

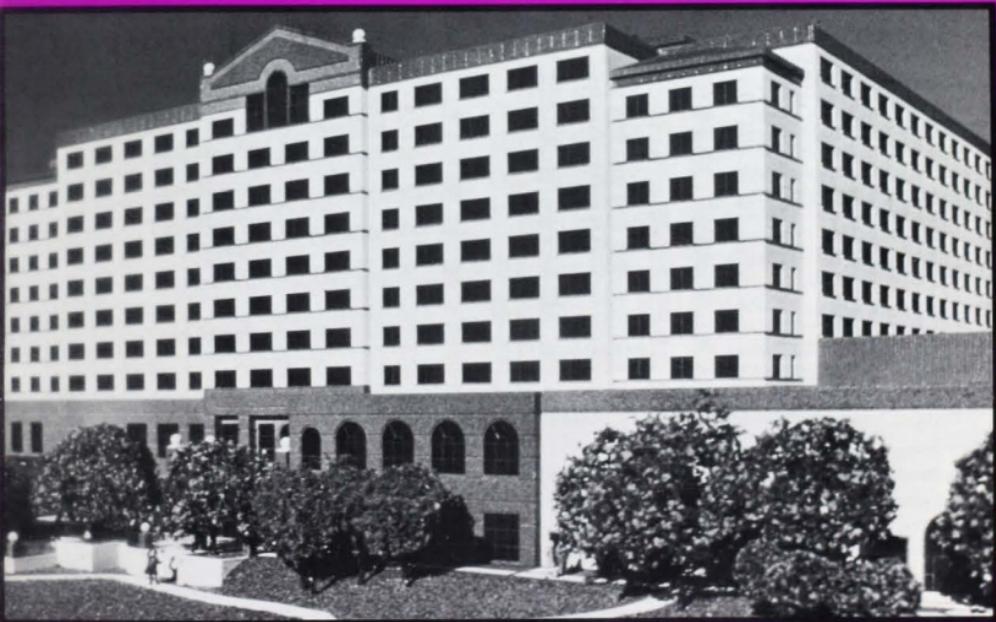
Some Famous "firsts" for the
First of this New Year - page 4

A Preview of the
TOMA Annual Convention
in Austin - page 6

TOMA Introduces

this Year's Program Chairman - page 8

Medicare Part B Questions Clarified - page 21



**Stouffer Hotel - Austin; Site
of TOMA's Annual Convention**

... page 5

For Your Information

American Osteopathic Association	312-280-5800
	800-621-1773
Washington Office	202-783-3434
American Osteopathic Hospital Association	312-952-8900
Professional Mutual Insurance Company	800-821-3515
	816-523-1835
TOMA Malpractice Insurance Program	
For Premium Rates	800-392-2462
For Enrollment & Information	713-496-3400
Texas College of Osteopathic Medicine	817-735-2000
	Dallas Metro 429-9120
Medicare Office:	
Part A Telephone Unit	214-470-0222
Part B Telephone Unit	214-647-2282
Profile Questions	214-669-7408
Provider Numbers:	
Established new physicians (solo)	214-669-6162
Established new physicians (group)	214-669-6163
All changes to existing provider number records	214-669-6158
Texas Medical Foundation	512-329-6610
Medicare/Medicaid General Inquiry	800-252-9216
Medicare Beneficiary Inquiry	800-252-8315
Medicare Preadmission/Preprocedure	800-252-8293
Private Review Preadmission/Preprocedure	800-252-9225
Private Review General Inquiry	800-252-9225
Texas Osteopathic Medical Association	817-336-0549
	in Texas 700-772-5993
	Dallas Metro 429-9755
TOMA Med-Search	in Texas 800-772-5993

TEXAS STATE AGENCIES

Department of Human Services	512-450-3011
Department of Public Safety	
Controlled Substances Division	512-465-2188
Triplicate Prescription Section	512-465-2189
State Board of Health	512-458-7111
State Board of Medical Examiners	512-452-1078
State Board of Pharmacy	512-832-0661
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)	214-767-7250

CANCER INFORMATION

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

Texas DO

Texas Osteopathic
Medical Association

January 1987

FEATURES

Some Famous "firsts" for the First of this New Year

TOMA 88th Annual Convention Set for April 23-25 in Austin

A Preview of the TOMA Annual Convention in Austin

TOMA Introduces this Year's Program Chairman

TOMA Annual Convention Registration Form

In Memoriam

Nelson E. Dunn, D.O.

Jack H. Woodrow, D.O.

Ribavirin Aerosol Approved for Severe Cases of RSV in Infants and Young Children

News from the Texas Society ACGP

Medicare Part B Questions Clarified

Indigenous Measles Elimination - What Happened?

TSBME Seeking Tough Legislation

DEPARTMENTS

Calendar of Events

Texas Ticker Tape

Ten Years Ago in the Texas DO

TOMA Membership Applications Received

For Your Information

Newsbriefs

Practice Locations in Texas

Published by

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Tex Roberts, Editor

Diana Finley, Associate Editor

Lydia Anderson Smith, Staff Writer

CALENDAR of EVENTS

JANUARY

22

22-25
American Osteopathic College
of Radiology, Winter Seminar
Marquis Hotel
Palm Springs, California

Contact: Pamela A. Smith, Ex. Dir.
AOCR
Box 75
Milan, Missouri 63556
816-265-4991

29

29-31
ACOS In-Depth Review:
Oncology Update
Mandalay Four Seasons Hotel
Dallas/Fort Worth Airport
8:00 a.m. - 5:00 p.m. daily
18 hours CME

Fees: Members - \$350
Non-members - \$400

Contact: ACOS
122 C Street, N.W.
Suite 875
Washington, D.C. 20001

FEBRUARY

28

Cowtown Marathon
10K Run
Fort Worth

Contact: TCOM's Institute for
Human Fitness
817-870-5283

MARCH

7

7-14
American College of Osteopathic
Obstetricians and Gynecologists,
54th Annual Convention
Maui Marriott
Lahaina, Hawaii

Contact: Barbara L. Hawkes, Asst. Ex.
Dir., ACOOG
900 Auburn Road
Pontiac, Michigan 48057
313-332-6360

10

10-15
ACGP Annual Convention
Scottsdale, Arizona

Contact: Bette Vaught, Ex. Dir., ACGP
2045 So. Arlington Heights
Rd., Suite 104
Arlington Heights, Illinois
60005
800-323-0794 or
312-228-6090

APRIL

23

23-25
88th Annual Convention &
Scientific Seminar
Texas Osteopathic Medical
Association
The Stouffer Hotel
Austin

Contact: Tex Roberts, CAE
Executive Director, TOMA
226 Bailey Avenue
Fort Worth, 76107
1-800-772-5993 in TX
817-336-0549

Risk Management Mandatory in Florida

The Florida Legislature has enacted laws requiring all osteopathic and allopathic physicians to receive no less than five hours of risk management as part of their continuing medical education for license renewal.

Specifically, risk management deals with programs relating to safeguards against malpractice suits. The legislation was enacted in an effort to give physicians some relief from the malpractice crisis.

Additionally, hospitals are required to have Risk Managers as well as programs developed, to be submitted to the Department of Insurance. Periodic reports to be completed by either physicians, nurses or others, must also be submitted.

In other action, the Florida Legislature now requires that each licensed active physician practicing in the state submit proof of insurance to the Board upon either initial licensure or renewal. Professional liability coverage is to be "in an amount not less than \$100,000 per claim, with a minimum annual aggregate of not less than \$300,000..."



Some Famous "firsts" for the First of this New Year

- * In its first year Coca-Cola Co. sold 400 Cokes.
- * The Apple microcomputer was turned down by both Hewlett-Packard and Atari, but had first-year sales of \$2.5 million.
- * Jean Paul Getty struck oil with his first oil lease, which he bought for \$500 when he was 11 years old.
- * In his first year in the automobile business, Henry Ford went bankrupt. Two years later, his second company also failed. His third has done rather well, however.
- * In his first year on the professional golf circuit, Jack Nicklaus won the U.S. Open.
- * Bank of America was destroyed in its first year by the 1906 earthquake. But founder Amadeo Giannini rescued \$80,000, set up a plank bank on the San Francisco waterfront and loaned out money to help rebuild the city, requiring only a man's pledge as security.
- * Dr. Seuss's first children's book was rejected by 23 publishers; the 24th publisher sold six million copies of it.
- * In 1903 King Gillette invented the safety razor but sold only 51 razors and 168 blades.
- * In 1911, a new company named Computing-Tabulating-Record Co. earned \$1,240,672.32. It later became known as IBM.
- * In 1765, repairman James Watt designed the world's first steam engine in only two days, but it took him 10 more years before he could produce the first working model.
- * In their first year in the major leagues, Willie Mays batted .274, Babe Ruth .300, Joe DiMaggio .323, Reggie Jackson .178, Ty Cobb .240, Pete Rose .273, Ted Williams .327, Lou Gehrig .423 and Hank Aaron .280.
- * In his first year at Harvard, Edwin Land dropped out of school and invented the Polaroid.
- * Howard Hughes Sr. was forced to abandon his first oil well because he couldn't drill through the hard rock. He then founded Hughes Tool Company and invented a rock drill that became the foundation for the family fortune.
- * In its first 28 attempts to send rockets into space, NASA had 20 failures.
- * In his first year out of college, Isaac Newton completed his major life's work in gravity, the nature of light, and calculus.
- * In his first year as a writer, O. Henry was sentenced to prison for embezzlement.
- * In 1891, American Express invented the traveler's check and sold \$9,200 worth of them.
- * R.H. Macy went broke with his first three dry-good stores.
- * In the Roman Empire's first year, one of the founders killed the other founder (his brother) over a land dispute.
- * When she was a year old, Queen Mary of England married the son of the King of France, three months her junior. The marriage didn't last.

