

December 1982

## Seasons Greetings

Christmas at Osteopathic Hospitals in Texas Holiday DWI Page 10

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#### **References:**

References:
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4. Cohen 5, Snape WJ Jr: Practical Gastroenterology 3(3): 21-25, May/June 1979
5. Drossman DA, Powell D, Sessions JT Jr: Gastroenterology 73(4): 811-818, 1977



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

# G.I. THERAPY

### The Cephalic/Gastric Relationship in Duodenal

**UICET\*** Anxiety may aggravate duodenal ulcer by stimulating acid-pepsin secretions and/or by reducing gastroduodenal mucosal resistance.<sup>12</sup> These effects are mediated by two cephalic pathways: the vagus nerves and the extravagal (hormonal) pathways.<sup>23</sup> Because both gastric and psychosocial factors frequently play a role, treatment of the ulcer should encompass both aspects.

### The Brain/Bowel Relationship in Irritable Bowel Syndrome\*

Excessive anxiety may alter colonic motility

and contribute to flare-ups of IB5.43 Comprehensive therapy should include treatment of the emotional component as well as the G.I. symptoms.

### The Librax Relationship

**to Both** The Quarzan<sup>®</sup> (clidinium bromide/Roche) component of Librax reduces colonic spasms and gastric hypersecretion and helps relieve painful G.I. symptoms. The Librium<sup>®</sup> (chlordiazepoxide HCl/Roche) component of Librax reduces excessive anxiety which often aggravates G.I. symptoms.

Specify Adjunctive Lach capsule contains 5 mg chlordiazepoxide HCl and 2.5 mg clidinium Br.

Antianxiety/Antisecretory/Antispasmodic



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

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

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

peptic ulcer and in the treatment of the irritable bowel syndrome (irritable colon, spastic colon, mucous colitis) and acute enterocolitis. Final classification of the less-than-effective indications re-

quires further investigation.

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

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

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

As with all anticholinergics, inhibition of lactation may occur. **Precautions:** In elderly and debilitated, limit dosage to smallest

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

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



Roche Products Inc. Manati, Puerto Rico 00701

## TOMA Membership Applications Received



James W. Branch, Jr., D.O. KC '64; ANES; S 1001 Dickerson Drive Jasper, 75951

D. Scott Gantt, D.O. COMS '76; MS, I Darnall Army Hospital Fort Hood, 76545



Harold R. Nicolette, D.O. TCOM '81; GP Fort Worth, 76133

Neil T. Purtell, D.O. COMS '61; C-Fam. Prac. 200 E. Second St. Nixon, 78140



Morton L. Rubin, D.O. COMS '56; C-GP 8300 Homestead Road Houston, 77028



Keith G. Winterowd, D.O. KC '62; H; Fam. Prac. 5003 Ross Ave. Dallas, 75206



Joseph M. Zasik, Jr., D.O. PCOM '77; MS, I; PUL SGHMI/USAF Reg. Hosp. Sheppard AFB Wichita Falls, 76311

### PH 💭 NE For Your Information

#### **OSTEOPATHIC AGENCIES**

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American Osteopathic Hospital Association	312-692-2351
Professional Mutual Insurance Company	800-821-3515
Texas College of Osteopathic Medicine Dallas	817–735-2000 Metro 429-9120 429-9121
	817–336-0549 800–772-5993 Metro 429-9755
TOMA Med-Search in Texas	800-772-5993
TOMA Insurance Program (call collect	816–333-4511 for Bob Raskin)
TEXAS STATE AGENCIES	

Department of Human Resources	512-475-2057
State Board of Health	512-458-7111
State Board of Medical Examiners	512-475-0741
State Board of Pharmacy	512-478-9827
State of Texas Poison Center for	

713-765-1420 800-392-8548 Houston Metro 654-1701

#### FEDERAL AGENCIES

Doctors & Hospitals Only

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For state narcotics number	512-465-2000 ext. 3074

For DEA number (form 224)

214-767-7203

CANCER INFORMATION

Cancer Information Service

713-792-3245 in Texas 800-392-2040



December 1982

#### FEATURES

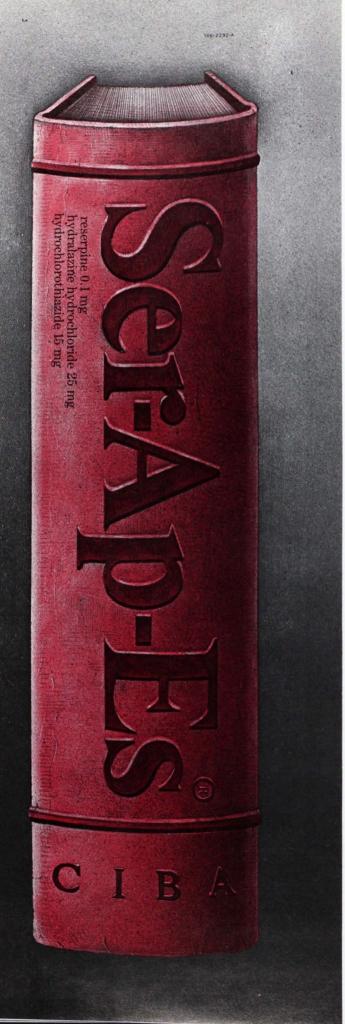
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Killer T-Cell Game Simulates How T-Lymphocytes Protect Body A new electronic game devised by a researcher at the University of Texas M.D. Anderson Hospital and Tumor Institute, educates its players as well as entertains them.	14
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Published by TEXAS OSTEOPATHIC MEDICAL ASSOCIATION Volume XXXIX - No. 11 - December 1982 ISSN 0275-1453 Publication Office - 226 Bailey, Fort Worth, Texas 76107 Phone: 817-336-0549 or 1-800-772-5993 in Texas Copy deadline - 10th of month preceding publication

Tex Roberts, Editor



## Are Doctors Really Uncommunicative & Indifferent

Physicians must recognize that the public's image of them is declining and look for solutions, according to a national health care leader, Edward P. Crowell, D.O., who cites a 1980 Louis Harris poll commissioned by the American Osteopathic Association which found that the public is losing faith in doctors.

"More than half of those surveyed said 'doctors are uncommunicative and indifferent,' " Crowell said. "As patients these people said they received inadequate care compared to the high cost they pay."

Crowell, a former executive director of the AOA, was addressing freshman medical students, their parents and guests at the Ohio University College of Osteopathic Medicine's seventh annual convocation.

One of the major reasons for the public dissatisfaction with health care is expecting physicians to solve non-medical problems, Crowell said. "Goals once considered the exclusive province of parents, teachers, clergy, judges, lawyers and social workers are now declared targets for the health care system. Indeed it is hard to think of any condition that people believe cannot be cured, or at least eased, by the medical system.

"Delinquency, suicide, laziness, promiscuity, poverty, sagging breasts, ignorance and even a disagreeable nature have all been medicalized, redefined as conditions that can be diagnosed, treated, or prevented like polio, heart attacks, broken bones and sore throats," he continued. "Alcohol and drug abuse are no longer fought on moral, legal, or social grounds, but as agents of physical and mental disease."

Crowell said that in more extreme forms this "medicalization" of American society assumes that there are no "bad" people, only "sick" ones. "There are no failures, only untreated or undertreated victims of society."

The specialist in internal medicine told the nearly 500 invited guests that "an endless stream of books, magazines and articles describing diseases, symptoms and treatments have produced a nation of people unduly concerned with bodily functions and afraid to wander beyond reach of physicians and hospitals."

There are signs, Crowell said, that a "countervailing force - a trend toward 'demedicalization' - is gaining steam."

If physicians can "effectively lead and accelerate" this trend, Crowell said, they may regain public confidence and successfully counter their current negative image. $\wedge$ 

## CALENDAR OF EVENTS

## december

\* 4-5 **TOMA Public Health Seminar/** Legislative Forum The Lincoln Radisson Hotel **LBJ** Freeway & **Dallas North Tollway** Dallas Contact: Tex Roberts, CAE **Executive Director** TOMA 226 Bailey Avenue Fort Worth, Texas 76107 817-336-0549 800-772-5993 (in Texas) 429-9755 (Dallas County)

 TOMA District VI Christmas Party Dr. & Mrs. Art Johnson's home Houston 2:00 p.m.
 Contact: Mrs. Vickie Prangle 713-485-2922

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Winter Update for General Practitioners"
Sponsored by KCOM
Indianapolis, Indiana
16 hours CME Category 1-A
Contact:
Frank V. Colton, Ed.D., Director Educational Development
KCOM
Box 949
Kirksville, MO 63501
816-626-2232

### 11

★ TOMA District VII Meeting 3:00 p.m. - Program on OMT Roy Harvey, D.O., Speaker 2 CME Credits - Category 1-A Dr. Castoldi's office **Thorp Lane Professional Center** San Marcos 6:00 p.m. - Dinner Mediterranean Restaurant **River Road, San Marcos** Christmas Party following at the home of Dr. Castoldi Contact: Daniel Schmidt, D.O., President 512-334-3351

### 23

 ★ TOMA District XIV Meeting Sizzler Steak House Harlingen
 Program sponsored by Merck Sharp & Dohme
 7:00 p.m.
 Contact:
 C. D. Wilson, D.O., Secretary
 512-423-7330

## january

18

★ TOMA District II Meeting Hyatt Regency Fort Worth W. R. Jenkins, D.O., President TOMA, Speaker 6:30 p.m. Cocktails 7:30 p.m. Dinner Contact: Mrs. Sue Trese 738-5543 or Mrs. Priscilla Briney 441-9373

## february

### 2

 ★ TOMA Legislative Reception February 2, 1983 Headliners Club Austin 4-8:00 p.m.
 Contact: Tex Roberts, CAE Executive Director TOMA 226 Bailey Avenue Fort Worth, Texas 76107 817-336-0549 800-772-5993 (in Texas) 429-9755 (Dallas County)

### 5

MAY

 ★ TOMA 84th Annual Convention & Scientific Seminar May 5-7, 1983 Americana Hotel Fort Worth
 Contact: Tex Roberts, CAE Executive Director TOMA 226 Bailey Avenue Fort Worth, Texas 76107 817-336-0549 800-772-5993 (in Texas) 429-9755 (Dallas County)

#### TOMA DISTRICT MEETINGS

District VI District VII District XIV District II

December 5 December 11 December 23 January 18

### 



Texas Osteopathi Unique Variety of 74

This is the time of the year to "ring out the old, and ring in the new." And that's just what will be happening at Doctors Hospital in Groves and at Hurst General in Hurst.

