

TEXAS OSTEOPATHIC PHYSICIANS
JOURNAL

July 1980



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Peer Review Receives FTC OK

Page 20

The stress-secretion relationship in duodenal ulcer*

The best available evidence suggests that anxiety and emotional tension stimulate acid-pepsin secretion.¹ Also, the development of an ulcer crater in predisposed individuals, or the aggravation of ulcer symptoms, is often typically preceded by a stressful event or situation. *Anxiety* in particular seems to play a determining role in the course and prognosis of the disease, as well as its etiology.

A psychobiologic treatment

To obtain comprehensive relief, many duodenal ulcer patients need more than specific, acid-inhibiting medication—they also need dependable reduction of associated anxiety and emotional tension. With adjunctive Librax you can conveniently give your patient *both* clinical benefits from a single medication.

The pituitary gland plays a key role in the neurohormonal response to emotional stress, leading to an increase in gastric secretion.²



ROCHE

*Librax has been evaluated as possibly effective for this indication.

Please see brief summary of prescribing information on last page of this advertisement.

1. Isenberg J, Richardson CT, Fordtran JS. Pathogenesis of peptic ulcer, chap. 46, in *Gastrointestinal Disease*, ed. 2, edited by Sleisenger MH, Fordtran JS. Philadelphia: W.B. Saunders Company, 1978, vol. 1, pp. 800, 801.
2. Sun DCH: Etiology and pathology of peptic ulcer, chap. 27, in *Gastroenterology*, ed. 3, edited by Bockus HL, et al. Philadelphia: W.B. Saunders Company, 1974, pp. 579-596.

TEXAS OSTEOPATHIC PHYSICIANS JOURNAL

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ON THE COVER: Enter the intriguing cities of Morocco as you pass under the ornately decorated gates found throughout the country. Join TOMA on its second annual overseas CME tour to Morocco. Departure date is May 30. See pages 8 and 9 for more details. (Photo courtesy Moroccan Office of Tourism)

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Mr. Tex Roberts, Editor

Calendar of Events

july

4

July 4 Holiday

9

9-15

*House of Delegates Meeting
American Osteopathic
Association*

Marriott Hotel
Philadelphia, Pennsylvania
Contact:

American Osteopathic
Association
212 East Ohio Street
Chicago, Illinois 60611

AUGUST

8

8-10

*Annual Mid-year Meeting
Texas Society, ACGP
Inn of the Six Flags
Arlington*

Contact:

T. Robert Sharp, D.O.
Secretary
4224 Gus Thomasson Road
Mesquite, Texas 75150
214-279-2453

23

★TOMA District VII Meeting
General and Family Practice
Update: Emergency Medicine
Sponsored by Texas College of
Osteopathic Medicine
Lakeway Inn
Austin
8 CME hours
Contact:
Nancy Smith, TCOM/CME
Camp Bowie at Montgomery
Fort Worth, Texas 76107
817-735-2538

SEPTEMBER

1

*First Day of Classes
Texas College of Osteopathic
Medicine*

16

★TOMA District II Meeting
Contact:
R. Lynn Powell, D.O.,
Secretary
817-573-5523

18

★TOMA District V Meeting
Contact:
John W. Wilson, D.O.,
Secretary
214-824-3071

★TOMA District XV Meeting
Contact
Robert F. Bode, Jr., D.O.,
Secretary
214-647-1455

20

★TOMA District III Meeting
Contact:
H. George Grainger, D.O.,
Secretary
214-593-9731

21

★TOMA District IX Meeting
1101 E. Nueces St., Victoria
3:00 p.m.
Contact:
C. Duane Tisdale, D.O.,
Secretary
512-578-9821

22

22-26

*7th Annual Postgraduate
Course*

*American College of Osteo-
pathic Obstetricians &
Gynecologists*

Texas College of Osteopathic
Medicine & Hilton Inn
Fort Worth

Contact:

Ms. Barbara L. Hawkey,
Executive Secretary
900 Auburn Road
Pontiac, Michigan 48057
313-332-6360

Calendar of Events

25

- ★TOMA District XIV Meeting
Sizzler Steak House
Harlingen
7:30 p.m.
Contact:
Cleo D. Wilson, D.O.,
Secretary
512-423-7330

15

- ★TOMA District III Meeting
Contact:
H. George Grainger, D.O.,
Secretary
214-593-9731

27

Thanksgiving Day

DECEMBER

1

- ★TOMA District VI Meeting
Contact:
Thomas A. Halling, D.O.,
Secretary
713-453-8531

25

Christmas Day

OCTOBER

6

- ★TOMA District VI Meeting
Contact:
Thomas A. Halling, D.O.,
Secretary
713-453-8531

18

- ★TOMA District II Meeting
Contact:
R. Lynn Powell, D.O.,
Secretary
817-573-5523

20

- ★TOMA District V Meeting
Contact:
John W. Wilson, D.O.,
Secretary
214-824-3071

- ★TOMA District XV Meeting
Contact:
Robert F. Bode, Jr., D.O.,
Secretary
214-647-1455

23

- ★TOMA District IX Meeting
1101 E. Nueces
Victoria
3:00 p.m.
Contact:
C. Duane Tisdale, D.O.,
Secretary
512-578-9821

NOVEMBER

3

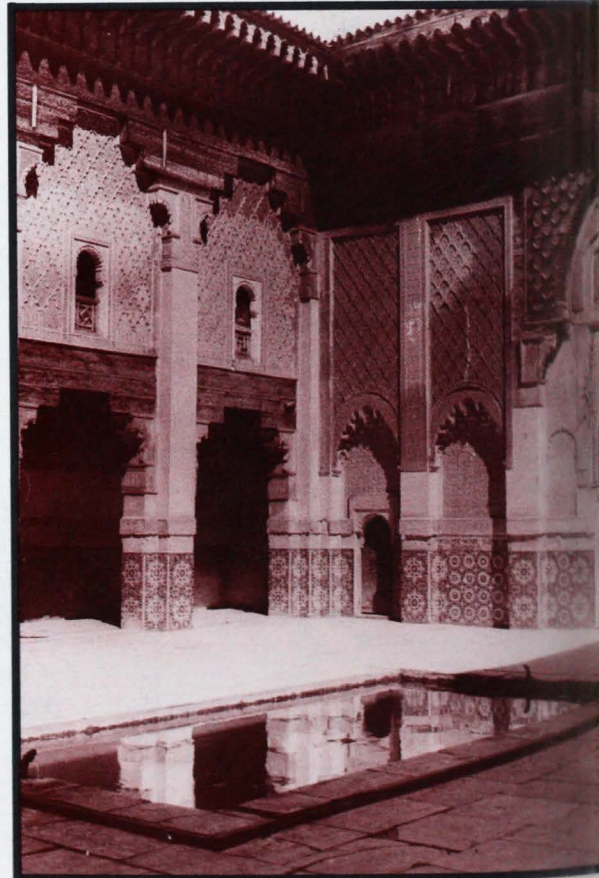
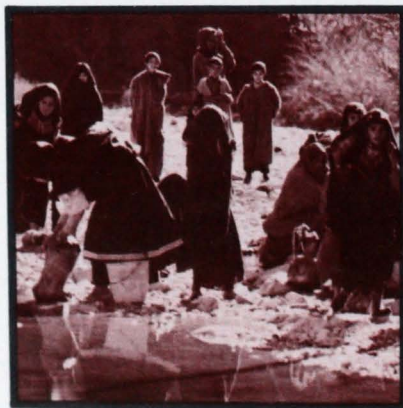
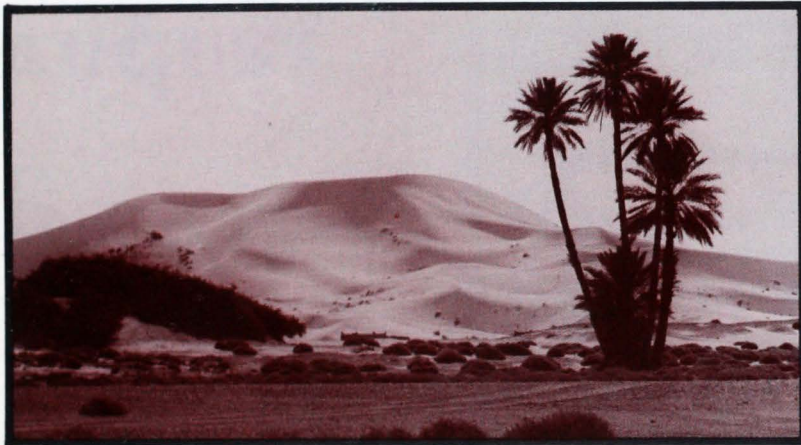
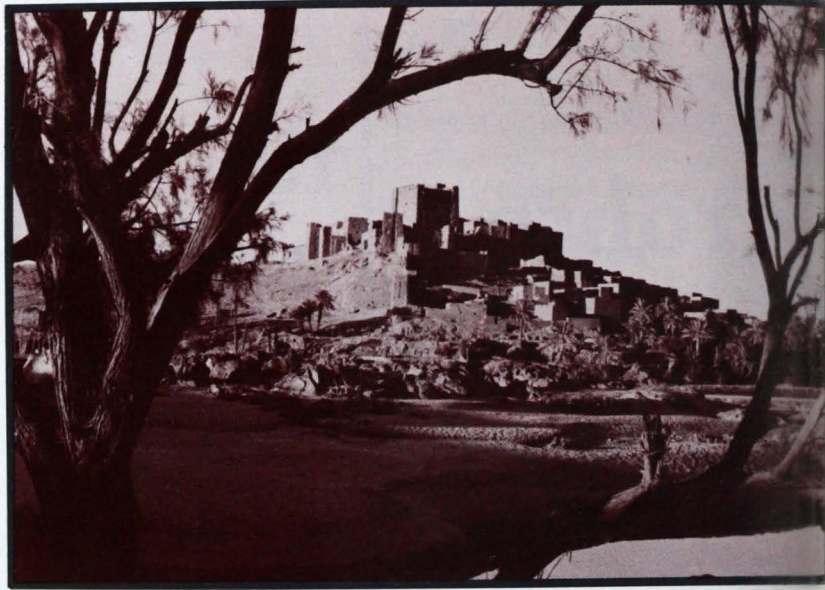
- ★TOMA District VI Meeting
Contact:
Thomas A. Halling, D.O.,
Secretary
713-453-8531