(Reprinted from Capital Consultants - Austin)

TOMA 88th Annual Convention Set for April 23-25 in Austin

We have been shifting our gears in readiness for the TOMA 88th Annual Convention and Scientific Seminar set for April 23-25, 1987. The great city of Austin, which probably needs no introduction to most folks, will be the site of the convention this year. Known for its mild climate and beautiful scenery, it is perhaps better known as the Capitol of Texas and with 1987 being a legislative year, this is good news for TOMA members. The convention has been scheduled purposely early this year in order that we might literally "swarm" the Capitol building.

Austin was selected as the capitol city in 1838 by Mirabeau Lamar, vice president of the Republic of Texas. Formerly called Waterloo, it was renamed Austin in honor of Stephen F. Austin, hero of the Texas Revolution. The city is home for an educated population involved in recreational and cultural assets, as well as political matters.

An interesting fact is that 89 percent of the state's population resides within 200 miles of Austin which means less cost for TOMA members in terms of traveling. In addition, Austin's hotel boom has produced continued excellence and choice of facilities for the TOMA convention.

The hotel selected to house TOMA members is the Stouffer Hotel (formerly the Wyndham Hotel—Northwest), a name recognized internationally as synonymous with impeccable service, elegant appointments and genuinely warm hospitality. Just ten minutes from downtown and the state capitol, and twenty minutes from the Robert Mueller Airport, the hotel is located at Loop 360 and U.S. 183. The Stouffer Hotel is the cornerstone of a 95-acre mixed-use development known as the Arboretum at Great Hills.

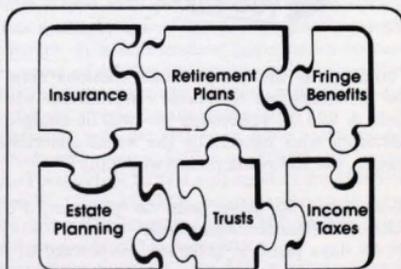
It boasts of 60,000 square feet of meeting space, including a large exhibit hall. The 30,300-square-foot exhibit hall is equipped with gas, water, compressed air, electricity and direct telephone lines. The Stouffer also has a 12,000-square-foot ballroom on the main floor, 9,000 square feet of meeting and board room facilities and more than 8,000 square feet in seven meeting rooms.

Accommodations in the Stouffer Hotel are as spacious as they are elegant. The 10-story atrium property features 478 luxurious, over-sized guest rooms, including 43 executive suites, each offering the finest in

guest comforts. And for relaxing at the end of a hard day, a complete health club will provide guests with an indoor-outdoor swimming pool, whirlpool, sauna and weight room.

In the skylit atrium lobby, gleaming brass, wood and masterful works of art sets the tone for cultural and congenial enjoyment. This relaxing atmosphere is also reflected in the various dining and lounging establishments at the Stouffer. Among these is an English rose garden-style cafe, a fine dining restaurant featuring Country-French atmosphere, and an alfresco dining restaurant, an 8,000 square foot entertainment lounge and a relaxing lobby bar detailed in wood and brass and featuring soft piano music.

Room rates at the Stouffer Hotel for the 88th Annual Convention will be \$80.00 for single and \$85.00 for double occupancy. Watch your mail for hotel reservation cards or call the easy-to-remember phone number for reservations 1-800-Hotels-1. The cut-off date for guaranteed room space is April 6.



PUZZLED?

We can help you put the pieces together.

Charles D. Knight, PC
Certified Public Accountant
214/239-1670

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A Preview of the TOMA

Early registration at the hotel will begin on Wednesday, April 22 from 1:00 - 4:00 p.m. in the Exhibit Hall (Plaza level of the Stouffer Hotel). Subsequent registration hours are Thursday and Friday, April 23 and 24, from 8:00 a.m. to 4:00 p.m. and Saturday, April 25, from 8-9:00 a.m. Be sure to watch your mail for pre-registration information soon. April 10 is the deadline for pre-registration. Fees are as follows:

Physician members	\$250.00
At-the-door	\$300.00
Spouses, Military, Interns, Residents, Retirees, Associates	\$125.00
At-the-door	\$150.00

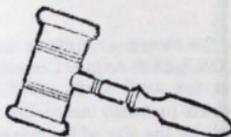


As initiated in the past, all cancellations must be received in writing; no telephone cancellations will be accepted. A \$25.00 processing fee will be charged to all registrants who cancel. In the event cancellation is necessary, the following policy will apply:

- * More than 45 days prior to program, FULL REFUND (less processing fee)
- * 30-45 days prior to program, 50 percent of fees will be refunded
- * 15-30 days prior to program, 25 percent of fees will be refunded
- * Less than 15 days prior to program, NO REFUND

Deluxe Double Room -
Pre-Registration Door Prize

Board of Trustees



On Tuesday, April 21, the TOMA Board of Trustees will have their traditional pre-convention board meeting. Luncheon will be served at 12:00 noon in the Guadalupe Room (next door to the Nueces) with the meeting convening at 1:00 p.m. in the Nueces Room (lobby level). Jerome L. Armbruster, D.O., TOMA President, will be presiding and will be wrapping up the year's business as well as discussing future plans for the association.

The ATOMA pre-convention Board of Trustees meeting is scheduled for Wednesday, April 22 at 1:00 p.m. in the Bosque with luncheon beginning at 12:00 noon in the Concho. Mrs. Chester (Chris) Godell will be presiding.

Both TOMA's and ATOMA's post-convention board meetings will take place at 1:30 p.m. on Saturday, April 25 in the Nueces and the Bosque, respectively. Luncheon will be served for each group. Bill H. Puryear, D.O., will be presiding over the physicians and Mrs. John (Marilyn) Mohney over the spouses.

House of Delegates

On Wednesday, April 22, the TOMA House of Delegates, the policy-making body of TOMA, will meet in the Sabine Room (Plaza level). Registration will begin at 8:00 a.m. and according to T. Eugene Zachary, D.O., Speaker of the House, the meeting will begin promptly at 9:00 a.m. A luncheon break is scheduled for 12:00 noon with business continuing at 2:00 p.m.

The ATOMA House of Delegates will be meeting in the Brazos (lobby level) at 8:00 a.m. on Thursday, April 23. Coffee and danish will be served.

The actual convention begins on Thursday, April 23 and will be kicked off by a "Convention Breakfast" at 7:00 a.m. featuring a lecturer to be chosen by Jim Czewski, D.O., this year's program chairman. All are invited and encouraged to attend, not only for the

ual Convention in Austin

excellent meal, but for CME credits which will be awarded to physicians in attendance. This breakfast will take place in lieu of the traditional Alumni Breakfasts, however, various colleges will be meeting on Saturday morning.

Thursday will also be the date for the traditional Keynote Luncheon, which this year, will feature a top governmental leader. The luncheon is scheduled for 1:00 p.m. in the Stouffer Ballroom following cocktails with the Exhibitors in the Exhibition Hall. Dessert will also be served with the Exhibitors immediately following the luncheon at 1:30 p.m.

The POPP's Party begins at 5:30 p.m., also on Thursday, in the Guadalupe Room. All past presidents and their spouses are cordially invited to attend this special function, which has always been a very informal and enjoyable gathering.



Thursday will conclude with the always popular Sustainer's Party. This is scheduled for 7:00 p.m. in the Stouffer Ballroom. As usual, this event is for sustaining members and their spouses only and is viewed as a "thank you" type party for those "good guys" who contribute an additional \$100 with their membership dues. However, if you wish to sign up as a sustaining member, simply mail us your check for \$100 PRIOR to the convention. You will receive a special gift, a cloth emblem in the shape of a white hat (which is where the "good guy" phrase originated), be treated to a delicious dinner and enjoy the sounds of the "Strawberry Pickers", a local Austin band. See the February issue for more information on the entertainers for the Sustainer's Party. And, if you aren't a sustainer already, sign up and come kick up your heels with us!

Friday is the date for the Auxiliary's Installation Luncheon, scheduled to begin at 10:30 a.m. in the

Wedgwood. New officers of the State Auxiliary will be installed at this function so this is one event auxiliary members will not want to miss.

Friday is also the date for the AOA President-Elect's Luncheon which this year will be honoring Joseph W. Stella, D.O., of Allentown, Pennsylvania, president-elect of the AOA. A cocktail reception will be held in the exhibit hall prior to the luncheon at 1:00 p.m. in the Stouffer Ballroom. Dessert will follow in the exhibit hall.

Friday's functions will culminate with the annual President's Night Reception, Dinner and an art auction. The reception begins at 6:30 p.m. in the Stouffer Foyer, dinner begins at 7:30 p.m. in the Stouffer Ballroom and the auction will also take place in the Stouffer Ballroom beginning at approximately 9:00 p.m. During the reception, attendees will have the opportunity to review art of all kinds including original watercolors, oil paintings, a diverse selection of signed and numbered graphics, lithographs, serigraphs, etchings and collographs of many internationally famous artists such as Chagall, Dali and Neiman, as well as works by many artists with great potential for the future. It is an excellent opportunity to purchase fine pieces of art for a very reasonable price. You are cordially encouraged to browse and enjoy a social and cultural evening while doing so.

Saturday will get off to a good start as Alumni meetings will begin at 8:00 a.m. TCOM will be meeting in the Pecos while KCOM will meet in the San Saba.

Jim W. Czewski, D.O., program chairman, is anticipated over 23 Category 1-A CME credits from the American Osteopathic Association.

Pre-register now and save \$50 in registration fees as well as a chance to win a deluxe double room for your stay at the beautiful Stouffer Hotel. The pre-registration form is on page 10 of this issue; tear out and mail today to the TOMA Headquarters Building, 226 Bailey Avenue, Fort Worth, Texas 76107.▲

Pre-Registration Deadline is April 10

TOMA Introduces this Year's Program Chairman



This year's program chairman is Jim W. Czewski, D.O., of Fort Worth. A TOMA member since 1978, Dr. Czewski received his pre-med training at Southwestern State University in Weatherford, Oklahoma prior to entering Texas College of Osteopathic Medicine. He received his D.O. degree in 1977 and interned at Fort Worth Osteopathic Hospital from 1977-78. Dr. Czewski is also a member of the American Osteopathic Association and the Texas Society of General Practitioners in Osteopathic Medicine and Surgery.

