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requests the honor of your presence
at a
Reception
Wednesday, the second of February
Nineteen hundred and eighty-three
from four until eight o'clock
at the
Headliners Club
atop the American Bank Tower
Austin*

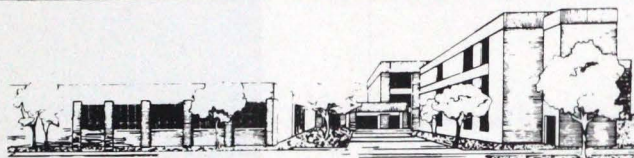
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PHONE

For Your Information

OSTEOPATHIC AGENCIES

American Osteopathic Association	312-280-5800 800-621-1773
American Osteopathic Association Washington Office	202-554-5245
American Osteopathic Hospital Association	312-692-2351
Professional Mutual Insurance Company	800-821-3515
Texas College of Osteopathic Medicine	817-735-2000 Dallas Metro 429-9120 429-9121
Texas Osteopathic Medical Association	817-336-0549 in Texas 800-772-5993 Dallas Metro 429-9755
TOMA Med-Search	in Texas 800-772-5993
TOMA Insurance Program	816-333-4511 (call collect for Bob Raskin)

TEXAS STATE AGENCIES

Department of Human Resources	512-475-2057
State Board of Health	512-458-7111
State Board of Medical Examiners	512-475-0741
State Board of Pharmacy	512-478-9827
State of Texas Poison Center for Doctors & Hospitals Only	713-765-1420 800-392-8548 Houston Metro 654-1701

FEDERAL AGENCIES

Drug Enforcement Administration For state narcotics number	512-465-2000 ext. 3074
For DEA number (form 224)	214-767-7203

CANCER INFORMATION

Cancer Information Service	713-792-3245 in Texas 800-392-2040
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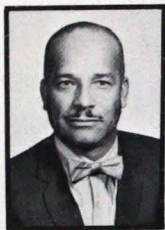
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Happy New Year

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Tex Roberts, Editor

TOMA Membership Applications Received



Alfred E. Boyce, D.O.
102 E. 1st, Drawer H
Groom, 79039
KC '63; C-S

Betsy Buehrer, D.O.
2510 S. E. 8th Street
Grand Prairie, 75051
TCOM '81; GP



Harry Hernandez, D.O.
676 N. General McMullen
San Antonio, 78228
MSU-COM '81; GP



Charles M. Mehegan, D.O.
P. O. Box 541
Mesquite, 75149
KCOM '66; C-ANES

CALENDAR OF EVENTS

JANUARY

18

- ★ TOMA District II Meeting
Hyatt Regency
Fort Worth
W. R. Jenkins, D.O.,
President TOMA, Speaker
6:30 p.m. Cocktails
7:30 p.m. Dinner

Contact:
Mrs. Sue Trese
738-5543 or
Mrs. Priscilla Briney
441-9373

FEBRUARY

2

- ★ TOMA Legislative Reception
February 2, 1983
Headliners Club
Austin
4-8:00 p.m.

Contact:
Tex Roberts, CAE
Executive Director
TOMA
226 Bailey Avenue
Fort Worth, Texas 76107
817-336-0549
800-772-5993 (in Texas)
429-9755 (Dallas County)

2-5

*General Practice Up-Date
Seminar*

Metropolitan General Hospital
Holiday Inn Surfside
Clearwater Beach, FL
22 CME Credits Approved

Contact:
Susan Johnson
Metropolitan General Hospital
813-546-9871, ext. 202

2

2-6

Clinical Practice Update
Keystone, Colorado
15 CME Credits, Category 1-A
Fee: \$175

Contact:
Virginia McGann,
Executive Secretary, Clinical
Faculty in CME
P. O. Box 470147
Fort Worth, TX 76147
817-274-9508

3

3-5

Trauma & Acute Care
Kirkville College of Osteopathic
Medicine
Las Vegas, NV
20 CME Credits, Category 1-A
Fee: \$250

Contact:
Frank V. Colton, Ed.D.
Director of Educational
Development
Kirkville College of Osteopathic
Medicine
Box 949
Kirkville, MO 63501
816-626-2232

4

4-6

*Harris County Family Practice
Seminar*

Contact:
Ladd Tucek, D.O.
713-999-5922

Calendar of Events

April

11

11-15

Third Annual San Diego Residents' Radiology Review Course

Department of Radiology of the University of California, San Diego Medical Center San Diego, CA

Fee: \$340

Contact:

Mary J. Ryals,
Director of Postgraduate Education
P. O. Box 61203
D/FW Airport, TX 75261
214-659-9590

MAY

5

★ **TOMA 84th Annual Convention & Scientific Seminar**

May 5-7, 1983

Americana Hotel
Fort Worth

Contact:

Tex Roberts, CAE
Executive Director
TOMA
226 Bailey Avenue
Fort Worth, Texas 76107
817-336-0549
800-772-5993 (in Texas)
429-9755 (Dallas County)

COMING EVENTS

July 23-August 6

Third Annual Roentgen Revisited

Department of Radiology of the University of California, San Diego Medical Center Germany and Austria
Course accredited for Category 1
Fee: \$400 and \$300 for fellows and residents

Contact:

Mary J. Ryals
Director of Postgraduate Education
P. O. Box 61203
D/FW Airport, TX 75261
214-659-9590

October 23-27

American Osteopathic Association's Convention and Scientific Seminar

New Orleans, LA

Contact:

AOA Bureau of Conventions
212 East Ohio Street
Chicago, IL 60611
312-280-5800

TOMA DISTRICT MEETINGS

District II

January 18

12

Mid-year Conference

Georgia Osteopathic Medical Association

Tower Place Hotel, Atlanta, GA
18 CME Credits, Category 1-A

Contact:

William A. Delp, Jr., D.O.
2157-C Idlewood Road
Tucker, GA 30084
404-491-1443

19

New Concepts in Internal Medicine

Kirkville College of Osteopathic Medicine

Keystone, Colorado

25 CME Credits, Category 1-A

Fee: \$350

Contact:

Frank V. Colton, Ed.D.
Director of Educational Development
Kirkville College of Osteopathic Medicine
Box 949
Kirkville, MO 63501
816-626-2232

MARCH

13

13-19

12th Midwinter Conference

Colorado Society of Osteopathic Medicine

Keystone, Colorado

52 CME Credits Approved

Contact:

Kathleen Brennan,
Executive Director
Colorado Society of Osteopathic Medicine
215 St. Paul Street, Suite 290
Denver, Colorado 80206
303-322-1752

84th Annual Convention Will Feature New Concept in CME

Premium on Reacting to Common Chief Complaints Seen in General Practice

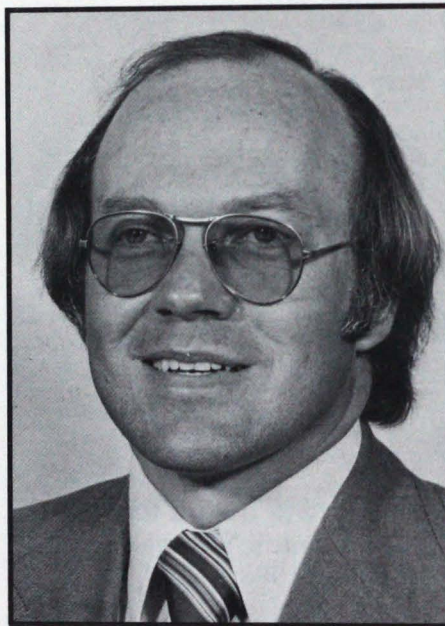
A relatively new concept in continuing medical education will be introduced to physicians attending the 84th annual TOMA Convention and Scientific Seminar at the Americana Hotel in Fort Worth May 5-7, 1983.

Richard B. Baldwin, D.O., Program chairman, said the seminar will follow an approach to learning that he was exposed to in the early 1970s during his four years on the faculty of the Michigan State University College of Osteopathic Medicine.

"The convention in May will place a premium on reacting to common chief complaints seen in general practice in order to generate a manageable number of probabilities in each case and decide on key additional data — historical, physical, radiographic or laboratory — to attempt to confirm or rule out the various possibilities," he said.

Dr. Baldwin said the philosophy behind the educational approach was published in 1978 in *Medical Problem Solving* by Arthur Elstein, Lee Shulman and Sarah Sprafka.

In an ongoing series of articles in the *Texas DO* between now and May, Dr. Baldwin will provide case



Richard B. Baldwin, D.O.
TOMA Program Chairman

information leading up to the problem solving sessions at the TOMA seminar. Members of the resource team during the convention CME sessions will be Drs. James G. Matthews, Jr., Grand Prairie; James Seebass, Tulsa; Edward Brooks, Bedford; and Wayne Hey, Carlisle Holland and William E. McIntosh, Fort Worth.

Dr. Baldwin, who is associate dean for clinical affairs at Texas

TOMA House meets May 4, Convention May 5-7 at Americana in Fort Worth

College of Osteopathic Medicine, has provided the following information from *Medical Problem Solving* to stimulate thought about the process:

"Among the skills necessary for the practice of clinical medicine are the abilities to collect the pertinent facts about a case and to use these facts intelligently in order to arrive at an appropriate diagnosis. Medical educators have typically assumed that better diagnosis was to be achieved through the Baconian ideal of thorough and impartial gathering of facts, which are later objectively interpreted and evaluated in order to reach a single diagnosis or a few diagnostic possibilities that can best account for the assembled data.

"Systematic observation of competent practicing physicians, however, has led to the conclusion that the process of diagnosis is one in which hypotheses are continually advanced, tested, modified, ruled out, or presumptively confirmed. Physicians apparently collect medical case data as much for the purposes of generated hypotheses and aggregating evidence in their favor as for the sake of building a data base from which hypotheses are later generated."

Mervin E. Meck, D.O., of Florida Will Speak at Convention Luncheon

Problem Solving Begins with Tentative Hypotheses

Hypotheses are generated early

"As experienced clinicians know (although most of our clinical teaching has not yet acknowledged), problem solving begins with the formulation of tentative hypotheses, which serve to guide further inquiry. In direct contrast to our conventional instructional strategy of urging students to defer all hypotheses until the history taking and physical examination have been concluded, competent physicians begin generating hypotheses in the earliest moments of their encounters with patients. Indeed, they never use the student-oriented approach. . ."

The hypotheses considered are limited in number

"In confirmation of these findings for people in general, from problem solving research in other fields, clinicians are found to have a distinctly limited capacity for simultaneously considering multiple hypotheses, regardless of the complexity of the problem. Rarely does the number exceed five, and virtually never will an individual be entertaining more than seven. . ."



*Mervin E. Meck, D.O.
AOA President-elect*

Information and experience appear to be basic to competence

"As a minimum, the effective clinician has knowledge of (1) the relation of findings to conditions (for the problems at hand), (2) the relative frequencies of different possible conditions (their population base-rates), and (3) the particular characteristics of those conditions which carry severe risk, even if their rate of occurrence is low. . ."

Mervin E. Meck, D.O., of New Smyrna Beach, Florida, will be the special guest at the annual AOA President-elect's Luncheon Friday, May 6, during the 84th Annual TOMA Convention and Scientific Seminar at the Americana Hotel in Fort Worth.

The incoming AOA president is in general practice in Florida and also serves as executive director of the Florida Osteopathic Medical Association.