9

- 9-13
Annual Convention
American Osteopathic
Association
Las Vegas, Nevada
Contact:
American Osteopathic
Association
212 East Ohio Street
Chicago, Illinois 60611

On The Road to Morocco...

You will visit medical facilities and enjoy the beautiful sights of this exotic country. A brief pictorial tour of Morocco begins with Tangier, top, and continues clockwise inside the city to the beautifully designed and decorated buildings. As you travel along the roads you will see how many of the Moroccan natives live as do these residents of a village outside Marrakech. Beautiful and majestic are the shining white sand dunes of the Sahara Desert which add to the country's mystique. Don't look at the pictures and dream, join TOMA's Moroccan Study Holiday and see the sights and sounds for yourself.



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Orbit Travel 214/748-9022

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NAME(S) _____ (PLEASE TYPE OR PRINT ALL FULL NAMES)

PREFERRED ADDRESS _____

CITY, STATE, ZIP CODE _____

PHONE: BUSINESS _____ RESIDENCE _____

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Weather Service Issues Hurricane Damage Reports

Editor's Note: According to the National Weather Service the prime hurricane season for the coast of Texas is August and September. With this time approaching, TOMA's Disaster Medicine Committee provides the following information on the damage that hurricanes can cause. The article is a special weather release from the National Weather Service and is reprinted from the 1979 May-June issue of The Digest published by the Texas Department of Public Safety.

Hurricanes can create such hazards as high winds, tidal surges, tornadoes and flash flooding. Depending on the location and circumstances, any one of these phenomena can prove deadly.

Hurricane winds can be the least destructive of these hazards, although there are important exceptions like 1971's Celia, whose high winds did most of the storm's destructive work. These winds are a force to be reckoned with by coastal communities deciding how strong their structures should be.

For example, normal atmospheric pressure at sea level is about 2,000 pounds per square foot. As winds increase, pressure against objects is added at a disproportionate rate. Pressure mounts with the square of wind velocity, so that a tenfold increase in wind speed increases pressure one-hundred-fold.

Thus, 20-knot wind increases atmospheric pressure by about two pounds per square foot; a wind of 200 knots increases atmospheric pressure by more than 225 pounds per square foot.

For some structures, this added force is enough to cause failure. Tall structures like radio towers can be worried to destruction by gusting hurricane-force winds. Winds also carry a barrage of debris that can be quite dangerous.

All the wind damage does not necessarily come from the hurricane. As the storm moves shoreward, interactions with other weather systems can produce tornadoes, which work around the fringes of the hurricane. Although hurricane-spawned tornadoes are not the most violent form of these whirlwinds, they have added to the toll we pay the hurricane.

Floods from hurricane rainfall are quite destructive. A typical hurricane brings 6 to 12 inches of rainfall to the area it crosses, and some have brought much

more. The resulting floods have caused great damage and loss of life, especially in mountainous areas, where heavy rains mean flash floods.

The most widespread flooding in the United States history (through 1976) was caused by the remnants of Hurricane Agnes in 1972. Rains from the dying hurricane brought disastrous floods to the entire Atlantic tier of states, causing 118 deaths and some \$2.1 billion in property damage. In 1978, torrential rains from the remnants of Tropical Storm Amelia resulted in devastation and destruction in one of Texas' worst floods in the State's history.

The hurricane's worst killer comes from the sea, in the form of storm surge, which claims nine of every ten victims in a hurricane. As the storm crosses the continental shelf and moves close to the coast, mean water level may increase 15 feet or more. The advancing storm surge combines with the normal astronomical tide to create the hurricane storm tide.

In addition, wind waves up to 10 feet high or more are superimposed on the storm tide. This buildup of water level can cause severe flooding in coastal areas, particularly when the storm surge coincides with normal high tides. Because much of the United States' densely populated coastline along the Atlantic and Gulf Coast lies less than 10 feet above mean sea level, the danger from storm surges is great.

Wave and current action associated with the surge also causes extensive damage. Water weighs some 1,700 pounds per cubic yard; extended pounding by frequent waves can demolish any structures not specifically designed to withstand such forces.

Currents set up along the coast by the gradient in storm surge heights and wind combine with the waves to severely erode beaches and coastal highways. Many buildings withstand hurricane winds until—their foundations undermined by erosion—they are weakened and fail.

Storm tides, waves, and currents in confined harbors severely damage ships, marinas and pleasure boats. In estuarine and bayou areas, intrusions of salt water endanger the public health, and create bizarre effects like the salt-crazed snakes fleeing Louisiana's flooded bayous.▲

HURRICANE FACTS

The average number of named storms over the past 30 years is nine.

An average of six named storms annually become hurricanes.

On the average, three named storms cross the U.S. Mainland annually and one or more of them is of hurricane force.

Worst Texas hurricanes include:

Sept. 16, 1875 — Hurricane at Indianola in Calhoun County. Three-fourths of town swept away in flooding; 176 persons killed. Second hurricane in 1886 destroyed nearly every house; town was never rebuilt.

Sept. 8-9, 1900 — Hurricane at Galveston (The Great Galveston Storm). Still considered the worst natural disaster in U.S. history. Up to 8,000 persons were killed when tidal surges reaching in excess of 15 feet completely inundated the island. Winds were estimated to have reached in excess of 120 mph. Property damage was between \$30 to \$40 million.

April 20-26, 1915 — Hurricane at Galveston. Winds reached more than 120 mph, with the tide rising to more than 14 feet above sea level in the city. While a new seawall helped prevent a repeat of the 1900 catastrophe, 275 persons were killed and property damage was estimated at \$56 million.

Sept. 8-14, 1961 — Hurricane Carla. The largest hurricane on record, it came ashore at Port O'Connor. Striking Jackson, Harris and Wharton counties, 34 persons were killed and 465 injured, with property and crop damage estimated at \$300 million. An evacuation of some 250,000 persons helped reduce the death and injury toll.

Sept. 18-23, 1967 — Hurricane Beulah. The third largest hurricane on record, Beulah came ashore at Brownsville. Flooding

from Beulah inundated 1.4 million acres while the hurricane itself spawned 115 tornadoes. Thirteen persons were killed and 34 were injured. Property damage was set at \$150 million.

Aug. 3-5, 1970 — Hurricane Celia. Striking at Corpus Christi, Celia ran up a record \$454 million in property damage. Winds reached up to 180 mph. Eleven persons in Texas were killed and more than 450 were injured. ^

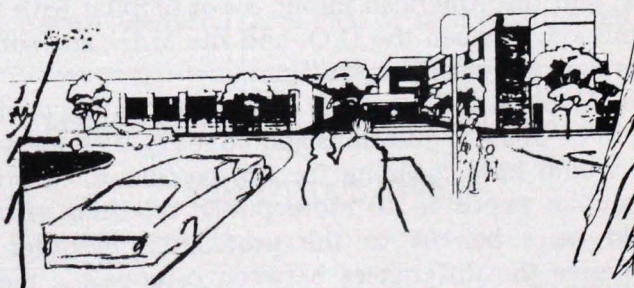
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Success Marks NOM Week

If you are wondering whether National Osteopathic Medicine Week was a success or not, the answer is YES. The mayors of Corpus Christi, Fort Worth and Houston proclaimed June 1-7 as Osteopathic Medicine Week in their cities and Gov. Bill Clements provided the overall recognition by proclaiming the week Osteopathic Medicine Week in Texas.

Through the efforts of the state office, Auxiliary to TOMA, affiliated hospitals and Texas College of Osteopathic Medicine (TCOM), over 600 news releases on the statewide proclamation and over 100 information packets were distributed to the statewide news media.

As of press time, the number of column inches (one column by one inch) known to be printed in newspapers totaled approximately 600. In addition, several D.O.s took to the radio and TV airways to speak on a variety of subjects.

