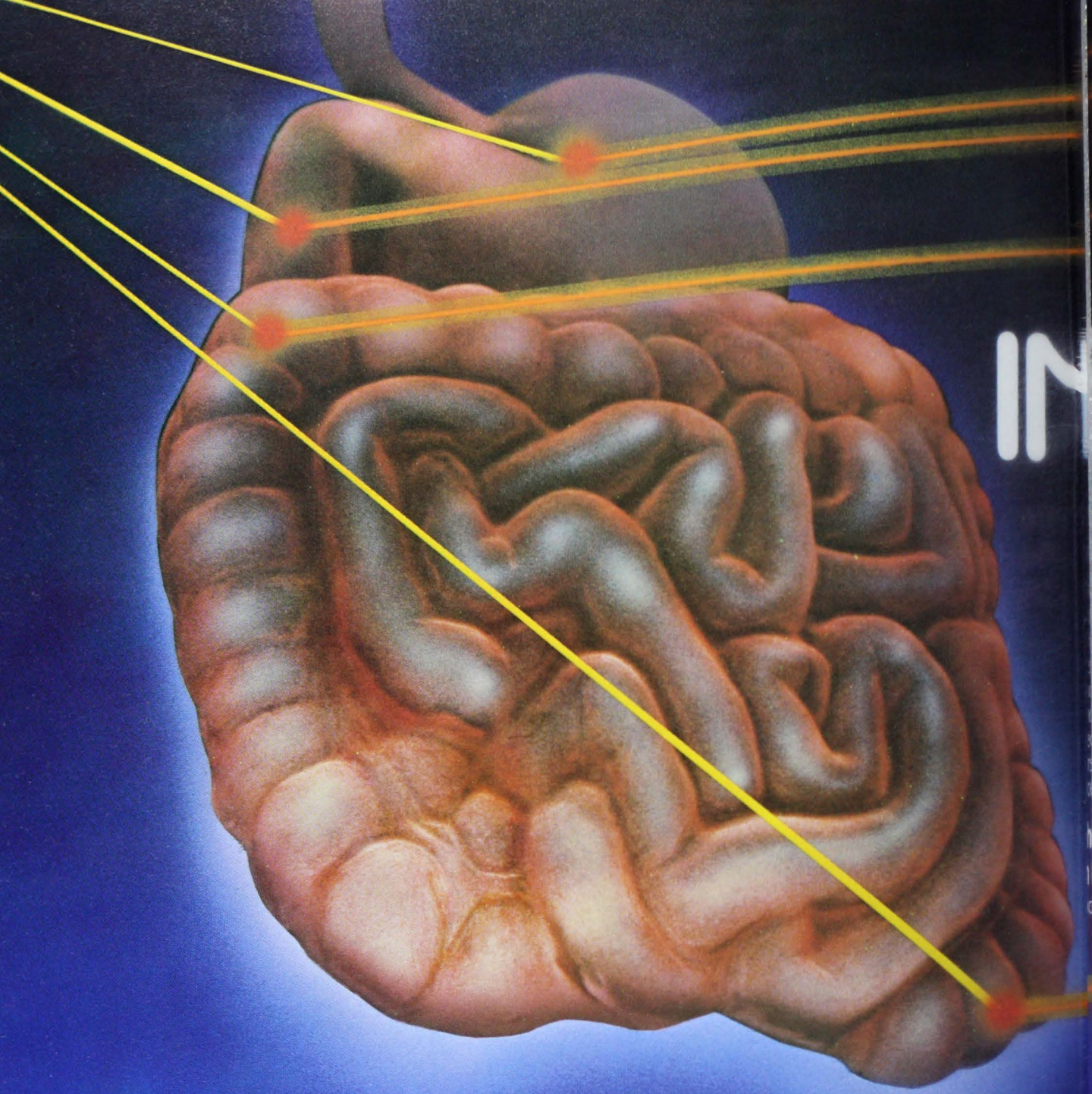
Texas DO
Texas Osteopathic Medical Association
November 1982

We wish you and yours the happiest... healthiest

Thanksgiving.



IN

References:

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, WB. Saunders Company, 1978, vol. 1, p. 800
2. Fordtran JS: *Practical Gastroenterology* 3(6): 24-31, Nov/Dec 1979
3. Sun DCH: Etiology and pathology of peptic ulcer, chap. 27, in *Gastroenterology*, ed. 3, edited by Bockus HD *et al.* Philadelphia, WB. Saunders Company, 1974, vol. 1, pp. 579-610
4. Cohen S, 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

ROCHE®

*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 Ulcer* Anxiety may aggravate duodenal ulcer by stimulating acid-pepsin secretions and/or by reducing gastroduodenal mucosal resistance.[1,2] These effects are mediated by two cephalic pathways: the vagus nerves and the extravagal (hormonal) pathways.[2,3] 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 IBS.[4,5] Comprehensive therapy should include treatment of the emotional component as well as the G.I. symptoms.

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

Specify Adjunctive **Librax®**

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

Antianxiety/Antisecretory/Antispasmodic

TOMA Membership Applications Received

Dan Alexander, D.O.
KCOM '81; GP; ER
1711-G Sherry St.
Arlington, 76010

Jeffrey M. Bleicher, D.O.
COMS '76; CF; I
Camp Bowie at Montgomery
Fort Worth, 76107

Virginia Farrar, D.O.
TCOM '81; GP
3513 Mansfield Hwy.
Fort Worth, 76119

Robert I. Kerwood, D.O.
KC '55; U; S
439 E. Austin, St.
Giddings, 78942

Ira O. Murchison, D.O.
TCOM '81; GP
3015 E. Illinois
Dallas, 75216

John P. Schwartz, D.O.
TCOM '81; GP
14814 Shottery Drive
Houston, 77015

PHONE

For Your Information

OSTEOPATHIC AGENCIES

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

TEXAS STATE AGENCIES

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

FEDERAL AGENCIES

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

CANCER INFORMATION

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

Texas DO

Texas Osteopathic Medical Association

November 1982

FEATURES

DEPARTMENTS

ON THE COVER: *Let this be a time to show our gratitude for all the many blessings we have to share. We wish you and yours the happiest. . . healthiest Thanksgiving.*

Published by
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Copy deadline — 10th of month preceding publication

Tex Roberts, Editor

Calendar of Events

NOVEMBER

1

★ TOMA District VI Meeting
Balletoris Restaurant
4215 Leland
Houston
6:30 p.m.
Contact:
Mrs. Vicki Prangle
713—485-2922

6

★ TOMA Board of Trustees
Mid-year Meeting
State Headquarters, Fort Worth
10:30 a.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)

ATOMA Board of Trustees
Mid-year Meeting
State Headquarters, Fort Worth
10:30 a.m.
Contact:
Mrs. T. T. (Joan) McGrath
214—469-1582

7

★ TOMA District IV Meeting
Home of Dr. Hall
305 Duke Street
Eden
1:00 p.m.
Contact:
John H. Boyd, D.O. or
Richard M. Hall, D.O.
915—869-6171

14

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

16

★ TOMA District II Meeting
Tuscany Restaurant
(Formerly Petta's)
6:30 p.m. - Cocktails
7:30 p.m. - Dinner
Contact:
Mrs. Sue Trese
738-5543 or
Mrs. Priscilla Briney
441-9373

18

★ TOMA District XIII Meeting
Davids Restaurant
Dennison
7:00 p.m.
Contact:
John Galewaler, D.O.
214—564-3503

19

★ TOMA District VIII Meeting
Corpus Christi Osteopathic Hosp.
7:00 p.m.
Contact:
Laurence Taylor, D.O.,
Secretary-treasurer
512—855-2975

DECEMBER

4

★ 4-5
TOMA Public Health Semina
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)

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 Cent
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

TOMA DISTRICT MEETINGS

District VI	November
District IV	November
District IX	November 1
District II	November 1
District XIII	November 1
District VIII	November 1
District VII	December 1

Annual TOMA Public Health - Legislative Forum

December 4-5, 1982

An update on public health and legislative concerns for the practicing physician will be discussed at the Texas Osteopathic Medical Association Public Health-Legislative Forum December 4-5 at the Lincoln Radisson Hotel in Dallas.

Sponsored by the Texas Department of Health, Texas College of Osteopathic Medicine and TOMA, the forum will focus on "Heart, Cancer, Stroke — Which One Will Take Our Lives ?" and on "Impact of Government on Your Practice." Speaking on Sunday will be State Rep. Gib Lewis of Fort Worth.

Registration is $20, and the two-day program will carry 10 hours of Category 1-A continuing medical education credit from the American Osteopathic Association.

Opening the conference on Saturday, following registration from 8-9 a.m., will be Robert Bernstein, M.D., commissioner of health, Texas Department of Health, Austin. He will speak on "The Impact of Cancer on Texas," followed by a discussion of "Environmental Effects on Health."

Faculty members from the Texas College of Osteopathic Medicine Department of Public Health and Preventive Medicine will speak during the 10:30 a.m. - noon segment of the public health program. Included will be Gary H. Campbell, D.O., "Environmental Risk Factors in Coronary Heart Disease"; Johannes C. Steenkamp, D.O., "The Value of Exercise in Coronary Artery Disease Risk Factor Management"; and Cheri S. Quincy, D.O., "Prevention for the Geriatric Population."

Keynote speaker for the noon luncheon will be Hugh Parmer, a marketing specialist, campaign strategist and pollster. The former Fort Worth mayor is a candidate for the State Senate.

Legislative concerns will be addressed during the Saturday afternoon sessions from 1:30—4:30. W. R. Jenkins, D.O., president of TOMA, will discuss "Amendments to the Texas Medical Practice Act" at 1:30, and David M. Beyer, D.O., chairman of the TOMA Governmental Relations Committee, will talk about "How Austin Affects Your Practice of Medicine" at 3.

Public health will be the focus again for Sunday's program, which opens with registration from 8—9 a.m. Representatives of the Texas Department of Health will talk on "Sexually Transmitted Diseases in Texas" and on "Health Promotion," and Randall Ratliff, Ph.D., of the TCOM public health and preventive medicine faculty, will speak on "Psychology and Public Heath: Increasing Commonality of Interest."

Also speaking Sunday on topics of legislative concern will be Rep. Lewis, who reportedly will be the next speaker of the house for the Texas Legislature.

A registration form for the forum, which adjourns at noon Sunday, is on page nine of this issue of the *Texas DO*.