A diplomate of the National Board of Osteopathic Physicians and Surgeons, the 1946 KCOM graduate was certified in 1979 by the American Osteopathic Board of General Practice.

He served as executive director of the Florida State Board of Osteopathic Medical Examiners from 1966 to 1974 and has served in numerous capacities with the AOA, including program chairman in 1975.

Dr. Meck, a past president of the Florida Osteopathic Medical Association, received that organization's Distinguished Service Award in 1974.▲

TOMA Invites Members to Attend Legislative Reception

The message is out to all Texas D.O.s . . . If you don't know who your district's legislators are, now's the time to get to know them.

"The legislative session that begins in late January will again be an important one for the osteopathic profession," said TOMA President William R. Jenkins, D.O., of Fort Worth. "It is very important that each of our TOMA members knows his or her state senators and representatives and that they know us."

TOMA will be providing a common meeting-ground Wednesday, February 2, when the state association hosts a reception for members of the 68th Texas Legislature

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at a

Reception

Wednesday, the second of February

Nineteen hundred and eighty-three

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Headliners Club

atop the American Bank Tower

Austin

R.F.V.P. regrets only

800-772-5993

from 4-8 p.m. at the Headliners Club in Austin.

The TOMA leadership throughout the state is being urged by Dr. Jenkins and Executive Director Tex Roberts to attend the legislative reception. "And we hope the D.O.s will arrive in Austin early to pay a call on their local legislators and extend a personal invitation to the reception," Roberts said.

A directory of State Senate and House members was published in the December issue of the *Texas DO* (pages 24-35), and physicians are urged to clip out the guide for use when help is needed with the TOMA legislative program during this upcoming session.▲

Feb. 2 at Headliners Club in Austin

Speaker Clayton and Successor Gib Lewis Headline TOMA Forum

Some 100 physicians attending the annual TOMA Public Health-Legislative Forum at the Lincoln Radisson Hotel in Dallas December 4 and 5 heard up-to-the-minute reports on the Austin legislative scene from two of the state's most prominent politicians.

Speaker of the House of Representatives Bill Clayton, and his apparent successor as speaker, Gib Lewis of Fort Worth, had spent several days in Austin prior to the forum in orientation sessions for new legislators and in finalizing the legislative budget proposals for the 1983-85 state biennium.

Speaker Clayton, who said that work had been completed about midnight on Friday on the budget proposals, brought good news to the osteopathic profession in his Saturday morning remarks.

"We were able to put into the budget request that will be submitted to the convening legislature in January \$14.6 million for a library at Texas College of Osteopathic Medicine," Clayton said. "Frankly, I think that was quite an achievement in lieu of the fact that we came down close to the bottom of the cycle in the budgetary process."

He also reported that \$1.5 million had been set aside to begin a residency program in the state's teaching hospitals. "We opened the door just a little, but it's a start," he reported, adding that he hoped that amount could be increased during the legislative session.

In his remarks on Sunday morning, Speaker-apparent Lewis brought what he called good news and bad news. The good news, he said, was that projections indicate there will be about \$5 billion more in funds available for state appropriations in the next biennium than there was in 1981.

"The bad news is the requests that have been made on the state budget from state agencies We are going to be faced with \$10 billion more in requests, so that means we won't be able to fill all the needs of our state agencies that have requested additional funds," Lewis said, adding his hope that the TCOM library funding would survive the legislative session.

In his Saturday speech, Speaker Clayton also talked about the state budget, noting that in the two decades he has served in the legislature, the state appropriations bill had increased 10-fold, from some \$3 billion in

1963 to \$32 billion in 1981. The projected budget for the 1983-85 biennium, he said, would be about \$36 billion.

"We've been fortunate in Texas in the last 12 years," he said. "We've not had to raise any taxes at the state level, and we've had enough money over and above current levels of spending to take care of the needs for each succeeding biennium."

He noted, however, that because of inflation it is now "difficult to maintain even current operations without adding big hunks of money to the budgetary process."

Clayton, who spoke on health care coalitions, talked of the cooperative effort that brought about changes in the medical practices act during the last legislative session.

"M.D.s don't have a monopoly on health care," he said. "There are services that could be provided to our citizenry that should be, and I think that through some coalition effort of various health care groups (including TOMA) in the last session of the legislature, we convinced the medical examiners board and the TMA that you are indeed a part of the health care delivery service systems of this nation."

"That coalition helped you achieve some status on the board, some equality," Clayton told the D.O.s. "When we begin to complement each other in health care services and delivery systems, it's going to be better for the citizens of this state."

The speaker, who is retiring from that powerful state position after four terms, said that it pays for coalitions to work together when they know they are right.

"I think the results of the last legislative session prove very, very beneficial, but that doesn't mean we can stop. It means there is still a lot of ground to be covered, and to cover that ground in the way it should be is going to take the continued work of coalitions in the health care industry," Clayton noted.

"If we work together in groups and in trying to make sure our positions are known and respected and considered, we can generally come to some common ground so that everybody can do a better job for the public. And, after all, isn't that what it's all about?"

Speaker Apparent Recalls First Campaign

It was 1970, and to hear Gib Lewis tell it, he was "as green as any gourd — naive about politics."

He had just filed to run for the State Legislature against a very popular incumbent, "like a dummy," and says he didn't realize it cost money to run for public office. "If I had known that, I'd never have put my name on the line."

At a reception at the old Worth Hotel in downtown Fort Worth during those early days of his first campaign, he received a little lesson in politics — and some help — from the late D. D. Beyer, D.O., of Fort Worth.

"I got to talking to Danny Beyer and he kind of took a liking to me, I guess," Lewis told the audience at the TOMA Public Health Legislative Forum. "He said you are going to need some help, and I want to help you." With that, Dr. Beyer reached into his pocket and made the first contribution the Lewis campaign had received.

"As it turned out, Danny Beyer was the only living soul who contributed to my campaign," the Fort Worth legislator recalled.

All the other money in town that year had already been pledged to his opponent. "We had another \$37 contribution that came from cutting the pot on a Wednesday night poker game I played in. Other than that, it was out of my hip pocket. We were very fortunate to win," Lewis said.

He remembers ending that campaign with a pretty hefty debt. "Later I was in Austin and Delbert Jones (former legislator from Lubbock) came over and said there was a man he wanted me to meet."

"Tex Roberts (executive director of TOMA) is a pretty nice man, and I know you have a debt on your campaign," Jones told Lewis. "We might could twist Tex's arm and he would help you out on this thing."

Over lunch with the young legislator, Roberts offered TOMA's help. "That was a very important date in history, as far as I was concerned," said Lewis, who by all reports has virtually sewn up the powerful speaker's job in the 1983 Texas legislature.

Since his early days as a legislator, Gib Lewis has been a friend to the osteopathic profession in Texas and a prime mover in the development of Texas College of Osteopathic Medicine as a state institution.▲

Lock Up You

"Basically, if you analyze a political campaign, you see it has three resources — it has money, it has people and it has a candidate," political consultant James T. Kitchens, Ph.D., told the TOMA Public Health/Legislative Forum in his luncheon address December 4.

"One of the critical elements is the involvement and advice of people, especially bright people who have the ability to analyze."

Dr. Kitchens, head of polling operations and campaign strategy consulting for Parmer Marketing Company of Fort Worth, talked to the D.O.s about political campaigns, the part they can play in the process and the mood of America today. (He was filling in for newly elected State Senator Hugh Parmer, Fort Worth, who had been called to Austin with other freshmen legislators by Governor-elect Mark White.)

"Your involvement in a campaign can help a candidate keep from wasting so much money," Dr. Kitchens told the TOMA audience. "Political campaigns are like a business, except that you've got to create them immediately and make them run efficiently. It is very difficult to evaluate how and where to put your financial resources."

That is where good advisors come in, he said. "No political action committee I know of thinks they buy votes when they give money to a political campaign. What you do is buy access to the office," Dr. Kitchens noted.

He said that in the 1979 legislative session, some 5,000 bills were introduced, with about 4 or 5 percent making it to the floor for a vote. "If you are going to have any chance at all of having a sound legislative program, you have to be involved, you have to have contacts.

"If you look at the associations that have a history of success in the legislature, you'll see a high level of membership involvement, people who get involved in the campaigns and in the legislative session. The way to learn politics is by becoming involved."

Offering some general political advice to the TOMA members, Dr. Kitchens said the key to winning a campaign is understanding the mood of the electorate.

"When you approach a campaign, what you look for is the minimum essential coalition. . . . What groups of people, when you add them together, add up to 50 percent plus 1," he explained. "That's your group.

Political Consultant Suggests 'Husband, Take Old Person to Vote'

Those are the people you talk to. Those are the people you spend your resources communicating with. Those are the people you try to get to go vote. If you do that, you'll have some spill over and you'll get more than 50 percent."

The Fort Worth political consultant also noted some basic political trends which he thinks will continue over the next 5 to 10 years.

In talking with over 25,000 registered voters in 12 states during the last 15 months, Dr. Kitchens said his firm found that:

- 1) The most conservative voter in the country is between the ages of 18 and 29 and is likely to vote Republican. "This is a change we've seen over the last decade."
- 2) The voter over 60 is the most likely voter to be a Democrat. "The Social Security issue has pushed many of them into the Democratic column."
- 3) Research out of the early 1970s showed that people who live in the same household tend to vote alike, hold the same values and perceive politics and political figures in a similar way. "That is no longer true."

The Democrats generally now attract the senior citizens and women, the political consultant said. "I suggested that the National Democratic Party print a bumper sticker that says 'Lock your husband in the closet and take an old person to vote.'"

Dr. Kitchens advised anyone trying to help a campaign to look at what kind of demographic groups are in the electorate and at what issues concern those voters.

"There was a major shift in political attitudes concerning issues in this country," he said. "In 1980, when I went out and open-endedly asked people what was the most important problem facing the country, invariably a vast majority would say 'inflation.' Ronald Reagan ran on that issue and was elected on that issue."

By January 1982, the pollster said that when the same question was asked, the answer was most often "unemployment."

"If you want to be a good political consultant without doing all the reading and studying, watch the nightly news every night. The news media in this country does not tell us what to think, but they tell us what to think about. . . That is probably a good function of the free press in our society, because the government doesn't tell us what the problems are or what the situation is."

In a final word to the TOMA audience, Dr. Kitchens reiterated, "For a political action committee, giving money is fine. Campaigns need resources; they appreciate resources. But you can help your own cause and become more influential in shaping the government of the state if you will commit some of your time to it."

"Even one hour a week to advise a local legislative candidate can make a real difference."^

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Fort Washington, PA 19034

Good Preventive Strategy Needed in Cancer Fight, Health Commissioner Says

"Cancer is a terrible health problem in Texas," Texas Department of Health Commissioner Robert Bernstein, M.D., reminded physicians attending the TOMA Public Health-Legislative Forum in Dallas December 4.

"Deaths from cancer have increased 36 percent in the 10 year period from 1969 to 1979," he said, adding that in 1981, some 21,770 Texans died of the disease, representing 20 percent of the total deaths in the state.

Quoting projections made in 1980, Dr. Bernstein said that in 1985, 40,000 Texans would die of cancer and the number would increase to 43,000 in 1990. "In reviewing the *American Cancer Society 1982 Cancer Facts and Figures*, the projected incidence of cancer in Texas for 1982 is 43,000 new cases Thus we already exceed the (1980) projection," he added.