T. Eugene Zachary, D.O., of TCOM was the guest on an hour-long program on summer medical problems on a Fort Worth radio station. Joseph Dubin, D.O., and J. J. Tuinstra, D.O., both of East Town Osteopathic Hospital in Dallas have combined their time to total one hour and 45 minutes on three Dallas-Fort Worth radio stations.

Dr. Dubin said that, at first, he was wary of speaking medically to the public rather than treating the public medically.

"Even though our training is not in the field of public communications, my feeling is that we should take every opportunity that arises to tell the osteopathic story — because we have something extra to offer, and the American public is not familiar with the distinction between the D.O. and the M.D., and sometimes even the chiropractor."

Dr. Dubin urged members of the osteopathic profession to be open to questions and be ready with answers that would have meaning for the layperson. "I think the public exposure to more public relations efforts would be a benefit to the profession, in order to emphasize the differences between osteopathic medicine and allopathic medicine, rather than to continuously point out the similarities. During my years in practice I've seen tremendous advances in osteopathy, and I would hate to see us lose our distinctiveness as a minority profession because of lack of public information and our professional apathy."

In addition to having its staff members on area radio programs, East Town Osteopathic Hospital held an

open house and health fair and a local radio station did a live remote broadcast from the hospital grounds.

Community Hospital of Lubbock held an open house during the special week to show the community current advances in osteopathic medicine and expansions in Community Hospital of Lubbock.

In Corpus Christi James W. Lively, D.O., and Craig Whiting, D.O., were guests on an informational morning program on a local television station.

Across the state various newspapers ran special stories announcing Osteopathic Medicine Week. Of notable interest were articles in Corpus Christi, Fort Worth, Amarillo and Texarkana.

Samuel B. Ganz, D.O., of Corpus Christi was interviewed for a story in the *Caller-Times* dealing with osteopathic medicine in general and the recognition it has gained in recent years.

In Fort Worth the *News-Tribune* published six pages of information on the osteopathic profession in Texas and specifically in Fort Worth.

**"Myths and misconceptions . . .
have given way to an attitude of respect."**

The *Texarkana Gazette* featured A. Ross McKinney D.O., in an interview on the osteopathic profession and what a D.O. is.

In Amarillo the *Globe-Times* presented a three-part series; the first dealt with early myths that still burden the profession, the second traced the history of osteopathic medicine and the final article dealt with the growth of the osteopathic profession and Southwest Osteopathic Hospital.

Globe-Times Reporter Gene White concluded his series with the following information:

"It is only in the last half-dozen years that osteopathic physicians officially have been recognized in all 50 states. But in Amarillo, respect for D.O.s began growing long before then. It continues to grow. And as Amarillo residents continue to learn more about D.O.s and the city's osteopathic hospital, a better understanding of this branch of medical practice emerges. Myths and misconceptions surrounding the osteopathic physician have given way to an attitude of respect."^

As Temperatures Rise Body Adjusts

MEDICAL FACTS

NATIONAL OSTEOPATHIC MEDICINE WEEK
TO BE OBSERVED JUNE 1-7, 1980 BECAUSE...



DOCTORS OF OSTEOPATHY, D.O.'S, ARE THE FASTEST GROWING HEALTH CARE PROFESSION. A KELLOGG FOUNDATION STUDY PROJECTS A 71% GROWTH FOR THE OSTEOPATHIC PROFESSION DURING THE 1980'S.



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As thermostats follow the cost of energy upward this summer, Americans will be forced to get along with less cool. The transition will be more traumatic for younger and older people, however.

"We can adjust," said Peter Raven, Ph.D., associate professor of physiology at Texas College of Osteopathic Medicine, who has studied various environmental effects on the body. "But with babies and the elderly, it will take longer."

The elderly can acclimatize themselves, he said by exercising in the heat for an hour a day for 15 to 30 days, always drinking plenty of fluids. The period of adjustment is about eight days for younger people. If they are on medication, older persons should be even more careful.

"After this period of acclimation," Dr. Raven added, "they should be able to stand the heat all day, with enough liquids to drink."

As for babies, he continued, "Adults should not judge a baby's comfort by their own. Babies don't have the thermal regulation an adult has. They heat up faster and don't sweat as much." But they, too, can adapt.

When an infant or child becomes flushed, it's time to come in out of the sun. If the child's temperature is 101 or above, bathe him or her in a cool bath or swimming pool.

A heat stroke, of course, is the culmination of overheating. "When the problem goes into heat stroke, you stop sweating," Dr. Raven said, "Then it's ambulance time."

He re-emphasized that it is wise to get out of the heat when you feel overheated, are hot but not sweating, have a headache from heat or seem disoriented.▲

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ACADEMIA

News From The Colleges

CCOM

Chicago College of Osteopathic Medicine (CCOM) has purchased two neighborhood clinics, the Kenwood Medical Center in greater Hyde Park and the Bridgeport Family Medical Center on Chicago's South Side, bringing the number of CCOM's outreach clinics to 12.

Richard Alan Feely, D.O., has been appointed clinical instructor of osteopathic medicine at CCOM. He received his D.O. degree from Kirksville College of Osteopathic Medicine in 1978, interned at Davenport Osteopathic Hospital in Davenport, Iowa in 1979, and served as director of osteopathic manipulative medicine at Good Samaritan Hospital in Tampa, Florida before joining CCOM.

Thaddeus P. Kawalek, Ph.D., president of CCOM, has announced the following faculty promotions:

Lee M. Adler, D.O., to associate professor of medicine (infectious disease); Richard B. Bell, Ph.D., to associate professor of physiology, H. Daniel Bodley, Ph.D., to professor of anatomy, Lawrence U. Haspel, D.O., to professor of medicine (cardiology), Ronald P. Kopplin, D.V.M., to professor in the department of physiology, C. Richard Smith, D.O., associate professor of medicine (cardiology), and Frank Walton, D.O., associate professor of medicine.

PCOM

Dr. Thomas M. Rowland, Jr., president of Philadelphia College of

Osteopathic Medicine (PCOM), received an honorary doctor of science degree from Elizabethtown College, Elizabethtown, Pennsylvania, on May 10.

A native Philadelphian, Dr. Rowland holds a bachelor of science degree from Temple University, where he also undertook graduate work in public administration, and the honorary degree of doctor of laws from PCOM.

He has served in many capacities at PCOM, including registrar and director of admissions, administrative assistant to the president, vice president for administrative affairs and executive vice president. He has served as a member of the faculty since 1960 and was appointed chairman of the department of community health in 1972.

TCOM

A two-year research project at Texas College of Osteopathic Medicine (TCOM) on the control of cholesterol build-up has been funded by the American Heart Association.

Verney L. Sallee, Ph.D., assistant professor of physiology, will conduct the research, entitled "Selectivity of Intestinal Cholesterol Absorption," beginning July 1. The amount of the grant was \$40,480.

The American Heart Association also notified Hsin-Hsiung Tai, Ph.D., TCOM associate professor of biochemistry, of the continuation of his \$18,480 grant for one year. His research project is entitled "Biosynthesis of Thromboxanes," or the production of compounds involved in the clotting of blood.

Hector Ortiz, a Fort Worth marathoner who qualified for the Olympic trials, has joined the staff of Texas College of Osteopathic Medicine, working in a new program for recovering alcoholics.

The nine-month pilot program to study the effects of exercise in the rehabilitation of the recovering alcoholic is funded by Contemporary Health Inc., a private hospital management corporation.

The project has two objectives, according to Robert Kaman, Ph.D., acting director of TCOM's Institute for Human Fitness which will oversee the study. "In addition to determining the effects of exercise on the alcoholic," he said, "we want to introduce doctors to alcoholism as a disease entity early in their education and focus on appropriate diagnosis, treatment and referral procedures that the recovering alcoholic requires." ^

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Colorado Association Plans Tahitian Holiday

Does mention of Tahiti and the South Pacific bring pictures of native dances being performed under swaying palm trees and pure white beaches? If so, look harder and see yourself in the midst of all the excitement as you join the Colorado Society of Osteopathic Medicine (CSOM) in a post-BOA convention trip to Tahiti and the surrounding islands.

CSOM is offering five different travel packages to choose from. The first plan is for one week to Tahiti (seven nights) at the Maeva Beach Hotel for \$850 per person. The second plan includes four nights at the Kai Ora Hotel in Moorea and three nights at the Maeva Beach Hotel in Tahiti for \$1,104 per person.

The third plan features four nights at the Hotel Marara in Bora Bora and three nights at the Maeva Beach Hotel in Tahiti for \$1,194 per person. Features of the fourth plan are three nights at the Hotel Marara in Bora Bora, two nights at the Bali Hai Hotel in Huahine and two nights at the Maeva Beach

Hotel in Tahiti for \$1,214 per person.

The fifth plan includes four nights at the Bali Hai Hotel in Huahine and three nights at the Maeva Beach Hotel in Tahiti for \$1,150 per person. Because of flight schedules, the fifth plan can only be offered to persons departing from the home city on November 14.

These prices include air fare from Los Angeles, California only. If you plan to attend the convention and make the vacation trip, you must add an additional \$267 per person to the package you select. If you plan to travel directly to Tahiti and bypass the convention, you must add an additional \$200 per person to the selected package price. All prices are based on double occupancy. An extra \$175 per person will be added for single occupancy.