Shoppers and Diners Will Like Lincoln Hotel Location in Dallas

Visitors to Dallas for the TOMA Public Health - Legislative Forum will find a world of holiday fantasy within walking distance of the Lincoln Radisson Hotel, headquarters for the December 4-5 conference.

The hotel, located at 5400 LBJ Freeway at Dallas North Tollway, is surrounded by the city's newest collection of specialty shops

Across from the Lincoln Radisson Hotel are the Dallas Galleria, which features the exclusive Saks Fifth Avenue and Marshall-Fields, and the Valley View Center, with its large Sanger-Harris and Dillards stores.

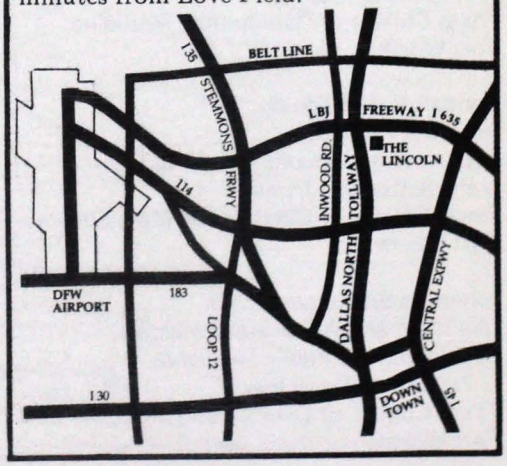
Prestonwood, Dallas' largest shopping mall, and Sakowitz Village, a new area filled with specialty shops, are also nearby. Featured stores at Prestonwood include Lord & Taylor and Joske's, and for some special holiday fun, there is ice skating in the center of the mall.

Although all of these shopping areas are within walking distance of the Lincoln Radisson, a hotel representative recommends use of a shuttle bus because of traffic conditions. The fee for hotel shuttle is $5 for a one-day ticket, and information about routes and times is available from the hotel.

The Lincoln Radisson also is surrounded by restaurants, providing a wide variety of menus. The hotel itself has four restaurants, afternoon tea service and gift shops.

The Lincoln, a Radisson Hotel, is located in a premier North Dallas location at the intersection of LBJ Freeway (I-635) and the Dallas North Tollway.

Nearby you'll find North Dallas' major business centers, along with the finest shopping around — like Saks Fifth Avenue, Cutter Bills and Neiman Marcus. There is also a distinctive array of fine restaurants within easy reach of The Lincoln. Downtown, Reunion Arena and the Market Centers are just minutes away via the Dallas North Tollway. You will be less than 20 minutes from Dallas/Fort Worth Regional Airport, and only 15 minutes from Love Field.



TOMA Public Health - Legislative Forum

December 4-5, 1982
Lincoln Radisson Hotel
Dallas, Texas

CO-SPONSORED BY
Texas Department of Health, Texas Osteopathic Medical Association and Texas College of Osteopathic Medicine

Speakers

Robert Bernstein, M.D.
Commissioner
Texas Department of Health
Austin

David M. Beyer, D.O.
Program Chairman and
Chairman, TOMA Governmental Affairs Committee

Gary H. Campbell, D.O.
Associate Professor
Department of Public Health & Preventive Medicine
Texas College of Osteopathic Medicine
Fort Worth

William R. Jenkins, D.O.
President, Texas Osteopathic Medical Association
Fort Worth

Rep. Gib Lewis
Speaker Apparent
Texas House of Representatives
Fort Worth

Hugh Parmer
Former Mayor of Fort Worth
Candidate for State Senate
Fort Worth

Cheri S. Quincy, D.O.
Assistant Professor
Department of Public Health & Preventive Medicine
Texas College of Osteopathic Medicine
Fort Worth

Randall Ratliff, Ph.D.
Assistant Professor
Department of Public Health & Preventive Medicine
Texas College of Osteopathic Medicine
Fort Worth

Johannes Steenkamp, D.O.
Chairman and Associate Professor
Department of Public Health & Preventive Medicine
Texas College of Osteopathic Medicine
Fort Worth

Program

SATURDAY, DECEMBER 4

8:00- 9:00 a.m.	Registration
8:50- 9:00 a.m.	Welcome - William R. Jenkins, D.O., TOMA President David M. Beyer, D.O., Program Chairman
9:00-10:30 a.m.	Texas Department of Health
	"The Impact of Cancer on Texas" Robert Bernstein, M.D.
	"Environmental Effects on Health" (Speaker to be announced)
10:30 a.m. – noon	Texas College of Osteopathic Medicine Department of Public Health and Preventive Medicine
	"Environmental Risk Factors in Coronary Heart Disease" Gary H. Campbell, D.O.
	"The Value of Exercise in Coronary Artery Disease Risk Factor Management" Johannes C. Steenkamp, D.O.
	"Prevention for the Geriatric Population" Cheri S. Quincy, D.O.
Noon	Luncheon Keynote Speaker, Hugh Parmer
1:30- 3:30 p.m.	*"Amendments to Texas Medical Practice Act"* William R. Jenkins, D.O.
3:00- 4:30 p.m.	*"How Austin Affects Your Practice of Medicine"* David M. Beyer, D.O.

SUNDAY, DECEMBER 5

8:00- 9:00 a.m.	Registration
9:00 a.m. - noon	*"Sexually Transmitted Diseases in Texas"* (Speaker to be announced)
	"Health Promotion" (Speaker to be announced)
	"Psychology and Public Health: Increasing Commonality of Interest" Randall Ratliff, Ph,D.
	The 1983 Legislature State Rep. Gib Lewis

Mark Your Calendar

TOMA Public Health/Legislative Forum

December 4-5, 1982

The Lincoln — A Radisson Hotel

5400 LBJ Freeway **Dallas, Texas**

REGISTRATION: $20, includes lunch
(payable at time of registration)

COMPLETE AND RETURN TO:

TOMA
226 Bailey Avenue
Fort Worth, Texas 76107

____Yes, I plan to attend the meeting and Saturday lunch

Please make a hotel reservation for_____my spouse_____ and me at The Lincoln — A Radisson Hotel.

_____Double, $70;_____ Single, $60

Name _____
(Please Print)

Address _____

City _____ State __

Arrival Date_____ Time _

Departure Date_____ Time _____

ROOM RESERVATIONS MUST BE MADE BY NOVEMBER 19, 1982

Minors and Parental Cons

In answer to recent inquiries about treatment of minors, TOMA members are advised to study the following legal opinion.

Generally, until a minor's 18th birthday, only his parents or guardian have the right to consent to medical care excepting in cases of venereal disease or pregnancy.

Here's an opinion written by Bob Gammage, former TOMA attorney:

In response to your letter of August 16, regarding the treatment of minors and parental consent, parental consent requirements will generally be as follows to the specific situations suggested in your enclosure:

1. Minor injury—such as a laceration or animal bite—**REQUIRED, UNLESS EMERGENCY.**

2. Serious injury—such as a broken bone or severe laceration—**REQUIRED, UNLESS EMERGENCY.**

3. Venereal disease—diagnosis and treatment—**NOT REQUIRED.**

4. Pregnancy—diagnosis and preliminary bloodwork—**NOT REQUIRED.**

5. Bloodtest—for marriage license—**REQUIRED.** (However, the hospital and physician may reasonably rely upon the written representation by the individual involved that they are 18 years old or older or that they come within one of the categories permitting them to give a valid consent listed in the enclosure.)

The enclosed is a general statement of the law regarding the requirement of parental consent. The relevant statutory provisions can be found in *Vernon's Annotated Texas Family Code*, Sections 35.01—35.04, and *Vernon's Annotated Texas Revised Civil Statutes*, Article 4447i.

I hope this is satisfactory for you to respond to inquiries within the Association.

Here is further legal interpretations of the Texa statutes:

Treatment of Minors and Parental Consent

Generally, until a minor's eighteenth birthday only his parents or guardian have the right to consen to the minor's care. Both husband and wife have a equal right to consent to medical care for their child ren.

If the parents are divorced, the parent with custody of the minor has the right to consent to medical treatment for the minor. The parent without custody can only consent to medical care when in possession of the minor, and then only for emergency treatment.

Other relatives—a grandparent, adult brother or sister, or adult aunt or uncle—may consent to medical care for a minor if the parent or guardian cannot be contacted. An attempt to contact the parent or guardian is required, but shall not unnecessarily delay obtaining care for the minor if the parent or guardian cannot be reached.

The parent or guardian may give written permission to a school where a minor is enrolled to allow the school to obtain medical care for the minor. The parent or guardian may also give written permission to any adult who is caring for the minor to obtain medical care for the minor. In either of these cases there still must be an attempt to contact the parent or guardian if a situation arises requiring care for the minor.

A minor may consent to his own care:

1. If he is on active duty in the armed services of the United States.

2. If the minor is 16 years old or older, is living away from his parents or guardian, and is managing his own financial affairs.

3. If the minor is married.

4. If the minor is seeking medical treatment for pregnancy, other than abortion. The Texas statute does not allow a minor to give consent to an abortion, but U.S. Supreme Court decisions involving laws of other states have

Under Texas Law Clarified

struck down other laws which require parental consent during the first trimester. Recent Supreme Court decisions also indicate that a minor may, to some extent, be able to obtain contraceptive treatment without parental consent.