Dr. Bernstein said that one of the most important recent developments is renewed interest in the association of cancer patterns with social stratification which was recognized over 40 years ago.

"Since over 50 percent of the American working population is employed in offices and since only a very small proportion of workers are likely to be directly exposed to high concentrations of carcinogens, it is clear that occupational cancer has much greater implications in socioeconomic terms than previously anticipated," the commissioner said.

"Such observations offer an immense challenge to public health and private medicine for the next decade, and also emphasize the great difficulties to be encountered in a good preventive strategy from both the scientific and regulatory viewpoints."

Dr. Bernstein said that excessive emphasis on air pollution and other chemical carcinogens in lung cancer has actually been detrimental to public health.

"This emphasis interfered with public recognition and appreciation of the dangers of cigarette smoking," he noted. "We are having to deal on an every day basis with public panic over suspected chemical air pollution sometimes led by parents who by their use of cigarettes in the house are exposing their children to lung cancer."

In his remarks at the TOMA forum, Dr. Bernstein quoted a number of facts culled from statistics gather-

ed over the last 10-15 years:

Over 90 percent of all cancer deaths in Texas occurred after age 40; 40 percent occurred over age 70.

Males accounted for 56 percent of all cancer cases in Texas.

Whites composed 72 percent of the 1970 population, yet accounted for 78 percent of cancer deaths; Spanish surnamed residents made up 15 percent of the population and 9 percent of cancer deaths. A decade later, in 1980, whites accounted for 67 percent of the population and Spanish surnamed for 21 percent, while the cancer death percentages remained the same for both groups as in 1970. ("These facts take some interpretation," Dr. Bernstein said. "Socio-economic improvement carries with it protection from many causes of death. Any population group which has relatively less death from other causes will tend to live longer and fall prey to cancer.")

In 1981, 5,879 Texas deaths were due to lung cancer, and while males accounted for 78 percent of lung cancer deaths from 1969-78 it has been projected that women will have the same mortality rate as men for this disease by 1990.

Noting that colon and breast cancer also have alarming mortality figures, Dr. Bernstein said that colorectal and breast cancer are generally associated with a high standard of living in adult life.

"For many years, there has been strong but indirect evidence that most of the cancers that are currently common could be diminished by suitable modification of dieting practices," he said. "Indeed, there are some dietary factors, such as fibers of B-carotene, which may be protective."

While sounding the alarm on current cancer statistics, the health commissioner reminded the physicians that "medical science now offers more hope to the cancer patient for long-term control and cure of this disease than ever before. One in two cancer victims can be saved with early diagnosis and modern treatment."

"A good question - can cancer be prevented? The simplest evidence of the preventability of cancer would be the demonstration by some sort of laboratory experiment that a particular action leads to a reduction in the incidence of the disease," Dr. Bernstein said.

"By observing nature's own laboratory, we have

observed natural experiments which are enough to show us how some cancers are preventable. We know that most lung cancers are caused by cigarette smoking, and most skin cancers by frequent or prolonged overexposure to direct sunlight. These cancers can be prevented by avoiding their causes.

"Certain cancers caused by occupational/environmental factors can be prevented by eliminating or reducing contact with carcinogenic agents."

Noting "some good things going on," Dr. Bernstein said the statewide cancer registry program has provided the mechanism for individuals, hospitals, their physicians and health care professionals to improve care for cancer patients. This is possible by continuous evaluation of their own cancer management and results, as provided by reports generated by the Texas Department of Health, he said.

The commissioner emphasized the community relations value for participating hospitals. "Patients and their families are clearly reminded that the hospital has a permanent interest in their health and that their

doctor cares enough to insure that they continuously receive the best possible care for life."

Though the Texas Cancer Control Act of 1979 made participation in the registry mandatory, incomplete participation by hospitals, "and because our cancer registry has not been funded in such a way as to allow us to do all we think should be done, the full implementation has been hampered," he said, adding that in 1980, some 34,988 cancer cases (some 60 percent) were abstracted and computerized.

Efforts toward all aspects of cancer prevention, education and treatment are now being consolidated through the Interagency Center for Cancer Prevention and Control, a cooperative program of the American Cancer Society, the Texas Department of Health and the University of Texas System Cancer Center.

"Cooperation and coordination at all levels, public and private, is needed," Dr. Bernstein said. "Resources are relatively scanty. Because it is a big, expensive business, we must break down barriers and work together."^

Dr. Steenkamp Says Heart Patients May Improve Quality of Life Thru Exercise

In an update of the management of coronary artery disease risk factors through exercise, Johannes C. Steenkamp, D.O., told the TOMA Public Health-Legislative Forum audience that more and more data is becoming available regarding the effect of exercise, and more specifically endurance exercise, on the coronary artery disease risk factors.

"With the overwhelming amount of evidence regarding the role of risk factors in the etiology of coronary artery disease, it stands to reason that modification or elimination of one or more of these risks factors would possibly lead to a decrease in the risk of developing coronary artery disease," he said.

Dr. Steenkamp, chairman of the department of public health and preventive medicine at Texas College of Osteopathic Medicine, noted that persons with coronary artery disease may improve the quality of life and probability of decreasing coronary artery disease mortality and morbidity through exercise, prescription and prudent lifestyle.

Theories about the the etiology of coronary artery disease suggest the involvement of multicausal factors, such as genetic factors (including general metabolism

and local vascular structure), sex, dietary factors (including excessive calories, saturated fats, cholesterol and sugar), hypertension, cigarette smoking, diabetes mellitus, lack of physical exercise and emotional stress, he said.

"Body composition and weight can be altered favorably by physical exercise as demonstrated by numerous studies," Dr. Steenkamp said. "The majority of the studies reported significant weight loss or decreases in skinfold thickness especially with endurance exercise."

He cited studies that have shown that chronic physical exercise favorably alter risk for CAD by lowering blood pressure, cholesterol, triglycerides and blood sugar levels. "It has also been shown to have a favorable effect on body composition and weight and higher levels of cardiorespiratory fitness with lower heart rates," he added.

Dr. Steenkamp also noted that the vast majority of persons engaged in habitual endurance exercise have either never smoked cigarettes or are ex-smokers. "Long distance running and smoking appear to be totally incompatible," he said. "This particular factor may very well have major impact on coronary artery incidence and morbidity."^

Changes in Lifestyle a Must if Health of Texans is to Improve, Dr. Price Contends

Clift Price, M.D., associate commissioner for personal health services of the Texas Department of Health, says that more priority must be given to preventive measures that can effect changes in lifestyle, if the health of Texans is to improve.

Speaking on "Health Promotion" at the TOMA Public Health/Legislative Forum in Dallas December 5, Dr. Price reported on a recently completed health risk survey conducted by his department as part of a nationwide effort of the Centers for Disease Control.

Some 1,840 randomly selected Texans 18 and older were questioned in a telephone survey on the topics of seat belt usage, hypertension, physical activity, nutrition and weight, cholesterol, stress, cigarette smoking and alcohol use and abuse.

The results, which will soon be published, can be considered as something of a baseline, Dr. Price said. Beyond providing a current picture of health behavior in the state, "We'll also be able to see trends, and that's something we haven't had a handle on," he said.

Following are some of the findings of that survey:

✦ Seat belt usage — 20 percent of all Texans surveyed reported always wearing seat belts: 64 percent of the men and 58 percent of the women said they never wear seat belts.

✦ Physical activity — 57 percent of the sample reported regular physical activity of some form.

✦ Nutrition and weight — 24 percent of the men and 20 percent of the women could be considered obese, with slightly more than one-half of the respondents of average weight. The main nutritional problem appears to be obesity, and one out of four Texans is currently on a diet to maintain or lose weight.

✦ Stress — Asked the question, "During the past year, were you unable to do your daily activities because of worry or nervousness?," 87 percent said never or rarely; only 4 percent said often. Women in the 55-64 age group appeared to lead the most stressful lives, while men most under stress were in the 65 age group.

✦ Smoking — 52 percent of the respondents reported smoking more than 100 cigarettes in their

entire lives, with the highest percentage male; 64 percent started smoking between the ages of 11 and 19. ("This certainly should emphasize a target age where we should begin to focus our prevention efforts," Dr. Price said.) The survey also showed that 31 percent of the respondents now smoke, and that more men in all age groups are smokers.

✦ Alcohol use and abuse — Females tend to be abstainers or lighter drinkers (less than 3 drinks per week); males tend to be moderate or heavier drinkers. Four out of 25 men and one out of 25 women are heavier drinkers (more than 14 per week). Of the 1 million Texans who could be considered to be heavier drinkers, 900,000 are male, and 400,000 of those are between the ages of 18 and 34. One out of 10 of the respondents who drink admitted to driving during the past four weeks (prior to the survey) after having too much to drink.

In concluding his remarks, the health department official told his TOMA audience that he is "looking forward in the '80s to a great deal more public health activity related to change in behavior and lifestyle. "We need to think more about upstream rather than downstream medicine and emphasize that quality of life can be achieved through better health. By reducing an individual's risk for illness and concentrating on increasing the prognosis for wellness, we can achieve our goal of a longer, healthier life for everyone."▲

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STDs Report Frequency Rivals that of Common Cold

"Some wag has described tuberculosis as a 'social disease with medical consequences.' STD's (sexually transmitted diseases) are certainly social diseases, but they have more than medical consequences: They have societal consequences."

Discussing STD's at the TOMA Public Health-Legislative Forum in Dallas December 5, C.E. Alexander, M.D., of the Texas Department of Health, said that STD's are ubiquitous — "not a socioeconomic level, not a profession or trade, not a race, color or creed is missed — and they are commonplace, ranking as a group just behind the respiratory infections in reported frequency."

Dr. Alexander said that in Texas' public health programs — state, regional and local — recognition is given to only a handful of the STD's, a group that represents less than half of the episodes of STD infections each year, and he noted several reasons why:

- 1) Cases of STD should be reported to public health authorities only if a comprehensive public health control program, including case finding, can be undertaken.

- 2) Such a program for a particular disease should be cost-effective in its ability to screen, diagnose and treat the condition. "Despite popular opinion, we do feel a responsibility to use tax revenue in the most economic manner."

- 3) The incidence and the distribution of the currently reportable diseases — syphilis, gonorrhea and chancroid — are a fair indirect measure of the total problem of STD's in the population. "We feel an obligation to keep your paperwork involved in reporting to a minimum."

Dr. Alexander said that the state health department's efforts are interdependent and cooperative and complementary to those of private practitioners. "That is in keeping with our department's philosophy of leaving to private medicine or to the local community what is best handled in those sectors and of providing a service only when it needs to be done by the state in the best interest of all its residents," he said.

Syphilis

"At one end of the syphilis spectrum, we can take satisfaction in near lack of deaths due to the disease . . . Unfortunately, at the other end of the lifeline, we are falling behind in our control efforts. Our reported cases of congenital syphilis are rising. This is tragic, even more so when you remember that congenital syphilis is completely preventable," Dr. Alexander reported.

"Diagnosis of syphilis is not usually easy . . . If you are unfamiliar with or uncertain about the current battery of serologic tests, please contact your local health department or write me for a copy of the booklet *Interpretation of Serologic Tests for Syphilis*. Our public health laboratories provide the testing service free."