During your stay at the Maeva Beach Hotel no meals will be included in the tour price. Breakfast

and dinner will be included while you are at the Kai Ora Hotel and the Bali Hai Hotel. During your stay at the Hotel Marara your tour price will include three meals per day.

In addition to the convention and Tahiti package trip, Woodruff World Travel has blocked a section of seats from Dallas to Las Vegas for \$113 per person for members interested in attending only the convention.

The Tahitian holiday is limited to 200 persons and Woodruff World Travel urges you to send in a \$100 per person deposit by August 1 if you wish to reserve a seat. Balance of the tour price is due by September 25.

For more information on the South Pacific excursion contact Woodruff World Travel, Inc., 201 University Boulevard, Denver, Colorado 80206 or call 303-388-5395.▲

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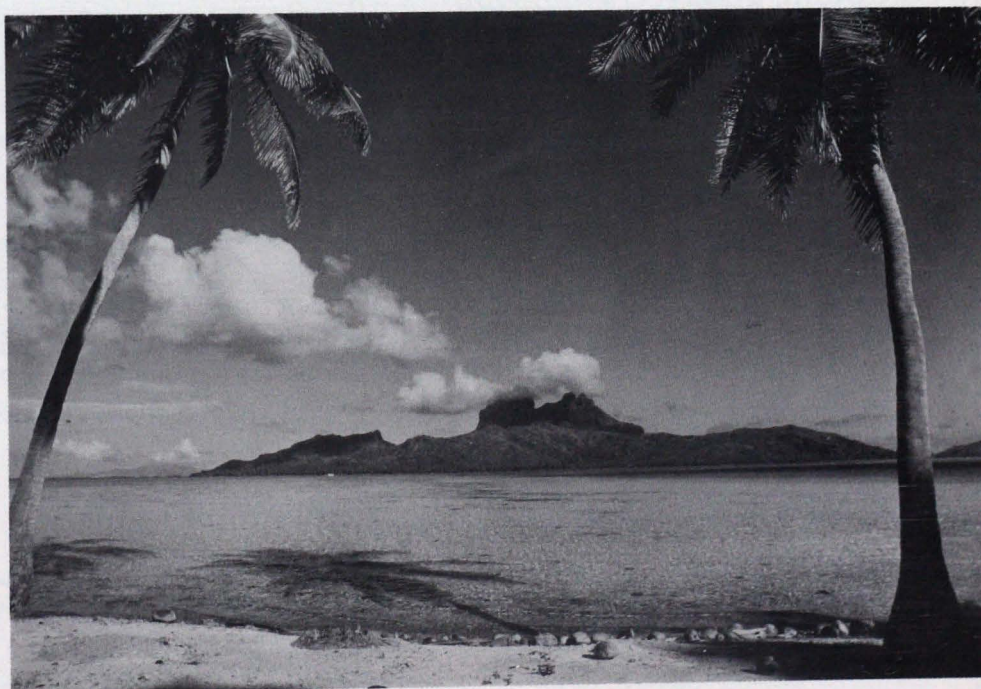
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or

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MEDICAL STAFF PRESENTS AWARD

Myron G. Skinner, D.O., of Fort Worth was presented with the sixth annual Medical Staff Award June 6 at Fort Worth Osteopathic Hospital's Medical Awards Night dinner and dance. A pathologist, Dr. Skinner is the immediate past chief-of-staff at FWOH.

D.O.S NOMINATED FOR OFFICES

The executive committee of the Texas Institute for Medical Assessment has nominated John H. Boyd, D.O., of Eden for the position of vice-president and Robert L. Peters, D.O., of Round Rock as secretary-treasurer. The election of officers will take place during the June 22 meeting in San Antonio.

DR. LONGACRE ELECTED TO OFFICE

John C. Longacre, D.O., has been elected chief-of-staff at Corpus Christi Osteopathic Hospital. Elected to serve with Dr. Longacre are Joseph J. Schultz, D.O., vice-chief of staff; and Linda J. Martin, D.O., secretary-treasurer. All three physicians practice in Corpus Christi.

TIMA SUBMITS GRANT PROPOSAL

The Texas Institute of Medical Assessment has submitted a two-inch thick Federal Assistance Grant Application for \$2,873,089 to the Health Care Financing Administration, according to Barry Flynn, TIMA executive director. The grant will be for a one-year period from September 29, 1980 to September 28, 1981.

DR. LUIBEL REAPPOINTED TO HOSPITAL BOARD

George J. Luibel, D.O., of Fort Worth has been reappointed to a two-year term on the Tarrant County Hospital District by the Tarrant County Commissioners Court. The hospital district governs John Peter Smith Hospital, the county hospital in Fort Worth.

Texas Ticker Tape

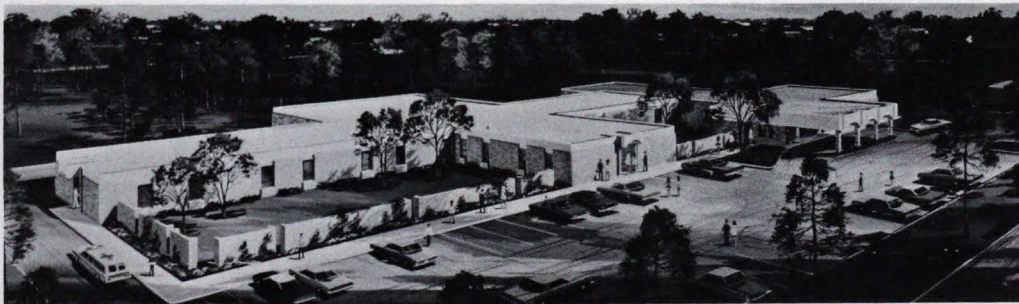
FWOH ELECTS OFFICERS

Bryce D. Beyer, D.O., has been elected chief-of-staff at Fort Worth Osteopathic Hospital. Elected to serve with Dr. Beyer are Robert B. Hames, D.O., vice-chief of staff; and Stanley R. Briney, D.O., secretary-treasurer. Members-at-large are Donald M. Ross, D.O., and Gary W. Earp, D.O. All five practice in Fort Worth.

TOMA MEMBERS SERVE AS HOSPITAL STAFF OFFICERS

Robert C. Burns, D.O., and Gene Herzog, D.O., both of Lubbock, have been elected as officers of the medical staff at Community Hospital of Lubbock. Dr. Burns will serve as chief-of-staff and Dr. Herzog as vice chief-of-staff.

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ATOMA News

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

Has anyone heard what's been happening in Fort Worth lately? I feel so privileged to be a part of it that I want to share it with you. The only problem is that I don't know what to call it. Perhaps I'll coin a new phrase and call it "Osteopathic Fever."

It did, indeed, start very insidiously — just a low-grade fever. And then, Texas College of Osteopathic Medicine built its first building, Fort Worth Osteopathic Hospital began its construction program, and the new medical office building began to take shape.

At the same time, D.O.s new to the area were moving in, TCOM graduates were staying in the area and the specialists were arriving. Community members started asking, "Hey, what are you folks doing over there?" Banks started soliciting our business; Local businesses started asking to be included in our fund-raisings.

It was wonderful — it is wonderful. And I love every minute of it. I feel that because I'm the wife of an osteopathic physician, an active Auxiliary member and a member of this community who is always proud to answer, "Tom is a pathologist at Fort Worth Osteopathic," that I deserve a little credit for "Osteopathic Fever."

It is a wonderful feeling — one that you could and should share. If you are not an active member of your district, become one! If you are not proud to tell the world your husband is an osteopathic physician, learn to be. The rewards are well worth the effort.

By Mrs. James D. Bernard
AAOA Safety Chairman

The popularity of hot tubs has increased to the point that the Consumer Product Safety Commission estimates that sales could climb as high as 135,000 in 1980; this would be a 50 percent increase over 1979 sales. As hot tubs have gained popularity throughout the United States, it is also timely that the consumer learn how to use these products safely.

According to the CPSC staff, the use of hot tubs at water temperatures above normal body temperatures can cause drowsiness which may lead to unconsciousness and subsequently result in drowning. The risk of drowning is significantly increased if alcoholic beverages are consumed before or while soaking in hot water.

The CPSC also reports that soaking in a hot tub with water heated to 106 degrees Fahrenheit can raise human body temperature to the point of heatstroke.

Hot tub owners are strongly urged by the CPSC to observe the following safety rules:

1. Hot tub water temperatures should never exceed 104 degrees Fahrenheit. A temperature of 100 degrees is considered safe for a healthy adult. Special caution is suggested for young children.
2. Excessive drinking during hot tub use can cause drowsiness which could lead to unconsciousness and subsequently result in drowning.
3. Soaking in water above 102 degrees Fahrenheit can cause fetal damage during the first three months of pregnancy.

Pregnant women should stick to the 100 degrees maximum rule.

4. Before entering the hot tub, users should check the water temperature with an accurate thermometer; hot tub thermometers may err in regulating water temperatures by as much as four degrees.