The staff at Doctors Hospital will be spending its first holiday season in its all new building, and at Hurst General the staff will be spending a sentimental final Christmas in the present facilities, since the new Northeast Community Hospital is scheduled to open in 1983.

Though they are in different surroundings, the staff members in Groves will be carrying on their tradition of department decorations, with community leaders deciding the winner of the "golden door-knob award" for the best decor.

Announcement of the winning department will be one of the highlights at a Christmas dinner and dance December 17 for physicians and employees, and their guests, at the Port Arthur Civic Center. Music for the evening will be provided by a local country and western band.

While the staff is expecting a visit from the North Pole version of Saint Nick, they will be playing a little Santa Claus themselves as they increase the ever-short supply of blood needed during the holidays by sponsoring a mid-December community-wide blood drive.

The medical staff at Hurst General launches the holiday season with its annual dinner/dance December 12 at the Chaparral Club in Dallas. A "Country Christmas," complete with bales of hay and wagon wheels, will be celebrated by the employees at their annual Christmas party December 17 at the Western Hills Inn.

Hurst General's Christmas tree will again be trimmed by children, and Santa has promised a visit by helicopter to all the kids in the hospital. Decorations can be seen everywhere, even on the grounds outside the hospital, and all employees will be wearing Christmas Greetings ribbons throughout the season to wish everyone happy holidays. To complete the scene, Christmas carols will resound in the halls and patient's trays will be brightened with holiday decorations.

At Fort Worth Osteopathic Medical Center, the holiday calendar is filled with parties for the employees, medical staff and patients. A special Christmas present from the medical center is planned for all the employees, who also will be the guests at two receptions on December 16. Gatherings are planned from 2-5 p.m.

and again at midnight so all employees can join in the festivities.

As in years past, each department at FWOMC will decorate its area with materials used in the regular day's duties, a restriction that brings about a lot of creativity and humor. An impartial panel of judges will award prizes to the most creative, most beautiful and best of show.

Members of the FWOMC medical staff will be guests ter of the Board of Directors and administration at a 6:30 p.m. reception December 17 at Shady Oaks Country Club in Fort Worth. Earlier that evening, from 4-6 p.m. there will be a wine and cheese reception for the office Da staff of medical center physicians.

During Christmas week, FWOMC patients will be treated to caroling by a local church choir, and a spec- plo ial festive tray favor will be placed on the noon meal # tray Christmas Day. For the employees and visitors, en members of the administrative staff will dress as Christmas elves and reindeer and serve food in the cafeteria. In

On Christmas Eve, each pediatric patient will share it in the gifts around the Christmas tree provided by the ut pediatrics nursing staff, and during Christmas week th each new baby will go home in festive style, with its ill own knitted Christmas hat made by FWOMC Guild at members.

At Southwest Osteopathic Hospital in Amarillo departmental supplies will stir the creative minds of hospital employees and the guild as they decorate doors throughout the building. Each department will choose a theme of its own, and prizes will be given for the

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Hospitals Plan day Season Parties



creative efforts. A banquet and Christmas party December 18 will be the setting for presentation of the hospital's annual awards, and SOH will host an open house for patients and their visitors from 2-4 p.m. on Christmas Eve. Another highlight of the season will be the Guild's Christmas bazaar December 6-10.

Country and western will be the flavor for Community Hospital of Lubbock's annual Christmas party December 18 at the South Park Inn in Lubbock. The Employee of the Year Award, along with service pins to various long-time employees, will be presented, and dinner will be served. Within the hospital, the staff will prepare for the festive season by sponsoring a decorating contest.

A variety of activities also is being planned by the employees and medical staff of Northwest Hospital in Fort Worth. The Employee Christmas Dance is set for December 9 at River Oaks Lions Club, with a progressive country and western band providing the music.

The medical staff of Northwest will be treated to a cocktail party and casino night December 11 at the beautiful Hyatt Regency Hotel in downtown Fort Worth. Other seasonal activities include the "First Annual Door Decorating Contest," with departments decorating with materials from their work area. A travel-

ing trophy will be awarded to the first place winner and honorable mention ribbons to two runners-up, with the selection made by an impartial judging panel on December 21. That same day, employees will be treated to a covered dish luncheon.

The traditional Christmas tree at Stevens Park Osteopathic Hospital in Dallas will be trimmed by the Hospital Guild, employees will fill the halls with carols just before Christmas Day and patients will be given special gifts. December 4 is the date for the annual staff party at the Torch Restaurant in Dallas.

Santa Claus has promised a visit to Corpus Christi Osteopathic Hospital's pediatric patients, and the staff will be entertained at a party December 11 at the La Quinta Royale in Corpus Christi.

The Nursing Service at Tigua General Hospital in El Paso is planning some special treats for the patients, and a host of departmental parties are planned throughout the hospital. Employees will have their Christmas party at the Rodeway Inn in El Paso, December 3.

At Dallas Memorial Hospital, the staff is still working on the in-hospital plans, but the medical staff dinner/dance has been definitely set for December 18 in the newly restored Adolphus Hotel in downtown Dallas.

### Keystone, Colorado **Clinical Practice Update** February 2-6, 1983

15 AOA Category 1-A CME Credit Hours

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For more information contact:

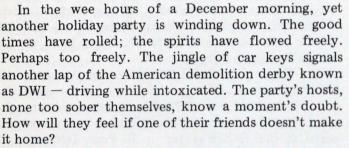
Virginia McGann, **Executive Secretary, Clinical Faculty in Continuing Medical Education** P. O. Box 470147 Fort Worth, TX 76147

or call: 817-274-9508

SPEAKERS:

E. David Crawford, M.D. John Deagle, D.O., Ph.D. Howard Graitzer, D.O. Stephen E. Kessler, D.O. William Nickey, D.O. Steven Mostow, M.D. Dean Peyton, D.O. John P. Thompson, D.O. Basil B. Williams, D.O.

## Drinking and Driving



Take Ann, for example. The thought of her behind the wheel of two tons of potentially lethal metal is frightening, but will the hosts blow a cherished friendship by offering a bed for the night or insisting on driving Ann home?

In this case, luckily, the hosts' indecision is replaced by relief. Ann calls a cab, knowing the fare will be reimbursed by an unusual Santa Claus – her employer.

Ann's company is a Minneapolis firm that has had the "take a taxi on us" program for several years. This program isn't commonplace yet, but it is evidence of change as we continue to struggle with America's No. 1 drug-abuse problem: alcohol.

In this country about seven out of 10 adults drink alcoholic beverages. Of these, as many as one in 10 is an alcoholic. Yet, given the huge dimensions of the problem, it's amazing how little has been done until recently to address it.

Some have tried, of course. Over the years, treatment programs and support groups such as Alcoholics Anonymous and Al-Anon Family Groups have proven their worth by giving alcoholics and their families an understanding of the disease and ways to deal with it. Nonetheless, these programs have reached only a small percentage of those who endanger the lives of others by driving when they have had one too many. In the last few years, however, a growing awareness of the carnage caused by drinking and driving has called forth another kind of response -a rapidly developing national consensus that it's time to get tough with the drunk driver.

There's no denying the dimensions of the problem on the nations's highways:

• Each year drunk drivers cause more deaths, injuries and destruction than murderers, thieves and rapists combined. An average of 70 people a day are killed in accidents involving alcohol.

• Of the almost 50,000 highway deaths each year, more than half involve alcohol. The number of serious injuries is over 650,000 a year.

• Experts place the cost of drunken driving at \$25 billion a year: \$9 billion in lost productivity, \$8 billion in health, medical and welfare services for alcoholics and their families and \$8 billion in other costs.

On an average Friday or Saturday night, one driver in 10 is drunk, but the odds against a drunk driver being stopped have been estimated at 2,000 - to - 1.

What gives the get-tough groups added influence is a sense of outrage at the persistent inability of the judicial system to come to grips with drunk drivers and the destruction they cause. Kill a deer out of season in New York, reported *Time* magazine last year, and you'll pay a \$1,500 fine; the average drunk driver in that state paid \$12 in the same period. Plea bargaining, suspended sentences, minimal fines and practices that not only let such drivers go free, but, incredibly, expunge any record of the arrest, have been the rule for years.

