiral and the cost to physicians and health care institutions for providing that service.

Physicians and organizations of physicians, and hospitals and organizations of hospitals must develop a more activist response to the flagrant attack on medical care in this country. Regardless of its admitted shortcomings, the health care system in the United States is one of the best, if not the best, in the world today. To see it become a rudderless ship in a sea of bureaucratic inflation is one of the sad spectacles of our time.

It is high time that the medical profession speaks out in loud and clear terms against those who would destroy its integrity and respect in the economic community.

[Reprinted from The Journal of the American Osteopathic Association, May/1979—editorial by George W. Northrup, D.O., FAAO] ▲

Basic Science Board to be Abolished

As of September 1 the Texas State Board of Examiners in the Basic Sciences (TSBEBS) will be abolished in Texas. House Bill 1249, abolishing the TSBEBS, was passed by the 66th Legislature on May 28 and has been signed by Governor Bill Clements.

Effective September 1 the basic science requirement for healing arts licensure will be determined by the two professional examining boards, the Texas State Board of Medical Examiners (for medical and osteopathic doctors) and the Texas Board of Chiropractic Examiners.

All records and files of the Basic Science Board will be transferred to the State Board of Control as of September 1, according to Betty J. Anderson, executive secretary.

For licensure in Texas, physicians graduating after January 1, 1978 must have passed FLEX, one day of which concerns the basic sciences. ▲

V-Cillin K®

penicillin V potassium

is the most widely prescribed brand of oral penicillin

Tablets
125, 250, and 500 mg*
Oral Solution
125 and 250 mg*/5 ml

V-Cillin K®
penicillin V potassium

Description: V-Cillin K is the potassium salt of penicillin V. This chemically improved form combines acid stability with immediate solubility and rapid absorption.

Indications: For the treatment of mild to moderately severe pneumococcal respiratory tract infections and mild staphylococcal skin and soft-tissue infections that are sensitive to penicillin G. See the package literature for other indications.

Contraindication: Previous hypersensitivity to penicillin.

Warnings: Serious, occasionally fatal, anaphylactoid reactions have been reported. Some patients with penicillin hypersensitivity have had severe reactions to a cephalosporin; inquire about penicillin, cephalosporin, or other allergies before treatment. If an allergic reaction occurs, discontinue the drug and treat with the usual agents (e.g., epinephrine or other pressor amines, antihistamines, or corticosteroids).

Precautions: Use with caution in individuals with histories of significant allergies and/or asthma. Do not rely on oral administration in patients with severe illness, nausea, vomiting, gastric dilatation, cardiospasm, or intestinal hypermotility. Occasional patients will not absorb therapeutic amounts given orally. In streptococcal infections, treat until the organism is eliminated (minimum of ten days). With prolonged use, nonsusceptible organisms, including fungi, may overgrow; treat superinfection appropriately.

Adverse Reactions: Hypersensitivity, including fatal anaphylaxis. Nausea, vomiting, epigastric distress, diarrhea, and black, hairy tongue. Skin eruptions, urticaria, reactions resembling serum sickness (including chills, edema, arthralgia, prostration), laryngeal edema, fever, and eosinophilia. Infrequent hemolytic anemia, leukopenia, thrombocytopenia, neuropathy, and nephropathy, usually with high doses of parenteral penicillin. [102175]

***Equivalent to penicillin V.**

Additional information available to the profession on request.

Lilly

Eli Lilly and Company
Indianapolis, Indiana 46206

900416

TOMA Presents
A Russian Holiday Study Tour

September 28 — October 6
To

- MOSCOW
- LENINGRAD
- HELSINKI, FINLAND

First Class Accommodations

Cost: $998 per person

tax deductible for physicians

Fully Escorted

Deposit: $150 per person

Payable at time of booking

TOUR PRICE INCLUDES

* All international transportation and transfers.
* Baggage-handling between airports and hotels.
* Twin-bedded rooms with private bath or shower
* All meals in the U.S.S.R.
* Fully escorted in the U.S.S.R.
* Sightseeing in Moscow and Leningrad with local English-speaking guides. Where inside visits are scheduled, entrance fees to museums, exhibits, etc.
* One theater performance in Moscow and one in Leningrad
* Professional visits to hospitals, institutions, and meetings with Russian doctors.
* Twin-bedded room with private bath or shower in Helsinki
* Dinner and continental breakfast
* City Sightseeing tour in Helsinki

Clip the coupon below and reserve a seat today.

NAME_____

ADDRESS_____

CITY_____

PHONE (HOME)_____ (BUS.) _____

$150.00 DEPOSIT PER PERSON ENCLOSED CHECK

MAIL TO

ORBIT INTERNATIONAL TRAVEL LTD.