Gonorrhea

In volume, gonorrhea is to syphilis what the common cold is to pneumococcal pneumonia, he said, adding that gonorrhea, like syphilis, is concentrated in urban areas, though it is found everywhere. Likewise, it is concentrated in the sexually-active age groups of both sexes. "Asymptomatic carriage of gonococci was an interesting medical curiosity 25 years ago; now it is known to be a major factor in the perpetuation of the disease reservoir," the health official said.

Chlamydia

Chlamydia have been found to be responsible for a good bit of what used to be called "non-specific urethritis," noted Dr. Alexander. "Chlamydial infections are probably the most common of the STD's. We estimate close to 200,000 new infections each year in Texas. Fortunately, they respond well to tetracycline and other antibiotics."

Genital herpes

Genital herpes is not a reportable disease, he said, so anyone can enter the prevalence guessing game. "While adult patients can be miserable with herpes, re-



current attacks are usually more tolerable than the initial one, and the life styles, particularly sexual practices can — and should — be adjusted to minimize spread of the disease. Most important is to prevent transmission from an infected mother to her baby at birth."

Other STD's

Dr. Alexander recommended to those physicians wanting more information on STD's an update course which is given about six times a year at the University of Texas Health Science Center in Dallas, under the auspices of the Texas Department of Health's training school.

Sexual practices/preferences

"As individuals, we have our own set of standards and feelings in this regard. As physicians, we must train ourselves to subordinate them if they do not match those of our patients with STD's if they are to seek our counsel and therapy and if we are to help them," Dr. Alexander cautioned. "It is easy to moralize in front of a patient; it is easy to send him or her to another physician and thus transfer the problem to someone else. It is also easy to deny care to a person with serious diseases Worse, it prevents or delays location of that person's sexual partners who are of critical importance in the prevention of further disease spread and may well need treatment themselves.

"You must train yourselves to be understanding, to avoid a gesture or an off-hand remark that will raise an instant and insurmountable barrier between yourself and the patient.

"Education, both for professionals and the public, is a key in the prevention, control and treatment of STD's In our educational efforts, we need to go further than teaching We need to induce behavior modification to get persons to minimize the risk of transmitting infections as a result of sexual activity. That is a long-term project. It starts in our homes, our churches and our schools. It needs reinforcement at every opportunity, including treatment sessions in physicians' offices."

VD legislation

The Texas Board of Health has drafted legislation that will, if passed, consolidate and update all existing laws on the subject. Included among the suggested changes is the elimination of what Dr. Alexander called "the outrageous penalty of license revocation" for failure of a physician to report a venereal disease. "We have never enforced it, we never will, and you and the department will be happy to see that one off the books," the health department official said.

In concluding his remarks to the TOMA forum au-

dience, Dr. Alexander noted," Sexually transmitted diseases are a major concern of the public at large and of the practitioner . . . whatever field or specialty. They are a social as well as a medical problem and only in recent years have we come to recognize the factors in their perpetuation. We made headway once again in attacking these problems and we will gain control over all if we have the resources and the support of physicians, patients, teachers, parents, politicians and all the others in our state whose lives are affected by these diseases."^

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Ru-Tuss Tablets are an oral antihistaminic, nasal decongestant and anti-secretory preparation.

INDICATIONS AND USAGE Ru-Tuss Tablets provide relief of the symptoms resulting from irritation of sinus, nasal and upper respiratory tract tissues. Phenylephrine and phenylpropanolamine combine to exert a vasoconstrictive and decongestive action while chlorpheniramine maleate decreases the symptoms of watering eyes, post nasal drip and sneezing which may be associated with an allergic-like response. The belladonna alkaloids, hyoscyamine, atropine and scopolamine further augment the anti-secretory activity of Ru-Tuss Tablets.

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WARNINGS Ru-Tuss Tablets may cause drowsiness. Patients should be warned of the possible additive effects caused by taking antihistamines with alcohol, hypnotics, sedatives or tranquilizers.

PRECAUTIONS Ru-Tuss Tablets contain belladonna alkaloids, and must be administered with care to those patients with glaucoma, or urinary bladder neck obstruction. Caution should be exercised when Ru-Tuss Tablets are given to patients with hypertension, cardiac or peripheral vascular disease or hyperthyroidism. Patients should avoid driving a motor vehicle or operating dangerous machinery (See Warnings).

OVERDOSAGE Since the action of sustained release products may continue for as long as 12 hours, treatment of overdoses directed at reversing the effects of the drug and supporting the patient should be maintained for at least that length of time. Saline cathartics are useful for hastening evacuation of unreleased medication. In children and infants, antihistamine overdosage may produce convulsions and death.

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DOSAGE AND ADMINISTRATION Adults and children over 12 years of age, one tablet morning and evening. Not recommended for children under 12 years of age. Tablets are to be swallowed whole.

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Ru-Tuss Expectorant is an oral antitussive, antihistaminic, nasal decongestant and expectorant preparation.

INDICATIONS AND USAGE Ru-Tuss Expectorant is indicated for symptomatic relief of upper respiratory congestion associated with pharyngitis, tracheitis, bronchitis, and allergic rhinitis. Also, for the temporary relief of symptoms associated with hay fever, allergies, nasal congestion and cough due to the common cold.

CONTRAINDICATIONS Hypersensitivity to antihistamines. Concomitant use of an antihypertensive or antidepressant drug containing a monoamine oxidase inhibitor is contraindicated.

Ru-Tuss Expectorant is contraindicated in patients with glaucoma, bronchial asthma and in women who are pregnant.

WARNINGS Ru-Tuss Expectorant contains codeine phosphate, therefore, the patient should be warned of the potential that this drug may be habit forming. Ru-Tuss Expectorant may cause drowsiness. Patients should be warned of the possible additive effect caused by taking antihistamines with alcohol, hypnotics, sedatives and tranquilizers.

PRECAUTIONS Patients taking Ru-Tuss Expectorant should avoid driving a motor vehicle or operating dangerous machinery (See Warnings). Caution should be taken with patients having hypertension, diabetes, hyperthyroidism and cardiovascular disease.

Caution should also be used in patients with pulmonary, hepatic or renal insufficiency.

ADVERSE REACTIONS Ru-Tuss Expectorant may cause drowsiness, lassitude, giddiness, dryness of mucous membranes, tightness of the chest, thickening of bronchial secretions, urinary frequency and dysuria, palpitation, tachycardia, hypotension/hypertension, faintness, dizziness, tinnitus, headache, incoordination, visual disturbances, mydriasis, xerostomia, blurred vision, anorexia, nausea, vomiting, diarrhea, constipation, epigastric distress, hyperirritability, nervousness, and insomnia. Overdoses may cause restlessness, excitation, delirium, tremors, euphoria, metabolic acidosis, stupor, tachycardia and even convulsions.

DOSAGE AND ADMINISTRATION Adults: 1 or 2 teaspoonfuls, orally, every 4 hours, not to exceed 10 teaspoonfuls in any 24-hour period.

Children 6 to 12 years of age: $\frac{1}{2}$ the adult dose, not to exceed 6 teaspoonfuls in any 24-hour period. Children 2 to 6 years of age: $\frac{1}{2}$ teaspoonful every 4 hours, not to exceed 3 teaspoonfuls in any 24-hour period. Children under 2 years of age: Use as directed by a physician.

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Retirement Problems Hazardous to Health of Elderly, Dr. Quincy Tells Forum

In an update on geriatric medicine for participants in the TOMA Public Health-Legislative Forum December 4, geriatrician Cheri Quincy, D.O., said that "the problems that older people statistically have that cause them the greatest difficulties are the things associated particularly with retirement."

The assistant professor of public health and preventive medicine at Texas College of Osteopathic Medicine told physicians that "one of the most important things you can do for persons 65 or older is to make sure they have considered what they are going to do with their retirement."

Psychosocial and financial matters can predict health better than a history and physical examination or health status per se, she said. "A person who is well educated and financially secure will live longer than someone who is not, given the same healthy body. A review of those things (health assets) will be very helpful. Do they have friends and family who will be able to take care of them should anything happen?"

Dr. Quincy suggested that physicians find out what the strengths are of the older patient's psychosocial environment; for example, are there people the doctor can call on to help the patient?

Depression, the geriatrician said, is one of the most common diseases of old age and should be screened for. "Males over 75 have one of the highest rates of suicide of any group in this country. The risks of suicide in men over 75 need to be specifically sought by the physician."

Overmedication also is a major problem among the elderly, she added. "I personally recommend that

everyone over the age of 70 be reevaluated regarding their medication at least once a year. Do they still need it? Is it interacting with something that was added previously?"

Immunizations, Dr. Quincy said, are frequently forgotten by the older population. "When they stop working, they stop getting their tetanus shots. Tetanus is now a disease of the elderly."

Other vaccinations also are important, she noted. "There is a 10 times greater incidence of death from flu and pneumonia in the over 75 age bracket than for people younger," said Dr. Quincy. "It is very important to give people that kind of protection (of immunizations)."

The TCOM faculty member also noted that malnutrition is one of the most common unrecognized diseases of the elderly. "When elderly people are taking vitamins, they are generally taking the wrong one. I don't believe in screening people for vitamin levels, but I do recommend that most elderly people take a multivitamin as insurance. It is cheaper to take the vitamin every day than to screen them specifically for deficiency problems."

Dr. Quincy said that one of the principles in geriatric medicine at this point is a postponement of, rather than preventing or curing, disease — delaying the symptomatic onset of chronic conditions until after you are dead, basically.

"Postponement of the morbidity attributable to a disease can be a very successful way of dealing with that disease."^

Environmental Toxins May be the Problem

The cardiovascular system is exquisitely susceptible to environmental toxins through inhalation, ingestion or absorption through the skin, Gary H. Campbell, D.O., noted during a presentation on "Cardiovascular Disease Related to Environmental Agents" during the TOMA Public Health/Legislative Forum in Dallas December 4.

"The general primary care physician is concerned with treatment of the signs and symptoms as they are presented to him in the office or hospital," explained the associate professor of public health and preventive

medicine at Texas College of Osteopathic Medicine.

"One is not likely to give much thought to the environmental relationship of the patient's problems, as this is not a part of general medical education. Yet, there is increasing research and anecdotal evidence supporting the contention that the vascular system and myocardium are extremely responsive to environmental exposures, and that many cases of recurrent and persistent cardiovascular problems are indeed initiated by those exposures."

While there are many medications on the market to reduce angina, cardiac dysrhythmia and peripheral vascular spasms, many cases will continue to be complicated and incompletely unresponsive to medical care unless the environmental precipitants are identified and eliminated, Dr. Campbell said.

"These reactions are essentially hypersensitive in nature. We recall that vasculitis and increased vascular permeability are central features of all allergic and hypersensitive reactions," he noted. "Therefore, one expects food and chemical hypersensitivities to have cardiovascular manifestations."

In his remarks, Dr. Campbell made the following observations:

Palpitations

Food and chemical sensitivity is a common cause of palpitations, which can be due to simple sinus tachycardia, extra systoles, paroxysmal supraventricular tachycardia and paroxysmal fibrillation. . . It is generally not too complex to carry out a simple food hypersensitivity assessment, especially in those cases that have not responded to standard cardiac treatment.

Hypertension

There are claims that some cases of essential hypertension are due to food hypersensitivity, and elimination of these incriminated foods leads to control of the blood pressure. These claims are unsubstantiated, and unproved by double blind studies, but there is evidence that immunological factors play a role in essential hypertension.