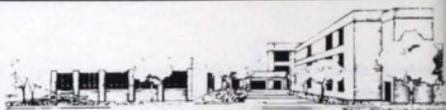
He has been working diligently on this program and has chosen the theme for the lectures to be "Cancer, Cancer Prevention and Current Treatment" as well as other topics with important ideas which osteopathic physicians can actually take back to their offices and put into practice. According to Dr. Czewski, the only real way to win the battle against cancer is through prevention simply because current treatment methods are unsatisfactory at the present time.

Some of the topics on cancer prevention are: "Lower Gastro-intestinal Cancers; Early Detection in Treatment"; "Upper Gastro-intestinal Tumors; Esophageal, Gastric; Pancreatic"; Recognition and Office Management of Skin Cancer"; "Lung Cancer, an Office Approach to Early Detection and Diagnosis"; "Early Detection and Treatment of Cancer of the Prostate and Bladder"; "Cancer of the Brain and Spinal Tract"; "Gynecological Cancer as it Pertains to the Cervix, Uterus and Ovaries"; and Current Radiological Considerations of Cancer and Other Diseases of the Breast".

Other topics sure to be of vast interest to attendees include: "Rheumatological Presentations of Cancer"; "Office Management of the Cardiac Patient — and Update"; "Better Sex Through Chemistry"; Panel discussion on DRGs, Medicare, Medicaid — and Overview of all Federal Programs; Tax Seminar; Common Office Emergencies Encountered in the General Practitioner's Office"; and Identification of the Chemical Abuser."

Workshops will include the topics of EKG, CPR and Risk Management.

As it now stands, Dr. Czewski is anticipating over 23 Category 1-A CME credits from the American Osteopathic Association for attending the TOMA convention.▲



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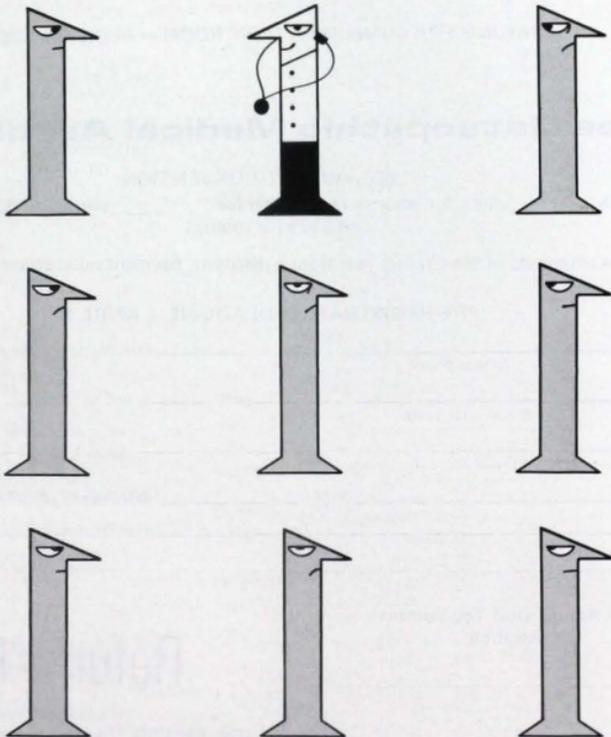
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Dan Nielsen, Chief Executive Officer

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Texas Osteopathic Medical Association

88th ANNUAL CONVENTION

Enclosed is \$_____ check for advance registration for _____ persons at \$250 for physicians
and \$125 for spouses

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

PRE-REGISTRATION DEADLINE — APRIL 10

Name _____ First Name for Badge _____
(please print)

My Spouse _____ will _____ will not _____ accompany me.
(first name for badge)

My Guest _____ will _____ will not _____ accompany me.
(first AND last name for badge)

City _____ State _____ AOA Membership No. _____

D.O. College _____ Year Graduated _____

TOMA Annual Golf Tournament Registration

Name _____

Address _____

Handicap _____

\$40 per person
includes
½ cart, green fees, transportation
(Cash Bar)
Location to be determined
Friday, April 24, 1987

CHECK ENCLOSED _____
(please make payable to TOMA)

Refund Policy

The REFUND POLICY for the 88th Annual Convention is as follows: All cancellations must be received in writing; no telephone cancellations will be accepted. A \$25.00 processing fee will be charged to all registrants who cancel. If cancellation is necessary, the following policy will apply:

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(less processing fee).

30-45 days prior to program, 50 percent of fees paid will
be refunded.

15-30 days prior to program, 25 percent of fees paid will
be refunded.

Less than 15 days prior to program, NO REFUND.

Convention Supporters

Exhibitors

Abbott Laboratories
ACS/Professional Systems, Inc.
Adria Laboratories
Boehringer Ingelheim Pharmaceuticals, Inc.
Bristol Laboratories
Burroughs Wellcome Company
Compumed, Inc.
Cross Medical Instruments, Inc.
William H. Dean & Associates
Dista Products Company
Doctors Hospital—Groves
Dupont Pharmaceuticals
Eli Lilly & Company
Ted Ferguson Agency
Fisons
GEIGY Pharmaceuticals
Glaxo, Inc.
Health Care of Texas, Inc.
Hill Laboratories
Hoechst-Roussel Pharmaceuticals, Inc.
International Medical Electronics, Ltd.
Key Pharmaceuticals
Kirksville College of Osteopathic Medicine
Knoll Pharmaceuticals
Lakeside Pharmaceuticals
Lanpar Company
Lederle Laboratories
Marion Laboratories
McNeil Pharmaceutical
McNeil Consumer Products Company
Mead Johnson Pharmaceutical Division
Medi-Tech Systems, Inc.
Medical Express, Inc./Eastman Kodak
Merck Sharp & Dohme
Metro-Med, Inc.
Metropolitan Hospital
Muro Pharmaceutical, Inc.
National Heritage Insurance Company
Ortho Pharmaceutical Corporation
Parke-Davis
Pfizer Laboratories
Princeton Pharmaceutical Products
Professional Mutual Insurance Company
R-B Instruments
Riker Laboratories Inc./3M
A. H. Robins Company
Roche Laboratories
Roerig Division

William H. Rorer, Inc.
Ross Laboratories
Sandoz Pharmaceuticals
Savage Laboratories
Searle Pharmaceuticals, Inc.
Smith Kline & French Laboratories
Squibb-Novo, Inc.
E. R. Squibb & Sons, Inc.
Stuart Pharmaceuticals
Syntex Laboratories, Inc.
TEI Computers
Texas Department of Health
Texas State Board of Medical Examiners
Texas Medical Foundation
Texas Medical & Surgical Supply
Trans-Texas Leasing
UAD Laboratories, Inc.
Universal Liability (tm)
Wang Laboratories, Inc.
Westwood Pharmaceuticals
Winthrop-Breon Laboratories
Wyeth Laboratories

Grantors

Marion Laboratories
Mead Johnson Nutritional Division

TEXAS TICKER TAPE

TOMA DUES STATEMENTS HIT THE MAIL

TOMA members should have received their dues statements for the 1987-88 fiscal year in the latter part of December.

Although the fiscal year is from April 1 through March 31 of the following year, TOMA Bylaws state that annual dues become due and payable on the preceding January 1.

Your cooperation in paying your membership dues promptly will be appreciated and, once again, if extenuating circumstances require payment in installments, please contact the TOMA State Headquarters. We will be most happy to work out a payment plan to your satisfaction.

NEW TMF CENTRAL OFFICE ADDRESS

As of November 24, 1986, the Texas Medical Foundation (TMF) consolidated its multiple Austin operations into one Central Office location. The new TMF Central Office address and telephone number is: Texas Medical Foundation, Barton Oaks Plaza Two, 901 Mopac Expressway South, Suite 200, Austin, 78746. The phone is 512-329-6610.

The TMF General Inquiry (1-800-252-9216); Hotline (1-800-252-8315); Preadmission/preprocedure (1-800-252-8293) and all other TMF toll-free WATS telephone numbers will remain the same.

The TMF is the designated Peer Review Organization (PRO) for Texas. If you are not already a member of TMF, think about adding your name to the list of over 4,000 practicing physicians in Texas who support quality assurance and utilization review programs. Yearly dues are a minimal \$24 and an application can be requested by either writing or phoning.

NEW ADDRESS FOR COLLEGE OF PREVENTIVE MEDICINE

The American Osteopathic College of Preventive Medicine has relocated. The new address and phone number is 16250 Northland Drive, Suite 311, Southfield, Michigan 48075, 313-552-9330. Please make note of this change.

INEZ SUDERMAN RECEIVES AWARD

Inez Suderman, wife of Emery Suderman, D.O., of Pharr, Texas was recently chosen for the 1986 Who's Who in Society. The award is presented in recognition of distinguished accomplishments in professional and civic affairs. Mrs. Suderman has been included in the *Directory of Distinguished Americans* for her service to her community. She is a past president of ATOMA, and has served in numerous other offices and chairmanships in the past, and is active in numerous civic and professional groups. Mrs. Suderman is currently a Realtor with Action Realty in McAllen.

DEAN SELECTED TO HEAD PHARMACY ON SECOM CAMPUS

G. Joseph Norwood, formerly Dean of the College of Pharmacy at North Dakota State University, has been selected to head the new college of pharmacy scheduled to open next fall in North Miami Beach, Florida, on the campus of the Southeastern College of Osteopathic Medicine (SECOM). Announcement of the appointment was made by Jay M. Tischenkel, chairman of the pharmacy task force and search committee, and Dr. Morton Terry, SECOM president.

The new pharmacy college is the first in South Florida and the first to be affiliated with an osteopathic medical school. Medical and pharmacy students will share campus facilities, such as classrooms, laboratories and library.