ATTENTION RAE MARTIN
211 north ervay st.
dallas, texas 75201

ACADEMIA
News From The Colleges

CCOM

Ninety seniors from the Chicago ollege of Osteopathic Medicine ceived the doctor of osteopathy egree during commencement xercises held on the University of hicago campus June 3.

Thomas W. Allen, D.O., dean of ie college, presented the students ith their degrees. Robert L. chmitz, M.D., chairman of the epartment of surgery of Mercy ospital and Medical Center, and rofessor of surgery at the braham Lincoln School of Medine at the University of Illinois, hicago delivered the commence-ent address.

* * * * *

CCOM has announced the appointment of Joseph P. Bonnano, .O., as associate professor and airman of the department of ostetrics/gynecology, and Neil A. atkow, D.O., as assistant professor id associate chairman of the deartment of family medicine.

Dr. Bonanno will replace Seaver . Tarulis, D.O., who will be deting himself fulltime to teaching. r. Natkow previously served as sistant clinical professor of family ractice at the Ohio University ollege of Osteopathic Medicine 976-1979), assistant clinical rofessor of osteopathic medicine Michigan State University ollege of Osteopathic Medicine 978-79) and director of medical ducation at Grand Rapids Osteothic Hospital, Mich. (1977-79).

* * * * *

CCOM has been awarded two ajor grants from the U.S. Dertment of Health, Education and elfare for training residents in mily medicine, general internal edicine and general pediatrics.

One grant provides full stipends for six new residents in CCOM's family medicine department. The other grant provides partial stipends for two residents in a new general internal medicine training program and two residents in a new general pediatrics program.

COMS

The eightieth annual Commencement Exercises for the College of Osteopathic Medicine and Surgery (COMS) were held June 3. J. Leonard Azneer, Ph.D., president of the college, presided at the ceremony and conferred the doctor of osteopathy degree on 168 graduates.

The Commencement Address was delivered by James C. Crutcher, M.D., chief medical director of the Department of Medicine and Surgery at the Veteran's Administration, Washington, D.C. Dr. Crutcher was also the recipient of an honorary doctor of science degree at the ceremony.

* * * * *

Joseph Califano, Secretary of the Department of Health, Education and Welfare (HEW) has announced the appointment of Patricia Ann Cottrille, D.O., F.A.C.O.P., professor of pediatrics and chairman of the department of pediatrics at COMS, to the Health Professions National Advisory Council.

The appointment, one of six made to this council, is effective through January 31, 1982.

The Health Professions National Advisory Council was established to counsel and advise the Secretary of HEW on governmental policy affecting health professions education. The Council also submits recommendations on grants to health professions schools.

KCCOM

Leonard Mennen, D.O., FACOI, has been appointed dean for academic affairs at the Kansas City College of Osteopathic Medicine, according to Rudolph S. Bremen, Ph.D., president of the college.

As dean for academic affairs, Dr. Mennen will be responsible for both the basic science and clinical departments at KCCOM. Dr. Mennen had been serving as dean for clinical affairs.

Dr. Mennen is a 1963 graduate of KCCOM. He is also professor and head of the department of internal medicine.

* * * * *

KCCOM has been presented a historical letter written by Susan B. Anthony, a leader in the struggle for women's rights in the 19th century.

The letter was a gift from Keith Wilson, an attorney and member of the Board of Trustees at KCCOM.

Ms. Anthony, who died in 1906, has gained recognition recently because her likeness was placed on the newly minted one dollar coin.

The letter is dated November 19, 1903. Ms. Anthony wrote the one page letter to her cousin, Mrs. E. S. Anthony, who lived in Detroit, Michigan. It was written on the stationary of the National Woman Suffrage Association. The letter discusses the stillborn child of another relative and the problems women had in those years with childbearing.

→

OU-COM

John C. Wolf, D.O., has joined the faculty of Ohio University College of Osteopathic Medicine as an assistant professor of family medicine.

Wolf comes to Ohio University from the Kirksville College of Osteopathic Medicine where he was director of the outpatient clinic. He also served as director of student health and as an instructor in the department of general practice at Kirksville.

PCOM

The Board of Trustees of Philadelphia College of Osteopathic Medicine (PCOM) approved major organizational changes at a June 1 meeting. Dr. Thomas M. Rowland, Jr., president of PCOM, announced the changes, which are effecitve July 1, 1979:

* PCOM has added its sixth corporate unit, the division of special and continuing education. The division was formed to accommodate the increasing number of continuing medical education programs held at PCOM. The division also will be responsible for developing and expanding a community and patient education program. Spencer G. Bradford, D.O., formerly assistant dean for basic sciences, was named director of the new unit.

* Domenic A. DeBias, Ph.D., chairman of the department of physiology and pharmacology, was named assistant dean for basic sciences. Dr. DeBias also will continue as chairman of physiology and pharmacology.

* David Dunfee, D.O., staff physician at the 48th Street Health Care Center, has been appointed medical director of all PCOM's health care centers.