5. Persons with medical history of heart disease, circulatory problems, diabetes or blood pressure should obtain their physician's advice before using hot tubs.

6. Persons taking medication which induce drowsiness, such as tranquilizers, anti-histamines or anti-coagulants, should not use hot tubs.

By following the above rules, the hot tub use is not only restful and relaxing, but it affords the security of having safety at its maximum.

(Reprinted from Spring 1980 AAOA Record)▲

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Profession Needs Commitment

Editor's Note: The following article is written by Michael Doody, president of the American Osteopathic Hospital Association and is reprinted from the April 1980 issue of Exchange published by the American Osteopathic Hospital Research and Education Foundation.

If you regularly read this letter. . . and I sure hope you do. . . you've no doubt formed an impression of my reasons for writing. Some who read *Exchange* think I'm "blaming" D.O.s for all the problems of osteopathic hospitals.

Not so.

What I'm after is a renaissance of professional pride, a rebirth of a spirit of unity within the osteopathic profession. And it isn't only to D.O.s that I address my message. I also talk with and write to hospital administrators and trustees. We publish a magazine, *Osteopathic Hospitals*, for them. And I

think you might be interested in what A. R. Pirolli, the chairman of the Board of the hospital association, said recently to those readers:

"Most of the readers of this page are integral members of the osteopathic hospital 'community.' You're a governing board member, an administrator, a member of an osteopathic hospital's medical staff or management team. You're not affiliated with a hospital. . . you're an important part of an osteopathic hospital.

"And what makes it osteopathic?

"A philosophical commitment is the first criterion. As a trustee, a physician or an executive, you must have a personal commitment to osteopathic medicine. . . to the philosophical and very real concept of caring that is embodied in osteopathic principles. Beyond a personal commitment, the hospital, too, needs an osteopathic commitment. The hospital mission and role statement must be predicated on osteopathic concepts of care.

"And what's in it for you, personally or as part of an osteopathic hospital? For a trustee, it's knowing that the time and energy you spend as a volunteer member of the governing board is well spent. . . time spent in governing a valuable community resource, energy spent on something worthwhile. For the osteopathic hospital executive, it's being professionally associated with the same worthwhile community resource. . . an osteopathic hospital that's the best it can be. For the D.O., it's knowing your hospitalized patients are cared for and treated in an environment that reinforces your osteopathic approach to medicine.

"There are many specific ways to underscore and to reinforce your commitment to the osteopathic philosophy. One is to encourage, as an institution, the practice of osteopathic medicine. Insist on documentation in patient records of osteopathic evaluations, consultations and treatments. Provide for a committee on the utilization of osteopathic principles and practices. . . and endow that committee with all the stature and all the organizational support it deserves.

"Recruit D.O.s—family practitioners and specialists—to your staff. Don't look at M.D. candidates until you're sure there are no appropriate D.O. candidates. Work with the generalists and the specialists on your staff to enhance their cooperation, their referral patterns, their professional courtesies to one another.

"Insist that your hospital apply for and maintain accreditation by the American Osteopathic Association."

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ation. That, too, is part of the philosophical commitment. It shows very clearly the chain of accountability for medical care. And, through the required committee on osteopathic principles, accreditation again underscores your hospital's total commitment to the osteopathic concept of health care and sick care.

"Offering postdoctoral education programs to osteopathic physicians is a way to express your commitment while doing something worthwhile for your hospital and its future. When you get right down to it, education of young D.O.s is the bedrock on which the entire profession's future rests. Quality osteopathic postdoctoral training programs in quality osteopathic hospitals play a major role in guaranteeing that future. And the hospital that offers intern training has a built-in edge on recruiting. . . both from the ranks of interns and from the ranks of those D.O.s who want to be part of a teaching hospital 'faculty.'

"Yet another reason for committing yourself and your hospital to the osteopathic philosophy of care has a wider, more amorphous foundation. Today we have a pluralistic health care system in this nation. . . every person can choose either of two types of medical care: osteopathic or allopathic. Despite some of the inroads being made by both professions toward the hallmarks of the other, there is still value in offering every

patient the freedom of choice inherent in selecting D.O. or an M.D. as personal physician.

"For the hospital, the osteopathic commitment begins, really, with the governing board. You set policy. You represent the community. You forecast the hospital's future by the programs and services you endorse or disapprove. The D.O. in your community looks to you, as the representative of the community, as the prime force that says 'We want to be an osteopathic hospital. We want to be cared for by D.O.s and in an osteopathic hospital.'

"If you're spending the time, make it worthwhile. Don't settle for having a hospital. Insist that yours be an osteopathic hospital.'

"Each organization, each person, plays a part in this osteopathic 'family.' We're talking to you, and to all D.O.s, about our common challenges. But we're also talking to governing board members, the AOA, the American Association of Colleges of Osteopathic Medicine, the member organizations of the Association of Osteopathic State Executive Directors, to individuals, to hospitals, to groups and to committees.

"We're committed to osteopathic medical care. And we want to make it more possible for you to share that commitment." ^

FTC Rules In Favor of TOMA Peer Review

A recent order issued by the Federal Trade Commission (FTC) against the American Medical Association (AMA) found the AMA had violated the antitrust laws by, among other things, conspiring to restrict the freedom of physicians to work on a salaried basis for such "lay" institutions as hospitals and health maintenance organizations.

This order has resulted in the AMA and its affiliated organizations being ordered to cease and desist from interfering with the compensation offered to a physician for his or her professional services.

In an interpretation of this order

as requested by TOMA by Sen. Lloyd Bentsen of Texas, the FTC said it "does not believe that the Commission order should be interpreted to prevent professional groups from engaging in peer review activities to prevent physicians from charging excessive fees. Moreover, the AMA order does not apply to professional groups such as TOMA that are outside the AMA structure. Finally, the order is not final, since the AMA has appealed the Commission's decision."

In a letter to Sen. Bentsen requesting the interpretation, TOMA Executive Director Tex Roberts said, "TOMA has for 20 years been evaluating and recommending on

osteopathic hospital costs and osteopathic physician fees and we intend to continue such review in the public interest. We do not set fees, but we do recommend usual and customary.

"If the FTC order does in fact prevent peer review, the private sector of health care in America is due for a tremendous fee and cost increases because the gougers will run free of any restraint for a while.

"Then the government will step in and say, obviously we have to control costs in the private sector of health care regardless of wage and price controls in the rest of the economy." ^

Texas Osteopathic Medical Association

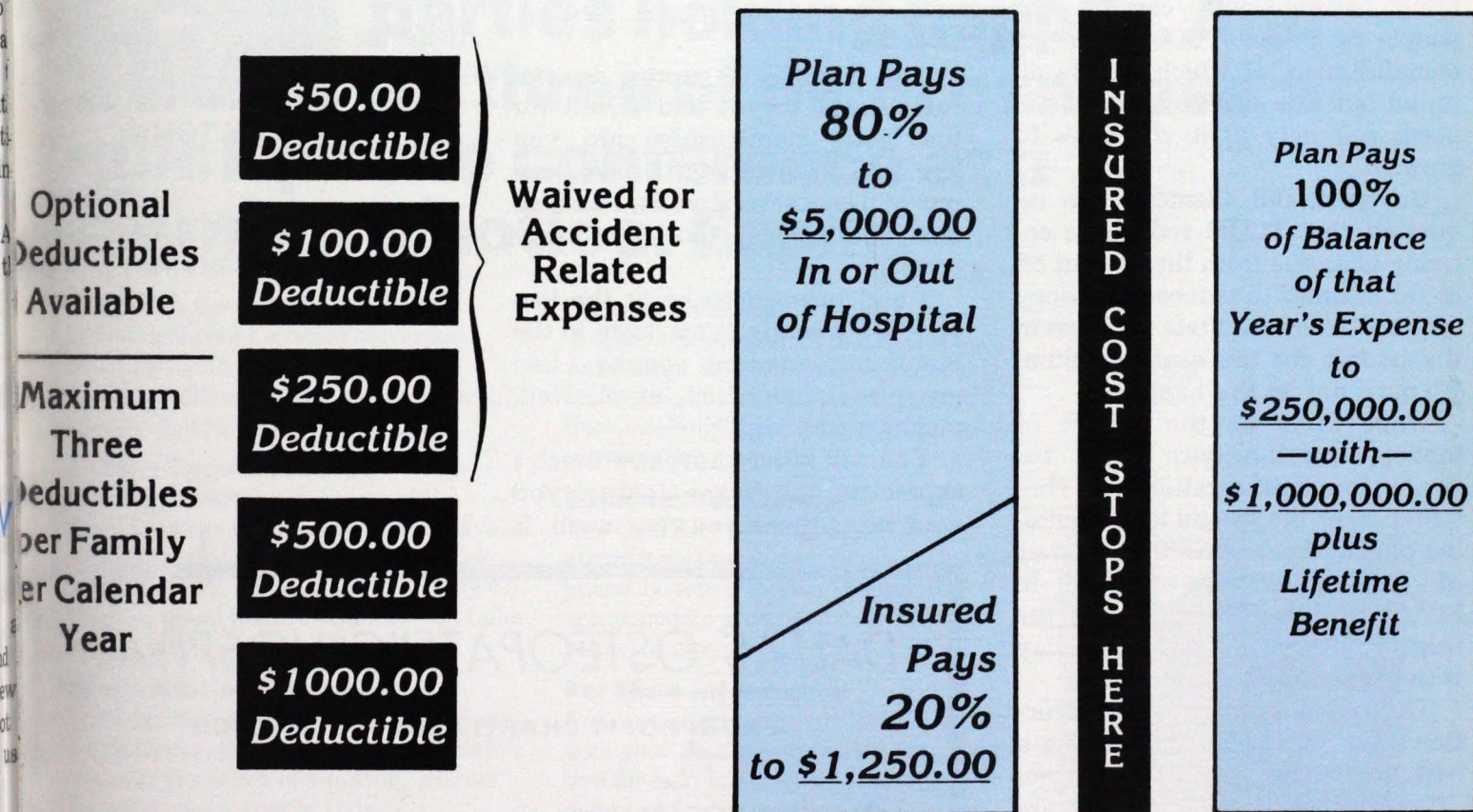
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President Hause Updates Profession