Now new voices are being heard - and heeded.

10/Texas DO

December 1982

Candy Lightner launched Mothers Against Drunk Drivers (MADD) in California in 1980 after her daughter Cari, 13, was killed by a drunk driver out on bail from another hit-and-run DWI arrest just two days earlier. Remove Intoxicated Drivers (RID) started in upstate New York when a former television talk-show host, Doris Aiken, read about the killing of two local children by a drunk driver. Both groups have evoked an emotional response nationwide by publicizing their experiences.

What they seek are tougher drunken-driving laws and stronger enforcement of those laws. A number of states have raised the legal drinking age, but that's considered only a small start. The groups' current gendas include a combination of increased police enforcement of drunken-driving statutes (some states have experimented with random roadblocks to check every driver's sobriety), vigorous penalties ranging from suspended licenses to mandatory jail time and guicker disposition of court cases to prevent drivers from continuing to drive between arrest and trial. At first glance it sounds like a persuasive program. But those who have taken a second look doubt how much long-term good - or short-term practicality here is in the "cuff 'em and stuff 'em" approach. Mandatory jail time, for example, has a satisfyingly vengeful ring to it. But most jails are already overcrowded, and taxpayers have shown little willingness of late to vote the funds for new lockups. Similary, the reason that plea bargaining is so widespread is because court dockets are packed and convictions not always easy to come by. Adding still more cases would run counter to the goal of quick justice.

There's also the realization that society's legal machinery is probably unable to solve the problem even under the best of circumstances.

One study of laws in more than a dozen countries concluded that no system kept the drunken-driving carnage down for long. In fact it showed that inflexible systems requiring mandatory jail time actually encourage more leniency, plea bargaining and notguilty verdicts.

What's more, the horror stories that have been so plentiful in recent years tend to center on the true problem drinker, the repeat offender with a wake of busted-up cars and lives in his or her past. Yet only one DWI arrest in five involves a repeater.

Is there another answer? A growing number of concerned individuals and organizations believe so. Organizations such as AAA and the National Highway Traffic Safety Administration (NHTSA) believe that legal measures should be supplemented by new norms that make drunken driving socially unacceptable. For a number of years, AAA has been promoting its "First a Friend, Then a Host" campaign, which attempts to place some of the responsibility for preventing drunken driving on the sober shoulders of those best able to cope with it when the party's "getting a glow on." The program was developed by the AAA Foundation for Traffic Safety. NHTSA picked up the theme with a program recommending that "Friends Don't Let Friends Drive Drunk," part of a continuing campaign to attack DWI where it lives — as the life of the party.

All of which brings us back to the dilemma facing you, the host of a party where alcohol is being served. You – not the highway patrol, not the courts, not society in general — can do more at that moment to de-fuse the drunk driver than anyone except the drinker himself.

• You can serve rich, starchy food because it slows the rate at which the body absorbs alcohol.

You can pull the "punch" from the punch by using a non-carbonated base. Alcohol is absorbed by the body much faster when combined with a carbonated mix.

• You can offer alternatives — non-alcoholic punch, soft drinks, coffee – and the courtesy of a good host by not calling attention to those who choose not to drink.

• At a self-service bar, guests will likely drink less if you don't constantly try to "freshen" their drinks for them. Keep a jigger measure at the bar: It gives guests a chance to use more precise — and usually smaller measures of liquor than if they just slosh it into the glass. (There's one important exception: If you see a guest drinking too much and feeling the effect, offer to mix his drinks. Mix them with very little alcohol; he probably won't know the difference.)

• You can stay in control by putting the liquor away an hour or so before the party ends. Topping off the evening with dessert and coffee can help wind down the party gracefully.

• You can be a good host by discreetly helping guests in danger of overdoing things. That can involve talking to them (the more conversation, the more distraction from drinking) and offering food.

Remember, too, that you can choose not to serve any alcohol at all; it's possible to have just as good a time without alcohol as with it. Holiday parties lend themselves perfectly to exotic non-alcoholic punches that are fun for hosts and guests alike.

When the party's over, you can face up to the real nature of friendship by making sure guests don't get behind the wheel of a car if alcohol appears to have affected their judgment or their ability to see clearly. Get someone else to drive them home, call a cab and pay for it (if they are really a friend, you'll be repaid) or take away the keys and let them sleep it off.

Alcohol decreases an individual's ability to concentrate on more than one thing at a time. Tests show that after as few as two drinks, driving ability deteriorates by some 30 percent.

Traditional remedies of hot coffee and a cold shower only make for a wide-awake, sopping-wet drunk. The only way to get alcohol out of the system is to wait for the body to do the job. That happens at the rate of about half an ounce per hour, which means it takes the body four hours to get rid of the alcohol from two dry martinis.

So what do you do when a person absolutely refuses to be helped to a cab? In an extreme situation, some people have called the police, knowing there's little chance their friend will be arrested, but that the sight of a uniform may shock him into acting rational-

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ly. Perhaps you can anticipate the situation and hic the car keys. The main thing is, do *something* to hell If you don't, the next time you see your friend, may be in the hospital morgue.

Remember AAA's motto for holiday entertaining "First a friend, then a host." It could keep you friends around to be your friends a lot longer.

(Reprinted from an article in AAA World Nov/Dec 1982).

### District Communiqués

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

At press time the following known District III individuals of the osteopathic persuasion are tripping thusly: anesthesiologist Edmund F. Touma to Florida, visiting friends; generalist Dave Norris to the lake country shooting ducks; internist Bob Breckenridge to Florida, specifically Orlando, where he is spending a week engaging in advance colonoscopy. He said he had an old classmate he intended to look up while there.

for the for

A Christmas thought: Most children's toys are buy-o-degradable.

minim

More things you should know about multi-faceted Chuck Ogilvie: In the 1981 Boston Marathon, Chuck, 66, was first among doctors over 60, and he came in seventh in his group of 77 elderly participants. You should see the trophies and awards of his running prowess stringing along three walls in the numpus room of his east Texas country estate! Your correspondent counted over 50 of them about three months ago. How many more by now is anybody's guess.

#### 有如何

*Graingergram:* Marathon races are not run on the level.

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While we are on the subject of Ogilvie, we belatedly acknowledge the significant honor he received during the Texas College of Osteopathic Medicine's fifth annual convocation held on October 1. Chuck was one of five men who received the Founders' Medal. We in district III are proud of him.

#### By Cleo D. Wilson, D.O. District XIV

TOMA District XIV and its auxiliary held their regular meeting October 21, at the Harlingen Western Sizzlin Steak House. A lovely meal was enjoyed by all. A very interesting movie and lecture on Hepatitis B vaccine and Hepatitis A was presented by Homer Garza, representative of Merck, Sharp & Dohme. A short business meeting was then conducted. The next meeting will be held in December.



John P. Hawkins, administrator of Fort Worth Osteopathic Medical Center has been elected to serve as second vice chairman of the board of the American Osteopathic Hospital Association. Hawkins was elected during the AOHA's recent 48th annual meeting in Denver.

The AOHA represents most of the nation's 175 osteopathic hospitals providing representation, communications, education and management improvement services to its members.

A native of Fort Worth, Hawkins joined FWOMC in June as administrator. He earned his master's degree in health care administration from Trinity University in San Antonio and his bachelor's degree in business administration from Texas Christian University.

Hawkins is a member of the American College of Osteopathic Hospital Administrators, the American Hospital Association, Texas Hospital Association and the alumni associations of Trinity University and Texas Christian University\*

#### SOUTHWESTERN CLINIC OF BONE & JOINT DISEASES

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## Killer T-Cell Game Simulates How T-Lymphocytes Protect Body

Pac Man, it isn't. But Killer T-Cell, a new electronic game devised by a researcher at The University of Texas M.D. Anderson Hospital and Tumor Institute, educates its players as well as entertains them.

Unlike Pac Man, who gobbles dots as he's chased around the maze by ghosts, Killer T-Cell is after a bigger prize – cancer cells.

Dr. Elton Stubblefield, professor of biology at UT M.D. Anderson Hospital and creator of the game, says the game is designed to show people it is tough to kill cancer cells but it can be done. "Once you've played Killer T-Cell, you begin to understand that you are not defenseless aganist this disease called cancer," he says.

Killer T-Cell made its debut at the Gulf Coast Computer Show and Applefest at the Albert Thomas Convention Center October 28–31.

In the game, players track down cancer cells and destroy them using a T-cell, known in real life as a Tlymphocyte. The cancer cells mimic the way they often act in the body, sometimes dividing so fast that the T-cell is unable to kill them as quickly as they multiply.

"Killer T-Cell is based on the biological principles involved in the body's natural defense mechanism against cancer," Dr. Stubblefield says. "The killer T-Cell represents T-lymphocytes, one of two types of white blood cells that also protect the body against invading bacteria and viruses." This knowledge has been used by researchers in developing immunotherapy, a type of treatment that stimulates the body's own immune system to fight cancer.

"Killer T-Cell was designed

around this scenario," Dr. Stubblefield says. "As in real life, the cancer cells divide exponentially, and invade and destroy normal tissue. With the player's help, the T-cell has to track down the cancer cells and destroy them."