MANDATORY ASSIGNMENT FOR LAB SERVICES OPPOSED

The AOA reports that an effort to postpone the provision requiring mandatory assignment of Medicare claims for physician office laboratory services died at the end of the 99th Congress. The AOA and other health groups gained passage of an amendment overturning the provision in the Senate Committee, however, the amendment went no further.

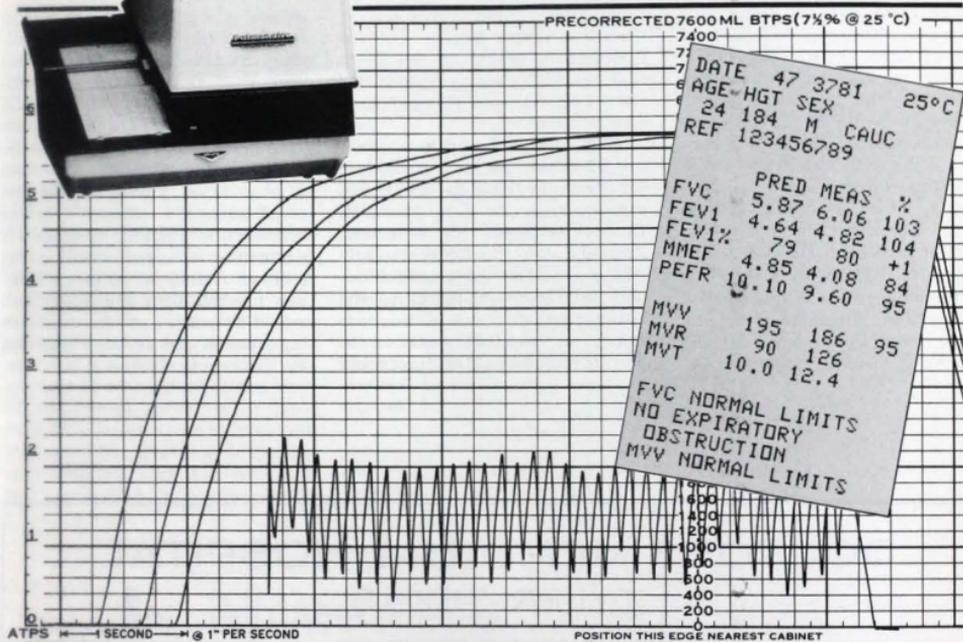
As a result, a provision included in the 1986 Budget Act mandating assignment of all claims for clinical lab services provided in the physicians office took effect January 1, 1987.

A new effort to overturn this law is planned for early 1987.

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Ten Years Ago in the "Texas DO"

Word was received from Blue Cross-Blue Shield that their contract with the State Department of Public Welfare as the Health Insuring Agent for the Medicaid Program expired December 31, 1976. Effective January 1, 1977, the new contractor was National Health Insurance Company in Austin.

Plans to build an \$11 million Texas' Woman's University (TWU) medical school on the North side were shelved. Three firms that offered to donate 60 acres of land at Loop 820 and Interstate 35 were released from their pledge by the Fort Worth Medical School Steering

Committee, a group of civic leaders. Governor Dolph Briscoe and the Coordinating Board of the Texas College and University System had given TWU's medical college plans a cool reception.

Steps were being taken to lower the \$3 billion annual expenditure for drugs in HEW-funded health care programs, mainly Medicaid. Known as MAC, for Maximum Allowable Cost for Drugs, the program was to limit payment for certain multiple-source drugs to the lowest cost at which a drug was widely and consistently available to providers. Before a MAC limit could

be set on a drug, the FDA was to review available scientific and regulatory data to assure there were no unresolved problems involving quality or bioequivalence which would warrant a delay in setting a payment limit. The limits would then be reviewed by an advisory committee of pharmacists, physicians and cost reimbursement experts before formal publication for comment. If a prescriber indicated in writing that a brand of drug priced over a MAC was needed, then the MAC limit would be waived by the reimbursing program and payment made for the higher priced brand.▲

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Another Legal Milestone, or Millstone?

Crazy/guilty/or what? A ruling from the Colorado Supreme Court about a murderer may have long-range repercussions on the judicial system and could create a vertible crisis situation for psychiatry and law enforcement.

In the case of Colorado vs. Connelly, a young man diagnosed and documented as a paranoid schizophrenic murdered a young woman and later confessed, voluntarily, to police. The police were not faulted for their behavior in any way. In fact, they were exemplary in advising the young man of his Miranda Rights several times over. The court ruled his confession inadmissible, because his psychiatrist testified that the defendant was compelled to confess after

hearing "the voice of God" talking to him and telling him "to confess or commit suicide." The Colorado Supreme Court said that the defendant was coerced by the inner voice of God, which he was unable to resist. The confession was thrown out, and the trial jury never even heard the case.

If the U.S. Supreme Court upholds this extension of the Miranda Decision and the insanity defense, how often will psychiatrists be asked to substantiate this new defense because, "My parents forced me to confess because of the way they brought me up."?

[Reprinted from the Newsletter of the New Mexico Osteopathic Medical Association]

IN MEMORIAM

Nelson E. Dunn, D.O.

Nelson E. Dunn, D.O., of Belton, passed away December 11 in a Temple nursing home. He was 70 years of age.

A private graveyard service was held December 16 in Arlington.

A TOMA member since 1943, Dr. Dunn graduated from Kansas City College of Osteopathy and Surgery in 1942. He was a practicing physician in Blooming Grove, Mart and Waco before relocating to La Porte in 1959, where he practiced for 25 years. He retired from practice last fall and moved to Belton. Dr. Dunn was an active member of TOMA District VI until his move to Belton.

He was active in community or-

ganizations and at St. John's Episcopal Church in La Porte.

Survivors include a daughter, Elone Dunn Pippis of Belton; a son, Nelson E. Dunn, Jr., of Allen; a stepson, Antone Wessendorff of Seabrook; and three grandchildren.

Jack H. Woodrow, D.O.

Jack H. Woodrow, D.O., of New Boston, Texas passed away October 14 in a Texarkana Hospital. He was 75 years of age.

Memorial services were held October 16 at Tapp Memorial United Methodist Church with the Reverend Ben Reilly officiating. Interment was at Ringwood Cem-

Cowtown Marathon Set for Feb. 28

Runners aged six to eighteen will have a special place in this year's Cowtown Marathon, and special coaching for these ages has already begun at Texas College of Osteopathic Medicine.

TCOM's Institute of Human Fitness is helping the trainers of runners in elementary, middle and high schools to prepare for the 10K run at the February 28 Cowtown Marathon.

The efforts to include school-age runners in the Cowtown are being organized through the Adopt-a-School Program of the Fort Worth Independent School District. Kid's fitness will be the theme of this year's marathon. School's will be encouraged to sponsor teams as well as individuals.

Amy Kaman is the volunteer liaison between the Adopt-a-School Program, the Institute for Human Fitness and the Cowtown Marathon. Further information is available from the Institute, 870-5283.

etry in New Boston.

A TOMA member since 1951, Dr. Woodrow graduated from the College of Osteopathic Medicine and Surgery, Des Moines, Iowa in 1950 and interned at Des Moines Still College Hospital from 1950-51. He maintained a general practice in Texas for 35 years, with practices in Nacogdoches, Stanton and New Boston.

Dr. Woodrow received TOMA life membership in 1983 and was a member of TOMA District III and the American Osteopathic Association.

Survivors include his wife, Julie; one son, Michael Woodrow; two daughters, Catherine Ann Stone and Christine Woodrow; and four grandchildren, all of New Boston.

AOA Targets Low Back Pain for Research Study

The American Osteopathic Association Bureau of Research, chaired by Howard M. Levine, D.O., recently targeted for study the efficacy of osteopathic manipulative therapy (OMT) on low back pain.

"While there is strong evidence that manipulative therapy may be more effective than standard medical care in treating low back pain, that evidence is primarily hypothetical and anecdotal and controlled studies are needed," according to W. Douglas Ward, Ph.D., AOA administrator for the project. Funds from the AOA Bureau of Research will be combined with a recent \$90,000 grant from the Quad City Osteopathic Foundation to launch Phase I of the study, the design of a clinical research protocol for a multi-clinical site study.

The study has the potential for major significance beyond the osteo-

pathic profession, which regards osteopathic manipulative treatment as a valuable diagnostic and treatment modality.

Recently published figures show that low back pain will occur in almost 80 percent of adults at some point in their life. Low back pain sufferers miss 93 million days of work each year and medical costs for the problem top \$5 billion annually. Three-hundred-thousand persons undergo surgery for low back pain each year, some of which might be avoided by the proper application of manipulative therapy.

The panel designing the protocol for the low back pain study will be chaired by Dr. Myron S. Magen, Dean of the College of Osteopathic Medicine, Michigan State University, and will include six technical experts, drawn within and without the osteopathic profession, who are

experienced in the development of clinical trial studies. These include an epidemiologist with significant experience in relevant biostatistical procedures, a neurologist with both clinical research and practice experience, an orthopedic surgeon with a background in industrial medicine, and an osteopathic physician with significant expertise in the study of manipulation. Three additional technical experts would review and critique the work of the panel at various stages.

It is estimated that design of Phase I of the project will take approximately one year. This would be followed by two to three years of pilot field tests in several typical clinical settings. If those tests show further study is warranted, a national clinical trial spanning at least three years would then be proposed.▲

AMA to Battle Portions of OBRA

James H. Sammons, M.D., executive vice president of the American Medical Association (AMA), has stated that the AMA will be fighting some portions of the new Medicare legislation through a massive legislative campaign, according to a recent article in *American Medical News*.

According to Dr. Sammons, "Some portions of the law (the Omnibus Budget Reconciliation Act) - particularly as they apply to physicians who choose not to participate - are clearly unfair to some segments of the medical community. It appears that Congress has once again chosen to discriminate against physicians in its efforts to reduce federal spending on health

programs." He added that the AMA will be seeking "substantive changes in the legislation" and furthermore, AMA attorneys may challenge some portions of the law in court.