* John D. Angeloni, D.O., assistant professor in the department of general practice, has been named vice-chairman of that department.

* Two departments have new names. The department of pathology is now pathology and laboratory medicine; physiological chemistry is now biochemistry.

* William L. Silverman, D.O., F.A.O.C.P.A., has been named consultant to PCOM's department of pathology and laboratory medicine. Dr. Silverman is clinical associate professor of pathology at PCOM. Leonard Gladstone, D.O., also has been appointed assistant professor in the department.

* Richard Papa, D.O., director of medical education, has been appointed professional practice coordinator. He will oversee the office and hospital practices of whole-time faculty and staff, as well as all other physicians practicing in PCOM's office suites.

TCOM

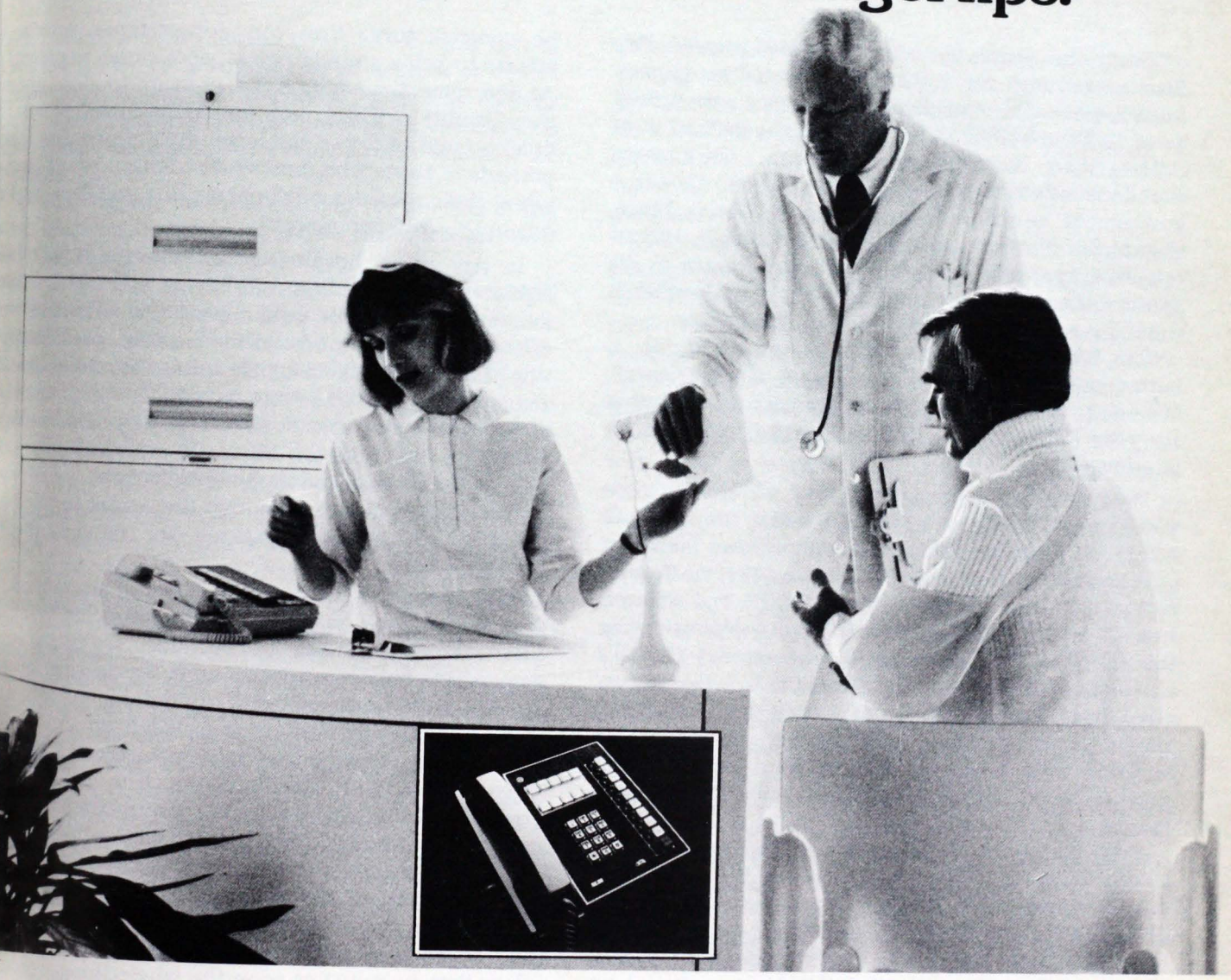
Two TCOM entering students have been selected by the Auxiliary to the AOA to receive $2,000 scholarships. Recipients are Michael Timothy Glover of Saginaw and Mark Joseph Tereletsky of Big Spring. Glover attended Abilene Christian University and Tereletsky attended Texas Tech University. Each will receive $1,000 for the first year and $1,000 for the second year.