If the cancer cells get out of hand and the player has enough points, he has the option to use chemotherapy, or anti-cancer drugs to help. "This costs points in the game though, because chemotherapy, as in reality, has a cost to the patient. These drugs are rather toxic chemicals," Dr. Stubblefield says.

Chemotherapy may kill off some of the cancer cells, but not all of them. "It's the same for a cancer patient, since he or she normally has to receive more than one dose of chemotherapy for it to work," he says.

If the player losses the game, he suffers a "relapse," a term that means the signs and symptoms of cancer have returned and the patient has suffered a setback in recovery. The battle isn't over, but the player has to start over at a lower game level.

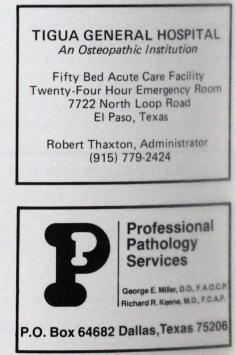
Some aspects of the game do not so closely resemble reality, but were added to make the game more exciting to players, Dr. Stubblefield points out. "Your body has millions of T-lymphocytes, not just one, and we don't know that killer tumor cells can zap T-cells, as they can in this game."

Killer T-Cell will be marketed as a disk for use with Apple Home Computers, Dr. Stubblefield says, and proceeds from the \$20 price will go toward funding cancer research projects in his laboratory at M.D. Anderson Hospital. Dr. Stubblefield hopes to use part of the proceeds to set up a human gene library at UT M.D. Anderson Hospital based on single human chromosomes.

Future plans for the game include using it to teach high school biology students about cancer.

Dr. Stubblefield credits part of the development of Killer T-Cell to Nancy Obergoenner. Now a computer science student at the University of Houston, she helped him write the program for the computer game while she was working in his lab this summer in her spare time.

"Killer T-Cell is a little different in that we try to teach something instead of just entertain. There is a very serious message in this game. Not only in this game, but in real life, cancer can be beaten," Dr. Stubblefield says. $\wedge$ 



## An added complication... in the treatment of bacterial bronchitis\*



Hinfluenzal

Brief Summary. Consult the package literature for prescribing information.

Indications and Usage: Ceclor\* (cefaclor, Lilly) is indicated in the treatment of the following infection when caused by susceptible strains of the designated microorganisms:

microorganisms: Lower respiratory infections, including pneumonia caused by Streptococcus pneumoniae (Diptococcus pneumoniae), Haemophilus influenzae, and S progenes (group A beta-hemolytic streptococci) Appropriate culture and susceptibility studies should be performed to determine susceptibility of the causative organism to Cector.

Contraindication: Ceclor is contraindicated in patients with known allergy to the cephalosporin group of antibiotics.

Warnings: IN PENICILLIN-SENSITIVE PATIENTS Warnings: In PENICILIN-SENSITIVE PATIENTS, CEPHALOSPORIN ANTIBIOTIS SHOULD BE ADMINISTEREO CAUTIOUSLY. THERE IS CLINICAL AND LABORATORY EVIDENCE OF PARTIAL CROSS-ALLERGENICITY OF THE PENICILINS AND THE CEPHALOSPORINS, AND'THERE ARE INSTANCES IN WHICH PATIENTS HAVE HAD REACTIONS TO BOTH DRUG CLASSES (INCLUDING ANAPHYLAXIS AFTER PARENTERAL USE) Antibiotics, including Cector, should be administered cautiously to any patient who has demonstrated some form of allergy, particularly to drugs.

Antibiotics, including Cecior, should be administered catiously to any patient who has demonstrated some for a dilergy, particularly to drugs. **Presaulies:** If an allergic reaction to celacior occurs, and the second between the appropriate measures and the second between the appropriate second between the appropriate second between the second between t

#### Some ampicillin-resistant strains of Haemophilus influenzae-a recognized complication of bacterial bronchitis\*-are sensitive to treatment with Ceclor.1-6

In clinical trials, patients with bacterial bronchitis due to susceptible strains of Streptococcus pneumoniae, H. influenzae, S. pyogenes (group A beta-hemolytic streptococci), or multiple organisms achieved a satisfactory clinical response with Ceclor.<sup>7</sup>



Pulvules®, 250 and 500 mg

<text><text><text><text><text><text><text><text>

\* Many authorities attribute acute infectious exacerbation of chronic bronchitis to either S pneumoniae or H. influenzae. \*

presiminate of Ar immerzae." Note: Ceclor's (cetaclor) is contraindicated in patients with known allergy to the cephalosporins and should be given cautiously to pericillin-allergic patients Penicillin is the usual drug of choice in the treatment and prevention of streptococcal infections, including information.

#### References

- Antimicrob. Agents Chemother. 8.91, 1975. Antimicrob. Agents Chemother. 11:470, 1977. Antimicrob. Agents Chemother. 13:584, 1978. Antimicrob. Agents Chemother. 12:490, 1977.

- Antimicrob Agents Chemother, 12, 490, 1977. Gurrent Chemotherapy (edited by W. Siegenthaler and R. Luthy), II: 880. Washington, D. C. American Society for Microbiology, 1978. Antimicrob. Agents Chemother, 13, 861, 1978. Data on file, Eli Lilly and Company. Principles and Practice of Infectious Diseases (edited by G. Mandell, R. G. Douglas, Jr., and J. E. Bennett), p. 487. New York: John Wiley & Sons, 1979.



mation available to the profession on request from Eli Lilly and Company. Indianapolis. Indiana 46285 Eli Lilly Industries, Inc. Carolina, Puerto Rico 00630



Members of the Kirksville College of Osteopathic Medicine class of 1932 were reunited in Kirksville last week in conjunction with KCOM's annual Founder's Day activities and 90th anniversary celebration. Helping KCOM President H. Charles Moore cut the 90th anniversary cake at a luncheon held in honor of the 50-year class was C. E. Dickey, D.O., left, of Fort Worth, Texas. Dr. Dickey is the father of Jerry L. Dickey, D.O., chairman of KCOM's department of osteopathic manipulative medicine. **Dallas Memorial Hospital** Dallas, Texas 167-bed acute care hospital 24-hour Laboratory Radiology Physical Therapy Cardiopulmonary 24-hour Emergency Room **OB & Nursery** AOA Approved Externships, **Critical Care Unit** Intern Training Programs & **Patient Services** Nuclear Medicine **Family Practice Residencies** J. J. FitzGerald, Acting Administrator 5003 Ross Avenue, Dallas, Texas 75206 Phone: 214-824-3071

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16/Texas DO

## Letters

#### Dear Mr. Roberts:

On behalf of the Zeta Chapter of the ACGPOMS I would like to thank you and TOMA for the use of your building for our November meeting. As always, you and your staff were indispensable in helping conduct our meeting.

As medical students we are often unaware of how helpful our state organization can be. TOMA and its staff should be commended for the service it gives not only to the practicing physician, but also the osteopathic medical student in Texas.

Again, I thank you for your support and look forward to working with you and your organization in the future.

> Fraternally, S/D Brian C. Hull President Zeta Chapter ACGPOMS TCOM

Dear Mr. Roberts:

You and your marvelous office staff really deserve the credits for the many nice things you do to help our auxiliary.

Thanks for letting us have the mid-year board meeting there. Everyone really enjoyed the lunch and seeing you and Dr. Jenkins when you spoke to our group.

The entire meeting was a great success and we really appreciate all of you very much.

Sincerely, Joan McGrath President, ATOMA

#### TOMA Staff:

I just want to say how nice everything was Saturday for the mid-year board meeting. We really do appreciate all you do for us!

> Priscilla Briney ATOMA News Chairman & ATOMA State Convention Chairman

## Texas Ticker Tape

#### MEMBERS INVITED TO LEGISLATIVE PARTY IN AUSTIN

TOMA members are urged to invite their Texas legislators to a party at the Headliners Club, in Austin, 4-8:00 p.m., Wednesday, February 2. This is an annual TOMA event designed to say thanks to your state representative or state senator. TOPAC contributors are especially invited to be there.

#### TOMA PUBLIC HEALTH/LEGISLATIVE FORUM DECEMBER 4-5

The annual TOMA Public Health/Legislative Forum will be held at the brand new Lincoln Radisson Hotel at LBJ and the North Tollway in Dallas, December 4-5. You received the mailing with the program and it is printed in the *Texas DO* magazine. If you need additional information, call 800-772-5993.

#### RAINEY ATTENDS VIENNA MEDICAL CONGRESS

Claude G. Rainey, executive vice president of Fort Worth Osteopathic Hospital, Inc., the parent organization of Fort Worth Osteopathic Medical Center, attended the Vienna Medical Congress in Vienna, Austria, in mid-November, as a guest of the Austrian government.

Delegates from countries throughout the world discussed health care management, medical education and other related health care subjects at the Congress.

A veteran of 35 years in health care management, Rainey is the immediate past president of the American College of Osteopathic Hospital Administrators and a fellow of the American College of Hospital Administrators.

#### DR. JENNINGS ELECTED OFFICER

V. L. Jennings, D.O., was elected secretary-treasurer of the International Academy of Preventive Medicine at the Academy's National Conference in Denver, Colorado.

#### DAILY BILL TRACKING SERVICE

Beginning immediately, TOMA members are urged to contact the Executive Director on bills introduced into the Texas Legislature that need to be followed daily through the session. Any bill that you think will affect osteopathic physicians call 1-800-772-5993 with the bill number and what the bill does.