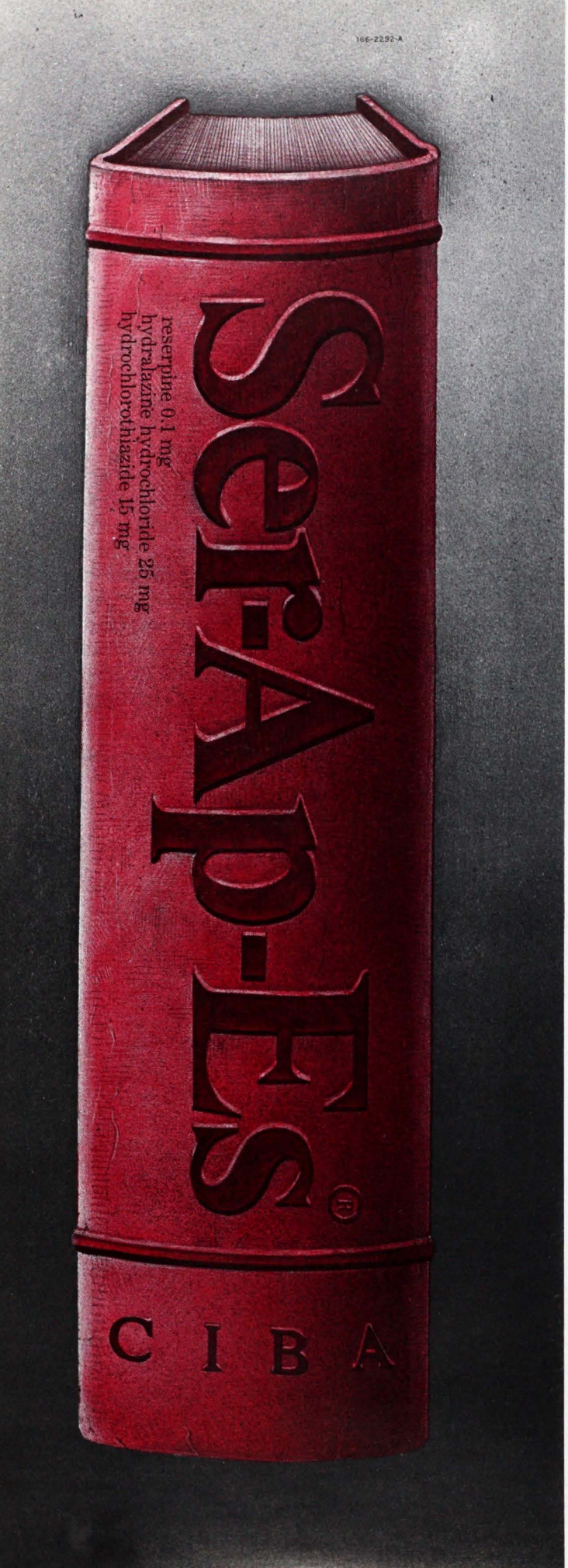
5. If the minor is seeking treatment for venereal disease or any other disease that is required to be reported to the health department.

6. If the minor is seeking treatment for drug use.

An emergency, when treatment is needed at once to preserve the patient's health or life, may often be self evident, but in some situations can only be determined by a physician. In an emergency, consent to necessary treatment is implied, and does not need to be given expressly. Medical care may also be given without a valid consent to a child which is apparently the victim of neglect or abuse.

If a minor claims that he falls into one of the categories allowing him to consent to his own care, the health provider may usually rely on the written statement of the minor without liability. If, however, the hospital or physician should reasonably have known of the minor's inability to consent, they may not be protected from liability.

When a minor seeks medical care, there are no *legal* requirements that the physician notify the parent or guardian, although there are ethical standards prescribed by the profession which determine whether the parent should or should not be notified. Public health department clinics do not contact a minor's parent or guardian if a disease is reported to them.



Out of Context

These quotations are taken out of context from physician's records, according to the Nell Hodgson Woodruff School of Nursing at Emory University.

The left leg became numb at times and she walked it off.

Patient has chest pain if she lies on her left side for over a year.

Father died in his 90's of female trouble in his prostate and kidneys.

Both the patient and the nurse herself reported passing flatus.

Skin: Somewhat pale but present.

On the second day the knee was better, and on the third day it had completely disappeared.

The pelvic examination will be done later on the floor.

Patient stated that if she would lie down, within two or three minutes, something would come across her abdomen and knock her up.

By the time she was admitted to the hospital her rapid heart had stopped, and she was feeling much better.

Patient has bilaterial varicosities below the legs.

If he squeezes the back of his neck for 4 or 5 years it comes and goes.

Patient was seen in consultation by Dr. Blank who felt we should sit tight on the abdomen, and I agree.

Speculum was inserted between the eyes.

Dr. Blank is watching his prostate.

Discharge status: Alive but without permission.

Coming from Detroit, Michigan, this man has no children.

At the time of onset of pregnancy the mother was undergoing bronchoscopy.

She was treated with Mycostatin oral suppositories.

Healthy appearing decrepit 69 year old white female, mentally alert, but forgetful.

When you pin this down, he has some slowing of the stream.

(Reprinted from ACOS News, March 1982)

SAA President Shares Insights of Convention

By Karen Woods
President, SAA

It was a sad disappointment to return home to the medical school routine and carpooling. But I guess even having your bed turned down and chocolates on the pillow every night would get boring after a-while. It sure was nice, though, and certainly indicative of my tremendous opportunity to attend the AOA convention in Chicago.

As the president of the Student Associate Auxiliary at TCOM, I presented the current accomplishments and goals of our club at the State Presidents' Council. SPC also afforded me the chance to visit with Mr. Ray Boeck, the new AOA public relations official; he had some most valuable insights for us. Of course, all SAA presidents made a presentation at SPC, and we were all anxious to spend as much additional time together as possible to trade more information on our fund-raisers, school relationships, newsletters and service projects. We had more of this quality sharing, as well as presentations from the AAOA President, Mrs. Orpha Harnish, and NOF Director, Mr. Lee Stein, at an SAA Workshop. Mrs. Harnish did an especially thorough job of giving us all a national perspective of the AAOA Scholarship Fund, and I must say that even though Texas' tuition is "notoriously low," I clearly saw how our contributions to this Fund are our statement of commitment to academic excellence in the profession.

To be honest, I approached the AAOA House of Delegates with "fear and trembling"; was this to be dry "parliamentary procedure" ?? Was I ever surprised. What an exciting three days of learning the inner workings and commitments of AAOA. I only wished for all other SAA members to be able to hear about the overwhelming job that AAOA is doing in terms of scholarships, public health education, and public relations for the osteopathic medical profession. The AAOA keynote speaker, Ms. Cathleen Brooks, provided tremendous insight into the problem of alcoholism and I am most impressed that AAOA will take this important issue as a public education project this coming year.

If my name had been Cinderella, I wouldn't have been treated more graciously by all the ATOMA "fairy godmothers" I had in Chicago. Mrs. T. T. McGrath, ATOMA president, made sure that I was taken care of personally and professionally. Thank you to District II and District XV, whose contributions made the convention possible for me.

I look forward to being able to share my insights and enthusiasm from the Chicago convention with other student spouses; frankly, we have an exciting future in the AAOA.

Ideal Gifts for Sale by SAA

The Student Associate Auxiliary of Texas College of Osteopathic Medicine has the answer for early holiday shoppers or the ideal birthday gift for your favorite D.O. Short Sleeved polo shirts embroidered tone on tone with D.O. caduceus. These shirts come in sizes

, M, L, XL, XXL and colors of navy, marroon, pow-er blue, red, dark green and white. Neckties are avail-ble in a variety of colors in either twill or silk-look fabric with an embroidered caduceus. Cookbooks, which were prepared by the SAA, are still available and all proceeds go to a scholarship fund for students.

Please make check or money order payable to Student Associate Auxiliary, TCOM and mail to: Mrs. Pam Morrison, 5959 Callaston, No. 2051, Fort Worth Texas, 76112

Name_____ Address_____

City_____ State_____ Zip_____ Phone_____

Polo Shirts: S, M, L, XL — $15.00 and XXL — $17.00 (include $1.50 for shipping & handling for each shirt order)

(1) Color_____ Size_____ (2) Color_____ Size_____

Ties: $15.00 each: Color_____ Fabric_____ Cookbook: $5.00_____

Total Amount Enclosed: $_____

Texas Ticker Tape

DR. GANZ SERVES AS SPEAKER OF AOA HOUSE FOR TEN YEARS

In the September 1982 issue of the *Texas DO*, we reported that Samuel B. Ganz, D.O. of Corpus Christi served eight years as Speaker of the American Osteopathic Association's House of Delegates. Our apology goes to Dr. Ganz who has actually served ten years in that position. His term of office will conclude in July 1983.

DR. PETERSON ATTENDS TOMA LEADERSHIP CONFERENCE

Donald M. Peterson, D.O., of Dallas, attended TOMA's First Annual Leadership Conference, September 11, at the state headquarters building in Fort Worth. His name was left off the original list.

COURTS SUPPORT D.O. DEGREE

Efforts to use anything other than an earned degree are failing in several states. The U.S. Supreme Court refused to alter a New Jersey policy of denying the M.D. designation to osteopathic physicians. The lower court said there was no evidence presented to suggest a D.O. degree or license is of less value socially or professionally than an M.D. degree or license.

The 5th Circuit Court of Appeals, in New Orleans, has upheld a lower court decision that D.O.s or any other professionals in Texas must use their earned degree.

A new California law holds that D.O.s must be licensed as D.O.s.

SUCCESS IN TEXAS IMMUNIZATION PROGRAMS

Texas immunization activities have produced a 93 percent reduction in vaccine preventable diseases and an 89 percent reduction in mortality in the past 15 years, thanks to the success of immunization activities in the state.

Euel A. Smith, director of the Immunization Division of the Texas Department of Health, said the Division was established in 1967 and "has provided and distributed vaccines and promoted immunizations throughout the state."

CO-PAY REQUIREMENT DISCONTINUED

The Texas Department of Human Resources discontinued the co-pay requirement which was implemented on September 1, 1982 in the Vendor Drug Program. Effective October 1, 1982, recipients no longer have to pay 50 cents for each prescription they obtain through the Vendor Drug Program.

FLORIDA STUDENTS CLAIM 50 SEATS

A statistical profile of Southeastern College of Osteopathic Medicine's 1982 freshman class of 61 students reveals the following:

The median age for the 12 female and 49 male students is 24.5. Ten students have DO relatives and 16 are married, none to each other.

Students from southeastern states total 56 with Florida claiming 50 seats. Georgia is next with three, followed by Alabama, Virginia and Louisiana with one each. Out-of-region students total five with three from New Jersey and one each from New York and Michigan.

DRS. DAVIS AND NICOLETTE JOIN MEDICAL STAFF AT NORTHWEST HOSPITAL

Jerry T. Davis, D.O. and Harold R. Nicolette, D.O., have joined the medical staff at Northwest Hospital in Fort Worth. Both physicians are general practitioners, received their D.O. degree from Texas College of Osteopathic Medicine in 1981, interned at Fort Worth Osteopathic Medical Center and are members of the American Osteopathic Association and TOMA.

FOUR LARGEST COUNTIES REPORT 36 PERCENT OF DEATHS IN TEXAS

The four largest counties in Texas — Harris, Dallas, Tarrant and Bexar — reported 36.2 percent of the total deaths in the state during 1981. These counties have 41 percent of the state's population.