By Dwight Hause, D.O.
TOMA President

Another school year at Texas College of Osteopathic Medicine has ended with 70 new D.O.'s joining our profession. It is impossible to know what each of these physicians will contribute to this profession, but I believe that they will do their part to support the goals and efforts of TOMA as we strive to bring better health care to the people of Texas. TCOM is an accomplishment of which we are all proud but this great institution still needs our help as it continues to grow.

Governor Bill Clements has requested that TCOM reduce its entering class size from the present 88 to 60 in order to reduce the money required from the State of Texas in the budget for the next biennium. We must not let this happen.

While I am on the subject of money, the three-year delay between the authorization for construction of the second major building on TCOM campus and the start of construction has resulted in having to trim \$2 million off the original design in order to stay within the budgeted amount.

The same inflation in construction costs has delayed acquiring a new home for the TOMA state office in Fort Worth. The plans are being reworked to bring the total cost down to an acceptable price.

It appears now that TOMA will not have the support of Texas Medical Association for a provision in the new medical practice act providing for the appointment of at least three D.O.s to the Texas State Board of Medical Examiners. Our TOMA House in San Antonio established this as our number one priority. We are laying the ground

work to accomplish this now and we need your help. Contact W. R. Jenkins, D.O., of Fort Worth, chairman of the TOMA Govern-

mental Relations Committee, to find out what you can do to get involved. You will be hearing more about this in the months to come. A

Letters

Dear Tex:

This letter is to express my sincere thanks to you and TOMA for the metal membership card you sent me. Even though I have been out of Texas several years, I have so many beautiful memories of many people.

I had planned to be at the San Antonio meeting but a death in the family prevented my coming. I had my plane reservation, et al. Well, maybe next year.

You will never know how much I appreciate the *Texas Journal* you send me. I thank you very much. It

helps me keep up with some of my friends.

Again Tex, thanks and may the Lord bless you and TOMA.

Sincerely,
F. E. Logan, D.O.
Carthage, Missouri

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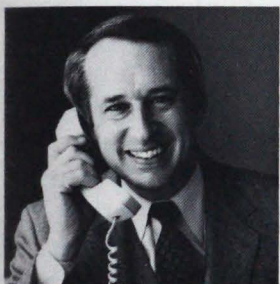
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What To Tell Your Patients

In the past the main problem in the area of informed consent was usually the consent. Had the patient in fact consented to the procedure performed so that the doctor's treatment was not an assault or a battery. Today the focus has shifted. Now the issue is usually whether the patient, who freely gave his consent, was properly informed.

Beginning in 1955 many courts have found doctors liable for violating their duty to their patients where they have withheld any fact necessary to form an intelligent consent. Today the rule in many states is that where the doctor did not disclose a material risk, the risk resulted in an injury, and the plaintiff would not have undergone the treatment had the risk been divulged, a jury can hold the doctor liable for damages. The jury need only find that a reasonable person would have declined the treatment if the risk had been disclosed. Be clear that this is a case where the treatment is otherwise completely proper.

This rule, known to lawyers as the Canterbury Rule has abolished the need for expert medical testimony. It used to be the case that if you did what doctors usually do in informing their patients, that was enough. Now under Canterbury, what your profession usually tells patients is not relevant to your duty to your patient. You are responsible for disclosing all "material" risks or dangers inherent in or collateral to the treatment as well as the alternative methods of treatment, and the alternative to treatment. Your duty to disclose alternative methods is limited to those that are ethical, proper, and accepted (not experimental).

Neither do you have to disclose risks that are not "material," but this has proved to be a dangerous area for doctors. For example, a one percent chance of paralysis was held material; a 1/250 chance of perforation from gastroscopy was material; a five percent chance of injury to the spleen requiring additional

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surgery was material. On the other hand, and remembering that each case involves a different court and different facts, a ten percent chance of pregnancy after tubal ligation was not material; a one-fourth to three-fourths percent risk of esophageal perforation was not material; a .013 percent chance of contracting hepatitis from a blood transfusion was not material.

The proper conclusion to draw from these few cases is that it is nearly impossible for you to know how much caution is enough. From a legal standpoint it is better to err on the side of saying too much than not enough.

There are four limitations on a doctor's duty to disclose under the Canterbury Rule. Since the primary duty of the doctor is to do what is best for the patient, if the patient's emotional state is such that full disclosure might unduly frighten him or her, or actually cause physical harm, the doctor may tailor the warnings in that light. Just remember that this is a "limited limitation." You may have to prove that the emotional

state justified your failure to inform. Good records of the patient's state are almost indispensable.

A doctor may also dispense with warnings in a true emergency, where immediate treatment was necessary to preserve life or health and consent could not be obtained from the patient or someone with authority to act for the patient. The third limitation on your duty is where the risk is already known to the patient, or is obvious. A final exception exists where your patient explicitly tells you he or she does not wish to know anymore about the procedure and risks.

Careful Drafting Essential

While the area of informed consent is far less likely to result in an expensive lawsuit than careless errors in treatment, it is nevertheless worthy of respect and precaution. The use of carefully drafted written consent forms is essential. The consent form should contain a description, in lay language, of the procedure to be performed. It should also contain a statement that the alternatives to treatment, alternative methods of treatment, and risks of the procedure being performed have all been fully explained to the patient. The form should also state that it is valid until revoked in writing by the patient.

You should carefully note two additional points. Even a properly signed consent form is far less likely to hold up in court if it was based on an explanation given by anyone other than you, the doctor in charge. You are the expert with knowledge of the procedure, risks and alternatives, and the answers to the patient's questions and concerns.

The same problem exists where the explanation was made and the consent signed in the hospital, rather than in your office. Courts take the position that a patient's ability to intelligently consent is much reduced when he or she is in a hospital bed just prior to scheduled surgery.

Your strongest position is to obtain a complete, signed consent in your office, and based on your personal conversation with the patient and, in addition, note the conversation in your office records.

[From *Professional Mutual Monitor* by Henry B. Alsbrook, Jr. and reprinted from the May 1980 *Badger of the Wisconsin Association of Osteopathic Physicians and Surgeons*.]▲

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District Communiqués

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

District III keenly feels the loss of two of its most active members, one, the president and the other our immediate past president; the former Don Lash, D.O., through moving out of the district; the other, Bruce Petermeyer, D.O., by sudden death.

District III will miss both of these good men; Don with his excit-

ing young ideas organization-wise, and Bruce through his dependable, faithful service as an officer and a brilliant and dedicated physician and friend. You will find a memorial message on Bruce's untimely death on another page. After having read it, would you please share a moment of silence with all of us in District III.



Visiting during a May 10 reception in Tyler honoring Gov. and Mrs. Bill Clements, second and third from left, were Jim Granberry of Lubbock, left, Dr. Earl Kinzie, second from right, and Mrs. Ann Campbell, mother of the Houston Oilers' Earl Campbell. Dr. and Mrs. Kinzie hosted the reception.

By Linda Dearing
District XII

As part of the on-going public service program of TOMA District XII, three district-member physicians and one medical student have recently offered free physical examinations to Boy Scout summer campers.

Harvey Randolph, D.O., of Groves, a Boy Scout troop leader, organized the exam program for the second year. Dr. Randolph, Robert Bowling, D.O., of Port Arthur and Mark Baker, D.O., of Groves, saw over 150 Boy Scouts at the one-night clinic held at Doctors Hospital

in Groves. Rick Martin, a student at Texas College of Osteopathic Medicine also participated in the exam clinic.

A current certificate of good health is required of all Boy Scout campers, and the physical exam program is the District's way of keeping down the cost of summer camp for the Scouts.

Clinic participants ranged in age from elementary schoolers through high school with several adult leaders also receiving physical exams. ▲

Texas Congressmen Support Osteopathic Position

Two Texas Congressmen, Mickey Leland (D) and Phil Gramm (D) are among representatives in Washington to support the position of osteopathic hospitals on many proposals, according to Robert Benedict, director of the Washington office of the American Osteopathic Hospital Association.