### Bactrim attacks the (trimethoprim and sulfamethoxazole/Roche) in acute exacerbations





## major pathogens of chronic bronchitis\*

### Bactrim clears sputum of susceptible bacteria

In sputum cultures from patients with acute exacerbations of chronic bronchitis, *H. influenzae* and *S. pneumoniae* are isolated more often than any other pathogens.<sup>4,5</sup> One study of transtracheal aspirates from 76 patients with acute exacerbations found that 80% of the isolates were of these two pathogens.<sup>5</sup>

Bactrim is effective *in vitro* against most strains of both *S. pneumoniae* and *H. influenzae*—even ampicillin-resistant strains. And in acute exacerbations of chronic bronchitis involving these two pathogens, sputum cultures taken seven days after a two-week course of therapy showed that Bactrim eradicated these bacteria in 91% (50 of 55) of the patients treated.<sup>6</sup>

### Bactrim reduces coughing and sputum production

In three double-blind comparisons with ampicillin *q.i.d.*, Bactrim DS proved equally effective on all clinical parameters.<sup>7.9</sup> Bactrim reduced the frequency and severity of coughing, reduced the amount of sputum produced and cleared the sputum of purulence.

Bactrim has the added advantages of *b.i.d.* dosage convenience and a lower incidence of diarrhea than with ampicillin, and it is useful in patients allergic to penicillins.

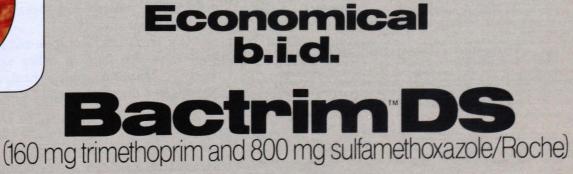
Bactrim also proved more effective than tetracyclines in 10 clinical trials

involving nearly 700 patients.<sup>10</sup> Overall clinical condition of the patients, changes in sputum purulence, reduction in sputum volume and microbiological clearance of pathogens—all improved more with Bactrim therapy than with tetracyclines. G.I. side effects occurred in only 7% of patients treated with Bactrim compared with 12% of tetracycline-treated patients. (See Adverse Reactions in summary of product information on next page.)

Bactrim is contraindicated in pregnancy at term and nursing mothers, infants under two months of age, documented megaloblastic anemia due to folate deficiency and hypersensitivity.

Bactrim DS. For acute exacerbations of chronic bronchitis in adults\* when it offers an advantage over single-agent antibacterials.

References: 1. Hughes DTD, Bye A, Hodder P: Adv Antimicrob Antineoplastic Chemother 1/2:1105-1106, 1971. 2. Jordan GW et al: Can Med Assoc J 112:91S-95S, Jun 14, 1975. 3. Beck H, Pechere JC: Prog Antimicrob Anticancer Chemother 1:663-667, 1969. 4. Quintiliani R: Microbiological and therapeutic considerations in exacerbations of chronic bronchitis, in Chronic Bronchitis and Its Acute Exacerbations: Current Diagnostic and Therapeutic Concepts; Princeton Junction, NJ, Communications Media for Education, Inc., 1980, pp. 9-12 5. Schreiner A et al: Infection 6(2):54-56, 1978. 6. Data on file, Hoffmann-La Roche Inc., Nutley, NJ. 7. Chodosh S: Treatment of acute exacerbations of chronic bronchitis: results of a doubleblind crossover clinical trial, in Chronic Bronchitis and Its Acute Exacerbations: Current Diagnostic and Therapeutic Concepts. Op. cit., pp. 15-16. 8. Chervinsky P: Double-blind clinical comparisons between trimethoprim-sulfamethoxazole (Bactrim and ampicillin in the treatment of bronchitic exacerbations. Ibid., pp. 17-18. 9. Dulfano MJ: Trimethoprim-sulfamethoxazole vs. ampicillin in the treatment of exacerbations of chronic bronchitis. Ibid., pp. 19-20. 10. Medici TC: Trimethoprim-sulfamethoxazole (Bactrim\*) in treating acute exacerbations of chronic bronchitis: summary of European clinical experience. Ibid., pp. 13-14.



attacks *H. influenzae*—even ampicillin-resistant strains



attacks S. pneumoniae

### Bactrim (trimethoprim and sulfamethoxazole/Roche)

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

Indications and Usage: For the treatment of urinary tract infections due to susceptible strains of the following organisms: Escherichia coli, Klebsiella-Enterobacter, Proteus mirabilis, Proteus vulgaris, Proteus morganii. It is recommended that initial episodes of uncomplicated urinary tract infections be treated with a single effective antibacterial agent rather than the combination. Note: The increasing frequency of resistant orga-

nisms limits the usefulness of all antibacterials, especially in these urinary tract infections. For acute otitis media in children due to susceptible strains of Haemophilus influenzae or Streptococcus pneumoniae when in physician's judgment it offers an advan-tage over other antimicrobials. To date, there are limited data on the safety of repeated use of Bactrim in children under two years of age. Bactrim is not indicated for prophy-

lactic or prolonged administration in otitis media at any age. For acute exacerbations of chronic bronchitis in adults due to susceptible strains of Haemophilus influenzae or Streptococcus pneumoniae when in physician's judgment it offers an advantage over a single antimicrobial agent.

For enteritis due to susceptible strains of Shigella flexneri and Shigella sonnel when antibacterial therapy is indicated.

#### Also for the treatment of documented Pneumocystis carinii pneumonitis.

Contraindications: Hypersensitivity to trimethoprim or sulfonamides; patients with documented megaloblastic anemia due to folate deficiency; pregnancy at term; nursing mothers because sulfonamides are excreted in human milk and may cause kernicterus; infants less than 2 months of age

#### Warnings: BACTRIM SHOULD NOT BE USED TO TREAT STREPTOCOCCAL

**PHARYNGITIS.** Clinical studies show that patients with group A  $\beta$ -hemolytic streptococcal tonsillopharyngitis have higher incidence of bacteriologic failure when treated with Bactrim than do those treated with penicillin. Deaths from hypersensitivity reactions, agranulocytosis, aplastic anemia and other blood dyscrasias have been associated with sulfonamides. Experience with trimethoprim is much more limited but occasional interference with hematopoiesis has been reported as well as an increased incidence of thrombopenia with purpura in elderly patients on certain diuretics, primarily thiazides. Sore throat, fever, pallor, purpura or jaundice may be early signs of serious blood disorders. Frequent CBC's are recommended; therapy should be discontinued if a significantly reduced count of any formed blood element is noted.

Precautions: General: Use cautiously in patients with impaired renal or hepatic function, possible folate deficiency, severe allergy or bronchial asthma. In patients with glucose-6-phosphate dehydrogenase deficiency, hemolysis, frequently dose-related, may occur. During therapy, maintain adequate fluid intake and perform frequent urinalyses, with careful microscopic examination, and renal function tests, particularly where there is impaired renal function. Bactrim may prolong prothrombin time in those receiving warfarin; reassess coagulation time when administering Bactrim to these patients.

Pregnancy: Teratogenic Effects: Pregnancy Category C. Because trimethoprim and sulfamethoxazole may interfere with folic acid metabolism, use during pregnancy only if potential benefits justify the potential risk to the fetus. Adverse Reactions: All major reactions to sulfonamides and trimethoprim are included.

even if not reported with Bactrim. Blood dyscrasias: Agranulocytosis, aplastic anemia, megaloblastic anemia, thrombopenia, leukopenia, hemolytic anemia, purpura, hypoprothrombinemia and methemoglobinemia. Allergic reactions: Erythema multiforme, Stevens-Johnson syndrome, generalized skin eruptions, epidermal necrolysis, urticaria, serum sick-ness, pruritus, exfoliative dermatitis, anaphylactoid reactions, periorbital edema, conjunctival and scleral injection, photosensitization, arthralgia and allergic myocarditis. Gastrointestinal reactions: Glossitis, stomatitis, nausea, emesis, abdominal pains, hepatitis, diarrhea, pseudomembranous colitis and pancreatitis. CNS reactions: Headache, peripheral neuritis, mental depression, convulsions, ataxia, hallucinations, tinnitus, vertigo, insom-nia, apathy, fatigue, muscle weakness and nervousness. *Miscellaneous reactions*: Drug fever, chills, toxic nephrosis with oliguria and anuria, periarteritis nodosa and L.E. phenomenon. Due to certain chemical similarities to some goitrogens, diuretics (acetazolamide, thiazides) and oral hypoglycemic agents, sulfonamides have caused rare instances of goiter production, diuresis and hypoglycemia in patients; cross-sensitivity with these agents may exist. In rats, long-term therapy with sulfonamides has produced thyroid malignancies Dosage: Not recommended for infants less than two months of age

URINARY TRACT INFECTIONS AND SHIGELLOSIS IN ADULTS AND CHILDREN, AND ACUTE OTITIS MEDIA IN CHILDREN:

Adults: Usual adult dosage for urinary tract infections-1 DS tablet (double strength), 2 tablets (single strength) or 4 teasp. (20 ml) b.i.d. for 10-14 days. Use identical daily dosage for 5 days for shigellosis

Children: Recommended dosage for children with urinary tract infections or acute otitis media-8 mg/kg trimethoprim and 40 mg/kg sulfamethoxazole per 24 hours, in two divided doses for 10 days. Use identical daily dosage for 5 days for shigellosis

For patients with renal impairment: Use recommended dosage regimen when creatinine clearance is above 30 ml/min. If creatinine clearance is between 15 and 30 ml/min, use one-half the usual regimen. Bactrim is not recommended if creatinine clearance is below 15 ml/min.