Harris county reported 15,110 deaths, Dallas 11,141, Tarrant, 6,467 and Bexar 7,317.

Total deaths of Texas residents last year reached 110,498, a record high.

Consultations

By T. T. McGrath, D.O., FACOS

What is meant by the word consult?
What is meant by the word consultant?
What is meant by the word consultation?

These may seem like odd questions, but it might be well to define each one. To consult is to confer with another physician about a case. A consultant is a physician called in for advice and counsel. A consultation is a deliberation by two or more physicians with respect to diagnosis or treatment of any particular case.

I am not sure we all understand or are aware of the dangers involved when we are asked to help or consult in the management of a case. This is a responsibility for the consultant as well as the physician requesting the consultation.

I would like to explain my views on this issue. First of all, the physician requesting a consultation should, without fail, obtain written permission from the patient for a consultation. (Exceptions prevail, of course, in cases of comatose states or unconsciousness.) In cases when permission for a consultation is not given in written form, some patients will "swear and be damned" that they have never heard of the consulting physician and certainly do not intend to pay the fee for his service. The request for consultation should include the date, month, year and time of day. By the same token, the date of the consult should be so indicated by the consultant. The reason for such a requirement is that many times, for one reason or another, a consultant might not see a patient for two or three days following the request. In the interim, complications may develop, such as a dislocation of a major joint, which would be catastrophic; then the consultant is deeply involved and may be held responsible. For this reason, it is imperative that consultations be done as quickly as possible. If it is not possible to see the patient at once, another consultant should be asked, or there should be direct conversation with the patient or the hospital staff to determine the seriousness of the situation. If there is a delay, it should be documented.

If a consultation is refused by the patient, document the factors of the situation well in your case histories and progress notes.

A consultant should be a physician who is considered an expert in his field, and not one without special training. For example, sometimes a "buddy" may ask for an opinion from another "buddy" of equal expertise or training. This may be justified in a case where a physician has doubts about his diagnosis or the proper treatment and needs confirmation. Otherwise, it has no major effect and might be considered just an added fee. If you are going to have a consultant, it would be far better to have someone distant from your office and in a different specialty so that you can avoid any criticism of treating it as a commercial endeavor.

Probably the most important thing I can say about →

my theories on consultations is that when you, as the referring physician, receive a consultation report, you should read it immediately and make notes of it. If you disagree with the recommendations, you can always ask for another opinion. When a consultant makes specific recommendations and you do not follow them through, you might be considered guilty of malpractice because you asked for the advice, the patient paid for this advice and, if you have ignored it without just cause, you could be held guilty of medical malpractice. On the other hand, the consultant has a responsibility. If he misses pertinent facts and causes some delay in the healing process or his delay causes complications, then he can be held responsible if he is considered to be a specialist in his field, or if it is something other than an extra special situation. Therefore, there is an obligation by both physicians—the referring and the consulting.

One of the major problems with consultants is that they are so adjusted to defensive medicine now that they go overboard and ask for every imaginable test, perhaps including entire body scans, just to make sure they don't miss anything. Of course, this has created a problem as far as overall medical expenses are concerned. It is also a habit of some consultants to "play it safe" and recommend many bizarre tests and exams, and then suggest that the patient report back to them in two weeks or a month for additional studies. That, again, is a means of "covering up their tracks," but it can become an extremely expensive situation and quite annoying to the referring physician.

A consultant has a duty to perform and to give his best advice. Probably the most sensible approach would be to explain the findings as well as possible and, in cases where life is not in immediate danger, give advice to follow certain basic steps, observe the patient and, if further changes take place, follow through with more specific, sophisticated testing procedures. By this method, you give the referring physician a chance to gather his thoughts and to observe the patient, rather than going into extensive—and expensive—diagnostic studies. Keep in mind that many diagnostic procedures are somewhat hazardous and should not be done routinely.

In conclusion, the utilization of consultation has many advantages, but also involves a certain amount of risk and should be weighed very carefully. It certainly means that if you do ask for and get a consultation, by all means read it, study it, and make some comment on your progress notes.

District Communiqués

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

We had a good meeting in September with some 40 present, including guests. But, something has to be done about the dozen or more no-shows, whose dinners the district had to pay for anyway. While not mentioning any names, some of the hot reservations came from towns as Tyler, Mabank, Troup and Nacogdoches.

As the result of these same dozen contractual violations (plus other factors), Secretary-treasurer Wiseman advises us that our larder is about $500 in the red. Which means District III is broke unless these well-meaning doctors come through with their share of the mazuma they signed for.

We said it was a good meeting. It was a bargain, with delicious food and TCOM President Ralph Willard giving the illustrated speech.

* * * * *

It was your correspondent's turn to be in the "Letters" column of the local evening Tyler paper in early October. It concerned the abortion question and it went like this: A LITTLE VOICE. From what I read it seemed the abortion controversy just ran on and on. But, I wonder, has anyone ever heard from the individual most concerned? Well, one time I allegorically did, and I feel, I really should have, long since, reported it.

Once, while examining a pregnant young lady, listening to the fetal heart sounds, my stethoscope picked up, from within the mother, a little voice. I listened carefully, and here is what I heard:

"Abortion on demand, who says
Those lethal words? not me!
I'm that voteless little fetus
Mom's prospectus abortee."

* * * * *

Has anyone ever seen a cartoon of A. T. Still? Well, I have. In fact, I found it in an old osteopathic book. Some students, circa 1905, I judge, at the bottom of his lecture notes, has Dr. Still examining a patient, a man who apparently has a migraine (two little devils with spears are shown on top of the patients balding head, stabbing away). He is sticking his tongue out at Dr. Still. The reason: The Ole Doctor has told the patient, "let me see your tongue".

Question: How often do we say that anymore?

Dan Schmidt, D.O., President
District VII

District VII members and guests enjoyed a gourmet meal the evening of September 18, 1982 at La Louisianne Restaurant in San Antonio. Dr. James Lively spoke of his experiences with the State Board of Medical Examiners. Our attendance was exceptionally good with twenty-six meals served.

Our next social event will be a Christmas party December 4, 1982 in San Marcos at Dr. Tom Castoldi's home. Also, watch this magazine for announcement of an OMT instruction "get-together."

Dr. Peters is 'Notable Neighbor'

The waiting room walls at Dr. Bob Peters' Round Rock office read like a resume of public service. There's the plaque naming him Kiwanis of the Year and Distinguished President in 1980, and the one commemorating his service on the city's home rule charter commission in 1977.

Another plaque is signed by the Round Rock Dragon football players and their coaches. "No one person has served as faithfully and with such dedication to the Round Rock football program at all levels," the players wrote. "No one has given more of his time or service so unselfishly. No one has seen to the needs of and comforted more players. You are unique, you are a winner and you are a true team man. We appreciate you."

Peters' loyalties run deep. For the past 10 years, he has attended virtually every Round Rock varsity and junior varsity football game, cheering on the athletes and serving as team physician.

"When I came, there were no emergency services available. At first, I was at games almost every night," he said. "Now the high school has a trainer."

In fact, when he moved his family practice from Calvert to Round Rock 10 years ago, he was the only physician to serve the then-small town's 3,500 residents. He still serves his Calvert patients, making a weekly three-hour round-trip to the rural community of 2,000 on Highway 6.

A photo of his Calvert clinic shares space in his private office with momentos of more personal interests. There's a framed, embroidered Aggie caricature, sketches of hunting and fishing, and posters of elegant cars and fine boats. And there are pictures of his three children.

His youngest daughter is a junior at Round Rock High School and Peters is still active in PTA. Last year he served as vice president of the District Council of PTAs.

"There are not as many fathers as you should see in PTA," said Peters. "There are plenty at the first meeting — they won't keep coming, though."

PTA involvement was one of many volunteer services cited by Nancy Rabb of Round Rock in nominating Peters for "Notable Neighbor." "He has served the community for years in virtually every capacity imaginable and yet does much of his work behind the scenes in a manner which creates little attention," she wrote.

Peters admits he isn't sure how he ends up on so many boards and commissions. He served three years on the United Way board, including one as vice president, helped organize Round Rock's YMCA, and belongs to several medical associations. He also donates his time to patients referred by the Community Services Council.

"It keeps you busy," he said. "I'm glad if I can do something this way."

Peters, 49, has thick, black eyebrows, thinning hair and the laid-back manner of a country doctor. His office on Highway 79 in downtown Round Rock has the comforting, musty smell of an old house. He and his wife Ruby, who welcomes patients at the front desk, live on four acres on Summit Road right behind the office.

Peters said he finds Round Rock very much to his liking. "Round Rock's easy-going and slow—though not as much as it used to be," Peters said. "I like the openness, the closeness to the lakes, and most of all the people."

(Reprinted from the Austin American-Statesman, October 7, 1982)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Each prolonged action tablet contains: Phenylephrine Hydrochloride 25 mg • Phenylpropanolamine Hydrochloride 50 mg • Chlorpheniramine Maleate 8 mg • Hyoscyamine Sulfate 0.19 mg • Atropine Sulfate 0.04 • Scopolamine Hydrobromide 0.01 mg • Each Ru-Tuss tablet acts continuously for 10 to 12 hours.

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Comprehensive decongesting, antihistaminic and anti-secretory reliever for patients with nasal, sinus and other upper respiratory irritation.