Vasculitis

Vascular inflammation underlying arteritis can arise in several ways: 1) direct infection of blood vessels by microbial agents; 2) deposition of immune complexes in the vessel walls; or 3) alteration of a component of the vessel wall by some toxin which renders it antigenic and induces an auto-immune reaction. Finally, there may be deposition of foreign antigenic material in the vessel wall. . . In the early stages, withdrawal of the hypersensitivity inducing antigens can lead to reversal of symptoms, but unfortunately after many years the reaction becomes irreversible as the blood vessels become increasingly fibrotic.▲

7 of 10 Causes of Death are Behavioral

"It has been suggested and recognized by public health professionals, health columnists and physicians that the next significant step in improving the health of the general public will be largely behavioral rather than solely medical," health psychologist Randall Ratliff, Ph.D. said at the TOMA Public Health-Legislative Forum in December.

The assistant professor of psychology at Texas College of Osteopathic Medicine said that the 10 leading causes of death in the United States were examined and 7 determined to have largely behavioral causes.

"It has been advanced that such causes could be substantially reduced by individuals changing their behaviors, including those related to diet, exercise, health care, smoking, drinking and compliance with medical regimens," Dr. Ratliff noted in a session on "Psychology and Public Health: Increasing Commonality of Interest."

"The potential for controlling many of the major health risks lie the hearth of disease prevention and health promotion approaches," he said. "Control of major health risks, the alterations of unhealthy behavior and the maintenance of health-promoting styles, attitudes and behavior define some of these areas of interest and commonality between public health and behavioral sciences in general, and specifically the field of psychology."

Dr. Ratliff noted the increasing interest of psychologists in the relatively and rapidly growing field of health psychology. Division 38 (health psychology) of the American Psychological Association was founded in 1978 and already has 2,400 members, he reported.

"The expansion of psychologists involvement in physical health research and interventions has led to increasing contact between psychologists, nurses, public health experts and non-psychiatric physicians," the TCOM faculty member said. "As a result psychologists are being recruited into faculties of schools of nursing, public health, medicine and so forth."

He said that behavioral medicine is a relatively new concept that arose in the early and mid-1970s as increasing numbers of psychologists, physicians and basic science researchers realized that the human body and the concept of health could no longer be efficiently compartmentalized in discreet and non-overlapping specialties.

"The major contribution of psychology (to public health) is its role in examining the linkage between behavior and medicine" Dr. Ratliff said. "Health behavior, health maintenance and lifestyle change can be encouraged under the general principles that health psychologists have at the core of their discipline and professional study."▲

Dr. Beyer Shoots for 50 Percent

"In Austin right now, there is a terrific awareness of the osteopathic profession. There is an awareness of the qualifications of a D.O. There is terrific awareness of the uniqueness of the medical practice of a D.O., and there is even a smattering of recognition and understanding of, however nebulous we think it may be at times, the philosophy of osteopathic medicine."

That was the observation of Program Chairman David M. Beyer, D.O., of Fort Worth during a presentation on "How Austin Affects Your Practice of Medicine" during the December 4-5 TOMA Public Health-Legislative Forum in Dallas.

"It makes us all know, if there were any doubt," he added, "that we truly are in the mainstream of Texas medicine."

Urging increased involvement of TOMA members, Dr. Beyer said that a third of the association's mem-

bers, contribute to TOPAC (the Texas Osteopathic Political Action Committee). "I wonder how loud our voice might be expressed in Austin and within our own communities if we could get even 50 percent instead of 33 percent.

"What is TOPAC? TOPAC is a political action committee; it's a funding committee; it's \$200 a year - and it probably pays the finest return on investment that you could imagine."

He further urged TOPAC members to "identify someone in your community, in your district, in your college or hospital who isn't a member of TOPAC and encourage them. But make them see the benefits of it; we're all reaping those benefits."

Noting the number of D.O.s on state advisory and licensing boards Dr. Beyer said, "The key to continuing that is community involvement at the home front."



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Dr. Jenkins Charts Legislative Course

The 1983 TOMA legislative program was discussed at the Public Health/Legislative Forum by William R. Jenkins, D.O., of Fort Worth, president of the state association.

"In the last two House of Delegates, both in the regular session and in the called session in September, the group reaffirmed to do something to amend the Medical Practice Act regarding D.O.s on hospital staffs," the TOMA president reported.

With the help of Speaker Bill Clayton and other friends, Dr. Jenkins said, a non-discrimination clause was added to the act in the last legislative session in regard to publicly owned hospitals.

"Your degree does not disqualify you, nor qualify you particularly, for a public hospital staff," he noted. "It means they cannot exclude you because

you are a D.O."

In the 1983 legislative session, an effort will be made by TOMA to rewrite that statute to include all licensed hospitals in Texas, Dr. Jenkins added.

"We had that idea when we were thumbing through the Medical Practice Act in the last session and found that that exact statement was made in reference to foreign graduating physicians. Their 'emancipation proclamation' had dealt with all hospitals, not just with publicly owned hospitals."

Though opposition to the TOMA bill is anticipated, Dr. Jenkins said, "We believe that if we can convince the Texas Hospital Association that the writing of this (bill) does not eliminate each individual hospital board of trustees' ability to choose their staff we can sell it to the THA. The only thing our bill says is that they will not discriminate because of medical degree."

Industrial Medicine, Toxicology Lead List

In a broad look at "The Environment and Public Health" during the TOMA Public Health/Legislative Forum in December, Texas Commissioner of Health Robert Bernstein, M.D. noted that "as science revealed more and more to us regarding the role played by microorganisms as causes of illness, we became concerned and later quite accomplished at altering and controlling the environment to eliminate conditions that were conducive to their propagation and transmission."

In modern times, he said, one of the greatest concerns has been the adequacy and safety of water supplies. "Drinking water can be the source of many diseases. The efforts of our public health engineers and the water utilities industry have resulted in designs and operational procedures that have helped reduce the levels of water-borne diseases to a small fraction of that experienced during the first two decades of this century."

Dr. Bernstein acknowledged the many successes in the environmental health management of water supplies, but also pointed out some remaining problems,

such as chemicals that find their way into public water sources.

"The modern treatment methods applied to surface waters are at this time adequate to remove these substances to levels which fall far below the thresholds known to be dangerous," he assured. "However, care should be taken to properly monitor very closely all public water sources."

Toxic substances are the basis for another program which has been the focus of a great deal of emotional concern, the commissioner said. "In response to the concerns expressed by veterans, the Texas Legislature passed last session a bill which authorized the Texas Department of Health to manage a program which would investigate some of the unknown but suspected effects of Agent Orange on the health of the individuals who were exposed (during the Viet Nam War)."

Dr. Bernstein said that the current focus on toxic substances, hazardous waste, air and water pollution and radiation has stimulated a need in the Texas Department of Health for physicians trained in industrial medicine and toxicology.▲

"We are at present in the process of expanding our programs and staff to fill this vacuum to work in conjunction with our engineers in solving the environmentally related issues," he said.

The health commissioner also reported to the physicians at the TOMA forum the latest research findings and case studies on indoor air pollution (including formaldehyde and asbestos), radiation, lead, heat stress and noise, and explained the programs of his department regarding each of the environmental problems.

"Some of you have dealt with these types of exposures and readily understand the justifiably growing concern over their short and long term effect on our health," Dr. Bernstein concluded. "I can tell you now that the frequency of harmful results from contact with environmental conditions will increase and it is to the physician's interest as he serves his patients to be aware of the signs and symptoms related to the subjects we have discussed today."▲

Dr. Shive Lectures on Preventive Nutrition Jan. 24

In Memoriam

William Shive, Ph.D., professor of chemistry and research scientist in the Clayton Foundation Biochemical Institute at the University of Texas at Austin, has been selected to receive the first Roger J. Williams Award in Preventive Nutrition at ceremonies in conjunction with a Symposium on Nutrition at Texas College of Osteopathic Medicine January 24.

Sponsored by TCOM, the \$5,000 annual award was established in September 1981 by Mr. and Mrs. E. Bruce Street Sr. of Graham Street, a member of the North Texas State University Board of Regents, TCOM's governing board, is a strong advocate of the medical school's developing health-oriented curriculum.

The Symposium on Nutrition, to be held in conjunction with the awards ceremony, is scheduled from 8:30 a.m. to noon in Room 106 of TCOM's Medical Education Building 2.

Featured speakers and their topics are Gary Campbell, D.O., associate professor of public health and preventive medicine at TCOM, "Food: the Trojan Horse"; Donald Davis, Ph.D., research scientist associate, Clayton Foundation Biochemical Institute, "Can Nutritional Supplements Help Mentally Retarded Children?" and Roger Shewmake,

Ph.D., assistant professor of home economics at North Texas State University, "Dietary Fiber: Its Implications for Health."

Four category 2-E CME credits have been requested from the AOA. Registration fee for the seminar and luncheon is \$10, and preregistration fees may be sent to the Office of CME, TCOM, Camp Bowie at Montgomery, Fort Worth, TX 76107.

Dr. Shive will deliver the E. Bruce and Virginia Street Lecture in Preventive Nutrition during award ceremonies at 1:30 p.m. in the Auditorium of Medical Education Building 1.

He will then receive the Roger J. Williams Award in Preventive Nutrition, which will be presented on behalf of TCOM by Dr. Williams, professor emeritus of chemistry at UT-Austin, where he continues at age 89 as a research scientist with the Clayton Foundation Biochemical Institute which he founded in 1940. Dr. Williams' work with vitamins is internationally recognized.

Dr. Shive, who was selected for the first Williams Award for his work in intermediary metabolism and nutrition, has taught at UT-Austin since 1945, and was chairman of the chemistry department from 1961 to 1970.▲

Charlotte W. Griffith

Charlotte W. Griffith, wife of William A. Griffith, D.O. of Fort Worth, died December 10. Funeral was held December 13 at the First Presbyterian Church with burial in Laurel Land Memorial Park.

Mrs. Griffith was a member of First Presbyterian Church, where she was chairman of the layette room. She was a member of the Fort Worth Women's Club and Auxiliary to Texas Osteopathic Medical Association. She worked as a volunteer in the Reach for Recovery program of the American Cancer Association.

Survivors include her husband, Dr. Griffith; three daughters, Becky Jordan of Fort Worth, Hope Davis of Fort Stewart, Georgia and Martha Herzer of Arlington; three sisters, Marion W. Tracy of York, Pennsylvania, Ann W. Summers of Morristown, New Jersey and Hope Zipp of Fort Worth; and five grandchildren.