ACUTE EXACERBATIONS OF CHRONIC BRONCHITIS IN ADULTS:

Usual adult dosage: 1 DS tablet (double strength), 2 tablets (single strength) or 4 teasp (20 ml) b.i.d. for 14 days. PNEUMOCYSTIS CARINII PNEUMONITIS:

Recommended dosage: 20 mg/kg trimethoprim and 100 mg/kg sulfamethoxazole per 24 hours in equal doses every 6 hours for 14 days. See complete product information for suggested children's dosage table

Supplied: Double Strength (DS) tablets, each containing 160 mg trimethoprim and 800 mg sulfamethoxazole, bottles of 100; Tel-E-Dose® packages of 100; Prescription Paks of 20 and 28. *Tablets*, each containing 80 mg trimethoprim and 400 mg sulfamethoxazole—bottles of 100 and 500; Tel-E-Dose\* packages of 100; Prescription Paks of 40. Pediatric Suspension, containing 40 mg trimethoprim and 200 mg sulfamethoxazole per teaspoonful (5 ml); cherry flavored—bottles of 100 ml and 16 oz (1 pint). Suspension, containing 40 mg trimethoprim and 200 mg sulfamethoxazole per teaspoonful (5 ml); fruit-licorice flavored-bottles of 16 oz (1 pint).



**ROCHE LABORATORIES** Division of Hoffmann-La Roche Inc. Nutley, New Jersey 07110

## Dr. Mazeika at FWOMC Uses Surgical Laser 'Knife'

It sounds like something out of a science fiction movie - like a treatment used by Bones on Mr. Spock. But Bart Mazeika, D.O., has one in his office - a surgical laser.

Recently Mazeika, a plastic surgeon on the medical staff of Fort Worth Osteopathic Medical Center, had a carbon dioxide surgical laser installed in his office. The instrument is capable of removing a variety of skin lesions, including moles, birth marks, cysts and cancerous skin tissue, and can also be used in ear, nose and throat surgery.

"The laser is like a 'light knife,' reaching a temperature near that of the sun," Mazeika said. "By controlling the wattage, I can control the depth of the burn. I have the option of setting the laser on continuous mode or emitting a 1/10 second blast, whichever is more efficient to work with on the particular patient."

The carbon dioxide laser removes tissue through a vaporization process. The concentrated infrared light emitted by the laser interacts with water, and the beam literally turns the tissue into steam. Mazeika said that by this method he can easily remove a single layer of cells at a time with minimal inflammatory response from surrounding healthy tissue.

"There's no blade, no dressing and I can usually give the patient a simple local anesthetic," the plastic surgeon said.

Mazeika said the laser offers several distinct advantages over more traditional surgical methods such as excision or skin grafts.

"The laser is extremely accurate and precise if the physician has good dexterity, it allows rapid healing and minimal scarring, it causes little or no pain to the patient and there's virtually no bleeding with laser surgery.

"It's wonderful for removing birth marks and moles on the face or other visible parts of the body," Mazeika said. "For aesthetic surgery there's just no comparison."^

A70MA News

#### By Priscilla T. Briney ATOMA News Chairman

Oh! Dear! This is the month to check the skiis, see if the boots still fit the kids, see if you can still wear last years skii clothes, decorate and bake for the holidays, go to all the holiday parties and *Remember* the children will be out of school for 2 weeks and some a month. Where does the time go? I'm just ready for Labor Day — Oh! Well!

In the sec

Accolades most definitely go to Pam Wilson and District V! She and they did a first time ever project in conjunction with NOM Week. They had a booth at the state fair. It was manned by District V and several of the local (Dallas) hospitals from 10 a.m. to 10 p.m. everyday. This was set up with the help of our TOMA office and TCOM. Again, congratulations to Pam and District V for giving so much of themselves to this First Time Ever project giving added positive exposure to the **Osteopathic Profession!** 

An An An

This came from an AAOA Newsbrief and before that from a church newsletter.

"This is a story about four people named Everybody, Anybody, Somebody and Nobody. There was an important job to be done and Everybody was sure that Somebody would do it. Anybody could have done it, but Nobody did it. Somebody got angry about that, because it was Everybody's job. Everybody thought Anybody could do it, but Nobody realized that Everybody wouldn't do it. It ended up that Everybody blamed Somebody when Nobody did what Anybody could have done!"

Do you recognize yourself, someone in your District, or someone in your ATOMA? Yes, its You, Your District and Your ATOMA who work for the Osteopathic Profession. Don't be an Everybody, Anybody, Somebody, or Nobody!

Happy Holidays and a Prosperous New Year to one and all.

#### By Mrs. Peggy Briscoe District II

Mrs. Phillip (Gilda) Cohen had surgery and is recuperating at home and doing well.

ta la la

The auxiliary to the American College of Osteopathic Surgeons held its convention in San Francisco in November. They had a whooping good time eating and shopping. Everybody seemed to have a barrel of fun.

ta ta ta

After the convention, the Bilyeas went to Yosemite National Park for a few days while the Brineys drove up the coast to Oregon and Washington.

to for the

The District II auxiliary's Christmas Party is going to be at Thistle Hill December 15. Look for your invitation and don't forget to order your District II Christmas cards.

### Doctors Hospital

#### Southeast Texas' newest health care center

We've settled into our brand-new, 106-bed facility which opened in March.

We've renewed our commitment to providing the quality health care patients have come to expect from Doctors Hospital since its beginnings over 25 years ago.

Our all-new equipment — the most technologically advanced and sophisticated available — supports this commitment, especially for the practicing physician who expects up-to-date diagnostic facilities . . . including a non-invasive cardiovascular department, complete with treadmill, which complements our nuclear medicine facilities, including ultrasonography services.

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

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

For more information about our hospital where osteopathy and Doctors Hospital have grown together — and the advantages of being a member of our team, write to our Medical Staff Secretary.

### Doctors Hospital

A health care center of

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### Dr. Alter a Fellow; Dr. Jenkins on ACOS Board

Joel Alter, D.O., vice chairman of the surgery department at Texas College of Osteopathic Medicine, was named a fellow of the American College of Osteopathic Surgeons at the organization's annual conclave recently in San Francisco.

At the same meeting, William R. Jenkins, D.O., TCOM surgery chairman, was elected to a three-year term on the board of governors.

The fellowship award is made each year to selected physicians for service to the professional society, which certifies osteopathic physicians specializing in the field of surgery.

Drs. Alter and Jenkins were two of the first faculty members hired by TCOM even before its doors opened in 1970. Both are graduates of Kirksville College of Osteopathic Medicine in Missouri and both did internships at Kirksville Osteopathic Hospital and surgery residencies at Fort Worth Osteopathic Medical Center.

Dr. Jenkins is president of the Texas Osteopathic Medical Association (TOMA).

### Dr. Urban is named Fellow in ACGP

Stephen F. Urban, Jr., D.O., associate professor of general and family practice at Texas College of Osteopathic Medicine, has been named a fellow of the American College of General Practitioners in Osteopathic Medicine and Surgery.

The fellowship award, given to only a few each year selected from those physicians certified by ACGPOMS, was made to Dr. Urban at the organization's annual conclave in Chicago in October.

Dr. Urban, who has been on the TCOM faculty since 1977, is assistant director of the school's Riverside Family Practice Clinic. He was in private practice in Rhode Island for several years before coming to Fort Worth and served briefly on the faculty of Michigan State University College of Osteopathic Medicine. He earned his B.S. degree at the University of Buffalo and his D.O. at Kirksville College of Osteopathic Medicines



### AN ATTRACTIVE ALTERNATIVE TO PRIVATE PRACTICE — AIR FORCE MEDICINE

Did you go to medical school to become a doctor or an office manager, supply clerk, or repairman? If you want to concentrate on your medical practice and leave the administration to someone else, then Air Force medicine can be an attractive alternative to your private practice. You see, the Air Force uses a group practice system of health care. This system allows maximum contact between patient and physician with a minimum of administrative responsibilities. Nurses and technicians take care of the paperwork while you take care of the patients. You'll get to use the skills gained through years of education; to stay abreast of new methods and techniques; and, for qualified physicians, to specialize. These benefits, along with our excellent employment package, make Air Force medicine an attractive alternative to private practice. Find out how you can be a part of the Air Force health care team. We'll answer all your questions promptly and without obligation.





Russ Stansell collect at 817–461-1946 2621 Avenue E. East, Suite 217 Arlington, TX 76011

## Weekend Athletes Need to do Stretching Exercises

Our bodies were not meant to sit in an easy chair Monday through Friday and swim all day Saturday and Sunday, says a Texas College of Osteopathic Medicine exercise scientist.

The advice of David Upton, Ph.D., to weekend sports enthusiasts is this: Do stretching exercises before diving in. Better yet, do them every day. "They aren't difficult and take no equipment," he said. "And you can begin before you get out of bed in the morning."