Although advocates say the law is intended to protect patients from increasing health care costs as well as to halt the wide variations in fees allowed by Medicare, opponents say it may be a way to eventually require mandatory assignment of all Medicare claims, since the new law has made non-participation so undesirable.

Dr. Sammons has urged all physicians who feel they are being treated unjustly by provisions of the law to contact their representatives in Congress.

DFH Sponsor Children's Christmas Party

Christmas is a sharing time, a time of joy, a time when people strive to be kind and generous and understanding and unselfish. Doctors and employees of Dallas Family Hospital celebrated and shared with others this holiday season, especially the children.

"We want to do something for the children, especially those less fortunate than our own," said Dr. J. L. LaManna, DFH chief of staff, "and we want to make it an annual event." So, with financial backing by the medical staff and planning by the employees, the hospital hosted a Children's Christmas Party Saturday, December 13. Children invited to the party were from the West Dallas Community Center, three area elementary schools and families of hospital employees.▲

Ribavirin Aerosol Approved for Severe Cases of RSV in Infants and Young Children

Ribavirin aerosol (Virazole) has been approved for the treatment of carefully selected hospitalized infants and young children with severe lower respiratory tract infections due to respiratory syncytial virus (RSV). Because this illness is mild and self-limited in adults and older children, ribavirin aerosol is not indicated for RSV in these patients.

A boxed warning in the professional labeling states that "ribavirin aerosol should not be used for infants requiring assisted ventilation because precipitation of the drug in the respiratory equipment may interfere with safe and effective ventilation of the patient." Conditions for safe use of ribavirin aerosol in patients on ventilators are currently under study. The warning further states that deterioration of respiratory function has been associated with ribavirin use in infants and in adults with chronic obstructive lung disease or asthma. Respiratory function should be carefully monitored during treatment. If initiation of ribavirin aerosol treatment appears to produce sudden deterioration of respiratory function, treatment should be stopped. It should be reinstated only with extreme caution and continuous monitoring.

Ribavirin aerosol treatment must be accompanied by, and does not replace, standard supportive respiratory and fluid management for infants and children with severe respiratory tract infection.

The decision to treat with ribavirin aerosol should be based on the severity of RSV infection. Most infants and children with RSV infection have no lower respiratory tract disease or have disease that is mild, self-limited, and does not require hospitalization or antiviral treatment. Many children with mild lower respiratory tract involvement will require shorter hospitalization than is necessary for a full three to seven day course of ribavirin aerosol and should not be treated with the drug. Underlying conditions such as prematurity or cardiopulmonary disease may increase the severity of the infection and its risk to the patient. High-risk infants and young children with these underlying conditions may benefit from ribavirin treatment, although efficacy has been evaluated in only a small number of such patients.

Treatment early in the course of infection may be necessary. In clinical trials, treatment was effective when instituted within the first three days of RSV

infection. Before or during the first 24 hours of treatment, RSV infection should be documented by a rapid diagnostic method, such as demonstration of viral antigen in respiratory tract secretions by immunofluorescence or enzyme-linked immunosorbent assay (ELISA). Treatment may be initiated while awaiting test results; however, it should not be continued without documentation of RSV infection.

Although ribavirin is not indicated for adults, physicians should be aware that it is teratogenic in animals and is contraindicated in women or girls who are or may become pregnant, during, or within four weeks after, exposure to the drug. Ribavirin aerosol has produced cardiac lesions in mice and rats, but the significance of these findings to human administration is unknown. Ribavirin induces cell transformation in an in vitro mammalian system. In vivo carcinogenicity studies are incomplete but suggest that chronic feeding of ribavirin to rats at dose levels in the range of 16-60 mg/kg body weight can induce benign mammary, pancreatic, pituitary and adrenal tumors. Δ

[Adapted from: FDA Drug Bulletin 1986]



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News from Texas Society ACGP

By Joseph Montgomery-Davis, D.O.
Texas ACGP Editor

The Texas ACGP Board met at the Flagship Inn in Arlington, Texas on December 7, 1986.

Dr. Greg Maul's appointment of Dr. Craig Whiting to fill a vacancy in a Trustee position created by Dr. Randall Rodger's resignation was approved by the Board.

The new president of the Texas ACGP's Zeta Chapter, Student/Doctor David Garza, was introduced and gave an update on the proposed fall activities for the Zeta Chapter. One pleasant surprise was the extremely high number of TCOM student/doctors who are members of the Zeta Chapter.

Those members of the Texas ACGP who are seeking to become certified in general practice or members wishing to refresh their knowledge are encouraged to contact the TCOM library for special audiovisual and printed materials, which are kept on file for these express purposes by the Texas ACGP. Simply identify yourself as a Texas ACGP member and the study materials can be borrowed, with the only charge for this service being that of mailing expenses. Another helpful hint for those contemplating taking the examination is to contact a Texas ACGP member who has recently taken and successfully passed the certification exam.

The importance of certification in general practice cannot be over emphasized. Some hospitals are already requiring all new physicians applying for staff privileges to have more than one year of postgraduate medical education.

For your information, the National ACGP Certification Boards are given twice a year - just prior to the AOA convention and prior to the annual Congress of Delegates of the National ACGP meeting. The annual Congress of Delegates will meet at the Sheraton Hotel in Scottsdale, Arizona from March 10-15, 1987.

It was also revealed to the Texas ACGP Board that Pat Patterson of Marion Laboratories has retired. Pat and his wife are going to serve in Hawaii for two years under the auspices of the Mormon Church. The Texas ACGP Board wishes all the best to our friend, Pat, and his family during this two year period of service and we all look forward to his return to Texas.

Paul Trenshaw has taken over Pat's duties at Marion Laboratories and the Texas ACGP and its Zeta Chapter

at TCOM wish to continue our good working relationship with Marion Laboratories through Paul in the coming years.

Dr. Eugene Zachary, parliamentarian, presented a proposed Bylaw change dealing with the selection of Texas ACGP delegates to the annual Congress of Delegates. The purpose of this proposed Bylaw change is to ensure continuity from year to year in the Texas Delegation. Dr. Zachary's recommendation is as follows:

1. Delete Article VIII, Section 5.

2. Replace with the following: Article VIII - Meeting

Section 5 - The delegates and their alternates to the Congress of Delegates of the American College of General Practitioners in Osteopathic Medicine and Surgery shall be elected by ballot at the annual meeting of this society. The delegates shall be elected to positions numbering one (1) through "X", inclusive, which number shall be the same and equal to the number of delegates accredited to this society by the American College of General Practitioners in Osteopathic Medicine and Surgery. The number of the position shall carry no significance in regard to authority, voting strength or responsibility of, in or for the delegation. An equal number of alternate delegates shall be elected in the same manner. Alternate delegates shall fill any vacancy in the delegation starting with alternate delegate number one (1) and following simple mathematical progression through the total number of alternate delegates until all vacancies in the delegation have been filled. Only members in good standing in this society and the American College of General Practitioners in Osteopathic Medicine and Surgery are eligible for election as delegates and alternates. Delegates shall be elected for three-year terms, one-third of the delegation to be elected each year, and any vacancies shall be filled to complete unexpired terms at this time. The delegation shall elect its own chairman annually just prior to the meeting of the Congress of Delegates of the American College of General Practitioners in Osteopathic Medicine and Surgery.

In closing, the Texas ACGP dues statement for 1987 will include a request for candidates for the annual GP of the Year award. Please take the time to nominate worthy individuals for this honor. ▲

Support the Osteopathic Seal Program

The NOF is once again soliciting your support for osteopathic students and researchers. Cuts in government funding have placed an unprecedented financial burden on osteopathic students and have curtailed many osteopathic research projects.

It is up to us, the family and friends of the osteopathic profession, to take an active role. It is in this spirit of volunteerism that we ask for your financial support and participation.

For over 50 years, the Osteopathic Seal Program has provided student loans and research funds. In the last five years over 2,000 students have received \$2.3 million in student loans. These loans were made available through one-half the proceeds from the Seal Program and from the repayment of former loans. Our interest rate is a reasonable eight percent. Our payback rate is well-over 95 percent. Our student loan recipients realize prompt repayment means others can utilize these same dollars. Your contribution is used again and again for many years.

Many osteopathic physicians who have contributed

greatly to the well-being of your community completed their medical education because of the student loan program. Significant osteopathic research projects have been funded through the Osteopathic Seal Program. With your support, this fine work will continue. You can make the osteopathic difference.

Your contribution, in any amount, is an excellent way to say thank you to your osteopathic physician or to show your support of the students currently enrolled in our colleges of osteopathic medicine.

Please sit down and write your tax-deductible check to: Osteopathic Seal Program, 212 East Ohio Street, Chicago, Illinois 60611.

If you require additional information about the Osteopathic Seal Program or osteopathic medicine, please do not hesitate to contact us at the above address or at our toll-free number: 800-621-1773. On behalf of all the people who benefit from student loans and osteopathic research, thank you for your continued support. ^

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Researchers Develop Teaching Curriculum

Two Texas College of Osteopathic Medicine researchers recently presented the results of their work, a five-volume curriculum for teaching health promotion to medical students, to the organization that awarded them the grant to do it.

Robert Woodworth, D.O., M.P.H. and Steve Fedorko, Ph.D., worked on the project for a year under a \$20,000 FOCUS grant from the American Association of Colleges of Osteopathic Medicine. Funding was provided by SmithKline Beckman Corp.

The 800 pages of their work contain a rationale statement for the project, a review of current literature, a teaching handbook, syllabi, workbooks and evaluation instru-

ments.

"If you had to," said Dr. Fedorko, "you could teach a health promotion course next week using this as a guide. We really meant for it to be a 'straw man,' a model for course planners to adapt to their special situations. We don't expect anyone to use it all as it is. But with this model, you wouldn't have to start from scratch."

According to Dr. Fedorko, a medical education faculty member, the AACOM allows each osteopathic college to submit one application each year for the FOCUS grants. SmithKline Beckman gives the organization \$100,000 each year to fund the FOCUS program, with a maximum of \$20,000 for

individual awards. AACOM's emphasis in 1985, when TCOM's grant was awarded, was on curriculum development.