The family requests that memorials be made to the Robert F. Jones Library Fund or Robert F. Jones Scholarship Fund at First Presbyterian Church, or to a favorite charity.▲

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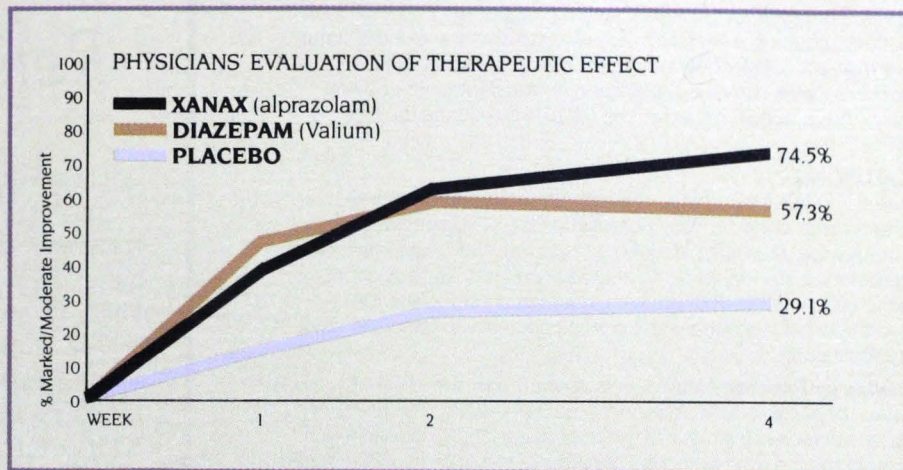
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In double-blind, placebo-controlled clinical trials in 976 patients with moderate to severe clinical anxiety, therapy with XANAX was compared to diazepam (Valium).*

Patients treated with XANAX had a significantly lower incidence of drowsiness when compared directly to diazepam therapy (Valium) in a 976-patient, placebo-controlled, multicenter study.*

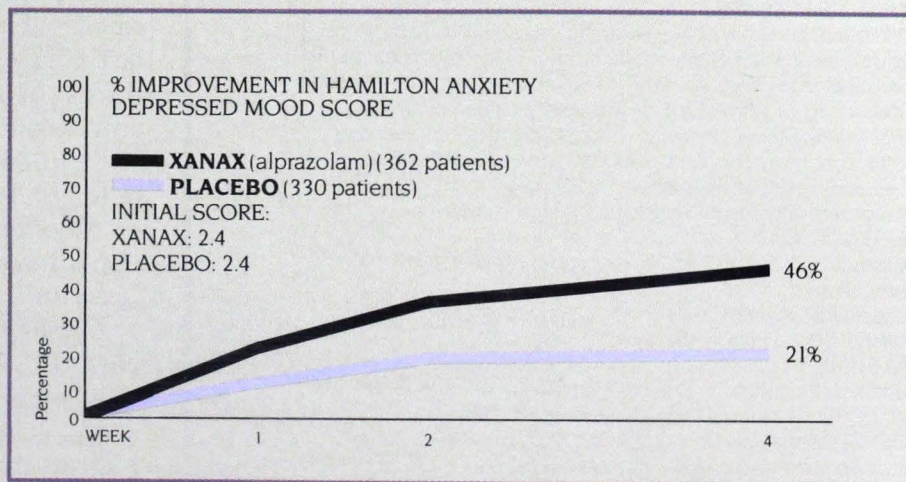


AND CLINICAL ANXIETY WITH DEPRESSIVE SYMPTOMS

EFFECTIVE IN CLINICAL ANXIETY WITH DEPRESSIVE SYMPTOMS

Patients with clinical anxiety may complain of having feelings of depression, such as sadness, blue-ness, or loneliness.

Depressed mood is one of 14 items on the Hamilton Anxiety Rating Scale. Special analysis of 692 anxious patients with a significant depressed mood item score showed that treatment with XANAX was significantly better than placebo in decreasing depressed mood score.



SIMPLE DOSAGE:
XANAX 0.25–0.5 mg T.I.D.



The usual starting dose of XANAX is 0.25 to 0.5 mg, three times daily.

Please see next page for brief summary of prescribing information.



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alprazolam[®]

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(alprazolam)

CONTRAINDICATIONS

Patients with sensitivity to this drug or other benzodiazepines and in acute narrow angle glaucoma.

WARNINGS

Not of value in psychotic patients. Caution patients against hazardous occupations requiring complete mental alertness and about the simultaneous ingestion of alcohol and other CNS depressant drugs.

Benzodiazepines can cause fetal harm in pregnant women. Warn patients of the potential hazard to the fetus. Avoid during the first trimester.

PRECAUTIONS

General: If XANAX is combined with other psychotropics or anti-convulsant drugs, consider drug potentiation (see Drug Interaction section). Exercise the usual precautions regarding size of the prescription for depressed or suicidal patients. In elderly and debilitated patients, use the lowest possible dosage (see Dosage and Administration). Observe the usual precautions in treating patients with impaired renal or hepatic function.

Information for Patients: Alert patients about (a) consumption of alcohol and drugs, (b) possible fetal abnormalities, (c) operating machinery or driving, (d) not increasing dose of the drug due to risk of dependence, (e) not stopping the drug abruptly. **Laboratory Tests:** Not ordinarily required in otherwise healthy patients. **Drug Interactions:** Additive CNS depressant effects with other psychotropics, anticonvulsants, antihistamines, ethanol and other CNS depressants. Pharmacokinetic interactions with benzodiazepines have been reported. **Drug/Laboratory Test Interactions:** No consistent pattern for a specific drug or specific test. **Carcinogenesis, Mutagenesis, Impairment of Fertility:** No carcinogenic potential or impairment of fertility in rats. **Pregnancy:** See Warnings. **Nonteratogenic Effects:** The child born of a mother on benzodiazepines may be at some risk for withdrawal symptoms and neonatal flaccidity. **Labor and Delivery:** No established use. **Nursing Mothers:** Benzodiazepines are excreted in human milk. Women on XANAX should not nurse. **Pediatric Use:** Safety and effectiveness in children below the age of 18 have not been established.

ADVERSE REACTIONS

Side effects are generally observed at the beginning of therapy and usually disappear with continued medication. In the usual patient the most frequent side effects are likely to be an extension of the pharmacological activity of XANAX, e.g. drowsiness or lightheadedness.

Central Nervous System: Drowsiness, lightheadedness, depression, headache, confusion, insomnia, nervousness, syncope, dizziness, akathisia, and tiredness/sleepiness.

Gastrointestinal: Dry mouth, constipation, diarrhea, nausea/vomiting, and increased salivation.

Cardiovascular: Tachycardia/palpitations, and hypotension.

Sensory: Blurred vision.

Musculoskeletal: Rigidity and tremor.

Cutaneous: Dermatitis/allergy.

Other Side Effects: Nasal congestion, weight gain, and weight loss.

In addition, the following adverse events have been reported with the use of anxiolytic benzodiazepines: dystonia, irritability, concentration difficulties, anorexia, loss of coordination, fatigue, sedation, slurred speech, jaundice, musculoskeletal weakness, pruritus, diplopia, dysarthria, changes in libido, menstrual irregularities, incontinence and urinary retention.

Paradoxical reactions such as stimulation, agitation, increased muscle spasticity, sleep disturbances, and hallucinations may occur. Should these occur, discontinue the drug.

During prolonged treatment, periodic blood counts, urinalysis, and blood chemistry analyses are advisable. Minor EEG changes, of unknown significance, have been observed.

DRUG ABUSE AND DEPENDENCE

Physical and Psychological Dependence: Withdrawal symptoms have occurred following abrupt discontinuance of benzodiazepines. After prolonged therapy, dosage should be tapered. **Controlled Substance Class:** XANAX is a controlled substance and has been assigned to schedule IV.

CAUTION: FEDERAL LAW PROHIBITS DISPENSING WITHOUT PRESCRIPTION.

BS-1

*Cohn JB: Multicenter double-blind efficacy and safety study comparing alprazolam, diazepam and placebo in clinically anxious patients. *J Clin Psychiatry* 42 (9):347-351, 1981.

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Dr. Joe Suderman 'Retiring' to Mexico

He's known as "Dr. Joe" to his many patients in the Rio Grande Valley, and before he retires from his practice in Pharr next March, he will have delivered well over 8,000 babies in his 20 years there.

Joe Suderman, D.O., talked of his reasons for setting up practice in the midst of the Mennonite ministry in far South Texas with reporter Barbara King of the *Harlingen Valley Morning Star*. Following are excerpts from that story which ran December 6:

"Doctor Joe, 'as he is known to his patients, is retiring next March, but his compulsion to take care of people who are ill or need him remains. He now has in mind a 'swing to my religious side.'

" 'If the Lord is willing, I will go with Children's Haven in Mexico and start another clinic in the mountains among the Indians,' he said.

He plans to oversee another clinic in Capilla, a small village 75 miles southeast of Tampico. The last village before reaching it is Mexican, but two-thirds of Capilla's 800 Indians speak Nahuatl, an Aztec language.

"I knew what I was doing when I came down here (to Pharr). I saw the poverty of the pastors of Mennonite churches,' Suderman said. 'People don't have money to pay the pastors, so at least I can do their medical for them.'

He also provides free medical services to the pastors' families and gives a discount to missionaries who pass through South Texas in hundreds every year. Suderman is a member of the Mennonite Brethren Bible Church in Pharr and he takes his religion seriously. It has been the guiding motivation in his life.

"Back in 1962 Suderman charged \$3 for an office call and \$2 for a shot. Today he charges \$10 for an office call and the cost for all care during a woman's pregnancy through delivery until she leaves the clinic eight to 10 hours later is only \$440.

" 'We decided early that we would never turn a bill over to a collection agency,' Suderman said. 'But 85 to 90 percent of our bills are paid, which is as good as people do with collection agencies.'

"His fees are moderate, but he's made enough money to put five of his six children through college. His youngest is a freshman in college."^

District Communiqués

By George Grainger, D.O.
District III

The District took their meeting to another place in Tyler and a good time was had by all. Dr. Chuck Ogilvie was the big feature who played "Fun and Games" with us in his illustrated lecture on the early years of osteopathic radiology.

Did you know for instance, that the first arteriogram was done in Kirksville, only three years after Roentgen discovered x-rays? And who was the first D.O.? No, not Andrew Taylor Still, but another M.D. named William Smith. Smith was issued his D.O. degree in February 1893. (I wonder, did old A.T. Still himself, ever have a D.O. degree)?

Well, we also had an election of

officers, whose installation will be at the January meeting. To wit; President, Max Weaver, Chandler; President-elect Keith Hull, Tyler; Vice President, George Smith, Hughes Springs; Secretary-Treasurer, Rodney Wiseman, Whitehouse. Delegates named for the spring state meeting were, briefly, Drs. Norris, Wiseman, Wray, Rogers and Breckenridge; the alternates being Drs. Kinzie, List, Grainger, Rockwell and Rockwood.

The meeting, by the way, was held at "Steak & Spirits" an excellent Tyler eating place on south Loop 323.

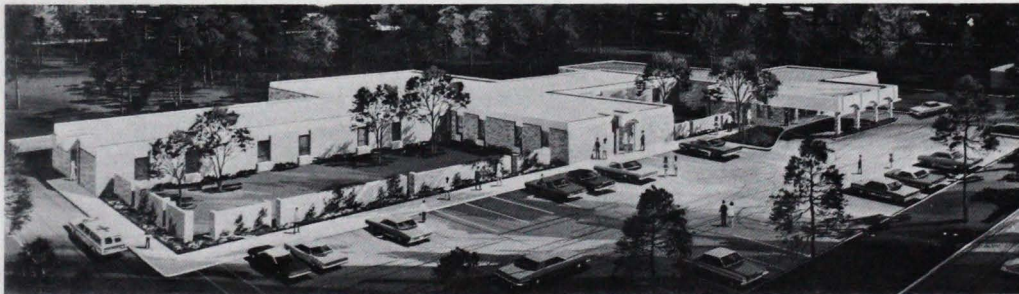
Here is a verbatim from TCOM's "Dateline" for November: "Dr.