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Each fluid ounce contains: Codeine Phosphate 65.8 mg • (WARNING: MAY BE HABIT FORMING) Phenylephrine Hydrochloride 30 mg • Phenylpropanolamine Hydrochloride 20 mg • Pheniramine Maleate 20 mg • Pyrilamine Maleate 20 mg • Ammonium Chloride 200 mg • Alcohol 5%

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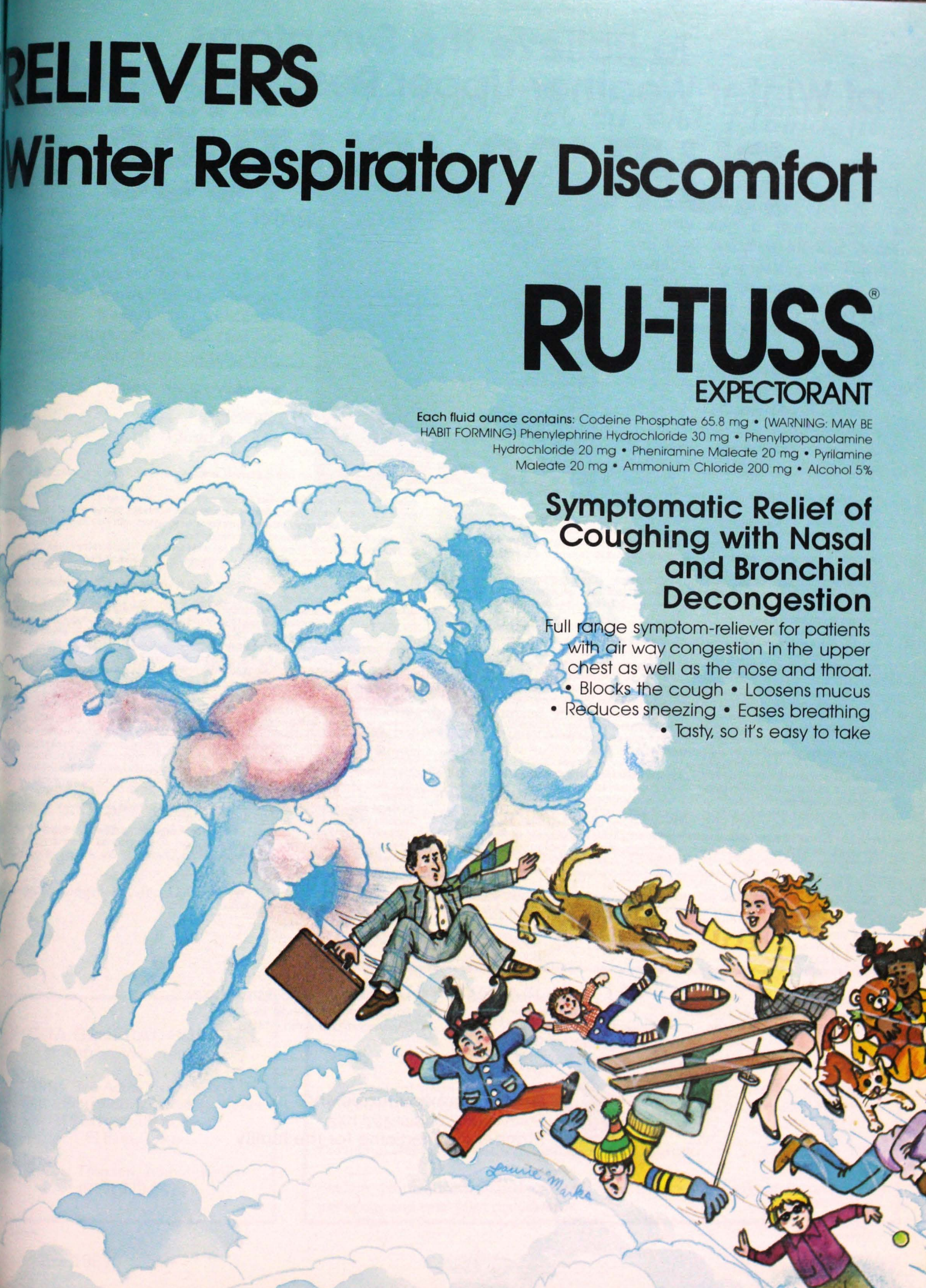

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Tablets

DESCRIPTION

Each prolonged action tablet contains:

Phenylephrine Hydrochloride	25 mg
Phenylpropanolamine Hydrochloride	50 mg
Chlorpheniramine Maleate	8 mg
Hyoscyamine Sulfate	0.19 mg
Atropine Sulfate	0.04 mg
Scopolamine Hydrobromide	0.01 mg

Ru-Tuss Tablets act continuously for 10 to 12 hours.

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

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

CONTRAINDICATIONS Hypersensitivity to antihistamines or sympathomimetics. Ru-Tuss Tablets are contraindicated in children under 12 years of age and in patients with glaucoma, bronchial asthma and women who are pregnant. Concomitant use of MAO inhibitors is contraindicated.

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

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

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

ADVERSE REACTIONS Hypersensitivity reactions such as rash, urticaria, leukopenia, agranulocytosis, and thrombocytopenia may occur. Other adverse reactions to Ru-Tuss Tablets may be drowsiness, lassitude, giddiness, dryness of the mucous membranes, tightness of the chest, thickening of bronchial secretions, urinary frequency and dysuria, palpitation, tachycardia, hypotension/hypertension, faintness, dizziness, tinnitus, headache, incoordination, visual disturbances, mydriasis, xerotomia, blurred vision, anorexia, nausea, vomiting, diarrhea, constipation, epigastric distress, hyperirritability, nervousness, dizziness and insomnia. Large overdoses may cause tachypnea, delirium, fever, stupor, coma and respiratory failure.

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

HOW SUPPLIED:

Bottles of 100 Tablets	NDC 0524-0058-01
Bottles of 500 Tablets	NDC 0524-0058-05

Federal law prohibits dispensing without prescription.

RU-TUSS®

Expectorant

DESCRIPTION

Each fluid ounce of Ru-Tuss Expectorant contains:

Codeine Phosphate (WARNING: MAY BE HABIT FORMING)	65.8 mg
Phenylephrine Hydrochloride	30 mg
Phenylpropanolamine Hydrochloride	20 mg
Pheniramine Maleate	20 mg
Pyrilamine Maleate	20 mg
Ammonium Chloride	200 mg
Alcohol	5%

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

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

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

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

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

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

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

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

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

Children 6 to 12 years of age: ½ the adult dose, not to exceed 6 teaspoonfuls in any 24-hour period. Children 2 to 6 years of age: ½ teaspoonful every 4 hours, not to exceed 3 teaspoonfuls in any 24-hour period. Children under 2 years of age: Use as directed by a physician.

HOW SUPPLIED: (16 fl. oz.)

Pint Bottles	NDC 0524-1010-16

Federal law prohibits dispensing without prescription.

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Letters

Dear Tex:

Thank you very much for your encouraging letter regarding the "Cop Killer" bullet issue. You should be pleased to learn that a significant number of the law enforcement leaders we contacted have enthusiastically endorsed our proposal to ban armor-piercing bullets.

Sincerely,
Lloyd Doggett

Dear Tex:

District VII had a most successful meeting that was held September 18 at La Louisiane Restaurant in San Antonio, Texas. Dr. James Lively was the guest speaker and he gave an interesting talk about his new position on the Texas State Board of Medical Examiners. District VII is happy to see many new faces together with our military friends participating.

A good time was had by all the doctors and their wives who were present at the meeting!

Sincerely,
John J. Cegelski, Jr., D.O., FACGP

Dr. Boyd Elected Vice President

John H. Boyd, D.O., of Eden, a past president of TOMA, was recently elected vice president of the Civil Aviation Medical Association at its meeting in Toronto.

Next year Dr. Boyd will be president-elect of the association. Dr. Boyd recently was appointed by Governor Clements to the Texas Rural Medical Education Board.

He is a past president of TIMA and currently is active in TMF.

Dr. Boyd is a 1955 graduate of Kirksville, an aviation medical examiner and a sustaining member of TOMA.

Rural Med Ed Loans go to Eight at TCOM

Eight Texas College of Osteopathic Medicine students who plan to enter practice in rural Texas counties have been awarded loans from the State Rural Medical Education Board.

The eight are first-year students Robert Butter of Austin, Pamela Driskell of Corsicana, Mark Fehl, III of Galveston and Mary Parish of Fort Davis, and second-year students Ronald Bower of Arlington, James Francis of Tyler, James Hurse of Mount Pleasant and James Poplawsky of Binghamton, New York.

The amounts of the loans vary for each year according to need and available funds.

"These young men and women bring credit to themselves as well as to TCOM by their decision to be of service to their fellow man by pledging to correct some of the geographical imbalance of the distribution of physicians," said Sam A. Nixon, M.D., of Houston, chairman of the SRMEB.

John H. Boyd, D.O., of Eden serves on the SRMEB.

Texan Gets World's First Artificial Nose

A new method of permanently attaching prostheses is offering hope of a more normal lifestyle to people who have lost facial or body parts due to illness or injury.

The surgical procedure was developed at The University of Texas M.D. Anderson Hospital and Tumor Institute and first used there in August to attach an artificial nose to a 46-year-old cancer patient from Cleveland, Texas. It is believed to be the first such attachment in the world.

Dorothy Verdell Melton, a patient at UT M.D. Anderson who lost her own nose to cancer two years ago, had been wearing a specially designed artificial nose that she glued on daily with adhesive. Her new nose, which was attached August 9, should last her a lifetime without ever having to be taken off.

The developer of the procedure, Dr. Ariyadasa Udagama, an associate professor of dental oncology at UT M.D. Anderson Hospital, says the procedure will be used to attach other facial prostheses and may soon be used to attach artificial breasts. It may eventually be used to attach permanently other artificial parts like fingers and even arms, he predicts.

"Wearing a surgically attached prosthesis cannot compare with wearing a totally artificial prosthesis, from the patient's point of view, " Dr. Udagama says. "When you take something and glue it on, it is something less than part of the person. This is part of the body; it is no more different than an artificial heart or a replaced hip joint except that it isn't covered by skin."

The procedure for surgically attaching the external prosthesis is relatively simple, Dr. Udagama says. The prosthesis is attached to the patient's tissue with small gold rings, much as gold rings connect pierced earrings to a person's ears. The rings are hidden by the prosthesis after it is attached.

Mrs. Melton's artificial nose has an overlapping flap in the center so that it can be opened for cleaning and examination. When closed, the opening of the flap is unnoticeable.

For many years specialists at UT M.D. Anderson's Rehabilitation Center and a few other places in the United States have customized facial parts for cancer patients and those who are missing facial parts because of injuries. The silicone prostheses are so natural in appearance that they look lifelike to many people.

However, a major problem has been that the prostheses had to be attached with adhesive, so that in addition to the danger of them coming loose, patients had trouble sleeping with them on and had to spend a half-hour or more each morning putting them on.

The new procedure offers physicians and dentists another option to reconstruction of lost body parts. Previously, such reconstruction could be done by using the patient's tissue alone, by using artificial body parts covered with patient's tissue, or by gluing on an artificial part.

Now physicians can combine those options by attaching a prosthesis to the patient's own tissue.

Whenever possible, patients will continue to have surgical reconstruction with their own tissue or to receive implants, such as breast inplants, rather than the surgically attached external prosthesis.