* * * * *

Mike Fitzsimmons has joined the staff of Texas College of Osteopathic Medicine as activities center manager for the Institute for Human Fitness.

Fitzsimmons received his bachelor's degree in physical education from California Polytechnical State University and a master of education degree from University of Houston. As activities center manager, Fitzsimmons will be responsible for coordinating rehabilitation programs, research projects and TCOM employee and community participation at the Institute's facilities.

She can locate a doctor, handle an emergency call and register a patient all at the same time. With a Com Key system at her fingertips.



The nerve center of a doctor's office or clinic is its communications system.

And the Com Key* system offers the freedom professionals in the time-critical health care industry need.

Internal communications don't depend on a telephone attendant. One attendant can do the work normally required of two people. And the Com Key system's hands-free† answering on intercom feature allows several tasks to be handled at once by station users.

With push-button simplicity, the Com Key system intercom feature can by used by doctors to issue instructions, order medication or locate assistance from anywhere in the hospital or clinic.

For more information about how a Com Key system from Southwestern Bell can add to the efficiency of your health care operation, give us a call.

In Houston, call 526-0916. Elsewhere in Texas, call toll free 1-800-392-4327.

Southwestern Bell

* Trademark of AT&T
† Option available on Com Key 416 and Com Key 2152 Systems.

Dedicated Soloist Will Hold His Own

by James A. Reynolds, Executive Editor,
Medical Economics

Thirty-one years ago an Englishman named Eric Blair peered into the future and recorded his gloomy thoughts on what it held for us. He saw a nation dedicated to Doublethink — the power, as he defined it, of holding two contradictory beliefs in one's mind simultaneously and accepting both of them. He saw a government committed to slogans — War is Peace, Freedom is Slavery, and Ignorance is Strength. He saw populace oppressed ba a faceless leader known as Big Brother, harangued by loud speakers (Big Brother is watching you), and hounded by Thought Police.

Eric Blair, the author of the apocalyptic vision, is better known to us by his pen name, George Orwell. His book, of course, is 1984. It's impact was such that the year 1984 has come to have special significance for all of us.

1984 is still five years away, but it's already clear that Orwell's vision isn't as far-fetched as it might have seemed 31 years ago. Take, for example, that matter of government by slogan. While it's true that no federal agency has gone so far as to proclaim that "War is Peace," what we heard from the White House during the Vietnam War came close. Or consider Orwell's notion that "Big Brother is watching you." Any of you who have competed against federally subsidized HMOs, squirmed under the scrutiny of PSROs, or wrestled with HSAs know only too well that Big Brother hasn't waited for 1984 to make his presence felt.

Does what's been happening suggest that 1984 — George Orwell's 1984 — is just around the corner? Or does it simply mean that medicine, always a dynamic discipliner is just having to run harder than usual to keep pace with the times? I don't intend to answer those questions for you, and I think you should be grateful for that. Doctors don't want, or need, pat answers from a keynote speaker — from one, moreover, who's not even a member of the medical profession. I will try, however, to give you some facts and figures, some insights and perspective, that should enable each of you to arrive at your own answers. What I propose to do today, then, is to take a look, with you, at the forces acting on your profession. . . and to speculate, with you, at what the practice of medicine may be like in the years ahead.

There may be changes in where and how services are provided, but developments in this area are likely to be contradictory. You can, for example, anticipate efforts to bring ambulatory services closer to patients. At the same time, you'll see pressure to close underused facilities. Total cost should be lower as care is consolidated in fewer and larger institutions. But some patients — those who must go to a large medical center when their local hospital phases out its OB beds, for example — will pay more.

In any event, hospitals of all description will face tighter and tighter controls, higher and higher costs, and more and more public resentment. Indeed, one noted health economist, Eli Ginzberg, predicts that "by 1990 a great many hospitals are likely to be reduced to a state of gentile poverty."

In short, no significant expansion of medical services looms on the horizon. Financial pressures may even lead to some reduction in the level of care.

That conclusion foreshadows the answer to our next question: **What's the outlook for national health insurance?**

It used to be said that national health insurance is an idea whose time has come. Now it appears to be an idea whose time has passed. The prospects range somewhere between nil and none for passage of any big womb-to-tomb program anytime soon. The talk now is of nothing more than scaled-down and phased-in programs, but even they face an uncertain future.

Note the latest developments. The AMA, which for years felt it had to back a bill in order to have a seat at the national health insurance bargaining table (a notion of dubious merit, let me add), has retreated to a vaguely worded statement of principles. President Carter seems no further along with his bill today than he was when he campaigned for the White House. It's clear that he'd just as soon the whole thing would go away, since he's had no luck at all in coming up with what he needs — a bill that, literally, will give the voters something for nothing. Senator Kennedy has given up his fight for an all-or-nothing approach, but even his own supporters concede that his new step-by-step scheme faces an uphill battle — indeed, some would say an impossible battle.