Charles Ogilvie was one of five sexagenarian long-distance runners featured in *Runners World* magazine's November issue." Well, as you who read this regularly will recall, he was featured in *The DO* for November, too. Page 17.

Dr. Earl Kinzie is a "grand-daddy" again. This time of a curly black-haired, brown-eyed boy named Earl Christian Campbell, Jr. The good doctor, however, didn't get around to delivering this Campbell. Parturition occurred about early November at St. Lukes in Houston.

The good old Scottish name lives on. ^

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In our growth process, we've added totally computerized diagnostic equipment for pulmonary function testing, 24-hour physician-covered emergency services, modified birthing facilities and an eight-bed unit designed for coronary-intensive care patients who require the latest monitoring devices and who, if necessary, can be isolated within the unit. The unit's telemetry capabilities also permit monitoring of any patient within our hospital.

Doctors Hospital . . . big enough to offer the equipment needed for medical care in the 80s . . . small enough to continue personalized care patients want and have expected since we first opened in 1954.

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ATOMA News

By Priscilla T. Briney
ATOMA News Chairman

My! My! January is here already. Guess that means we are supposed to be ready for another happy, sad, prosperous, healthy, funny, interesting year. Are you ready? I like the Chinese custom of paying all of one's debts the last day of the old year so that the New Year begins fresh with a completely clean state before them. That sort of ties in with our New Year's resolutions. Have you made yours yet?

All the holiday decorations are put away for another year, all the cookies are gone and all the parties are over. Hence the resolution to lose weight comes before many of us once again.

I, for one, immensely enjoyed having my "children" home for the holidays. They are all adults now but will always be my "children."

While we were in the Napa Valley, California, I came across this tribute and I want to share it with ya'll.

PARENTS ANONYMOUS

Yes, we were addicted to parenthood
And all the things for which it stood.

Like —

Diapers and bibs,
High chairs and cribs.
Gerber foods and Johnson baby
powder,
Cries in the night that get louder
and louder.

It all began with one small baby boy.
That was our first feeling of
absolute joy.

But one wasn't enough, so we had
another,

Couldn't stop then so we got them
a brother.

Yes, we were addicted to parenthood
And all the things for which it stood
Like —

Housebreaking puppies, feeding
guppies.
Cutting the grass, altar boys at Mass.
Little league games, meetings of
boy scouts.
Football and bats, and three different
paper routes.

We began to wonder about things other
parents do,

Before we found out, we had a girl,
then we had two.

Yes, we were addicted to parenthood
And all the things for which it stood
Like —

Frilly dresses, ladylike purses.
Playing hopscotch, acting like nurses.
Maryjane shoes, leotards and
ballet poses.
Making a bouquet of your neighbor's
prize roses.

One day we sat down and took a
good look

At a friend's copy of *The Parent's
Anonymous Book*.

It explained planned parenthood and
the guidelines of regulation

All based on the bold assumption
that man alone controlled procreation.
We disliked having parenthood reduced
to the impersonality of charts and plans.
So we returned the book and
continued placing our trust in higher
hands.



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A7OMA News

Yes, we are addicted to parenthood
And all the things for which it stood.

Like —

Staying up late when they're out
on a date.

Praying they'll come back alive when
they get a license to drive.

Hearing them talk about leaving
home for distant lands;

Knowing the time has come when
it's out of your hands.

So, smiling and hiding the tears,
you watch them depart.

With a suitcase of dreams, and
a piece of your heart.

Helen Marie Cleary

Each of us can change a word
here or add a few there to make
this tribute so personally ours. But
what a marvelous way to begin a
New Year — by remembering some
very precious thing from New
Year's past. ^

By Mrs. Virginia Ling
District VI

Well, would you believe that
after an absence of two months I
am back to being my usual creative
self? Yep, we finally got our daugh-
ter, Bridget, married and I have
finally come off of my "high." She
married a wonderful young man by
the name of Michael Hales. The
reason I am telling you all of this
is because a hundred years ago my
Grandfather and Grandmother
Ahern were married and their
names are Michael and Bridget.
Nice — eh?

I have a correction from a pre-
vious article. That marvelous ship
that I suggested you visit if you are

ever in Galveston is correctly spell-
ed "Elissa." I took a day off in
December — you know, one of
those "be good to Mommie days"
— and roamed the shops
on the Strand for hours on end,
ate shrimp and oysters, and dis-
covered my spelling error.

Dr. John and Marilyn Mohney
had a wonderful Christmas visiting
their families. They flew to Cleve-
land, Ohio, drove to Pittsburgh,
Pennsylvania, then took the train
to Philadelphia. Marilyn and I
laughed over the fact cowboy boots
were worn instead of snow boots
for their trip up North.

Dr. Reginald Platt is a celebrity
in our big city right now. Seems as
though when Carol Channing was
appearing last month in the stage
play "Mame" she injured her arm.
She has all the faith in the world in
the Osteopathic profession so when
the Harris County Osteopathic
Physicians were phoned for help,
Dr. Reggie answered the phone.
He made two "theatre" calls and
received two free tickets for him-
self and Mary Jane to an evening
performance. They reported that
the play was terrific and that she
personally is one fine individual.

Dr. Jerry and Joy Smith have
had a few busy months. Daughter
Jennifer and husband Craig have
made them grandparents by pre-
senting them with a beautiful baby
boy named Brian Craig Dickerson.
Then in December their son, Eric,
was married to Robin Green. The
couple honeymooned in Cancun.

District VI had its annual family
Christmas party at the home of Dr.
Art and Nan Johnson. Let me tell
you we had just the best time ever.
Everyone's children are growing
up, becoming more beautiful and
are definitely a credit to their par-
ents and our profession. Dr. Bob
lost his credibility with me how-
ever — I looked up to see if he was
first in line at the buffet, which
is his usual spot and saw that Dr.
Jack Grainger beat him to it. So
now we have two in our district
that I know of who can smell food
a mile away. All of the little ones
received gifts from Santa Claus
portrayed by Dr. Art. In between
all of this some members of our
talented outfit put on a floor show
emceed by Dr. Carl Mitten. The
Ling clan was really enjoying our
part when someone from the back
of the room hollered "get off the
stage" and Dr. Bob countered with
"we don't take requests". Ah — I
tell you there wasn't a dry eye in
the house.

I want to wish all of you a
good year and hope to see you
next time. ^

1983
Happy
New Year

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An Osteopathic Institution

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Twenty-Four Hour Emergency Room
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El Paso, Texas

Robert Thaxton, Administrator
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Groves Professional Building Adjacent to New Hospital

Doctors Hospital in Groves opened its new community room and seven-suite Doctors Professional Building in special ceremonies December 3.

A ribbon-cutting marked the completion of a \$900,00 renovation and modernization program of the original 39th Street hospital site and, immediately following, a dedication was held in the 1800-square-foot community room.

Participants in the ceremonies included American Medical International Senior Vice President H.D. (Buddy) Foitik of Houston, Doctors Hospital Executive Director

Mel Bishop and Groves Mayor Sylvester Moore.

The community room, which accommodates up to 200 persons, is the first in Groves to be made available by a private firm for meetings planned by area citizens and organizations. Use is without charge. Scheduling is coordinated through the hospital's Community Relations Office, 962-5733.

Renovation at the site began last April after the AMI-owned hospital moved patients on March 30 into its new \$9 million building located directly behind the previous health care center.▲

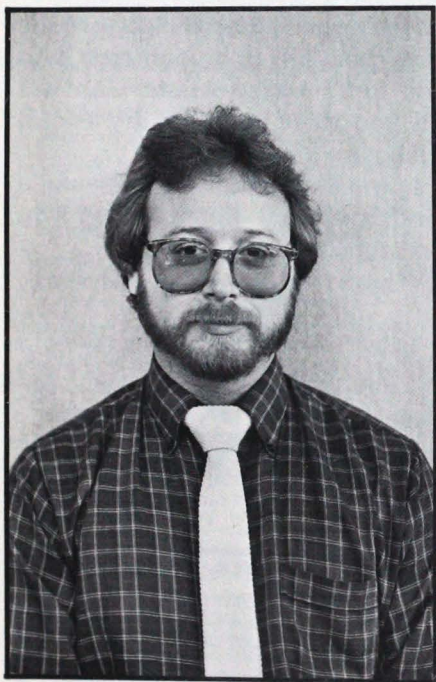
Guild Presents \$20,000 Check

Fort Worth Osteopathic Medical Center Guild president Elva Wickliffe presented a special Christmas gift, a check for \$20,000, to the medical center's Administrator John Hawkins at the Guild's annual Christmas party, December 15.

The \$20,000 donation, earned from the medical center's Guild-sponsored gift shop and numerous special projects, is in addition to the \$5,000 the Guild spent refurbishing OMC's ICU/CCU Waiting Room.

Entertainment for the Christmas party, which began at 10:30 a.m. December 15 in the home of Mrs. Roy B. Fisher, 1420 Thomas Place, was provided by Sweet Adeline's quartet. Judy Alter, local author, presented a special Christmas story.

Dr. Levin Trains at FWOMC



Jon I. Levin, D.O.

Dr. Jon I. Levin recently began a five-year residency training program

in general and neurological surgery at Fort Worth Osteopathic Medical Center.

A native of Washington, D.C., Levin completed a one-year internship at Des Moines General Hospital, Iowa, in 1979. He also completed three months of post-doctoral study in general surgery there.

A 1978 graduate of the College of Osteopathic Medicine and Surgery, Iowa, Levin received his bachelor of science degree in biology, chemistry and math from American University, Washington, D.C., in 1974. He completed two years of graduate study at Montgomery College, Maryland.

Levin is a member of the American Osteopathic Association and the American College of Emergency Physicians.

Fort Worth Osteopathic Medical Center, founded June 10, 1946,

is a 200-bed medical center providing Texas and the Greater Southwest communities with general and multi-specialty services. FWOMC is a not-for-profit hospital accredited by the American Osteopathic Association with approved training programs both for residents in anesthesiology, family practice, general surgery, internal medicine, pediatrics, radiology, neurosurgery and for interns.

The primary teaching hospital affiliated with Texas College of Osteopathic Medicine, FWOMC participates in the education programs of three schools of nursing — Texas Christian University, Fort Worth; Tarrant County Junior College; and The University of Texas at Arlington. The medical center is a member of the American Osteopathic Hospital Association, the Texas Osteopathic Hospital Association and the Texas Hospital Association.

Texas Ticker Tape

TOMA 84TH ANNUAL CONVENTION, FORT WORTH, MAY 5-7

The 84th Annual Convention and Scientific Seminar of the Texas Osteopathic Medical Association will be held at the new Americana Hotel in Fort Worth, May 5-7, 1983. The TOMA House of Delegates meets on May 4 at the same location. Watch your mail for the first convention mailing early in January providing you with registration forms and room reservation cards. Bring your cowboy boots and your white straw hat for a western style meeting.

TEXAS LEGISLATURE CONVENES JANUARY 11

There will be many new faces in Austin when the Texas Legislature convenes January 11. Be sure to invite your state representative and your state senator to the TOMA Legislative Reception, February 2, at the Headliners Club in the American Bank Tower, Austin.

The TOMA legislative program will include a bill to make the office of TCOM president statutory and a bill to prevent discrimination on the basis of degree in granting hospital privileges in Texas.