"Whenever artificial reconstruction is considered, an implant will always be a first choice. But the disadvantage is that they are not possible all of the time. There must be a good amount of healthy tissue to cover an implant. In the face there is usually not that much tissue available," Dr. Udagama says.

Dr. Udagama hopes soon to surgically attach external breast prosthesis. "According to the American Cancer Society, there are one million women who have undergone breast cancer surgery, but only 15,000 who had undergone breast reconstruction by 1978," he says. "We would custom design the breast prosthesis, color it, and surgically attach it."

In the meantime, Mrs. Melton expresses complete satisfaction with her new permanent nose. "This nose feels like the one I was born with. There is no weight; it's just there. I wish Dr. Udagama had done this two years ago," she says.

ACADEMIA

News From The Colleges

COMS

A new concept in health care delivery was introduced to area residents on October 1 when the Immediate Care Clinic opened in Des Moines.

The clinic, organized and operated by the University of Osteopathic Medicine and Health Sciences, is located at 612 Army Post Road. Designed to fill the gap between the services of a family doctor and a hospital emergency room, the Immediate Care Clinic builds on the availability of the Dietz Family Practice Clinic, also located at 612 Army Post Road, to provide patient care from 8:00 a.m. to 12:00 Midnight, seven days a week.

The Immediate Care Clinic will be staffed by licensed physicians. In addition, specialists from the University are on call 24 hours a day. A full range of general health care and minor emergency services is available.

University officials stated that the operation of the Dietz Family Practice Clinic will remain effective from 8:00 a.m. to 4:30 p.m. Walk-in patients will be accepted during those hours, in addition to scheduled appointments. After 4:30 p.m., staffing and procedures for the Immediate Care Clinic will become effective. Patients are accepted on a first-come, first-serve basis.

The Immediate Care Clinic will be oriented toward treating many patients who have been utilizing the hospital emergency room for primary care treatment. For many working people, the Clinic will provide a more convenient way to see a doctor before or after regular professional office hours. Also, the Clinic will serve as a treatment center for minor industrial accident cases and for employee physicals.

Nancy Akins, D.O., acting director of the Immediate Care Clinic, stressed that the clinic could not handle severe emergencies.

According to Dr. Akins, the major advantages of the Immediate Care Clinic are cost efficiency and service. "We know that the health care consumer is anxious to get more for his health care dollar. Because we do not have to maintain the expensive equipment of a hospital emergency room, our costs are considerably less. Most of the patients treated at the Immediate Care Clinic will be released within an hour," she said.

University President J. Leonard Azneer, Ph.D., also emphasized the cost effectiveness of the concept. He stated, "In this area there is a tremendous emphasis on cost effective medical care. We think this is good. We intend to work toward that goal and the services of the Immediate Care Clinic offer one solution." Dr. Azneer added that the University is negotiating for locations in other parts of the city for the purpose of developing additional immediate care clinics.

There are approximately 400 "immediate care" type clinics operating nationwide. While some are operated as part of a hospital, others are free-standing and independent.

NJSOM

Benjamin L. Cohen, D.O., of Cherry Hill, New Jersey, dean of the New Jersey School of Osteopathic Medicine of the University of Medicine and Dentistry of New Jersey (UMDNJ), was elected president of the American Association of Colleges of Osteopathic Medicine (AACOM) at the association's annual meeting in Chicago on October 2. At the same time, he became chairman of AACOM's board of governors. Dr. Cohen has held the office of president-elect for the past two years.

Founded in 1897, AACOM membership includes fifteen osteopathic medical colleges nationwide. The association maintains national headquarters in Bethesda, Maryland.

The Camden-based UMDNJ-New Jersey School of Osteopathic Medicine was established in 1977 and is UMDNJ's newest college. The school graduated its second class of new physicians last May. UMDNJ is constructing a new $9 million research and medical education facility in downtown Camden, which is expected to be completed in 1983.

TCOM

Jeffrey M. Bleicher, D.O., former faculty member at Hahnemann Medical College and Hospital in Philadelphia, has been named assistant professor of medicine at Texas College of Osteopathic Medicine.

Dr. Bleicher had taught at the Philadelphia school since July 1981, following a two-year fellowship in nephrology at the University of Miami School of Medicine in Florida and medicine residencies at Chicago Osteopathic Hospital and Medical Center and Tri-County Hospital in Springfield, Pennsylvania. A native of Pennsylvania, he earned his B.S. degree from Muhlenberg College in Allentown, Pennsylvania, and his D.O. degree at the University of Osteopathic Medicine and Health Sciences in Des Moines, Iowa. He did his internship at Tri-County Hospital.

The 31-year-old nephrologist is a member of the American College of Osteopathic Internists and a diplomate of the National Board of Examiners for Osteopathic Physicians and Surgeons.

ATOMA News

By Mrs. T.T. McGrath
ATOMA President

CONGRATULATIONS FROM ATOMA TO:

Mrs. Carl V. Mitten, ATOMA member in District VI, Houston, who is the President-elect of AAOA.

District V Auxiliary, Dallas, for sponsoring a booth at the Texas State Fair promoting Osteopathic Medicine and TCOM.

SAA/TCOM for good representation by their President, Karen Woods, at AAOA in Chicago.

OFFICIAL VISITATIONS BY ATOMA PRESIDENT:

Thus far I have been privileged to meet with District V, District I, and District VI, and several close friends tell me I am "living in the fast lane". However, I have greatly enjoyed this opportunity to get to know so many more auxiliary members and physicians, to see how other districts function, and I hope to be invited by still more districts for an official visitation during the coming year.

AAOA CONVENTION IN CHICAGO:

In addition to helping represent ATOMA at the Chicago convention, I gave the State President's Council report in the AAOA House of Delegates at the request of Mrs. A. A. (Ginny) Grilli, then President-elect. Also, for Mrs. Henry Harnish (Orpha), then AAOA President, I acted as hostess to the National Osteopathic Guild Association (NOGA) representative to AAOA, immediate Past President, Mrs. Janis Woodward, a delightful lady from Florida.

Did you ever "*save the best 'til last*"? I just did that and *here it is.* I am truly privileged to be able to report the following good news from the AAOA House of Delegates at the annual meeting in Chicago.

On October 6, 1982, Mrs. Robert E. Pike, Chairman of the AAOA Dewey Decimal Reclassification Committee, introduced Mr. William Bunnell of the American Library Association who confirmed a positive course to correct the misclassification of Osteopathic Medicine in the Dewey Decimal System as used by libraries throughout the U.S. A copy of his message will be sent from the AAOA office soon, and I hope that the *Texas DO* magazine will publish it so that every D.O., auxiliary member and family will have the opportunity to read it. Auxiliary members can participate in this PR program in the future, both here in Texas and other states to see that every single library correctly revises "Osteopathic Medicine" as they will be directed to do. Watch for more information on this, please.

In closing, I must confess that once-upon-a-time I did not understand why state auxiliary presidents wrote so much, but now that I have so much to write about, I am making a study of "briefness" of brevity, as I am told I need to be "brief".

By Sue Urban
District II

Since Priscilla was unable to attend the AOA convention in Chicago this year, I will give you my view of the convention.

Chicago is truly a beautiful city and the weather was unseasonably warm.

The convention opened with the Keynote Address by Richard Schweiker, Secretary of Health and Welfare. I found it interesting to hear that his family (mother, father, wife and children) have been osteopathic patients for many years. Also, during the opening program, Dr. Ralph Willard, President of TCOM, received the Andrew Taylor Still Memorial Lecturer Award.

On Wednesday, October 6, the AAOA House of Delegates met and elected Lois Mitten, of Houston, President-Elect. We are all very happy for her. Lois also organized all of the AAOA meetings and activities for the convention. A big job that was done very well. It should be noted at this time that Texas contributed $11,826.68 to the AAOA Scholarship Fund. This was the largest contribution of any state. Some of the business acted on concerned the Bylaws. There will be a complete revision by 1984.

Later than afternoon Ginny Grilli was installed as President of the AAOA. In her acceptance speech, Ginny said that her theme for the year is "DO CARE." Do care for your family, your community and your profession. The afternoon ended with a fashion show presented by Saks Fifth

Avenue. It was a very interesting and enjoyable convention.

* * * * *

Oops! We made a mistake in the October '82 issue. Larry Bunnell's son was the one who won the swimming scholarship to TCU, not the son-in-law.

* * * * *

District II girls attended a Designer Home Show and had lunch. We had a delightful time.

By Marty Hinshaw
District V

A membership party was held August 12 at the home of our president, Pam Wilson. Everyone brought deee-licious salads and promised to send Pam their recipes for our "someday" cookbook.

* * * * *

Much footwork by Kathy Speece helped our auxiliary commission six billboards for National Osteopathic Medicine Week during September; two near East Town Osteopathic on Buckner, one on Fort Worth Avenue near Steven's Park Osteopathic; two on Gaston near Baylor Medical Complex, and one on I-30. Thanks to all who funded these efforts.

* * * * *

State President Joan McGrath treated us to a pleasant visit at the September evening meeting with District V TOMA.

* * * * *

During October we manned a booth at the State Fair of Texas exhibits with pamphlets and video explanations of Osteopathic medicine and TCOM. Thanks to everyone for helping make this possible. Pam put in a lot of hours.

By Mrs. Jo Mann
District X

Some folks are just born lucky, especially if one lives in West Texas, where early morning people can watch a covey of quail walking in fits and stops across the back porch. And if you happen to be a member of District X and have Dr. Ken Kruczek as president and his beautiful wife Terri as Auxiliary president—then count your blessings. The appearance of our veteran group has been enhanced considererably with the addition of new members, Dr. David and Elaine Tyler, Dr. Chuck and Janet Hudson, and Dr. Mitchell and Pat Moriber.

We are pleased to report that Dr. Max Stettner is nicely recovered from heart surgery earlier this year. Though he is a mere shadow of his former self, his enthusiasm for the opera is undiminished as he and Sylvia made the annual trip to Santa Fe in August.

Dr. Harlan and Lynn Wright have taken to the road several times in their motor home to visit family. In September they invited a group of friends on an overnight trip to Albuquerque, to watch the Texas Tech football team play the University of New Mexico. The food and camaraderie were spectacular but the game was dismal. At present Lynn is in California visiting her family, while Harlan keeps the tennis courts warm on his off hours.