Dr. Fedorko was project director for the FOCUS grant. Dr. Woodworth, acting chairman of public health and preventive medicine, was principal investigator, along with Robert O'Reilly, Ph.D., former TCOM faculty member. David Geller helped as project assistant. Another 25 faculty members contributed.

Dr. Fedorko says that several colleges have already expressed interest in using the guide. Copies are available from Dr. Woodworth for \$75 each.▲

Supreme Court Strikes Again

The Supreme Court, acting in a case that could drive more birth-control products off the shelf (remember the IUD?), left intact a \$4.7 million damage award to a couple claiming that a spermicide had caused their daughter's birth defects. The justices refused to hear an appeal by the pharmaceutical company who claimed there was no scientific basis linking the spermicide to the child's birth defects.

In 1985, a Georgia federal judge ruled that the spermicide maker was liable for the child's defects and awarded the parents \$5.1 million for medical expenses, pain and suffering, and lost wages. In 1986, an appeals court upheld the judge's finding but reduced the award to \$4.7 million.

A debate is now brewing within

the medical community as to standards to be used by judges considering scientific evidence.

James Mills and Duane Alexander of the National Institute of Child Health and Human Development commented that this case has proven that lawsuits can be won with evidence rejected by the scientific community. Writing in the *New England Journal of Medicine*, they said the decision "took the medical community by surprise because the overwhelming body of evidence indicates that spermicides are not (the cause of birth defects)." They added that this case will encourage similar lawsuits, eventually driving such products off the shelves which would seriously limit choices in the contraceptive market.▲

Happy

New

Year

Medicare Part B Questions Clarified

In an attempt to elicit clarification regarding several crucial questions pertaining to physician participation in Medicare Part B, TOMA Executive Director Tex Roberts, CAE, recently corresponded with Mr. J. D. Sconce, Regional Administrator of the Department of Health and Human Services. Questions and answers are listed below along with other pertinent information.

1. At the beginning of each new year, can a physician collect fee for services rendered or the Part B deductible, depending upon which is the lesser amount?
2. Until the physician has documented evidence that the Medicare patient has met the yearly Part B deductible, can the physician collect the fee for services rendered until such time that the Part B deductible is met?
3. If the physician collects the fee for services rendered and later receives documentation that a portion of the fee was in excess of the Part B deductible, is the excess amount refunded to the patient?

In a return letter to Mr. Roberts, Mr. Sconce replied that the answer to all three questions is an equivocal "yes".

The permissible deductible and coinsurance charges which a physician may collect for services, before the claim is submitted or processed, depend on whether the beneficiary's deductible status can be determined.

If the deductible status is unknown, the physician may charge the lesser of the Medicare approved charge for the service, or \$75.00 plus 20 percent of the remaining approved charge. This, of course, presumes that the physician knows the Medicare approved (reasonable) charge for services.

If the deductible status is determinable, the beneficiary can be charged the unmet deductible (if any) and 20 percent of the approved charge in excess of any unmet deductible.

Amounts collected from the beneficiary must be shown on the claim submitted to Medicare so that an appropriate claims determination can be made. The physician might also show "assumed deductible not met" on the claim form. The physician is responsible for refunding to the beneficiary any overcollection not refunded by the carrier directly.

For specific rules on the collection of deductibles

and coinsurance amounts from beneficiaries, the physician should consult the Medicare carrier, Blue Cross Blue Shield of Texas at 214-669-7399 or 669-7398. A



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Texas Legislators Busy with Variety of Bills

Just two and one-half weeks after elections, legislators were already busy pre-filing bills of the regular session of the 70th Legislature. Bills pre-filed as of press time for this issue of the *Texas DO* ranged from aeronautics to welfare. A sampling of some bills include House Bill 34, requiring that certain insurers, nonprofit hospitals, medical service plan corporations and Medicare supplement policies include mammography screening under their coverage as of September 1, 1987, and to apply to all policies delivered, issued or renewed on or after January 1, 1988. Once again the battle over "no-pass, no-play" will continue with House Bill 72, ironically enough the same bill number, which will seek to shorten

the disqualification time for students failing a course from the present six weeks to three weeks. House Bill 84 amends the Medical Practice Act by adding "acupuncture practitioners" to the list of those exempt from laws regulating the practice of medicine.

Senate Bill 16 lists protocols for hospitals concerning organ and tissue donors; Senate Bill 32 creates the Medical Radiologic Technologist Advisory Board to serve as an advisory board to the Texas Board of Health; and the Senate Bill 35 amends the Texas Controlled Substances Act by adding the sale of syringes and sets forth recordkeeping responsibilities.

There are bills which would change the current method of elect-

ing state judges; additions to crimes punishable by death, namely the murder of persons under 14 and over 65; a bill to eliminate student options of paying tuition in quarterly installments, instead having them pay in two equal installments; and of course, bills to reform the law in injury cases. One pre-filed bill would make an individual liable only for the percentage of damage he was responsible for. A constitutional amendment would take some power away from the Texas Supreme Court and give the legislature more "say" in interpreting the law.

And as we all know, establishment of a state lottery is blowing in the wind and will be a "big one"

November Election Results from Across the Country

In California, Proposition 64, which would have added AIDS victims and carriers of the human immunodeficiency virus (HIV) to the list of infectious, contagious and communicable diseases, was defeated by about a 3-1 margin during elections.

If enacted, an estimated 300,000 individuals would have been affected by quarantine and isolation statutes and regulations, and carriers would have been banned from employment in food establishments as well as from attendance and work in schools.

The proposition was sponsored by followers of Lyndon LaRouche,

Jr. Among the various opponents to the proposition was the California Medical Association (CMA). The director of the CMA's department of continuing medical education said that defeat of the proposition "sends a powerful message from all of California that politics should stay clear of public health policy."

In Massachusetts, voters supported a referendum which will call upon Congress to enact a national health system. The referendum was organized by several consumer groups, including the Gray Panthers, and led by an M.D. internist, Senator Edward Kennedy, well known for his favorable views of a

national health system, not only assisted in fund-raising but contributed monetary aid. Advocates hope a similar referendum will be on the ballots in other states in 1988 in order to convince Congress of its wide spread acceptance.

Although supported by some medical society members, the Massachusetts Medical Society took no position and several members publicly voiced their opposition, saying that such a system would create more problems.

Another issue taken up by voters was repeal of the state's mandatory seat belt law which did pass. The law, which has been in effect for

over a year, will be repealed in 30 days.

In Oregon, voters defeated a referendum which would have permitted adults to grow as well as keep marijuana for their own personal use.

Arizona's Proposition 103, narrowly defeated, would have mandated amending the state's constitution to permit tort reform legislation. The proposition was supported by a coalition of medical societies

and businesses, however, defeat was attributed to a shortage of finances and massive ad campaigns by opponents, the Arizona Trial Lawyers Association and the State's Consumer Council.▲

Virginia Judge Rules Malpractice Cap Unconstitutional

A federal district court judge has ruled that Virginia's \$1 million cap on malpractice awards is unconstitutional, due to the fact that a limit on damages denies the right to a trial by jury, which is provided in both the United States and Virginia constitutions. This is thought to be the first instance in which a federal judge has ruled a state law capping damages is unconstitutional.

The ruling, made November 5 in a malpractice suit alleging that a

physician's negligence had caused severe mental and physical impairments to an infant, has sounded off an alarm, not only to Virginia physicians, but to physicians in other states as well. Attorney for the Medical Society of Virginia was quoted in a recent issue of *American Medical News* as saying "We're very concerned, because the judge's analysis suggests that any cap is unconstitutional." He added, "Virgin-

ia's law applies caps only to medical malpractice damages. But this opinion suggests that all state limitations are unconstitutional. If that stands, then states which have enacted caps on awards for all personal injury cases would see those caps fall, too. And the effect on insurance availability to businesses, day care centers, parks, just to name a few, could be disastrous." The case will be appealed.▲

CCOM Receives AMA Accreditation

Ward E. Perrin, D.O., associate dean for continuing medical education at Chicago College of Osteopathic Medicine (CCOM), has announced that CCOM has been awarded accreditation for two years as a sponsor of continuing medical education for physicians by the Accreditation Council for Continuing Medical Education (ACCME) of the American Medical Association (AMA). CCOM is the first osteopathic medical school to be awarded AMA accreditation.

The seven sponsoring organizations of the ACCME are the American Board of Medical Specialties,

American Hospital Association, AMA, Association for Hospital Medical Education, Association of American Medical Colleges, Council of Medical Specialty Societies and the Federation of State Medical Boards.

CCOM regularly offers CME programs for osteopathic physicians and has held national and state accreditation from the American Osteopathic Association and the Illinois Council of Continuing Medical Education. With the recent ACCME accreditation award, these programs can now be opened up to practicing physicians everywhere



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TOMA Membership Applications Received



Jay A. Clemens, D.O.
NEC '84; b '53; PH; GP
Texas Department of Corrections
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Huntsville, 77340

Glendal R. Dow, D.O.
TCOM '84; b '42; GP
1901 N.E. 28th Street
Fort Worth, 76106

Mark S. Gittings, D.O.
OkCOMS '85; b '52; EM
2971 Alouette Dr., No. 1716
Grand Prairie, 75051



Robert G. Hassett, D.O.
TCOM '84; b '56; GP
5916 Beverly Drive, E, No. 2200
Fort Worth, 76132

John P. Hood, D.O.
OkCOMS '85; b '53; GP
360 Arkansas
Arlington, 76010

Gunda L. Kirk, D.O.
TCOM '85; b '48; GP
7430 Louis Pasteur, Suite 104
San Antonio, 78229

James E. Mitchell, D.O.
KC '73; b '33; GP
700 Faltin
Comfort, 78013

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Brochures for Office Distribution:

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"The Osteopathic Profession"

"Osteopathic Medicine"

Indigenous Measles Elimination - What Happened?