FOUR D.O.S HAVE PAID THEIR 83-84 DUES

Under the Bylaws, the dues billing for the 1983-84 fiscal year dues does not go out until January 1 but Brad Cobb, D.O., of Amarillo, won the race for membership card Number 1 by having already paid his dues. Card Number 2 goes to Gary Wolf, D.O., of Mansfield; card Number 3 to Armin Karbach, D.O., of Arlington; and card Number 4 to Ted Alexander, Jr., D.O., of Wichita Falls.

Over the years some of the contenders for the first five membership card numbers are Joseph L. Love, D.O., of Austin; Rollin E. Becker, D.O., of Dallas; H. George Grainger, D.O., of Tyler; Carl E. Everett, D.O., of Fort Worth and Graydon J. Carlstrom, D.O., of Dallas. A year ago the lineup was Drs. Grainger, Love, Everett, Carlstrom and Alexander, in that order.

For the annual TOPAC contribution of \$200, the leaders in 1982 were Drs. Grainger, Alexander, Jr., Love and Katherine G. Paterson, D.O., of Austin, in that order.

OKLAHOMA D.O.S SUE CITIES SERVICE

A pamphlet to its employees, published by Cities Service Oil Company, denigrates the D.O.s training and the Oklahoma Osteopathic Association president has filed suit for damages. Millions of dollars will be involved if the Court accepts the suit as a class action on behalf of all D.O.s in the United States.

TOMA HAS FIRST DUES INCREASE IN DOZEN YEARS

Membership dues in TOMA have been at the same level for 12 years. Regular membership dues rise \$100, from \$300 annually to \$400 payable January 1, for the fiscal year April 1, 1983 to March 31, 1984. Rising costs of a presence in Austin and other membership services caused the TOMA House of Delegates in mid-September to call for the dues increase. Sustaining members will pay \$500 a year. First full year in practice is \$25, second year in practice is \$50 and third year in practice is \$200.

TOMA HAS PREVAILING RATES FOR MEDICARE AND MEDICAID

TOMA has the computer printouts giving the median billings by physicians in Texas by specialty and by area for Medicare and Medicaid services. Members can call the TOMA office at 1-800-772-5993. The printouts cover general practice and general surgery in three areas of Texas as accumulated in the Medicare computers.

SOUTHWEST OSTEOPATHIC HOSPITAL WINS GRANT

Southwest Osteopathic Hospital in Amarillo recently won a \$25,000 grant for diagnostic radiology and ultrasound equipment. According to W. L. Davis, Jr., executive director of the hospital, the grant was from the Don and Sybil Harrington Foundation, a local philanthropic society that donates \$2 to \$3 million annually.

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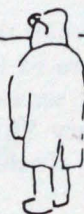
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Practice Locations in Texas

PHYSICIANS WANTED

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

CROSS PLAINS — Excellent opportunity. Physician needed to take over deceased physician's general practice. Large existing clientele is anxiously awaiting arrival of new doctor. Recent remodeled nine room clinic includes custom cabinetry, new carpet, paneling and seating. Extensive equipment inventory with OB-Gyn table, surgery table, treatment table, x-ray and some lab and office equipment. Several hospitals in nearby towns. Cross plains is located 52 miles SE of Abilene. For additional information contact: Katherine Davies, 915 Genova, Sugarland, 77478. Daytime phone: 713-757-8289.

GEORGETOWN — '79 TCOM graduate in general practice including OB is seeking an associate/partner. Town is located 25 miles north of Austin and has population of 10,000. Has 65-bed mixed staff hospital. Please contact: Bob Umstattd, D.O. (home) 512-863-7045 (office) 512-863-4596.

FRITCH — Needs family practice physician or GP in successful rural health clinic located in Fritch, Hutchinson County, Texas. Town and surrounding area is 9,000 population. Fritch is located 14 miles from Borger and 35 miles from Amarillo. Full service hospital. Salary \$52,000 plus percentage of inpatient revenue. Relief time provided. Contact: Johnny Raymond, Director, Panhandle

Rural Health Corporation, 168 Hamlet Center, Amarillo, 79107. Phone: 806-383-8111.

HURST — Hurst General Hospital, presently a 117-bed suburban hospital, is seeking an experienced pathologist. Hurst General and the new 200-bed replacement facility, Northeast Community Hospital, scheduled to be open in the fall of 1983, is located in the middle of the dynamic growth area of Dallas and Fort Worth. AOA approved for internships/residencies. Renumeration based on contractual relationship between the hospital and the pathologist. If interested please contact John M. Miller, administrator, 1-817-282-9211 ext. 300/301. An affiliate HCA, Hospital Corporation of America.

INTERNAL MEDICINE — Faculty position open for permanent Chairman, Department of Medicine, Texas College of Osteopathic Medicine. D.O., board certified in Internal Medicine with strong commitment to osteopathic education.

Candidates should qualify for appointment to rank of professor and have demonstrated capabilities in administrative, teaching and clinical practice endeavors.

If interested, please send professional resume and/or contact: Frederick M. Wilkins, D.O., Chairman, Search Com-

mittee, TCOM, Camp Bowie at Montgomery, Fort Worth, 76107-2690, 817-735-2400.

JASPER — Internists, GP and general surgeon with orthopedic capabilities is needed in Jasper. Town located in deep east Texas, 75 miles north of Beaumont. Population of 7,000 with service area of 35,000. Free office, nurse and billing & collections with limited partnership. Please send C.V. and phone number to administrator, Mary E. Dickerson Memorial Hospital, 1001 Dickerson Drive, Jasper, 75951.

KEMP — Office space available for GP in town of 1,200 people. Surrounding population 150,000 with 60-bed hospital located 10 miles away in Kaufman. Kemp is located 40 miles southeast of Dallas on Cedar Creek Lake. For more information contact: Edmund Horton, Pharmacist, P. O. Drawer 449, Kemp, 75143 or call collect 214-498-8523.

MASON — Established G.P. is interested in partner. Town located in the Hill Country; has population of 2,000 with county of 4,000. Mason has an 18-bed hospital. For more information call: Fred Morgan, D.O. (office) 915-347-5926 or (home) 915-347-6132.

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PAMPA — Large general practice, with OB, general surgery and pediatrics. 5,000 active patient's charts. 2,000 sq. ft. building is leased. Equipment and charts for sale. Will introduce to public. For more information contact: Robert Philips, D.O. Hughes Building, Suite 317, Pampa, 79065.

SILSBEE — Established family physician (TCOM '76) planning for associate in 1983. Growing area, diverse economy, 30 minutes north of Beaumont. Unlimited recreational opportunities. 48-bed hospital. Town of 8,000; service area of 45,000. Excellent schools. New office facility scheduled for next summer. Computerization in progress. Prefer recent graduate wanting to accomplish something meaningful and permanent. Move from salary to stock ownership after 6-12 months. Contact Art Propst, D.O., at Silsbee Medical Clinic, 735 North 5th Street, Silsbee, 77656. Phone: 713-385-2818.

D.O. SURGEONS — Wanted in rural area on the banks of beautiful Bull Shoals Lake in Arkansas. 48-bed hospital with an 8 doctor clinic attached. In the process of establishing satellite clinics within the geographical area. A wonderful place to practice and a good place to raise a family. If interested write: Abija Hughes, Administrator, Bull Shoals Community Hospital and Clinic, Inc., Box 356, Bull Shoals, Arkansas 72619.

RURAL EAST TEXAS — General practice for sale. Has been operating for one year. No other physician in community of 2,000. For further information write to: TOMA, Box "C", 226 Bailey Avenue, Fort Worth, 76107.

TYLER — Established family practice available IMMEDIATELY in Tyler. Current physician going into emergency room medicine. Take over equipment loan. If interested, call Brad Burns, D.O. 214-561-5040.

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

FOR INFORMATION

Write

Mr. Tex Roberts,
Executive Director
TOMA Locations Committee
226 Bailey Avenue
Fort Worth, 76107

or Phone:
817-336-0549 or
Dallas County Metro
429-9755 or
Toll-free in Texas
1-800-772-5993

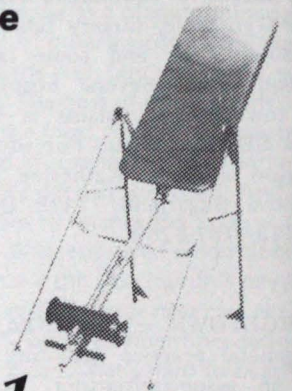
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Mike Easker, Box 401161, Garland, 75040. Phone: 214-495-6144.

GENERAL PRACTITIONER — 33-year-old wants to practice in his hometown, Dallas, or mid-cities area. Will consider all practice opportunities. Send to TOMA, Box "H", 226 Bailey Avenue, Fort Worth, 76107.

PEDIATRICIAN — Board certified pediatrician wishes to locate in Texas. Has Texas license and diversified practice background. Available by summer or sooner. Prefer association but any location or situation considered. Write Box "A", 226 Bailey Avenue, Fort Worth, 76107.

DIAGNOSTIC RADIOLOGIST — PCOM graduate. Fellowship trained in angio-neuroradiology at University of Louisville. C. V. upon request. Contact: N. Birlew, D.O., Sano Route 398, Columbia, Kentucky, 42728.

GENERAL SURGEON — board certified, experienced, has Texas license. Available soon. Contact: TOMA. Box "I", 226 Bailey Avenue, Fort Worth, 76107.

OFFICE SPACE AVAILABLE

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

TWIN CLINIC (Hurst, Euless, Bedford area). Below replacement cost is 1,647 sq. ft. modern brick air conditioned clinic with Reception room; receptionist and files; 2 private Doctor's offices with 2 examining rooms each (including restrooms), 2 nurses stations plus laboratory. On 95' x 200' tree filled lot just off Bedford-Euless Road with plenty of off street parking — \$125,000. If interested contact: Ed Williams, Grady, Inc., Realtors 817-332-5354.

FORT WORTH — 1,200 feet of office space for lease. Share waiting room, central supplies & laboratory with dentist. Located in west Fort Worth next to Western Hills Nursing Home. Hospital nearby. If interested contact: Dr. Robert White (office) 732-6677 or (home) 921-4440.

LEASE SPACE available in our Medical Center Professional Building adjacent to the hospital. Space will accommodate up to four suites with one or more physicians in each suite. Architectural allowance for interior construction. Initial three-year rate based on specialty and specific needs. For more information contact Director, Architectural Services, Fort Worth Osteopathic Hospital, Inc., 817-735-3382.

MISCELLANEOUS

FOR RENT — Red River, New Mexico Townhouse. Two bedroom, 2½ bath. Sleeps (8) on beds. For information contact S. R. Briney, 14 Lake View Court, Aledo, 76008. Phone: 817-441-9373.

FOR RENT — Luxury Condo, 2-bedroom, 2-bath on Padre Island on Gulf side. \$70 per night. Call 512-686-2811.

FOR SALE — Blood machine. Coulter Counter model D-2 with diluter, \$1,500. For more information contact: Larry Breitenstein, D.O., 713-358-4301.

FOR SALE — Doctor's metal furniture. IPPB machine, diathermy, ultrasound twin machine, examining spotlight, doctor's desk and chair. For more information call 817-443-0338 (Fort Worth metro number).

WANTED — equipment for 4-exam room clinic. Write TOMA, Box "J", 226 Bailey Avenue, Fort Worth, 76107.

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