Displaying a commendable spirit of community involvement, and incidentally expanding on the National Osteopathic week activities, Drs. Charles Hudson and David Tyler and others volunteered their time and knowledge in "Sports Injuries" by lecturing to a group of football coaches from Lubbock and surrounding areas. Due to popular demand, a repeat lecture was given October 4 to another group -soccer coaches, who are primarily parent-volunteers.

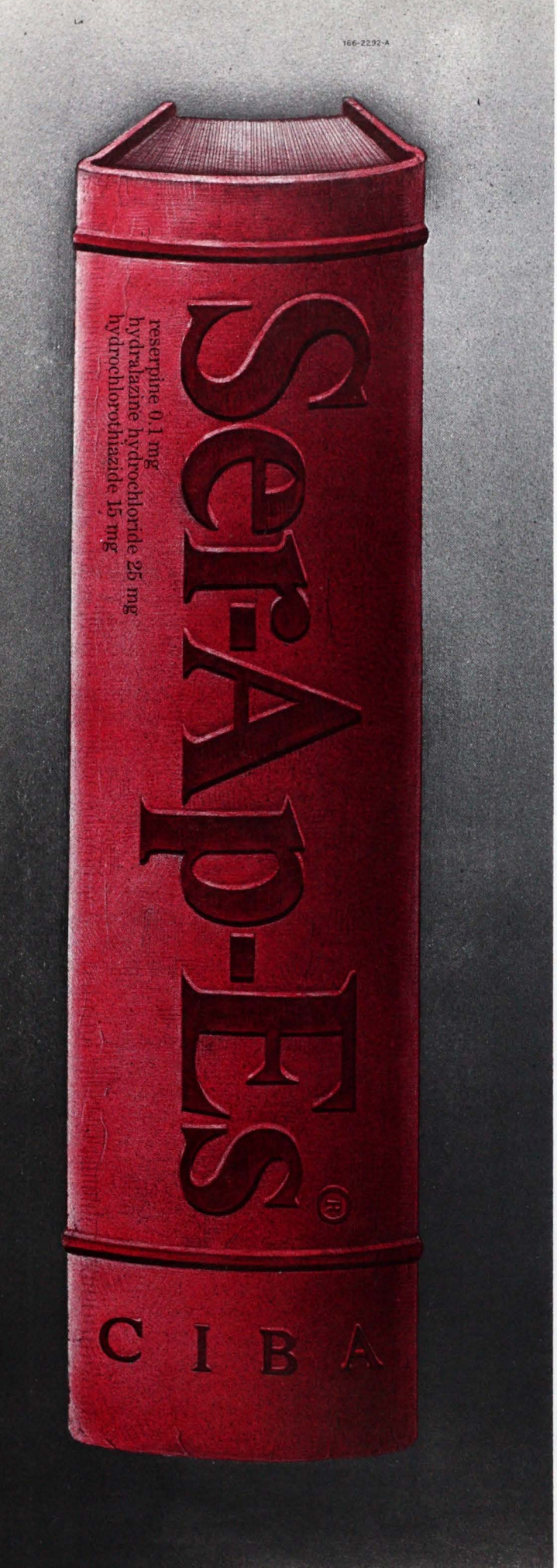
Dr. R.Z. Abell and Evangeline shared their home at Runaway Bay with Dr. Raymond and Jo Mann during the Labor Day week-end. Their generous hospitality afforded an opportunity for the Manns to have a side tour of TCOM in Fort Worth, with son Chris as guide. Christopher Mann is a first year student at TCOM. Currently the Abells are happily anticipating a visit from Kathy and Ed Mullen of Amagansett, Long Island. Dr. R.Z. and Evangeline will leave Lubbock on October 16 to plan a fun time with a real Texas welcome for these longtime friends.

Dr. Bob and Jeanne Maul attended the AOA convention in Chicago. Dr. Bob was awarded the degree of Fellow at the October 6 banquet. The Mauls traveled on to West Virginia for a family visit after the convention. Congratulations, Bob . . .

Dr. Ken and Terri Kruczek enjoyed attending the New Mexico state convention in Santa Fe recently. They are now making plans to fly to Bal Harbor, Florida, for the ACOI convention.

Dr. Raymond and Jo Mann visited oldest son Bob and family in their home west of Wichita, Kansas, and attended the ACOS convention in San Francisco the latter part of October. The trip to the west coast is being followed by a week in Hong Kong—a place we have been romanticizing in our minds for years.

The impending season of goblins and turkeys follows along just naturally after witnessing the annual Homecoming festivities at Texas Tech University. Many of Lubbock's D.O.s and wives are football fans and enjoyed an exciting game with Baylor. But when you actually see the multitudes of alums decked out in the school colors of red and black, you have witnessed an amazing scene, dominated by the fact that there really are 20,000 pairs of *RED* shoes and /or boots, and all are being worn on one night in one city!



Rules for Bicycle Purchasing

By Robert Bernstein, M.D.,
Commissioner
Texas Department of Health

Many of the state's bicycle deaths and injuries might be avoided if Texans would keep safety in mind when they buy a bicycle.

That's the opinion of Dan Sowards, head of the Product Safety Program with the Texas Department of Health.

In Texas last year, 62 persons were killed and another 2,734 were reported hurt in bicycle accidents, according to the Department of Public Safety. There were 2,692 accidents reported.

Sowards advises against buying a bicycle that cannot be adjusted to fit or one that the rider "will grow into later." The rider should be able to straddle the bike with both feet flat on the ground, leaving no less than one inch between the crotch and the bike frame's top tube," he said.

He said there are two other types of clearance to watch for when purchasing a bicycle. "There should be at least three and a half inches of clearance between the pedal and the front fender or tire," he said.

"This is important to prevent a toe from getting caught between the frame and the front wheel."

In addition, pedals should not touch the ground when the bike is tilted at least 25 degrees on a turn. This is to prevent the pedal from striking the ground and causing a spill.

Chain guards are so important that there are federal regulations requiring them on bicycles having single front and rear sprockets." Shoe laces and loose clothing can catch between the chain and sprocket and cause a serious accident," Sowards warned.

The bicycle should be visible from every angle at night. It should have a front reflector, rear reflector, and pedal and spoke reflectors. Other good ideas include using a headlight and taillight, and sewing reflectorized tape on your clothing.

"You should always road test a bike before buying it," Sowards said."Be sure the brakes give you quick, smooth, easy stops. If the bike has handbrakes, be sure the levers move easily."

For more information, contact Dan Sowards, Product Safety Program, Texas Department of Health, 1100 West 49th Street, Austin, Texas 78756, telephone 512/458-7519.^

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in acute exacerbations

Bactrim concentrates in serum and penetrates sputum[1-3]

ROCHE

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.[4,5] One study of transtracheal aspirates from 76 patients with acute exacerbations found that 80% of the isolates were of these two pathogens.[5]

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.[6]

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.[7-9] 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.

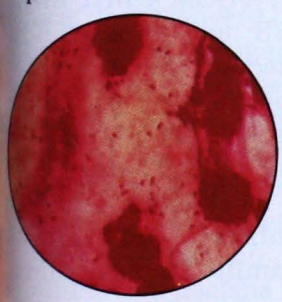
Bactrim also proved more effective than tetracyclines in 10 clinical trials involving nearly 700 patients.[10] Overall clinical condition of the patients, changes in sputum purulence, reduction in sputum volume and microbiological clearance of pathogens—all improved more with Bactrim therapy than with 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 double-blind 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.

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



attacks *S. pneumoniae*

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Bactrim™ DS

(160 mg trimethoprim and 800 mg sulfamethoxazole/Roche)

*Due to susceptible organisms. **Please see next page for summary of product information.**

Five Honored at TCOM Dedication

Texas College of Osteopathic Medicine's fifth annual fall convocation and the dedication of its two major buildings were held on October 1.

Five men and the entering class of 1986 were honored at the convocation. Recipients of the Founders' Medal, the highest honor given by TCOM for contributions to medical education and health care were Steven Jonas, M.D., faculty member at the State University of New York at Stony Brook and author of "Medical Mystery," a book promoting health-oriented physician education; Winfree L. Brown, chairman of the North Texas State University Board of Regents, an independent landman and county commissioner from Midland; Irvin Korr, Ph.D., professor of medical education and osteopathic philosophy, principles and practice at TCOM and chairman of the task force that wrote the Statement on Educational Goals adopted by TCOM in 1980; County Judge Mike Moncrief, who guided the formation of the partnership between Tarrant County and TCOM's Institute of Forensic Medicine; and Charles Ogilvie, D.O., former chairman of TCOM's department of medical humanities and now a general practitioner in Ben Wheeler.

Dr. Jonas, a member of TCOM's adjunct faculty, delivered the main address on "My Understanding of the Osteopathic Philosophy."

Medical Education Building 1, TCOM's first major new structure completed in 1978, and Medical Education Building 2, were dedicated at the ceremony. The new five-story, $15.5 million building will house basic science offices, classrooms and laboratories. It connects to the northeast corner of eight-story Med Ed 1, which is the location of most clinical science departments, administration offices, the Health Sciences Library and Central Family Practice Clinic.

Pictured from left are Charles D. Ogilvie, D.O., Winfree L. Brown, Irvin M. Korr, Ph.D., Judge Mike Moncrief and Steven Jonas, M.D.

Physician, Heal Thyself

By George Esselman, D.O., Chairman
TOMA Impaired Physicians Committee

Since 1956, alcoholism and other drug dependencies have been recognized as disease entities—with identifiable and progressive symptoms—by every health organization in the world: AMA, AOA, AHA, WHO, et cetera, but actually it has been only a few years since organized medicine acknowledged a distinction between "sick" doctors and "bad" doctors, becoming aware of the reality that many of those impaired by psychiatric illnesses, alcoholism and other drug abuses, could be identified, effectively treated and returned to professional activity. Physicians in most of the 50 states have begun or are planning programs for this purpose.

The Texas Osteopathic Medical Association's Impaired Physicians Committee, made up of eight members, has developed a program of identification and intervention by concerned colleagues who endeavor to lead the sick physician to treatment that gives him a chance for recovery. It is designed to provide help rather than punishment and to employ persuasion before coercion. However, our program recognizes the moral and legal obligation to inform state licensing boards of the impairment if a sick colleague fails to cooperate when help is offered.

Chemical dependency is a complex, mysterious disease that has no simple explanation. Chemically dependent physicians are every bit as complex as their disease. They set up a denial system that rationalizes and nullifies the very disease that is killing them.