For example: When you hear the alarm, stretch the kind that feels really good. Once out of bed, sit on the floor and do shoulder shrugs. Then sit with your back against the wall and try to get your hips into the corner with your legs out in front of you. Away from the wall, sit with soles of the feet together and work to get your knees down to the floor. Sit in a chair and lean forward as far as possible until your head is between your knees. Stand facing the wall, palms on wall, lean into the wall with one leg bent and the other extended straight back; then switch leg positions. Bend over to the floor, stretching until you feel a pull and stay there a few seconds. Steadying yourself with your left hand against a wall, stand on your left leg and bend your right knee all the way back; grab the right foot at the laces with the right hand and stretch; switch sides. End on hands and knees with an arching and relaxing of the back.

"All of these should be done slowly and not jerkingly," Dr. Upton cautioned. "If you still feel tight in the shoulders, grab a door jamb and lean out."

The same exercises hold for the weekend waterskier who thinks he cannot get out of bed on Monday morning.  $\wedge$ 



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December 1982

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#### HOUSE DISTRICT 54 -

County: Lampasas

Rep. Stan Schlueter (D) P. O. Box 276 Killeen, 76541

#### HOUSE DISTRICT 57 -

County: Coryell

Rep. C. K. (Chock) Word, Jr. (D) P. O. Box 342 Meridian, 76665

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Rep. Gerald Geistweidt (R) P. O. Drawer P Mason, 76856

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Rep. Matt Garcia (D) 302 West Mulberry San Antonio, 78212

#### HOUSE DISTRICT 116 – County: Bexar (Part)

Rep. Joe Gamez (D) 5018 Ingram Road San Antonio, 78228

#### HOUSE DISTRICT 117 – County: Bexar (Part)

Rep. Frank Madla (D) 6038 Reefridge San Antonio, 78242 HOUSE DISTRICT 118 – County: Bexar (Part)

Rep. Frank Tejeda (D) 5106 Cien San Antonio, 78214

HOUSE DISTRICT 119 – County: Bexar (Part)

Rep. Walter Martinez (D) 1225 South Brazos San Antonio, 78207

HOUSE DISTRICT 120 -County: Bexar (Part)

> Rep. Lou N. Sutton (D) 711 North Pine San Antonio, 78202

HOUSE DISTRICT 121 – County: Bexar (Part)

Rep. Alan Schoolcraft (R) 2117-A Pat Booker Road Universal City, 78148

HOUSE DISTRICT 122 – County: Bexar (Part)

Rep. George Pierce (R) P. O. Box 5752 San Antonio, 78201

HOUSE DISTRICT 123 – County: Bexar (Part)

> Rep. Kae T. Patrick (R) 5740 Wurzbach San Antonio, 78238

HOUSE DISTRICT 124 – County: Bexar (Part)

> Rep. Joe L. Hernandez (D) 732 Culebra Road Austin, 78201

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Rep. Leroy J. Wieting (D) P. O. Box 546 Portland, 78374-0546 HOUSE DISTRICT 34 – County: Nueces (Part)

> Rep. Hugo Berlanga (D) 305 Old Robstown Corpus Christi, 78408

HOUSE DISTRICT 35 -County: Nueces (Part)

> Rep. Eddie Cavazos (D) 4310 Odell Corpus Christi, 78413

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Rep. Irma Ransel (D) P. O. Box 1029 Kingsville, 78363-1029

HOUSE DISTRICT 43 – County: Webb

> Rep. Billy Hall (D) 2501 O'Kane Laredo, 78040

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> Rep. Jim Crockett (D) P. O. Box 361 Pearsall, 78061

#### TOMA DISTRICT IX

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Rep. Robert M. Saunders (D) 650 South College La Grange, 78945

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Rep. Phyllis M. Robinson (D) 1613 St. Michael Gonzales, 78629

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HOUSE DISTRICT 33 -County: Karnes

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HOUSE DISTRICT 35 – County: Aransas (Part)

Rep. Eddie Cavazos (D) 4310 Odell Corpus Christi, 78413

HOUSE DISTRICT 36 – County: Aransas (Part)

Rep. W. O. (Bill) Harrison, Jr. (D) 805 Guaranty Bank Plaza Corpus Christi, 78475

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HOUSE DISTRICT 66 -County: Mitchell

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HOUSE DISTRICT 77 – Counties: Cochran, Hockley, Yoakum, Terry, Gaines, Dawson and Andrews

Rep. Jim D. Rudd (D) 110 South Fifth Brownfield, 79316

HOUSE DISTRICT 78 – Counties: Lynn, Garza, Scurry, Kent, Stonewall, King and Cottle

Rep. Steven Carriker (D) P. O. Box 517 Roby, 79543

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HOUSE DISTRICT 83 – County: Lubbock (Part)

> Rep. Froy Salinas (D) 1306 - 49th Street Lubbock, 79412

HOUSE DISTRICT 84 – Counties: Lubbock (Part), Crosby, Dickens, Motley, Floyd and Briscoe

Rep. Foster Whaley (D) Route 1, Box 70 Pampa, 79065

HOUSE DISTRICT 85 – Counties: Bailey, Lamb and Hale

Rep. James E. (Pete) Laney (D) Route 2 Hale Center, 79041

#### TOMA DISTRICT XI

HOUSE DISTRICT 68 – Counties: Pecos, Terrell, Brewster and Presidio

Rep. Dudley Harrison (D) P. O. Box 668 Sanderson, 79848

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Counties: Hudspeth, Culberson, Jeff Davis, Reeves, Loving, Winkler and Ward

Rep. Larry D. Shaw (D) 1307 Barnes Avenue Big Spring, 79720

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> Rep. Jack Vowell (R) 4171 N. Mesa, C-305 El Paso, 79902

HOUSE DISTRICT 71 – County: El Paso (Part)

Rep. Arves E. Jones, Sr. (R) 5725 Lexington El Paso, 79924

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> Rep. Paul Moreno (D) 2016 Atlanta El Paso, 79902

HOUSE DISTRICT 73 – County: El Paso (Part)

> Rep. Mary J. Polk (D) 1706 Calle Paz El Paso, 79935

HOUSE DISTRICT 74 – County: El Paso (Part)

Rep. Robert (Bob) Valles (D) 5131 Timberwolf El Paso, 79903

#### TOMA DISTRICT XII

HOUSE DISTRICT 17 – County: Trinity

> Rep. Billy Clemons (D) Route 1, Box 30A Pollok, 75969

HOUSE DISTRICT 18 – Counties: San Jacinto, Polk and Tyler

Rep. Allen R. Hightower, Jr. (D) 344 Forest Lane Huntsville, 77340 HOUSE DISTRICT 19 – Counties: Newton and Orange

Rep. Wayne Peveto (D) 118 South Border Street Orange, 77630

HOUSE DISTRICT 20 – Counties: Jasper, Hardin, and Jefferson (Part)

Rep. Jerry Clark (D) P. O. Drawer U.S. Buna, 77612

HOUSE DISTRICT 21 – Counties: Liberty and Jefferson (Part)

Rep. Mark W. Stiles (D) 2895 West Lucas Beaumont, 77706

HOUSE DISTRICT 22 -

County: Jefferson (Part)

Rep. Al Price (D) 3685 Blossom Beaumont, 77705

HOUSE DISTRICT 23 – County: Jefferson (Part)

> Rep. Frank Collazo (D) 2501 - 8th Avenue Port Arthur, 77640

#### TOMA DISTRICT XIII

HOUSE DISTRICT 2 -

Counties: Lamar, Delta, Hopkins and Fannin

Rep. L. P. (Pete) Patterson (D) Route 1 Brookston, 75421

#### HOUSE DISTRICT 3 – County: Hunt

Rep. Smith Gilley (D) P. O. Box 983 Greenville, 75401

HOUSE DISTRICT 62 – County: Grayson

> Rep. Bob Bush (D) 122 N. Travis Street Sherman, 75090

#### TOMA DISTRICT XIV

HOUSE DISTRICT 37 – Counties: Willacy, Cameron (Part) and Starr

Rep. Irma Ransel (D) P. O. Box 1029 Kingsville, 78363-1029

HOUSE DISTRICT 38 – County: Cameron (Part)

Rep. Don Lee (D) 709 Sul Ross Harlingen, 78550

HOUSE DISTRICT 39 – County: Cameron (Part)

Rep. Rene O. Oliviera (D) 1135 Toya Lane Brownsville, 78520

HOUSE DISTRICT 40 – County: Hidalgo (Part)

> Rep. Alex Moreno (D) 1311 South 16th Edinburg, 78539

HOUSE DISTRICT 41 – County: Hidalgo (Part)

Rep. Juan Hinojosa (D) 2829 Iris McAllen, 78501

HOUSE DISTRICT 42 – County: Hidalgo (Part)

Rep. A. C. (Tony) Garcia (D) 700 West Jones Pharr, 78577

#### TOMA DISTRICT XV

HOUSE DISTRICT 59 – County: Denton (Part)

> Rep. Jim Horn (R) 1806 Southridge Denton, 76201

HOUSE DISTRICT 61 – County: Denton (Part)

> Rep. W. Tip Hall, Jr. (D) Route 1, Box 102 Ponder, 76259

HOUSE DISTRICT 63 – Counties: Parker, Wise and Cooke

Rep. W. G. (Bill) Coody (D) P. O. Box 572 Weatherford, 76086

HOUSE DISTRICT 64 – County: Palo Pinto

> Rep. Joe C. Hanna (D) 201 North Harding Breckenridge, 76024

HOUSE DISTRICT 80 – Counties: Jack and Montague

Rep. Charles Finnell (D) P. O. Box 468 Holliday, 76366

HOUSE DISTRICT 89 – County: Tarrant (Part)