Following licensure of measles vaccine in 1963 and increasingly widespread vaccine usage, U.S. measles incidence dropped 90 percent by 1968 but then stabilized at that level for the next decade. In 1978, a nationwide initiative to eliminate indigenous measles from the U.S. by late 1982 was launched, featuring increased efforts at universal routine childhood immunization, including school entry immunization law enforcement, and aggressive disease surveillance and outbreak control programs. Between 1978 and 1981 measles incidence declined an additional 90 percent, but since 1981 incidence appears to have stabilized at around 1500-3500 reported cases per year nationally. Why didn't elimination occur?

First, importations of infection from abroad continue, and still continue, at a high rate. California and Texas receives many of these importations. Second, as mathematical model studies predicted, measles is so highly infectious that population immunity levels of 95 percent or greater appear to be necessary to completely prevent disease transmission in more densely populated areas. It is extremely difficult to achieve this level with a one-dose immunization schedule using the current vaccine whose efficacy is perhaps 95 percent. Currently, though 15 months is the recommended measles immunization age, less than 80 percent of U.S. children are immunized by age two years. Further, though in many places 98 percent or more of school pupils have legally acceptable school records of immunization, significant numbers of pupils do not enjoy the 95 percent protection rate usually conferred by measles vaccine, because: a) they were immunized at age 12 months or slightly older, when measles immunization is less effective due to interference by persisting maternal antibody, or; b) their school immunization records are based on parental affidavit rather than presentation of actual records, and they cannot be corroborated.

Third, outbreak control programs have not been as consistently successful as was anticipated, for a variety of reasons. First, identification, immunization, isolation and follow-up of individual susceptible close personal contacts of measles cases suffers from compliance problems, delayed and incomplete case reporting, and from the fact that measles spreads so rapidly. Second, door-to-door immunization efforts around the residences of cases usually are not very helpful nowadays because of the great mobility of cases in our motorized society. Third, news media campaigns encouraging

immunization in outbreak areas do not produce enough of a response in the target population. Fourth, school outbreak control programs, where school immunization records are audited and pupils without legally acceptable records are promptly excluded from further attendance unless they obtain immunization, have had some impact, but they suffer from the following problems: a) Outbreaks not infrequently move quickly into new communities outside the school exclusion program zone; b) some outbreaks are sustained largely or completely by transmission in preschoolers and young adults, who are obviously outside the purview of school exclusion programs; c) recently, outbreaks have erupted and persisted in school populations where 98 percent or more of the pupils have legally adequate measles immunization records, so that audit/exclusion campaigns employing the usual exclusion criterion of a legally inadequate immunization record have had little impact. California and Texas have had this experience repeatedly in the last two years.

Although measles incidence has dropped over 99 percent in the U.S. since measles vaccine licensure, elimination of indigenous measles has not occurred. What can be done to hasten elimination? Measles importations from abroad can be reduced by strengthening of immunization programs in other countries and by U.S. citizens born since 1956 (nearly everyone born before then is immune) paying careful attention to their immunization status before traveling abroad.

Even if the routine immunization program in the U.S. is not changed, the immunity level among school pupils and young adults will continue to rise somewhat over the next 1-2 decades, for two reasons. First, persons immunized between ages 12 and 14 months, when vaccine effectiveness is lower (most such persons are now age 10 years and older), will move out of the school and college-age population, to be replaced by persons who were immunized at age 15 months or older. Second, as states continue to tighten school/child care center entry measles immunization documentation requirements cohorts of better immunized children will replace those whose true immunization status is less certain.

Changes in the routine immunization schedule could boost the population immunity level even further. If two doses of measles vaccine were given, the first at age 15 months and the second just before kindergarten entry, the ultimate result should be a 99 percent im-

munity level in school-age children and young adults, which might eliminate significant indigenous measles transmission. This program would take a decade or more to achieve its full effect. Further, when the small incremental benefit in reduced disease costs (currently only 1500-3500 cases of measles are being reported annually in the U.S.) is compared with the increased cost of a second vaccine dose, CDC staff estimate that a negative cost-benefit ratio of \$15-\$30 spent for every dollar in medical care costs saved could result. Overall, however, measles immunization would still be cost effective.

A two-dose vaccine schedule could achieve its impact more quickly, if in addition to starting to give the second dose to successive cohorts of kindergarten entrants, an initial one-time campaign to reimmunize all school children ages 5-18 years were undertaken. But CDC staff estimate that this program would cost \$100 million at the outset, a prohibitive figure. A variant on the program would be to limit the one-time reimmunization of current school children to those previously immunized between 12 and 14 months. Such a program would require, in addition to immunization ex-

penses, the expense of a nationwide audit of school immunization records to identify pupils to be reimmunized, and its total initial cost would be \$30-\$35 million. Also, there is no guarantee that reimmunization of just this sub-group of school-age children would promptly eliminate measles transmission.

Rather few promising changes in outbreak control strategies have been identified. One change is, when school measles outbreaks occur, to require immediate reimmunization of pupils who were immunized between ages 12 and 14 months, even though they are in compliance with legal school immunization requirements which specify only that they must have been immunized on or after the first birthday.

In conclusion, the already low measles incidence in the U.S. will probably slowly decline somewhat further. However, if trends of recent years are an indication, without a rather costly change in immunization strategy it may be that measles transmission, with at least small to moderate-sized outbreaks, will continue in the U.S. for quite a few years.▲

[Adapted from *California Morbidity, 1986*]

Research Points to Fetal Alcohol Syndrome Mechanism

A research scientist at the University of Medicine and Dentistry of New Jersey-School of Osteopathic Medicine has completed animal studies which may help to explain why babies who are exposed to alcohol before birth are often born with mental and physical defects.

Michael Miller, Ph.D., professor of anatomy at the osteopathic medical school studied the offspring of laboratory animals who were fed daily diets that included alcohol in amounts equivalent to 12 cans of beer in humans. He found that in the earliest stages of fetal life, the development and locations of neurons in the brain were profoundly affected by exposure to alcohol.

Dr. Miller says that scientific studies over the past two years have proven that as many as two percent of all babies suffer from disorders related to their mothers drinking alcohol, and that alcohol is the prime cause of mental retardation in the Western World. However, it has not been clear how alcohol causes the disorders.

In an article published in a recent issue of *Science*

Magazine, Dr. Miller said, "Prenatal exposure to alcohol affects the development of various systems, including the central nervous system and the musculoskeletal and cardiovascular systems." He added that previous studies of humans and animals who were exposed to alcohol before birth revealed brains that were smaller and clusters of cells which had developed in or migrated to the wrong parts of the brain. Both suggested that neuronal development is altered by alcohol.

Prenatal exposure to alcohol caused multiple actions in Dr. Miller's research subjects, according to the report in *Science*. Profound delays and alterations of nerve development in the brain's cortex were seen. Also, there was faulty distribution of nerves to various parts of the brain where they migrate during normal prenatal development.

The report concluded that these aberrations in fetal brain cell development probably contribute to the mental retardation and motor dysfunction that are characteristic of children with fetal alcohol syndrome.

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TSBME SEEKING TOUGH LEGISLATION

The Texas State Board of Medical Examiners (TSBME) will be seeking legislation this year in order to enable the board to better police and weed out incompetent physicians. This action comes after criticisms directed at the TSBME for failing to act in a timely manner against incompetent physicians, which the Board says is due to lack of funds needed to hire an adequate number of investigative staff. Another problem the Board has faced in disciplining physicians is the fact that there is no state law granting witnesses immunity, thus many physicians, fearing a lawsuit, are hesitant about reporting a colleague.

Among the proposals the Board will be seeking are: immunity to witnesses who testify regarding suspected cases of malpractice, when done so in good faith, which is a "must" in today's climate; a requirement mandating that physicians report all violations of the Medical Practices Act to the TSBME; changing current law whereby the TSBME would be allowed to take disciplinary action against a physician convicted of a crime without the need to wait until the entire appeals process is exhausted, which would stop the present scenario of physicians convicted of dealing drugs maintaining their licenses to do so;

granting the TSBME subpoena powers in order to secure any records regarding investigative cases and mandating that all involved hospitals, clinics and other health care facilities comply with TSBME subpoenas; and a requirement that hospitals, clinics, nursing homes and peer review committees report any disciplinary actions taken against physicians to the TSBME.

In other action, the TSBME, by unanimous vote, will also be seeking the requirement that physicians earn 150 hours of continuing medical education credit every three years. Those failing to do so could jeopardize retention of their medical licenses. Currently, about half the states follow such a requirement.

NO VOTE ON DRUG SAMPLE BILL BEFORE CONGRESS ADJOURNS

A bill aimed at efforts to help stop illegal distribution of prescription drug samples did not make it to a vote, despite a compromise version, before Congress adjourned.

Originally sponsored by Representative John Dingell, in the aftermath of a report received on drug diversion problems from the House Subcommittee on Oversight and Investigations, of which Rep. Dingell is chairman, the bill was to prohibit drug companies from supplying free samples to physicians. However, drug manufacturers were opposed to the original bill since they use samples as a method of testing responses from physicians and patients.

Compromise legislation introduced into the bill would have permitted physicians to receive free samples, if requested in writing, and added stiff penalties for illegal distribution. In addition, language was spelled out concerning storage, recordkeeping and handling, to be kept by pharmaceutical company representatives.

The bill is likely to be reintroduced this year and Representative Dingell plans to conduct investigative hearings of some manufacturers in an attempt to expose abusive distribution of samples.

WITHHOLDING UNPAID BILLS FROM SOCIAL SECURITY CHECKS

In a recent report to Congress, Richard Kusserow, Inspector General of the Department of Health and Human Services (HHS), has proposed that unpaid Medicare co-payments and deductibles should be withheld from beneficiaries' Social Security checks. His proposal recommends that the HCFA halt the reimbursement of beneficiaries' bad debts to hospitals or ask Congress to grant HCFA the authority to deduct uncollected charges from Social Security checks.