The areas affected by a colleague abusing alcohol or other drugs include: judgment (severely affected); behavior and personality (sharply altered); performance (markedly impaired), and health (deterioration).

When these signs are manifested by a physician who continues to deny there is a problem and who refuses treatment, he is doomed to one of four inevitable consequences:

1. Insanity (wet brain); human vegetable
2. Physical disabilities (cardiomeglia, cirrhosis of the liver, et cetera)
3. Imprisonment
4. Early death

Ideally, the adage "physician, heal thyself" applies. However, the very nature of his disorder impairs not only his performance, but his ability to judge it. Thus, it is almost always the task of some other person to identify his sickness. Doctors in trouble, physicians addicted, alcohol and drug dependent physicians, can't reach out for help for a variety of reasons:

1. Threatened professional status
2. Loss of income
3. Depression
4. Fear of legal problems
5. Shame and guilt

Of course, the bottom line is self-deception and denial, which is a dynamic in this disease—inherent and basic—and is in every impaired physician. It's not that impaired physicians are hiding, so much as it is the fact that the American culture doesn't want to look at them. It's not part of our culture that physicians get sick. Where does the healer seek to be healed, or seek to be helped if he does get sick? The "conspiracy of silence," along with family and professional pride, kills many chemically dependent doctors and, when combined with self-deception, is deadly. "The Osteopathic Medical Profession is a brotherhood and I am my brother's keeper!"

The figure of one in eight represents the number of impaired physicians calculated by the majority of states. It applies whether we have 22,000 members or 1,500 members in our medical society. And one in eight looks like a conservative figure. This is why you and I have to be responsible for our peers. If we don't take care of our own, nobody else is going to.

Just as black lung disease is an occupational health hazard for coal miners, drug dependence and alcoholism are "occupational hazards" in the medical professions. Despite our medical training—or perhaps because of it—we are prone to "occupational hazards" of physical and emotional stress, long hours, irregular sleeping schedules and constant fatigue. By pushing our physical and mental capacities beyond their limits, we stand the risk of pushing ourselves into substance

→

addiction or other conditions which result in illness or impairment in our ability to practice.

A large percentage of physicians simply overwork themselves. Continued stress increases their chances to develop some impairment in their practices or to become "workaholics," thus shortening significantly the number of years they will be able to practice medicine productively.

What is medicine's charge?

A. To maintain credibility with the public, organized medicine must guarantee the quality of the product — good medical care.
B. The profession must identify cases of physician impairment early, protect the patient, control and rehabilitate the impaired physician.
C. The goal of the Impaired Physicians Committee is to confront the impaired physician with his problem, identify resources of therapy, persuade the physician to agree to enter treatment, and monitor his rehabilitation and re-entry into medical practice.

Why should we intervene?

We must be aware of the legal liabilities we face if an untreated impaired physician is permitted to continue practicing, once his problems have surfaced. Attorneys know this, and associates of impaired physicians have been included in malpractice actions, as have hospitals where physicians maintain staff privileges. Physicians must look beyond themselves and help others because problem physicians reflect on the whole profession. Each physician needs to be prepared to deal squarely but fairly with these colleagues who violate the trust that patients place in physicians.

I believe the physician who just tends to his own practice is not doing nearly enough. To the extent such physicians ignore errant colleagues, they diminish our ethical and professional stature. If physicians ignore their professional obligations, including the troublesome social, economic and political challenges of our medical times, they diminish our credibility with society at large.

I recommend progressively sterner steps in dealing with troubled physicians. If a physician knows a colleague who becomes impaired—for whatever reason—that physician should be willing to personally express concern and to encourage the physician to seek help. This help does exist within the profession in the form of the Impaired Physicians Committee, which strives to help rehabilitate impaired physicians. Additionally, each physician should recognize that he has an individual responsibility to the profession, as well as to the errant colleague.

By identifying the often obnoxious and deceitful behavior of these impaired physicians as a symptom of a treatable illness, we hope the stigma will moderate and the disease will be put into its proper perspective. Family, colleagues and other associates should be able to recognize the symptoms of the illness and induce the impaired physician to seek treatment before patient care has been affected; before families, careers and lives have been destroyed.

What I am suggesting you do is not to ask which doctors drink too much or take drugs, but to look at the physician's behavior in his living environment. When we look sequentially (and this is sequentially degradation), the chemically dependent physician—like the skin of an onion—peels off successive activities. First, they withdraw from community and family. Next, they change jobs—often repeatedly. Then their physical status begins to deteriorate. Finally they can no longer function effectively at office or hospital. By learning the warning signs and certain clues, those who come into contact with physicians can detect such problems earlier while there is still a good chance of recovery.

Let's touch briefly on these warning signs.

COMMUNITY:

1. Isolation and withdrawal from community activities, church, friends, leisure and hobbies, peers.
2. Embarrassing behavior at club and parties.
3. DWI's and legal problems.
4. Unreliable and unpredictable in community and social activities.
5. Erratic behavior; excessive spending, unconventional involvement in political activities, et cetera.

FAMILY:

1. Withdrawal from family activities, unexplained absences.
2. Fights; child abuse.
3. Development in spouse of disease of "spousaholism".
4. Abnormal, antisocial, illegal behavior by children.
5. Sexual problems: Impotence, extramarital or contracultural sexual behavior.
6. Assumption of surrogate role by wife and children.
7. Spouse institutes geographic separation or divorce proceedings.

EMPLOYMENT – PAST HISTORY:

1. Numerous job changes in past five years.
2. Relocated geographically; frequent unexplained reasons.

3. Frequent hospitalization.
4. Complicated and elaborate medical history.
5. Unexplained time lapses between jobs.
6. Indefinite or inappropriate references.
7. Working in an inappropriate job for individual's qualifications.
8. Reluctance of job applicant to let spouse and children be interviewed.
9. Reluctance to undergo immediate pre-employment physical exam.

Note: *Any three of above present — Suspicion index high.*

PHYSICAL SIGNS AND SYMPTOMS:

1. Deterioration in personal hygiene.
2. Deterioration in clothing and dress habits.
3. Multiple physical signs and complaints.
4. Numerous prescriptions and drugs (often self-prescribed).
5. Frequent hospitalization.
6. Frequent visits to physicians and dentists.
7. Repeated car accidents or other accidents and injuries.
8. Emotional crises and wide mood swings.

OFFICE:

1. Appointments and schedule become disorganized; progressively late.
2. Behavior with staff and patients hostile, withdrawn and unreasonable.
3. "Locked door" syndrome.
4. Ordering excessive supply of drugs — local druggist or by mail.
5. Patients begin to complain to staff about doctor's behavior.
6. Absence from office; unexplained or frequently sick.

HOSPITAL:

1. Making late rounds or inappropriate, abnormal behavior during rounds.
2. Decreasing quality of performance; *e.g.*, in staff presentations, writing in charts, writing orders, et cetera.
3. Inappropriate orders or over-prescribing medications.
4. Nurses, secretaries, orderlies reporting behavioral changes ("hospital gossip").
5. Involvement in malpractice suits and legal sanctions against hospital.
6. Reports from staff emergency department — unavailability or inappropriate responses to phone calls.

We are all in agreement that early detection is imperative and we should not wait for adverse publicity or disciplinary action to be reported on the front page of the local paper or appear on the evening news.

Our TOMA Impaired Physicians Committee attempts to identify the impaired physician and to emphasize that we have no wish to hurt him. We will be his advocate.

Because of the professional and cultural conspiracy of silence, self-destruction and denial, physicians too often will not reach out for help. In such cases, if we don't go to them, they are going to destroy themselves.

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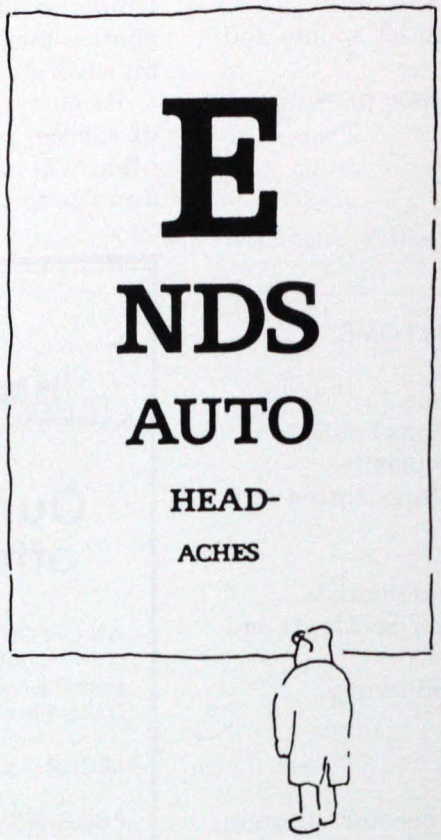

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Applications are sought from qualified persons with leadership capabilities and a broad base of experience in primary care (minimum of five years), osteopathic manipulative skills and academic experience. Applicants should be knowledgeable or interested in developing research ideas and concepts with TCOM faculty in osteopathic medicine. All applicants must be licensed or licensable in the State of Texas. Salary and benefits are competitive and negotiable.

Interested individuals should submit a complete curriculum vitae and the names of three references by March 15, 1983, to L. L. Bunnell, D.O., Chairman of the Search Committee, Camp Bowie at Montgomery, Fort Worth, TX 76107.

TCOM is a state-supported college of osteopathic medicine under the direction of the Board of Regents of North Texas State University and is dedicated to academic and research excellence. It is an equal opportunity/affirmative action employer.

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.

GROOM — Needs D.O. general practitioners. Excellent opportunity for experienced and young eager physicians. 32-bed hospital closed due to the lack of a physician. Will re-open upon establishment of physicians. Excellent opportunity and hospital will assist with start-up and relocation expenses. Contact: W. L. Davis, Jr., Executive Director, Southwest Osteopathic Hospital, P. O. Box 7408, Amarillo, 79109. Phone: 806—358-3131.

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

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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 Joe Garrett, Administrator, Mary E. Dickerson Memorial Hospital, 1001 Dickerson Drive, Jasper, 75951.

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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.

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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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GENERAL PRACTITIONER — Retired flight surgeon wishes to relocate in or near Dallas. Has current Texas license and is available immediately. For further information, write, TOMA, Box "F", 226 Bailey Avenue, Fort Worth, 76107.

GENERAL PRACTITIONER — 33-year-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.

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

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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 or toll-free in Texas 1—800—772-5993.)

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