> Rep. Gibson D. (Gib) Lewis ((D) Route 10, Box 651-G Fort Worth, 76135

HOUSE DISTRICT 90 – County: Tarrant (Part)

> Rep. Doyle Willis (D) 3316 Browningcourt Fort Worth, 76111

HOUSE DISTRICT 91 – County: Tarrant (Part)

Rep. Lanny Hall (D) 6524 Riviera Fort Worth, 76118

HOUSE DISTRICT 92 – County: Tarrant (Part)

> Rep. Charles Evans (D) P. O. Box 8 Hurst, 76053

HOUSE DISTRICT 93 – County: Tarrant (Part)

> Rep. Roy English (D) Route 2, Box 82 Mansfield, 76063

HOUSE DISTRICT 94 – County: Tarrant (Part)

> Rep. Jan McKenna (R) 325 Crowley Road Arlington, 76012

#### HOUSE DISTRICT 95 -

County: Tarrant (Part)

Rep. Reby Cary (D) 3307-B Miller Avenue Fort Worth, 76119

#### HOUSE DISTRICT 96 – County: Tarrant (Part)

Rep. Mike Millsap (D) P. O. Box 16006 Fort Worth, 76133

#### HOUSE DISTRICT 97 – County: Tarrant (Part)

Rep. Bob Leonard, Jr. (R) P. O. Box 1718 Fort Worth, 76101

#### **TOMA DISTRICT XVI**

#### HOUSE DISTRICT 64 -

Counties: Haskell, Young, Shackelford, Throckmorton and Stephens

Rep. Joe C. Hanna (D) 201 N. Harding Breckenbridge, 76024

#### HOUSE DISTRICT 78 -

County: Knox

Rep. Stevan Carriker (D) P. O. Box 517 Roby, 79543

#### HOUSE DISTRICT 80 -

Counties: Hardeman, Foard, Baylor, Wilbarger, Wichita (Part), Archer and Clay

Rep. Charles Finnell (D) P. O. Box 468 Holliday, 76366

#### HOUSE DISTRICT 81 -

County: Wichita (Part)

Rep. John Gavin (D) 4508 Tobago Wichita Falls, 76308



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#### Why Lease?

Simply, it just makes more sense. Lower Monthly Payments. Less cash needed up front. Another source of capital. More car for less dollars. Saves valuable time, and it's easier. Simplifies bookkeeping. Tax advantages.

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Whenever possible Trans-Texas will purchase any given auto in your trade area, or from a dealer of your choice. If needed, arrangements can be made to deliver the vehicle to your door, statewide! E NDS AUTO HEAD-ACHES

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If you wish to dispose of a present auto, we will take it in trade and apply its value to your lease, lowering your payments or pay you its value in cash.

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Because of our Revolutionary Leasing Approach! A unique program that lets you lease a car - and not worry about guaranteeing a residual value too high. Still one that gives you the option to buy the car at a predetermined end value! In other words, if you want the car at the end, buy it - if not, walk away. The best of both worlds. . . and with the most competitive payments. Minimum capital required and no security deposit is needed. And it's possible to finance the taxes - that's right. With approved credit, it could only take the first month's payment to drive away in your new car! No 20% to 30% down payment needed to purchase a car. That's hard to beat!



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## Opportunities Unlimited Practice Locations in Texas

#### PHYSICIANS WANTED

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

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

DALLAS — Prime D.O. practice in most desirable North Dallas location. Well established. Has been part time for six years. Potential for full time tremendous. No night calls or O.B. Available immediately. Will introduce. Perfect for new D.O. or semi-retired. For more information write TOMA, Box "E", 226 Bailey Avenue, Fort Worth, 76107.

GEORGETOWN — '79 TCOM graduate in general practice including OB is seeking an associate/partner. Town is located 25 miles north of Austin and has population of 10,000. Has 65-bed mixed staff hospital. Please contact: Bob Umstattd, D.O. (home) 512— 863-7045 (office) 512—863-4596. DALLAS — Come Grow With Us. .. Dallas Memorial Hospital is actively recruiting physicians. Opportunities include \$60,000 per year guaranteed, practice locations and financing availability. We are 167-bed acute care hospital with plans to grow. OPPORTUN-ITIES UNLIMITED! Contact: J. J. FitzGerald, acting administrator, Dallas Memorial Hospital, 5003 Ross Avenue, Dallas, 75206; 214-824-3071.

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

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

FRITCH — Needs family practice physician or GP in successful rural health clinic located in Fritch, Hutchinson County, Texas. Town and surrounding area is 9,000 population. Fritch is located 14 miles from Borger and 35 miles from Amarillo. Full service hospital. Salary \$52,000 plus percentage of inpatient revenue. Relief time provided. Contact: Johnny Raymond, Director, Panhandle Rural Health Corporation, 168 Hamlet Center, Amarillo, 79107. Phone: 806— 383-8111.

HOUSTON — Associateship available at The Brennan Preventive Medicine Center in booming Houston. Call 713— 932-0552.

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

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

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

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

If interested, please send professional resume and/or contact: Frederick M. Wilkins, D.O., Chairman, Search Committee, TCOM, Camp Bowie at Montgomery, Fort Worth, TX 76107-2690, (817) 735-2400.

## Opportunities Unlimited

Practice Locations in Texas

HOUSTON — Wanted young recent graduate, intern or family oriented physician to join 3-man family practice group. Excellent staff and work schedule. Staff privileges at Doctors and Citizens General Hospitals, Houston, Texas. Starting \$48,000 guarantee with excellent earnings and partnership potential. Send resume to Aldine Medical Clinic, 163 Aldine-Bender, Houston, 77060. Call collect 713—999-0387.

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

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

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

RURAL EAST TEXAS — General practice for sale. Has been operating for one year. No other physician in community of 2,000. For further information write to: TOMA, Box "C", 226 Bailey Avenue, Fort Worth, 76107. PAMPA — Large general practice, with OB, general surgery and pediatrics. 5,000 active patient's charts. 2,000 sq. ft. building is leased. Equipment and charts for sale. Will introduce to public. For more information contact: Robert Philips, D.O. Hughes Building, Suite 317, Pampa, 79065.

RUSK — Opportunity for family practitioner or internist in town of 5,000 near Tyler. Free office; receptionist provided. One year's revenue guaranteed. Phone: 214-683-6241.

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

VICTORIA — For information on practice opportunities in the Victoria area, contact Duane Tisdale, D.O., 512— 578-9821, or James Shook, D.O., 512— 576-1281 or write 1101 East Nueces, Victoria, 77901.

WIMBERLEY — Retirement community of approximately 4,000 population is in need of a general practice physician. Hospital in San Marcos, 15 miles west of Wimberley. If interested call Jim Reese, 512-847-2288.

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

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

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

GENERAL PRACTITIONER - 56year-old GP with varied experience wishes to take over practice or associate with another physician. Dallas/Fort Worth area preferred. Will consider other areas of Texas. Current license. Available immediately. Phone: 602-526-6811.

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

PHYSICIAN — desires to acquire successful established bariatric practice in Dallas/Fort Worth metroplex. Write TOMA, Box "G", 226 Bailey Avenue, Fort Worth, 76107.

## Opportunities

## Unlimited

Practice Locations in Texas

PHYSICIAN ASSISTANT — seeks position. 1980 graduate of U.T. School of Allied Health Sciences. Physician assistant program with national certification and one year experience as first assistant to a general surgeon is seeking a part-time position in the greater Dallas area. Interested in surgery, family practice, OB-Gyn. Contact: John Henevadl, 1111 N. O'Connor Road, No. 121, Irving, 75061. Phone: 214-254-6523.

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

REHAB JOBS NEEDED - The Impaired Physicians Committee of TOMA is looking for opportunities for employment for osteopathic physicians as part of a rehabilitation program. These D.O.s, who have been voluntarily surrendering their licenses to practice and have entered a treatment program, need employment while awaiting a hearing by the Texas Board of Medical Examiners. These D.O.s would be able to work in the following areas: (1) Dictating discharge summaries; 2) Performing history and physicals; 3) Lab work as phlebotomist; and (4) Doing electrocardiograms. We need your help in building an employment resource file and would appreciate your help in this regard. Please contact: Tex Roberts, Executive Director of the Texas Osteopathic Medical Association, 226 Bailey Avenue, Fort Worth, 76107 with your questions or employment opportunities.

For information write Mr. Tex Roberts, Executive Director, TOMA Locations Committee, 226 Bailey Avenue, Fort Worth, 76107; or call 817–336-0549, Dallas County Metro 429-9755 r toll-free in Texas 1–800–772-5993.)

#### MISCELLANEOUS

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

FOR SALE — Blood machine; Coulter Counter model D-2 with diluter, \$1,500. For more information contact: Larry Breitenstein, D.O., 713-358-4301. FOR SALE — Doctor's metal furniture. IPPB machine, diathermy, ultrasound twin machine, examining spotlight, doctor's desk and chair. For more information call 817-443-0338 (Fort Worth metro number).

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



TEXAS OSTEOPATHIC MEDICAL ASSOCIATION 226 Bailey Avenue Fort Worth, Texas 76107

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