The reason for this ideological retrenchment, of course, is cost. Even the most modest national health insurance bill would cost billions, and these billions simply cannot be provided without new taxes. The only thing that stands any chance of passage — and

such passage is by no means assured — is some sort of coverage for the catastrophic cost of sickness or injury. Catastrophic coverage, when and if, would be nothing for doctors to worry about. It would be essentially a bill-paying mechanism, not a vehicle for restructing the health-care system.

If that suggests business as usual for doctors in the years immediately ahead, it invites this question: **how good will the doctor business be?**

The continued availability of third-party payments, the advancing age of the population (old people see doctors more often than young people), the anticipated demand for more sophisticated care — all of this suggests that doctors are part of a growth industry.

There are some problems, however. Medical schools may be turning out more doctors than we need. Residency programs are certainly turning out more specialists than we need. Foreign medical graduates continue flocking to our shores. There are today, in short, a lot more doctors than there used to be, and the number will continue to increase for at least the next 10 years. That all adds up to competition — at least, the possibility of competition.

The number of solo practitioners will continue to decline, and the doctors who remain in solo practice will face more and more competition from groups. Indeed, by 1984, the majority of doctors will be in group practice. One reason for this flight from solo practice is the fact that women already account for a quarter of all newly licensed doctors — and, in 10 or 15 years, may account for fully 50% of all new doctors. Women, it appears, are less likely than men to be attracted to solo practice. In fact, the growing census of women doctors could very well spur the expansion not just of medical groups but also a big increase in the number of salaried doctors working full-time for hospitals and clinics — another form of competition for the solo practitioner.

The dedicated soloist will no doubt hold his own, even though the reformers and the health planners act like they're out to get him. Those do-gooders tend to overlook the very real benefits of solo practice. The solo doctor is free to develop his own style of practice. Going solo may be the simplest way for an orthopedist to narrow his practice to hand surgery, for instance, or for an OBG man to give up obstetrics when his colleagues don't want to. The same goes for personal taste. The solo doctor can exhibit tropical fish in his waiting room without taking a vote of his colleagues. He can ride a moped to work and dress as he pleases. He's free, in other words, to be himself, and in being himself he becomes someone pretty special to his patients. In other words, I don't think that solo practice is about to disappear.

A challenge to the solo doctor and to doctors practicing in small groups may be presented, however, by the growth of HMOs and other prepaid health plans. The extent of this challenge will depend on how vigorously HMOs are promoted by the federal government. While reformers of all persuasions think that HMOs are the cure for just about every ill in our health-care system, there's no assurance that HMOs will grow very fast or expand very rapidly without federal support. HMOs aren't generally very attractive to doctors, but that's just a small part of their growth problem. Limiting their growth even more is the fact that their prospective members — that is, potential patients — are loathe to sign up with any plan that will even slightly restrict free choice of physician.

When you consider all the cross currents, the doctor demographics for the 1980s add up like this:

- In raw numbers, there'll be a lot more doctors around. More of them will be women, and overall, they'll be younger.
- Though we'll have more doctors, we'll also have an increased demand for services — with or without national health insurance. In theory, at least, that means there shouldn't be much of doctor surplus.
- Specialization will continue to dominate the medical scene just as it does today. Even so, there'll be more primary-care doctors, thanks to the popularity of family practice residencies. Growth in family practitioners will more than make up for the long-term decline in the number of GPs, while other primary-care doctors should at least hold their own.
- There'll probably be a slightly smaller percentage of doctors in office-based practice, which means more doctors on salary in institutional settings. The majority of doctors in office-based practice, moreover, will be practicing in groups — all of this suggesting new competition for the solo practitioner.

→

- Competitive forms of practice, such as HMOs, won't do very well without federal support. If Congress throws a lot more money into HMOs, you could see a quarter of the population enrolled in this plan by the mid to late 1980s. If the government simply lets nature take its course, HMO enrollment could be a little higher than five percent.

Any reference to the government leads to this question: **What are prospects for new or tighter federal controls on doctors?**

On this subject I cannot be very encouraging. More controls — at least, more bureaucrats looking over your shoulder — appear to me to be inevitable. But even in 1984 we'll be a long way from socialized medicine or anything like Britain's national health service.

Controls, in fact, are coming at you from a lot of different directions. The hospital programs you've learned to live with — if not love — are getting tougher. But that's not all. A number of moves are afoot to monitor the kind of medicine you practice in your office.