Benedict notes in the June issue of *Osteopathic Hospitals* that Rep. Leland sponsored the osteopathic certificate-of-need amendment which is now part of the health planning law. Rep. Gramm serves on the House Commerce health subcommittee and supported osteopathic certificate-of-need and was a vocal opponent of hospital cost containment.

Rep. Leland is a pharmacist and former hospital director who now serves on the House Interstate and Foreign Commerce health subcommittee. Leland, 35, is from Houston and is running for re-election to a second term in the House.

Rep. Gramm holds a Ph.D. in economics and is the author of several books in that field. He joined Rep. David A. Stockman (R) of Michigan in writing a critical review of cost containment legislation; he is a leading proponent of the competitive approach to national health insurance. Rep. Gramm, 39, is seeking re-election to his second term in the House. He is from College Station. ▲

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IN MEMORIAM

Richard Briscoe, D.O.

Richard W. Briscoe, D.O., of Fort Worth and a life member of TOMA died June 8. Graveside services were held June 10 in Pekin, Illinois and a memorial service was held June 20 at Alta Mesa Church of Christ in Fort Worth.

He was a 1935 graduate of Kirksville College of Osteopathic Medicine (KCOM).

A native of Normal, Illinois, Dr. Briscoe attended Illinois Wesleyan University and Illinois State Normal University. Following his graduation from KCOM, he served an internship at Fuller Osteopathic Hospital in Bloomington, Illinois.

He has been a member of TOMA since 1946. He also held membership in the American Osteopathic Association.

Survivors include his wife, Peggy; one son, Bill Briscoe of Fort Worth; one daughter, Mrs. Dave Bishop of Colona, Illinois; two sisters, Mrs. Hazel Gallespie and Miss Daisy Briscoe, both of Normal, Illinois; and three grandchildren.

Bruce Petermeyer, D.O.

Bruce E. Petermeyer, D.O., of Tyler died May 23 in a Dallas hospital. Memorial services were held May 26 in Tyler with burial in Johnson County, Kansas.

Dr. Petermeyer had been in private practice in internal medicine in Tyler for the past four years. He was a member of the medical staff at Doctors Memorial Hospital where he had held the positions of vice chief-of-staff, chairman of the department of medicine and nuclear medicine, chief of the pulmonary laboratory, exercise stress testing laboratory and the intensive coronary care unit.

Dr. Petermeyer, a certified internist, was a Diplomate of the American Osteopathic Board of Internal Medicine and was the immediate

past president of District III of TOMA. He also held membership in the American College of Osteopathic Internists and the Dallas Internists Club.

Dr. Petermeyer was a 1953 graduate of Kirksville College of Osteopathic Medicine and took post graduate work in cardiology at the University of Vienna, Austria. He received his premed training at Southern Methodist University.

Survivors include his wife, Janelle; three daughters, Pamela, Peggy and Kay, all of Overland Park, Kansas; one son Bruce, of Overland Park; and one sister, Mrs. Jean Waite of Lenexa, Kansas.

Mrs. Dorothy Beyer

Mrs. Dorothy Beyer, wife of Robert B. Beyer, D.O., of Fort Worth died June 8. Funeral services were held June 11 at the First Christian Church. Private entombment services followed.

Mrs. Beyer was a longtime Fort Worth civic leader and descendant of James Butler Bonham, a commander at the Battle of the Alamo.

A native of St. Louis, Missouri, she was a member of the board of the All Church Home for Children, the Lecture Foundation and the Auxiliary to TOMA. She was a past president of the Christian Women's Fellowship of First Christian Church.

Mrs. Beyer was a graduate of Washington University and a member of Kappa Alpha Theta sorority.

Survivors include her husband; two sons, Robert B. Beyer of New York City and David M. Beyer, D.O., of Fort Worth; one Brother, Robert P. Bonham, D.O., of Fort Lauderdale, Florida; and one granddaughter.

The family has requested that expressions of sympathy be in the form of contributions to the All Church Home for Children in Fort Worth.▲

CME Seminar Set for Aug. 23

Texas College of Osteopathic Medicine (TCOM) and District VII of TOMA will jointly sponsor a general and family practice update seminar on emergency medicine August 23 at Lakeway Inn in Austin.

The seminar is designed for general practitioners and primary care physicians who must provide the initial management of emergency cases. The program will consist of a combination of didactic sessions and skill stations to drill participants on emergency care procedures.

Registration is \$75 for physicians, \$30 for interns, residents and allied health professionals, and \$10 for students. Registration deadline is August 13 and the enrollment is limited to 40 participants.

Co-chairmen for the seminar are James F. Grate, D.O., of Fort Worth and Thomas Castoldi, D.O., of San Marcos.

Faculty members include Richard Baldwin, D.O., TCOM assistant dean of clinical affairs; Edward Elko, Ph.D., TCOM assistant dean of basic sciences; Al Faigin, D.O., Russell Gamber, D.O., and Eric Williams, D.O., all of the TCOM department of general and family practice; Margaret Dennis, Ed.D., AOA continuing medical education committee; Ron W. Gregory, R.N., inservice coordinator for Fort Worth Osteopathic Hospital; Charles D. Ogilvie, D.O., chairman, TCOM department of medical humanities; and Jay Shores, Ph.D., TCOM office of medical education.

For more information contact Nancy Smith, TCOM office of continuing medical education, Camp Bowie at Montgomery, Fort Worth, Texas 76107 or phone 817-735-2539.▲

Opportunities Unlimited

Practice Locations in Texas

PHYSICIANS WANTED

CORPUS CHRISTI — Excellent practice opportunity for mature qualified GP to join established private practice. Prefer physician to do some OB and some hospital care. Located in prime growth area of city. For more information contact: R. R. Hughes, D.O., 1060 N.A.S. Drive, Corpus Christi, 78418 or call 512-937-3156.

FORT WORTH — Doctor's office for lease at Haltom City Health Center, 2900 Denton Highway, Fort Worth. 2400 sq. ft. with parking. Excellent location for one or two general/family practice physicians. Next to pharmacy and dentist office. If interested phone: Richard at 817-284-8026 or 817-535-2525.

FORT WORTH — D.O. in practice for 32 years, in bariatrics and some general practice, needs associate. Salary and possibilities open. If interested call or write: J. Graham Bray, D.O., 314 Seminary South Office Building, Fort Worth, 76115: Office: 817-926-8289 or Home: 817-292-6063.

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

GARLAND — Near L.B.J. Centerville Professional Building, 1200 sq. ft. available for Family Practitioner. Four treatment rooms, private office, etc. Five other professionals in the building. For more information, call Frank J. Musso, D.D.S., 214-271-4488 or 214-387-1325.

GROVES — Practice opportunities for general practitioners and specialists currently exists in Groves/Port Arthur area of Southeast Texas. Solo or associate settings available in the area predicted to have the best job growth. Expenses and office rent available. Contact: John Sielert, Administrator, Doctors Hospital, 5500 39th Street, Groves, 77619. Phone: 713-962-5733.

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

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

MESQUITE — Rutherford General Hospital, 165-bed facility, has positions open for GPs, pediatricians, urologists, ENT and emergency physician. Mesquite is an urban community of 70,000 which is a part of the Dallas-Fort Worth metroplex. If interested please contact: Sherry Lackland, 1527 Gus Thomasson Road, Mesquite, 75149. Phone: 214-285-6391.

RICHARDSON — 1200 sq. ft. finished-out for immediate occupancy. For information contact: William J. Garrett, 214-526-4590 or 817-429-4371.

SAN ANTONIO — Good opportunity for aggressive spanish speaking doctor. Very low overhead, no rent or utilities to pay. No part time please. For further information call: Rudy Davila, 512-226-5293, Davila Pharmacy, 1110 El Paso, San Antonio.

SWEETWATER — General practitioner D.O. needed to associate with established young D.O. Salary or percentage first year. Full partnership second year. Buy practice. Large clinic with own X-ray and laboratory. If interested call or write L. Moses, D.O., 1401 Hailey, Sweetwater, 79556 or call 915-235-1784 or after 7 p.m. 235-5215.

TYLER — GP wanted to take over lucrative practice. Current D.O. desiring to retire after 30 years of practice. Practice divided between general practice and bariatrics. No initial investment. Clinic includes four treatment rooms, doctor's office, receptionist office and waiting room. Send resume and references to Bill "L", TOMA, 512 Bailey Avenue, Fort Worth, 76107.

TYLER — Multi specialty general osteopathic hospital (54 beds) in East Texas has immediate need for an internist. Our internist died unexpectedly a few days ago. Excellent income potential. Contact Mr. Olie Clem, Administrator, Doctors Memorial Hospital, 1400 West SW Loop 323, Tyler, Texas 75702. Phone: 214-561-3771.

TYLER — Fifty-four bed general osteopathic hospital has immediate opening for a radiologist. Excellent income. Lots of time off for sports and recreation. Contact: Mr. Olie Clem, Administrator, Doctors Memorial Hospital, 1400 West SW Loop 323, Tyler, Texas 75702. Phone: 214-561-3771.