According to Kusserow, Medicare reimburses hospitals an estimated \$240 million a year for debts added up by Medicare beneficiaries. By subtracting uncollected debts from Social Security checks, Kusserow says Medicare would save \$140 million a year.

Kusserow's proposal is currently being reviewed by the Social Security Administration and HCFA.

Newsbriefs

CORRECT IDENTIFICATION OF UHS/COM GRADUATES

We have recently been informed that proper identification of graduates of The University of Health Sciences/College of Osteopathic Medicine, situated in Kansas City, Missouri, is as follows: from 1916-1970, alumnus should be identified as a graduate of the Kansas City College of Osteopathy and Surgery (KCCOS); from 1970-80, as a graduate of the Kansas City College of Osteopathic Medicine (KCCOM); and from 1980 to the present, as a graduate of the University of Health Sciences/College of Osteopathic Medicine (UHS/COM). Confusion over this matter has existed for a number of years.

In addition, the corporate name is and has been since 1980, The University of Health Sciences; when referred to as an institution, the University of Health Sciences; when the College of Osteopathic Medicine is referred to, UHS/COM; when the hospital is referred to, The University of Health Sciences-University Hospital or The University of Health Sciences Hospital.

Your assistance in proper identification is appreciated by the institution as well as the graduates, according to the school's letter sent to TOMA.

ILLINOIS HIGH COURT RULES SEAT BELT LAW CONSTITUTIONAL

In what is the first ruling of its kind by a state high court, the Illinois Supreme Court has ruled that the state's mandatory seat belt law, which has been in effect for 15 months, does not, under the state or federal constitutions, violate motorists' rights.

According to an article in the *Chicago Tribune*, lower court judges in four Illinois counties had declared the law unconstitutional.

The Supreme Court said, "The state can enact laws aimed at reducing traffic accidents, since such laws are clearly related to the health, welfare, and safety of the public. We also believe that the legislature could rationally conclude that unbelted drivers and passengers endanger the safety of others."

AMA UNIFICATION IS ALIVE AND GROWING

As reported in the September issue of the *Texas DO*, American Medical Association (AMA) unification is becoming a trend among the various state societies. Unification is the policy whereby members of a particular state medical association must also be AMA members. This creates a problem for the D.O.s who may be members of a state medical society in order to secure professional liability coverage or other perks.

At this point, states requiring unified membership with the AMA are Delaware, Illinois, Kansas, Mississippi, Oklahoma and Virginia. Michigan will be voting on the subject this spring and other states currently considering the issue are Alaska, Florida and Iowa.

Osteopathic physicians should check this out before applying for membership in a state medical society.

IMMUNITY FOR PHYSICIANS IN CHILD ABUSE REPORTING

A California appellate court has recently ruled that physicians reporting instances of suspected child abuse, even if the reports are false, are immune from civil liability. Those not reporting child abuse are subject to misdemeanor charges, ranging from a six-month jail term and/or a fine up to \$1,000 under California's Child Abuse Reporting Law which gives the person reporting abuse immunity from civil or criminal liability as well as money to cover an attorney's fees resulting from a lawsuit.

The decision stated, "The legislative scheme is designed to encourage the reporting of child abuse to the greatest extent possible to prevent further abuse. Reporters are required to report child abuse promptly and they are subject to criminal prosecution if they fail to report as required. Accordingly, absolute immunity from liability for all reports is consistent with that scheme."

OPPORTUNITIES UNLIMITED

PHYSICIANS WANTED

ASSOCIATES NEEDED — in county of 25,000. Multiple practice opportunities available, salaried or unsalaried. Rural hospital and local medical community doing well in these medical hard times. For information contact: Fannin County Hospital, Chief-of-Staff J. E. Froelich, D.O. at 214-583-8742 or Joe D. Whittemore, D.O. at 214-583-8585. (52)

COMANCHE, OKLAHOMA — Available: Practice Opportunity, equipment and professional building. 159' frontage by 100' deep, on main street and highway. Building 2,050 sq. ft., brick over cement block. Clinic 1,200 sq. ft. plus 850 sq. ft. rented. Two hospitals within 15 miles, two nursing homes in community. Only full-time physician in the community. Wide drawing area. Contact: T.P. Forrestal, D.O., 711 Main Street, Comanche, Oklahoma 73529; 405-439-6642. (03)

FAMILY AND/OR GENERAL PRACTITIONERS NEEDED — to become associated with our rural hospitals located in or near scenic Texas Hill Country. Independent fee-for-service practices with financial guarantees. Hospitals are owned by HealthStar Corporation. HealthStar operates hospitals throughout rural Texas. Please send C.V. or call: Physician Relations, HealthStar Corporation, 3555 Timmons Lane, Suite 700, Houston, 77027; 713-627-2145. (24)

FULL-TIME PHYSICIAN POSITION — for general practice/internal medicine clinic. Partnership available in one year. Excellent opportunity. Write or call S.J. Kechejian, M.D., 609 S. Main Street, Duncanville, 75116; 214-780-0093. (09)

GENERAL PRACTICE Opportunity — Hospital affiliated family practice clinic located in Southeast Dallas is looking for aggressive general practitioner. This is a private practice offering located within a multi-specialty setting and situated in an area experiencing tremendous population growth. On site laboratory, radiology and pharmacy services provide complementary support with hospital backup nearby. Recruitment incentives available. Send resume and letter of introduction to: Mr. Steve Petersen, Administrator, Metropolitan Hospital, 7525 Scyene Road, Dallas, 75227. (34)

HOWE — Town of 4,000 needs two doctors. Clinic presently being built. Clinic includes four exam rooms and pharmacy. Town willing to help with equipment. Clinic rent-free for six months. Contact: Paul Smith at 214-968-7596 or Sterling Huff, D.O. at 214-965-7709. (08)

PRACTICE FOR SALE — and office building for lease. Please write Joseph L. Love, D.O., 4400 Red River Street, Austin, 78751; 512-452-7691. (30)

OB/GYN PHYSICIAN NEEDED — immediately to work with an already established OB/GYN physician in Fort Worth. New office; excellent location; state of the art equipment; near hospital. Send C.V. to Vernon Hayes, D.O., 2600 Montgomery Street, Fort Worth, 76107.

WANTED — Family Practice doctors to supervise four TCOM sophomore medical students and work at the Virginia Ellis Clinic on Wednesdays from 5-8 p.m. This is a free screening clinic in the Bethlehem Community Center located at 970 E. Humbolt, Fort Worth, 76104, and serves low income families. Must have own malpractice insurance. Not necessary to work every Wednesday. Pays \$25/hour. Call Community Services, 817-735-2450, if interested. (31)

POSITIONS DESIRED

ANESTHESIOLOGIST — due to the cost of malpractice, must seek GP position. Desires opportunity in the DFW area with group, however, will consider other surrounding areas. Write Box "40", 226 Bailey Avenue, Fort Worth, 76103 (26)

OFFICE/WAREHOUSE — 865 - 2,000 sq. ft. prime westside Fort Worth location. Near Arts district and TCOM. Negotiable terms, immediate occupancy. Call Art 817-332-3908. (15)

OFFICE SPACE AVAILABLE

MEDICAL CLINIC FOR SALE — 10 years old, immaculate, 3,900 sq. ft. medical building, well located in historic Granbury, Texas. This attractive building on 1/2 acre of land, contains seven Exam and Minor Surgery rooms, Reception room and Nurse Station. Clinic available with or without equipment. For further information, contact: H.A. Lofman, First City Bank of Dallas (214) 939-8151. (19)

PROFESSIONAL OFFICE SPACE AVAILABLE — in growing North Tarrant County. Professional building adjacent to (HCA) Northeast Community Hospital at 1401 Airport Freeway, Bedford. Contact: Mr. Richard Schwan, Northeast Community Hospital, 817-282-9211. (48)

TWO MEDICAL OFFICE SPACES FOR LEASE — in Euless, heart of booming metropolis in established location near Harris HEB and Northeast Community Hospitals. 1,500 + and 1,600 + square feet — \$9.00 per foot including utilities. X-Ray equipment available on premises; pharmacy on premises. Call Bill Wyatt, 817-481-5158 or 817-282-6717; or write 701 W. Pipeline Road, Hurst, 76053. (12)

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FINANCIAL ASSISTANCE NEEDED — Dentist with 10 years experience is a freshman at TCOM and needs financial assistance. Graduate of Baylor University of Dallas. Is willing to practice medicine as well as dentistry in your area upon graduation. Please contact: S/D Roger Metcalf, P.O. Box 170006, Arlington, 76017; 817-467-0123. (28)

FOR SALE — Hematology Analyzer HA-5 and ENZAC Analyzer. Operator's manual included on both. Selling price negotiable. Contact: Beauford Basped, D.O. at 817-921-6711. (47)

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VFW Auxiliary Awards Check to Cancer Research

The state VFW Ladies Auxiliary has awarded a check for \$10,000 to Myron Jacobson, Ph.D., and Elaine Jacobson, Ph.D., for their cancer research at Texas College of Osteopathic Medicine (TCOM).

The check brings to \$70,000 the amount of funding the Jacobsons have received from the auxiliary in the last seven years.

The national auxiliary has a cancer aid and research fund-raising program, which raises money in projects ranging from spaghetti suppers

to bake sales. Last year the state group raised \$208,547.

A portion of the money raised each year in Texas goes to the national auxiliary to help VFW members who have cancer. A second portion remains in Texas to be used to support cancer research. TCOM's gift will support two VFW Auxiliary Cancer Research Scholars, graduate students who work with the Jacobsons.

In Fort Worth recently to present

the check were Martha Cain, District 21 president from Fort Worth; Marie Blouin, past state president from Adkins; Jessie Moravits, state cancer aid and research chairman from Houston; Ruby Cox, District 21 cancer aid and research chairman from Jacksboro; and Ann Kent, auxiliary member from Irving.

The Jacobsons have worked for more than a decade in research on the connection between nutrition, specifically niacin, and cancer.

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