PSROs, for example, are starting to venture into office-care review; you'll see a lot more of this in the years ahead. One big specialty society, the American Society of Internal Medicine, is developing criteria of care that could lead to national standards for internists. Ther American Board of Family Practice is auditing the quality of a doctor's office care as part of its recertification exam. The Joint Commission of Accreditation of Hospitals has extended its activities to group practices. If you think evaluating the overall quality of the care you render in your own office won't be easy for a reviewer, you are correct. But, as you can see, that difficulty hasn't stopped a number of organizations from trying.

It may be premature, if not actually unrealistic, to think that you'll soon be seeing patients with a monitor looking on, but hardly any of you will be entirely immune from these new controls. You'll get longer and longer lists of guidelines, you'll face stiffer and stiffer claims review, and you'll see more and more denial of reimbursement for treatment labeled inappropriate or unnecessary. The push for surgical second opinions is just an example — and by no means the only example — of what's ahead.

Also ahead is a stepped-up effort to control your fees. Such control will likely come first on the fees you charge for treating patients under government programs — Medicare, Medicaid, and the like. Reimbursement for usual and customary fees will give way to reimbursement according to a fee schedule — I think that's inevitable. How and by whom that fee schedule will be determined is very much an open question, but it could lead to a good deal of bloodletting — with the surgeons trying to preserve their fee differentials and everyone else elbowing for a bigger piece of the pie.

Also inevitable, I think will be en effort to encourage more doctors to accept Medicare assignments. I look for some kind of a carrot-and-stick approach: Agree to accept assignments, and you'll get paid quicker and face less paperwork. Refuse to accept assignments, and you'll be barred from all federal reimbursement programs. That, at least, is what I envision.

None of my predictions, I daresay, come as a surprise to any of you.

But there will be surprises — surprises that none of us in this room can anticipate — in the years ahead. If it demonstrates nothing else, the health-care industry demonstrates the law of unintended effects. This industry is just like one of Alexander Calder's mobiles. If you touch something over here, something over there begins to wiggle. It's very hard for the government to do only one thing, and the unintended consequences of the things it does do are often more important than the intended consequences. Consider, for example, what happens now when Medicare reduces its prevailing fees. This reduction is intended to save the government money. It accomplishes that goal, but each fee reduction leads a number of doctors to quit seeing Medicare patients — a consequence not only unintended but unwanted.

What we have to watch out for are these unintended consequences — and I guess we should hope fervently that our leaders in Washington watch out for them too.

In closing, I'll leave you with one thought: While Big Brother may watch you even more closely in 1984 than he does now, it's unlikely that he'll ever scrutinize your practice as closely as he would if George Orwell were to write the scenario.

[Reprinted from the Journal of the Oklahoma Osteopathic Association] ⮝

The Other DOctor Available for Showings

Do you know of a school or civic group that would be interested in seeing the AOA *The Other DOctor* for a meeting of program?

To date, Film Comm, a movie distribution company in Dallas that is distributing the 16mm movie for TOMA has had requests for the film from 16 television stations, 38 high schools, 22 junior high schools, one elementary school, nine civic groups and four hospitals and doctors, according to Royce K. Keilers, D.O., chairman, Public Information Committee.

As of the first of June an estimated audience of almost 400,000 people had seen the film.

If you or someone you know is interested in using the film, write Film Comm, 1 Main Place, Suite 2560, Dallas, Texas 75250 or call 214–747-8048. Be sure to indicate where the film is to be sent and the date needed. ⮝

Osteopathic Medicine Today Brochure Available

A new and updated *Osteopathic Medicine Today* brochure is off the presses and ready to be distributed to TOMA members and affiliated hospitals in Texas.

The new pamphlet is 3¼ inches x 5¼ inches and features two picture images of the osteopathic physician at work. The scenes depict a wide range of osteopathic services from manipulative treatment to emergency room care, surgery, pediatrics and general practice.

Various divisions of information in the pamphlet deal with the similarities of the D.O. and M.D., osteopathic philosophy, training, hospital facilities, education and continuing education. Also covered information on the general practitioners and specialists.

Cover of the brochure is a graphic design utilizing the name of the brochure.

Printed in a medium blue and black on white glossy paper, the information piece is designed for the general public.

During the month of August each TOMA member will receive a packet of the brochures, at no cost to the physician, for use in his or her office. Hospitals will also receive a packet. For additional copies contact the state office. A total of 100,000 brochures have been printed and are available to physicians, interested lay persons, clubs and civic organizations. ▲

Letters

The following letter was addressed to John J. Cegelski, Jr., D.O., TOMA president.

Dear John,

Thanks so much for your visit. We certainly appreciate your efforts in our behalf as president and we feel TOMA is in good hands.

Please send the information concerning TOPAC as I certainly want to contribute.

Again, many thanks.

Fraternally,
Ted Alexander, Jr., D.O.
President, TOMA
District XVI

Opportunities Unlimited

Practice Locations in Texas

PHYSICIANS WANTED

AMARILLO — Guaranteed income plus moving expenses for surgeons with skills in orthopedics and urology, ob-gyn specialist, as well as, GPs. Urgently needed. Fast growing community in a city of 165,000. Contact: W. L. Davis, Jr., administrator of Southwest Osteopathic Hospital, 2828 West 27th, Amarillo, 79109. Phone: 806—355-8181.