Opportunities Unlimited

Practice Locations in Texas

WEST — GP or pediatrician willing to do general practice needed; town of 3,500 with large drawing area; currently D.O. general practitioner and M.D. internist; 47-bed general hospital across the street; 17 miles north of Waco; 90 miles south of Dallas-Fort Worth; guarantee with bonus and potential partnership. Contact: George N. Smith, D.O., 500 Meadow Drive, West, 76691 or call 817-826-5372.

YORKTOWN — Fully equipped clinic available. Solo practice. Six months to one year free rent. Contact: Sister Rosanne, Yorktown Memorial Hospital, 728 W. Main, Yorktown, 78164. Phone: 512-564-3361.

POSITIONS DESIRED

CARDIOLOGIST — TCOM graduate 1975 internal medicine CCOM; two year cardiology fellowship at Cleveland Clinic; trained in all invasive and noninvasive procedures; Available July 1980. Contact: Ronald Sebold, D.O., 2 Washington Square, Euclid, Ohio 44143. Phone: 16-531-7333.

GENERAL INTERNIST — Desires to move to Texas and establish practice. Currently senior resident at St. Elizabeth Hospital Medical Center in Youngstown, Ohio. A 1975 graduate of PCOM and a diplomate of the National Board of Osteopathic Examiners. Contact: F. G. Miller, Jr., D.O., 492 Georgetown Street, Harrisville, Pennsylvania, 16150 or call 6-746-7231 or 412-962-9077, hospital and home respectively.

GENERAL PRACTICE — Two D.O.s looking for established practice with either physician or group practice. Prefers Austin or East Texas. Now taking out-of-state internship and will be available July 80. If interested, please write Box "G", 512 Bailey Avenue, Fort Worth, 76107.

GENERAL PRACTICE — 1976 graduate of COMS wishes to establish practice with someone in or around Dallas or Houston; certified in family practice; served family practice residency at Detroit Osteopathic Hospital; available mid-August. Contact: Larry D. Stark, D.O., 10109 Woodlake, Apt. J, Cockeysville, Maryland 21030 or phone 301-666-7213 (home) or 301-338-3067 (work).

GENERAL INTERNIST — 28, desires to establish practice in Texas when Internal Medicine residency is completed. Available August 1981 — Texas licensed. Curriculum vitae available upon request. If interested write "Box T", TOMA, 512 Bailey Avenue, Fort Worth, Texas 76107.

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

GENERAL SURGEON — wishes to establish practice in Texas upon completion of his general surgical residency January 31, 1981. His training has included peripheral vascular and chest surgery, abdominal, pelvic, head and neck surgery. A curriculum vitae will be sent upon request. Please write "Box P", TOMA, 512 Bailey Avenue, Fort Worth, Texas 76107.

ORTHOPEDIC SURGEON — desires to relocate from mid-west. Age 38, board eligible. General orthopedics including some hand surgery. Write Box "M", TOMA, 512 Bailey Avenue, Fort Worth, Texas 76107.

ORTHOPEDIC SURGEON — will be out of residency July '81 and wishes to practice in Texas. Robert Chouteau, D.O., 106 Westridge Drive, West Des Moines, Iowa 50265. Phone: 515-225-1417.

PEDIATRICIAN — Looking to relocate in Texas. Prefers to practice within a 150 mile radius of Fort Worth. For more information write TOMA, Box "D", 512 Bailey Avenue, Fort Worth, 76107.

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

EQUIPMENT WANTED

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

ANESTHESIOLOGY RESIDENCIES

Texas College of Osteopathic Medicine now accepting applications for residency in anesthesiology.

Contact: Paul A. Stern, D.O.
Professor and Chairman
Dept. of Anesthesiology
Camp Bowie at Montgomery
Fort Worth, Texas 76107
817-735-2404
E.O.E.

INDICATIONS: Robaxisal is indicated as an adjunct to rest, physical therapy, and other measures for the relief of discomfort associated with acute, painful musculoskeletal conditions.

The mode of action of methocarbamol has not been clearly identified but may be related to its sedative properties. Methocarbamol does not directly relax tense skeletal muscles in man.

CONTRAINDICATIONS: Hypersensitivity to methocarbamol or aspirin.

PRECAUTIONS: Products containing aspirin should be administered with caution to patients with gastritis or peptic ulceration, or those receiving hypoprothrombinemic anticoagulants.

Methocarbamol may cause a color interference in certain screening tests for 5-hydroxyindoleacetic acid (5-HIAA) and vanilmandelic acid (VMA).

Pregnancy. Safe use of Robaxisal has not been established with regard to possible adverse effects upon fetal development. Therefore, Robaxisal should not be used in women who are or may become pregnant and particularly during early pregnancy unless in the judgment of the physician the potential benefits outweigh the possible hazards.

Nursing Mothers. It is not known whether methocarbamol is secreted in human milk; however, aspirin does appear in human milk in moderate amounts. It can produce a bleeding tendency either by interfering with the function of the infant's platelets or by decreasing the amount of prothrombin in the blood. The risk is minimal if the mother takes the aspirin just after nursing and if the infant has an adequate store of vitamin K. As a general rule, nursing should not be undertaken while a patient is on a drug.

Pediatric Use. Safety and effectiveness in children 12 years of age and below have not been established.

Use in Activities Requiring Mental Alertness. Robaxisal may rarely cause drowsiness. Until the patient's response has been determined, he should be cautioned against the operation of motor vehicles or dangerous machinery.

ADVERSE REACTIONS: The most frequent adverse reaction to methocarbamol is dizziness or lightheadedness and nausea. This occurs in about one in 20-25 patients. Less frequent reactions are drowsiness, blurred vision, headache, fever, allergic manifestations such as urticaria, pruritus, and rash.

Adverse reactions that have been associated with the use of aspirin include: nausea and other gastrointestinal discomfort, gastritis, gastric erosion, vomiting, constipation, diarrhea, angio-edema, asthma, rash, pruritus, urticaria.

Gastrointestinal discomfort may be minimized by taking Robaxisal with food.

DOSAGE AND ADMINISTRATION: Adults and children over 12 years of age: Two tablets four times daily. Three tablets four times daily may be used in severe conditions for one to three days in patients who are able to tolerate salicylates. These dosage recommendations provide respectively 3.2 and 4.8 grams of methocarbamol per day.

OVERDOSAGE: Toxicity due to overdosage of methocarbamol is unlikely; however, acute overdosage of aspirin may cause symptoms of salicylate intoxication.

Treatment of Overdosage. Supportive therapy for 24 hours, as methocarbamol is excreted within that time. If salicylate intoxication occurs, especially in children, the hyperpnea may be controlled with sodium bicarbonate. Judicious use of 5% CO₂ with 95% O₂ may be of benefit. Abnormal electrolyte patterns should be corrected with appropriate fluid therapy.

HOW SUPPLIED: Robaxisal® is supplied as pink and white laminated, compressed tablets in bottles of 100 and 500 and Dis-Co® Unit Dose Packs of 100 (NDC 0031-7469).

Rev. May 1979

A-H ROBINS

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Make Donations Count

"Politics. It's easy not to get involved," notes Michael F. Doody in a bi-monthly letter to all osteopathic physicians and students. "But political activity is a civic responsibility," adds the president of the American Osteopathic Hospital Research and Education Foundation in the May issue of *Exchange: An Osteopathic Review of Critical Health Care Issues*.

Doody discusses several ways D.O.s can become more active in the political process and suggests that campaign contributions through political action committees are "one of the most effective ways today to make those dollars count." He advocates selecting a political actions committee—PAC—with a philosophy that matches the physician's personal political views. "Participation in politics through the PAC of your choice is an effective way to do it," he says, "and it's convenient."

As Doody views it: "Money talks. Candidates listen. And that's how responsive government is formed."

To make a contribution to your PAC—the Texas Osteopathic Political Action Committee—contact Tex Roberts, executive director of TOMA, by calling 817-336-0549 or 1-800-772-5993.

Burroughs Wellcome Offers Fellowships

Applications for the 1981 Burroughs Wellcome Osteopathic Research Fellows are being accepted until January 15, 1981. The program, which will be administered by the National Osteopathic Foundation, is regarded as seed funding to encourage young osteopathic physicians to make contributions to research throughout their careers in medicine.

Applicants must be osteopathic physicians in post-doctoral training, internships or residencies.

The award will be \$2,000 plus a \$750 travel grant to enable the Fellow to attend the AOA Convention or Annual Research Conference. The award will be made for a one year time period.

Fellows will be required to submit a progress report at the end of each six month period and a final report will be due within 60 days after termination of the award. The final report should include an outline of the paper for publication or a presentation to be made at the Annual Research Conference.

For more information and application forms contact Ms. Barbara Peterson, coordinator of research, American Osteopathic Association, 212 East Ohio Street, Chicago, Illinois 60611.

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In the Robaxisal group studied*, up to 12 tablets a day were administered. The usual recommended dose in most conditions is the "2 x 4 Regimen" of 2 tablets four times a day.

*Tisdale, S. A., Jr., M.D., & Ervin, D.K., M.S.: Controlled Clinical Trial of Robaxisal, Current Therapeutic Research, 23:2, pp. 166-172, February, 1978.

See prescribing information on adjacent page.

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