AUSTIN — After 41 years, retired June 1, 1979 at age 83. For Sale: OMT and Cranial practice. Macklin treating table, plain treating table, office furniture, and equipment. For more information contact: John B. Donovan, D.O., 601 West 10th Street, Austin, 78701. Phone: 512—478-2300.

DALLAS — Excellent practice opportunities for energetic General Practitioners interested in community D.O./M.D. hospital located in progressive city. Office space available adjacent to hospital for solo practice or join established physician. Guaranteed part time income through ER coverage up to $45,000 annually. Contact: R. J. Halbrook, Administrator, East Town Osteopathic Hospital, 7525 Scyene Road, Dallas, 75227. Phone: 214—381-7171.

DALLAS — Unusual opportunities for hospital oriented practice. Solo or group practice locations. Guaranteed income. Staff membership available at 117-bed teaching hospital, affiliated with Texas College of Osteopathic Medicine. Call collect, John Isbell, Administrator, Stevens Park Osteopathic Hospital, 2120 West Colorado Boulevard, Dallas, 75211. Phone: 214—943-4631.

DALLAS — Well established, large, successful D.O. clinic, with equipment for sale. Write Box "L", TOMA, 512 Bailey Ave., Fort Worth, 76107.

DUNCANVILLE — Near Dallas. One or two completely furnished and equipped office suites for lease. This 8,000 sq. ft. building already houses one G.P., one optometrist and one podiatrist. Contact: J. L. Hill, D.O., 113 South Main, Duncanville, 75116.

FAMILY PHYSICIAN (D.O.) — Needed for North East Texas town with practice area of 5,000+; Minimum salary guarantee; office rental and equipment purchase negotiable. Write Box "W", TOMA, 512 Bailey Avenue, Fort Worth, 76107.

FORT WORTH — North Texas State University Health Sciences Center/Texas College of Osteopathic Medicine faculty positions available. Clinical departments, family practice, specialists. Contact: Ralph L. Willard, D.O., Dean, Texas College of Osteopathic Medicine, Camp Bowie at Montgomery, Fort Worth, Texas 76107.

GRAND PRAIRIE — Three approved residencies are available: They are in anesthesiology, general surgery and orthopedics. Apply immediately by contacting Mr. R. D. Nielsen, Administrator, Grand Prairie Community Hospital, 2709 Hospital Boulevard, Grand Prairie, 75050.

GPs NEEDED IMMEDIATELY — 115-bed Hurst General Hospital, located between Fort Worth and Dallas, needs general practitioners to serve rapidly growing area. Excellent opportunity for experienced or young eager physicians wanting to build a practice. Hospital will assist with start-up and relocation expenses. Contact: John Miller, Administrator, Hurst General Hospital, 837 Brown Trail, Hurst, 76053. Phone: 817— 268-3762.

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

HOUSTON — The Professional Medical & Surgical Clinic Association has openings for physicians in family practice, surgery, internal medicine, radiology, and lab technicians. The Association consists of four clinics—2 in Houston, and 2 within 50 mile radius of Houston. Negotiable salary with excellent benefits. Send curriculum vitae to Chris S. Angelo, D.O., 2902 Berry Road, Houston, 77093. Phone: 713—695-7756.

HOUSTON — GP wanted, to associate with another D.O. in general practice in the Houston area. Must be willing to do some obstetrics. Please reply to: Box "M", TOMA, 512 Bailey Avenue, Fort Worth, 76107.

LUBBOCK — D.O.s needed in areas of general practice, anesthesiology, ob-gyn and orthopedics surgery at Community Hospital of Lubbock. Generous guarantee, free office rent and other financial assistance available. Contact: Joyce R. Wallace, Director of Physician Relations, National Accommodations, Inc., 4070 Laurel Canyon Blvd., Studio City, Calif., 91604 or call collect 213—985-8386.

MABANK — General Practitioner needed immediately in family clinic in Mabank. $3,000 per month guaranteed plus percentage. To replace third doctor deceased. Contact: Robert L. Hamilton, D.O., P. O. Box 267, Mabank, 75147. Phone: 214—887-2161.

MC MANUS TABLE — Wanted. Any condition. Call or write Dr. Dingle, 309 West Liberty Road, Atoka, Oklahoma, 74525. 405—889-3338.

Opportunities Unlimited

Practice Locations in Texas

MESQUITE — Rutherford General spital, 165-bed facility, has positions en for GPs, pediatricians, urologists, T and emergency physician. Mesquite an urban community of 70,000 which part of the Dallas-Fort Worth metro-x. If interested please contact: Sherry kland, P. O. Box 1481, Mesquite, 149. Phone: 214—285-6359.

MOONLIGHTING — Opportunities extra money. Cover every 5th week-l with group of D.O.s. Competitive plus bonus at Hood General Hospital, nbury. For more information contact: G. Padget, D.O., 115 South Houston, nbury 76048. Phone: 817—443-0630.

OB-GYN Office — All medical equip-it, supplies, and furniture for sale. office equipment and furniture. ntact Attorney for estate' Charles ruth, 1000 Capital Bank Bldg., Dallas, 06. Phone: 214—821-4500.

SMITHVILLE — Earn while you learn. t-doctoral preceptorship available to a ceptee in a rural community with a ll 35-bed hospital, 60-bed nursing ne and a four-doctor clinic arrange-it. If interested, please contact: eld R. Morris, D.O., Smithville Medi- Clinic, Smithville, 78957. Phone: —237-2443.

SWEETWATER — Complete, well-pped medical office with lab and y. Includes EKG, 3 exam rooms plete with medical and office equip-it. Includes everything to begin a ctice immediately. Rent office e—room for expansion. All business is included. Sweetwater has an nated population of 15,000 and has e area lakes. Will sell for $25,000. ving for Surgery Residency. Available immediate possession. Also home for , 3400 sq. ft. located three blocks n office. Contact: Christopher V. es, D.O., 1305 East 14th, Sweet-er, 79556. Phone: 915—235-8731.

TEMPLE — Family practitioner seeking young family practitioner (residency training preferred) with interest in obstetrics for busy practice in fast growing mid-size city. (Approximately 50,000) in central Texas. Partner returned to residency program. Associate times one year with opportunity to own with mutual agreement. Lease graduated to reduce expenses while beginning. All equipment furnished. Hospital privileges. Please contact Shelley M. Howell, D.O., Family Practice Clinic, 3009 Scott Blvd., Temple, 76501. Phone: 817—778-2734.

TYLER — Population 70,000 plus. General family practice in beautiful East Texas. Office space adjacent to a 54-bed general osteopathic hospital. Excellent schools including Tyler Junior College and Texas Eastern University. Beautiful lakes and trees. Outdoor activities unlimited. This is one of the most beautiful places in the country to live and raise a family. Financial assistance available for the right person. Contact: Mr. Olie Clem, Administrator, Doctors Memorial Hospital, 1400 W. Southwest Loop 323, Tyler, 75701. Phone: 214—561-3771.

POSITIONS DESIRED

ANESTHESIOLOGIST — Is interested in relocating in Texas. Certified in anesthesiology. For more information contact: Howard Scalone, D.O., 18390 Surrey Lane, Brookfield, Wisconsin 53005. Phone: 414—782-5130.

CARDIOLOGIST — TCOM graduate 1975; internal medicine CCOM; two year cardiology fellowship at Cleveland Clinic; trained in all invasive and noninvasive procedures; Available July 1980. Contact: Ronald Sebold, D.O., 2 Washington Square, Euclid, Ohio 44143. Phone: 216—531-7333.

GENERAL INTERNIST — Desires to move to Texas and establish practice. Currently senior resident at St. Elizabeth Hospital Medical Center in Youngstown, Ohio. A 1975 graduate of PCOM and a Diplomate of the National Board of Osteopathic Examiners. Contact: F. G. Miller, Jr., D.O., 492 Georgetown Street, Sharpsville, Pennsylvania, 16150 or call 216—746-7231 or 412—962-9077, hospital and home respectively.

INTERNIST, CARDIOLOGIST—D.O. desires to relocate in a Texas city of about 100,000 population. Board certified. Graduated from PCOM in 1970. Osteopathic internship at Parkview Hospital in Philadelphia, Pa. Three-year residency in internal medicine and two-year cardiology fellowship. For more information, please write Box "J", TOMA, 512 Bailey Avenue, Fort Worth, Texas, 76107.

OB-GYN — Board eligible D.O. looking for practice opportunities in Texas. Available July 1980. Contact: John H. Williams, D.O., Box 155, Naval Regional Medical Center, Charleston, South Carolina, 29408.

RADIOLOGIST (D.O.) — Actively looking for hospital positions or partnership with another radiologist. Available immediately. For more information write Box "E", TOMA, 512 Bailey Avenue, Fort Worth, 76107.

RADIOLOGIST — Board certified radiologist is wishing to relocate in Texas. Prefers large cities. For more information contact: Bruce Rosenburg, D.O., 223 Parkclay Circle, Sheltenham, Pennsylvania, 19012.

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

TEXAS OSTEOPATHIC MEDICAL ASSOCIATION
512 Bailey Avenue
Fort Worth, Texas 76107

Address Correction Requested

BULK RATE
U. S. POSTAGE
PAID
FORT WORTH, TEXAS
Permit No. 1646